



# LETHBRIDGE

## COMMUNITY WELLBEING

### *Needs Assessment Report*

City of Lethbridge  
Community Social Development

APRIL 2019



# TABLE OF CONTENTS

INTRODUCTION	4
1.1. Purpose of Study	5
1.2. Study Approach	5
DATA ANALYSIS: TRENDS AND SOCIAL ISSUES	6
2.1. A Growing Community	8
2.2. A Strong Economy	16
2.3. Housing and Homelessness	26
2.4. Racism and Discrimination	40
2.5. Health and Wellness	42
2.6. Drug Use & Community Safety	54
2.7. Education Participation – Learning and Literacy	60
2.8. Family Characteristics and Wellbeing	64
2.9. Disconnection/Isolation	68
2.10. Data Analysis Key Findings	72
COMMUNITY ENGAGEMENT	75
3.1. Public Questionnaire Responses	75
3.2. Community Consultation	79
3.3. Community Engagement Key Findings	85
CURRENT EFFORTS TO ADDRESS WELLBEING	86
4.1. Document Scan Key Findings	86
SYSTEM ASSET MAPPING	87
5.1. Lethbridge Asset Mapping Project	87
5.2. Social Assets: HelpSeeker	88
5.3. Service Provider Capacity and Challenges	90
5.4. Lethbridge Charitable Sector Financial Analysis	92
5.5. System Assets Key Findings	98
SUMMARY & NEXT STEPS	99
6.1. Key Findings in Summary	99
6.2. Affirming Direction	100
6.3. Emerging Alignment for a Community Wellbeing & Safety Strategy	100
Appendix 1- Current Efforts to Address Wellbeing	102
Organisations	103
Partnerships, Coalitions, and Committees	105
Policies, Strategies, and Plans	106
Reports and Evaluations	113
References	117

# ACKNOWLEDGEMENTS

The development of the Lethbridge Community Wellbeing Needs Assessment Report was led by Dr. Alina Turner of Turner Strategies in collaboration with Kimberly Lyall, CSD Strategic Planning Ad Hoc Committee, City administration and members of the community. We extend special thanks to all our stakeholders for their participation in consultations and their invaluable contribution to our Needs Assessment.

## **Team Members:**

Dr. Alina Turner & Chantal Hansen, Turner Strategies



Kimberly Lyall,



## **City of Lethbridge:**

Martin Thomsen

Brittany Bishop

Ashley Crabb

Community Social Development team

## **CSD Ad Hoc Committee Members:**

Charlene Davidson on behalf of Community Foundation of Lethbridge & Southwestern Alberta

Mark Campbell on behalf of City Council

Rob Miyashiro on behalf of City Council

Treena Tallow on behalf of Indigenous Health Program- Alberta Health Services

Bob Campbell

Tom Ashcroft

# INTRODUCTION

Lethbridge City Council has a broad mandate to provide good government, develop and maintain a safe viable community, and provide services to the community. In fulfilment of this mandate, City Council's Social Policy envisions a city in which all individuals, families, and communities have opportunities for healthy development and wellbeing.

To operationalize this direction of the Social Policy, Community Social Development (CSD) has embarked on a comprehensive process grounded in research, data analyses, best practices, and community engagement to develop the Community Social Development Strategy as part of a broader effort to inform a future Lethbridge Community Wellbeing & Safety Strategy (CWSS).

For the City, this Needs Assessment will connect the dots on various moving pieces related to social policy. The work herein is specifically focused on the CSD Strategic Plan; however, it will lay the groundwork for the broader Community Wellbeing & Safety Strategy (CWSS). The Lethbridge CWSS will provide a roadmap on what the priority social issues are, and how the community can best tackle them together. The CSD Strategy will focus on the directions for the department moving forward. In this sense, the City will have a starting point to a CWSS as well as a CSD Strategy specific to its role and accountabilities.

It is important to note that other strategic planning processes were underway concomitant with the CSD Strategy process, namely the Municipal Housing Strategy and the Community Drug Strategy. To ensure complementarity, data and learnings were shared across the three efforts throughout.





## 1.1 PURPOSE OF STUDY

This Needs Assessment report presents a review of relevant reports, data, and policies to gain a common understanding of trends and issues impacting wellbeing in Lethbridge. The information was then used to validate and compare to the community consultation input. This report assesses progress to date and summarises the environmental conditions in which the CSD Strategy will be implemented.

## 1.2 STUDY APPROACH

Needs Assessment – A number of approaches were used to generate the findings in this report:

**1. Data Analysis:** This study used data and information for analysis from a number of different sources, including shelter occupancy, Homeless Management Information Systems (HMIS), Canada Mortgage and Housing Corporation (CMHC), Alberta Health, Statistics Canada, and Vital Signs and other non-profit organizations in Lethbridge to assess the main themes regarding social priorities;

**2. Community Engagement:** The approach to this study included a series of engagement activities to gain information from residents in Lethbridge and key stakeholders in the community on priorities. Community Engagement was broken into 4 phases as part of this study.

### I. Public Questionnaire

» An online questionnaire of Lethbridge residents was undertaken from October 22-November 29, 2018, which resulted in a total of 1950 responses.

### II. Community Leaders Session #1

» On October 3, 2018 over 100 Social Service providers were brought together for a workshop to provide insight and information to develop the CSD Needs Assessment

### III. Community Consultations

» From October 2018 through January 2019 over 300 community stakeholders were engaged through email, phone or in person consultations to share their perspective on social issues in Lethbridge and provide information and data for the housing needs assessment.

### IV. Community Leaders Session #2

» On January 31, 2019 the same social service providers that were brought together on October 3 were invited to attend a follow-up workshop to give feedback on the needs assessment findings and the proposed direction of the CSD strategic plan.

**3. System Asset Mapping:** A new systems mapping platform, HelpSeeker,<sup>1</sup> has been rolled out in Lethbridge across 400 social services, and this has generated a real-time inventory and map of community resources. Using this platform, Social Asset Mapping was conducted to better understand the resources available to Lethbridge currently and assess gaps and trends. Further, a Social Service Financial Analysis explored Open Data from the Canada Revenue Agency on all charities working in Lethbridge to better understand the financial scope of services working on wellbeing.

**4. Current Efforts to Address Wellbeing:** The past decade has seen a collection of important documents produced by different organisations which address social needs over time. A synthesis of documented efforts in our community to address issues impacting wellbeing was undertaken to help inform current efforts and direction for the new Community Wellbeing and Safety Strategy.

**Based on the findings generated from the various approaches in this initial assessment, next steps included:**

1. The development of a CSD strategic plan with recommendation of potential solutions with implementation targets and timelines.
2. Proposed development of a Community Wellbeing & Safety Strategy to align efforts towards common objectives.
3. A scan on promising practises from leading communities working on wellbeing and community safety.

# DATA ANALYSIS: TRENDS AND SOCIAL ISSUES

In 2016 and 2018, two broad key documents were released – “Lethbridge Community Outlook 2016 - 2023” and “Lethbridge Vital Signs 2018” – these documents providing an important snapshot of Lethbridge’s current community trends and social issues. While much of the information is encouraging, there are still some unsettling facts:

- » Low-income rates (except for seniors) are higher compared to the province of Alberta average.
- » One in ten households is unable to afford shelter that meets adequacy, suitability, and affordability norms.
- » Emergency shelter usage rates are high compared to other municipalities.

The emerging trends outlined in these reports must be duly considered throughout the development, implementation, and evaluation of the CSD Strategy. The work in this section updates selected data points from these previous key documents and adds further insight with a deeper exploration of these social and economic data trends.

In the beginning of the statements it indicates that there were several impactful events, changes, and activities directly related to community well-being initiatives that shape the current environment of Lethbridge:

- » The drug crisis (opioid and methamphetamine)
- » The opening of the Supervised Consumption Site
- » The increase in the proportion of seniors (from 2011 to 2016, it was the largest observed to date with a 20% increase)
- » The Syrian refugee resettlement
- » The purposeful movement towards Reconciliation



THE CITY OF LETHBRIDGE SOCIAL POLICY ENVISIONS A CITY IN WHICH ALL  
INDIVIDUALS, FAMILIES, AND COMMUNITIES HAVE

**OPPORTUNITIES  
FOR HEALTHY  
DEVELOPMENT  
AND SOCIAL  
WELLBEING**



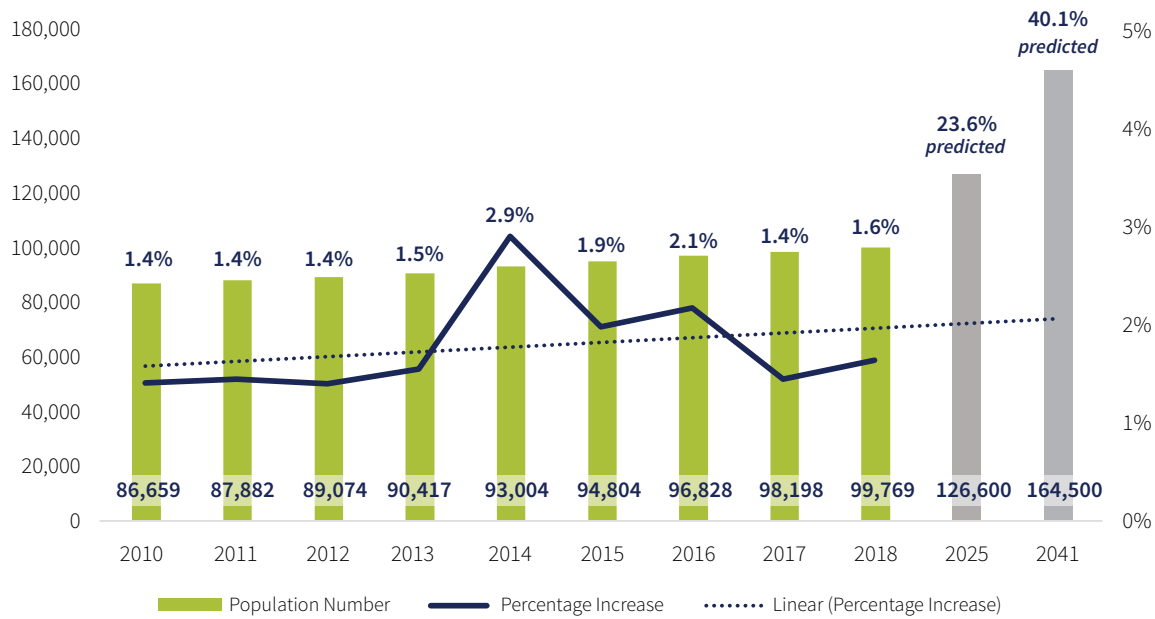
**A GROWING COMMUNITY**

## POPULATION AND GROWTH

The City of Lethbridge conducts a census each year to provide an accurate population count for provincial and federal per capita grants. Lethbridge continues to grow with the official 2018 census results showing a population of 99,769, an average increase of 1.7% annually since the 2010 municipal census number.<sup>2</sup>

**Lethbridge is projected to reach a population of over 100,000 in 2019. This is expected to continue to grow by 23.6% by 2025, and 40.1% by 2041.<sup>3</sup>**

Figure 1: Lethbridge 2010 –2018 Municipal Census Results



## TRIBAL LANDS

The City of Lethbridge acknowledges that the community is gathered on the lands of the Blackfoot people of the Canadian Plains and pays respect to the Blackfoot people past, present, and future while recognizing and respecting their cultural heritage, beliefs, and relationship to the land. The City of Lethbridge is also home to the Métis Nation of Alberta, Region III.<sup>4</sup>

Blood Indian Reserve No. 148 is located directly southwest of Lethbridge and at 1,414 km<sup>2</sup> this is the largest reserve in Canada, and the third most populous with 4,570 residents.<sup>5</sup> As the largest community in the vicinity next to Lethbridge, there is considerable movement by Blood Reserve members accessing Lethbridge education, health, and social services.<sup>6</sup>

Figure 2: Indigenous Communities in Alberta



## DEMOGRAPHICS

A combination of Population and Household Data within a ten-year time frame, where possible, was used for fulsome review. Where deemed important, communities of comparative size (Red Deer and Grand Prairie) are also discussed when exploring household data.

### GENDER, AGE, ETHNICITY

Recognizing the unique socio-demographic profile of Lethbridge is an important first step in understanding the needs and circumstances of its residents. The 2016 Federal Census provides the most detailed data to date at the City Level- Census subdivision.

Age groups with the highest growth are those under 15, and those between 65 and 80. This means Lethbridge has a higher population dependency than Alberta showing an added strain on working-age population and program services. Population dependency is used to measure the relative pressure on the productive (working-age) population. Dependency is measured as a ratio of dependents (those 0 to 14, and over 65) to those typically in the labour force. While Lethbridge has a similar age profile for those 14 and under, it's growing seniors' population adds to its overall population dependency.<sup>7</sup>

The higher percentage of older residents (65+) in Lethbridge is reflected in an average age of 39.5 years, which is nearly two full years higher than for the province (average of 37.8 years). This shift in the distribution of Lethbridge's population towards older ages has social, economic, and health implications in terms of access to specific services. For example: the housing and home care needs of an aging population will require paid and unpaid continuing care support, and spaces for seniors will require significant public and private sector investment in building the infrastructure to meet this demand.



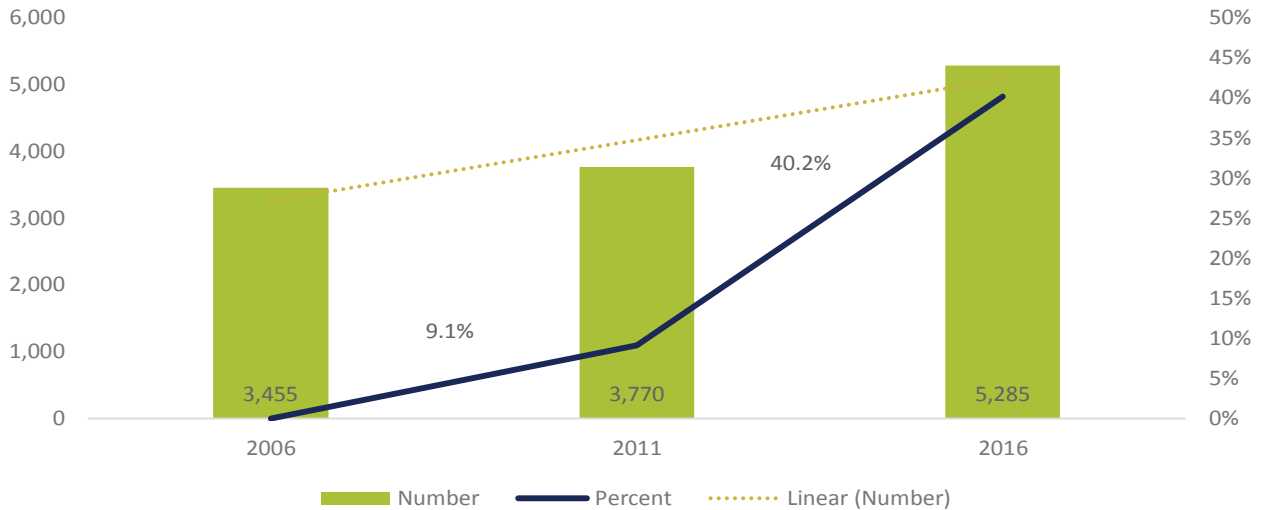
Figure 3: Lethbridge City Level- Census subdivision population profile

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Census Population (2016)	92,729	-	4,067,175	-
Population change 2011–2016	-	+11.0%	-	+11.6%
Population change 2006–2016	-	+11.8%	-	+10.8%
Male	45,425	49%	2,039,410	50%
Female	47,305	51%	2,027,765	50%
<14 Years	16,125	17.4%	779,155	19.2%
15–24 Years	13,015	14.0%	501,865	12.3%
25–34 Years	14,455	15.6%	644,115	15.8%
35–44 Years	11,345	12.2%	586,710	14.4%
45–54 Years	10,945	11.8%	553,340	13.6%
55–64 Years	11,680	12.6%	501,770	12.3%
65 Yrs. & Older	15,160	16.3%	500,215	12.3%
Indigenous	5,290	6%	258,640	7%
Refugees	2,730	3%	103,785	3%
Immigrants	12,330	21%	845,220	14%
Visible Minority	11,695	13%	933,165	23%

## DIVERSITY

Lethbridge is becoming more diverse as the immigrant/refugee and Indigenous populations increase. In 2016, there were 5,285 Indigenous people in Lethbridge, making up 6.0% of the population. This is an increase of 1,515 (40%) from 2011. The increase in the urban population of Indigenous peoples has been taking place for decades in Canada. This change has often been misunderstood simply as the movement by First Nations people away from reserves and into cities. In fact, the First Nations population continues to grow both on and off reserve. The urbanization of Indigenous peoples is due to multiple factors- including demographic growth, mobility, and changing patterns of self-reported identity.<sup>8</sup>

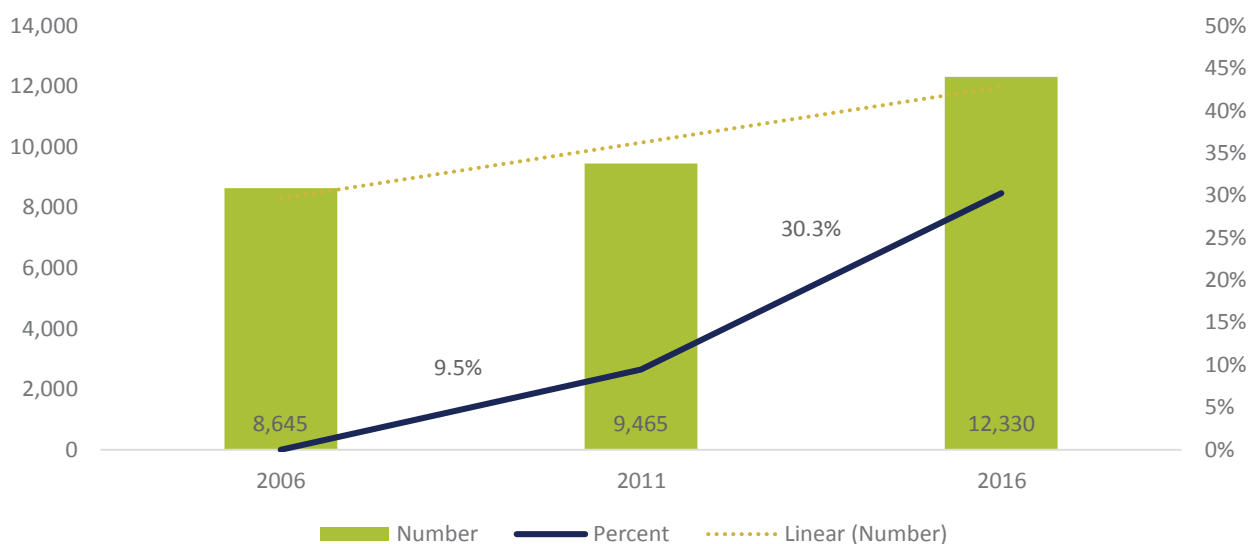
Figure 4: Indigenous Identity - Number of and Percentage Increase



In general, the Indigenous population is younger than the non-Indigenous population. The average age of the Indigenous population in Lethbridge was 28.0 years, compared with 39.3 years for the non-Indigenous population. Research suggests people are likely moving off reserve to Lethbridge for housing, further education, or work opportunities.<sup>9</sup>

Lethbridge's population will continue to diversify as refugees are welcomed into the city. Commencing in 2009, Bhutanese refugees began immigrating to Lethbridge. This is the largest settlement of Bhutanese in Canada. In 2016, Lethbridge also welcomed an influx of new residents from Syria. Immigration into Lethbridge has become more prevalent in recent census cycles with close to 25% of Lethbridge's total immigrant population arriving between 2011 and 2016.

Figure 5: Immigrants- Number of and Percentage Increase



Just over one in eight residents of Lethbridge is a member of a visible minority (12.6%). Ethnic diversity is reflected in residents with family roots in the United Kingdom, Philippines, USA, Netherlands and El Salvador. The implications of this growing diversity in Lethbridge are significant in terms of both Newcomer and Indigenous wellbeing, and to strengthen social cohesion for these groups. To move forward, the importance of the role of culture on wellbeing must be understood and all services or interventions must be based on evidence-informed or evidence-based, culturally-safe practices.

## MOBILITY AND MIGRATION

In 2016, approximately 47% of Lethbridge’s population reported having moved to a new home within the last five years. This proportion included people who had moved locally within the region, as well as those who had moved from another province or country.

Between 2011 and 2016, just over 27% of the population had changed addresses within the same city or township, while close to 11% had moved from another municipality (city or township or reserve) in the province. Those who had moved from outside Alberta, from another province or territory in Canada, made up 5% of the total population. A further 4% had come to Canada from another country.

Figure 6: Lethbridge Mobility status - Place of residence 5 years ago<sup>10</sup>

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Total Population: Mobility Status	84,865	100%	150,760	100%
Non-movers	45,075	53%	85,665	57%
Movers	39,790	47%	65,090	43%
Non-migrants	22,525	27%	32,885	22%
Migrants	17,265	20%	32,205	21%
Internal migrants	13,895	16%	25,425	17%
Intraprovincial migrants	9,480	11%	18,535	12%
Interprovincial migrants	4,415	5%	6,895	5%
External migrants	3,365	4%	6,785	5%

For the Indigenous population, approximately 65% moved to a new home between 2011 and 2016. This also includes people who had moved locally within Lethbridge, as well as those who had moved from another province or country.

Twenty percent of the current Indigenous population in Lethbridge had moved from another municipality (city or township or reserve) in the province in the past 5 years. Those who had moved from outside Alberta from another province or territory in Canada made up 4% of the total population. A further 1% had come to Canada from another country.

Figure 7: Indigenous Mobility status - Place of residence 5 years ago<sup>11</sup>

	NUMBER	PERCENT
Total Population: Mobility Status	4,780	100%
Non-movers	1,665	53%
Movers	3,110	47%
Non-migrants	1,900	27%
Migrants	1,210	20%
Internal migrants	1,180	16%
Intraprovincial migrants	965	11%
Interprovincial migrants	210	5%
External migrants	30	4%



## HOUSEHOLD CHARACTERISTICS

Estimates of households are important for organisations concerned with issues such as health, housing, families, and social security. Public issues such as unemployment, poverty, income distribution, and housing needs are often linked with the household. For example, housing needs are better appreciated in terms of household members rather than of individual people.

2016 Household data<sup>12</sup>: **Total number of households in Lethbridge City: 37,575**

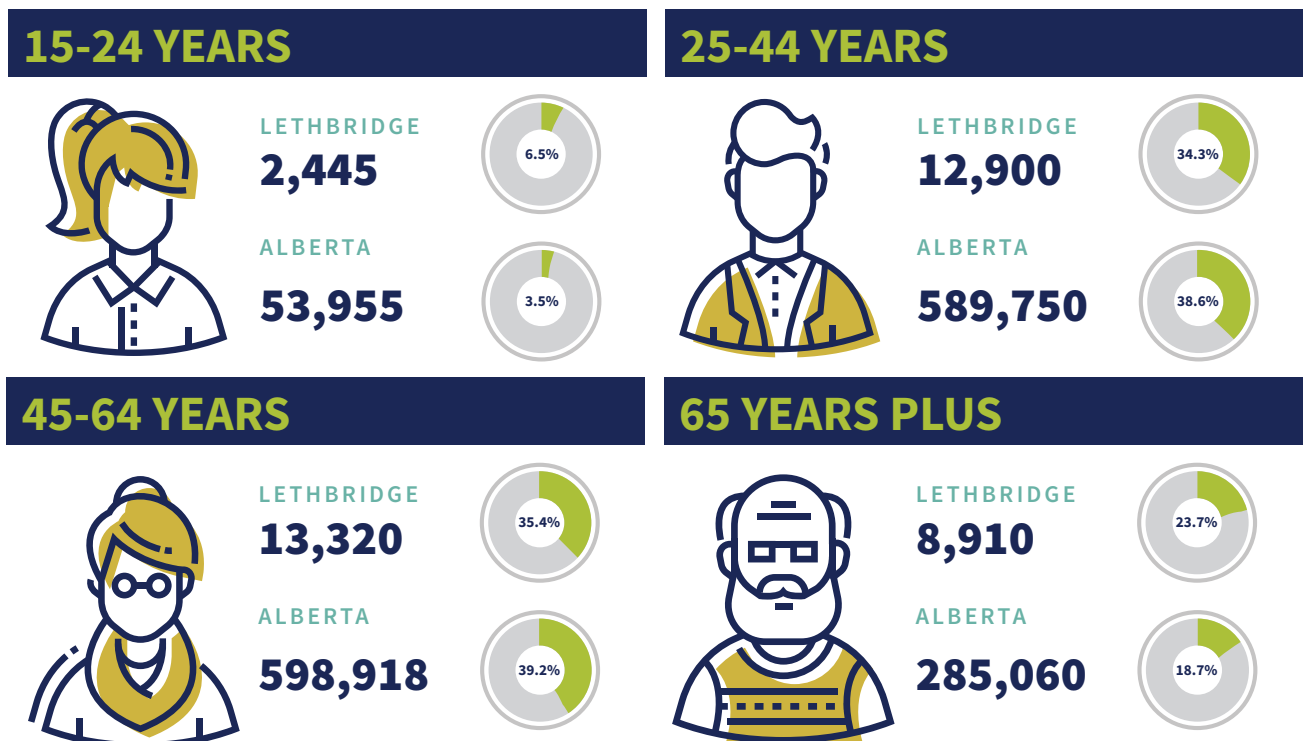
Adding to the diversity information discussed above, 15% of households are immigrants, which is lower than Alberta (23.3%). Just under 5% of households are Indigenous which is also consistent with Alberta and comparator municipalities (Grande Prairie and Red Deer).

Figure 8: Cultural characteristics of primary household maintainer

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Primary maintainer has Aboriginal identity	1,685	4.5%	78,285	5.1%
Primary maintainer speaks French most often at home	90	0.2%	10,150	0.6%
Primary maintainer is an immigrant	5,630	15.0%	356,435	23.3%
Period of immigration - 2011 to 2016	815	14.5%	57,970	16.3%

Almost one quarter of households in Lethbridge are seniors (23.7%), which is more than 5% higher than Alberta and considerably higher than comparator municipalities (Grande Prairie 10.6% and Red Deer 17.5%). As health problems rise with age, seniors are more likely to report chronic conditions and accompanying poor health. Household data also provides an overview of members with a health issue.

Figure 9: Age of primary household maintainer



About 22% of households have a person reporting a disability. These households have particular needs related to health and community care, housing, income security, and transportation. For example, specialized care, specifically the presence of mental health-workers can increase wellbeing outcomes. A perceived amount of personal freedom is also related to higher wellbeing, whereas stigmatisation and depression are related to reduced wellbeing.<sup>13</sup>

Figure 10: Prevalence of Disability

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Households with any member with difficulty hearing	1,785	4.8%	68,460	4.5%
Households with any member with difficulty seeing	2,380	6.3%	97,125	6.4%
Households with any member with difficulty walking, using stairs, using hands or fingers or doing other physical activities	3,760	10.0%	132,180	8.7%
Households with any member with difficulty learning, remembering or concentrating	2,485	6.6%	80,550	5.3%
Households with any member with emotional, psychological or mental health conditions	3,915	10.4%	129,660	8.5%
Households with any member with other health or long-term care conditions	8,110	21.6%	294,460	19.3%

### 2016 CENSUS DATA FOR CANADIAN DEPRIVATION INDEX: LETHBRIDGE

The Canadian Deprivation Index (DI) was created using demographic data from the 2016 Canadian Census for each dissemination area.<sup>14</sup> The DI is a marker of social inequalities in health. It allows for monitoring of inequalities over time and space, and constitutes a useful tool for public health planning, intervention, and service delivery. Thus, its utility in developing a Community Wellbeing & Safety Strategy is recognised.

Six socio-economic indicators were selected for their known relations with health and their affinities with the two dimensions of deprivation – material and social:

- » Persons without high school diploma
- » Ratio employment/population
- » Average personal income
- » Persons living alone
- » Persons separated, divorced, or widowed
- » Single-parent families



To create the DI, the indicators were submitted to a principal component analysis (PCA) in order to summarize the available information. The PCA extracted two main components, the first grouping indicators of education, employment, and income (hereafter the material component), the second combining indicators related to marital status and family structure (hereafter the social component).

## LETHBRIDGE: CENSUS AGGLOMERATIONS

(between 10,000 and 100,000 people)

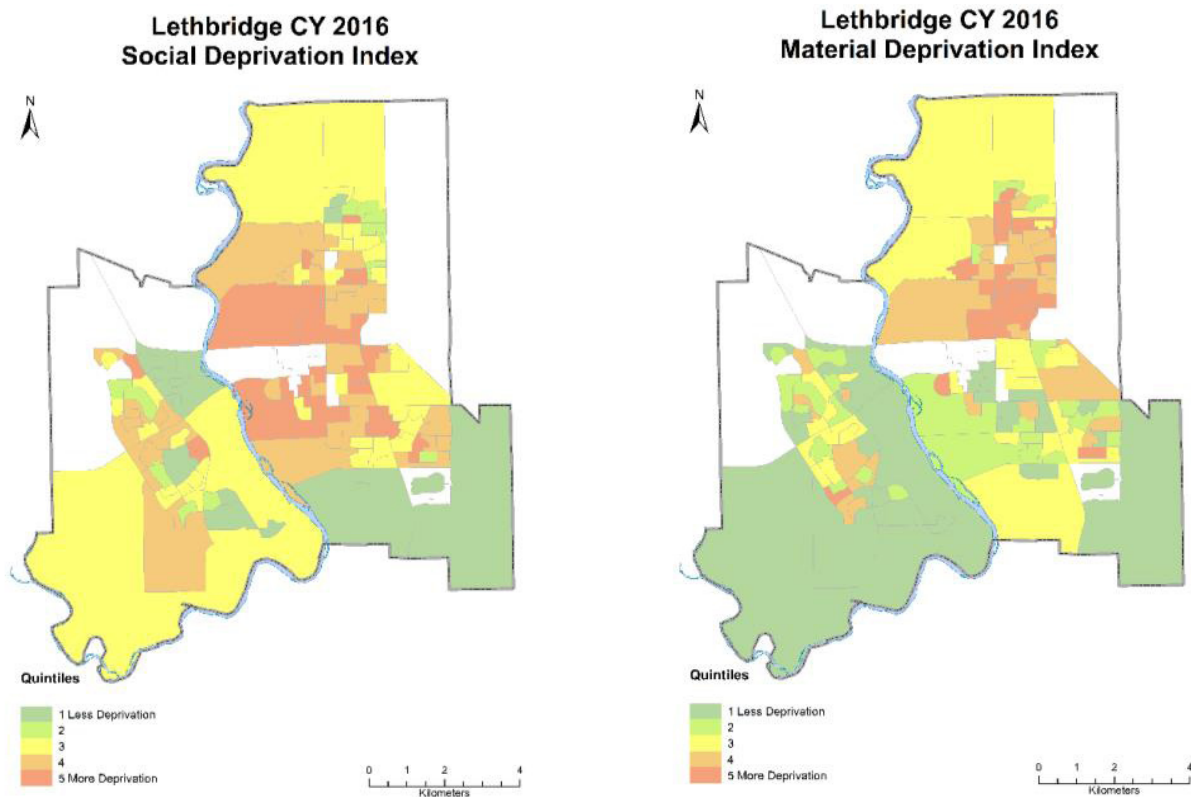
The indexes for geographic areas are the result of PCAs carried out in each region separately and a distribution of deprivation values observed in each area in quintiles (each quintile representing 20% of the population), from the most privileged (Quintile 1) to the most deprived (Quintile 5). This version makes it possible to observe the deprivation variations in each geographic area and compare the areas based on their relative variations. In other words, to compare people within each geographic area, but not between geographic areas:

**1. Material Deprivation Index** – reflects the deprivation of goods and conveniences. This index includes the following indicators: average household income; unemployment rate; and high school education rate (Pampalon and Raymond, 2000).

**2. Social Deprivation Index** – reflects the deprivation of relationships among individuals in the family, the workplace, and the community. This index includes the following indicators: proportion of the population separated, divorced, or widowed; proportion of the population that lives alone; and proportion of the population that has moved in the past five years.

Mapping this data allows for identification of “pockets” of high deprivation (or low wellbeing) that might otherwise be missed if looking at larger aggregates, such as Census Metropolitan Area (CMA) or Economic Regions. The utility of mapping enables targeting anti-poverty initiatives, or allocating resources for poverty alleviation or wellbeing regeneration.

Figure 11: Material and Social Deprivation



The DI for Lethbridge indicates residents in North Lethbridge have higher material needs (lack of everyday goods and commodities), and residents in both North and South Lethbridge have higher social needs (fragility of an individual’s social network from the family to the community).

**Further information on Lethbridge’s Local Geographic Areas is discussed in the Health and Wellness Section of this report.**



**A STRONG ECONOMY**

Lethbridge is in the centre of a trade area that serves over 340,000 people across parts of Alberta, British Columbia, and Montana. The city was recently ranked by Avison Young as Alberta's strongest municipal economy for 2017.<sup>15</sup> Driven more by agriculture and food processing than by oil, Lethbridge's diversified economy will continue to enjoy steady Gross Domestic Product (GDP) growth at a rate of a 2-3% increase a year: estimated to be 2.3% in 2018.<sup>16</sup>

Figure 12: Lethbridge 2018 Gross Domestic Product



Economic indicators presented below support Lethbridge's claim as a stable market supported by a reasonable level of economic diversification.

**Office Market:** consists primarily of Downtown Lethbridge with new developments emerging in West Lethbridge and business parks in recent years. The business parks are located on the city's outskirts, providing more ownership opportunities for office users as well as locations with more parking.

**Retail Market:** Lethbridge's commercial retail sector has experienced considerable growth in recent years with many new retailers coming to the city. This past year saw the completion of the first phase of the Crossings, a new 60-acre, mixed-use development located in West Lethbridge. North Lethbridge witnessed the major redevelopment of Centre Village Mall and South Lethbridge remained steady with some movement but little growth. Steady growth is anticipated in coming years as the Crossings development continues and many new retailers open stores across the city.<sup>17</sup>

**Industrial Market:** The industrial market in Lethbridge continues to see significant growth as new developments emerge around the city, providing ownership opportunities and creating movement. Cavendish Farms recently announced plans to build a new processing plant in the city; at 116 hectares of land, it is the largest development ever made in the city and is expected to create significant growth in all sectors.<sup>18</sup>

**Investment Market:** The Lethbridge investment market saw capital market activity increase slightly in 2016. Low interest rates have kept cap rates compressed, and investor interest remains high with capital not placed in previous years. Local, private, and long-term investors have softened their hold positions due to estate planning and/or current pricing, and have begun making new inventory and portfolios available. Institutional and private investors have begun to focus on location-specific redevelopments, creating higher in-place returns. Overall demand is focused on higher-quality, core, and stabilized assets. All asset classes are trading at healthy levels in Lethbridge, and are expected to continue to offer 6% to 8% capitalization rates into the future.<sup>19</sup>

Both the pace and pattern of growth matter for wellbeing in Lethbridge. This strong economy can encourage prosperity and opportunity: growth and employment opportunities improve incentives for parents to invest in their children's education by sending them to school. This may lead to the emergence of a strong and growing group of entrepreneurs that should generate pressure for improved governance. Strong economic growth therefore advances human development which in turn promotes economic growth.

Businesses are producing and selling more products or services, and the residents have a higher income and hence are spending more. However, economic growth does not necessarily increase the prosperity of each and every income class of the city. Because Lethbridge's population is also growing, and the growth is generally associated with larger families: more dependents mean further stretching of income that contributes to greater economic inequality.<sup>20</sup> The extent to which growth also raises the living standards of low-income households depends on the degree to which these households participate in the growth process and share in its proceeds.

The challenge for a new wellbeing and safety strategy will be to combine growth-promoting policies with policies that allow the low-income households to participate fully in the opportunities unleashed, and to contribute to that growth. This includes policies to make labour markets work better, remove gender and racial inequalities, and increase financial inclusion.

## JOBS & INDUSTRY

Employment rates are sensitive to Alberta’s economic cycle, but in the longer term they are significantly affected by higher education and income support policies, and by policies that facilitate employment of women and disadvantaged groups. The Lethbridge-Medicine Hat regional employment rate is 63.6%.<sup>21</sup>

### MAJOR EMPLOYERS

Public sector employment in Lethbridge accounts for nine of the top ten major employers, representing healthcare, education, and government services. Alberta Health Services remains the largest employer in the Lethbridge region according to data from the Lethbridge Major Employers Survey, Economic Development Lethbridge, Fall 2017.

Figure 13: Top Ten Employers in Lethbridge

	BUSINESS ACTIVITY	STAFF
Alberta Health Services	Healthcare & Social Assistance	3,368
University of Lethbridge	Educational Services	2,431
Lethbridge School District	Educational Services	1,500
City of Lethbridge	Public Administration	1,462
Lethbridge College	Educational Services	955
Alberta Government	Public Administration	900
Holy Spirit Catholic Schools	Educational Services	779
Sunrise Poultry	Food Manufacturing	625
Covenant Health	Healthcare & Social Assistance	603
Palliser Regional Schools	Educational Services	519

Part of the stability and predictability of the Lethbridge economy can be attributed to the fact that 20% of the workforce is being paid by stable, large, public-sector organisations. Twenty-one percent, or 13,142 people, work for the ten largest employers.

## LABOUR MARKET

The participation rate and unemployment rate are economic metrics used to gauge the health of the job market. The key difference between the two indicators is the participation rate measures the percentage of the working-age population who are employed or seeking employment. The unemployment rate measures the percentage currently without a job.

The participation rate has risen only slightly this year as the downturn in the Alberta economy in 2016 slowly improves. Lethbridge continues to have the second-lowest rate of unemployment in Alberta and well below the national rate at 6.0%. This also suggests a more stable economy. The latest labour force survey (unadjusted three-month moving average rate) shows the Lethbridge-Medicine Hat region with an unemployment rate in September at 4.8% – a drop from 5.1% in August. This area has seen a steady drop in the jobless rate for the last few months. One year ago, it was at 5.1%. Seasonally-adjusted employment numbers broken down by industry showed increases in construction, manufacturing, finance/insurance/real estate, public administration, and professional/scientific/technical services. There were losses in agriculture, trade, and educational services.<sup>21</sup>

Figure 14: 2018 Labour Market: Lethbridge–Medicine Hat Region<sup>22</sup>

	POPULATION (000'S)	PARTICIPATION RATE	UNEMPLOYMENT RATE	EMPLOYMENT RATE
2017	229.9	65.4%	5.1%	62.0%
2018	231.0	66.8%	4.8%	63.6%

The Employment Insurance (EI) program provides temporary income support to unemployed workers while they look for employment or to upgrade their skills. Current data shows a decrease in people receiving EI, indicating a strengthening economy.

Figure 15: EI Division No. 2, Alberta (map)<sup>23</sup>

	# PERSONS				
	APR-18	MAY-18	JUN-18	JUL-18	AUG-18
All types of income benefits	3,150	2,710	2,560	2,700	2,620
Regular benefits	1,770	1,300	1,190	1,300	1,220

The importance of a strong economy to wellbeing is twofold. At the microeconomic level, increases in income have been associated with improvements in other dimensions of wellbeing, such as life expectancy, educational attainments, etc. At the macroeconomic level, economic resources allow communities to invest in education, health, security, etc.<sup>24</sup>

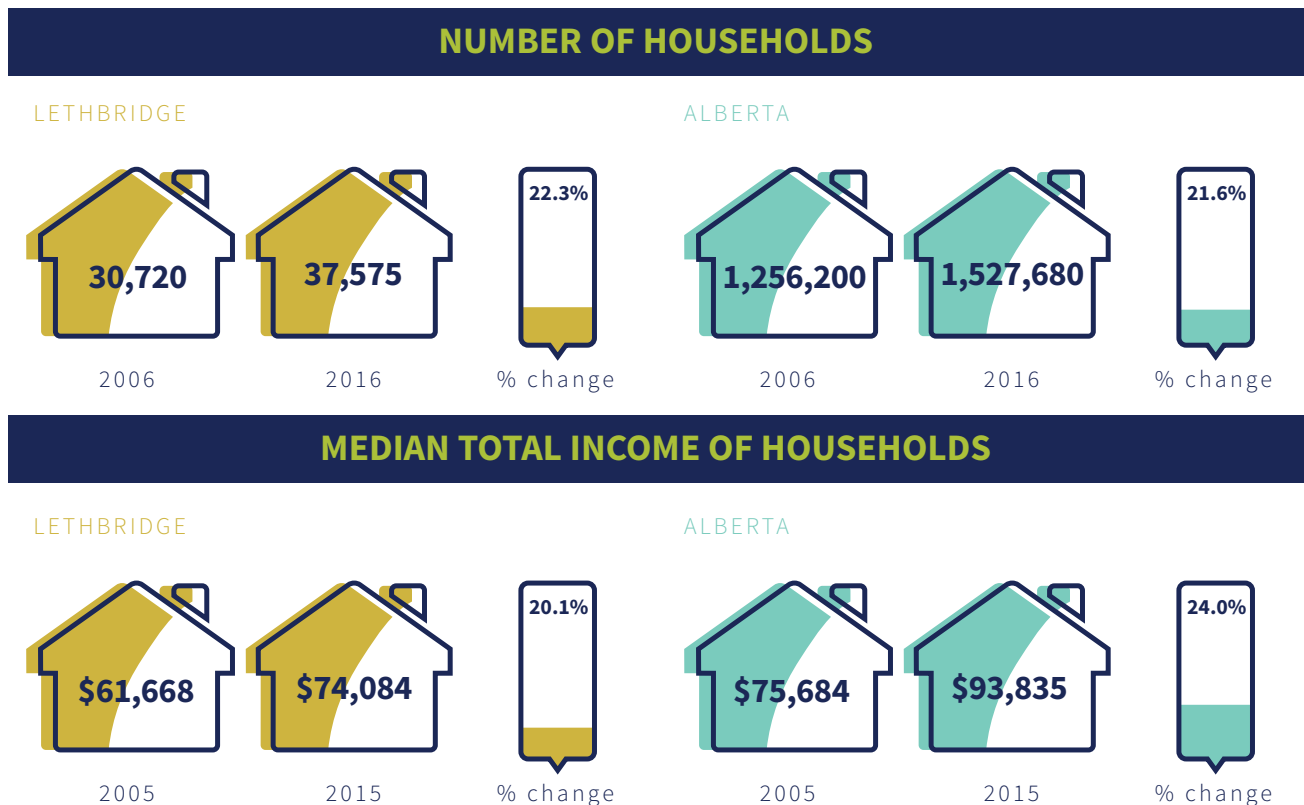
### INCOME SECURITY

Income security is important for both society and the economy. If people have secure incomes, it helps to prevent them from falling or remaining in poverty. They are also less likely to be subject to inequality. In addition, secure incomes facilitate people to contribute to the economy. At an individual level, income security greatly enhances everyone’s ability to live a life of dignity.

### HOUSEHOLD INCOME

Income is an important measure of one’s ability to be economically independent. The median income for Lethbridge households was almost \$15k less than provincial levels a decade ago, and the gap has increased slightly this census period to almost \$20k. The lower median income may be a reflection of the lower cost of living in a rural community, lower employment, and higher long-term unemployment.

Figure 16: Income Comparison<sup>25</sup>



Monitoring these characteristics is helpful in understanding the conditions of economic security through opportunities for a secure and stable job and more access to the necessities of life like food and shelter.

## PREVALENCE OF LOW INCOME

The prevalence of low income can be calculated for each of the five low-income lines available in the census for various population groups at different levels of geography:

1. Low-income measure, after tax (LIM-AT),
2. Low-income measure, before tax (LIM-BT),
3. Low-income cut-offs, after tax (LICO-AT),
4. Low-income cut-offs, before tax (LICO-BT), and
5. Market Basket Measure (MBM).

Statistics Canada has clearly and consistently emphasised that the low-income lines are not measures of poverty. Low-income lines reflect a consistent and well-defined methodology that identifies those who are substantially worse off than average. In recent years, the anti-poverty community has begun to shift from using the LICO to the LIM. The LIM represents 50% of median household income, adjusted for family size. Easy to calculate and easy to explain, it also has the added benefit of being used in cross-country comparisons.

The LIM-AT, takes into account the reduced spending power of households because of income taxes paid. Low-income status is determined based on low-income measure after-tax. For a one-person household, the LIM-AT was \$22,460 in 2015. For larger households, this amount was adjusted upward by multiplying it by the square root of household size. Persons in a private household with after-tax income below this threshold are considered to be in low income.

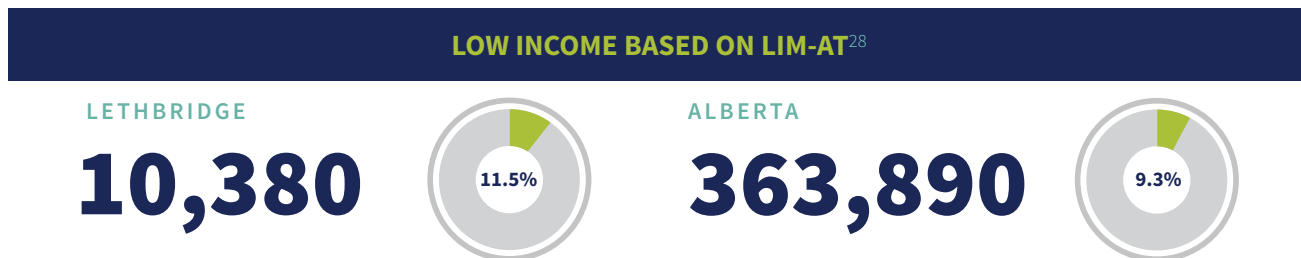
**In 2015, 14% of Lethbridge households were low income, compared to 10.9% in Alberta.**

Figure 17: Lethbridge Household Prevalence of Low Income (LIM-AT)<sup>26</sup>

	LETHBRIDGE			ALBERTA		
	TOTAL	LOW INCOME	PERCENT	TOTAL	LOW INCOME	PERCENT
Total Households	37,575	5,215	13.8%	1,527,680	165,815	10.9%
One-Person Households	10,330	2,730	26.4%	366,080	76,345	20.6%
Households of Two or More Persons	27,245	2,480	9.1%	1,161,600	89,470	7.7%

Low income residents have difficulty meeting their basic needs, which can affect their health and wellbeing. In 2015, 10,380 persons or 11.5% were in low income, while in 2005, 12.8% of the persons in Lethbridge lived in low income. It is important to note that the 2015 figures – which matched census responses to tax filings with the Canada Revenue Agency for the first time – reveal the financial situation of Canadians before the steep drop in oil prices took its toll on the economy in 2016.<sup>27</sup>

Figure 18: Individual Prevalence of Low Income








Particular low-income groups show disproportionate numbers – including women, new immigrants, Indigenous people, people with disabilities, youth, and seniors.

**Lethbridge had the highest low-income rate across all age-groups when compared with Alberta and comparator municipalities (Grande Prairie and Red Deer).**

Figure 19: Low Income by Age – Children, Adults, Seniors

	ALBERTA	LETHBRIDGE	RED DEER	GRANDE PRAIRIE
 Under 18	<b>12.8%</b>	<b>15.5%</b>	<b>14.5%</b>	<b>10.4%</b>
 Aged 18 to 64	<b>8.2%</b>	<b>10.9%</b>	<b>8.9%</b>	<b>6.0%</b>
 65 and Over	<b>8.6%</b>	<b>8.3%</b>	<b>8.2%</b>	<b>8.2%</b>

Persons living in lone-parent families had a higher rate of low income at 25.4% while those living in couple families without children had a lower rate of 4.2%. Lone-parent families and single occupant households are the largest groups experiencing housing affordability and thus food security issues in Lethbridge.<sup>29</sup> Research shows that people often rely on food banks to feed themselves and their families because high rental rates means they often have little money left over for food.<sup>30</sup>

**Persons stating Indigenous identity had a higher rate of low income at 26.9%.**

Immigrants had a higher rate of low income at 12.1% overall, and when looking at period of immigration, recent immigrants had a low-income rate of 17.9%

According to the 2016 Census, 11,690 Lethbridge residents identified themselves as a visible minority, accounting for 12.9% of the total population. Lethbridge CMA data breaks down this group into first, second, and third generation, and of first generation visible minorities – 14.9% were in low-income.

Figure 20: Lethbridge CMA – First generation Visible Minorities<sup>31</sup>

	In Low Income	Prevalence of Low Income (%)
Total 1st Gen Visible Minority Population	1,210	14.9
South Asian	285	16.8
Chinese	120	15.8
Black	210	16.6
Filipino	70	4.6
Latin American	110	8.7
Arab	135	61.4
Southeast Asian	50	9.9
West Asian	120	33.3
Korean	65	34.2
Japanese	30	15.4

## A NEW OFFICIAL POVERTY LINE

In August 2018, the federal government announced that from now on the Market Basket Measure (MBM) would be an official poverty line, and as such would be used by the federal government as the basis of its efforts to alleviate poverty.

The Market Basket Measure defines the cost of purchasing a specified basket of goods and services. These goods and services define what experts have determined as being necessary for a household – consisting of two adults aged 25 to 49 and two children aged nine to 13 – to purchase, in order to enjoy a modest, basic standard of living.

Figure 21: Poverty Line in 2016, Lethbridge, Alberta



There are benefits and drawbacks to using the MBM as Canada's official poverty line – the MBM is an absolute measure of poverty, rather than a relative one that bases poverty off of median incomes in Canada, and provides different measures for communities across Canada.

At the same time, the MBM is not internationally comparable, and has been criticized for not giving a realistic picture of what is needed, and how much it costs to live a life of dignity. From now (November 2018) until January 31, 2019, Statistics Canada is conducting a consultation on the Market Basket Measure – the tool that will be used as Canada's first official poverty line.<sup>32</sup>

## POVERTY & INCOME SUPPORTS

Over 72% of the population in Lethbridge derive their income from employment compared to 76.5% for Alberta.

***Lethbridge has a higher portion of government transfers (10.4%) compared to Alberta (6.7%).***

Government transfers refer to income support programs which are based on modest cost of living assumptions.<sup>33</sup> For example:

- » Old age security pension, guaranteed income supplement, allowance or allowance for the Survivor;
- » Retirement, disability and survivor benefits from Canada Pension Plan;
- » Benefits from Employment Insurance;
- » Child benefits from federal and provincial programs;
- » Social assistance benefits;
- » Workers' compensation benefits;
- » Working income tax benefit;
- » Goods and services tax credit;
- » Other income from government sources.



## INCOME SUPPORT

Income Support often provides an important social safety net for low-income and vulnerable people. Receipt of income assistance can help to trigger access to other services including prescription drugs, dental care, and assistance with transportation costs as well as other types of supports needed to meet basic needs. While this type of assistance represents a critical element of the social safety net in Alberta, the level of assistance available under Alberta's income assistance programs has fluctuated.

Currently, Income Support helps people in three general situations: (1) people who have difficulty working because of a chronic mental or physical health problem or because of multiple barriers to work, (2) people who are looking for work, working or unable to work in the short-term, or (3) people who need upgrading or training to get a job. Further, income support benefits depends on the size of the family, the age of children, any special needs, and adults' ability to work. The core shelter benefit is for rent, mortgage, utilities, damage deposit, fire insurance, etc. and the core essential benefit is for food, clothing, personal needs, transportation, telephone, and household supplies.<sup>34</sup>

Figure 22: Maximum Monthly Core Essential Payment Table and Maximum Monthly Core Shelter Payment Table for the 2019 CPI Adjustment Year (Private Housing)<sup>35</sup>

	EXPECTED TO WORK OR WORKING	BARRIERS TO FULL EMPLOYMENT	LEARNERS (FULL-TIME): EI LEARNER, NON-EI LEARNER AND APPRENTICE LEARNER	CORE SHELTER PAYMENT AMOUNT
1 adult	\$415	\$536	\$536	\$330
2 adults	\$670	\$851	\$851	\$446
1 adult and children				
1	\$615	\$736	\$920	\$558
2	\$715	\$836	\$990	\$578
3	\$815	\$936	\$1060	\$599
4	\$915	\$1036	\$1,130	\$619
5	\$1,015	\$1,136	\$1,200	\$640
6	\$1,115	\$1,236	\$1,270	\$660
each additional child	\$100	\$100	\$100	\$21
2 adults and children				
1	\$870	\$1,051	\$1,235	\$588
2	\$970	\$1,151	\$1,305	\$608
3	\$1,070	\$1,251	\$1,375	\$618
4	\$1,170	\$1,351	\$1,445	\$639
5	\$1,270	\$1,451	\$1,515	\$659
6	\$1,370	\$1,551	\$1,585	\$679
each additional child	\$100	\$100	\$100	\$21

Based on Statistic Canada’s new Market Basket Measure, a two-person household with children in Lethbridge is considered to be under the poverty line if their annual income is below \$39,902. Household data gives us an approximate sense of how many Lethbridge families are in this situation using the two lowest income deciles.

Three hundred sixty-five Families with Children Households out of 8,925 Families with Children Households in Lethbridge earn below MBM poverty line (at least 4.1% of this type of household can be considered low income).

Figure 23: One Family Households – married couple or common-law couples with children

	ALBERTA	LETHBRIDGE	RED DEER	GRANDE PRAIRIE
Total – Family with Children Households	449,795	8,925	10,265	7,020
Under \$23,064 (1st Decile)	8,790	160	190	85
\$23,064 To \$35,785 (2nd Decile)	9,315	205	170	85

\*Note MBM cut-off is \$39,902, and the 2nd decile cut-off does not match this exactly.

## MINIMUM WAGE VS. LIVING WAGE

Minimum wage is the lowest amount employers can pay their employees by law. Generally, workers who earn a minimum wage struggle to afford even the basic necessities of life. Essentially, increased costs of living such as rent, gas prices, utilities, and others have dramatically outpaced increases in wages, which means many Albertans have become reliant on food banks to support their families, despite having full-time jobs.

A living wage is an estimate of what workers need to earn to cover the actual costs of living in a specific community. A living wage is a proxy for the cost of living in any given community. It is not an arbitrary number, but is instead determined by calculating average expenses, taxes, and government benefits for a given household. A living wage:

- » enables working families to have sufficient income to cover reasonable costs;
- » ensures that families are not under severe financial stress;
- » is a conservative, reasonable estimate;
- » promotes social inclusion;
- » supports healthy child development principles;
- » engenders significant and wide-ranging community support; and
- » is a vehicle for promoting the benefits of social programs such as childcare

***On October 1st, Alberta’s minimum wage rose to \$15 an hour – a 47% hike over three years.***

This increase towards a living wage is intended to reduce poverty, lessen the burden on social support programs, and improve the quality of life for vulnerable people.

**About 254,000 Albertans – 11% of all workers – were earning less than \$15 per hour:**



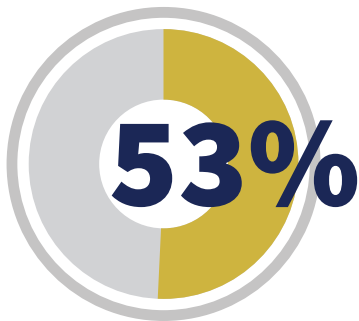
**63%**

OF LOW-WAGE EARNERS  
ARE FEMALE

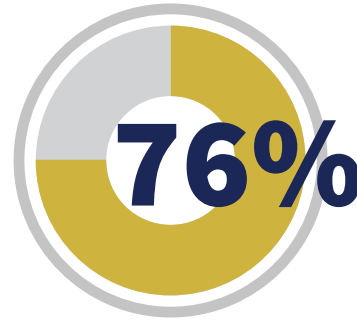


**37%**

OF LOW-WAGE EARNERS  
ARE PARENTS



OF LOW-WAGE EARNERS  
WORK FULL TIME



OF LOW-WAGE EARNERS  
HAVE PERMANENT JOBS

## The living wage for Lethbridge was calculated in 2016 to be **\$14.87**<sup>36</sup>

- » Lethbridge has a comparable living wage to similar-sized Alberta communities.
- » A family with two parents and two children needs a living wage of \$14.87 per hour to meet basic needs
- » A single parent of one child needs a living wage of \$11.68 per hour to meet basic needs
- » A single adult needs \$12.68 per hour to meet basic needs<sup>37</sup>

This rise in the minimum wage in 2018 provides an income that takes into account the actual costs of living in Lethbridge, and ensures that families can afford the basics such as food, clothing, housing payments, child care, and transportation, to name a few. Positive effects of raising the minimum wage include increased consumer spending, better health outcomes, and lower wage inequality, especially for women. Food bank data shows a decrease in access, which may be attributed to the rise.



# HOUSING AND HOMELESSNESS

Housing has been an issue throughout Canadian history from urbanization to overcrowding. Gentrification, affordable housing, eviction and renovation, and homelessness are all issues that have risen to prominence in recent years.

**Housing is a basic human right; every person needs sleep, food, water, and a safe place to live.**

The lack of stable affordable housing is the foundation of many social issues, including poverty, homelessness, educational disparities, and healthcare. Families experiencing housing insecurity face difficult choices that impact their health and livelihood, such as having to choose between paying rent or paying for basic needs.

**CURRENT HOUSING MARKET TRENDS**

The monthly year-over-year changes were so slight as to indicate essentially a stable market compared to last year. However, year-to-date comparisons between 2017 and 2018 reveal a market that is experiencing a slight downward swing.

Figure 24: Lethbridge MLS<sup>38</sup>

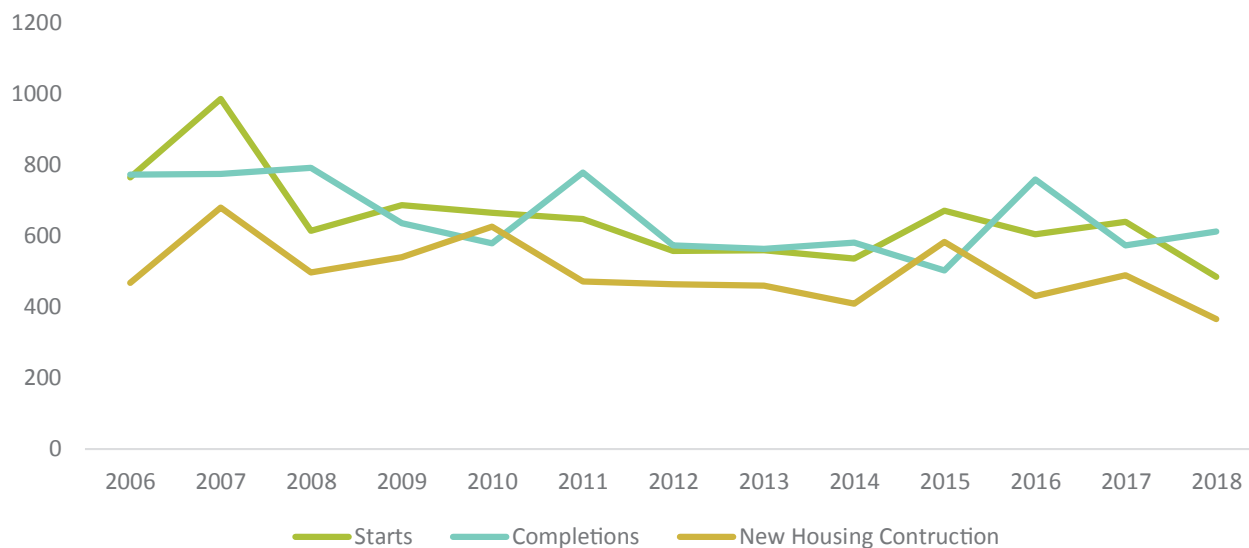
	2017	2018	% CHANGE
<b>UNITS LISTED</b>	<b>2329</b>	<b>2512</b>	<b>8%</b>
<b>UNITS SOLD</b>	<b>1397</b>	<b>1317</b>	<b>-6%</b>
<b>AVERAGE PRICE</b>	<b>\$286,921</b>	<b>\$285,548</b>	<b>0%</b>
<b>DAYS TO SELL</b>	<b>67</b>	<b>74</b>	<b>10%</b>

Homeownership in the City of Lethbridge is affordable to most households with moderate incomes and all households with high incomes.

**HOUSING ACTIVITY**

According to CMHC, there were 769 total housing starts in Lethbridge in 2017, which is almost 100 more than 2016. The numbers also show Lethbridge is seeing more new home construction than Grand Prairie, Red Deer, and Medicine Hat combined.

Figure 25: New Housing Construction



## HOUSING STOCK

In 2016, there were a total of 35,575 dwellings in the City of Lethbridge and the majority were single detached. Rented dwellings made up a larger proportion of the housing stock in the City of Lethbridge compared to the Province of Alberta. The number of rented dwellings saw a higher rate of increase than owned dwellings. However, the growth of rented dwellings occurred completely in the secondary rental market (85.2% growth since 2006 to 7,930 units) while the primary rental market lost units. Vacancy rates remain above 3.0% on average in 2017.

Figure 26: Primary Rental Market Units (CMHC - October)

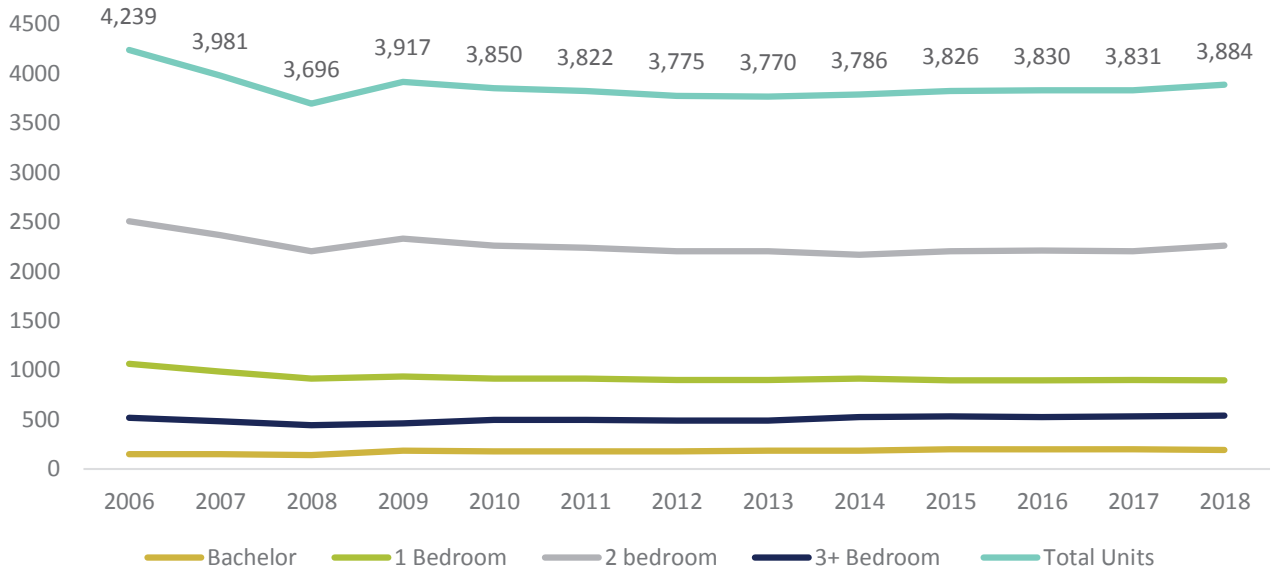


Figure 27: Lethbridge Vacancy Rates (CMHC - October)

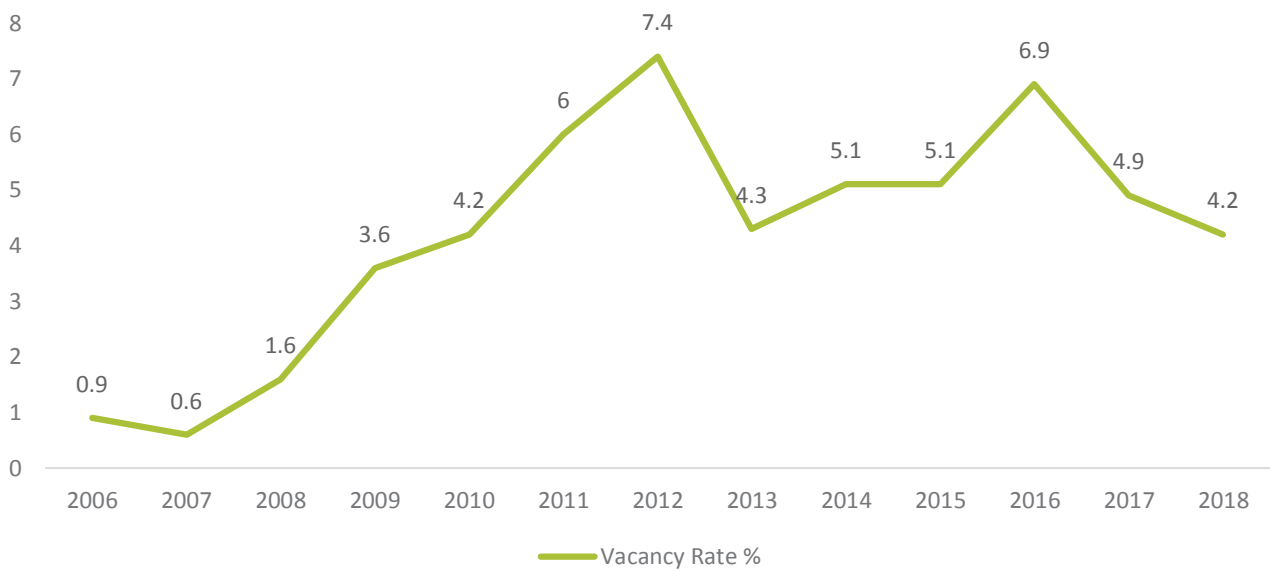




Figure 28: Lethbridge Vacancy Rate for Various Dwelling Types (CMHC - October)

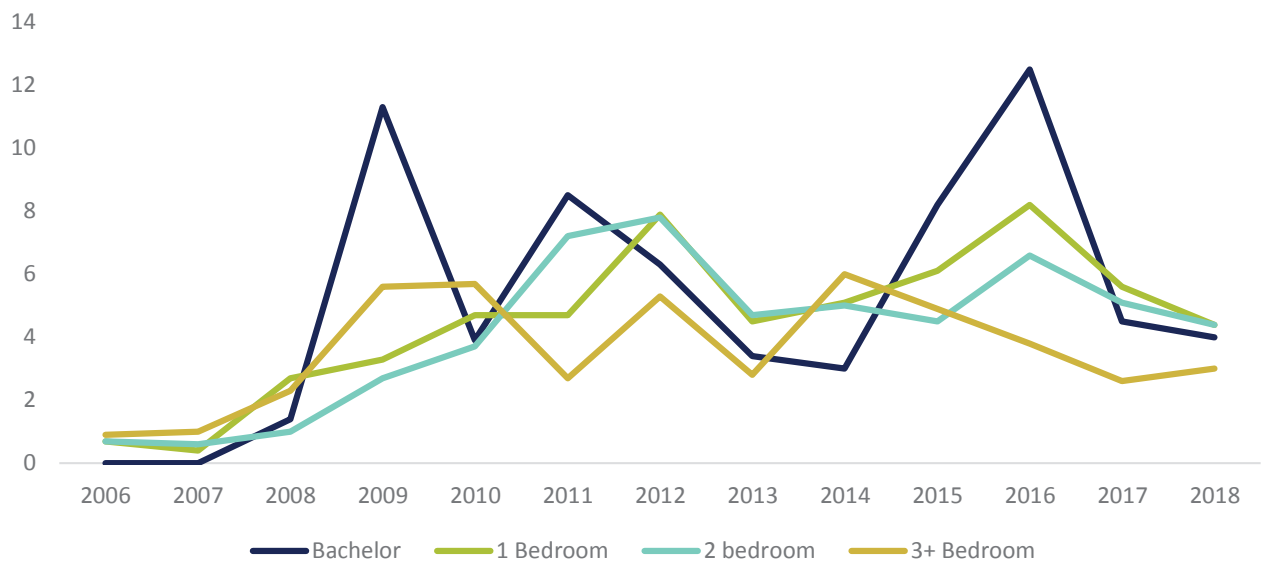
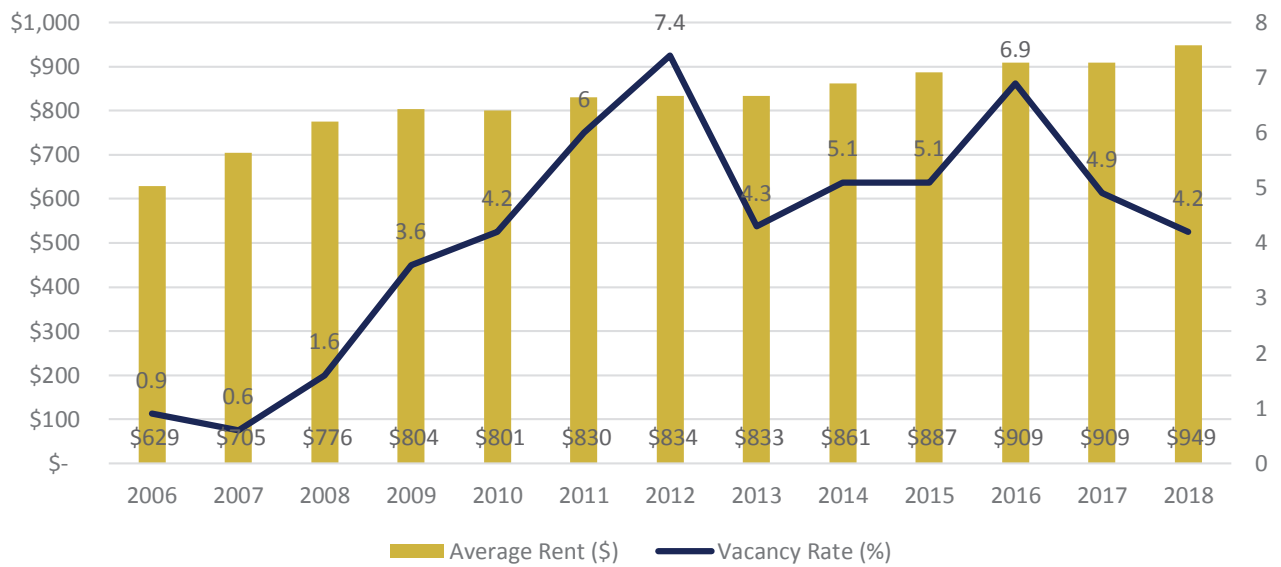


Figure 29: Average Rent and Vacancy Rates (CMHC - October)



Household type and cultural characteristics provide further insight into the housing situation and needs of different populations in Lethbridge. Couples without children and lone parents with children are more likely to own their home. Indigenous people and recent newcomers are more likely to rent.

Figure 30: Household Type and Tenure

	OWNED		RENTED	
	NUMBER	PERCENT	NUMBER	PERCENT
One-family household: married couple or common-law couples without children	25,810	68.7%	11,760	31.3%
One-family household: married couple or common-law couples with children	8,525	33.0%	1,705	14.5%
One-family households: Lone-parents	7,160	27.7%	1,770	15.1%
Other census family households	1,745	6.8%	1,250	10.6%
Non-family: One-person household	1,550	6.0%	850	7.2%
Non-family: Two-or-more person household	5,760	22.3%	4,580	38.9%

Figure 31: Cultural Characteristics and Tenure

	OWNED		RENTED	
	NUMBER	PERCENT	NUMBER	PERCENT
Primary maintainer has Aboriginal identity	540	2.1%	1140	9.7%
Primary maintainer speaks French most often at home	65	0.3%	25	0.2%
Primary maintainer is an immigrant	3965	15.4%	1665	14.2%
Period of immigration 2011 to 2016	315	7.9%	500	30.0%

A shift to a more diverse housing stock has occurred from 2006 to 2016. In general, the housing stock is in a good state of repair, but rental units are more likely to be in need of major repairs. Almost 6% of all households need major repairs to their house. A greater number of owned houses require major repairs, while a slightly greater proportion of rentals require major repairs.

Figure 32: Lethbridge Dwelling Condition and Tenure

	TOTAL		OWNED		RENTED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Regular maintenance needed	26,480	70.5%	18,380	71.25	8,095	68.8%
Minor repairs needed	9,075	24.2%	6,170	23.9%	2,905	24.7%
Major repairs needed	2,025	5.4%	1,255	4.9%	760	6.5%

## SHELTER-TO-INCOME RATIO – CUSTOM HOUSEHOLD DATA

Housing affordability can be an income problem in the sense that affordability is measured by the point where income and housing costs meet. As a result, lack of affordability affects households with low to moderate incomes as the cost of housing consumes a larger proportion of their monthly household budget. Housing affordability is also a supply problem: in many communities the demand for housing that is affordable to households with low to moderate incomes significantly exceeds the supply of units available.

The City of Lethbridge defines housing affordability as follows:

***Housing which adequately suits the need of low and moderate-income households at costs below those generally found in the Lethbridge housing market ... and which should not cause a household to spend more than 30% of their household income on shelter costs.***

'Shelter cost' refers to the average monthly total of all shelter expenses paid by households that own or rent their dwelling. Shelter costs for owner households include, where applicable: mortgage payments, property taxes and condominium fees, along with the costs of electricity, heat, water and other municipal services. For renter households, shelter costs include, where applicable: the rent and the costs of electricity, heat, water, and other municipal services.

In 2016, the average monthly shelter cost paid by households in Lethbridge was \$1,131. The shelter cost was different between owner and tenant households: households that owned their dwelling paid an average monthly shelter cost of \$1,224, compared to \$1,038 for tenant households.

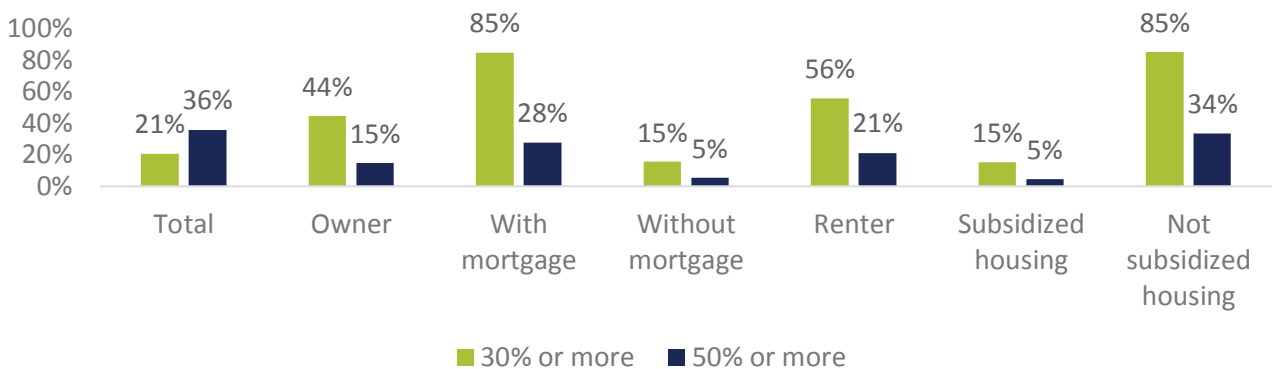
A common metric for housing affordability is whether a household is paying more than 30% of its income in shelter costs. By this standard, almost one quarter of households (21.5%) are in unaffordable housing situations. A third of that group (36% of households) are paying more than 50% of their income in shelter costs.

The figure below shows housing affordability for all households and within each group. For renters, the numbers are worse. As a proportion of all people paying 30% of their income on shelter, renters (56%) pay more than 30% of income for their housing, and for those in non-subsidised rental housing, the figure rises to 85%. Across all renters, 21% are paying more than half their income in shelter costs.

For owners, the story is concerning. As would be expected, households without mortgages are in a much better position with only 15% of this group paying more than 30% of income in shelter costs. For those with mortgages, the share jumps to 85% paying more than 30% of income in shelter costs.<sup>39</sup>



Figure 33: Shelter to income by Tenure\*



\*50% or more percentages are calculated as a portion of the 30% or more.

Given the focus on renters and housing unaffordability, the Household breakdown is presented:

Figure 34: Renter Households spending 50% or more (not including Farm operator, reserves, and households with no income)

	TOTAL HOUSEHOLDS	RENTERS 50% +	PERCENT
Total – Household type including census family structure	11,680	1,815	15.5%
One family household: married couple or common-law couples without children	1690	135	8.0%
One family household: married couple or common-law couples with children	1755	145	8.3%
One-family households: Lone-parents	1,245	290	23.3%
Other census family households	850	65	7.6%
Non-family: One person household	4,515	1,000	22.1%
Non-family: Two-or-more person household	1,610	190	11.8%
Primary maintainer has Aboriginal identity	1,125	240	21.3%
Primary maintainer speaks French most often at home	25	0	0.0%
Primary maintainer is an immigrant	1,655	180	10.9%
Primary maintainer with period of immigration 2011 to 2016	490	30	6.1%
Households with any member with difficulty hearing	460	65	14.1%
Households with any member with difficulty seeing	955	155	16.2%
Households with any member with difficulty walking, using stairs, using hands or fingers, or doing other physical activities	1,265	275	21.7%
Households with any member with difficulty learning, remembering, or concentrating	1,095	220	20.1%
Households with any member with emotional, psychological, or mental health conditions	1,985	415	20.9%
Households with any member with other health or long-term care conditions	2,705	550	20.3%

As expected, a higher proportion of lone-parent, one-person households, Indigenous, and disability households are struggling. Thus, the ‘experience’ of affordability, which differs across sociodemographic groups, must play a role when designing the Community Wellbeing and Safety Strategy.

## CORE HOUSING NEED

CMHC considers a household to be in core housing need based on whether the household experiences one or more of three defined housing problems:

- » Adequacy (i.e., whether the unit is in need of major repairs);
- » Suitability (i.e., whether the unit is deemed to have enough bedrooms for the household in question); and
- » Affordability (i.e., whether the household is spending more than 30% of gross income on housing).

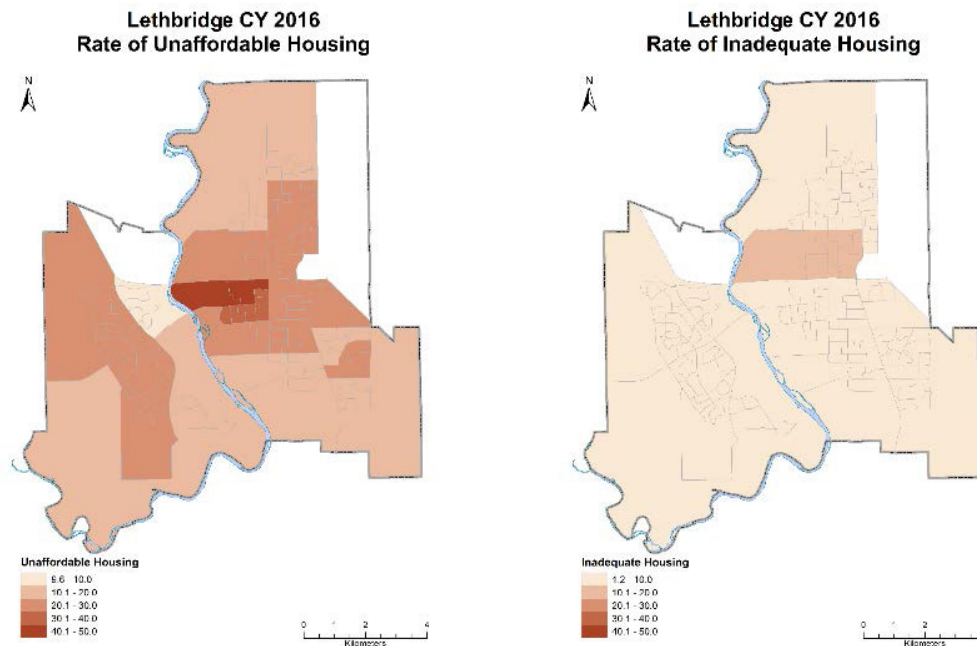
In addition, it assesses whether a household falling below one of these standards has the necessary income capacity to address this issue.<sup>40</sup> Slightly under Canada (12.7%) and Alberta (11.4%), 10.1% of Lethbridge households are in core housing need: a total of 3,810.

Figure 35: Core Housing Need over Time Lethbridge CSD<sup>41</sup>

	RATE OF CORE HOUSING NEED	RATE OF UNAFFORDABLE HOUSING	RATE OF INADEQUATE HOUSING	RATE OF UNSUITABLE HOUSING
2006	10.0%	23.1%	6.7%	3.5%
2011	10.3%	25.2%	6.9%	3.6%
2016	10.4% (10.1%)*	21.5%	5.4%	3.4%

\*Different datasets: Census online Census Agglomeration vs. Custom CY.

Figure 36: Housing affordability, adequacy, and suitability<sup>42</sup>



The lack of stable affordable housing is the foundation of many social problems, including poverty, homelessness, educational disparities, and healthcare.

Most low-income renting families spend at least half of their income on housing costs, and most evictions are the result of being unable to pay rent. Further, "renoviction" – the practice of evicting tenants so a landlord can demolish, renovate or sell a property for quick profit – adds to displacement of this population.

Globally, the short-term rental market (eg. AirBnB, VRBO) has ballooned in recent years. The growth of short-term rentals is closely tied to changes in the housing and financial markets, which turn housing into a commodity. These changes have opened the door for new investors to buy and develop more and more units, which in turn increases the scarcity of housing, prompts landlords to raise rent, threatens community bonds, and stretches neighbourhood services. A November 2018 search on Airbnb shows 103 homes and rooms are currently available in Lethbridge, which may otherwise be used for long-term rent.

### EXTREME CORE HOUSING NEED

When we look deeper at housing affordability and poverty, a very different picture emerges with direct bearing on the risk of experiencing homelessness in Lethbridge. When we explored the 2016 census data further to draw out those facing extreme housing affordability and very low-income issues, we found there were households who were earning less than \$30,000 per year and paying 50% or more of their income on shelter costs. This level of data is only available at the CMA level, which is broader than the City data focus of this report.

Figure 37: Extreme Core Housing Need, 2016<sup>43</sup>

LETHBRIDGE CMA HOUSEHOLDS IN EXTREME CORE HOUSING NEED- SPENDING 50% OR MORE OF HOUSEHOLD TOTAL INCOME ON SHELTER COSTS				
	Under \$10,000	\$10,000 to \$19,999	\$20,000 to \$29,999	TOTAL
Total Households	680	1,115	910	2,705
Renter Households	440	780	540	1,760
Owner Households	240	335	370	945

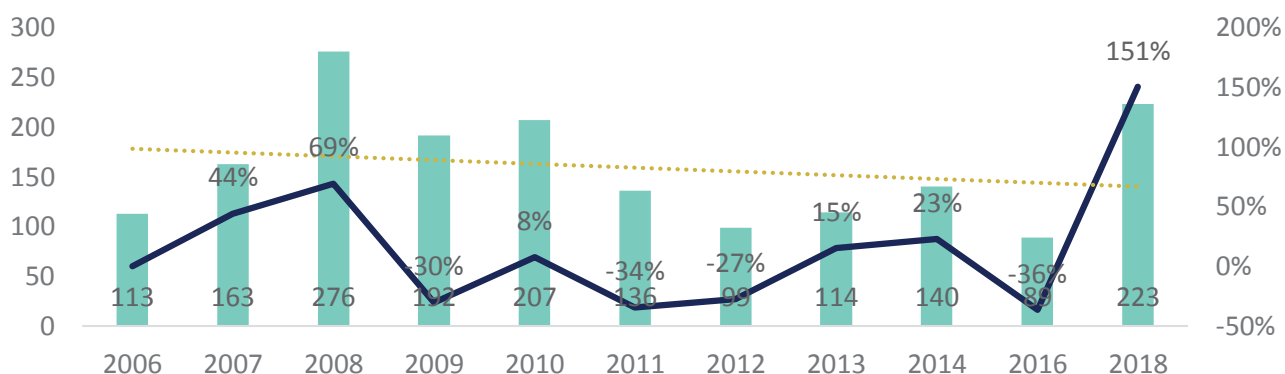
It is important to emphasise that those at risk have both a high housing cost and a poverty challenge. If we compare the average incomes of those at risk to the average Lethbridge household, the picture is startling: **high risk renter households earn a fraction of the income of average Lethbridge households, yet they face similar housing costs in a tightening marketplace.**

## 2018 POINT IN TIME COUNT RESULTS

On April 11th and 12th, 2018, The City of Lethbridge participated in the Government of Canada’s second Homeless Partnership Strategy Coordinated Point-In-Time (PIT) count. The Count offers a snapshot of homelessness across Canada. Two hundred and twenty-three individuals were counted as experiencing homeless.<sup>44</sup>

- » 7 (3%) were unsheltered;
- » 136 (61%) emergency sheltered;
- » 75 (34%) provisionally accommodated; and
- » 5 (2%) unknown.

Figure 38: Point in Time Count: percentage change



The number of homeless individuals and families in the City of Lethbridge has increased significantly from 2016 to 2018: by 150.6%.

Those experiencing homelessness were invited to complete a survey in exchange for a small honorarium. One hundred and twenty-eight individuals completed a survey. Demographic information is based on survey results.

The largest group experiencing homelessness in Lethbridge were adults of working age (25–44 years old): at 45%, followed by the middle-aged (45–64) at 27%, the young adults (18–24) at 14%, then children at 9% and seniors at 5%. Fifty-nine percent of those experiencing homelessness identified as male, 35% as female, and 6% as other. Seventy-three percent of Lethbridge respondents self-identified as Indigenous.

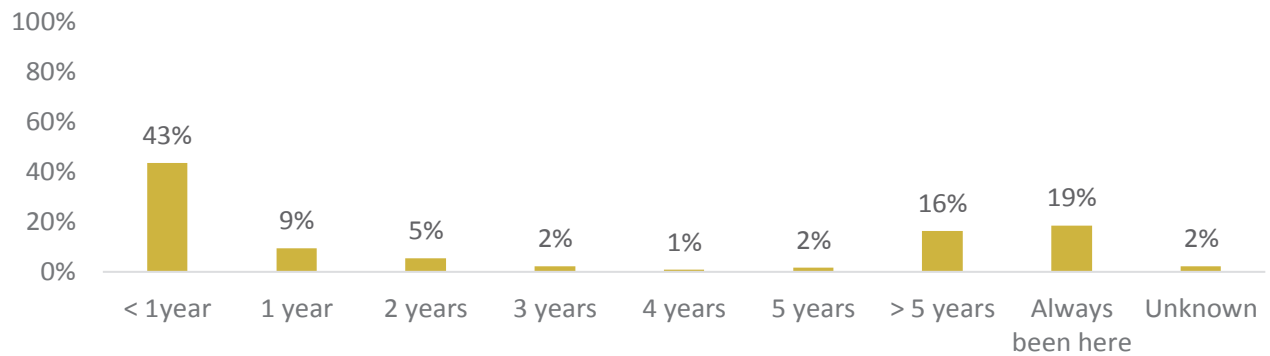
## HOMELESSNESS MOBILITY & MIGRATION

Belanger and Weasel Head (2013) discusses the recently identified link between urban Indigenous homelessness and mobility in southern Alberta.<sup>45</sup> They found the most significant predictor of movement was lack of employment: those working irregularly often relocate temporarily to the reserve not to seek work but rather to stay with family until returning to Lethbridge to re-establish urban social networks and to access urban services and programs. The need to retain and renew kinship ties was a key theme to emerge from their study, as participants expressed the desire/need to travel to the reserve bi-weekly or monthly, which negatively impacts chances to secure permanent and gainful employment, or improving one’s housing conditions.

Indigenous and non-Indigenous mobility is further reflected in the 2018 Point-in-Time Count of people experiencing homelessness in Lethbridge: Approximately two thirds (62%) of survey participants had arrived in the past five years.

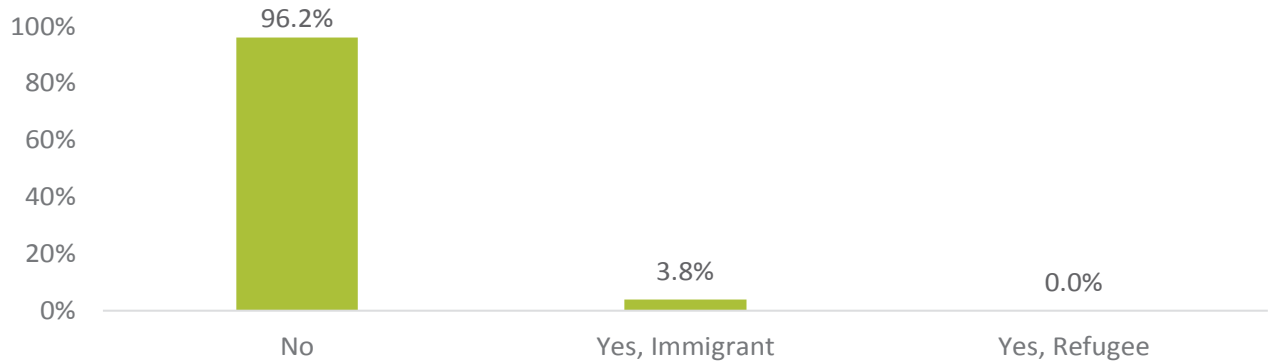


Figure 39: PiT Survey – Length of time in Lethbridge



A very small number (four) indicated that they had come to Canada as an immigrant or refugee, representing just 3.8% of the valid responses to this question (n=104). Sixty-eight respondents had moved to Lethbridge within the past year.

Figure 40: PiT Survey – Immigrants and Refugees as a percent of the valid responses in 2018



The figure below shows where people arrived from regardless of timeframe. The majority of people arriving (84%) are from communities within Alberta (intraprovincial migration). The top five communities from which the highest frequency of people migrated from are Blood Reservation (19%), Stand Off (16%), Calgary (9%), Cardston (11%), and Siksika (7%). Other respondents arrived from various smaller settlements throughout Alberta.

The remainder (14%) of people arrived from other provinces in Canada (interprovincial migration). Ontario, Saskatchewan, and British Columbia were the main provinces from which people arrived.

Figure 41: PiT Survey – Intraprovincial and Interprovincial Arrivals

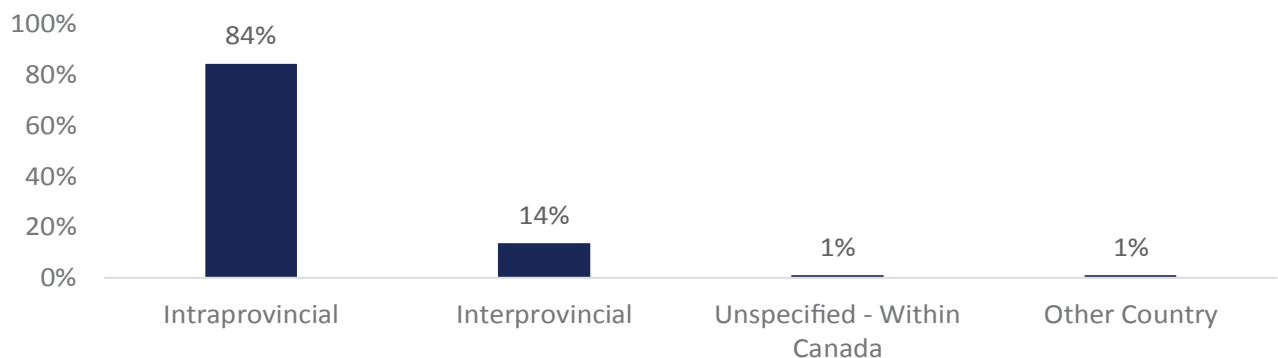
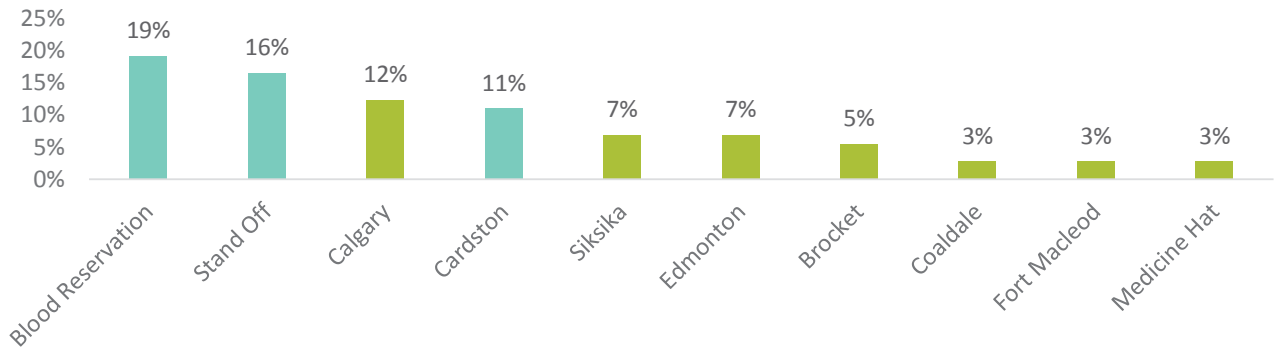
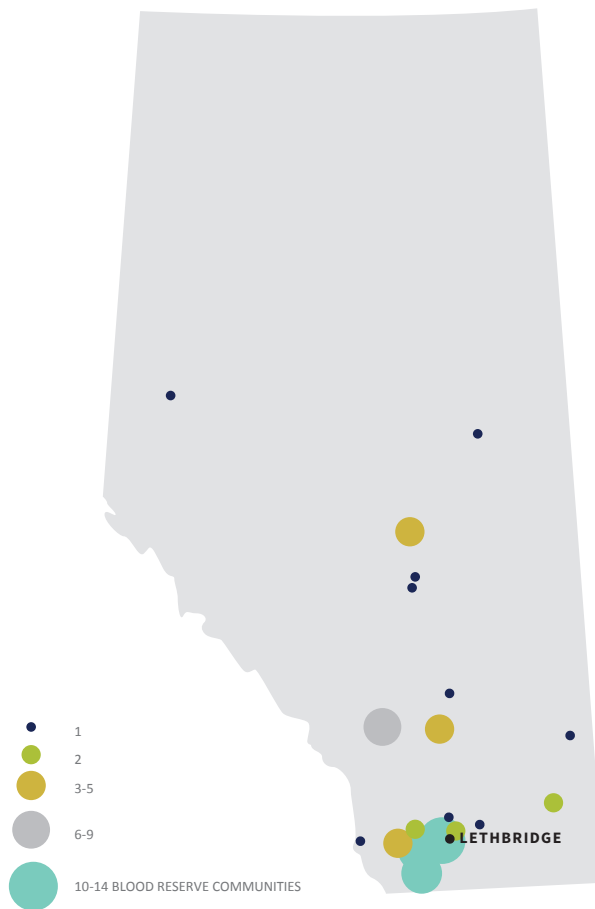


Figure 42: Survey – All Intraprovincial Arrivals



### INTRAPROVINCIAL RESPONDENTS: WHERE DID YOU LIVE BEFORE COMING TO THIS COMMUNITY?



### INTRAPROVINCIAL INDIGENOUS RESPONDENTS

85 people completing the survey identified as Indigenous, and of those, 59 people had moved to Lethbridge from another community within Alberta: the top 3 communities were Blood Reservation, Cardston, and Standoff totalling 51% of Indigenous people arriving from that specific region.

48% of these people were female, and 52% were male. The majority (50%) were 25 to 44 years of age.



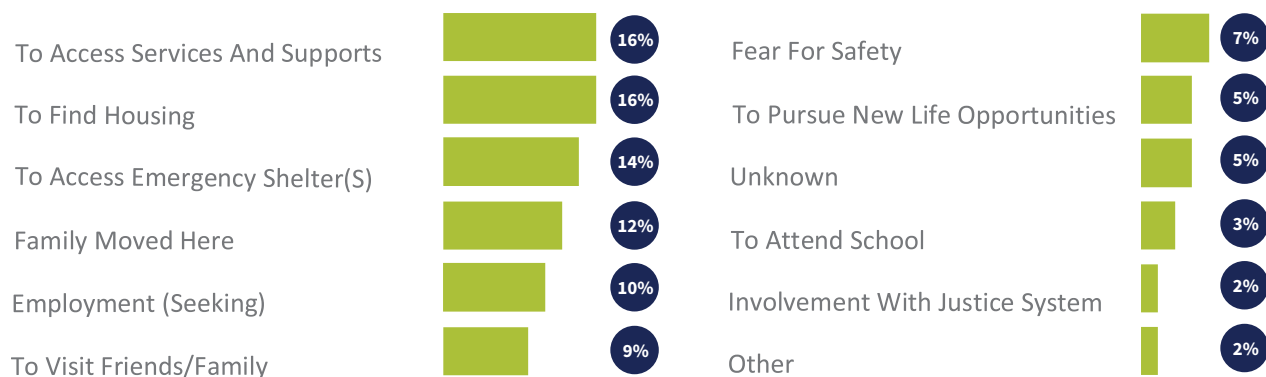
## INTRAPROVINCIAL INDIGENOUS RESPONDENTS: WHAT IS THE MAIN REASON YOU CAME TO LETHBRIDGE?

This was an optional question suggested by the Canadian Observatory on Homelessness in order to capture reasons for migration into various communities.

The top reasons concern housing and services for Indigenous respondents:

1. To Access Services and Supports,
2. To Find Housing, and
3. To Access Emergency Shelters.

Figure 43: Reasons for coming to Lethbridge among Indigenous Homeless Count Respondents



Belanger and Weasel Head (2013) discuss this further: Diverse factors leading people to leave the reserve range from a lack of employment, housing and educational opportunities, demanding social and economic conditions resulting in lower quality of life standards, poor health facilities, and increasingly divisive Indigenous politics. Urban permanency has developed a direct by-product of reserve alienation, family disconnect, lack of opportunities, and a desire to remain in a city. This has resulted in a disconnect between: (a) how the service providers perceive home and ideas of how to alleviate homelessness; and, (b) the participants’ articulations of what home means. This disconnect must be addressed in order for successfully transitioning homeless individuals who are currently estranged from their reserves into permanent homes in the city.<sup>46</sup>

## HIDDEN HOMELESSNESS

Hidden homeless persons are people staying temporarily with another household and who do not have a regular address of their own where they have security of tenure. There is a paucity of data on hidden homelessness, although Core Housing Need in the above section – suitability – may provide some insight.

## EMERGENCY HOUSING

There are three organisations offering shelter in the City of Lethbridge providing a total of 112 units/beds:

Agency/Shelter	Target Population	Number of Beds	Max Capacity	Average Length of Stay	Max. Length of Stay
Lethbridge Shelter and Resources Centre	Adult Males and Females, 18 yrs	80	111	90 days or Less	
YWCA Harbour House Women’s Emergency	Women and Children	24	30	10 days or Less	21 days
Wood’s Homes Emergency Youth Shelter	Males and Females, under 18 years of age	8		12.4	15 days

There are five organisations offering transitional housing services in the City of Lethbridge providing a total of 70 units/beds:

Agency/Shelter	Target Population	Number of Beds
SASHA	Individuals suffering from mental illness, at risk of homelessness, and experiencing co-occurring addiction	16
Blackfoot Family Lodge	Women and Children	12
Hestia Houses	Young adults 18–24 years of age	9
Mcman Youth and Family	18–24 years of age	3
Streets Alive	Men and women in recovery, the street population, addicts, the poor	23

### NON-MARKET SUPPORTIVE HOUSING

There are four organisations offering permanent supportive housing in the City of Lethbridge providing a total of 70 units/beds:

Agency/Shelter	Target Population	Number of Beds
River House (Permanent Supportive Housing)	Males 55 yrs and older, alcohol addiction and history of chronic homelessness	12
YWCA Residence	Female only, 18–60 yrs, females with dependent children	30
SASHA	Individuals suffering from mental illness, at risk of homelessness and experiencing co-occurring addiction	9
L’Arche Association of Lethbridge	Individuals with developmental disabilities	12
Laura House	Individuals with mental health issues	7

### NON-MARKET HOUSING FIRST (HOMEBASE)

HomeBASE is managed by the Canadian Mental Health Association (CMHA) and serves as the Centralized Intake and Referral program for the adult homeless population. This means they work with people from the ages of 25 and older. HomeBASE receives referrals from the general community, the adult emergency shelter, the Diversion Liaison, correctional institutions, hospitals, treatment centres, or from participants themselves.

HomeBASE assesses the needs of participants and determines what level of services they potentially require, and provides Housing First referrals to the appropriate Housing First team that provides either intensive case management or pathways-like assertive community treatment supports.

HomeBase supported a total of 411 individuals and families in October 2018. A total of 254 new client intakes were processed in 2018 (October YTD). Eighty-nine individuals and families were on the waitlist to receive housing or support services through HomeBase in October 2018.

## NON-MARKET SUPPORTIVE HOUSING (SENIORS)

There are a total of eight licensed for profit and non-profit organisations offering supportive housing to seniors in the City of Lethbridge providing a total of 1,610 beds:



## NON-MARKET SUBSIDISED HOUSING

There are two licensed Long-Term Care facilities in the City of Lethbridge providing a total of 204 beds:



There was a total of 1746 subsidised housing units in the City of Lethbridge:

- » Rent-Geared-to-Income (RGI): 930
- » Affordable Housing: 126
- » Rent Supplement: 575
- » Investment Affordable Housing (IAH): 113
- » Market: 2

The majority of subsidised RGI units were for seniors. There were 474 individuals and families in Lethbridge on a waitlist for subsidised housing in October 2018. The need is particularly high for subsidised housing for singles and families (35%).

The aging population, number of people with disabilities and mental health issues, and the increasing number of homeless people who require permanent supportive housing indicate a need for additional housing units with supports and accessibility features.



# **RACISM AND DISCRIMINATION**

Racism is pervasive in all supports and services and must be addressed; yet tracking acts of racism and discrimination is difficult. Racism is related to hate crimes. In Canada, four specific offences are listed as hate crimes in the Criminal Code of Canada: advocating genocide, public incitement of hatred, willful promotion of hatred when directed against an identifiable group, and mischief motivated by hate in relation to religious property.<sup>47</sup>

Intolerance and xenophobia also play a role. Alberta saw the proportion of the population with visible minority status rise from 18% in 2011 to 24% in 2016. Similarly, Aboriginal peoples accounted for 6.2% of the population in 2011 and 6.5% in 2016. Sikhism, Islam, Buddhism, and Hinduism were the religions of 4.0% of the population of Alberta in 2001, compared with 6.9% in 2011.

Encouragingly, according to the 2016 Statistics Canada's Report, the number of police-reported hate crimes in Alberta decreased from 193 incidents in 2015 to 139 in 2016. The rate of hate crimes changed from 4.6 incidents per 100,000 population in 2015 to 3.3 in 2016. This change is due to a decrease in the number of crimes targeting religions (31 fewer incidents and decreases mainly in crimes targeting Jewish and Muslim populations).<sup>48</sup>

Discrimination is the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex. In Alberta, individuals who believe they have experienced discrimination that is prohibited under Alberta's provincial human rights legislation, the Alberta Human Rights Act (AHR Act), may make a complaint to the Alberta Human Rights Commission. Data for Alberta is not distilled by community.

In the 2016–17 fiscal year, the Commission opened 923 complaint files. In 2016–17, the Commission closed 637 files. Ninety-three percent of the complaints closed in 2016–17 were dealt with through the Commission's complaint resolution and settlement processes. The remaining 7% that closed in 2016–17, closed through the tribunal process.

Figure 44: Alberta Human Rights Complaints<sup>49</sup>

PROTECTED GROUND	TIMES CITED*	PERCENT OF TOTAL
<i>Physical disability</i>	796	30%
<i>Mental disability</i>	511	19%
<i>Gender</i>	465	18%
<i>Race/Colour</i>	204	8%
<i>Ancestry/Origin</i>	191	7%
<i>Age</i>	132	5%
<i>Family status</i>	128	5%
<i>Religious beliefs</i>	80	3%
<i>Other</i>	36	1%
<i>Marital status</i>	34	1%
<i>Sexual orientation</i>	34	1%
<i>Source of income</i>	19	<1%
<i>Gender expression</i>	14	<1%
<i>Gender identity</i>	13	<1%
<b>TOTALS</b>	<b>2,657</b>	<b>100%**</b>

The Lethbridge Police Service has reported hate crimes in 2014 through 2016 ranging from two to five reported crimes. In 2017, Lethbridge Police Service itself was accused of racist carding practices.<sup>50</sup> A freedom of information request found that Indigenous people are five times more likely than Caucasian people to be stopped in the street by Police in Lethbridge, questioned, and have their information recorded according to Lethbridge Police Service data obtained by Progress Alberta. African American people are eight times more likely to have this happen to them than Caucasian people.<sup>51</sup>

Alberta Justice has formed a working group to respond to concerns over police street checks and develop guidelines.



**HEALTH AND WELLNESS**

Access to mental health support services and other health services, support to overcome addictions, food security, sports and recreation, and the ability to meet basic needs are fundamental to living a dignified life. Alberta Health has released a community profile for Lethbridge as part of the Alberta South Zone, and local geographic areas: Lethbridge North, South, and West.

## GENERAL HEALTH INDICATORS

Alberta Regional Dashboard collects indicators of health to show change over time. Some of the trends in this set of health indicators between 2009 and 2014 are:

- » Life stress has decreased and a sense of belonging has increased;
- » Access to a family doctor has increased, yet those with a flu shot has decreased;
- » Daily smoking has decreased while heavy drinking has increased; and
- » Physical activity has increased, yet those reporting overweight has also increased.

Figure 45: General Health Indicators<sup>52</sup>

HEALTH INDICATORS 2009–2014	2014 PERCENTAGES	5 YEAR CHANGE
Have Regular Family Doctor	86.8	+3.51%
Overweight	60.8	+9.96%
Life Stress	21.5	-2.78%
Had Flu Shot Within Last Year	31.5	-10.39%
Daily Smoker	15.0	-14.40%
Sense of Belonging	71.9	+4.64%
Heavy Drinkers	20.1	+11.27%
Physical Activity	56.3	+4.04%

## POPULATION HEALTH INDICATORS<sup>53</sup>

The percentage of obese adults (age 20–64, not pregnant) in the Alberta South Zone in 2014 (29.4%) was higher than the provincial percentage (22.8%), and there was a much higher proportion of inactive people (49.4%) compared to Alberta (43.1%). In addition, a similar percentage of daily smokers was reported at the zone level (14.0%) compared to the province in 2014 (14.5%), and a much lower proportion considered themselves as having excellent or very good mental health (64.0% vs. 72.2% AB).

The infant mortality rates in the South Zone varied between 1.9 per 1,000 births in 2015, and 5.8 per 1,000 births in 2013. Compared to Alberta, infant mortality rates in the South Zone were higher for two of the three calendar years.

## CHRONIC DISEASE PREVALENCE

In 2015, the disease with the highest prevalence rate (per 100 population) in Lethbridge was hypertension. High blood pressure, also known as hypertension, puts extra strain on the blood vessels and major organs such as the heart, brain, and kidneys. It is the world's top cause of cardiovascular disease, which leads to strokes and heart attacks.

High blood pressure is now a major health issue linked with poverty.<sup>54</sup> Poor diet (especially high salt intake), overweight and obesity, excessive alcohol consumption, and physical inactivity can all contribute to high blood pressure. High blood pressure and stress are more common among families unable to ensure a stable food supply. Hypertension is also a pervasive disease in the aging population.

## SEXUALLY TRANSMITTED INFECTIONS

The highest sexually-transmitted infections (STI) rate per 100,000 people in Lethbridge's Local Geographic Area (LGA), in 2013/2014–2015/2016, was reported for chlamydia. Chlamydia is the most commonly reported notifiable sexually-transmitted infection in Canada. Many infected individuals are unaware of their status because of the asymptomatic nature of chlamydia. This can leave infections undiagnosed and untreated, helping to spread chlamydia among sexually-active individuals.<sup>55</sup>

There is considerable evidence of racial/ethnic patterning of sexually-transmitted infection (STI) risk in Canada. Cultural factors, including attitudes, beliefs, values, and practices that are shaped by historical, socioeconomic, and political contexts are key determinants that can make young ethnocultural minority and Indigenous women more vulnerable to chlamydia infection.<sup>56</sup>

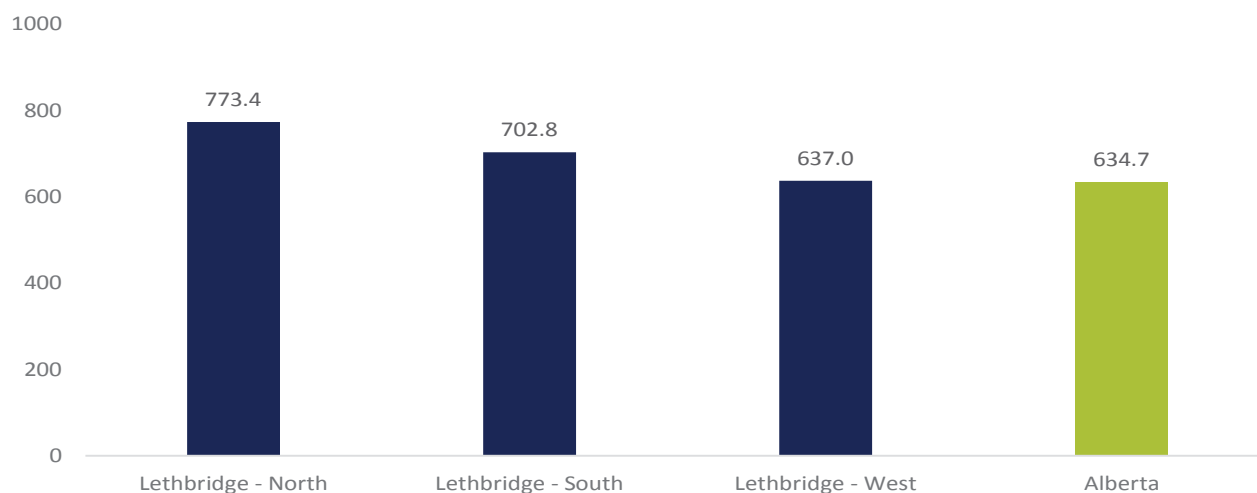
There is also evidence that poorer persons are at increased STI risk. Lower socioeconomic status, typically measured by poverty level or income, has been clearly associated with vulnerability to STIs through high-risk sexual encounters among adolescents and young adults. Young women who have lower incomes or who may live below the poverty line may be at greater risk through participation in survival sex as a source of income. They may face additional financial concerns related to accessing condoms for STI prevention, and costs associated with accessing testing and treatment services.<sup>57</sup> None of the top five STI rates in the LGA were higher in Lethbridge than the provincial rates.

## MORTALITY

Although mortality data reflect the opposite of the state of health of a population, they are the only medically relevant complete statistics for the description of health and disease in a population.

The mortality rate (per 100,000 people) due to all causes was higher in the LGAs, in 2013–2015, compared to the province:

Figure 46: Lethbridge Mortality Rate 2013–2015<sup>58</sup>



The most frequent cause of death reported between 2006 and 2015 was diseases of the circulatory system (abnormalities of the heart and vessel system). They include cardiovascular diseases, such as heart disease and stroke, and hypertensive diseases.

Age, family history, and lifestyle, such as smoking, sedentary lifestyle, excessive stress, and bad eating habits may result in obesity, diabetes, hypercholesterolemia, and arterial hypertension – risk factors to the development of circulatory disease.<sup>59</sup>

## EMERGENCY SERVICE UTILIZATION

Semi and non-urgent emergency visits accounted for 45.8% of all emergency visits in 2015/2016.

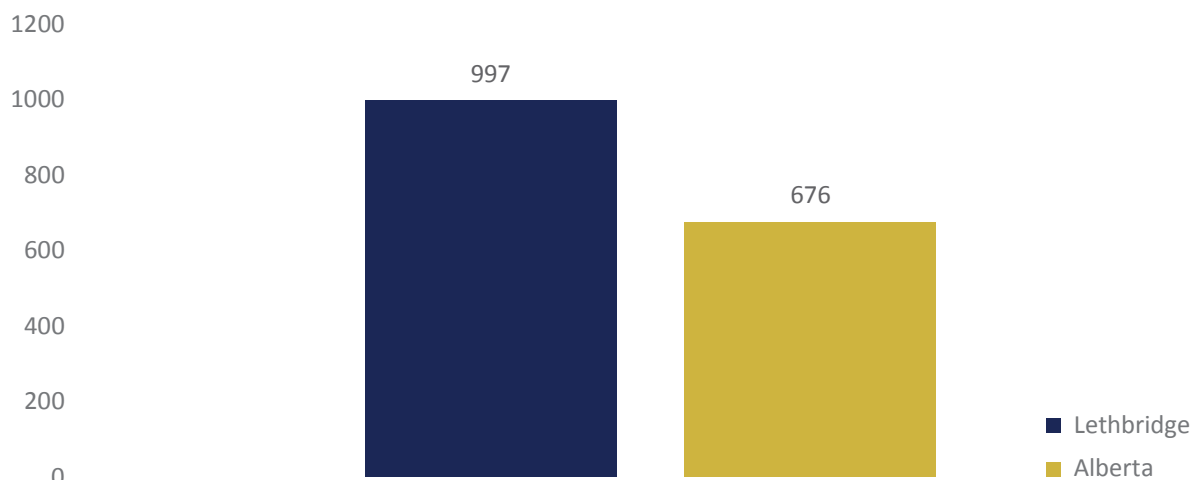
Acute upper respiratory infections were the most common reason for emergency visits (among select conditions) in 2014, and had a similar rate (3086.3 per 100,000 people) compared to the provincial rate (3,601.8 per 100,000 people).



## INPATIENT SERVICE UTILIZATION

Ischemic heart disease, pneumonia, and mental and behavioural disorders due to psychoactive substance use were the top three main reasons for inpatient separations (among selected conditions) in 2016, and inpatient separation rates were higher than the provincial rates for four of seven diagnoses.

Figure 47: Emergency visits per 100,000 people for Mental & Behavioural Disorders due to Psychoactive Substance Abuse 2014



## MATERNAL AND CHILD HEALTH

Mothers and children who live in poverty are at higher risk for a variety of mental, physical, emotional, and behavioural health problems, including depression, obesity, child maltreatment, teenage problem behaviours, drug abuse, and lower educational attainment. Lethbridge North is highlighted with several maternal and child health-related issues.

Figure 48: Maternal and Child Health Indicators for the period 2012/2013 – 2014/2015 by LGA<sup>60</sup>

	LETHBRIDGE -NORTH	LETHBRIDGE -SOUTH	LETHBRIDGE -WEST	ALBERTA
Number of Births	986	1,013	1,421	160,857
Percent Low Birth Weights (of Live Births) <sup>1</sup> , less than 2500 gm	5.80%	4.80%	4.60%	7.10%
Percent High Birth Weights (of Live Births) <sup>1</sup> , greater than 4000 gm	9.30%	11.20%	11.40%	9.10%
Birth Rate (per 1,000 population) <sup>1</sup>				
Fertility Rate (per 1,000 Women 15 to 49 Years) <sup>1</sup>	51.8	47.9	57.2	50.8
Teen Birth Rate (per 1,000 Women 15 to 19 Years)	24.1	13	13.4	14
Percent of Deliveries with Maternal Prenatal Smoking	25.70%	17.20%	11.30%	13.40%

## FETAL ALCOHOL SPECTRUM DISORDER

Among Alberta women 18 to 44 years of age, 80% reported drinking within the past 12 months. Given that 40% of pregnancies are reported to be unplanned, a significant number of unborn babies are at a high risk of prenatal exposure to alcohol. A recent survey found that of almost 90% of Albertans who were aware of Fetal Alcohol Spectrum Disorder (FASD), 40% reported knowing someone with FASD or someone caring for an individual with FASD.<sup>61</sup>

Anecdotal evidence suggests there is a great deal of undiagnosed FASD in Lethbridge. The Lethbridge Family Services operates DaCapo Disability Services, a clinic responsible for Lethbridge and region, which encompasses at least another 20 communities. They are funded to assess only 12 adults and 36 children a year. Currently they have 97 youth (ages 7 - 17 yrs.) and 45 adults on their waitlist.

## DISABILITIES

About 22% of households have a person reporting a disability. These households have particular needs related to health and community care, housing, income security, and transportation. For example, specialized care, specifically the presence of mental health-workers can increase wellbeing outcomes. A perceived amount of personal freedom is also related to higher wellbeing, whereas stigmatisation and depression are related to reduced wellbeing.<sup>62</sup>

Figure 49: Prevalence of Disability

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Households with any member with difficulty hearing	1,785	4.8%	68,460	4.5%
Households with any member with difficulty seeing	2,380	6.3%	97,125	6.4%
Households with any member with difficulty walking, using stairs, using hands or fingers or doing other physical activities	3,760	10.0%	132,180	8.7%
Households with any member with difficulty learning, remembering or concentrating	2,485	6.6%	80,550	5.3%
Households with any member with emotional, psychological or mental health conditions	3,915	10.4%	129,660	8.5%
Households with any member with other health or long-term care conditions	8,110	21.6%	294,460	19.3%

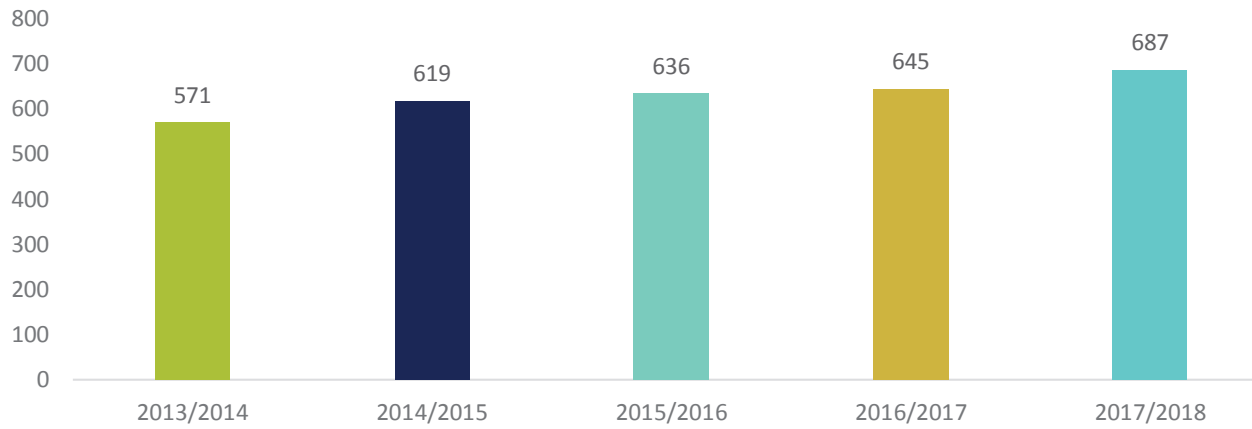
Government of Alberta provides a range of services and supports for adults and children with disabilities:<sup>63</sup>

1. Persons with Developmental Disabilities (PDD)
2. Assured Income for the Severely Handicapped (AISH)
3. Disability Related Employment Services (DRES)
4. Community and Social Services Learning Series
5. Family Support for Children with Disabilities (FSCD)
6. Fetal Alcohol Spectrum Disorder (FASD) initiatives
7. Internship for Persons with Disabilities
8. Residential Access Modification Program (RAMP)
9. Brain injury supports
10. Community Access for People in Continuing Care
11. Specialized support services
12. Service dogs information



Persons with Development Disabilities (PDD) are those funded to aid their independent living in four program areas: community living support, employment support, community access support and specialized community support. The PDD caseload has been growing at 3.4% per year in Alberta and 3.3% per year in Lethbridge.

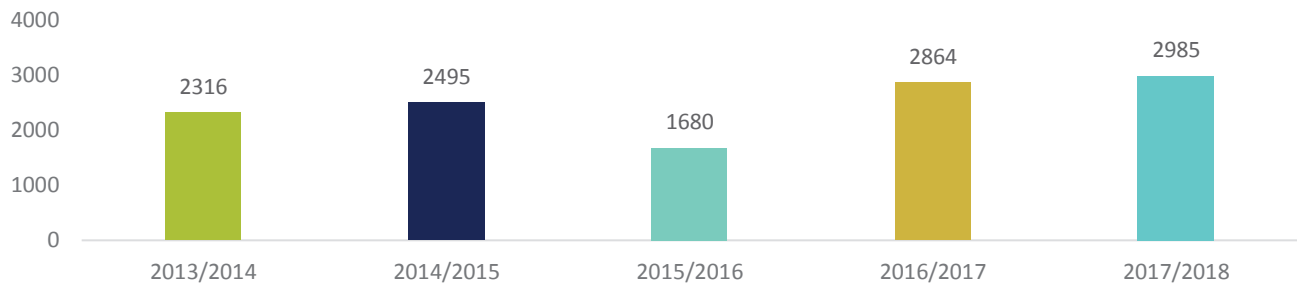
Figure 50: Count of PDD Individuals for Lethbridge<sup>64</sup>



Assured Income for the Severely Handicapped (AISH) is a program that provides financial and health assistance for those with a permanent medical condition which prevents them from earning a living.

The AISH caseload has been growing at close to 4.8% per year in Alberta, and just over 4.4% per year in Lethbridge.

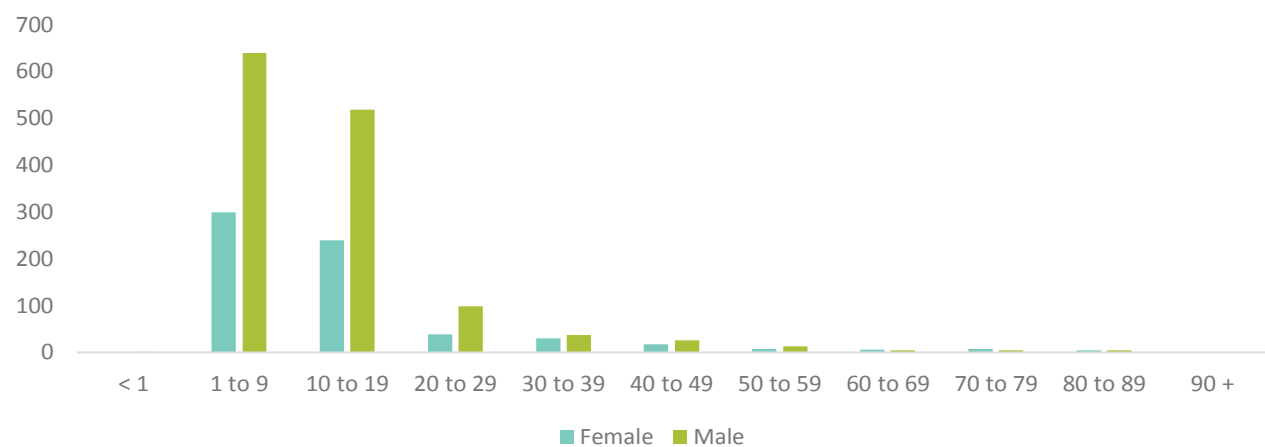
Figure 51: Distinct AISH Case Count<sup>65</sup>



PDD and AISH caseloads are increasing at a rate faster than Lethbridge population growth at 2.0% per year, placing a higher relative burden on service providers.

We are able to explore selected developmental disability diagnoses for the South Zone for 2015-2017 (no Lethbridge data available).<sup>66</sup> Of people in the South Zone, 0.63%, had the diagnosis of Development Disorders (1,997 out of 316,552 people), compared to all of Alberta (0.42%).

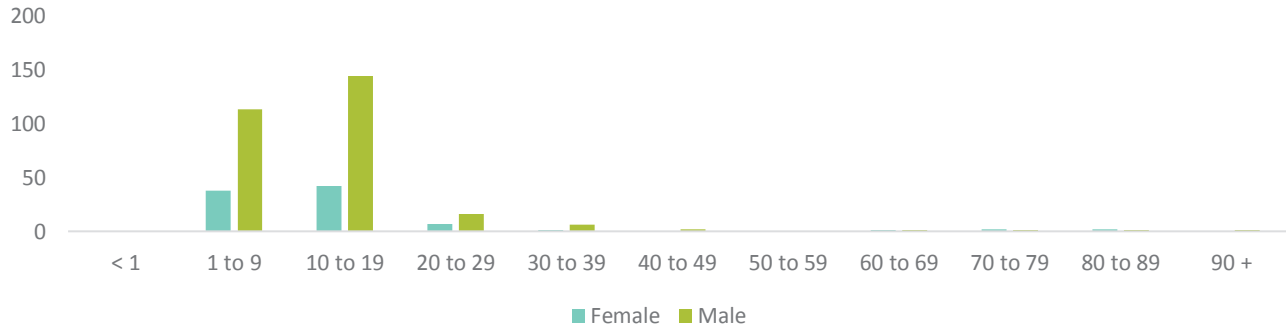
Figure 52: Alberta Health South Zone – Prevalence with Developmental Disorder diagnosis



## AUTISM

According to the Alberta Health South Zone data, 0.12% of people had the diagnosis of Autism (378 out of 316,552 people), compared to all of Alberta (0.09%).

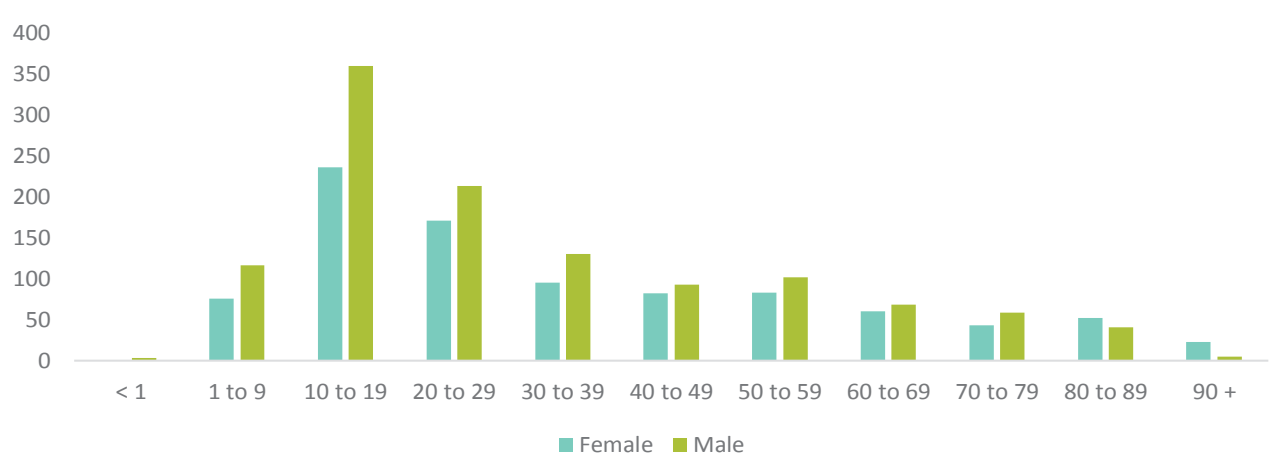
Figure 53: Alberta Health South Zone – Prevalence with Autism diagnosis



## BRAIN TRAUMA

According to the Alberta Health South Zone data, 0.67% of people had the diagnosis of Head and Neck Injuries (Brain trauma) (2,111 out of 316,552 people), compared to all of Alberta (0.57%).

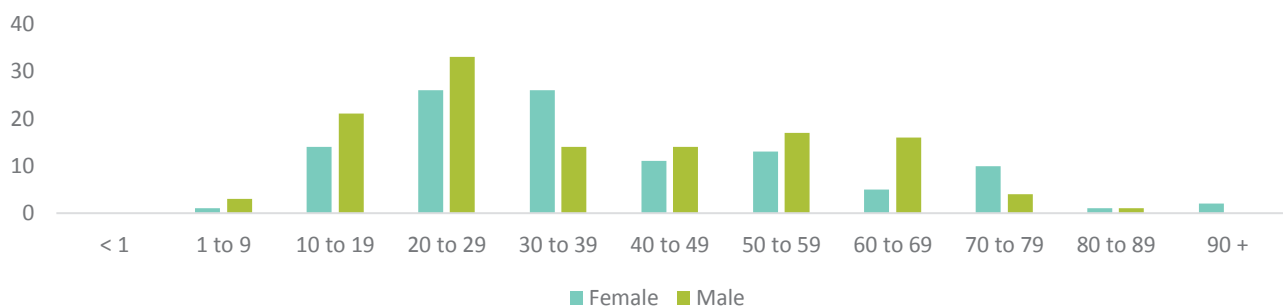
Figure 54: Alberta Health South Zone – Prevalence with Head and Neck Injuries (Brain trauma) diagnosis<sup>67</sup>



## MENTAL RETARDATION

According to the Alberta Health South Zone data, 0.07% of people had the diagnosis of Mild / Moderate Mental Retardation (232 out of 316,552 people), compared to all of Alberta (0.06%).

Figure 55: Alberta Health South Zone Number of people with Mild/Moderate Mental Retardation diagnosis<sup>68</sup>



Alberta Health South Zone contracts a number of service providers that provide supports to Albertans with developmental disabilities through the PDD program. As well there are a number of families who manage their own supports, rather than having a service provider manage their services. The number of individuals receiving PDD services, the number of service providers, and the number of families who manage their own PDD supports, as of September 2016 is highlighted:

#### **South Zone**

- » Individuals served: 1,284
- » Service providers: 25
- » Family managed: 97

#### **Lethbridge has 14 programs which are Approved Community Service Providers for PDD services.**

1. Bluefox Association
2. Edenbridge Family Services
3. Greystoke Homes & Support Services Inc.
4. Health Care Homes LTD.
5. Independent Counselling Enterprises (I.C.E.)
6. L'Arche Association of Lethbridge
7. Lethbridge College Inclusive Post-Secondary Education
8. Lethbridge Family Services
9. New Beginnings Association
10. Peak Vocational and Support Services Ltd (operating as Peak Support Services)
11. Quest Support Services Inc.
12. Rehabilitation Society of Southwestern Alberta
13. Southern Alberta Community Living Association
14. Southern Alberta Society for the Handicapped (SASH)

Further disability data for Lethbridge City is difficult to obtain. Given the breadth of government services available in Alberta for the following disabilities (below), reaching out to individual agencies may provide local data.

### **ACCESS TO HEALTH SERVICES**

Health Link Alberta (HLA) is a health advice and information service available to all Albertans, 24 hours a day, seven days a week, through telephone and Internet. Calls are answered by Registered Nurses and non-clinical information and referral agents, using a range of software and Internet supports.

Health Link Alberta Calls for Lethbridge in 2017 totalled 11,643, representing 41.8% of all calls in the South Zone.

Strong health systems improve the health status of the whole population, but especially of low-income groups among whom ill health and poor access to healthcare tends to be concentrated.

## FOOD INSECURITY

Household food insecurity – the inadequate or insecure access to food due to financial constraints – is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.<sup>69</sup>

The most recent federal statistics for food insecurity are from 2011/12, where 7.5% of people age 12 and over living in Lethbridge (South Zone) were unable to afford the food they needed. This was similar to the province (7.9%) and to other communities that share similar socioeconomic and demographic characteristics.<sup>70</sup>

Figure 56: Lethbridge Food Bank and Interfaith Food Bank

DEMOGRAPHICS	LETHBRIDGE				INTERFAITH FOOD BANK
	2016	2017	2018	% CHANGE OVER 2 YEARS	2018
Adults (Age 18+)	11,338	10,789	10,310	-9.1%	11,209
Children (Under 18)	7,252	5,680	5,343	-26.3%	7,232
Women (Age 18+)	5,850	4,863	4,779	-18.3%	6,262
Men (18+)	5,538	5,044	4,682	-15.5%	-
Seniors (Age 65+)	501	681	794	58.5%	589
Indigenous (18+)	2,813	2,293	2,101	-25.3%	2,403
Post-Sec Student	197	40	34	-82.7%	283
Immigrant/Refugee (18+)	1,617	1,616	1,334	-17.5%	665

The rise in seniors accessing the food bank must be investigated further.

Lethbridge Food Bank (LFB) data (below) suggests that people receiving pensions and social assistance, and primarily renters continue to access services at the same rate.

Research from Proof Toronto found problems of food insecurity are not limited to any single population subgroup defined by household structure, main income sources, or some other socio-demographic characteristic – the only common denominator is inadequate, insecure incomes.<sup>71</sup>

Food insecurity’s role in Canada’s new Poverty Reduction Strategy is an important step forward in the federal government’s recognition of food insecurity as a measure of material deprivation that is sensitive to social policies aimed at poverty reduction.

Figure 57: LFB Clients - Primary Income

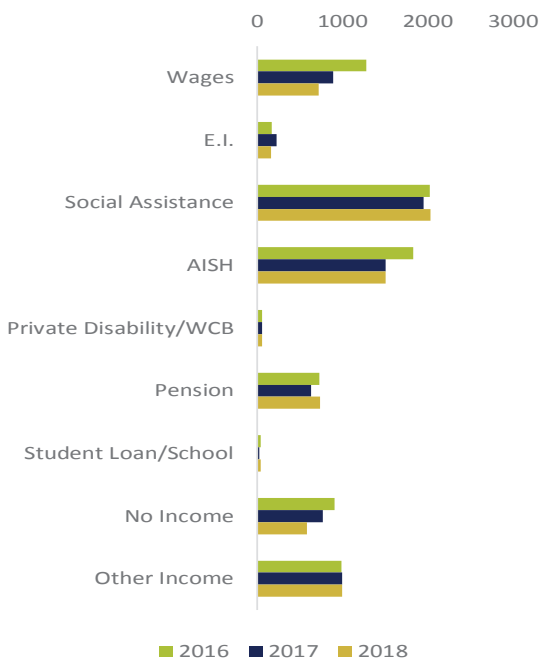


Figure 58: LFB Clients - Housing Type



## MENTAL HEALTH

Mental health includes our emotional, psychological, and wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.

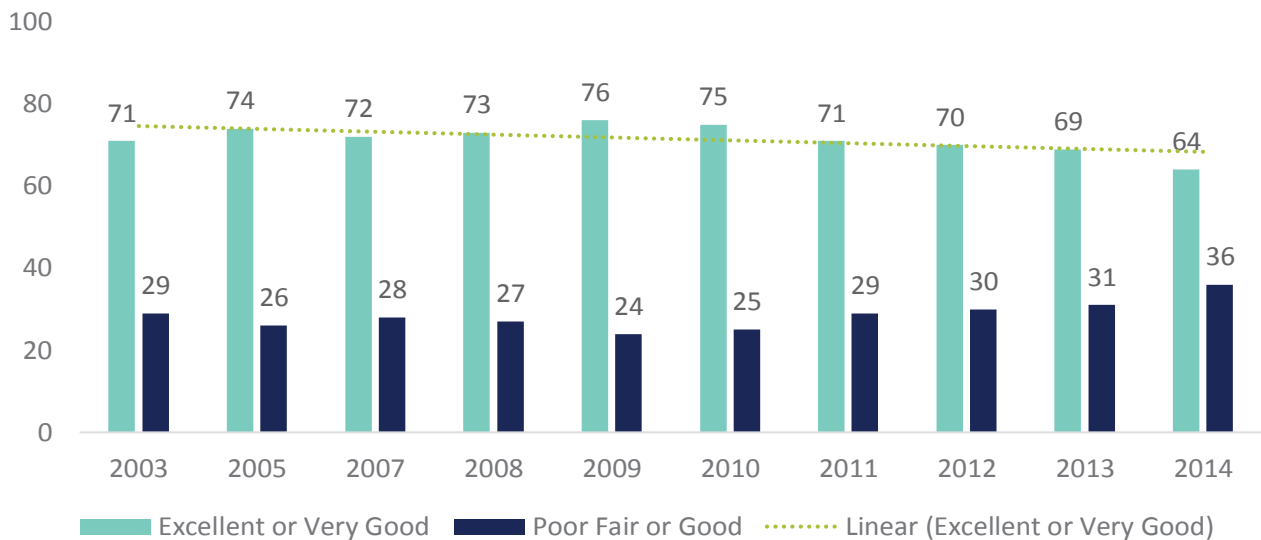
Data is not available at the Lethbridge overall level, so Alberta Health South Zone data is used, along with Local Geographic Areas: Lethbridge North, South, and West if available.

### SELF-PERCEIVED MENTAL HEALTH

Perceived mental health is a general indication of the number of people in the population suffering from some form of mental disorder, mental or emotional problems or distress, not necessarily reflected in self-perceived health.

By 2014, the percentage of Albertans in the South Zone reporting their mental health as very good or excellent had decreased to a much lower proportion than Alberta: 64% (South Zone) vs. 72.2% (Alberta).<sup>72</sup>

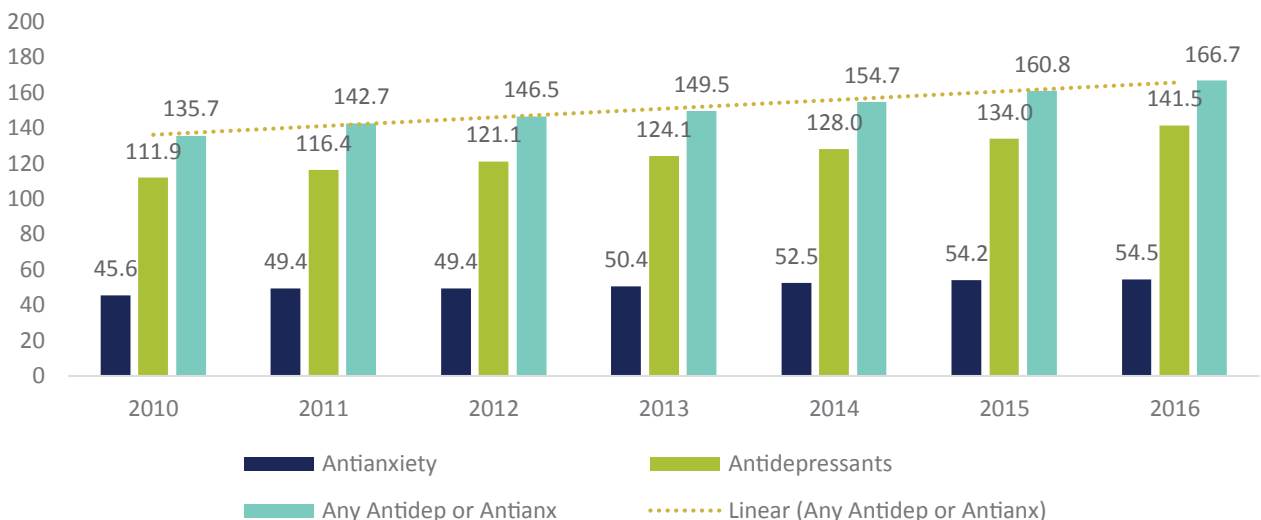
Figure 59: Alberta South Zone Self Perceived Mental Health Prevalence



### ANTIDEPRESSANT AND ANXIETY PRESCRIPTIONS

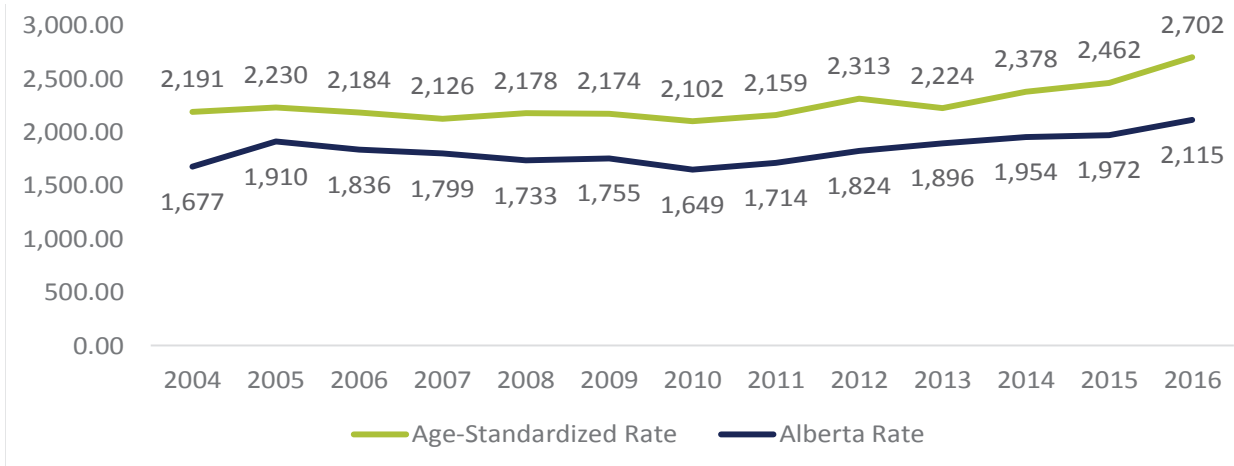
During the past two decades, there has been a dramatic increase in the use of drugs to treat mental health issues.<sup>73</sup> The prevalence of people in the South Zone who filled at least one prescription of antidepressant or anxiety medications has increased in recent years.<sup>74</sup>

Figure 60: Rates for persons who filled at least one prescription of antidepressant or antianxiety medications (unique dispensations)



Mental and behavioral disorders are common throughout the country and represent a significant portion of the public health burden. In Alberta's South Zone, emergency visits for mental and behavioural disorders is increasing and is higher than the Alberta rate.<sup>75</sup>

Figure 61: Alberta South Zone Emergency Visits - Age Standardized Rate (Mental & behavioural disorders)



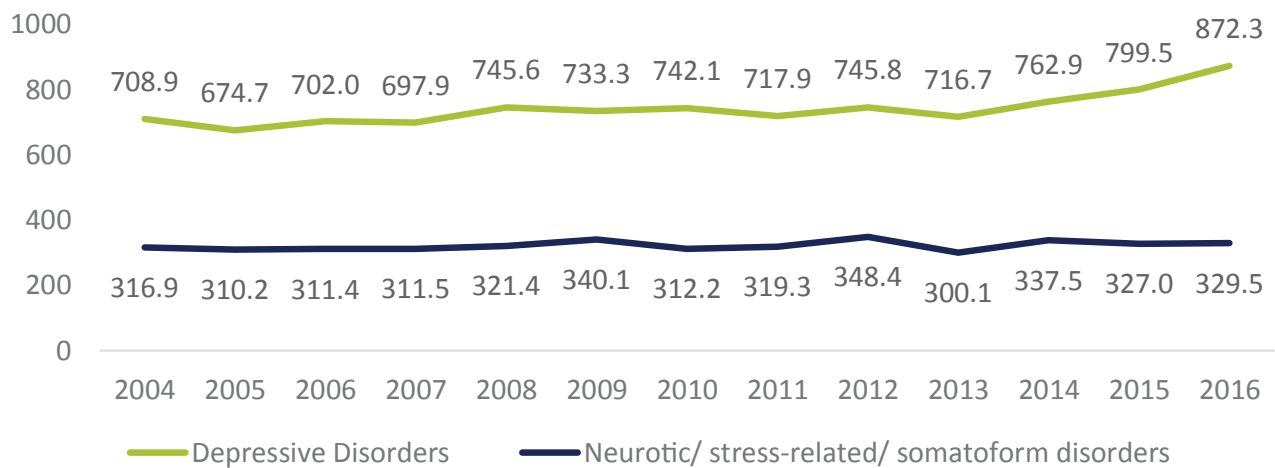
Most recent data (2017) indicates Lethbridge North and South have very high Emergency Department visit rates for mental health and behavioural disorders compared to the province.

Figure 62: Lethbridge Mental Health Statistics<sup>76</sup>

2017	LETHBRIDGE -NORTH	LETHBRIDGE -SOUTH	LETHBRIDGE -WEST	ALBERTA
Mental and Behavioral Disorders: Emergency department visit rate per 100,000 population	1251.2	1345.2	393.0	676.0
Inpatient Discharge Rate associated with mental and behavioral disorders per 100,000 population	121.4	268.6	70.4	136.7
Mortality: Mental and behavioral disorders	5.6%	6.9%	7.4%	-

Stress has direct effects on mood and early initial symptoms of lowered mood can include irritability, sleep disruption and cognitive changes such as impaired concentration. However, the indirect effects of stress are often what causes depression to take hold. Depression is more serious and long-lasting than stress and requires a different kind of help. Depression causes powerful mood changes, such as painful sadness and despair. In Alberta's South Zone, emergency visits for depression and stress have increased over the past decade, with the latter being more prevalent in the region.<sup>77</sup>

Figure 63: Alberta South Zone Emergency Visits - Age Standardized Rate (Depression and Stress)



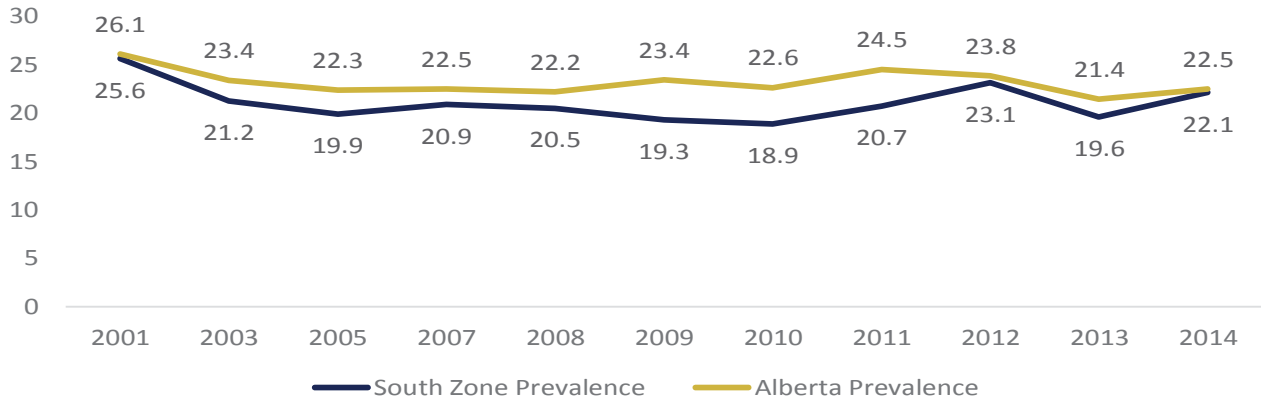


Most recent date (2016) shows both Depression and Stress Emergency visits rates are above the provincial rates:<sup>78</sup>

- » Depressive Disorders: 329.45 (South Zone) vs 265.62 (Alberta)
- » Neurotic/ stress-related/ somatoform disorders 872.28 (South Zone) vs 704.82 (Alberta)

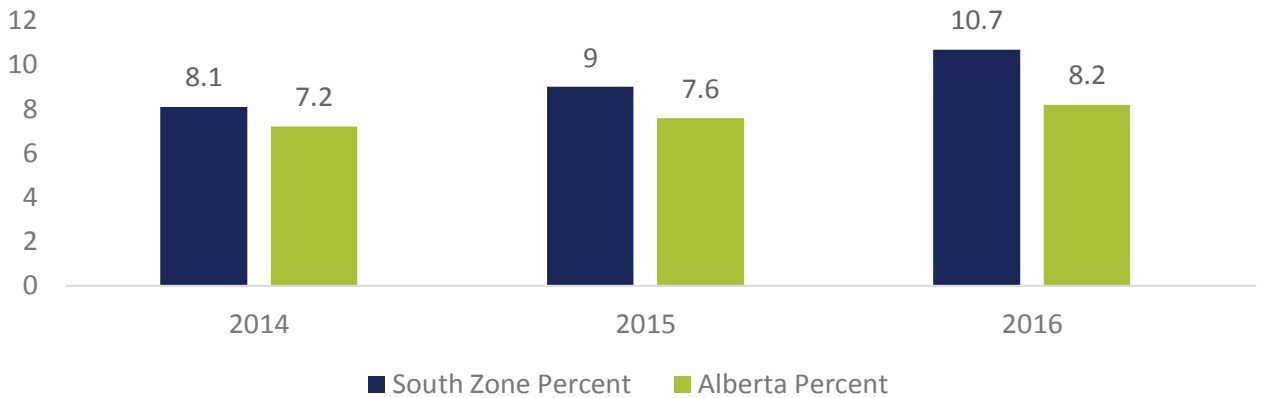
Using the Canadian Community Health Survey we can explore Life Stress change through time. The following data shows the proportion of the population self-reporting life stress as extremely or quite a bit stressful.<sup>79</sup>

Figure 64: Prevalence of Life Stress



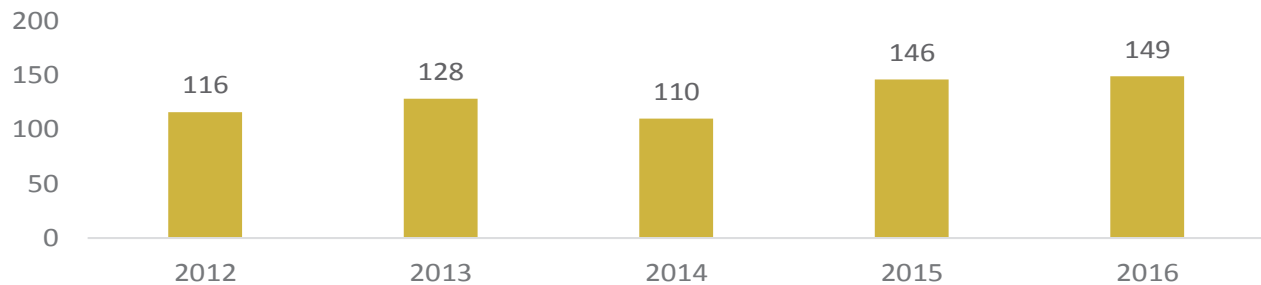
The Alberta Community Health Survey provides additional data on Life Satisfaction. Respondents in the South Zone were asked: "How satisfied are you with your life as a whole?" In 2016, 89.3% of South Zone residents aged 12 and older, reported that they were satisfied or very satisfied with life. The remaining 10.7% stated they have no satisfaction, and this was a greater proportion than the Alberta proportion (8.2%).<sup>80</sup>

Figure 65: 0-5 No Satisfaction Response for "How satisfied you are with your life as a whole?"



Life dissatisfaction has a long-term effect on the risk of suicide.<sup>81</sup> Alberta typically has a higher rate of suicide than the national average: Approximately 500 Albertans die by suicide each year.<sup>82</sup> In the South Zone, the number of suicides has increased the past five years.<sup>83</sup>

Figure 66: Alberta South Zone – Suicide Numbers



Good mental health and wellbeing mean different things to different people and every person has to find their own way to a life that is meaningful and satisfying for them. Thus, a community well-being strategy should explore ways to improve mental health, such as relaxation, exercise, nutrition, healthy relationships, goal setting, problem solving, and building community connections.



# DRUG USE & COMMUNITY SAFETY

The ongoing drug crisis is probably one of the most significant challenges our community has ever faced. In addition to the human cost in terms of addictions and overdose deaths, it has created critical and pressing challenges for residents and businesses in Lethbridge.

## OPIOIDS

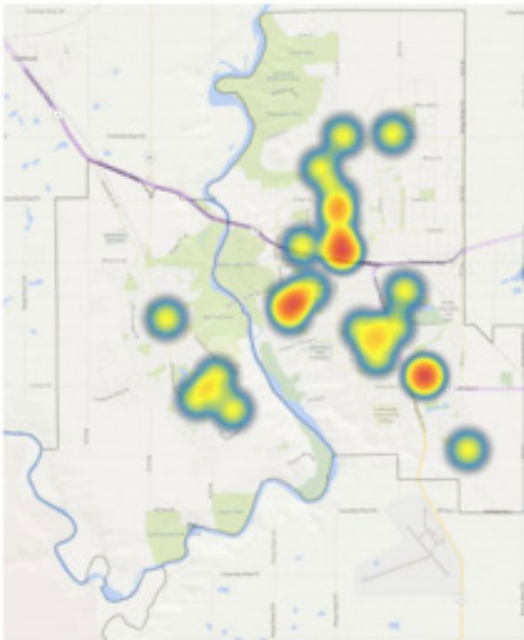
In March 2019, Alberta Health released the 4th Quarter Opioid Response Surveillance Report. Since January 1, 2016 1,842 individuals have died from an accidental opioid poisoning in Alberta.

There were 25 fentanyl-related deaths in Lethbridge in 2018.

Figure 67: Table 3: Rate (100,000 persons per year) and number of apparent accidental drug poisoning deaths related to fentanyl, by municipality (based on place of death). January 1, 2016 to December 31, 2018<sup>84</sup>

	2016		2017		2018	
	Count	Rate	Count	Rate	Count	Rate
Lethbridge	8	8.3	15	15.3	25	25.1

Figure 68: Map of apparent accidental opioid poisoning deaths - January 1, 2016 to December 31, 2018:<sup>85</sup>



In addition to fentanyl, the use of carfentanil – an opioid pain reliever and sedative used by veterinarians on very large animals such as elephants – has also become more prominent in the past year. In November 2018, a rash of overdoses on the Blood Tribe Reserve in southwestern Alberta has prompted a warning from the chief and council. A total of 22 overdoses were reported between Tuesday and Thursday, including one death. Nine people overdosed on Tuesday, followed by another ten on Wednesday, and three on Thursday. A notice from the council says they believe carfentanil is to blame.

As of December 31, 2018, Alberta Health reports the South Zone had the highest rate of carfentanil deaths per 100,000, as did the City of Lethbridge<sup>86</sup>. The rate is not provided.

Data for the number of apparent accidental drug poisoning deaths related to an opioid other than fentanyl, by municipality (based on place of death) is for the January 1, 2016 to September 30, 2018 period only: Lethbridge had 4 deaths, at a rate of 5.4<sup>87</sup>.

Opioids (fentanyl, carfentanil, and heroin) are the most consumed substances in Lethbridge.

## METHAMPHETAMINE

Along with the opioid crisis, police on the streets are dealing with another serious drug problem, methamphetamine.

In 2018, 78% of accidental fentanyl-related deaths listed at least one other substance as contributing to death, the most frequent being methamphetamine (44%) and cocaine (32%).<sup>88</sup>

## SUPERVISED CONSUMPTION

Located in Lethbridge, Aids Outreach Community Harm Reduction and Education Support Society (ARCHES) provides leadership in building individual and community capacity to respond and reduce the harm associated with HIV and Hepatitis C in southwestern Alberta. In February 2018 ARCHES opened a Supervised Consumption Services which includes:

- » A medically-supervised consumption room with thirteen injection booths and two supervised inhalation rooms;
- » A monitoring space – after consumption, individuals are monitored for negative reactions to their drugs;
- » Nursing staff that can respond to overdoses;
- » Immediate access to counselling services; and
- » Referrals to drug treatment, detox, housing, income support, and other services.

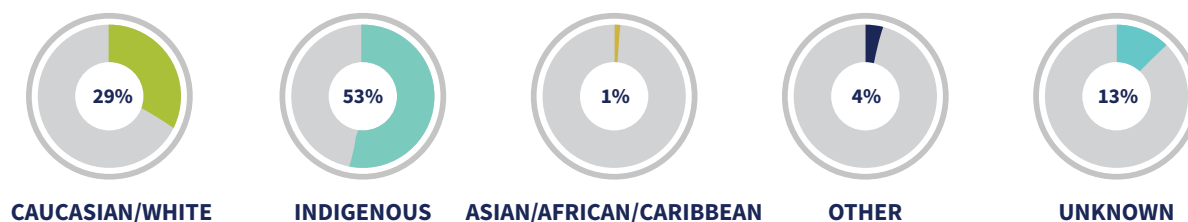
Lethbridge has been disproportionately affected by the drug crisis; visits to ARCHES since it opened February 28, 2018 now total nearly 190,000 <sup>89</sup>.

There are a total of 1034 unique community members registered for ARCHES supervised consumption services<sup>90</sup>. Data from ARCHES on the clients served from February 28th to December 15th show that 40% were female and 60% male. The age of clients vary from under 20 to over 60, however 72% clients were between the ages of 20-39. Over half the clients (53%) identified as indigenous and 29% Caucasian.

Figure 69: Age of Clients

AGE	# CLIENTS	%
Under 20	50	5%
20–29	398	38%
30–39	347	34%
40–49	163	16%
50–59	61	6%
60+	15	1%

Figure 70: Ethnicity of Clients



When asked to identify their housing status, 42% would have unstable housing (if we remove the unknown situations). Clearly there is a relationship between mental health and substance abuse, and precarious housing. Looking at the postal district of where these people live may help target locations for further support and services: South Lethbridge has greater need.

Figure 71: Housing status & postal district of Clients

HOUSING STATUS	# CLIENTS	%	POSTAL DISTRICT	# CLIENTS	%
Apartment/Hotel	51	5%	Downtown Core	92	9%
House	170	16%	3 Blocks of SCS	31	3%
Friends/Family	50	5%	No Fixed Address	232	22%
No Fixed Address	203	20%	South Lethbridge	232	22%
Half-Way House/Incarcerated/Recovery	10	1%	West Lethbridge	35	4%
Sleeping Rough/Shelter	114	11%	North Lethbridge	183	18%
Unknown	137	13%	Out of Town	87	8%
Other	299	29%	Unknown	142	14%

ARCHES staff provide additional services, including housing, queer health, HIV/HCV programming, and peer-based supports. Harm reduction is only one of the four pillars of drug addiction treatment. The others include enforcement, treatment and rehabilitation, and education and prevention.

ARCHES serves approximately 1800 participants outside of SCS for a total of 3000 in Lethbridge and approximately 6000 in the catchment area.

## MARIJUANA LEGALISATION

In April 2017, the Government of Canada introduced legislation to legalize, regulate, and restrict access to recreational cannabis. This legislation came into effect on October 17th, 2018. In Lethbridge, the City has made the decision to not introduce any bylaws prohibiting public use of marijuana. To date, data on cannabis legalization impacts on policing efforts or societal issues are yet to be released.

## CRIME

Current police-reported crime in Lethbridge, as measured by the Crime Severity Index (CSI), increased for the fourth consecutive year between 2013 and 2017. The CSI is a measure of police-reported crime that takes into account both the volume and severity of crime as indicated in the tables below.

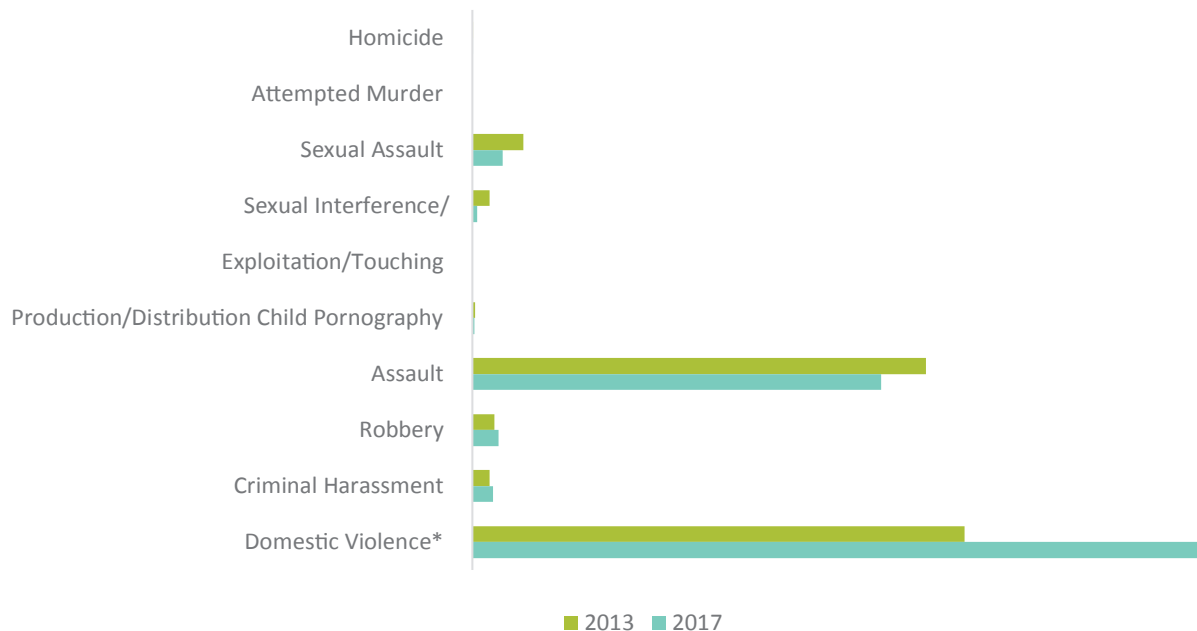
Figure 72: Lethbridge Crime Severity Index<sup>91</sup>

	2013	2014	2015	2016	2017
Crime Severity Index	79.98	100.2	113.11	123.8	143.09
Percent Change In Crime Severity	-11.42	25.28	12.88	9.45	15.58

Furthermore, the Lethbridge Police Service reported an increase in calls for service. In 2017, there were 33,643 calls compared to 30,799 in 2016.<sup>92</sup> For Crimes Against Persons there was a notable increase between 2013 and 2017 in Domestic Violence (\*) - this will be discussed in the Family Wellbeing section of this report.

Figure 73: Crimes Against Persons – table and graph

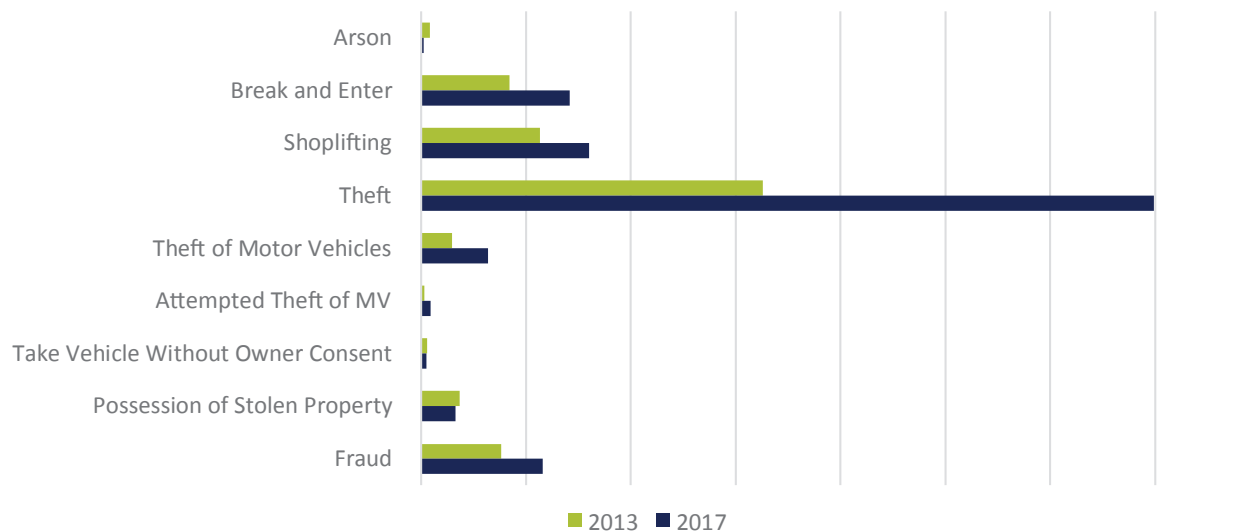
	2013	2014	2015	2016	2017
Homicide	1	2	6	4	2
Attempted Murder	0	0	1	1	0
Sexual Assault	117	116	104	54	70
Sexual Interference/ Exploitation/Touching	39	26	19	12	11
Production/Distribution Child Pornography	7	18	15	12	5
Assault	1,046	1,291	1,232	779	942
Robbery	51	74	61	50	60
Criminal Harassment	40	49	47	25	47
Domestic Violence*	1,134	1,629	1,858	1,693	1,692



The Annual Report data highlights theft, in Crimes Against Property, as a significant increase. Property crime, including break and enters, thefts from vehicles, and shoplifting are typically motivated by substance dependence. The increase the city is experiencing in these incidents can be presumed to be associated to the abuse of methamphetamine and opioids as discussed above.

Figure 74: Crimes Against Property – table and graph

CRIMES AGAINST PROPERTY	2013	2014	2015	2016	2017
Arson	42	16	26	13	13
Break and Enter	421	450	642	584	708
Shoplifting	568	786	818	896	800
Theft	1,629	1,952	2,593	2,787	3,494
Theft of Motor Vehicles	146	206	169	172	319
Attempted Theft of MV	16	29	18	25	44
Take Vehicle Without Owner Consent	30	26	31	16	24
Possession of Stolen Property	184	206	189	91	163
Fraud	382	529	655	534	580



In 2018, an Opinion Survey was conducted as a service evaluation for Lethbridge Police Service.<sup>93</sup>

**Perceptions of Lethbridge Police Service:** A substantial majority of Lethbridge residents (66.1%) believe Lethbridge Police Service (LPS) is doing a good job policing their community, a marginal decrease from 2017 when approval peaked at 73.4%, but still within the normal range over the past decade.

**Community Safety Neighborhood Safety:** For the most part, Lethbridge residents feel very safe in their neighbourhoods. A majority (51.7%) feels very safe in their neighbourhoods and a further 40.4% feel somewhat safe. Very few Lethbridge residents feel somewhat unsafe in their neighbourhood (6.2%) and fewer still (1.7%) feel very unsafe in their neighbourhoods.

**Downtown Safety:** A majority of Lethbridge residents feel somewhat safe (50.0%) when visiting downtown Lethbridge, while one-fifth (20.2%) feel very safe downtown. Approximately three of every ten Lethbridge residents do not feel safe downtown, with most of those (22.1%) feeling somewhat unsafe. Only a small number (7.8%) feel very unsafe while visiting downtown.

**Community Policing Activities:** Nearly half of Lethbridge residents (49.3%) believe LPS officers should be doing about the same amount of community policing activities as they do now. Most of the remaining residents (47.6%) believe LPS should be engaging in more community policing activities while very few Lethbridge residents (3.1%) believe LPS officers should be doing less of this type of policing during their regular duties.

As Lethbridge continues to grow, it is important to take steps to ensure that we continue to be a safe and healthy community. This includes supporting populations that are vulnerable due to social, economic or health related risk factors and ensuring that Lethbridge is well-positioned to respond to emerging safety and wellbeing issues.



**EDUCATION PARTICIPATION  
— LEARNING AND LITERACY**



Societies that thrive encourage a thirst for knowledge at all ages and stages of life. Education is a process that begins before school age and is reflected in pre-school arrangements such as child care and early childhood education.

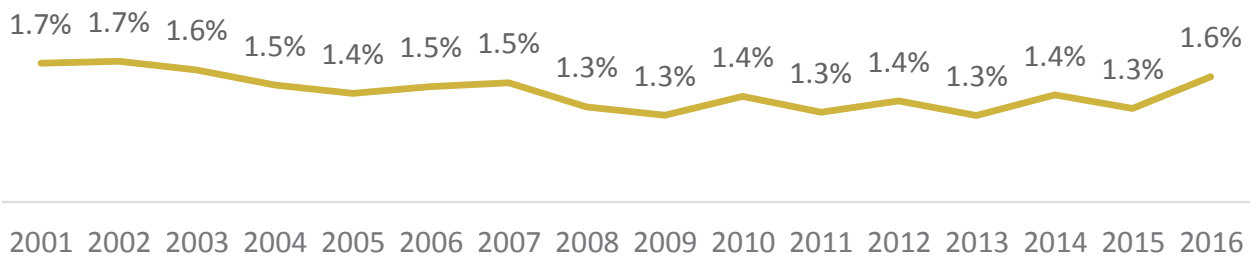
## ACADEMIC ACHIEVEMENT

Participation in education is critical for preparation for work as well as for ongoing personal development and its positive impact on our living standards and social networks. Creating more opportunities and encouraging greater participation in education-related activities would serve to enhance wellbeing because these activities’ influence across many domains.

One-quarter of residents in Lethbridge, 25 to 64 years of age, have a university degree (25.1%), and this rate is 3% lower for the province overall (28.2%), which has risen steadily in recent years.

High school enrollment is an indicator of the population’s participation in education.<sup>94</sup> High school graduation rates have increased over the last six years in Lethbridge, with an 86.3% completion rate in 2016. This is on par with Alberta High School Completion Rates: 83.2%<sup>95</sup>

Figure 75: High School Enrolment (Grade 12) as a percent of Total Population in Lethbridge



Currently 3,230 youth are enrolled in High School, and K–9 has 11,985 children enrolled.

Elementary schools in Lethbridge make important contributions to the early development of children and their preparation for life. Lethbridge School District No. 51 and Holy Spirit School Division operate a total of 33 schools ranging from kindergarten to Grade 12.

## EARLY CHILDHOOD DEVELOPMENT

A child’s wellbeing is the cornerstone for all components of school readiness. Children’s mental, social, and physical wellbeing frames their learning opportunities, either expanding or limiting them. A child’s wellbeing can affect their ability to actively engage, physically and mentally, in the intended and unintended learning opportunities during the most formative years.

In 2014, Early Childhood Coalitions of Alberta established the Alberta Early Development Instrument Collection, Analysis, and Community Mobilization Program (Alberta EDI Program). The Early Development Instrument was designed to measure children’s ability to meet age-appropriate development expectations in five general areas. The EDI is used to understand factors that influence a child’s early development and is currently in use throughout Alberta.

Recent findings (2016) suggest Lethbridge kindergarten-aged children are on track at similar levels to Albertan children:

Figure 76: EDI Results 2016

	LETHBRIDGE			ALBERTA		
	ON TRACK	AT RISK	VULNERABLE	ON TRACK	AT RISK	VULNERABLE
Physical health and wellbeing	80%	9%	11%	77%	10%	13%
Social competence	77%	16%	7%	76%	15%	10%
Emotional maturity	75%	16%	9%	75%	15%	10%
Language and thinking skills	77%	14%	10%	74%	15%	11%
Communications and general knowledge	78%	12%	10%	68%	17%	15%

Evidence indicates that children who suffer trauma, such as abuse, neglect, living in a home where there is violence, or having a parent who is mentally ill have twice the risk of conditions like obesity, cardiovascular disease, addiction, and depression as adults.<sup>96</sup> The Adverse Childhood Experiences (ACE) checklist was developed to investigate these associations.<sup>97</sup>

In 2013, the Alberta Adverse Childhood Experiences Study, a telephone survey of 1200 Albertan adults, was launched. The ACE checklist was modified to be appropriate for interviewing people about sensitive issues over the telephone. Eight questions were asked about two main areas of childhood trauma: childhood abuse and growing up in a household where there was family dysfunction. Like other studies, results from the Alberta ACE study demonstrated that ACEs were common and there were strong associations between childhood trauma and increased risk for poor health outcomes in adulthood. Examples might be children experiencing or witnessing abuse or violence, deaths of caregivers, divorce, etc.

While we are unable to drill down to Lethbridge level, Alberta's key results provide some insight:<sup>98</sup>

- » Before the age of 18, 27.2% experienced abuse and 49.1% experienced family dysfunction.
- » ACEs rarely occur in isolation. Having one ACE increases the probability of experiencing another one by 84%.
- » Children who experienced more ACEs were more likely to be diagnosed with mental health conditions or substance dependence in adulthood.
- » Children who experienced more ACEs were more likely to perceive their physical health, emotional health, and social support as poor.
- » The association between ACEs and poor health remained strong even when other risk factors for poor adult health outcomes, such as poverty, were taken into consideration.
- » Children who experienced both abuse and family dysfunction had the highest risk for negative health outcomes in adulthood.

The promotion and maintenance of a child's mental, social, and physical wellbeing in early care and education require a focus on prevention through safe and healthy environments and practices. Without an investment of resources equal to that in other school readiness areas, a child's ability to take full advantage of an early childhood education program may be compromised.

**SUPPORT  
COMMUNITY  
ACTIVITIES  
THAT ENHANCE  
BELONGING.**



# **FAMILY CHARACTERISTICS AND WELLBEING**

Family wellbeing is vital to thriving communities. Families who are able to make informed decisions, manage their basic needs, and tackle pressing human and community issues are better equipped to lead happy, healthy lives. A range of factors can affect family wellbeing, and investments in families contribute significantly to the social, psychological, and economic development of Lethbridge.

There is an association between family structure and children’s wellbeing. Research on family structure has expanded dramatically during the past two decades, in part because of the proliferation of different family forms, and in part because of the availability of new longitudinal studies that follow families and children over time. The new body of research presents a much more detailed and more complicated picture of the types of families in which children grow up, and the family conditions and processes that are associated with wellbeing.

Higher than the provincial average (14.5%), 15.6% of families in Lethbridge are led by a lone parent. Four out five families led by a lone parent are women, which is a pattern consistent across the entire province. Approximately four in five residents are married or living in a common-law relationship (84.5%). Families in Lethbridge have an average of 2.8 persons living in the household, which is slightly lower than the provincial and national average of three persons.

Figure 77: Family Structure<sup>99</sup>

	LETHBRIDGE		ALBERTA	
	NUMBER	PERCENT	NUMBER	PERCENT
Total Census Families	25,130	100.0%	1,114,585	100.0%
Married Couple	17,580	70.0%	793,195	71.2%
Common-Law	3,640	14.5%	160,130	14.4%
Lone Parent	3,910	15.6%	161,260	14.5%
Number of persons not in census families	19,140		678,535	

Using the MBM to assess low income status, almost 3,000 economic families in Lethbridge are considered low income, and almost 1000 have children or other relatives (who may be dependents).

Indigenous children living in urban areas also tended to experience poorer health outcomes than their non-Indigenous counterparts. The residential school system continues to impact the health and wellbeing of Indigenous children and families.

26.9% of Indigenous individuals are low income, while 605 of Indigenous Households are in the two lowest income deciles.

Figure 78: Family MBM Low-income Status- Lethbridge

	TOTAL	LOW-INCOME STATUS - APPLICABLE	IN LOW-INCOME	NOT IN LOW-INCOME
Economic family structure	31,585	31,585	2,775	28,810
Couple economic families	26,790	26,785	1,615	25,170
Couple economic families without children or other relatives	13,265	13,265	620	12,640
Couple economic families with children	13,150	13,145	980	12,165
Couple economic families with other relatives only	375	375	10	365
Lone-parent economic families	4,230	4,230	1,075	3,155
Male lone-parent economic families	920	925	195	725
Female lone-parent economic families	3,310	3,310	880	2,430
Other economic families	565	565	85	485

## FAMILY VIOLENCE

Abuse impacts the whole family. Children are affected not only by experiencing abuse but also by witnessing it. These experiences can continue to impact them into adulthood. Domestic violence continues to be a community and provincial concern as it transcends all socio-economic classes and ignores race and ethnicity. Lethbridge Police responded to 1,692 calls for family violence in 2017.

Lethbridge had a rate of 1,566 police-reported violence against women incidents per 100,000 in 2015, compared with Alberta in 2016, a rate of 636 police-reported intimate partner female victims per 100,000.<sup>100</sup>

***The Lethbridge rate of police-reported violence against women incidents is 2.5 times that of the Alberta average.***

Data from the YWCA's Harbour House shows growth in numbers in all areas. Specifically, the shelter has seen an increase in women with addictions and an increase in women with mental health issues accessing the shelter.

Figure 79: Harbour House demographics

	2018-2019 6 MONTH	2017-2018	2016-2017
Total # women	238	417	315
Total # women abused	208	331	281
Total # service plans	172	417	315
# FNMI (First Nations, Metis & Inuit)	120	244	211
# identified as ethnic minority	8	4	15
# LGBTQ2*	2	5	3
Total # women with safety plans	50	81	147
Total # children	140	620	233
Total # children over age 5	84	54	90
Total # children over age 5 with safety plan	84	25	63

Figure 80: Harbour House additional statistics

	2018-2019 6 MONTH	2017-2018	2016-2017
Total # women with police involvement for domestic violence	25	69	65
Total # women with addiction issues	96	174	68
Total # women with mental health issues	46	84	35
Total # women with physical disabilities	0	0	0
Total # women with children services involvement	41	73	17
Total # women with dual charges on DV	1	3	0

Figure 81: Women's Shelter Program: Client Feedback Survey

	2018-2019 6 MONTH	2017-2018	2016-2017
# feedback surveys completed	67	112	73
-% felt safe inside the shelter	94%	97%	95%
% who understand other community services available	96%	96%	94%
% who services helped understand family violence to children	89%	93%	94%
% who felt they could keep themselves and children safe as a result of being in the shelter	99%	98%	93%

## ***Domestic violence has real impacts on family, children, and society.***

Prevention and support strategies should be two-fold: Ensure those experiencing violence have access to the immediate supports they need to be safe, including housing, shelter, income, police intervention, legal and counseling services. Education of men and boys is needed to change attitudes and behaviours about masculinity, as well as women and girls, will help to advance a gender equity agenda.





**DISCONNECTION/ISOLATION**



Isolation is defined as a separation from social or familial contact, community involvement, or access to services. Social isolation occurs when a person has minimal social contact with good, fulfilling social relationships. As a result, people who experience social isolation typically lack meaningful social engagement with their communities and do not feel a strong sense of belonging.<sup>101</sup> Hence, the quality and quantity of social relationships can impact positively and negatively on people's health and wellbeing, so it is important to understand which groups in society are particularly vulnerable to becoming socially isolated.

Risk factors associated with social isolation are more prevalent among socially disadvantaged groups and accumulate throughout life; for example, social isolation in childhood is associated with isolation in adolescence and adulthood. Further, social isolation is often a consequence of poverty. People living with low-income often do not have the resources to travel and attend social events with their friends and family.

**Several groups at increased risk of social isolation include: immigrants, new mothers, children and young people experiencing bullying, people with long-term conditions and disability, unemployed adults, caregivers, and retired people.**

## IMMIGRANTS

When newcomers arrive in Canada, they often face significant personal barriers to integrate fully in the community. This is especially true if immigrants come with language barriers, skills that are not in demand, medical issues, or financial limitations.

Immigrants in Lethbridge account for 13.6% of the population, and of those, 3.4% have arrived in the past five years.

Figure 82: Lethbridge Immigration Data

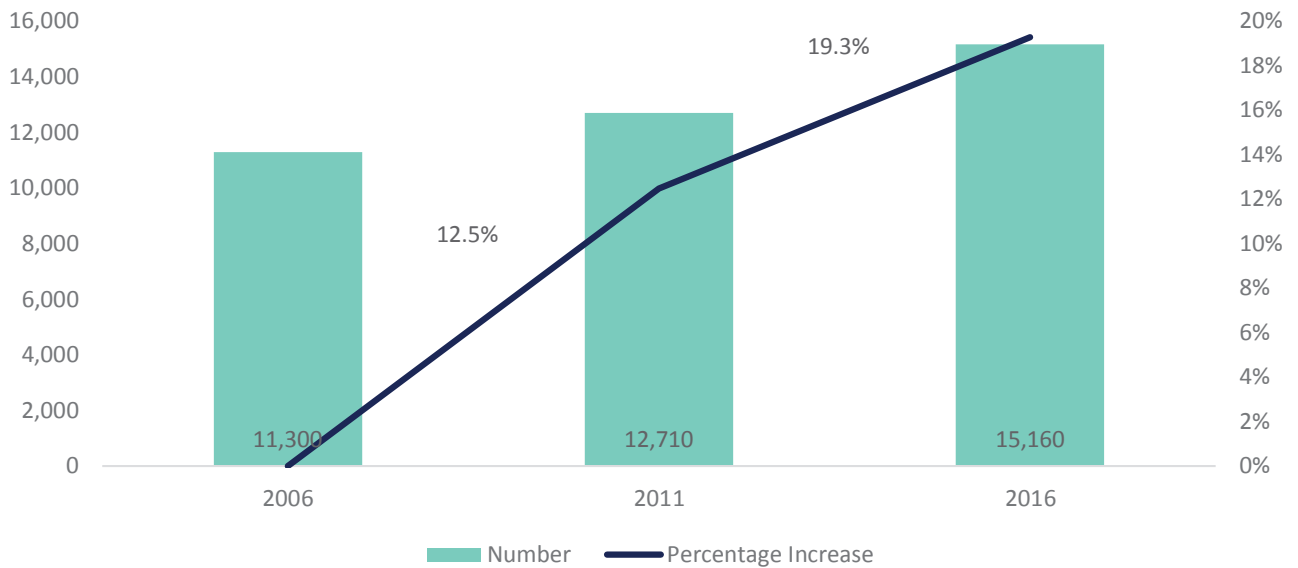
	ALL IMMIGRANTS		RECENT IMMIGRANTS (2011-2016)	
	NUMBER	PERCENT	NUMBER	PERCENT
Population in private households	12,330	..	3,070	..
Age groups	12,325	100	3,070	100
Less than 15 years	920	7.5	635	20.7
15 to 24 years	1,270	10.3	500	16.3
25 to 64 years	6,940	56.3	1,865	60.7
65 years and older	3,205	26	65	2.1
Median age	47.4	..	31.2	..
Admission categories for immigrants admitted since 1980	8,630	100	3,075	100
Economic immigrants	4,015	46.5	1,650	53.7
Principal applicants	1,610	18.7	705	22.9
Secondary applicants	2,405	27.9	945	30.7
Immigrants sponsored by family	1,830	21.2	385	12.5
Refugees	2,735	31.7	1,010	32.8
Region of birth	12,330	100	3,070	100
Americas	2,370	19.2	335	10.9
Europe	4,355	35.3	295	9.6
Africa	1,125	9.1	350	11.4
Asia	4,350	35.3	2,065	67.3
Oceania	130	1.1	20	0.7

## SENIORS

Seniors tend to be at higher risk for isolation as well. Poor physical health, disability, financial stress, and concerns about community safety are the most common reasons seniors feel isolated and alone. One of the most common issues for Distress Line callers experiencing mental health concerns is isolation.<sup>102</sup>

Seniors in Lethbridge are a rapidly-growing segment of the population (16%) and are living longer and healthier lives than previous generations. This demographic has increased by almost 20% since the 2011 census. The proportion of seniors in the city of Lethbridge has increased faster than both youth and working adults from 2006 to 2016.

Figure 83: Number and percentage increase of Seniors 2006–2016



ALONE WE  
CAN DO  
SO LITTLE,  
TOGETHER  
WE CAN DO  
SO MUCH.



# DATA ANALYSIS KEY FINDINGS

Social, economic, health, and housing data offer a rich description of Lethbridge's population. The following are selected highlights from quantitative research and analyses:

## A GROWING COMMUNITY

**Approaching 100,000.** Lethbridge has seen steady growth and is expected to reach 100,000 in population in 2019.<sup>103</sup> Population pressures associated with urbanization are associated with social challenges, particularly housing affordability/homelessness, population health, poverty, and strains on existing infrastructure.

**A diversified and stable economy.** Driven more by agriculture and food processing than by oil, Lethbridge's diversified economy has had steady growth with a 2.3%<sup>104</sup> rise in Gross Domestic Product (GDP) in 2018, despite Alberta's overall slowdown.<sup>105</sup> Lethbridge continues to have the second-lowest rate of unemployment in Alberta at 4.8%.<sup>106</sup> In Lethbridge the public sector accounts for nine of the top 10 major employers including health care, education, and government services.

**More seniors and children.** Age groups with the highest growth are those under 15 and those between 65 and 80.<sup>107</sup> Seniors make up a higher percent of the population in Lethbridge compared to Alberta overall. This population dependency creates different pressures on services from a significant segment needing care and supports.

**Significant increase of the Indigenous population.** The past decade has seen tremendous increase in the number of Indigenous residents in Lethbridge: a 40% increase between 2011 to 2016, representing 6% of the total Lethbridge population as of the 2016 census.<sup>108</sup> Lethbridge was established on Blackfoot lands and is located only 65km from the Blood Reserve – the largest in Canada and third most populous<sup>109</sup>.

**More immigration & refugee resettlement.** The largest settlement of Bhutanese in Canada occurred in Lethbridge in 2016, followed by an influx of new residents from Syria. Together with overall immigration, this resulted in a 43% increase in newcomers to the community over the past 10 years.<sup>110</sup> Growing diversity places additional pressures on tailoring supports and strengthening social inclusion measures among citizens to promote welcoming communities.

## BASIC NEEDS

**Poverty rates.** In 2015, 14% of Lethbridge households were low-income, compared to 11% in Alberta and other cities of the same size (Grande Prairie and Red Deer). These rates were higher for single persons (27%), lone parents (26%), new immigrants (18%), Indigenous people (27%), and children (16%).<sup>111</sup>

**Deprivation across the city.** Residents in North Lethbridge have higher material needs (lack of everyday goods and commodities), and residents in both North and South Lethbridge have higher social needs (fragility of an individual's social network, from the family to the community).<sup>112</sup> Housing affordability is a growing concern in central neighbourhoods as well.

**Food security.** While overall food bank usage has decreased among demographics, a concerning increase among seniors has occurred that merits a closer investigation.

**Housing affordability.** Households that owned their dwelling paid an average monthly shelter cost of \$1,224, compared to \$1,038 for tenant households. While vacancy rates remained above 3% in 2017, rental costs did not see significant improvement; in fact, 21% of renters were paying more than half their income in shelter costs.<sup>113</sup> Renters living alone, lone parents, Indigenous people, and recent immigrants are having higher affordability challenges.

**Homelessness rates rapidly growing.** Looking at the 2006–2018 period, homeless point-in-time counts show an overall increase from 113 to 223 (97%); however, looking closer, we see an overall decline until 2016, followed by a sharp jump in 2018 of 151%.<sup>114</sup> The higher number of homeless individuals in 2018 is partially explained by the City's increased outreach efforts and improved methodologies to identify homeless individuals in health and/or correctional facilities.

**Indigenous homelessness.** Indigenous representation and mobility are also reflected in the 2018 Point-in-Time Count of people experiencing homelessness in Lethbridge. Of note, 73% of those enumerated were Indigenous. Approximately two thirds (62%) of survey participants had arrived in the past five years. Of these, 52% came in the last year or less. The top reasons for migration into Lethbridge for Indigenous respondents was: 1. To Access Services and Supports, 2. To Find Housing and 3. To Access Emergency Shelters.

## CHILDREN AND FAMILIES

**Spike in domestic violence.** Police-reported domestic violence crimes reached close to 1,700 in 2017 – up 50% since 2013. Lethbridge is three times that of Alberta's average (636 in 2015).<sup>115</sup>

**Lone parents above provincial average.** At 15.6% Lethbridge is home to a higher-than-the provincial average (14.5%) of families led by a lone parent.<sup>116</sup> Four out of five families led by a lone parent are women, which is a pattern consistent across the entire province.

**Some children are having difficulties meeting developmental goals.** In 2014, the Alberta Early Development Instrument was designed to measure children's ability to meet age-appropriate development expectations for health, social competency, emotional maturity, language, thinking, and communications. Findings suggest Lethbridge Kindergarten-aged children are experiencing difficulty or great difficulty at similar levels to Albertan children ranging from 21–28% having difficulties in these domains.<sup>117</sup>

## POPULATION HEALTH AND PUBLIC SAFETY

**Mixed population health trends.** Between 2009 and 2014, a number of positive changes occurred for Lethbridge residents: reduced life stress and daily smoking; increased sense of belonging, access to a family doctor, and physical activity. Simultaneously however, heavy drinking and those reporting being overweight also increased.<sup>118</sup>

**Mental health challenges.** The South Zone's self-rated mental health as very good or excellent (64%) is lower than the Alberta average (72%),<sup>119</sup> and the rates of anxiety and depression prescriptions are higher. ER visits in Lethbridge due to mental health emergencies are higher than Alberta as well, with rates of suicide increasing over recent years.

**Higher mortality rates.** From 2013–15, Lethbridge's mortality rate was up to 21% higher in the three local geographic areas than the Alberta average of 634.7 per 100,000 – these are primarily driven by circulatory system diseases (abnormalities of the heart and vessel system).<sup>120</sup> This is an important factor when we consider premature death causes, including heart disease and suicide rates being higher in Lethbridge than Alberta averages.

**Overdoses almost quadrupled since 2016.** The South Zone's fentanyl-related poisoning deaths reached a rate of 16.2 per 100,000 for the period January to November 2018.<sup>121</sup> Of note, the rate of these overdose deaths has almost quadrupled (276.7%) from 2016 to year-to-date November 2018.<sup>122</sup>

**Demands for police are up.** The Lethbridge Police Service is experiencing an increase in calls for service. In 2017, there were 33,643 calls compared to 30,799 in 2016.<sup>123</sup> Annual Report Data highlights an increase in theft: up 115% compared to 2013 – reaching almost 4,000 reported cases. There were no murders and fewer sex-related crimes.

**More people with disabilities.** With an aging population, rates of disability have increased in the community. Developmental disabilities have also increased as has the caseload of Assured Income for the Severely Handicapped (AISH) recipients in Lethbridge.

## SUPERVISED CONSUMPTION TRENDS

**Supervised consumption use totals 110,000 visits in nine months.** Since opening in February 2018, the ARCHES Supervised Consumption Site (SCS) was increasingly visited over the course of the year to a total of 110,000 times, of which 18,000 occurred in November. Notably, the number of unique clients increased from 90 in February to about 1,034 in December.<sup>124</sup>

**Likelier to be Indigenous, have unstable housing, and younger.** As is the case of the homeless population, Indigenous people were significantly over-represented among SCS users at 55% compared to 6% of the total population. Overall, SCS users were likelier to be male (59%), 20–39 years old (74%), and of those who reported their housing situation, 57% were unstable (shelter, no fixed address, jail, treatment, etc.)<sup>125</sup>

# COMMUNITY ENGAGEMENT

Community engagement is central to planning and decision-making as it will help to build a local strategy that is person-centred, and that has broad buy-in from the community. The following activities took place during the fall of 2018.

- 1. A public online questionnaire.** This was used to learn more about the community needs, priorities and experiences of people in Lethbridge.
- 2. Stakeholder Consultations.** Several community consultations were conducted across Lethbridge, which helped identify challenges and recommendations for improving our community.

The consultant team aimed to coordinate with other consultations already underway to avoid duplication particularly with the Community Drug Strategy and Municipal Housing Strategy.

## 3.1. PUBLIC QUESTIONNAIRE RESPONSES

The City of Lethbridge ran a public questionnaire from October 22-November 29, 2018 to provide an avenue for input on wellbeing from the broader community. This opportunity for broad engagement helps craft priorities relevant to the public and authenticate data analysis findings.

This survey had two aims: gather ground-level intelligence on social issues from the frontlines dealing with them day-to-day, and build support for a coordinated community effort to address common priorities. This strengthens what was mined from the research and data work. More importantly, this process gives us an opportunity to build community will and alignment towards common issues.

### RESULTS

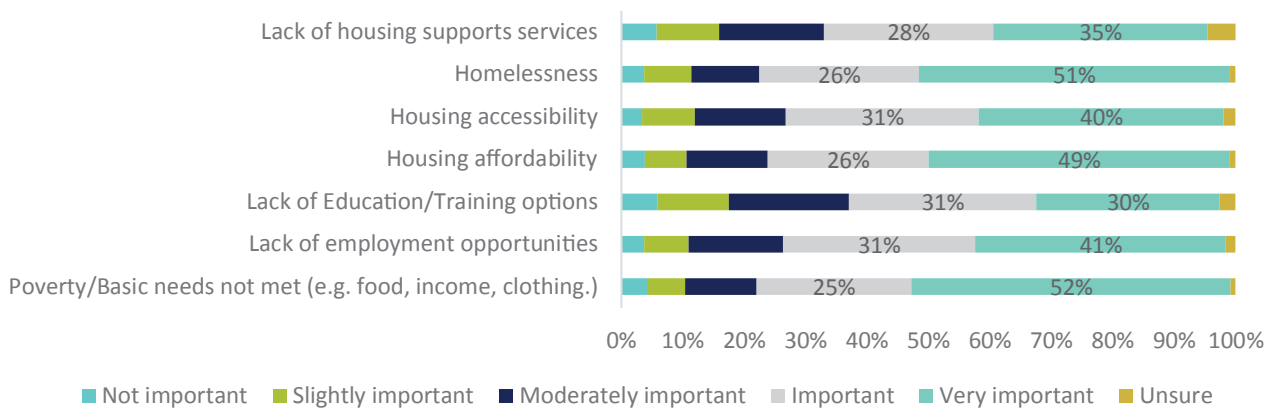
The public questionnaire had 1,950 responses total from the community. Results are presented below:

The questionnaire asked what important issues need to be addressed to enhance overall wellbeing in Lethbridge and this question was broken down into three categories: 1) Basic Needs/Services 2) Health/Addictions/Safety, 3) Sense of Belonging.

#### BASIC NEEDS/SERVICES

Within the Basic Needs/Services category the questionnaire respondents identified 1) Poverty and Unmet Basic Needs, 2) Homelessness, and 3) Housing affordability as the top three important issues to address. When looking at responses from individuals that identified as a business owner (figure not shown), lack of employment opportunities replaced homelessness.

Figure 84: Please rate how important it is to address the following issues to enhance the overall wellbeing of our community



#### Questionnaire respondents were also asked to provide comments:

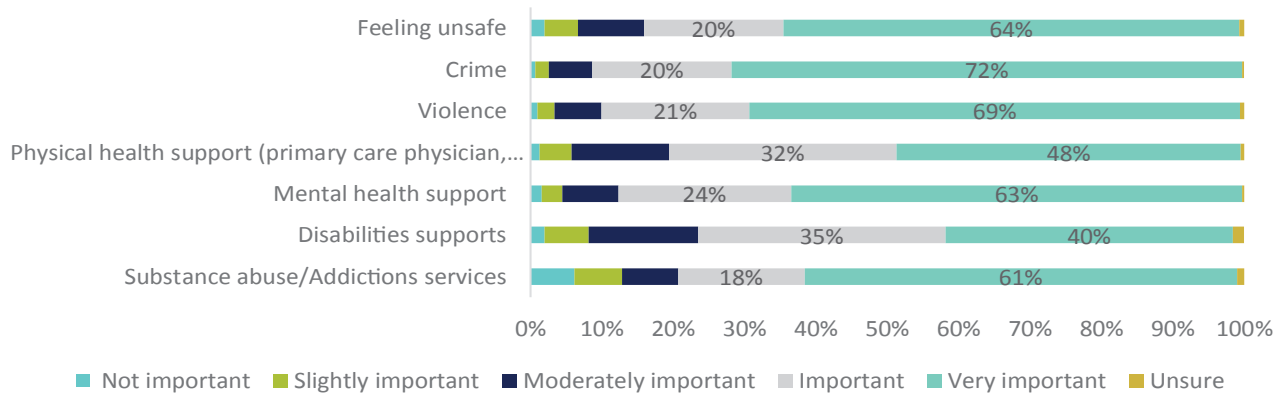
*“Basic needs are all important or very important. Saying that, the over representation of drug/alcohol-addicted people in our community has obviously swelled in conjunction of the [SCS]. These people pose a significant challenge for employment/housing opportunities for obvious reasons.”*

*“Housing affordability is the root cause of many of the other concerns around income. Rent is high and it is hard to get in with the resources available because of waitlists for subsidised housing. We need to offer affordable options for housing in order to ease financial pressures and allow access for populations who currently cannot.”*

## HEALTH/ADDICTIONS/SAFETY

Crime, violence, and mental health support emerged as the top three health/addiction/safety issues considered important or very important for both general questionnaire respondents and those that identified as business owners.

Figure 85: Please rate how important it is to address the following issues to enhance the overall wellbeing of our community



### Comments included:

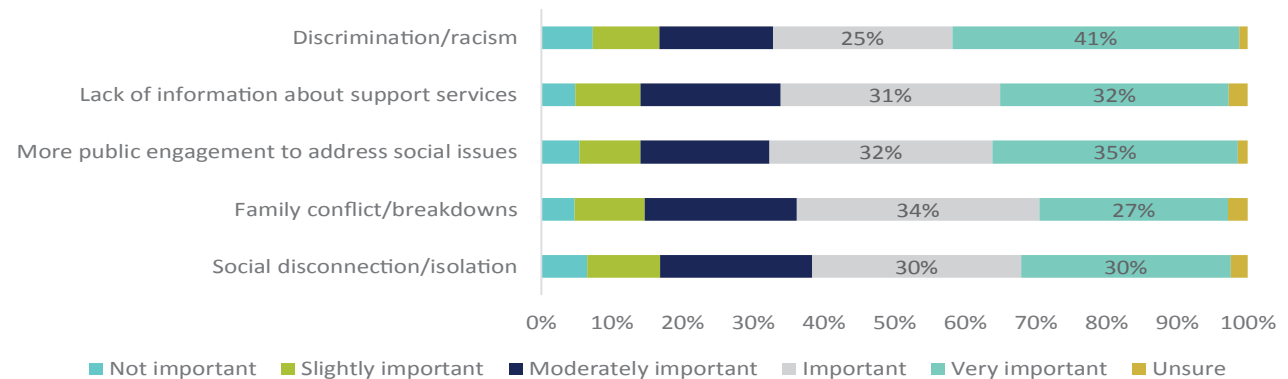
“The combination of mental health issues (including addictions - specifically opioids), the lack of adequate supports/housing/meaningful supported work opportunities/treatment (again, specifically medical detox for opioid addiction), create a situation that is taxing the social programs in the city. Housing – subsidised for those with mental health issues, addictions, disabilities, and emergent (shelters for women, men, and youth) are not adequate to our growing population and the challenges those in need are facing. The Supervised Consumption Site is a wonderful thing and has saved many lives, but cannot provide the full range of supports and services this vulnerable population requires. If these needs are addressed, the concerns about crime and safety will also be addressed.”

“The supervised drug consumption site has increased drug use, the number of users and crime. Debris has increased in Lethbridge including the discarding of needles which are being supplied in abundance to the illegal drug user community. Violence has increased and citizens feel much less safe in Lethbridge as a result. Businesses have lost value and had to relocate.”

## SENSE OF BELONGING

Discrimination/racism, more public engagement, and lack of information about support services emerged as the top three Sense of Belonging concerns which were considered important or very important to general questionnaire respondents. When focusing on business owner responses only (figure not shown), Social Disconnection/isolation replaced lack of information about support services.

Figure 86: Please rate how important it is to address the following issues to enhance the overall wellbeing of our community



### Comments included:

“I am white, but have many friends of colour and the amount of racism they face in this city is appalling. I want them to feel safe and supported here--not the other way around. Please run anti-racism workshops at workplaces and schools in town. It is so important. But make sure you hire people of colour to run these workshops. Preferably Indigenous since they face the most racism here.”

“Our social service/support system is complex and unclear. We need to clarify and work together to make sure gaps are filled to meet the actual needs of our community. The fact that supports are hard to understand and navigate is a factor in family concerns, isolation, and discrimination in our city.”

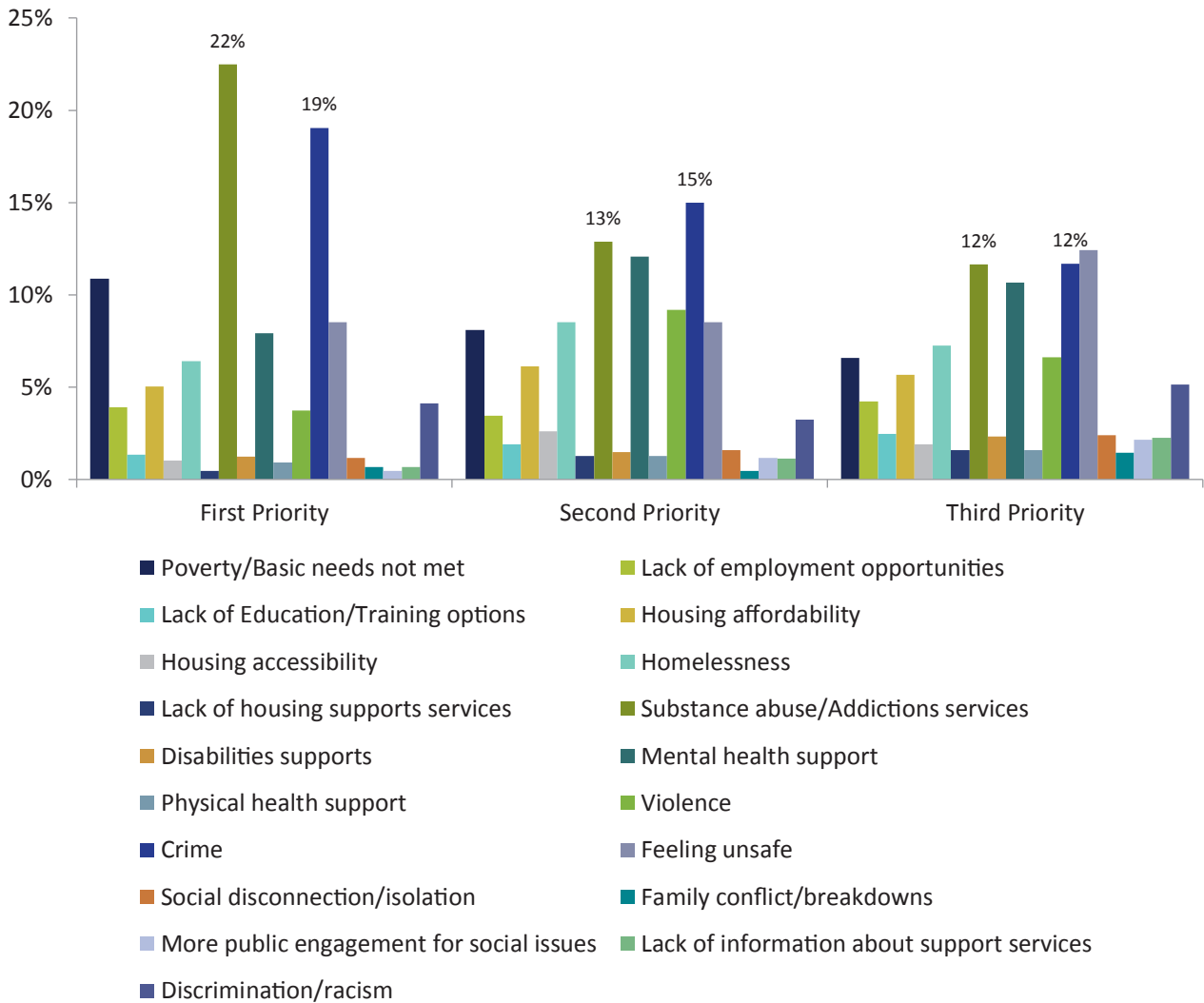
“There are so many services that go unused that would be so helpful to people, so getting the awareness out there of what services we do have to the ‘target audience’ would be goal #1.”



## OVERALL

The questionnaire also asked, inclusive of all three categories, what are the top three issues necessary to address in order to enhance overall wellbeing in Lethbridge. Substance abuse/addiction services, crime, and mental health support emerge as the top three priorities overall. When focusing on business owner responses only, lack of employment opportunities replaced mental health support (figure not shown).

Figure 87: If you could prioritize only three of these issues, what would it be when you think about enhancing wellbeing in Lethbridge? Please list your pick in order of priority.



### Comments included:

*"It is very hard to isolate the problems as they are so intertwined with each other. No one is just a drug addict, just homeless. I know that I don't generally arrest people with jobs, or from strong supportive families (there are obviously exceptions); however, the fact is we have an entire demographic in this city who for whatever reason are lost. They are generally Aboriginal, have FASD or other mental health issues, addicted to alcohol/drugs and have probably seen more violence than the normal person will see in a lifetime by the time they are 18. There are Caucasian people as well who totally fit this bill. The point is these people have been locked up multiple time for offences and they get released back into the community and the people they know without any help, the only option for them is to go back on the street and do what they do to survive. They fall between the cracks of society. They hang around downtown because we keep building facilities that encourage them to do that (Shelter, SCS, Provincial Building, etc.) and then get upset that they hang around. They steal because they need food and because whenever they get caught for it, nothing really happens. I could go on. The point is though, we have 100-150 people who live outside the margins of society. We keep providing reasons for them to stay here but then complain when we see them walking around. I don't have the answers but it won't be cheap."*

When asked how questionnaire respondents rate wellbeing at the community level, 70% of the general respondents suggest wellbeing at the community level in Lethbridge is Fair/Good.

Figure 88: Overall, how would you rate wellbeing in Lethbridge at the community level?



**Comments included:**

*"Whose community? Lethbridge is comprised of many different communities with a vast chasm between in terms of services available."*

*"My perception is that there's a significant disconnect between classes...my wellbeing is relatively fine and I can find opportunity to improve it if needed. However, different demographics, particularly low-income, seem to have a much more difficult time accessing various social initiatives and opportunities."*

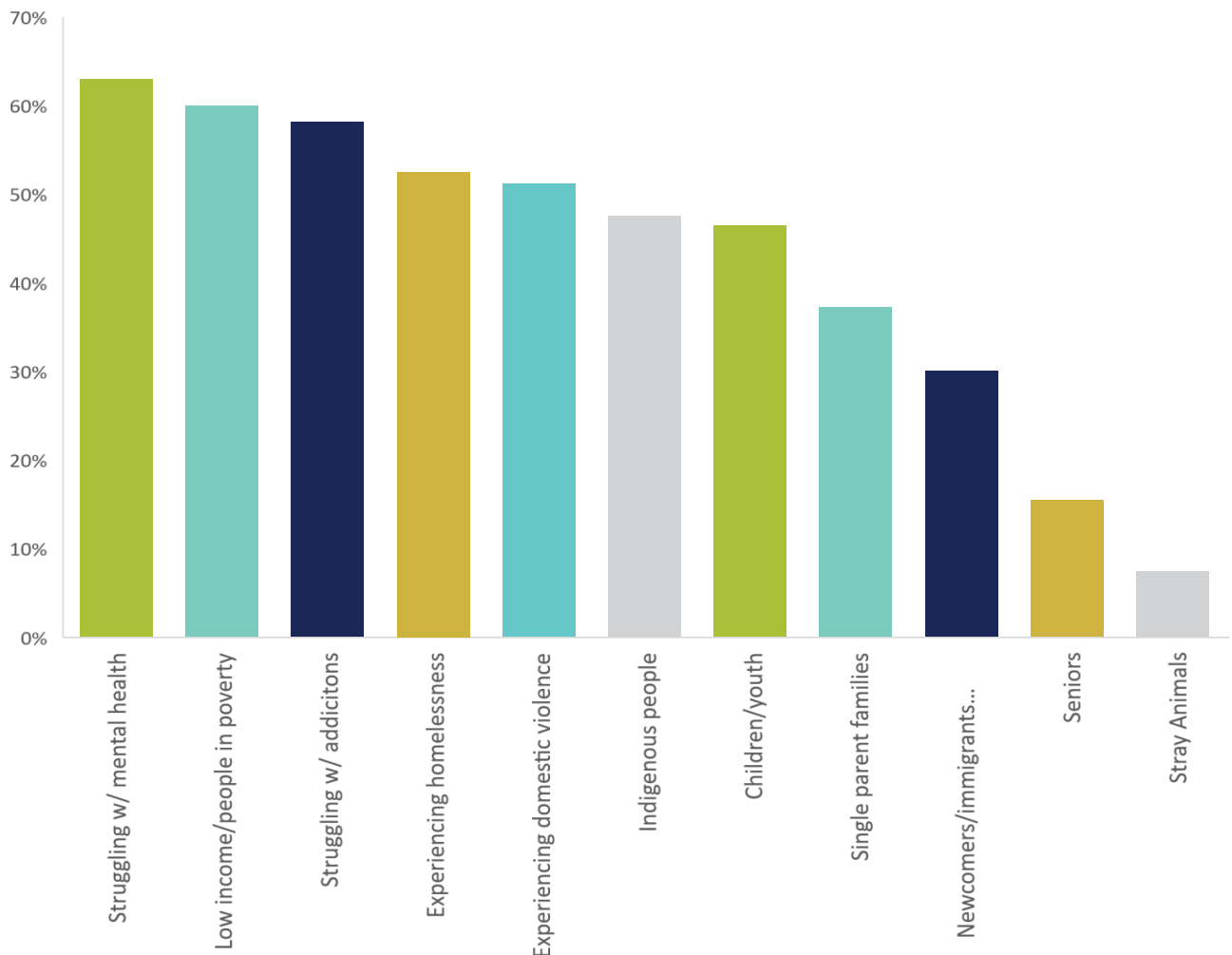
*"More involvement needed by more people. We are in this together. The strong can help."*

*"It's the lowest I have ever experience in the 25 years living in Lethbridge"*

**POPULATION GROUPS**

People struggling with mental health, low income/people in poverty, and people struggling with addictions emerge as the top three population groups that require additional support by both general respondents and business owners.

Figure 89: Overall, are there population groups you feel require additional support/attention to enhance wellbeing in Lethbridge?



## 3.2. COMMUNITY CONSULTATION

Over a period of 4 months, more than 300 people were consulted representing a broad range of stakeholders in Lethbridge in an effort to understand wellbeing in the community. The stakeholders were from the following groups:

- » Social Services Providers
- » Emergency Services
- » Faith Community
- » Voluntary Sector
- » Business Community
- » CSD Department
- » Funders
- » General Public
- » Vulnerable Citizens
- » Newcomers
- » Women
- » Indigenous
- » Children/Youth
- » Seniors



### WHAT WE HEARD

This is a summary on the perspectives echoed in the consultations had with over 300 stakeholders in our community.

#### WHAT'S WORKING?

Lethbridge is a community that cares, and this is strongly reflected in the desire of organizations and the general community to work together collaboratively. There are a diversity of organizations and services that are meeting a wide range of needs, and while there are many gaps, service providers are eager to fill them. The social sector in Lethbridge is full of passionate, dedicated, compassionate people who care deeply about the community and the health of their individual clients. Complimented by a strong core of volunteers and financial support in various forms from the community, the social sector is able to make big impact in many areas. Finally, there is greater awareness and understanding of some of the major issues, such as the drug crisis, in the community as a whole.

#### WHAT'S NOT WORKING?

Stakeholders expressed that resources are lacking or stretched to the limit, resulting in waitlists for several services including counselling, drug treatment, FASD assessment, housing, emergency shelter, mentors and more. In some cases, the waitlists create critical challenges, such as 2094 women and children turned away from the YWCA Emergency shelter in 2018 due to lack of space. Stakeholders indicated there is a greater need for services in Lethbridge that has emerged in the past three years which they believed to be related to the economic downturn, during which time there has been an increase in poverty, domestic and sexual violence, and other social issues. Stakeholders expressed frustration that during this same time revenues have remained static or decreased, while costs of operation have increased, putting tremendous strain on programs and frontline staff.

Many frustrations were expressed. These covered topics including the homeless shelter, supervised consumption site, drug dealers, negative behaviours, barriers and decreased quality of life in Lethbridge. A general theme that came up again and again was lack of respect for individual beliefs and choices, and the question around taking responsibility for one's actions.

While there was an expressed desire for organizations in the social sector to work better together, much was also said about organizations who work in silos and duplicate efforts. There is clear frustration at the number of meetings held where issues are talked about, but action is rarely taken. Finally, there is frustration around the tendency to be reactive instead of proactive and preventative, and a desire to focus on a big picture plan that aligns efforts.

## EMERGING KEY DIRECTIONS AND IDEAS

This is a list of what community stakeholders felt was lacking and should be included in a community strategy broken down into four key directions: 1) Leadership, Collaboration, Contributors, 2) Lack of Resources and Access to Basic Needs 3) Healthy and Safe Communities 4) Social Inclusion and Innovation.

### 1. LEADERSHIP, COLLABORATION, CONTRIBUTORS

Strategic collaboration amongst organizations was emphasised repeatedly. Stepping out of silos, crossover and dedicated commitment to strengthen and foster good collaborations towards community goals was expressed as a priority. Organizations must be equipped to collaborate, and create the environment for good conversations to happen. Organizations must work together to reduce duplication of services and reactive responses and increase available services strategically, in an effort to decrease confusion amongst clients and the community.

Comments related to current formal leadership in Lethbridge were mixed. There were many comments praising the leadership being provided by Community Social Development department, and the work being done there to build new bridges with organizations in the community and surrounding area. Comments around Mayor and Council leadership were mixed, mainly attached to the drug issue and building better relationships with the Indigenous community. As these two areas are emotionally charged, it is understandable that polarized views on leadership emerged.

The following groups were deemed necessary contributors to community decision-making by stakeholders:

**Blood and Piikani Tribes** - need to be involved in helping homeless and substance-using members living in Lethbridge.

**Indigenous Organizations in Lethbridge** – Stakeholders from this group cited the need to work together cooperatively and collaboratively.

**City of Lethbridge** – To build working relationships with the Blood and Piikani Tribes and surrounding communities for a regional approach to supporting people.

**Alberta Government & Alberta Health Services** - Funding for prevention and promotion is extremely small, yet funding for other supports is large. Both Alberta Government and Alberta Health Services need to be ‘at the table’ to support funding community priorities.

**Faith community** – There is desire to support people as a community and provide solutions, but faith communities must be met halfway. It needs to be recognized that different churches have different levels of interest and different perspectives on how they want to help.

**Seniors Centres** – These are the second home, source of information, support and community for many seniors, which is a larger than average population in Lethbridge.

**Newcomers** - Newcomers are part of our community and education is needed to understand how to support newcomers as community members. Currently agencies and businesses in Lethbridge tend to refer newcomers to Lethbridge Family Services Immigrant Services for everything, rather than acknowledge that newcomers are their clients, the same as any other Lethbridge resident. A shift in perspective is needed to see newcomers as full members of the community who deserve access to services the same as anyone else, and it is up to the agencies and business to accommodate them.

**Funders** – Funding support needs to go towards community priorities.

**Volunteer Lethbridge** – Volunteerism needs to be recognized and supported as a powerful mechanism to build people up and support community efforts. Volunteer Lethbridge can serve a valuable role creating strength in organizations with volunteer opportunities and connecting people in the community to community need.

### 2. LACK OF RESOURCES AND ACCESS TO BASIC NEEDS

Many organizations spoke to the challenges they are facing with rising costs and static or declining revenues. The need for services and supports in Lethbridge have increased over the past three years, especially noticeable since the economic decline in Alberta hit Lethbridge, and related social issues (poverty, job loss, stress, etc.) increased. During that same period, costs rose significantly with the introduction of a carbon tax, 47% minimum wage increase that have affected all levels of wages, and new labour laws that have dramatically increased statutory holiday costs. To further complicate matters, some organizations have noticed a decline in donations over this same period of time, and a number of organizations are still operating on the same government funding levels as 2014. This triple impact of rising costs, increased client need, and static or decreased funding has stretched organizations to their limits, putting incredible strain on staff and fiscal resources.

Main areas of need, identified by stakeholders, for improved community wellbeing were:

***Supports for Children & Youth:***

- » More activities and programs for youth ages 12 - 17 years.
- » Full time kindergarten. There are many in Calgary and none in Lethbridge. This is potentially affecting literacy stats for Lethbridge and complicates childcare options for working parents.
- » More daycare options near downtown, and more affordable daycare options (\$25/day).
- » Collective youth needs assessment (Lethbridge Youth Coalition has targeted this effort).
- » Programs that focus on the children and families of addicts. Help them to cope, understand and build resiliency.
- » More access to low cost or free programs for kids.

***Supports for Newcomers:***

- » Specialized counselling for newcomers who have experienced trauma or have Post Traumatic Stress Injury (PTSI).
- » Not enough support for older newcomer youth ages 16-19 years. Once 19 years of age, it is up to the school to decide if they can continue high school. If the school has too many students, their option is Victoria Park (distance learning) or Lethbridge College (perceived as not appropriate).
- » All projects focus on south and west Lethbridge, compared to North Lethbridge where many newcomers live.
- » We need a central hub or access point for education, referrals and services for LGBTQ newcomers.
- » Mentorship programs for newcomers. (Big Brothers Big Sisters (BBBS) has targeted this effort.)

***Supports for People with Disabilities:***

- » Services to diagnose and support individuals and families with FASD. Lethbridge FASD Clinic can only assess 36 children and 12 adults in a year, and serves Lethbridge and region.
- » Services for adults that do not fit the Persons with Developmental Disabilities (PDD) mandate, which requires an IQ of 70 or below. Often adults will have an IQ higher than 70 but they cannot function independently and are missing adaptive skills to keep a job, organize their schedule, and make daily decisions independently. There are no supports to help these individuals.
- » Financial management support for people on Assured Income for the Severely Handicapped (AISH). There is only one agency in Lethbridge willing to take on the liability of helping people manage their money (Streets Alive). Many AISH recipients pay rent (or it comes off their cheques first) and do not manage payment of any other basic needs such as food, etc. causing them to resort to crime and other negative behaviours.
- » Adults over the age of 40 currently cannot be assessed for FASD at the Lethbridge FASD Clinic without confirmation that the birth mother drank (provincial regulation). This is a barrier if the birth mother is not available (deceased, client does not know mother, client does not remember where Mother went, etc.).
- » Supports for people who are mute and deaf. No supports, translation, employment, etc.

***Supports for Indigenous Peoples:***

- » Culturally-based programs for all supports. Indigenous people need to be culturally connected.
- » Mentorship opportunities for youth. Indigenous kids tend to access BBBS school programs mainly because they can do so without family involvement. Not as much family support for traditional mentorship program, and few Indigenous mentors volunteer. Families want a cultural component to mentoring. Many Indigenous kids also live on the Reserve and that makes it challenging to match them with mentors in Lethbridge.

### **Addictions-related supports:**

- » Supports for families/children of substance abusers. More support is needed for all those impacted (families, friends), rather than the person presenting for support. More focus is needed on stopping the cycle of trauma and addiction.
- » Safe places for people struggling to get clean or stay clean. Alternatives to friends who will influence negative behaviour.
- » Coordinated, full spectrum of supports including detox, treatment and rehabilitation, sobering centres.
- » Prevention and focused Intervention to foster resiliency and self-love. People experiencing empathy and knowing that somebody cares.

### **Counselling:**

- » Specialized counselling for those who have experienced trauma or have Post Traumatic Stress Injury (PTSI), such as newcomers immigrating from war torn countries.
- » Specialized counselling for sexual and/or family violence. Currently a 4-month waitlist.
- » Long-term, customised access to counselling support. Currently counselling is limited to 6 – 20 sessions, depending on the individual and if they are accessing private (via health plan) or public counselling supports. First responders are limited to 6 sessions at a time, and 12 per year. If they want to self-fund more they must start over with a different counsellor.
- » Counselling services and supports for perpetrators of sexual assaults. There are no services in Lethbridge for individuals who want to get help so that they do not re-offend.
- » Supports for family of a sexual perpetrator. The family deals with much shame and stigma though they are not the perpetrator.
- » Counselling supports for couples or relationship counselling.
- » Family systems therapy – currently each member of the family must go to a different counsellor. No opportunity for the family to sit together with a counsellor (or 2) and work as a family on communication, issues, overcoming trauma, etc.
- » Support for people who have experienced medical trauma. Increasing need for post-medical trauma counselling.
- » Counselling for transgender individuals who want to transition. Need counselling support before can qualify for medications.
- » Lack of psychiatrists in Lethbridge, especially ones who will work with at risk or homeless clients.

### **Housing:**

- » Affordable, appropriate and adequate housing for all.
- » Housing for larger families, single mothers, and people with physical disabilities and/or wheelchairs was also indicated as a large unmet need.
- » Rental units where owners will rent to people on Alberta Works. “People are quick to judge and assume why people are in the position they are in.”
- » Coordinated, full spectrum of housing for those at risk of homelessness or with addictions, including transitional and supportive housing.
- » Increased emergency shelter capacity. More space is needed in both general and female emergency shelter, and a dry/drug free shelter was suggested.
- » Lodges for seniors, some with dementia facilities, and some that accommodate people with mobility challenges.



can

### **Transportation:**

- » Transportation is a major issue for newcomers, youth and low-income individuals, seniors, and people with disabilities or mobility issues.
- » Cost, accessibility and time (the bus can take hours to go across city) were cited as major transportation barriers.

- » Transportation back to the Reserve. Many people get stuck in Lethbridge (released from correctional centre, court dates, and to pick-up AISH cheques).
- » Bus routes to the industrial area and West Lethbridge. The YMCA closing in downtown Lethbridge will be a big loss to the newcomer community as there is no bus route that goes to the new West Lethbridge location.

### 3. HEALTHY AND SAFE COMMUNITIES

Community safety, mental health and substance use were highlighted among stakeholder consultations as a primary social challenge.

#### ***Negative Behaviours and Perception of Safety***

Many stakeholders expressed dismay that Lethbridge does not feel like the safe and clean community that it used to be, and that this perception has resulted in many individuals avoiding going downtown or taking their children to some public parks or facilities.

Stakeholder consultations echoed that the increased focus on personal safety in Lethbridge has resulted in many negative consequences in the downtown area including:

- » Businesses and organizations locking doors during business hours (customers must be buzzed in), security cameras installed or increased, fences erected around property, and added lighting around property to deter crime. Several of the not-for-profit organizations interviewed stated that they also had to take these measures to protect their clients and staff.
- » Fewer visits downtown and to parks to manage exposure to negative behaviours or drug debris. This includes dramatically less participation in popular events like the Bright Lights Festival.
- » Due to the decrease in traffic in the downtown, many businesses are suffering financially and have (or are at risk of) having to shut down.
- » People are reluctant to work downtown for fear of exposure to crime, erratic behaviours, theft and more.

It was reiterated that the commitment of health, police and social service providers to address the drug crisis and perceived safety challenges is welcomed, but much more needs to be done.

#### ***Supervised Consumption Site***

There were comments all over the map about the Supervised Consumption Site (SCS). Many comments were not in favour of the site, or in favour with conditions like needles should not leave the facility, or the facility should be moved away from the Downtown. A lot of frustration was expressed that the SCS seemed to appear “overnight” and brought a host of negative behaviours concentrated to the downtown. However there are also stakeholders who are frustrated with the perceived lack of compassion or understanding about the intent of the SCS and feel that the community has unfairly blamed the SCS for increased drug use in Lethbridge. It is a very polarizing topic with plenty of frustration on both sides.

### 4. SOCIAL INCLUSION & INNOVATION

Stakeholders emphasised that a sense of belonging and positive connections to one’s family, friends and community are essential building blocks to one’s wellbeing. The following themes were identified by stakeholders as necessary components for improved wellbeing in the community:

***Language Accommodation*** – Newcomers must be able to access services the same as any other citizen. Language barriers prevent that. Service providers need to consider how to accommodate newcomers and build the cost of these supports into their operational budgets.

***Reconciliation*** – Efforts towards reconciliation must come from a place of respectful relationship building and truth. This relationship building goes much deeper than the “visible” signs of reconciliation, such as acknowledgement statements. They speak to relationships outside of meetings and work obligations, understanding the real barriers that Indigenous people face daily, and creating safe spaces where honest conversations can be had so that all cultures can learn about each other and respect one another.

***Respect for Different Points of View*** - Ability to honestly discuss issues from different perspectives. Currently people are reluctant to discuss issues for fear of being “branded” one way or another. There are degrees of pressure (even bullying) when alternate views are suggested.

***Respect for all*** – Variations on this theme include:

- » “Will you love me enough to allow me to struggle?” People need to own their struggle and be allowed to go through that process at their own pace. When we do not allow them to do so, it is a disservice because they cannot build strength or resiliency.
- » Polarized opinions regarding harm reduction has created greater isolation and makes the challenges bigger.
- » Better understanding of the biological changes in brain development that are related to addiction.
- » Need to understand that we have so many cultures and each experiences the world differently. This complicates how to support everyone. Must be mindful and respectful of individual experiences.
- » “Just live your life and don’t push your beliefs or wants onto others.”

**Empower People First** – Build individual capacity, then agency capacity, then community capacity. Don’t start at community level first. Care about the person and give them real connections.

Everyone has value, wants to be respected and have purpose. However, people are often pushed to the side and not seen as able to contribute and have value. Then barriers go up when you have to prove yourself. Need to see value in every person, then give them an opportunity to do something (volunteer) so they can see the value in themselves.

Success and stability tailored to realistic expectations for each individual. What success is for the person, not what the community thinks it should be. Also benchmarking and tracking progress over a longer period of time. Allowing people a longer period of time to access services and fully heal.

People have to want to change. Others can’t solve the problems for them.

## KEY RISKS AND MITIGATION STRATEGIES

All stakeholders were very clear that they want to act proactively, collaboratively and with focus on results.

**Stakeholders expressed that the greatest risks are to change nothing, or to talk more without action.**

Other risks identified by stakeholders were:

**Lack of strategic alignment** – duplication, siloed decision-making, competition for funding and lack of cooperation and regular communication will frustrate efforts to meet the needs of the community.

**Isolating any population or community through the process** – everyone who wants to be involved must be allowed to contribute. Groups who want to help but who feel judged or isolated will walk away, or go forward on their own without regard for duplication or leveraging of assets.

**Hopelessness** – many stakeholders spoke of hopelessness as being the ultimate risk, because when members of the community lose hope, all the other issues become compounded. This includes front line workers who are experiencing the stress of a changed community while also trying to serve it.

**Business revenue losses & closures.** Businesses, especially in Downtown Lethbridge and near the shelter, SCS and Streets Alive, expressed strong concern about their ability to continue operations as a result of public perception that it is not safe to go to their location. Sizeable decreases in traffic and revenues in 2018 are resulting in layoffs and decreased contributions (via donations to charities, not-for-profit organizations, clubs, etc.) to community wellness. Business closures or departures from the downtown will have significant impact on revitalization efforts, tax base, and employment opportunities.

## MITIGATION STRATEGIES INCLUDE:

When stakeholders were asked what mitigation strategies should be considered to circumvent potential risks they responded with:

**Big Picture Strategy** – Listen to what stakeholders have shared in this document and go forward acting on the pieces they’ve said are missing. Create a strategy that encompasses a full spectrum of supports and services across continuums, meeting the needs of all populations, and determine ways to achieve the needed pieces. Be bold and open to new ways of doing things via untraditional partnerships, creative planning and thinking outside the box. Allow different stakeholder groups to select the areas they want to manage or own, and let them bring their best ideas and talents to the table. Facilitate rather than command.

**A Balanced Approach.** Developing resilience and prevention are the keys to avoiding more/future crisis. Balance the need for intervention and crisis response with prevention efforts, including for families of substance users, and families experiencing family/sexual violence. Put attention, resources and funds where they will have the greatest impact.

**Continued Communication** – Asking all stakeholders on a regular basis the questions in this document will keep the strategy on track and provide insights into upcoming trends and issues before they become unmanageable. Continue to build the collaborative relationship through honest and open communication efforts.



### 3.3. COMMUNITY ENGAGEMENT KEY FINDINGS

The below list articulates the emerging pressures threatening community wellbeing from the perspective gathered over 300 community stakeholders consultations, which was supported by feedback that Lethbridge citizens expressed in the public questionnaire.

#### **Economic**

- » Alberta's economic downturn has attributed to increased domestic violence, poverty, stress and related social issues in Lethbridge.
- » Increased need for social services at the same time that providers saw decreased revenues from operations and decreased donations from community. This has resulted in strain on staff and increased waitlists.
- » Significant increased operational costs (utilities, wages, etc.) for service providers without related increases in base operating revenues or funding.

#### **Social**

- » Breakdown of families. Lack of safe family environments and supports. There has been an increase in grandparents, aunts & uncles becoming primary caregivers for children because parents are incarcerated, struggling with addictions, have overdosed, and/or are deceased.
- » Increase in all types of violence.
- » Increase in substance abuse.
- » Greater severity & complexity of mental health issues.
- » Increasing poverty gap.

#### **Community**

- » A sense of loss, sadness, frustration and anger in the community feeling that Lethbridge is no longer safe, clean and family-friendly.
- » Businesses and organizations are needing to increase security measures such as: locking doors (customers must be buzzed in), installing or increasing security cameras, having fences erected around property, adding lighting around property.
- » There are fewer visits to downtown and to community parks suggested as measures to minimized exposure to intoxicated individuals or drug debris. People are reluctant to work downtown for fear of exposure to crime, erratic behaviours, theft and more.
- » Greater reliance on online shopping. No need to go to local stores or restaurants in person. Less revenue for businesses and greater disconnect to community.

The top priorities for action identified by Lethbridge Citizens and Community Stakeholders which would improve community wellbeing are:

- » Substance abuse/addiction services
- » Addressing crime
- » Mental health supports
- » Homelessness and housing affordability
- » Poverty
- » Issues of employment and education opportunities,
- » Social disconnection and racism
- » Coordination and accessibility of services

Key populations identified as those whose needs require particular attention and tailored supports were those in low incomes, homeless, experiencing violence, and struggling with mental health and/or addictions. In terms of demographics, Indigenous people, children & youth, seniors and newcomers were further identified as needing additional attention.

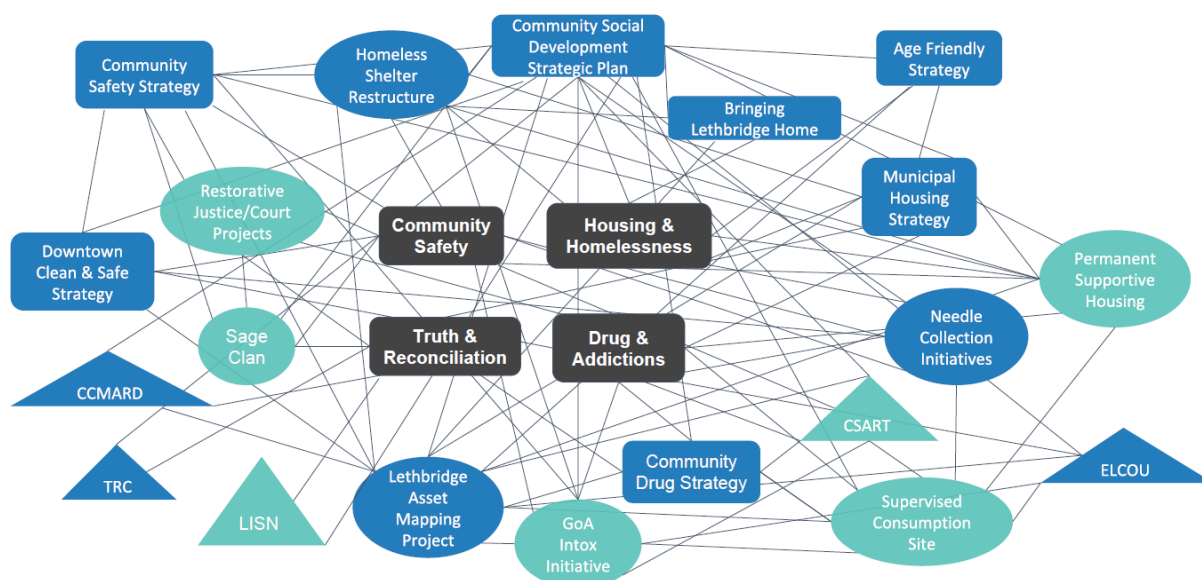
# CURRENT EFFORTS TO ADDRESS WELLBEING

The need to address social issues such as poverty, wellbeing and community health for the City of Lethbridge was identified as a priority issue in City Council's 2001- 2004 Strategic Plan "A Shared Direction for the Future". Subsequently the City of Lethbridge created and implemented a social policy designed to address the social issues in Lethbridge.

Since then, hundreds of millions of dollars have been spent to fund programs and services to address community safety and social wellbeing such as homelessness, poverty, mental illness, drug and substance abuse, domestic violence, poor health and trauma. A plethora of public, non-profit and private organizations provide social programs, healthcare and justice services to the vulnerable populations.

Significant time, effort and dollars are spent developing and implementing specific organizational strategies and even more money is spent on governance through various boards, committees and layers of administrative processes and measures. The City of Lethbridge is arguably the worst offender as considerable resources are being spent trying to address Community safety and social wellbeing. Currently the City of Lethbridge is leading or funding the following community safety and social wellbeing initiatives and projects:

Figure 90: Wellbeing Initiatives Underway & their Interconnections



City-led initiatives, programs or projects coexist with many other provincial, federal or community-based initiatives such as:

- » Alberta Health Intox program
- » Supervised consumption services
- » Medical and social detox programs
- » Community substance abuse awareness resource team
- » Lethbridge Early Years Coalition
- » Lethbridge Indigenous Sharing Network
- » Lethbridge Local Immigration Partnership
- » Refugee resettlement programs

In addition, the City of Lethbridge is one of many organizations that fund community safety and social wellbeing initiatives; others include the Governments of Canada and Alberta; the United Way of Southwestern Alberta; the Community Foundation of Lethbridge & Southwestern Alberta and Private Donors, and Faith groups. Finally, through our social asset mapping project we have determined there are approximately 400 different organizations and services delivering social wellbeing programs in Lethbridge.

**Appendix A summarizes these efforts in further detail.**

# SYSTEM ASSET MAPPING

## 5.1. LETHBRIDGE ASSET MAPPING PROJECT (LAMP)

LAMP started as a collaboration of Human Services Organizations working together to map and analyze the services provided by a myriad of groups and organizations within Lethbridge. This has evolved into a multi-phase effort aimed at supporting a long-term strategic plan that encourages greater collaborations and cooperation amongst providers, facilitates the best possible use of resources, supports appropriate capacity development in service organizations, and provides citizens with a well-managed and interconnected network of services that are easily accessible to those who need them. LAMP selected HelpSeeker, a new online tool, as the platform on which to map the supports and services in Lethbridge.

## LAMP LENSES

### PROVIDER LENS

- Services & Supports Identified
- Who is doing what & why?
- Cluster by needs served, clients served, location & partnerships/working relationships

### CLIENT LENS

- Needs identified
- Emergency management perspective - now and anticipated
- Can we identify the root cause of needs?
- Follow the client in and out of services
- Cluster by emerging needs, current needs, hot spots/ urgent needs, location

### COMMUNITY & VOLUNTEER LENS

- Opportunities
- Assess gaps from Phases 1-3
- How to address these?
- Who to address these?
- Determine tools, resources and systems moving forward to encourage collaboration, communication, increased ROI and capacity within service providers, connecting volunteers to programs, and meeting client needs (current, emerging and prevention)

### FUNDERS LENS

- Outcomes & Capacity Measurement
- Activities vs. outcomes - what is being measured? What should be measured?
- Identify/determine benchmarks and standard measurements that are &/or could be applied across service providers to assess and assist provider capacity, and determine ROI for program delivery.



LAMP LENSES

## 5.2. SOCIAL ASSETS: HELPSEEKER

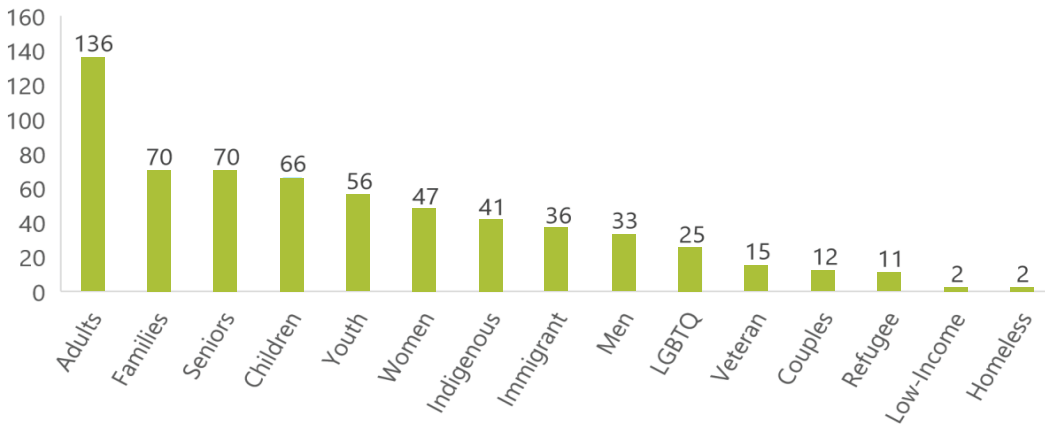
Social service agencies in Lethbridge are participating in a new, city-wide service directory initiative.<sup>126</sup> The online tool “HelpSeeker” is dedicated to connecting those in need with the right services, at the right time. It is a one-stop-online-shop to connect those in need of help with programs and resources for: housing, shelters, domestic violence, recreation, counselling, parenting, mental health, addictions, education, etc. This web-based app is compatible with all platforms (iPhone, Android, Desktop) and utilizes geo-locations and filters to get the best match for users with services.

This app is now able to provide a snapshot of the majority of agencies operating in the system of care in Lethbridge. System mapping in this manner is critical as it can contribute to the identification of local needs and their corresponding responses. A platform that compiles real-time data means that HelpSeeker can track the number of clicks and searches for a particular agency, program, or service. This matters because it enables service providers and planners to see where the system is wearing thin, how often programs are at capacity, and/or shifts in the number of concerns that people demonstrate through their searches.

The figure below breaks down the 1,386 service tags in the database by population focus identified in 622 instances. Note that the number of services is not mutually exclusive, and represents multiple agencies offering them.

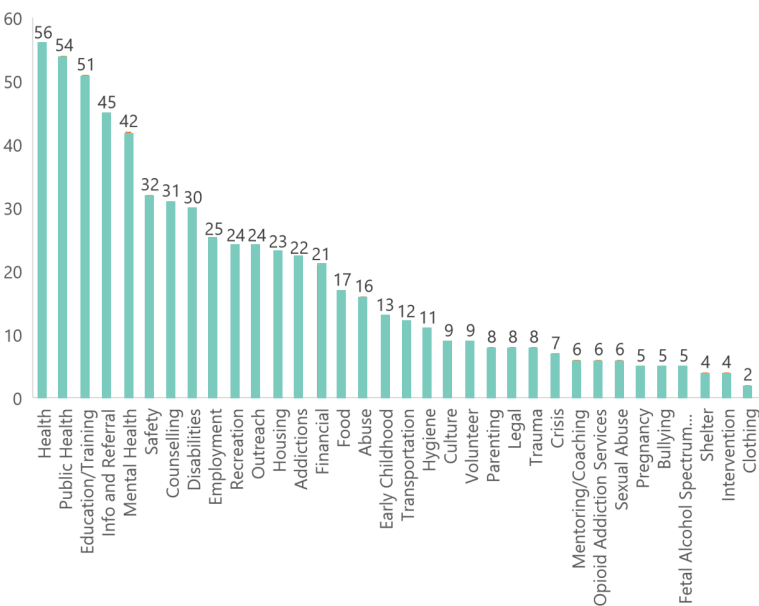
As seen below, the most common population served by these services were adults, families, seniors, and children.

Figure 91: HelpSeeker Service Listings by Population Focus



Most commonly, the focus of services was on health, public health, education/training, information/referral, and mental health.

Figure 92: HelpSeeker Service/Needs Focus

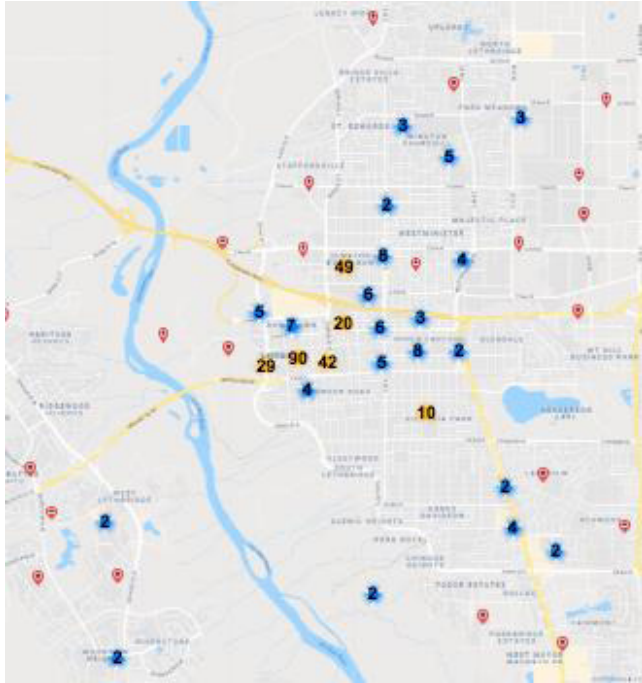


A total of

**383 programs/locations**

were listed in HelpSeeker as of November, mostly in central/northeast area of Lethbridge.

Figure 93: HelpSeeker Resource Distribution on Nov. 28, 2018

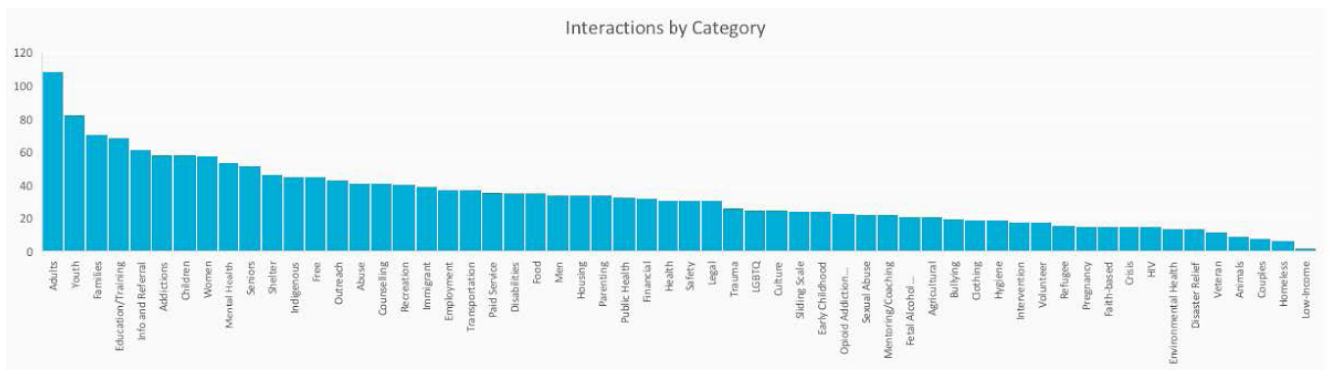


As the HelpSeeker roll out is still underway, the following trends will need to be re-examined as longer-term use becomes available; however, some emerging insights are of interest. Note that because Lethbridge was the first fully on-boarded community in Canada on HelpSeeker, this usage may not be reflective of longer-term patterns as the system is scaled and more programs from other regions come on-stream.

Interactions in the system were recorded; this includes searches, calls, emails, views and reviews of resources. During the initial 2 weeks of January 2019, of the 2200 interactions recorded, some emerging insights are of interest:<sup>127</sup>

- » There were 67 agency accounts, and 384 service listings made up 282 locations and 102 programs
- » Of the 2200 interactions, 1935 were category searches, 217 were location. Top interactions on populations: Adults, Youth, Families, Children, Women, Seniors.
- » Top interactions on needs: Education/Training, Info & Referral, Addictions, Mental Health, Shelter

*For a full list of the current assets in the community, see Appendix 1.*



### 5.3. SERVICE PROVIDER CAPACITY AND CHALLENGES

An important consideration in assessing the services and supports provided in Lethbridge is understanding why they are provided. To better understand how Lethbridge organizations make decisions about programs and services, organizations were sent a questionnaire in late 2018 and early 2019 that could be completed online or via phone interview. While response rates varied by question, the charts below provide insights into how service organizations operate.

Figure 95: Types of organisations

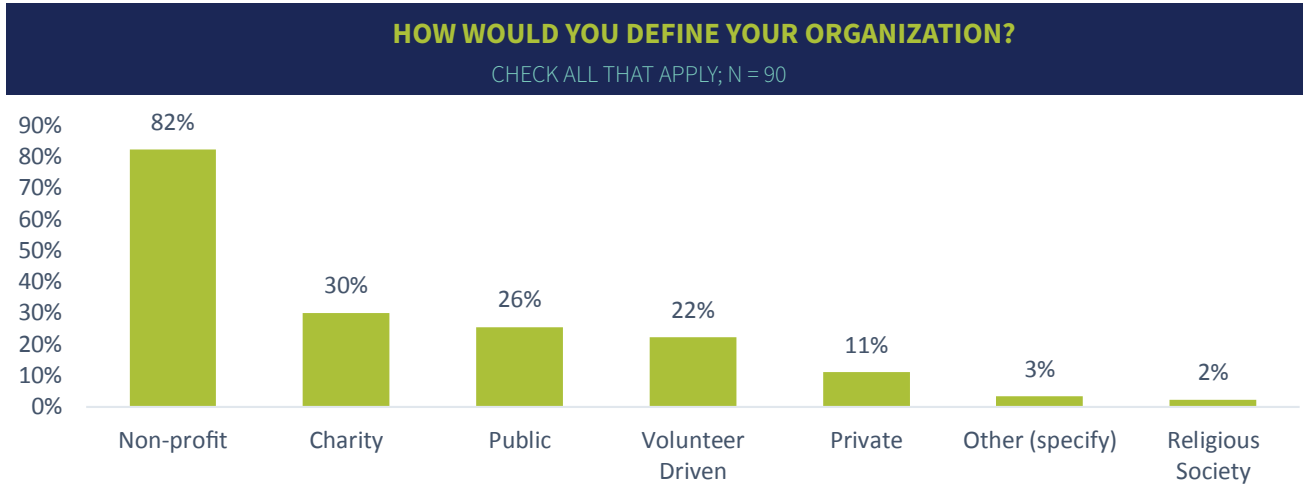


Figure 96: Program focus

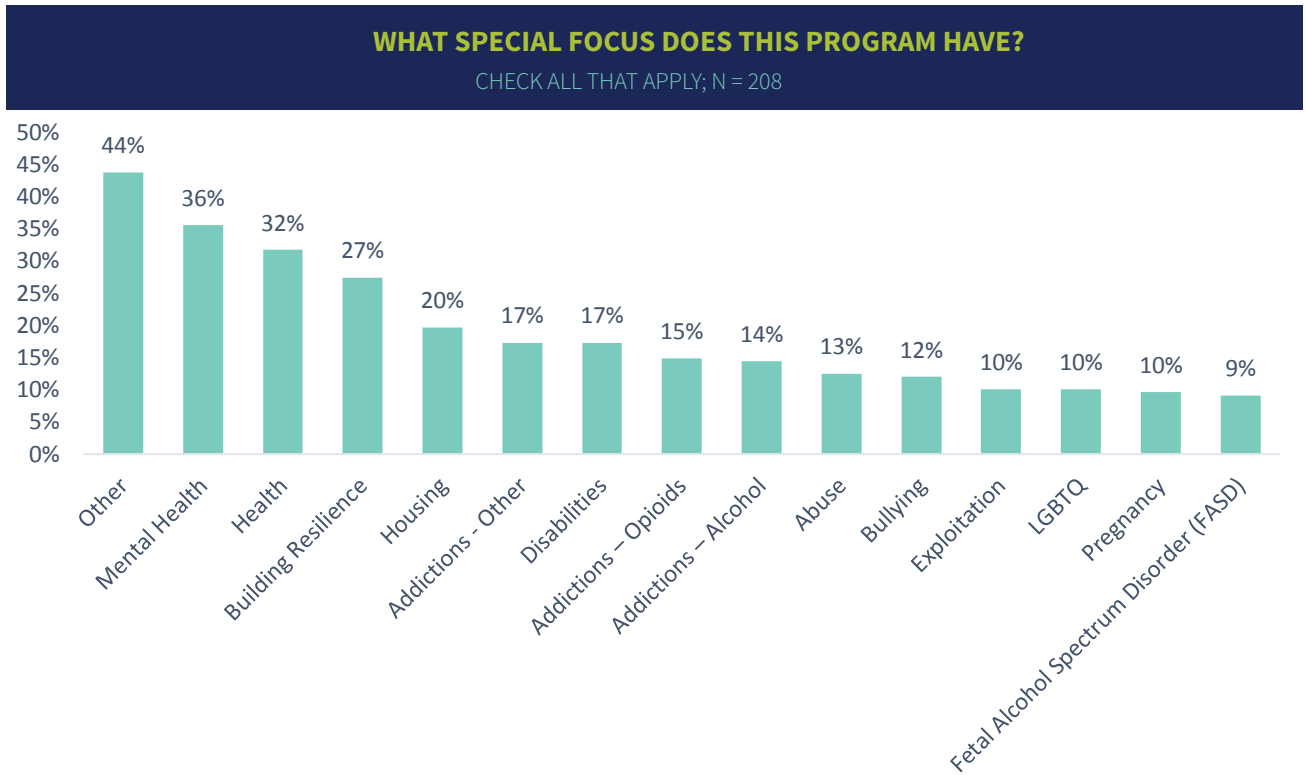


Figure 97: Past and Future Demand

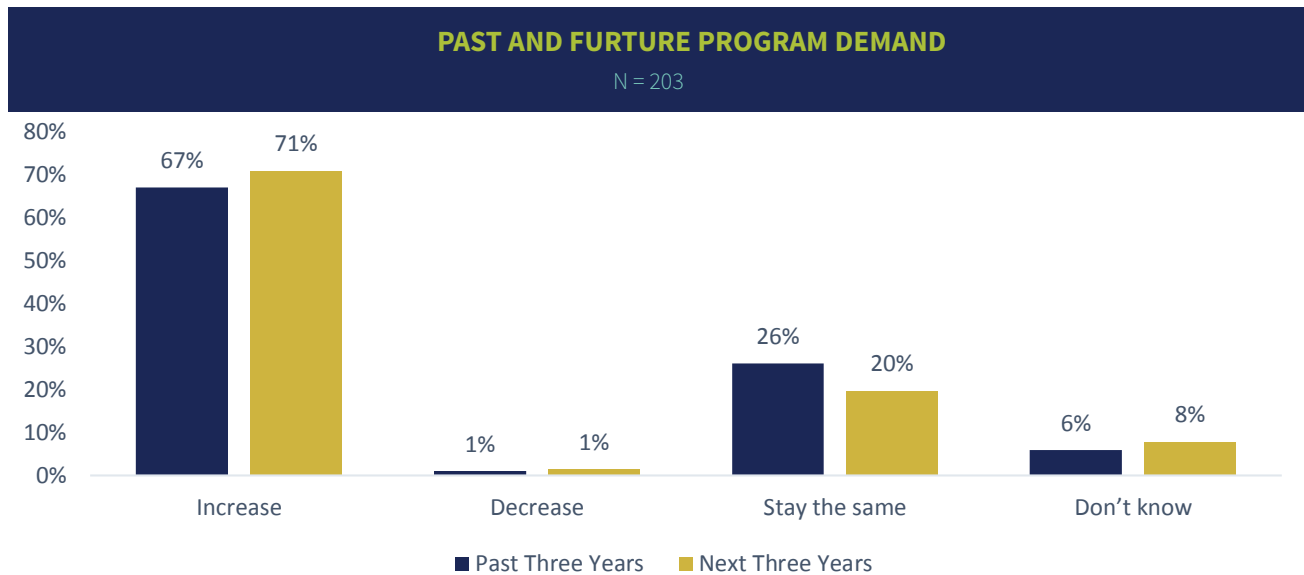
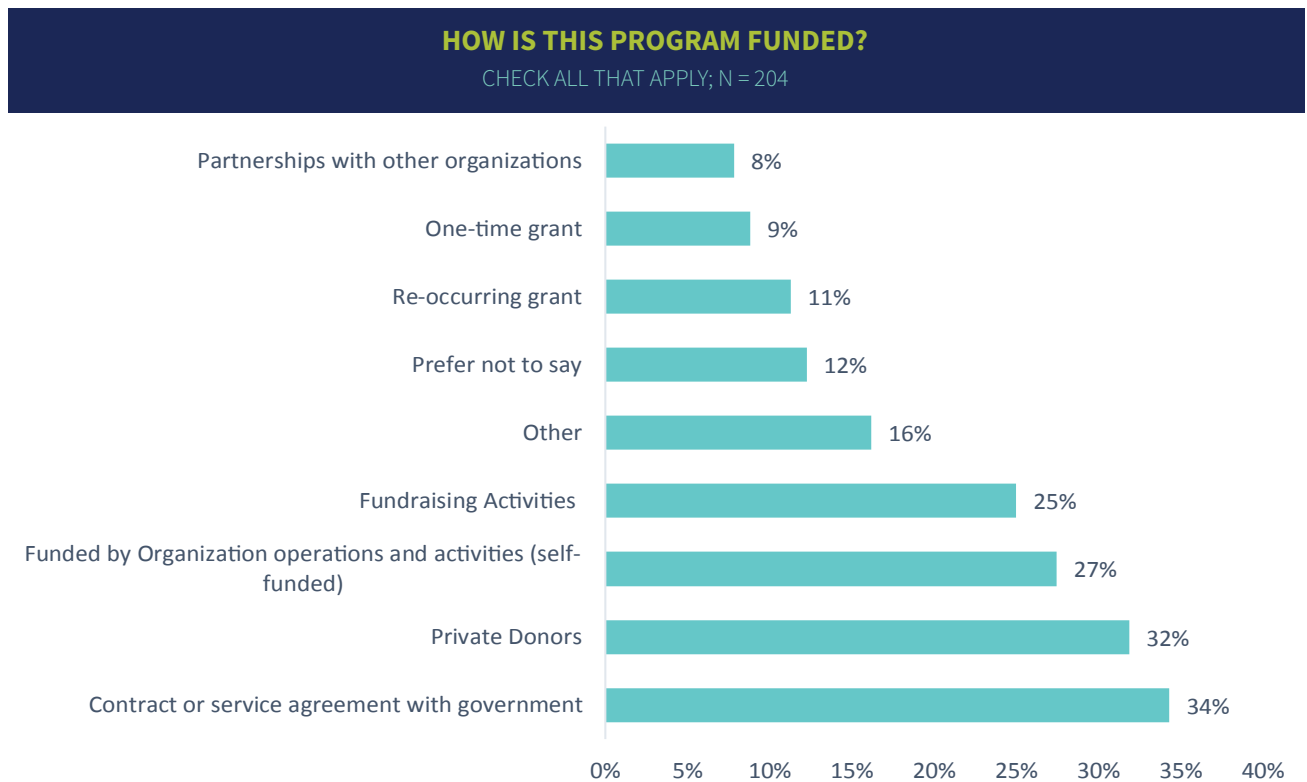
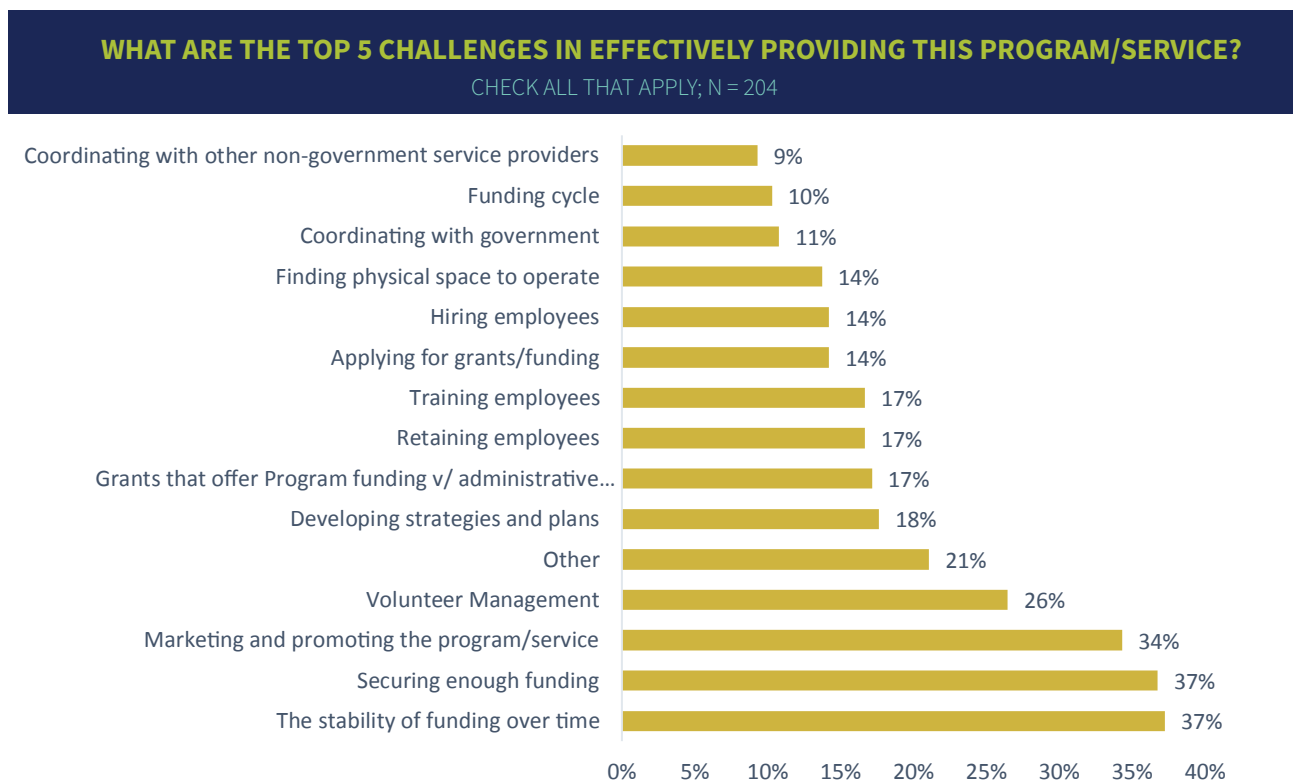


Figure 98: Program funding



Key findings from the questionnaire show that organizations providing supports and services identified 1) funding (enough and stability), 2) marketing of programs and services, and 3) volunteer management as their top challenges in program provision. Most identify as being a Not-for-profit organization, though some also have charitable status. Currently, programs funded in partnership with other organizations accounted for only 8%, the least selected funding option.

Figure 99: Program Provision Challenges



#### 5.4. LETHBRIDGE CHARITABLE SECTOR FINANCIAL ANALYSIS

To better understand the scope of services working on wellbeing, Open Data was obtained from the Canada Revenue Agency on all charities working in Lethbridge. The financial data was analyzed to better understand the social assets in the community. Note that this analysis does not include the funds expended directly by government to operate public services (such as Income assistance, or medical services, police, etc.) or non-profits who were not charities. In this sense, this analysis only represents a part of the social safety net revenues and expenditures. We see this process as a roadmap through which we can explore how best to maximize our limited dollars to directly influence the broader community social asset value for best outcomes.

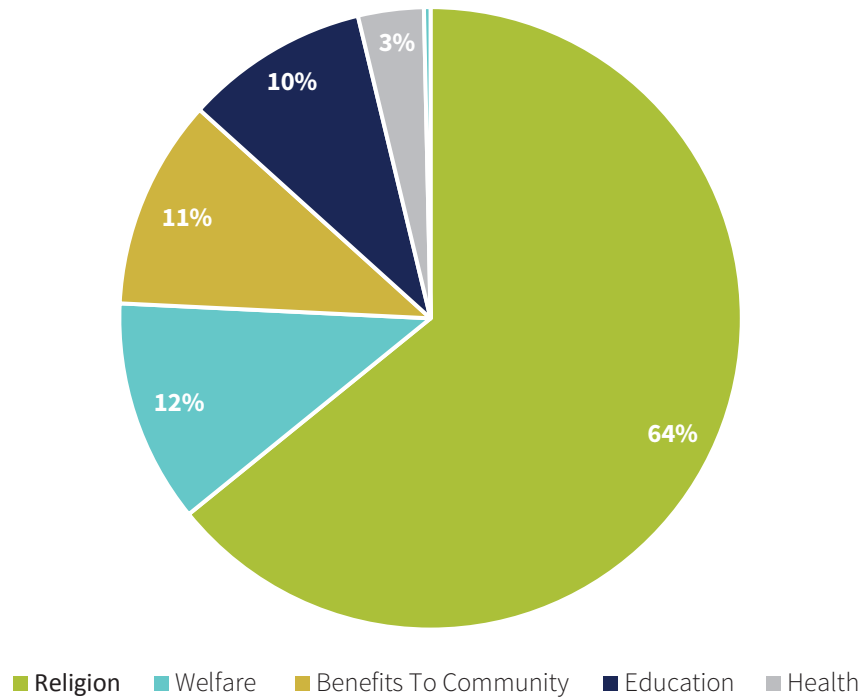
Using 2017 Canada Revenue Agency (CRA) data and audited financials of charities in Lethbridge supports a fulsome analysis of local services’ sources of funds. Together with the asset map, this level of financial analysis will give the City a more complete picture of the investments already in community, areas of duplication, gaps, and direction for best use of limited municipal resources.

This is of particular relevance given that the City’s resources (\$11M) are a fraction of the community’s charitable social assets – estimated at \$700M per year. Of this \$11M, \$8.6M is overseen by the CSD department– the balance coming out of other City departments. Within the \$8.6M, CSD delivers provincial and federal funds for prevention and homelessness, leaving about \$600K in the direct control of Council.

According to the Canada Revenue Agency, Lethbridge has nearly 300 charities operating in 2017, that can be categorised<sup>128</sup> as follows:

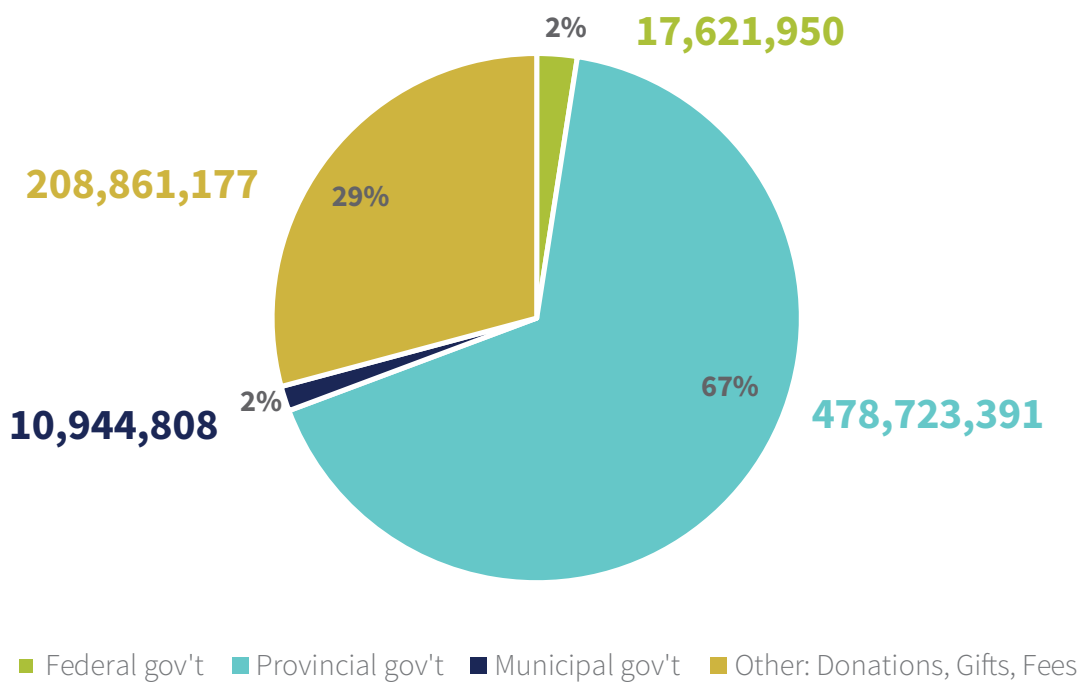


Figure 100: Lethbridge Charities



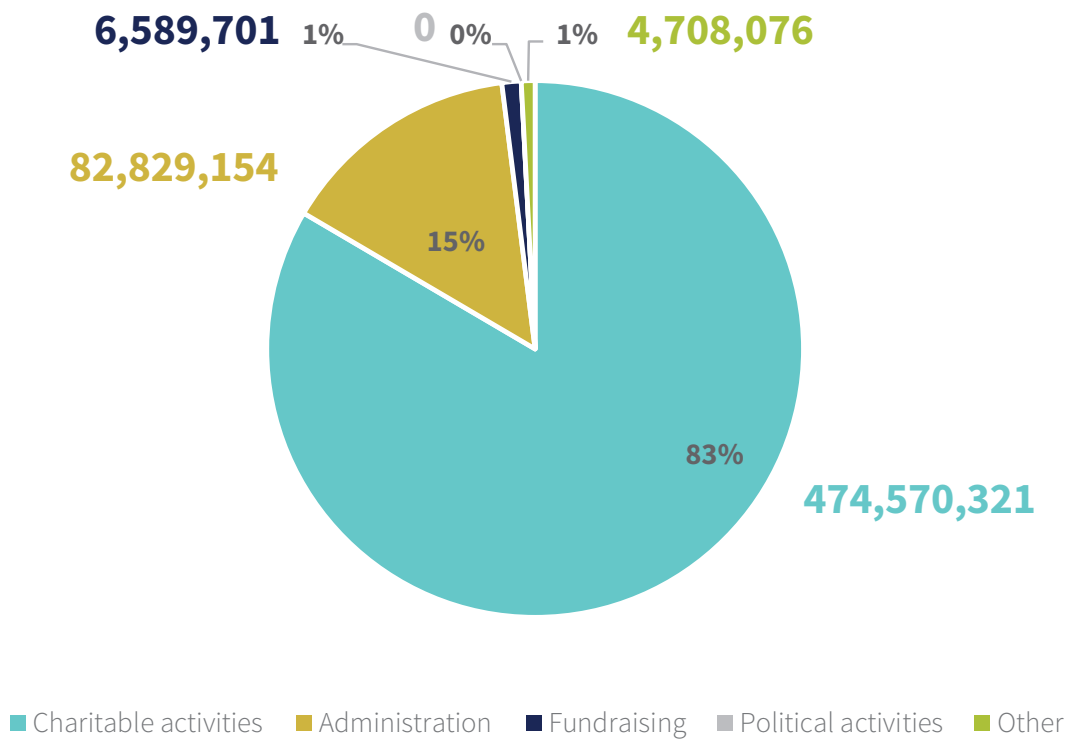
As evident below, the provincial government is the majority funder at 67% of these 293 charities, followed by donations, gifts, and fee of service sources. The municipal and federal governments are relatively small players at 2% each.

Figure 101: Charity Revenues in 2017 - Summary (n=293)



Looking at the expenditures of these charities, charitable activities are the main focus at 83%, followed by 15% for administration.

Figure 102: Charity Expenditures in Summary (n=293)



If we break out the charities by focus to examine funding sources, notable differences emerge. Education is most closely aligned with the average overall, but religion seems to be almost exclusively funded by donations/other. Welfare is split among provincial and donated funds. Benefits to community and health seem to have an even split among sources. Of note, the majority of funds goes into education, followed far behind by the rest of the categories.

Figure 103: Charitable Focus & Revenues (n=293)

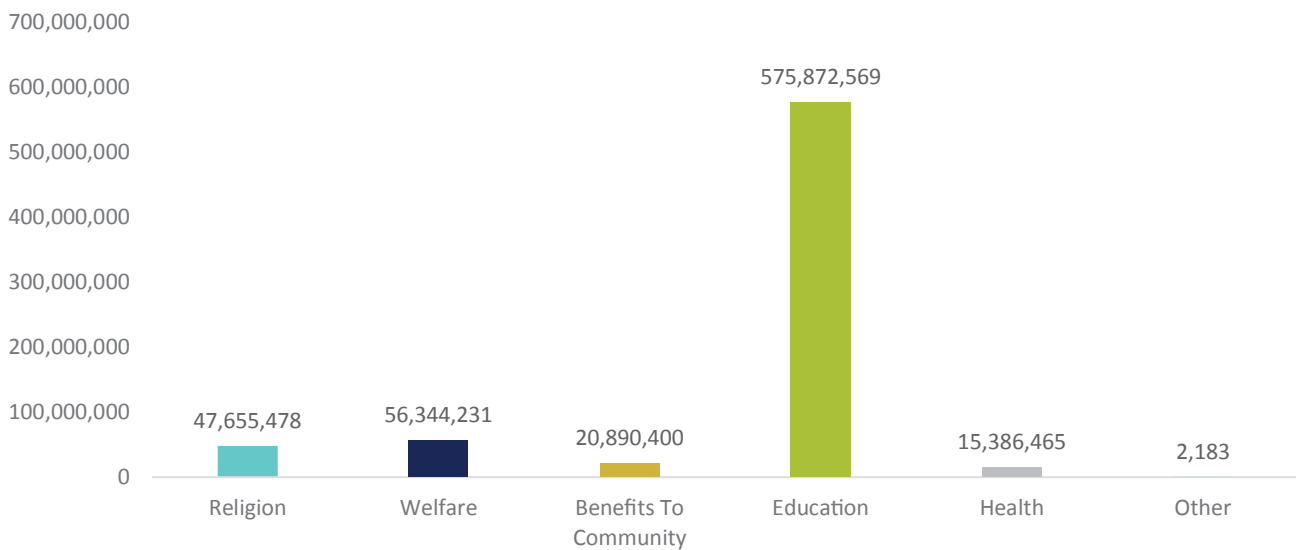


Figure 104: Funding Sources (n=293)

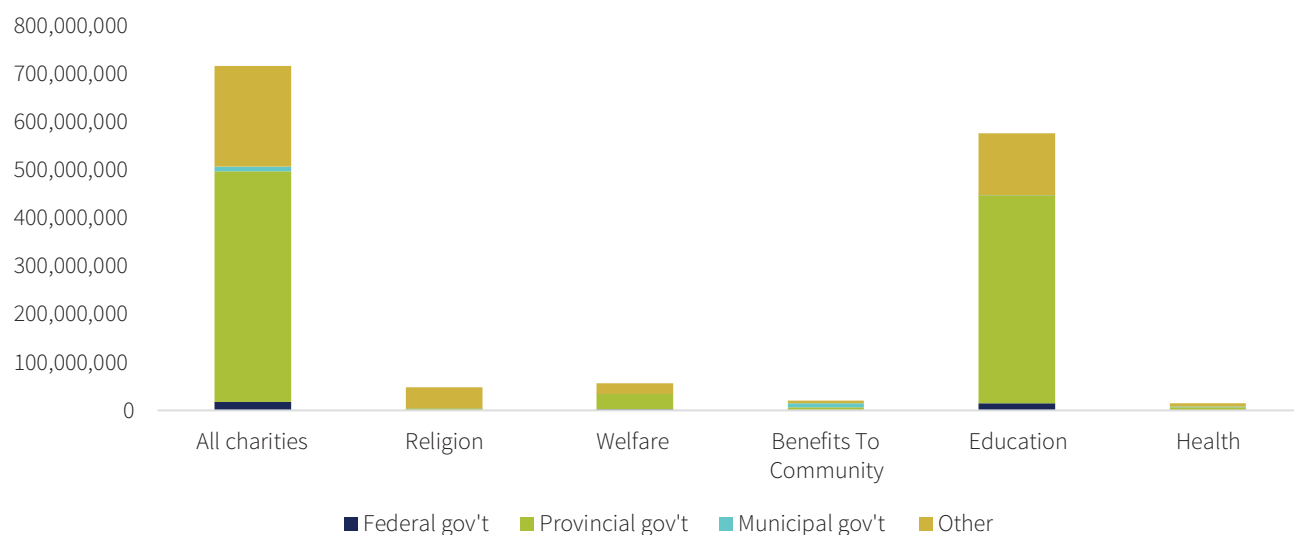


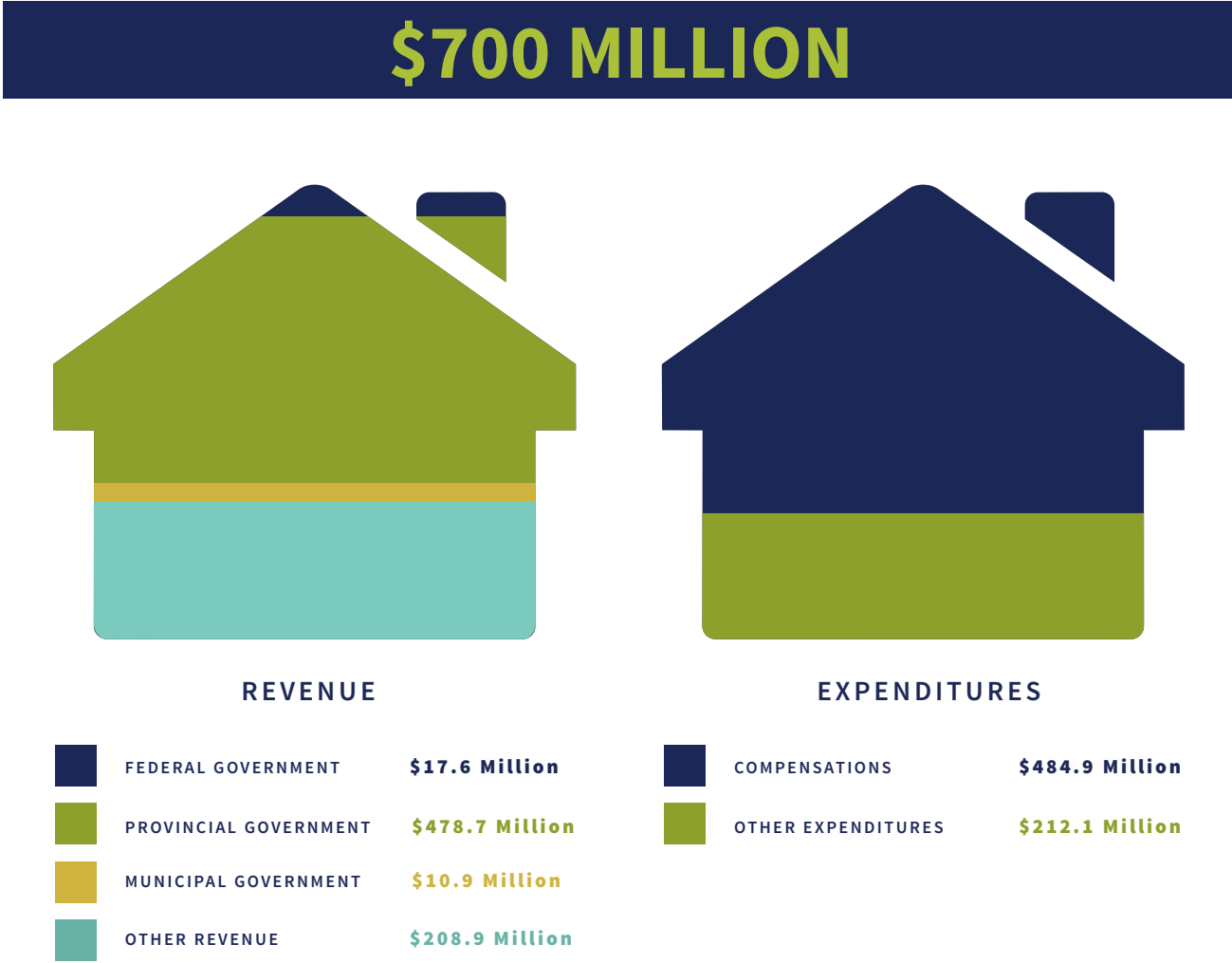
Figure 105: Charitable Revenues in Detail

	ALL CHARITIES	RELIGION	WELFARE	BENEFITS TO COMMUNITY	EDUCATION	HEALTH	OTHER
Revenue	716,151,326	47,655,478	56,344,231	20,890,400	575,872,569	15,386,465	2,183
Federal	17,621,950	203,865	2,486,888	594,937	14,320,938	15,322	0
Provincial	478,723,391	2,826,762	31,407,924	5,398,616	432,720,818	6,369,271	0
Municipal	10,944,808	758,109	462,510	8,238,845	169,722	1,315,622	0
Operating Expenditure	696,997,244	41,011,804	49,789,752	19,779,601	573,045,248	13,370,777	62
Gifts made to donees	6,476,273	3,259,399	987,351	48,185	71,328	2,070,010	40,000
Compensation	484,872,439	15,395,647	31,747,851	11,538,041	419,122,043	7,068,857	0
Number of full-time employees	4,683	321	293	134	3,847	88	0
Number of part-time employees	4,004	422	524	265	2,712	81	0
<b>Total # charities</b>	<b>293</b>	<b>188</b>	<b>34</b>	<b>32</b>	<b>28</b>	<b>10</b>	<b>1</b>

The figure below suggests that about \$700M comes into the community, mainly from provincial government sources, followed by grants and donations. Of this, most funds are attributed to staff compensation (\$485M for 8700 total positions), followed by administration or infrastructure costs (\$212M).

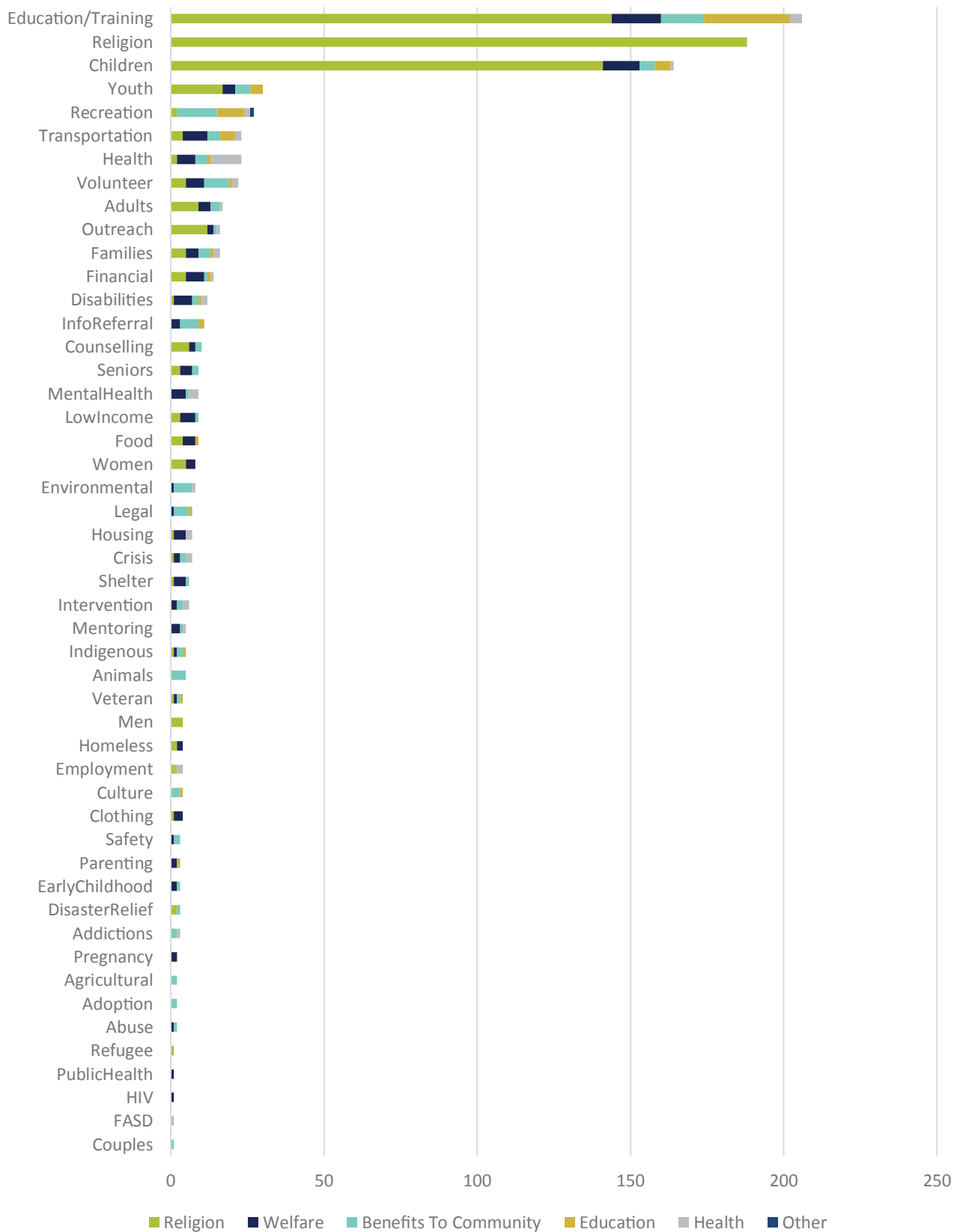
The municipal government made up \$11M of the \$700M coming into the community for charitable purposes – or 16%. Most of these funds are flow-through from provincial and federal government.

Figure 106: The Flow of Revenue and Expenditure



Breaking the charitable sector further by HelpSeeker categories, we can see where CRA focus fits with on-the-ground application of charitable work.

Figure 107: CRA Charitable Focus & HelpSeeker Categories



## 5.5. SYSTEM ASSETS KEY FINDINGS

The HelpSeeker platform has been rolled out across **400 social services** in Lethbridge. It allows for a fulsome analysis of the local resources relevant to wellbeing to inform identification of local needs and their corresponding responses.

Most commonly, the focus of services was on health, public health, education/training, information/referral, and mental health. The most common populations served by these services were adults, families, seniors, and children.

During the initial 2 weeks of January 2019, of the 2200 interactions recorded, some emerging insights are of interest:<sup>129</sup>

- » Top interactions on populations: Adults, Youth, Families, Children, Women, Seniors
- » Top interactions on needs: Education/Training, Info & Referral, Addictions, Mental Health, Shelter

Organizations providing supports and services identified:

- 1) funding (enough and stability),
- 2) marketing of programs and services, and
- 3) volunteer management as their top challenges in program provision. Most identify as being a Not-for-profit organization, though some also have charitable status. Currently, programs funded in partnership with other organizations accounted for only 8%, the least selected funding option.

**The City makes up 1.6% of funding to social services.** The total tracked financial investment in local charities was \$700 million, of which \$11 million came from the City of Lethbridge – about 1.6%; the CSD budget is 8.6M – with the balance coming from other City departments<sup>130</sup> Moving forward, it is essential that the City consider how best to maximize its limited investment to influence the broader \$700M community social asset value for best outcomes.

**About \$100 million can be leveraged to address wellbeing.** Most funds come from the province (67%) and donations (29%) for the purposes of: Education (\$576M); Welfare (\$56M); Religion (\$48M); Benefits to community (\$21M); and Health (\$15M). The City funds 75% of organizations working on benefits to the community – though most (58%) of this money is going to the public library.<sup>131</sup>

# SUMMARY & NEXT STEPS

The City of Lethbridge's Community Social Development (CSD) completed a comprehensive process to develop its 5-year Strategic Plan grounded in research, data analyses, best practices, and community engagement as part of a broader effort to inform a future wellbeing and safety community-based effort.

## 6.1. KEY FINDINGS IN SUM

The Needs Assessment report outlined trends and issues impacting wellbeing in Lethbridge that directly shaped the strategic directions for the CSD moving forward. The diverse perspectives and sources of information analysed converged on several key priority social issues and demographic groups requiring tailored responses.

### **DOMINANT SOCIAL ISSUES**

- » Mental health & addictions supports
- » Balancing prevention & crisis responses
- » Community safety measures
- » Interpersonal violence prevention/ intervention
- » Homelessness response
- » Poverty & inequality measures
- » Enhancing resilience and coping skills
- » Coordinating support services
- » Education, employment, training

### **PRIORITY POPULATIONS**

- » Indigenous peoples
- » Youth & young adults
- » Seniors
- » Immigrants and refugees
- » Women fleeing violence
- » Families with children
- » People with disabilities
- » Those facing mental health challenges, addictions
- » Low income households

**Note: these are not in any particular order.**

In some respects, the social challenges Lethbridge is facing are those brought on by urbanization as the community grows from a town into a city. For this growth to be sustainable and beneficial across demographics, it will require social infrastructure adjustments and transformations.

The City's role as a convener on social issues is to spur action across diverse assets and initiatives to set Lethbridge up as a sustainable and inclusive city long term where everyone has the opportunity to thrive. The way forward will require strategic and intentional leveraging of community assets and will, both locally & regionally.

The growing population pressures associated with urbanization are associated with social challenges, particularly housing affordability/homelessness, population health, poverty, and strains on existing infrastructure. The community will have to consider how to best leverage and align current assets and efforts, especially in light of the relatively high proportion of seniors and children in the community.

The fact that Lethbridge continues to attract migration means that inclusion and belonging to support successful settlement will be essential. The high numbers of Indigenous and immigrant migrants into the city means that tailored approaches for these groups will continue to be essential. Increasing number of people with disabilities, both developmental and due to aging, will require supports to be healthy and belong.

The uneven impacts of social and material deprivation on Indigenous communities are concerning across Canadian communities. The overrepresentation of Indigenous people in the homeless population, those struggling with addictions and mental health, and poverty means that a cultural lens will continue to be a priority for Lethbridge.

The opioid crisis has hit Lethbridge particularly hard; overdoses, police calls, supervised consumption use trends are highlighting the devastating impacts experienced by those directly and indirectly affected. The impacts of the crisis are felt city-wide; thus, solutions will need to address the challenges holistically across stakeholder groups.

While safety and immediate crises responses are essential, recognizing and continuing to prioritize prevention cannot be understated. The spike in domestic violence in the city is telling us that families are under extreme strain. Mental health diagnoses and prescription rates are indicating as well that vulnerabilities are impacting more than what we immediately see in our crises response. We have to recognize and prioritize prevention so that the cycles of trauma and poverty can be challenged long term.

The fact that significant resources are in place, yet are reportedly strained and uncoordinated, points to the need for a more effective community-based response system. While \$700M/ year in charitable revenues are in place, there is still consistent reporting that more investment is needed to address the aforementioned challenges. Given the need for better leveraging and coordination, it is incumbent that effective and efficient use of these resources is achieved, particularly in a climate where social spending is strained.

The City's role within the wellbeing space should also be clarified appropriately. With its direct investment being very limited to provincial and federal flow-through funding of services, the value add of the City's involvement is that of convener among willing stakeholders working on safety and wellbeing. Moving forward, it is essential that the City consider how best to maximize its limited investment to influence the broader \$700M community social asset value for best outcomes for the community.

## 6.2. AFFIRMING DIRECTION

To gauge community feedback on these strategic directions, the City convened key community leaders together to provide feedback and discuss the possibilities of future collaborative work on community wellbeing and safety on Jan. 31, 2019<sup>132</sup>. From this dialogue, the City prepared its CSD Strategic Plan and received community support to begin convening key stakeholders to develop a Lethbridge Community Safety and Wellbeing Strategy over the course of the year.

Feedback confirmed the research and consultation input, particularly the focus enhanced integration of diverse initiatives towards common objectives. Stakeholders noted that balancing crisis responses and prevention will be essential moving forward. The priority needs and populations were confirmed as well – with an emphasis on mental health and addictions, disabilities, poverty and violence. The participants noted that the needs of priority populations will need to be taken to account holistically: pointing out that the priorities are interconnected and cannot be done in isolation of one another. A fulsome approach is needed to move the community in a coordinated manner.

The stakeholders also noted how interrelated and overlapping identities are at the individual level: someone may identify as LGBTQIA2s+, be a senior and Indigenous. Thus, a person-centred approach will be essential to meet the person where they're at, rather than crafting program-centric models that place artificial boundaries on complex realities.

## 6.3. EMERGING ALIGNMENT FOR A COMMUNITY WELLBEING & SAFETY STRATEGY

Stakeholders on Jan. 31, 2019 expressed that enhanced integration of efforts will ultimately be needed, paving the way forward to address common priorities collectively. To this end, most (87%) agreed to develop a Lethbridge Community Wellbeing and Safety Strategy. Those who did not agree with the direction noted that it may not be possible to align efforts due to fear over losing funding, lack of trust or ability to agree on common goals.

For social change to be successful long-term, a common understanding of intent, roles and responsibilities is needed. Each partner must be respected for what they can contribute, and operational realities such as funding, individual mandates, capacity, jurisdictional issues and willingness must be acknowledged.

The primary areas of focus for the future CWSS based on the Needs Assessment findings discussed/affirmed by stakeholders were:

- 1. Systems Planning & Integration** – focused on the need to improve integration of diverse services, efforts and resources towards the creation of a person-centred social safety ecosystem.
- 2. Safe & Resilient Communities** – focused on prevention/intervention measures to mitigate vulnerability to addictions, abuse, violence, trauma etc. and enhance resiliency for individuals and communities to be safe and thrive.
- 3. Basic Needs** – focused on ensuring the basic necessities of life are adequate and accessible, including shelter, food, transportation, as well as access to education, recreation, employment and training.
- 4. Social Inclusion** – focused on engagement and building strengths to create welcoming communities, social cohesion and belonging.

Stakeholders also noted that an overarching coordinating body is needed to lead these efforts, ensuring communication, resource coordination, joint outcomes measurement and clarity of direction. This aligns with the Collective Impact concept of the 'backbone organization,' tasked to convening and leading community efforts. There was agreement that the City should continue to convene stakeholders to develop the Community Wellbeing and Safety Strategy, with the understanding that the eventual role of the City in this work would be determined over the course of this next phase of work. To this end, the City will continue to build trust and relationships with key stakeholders to advance this agenda in community.

Based on this community feedback, the CSD will propose a departmental Strategic Plan to Council that focuses on supporting this direction as per stakeholder feedback. The CSD Strategic Plan will align with the emerging priorities identified in the Needs Assessment and the proposed directions of the CWSS.

As highlighted in the community sessions, there is a will to work together, improve outcomes and maximize impact. What's needed is a coordination vehicle to discern how to best achieve integration among diverse stakeholders.



THE CWSS WILL PROVIDE THE BLUEPRINT TO ACHIEVE THIS COLLECTIVE  
WILL IN PRACTICE. IT WILL BE DEVELOPED AND IMPLEMENTED BY  
COMMUNITY, FOR COMMUNITY: TRULY, A BOAT IN WHICH EVERYONE  
HOLDS AN OAR, AND PULLS IN THE SAME DIRECTION:

**A LETHBRIDGE**

**WHERE**

**EVERYONE**

**BELONGS AND**

**THRIVES.**

# APPENDIX 1- CURRENT EFFORTS TO ADDRESS WELLBEING

## DOCUMENT SCAN KEY FINDINGS

The scan of Lethbridge documents revealed highlighting of multiple and cross-cutting social issues, and the following matrix displays only the issues that were targeted for action in each. The top issues addressed in these reports were:

- » Racism/Discrimination
- » Priority Populations: Seniors, Newcomers, Indigenous, Youth, People with disabilities
- » Access/Gaps/Infrastructure/Coordination
- » Family Wellbeing/Child Development
- » Disconnection/Isolation/Social Inclusion
- » Housing/Homelessness
- » Addictions/Mental Health/Wellness

What is emerging in Lethbridge's social services and wellbeing-focused agencies is practice around engaging in community efforts (leadership, coordination, systems change) to break the cycle of poverty including leading and supporting other stakeholders in policy advocacy.

	Poverty/Income Security	Housing/Homelessness	Racism/Discrimination	Addictions/Mental Health/Wellness	Crime/Community Safety/Family Violence	Learning/Literacy	Family Wellbeing/Child Development	Disconnection/Isolation/Social Inclusion	Transportation	Reconciliation	Seniors, Newcomers, Indigenous, Youth, Disabled Persons	Access/Gaps/Infrastructure/Coordination	Food Security	Environment
<b>Policies, Strategies, and Plans</b>														
Road Map for a Brighter Future – City of Lethbridge		1					1	1	1		1	1		
Towards a Brighter Future – City of Lethbridge		1					1		1		1			
Community Plan to End Homelessness: Bringing Lethbridge Home – Social Housing in Action		1	1	1								1		
Lethbridge Affordable Housing and Homeless Policy – City of Lethbridge		1										1		
Lethbridge Indigenous Community Strategic Plan – Native Counselling Services Alberta			1							1				
Reconciliation Implementation Plan 2017–2027 – City of Lethbridge & Lethbridge Indigenous Sharing Network			1					1		1				
Community Led Drug Strategy – City of Lethbridge (Workshop)				1	1						1	1		
2019 Downtown Clean & Safe Strategy – City of Lethbridge					1									1

A New Investment Framework & Priorities for Lethbridge – Lethbridge Family and Community Support Services			1				1	1				1		
Building Bridges – A Welcoming and Inclusive Lethbridge. Community Action Plan 2011–2020 – CMARD Team			1											
Community Coalition Action Plan – Lethbridge Early Years Coalition						1	1					1		
<b>SUBTOTAL</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>1</b>
<b>Reports and Evaluations</b>														
Vital Signs 2018 – Community Foundation Lethbridge and Southwestern Alberta				1				1			1		1	1
Lethbridge Community Outlook 2016–2023 – City of Lethbridge in cooperation with Economic Development Lethbridge and Environment Lethbridge	1	1		1	1	1	1				1			1
Understanding the Impacts of and Finding Community Solutions to Poverty in Lethbridge Using: Low Income Profile and “You’re Trying To Go Up A Waterfall” Poverty Roundtable Report – Vibrant Lethbridge	1		1									1	1	
Towards Health Equity: Indicators of Potential Need – Alberta Health Services				1				1			1			
Community Safety Strategy – City of Lethbridge					1						1			
Early Childhood Development Mapping – Alberta Education						1								
Newcomer Needs Assessment			1					1			1			
Age-Friendly Lethbridge											1			
<b>SUBTOTAL</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>Evidence</b>														
Quantitative Data	1	1		1	1	1					1		1	
Updated Data required			x			x	x	x	x	x			x	
<b>SUBTOTAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>TOTAL</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>3</b>

## ORGANISATIONS

### CITY OF LETHBRIDGE – COMMUNITY SOCIAL DEVELOPMENT

The CSD department is responsible for the following:

- » Preventive social services through Family & Community Support Services (FCSS),
- » Projects and programs to end homelessness through Social Housing in Action- Bringing Lethbridge Home (SHIA)
- » Social policy initiatives to address priority social needs
- » Community-based grants and fee for service contracts
- » Accessibility and aging in place for all people -- Research Initiative and Plan
- » CMARD (Coalition of Municipalities Against Racism and Discrimination)
- » Vibrant Lethbridge – Poverty Reduction
- » Building welcoming and inclusive neighbourhoods
- » Developmental assets to build healthy and resilient children, youth, and families
- » Syrian Refugee Resettlement Update available to the community

As of 2018, research and development of a Community Wellbeing and Safety Strategy is underway.

## LETHBRIDGE FAMILY & COMMUNITY SUPPORT SERVICES

Family and Community Support Services (FCSS) is a funding partnership between the Government of Alberta and the City of Lethbridge to support preventative social services. The province contributes up to 80% of the program cost and the municipality covers a minimum of 20%. Funds go to well-established community organisations to assist in increasing social inclusion and strengthening neighbourhoods.

Programs funded must be preventative and enhance wellbeing in the following ways:

- » Strengthen independence, coping skills and resistance to crisis
- » Increase awareness of social needs
- » Strengthen interpersonal and group skills
- » Help community assume responsibility for decisions and actions that affect them
- » Provide support to help citizens to be active in community

Data for 2015 shows 15 organisations received FCSS funding for programs, with 18,307 participants in all programs offered, including:<sup>133</sup>

- » 719 Indigenous people: Program participants who self-identify as First Nations, Métis, Inuit people;
- » 684 People with Disabilities: Persons who self-identify as having a disability; and
- » 667 New Canadians: New Canadians (ten years or less) receiving programs and services.

## SOCIAL HOUSING IN ACTION<sup>134</sup>

Social Housing In Action (SHIA) is the community-based organisation dedicated to: ending homelessness through a Housing First approach; the prevention of homelessness; and the provision of support services to end homelessness in Lethbridge. SHIA represents a healthy and collaborative cross-section of Lethbridge and community leaders and organisations and includes a range of partners including SHIA – an integral part of the Provincial 10 Year Plan to End Homelessness.

### **Role:**

- » SHIA is the Community Advisory Board that oversees the implementation of "Bringing Lethbridge Home" Plan to End Homelessness
- » Provides recommendations and approval of various projects
- » Identifies and communicates the housing and support needs of the community to City Council and other orders of government

### **Values and Guiding Principles:**

- » Any response to ending homelessness is based on Housing First: giving people who are homeless the safety, security, and dignity of their own home before all else.
- » All people have the right to be housed. Permanent housing is accessible, safe, and affordable.
- » A community is strengthened economically, and the health and wellbeing of people improves through equal access to safe and affordable housing.
- » Innovation is required for access to safe and affordable housing.
- » Support services are integral for the successful housing of all people.
- » The creation of opportunities for self-reliance, social integration, and community participation, including activities such as employment, and supports for people to successfully sustain their housing.
- » The leadership and support of all orders of government is essential to ensure all people are able to access housing opportunities and end homelessness.
- » Continuous learning and the development and implementation of best practice is critical.
- » Community involvement and volunteerism is required to achieve our goals.

## UNITED WAY LETHBRIDGE AND SOUTH WESTERN ALBERTA<sup>135</sup>

United Way is committed to ensuring access to immediate support for families and individuals. The agency invests in programs across southwestern Alberta to give Albertans the ability to stabilise, avoid, or move out of the cycle of poverty. Priority areas of focus (with 2017 data) include:

- 1. Poverty to possibility:** Programs and services helping people and families avoid or move out of poverty. In the Lethbridge region 2430 people were served by 11 programs in 2015–2016.
- 2. Strong communities:** Programs and services promoting supportive family relationships, positive mental health, physical wellbeing, inclusion, and accessibility. 10,306 people in the Lethbridge region were served by 14 programs in 2015–2016.
- 3. All that kids can be:** Programs and services supporting school readiness, in- and after-school supports, mentoring, healthy development, emergency shelter. In the Lethbridge region 10,306 people were served by 14 programs in 2015–2016..

## COMMUNITY FOUNDATION OF LETHBRIDGE & SOUTHWESTERN ALBERTA<sup>136</sup>

The Community Foundation of Lethbridge and Southwestern Alberta provides an effective, flexible method for caring and generous individuals of all means to connect to worthy causes in Southwestern Alberta.

**Community Priorities Fund:** Awarding over half a million dollars annually, the Community Priorities Fund is their biggest granting program. Support for this program comes from more than five decades of donations, beginning with the first gifts the Community Foundation received in 1966. Donors to this fund allocate their gifts to support the needs of the day. This program supports a wide range of projects in communities throughout our region.

## PARTNERSHIPS, COALITIONS, AND COMMITTEES

### VIBRANT LETHBRIDGE<sup>137</sup>

As a subcommittee of CSD, the overall task of Vibrant Lethbridge is to elevate the profile of poverty in Lethbridge, engage multi-sector partners, identify community assets, and identify systemic/programmatic interventions that could strengthen the community's response to poverty-related issues.

#### **Emerging Key Issues:**

1. Low-cost Transportation
2. Neighborhood "Bumping" Spaces: for people to connect and create community
3. Pay Day Lending: prevalence, impact and alternatives
4. Advocacy to the provincial and federal jurisdictions including the implementation of the Poverty Reduction Strategy
5. Living Wage
6. Communication Plan
7. Food Security/Sustainability

Through broad community consultation, research and engagement activities, plans and reports are being developed to reduce poverty and its impact.

### MUNICIPAL HOUSING STRATEGY TASK FORCE<sup>138</sup> – CITY OF LETHBRIDGE

The purpose of the Municipal Housing Strategy Task Force is to support the development of a Municipal Housing Strategy (MHS). The MHS will address the full spectrum of social, affordable, and market housing needs within Lethbridge. The mandate of the task force is to consult with key external stakeholders and internal City departments and to strategically collaborate with other organisations and orders of government to define:

- » Current and projected housing needs across the housing spectrum
- » Current housing inventory
- » Strategic priorities based on inventory and projected needs

## **COALITION OF MUNICIPALITIES AGAINST RACISM AND DISCRIMINATION (CMARD) TEAM**<sup>139</sup>

Based on the signing of the Declaration of Municipalities Against Racism and Discrimination and the resolution of City Council, the purpose of the CMARD Team is to take the steps required to develop and promote building a welcoming and inclusive community and to support the Common Commitments Coalition of Canadian Municipalities Against Racism and Discrimination.

## **LETHBRIDGE LOCAL IMMIGRATION PARTNERSHIP (LIP)**<sup>140</sup>

In 2016, the Lethbridge LIP was established as a community development initiative to strengthen the role of local and regional communities in serving the needs of immigrants through a local partnership. Lethbridge LIP seeks to collaborate, strengthen, and work together with local residents, community agencies, initiatives, organisations, businesses, and government agencies. At the same time, through conversation, research, public education, and strategic assessment, LIP staff will identify gaps, needs, and offer sustainable solutions.

**Emerging Key Issues:** Lethbridge has become home to over 1500 Bhutanese refugees and even more recently since the beginning of 2016 – approximately 200 refugees from Syria.

A 2014 Health Needs Assessment found Bhutanese refugees to be a diverse population who are also vulnerable.<sup>141</sup> Contributors to their vulnerability include social determinants of health, such as past living conditions, culture and language barriers, low health literacy, income and employment issues, as well as education. Direct health concerns include mental health issues, nutrition issues, chronic disease, and communicable disease.

## **LETHBRIDGE EXECUTIVE LEADERS COALITION ON OPIOID USE**<sup>142</sup>

The Coalition on Opioid Use is a group of organisations that began meeting in the fall of 2016 to improve the coordination of services to respond effectively to the opioid crisis, and explore the feasibility of implementing Supervised Consumption Services.

**Emerging Key Issues:** Fentanyl Crisis, Methamphetamine Crisis, Crime

The goal of this group is to collaborate on a coordinated community approach to effectively address the growing issue of opioid abuse in Lethbridge. This comprehensive strategy includes prevention, early intervention, harm reduction, treatment, and rehabilitation.

Arches<sup>143</sup> is a non-profit agency which provides supervised consumption space, feet-on-the-street outreach, van outreach, 24-hour telephone service, and syringe recovery.

## **LETHBRIDGE EARLY YEARS COALITION**<sup>144</sup>

Lethbridge Early Years Coalition builds community support and awareness for the early years of children's development. LEYC works with the community to create positive environments for young children, and is a voice for the early years. The mission is twofold: • Create a community awareness of the importance of the early years of human development; and • Engage and support the community in creating and implementing an action plan specific to enhancing the early years.

## **AGE FRIENDLY LETHBRIDGE (FORMERLY SENIORS COMMUNITY FORUM)**<sup>145</sup>

In 1999, the Seniors Community Forum (SCF) was formed, which is a collaboration of community stakeholders working together to create a preferred future for the older adult population within Lethbridge. The purpose of this committee is to:

- » Share information and identify current issues impacting seniors, their families & other stakeholders
- » Work together to prevent fragmentation of services and supports and increase collaboration, cooperation and partnering opportunities.
- » Initiate projects and serves that support a healthy and age friendly community
- » Increase awareness and education and advocate on issues impacting seniors in Lethbridge.

## **POLICIES, STRATEGIES, AND PLANS**

### **SOCIAL POLICY DEVELOPMENT: ROAD MAP FOR A BRIGHTER FUTURE**<sup>146</sup> **AND TOWARDS A BRIGHTER FUTURE**<sup>147</sup> – CITY OF LETHBRIDGE

In 2005, this initial work identified the needs and priority issues for the community with the intent to inform and guide a social policy to guide the work for the City over the coming years, in particular the work of Community and Social Development. In 2008, this social policy report was updated, and included the achievements over the past three years, the new and persistent challenges in the community, priorities for action, and recommendations for the City for the next three years (2008 to 2011).

**Emerging Key Issues:** Housing, Transportation, Childcare, and Supports for Inclusion.

In 2015, the Social Policy<sup>148</sup> was updated, yet no formal report was commissioned. This document currently envisions a city in which all individuals, families, and communities have opportunities for healthy development leading to wellbeing:

- » All residents are treated with dignity and respect;
- » Diversity is recognised and viewed as an asset that enriches every aspect of people's lives;
- » Disparities between groups are reduced such that all residents have access to the basic necessities of life;
- » All people have opportunity to participate in community life, contribute to society, and to develop their potential, irrespective of their age, race, religion, gender, sexual orientation, or socio-economic position;
- » Residents experience a sense of belonging, acceptance, and recognition;
- » All residents share in the responsibility of ensuring the quality of life within a community.

The current focus is on improving community outcomes for inclusion, diversity, shared responsibility and strategic, resource allocation, and coordination of services.

## **COMMUNITY PLAN TO END HOMELESSNESS: BRINGING LETHBRIDGE HOME<sup>149</sup> - SOCIAL HOUSING IN ACTION**

In June 2009, City Council approved the 5 Year Plan – “Bringing Lethbridge Home” – that focused on the core beliefs of a Housing First approach, rapid re-housing, client-centered community support services, and the prevention of homelessness. The Service Delivery Model was designed by Social Housing in Action (SHIA) in consultation with clinical and service delivery experts and community stakeholders, and grounded in the provincial and community homelessness plans. Research highlights included Homelessness and prioritising clients with the most complex and chronic needs, Affordable Housing, Subpopulation Focus (Men 30–55 years, Youth 18–24 years, Women, Multigenerational Families) Housing Needs.<sup>150</sup>

### **Emerging Key Issues:**

As of 2018, the Service Delivery Model highlights the following current issues for Lethbridge:

- » Decreasing vacancy rates, availability of Affordable Housing
- » Immigration of New Canadians
- » Migration
- » Poverty
- » P12 Project Results and Lack of Permanent Supportive Housing
- » Youth Homelessness
- » Senior Homelessness and Housing Challenges
- » Employment and Daily Meaningful Activities
- » Discrimination
- » Living Skills

The current 2018 priorities for SHIA include:

- » Support Project Operations
- » Develop a municipal housing strategy and business case
- » Initiate an Aboriginal Housing Strategy
- » Initiate a Homeless Youth strategy
- » Initiate a Meaningful Daily Activity Strategy for Housing First clients

- » Support the development of Permanent and Supportive Housing Resources

The following SHIA initiatives were launched in 2017–2018:

- » Asset-mapping: map and cluster the services provided by community and social groups and organisations within Lethbridge by topic and client need;
- » Strategic Planning: research-based social assessment required to identify Lethbridge’s priority social issues;
- » Permanent Supportive Housing Plan for a target population of persons experiencing homelessness and addictions, with suspected or diagnosed FASD.

## **LETHBRIDGE AFFORDABLE HOUSING AND HOMELESS POLICY<sup>151</sup> – CITY OF LETHBRIDGE**

Linked to the above homelessness plan and social trends for action, in 2013 the City developed a policy to facilitate the development of affordable housing by leveraging dedicated resources to increase the supply of affordable housing units. The City’s role focuses on:

- » Administration
- » Planning and regulation
- » Direct funding and development
- » Research and monitoring
- » Strategic partnerships
- » Community development
- » Advocacy

**Emerging Key Issues:** Housing costs, housing supply

As of 2018, the progress to date includes:

**Affordable Housing:** Lethbridge Housing Authority has acquired properties with a grant of \$400,000 from the federal and provincial governments’ ‘affordable housing’ initiative and a conventional mortgage. Two buildings comprising of eight two-bedroom units are part of an integrated condominium complex located in North Lethbridge. Under the ‘affordable housing initiative’, rental rates may not exceed 90% of market.

Programming for the following has been established:

- » Low Income Family Housing
- » Community Housing
- » Rent Supplement Program
- » Seniors’ Self-Contained Housing
- » Housing First

## **LETHBRIDGE INDIGENOUS COMMUNITY STRATEGIC PLAN<sup>152</sup> – NATIVE COUNSELLING SERVICES ALBERTA**

With the changes in Urban Aboriginal Strategy funding from Aboriginal Affairs and Northern Development Canada, the Aboriginal Council of Lethbridge – which was in operation since the 1990s in various iterations – closed in June of 2014. The loss of this community organisation has negatively impacted social service agencies’ work and their Aboriginal clients.

**Emerging Key Issues:** Reconciliation, racism/discrimination, inclusive communities

In 2015, the Truth and Reconciliation Commission (TRC) released their final report and their 94 Calls to Action. This process provided an opportunity to create the Lethbridge Indigenous Community Strategic Plan 2016 to address the gaps and barriers to community access for First Nations, Métis, Inuit and non-status First Nations citizens who live in or frequent the community of Lethbridge.



The following goals were identified:

- » Aboriginal people in Lethbridge have access to community services that are delivered in a culturally-competent manner without discrimination;
- » Residents of Lethbridge understand and appreciate our local Aboriginal culture and welcome it as an important part of the culture of the community;
- » Individuals have access to primary, secondary, and tertiary health services, including harm-reduction, that are evidence-based, trauma-informed and culturally safe;
- » Aboriginal people in Lethbridge successfully complete their education at the level to which they aspire and find meaningful employment in their chosen career;
- » Aboriginal people experience a welcoming environment when accessing services within Lethbridge.

## **RECONCILIATION IMPLEMENTATION PLAN 2017–2027<sup>153</sup> – CITY OF LETHBRIDGE & LETHBRIDGE INDIGENOUS SHARING NETWORK**

Dovetailing with the work above, as of 2017 the City of Lethbridge is working to become a community of reconciliation with the Indigenous population on Blackfoot lands. The City has developed a partnership with the Lethbridge Indigenous Sharing Network, the Kainai Nation and the Piikani Nation to achieve this.

**Emerging Key Issues:** Reconciliation, social inclusion, racism/discrimination

Since 2017, Lethbridge’s vision for reconciliation has the following guiding principles:

- 1. Active Participation:** The City of Lethbridge will seek the advice, consultation, and participation of the Urban Indigenous Community on issues of mutual interest in the community and to promote collaboration on these issues between the City of Lethbridge and the Urban Indigenous Community.
- 2. Communication & Public Awareness:** The City of Lethbridge will promote its support for reconciliation as a method of raising awareness for the community, endorse educational opportunities, and create an understanding of the reconciliation process.
- 3. Service Provision:** The City of Lethbridge supports providing relevant services to the Urban Indigenous population that minimizes any disadvantage encountered by Indigenous people and where the responsibility to do so rests with the City of Lethbridge. The City of Lethbridge will advocate to provincial and federal governments for enhanced services where it is recommended.
- 4. Cultural Identity & Heritage:** The City of Lethbridge acknowledges the continued cultural and spiritual connection that the Blackfoot people have to their lands, and will seek opportunities to recognize Blackfoot heritage through physical structures like public art or monuments, and by supporting community cultural activities.
- 5. Commemoration:** The City of Lethbridge will work with the Kainai Nation, the Piikani Nation and the Lethbridge Indigenous Sharing Network to assist with recognising Indigenous history in the city that represents and reflects the past, present, and future contributions of Indigenous people to the City of Lethbridge.

## **COMMUNITY LED DRUG STRATEGY - CITY OF LETHBRIDGE (WORKSHOP REPORT)<sup>154</sup>**

This strategy is in the process of being developed. Current workshops have focused on the identification of a vision and strategies for addressing the Drug Crisis in Lethbridge.

Main themes from vision development include:

- » Timely, barrier free access
- » A connected services community
- » An informed respectful community
- » Comprehensive adaptable supports & services
- » A community-wide prevention program
- » Opportunities for purpose and connection
- » An effective continuum of services

- » Continuum of housing options
- » Culturally safe integrated community resources
- » Evidence of an effectively implemented drug strategy

Main themes from suggestions for working together to address obstacles and move towards the future:

- » Integrate Indigenous experience
- » Speak with a committed, unifying voice
- » Develop education & prevention programs
- » Strengthen inter-agency service collaboration
- » Ensuring a balanced approach between treatment and enforcement
- » Sharing agency expertise
- » Creating community positivity through client successes
- » Advocating for policy change
- » Advocating for collaborative funding
- » Improving inter-agency client support
- » Enhance evaluation & accountability

**Emerging Key Issues:** Addictions, Crime, Community Safety, Gaps, Infrastructure

## **DOWNTOWN CLEAN AND SAFE STRATEGY - CITY OF LETHBRIDGE**

The Downtown Clean and Safe Strategy (DCSS) is city-led strategy that has been developed in collaboration with various stakeholders including Heart of Our City Committee, Downtown Lethbridge Business Revitalization Zone, Chamber of Commerce, Lethbridge Police Service, Diversion Outreach Team/Canadian Mental Health, and business and residents of Downtown.

The strategy will highlight, coordinate, and implement all the initiatives, programs, and tasks the City is doing in respect to addressing the negative perceptions on cleanliness and safety in the Downtown (and adjacent areas).

### **Action Plan Initiatives:**

- 1.** LPS Downtown Policing Unit (DPU): Composed of 1 Sergeant and 8 constables that operate in 4 teams of 2. The DPU patrol on foot, bike when the weather permits and also the dedicated DPU Police van.
- 2.** LPS Watch Program: Assist in improving public safety in the downtown, parks and other areas throughout the city that attract negative users.
- 3.** Downtown HotSpot Security: Temporary program in place until Watch Program is operational. This hot spot patrol will complement the Galt Gardens/SAAG/CASA security.
- 4.** Public Facility Security: The City provides private security coverage for Galt Gardens, SAAG, CASA, and a mobile patrol of the various parks in the City.
- 5.** Diversion Outreach Team (DOT): Provide transportation supports for persons vulnerable to homelessness or other street behaviors and who may be exhibiting symptoms of public intoxication or drug use.
- 6.** S.A.G.E Clan Patrol Team (SAGE) : A patrol team tasked with engaging the aboriginal community through conversations, presentations and participation. The group has been responding to individuals that require assistance as well as other duties such as needle debris collection.
- 7.** Needle Drug Debris Collection Program : To combat needle and drug debris issues a needle collection program was which includes a needle collection, collection of needles from needle boxes and sharps containers, walking outreach, and community education and awareness.

8. Clean Sweep Program (CSP): Offers individuals experiencing homelessness the opportunity to engage in employment related activities such as cleaning up garbage, sweeping sidewalks, shoveling snow, needle cleanup, and other cleaning tasks etc.

9. Downtown Ambassador Program: Year round on the street engagement and promotion offering daily connection with businesses, residents, and tourists on the street in our Downtown - a visible and welcoming presence.

10. Downtown Safety Education Program: Designed after a successful LPS and BRZ “Business Watch Program” program from 2001 this education program would be a program outlining everything to do with Downtown Safety and Security. Program will include education in print/digital form as well as monthly seminar.

11. Mainstreet CPTED Grant Program: An expansion of the municipal main street program providing matching grant funding for Crime Prevention Through Environmental Design (CPTED) evaluations and improvements identified within evaluation.

12. City Department Tasks and Actions: The City of Lethbridge’s various departments are continually attending to a variety of tasks and actions related to their departments operations which address Downtown Clean and Safe.

## **A NEW INVESTMENT FRAMEWORK & PRIORITIES FOR LETHBRIDGE<sup>155</sup> -- LETHBRIDGE FAMILY AND COMMUNITY SUPPORT SERVICES**

Since 2012, Family and Community Support Services (FCSS) funding in Lethbridge has focused on community-driven prevention social initiatives to enhance the wellbeing of individuals, families, and the community.

### ***Emerging Key Issues:***

» An aging society and changing family structures means families can no longer provide care for children and vulnerable adults in the same ways as in the past.

» Whole categories of the Canadian population are confronting difficulties in achieving social inclusion. Newcomers to Canada and visible minorities face higher barriers to labour market integration and other forms of integration than in the past.

» Indigenous peoples, living out the consequences of centuries of marginalization and mistreatment, require particular supports if they are to realize their full potential and achieve levels of wellbeing equivalent to those of other Canadians.

***Current Priorities:*** Wellbeing and Resilience, Social inclusion and Cohesion, Access to Effective Community Services for Individuals and Families.

***Outcomes-based progress:*** FCSS funding enables agencies to deliver programs and services that are aligned with and contribute to one or more of these five outcomes.

1. Individuals and families have the capacity to care for and nurture themselves and others.

2. Children and youth have healthy relationships and engage with their community.

3. Successful aging in place.

4. Individuals and families have positive social ties.

5. Communities are welcoming and inclusive.

## **BUILDING BRIDGES – A WELCOMING AND INCLUSIVE LETHBRIDGE. COMMUNITY ACTION PLAN 2011–2020<sup>156</sup> – CMARD TEAM**

In 2012, the Coalition of Municipalities Against Racism and Discrimination (CMARD) Team developed an Action Plan that provides a ten-year strategy focused on combating racism and all forms of discrimination and championing equity and respect for all people.

***Emerging Key Issues:*** Discrimination based on age, gender, race, ethnicity, privilege, religion, sexual orientation, physical or mental ability, or language.

Lethbridge has adopted the ten CMARD commitments:

1. Increase vigilance against systemic and individual racism and discrimination.

2. Monitor racism and discrimination in the community more broadly as well as municipal actions taken to address racism and discrimination.

3. Inform and support individuals who experience racism and discrimination.
4. Support policing services in their efforts to be exemplary institutions in the fight against racism and discrimination.
5. Provide equal opportunities as an employer, service provider, and contractor.
6. Support measures to promote equity in the labour market.
7. Support measures to challenge racism and discrimination, and promote diversity and equal-opportunity housing.
8. Involve citizens by giving them a voice in initiatives and decision making.
9. Support measures to challenge racism and discrimination and promote diversity and equal opportunity in the education sector and other forms of learning.
10. Promote respect, understanding, and appreciation of cultural diversity, and the inclusion of Aboriginal and racialised communities into the cultural fabric of the municipality.

### **COMMUNITY COALITION ACTION PLAN<sup>157</sup> – LETHBRIDGE EARLY YEARS COALITION**

Lethbridge Early Years Coalition is working to engage and support the community in creating and implementing an action plan specific to enhancing the early years has been drafted with the following priority areas:

- » Community Engagement
- » Collaborative Planning and Partnerships
- » Knowledge Mobilisation and Communication
- » Coalition Development

***Priority goals include:***

- » Create community awareness of the importance of the early years of human development and how it affects long-term outcomes.
- » Increase understanding of how our community currently supports the early years of human development.
- » Engage the community in playing a fundamental role in creating environments that promote healthy human development.
- » Respond to the EDI assessments from Alberta Human Services, and use this information to further develop and implement the next steps of the action plan.

### **COMMUNITY SAFETY STRATEGY – CITY OF LETHBRIDGE**

The current substance abuse crisis has highlighted the need for enhanced community safety.

***Key goals of this strategy will be to:***

- » Reduce the negative behaviours relating to substance abuse
- » Reduce crime related to substance abuse
- » Increase real and perceived safety within the community
- » Promote financial sustainability

The following strategies have been recently employed by the Lethbridge Police Service.

- » Watch Ambassador Program
- » CPOs (Community Peace Officers) Program
- » Enhanced Police and Crisis team (PACT)
- » Renewed Neighbourhood Watch Program
- » Enhanced Crime Stoppers Program

The overall goal is to ensure the safety of Lethbridge citizens.

## REPORTS AND EVALUATIONS

### ***Vital Signs 2018<sup>158</sup> – Community Foundation Lethbridge and Southwestern Alberta***

Vital Signs is a periodic checkup that measures the vitality of our communities – gathering data and sparking conversation about significant social and economic trends to tell the story of how we are faring in key quality-of-life areas.

- » Community Connections
- » Environment
- » Healthy Communities
- » Living Standards
- » Cultural Life
- » Lifelong Learning

#### ***Social issues highlighted in the report:***

- » Health: Obesity at >10%
- » Seniors: >30% rate their health as “less than good”
- » Food: Of the 11.6% who worried at some point, 3.3% indicated they worried about this “often”. This number is higher than both the previous year (2.7%) and the provincial rate (2.9%).
- » Harm Reduction: Supervised Consumption, Opioid Crisis

### **LETHBRIDGE COMMUNITY OUTLOOK 2016–2023<sup>159</sup> – CITY OF LETHBRIDGE IN COOPERATION WITH ECONOMIC DEVELOPMENT LETHBRIDGE AND ENVIRONMENT LETHBRIDGE**

The Community Outlook Report evaluates the current state of Lethbridge within the context of the global, national, provincial and regional settings. It is intended to provide a snapshot of how well the city is positioned to continue to prosper, and to balance the needs of the community through time. It includes an analysis of the city of Lethbridge from an economic as well as a social perspective to provide insights into the current state of the community along with future projections that are intended to enable the community to anticipate, and plan for future services and needs.

#### ***Emerging Key Issues:***

- » Demographic Change
  - Diversity
  - Families and Children
  - Seniors
  - Persons Living with a Disability
- » Health
  - Housing Needs
  - Poverty Profile
- » Education
- » Public Safety
- » Community Resilience (Fire/Flood)

As the environment is the foundation not only for much of the economy, but also for health and wellness, environmental issues

were thus also highlighted: human impact on biodiversity, water quantity/quality, air quality, waste diversion, energy use, and climate change.

## **NEWCOMER NEEDS ASSESSMENT 2018 – LETHBRIDGE AND AREA LOCAL IMMIGRATION PARTNERSHIP**

In order to create a strategic plan and identify specific actions for the next three years, research was conducted with the purpose of identifying barriers faced by newcomers preventing them from integrating fully into the community. This report contains the findings of the information gathered from newcomers, settlement service providers and key informants. Summaries of a series of focus groups, a Newcomers Questionnaire and interviews were summarized and the following recommendations provided:

Settlement services and Access to Services:

- » Examine and create solutions as to how services are being communicated to newcomers.
- » Newcomers need to know what is available for them, who is eligible, and how to access them (remember that language is a barrier).
- » Add information on the Lethbridge LIP website.

### ***Employment/Education***

- » Inform newcomers, prior to them immigrating to Canada, specifics regarding the transferability of their credentials and what they will be required to do in order to qualify for certifications or professional designations allowing them to work in Canada. The reason for this would be to 1) Newcomers could commence that process while they are waiting to come to Canada. 2) It would allow them be more prepared for the realities of the Canadian employment expectations, and it would allow newcomers to make more informed decisions.
- » Insuring that all newcomers, especially those who have come via Family or Economic streams have access to programs that explicitly teach how to write a Canadian normed resume, apply for employment, job interview practice, developing networking skills, employment standards and Canadian workplace culture expectations.
- » There are some excellent employment services that already exist in Lethbridge however it appears not all newcomers know about them or how to access them. Better coordination and advertising of these services is recommended. It appears that employment services specifically for newcomers with highly specialized and professional skills may be lacking.
- » Respondents suggested that employment programs designed to help newcomers get more Canadian experience, help them update their current skills faster, have a practicum or work experience program allowing them to obtain Canadian work references would be very helpful.
- » Educate employers as to how to better work with newcomers including understanding foreign credentials and increased cultural awareness.
- » Provide more flexibility as to when and where ESL classes are offered, for example in the evenings and on weekends.
- » Offer sector language specific ESL classes and those which will assist directly with employment.
- » Wait to do English language assessments until the newcomer has recovered from jet lag and has had a chance to get a little more settled.
- » Inform sectors regarding provincial language line. (<https://www.albertahealthservices.ca/assets/info/refugee/if-refugee-access-phone-interpretation-non-ahs.pdf>)
- » Have informal get-together's with mainstream Canadians so newcomers can practice their English and share each other's culture.
- » Encourage mainstream Canadians to have a little more patience with those who are still learning the language.

### **LIVING IN LETHBRIDGE**

- » Create welcome packages that included items such as a city map, bus schedule and contact information for settlement services and other essential contact information – Have them available in obvious public places and with service providers.
- » Create a widespread campaign that encourages inclusion, celebrates diversity and/or provides direct cultural information.
- » Educate and provide information to newcomers on Canadian values and give seminars on certain settlement topics (especially aimed at people who have entered Canada via the Economic or another stream.) This would include but not be limited to information about landlords and tenants and the public transportation system.

» Educate mainstream Canadians about other cultures and dispels myths that they may hold about newcomers and immigration policies.

» Have more events either formal or informal encouraging more interaction between newcomers and mainstream Canadians: Be considerate regarding dietary restrictions for newcomers.

***Emerging Key Issues:***

» Employment and newcomers

» Social inclusion

» Racism/Discrimination

**UNDERSTANDING THE IMPACTS OF AND FINDING COMMUNITY SOLUTIONS TO POVERTY IN LETHBRIDGE<sup>160</sup> USING: LOW INCOME PROFILE<sup>161</sup> AND “YOU’RE TRYING TO GO UP A WATERFALL” POVERTY ROUNDTABLE REPORT<sup>162</sup> – VIBRANT LETHBRIDGE**

The 2011 low-income profile identified Lethbridge as having the highest level of child poverty in the province with one in five children affected, food bank usage increasing, and the need for a living wage.

The 2013 Waterfall report aimed to glean an understanding of community and individual experiences of poverty in Lethbridge from people who have lived experience with the effects of poverty. Poverty impacts included:

» The cyclical and intergenerational nature of poverty

» Self-esteem and connection to people, community

» Interconnections of fear, stress, depression, health (mental and physical) and addictions

» Inadequate, non-standard work

» Emotional poverty

» Structural support and systemic failures

The final report synthesised these two sources of information to develop an overview of poverty in Lethbridge, combining 2011 census data sources, provincial policies that affected the community at the time, and community service data. Along with consultations with community, the following issues were discussed:

***Emerging Key Issues:***

» Government and nongovernmental agency cooperation

» Stigma

» Transportation

» Employment issues

» Education

» Healthcare

» Housing

» Food

» Recreation

» Immigrants

Many of the suggestions that were made by both people living in poverty and people working in agencies reflect a desire to create broader networks between people living in the city.

## TOWARDS HEALTH EQUITY: INDICATORS OF POTENTIAL NEED<sup>163</sup> – ALBERTA HEALTH SERVICES

Health equity can be defined as, “a state of society in which avoidable, unfair and socially created differences in health outcomes do NOT exist, and processes, structures, relationships and activities that address social determinants of health (SDOH) and social gradient in health do exist.”<sup>164</sup>

This 2014 report highlighted the fact that across the province and in Lethbridge there are groups of people who experience poorer health than other groups. A framework is proposed to enhance capacity to assess and monitor the health status of the population in the southern zone.

Across Lethbridge, the Indicators of Potential Need suggest that Lethbridge North seems to be the LGA where a greater proportion (~30%) of the population are recent immigrants to the city as well as the greatest proportion of households where non-official languages are spoken most often at home. At City Hall, urban planners propose to grant space in a Lethbridge North community centre to the Lethbridge Local Immigration Partnership, a consortium of non-profit organisations that support newcomers to the city. The team also proposes encouraging engagement between the non-profits, Chinook Primary Care Network, and South Zone Public Health to tailor communication materials and services for some of the non-official languages being spoken in the community.

### ***Emerging Key Issues:***

Newcomers, Social Inclusion

## EARLY CHILDHOOD DEVELOPMENT MAPPING<sup>165</sup> - ALBERTA EDUCATION

Beginning in 2011, the Early Child Development (ECD) Mapping Initiative, led by Alberta Education, was a five-year research and community development activity that included implementation of the Early Development Instrument (EDI) in kindergarten classes across the province. Data was tracked for:

- » Physical Health and Wellbeing
- » Social Competence
- » Emotional Maturity
- » Language and Thinking Skills
- » Communication Skills and General Knowledge

In 2012, the Lethbridge ECD Report stated though the majority of children in Lethbridge are developing appropriately, a large percentage are experiencing difficulty or great difficulty, particularly in emotional maturity (26.6 percent), physical health and wellbeing (26.4 percent), and social competence (25.2 percent).

### ***Emerging Key Issues:***

Healthy Childhood Development

## AGE FRIENDLY COMMUNITIES

Age Friendly Lethbridge conducted a survey to examine issues affecting seniors and identify priorities about challenges within the community that need to be addressed for the aging population. An age-friendly community strives to ensure physical and social environments support healthy aging, enable autonomy, and confront ageism. Key findings from the report include:

Lethbridge is Perceived as a Great Place for Seniors – The vast majority of respondents agreed that Lethbridge is a great community for seniors to live (92%) and that they would like to continue to live in Lethbridge as they grow older (92%).

Highest Priority Areas were Housing, Community Support and Health Services, and Transportation – The survey examined issues within eight areas that help define a community as being age-friendly. Of these areas, housing, community support and health services, and transportation were ranked as highest for need of improvement.

Affordability of Services is a Concern – There is evidence in the survey to suggest that affordability of services is a key area of concern for seniors. Indeed, almost a third of survey respondents disagreed that they would have sufficient funds for daily living expenses as they age. Housing, health services, and transportation are basic needs and many residents may be concerned about how they will sustain themselves as they get older.



# REFERENCES

- 1 [www.helpseeker.org](http://www.helpseeker.org)
- 2 City of Lethbridge. 2018. Census. Retrieved from <https://www.lethbridge.ca/City-Government/Census/Documents/2018%20Census%20Final%20Report.pdf>
- 3 The City of Lethbridge Municipal Housing Strategy Key Stakeholder Engagement PowerPoint
- 4 City of Lethbridge & Lethbridge Indigenous Sharing Network. 2017. Reconciliation Implementation Plan. Retrieved from [https://www.lethbridge.ca/City-Government/SiteAssets/Pages/Reconciliation/Reconciliation%20Lethbridge%20-%20Implementation%20Plan%20\(FINAL\).pdf](https://www.lethbridge.ca/City-Government/SiteAssets/Pages/Reconciliation/Reconciliation%20Lethbridge%20-%20Implementation%20Plan%20(FINAL).pdf)
- 5 Statistics Canada. 2017. Blood 148, IRI [Census subdivision], Alberta and Alberta [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 6 Yale D. Belanger and Gabrielle Weasel Head. 2013. Urban Aboriginal Homelessness and Migration in Southern Alberta. Retrieved from <http://www.bringinglethbridgehome.ca/sites/default/files/AHRC.pdf>
- 7 Headwater Group. 2018. City of Lethbridge Community Social Assessment.
- 8 Statistics Canada. 2016. Aboriginal peoples in Canada: Key results from the 2016 Census. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm>
- 9 Barsh, R. 1997. Aboriginal People in An Urban Housing Market: Lethbridge, Alberta. The Canadian Journal of Native studies XVII. 2(1997):203-214. Retrieved from [http://www3.brandonu.ca/cjns/17.2/cjns17no2\\_pg203-214.pdf](http://www3.brandonu.ca/cjns/17.2/cjns17no2_pg203-214.pdf)
- 10 Statistics Canada. 2017. Lethbridge, CY [Census subdivision], Alberta and Division No. 2, CDR [Census division], Alberta (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 11 Statistics Canada. 2018. Lethbridge, CY [Census subdivision], Alberta (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018.
- 12 Custom Statistics Canada Dataset
- 13 Elja van der Wolf, Susan A. H. van Hooren, Wim Waterink & Lilian Lechner (2017) Well-being in elderly long-term care residents with chronic mental disorder: a systematic review, *Aging & Mental Health*.
- 14 Institut national de santé publique du Québec (INSPQ) from 1991, 1996, 2001, 2006, 2011 and 2016 Canadian Census data. Index of material and social deprivation compiled by the Bureau d'information et d'études en santé des populations (BIESP). Retrieved from <https://www.inspq.qc.ca/en/expertise/information-management-and-analysis/deprivation-index>
- 15 Western Investor. 2018. Lethbridge: Alberta's strongest municipal economy. Retrieved from <https://www.westerninvestor.com/where-to-invest/lethbridge-alberta-s-strongest-municipal-economy-1.23186352>
- 16 The Conference Board of Canada. 2018. Mid-Sized Cities Outlook. Retrieved from <https://www.conferenceboard.ca/topics/economics/metro/mid-sized-cities.aspx> Final 2018 figures TBA.
- 17 Avison Young. 2018. Lethbridge. Retrieved from [https://www.avisonyoung.ca/en\\_CA/web/lethbridge](https://www.avisonyoung.ca/en_CA/web/lethbridge)
- 18 Sarah Komadina. 2016. Cavendish Farms announces huge expansion in Lethbridge. Retrieved from <https://globalnews.ca/news/3122841/cavendish-farms-announces-huge-expansion-in-lethbridge/>
- 19 Avison Young. 2018. Lethbridge. Retrieved from [https://www.avisonyoung.ca/en\\_CA/web/lethbridge](https://www.avisonyoung.ca/en_CA/web/lethbridge)
- 20 Piketty T. 2014. *Capital in the twenty-first century*. Cambridge, MA: Belknap Press of Harvard University Press.
- 21 Smith, G. 2018. Unemployment in Lethbridge/Medicine Hat 4.8 per cent, lowest in province. Retrieved from <https://lethbridgenewsnow.com/article/620285/unemployment-lethbridgemedicine-hat-48-cent-lowest-province>
- 22 Statistics Canada. 2018. Labour Force Survey, September 2018. Retrieved from <https://www150.statcan.gc.ca/n1/en/daily-quotidien/181005/dq181005a-eng.pdf?st=cpQem421>
- 23 Statistics Canada. Table 14-10-0014-01 Employment insurance beneficiaries by census division, monthly, unadjusted for seasonality.

- 24 OECD. 2013. OECD Framework for Statistics on the Distribution of Household Income, Consumption and Wealth. Retrieved from <https://www.oecd-ilibrary.org/docserver/9789264194830-5-en.pdf?expires=1543269670&id=id&accname=guest&checksum=3921D3379482CE214F927FED424A3E86>
- 25 Statistics Canada. 2017. Focus on Geography Series, 2016 Census. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.
- 26 Low-income Measures (2), Household Low-income Status (5) and Household Type(5) for Private Households of Canada, Provinces and Territories, Census Divisions and Census Subdivisions, 2016 Census - 100% Data
- 27 The agriculture industry protected much of southern Alberta from the 2016 economic downturn in the energy industry: Economic Development Lethbridge.
- 28 Low-income measure, after tax (LIM-AT) - The Low-income measure, after tax, refers to a fixed percentage (50%) of median-adjusted after-tax income of private households. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for different household sizes reflects the fact that a household's needs increase, but at a decreasing rate, as the number of members increases
- 29 City of Lethbridge. 2015. Understanding the Impacts of and Finding Community Solutions to Poverty in Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/Vibrant%20LethbridgePovertyReport.FINAL.Feb.%202015.pdf>
- 30 PROOF. 2018. Retrieved from <https://proof.utoronto.ca/>
- 31 Statistics Canada Table. 21 of 48 - Immigrant Status and Period of Immigration (11), Individual Low-income Status (6), Low-income Indicators (4), Age (6) and Sex (3) for the Population in Private Households.
- 32 Canada Without Poverty. 2018. Contribute to Canada's First Official Poverty Line. Retrieved from <http://www.cwp-csp.ca/2018/11/contribute-the-the-creation-of-canadas-first-poverty-line/>
- 33 Headwater Group. 2018. report
- 34 Alberta Government. 2018. Income and Employment Supports Policy Manual. Retrieved from <http://www.humanservices.alberta.ca/AWOnline/index.html>
- 35 Ibid.
- 36 Haener Consulting Services. 2016. Lethbridge Living Wage Calculation 2016.
- 37 Single parents are eligible to receive government support and this has lowered their living wage calculation.
- 38 MLS. 2018. Statistics. Retrieved from [http://www.lidar.ca/dataimages/MLS%C2%AE%20Statistics%20-%20Oct%2031%202018\\_1.pdf](http://www.lidar.ca/dataimages/MLS%C2%AE%20Statistics%20-%20Oct%2031%202018_1.pdf)
- 39 A caution is that some share of mortgage payments represents reducing the principal on the mortgage itself. This portion is savings, essentially putting money in one's own pocket. Unfortunately, the data do not break out the share of mortgage payments paying interest to the bank or credit union.
- 40 Pomeroy, S. 2004. An International Comparison of Housing Need Indicators. Retrieved from <http://www.focus-consult.com/ResearchFiles/By%20Year/2004/Intl%20Comparison%20of%20Housing%20Need%20Indicators%202004.pdf>
- 41 Ibid.
- 42 CMHC. 2018. Housing Market Information Portal.
- 43 Statistics Canada. 2018. Data Table: Shelter Cost (12), Tenure Including Presence of Mortgage Payments and Subsidized Housing (7), Shelter-cost-to-income Ratio (9), Household Total Income Groups (14) and Household Type Including Census Family Structure (16) for Owner and Tenant Households in Non-farm, Non-reserve Private Dwellings of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data
- 44 7 Cities. 2018. Alberta Counts Homeless Population Key Findings – Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/Lethbridge%20PIT%20Key%20Findings%202018%20FINAL.pdf>
- 45 Belanger, Yale D., Weasel Head, Gabrielle. 2013. Urban Aboriginal Homelessness and Migration in Southern Alberta. Final Report prepared for the Alberta Homelessness Research Consortium (AHRC). Edmonton, Alberta. April 30, 2013.
- 46 Belanger, Yale D., Weasel Head, Gabrielle. 2013. Urban Aboriginal Homelessness and Migration in Southern Alberta. Final Report prepared for the Alberta Homelessness Research Consortium (AHRC). Edmonton, Alberta. April 30, 2013.

- 47 Statistics Canada. 2018. Police-reported hate crime in Canada, 2016. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54915-eng.htm>
- 48 Ibid
- 49 Alberta Government. 2018. Alberta Human Right Commission. Statistics. <https://www.albertahumanrights.ab.ca/about/statistics/Pages/statistics.aspx>
- 50 Labby, B. 2017. Lethbridge police accused of 'racist' carding practices. Retrieved from <https://www.cbc.ca/news/canada/calgary/lethbridge-police-racist-carding-blood-tribe-1.4169754>
- 51 Lethbridge Regional Police Service. 2017. Request for Access to Information. [https://d3n8a8pro7vhmx.cloudfront.net/progressalberta/pages/302/attachments/original/1497558024/](https://d3n8a8pro7vhmx.cloudfront.net/progressalberta/pages/302/attachments/original/1497558024/CardingLethbridgeApril2017.pdf?1497558024)  
[CardingLethbridgeApril2017.pdf?1497558024](https://d3n8a8pro7vhmx.cloudfront.net/progressalberta/pages/302/attachments/original/1497558024/CardingLethbridgeApril2017.pdf?1497558024)
- 52 Alberta Government. 2018. Lethbridge. Retrieved from <https://regionaldashboard.alberta.ca/region/lethbridge/#/>
- 53 AHS. 2017. Community Health Profiles – Lethbridge North, South, West.
- 54 Statistics Canada. 2018. Factors associated with hypertension control among older Canadians. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2018006/article/54970-eng.htm>
- 55 Y Choudhri, J Miller, J Sandhu, A Leon, and J Aho, Chlamydia in Canada, 2010–2015. *Can Commun Dis Rep.* 2018 Feb 1; 44(2): 49–54.
- 56 Government of Canada. 2015. Chlamydia among young women: A resource for population-specific prevention. Retrieved from <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/chlamydia-young-women-resource-population-specific-prevention.html#a2-4>
- 57 Harling, G., Subramanian, S., Barnighausen, T., and Kawachi, I. 2013. Socioeconomic disparities in sexually transmitted infections among young adults in the United States: examining the interaction between income and race/ethnicity. *Sexually Transmitted Diseases*, 40(7), 575-581; Leichter, J.S., Chandra, A., and Aral, S.O. (2013). Correlates of self-reported pelvic inflammatory disease treatment in sexually experienced reproductive-aged women in the United States, 1995 and 2006-2010. *Sexually Transmitted Diseases*, 40(5), 413-418; Newbern, E.C., Miller, W.C., Schoenbach, V.J., and Kaufman, J.S. (2004). Socioeconomic status and self-reported sexually transmitted diseases among black and white American adolescents. *Sexually Transmitted Diseases*, 31, 533-541.
- 58 Alberta Health (2018) Community Profiles: Lethbridge Health Data Summary. Retrieved from <https://open.alberta.ca/publications/community-profile-lethbridge-north>  
<https://open.alberta.ca/publications/community-profile-lethbridge-south>  
<https://open.alberta.ca/publications/community-profile-lethbridge-west>
- 59 The Conference Board of Canada. 2018. Mortality Due to Circulatory Diseases. Retrieved from <https://www.conferenceboard.ca/hcp/Details/Health/mortality-circulatory-diseases.aspx>
- 60 AHS splits out Lethbridge into LGA: North, West, South; rather than providing a broad overview of the CSD.
- 61 Government of Alberta. 2018. FASD in Alberta. Retrieved from <http://fasd.alberta.ca/fasd-in-alberta.aspx>
- 62 Elja van der Wolf, Susan A. H. van Hooren, Wim Waterink & Lilian Lechner (2017) Well-being in elderly long-term care residents with chronic mental disorder: a systematic review, *Aging & Mental Health*.
- 63 Government of Alberta (2018) Disabilities. Retrieved from <http://www.humanservices.alberta.ca/disability-services.html>
- 64 Headwater Group (2018) City of Lethbridge Community Social Assessment.
- 65 Headwater Group (2018) City of Lethbridge Community Social Assessment.
- 66 Alberta Health. 2018. Data Snapshot of Health and Healthcare Utilization in Alberta. Diagnosis Lookup. Retrieved from [https://public.tableau.com/views/AlbertaVisitRatesDiagnosisRatesandCosts/DiagnosisLookup?%3Aembed=y%3Adisplay\\_count=yes%3AshowVizHome=no](https://public.tableau.com/views/AlbertaVisitRatesDiagnosisRatesandCosts/DiagnosisLookup?%3Aembed=y%3Adisplay_count=yes%3AshowVizHome=no)
- 67 Alberta Health. 2018. Data Snapshot of Health and Healthcare Utilization in Alberta. Diagnosis Lookup. Retrieved from [https://public.tableau.com/views/AlbertaVisitRatesDiagnosisRatesandCosts/DiagnosisLookup?%3Aembed=y%3Adisplay\\_count=yes%3AshowVizHome=no](https://public.tableau.com/views/AlbertaVisitRatesDiagnosisRatesandCosts/DiagnosisLookup?%3Aembed=y%3Adisplay_count=yes%3AshowVizHome=no)

68 Ibid.

69 PROOF. 2018. Retrieved from <https://proof.utoronto.ca/>

70 Statistics Canada. Table 13-10-0463-01 Household food insecurity, by age group and food insecurity status

71 <https://proof.utoronto.ca/resources/proof-annual-reports/implications-of-a-basic-income-guarantee-for-household-food-insecurity/>

72 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)

73 Zhong W., Kremers H.M., Yawn B.P. (2014) Time trends of antidepressant drug prescriptions in men versus women in a geographically defined US population. *Arch Womens Mental Health* 17:485–92.

74 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)

75 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)

76 Alberta Health (2018) Community Profiles: Lethbridge Health Data Summary. Retrieved from <https://open.alberta.ca/publications/community-profile-lethbridge-north>

<https://open.alberta.ca/publications/community-profile-lethbridge-south>

<https://open.alberta.ca/publications/community-profile-lethbridge-west>

77 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)

78 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)

79 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=101&command=doSelectSubCategory&cid=101](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=101&command=doSelectSubCategory&cid=101)

80 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=301&command=doSelectSubCategory&cid=301](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=301&command=doSelectSubCategory&cid=301)

81 Koivumaa-Honkanen H, Honkanen R, Viinamäki H, Heikkilä K, Kaprio J, Koskenvuo M. 2001. Life satisfaction and suicide: a 20-year follow-up study.

*Am J Psychiatry*. Mar;158(3):433-9.

82 CMHA (2015) Suicide in Alberta. Retrieved from <https://www.mymentalhealth.ca/get-help/topics/suicide-in-alberta/>

83 Centre for Suicide Prevention (2018) Alberta suicide stats by region and age. Retrieved from <https://www.suicideinfo.ca/resource/alberta-suicide-stats-region-age/>

84 Alberta Health. 2018. Alberta Opioid Response Surveillance Report Retrieved from <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bddd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf>

85 Alberta Health. 2019. Alberta Opioid Response Surveillance Report Retrieved from <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bddd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf>

86 Alberta Health. 2019. Alberta Opioid Response Surveillance Report. <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bddd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf>

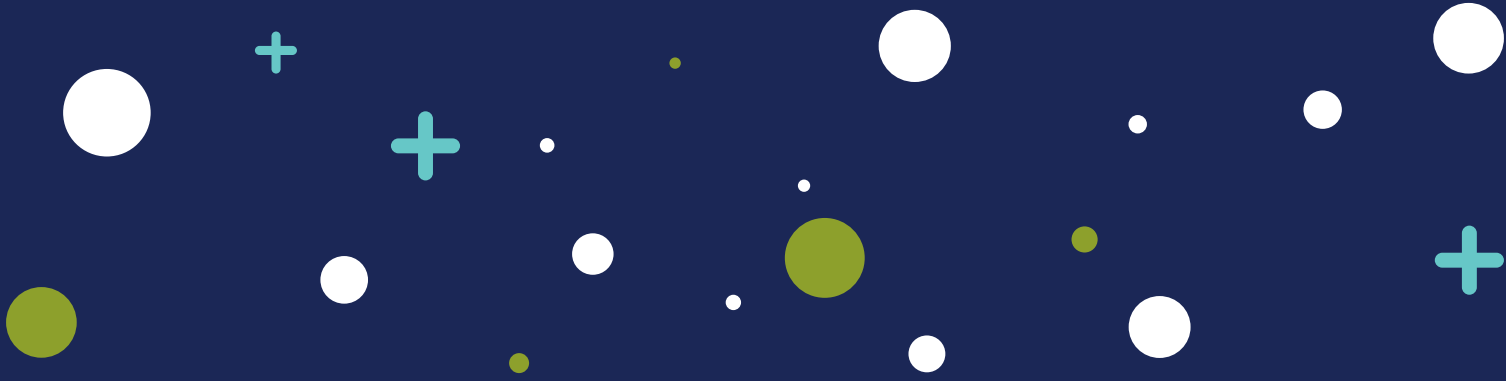
87 Alberta Health. 2019. Alberta Opioid Response Surveillance Report. <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bddd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf>

88 Alberta Health. 2019. Alberta Opioid Response Surveillance Report. <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bddd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf>

- 89 ARCHES. 2019. Personal Communication.
- 90 RCHES. 2018. Interim Report.
- 91 Statistics Canada. 2018. Crime severity index and weighted clearance rates, police services in Alberta. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510019001>
- 92 Lethbridge Regional Police Service. 2018. Annual Report. Retrieved from <https://www.lethbridgepolice.ca/sites/default/files/2017-Annual-Report.pdf>
- 93 Lethbridge Regional Police Service. 2018. Community Survey. Retrieved from <https://www.lethbridgepolice.ca/sites/default/files/Community-Survey-2018.pdf>
- 94 Alberta Government. 2018. High School Enrollments by Municipality. Retrieved from <https://open.alberta.ca/opendata/high-school-enrollments-by-municipality>
- 95 While the majority of Alberta students complete high school within three years of entering Grade 10, the five-year rate recognizes that it may take more time for some students to finish high school.
- 96 McDonald, S. and Tough, S. 2013. The Alberta Adverse Childhood Experiences Survey 2013. Retrieved from [https://policywise.com/wp-content/uploads/resources/2016/07/345\\_ALBERTA\\_ADVERSE\\_CHILDHOOD\\_EXPERIENCES\\_SURVEY\\_FINAL\\_JULY\\_2014.pdf](https://policywise.com/wp-content/uploads/resources/2016/07/345_ALBERTA_ADVERSE_CHILDHOOD_EXPERIENCES_SURVEY_FINAL_JULY_2014.pdf)
- 97 CDC. 2019. About the CDC-Kaiser ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>
- 98 McDonald, S. and Tough, S. 2013. The Alberta Adverse Childhood Experiences Survey 2013. Retrieved from [https://policywise.com/wp-content/uploads/resources/2016/07/345\\_ALBERTA\\_ADVERSE\\_CHILDHOOD\\_EXPERIENCES\\_SURVEY\\_FINAL\\_JULY\\_2014.pdf](https://policywise.com/wp-content/uploads/resources/2016/07/345_ALBERTA_ADVERSE_CHILDHOOD_EXPERIENCES_SURVEY_FINAL_JULY_2014.pdf)
- 99 Statistics Canada. 2017. Lethbridge CY [Census agglomeration], Alberta and Alberta [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed December 18, 2017).
- 100 Statistics Canada. 2018. Table 3.6. Victims of police-reported intimate partner violence, by sex of victim and province or territory, 2015. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14698/tbl/tbl3.6-eng.htm>
- 101 Grenier, Weldrick, & Bradford-Janke, 2016. Literature Search: Social Isolation in Later Life, Part II: Results of the Grey Literature. Retrieved from <http://socialisolation.ca/project/results-grey-literature/>
- 102 United Way Alberta Capital Region. 2018. Social Isolation is #UNIGNORABLE. Retrieved from <https://www.myunitedway.ca/blog/2018/10/26/social-isolation-is-unignorable>
- 103 City of Lethbridge. 2018. Census. Retrieved from <https://www.lethbridge.ca/City-Government/Census/Documents/2018%20Census%20Final%20Report.pdf>
- 104 Estimated for 2018, final numbers to be released by Statistics Canada.
- 105 The Conference Board of Canada. 2018. Mid-Sized Cities Outlook. Retrieved from <https://www.conferenceboard.ca/topics/economics/metro/mid-sized-cities.aspx>
- 106 Smith, G. 2018. Unemployment in Lethbridge/Medicine Hat 4.8 per cent, lowest in province. Retrieved from <https://lethbridgenewsnow.com/article/620285/unemployment-lethbridgemedicine-hat-48-cent-lowest-province>
- 107 Statistics Canada. 2017. Lethbridge, CY [Census subdivision], Alberta and Division No. 2, CDR [Census division], Alberta (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 108 Ibid.
- 109 Statistics Canada. 2017. Blood 148, IRI [Census subdivision], Alberta and Alberta [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 110 Statistics Canada. 2017. Lethbridge, CY [Census subdivision], Alberta and Division No. 2, CDR [Census division], Alberta (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 111 Ibid. acronym?

- 112 Institut national de santé publique du Québec (INSPQ) from 1991, 1996, 2001, 2006, 2011 and 2016 Canadian Census data. Index of material and social deprivation compiled by the Bureau d'information et d'études en santé des populations (BIESP). Retrieved from <https://www.inspq.qc.ca/en/expertise/information-management-and-analysis/deprivation-index>
- 113 CMHC. 2018. Lethbridge City. Retrieved from <https://www03.cmhc-schl.gc.ca/hmiportal/en/#Profile/0870/3/Lethbridge>
- 114 7 Cities. 2018. Alberta Counts Homeless Population Key Findings – Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/Lethbridge%20PIT%20Key%20Findings%202018%20FINAL.pdf>
- 115 Statistics Canada. 2018. Table 3.6. Victims of police-reported intimate partner violence, by sex of victim and province or territory, 2015. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14698/tbl/tbl3.6-eng.htm>
- 116 Statistics Canada. 2017. Lethbridge, CY [Census subdivision], Alberta and Division No. 2, CDR [Census division], Alberta (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
- 117 Early Childhood Coalitions of Alberta. 2014. Early Childhood Development (ECD) Community Information. Lethbridge ECD Community.
- 118 AHS. 2017. Community Health Profiles – Lethbridge North, South, West. Retrieved from <https://open.alberta.ca/publications>.
- 119 Alberta Health (2018). Interactive Health Data Application. Retrieved from [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302](http://www.ahw.gov.ab.ca/IHDA_Retrieval/selectCategory.do?dataBean.id=302&command=doSelectSubCategory&cid=302)
- 120 Ibid.
- 121 Alberta Health. 2019. Alberta Opioid Response Surveillance Report. Q4 Interim 2018. Retrieved from <https://www.alberta.ca/assets/documents/opioid-substances-misuse-report-2018-q4-interim.pdf>
- 122 Alberta Health. 2018. Alberta Opioid Response Surveillance Report Retrieved from <https://www.alberta.ca/assets/documents/opioid-substances-misuse-report-2018-q3.pdf>
- 123 Lethbridge Regional Police Service. 2018. Annual Report. Retrieved from <https://www.lethbridgepolice.ca/sites/default/files/2017-Annual-Report.pdf>
- 124 ARCHES. 2018. ARCHES Statistics to Nov 13, 2018.
- 125 ARCHES. 2018. ARCHES Statistics to Nov 13, 2018.
- 126 May not have ALL agencies in Lethbridge registered to date
- 127 HelpSeeker. 2018. Lethbridge Data Download. December 12, 2018.
- 128 Charity Types Based on Description Reported in the Tax Form T3010
- 129 HelpSeeker. 2018. Lethbridge Data Download. December 12, 2018.
- 130 Jadidzadeh, A. 2018. Lethbridge Charity Financial Analysis.
- 131 Jadidzadeh, A. 2018. Lethbridge Charity Financial Analysis.
- 132 See Appendix for a summary of the stakeholders'
- 133 FCSS Lethbridge. 2016. Annual Progress Report 2016. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/FCSS%20Annual%20Report%20for%20Web.pdf>
- 134 City of Lethbridge. 2018. Social Housing in Action. Retrieved from <http://www.bringinglethbridgehome.ca/hf-manual/social-housing-action>
- 135 Lethbridge United Way. 2018. Retrieved from <https://www.lethbridgeunitedway.ca/>
- 136 The Community Foundation of Lethbridge and Southwestern Alberta. 2018. Retrieved from <http://www.cflsa.ca/about-us>
- 137 Vibrant Lethbridge. 2018. Vibrant Communities. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Pages/VibrantLethbridge.aspx>
- 138 City of Lethbridge. 2018. Council Task Force to Develop Municipal Housing Strategy. Retrieved from <https://www.lethbridge.ca/NewsCentre/Pages/Council-Task-Force-to-Develop-Municipal-Housing-Strategy.aspx>
- 139 CMARD. 2018. A Welcoming and Inclusive Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Pages/CMARD.aspx>

- 140 Lethbridge Immigration Partnership. 2018. Retrieved from <https://lethbridgeimmigration.ca/>
- 141 Bhutanese Refugees in Lethbridge Health Needs Assessment
- 142 City of Lethbridge. 2018. Coalition on Opioid Use. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Pages/Coalition-on-Opioid-Use.aspx>
- 143 Arches. 2018. Get Help. Retrieved from <https://www.lethbridgearches.com/get-help-scs/>
- 144 Lethbridge Early Years Coalition. 2018. Lethbridge Early Years Retrieved from <http://www.lethbridgeearlyyears.ca/leyc.html>
- 145 City of Lethbridge. 2018. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Pages/Seniorscf.aspx>
- 146 City of Lethbridge. 2005. Road Map for a Brighter Future: Community Social Assets & Needs Assessment. Retrieved from <https://fcssaa.org/sites/default/files/documents/Community%20Social%20Assets%20and%20Needs%20Assessment%20%28Lethbridge%2C%202005%29.pdf>
- 147 City of Lethbridge. 2009. Towards a Brighter Future A Framework for Social Policy and the Priorities for 2009-11 Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/SocialPolicy%202009-2011.pdf>
- 148 City of Lethbridge. 2015. Social Policy. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/SocialPolicy2015.pdf>
- 149 City of Lethbridge Community Social Services. 2018. SHIA Service Delivery Plan. Retrieved from <http://bringinglethbridgehome.ca/shia-service-delivery-plan>
- 150 City of Lethbridge Community Social Services. 2018. Environmental Scan: Sub population Housing Needs in Lethbridge. Retrieved from <http://bringinglethbridgehome.ca/sites/default/files/FINAL%20-%20Enviro%20Scan%20for%20City%20of%20Lethbridge.pdf>
- 151 City of Lethbridge. 2015. Affordable Housing And Homeless Policy. Retrieved from <http://www.bringinglethbridgehome.ca/sites/default/files/CoLAffordableHousingAndHomelessPolicy.pdf>
- 152 Lethbridge Aboriginal Community Strategic Plan 2016
- 153 City of Lethbridge. 2017. Reconciliation Implementation Plan 2017-2027. Retrieved from [https://www.lethbridge.ca/City-Government/Documents/Reconciliation%20Lethbridge%20-%20Implementation%20Plan%20\(FINAL\).pdf](https://www.lethbridge.ca/City-Government/Documents/Reconciliation%20Lethbridge%20-%20Implementation%20Plan%20(FINAL).pdf)
- 154 City of Lethbridge (2018) Community led drug strategy January 14, 15, 2019. Verbatim results.
- 155 City of Lethbridge. 2012. A New Investment Framework & Priorities for FCSS Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/CSD%20FCSS%20Investement%20Framework%20April%202012.pdf>
- 156 CMARD. 2011. Building Bridges. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/Community%20Action%20Plan%202011-2021%20-%20Building%20Bridges%20-%20A%20Welcoming%20and%20Inclusive%20Community.pdf>
- 157 Lethbridge Early Years Coalition – Draft Action Plan in Dropbox
- 158 Community Foundation of Southeastern Alberta. 2018. Vital Signs. Vital Conversations. Retrieved from <https://cfsea.ca/we-inspire/vital-signs/>
- 159 City of Lethbridge. 2016. Community Outlook. Retrieved from <https://www.lethbridge.ca/Doing-Business/Planning-Development/Documents/Lethbridge%20Community%20Outlook%202016-2023.pdf>
- 160 City of Lethbridge. 2015. Understanding the Impacts of and Finding Community Solutions to Poverty in Lethbridge. Retrieved from <https://www.lethbridge.ca/living-here/Our-Community/Documents/Vibrant%20LethbridgePovertyReport.FINAL.Feb.%202015.pdf>
- 161 City of Lethbridge. 2011. Low-Income in Lethbridge: A Profile Retrieved from <http://www.bringinglethbridgehome.ca/sites/default/files/pdf/Low%20Income%20in%20Lethbridge%20-%20A%20Profile%20-%202011-updated%20with%20PIA%20AB%20Stats.pdf>
- 162 Vibrant Lethbridge. 2013. “You’re Trying To Go Up A Waterfall...” Retrieved from <https://lethbridgeunitedway.ca/sites/default/files/VibrantLethbridge-WaterfallBookletPV-Feb28.pdf>
- 163 South Zone Health Equity Network
- 164 Ibid.
- 165 Early Childhood Development (ECD) Community Information. Lethbridge ECD Community



**CONTACT**

MARTIN THOMSEN

Email: [Martin.Thomsen@lethbridge.ca](mailto:Martin.Thomsen@lethbridge.ca)

Phone: 403-320-3917