THRIVE

MEDICINE HAT & REGION STRATEGY TO END POVERTY & INCREASE WELLBEING.

END POVERTY IN ALL ITS FORMS

ENSURING WELLBEING FOR ALL

"IT'S NOT JUST ABOUT SURVIVING – IT'S ABOUT THRIVING".

Community Engagement Participant (October, 2016)

2017

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THRIVE: Strategy To End Poverty & Increase Wellbeing

ACKNOWLEDGEMENTS

This work would not have been possible without the 500 Medicine Hat residents who participated in the co-creation of the THRIVE Strategy, the vision and passion of the Poverty Reduction Leadership Group and the individuals who shared their lived experiences.

THRIVE was developed with community, by community, for community.

Special Thanks to our consultant, Dr. Alina Turner with Turner Strategies, who brought the THRIVE Strategy to life, offering extraordinary depth and guidance in the development of this plan.

TURNER STRATEGIES

POVERTY LEADERSHIP GROUP

The Medicine Hat Poverty Reduction Leadership Group is made up of the following individuals and organizations in our community:

Medicine Hat Community Housing Society (MHCHS)
- *Jaime Rogers, Carol Lind*

Medicine Hat & District Food Bank Association (Food Bank)
- *Celina Symmonds*

City of Medicine Hat Family and Community Support Services (FCSS)
- *Varley Weisman*

Prairie Rose School Division
- *Reagan Weeks*

Medicine Hat College (MHC)
- *David Petis, Kristen Desjarlais-de Klerk*

YMCA of Medicine Hat (YMCA)
- *Sharon Hayward*

Community members at large
- *Blake Pedersen, Jayne Halladay, Shannon Panipekeesick, Karen Sudom*

FINANCIAL SUPPORT

Financial support was provided by the City of Medicine Hat Family and Community Support Services Grant, Medicine Hat Community Housing Society and the Medicine Hat & District Food Bank Association.

Medicine Hat The Gas City · FCSS Family and Community Support Services · Medicine Hat Community Housing Society · Journey Home · Medicine Hat Food Bank

Designed by Kim Harper
with Pentool Creative

Pentool creative

CONTENT

A COMMUNITY CALL TO ACTION

REAL, POSITIVE CHANGES

ONE IN TEN MEDICINE HAT FAMILIES LIVE IN POVERTY – EARNING LESS THAN WHAT THEY NEED TO MEET THE NECESSITIES OF LIFE.

Day in and day out, they must choose between food and rent, heat and power bills; eventually, this constant stress takes its toll. People living in poverty are more likely to suffer from health issues, including poor mental health, and have negative education and employment outcomes – they are unable to participate in the spheres of life we enjoy: going out for dinner with friends, taking a vacation, saving for a rainy day, buying new clothes: these are simply out of reach.

WE CAN DO BETTER THAN THIS.

Simply put, when someone isn't able to meet a basic standard of life, their sense of wellbeing is impacted significantly. What we know from research, is that the systematic exclusion of a segment of our community from accessing basic necessities, not only impacts them as individuals, but all of us as a community.

BY INVESTING IN THE WELLBEING OF OUR CITIZENS, WE GAIN A BETTER LIFE FOR ALL.

A thriving community has better outcomes across the board: strengthened performance in the economic sphere, decreased pressure on public systems like policing, emergency health services, or child intervention, and enhanced overall quality of life. "It's not just about surviving – it's about thriving". *Community Engagement Participant (October, 2016).*

The cost of poverty is estimated at $7.1 - $9.5 billion each year in Alberta[1]. As taxpayers, each one of us is **contributing between $2,700 and $3,600 per year** to make little, if any, progress toward solving the problem. Our current approach is one of managing poverty, as opposed to ending it.

To achieve a thriving Medicine Hat where everyone enjoys a high level of wellbeing, we will need to do things differently. As a community, we can demand better of ourselves – and we can demand better from our government. We must make ending poverty a priority for ourselves - doing our part as a community to improve the lives of all our citizens.

Solutions for our community must come from our community. If there is one city in Canada who can do this, it is us. Case in point, we are internationally recognized as being the first city to successfully end chronic homelessness, where no one in our community will have to live in an emergency shelter or sleep rough for more than 10 days, before they have access to stable housing and the supports needed to maintain it.

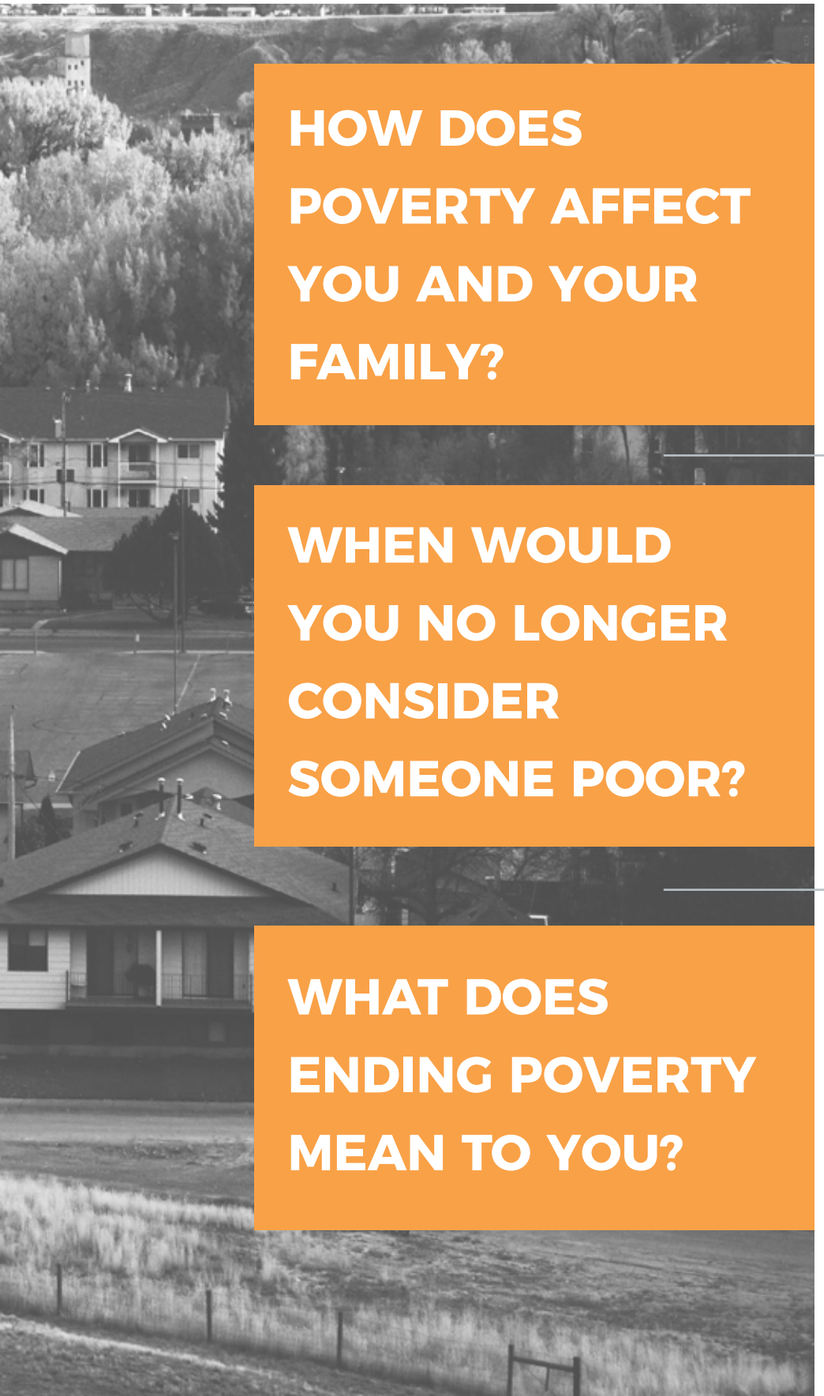
OUR NEXT CHALLENGE IS HERE: WE'RE ENDING POVERTY.

THRIVE Strategy: Medicine Hat and Region Strategy to End Poverty & Increase Wellbeing was built from the ground up, centered on the perspectives and knowledge of our community members.

Rather than beginning with experts or organizations serving those experiencing poverty, the engagement process led by the Poverty Reduction Leadership Group, started with those with lived experience and brought in service providers, researchers, funders, government, and the broader public afterwards, to lend their voice to this call for action. In all, over **500 individuals** participated in the process of building the **THRIVE** Strategy; in fact, 143 individuals who provided input reported having experienced poverty and 96 were currently living in poverty at the time of the Strategy's development.

Ultimately, the **THRIVE** Strategy is only as good as its implementation – actions that lead to **real, positive changes** in people's lives are more meaningful than any report. This document is conceived as a **living plan,** renewed on an ongoing basis to ensure that relevance and progress is achieved and maintained. It bears stating outright that neither this, nor any other strategy document, will in and of itself end poverty and make real, positive change in people's lives. This document serves the purpose of validating good work underway, setting a clear direction for the future, and spurring action to move forward, innovate and create. The **THRIVE** Strategy aims to kick-start a systems response in Medicine Hat that transforms our fundamental approach to social issues and is united towards shared goals.

COMMUNITY VOICES



HOW DOES POVERTY AFFECT YOU AND YOUR FAMILY?

How does poverty affect you and your family?

"I have had to struggle throughout my life with poverty. I want better for my kids".

"We live payday to payday. We don't get to eat the healthiest because it costs too much. We don't have a ton of clothes or the best clothes – no money for emergencies".

"Stress of paying bills".

"We don't get the things we need".

WHEN WOULD YOU NO LONGER CONSIDER SOMEONE POOR?

When would you no longer consider someone poor?

"When they can pay bills and buy food".

"When they can afford what they need".

"Having money left at the end of the month".

"When they can live comfortably and still be able to save a bit for emergency".

"When they are living in decent housing, being able to afford to pay bills and not have to worry about food".

WHAT DOES ENDING POVERTY MEAN TO YOU?

What does ending poverty mean to you?

"Not having to worry about food or deciding what bills to pay".

"My children will not have to live the way I did or their children will not have to live the way we do now".

"Not having to worry how I am feeding my kids".

OUR VISION

BY 2030, MEDICINE HAT WILL HAVE ENDED POVERTY IN ALL ITS FORMS, ENSURING WELLBEING FOR ALL.

As a result, everyone will have the resources and opportunities needed to achieve a standard of living that allows full participation in the economic, social, cultural, educational, and political spheres of society.

FOUNDATIONAL PRINCIPLES

- Everyone has an equal right to justice, education, personal security and privacy, work, cultural, political and recreational participation.
- Our approach is person-centered and community-driven.
- To end poverty, we must prevent it in the first place.
- Ending poverty and increasing wellbeing requires a collective effort.
- Social change requires innovation.

PRIORITIES & ACTIONS SUMMARIZED

WHAT DOES IT TAKE TO END POVERTY AND INCREASE WELLBEING?

We are proposing the development of a holistic, person-centered systems approach that calls for a reorientation of current responses involving several key priorities. The proposed strategies and actions emerged from the existing body of evidence and plans already in place, but most importantly, they resounded in the community voices heard throughout the THRIVE Strategy development.

The following priorities were identified as critical to moving the needle on poverty. Note that Priority 1 and 2 provide much more detail than the ensuing 3 through to 13: this is due to the need to detail implementation of a Community System that introduces a new vision for organizing efforts to address poverty in the community. Priorities 1 and 2 lay the groundwork for the rest of the **THRIVE** Strategy.

It is important that we think of these priorities in a holistic fashion: in other words, when we work on affordable housing actions, lets keep an eye on how we can address the other priority areas simultaneously. Even if income security or business innovations are not the primary goals in a particular initiative, they could still be part of the work. The innovative work ahead is about recognizing that the person, family and community are wholes that are **greater than the sum of their parts.** *Please refer to Appendix 1 – Key Terms for definitions of terminology used.*

1.

LEADERSHIP AND SYSTEMS CHANGE

1.1 Advance system reform through a comprehensive Policy Agenda.

1.2 Embed the lived experience voice in implementation and **THRIVE** Strategy implementation governance.

1.3 Engage Medicine Hat residents in a social movement to end poverty and increase wellbeing.

1.4 Declare and demonstrate our commitment to social inclusion, with a focus on authentic Reconciliation that revitalizes the relationships between Indigenous peoples and all Canadians.

1.5 Launch a Council of Champions to drive **THRIVE** Strategy implementation.

1.6 Create an independent backbone organization to support the Council of Champions and drive **THRIVE** Strategy implementation.

1.7 Support the Council of Champions to raise the start-up funds for **THRIVE** Strategy implementation infrastructure needs.

2.

COMMUNITY SYSTEM PLANNING

2.1 Develop a real-time Service and Funding Map, including target groups, eligibility criteria, program types, outcomes, and outputs to understand where funding is currently being invested and to what end.

2.2 Engage key stakeholders in defining the Community System and its key principles and service delivery model across organizations to enhance coordination and impact.

2.3 Develop and implement a Community Information Management System to embed research and data in **THRIVE** Strategy implementation.

2.4 Align diverse funding streams to support Plan priorities leveraging a Funder's Forum using a common Performance Framework to increase service quality and impact across the Community System.

2.5 Introduce measures to enhance coordinated access to services, including consistent assessment, triage and referral processes, information sharing strategies, Community Hubs and Community Fairs.

2.6 Support the Community System's funding, capacity building and innovation needs with training, networking and mentoring opportunities.

3.

INCOME SECURITY

3.1 Work with financial institutions to develop innovative ways of making banking more accessible for low-income Medicine Hat residents and explore financial products that suit their needs more effectively.

3.2 Explore creation of a task force on financial literacy and asset-building to develop and support leaders, government, and non-profits.

3.3 Support citizens with obtaining financial and other benefits they are entitled to, and enhance financial literacy (Project Connect, Community Hubs, and schools).

3.4 Enhance training and labour force attachment strategies to increase employability among Medicine Hat residents.

3.5 Develop a comprehensive income security policy agenda that improves the financial situation of vulnerable populations, including income and rent supports, access to Living Wage, Universal Basic Income, and diverse asset building measures.

4.

BUSINESS INNOVATION

4.1 Support a Community Economic Development Strategy to create quality jobs, promote social return to economic development, social enterprise and inclusive business practices.

4.2 Engage business community partners in strategic discussions, but more so action them to tackle common issues for common benefit, including social impact finance and social entrepreneurship.

4.3 Develop information sharing of innovative social impact strategies and tools that can be scaled up in partnerships with the private sector.

4.4 Explore the creation of a Social Innovation Fund to support social enterprise incubation and acceleration in alignment with **THRIVE** Strategy priorities via the Funders' Forum.

4.5 Recognize and promote innovation in the private, public and non-profit sectors that advances the **THRIVE** Strategy.

5.

ENERGY POVERTY

5.1 Work with private sector and government partners to find innovative ways of reducing energy pricing and improving the energy efficiency of homes (e.g. HAT Smart).

5.2 Develop partnerships with energy providers to negotiate better rates and terms for low-income Medicine Hat residents and reduce utility cut-offs.

5.3 Enhance basic weatherization and energy efficiency upgrades to low-income homeowners and tenants in social housing.

5.4 Explore clean energy ventures to increase affordability and sustainability – for instance, solar power technology can reduce power costs, create jobs, and improve environmental outcomes.

6.

AFFORDABLE HOUSING

6.1 Lend our voice for the call for a National Housing Strategy and renewed government investment in new affordable housing and operations, repairs and upgrades of existing stock.

6.2 Explore innovative incentive programs for private landlords to improve affordable housing options, energy efficiency, quality, and accessibility.

6.3 Support the work of the Landlord Roundtable to provide information to/receive input from community landlords and to creatively problem-solve.

6.4 Continue supporting City Council's contributions to land or surplus sites for affordable housing development, and encourage similar partnerships with other levels of government, non-profits and private sector stakeholders.

6.5 Develop a longer-term Affordable Housing Real Estate Strategy to enhance options for lower income households.

6.6 Explore how our current affordable housing programs can best integrate within the Community System.

7.

HOMELESSNESS

7.1 Continue to support the priorities of *At Home in Medicine Hat: Our Plan to End Homelessness* using a Housing First systems planning approach.

7.2 Confirm the achievement of Functional Zero end to homelessness in partnership with national partners.

7.3 Move upstream into homelessness prevention through enhanced investments in diversion and/or targeted eviction prevention and discharge planning with public systems to enhance housing security.

7.4 Begin delivering Permanent Supportive Housing (place-based) to Medicine Hat residents in need of long-term supportive housing options.

7.5 Re-examine priorities in homelessness initiatives and develop alignment moving forward as an integrated Community System.

8.

FOOD SECURITY

8.1 Advance and expand food security initiatives across schools, including the FoodFirst pilot for vulnerable families operated by the Medicine Hat & District Food Bank Association.

8.2 Support the creation of Community Food Centres to increase healthy food access, skills, education and engagement.

8.3 Enhance innovative food redistribution strategies, leveraging existing initiatives to reduce food waste across retailers and producers.

8.4 Explore innovative community sustainable farming models targeting lower income households as food producers and consumers.

8.5 Support innovative social enterprise models that help retailers sell healthier food at affordable prices.

8.6 Encourage urban agriculture on underutilized non-profit, private sector, and government land and facilities.

8.7 Enhance food and nutrition knowledge with accessible information using diverse strategies.

9. TRANSPORTATION

9.1 Continue to support the City of Medicine Hat in implementing Low-Income Transit Passes for qualifying individuals that is fare-geared-to income.

9.2 Expand options for shared-ride and curb-to-curb transportation services.

9.3 Solicit provincial and federal investment to subsidize transit service for low-income Medicine Hat residents.

9.4 Advocate for enhanced infrastructure supports from provincial and federal levels of government to improve transit infrastructure and coverage.

9.5 Explore alternative methods of transit, such as car-shares, car pools, rent-a-bike, etc. modeled after innovative practices in the private sector (such as Uber) that are social enterprises.

10. HEALTH & WELLNESS

10.1 Support partners in health, recreation, education, human services, and employers to enhance physical and mental health, including addictions.

10.2 Explore the development of peer-based models to strengthen natural supports and access to health and wellness prevention and early intervention services.

10.3 Explore innovative options of facilitating access to addiction and mental health supports, including mobile health outreach services.

10.4 Enhance school-based physical and mental health and wellness programs.

10.5 Advance government asks for increased infrastructure investment to upgrade community recreation facilities and create new ones in underserved areas.

10.6 Optimize the use of existing structures and spaces for multiple purposes, including health and wellness (e.g. use of schools, recreation centres, churches, vacant land and lots).

10.7 Encourage all recreation providers to introduce reduced user fees for low-income residents and leverage recreation centres as access points for engagement and early intervention.

11.

LEARNING & LITERACY

11.1 Provide parents with access to leading edge early years' information and practical tools.

11.2 Enhance accessibility of enriched Early Childhood Education programs.

11.3 Advance increased investment for accessible and affordable, quality child care.

11.4 Increase programming supports for affordable, quality after-school programs.

11.5 Remove school attendance barriers, especially when these are financial such as bus passes, eyeglasses, school fees, etc.

11.6 Leverage schools and educators as key partners and strategically integrate their work in the Community System.

11.7 Explore increasing mentorship supports for children and youth in schools, focusing on tutoring, literacy and career planning and life skills development.

11.8 Enhance peer mentorship options for adults – particularly emerging social entrepreneurs with lived experience in poverty.

11.9 Engage the Medicine Hat College and other adult education providers in developing strategies to enhance access to learning and literacy opportunities for Medicine Hat residents who are experiencing poverty.

12.

RESILIENT FAMILIES

12.1 Advocate for enhanced support for healthy pregnancies, optimized maternal mental health, early screening and follow up to support child development.

12.2 Streamline access to supports for families experiencing periods of vulnerability to support healthy, safe, nurturing experiences for their children and protect children who are not safe.

12.3 Support family reconnection whenever safe and appropriate, through targeted supports.

12.4 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.

12.5 Work with men and boys to change attitudes and behaviors about masculinity, as well as women and girls to advance a gender equity agenda.

12.6 Apply a gender lens to the Policy Agenda, on issues including pay equity, supports for working parents such as full-day kindergarten, and making quality preschool, afterschool and recreation services affordable for all families.

13.

COMMUNITY SAFETY

13.1 Work with law enforcement to promote a balanced approach to community safety and crime reduction based on prevention, intervention and enforcement.

13.2 For those who perpetuate violence, advance effective interventions to mitigate dangers posed to victims, address offences, and change behaviors long term.

13.3 Work with local legal community to find ways to expand access to affordable legal supports for those experiencing poverty.

13.4 Help decriminalize poverty whenever possible through advocacy and public education.

13.5 Explore diversion of those charged with minor poverty-related offences, to community-based supports rather than incarceration.

13.6 Explore enhancing the availability of restorative justice programs.

WE MUST MAKE ENDING POVERTY A PRIORITY FOR OURSELVES - DOING OUR PART AS A COMMUNITY TO IMPROVE THE LIVES OF ALL OUR CITIZENS.

HOW WE GOT HERE

THE MEDICINE HAT POVERTY REDUCTION LEADERSHIP GROUP INITIATED THE DEVELOPMENT OF THE THRIVE STRATEGY; THE GROUP IS MADE UP OF SEVERAL INDIVIDUALS AND ORGANIZATIONS IN OUR COMMUNITY INCLUDING THOSE WITH LIVED EXPERIENCE, MEDICINE HAT COMMUNITY HOUSING SOCIETY, MEDICINE HAT & DISTRICT FOOD BANK ASSOCIATION, CITY OF MEDICINE HAT, PRAIRIE ROSE SCHOOL DIVISION, MEDICINE HAT COLLEGE, YMCA OF MEDICINE HAT, AND COMMUNITY MEMBERS AT LARGE.

These partners initiated work on a community-based effort to reduce poverty in Medicine Hat in 2013, when they commissioned a report on key issues and trends locally, entitled *Moving from Charity to Investment: Reducing the Cost of Poverty in Medicine Hat*[2]. This previous report proposed six priority areas to address poverty: Living Wages, Affordable Housing, Recreation, Education, Transportation and Food Security. It was an important starting point from which to develop a common understanding of poverty in our community, and from which to build an action plan.

Building on what commenced in 2013, **THRIVE** proposes a deliberate action-oriented approach to address poverty and enhance wellbeing in our community. Rather than alleviating the symptoms of poverty, it calls for systematic initiatives that prevent and ultimately end it by addressing its root causes. We need to move from a crisis-driven approach, to one that ensures Medicine Hat residents have access to the right help, at the right time before becoming vulnerable. It aims at developing a network of resources that promote wellbeing so that everyone can achieve a standard of living that allows full economic, social, cultural, educational, and political participation. This means re-thinking how we invest in community infrastructure and services to maximize impact today and longer term. The right actions made now can lead to significant and long-term social benefit, financial savings, and economic growth down the road.

The **THRIVE** Strategy was built first and foremost from the lived experience up; we did not hire experts to tell us what we needed – we asked our community members. We undertook a significant engagement process with Medicine Hat residents who had lived experience with poverty, whether it was part of their personal journey or that of someone they knew. We launched the **THRIVE** Strategy process at Project Connect in October 2016, where our Leadership Group members engaged in informal conversations with participants and 150 individuals responded to a survey we developed to gauge perspectives on how people defined poverty, its effects, and proposed priorities and solutions moving forward.

This was followed up by small group discussions with 30 individuals on developing our direction. Using this input and a scan of statistics relevant to our effort, we held a Community Conversation session with 80 stakeholders, from service provider agencies, government, funders, and public systems including education, health, justice, social housing, and economic assistance. We were particularly encouraged by the Medicine Hat College students and members of community with lived experience who partook in the process.

Recognizing the value-add of an external view of our work after this community engagement, Dr. Alina Turner was engaged (Turner Strategies) to help facilitate these sessions, and bring in an outside perspective to the process. Dr. Turner has extensive experience building systems approaches to complex social issues, including poverty, homelessness and affordable housing, and domestic violence. She served in a similar capacity during our effort to develop the refocused *At Home in Medicine Hat: Our Plan to End Homelessness*[3] (2014).

Building on the input received, a set of draft priorities and actions were developed and taken back to our community in December, 2016. These were deepened and strengthened following two Community Conversations with 45 participants that informed the final Plan document.

THE NEXT STEP IS TO DEVELOP THE LEADERSHIP AND COORDINATION INFRASTRUCTURE TO SUPPORT IMPLEMENTATION, TRACK PROGRESS AND ENSURE SHARED ACCOUNTABILITY MOVING FORWARD WITH THE GOAL OF LAUNCHING A NEW ENTITY TO SPEARHEAD THE THRIVE STRATEGY BY MARCH 2017.

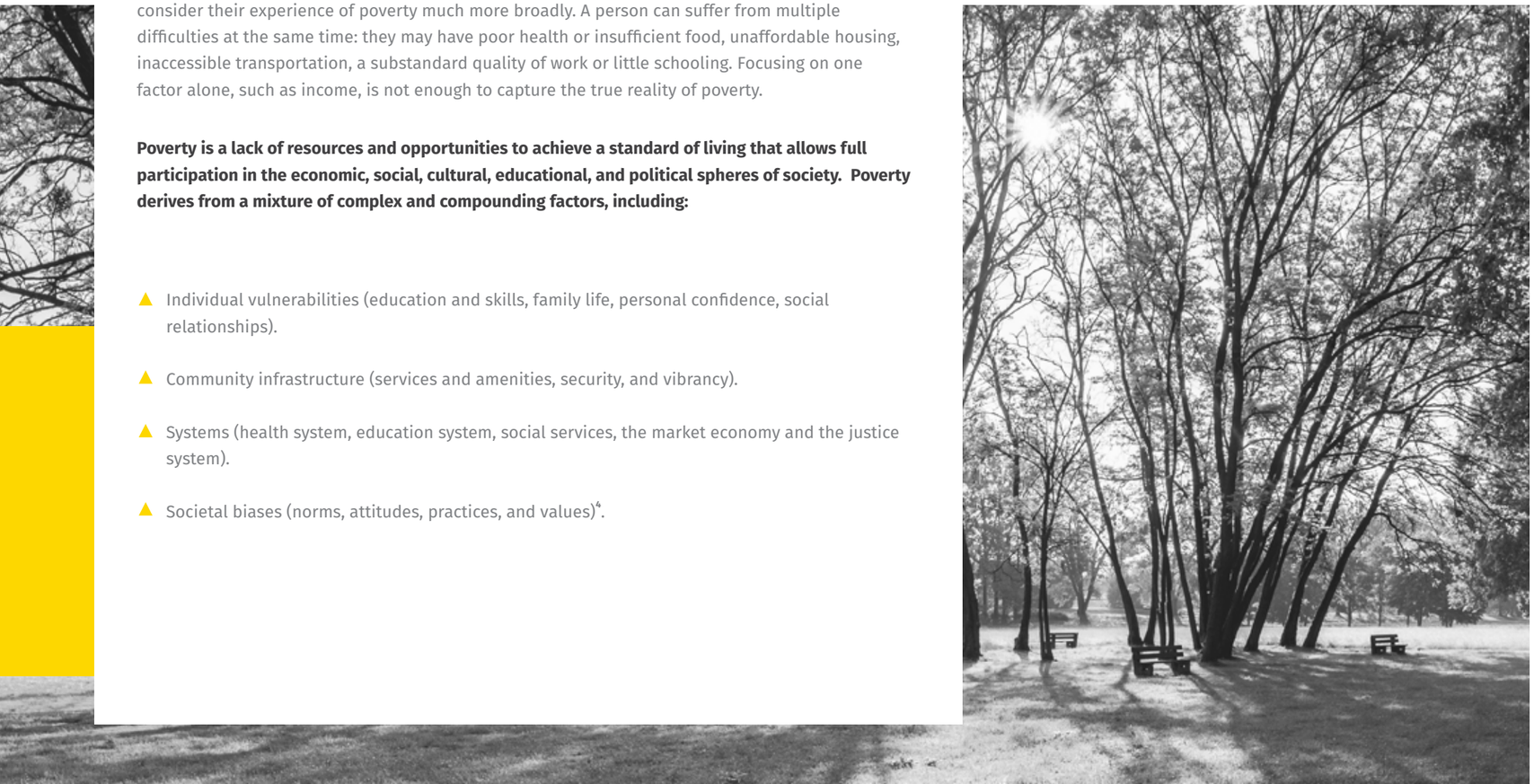
A COMMUNITY-BASED DEFINITION OF POVERTY & WELLBEING

1. BEYOND INCOME

When we think about poverty, we often define it as a lack of money. Yet poor people themselves consider their experience of poverty much more broadly. A person can suffer from multiple difficulties at the same time: they may have poor health or insufficient food, unaffordable housing, inaccessible transportation, a substandard quality of work or little schooling. Focusing on one factor alone, such as income, is not enough to capture the true reality of poverty.

Poverty is a lack of resources and opportunities to achieve a standard of living that allows full participation in the economic, social, cultural, educational, and political spheres of society. Poverty derives from a mixture of complex and compounding factors, including:

- Individual vulnerabilities (education and skills, family life, personal confidence, social relationships).
- Community infrastructure (services and amenities, security, and vibrancy).
- Systems (health system, education system, social services, the market economy and the justice system).
- Societal biases (norms, attitudes, practices, and values)[4].



“IT'S NOT JUST ABOUT SURVIVING – IT’S ABOUT THRIVING”

Community Engagement Participant
(October, 2016)

Several populations are overrepresented among those experiencing poverty including Indigenous people, children and youth, women, lone parents, newcomers, visible minorities and people with disabilities.

How we define what it means to be poor, and when poverty no longer exists, shapes the ways we strive to address it. This is why it is so important to truly listen and understand the perspectives on what poverty is for those affected by it.

We asked over 350 Medicine Hat residents to help us define poverty and what its effects are. We asked them to describe when they would no longer consider someone as poor and what ending poverty meant in their own words. Not surprisingly, the definition of poverty rarely came as strictly related to income. Most people saw it as an inability to “make ends meet,” or meet their basic needs. Many however, looked beyond this needs threshold when they considered the end goal of ending poverty. As one participant put it, “it’s not about just about surviving – it’s about thriving”.

Simply put, people want a good life: not a luxurious life. To them, this meant being able to have adequate income for a decent living, afford a safe and appropriate place to live, being able to eat food that was good for them, having the means to get to where they wanted with reasonable effort, and being able to afford access to recreation, and participate in social activities. They wanted their children to go to schools without worrying about hunger or homelessness, and they wanted access to services, including health and mental health supports, when they needed them, without facing complex barriers or stigma.

What was resounding from the participants was the need to contribute to their community: **“No one wants to just take a hand out – we all have value – we all have something to offer”.**

2. MEASURING POVERTY

This approach to defining poverty and its end is echoed in the research literature. Most often we see measures of poverty in Canada and internationally from an income-threshold perspective. For instance, the most common ways to establish poverty lines in Canada are the Low-Income Cut-Offs (LICO), Low Income Measure (LIM) and Market Basket Measure (MBM) – with their attributed advantages and disadvantages. However, researchers, international bodies like the United Nations, the Organization for Economic Cooperation and Development (OECD) or World Health Organization, as well as communities working to address poverty consider it more than just a matter of income.

While important, trends from analyzing income against these thresholds must be complemented by other indicators as well from the spheres of education, health, employment, housing, etc. There are several measures being advanced as comprehensive approaches to assessing poverty across international jurisdictions.

OVERVIEW OF POVERTY AND WELLBEING MEASURES

Income-Based Measures[5]

- **Low Income Cut-Offs (LICO)** represents levels of income below which a family spends a larger share of its income for the necessities of food, shelter and clothing than the average family. Statistics Canada defines this to be 20 percentage points higher than that of the average family. LICO varies by the size of family unit and community population. LICO is measured before and after-tax.
- **Low Income Measure (LIM)** is based on 50% of median family income and is adjusted for family size. LIM is not adjusted for community size. LIM is calculated before-tax income and after-tax income. LIM is regularly updated and is used in international comparisons of poverty.
- **Market Basket Measure (MBM)** The MBM reflects the cost of buying a specified basket of goods and services. The basket includes such items as food, clothing and footwear, shelter, transportation, personal care, basic telephone service, school supplies, reading material, recreation and entertainment. The MBM is adjusted to location and family income, including deductions for child care costs, child support payments, payroll taxes and contributions, certain out-of-pocket expenses for health care and the cost of prescribed aids for persons with disabilities.

Multi-Dimensional Measures

- The Organization for Economic Co-operation and Development (OECD)'s **Better Life Index**[6] includes 11 "dimensions" of well-being including housing, income, jobs, community, education, environment, governance, life satisfaction, health, and safety. It uses available data to rank countries per common metrics.
- The **Human Development Index (HDI)** is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions used by the United Nations Development Programme.
- The **Multidimensional Poverty Index (MPI)**[7] was developed by the Oxford Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme. It uses different factors to determine poverty beyond income-based lists and is updated annually. It complements traditional income-based poverty measures by capturing the severe deprivations that each person faces at the same time with respect to education, health and living standards.
- **Canadian Wellbeing Index** does not provide in-depth analysis of poverty, it does incorporate a comprehensive set of social, health, economic, and environmental measures.
- The **Human Capital Index**[8] seeks to serve as a tool for capturing the complexity of education, employment and workforce dynamics used by the World Economic Forum. It captures the factors contributing to the development of an educated, productive and healthy workforce. A variety of Deprivation Indexes exist, such as UNICEF's 14-item **Child Deprivation Index**[9] that, together with measuring household income, provides the best available picture of child poverty across the world's wealthiest countries.
- Pembina Institute developed Alberta's first comprehensive well-being index called the **Genuine Progress Indicator (GPI)**[10]. The GPI measures overall wellbeing using 51 indicators to tell us how the province is doing in social, economic and environmental areas.
- **The Canadian Index of Wellbeing (CIW)** tracks changes in eight quality of life categories or domains including: community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use.

JURISDICTIONS ARE LOOKING BEYOND MEETING STANDARD OF LIFE MEASURES, SUCH AS HOUSING, FOOD, AND HEALTH CARE, AND CONSIDERING QUALITY OF LIFE AS WELL ACROSS DIMENSIONS OF WELLBEING. IN THIS MANNER, RATHER THAN LOOKING AT POVERTY FROM A STRICT INCOME OR BASIC NEEDS PERSPECTIVE, WE ARE PROPOSING TO MOVE TOWARDS A COMPREHENSIVE, MULTI-DIMENSIONAL FRAMEWORK THAT INCLUDES THESE VARIOUS FACTORS AND AIMS TO ADDRESS THEM AT INDIVIDUAL, RELATIONSHIP, COMMUNITY AND SYSTEMS/POLICY LEVELS.

The notion of wellbeing takes a **strengths-based approach.** Rather than focusing on what's not working, and identifying **the needs and gaps**, we need to shift our mindset to one of **enhancing the quality of life for Medicine Hat residents**. To define wellbeing is no easy task due to its **subjective** nature, however, we refer to the term as "that positive sense of self, spirit, and belonging that we feel when our cognitive, emotional, social and physical needs are met"[11]. While there is no sole way of defining it, research suggests wellbeing is dependent on good health, positive social relationships, and availability and access to a satisfactory standard of living including basic needs (housing, food, income, etc.)[12].

This method allows room for us to develop a community-based approach to defining what achieving wellbeing and ending poverty means for Medicine Hat residents beyond the notion of income. We are including all these approaches to ensure a comprehensive assessment of the state of individual and community experiences of poverty and wellbeing are captured in our strategy. As there is no currently agreed-upon measure of poverty and wellbeing, we will work with partners across Canada that propose a common index and consistent measures, such as Vibrant Communities Canada and other cities implementing plans to end poverty. We will look to track population-level outcomes locally, beyond current data that fails to capture the complexity of individual experiences.

3. LIVED EXPERIENCE PERSPECTIVES

Despite the numerous definitions of wellbeing and poverty, we have heard resoundingly from our community that there are key aspects of life that we need to pay close attention to if we are to be successful in addressing root causes that will alleviate poverty and enhance wellbeing. In the community engagement survey, **338 participants** were asked to rank several 'dimensions' of life in relation to poverty and consider whether they agree that they should be consulted when we think about ending poverty in Medicine Hat.

▲ INCOME ▲ EMPLOYMENT ▲ HOUSING ▲ RECREATION ▲ EDUCATION ▲ HEALTH
▲ MENTAL HEALTH & ADDICTION ▲ TRANSPORTATION ▲ SAFETY ▲ INCLUSION & BELONGING

Notably, they *strongly agreed* or *agreed* that all of these life areas should be considered in an effort to end poverty in Medicine Hat. When asked to rank the *first* and *second* most important of these factors, participants honed in on four key factors: income, employment, housing and mental health and addictions.

FIRST PRIORITY FACTOR IN ENDING POVERTY IN MEDICINE HAT

SECOND PRIORITY FACTOR IN ENDING POVERTY IN MEDICINE HAT

KEEP ABREAST OF CHANGING CIRCUMSTANCES AS WE MOVE THRIVE INTO ACTION.

This ranking helps guide our focus in implementation significantly, though we need to consider the fact that Medicine Hat residents see these areas as important, but rank certain factors as more relevant during the survey data collection period. We will need to keep abreast of changing circumstances as we move **THRIVE** into action, to ensure relevance to their real-life contexts[13]. It is of note as well that given levels of immediate needs, it would not be surprising to see issues like recreation not being prioritized in the survey answers. In this sense, we need to reconcile the perceived importance of all the factors in people's lives and their immediate basic needs recognizing how interrelated they are in daily life.

4. LOCAL TRENDS

It is important to contextualise the **THRIVE** Strategy direction within broader macro-economic trends: as of 2016, the province of Alberta is in a deep recession. In the community engagement process, participants delved into available data to ground recommendation. Of note, the Community Foundation of Southeastern Alberta's (CFSEA) Vital Signs 2016 report provides a very comprehensive look at key indicators of community wellbeing, and this section serves to provide a summative overview of trends relevant to this strategy.

POPULATION TRENDS

63,018

3%

The **City of Medicine Hat population count**[14] as of June 1, 2015 was 63,018, which represents an increase of about 3% or 1,838 since 2012.

3,660

4.8%
OF RESIDENTS

Notably, the **Indigenous population** has been growing 20 times faster than the general population over the past 5 years (2006-2011) totaling 3,660 in 2011, or 4.8% of residents.

The Medicine Hat **Municipal Census 2015**[16] report showed that seniors age 65+ have increased by 6% since 2012. The age group 85+ has experienced the highest growth of 16% and the age of 20 to 24 has the greatest decline of 14% since 2012. Children below the age of 4 have decreased by 8% since 2012.

65+
6%
SINCE 2012

85+
16%
SINCE 2012

20-24

14%
SINCE 2012

UNDER 4

8%
SINCE 2012

82% growth
TEMPORARY

155% growth
PERMANENT

119 arrived
SYRIAN REFUGEES

New Permanent and Temporary Residents reached an all-time, historical high in 2014. Over the past 10 years, (2005-2014) there has been a 155% growth in **temporary residents** and 82% increase in **permanent residents**. Vital Signs 2016[15] reported that in the 2015-16, 119 **Syrian refugees** arrived.

INCOME AND EMPLOYMENT

Vital Signs 2016[17] reported the prevalence of **low-income** across age groups using the Low-Income Measure as follows:

ELDERLY IN LOW INCOME 2013
1.9%
up from 1.5% in 2008

FAMILIES IN LOW INCOME 2013
10.4%
down from 11.6% in 2008

CHILDREN IN LOW INCOME 2013
15.4%
up from 14.9% in 2008

Public Interest Alberta reported the following **Living Wage in Medicine Hat Summary** using Statistic Canada data for the year ending in June 2016:

48% of all earners make less than $30,000[18] - more than 1 in 5 employed people

of 31,800 employed people in the region
22.3% $15/hr. or less
25.2% $16/hr. or less
11.9% $12.20/hr. or less

LOW-WAGE WORKERS
64.8% ARE WOMEN
71.1% ($12.20/HR.) OR LESS ARE WOMEN
64.8% >> 25 OR OLDER
31.0% between 25-44
33.8% 45 or older

11.8% The **unemployment rate** was 11.8%. In August, 2016[19] and Employment Insurance rates increased from 2014-15, notably among males and those ages 25-54 caused by substantial employment losses in agriculture, oil and gas and manufacturing[20,21].

$ 13.65/HR

A **Living Wage** is the amount of income an individual or family requires to meet their basic needs, to maintain a safe, decent standard of living in their communities and to save for future needs and goals and devote quality time to friends, family and community. In 2016 the living wage in Medicine Hat was $13.65/hour for a Two-Parent, Two-Children, Two-Income Family using the same methodology used in the 2013 report Reducing the Cost of Poverty. *Please refer to **Appendix 2 - Living Wage** for a calcualtion breakdown.*

HOUSING

Housing realized an increase in vacancy in October 2016

5.4% ↑ UP FROM 4.6% OCTOBER 2015

Despite the increase in vacancies, average rent was

$797 UP FROM $795 OCTOBER 2015[22].

Most households in the city are homeowners **(according to the National Household Survey in 2011)[23] :**

76% HOMEOWNERS
24% RENTERS

The Absorbed Homeowner and Condominium Units average price in 2015 was approximately

$473K ↑ 5%
from 2014, continuing a historical upward trend [24]

When we look at **households living below the affordability standard**, we find that

6,435 PAY MORE THAN **30%** OF THEIR INCOME ON SHELTER

of these,
2,715 PAY MORE THAN **50%** OF THEIR INCOME ON SHELTER

AND EARN UNDER $20K, PLACING THEM IN HOUSING INSECURITY AND HOMELESSNESS RISK [25].

The Medicine Hat Community Housing Society (MHCHS) reported that in September 2016, its **affordable and social housing waitlist** was sitting at 338 applications.

338

OF ITS CURRENT TENANTS

28% WERE LONE PARENTS
46% WERE ALBERTA WORKS RECIPIENTS
10% WERE RECEIVING AISH OR CCP[26]

HOMELESSNESS

Medicine Hat became **the first city to end homelessness** in 2015, where no one in our community will have to live in an emergency shelter or sleep rough for more than 10 days before they have access to stable housing and the supports needed to maintain it.

1,072 TOTAL HOUSED SINCE 2009-2015
of which **312** WERE CHILDREN

673 2015-2016

Shelter use is on an overall decline since 2009, though resulting from the recession, we saw a spike from 2015 to 673 shelter users in 2016.

The average time to connect people experiencing homelessness to housing supports is 3-5 days [27].

HEALTH

Alberta Health Services data[27] identified the following population health trends are occurring in Medicine Hat:

On average, the condition with the **highest chronic disease prevalence rate** reported for Medicine Hat during 2005 to 2012 was hypertension. Hypertension is high blood pressure, and is related to stress, age, inactivity, and an unhealthy diet[29]. The largest rate of change during this period was reported for hypertension (on average 0.38 people per 100 population average increase per year).

2012 MEDICINE HAT RANKING

68 HYPERTENSION
67 DIABETES
10 HEART DISEASE
54 COPD

among prevalence rates reported for the **132** local geographical areas.

The volume of **emergency visits for patients residing in Medicine Hat** increased by 0.6% between 2011/2012 and 2013/2014.

↑ **0.6%**

SEMI-URGENT AND NON-URGENT VISITS COMBINED ACCOUNTED FOR
53.5% **OF ALL EMERGENCY VISITS IN 2013/2014.**

The **inpatient discharge rate associated with mental and behavioural disorders** was higher than Alberta's discharge rate per 100,000 population

263 MH
120 AB

During 2009/2010 to 2011/2012, **Medicine Hat's birth rate** per 1,000 women was

23.6 MH BIRTH RATE — lower than provincial rate
19.7 TEEN BIRTH RATE — similar to provincial rate

In addition, a higher proportion of **prenatal smoking cases** were reported in Medicine Hat compared to the province

MH **27.3%**
AB **16.2%**

SUICIDE ATTEMPTS
as per Vital Signs 2016

21 (2012) ↑ increase **34** (2015)

During 2004 to 2013 mental and behavioural disorders accounted for **4.7%** of all deaths.

Mental and behavioural disorders are particularly important from a population health perspective. In 2013, **Medicine Hat's emergency department (ED) visit rate for mental and behavioural disorders** was similar to the provincial ED visit rate per 100,000 population

MH **762.1**
AB **633.3**

SAFETY

Medicine Hat Police Service (MHPS) **reported property crime violations** per 100,000 persons totaled

4,037 IN 2015 ↑ up from **3,162** IN 2005 as reported in Vital Signs 2016.

77 POINTS 2015

62 POINTS 2014[30]

The **MHPS Reported Crime Severity Index** measures changes in the level of severity of crime in Canada from year to year. In the index, all crimes are assigned a weight based on their seriousness. The level of seriousness is based on actual sentences handed down by the courts in all provinces and territories. Using this index, there is a notable increase in 2015 to 77 points compared to 62 in 2014.

IN 2016, MHPS RESPONDED TO APPROXIMATELY 1200 CALLS RELATED TO MENTAL HEALTH OR ADDICTIONS

FOOD SECURITY

There were 1,873 households or 3,621 unique individuals who accessed the Food Bank in 2015-16.

1,873 households

3,621 unique individuals

OF THAT

36% WERE CHILDREN

22% WERE LONE PARENTS

66% WERE SINGLES

Of the 3,621 individuals who accessed the Food Bank, 30% had no income, and 25% were on social assistance. Importantly, **51% were new clients.**

30% had no income

25% were on social assistance

51% WERE NEW CLIENTS[33]

RECREATION

Access to recreation contributes to wellbeing and social connectivity and can mitigate some negative health impacts of low-income. The **proportion of the population moderately active or active** (ages 12+) is increasing but still only at 54% in 2013[31].

54% MODERATELY ACTIVE OR ACTIVE

Using data from the two **YMCA facilities,** a notable percentage of **service users** were

25% YOUTH (UNDER 19)

18% LONE PARENTS[32]

EARLY CHILDHOOD DEVELOPMENT

The Vital Signs 2016 report showed that **per month costs** in 2016 of approved family day home agencies for a **full-time child care**

$575-$675|M INFANT (UP TO 19 MONTHS OLD)

$575-$675|M PRESCHOOL-AGED CHILD

These costs were increased in **Licensed Child Care Centres**

$725-$875|M INFANT (UP TO 19 MONTHS OLD)

$600-$775|M PRESCHOOL-AGED CHILD

The ECMap 2014 study using the Early Development Instrument (EDI)[35], which is a standardized tool that measures the **development of populations of five-year-old children**[34], found that kindergarten-aged children in Medicine Hat were experiencing great difficulty with:

- **17.3%** PHYSICAL HEALTH AND WELLBEING
- **12.9%** EMOTIONAL MATURITY
- **9.4%** SOCIAL COMPETENCE
- **9.2%** LANGUAGE AND THINKING SKILLS
- **8.8%** COMMUNICATIONS AND GENERAL KNOWLEDGE

EDUCATION

Education is human capital that is both good for individuals and the economy. **High school completion rates** are part of the picture to be considered with poverty and wellbeing issues. The **completion rates** (3 year) reported by the three school boards are as follows from the Vital Signs 2016 report[36]:

SCHOOL DISTRICT 76

73.5% 2015 up from **67.8%** 2011

though **lower** than the Alberta average for that year at 76.4%.

PRAIRIE ROSE SCHOOL DIVISION

85.1% 2015 down from **87.9%** 2011

though **higher** than the Alberta average for that year at 76.4%.

MEDICINE HAT CATHOLIC SCHOOL DISTRICT

89.7% 2015 up from **84.7%** 2011

though **higher** than the Alberta average for that year at 76.4%.

Looking at **education enrollment,** per the Government of Alberta Regional Dashboard for Medicine Hat[37], in 2015 there were:

257 NEW APPRENTICES ↓ **24.6%** FROM 2014 bringing the overall total to 1,080 apprentices

190 WERE CERTIFIED ↑ **27.5%** FROM 2014

K-9 ENROLLMENT

7,869 ↑ **1.4%**

HIGH SCHOOL ENROLLMENT

2,473 ↑ **2.4%**

21,645 people with postsecondary qualification in 2011

↑ **22%** from 2006

TRANSPORTATION

High quality, affordable transportation helps individuals get where they need to go, such as healthcare appointments, childcare, and jobs. In Medicine Hat, Vital Signs 2016 reports the **main mode of transport to work** was[38]

92% CARS

3.7% WALKING

2.1% PUBLIC TRANSIT

0.6% BIKE RIDING

Owning and operating a car is costly. The 2016 **annual cost for mid-size car** in Alberta consisted of

$1,672 FUEL

$1,659 INSURANCE

$101 LICENCE/ REGISTRATION

$6,704 DEPRECIATION/ MAINTENANCE[39]

In Medicine Hat, the 2016 **monthly transit pass** for adults was

MHT **$70.50**[40]

FIVE FOUNDATIONAL PRINCIPLES

It is critical that we explicitly articulate the principles guiding our actions and decisions in this work as the foundation to our approach moving forward.

PRINCIPLE 1:

EVERYONE HAS AN EQUAL RIGHT TO JUSTICE, EDUCATION, PERSONAL SECURITY AND PRIVACY, WORK, CULTURAL, POLITICAL AND RECREATIONAL PARTICIPATION.

It is important to acknowledge that we live in a country that is a signatory of the United Nations Declaration of Human Rights; as such, it binds all levels of government to its principles including people's basic right to "a standard of living adequate for the health and well-being... including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond their control" [41] (Article 25). Beyond these basic rights, the Declaration calls for equal access to justice, education, personal security and privacy, work, cultural, political and recreational participation. In many ways, the articles of the Declaration echo the voices we heard in the engagement process: a certain standard of living is needed to achieve a good quality of life; no one area of life was irrelevant to wellbeing – whether jobs, health care access, education, or housing – as these needs varied considering peoples' unique circumstances.

Building on the notion of basic human rights, **THRIVE** recognizes that one must have access to the necessities of life, including food, shelter, education, personal security and privacy, equal access to justice, and civil and political rights.

THRIVE explicitly recognizes that ending poverty is a long-term goal and a major step towards realizing the right to adequate basic needs for all to achieve wellbeing. This is particularly relevant when we consider the impacts of colonization and systemic racism that continue to permeate our culture and social structures. In this vein, we fully recognize and commit to the principles of Reconciliation to co-create a new vision for a relationship between Indigenous peoples and all Canadians. We commit to challenging all forms of racism and systemic discrimination as a core value and action in our work to develop and impellent the **THRIVE** Strategy.

PRINCIPLE 2:

OUR APPROACH IS PERSON-CENTERED AND COMMUNITY-DRIVEN.

Ending poverty requires lived experience participation and shared decision-making. In fact, rather than dividing our thinking into an 'us and them' binary, our approach will, from its inception, be founded in a co-development model. Every aspect of Plan development and implementation is to be undertaken from a "nothing about us, without us" lens. The perspectives and voices of people experiencing vulnerability must shape our solutions – groups that have and continue to be subject to systemic marginalization, including Indigenous, LGBTQ2S, and visible minorities. Those with lived experience will be engaged throughout all levels of planning, implementation, and evaluation in a meaningful and productive manner.

The interventions will be individualized, strengths-based, culturally appropriate, flexible, and adaptable in response to the changing needs of community. **THRIVE** recognizes the diverse, complex and unique identities of people, particularly Indigenous, immigrant and LGBTQ2S individuals, those with developmental disabilities, mental health, and addictions issues. Individuals and their families must have supports that empower, form meaningful relationships, build competencies, develop leadership skills, and enable them to contribute to their community. Using a strengths-based perspective, **THRIVE**'s interventions will focus on enhancing the overall wellbeing of people, rather than focusing on their level of deprivation.

PRINCIPLE 3:

TO END POVERTY, WE MUST PREVENT IT IN THE FIRST PLACE.

The response to poverty and wellbeing must be coordinated among the diverse agencies, governmental bodies, and social and economic systems that those living in poverty need and/or access. System planning proposes that we build intervention responses in a coordinated fashion to ensure best outcomes at system-level, versus on a program-by-program basis. Because the community support system cannot solve poverty on its own, **THRIVE** must address the roles of mainstream services in an integrated fashion, such as health, education, housing, justice, and workforce development. Similarly, integration at the policy level must be re-aligned to meet the objectives of ending poverty, while addressing its structural factors simultaneously.

A prevention-focused system planning and integration approach focuses on measures within the community support system and mainstream public systems at the service and system levels to ensure that individuals and families do not fall into poverty in the first place. When a fall does occur, responses are in place to ensure this experience of vulnerability is as brief as possible and non-recurring. Preventing poverty has better long-term outcomes for youth, families and the community and is a more cost-effective approach than reacting to the problem as it exists.

PRINCIPLE 4:

ENDING POVERTY AND INCREASING WELLBEING REQUIRES A COLLECTIVE EFFORT.

The goals of **THRIVE** are a collective responsibility achieved through targeted and specific actions and solutions. Community members, government, academia, private, non-profit, and faith sectors are directly impacted by poverty and share responsibility for addressing it. Cross-sectoral collaboration and leadership will be essential to any sustained effort to address poverty and improve wellbeing. By acknowledging good work already being done, and building on existing knowledge, expertise, effective practices, partnerships and resources we can foster this cross-sectoral collaboration further. Strong linkages and alignment with relevant policy levers can further system-level solutions with government as well.

We have the fortune to be a community rich in volunteerism and a commitment to **"giving back"**. We have the audacity to set what some might consider to be unrealistic objectives and we have the grit to see through: Medicine Hat delivers. Ending poverty is a challenge we can consider a stretch-goal: something that is difficult but achievable with some extra effort. It will push us. We will need to make a commitment to invest in this effort, not just in dollars and cents, but also with our hearts and minds for the long haul. The root causes of poverty are complex: they are not all wholly within our control and we are impacted by outside forces, including government and broader macro-economic trends that can wreak havoc on our local efforts. This is why, moving forward, we must present a united front at the local level. We must align the resources that we control or influence to ensure maximum impact towards common objectives. And we must make every effort to bring in allies along the way, even if initially hesitant.

The notion of Collective Impact provides a framework to build a complex, long-term cross-sectoral mobilization effort, that will bring about social change, ending poverty and increasing wellbeing. As described by the well-known social change advocates, Foundation Strategy Group (FSG):

COLLECTIVE IMPACT IS A SIGNIFICANT SHIFT FROM THE SOCIAL SECTOR'S CURRENT PARADIGM OF "ISOLATED IMPACT," BECAUSE THE UNDERLYING PREMISE OF COLLECTIVE IMPACT IS THAT NO SINGLE ORGANIZATION CAN CREATE LARGE-SCALE, LASTING SOCIAL CHANGE ALONE. THERE IS NO "SILVER BULLET" SOLUTION TO SYSTEMIC SOCIAL PROBLEMS, AND THESE PROBLEMS CANNOT BE SOLVED BY SIMPLY SCALING OR REPLICATING ONE ORGANIZATION OR PROGRAM. STRONG ORGANIZATIONS ARE NECESSARY BUT NOT SUFFICIENT FOR LARGE-SCALE SOCIAL CHANGE[42].

PRINCIPLE 5:

SOCIAL CHANGE REQUIRES INNOVATION.

WE KNOW THAT WE DO OUR BEST WORK WHEN WE WORK TOGETHER, LEVERAGING ONE ANOTHER'S STRENGTHS.

We know that we will need to change some of the ways we do our work to ensure maximum impact. We heard in our consultations, poverty is multi-dimensional, touching the domains of housing, income, safety, social inclusion, and food security simultaneously. Building on this holistic experience of poverty, our response will need to be multi-dimensional. We can't simply focus on one basic need, such as food or housing, in isolation from other dimensions or we will miss the bigger picture. On the other hand, by looking at issues through a person-centered, holistic lens, we will find new ways of delivering innovative solutions to complex issues.

We have international examples where significant social change has resulted from such a multi-faceted approach: Belo Horizonte[43], a city that is working to end hunger in Brazil; Brownsville[44], a neighborhood in New York that reduced housing instability, and China, the country that raised over half its citizens out of poverty in the past decade – these are examples that used various entry points to poverty and wellbeing (namely food, housing, and income and employment) to better lives across dimensions. In Brazil, enhanced food security was tied to employment strategies, sustainable food systems, and school performance for children and youth. In Brownsville, the neighborhood partnership is working to reduce homelessness risk through community engagement, service coordination, and neighborhood revitalization with impacts on social inclusion, family and child wellbeing, school engagement and civic participation. Similarly, at a national level, China has made notable progress in many areas such as eliminating poverty and hunger, achieving universal primary education, ensuring healthcare for women and children, controlling and preventing diseases, and protecting the environment. Thus, the living standards of its people have been greatly enhanced[45].

The strategies outlined by **THRIVE** are about looking at social challenges from a holistic lens, considering the ripple effects of our actions across the various dimensions of poverty that participants described. We will look at best practices that are already working locally, and find ways to increase their impact. For instance, the Food Bank FoodFirst Pilot, and various Housing First initiatives have demonstrated success already from a multi-dimensional perspective. Housing First programs have collectively reduced homelessness, but decreased participant use of public systems, enhanced safety and quality of life. Similarly, FoodFirst participants have shown significant reductions in food insecurity, but reductions in housing instability, system use, and increased social inclusion.

We know from our community locally and promising approaches elsewhere, that there are key actions we can take to enhance the various services we do have. Across the various dimensions of poverty, several innovative solutions emerged from our consultations and research that merit further exploration as the **THRIVE** Strategy heads into implementation.

PRIORITIES & KEY ACTIONS

What does it take to end poverty and increase wellbeing? The **THRIVE** Strategy is proposing the development of a holistic, person-centered systems approach that calls for a reorientation of current responses involving several key priorities. The proposed strategies and actions emerged from the existing body of evidence and plans already in place, but most importantly, they resounded in the community voices heard throughout the **THRIVE** Strategy development.

Note that Priority 1 and 2 provide much more detail than the ensuing 3 through to 13: this is due to the need to articulate in detail the implementation of a Community System that introduces a new vision for organizing efforts to address poverty in the community. Priorities 1 and 2 lay the groundwork for the rest of the **THRIVE** Strategy.

IT IS IMPORTANT TO THINK OF THESE PRIORITIES IN A HOLISTIC FASHION:

in other words, when we work on affordable housing actions, keep an eye on how we can address the other priority areas simultaneously. Even if income security or business innovation are not the primary goals in a particular initiative, they could still be part of the work. The innovative work ahead is about recognizing that the person, family and community are wholes that are **greater than the sum of their parts.**

1. LEADERSHIP AND SYSTEMS CHANGE

1.1 Advance system reform through a comprehensive Policy Agenda.

1.2 Embed the lived experience voice in implementation and **THRIVE** Strategy implementation governance.

1.3 Engage Medicine Hat residents in a social movement to end poverty and increase wellbeing.

1.4 Declare and demonstrate our commitment to social inclusion, with a focus on authentic Reconciliation that revitalizes the relationships between Indigenous peoples and all Canadians.

1.5 Launch a Council of Champions to lead **THRIVE** Strategy implementation.

1.6 Create an independent backbone organization to support the Council of Champions and drive **THRIVE** Strategy implementation.

1.7 Support the Council of Champions to raise the start-up funds for **THRIVE** Strategy implementation infrastructure needs.

1.1 ADVANCE SYSTEM REFORM THROUGH A COMPREHENSIVE POLICY AGENDA

While commitment to addressing poverty is gaining traction at the federal and provincial levels, we need more action on the issue of integration across ministries and departments, social infrastructure investment, and key policy changes. We need fulsome community support to ensure ending poverty and addressing wellbeing are shared priorities for Medicine Hat residents.

A higher level of **policy coordination** will be essential to address poverty and enhance wellbeing; this requires government leadership to align areas of accountability such as income assistance, infrastructure, health, family violence, corrections, child intervention, education, and affordable housing/ rent supports.

We will encourage government to develop and enact strategies to prevent and end poverty that outlines the ownership and accountabilities needed across ministries and departments. This should be a mandate document outlining expectations as a full government priority and delineate measurable steps taken across and within key areas that contribute to the goals of their plans.

To end poverty long term, we need to find ways to increase incomes for vulnerable populations, including the enhancement of provincial income supports, rent supports, and access to quality employment. This further involves federal accountabilities regarding Indigenous peoples, immigration and settlement, taxation, basic income, affordable housing, and economic development. Similarly, at the municipal level, the land use, transit, economic development, and prevention services require meaningful integration to support an end to poverty as well. At the municipal level, it is essential that we see leadership and action on affordable housing development and policy change with respect to land use. We have tremendous opportunities to align Plan priorities with the work of FCSS.

A critical implementation priority of the **THRIVE** Strategy is to develop a detailed **Policy Agenda** that outlines key policy and funding areas that could be leveraged to significantly impact poverty and enhance wellbeing. We will tackle these issues collectively to develop this Agenda: while respecting and acknowledging that collective leadership and support is integral, an end to poverty will be out of reach.

Government will have to develop new ways of coordinating resources and aligning policy to enact this approach; services will have to be delivered in a harmonized manner to common priority populations and data sharing will have to improve to enable implementation at the service-delivery level. Our public system partners in health, child intervention, education, police, and justice are active allies at the service delivery level and we need their action on changing practices, policies and in some cases beliefs, aligned with making progressive system enhancements. Without full integration, our Community System will not resolve these challenges on its own. We will need to engage key public systems in the development of an integrated service delivery model to respond to poverty and wellbeing collectively leveraging expertise and resources. To this end, we will work to explore the integration of public systems (mental health, health, income assistance, etc.) with community-based services at accessible locations. This aligns with the provincial government's work to create a **single-entry point** to government supports, benefits, and resources that is integrated with our Community System.

1.2 EMBED THE LIVED EXPERIENCE VOICE IN IMPLEMENTATION AND GOVERNANCE

Those with lived experience, either current or past, are essential components of the community leadership needed to implement the **THRIVE** Strategy. The lived experience voice has been instrumental, grounding the development of the **THRIVE** Strategy. Continued involvement is both desired and imperative to our collective success; to this end, the governance mechanism and implementation of the **THRIVE** Strategy must ensure the lived experience voice is at the table and represented by more than one or two individuals.

A consistent and meaningful mechanism must be developed to ensure this voice is truly integrated in ongoing planning and implementation. This can, and should, build on existing successes using diverse methods for engagement that create space for authentic dialogue to speak and be heard, and openness for change and progress. We will explore innovative peer-led models to address poverty that leverage the skills and expertise of those with lived experience across our priorities e.g. Speakers Bureau.

In hearing from those with lived experience; specifically, on how they see themselves best engaged in implementation, we propose the inclusion of those with lived experience on the Council of Champions and the creation of an **Advisory Lived Experience Leadership Group.** The group will provide strategic advice on an ongoing basis to the new backbone organization and Council implementing the **THRIVE** Strategy.

Future funding of **THRIVE** related initiatives will include a requirement for applicants to demonstrate how they've engaged people with lived experience in initiative planning, governance, implementation, and evaluation.

1.3 ENGAGE MEDICINE HAT RESIDENTS IN A SOCIAL MOVEMENT TO END POVERTY AND INCREASE WELLBEING

We need to engage Medicine Hat residents in a social movement to end poverty and we will need champions to carry our message and make it a priority for residents, businesses, and government. This will help keep poverty on the public agenda leveraging the **media and community mobilization strategies**.

Public education and engagement strategies will be critical to the success of the **THRIVE** Strategy working with diverse groups, including the faith sector, business, and media. The media will continue to be key partners to publicize and keep the issue on the radar of the public and government. All of us need to support the **THRIVE** Strategy to truly move a joint policy and funding agenda forward.

We need to **challenge myths** about those experiencing poverty and develop innovative population-level education strategies to increase awareness about poverty risk and how it can be mitigated. We must tackle discrimination particularly for Indigenous peoples, immigrants, and racialized communities. We must educate and inform citizens that ending poverty contributes to our overall community wellbeing and a thriving city.

(1.3 contd.)

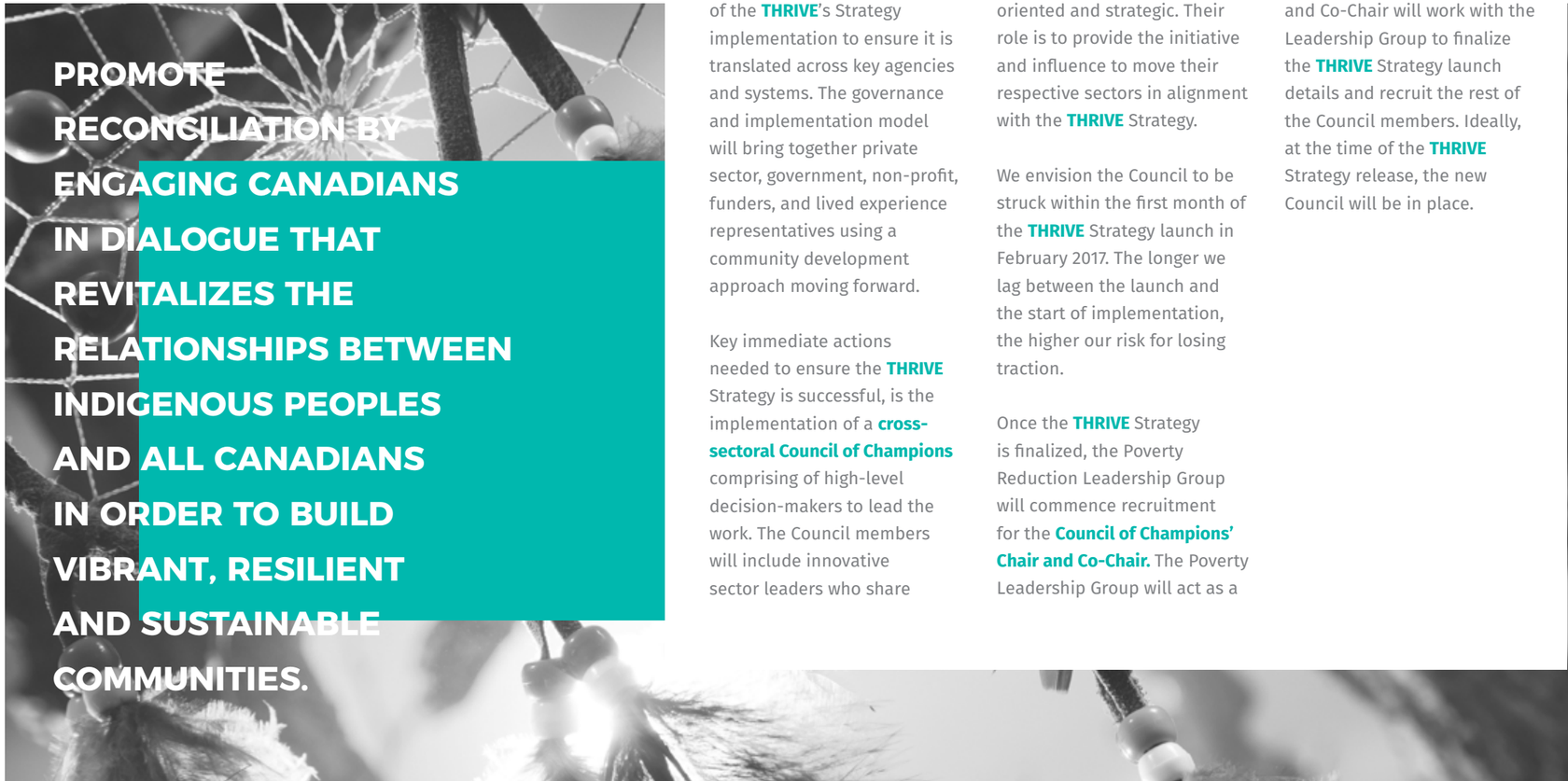
Early in implementation, we need to develop a comprehensive engagement plan, and targeting key groups will be essential to implement the **THRIVE** Strategy. At an individual level, we will continue to need community members to contribute their time, **volunteering** at the service level, on boards of directors, as well as making **donations** to support Strategy priorities. The faith sector will continue to be an essential part of the effort and we are just now beginning to leverage its potential in supporting the **THRIVE** Strategy. We will need the support of public system partners in education, health, justice, etc. and the business sector, Mayor and Council, and the faith sector.

1.4 DECLARE AND DEMONSTRATE OUR COMMITMENT TO SOCIAL INCLUSION AND AUTHENTIC RECONCILIATION

Social inclusion refers to conditions for equal opportunities and equal access for all. The concept recognizes the mutually beneficial relationship between community and the individual. When people rely upon each other and the success of their interactions, that responsibility and interdependence creates a commitment to the social processes in a community[46]. Social inclusion efforts need to permeate all aspects of our work in implementing the **THRIVE** Strategy. It means that we pay specific attention to including groups that are systematically excluded and have unequal access to full participation in our society in the governance of the **THRIVE** Strategy, but the objectives of our initiatives. It means that as a community, we have the awareness and demonstrate the behaviors that promote gender equity and eliminate all forms of discrimination, with a focus on aligning our local efforts with the principles of Reconciliation.

Truth and Reconciliation Commission of Canada[47] provides vision for a new way forward to "promote reconciliation by engaging Canadians in dialogue that revitalizes the relationships between Indigenous peoples and all Canadians in order to build vibrant, resilient and sustainable communities"[48]. A critical step in this work is creating opportunities for people to engage in open and honest conversation to understand our diverse histories and experience. This includes integrating Indigenous people across our spectrum of **THRIVE** Strategy development, governance and implementation but permeating our work with a Reconciliation lens probing our alignment with its core values.

We must continue to advance a better understanding of Indigenous histories in our schools, colleges, workplaces and dinner tables. As a city, we can be intentional in declaring our commitment to Reconciliation, including an annual **Reconciliation Walk and Celebration** to raise awareness but advance a new vision forward.



1.5 LAUNCH A COUNCIL OF CHAMPIONS TO LEAD THRIVE STRATEGY IMPLEMENTATION

For the THRIVE Strategy to be successful, we need to have an open dialogue about governance and implementation as a community and determine a go-forward direction together.

We will work together to develop a governance and operational model that provides coordinated oversight of the **THRIVE**'s Strategy implementation to ensure it is translated across key agencies and systems. The governance and implementation model will bring together private sector, government, non-profit, funders, and lived experience representatives using a community development approach moving forward.

Key immediate actions needed to ensure the **THRIVE** Strategy is successful, is the implementation of a **cross-sectoral Council of Champions** comprising of high-level decision-makers to lead the work. The Council members will include innovative sector leaders who share the vision of ending poverty in our community; they are recognized community leaders, bold and visionary, action-oriented and strategic. Their role is to provide the initiative and influence to move their respective sectors in alignment with the **THRIVE** Strategy.

We envision the Council to be struck within the first month of the **THRIVE** Strategy launch in February 2017. The longer we lag between the launch and the start of implementation, the higher our risk for losing traction.

Once the **THRIVE** Strategy is finalized, the Poverty Reduction Leadership Group will commence recruitment for the **Council of Champions' Chair and Co-Chair.** The Poverty Leadership Group will act as a vehicle to help coordinate the inception of the Council and will support recruitment of its Chair and Co-Chair. The Chair and Co-Chair will work with the Leadership Group to finalize the **THRIVE** Strategy launch details and recruit the rest of the Council members. Ideally, at the time of the **THRIVE** Strategy release, the new Council will be in place.

1.6 INTRODUCE AN INDEPENDENT BACKBONE ORGANIZATION TO LEAD IMPLEMENTATION

The Council will need infrastructure supports to enact its direction. In examining collective impact efforts, we recommend that resources be brought forward by partners to launch an independent backbone organization dedicated to implementing the **THRIVE** Strategy forward, with the following key roles:

- Provide overall coordination for the implementation of the **THRIVE** Strategy, which includes annual strategic reviews, updates, and reports on progress.
- Assist in engagement efforts across diverse stakeholder groups to support implementation.
- Advance the system planning approach for the Community System, including the development of a shared information system, coordinated access, common standards and processes.
- Help align diverse funding streams to meet **THRIVE** priorities and targets.
- Develop comprehensive program and system performance management and quality assurance processes.
- Promote integration across systems including health, corrections, domestic violence, housing, education, child intervention, etc.
- Develop and implement innovative solutions to meet local needs leveraging diverse resources.
- Ensure research and evaluation are integrated into ongoing **THRIVE** implementation and refinement.
- Mobilize knowledge to support agencies, peers and public policy makers in the execution of their roles supporting **THRIVE** priorities.
- Champion **THRIVE** in the local community, provincially, nationally and internationally.
- Implement capacity building initiatives, including training and technical assistance.

The role of the Council will be to refine these functional roles for the backbone organization, and determine the most efficient manner of securing resources to fund staffing and startup costs. Ideally, local partners including funders would contribute to the creation of the backbone organization to support the work of the Council with resources in shared manner, demonstrating their commitment to the **THRIVE** Strategy.

1.7 SUPPORT THE COUNCIL OF CHAMPIONS TO RAISE START-UP FUNDS FOR THRIVE STRATEGY IMPLEMENTATION INFRASTRUCTURE NEEDS

The Council's immediate work is to secure infrastructure supports for implementation and finalize the structure for the new independent entity providing these supports. Funds will need to be secured to resource staffing and implementation budgets. Funders are encouraged to co-fund the new entity as a tangible way of showing commitment to the **THRIVE** Strategy. Ideally, funders with a stake in poverty reduction, would contribute to the Council's budgetary requirements in a shared manner.

It will be essential that the right leader is in place to advance the **THRIVE** Strategy in practice. The Council will look to **recruit a CEO/Executive Director** for the new entity as an immediate first step. The CEO will work with the Council to develop annual business plans to support the implementation of the **THRIVE** Strategy. CEO and Council of Champions members will develop implementation steps over the immediate term estimating rollout of initiatives, focus areas, and additional funding needed in consultation with key stakeholders.

It is recommended that staffing be nimble and small-scale to maximize flexibility and ensure efficiency. A 1.5 FTE staff complement comprising of a CEO and part-time coordinator be hired to kick-start the process reporting to the Chair(s) of the Council. The fiscal agent of the initiative can reside with an existing organization to minimize administrative costs and office space may be available in existing spaces. Over time, as needed, this infrastructure should be reviewed to ensure that the ongoing needs of implementation are being met.

A preliminary budget estimate for the new entity is outlined below totaling approximately $1.27 million over three years. Note that these funds may be redistributed or new resources raised.

ITEM	DETAILS	YEAR 1	YEAR 2	YEAR 3
CEO/Executive Director	Proven and credible high-calibre leader reporting to Council leading all aspects of implementation.	$120,000 FTE Inc. benefits	$122,000 FTE Inc. benefits	$125,000 FTE Inc. benefits
Coordinator	Coordination and administrative support for the **THRIVE** Strategy.	$30,000 PTE Inc. benefits	$60,000 FTE Inc. benefits	$62,000 FTE Inc. benefits
Staff & council expenses	Office space, printing, parking, travel, meeting costs, etc.	$10,000	$10,000	$10,000
Research, communications, engagement support	Funds for annual reporting, research on progress, social engagement, marketing, public events, etc.	$50,000	$75,000	$75,000
Social innovation fund	Funds to support innovative social enterprise incubation/acceleration (loans/investments/grants).	$100,000	$100,000	$100,000
Pilot initiatives	Including coordinated access, information system, performance management framework, etc.	$75,000	$75,000	$75,000
ANNUAL FUNDING NEEDS ESTIMATE		**$385,000**	**$442,000**	**$447,000**

2.

COMMUNITY SYSTEM PLANNING

2.1 Develop a real-time Service and Funding Map, including target groups, eligibility criteria, program types, outcomes, and outputs to understand where funding is currently being invested and to what end.

2.2 Engage key stakeholders in defining the Community System and its key principles and service delivery model across organizations to enhance coordination and impact.

2.3 Develop and implement a Community Information Management System to embed research and data in **THRIVE** Strategy implementation.

2.4 Align diverse funding streams to support Plan priorities leveraging a Funder's Forum using a common Performance Framework to increase service quality and impact across the Community System.

2.5 Introduce measures to enhance coordinated access to services, including consistent assessment, triage and referral processes, information sharing strategies, Community Hubs and Community Fairs.

2.6 Support the Community System's funding, capacity building and innovation needs with training, networking and mentoring opportunities.

At its most basic definitional level, a system is the integrated whole comprised of defined components working towards a common end. System planning requires a way of thinking that recognizes the basic components of a system and understands how these relate to one another, as well as their basic function as part of the whole. Processes that ensure alignment across the system are integral to ensure components work together for maximum impact[49].

THE CHART BELOW SUMMARIZES THE ESSENTIALS OF ENDING POVERTY AND INCREASING WELLBEING FROM A SYSTEM PLANNING LENS.

COMMUNITY SYSTEM PLANNING ESSENTIALS

▲ **Planning & Strategy Development**
Local **THRIVE** Strategy follows shared vision and principles grounded in evidence-based practice to end poverty and enhanced wellbeing. There are shared planning approaches across systems targeting priority groups in place to advance shared goals.

▲ **Organizational Infrastructure**
Organizational infrastructure is in place to implement the **THRIVE** Strategy and coordinate the Community System to meet common goals. Coordinating infrastructure to lead integration efforts across systems is established.

▲ **System Mapping**
There is a process in place to make sense of existing services and create order moving forward. This includes resources and providers across sectors (non-profit, private, government) and systems (education, health,
income, etc.).

▲ **Coordinated Resources & Service Delivery**
Key system alignment processes including coordinated access, assessment and prioritization, are in place to facilitate access and flow through to resources and services for best individual and system-level outcomes. A coordinated access, assessment and matching process is established using shared processes to facilitate coordinated delivery.

▲ **Integrated Information Management**
A shared information system aligns data collection, reporting, coordinated access, assessment, referrals and resource-service coordination in the community system. The use of a shared information system is extended or combined with data bridges among existing systems to enable information sharing for service coordination and planning purposes.

▲ **Performance Management & Quality Assurance**
Performance expectations at the program and system levels are articulated; these are aligned and monitored along set service standards to achieve best outcomes for participants. Resources are in place to support uptake across organizational levels. Common indicators are developed across similar service types and at system levels to articulate how components fit as part of broader whole. Service quality standards are in place across systems providing similar function, reinforced through monitoring and capacity building.

▲ **Systems Integration**
Develop mechanisms to integrate the Community System and other public systems and services, including justice, child intervention, health, immigration/settlement, economic development, domestic violence, housing and homelessness to advance shared objectives.

2.1 DEVELOP A REAL-TIME SERVICE AND FUNDING MAP

In applying this concept to ending poverty and enhancing wellbeing, we need to articulate what the Community System is comprised of in the first place. There is a wide range of components serving those at risk of or experiencing poverty, in all its dimensions. There are components, such as recreation, education or public health that deal broadly with quality of life issues. Truly, we have a vast array of supports in our community in virtually every area that has been associated with poverty or wellbeing. In fact, we often have the same service provider involved in more than one of these areas at the same time.

A preliminary Service Map has identified approximately 100 different programs, agencies, and initiatives in Medicine Hat that deliver such supports. During the consultations, participants reported the number is closer to 250. This is not to say we are duplicating efforts; rather, to highlight the need for a coordinated approach at the community level for maximum impact.

We have providers focused on the delivery of emergency food-related resources – such as the Food Bank, which provides school-lunches, food hampers to those in need, community gardening initiatives and other public awareness work around healthy eating and sustainable food systems. Other providers focus on housing and homelessness: such as the array of Housing First programs working under the umbrella of the *At Home in Medicine Hat: Our Plan to End Homelessness* strategy. These programs include affordable, supportive, and transitional housing provision, as well as emergency shelters, Rapid Rehousing and Intensive Case Management. Of course, diverse services exist to enhance recreation, physical and mental health through prevention and intervention approaches as well.

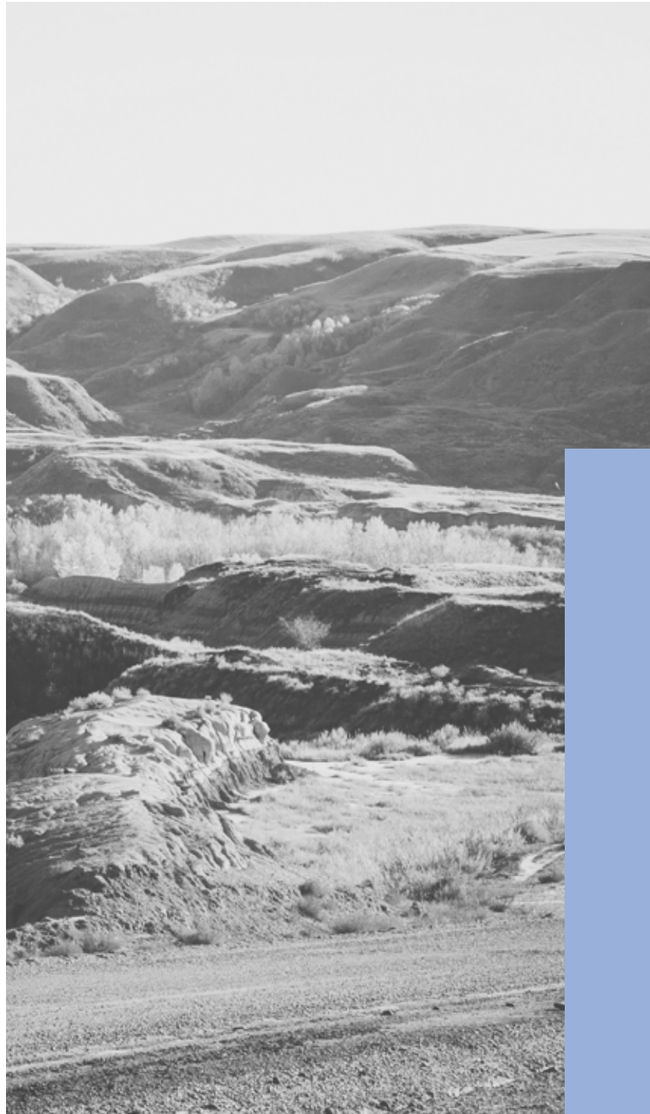
We are fortunate to have funders like the MHCHS, the CFSEA and the United Way, along with the City of Medicine Hat FCSS, provide about $5 million dollars to community organizations to deliver critical supports for our community. These services are delivered alongside those operated by public systems including three school boards, Alberta Health Services(AHS), SE Alberta Child and Family Services, Corrections, Medicine Hat Police Service, etc. There are instances when government funds non-profit organizations to provide aspects of supports while maintaining delivery in-house on similar supports. For instance, agencies provide rent supports to Housing First participants, but these participants are likely accessing income assistance through Alberta Works.

Again, we are not saying we should eliminate any of these supports and funding; what we are noting is that the current system does not have a coherent order in place. While we may understand in theory how the Community System operates, in practice, those who find themselves in need often report that resources are not delivered in a transparent manner and they have difficulty navigating the complex networks of supports. Especially for those in crisis, timely access is critical. We have to find better ways of coordinating our resources and ensuring the right matching of supports to meet needs in real-time. To this end, the creation of a comprehensive **Service and Funding Map** can help us sort through these complexities to better enhance coordination and support the implementation of common objectives. This will help major community donors and philanthropists enhance the impact of their investments. *Please refer to Appendix 3 - Stakeholders for a chart highlighting various stakeholders that need to be engaged locally and from the government to develop the Service and Funding Map.*

2.2 DEFINE THE COMMUNITY SYSTEM'S KEY PRINCIPLES AND SERVICE DELIVERY MODEL

Those with lived experience have told us repeatedly how frustrating they have found accessing needed services, struggling to piece together essential supports from the myriad available – each with their own set of rules and procedures. The current social support system is incredibly difficult to navigate for vulnerable citizens, particularly those facing high levels of needs.

The **THRIVE** Strategy is a call to address service coordination and integration differently; it entails the restructuring of a local system's approach to social supports following a new vision and principles, as well as the integration of that system with others serving similar objectives. We have proposed a set of principles for the Community System, which will have to be refined in implementation to ensure buy-in and ownership of a collective vision. System planning requires a reorganization of our service delivery landscape using these shared principles, tying together the activities of diverse stakeholders across diverse systems towards the shared goal of ending poverty and enhancing wellbeing.



We can look at poverty as an expression of the failure of individual systems to deliver effective interventions for vulnerable groups. **THRIVE** Strategy gives us an opportunity to re-design our Community System. We know from both research and experiences that when systems come together to deliver integrated approaches tailored to community and individual needs, outcomes improve across the board. **THRIVE** Strategy calls for the application of a person-centered lens across our work, recognizing the unique needs of individuals, using a strengths-based approach that emphasizes the capabilities of the individual and the resources available within communities. **THRIVE** recognizes the unique circumstances of Indigenous peoples, youth, families with children, people with disabilities, women, immigrants and refugees, seniors, and other subpopulations. There are issues that intersect across these populations, particularly family violence, trauma, mental health, addictions, and physical health issues and accessibility

(2.2 contd.)

needs. Systemic factors, including intergenerational trauma, colonialism, racism and discrimination further compound to impact the individual experience of poverty and wellbeing, particularly for Indigenous people.

A person-centered approach to social policy and program development and implementation should focus on the needs of the individual rather than the mandates of established public systems or services. It means that Medicine Hat residents in need of supports and resources can access assistance in a coordinated manner; they receive accurate information and appropriate, timely assistance so they can make decisions that help them reach self-sufficiency as early as feasibly possible[50].

To truly integrate various stakeholders and services into a Community System, we will need to articulate and agree upon, and furthermore, uphold one another to a **common set of principles** guiding our work in practice. A key action is for community stakeholders to review and adopt such clearly defined principles. We are proposing the 5 Foundational Principles as a starting point for discussion, noting these will need to be confirmed through implementation.

A model of wrap-around supports, will be needed to develop **a coordinated service delivery** approach that looks at each person and family based on their type and level of need, connecting them to resources, and providing supports accordingly. A common access process will allow us to develop ways to screen those seeking assistance and match them to resources using consistent procedures.

A key opportunity is presented by the work already being done by various service providers focused on vulnerable populations who provide case management, outreach, or system navigation supports to develop a more coordinated manner to delivery of such services in community working through a coordinated access process. For instance, programs delivered by McMan Youth, Family and Community Services Association, MHCHS, Medicine Hat Women's Shelter Society, and Canadian Mental Health Association, Food Bank, Medicine Hat Family Service, Medicine Hat Youth Action Society, REDI Enterprises employ such support workers working with vulnerable individuals and families.

ENSURE THOSE IN NEED HAVE ACCESS TO PREVENTIVE MENTAL HEALTH SERVICES, RECREATION, TRANSIT, ETC. – WHATEVER THEIR NEED MIGHT BE, RATHER THAN ONLY ASSISTING WITH ONE PIECE OF THEIR PUZZLE AT A TIME.

We will need to better understand how those in need of support are aided by these various agencies and systems that may be involved with simultaneously providing services and supports. We can explore the coordination of case plans across these programs by developing standard ways of developing goals, accessing resources, and tracking progress using a common assessment tool. It may be beneficial to identify a case lead for all those who seek support to avoid duplication and ensure best impact. We are proposing through this process that we effectively restructure services to become increasingly coordinated and strategic, meeting the needs of participants from a strength-based, person-centered lens. Rather than relying on those in need to piece-meal various resources, and navigate complex systems alone, we are instead retooling our work to better meet their needs.

We will endeavor to sort through how to best develop targeted approaches based on participant needs. Will we discern programs based on areas of focus (housing, income, mental health, etc.) or level of client complexity (low, moderate, high), or population type (youth, families, Indigenous, etc.)? Likely all forms of specialization will continue to some extent and we will need to develop Service Plans which follow the person to help tie together diverse specialized resources and services. This can ensure those in need have access to preventive mental health services, recreation, transit, etc. – whatever their need might be, rather than only assisting with one piece of their puzzle at a time. Again, this may mean our services must be restructured to enable a new way of working supported by funders.

Effectively, by using a **Common Quality of Life and Poverty Assessment Tool** (to be developed), these community services can develop more coordinated ways to match participants to services and supports, and to track service participant progress in a consistent manner. The Tool can become integrated into case management practice, and include a survey component to assess impact and service quality from the participant's perspective. The new coordinated case management model will move us from a program or agency-centric way of delivering services and resources, to one that is person-centered and strengths-based.

2.3 IMPLEMENT A COMMUNITY INFORMATION MANAGEMENT SYSTEM TO EMBED RESEARCH AND DATA IN THRIVE STRATEGY IMPLEMENTATION

Medicine Hat Community Housing Society has made significant strides in implementing a systems approach as evidenced by the success of the effort to end homelessness; in fact, the model is considered a front-runner in such approaches internationally. Yet, our efforts are limited to homeless-serving providers only at this time. For example, the Efforts to Outcomes shared information system captures data for the various homeless providers and while an important achievement, we have limited visibility of the rest of the full Community System.

We do not know for instance, whether those who seek emergency shelter do so after rent supports or income assistance have already been provided. We do not know if families can access prevention services, such as counseling, life skills building, or recreation services prior to experiencing hunger and using the Food Bank. Importantly, we do not know what impact our interventions are making long term, because we simply do not have the processes in place to track how people move through the system. This makes system planning virtually impossible and severely limits our capacity to respond appropriately and adjust in real-time – especially concerning prevention. We need to build a way forward that gives us accurate information about what is happening on the ground to best meet the needs of Medicine Hat residents.

We can analyze which intervention works best for which group; we will know how many unique service participants access programs and where system-level gaps exist. A common data information system can give us a tremendous advantage in this effort, yet, we are unfortunately only able to see part of the homeless-serving system, and even less of the overall community social support system.

There is currently no means to comprehensively track service participants in the Community System; further, diverse government departments continue to require various databases as well in child intervention, family violence, income supports, etc. Similarly, funders of non-profits use varying reporting tools.

Having access to **one, central source** of information about diverse resources, supports, and opportunities in the community can have significant benefits, especially when paired with transparent and equitable eligibility assessment processes. From a system planning perspective, merging coordinated access to supports can enable the consolidation of multiple wait lists, a refined analysis of demand at the service participant level, and a means of tracking housing outcomes across providers.

A community-based information system using common definitions and indicators across services can significantly improve our capacity to deliver social supports at the local level. Similarly, the development of a consistent triage, assessment, and access process, leveraging such an integrated information management system, can improve outcomes and use of resources. Thus, a key priority of implementation will be to review data collection and management practices and develop a **Community Information Management System** moving forward that enables system planning in practice.

We have heard time and time again that a better way to offer access to critical information consistently is necessary across the community. To truly implement this, we will need to enhance common access and triage processes to cover the full Community System, including a centralized resource registry. In order to develop an efficient and coordinated point of access to services for those experiencing vulnerability we will need to build a common intake, triage and assessment process leveraging a shared information system.

To ensure we are making evidence-based decisions, **leveraging data and research in real time** from the start. This includes working with our academic partners, including the Medicine Hat College, to develop research priorities in support of the **THRIVE** Strategy goals, as well as having access to researchers to help us access new information and promising practices. **THRIVE** will need to embed evaluation and continuous learning in our approach to assess impact at the program and system levels. By using research to support and inform the Strategy, we can refine our approach based on implementation learnings.

From a practical standpoint, **THRIVE** will need to refine the indicators of progress and targets we have set out. We will need support from researchers to develop the Community Information Management System, and analyze data as it is implemented. We will explore developing an annual survey on the multidimensional aspects of poverty and wellbeing and will encourage all Medicine Hat residents to participate in order to track impact and emerging trends. This can complement the CFSEA's Vital Signs reports and act as a tool for engagement. It can further provide a critical window into the realities of poverty from a consistent and comprehensive data source tailored to track progress against the Strategy.

We will support research impact that leads to changes in policy and practice through targeted **knowledge mobilization efforts** and contribute to the broader body of knowledge on poverty by sharing learnings' with other communities. This involves moving knowledge generated by formal research as well as learnings' from practice to enhance connections that improve outcomes.

2.4 LAUNCH A FUNDER'S FORUM USING A COMMON PERFORMANCE FRAMEWORK

Parts of the Community System have been aligned through joint provincial, federal, and philanthropic funding to some extent, as in the case of homelessness initiatives; however, in light of the priorities of the **THRIVE** Strategy, resources must be strategically re-examined from a united perspective to ensure diverse funders are not working at cross-purposes or duplicating efforts.

Enhanced **funding integration** at the community level is necessary so that system planning will become a reality. Moving forward, funders, service providers, and government will have to come together to resolve the issue of coordination in our community around social issues. We cannot afford to continue to work in silos and this means letting some pieces of our work go and take on new ones instead in order to move priority community goals forward.

A key action will be striking a **Funder's Forum** to kick-start discussions on how we can better align resources towards common priorities in support of the **THRIVE** Strategy, as well as delineate funders' roles in the **THRIVE** Strategy. Partners that will have key roles in this process include the MHCHS, Employment and Social Development Canada, FCSS, SE Alberta Child and Family Services, Alberta Health Services, the Salvation Army, the United Way and the CFSEA.

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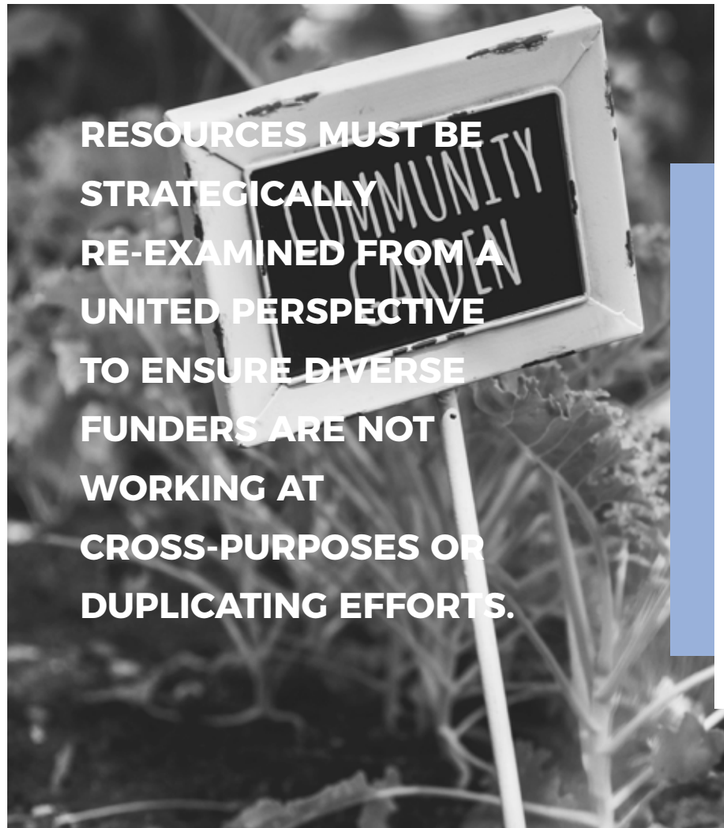
System coordination efforts should further include **performance management and quality assurance.** After the exercise in 'sense-making' out of the vast array of programs and services delivered by government bodies or service providers to produce the **Service and Funding Map**, we must ascribe a clear function and structure to the Community System and identify its key components. Each component will in turn need to have clear functions and attributable, measurable outcomes. These components must be coordinated by a lead **organization to drive the community goals in implementation**. This entails ongoing planning and **THRIVE** Strategy development to adjust to changing conditions. The governance mechanism of this system should be articulated and aligned to the government and community mandates around social outcomes.

WORKING THROUGH MULTIPLE DECISION MAKING BODIES IS NOT EFFECTIVE TO ACHIEVE SOCIAL OUTCOMES IN A COORDINATED FASHION.

The approach of working through multiple decision-making bodies is not effective to achieve social outcomes in a coordinated fashion. Once this is in place, **common progress indicators, outcomes, targets and benchmarks** will need to be developed that cut across services. These should be articulated and measured on an ongoing basis. Simply put, the goals and outcomes of system planning need to apply across services and organizations. These must be reinforced throughout the service delivery and funding mechanisms – whether they are departmental or funder performance targets and annual reports, or those of non-profit service providers.

While we are proposing a set of system-wide goals for the THRIVE Strategy, indicators of a well-functioning Community System will need to be drilled down further to articulate the roles of various programs and initiatives in the greater collective effort, and their indicators of success. We have developed such measures for parts of the system – as indicated by the various outcome areas tracked by FCSS and MHCHS – however, these will need to be aligned to support the common objectives of the **THRIVE** Strategy. A performance management and quality assurance process is needed to ensure diverse providers are advancing the goals of the Strategy in practice. Further, **common Standards of Practice** and processes to service delivery will need to be developed to advance a coordinated approach in practice. To this end, a key action of the Strategy calls for the development of a **Community System Performance Framework** to be developed as part of establishing the coordinating infrastructure.



RESOURCES MUST BE STRATEGICALLY RE-EXAMINED FROM A UNITED PERSPECTIVE TO ENSURE DIVERSE FUNDERS ARE NOT WORKING AT CROSS-PURPOSES OR DUPLICATING EFFORTS.

2.5 ENHANCE COORDINATED ACCESS TO SERVICES

A priority for THRIVE is exploring the most effective mechanisms to deliver such coordinated access to supports and resources in the community. Should one, main hub or multiple entry points be used? Can we develop a better means of providing web-based information? Can we leverage existing service hubs to enhance coordination among them? We have several key points of contact with those seeking assistance – would it make sense to explore expanding their roles into broader intake, assessment, and triage to the Community System? If so, what would this mean for how organizations currently receive and accept referrals? These are critical questions that need to answered as the community moves towards a coordinated access model for the Community System.

A key process question that needs to be explored is how to develop ways to match those seeking assistance with diverse resources available. While the Service and Funding Map is a place to start, a consistent tool will be needed for assessment and triage across the System. This will enable diverse services to be better matched with those in need, using a common tool. A Common Quality of Life and Poverty Assessment Tool that will be developed can enable such **program matching,** and can be used by support workers to track service participant progress in a consistent manner. The Tool can therefore become integrated in case management practice, and include a pre/post participant survey component to assess impact and service quality. To operationalize service coordination in practice, an emerging innovative idea is that of **Community Hubs** that effectively bring diverse resources and supports closer to those they are intended to serve. Already, Medicine Hat has implemented a Youth Hub operated by McMan and the Food Bank is exploring its transformation into the Food Centre, which builds on the strengths of people working together to enhance access to nutritious food and sustainable food systems leveraging food programming, collective kitchens, and community gardens. Similarly, emergency shelter providers like MHWSS and the Salvation Army act as gateways to networks of supports available and provide system navigation assistance. The YMCA is delivering diverse services beyond recreation already that could be enhanced into a Community Hub. Salvation Army is already exploring its potential expansion into a Community Hub and three of the schools in School District 76 house 3 Community Resource Workers who provide systems navigation to residents who need information on how and where to access community resources.

We can further the idea of these hubs to provide services including childcare, library services, community gardens and kitchens, food hampers/ hot meals, drop-in activities, mobile mental health and medical services, legal supports, recreation and arts

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programming, financial literacy, social services, youth and seniors programming, immigration, and Indigenous support services. Community Hubs can act as lynchpin infrastructure as centres of community economic development activity, giving participants an opportunity to enhance access to resources, skill building, social inclusion and community building. We can explore the creation of **Community Fairs**, expanding the Project Connect work, to bring resources to citizens in friendly, open and fun contexts that are appealing and accessible to all.

We can strengthen partnerships with schools, service providers, the arts community, police, transportation and urban planners, community organizations and the private sector to promote and develop supportive social environments in the settings where people live, learn, work and play. This can include working with partners to increase the use of existing structures and spaces for **multiple purposes**, including recreation (e.g. use of schools, churches, vacant land and lots).

Community Hubs can be the **coordinated access points** to the Community System, and can be rolled out in a phased approach based on resources and readiness. During implementation, leaders will identify a phased approach to coordinated access into the system and test protocols using evidence-based practices. We may find for instance, that we can expand the use of Effort to Outcomes Database and the MHCHS Housing Assessment and Triage program by adding staffing to enhance coverage, while bringing on additional partners like the Food Bank, the Fifth Avenue Memorial United Church, and Salvation Army as potential intake points where individuals experiencing poverty are already entering the support system.

To enhance the knowledge and capacity of Medicine Hat residents to access needed supports and services, we must develop smarter ways of reaching them with critical information. We can explore the expansion of a **call-in number to information and referral** for diverse services and support, either leveraging/enhancing 311 or 211 using the InformAlberta **service directory** or a new hotline altogether. A designated phone line can facilitate information and referrals using a standard referral process working in tandem with Coordinated access. Pending capacity and resources, this can include initial screening to facilitate eligibility assessment and program matching.

PROMOTE AND DEVELOP SUPPORTIVE SOCIAL ENVIRONMENTS IN THE SETTINGS WHERE PEOPLE LIVE, LEARN, WORK AND PLAY.

We can look to **technology to facilitate access**; we noted that many of the participants with lived experience in our consultation had access to smart phones. We can work with partners and volunteers to develop an app that assesses individuals for benefits, services, and resources in the community and helps them find how to connect with them. This will require us to develop a real-time inventory of such supports, and keep track of availability. There is currently no single place where all resources, programs, or benefits in Medicine Hat are collated. This makes navigating services difficult for both seeking help, and those looking to offer help. We must make this information available in a consistent manner using multiple media: phoneline, print resource directories, **web-based applications**, and push information using social and traditional media. The phone access number and an online version of the referral guide and resources should be advertised through diverse media, including social media, posters, pamphlets, training materials for staff, etc. at key community access points like libraries, transit stops, doctors' offices or medical facilities, seniors and youth centres, retail outlets, recreation centres, schools, churches and Community Hubs.

We will need to provide in-person information and referral supports in communities/neighborhoods to connect people with resources. This would require individuals who are well trained and highly knowledgeable about the range of supports available and who can make the right referrals. We can locate the key access points where such referrals are already occurring, such as libraries, Community Resource Workers, etc. and deliver enhanced training to better coordinate key staff and integrate them into the coordinated access process. We can explore providing informal **peer leaders in community** with training and information to provide support in their schools, doctors' offices, Community Hubs and churches or religious centres.

2.6 DEVELOP CAPACITY BUILDING AND INNOVATION SUPPORTS

With the changes proposed, strategies need to be prioritized to support service providers to adopt system planning through collaborative planning processes and capacity building. **Change management** and staff training tools and resources need to be developed that promote ending poverty across organizations. We must find ways to deliver training on the proposed information management and coordinated access processes on an ongoing basis. We will promote uptake of social enterprise **innovations** across agencies and will require targeted capacity building in new areas. Social enterprises that focus on employment, food production and distribution, or selling products/service to market to subsidize programs are of particular interest.

Government needs to continue and expand its support non-profit agencies in their work to address poverty and wellbeing. This includes ongoing development of skills, particularly for those working with the most vulnerable populations who have complex needs. Post-secondary courses for those working with these populations should be enhanced.

The Government of Alberta should continue to support agencies as they implement common Standards of Practice. While there are many accreditation bodies in place, we will need to develop a consistent set to apply across the board in our Community System. Along with skills development, the province can work with local communities to create and implement a competitive salary and benefit framework for non-profit agencies. We will support predictable funding of provincial and federal investments in the non-profit sector.

Given the focus on innovation in the **THRIVE** Strategy, we will need to look beyond our locality to gain new ideas but across sectors. Peer mentorships with counterparts in other communities or in the private sectors will be essential to advance new ideas and support early adapters.

3.

INCOME SECURITY

3.1 Work with financial institutions to develop innovative ways of **making banking more accessible** for low-income Medicine Hat residents and explore financial products that suit their needs more effectively.

3.2 Explore creation of a **task force on financial literacy and asset-building** to develop and support leaders, government, and non-profits.

3.3 Support citizens with **obtaining financial and other benefits** they are entitled to, and enhance **financial literacy** (Project Connect, Community Hubs, and schools).

3.4 Enhance training and labour force attachment strategies to **increase employability** among Medicine Hat residents.

3.5 Develop a comprehensive **income security policy agenda** that improves the financial situation of vulnerable populations, including income and rent supports, access to Living Wage, Universal Basic Income, and diverse asset building measures.

While financial resources alone are not the silver-bullet solution to poverty, without adequate income and the safety net of emergency savings, households' resiliency will be significantly impacted. People need access to a basic level of income to meet their immediate needs and weather the emergencies that life inevitably brings. They need to build their capacity to manage household finances, access financial products and services, and government benefits including tax credits and saving incentives. Here, we can work with financial institutions to develop innovative ways of making banking more accessible for low-income Medicine Hat residents and explore financial products that suit their needs more effectively. E.g. lower interest loans with credit unions as per Calgary and Vancouver.

In Calgary, the Financial Futures Collaborative[51] is a financial literacy and asset-building network convened by the United Way which includes membership representatives from the non-profit sector, financial institutions, and government, along with interested community members. The Collaborative is being re-envisioned to act as a financial empowerment taskforce as part of the city's poverty reduction work. The task force aims to develop and support implementation of various income and savings strategies and to champion priority policy changes at various government levels. Such a task force model could be explored in Medicine Hat as well, bringing together key business leaders, government, and non-profits to work on this issue.

To enhance financial literacy and access to government supports, we can leverage **Project Connect** to support citizens with obtaining financial and other benefits they are entitled to, including child care fee subsidies. Such system navigation supports can be incorporated into **Community Hubs** as well. We can **work with Alberta Education and local school boards** to develop a comprehensive **financial literacy** curriculum in the context of building essential life skills, including Tenancy 101, building on the good work educators are already doing in our communities. Financial literacy activities should look beyond simple budgeting and prompt students to explore asset building and even business development.

In addition, we will need to develop a comprehensive income security policy agenda for vulnerable populations, including enhanced investment in income and rent supports, access to a universal **Basic Income,** and other poverty reduction measures. There is considerable attention on the issue of Basic Income currently, and the call for a national and provincial poverty reduction strategy provides us with a critical opening to advance creative solutions for income security. Both the provincial and federal governments can remove barriers for social assistance that may be deterring them from saving due to requirements to liquidate assets[52]. Asset building programs such as matched savings, RESPs, and Registered Disability Savings Plans[53] can receive additional investment. In addition, on-the ground supports will be needed to ensure maximum uptake of these benefits among eligible households[54].

These should include a **package of incentives** for the private sector to engage in social enterprise work. Further, the federal government can strengthen training opportunities for vulnerable individuals and families with an increase in funds for provinces to support skill-building initiatives that help move low-income individuals into the labour market.

Most people working full time at rates that keep them in poverty are women who are often single parents. Unless we address this issue of institutionalized sexism and poverty (people working full time, at wages that keep them in poverty) we are missing the point. To this end, we will continue to advocate for Living Wage to government and business sector partners. Our recalculated hourly Living Wage for Medicine Hat in 2016 is $13.65.

4.

BUSINESS INNOVATION

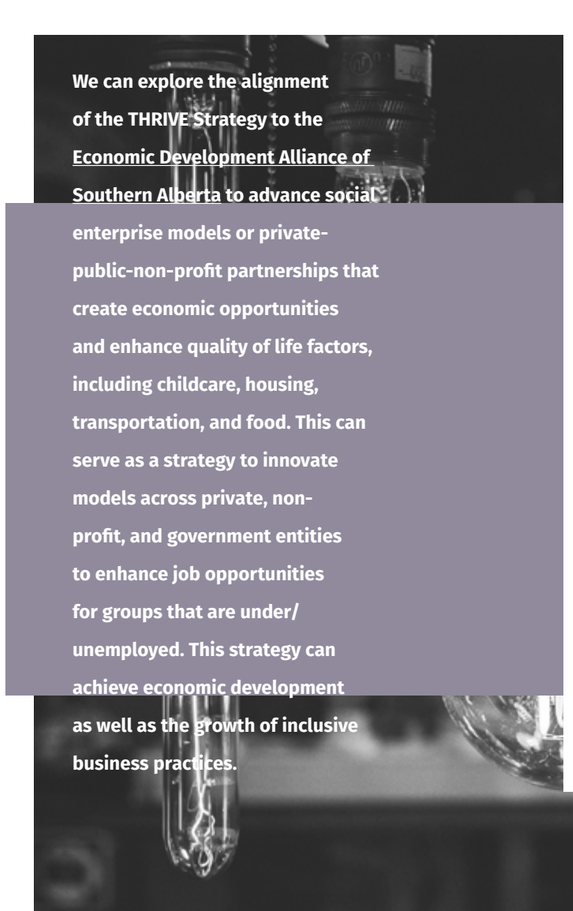
4.1 Support a Community Economic Development Strategy to create quality jobs, promote social return to economic development, social enterprise and inclusive business practices.

4.2 Engage business community partners in strategic discussions but more so action to tackle common issues for common benefit, including social impact finance and social entrepreneurship.

4.3 Develop information sharing of innovative social impact strategies and tools that can be scaled up in partnerships with the private sector.

4.4 Explore the creation of a Social Innovation Fund to support social enterprise incubation and acceleration in alignment with **THRIVE** Strategy priorities via the Funders' Forum.

4.5 Recognize and promote innovation in the private, public and non-profit sectors that advances the **THRIVE** Strategy.



We can explore the alignment of the THRIVE Strategy to the Economic Development Alliance of Southern Alberta to advance social enterprise models or private-public-non-profit partnerships that create economic opportunities and enhance quality of life factors, including childcare, housing, transportation, and food. This can serve as a strategy to innovate models across private, non-profit, and government entities to enhance job opportunities for groups that are under/unemployed. This strategy can achieve economic development as well as the growth of inclusive business practices.

Inclusive business practices build community in the workplace and provide high quality employment; they may include ethical procurement policies, payment of living wages, providing key employment supports for vulnerable workers (e.g. childcare, transportation and housing support), progressive hiring practices to ensure diversity, opportunities for workers with disabilities and transparent performance reporting[55]. Many Medicine Hat businesses are already doing great corporate social responsibility work, yet we can do more to support companies to further drive exceptional change through their supply chains. We can and should develop information sharing for **innovative social impact strategies** and tools that can be scaled up in partnership with the private sector.

One example of an innovative social impact strategy is End Poverty Edmonton's work[56] to develop a Community Development Corporation (CDC), which is a non-profit company that creates economic opportunities for low- to moderate-income people in high-needs neighborhoods. Edmonton's CDC will provide services such as affordable housing, commercial real estate revitalization, local business development, and workforce training. Its key benefits are to help lift individuals and communities out of poverty, concentrate and leverage resources in targeted communities, and fill a niche in residential and commercial development.

As another example, the Opportunity Youth[57], advanced by Starbucks, commits that 10% of all store hires are youth facing complex barriers to employment. In some communities, additional employment supports are provided to youth with case management, skill training, and job training. The Calgary Wood's Homes Youth Culinary Arts Program is an example where youth receive supports and training, and are supported in transitioning to mainstream employment with Starbucks, Virgin Mobile, and other mainstream employers.

Another Alberta example comes from Sponsor Energy[58], who is a socially conscious energy broker providing power and natural gas to homes and businesses. While keeping prices low, and terms fair Sponsor Energy's model allows for 50% of profits to go to a wide variety of charities that make a difference in people's lives. In addition, they have recently launched the Home Energy Low-income Plan exclusively for low-income residential clients. This offers the same rates on electricity and natural gas but instead of giving 50% of the margin going to local charities, it turns back into savings for the low-income consumer as savings. Recognizing the burden of energy costs on low-income Albertan, the HELP program has no exit or cancellation fees or deposit, and lower eligibility criteria to provide an opportunity to establish a better credit rating.

We have examples of such employers in our community doing their part to realize not just economic, but social return, for our community. We need to recognize this good work, promote it and build a broader network to advance it as a **new way of doing business.** We must engage our business community partners in strategic discussions but more so action to tackle common issues for common benefit. In this manner, investing in ending poverty can serve as a catalyst for innovative business solutions and local economic development.

5.

ENERGY POVERTY

5.1 Work with private sector and government partners to find innovative ways of reducing energy pricing and improving the energy efficiency of homes (e.g. HAT Smart).

5.2 Develop partnerships with energy providers to negotiate better rates and terms for low-income Medicine Hat residents and reduce utility cut-offs.

5.3 Enhance basic weatherization and energy efficiency upgrades to low-income homeowners and tenants in social housing.

5.4 Explore clean energy ventures to increase affordability and sustainability – for instance, solar power technology can reduce power costs, create jobs, and improve environmental outcomes.

ENERGY POVERTY IS EXPECTED TO GROW WITHOUT INTERVENTION DUE TO RISING ENERGY COSTS.

Energy services are crucial to individual wellbeing as well as economic development. Energy poverty refers to the inability of a household to maintain 'adequate' energy services at reasonable cost; by adequate, we mean a level of energy consumption in the home necessary to safeguard health and wellbeing. Energy poverty is expected to grow without intervention due to rising energy costs[59].

The International Energy Agency estimates that over 1.3 billion people are without access to electricity[60]. While most of these households live in either sub-Saharan African or developing Asia, energy poverty is a global challenge[61]. In Canada, energy poverty is a rapidly growing issue for many low-income households as result of rising energy prices. Energy poverty affects about 1 million Canadian households who spend more than 10% of their income on home energy, forcing many to choose between heating their homes and buying groceries. In Alberta, families spent $3.6 billion on home energy bills in 2013. On average, the poorest face disproportionate energy cost: in fact, low-income Albertans spend seven times more of their disposable income on home energy services than the richest households. About 1 in 6 Albertans (455,000 people) are living in energy poverty, with real impacts on their health[63].

(5 contd.)

Energy poverty directly and indirectly impacts resident's health and can result in disconnection and eviction leading to homelessness[64,65]. The direct physical health effects of energy poverty and living at cold temperatures include increasing risk of cardiovascular disease, respiratory illness, low weight gain in infants, increased infant hospitalization, unintentional injuries and mortality.

Energy poverty can be eradicated by increasing income, reducing energy pricing and improving energy efficiency of homes[66]. There are emerging promising approaches that help us tackle energy poverty locally. The first is to explore working with the City of Medicine Hat as the sole local energy provider to negotiate better rates and terms for low-income Medicine Hat residents. A very effective and sustainable solution to energy poverty is to increase the energy efficiency of energy-poor households over time, starting with those most in need by expanding the **HAT Smart program**. Households who are unable to pay their City of Medicine Hat utility bill due to financial hardships or crisis may receive support from the Community Warmth program, developed by the City of Medicine Hat.

Complementary action should encourage behavioral change among those experiencing energy poverty to reduce wastage, and provide energy bill support to vulnerable households still not achieving affordable energy services, or who have not yet received energy efficiency improvements to their homes. All One Sky Foundation provides a Roadmap to address energy poverty that outlines key actions that can be taken at the community level aligning environmental and social policy agendas through proposed climate change mitigation and poverty alleviation[67]. These can be explored to develop local initiatives to address energy poverty.

A promising practical example is Energy Angels, which is a partnership between All One Sky Foundation and The City of Calgary Seniors Services to provide basic weatherization and energy efficiency upgrades to low-income seniors in privately owned, single family homes[68]. The City provides administrative eligibility for qualifying households and an installation crew. It operates a skills training program for underemployed people, who work with the installation crew over a six-week period. The team installs water-efficient faucets and shower heads, weather stripping, window vinyl, efficient light bulbs and occasionally, new doors. All One Sky Foundation raises funds for equipment and materials through community groups, corporations and individuals. The installations result in an average annual utility savings of $260 per household. Seniors Services has now incorporated the installation of energy efficiency upgrades into its business plan for its low-income clientele.

In Medicine Hat, the **HAT Smart Program** promotes energy conservation and helps to increase customer awareness about making sound choices when upgrading their homes. The program provides rebate for home insulation, doors and windows, and solar panels. We can explore developing a low-income component to this program that provides these incentives as subsidies for households living in energy poverty. We can explore fundraising and partnership with the private sector to complement and leverage City funding for such initiatives.

6.

AFFORDABLE HOUSING

6.1 Lend our voice for the call for a National Housing Strategy and renewed government investment in new affordable housing and operations, repairs and upgrades of existing stock.

6.2 Explore innovative incentive programs for private landlords to improve affordable housing options, energy efficiency, quality, and accessibility.

6.3 Support the work of the Landlord Roundtable to provide information to/receive input from community landlords and to creatively problem-solve.

6.4 Continue supporting City Council's contributions to land or surplus sites for affordable housing development, and encourage similar partnerships with other levels of government, non-profits and private sector stakeholders.

6.5 Develop a longer-term Affordable Housing Real Estate Strategy to enhance options for lower income households.

6.6 Explore how our current affordable housing programs can best integrate within the Community System.

There is no doubt that more affordable housing options are needed in our community. As of October 2016, the waitlist for social housing was 338 households, of which about half were on social assistance[69]. Though vacancy rates are up, so are rent and homeownership costs despite notable employment losses. There were more than 2,715 households paying more than 50% of their income on shelter (including water, fuel and electricity costs) – and 1,865 of these households were paying more than 50% of their income on shelter and earning under $20,000 annually[70].

We need to enhance affordable housing options and increase investments for social housing repairs. We will need to lend our voice for the call for a **National Housing Strategy** and be ready to maximize our community's access to a fair share of whatever investments it may bring. The continued and increased provincial investment in **rent supplements** will need to be a policy priority for our community as well as investment in affordable housing options. We need to explore **innovative incentive programs** for private landlords to improve housing options, energy efficiency, quality, and accessibility. Incentives to engage the private sector rental and affordable housing development and operations will have to be part of the policy agenda, exploring social enterprise models for housing development and operation. We can explore the creation of a **Landlord Roundtable** to provide information to/receive input from community landlords and to problem-solve any areas of concern that arise. We can introduce education supports for landlords to better equip them to be part of the solution with our agency partners.

We have had the benefit of a supportive City Council that has been ready to explore options for affordable housing development; we will need to continue such work moving forward as well. In addition, we should be ready to examine how affordable housing is being delivered in the community. What are the ways in which we can **maximize our current asset base** in innovative ways? A long term Affordable Housing Real Estate Strategy can help our community develop a new vision for our city, leveraging the work already underway led by the MHCHS. This can include revisioning delivery to explore mixed developments, new partnerships with the private sector and government. We should explore how our current affordable housing programs can best **integrate within the Community System** to maximize impact on common priority groups.

WE NEED TO ENHANCE AFFORDABLE HOUSING OPTIONS AND INCREASE INVESTMENTS FOR SOCIAL HOUSING REPAIRS.

7.

HOMELESSNESS

7.1 Continue to support the priorities of *At Home in Medicine Hat: Our Plan to End Homelessness* using a Housing First systems planning approach.

7.2 Confirm the achievement of Functional Zero end to homelessness in partnership with national partners.

7.3 Move upstream into homelessness prevention through enhanced investments in diversion and/or targeted eviction prevention and discharge planning with public systems to enhance housing security.

7.4 Begin delivering Permanent Supportive Housing (place-based) to Medicine Hat residents in need of long term supportive housing options.

7.5 Re-examine priorities in homelessness initiatives and develop alignment moving forward as an integrated Community System.

MEDICINE HAT IS RECOGNIZED INTERNATIONALLY AS THE FIRST CITY TO SUCCESFULLY END CHRONIC HOMELESSNESS, WHERE NO ONE IN OUR COMMUNITY WILL HAVE TO LIVE IN AN EMERGENCY SHELTER OR SLEEP ROUGH FOR MORE THAN 10 DAYS BEFORE THEY HAVE ACCESS TO STABLE HOUSING AND THE SUPPORTS NEEDED TO MAINTAIN IT.

More than 1,072 individuals, 312 of them being children, have been housed since 2009 and shelter use has seen a consistent year over year decline. In 2016, we have enumerated about 50% less people in the Homeless Count compared to 2014 and the homeless-serving system averages 3-5 days to connect people from shelter to housing[71].

Given that the *At Home in Medicine Hat: Our Plan to End Homelessness* effectively expired in 2015, when the community met its targets, **THRIVE** presents an important opportunity to **re-examine priorities in homelessness initiatives** and develop alignment moving forward particularly around the need for an integrated Community System, which will include many of the Housing First and housing stability programs currently delivered by MHCHS on behalf of the provincial and federal governments. Confirming the achievement of **Functional Zero**[72] end to homelessness can be explored to bring in third-party evaluation of the initiative and discern a renewed focus moving forward. This may result in a reorganization of homeless support services and their coordination to ensure best impact for Medicine Hat residents.

Maintaining an end to homelessness is essential to the work of the **THRIVE** Strategy. We need to continue to support the ending homelessness initiative and refine it further, moving into prevention as outlined in the refocused *At Home in Medicine Hat: Our Plan to End Homelessness* (2014) Strategy 3: Systems Integration & Prevention[73]. The measures outlined speak to the need for enhanced **homelessness prevention** work as the community begins to resolve its chronic and episodic homelessness challenges. This builds on the need for an affordable housing strategy, to include enhanced investments in diversion and/or targeted eviction **prevention and discharge planning** with public systems to enhance housing security.

It is important for Medicine Hat to continue to maintain focus and ensure an end to homelessness is maintained, given the changing socio-economic context. The creation of **Permanent Supportive Housing** will be essential to this, alongside vigilant and nimble system planning work leveraging data in real time.

8. FOOD SECURITY

8.1 Advance and expand food security initiatives across schools, including the FoodFirst pilot for vulnerable families operated by the Medicine Hat & District Food Bank Association.

8.2 Support the creation of Community Food Centres to increase healthy food access, skills, education and engagement.

8.3 Enhance innovative food redistribution strategies leveraging existing initiatives to reduce food waste across retailers and producers.

8.4 Explore innovative community sustainable farming models targeting lower income households as food producers and consumers.

8.5 Support innovative social enterprise models that help retailers sell healthier food at affordable prices.

8.6 Encourage urban agriculture on underutilized non-profit, private sector, and government land and facilities.

8.7 Enhance food and nutrition knowledge with accessible information using diverse strategies.

Food Security refers to the condition in which all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy lifestyle. We know food insecurity is linked with low-income, high shelter and daycare costs. Addressing food security and ensuring appropriate nutrition for families can significantly impact other areas of individual and community health. Despite notable efforts locally, in 2015-2016, 3,621 unique individuals accessed the Food Bank, 36% of whom were children per Food Bank data[74]. Clearly, more needs to be done to address food insecurity in the community.

Medicine Hat has seen considerable innovation around food security over recent years. Community Food Connections is comprised of volunteers, agencies, and citizens concerned about food, nutrition, health, social justice, the environment, and local agriculture who share a common goal of improving the quality of life for everyone and believe healthy food is a right for all. **Community Food Connections**' five initiatives are: the Good Food Club, Community Kitchens, Community Gardens, the Food Charter and the Hat Food Movement. The Hat Food Movement is a community-based group focused on promoting and supporting sustainable food resources for our community[75].

The **FoodFirst** pilot delivered by the Medicine Hat and District Food Bank aimed to demonstrate how a community-based approach to addressing food insecurity can benefit low-income families, the community, and public systems. Initial results confirm that the intervention, which included system navigation, food education, skill building, case managed supports, access to food hampers, community gardening and kitchens, led to a decrease in food insecurity rankings, lowered public system utilization, and enhanced social participation, employment and budgeting. The FoodFirst pilot's evaluation proposes the continuation and expansion of the project for vulnerable families in partnership with schools.

Of further note is that the Food Bank has been selected in accessing a grant to explore its re-design into a **Community Food Centre**, which is a welcoming space where people come together to grow, cook, share and advocate for good food. Community Food Centres provide people with emergency access to high-quality food in a dignified setting.

People learn cooking and gardening skills there, and children get their hands dirty in the garden and kitchen, learning new skills that help them make healthier food choices. Community members find their voices on the issues that matter to them, and people find friends, build social networks, and support each other.

COMMUNITY FOOD CENTRES ARE VERY MUCH ALIGNED WITH THE PROPOSED COMMUNITY HUBS – AND OFTEN INCLUDE THESE THREE CORE ELEMENTS:

1. Healthy Food Access: Community meals, healthy food bank, affordable produce markets, bake ovens.
2. Healthy Food Skills: Community kitchens, community gardens, perinatal programs, after-school programs.
3. Education & Engagement: Advocacy office, community action, public education, and policy campaigns[76].

As of November 2016, the Government of Alberta launched a **pilot school nutrition pilot program** in 14 school boards, including one school site in the Medicine Hat School District, to help prepare students for a healthy future[77]. The program is part of the Government of Alberta's "Future Ready" initiative that co-ordinates training from kindergarten to work so all Albertans have the knowledge and skills they need to succeed in a changing economy. The program recognizes that access to a daily nutritious meal can help children's grades and prepare them for a healthy and successful future. Already, the Prairie Rose School Division has demonstrated the value of school-based food security initiatives, leveraging its focus on wellness, by implementing a student Soup Club that teaches healthy eating and cooking skills, while providing students with social connections. We will advocate for increased funding for such nutrition programs to **reach all schools** in our community, on a permanent basis.

Building on this work **THRIVE** will engage the Food Bank, Community Food Connections, AHS, and local school boards to advance food security initiatives including the Community Food Centre as part of the Strategy implementation. We can further support and expand partnerships between schools and the Food Bank to enhance student nutrition and leverage the resources of the future Community Food Centre: students can learn gardening, food preparation, sustainable food systems and nutrition. We can ensure that providers of hot meals and other emergency basic needs, including Hope Street Compassionate Ministry, the Champion's Centre, and the Salvation Army Hot Supper program are part of the future food security work and can leverage the resources of a Community Food Centre in their programming to increase the nutritional value of their meals leveraging local resources. Given the diversity of food initiatives underway, it will be critical to align these towards common objectives.

Innovative community sustainable farming models can be explored, such as those advanced by the Community Supported Agriculture (CSA) in Alberta. CSA is a locally based economic model of agriculture and food distribution made up of a network of individuals who support local farms and local food producers.

CSA members, or subscribers, pay at the onset of the growing season for a share of the anticipated harvest; once harvesting begins, they periodically receive shares of produce. In addition to produce, some CSA services may include additional farm products like honey, eggs, dairy, fruit, flowers and meat. Some CSAs provide for contributions of labor in lieu of a portion of subscription costs. The CSA is a provincial organization that links consumers with a local grower that spreads the risks inherent to any farming enterprise over a larger group of supportive people[78]. Rather than a difficult year being potentially disastrous to the business, participants help make small-scale, local farming a sustainable option. The CSA operates in the Medicine Hat area as well: we can look at expanding participation in the CSA city-wide to enhance access to locally produced food and promote sustainable food systems. This work can leverage innovative food redistribution strategies to reduce food waste across retailers and producers.

(8 contd.)

ANOTHER MODEL THAT LEVERAGES URBAN LAND OPERATES IN CALGARY AS YYC GROWERS AND DISTRIBUTORS. THE ORGANIZATION IS A NON-PROFIT ALLIANCE OF URBAN/SPIN FARMERS AND ENTREPRENEURIAL FOOD GROWERS IN CALGARY SHARING KNOWLEDGE AND BUILDING AN INFRASTRUCTURE SO ALL CAN THRIVE. THE MEMBERS BELIEVE IN FOOD SECURITY BY PROVIDING GOOD, HIGH QUALITY PRODUCE THAT WAS GROWN WITHIN THE CITY[79]. YYC GROWERS AND DISTRIBUTORS STRIVES TO:

- Through production, aggregation, and distribution; provide local, organic food to customers at a price that is fair to consumers and producers.
- Strengthen market presence for member-growers and reduce marketing costs for individual member-growers.
- Demonstrate that urban farming is a viable use of land in the city.
- Exemplify the functionality of partnerships between urban and rural farms.

The model could be advanced further in Medicine Hat by the Food Bank and Community Food Connections, particularly targeting participation among lower income households who could become both producers and consumers in the project. Medicine Hat residents could participate by allowing access to unused yards for urban farming as well, adding to the locally grown, **sustainable food production** that could be used to supplement lower income households further. This would essentially expand the notion of Community Gardens across unused spaces.

The City of Medicine Hat can explore ways to enhance options for citizens to **procure healthy food,** particularly from local growers. As a community, we can explore and support innovative **social enterprise models** that help retailers sell healthier food at affordable prices, and the implementation of food initiatives, including urban agriculture, on non-profit and government land and facilities.

We can consider smart strategies to enhance food and nutrition knowledge with **accessible information** using social media, making information available where people are likelier to access it – including transit stops, service provider and doctor/dentist offices, etc. We can continue to develop information sharing and food prices analyses to provide Medicine Hat residents with timely information about grocery store prices and quality – particularly leveraging social media and web-based technologies.

9. TRANSPORTATION

9.1 Continue to support the City of Medicine Hat in implementing a Low-Income Transit Passes for qualifying individuals that is fare-geared-to income.

9.2 Expand options for shared-ride and curb-to-curb transportation services.

9.3 Solicit provincial and federal investment to subsidize transit service for low-income Medicine Hat residents.

9.4 Advocate for enhanced infrastructure supports from provincial and federal levels of government to improve transit infrastructure and coverage.

9.5 Explore alternative methods of transit, such as car-shares, car pools, rent-a-bike, etc. modeled after innovative practices in the private sector (such as Uber) that are social enterprises.

ACCESSIBLE AND AFFORDABLE TRANSIT IS ESSENTIAL TO DAILY LIFE FOR MEDICINE HAT RESIDENTS. HIGH QUALITY, AFFORDABLE TRANSPORTATION HELPS INDIVIDUALS GET TO WHERE THEY NEED TO GO, SUCH AS HEALTHCARE APPOINTMENTS, CHILDCARE, AND JOBS.

While transit accessibility has improved with the City's introduction of a specialized, shared-ride, curb-to-curb transportation service for persons, who due to a physical and/or cognitive disability, cannot use the regular public transit system, public engagement participants noted that the current rates for bus passes remain unaffordable. An adult monthly pass costs $70.50 monthly – or $846 per year[80]. This is rightly considered a challenge for people who earn low-incomes.

Recognizing this, the City of Medicine Hat recently approved the **Fair Entry Policy for Leisure, Culture, Senior Services and Transit**. This will significantly improve transit access, and we congratulate Council and the City for taking this bold step forward. We further propose that this transit initiative can solicit **provincial and federal investment** to subsidize the service for the target group as well. The City can advocate for enhanced supports from these levels of government to improve its transit **infrastructure** and coverage, particularly in response to lived experience reports regarding lack of access to amenities to limited stops or hours of operation. Additional consultation with end users will be needed to discern specific challenges further.

We can find ways to apply the **shared-ride, curb-to-curb transportation** service for persons with disabilities and expand this to low-income persons for low fares to cover areas that transit doesn't. Car pools can be promoted to encourage sustainability, but to support low-income persons with their transportation needs.

From a sustainability lens, we should explore **alternative methods of transit,** such are car-shares, rent-a-bike, etc. These can be modeled after innovative practices in the private sector (such as Uber) and can be delivered as social enterprises that hire low income drivers but provide lower fares for those on limited incomes. The City can develop a Cycling Master Plan that will build and improve cycling infrastructure and maintenance, as well as promote cycling through **public education.**

10.

HEALTH & WELLNESS

10.1 Support partners in health, recreation, education, human services, and employers to enhance physical and mental health, including addictions.

10.2 Explore the development of peer-based models to strengthen natural supports and access to health and wellness prevention and early intervention services.

10.3 Explore innovative options of facilitating access to addiction and mental health supports, including mobile health outreach services.

10.4 Enhance school-based physical and mental health and wellness programs.

10.5 Advance government asks for increased infrastructure investment to upgrade community recreation facilities and create new ones in underserved areas.

10.6 Optimize the use of existing structures and spaces for multiple purposes, including health and wellness (e.g. use of schools, recreation centres, churches, vacant land and lots).

10.7 Encourage all recreation providers to introduce reduced user fees for low-income residents and leverage recreation centres as access points for engagement and early intervention.

Perhaps the most salient issue that emerged from the community engagement was the high impact poverty had on health and wellness for those affected. We know that poverty impacts physical and mental health as well as access to care. Stress impacts family dynamics and functioning, the mental health of children and parents, and in turn their capacity to participate in education, employment and social activities. The consequences of mental health and addiction represent serious public health and safety issues that affect individuals, families and communities in our city. Prevention, though recognized as critical to reducing the incidence and severity of addiction and mental illness, accounts for only 0.1 % of health system costs. If the status quo stands, those with addictions and mental health will continue to be at risk of struggling with chronic poverty, housing instability, poor health outcomes, increasing pressure on health, justice, and community services[81,82].

These issues are particularly relevant considering the current economic downturn. Increasingly, agencies are receiving calls of distress from families under pressure. In these families, the stress of job loss, missing mortgage payments, and prospect of relocation due to income changes has spurred conflict, significant stress and in some cases, resorting to substance use to cope. The health system needs to be a major partner in our work to end poverty and increase wellbeing. Investing in early prevention including peer-based prevention models, public education, and early intervention will be a key component of our policy advocacy work.

We will support partners in health, education, human services, and employers to reduce barriers and facilitate timely access to support and improve individual and family physical and mental health, including addictions. **THRIVE** will support the implementation of health system partners' targeted wellness **education campaigns** that increase knowledge about healthy living and help people acquire the skills and attitudes they need to plan for making health and wellness a part of their lives.

The Alberta Mental Health Review (2015)[83] places priority on **enhancing access to the right care** by helping individuals and their families better navigate the system. The Review makes health promotion, prevention, and long-term treatment a priority. Schools, including post-secondary institutions, can help in these efforts. Enhanced **school-based** physical and mental health programs can target early intervention supports for vulnerable children and youth by creating partnerships between AHS, SE Alberta Child and Family Services, School Boards and community-based providers.

Moving forward, **THRIVE** will need to work closely with Alberta Health Services to support ways of increasing the prevention, early intervention and treatment for mental health and addictions in our community. Enhanced access to resources will be needed particularly targeting vulnerable groups. We will explore the medical service and mental health/addictions support delivery using **mobile health outreach**, particularly at future Community Hub sites.

Research suggests **community-based prevention services** can enhance awareness about addictions and mental health, screen for risk, offer early intervention, support individual and families with case management, system navigation and life-skills building. This support is not limited to the individuals experiencing addiction risk, but their natural supports/family who act as care-givers and are impacted by mental health as well[84]. These services enhance linkages with clinical care and medical system prevention and intervention work. Clinical and community prevention efforts should be mutually reinforcing: clinicians can refer patients to community-based prevention resources as some options are managed/delivered more effectively and cost-efficiently outside of the traditional medical system, reducing gaps and duplication in care[85].

Community-based prevention services work to enhance capacity to prevent mental health and addiction through targeted capacity building approaches that harness natural supports and peer-led methods[86-88]. Community-based work is not simply done by agency staff, it must live and breathe as part of the social fabric. We will identify natural leaders who can act as peer-supports for those facing challenges. We will work with employers, community and recreation centres, addiction agencies, and faith communities to recruit peer leaders and train and support them to deliver targeted prevention supports within their social networks, and make referrals. Natural leader-based programs are effective because they are non-threatening and include one-to-one support, mediation and conflict resolution[89].

Life-skills training is an effective method to enhance coping skills and identify risk factors, meeting participants where they are at. Effective prevention programs teach life-skills focused on processing feelings, making decisions, managing moods, and communicating effectively. We need more investment in such services to ensure capacity is in place in our Community System to teach life-skills and provide screening, assessment and brief interventions, case managed supports, system navigation and referrals[90]. At times, such support is best delivered one-on-one, or within families' homes – and can be adjusted for broader audiences of peers in natural settings, such as informal or community gatherings, schools, colleges, workplaces, etc.

Access to recreation is critical to improving health and wellness, as well as social inclusion. Recreation is the experience that results from freely chosen participation in physical, social, intellectual, creative and spiritual pursuits that enhance individual and community wellbeing. As such, it provides multiple pathways to wellbeing for individuals, communities, and for our built and natural environments. Recreation enhances mental, physical and social wellbeing, helps build strong families and communities, and helps people connect with nature. It acts as an important contributor to community economic development and cost reductions in other areas[91]. Yet, recreation is not accessible to all. Lack of adequate income will mean that such opportunities are foregone as families make hard choices between children's sports and putting food on the table. There is a need to develop and implement strategies and policies whereby no one is denied access to public recreation opportunities because of economic disadvantage. We need to address constraints to participation faced by children and youth from disadvantaged families and older adults who are frail and/or isolated[92].

Currently, the federal, provincial and territorial Ministers responsible for sport, physical activity, and recreation in Canada (excluding Québec) requested the development of a **pan-Canadian physical activity framework** that will help guide efforts for governments to address physical activity and sedentary behavior; alongside other existing government and/or community-led efforts that contribute to encouraging Canadians to live active lifestyles[93-96]. **THRIVE** can provide meaningful input and advocacy on Medicine Hat's recreation priorities in alignment with the **THRIVE** Strategy. This includes requests for enhanced recreation programming supports locally, including affordable after school programs, as well as increased infrastructure investment to upgrade facilities and the creation of new ones in underserved areas. There is great work being done in partnership with schools and the YMCA to enhance active recreation in after school programming we can build on.

At the local level, we need to make every effort to **ensure user fees to recreation**, social, and community services are not excluding those with low-income from accessing them. The incoming **Fair Entry Policy for Leisure, Culture, Senior Services and Transit** introduced by the City of Medicine Hat will go a long way to making recreation and leisure more accessible for low-income Medicine Hat residents. Building on the City of Medicine Hat and the YMCA's reduced user fee program, we can encourage all recreation providers to develop similar initiatives in their facilities. We can explore leveraging recreation centres into access points for engagement and early intervention with vulnerable groups, particularly youth, people with disabilities, Indigenous and ethnocultural communities. This builds on the work of the YMCA around youth engagement and leadership, tying together recreation/sport with healthy living, wellness, and social inclusion.

11.

LEARNING & LITERACY

11.1 Provide parents with access to leading edge early years' information and practical tools.

11.2 Enhance accessibility of enriched Early Childhood Education programs.

11.3 Advance increased investment for accessible and affordable, quality child care.

11.4 Increase programming supports for affordable, quality after-school programs.

11.5 Remove school attendance barriers, especially when these are financial such as bus passes, eye glasses, school fees, etc.

11.6 Leverage schools and educators as key partners and strategically integrate their work in the Community System.

11.7 Explore increasing mentorship supports for children and youth in schools, focusing on tutoring, literacy, career planning and life skills development.

11.8 Enhance peer mentorship options for adults – particularly emerging social entrepreneurs with lived experience in poverty.

11.9 Engage the Medicine Hat College and other adult education providers in developing strategies to enhance access to learning and literacy opportunities for Medicine Hat residents who are experiencing poverty.

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Thriving children and youth are the future of our community. To achieve this, we need to ensure they have the support they need to learn, grow, build confidence, and make positive decisions from **infancy to adulthood**. By supporting children and youth from the start, we are ensuring they have the skills to be successful in school and in life. This means children and youth are supported within the context of families, natural supports and communities. We know that the lack of access to basic needs impacts family dynamics, stress, conflict and long term success. We need to find ways to intervene strategically, before challenges become crises. And when families struggle, we need to streamline access to supports that focus on the wellbeing of all, not just children, youth or parents, and other natural supports.

THRIVING CHILDREN AND YOUTH ARE THE FUTURE OF OUR COMMUNITY.

Vulnerable children and youth have poorer school performance and attendance, including graduation and longer term are more likely to be at risk for homelessness and housing instability, child intervention and corrections involvement, future health and mental health challenges, lower employment and social inclusion. Literacy and numeracy are key factors in future income as academic qualifications influence employability.

The assistance to vulnerable families is a key leverage point given the high proportion of youth with child intervention experiences as well. We need to enhance **supports for vulnerable children and youth** to connect to positive adults, particularly leveraging **mentorship models.** We can work to expand these by enhancing a focus on supporting children and youth in schools to affect educational outcomes as well. Success Coaches can be trained and supported to act as mentors for vulnerable children and youth in schools, focusing on tutoring, career planning and life skills development. We must work smarter to remove children and youth's **barriers to school attendance**, especially when these are financial such as bus pass, eye glasses, school fees; enhancing access to flexible supports for vulnerable students to remove these barriers can complement mentorship programming and lead to enhanced educational outcomes.

(11 contd.)

ECHOING THESE PRIORITIES, THRIVE WILL ADVOCATE FOR INCREASED PROVINCIAL INVESTMENT FOR ACCESSIBLE AND AFFORDABLE CHILD CARE OPTIONS, RECOGNIZING THE UNEVEN IMPACTS OF POVERTY AND INCOME INEQUALITY ON WOMEN, PARTICULARLY SINGLE MOTHERS. ACCESSIBLE AND AFFORDABLE COMMUNITY-BASED CHILDCARE MUST BE GIVEN PRIORITY IN THE IMPLEMENTATION OF THE COMMUNITY ECONOMIC DEVELOPMENT PLAN. THRIVE WILL LOOK TO ENHANCE RECREATION PROGRAMMING SUPPORTS LOCALLY, INCLUDING AFFORDABLE, QUALITY AFTER-SCHOOL PROGRAMS LIKE KIDSPORT, JUMPSTART, KINSMEN SKATE AND SWIMS TO ASSIST KIDS IN BECOMING INVOLVED IN SPORT AND RECREATION.

We have to recognize that learning is lifelong, and access to education should be in place particularly for those living with low-incomes. We will work with the Medicine Hat College and other **adult education** providers to develop strategies to enhance access to learning and literacy opportunities for Medicine Hat residents experiencing poverty. We will explore the creation of **peer mentorship options for adults** – particularly emerging social entrepreneurs with lived experience in poverty.

12.

RESILIENT FAMILIES

12.1 Advocate for enhanced support for healthy pregnancies, optimized maternal mental health, early screening and follow up to support child development.

12.2 Streamline access to supports for families experiencing periods of vulnerability to support healthy, safe, nurturing experiences for their children and protect children who are not safe.

12.3 Support family reconnection whenever safe and appropriate through targeted supports.

12.4 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.

12.5 Work with men and boys to change attitudes and behaviors about masculinity, as well as women and girls to advance a gender equity agenda.

12.6 Apply a gender lens to the Policy Agenda, on issues including pay equity, supports for working parents such as full-day kindergarten, and making quality preschool, afterschool and recreation services affordable for all families.

Together with our provincial partners, we must work locally to support the **improvement of maternal, infant and child health,** reduce the number of children with Fetal Alcohol Spectrum Disorder, optimize maternal mental health, and provide early screening and follow up to support a child's development. For youth with children or pregnant, this is of further bearing along with building skills to support child development. To achieve this, we must prioritize a **healthy start for children** so that they realize their full developmental potential when they enter school. We will support strategies that provide parents with access to leading edge early years' **information and practical tools** to help support their child's development. We will advocate for measures that assist families experiencing periods of vulnerability to provide healthy, safe, nurturing experiences for their children and protect children who are not safe.

Children should be growing up in families where parents provide **nurturing and stable environments** in safe, supportive communities. We have good work happening in our community already, particularly advanced by the FCSS, the United Way, and the CFSEA through their investments in children, youth and families. This is achieved by using a prevention lens including Big Brothers Big Sisters of Medicine Hat & District, the YMCA, Bridges Family Programs Association of Southeastern Alberta's, Southeast Alberta Safety Alliance Society's Kid Safety Education, FCSS/SE Alberta Child and Family Services Community Resource Workers, McMan Youth, Family and Community Services Association - ParentLink and Medicine Hat Family Service.

Despite this network of supports, a 2014 study using the Early Development Instrument (EDI)[97], which is a standardized tool that measures the development of populations of five-year-old children, found that some kindergarten-aged children in Medicine Hat were experiencing great difficulty with physical health and wellbeing, emotional maturity, social competency, language and thinking skills, communications and general knowledge. The provincial *Together We Raise Tomorrow: An Alberta to Early Childhood Development* (2013) document recognizes that targeted supports are needed for **vulnerable children**, youth and families who experience poverty, homelessness, family violence or abuse to reduce their barriers to providing healthy, safe, nurturing experiences for their children and protect children who are not safe[98].

CHILDREN SHOULD BE GROWING UP IN FAMILIES WHERE PARENTS PROVIDE NURTURING AND STABLE ENVIRONMENTS IN SAFE, SUPPORTIVE COMMUNITIES.

POVERTY AND SAFETY ARE INTRINSICALLY LINKED. WHILE THOSE EXPERIENCING SOCIAL EXCLUSION ARE MORE LIKELY TO BE INVOLVED WITH THE JUSTICE SYSTEM AND POLICE, WE KNOW THEY ARE ALSO MORE LIKELY TO BE VICTIMS OF CRIME. WITH RESPECT TO THE PREVENTION OF DOMESTIC VIOLENCE, SIGNIFICANT PROGRESS HAS BEEN MADE ON ADVANCING PREVENTION MODELS TO THIS COMPLEX ISSUE.

While we have the benefit of a strong local organization (Medicine Hat Women's Shelter Society) focused on those experiencing domestic violence, we must continue to support work that advances preventative approaches so that women, men, and children live lives free from violence.

Work to build allies against violence, including bullying, will need to continue as will our need to ensure those experiencing violence have access to the **immediate supports,** such as those provided by the Medicine Hat Women's Shelter Society, they need to be safe, including housing, shelter, income, police intervention, legal and counseling services. Those who perpetuate violence, must similarly receive effective interventions to **mitigate dangers posed to victims**, address offences, and change behaviours long term. This involves working with men and boys to **change attitudes and behaviours** about masculinity, and work with women and girls to advance a gender equity agenda. Preventing violence in the home is a critical component of this work; healthy parents in healthy relationships support thriving children, and help **break the intergenerational cycle of violence**.

From a policy perspective, applying a **gender lens** to the **THRIVE** Strategy will be essential as we lend our voice to calls for pay equity and a Living Wage, supports for working parents such as full-day kindergarten, and making quality preschool, afterschool and recreation services affordable for all families are necessary.

13.

COMMUNITY SAFETY

13.1 Work with law enforcement to promote a balanced approach to **community safety and crime reduction** based on prevention, intervention and enforcement.

13.2 For those who **perpetuate violence,** advance effective interventions to mitigate dangers posed to victims, address offences, and change behaviors long term.

13.3 Work with local legal community to find ways to expand access to **affordable legal supports** for those experiencing poverty.

13.4 Help **decriminalize poverty** whenever possible through advocacy and public education.

13.5 Explore **diversion** of those charged with minor poverty-related offences, to community-based supports rather than incarceration.

13.6 Explore enhancing the availability of **restorative justice programs.**

IN COMMUNITIES WHERE SOCIAL INEQUALITIES THRIVE, SO DOES CRIME. ALTERNATIVELY, A BALANCED APPROACH TO COMMUNITY SAFETY AND CRIME REDUCTION BASED ON PREVENTION, INTERVENTION, AND ENFORCEMENT CAN INCREASE PERSONAL AND PUBLIC SAFETY, AS WELL AS PREVENT OR REDUCE VIOLENCE IN HOMES, WORKPLACES, AND SCHOOLS. WE WILL WORK WITH OUR PARTNERS IN JUSTICE, INCLUDING THE JUSTICE AND SOLICITOR GENERAL, AND THE MEDICINE HAT POLICE SERVICE TO ADVANCE COMMUNITY-BASED SOLUTIONS.

We need to promote targeted efforts in **crime prevention** focused on vulnerable populations, particularly youth, by working with schools[99]. By building on the good work of our local law enforcement and best evidence on **public safety,** we will advance innovative approaches to enhance public safety, recognizing the importance of a preventative approach. The recommendations made in the **THRIVE** Strategy lead to a safer, more caring community for all Medicine Hat residents, particularly in its focus on healthy families, children and youth.

At the same time, we must work to find ways to increase access **to legal aid and** help decriminalize poverty whenever possible. This will ensure those with limited incomes have access to quality, legal supports concerning criminal charges, family matters, including child welfare issues and divorce support and custody issues, immigration issues and civil matters. We will work with local legal community to find ways to **expand access to affordable legal supports** for those experiencing poverty.

We will work with Alberta Justice and the Medicine Hat Police Service to increase **diversion** of those charged with minor poverty-related offences to community-based supports rather than incarceration, and expand existing **restorative justice** programs, especially for adults. Restorative justice is an alternative dispute resolution approach that focuses on the needs of those affected by crime; this approach helps repair harm when a wrongdoing or injustice occurs in a community. Depending on the process or technique used, **restorative justice** involves the victim, the offender, their social networks, justice agencies, and the community. In Medicine Hat, there is a need to explore how to increase access to such promising alternatives.

MEASURING PLAN PROGRESS

ECHOING THE UNITED NATIONS GOALS TO TRANSFORM OUR WORLD, OUR VISION FOR THE THRIVE STRATEGY IS THAT BY 2030, MEDICINE HAT WILL HAVE ENDED POVERTY IN ALL ITS FORMS, ENSURING WELLBEING FOR ALL.

How will we know we are getting there? As already noted, we are not limiting our definition of poverty and wellbeing to one or two indicators. It is rather the composite whole of a range of indicators at the individual and population levels that we need to pay attention to simultaneously. To this end, we are proposing that an annual or biannual **Poverty and Wellbeing Survey** be developed and implemented to gauge individual experiences and enable a comprehensive understanding across dimensions. Using the Deprivation Index proposed by Vibrant Calgary and additional factors aligned with our priorities, we are suggesting the following be captured in this survey. Results will be weighed against a localized **Index of Poverty and Wellbeing** to score results.

We do not currently have a **baseline data** on multidimensional poverty and overall wellbeing in Medicine Hat, thus a critical implementation step is to finalize this instrument and collect the first batch of data in year one of implementation. A representative sample of Medicine Hat residents will need to participate to ensure reliability further. Once a baseline is set, targets should be set accordingly and monitored on an annual basis to inform the Council of Champions and the residents of Medicine Hat on the impact of the **THRIVE** Strategy implementation.

We propose leveraging data we are already collecting to complement this survey. The list below uses data sources already available and outlines proposed targets that we can strive for by 2030. As we move into implementation, we can use these various data sources with the survey to gain a more comprehensive picture of progress and triangulate findings. It is critical that we monitor trends and embed research into our decision-making, adjusting our strategies in real-time.

KEY MILESTONES

1 By 2030, the Poverty and Wellbeing Index will show that overall **deprivation** has decreased by 100% from 2017 baseline data.
2 The gaps between **Indigenous, newcomer, women, and people with disabilities** disparities across measures will be halved by 2020 and eliminated by 2030.
3 The reported **prevalence of poverty** across age groups using the Low-Income Measure among families is halved from 10.4% in 2013, to 5% by 2025 and eliminated for children from 15.4% in 2013. By 2030, no one in Medicine Hat lives below the Low-Income Measure.
4 The percentage of people working full-time and earning a **living wage** is halved by 2020 and eliminated by 2030.
5 Emergency Food Bank use will be halved by 2020 from 3,621 in 2015/16, to 1,800. By 2030, no one in Medicine Hat requires emergency food services.
6 By 2020, the number of households in extreme core housing need is down to 1,000 or less from 1,865 in 2006. By 2030, no one is experiencing extreme core housing need.

7 By 2020, the social housing **waitlist** for MHCHS is cut in half from 338 in 2016, to 170. By 2030, the waitlist is eliminated.
8 By 2020, **emergency shelter** use will continue to decline down to 300 individuals annually, with a length of stay in **homelessness** averaging 3 days before connections to rehousing supports are established.
9 By 2030, 90% of emergency shelter entries are **diverted** into appropriate housing with supports.
10 By 2020, Medicine Hat's **emergency department** visit rate for mental and behavioural disorders will decrease by at least 50% from 762/100,000 in 2013.
11 By 2030, deaths due to **mental and behavioural disorders** will be eliminated from 4.7% of all deaths (average 2004-2013).
12 **Suicide attempts** and suicides among Medicine Hat residents will be eliminated.
13 The **Crime Severity Index** will be the lowest in Canada by 2025, down from 77 to 45. By 2030, it will be reduced to 35.
14 The proportion of the population **moderately active** or active will increase from 54% in 2013 to 80% in 2030.
15 ECMap Early Development Instrument shows a decrease in kindergarten-aged **children** in Medicine Hat experiencing great difficulty across five areas by 75% by 2025 and eliminated by 2030.
16 **High school completion** rates (3 year) reported by the three school boards are increased to 85% by 2025 and 90% by 2030.
17 The percent of Medicine Hat residents using **transit** increases from 2.1% to 10% by 2030.

KEY PROGRESS INDICATORS

An overview of key indicators of progress is provided below. Local and national data will be used to track data that sheds light on THRIVE objectives. The creation of a common Performance Framework (see Priority 1) will enable funders and services providers to align efforts towards Plan goals and operationalize these in their practices.

We envision three meta-outcome areas for the **THRIVE** Strategy at this time, each with their own set of indicators and measures. As the Council and new backbone organization move into the implementation phase, refinements will be made on an ongoing basis.

Key Outcome Areas

1. Develop a Coordinated Community System
2. Ensure Access to Basic Needs
3. Build a Thriving Community

Poverty & Wellbeing Survey

Year-over-year, an increasing % of Medicine Hat residents who report the following.

Macro Socio-Economic Data

Diverse data sets to monitor community-level indictors over time.

Equity Lens:

Across all outcome areas, the gaps between **Indigenous, newcomer, women, and people with disabilities** will be assessed in assess disparity levels with the goals of measures will be halved by 2020 and eliminated by 2030.

DEVELOP A COORDINATED COMMUNITY SYSTEM

Poverty & Wellbeing Survey

- Having access to necessary resources and supports needed.
- Being satisfied with program or service received in community.
- Reported improvement in level of needs as result of intervention received.
- High satisfaction with ease of access to information about supports in community.
- Ending poverty and increasing wellbeing is a high priority
- Providing peer/natural support to other community members.
- Volunteering in their community.
- Participation in community events, electoral process, organizations.

Macro Socio-Economic Data

- % report high satisfaction with services reported in Community Information Management system (CIMS) data.
- # served by Community System.
- % of service participants with positive program exits (CIMS data).
- % decrease in the Poverty & Wellbeing Scale across service providers in the Community System (Annual Plan Progress Report; CIMS data).
- # served by Community System by referral source (CIMS data).
- # of individuals engaged in Plan activities increase (Annual Plan Progress Report).
- % reporting volunteering (Vital Signs).
- $ donated on annual basis (Vital Signs).

ENSURE ACCESS TO BASIC NEEDS

Poverty & Wellbeing Survey

- Having enough income to meet their basic needs. E.g. Living Wage.
- Ability to gain employment.
- Access to a secure job.
- Good working environment.
- Access to affordable, reliable energy services.
- Access to affordable housing.
- Having a home or apartment free of pests, such as cockroaches, bedbugs and mice.
- Appropriate clothing they can use in a job interview.
- Access to credit.
- Ability to build assets.
- Ability to replace or repair broken electrical goods such as a stove or toaster.
- Access to healthy, nutritious food (Meat, fish or vegetarian equivalent at least every other day; fresh fruit and vegetables every day).

Macro Socio-Economic Data

- Increase in Community Index of Wellbeing Score for Medicine Hat (Government of Canada/University of Windsor).
- % decrease in the Poverty & Wellbeing Scale across service providers in the Community System (Annual Plan Progress Report).
- % of households who self-report uncertain, insufficient, or inadequate food access, availability, and intake due to limited financial resources (Household Food Security Survey, Canadian Community Health Survey).
- % of households receiving social assistance decrease (Human Services reports).
- Average length of time recipients require Alberta Works before finding employment.
- % of jobs paying living wage.
- % of jobs that are full time, permanent jobs.
- Decrease in % of households spending more than 10% of income of energy costs (Statistics Canada).
- Decrease of total income gap between top and bottom quintile income earners (Statistics Canada).
- Decrease in gap of average full-time employment income of persons age 15+ compared with LIM, LICO, MBM and living and minimum wage rates (Statistics Canada).
- % of living in low-income households (LIM-A) (Statistics Canada).
- # of individuals receiving emergency food assistance from Food Bank (Food Bank administrative data).

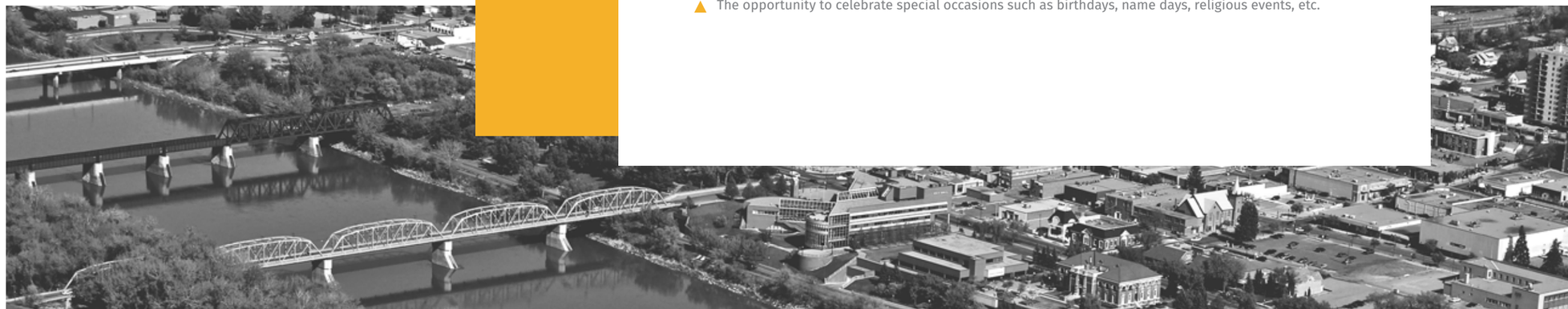
BUILD A THRIVING COMMUNITY

Poverty & Wellbeing Survey

- Access to quality education.
- Access to legal support when needed.
- Feeling safe in their community.
- Manageable stress levels.
- Feeling safe in their community.
- Feeling safe in their home.
- Positive outlook for the future.
- Access to affordable and high quality child care.
- Being able to get around the community, either by having a car or a monthly bus pass or equivalent.
- Access to affordable recreation.
- Being able to get health care if needed, including dental care.
- Access to mental health and addiction support when needed.
- Having at least three people they can call on for support in times of crisis or need.
- Feeling included, having a sense of belonging in their community.
- Having friends or family over for a meal at least once a month.
- Being able to buy modest presents for family/friends at least once per year.
- Having a hobby or leisure activity.

Macro Socio-Economic Data

- % decrease in the Poverty & Wellbeing Scale across service providers in the Community System (Annual Plan Progress Report).
- High school completion rates (3 school boards administrative data).
- % of emergency departments visits due to mental health (Alberta Health Services).
- # of suicide attempts/suicides decrease (Medicine Hat Police Service administrative data).
- Cost of transit pass as percent of monthly minimum wage.
- Decrease in % of children having difficulty with physical health and wellbeing, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge using the Early Development Instruments (EDI).
- Crime Severity Index score for Medicine Hat.
- Deaths due to mental and behavioural disorders (Alberta Health Services).
- Proportion of the population moderately active or active.
- % of individuals using transit or alternative transportation (Statistics Canada).



For child household members, adapted Child Deprivation Index can be used to ask parents to respond to whether or not their children have access to:

- Three meals a day.
- At least one meal a day with meat, chicken or fish (or a vegetarian equivalent).
- Fresh fruit and vegetables every day.
- Books suitable for the child's age and knowledge level.
- Outdoor leisure equipment (bicycle, roller-skates, etc.).
- Regular leisure activities (swimming, playing an instrument, participating in youth organizations, etc.).
- Indoor games (at least one per child, including educational baby toys, building blocks, board games, computer games, etc.).
- Money to participate in school trips and events.
- A quiet place with enough room and light to do homework.
- An Internet connection.
- Some new clothes (e.g. not all second-hand).
- Two pairs of properly fitting shoes (including at least one pair of all-weather shoes).
- The opportunity, from time to time, to invite friends home to play and eat.
- The opportunity to celebrate special occasions such as birthdays, name days, religious events, etc.

APPENDIX 1
KEY TERMS

Accessible and affordable, quality child care - child care is recognized internationally as fundamental to women's equality, as good for child development, as a means of giving everyone a fair start in life regardless of income or social backgrounds. For child care to be accessible, an increase in spaces that meet quality standards of practice would be needed. These spaces would need to be affordable for low-income Medicine Hat residents – through direct-to-parent or provider subsidies.

Affordable Housing Real Estate Strategy – refers to the development of a Medicine Hat & Region strategy specific to enhancing affordable housing across the rental and ownership spectrum over the next 10-20 years. It would involve multi-stakeholders from the non-profit and private sectors, as well as all levels of government. The strategy can propose development and as well re-development of current assets, incentives for new units, and measures to enhance access through income assistance.

Asset-building programs – can include matched savings, Registered Education Savings Plans, and Registered Disability Savings Plans. Generally, refers to initiatives that enhance financial security by increasing savings and managing finances.

Backbone Organization – this new, independent organization will report to the Council of Champions and be responsible for on-the-ground implementation of the **THRIVE** Strategy.

Community Economic Development Strategy – community-wide approaches to advance social enterprise models or private-public-non-profit partnerships that create economic opportunities and enhance quality of life factors, including childcare, housing, transportation, and food. This can serve as a strategy to innovate models across private, non-profit, and government entities to enhance job opportunities for groups that are under or unemployed. This strategy can achieve economic development as well as the growth of inclusive business practices.

Common Quality of Life and Poverty Assessment Tool – this assessment tool will be developed as part of the implementation to ensure that consistent assessment of individuals and families is undertaken across various programs, to best match those in need with supports and track progress of interventions across key domains including education, employment, social inclusion and access to services.

Common Performance Framework – this document will articulate the common performance indicators and outcomes that the Community System will be measured towards. It will be used by Funders to assess impact as well as by the Council of Champions and backbone organization to track progress of **THRIVE** implementation.

Community Food Centres - a welcoming space where people come together to grow, cook, share and advocate for good food. Community Food Centres provide people with emergency access to high-quality food in a dignified setting. People learn cooking and gardening skills there, and children get their hands dirty in the garden and kitchen, learning new skills that help them make healthier food choices. Community members find their voices on the issues that matter to them, and people find friends, build social networks, and support each other.

Community Hubs – these service access points may leverage existing locations or create new sites where individuals can access information, referrals, and direct access to various supports offered by the Community System.

Community Information Management System – this web-based information system is a database that would be used by the Community System organizations to ensure consistent information is being collected and shared across programs.

Community System – this refers to the network of services and funders delivering social supports in Medicine Hat and Region. It can include government, non-profit, public system and private sector organizations, as well as the faith sector. The aim is to ensure these various components work in a highly-coordinated manner towards common objectives.

Council of Champions – this governing body of the **THRIVE** Strategy will oversee implementation and act as advocates for its objectives. It will be made up of community leaders with the capacity and will to move public will and leverage resources towards a common vision. The independent **THRIVE** backbone organization will report to the Council of Champions.

Decriminalizing poverty – refers to efforts that shed light on policies and practices that are punitive to those experiencing poverty. An example would be the incarceration of someone who fails to pay for transit because of lack of income, or arresting someone sleeping rough who is homeless. Alternatives would address the root causes of why someone is sleeping rough or not paying for transit in the first place.

Early Childhood Education programs – include kindergarten and education services for children as young as 2.5 years.

Family reconnection - for children and youth, is an intervention that offers vulnerable individual and family support that seeks to identify and nurture opportunities to strengthen relationships and resolve conflicts between young people who leave home and caregivers. Supports to children, youth and caregivers, focusing on developing healthier relationships, family counseling, family mediation, referrals to other agencies and services, psychiatric assessments, psychological assessments for learning disabilities, and advocacy.

Financial literacy – refers to the ability to understand how money works, including financial management, earnings, investing, savings, expenditures.

FoodFirst – this pilot program is being delivered by the Medicine Hat & District Food Bank Association and includes food education, peer-mentoring, community gardening, hampers, and case management for low-income families.

Functional Zero End to Homelessness - a Functional Zero end to homelessness means that communities have a systematic response in place that ensures homelessness (unsheltered homeless, sheltered home, provisionally accommodated or imminent risk of homelessness) is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

Funder's Forum – the local funders of the Community System will form a Funders' Forum to share information and work on aligning investment to support common objectives and reduce duplication or gaps. The members would include government, non-profit and private sector members.

Gender Lens - like using a pair of glasses to correct our vision, a Gender Lens helps focus attention on gender differences and identity. It provides a framework for examining any area of work from a gender perspective to identify gaps and differences from a gender perspective.

Landlord Roundtable – proposed forum to provide information and to receive input from community landlords and to problem-solve any areas of concern that arise. May be a vehicle to introduce education supports for landlords to better equip them to be part of the solution with agency partners.

Policy Agenda – this document outlines policy changes and recommendations of the **THRIVE** Strategy for the various levels of government and ministries. The Agenda would be developed and advanced on a yearly basis, leveraging emerging opportunities and responding to changes in real-time.

Peer-based models – initiatives that leverage the knowledge and skills of individuals with lived experience in poverty, homelessness, hunger, etc. as essential to interventions. Peers are involved in the planning, delivery and evaluation of such interventions. They can be volunteer or paid staff or mentors in a diversity of contexts.

Permanent Supportive Housing – long term affordable housing with supports targeting chronically homeless individuals.

Reconciliation – the Truth and Reconciliation Commission of Canada provides vision for a new way forward to "promote reconciliation by engaging Canadians in dialogue that revitalizes the relationships between Indigenous peoples and all Canadians to build vibrant, resilient and sustainable communities"[100]. A critical step in this work is creating opportunities for people to engage in open and honest conversation to understand our diverse histories and experience.

Restorative Justice programs - is an alternative dispute resolution approach that focuses on the needs of those affected by crime; this approach helps repair harm when a wrongdoing or injustice occurs in a community. Depending on the process or technique used, restorative justice involves the victim, the offender, their social networks, justice agencies, and the community.

School attendance barriers - may include financial barriers, such as bus pass, eye glasses, school fees; enhancing access to flexible supports for vulnerable students to remove these barriers can complement mentorship programming and lead to enhanced educational outcomes.

Service and Funding Map – refers to a detailed breakdown of programs in the community including their source of funding, target population, eligibility criteria and outcomes. In addition, a breakdown of funding sources and their requirements would be outlined as well. This Service and Funding Map would be developed during the initial implementation of the **THRIVE** Strategy.

Social inclusion - recognizes the mutually beneficial relationship between the community and the individual. When people rely upon each other and the success of their interactions, that responsibility and interdependence creates a commitment to the social processes in a community[101]. Social inclusion means that we pay specific attention to including groups that are systematically excluded and have unequal access to full participation in our society.

Social Innovation Fund – proposed investment fund dedicated to support social enterprise incubation and acceleration in alignment with THRIVE Strategy priorities via the Funders' Forum.

Urban Agriculture - the practice of cultivating, processing, and distributing food within an urban centre and its vicinity.

APPENDIX 2
LIVING WAGE CALCULATION
MEDICINE HAT – 2016

This summary uses the Living Wage for Families (LWF) methodology developed by the Canadian Centre for Policy Alternatives, which calculates a wage allowing two income earners to support a family of four. This methodology assumes the following scenario:

- 2 parents working full-time, 2 children aged 4 and 7: 1 child in full-time child care, and 1 child in before and after school care and summer care.
- 1 parent taking evening courses at a local college.
- Family has a car and bus pass for one of the parents.
- Family members are healthy, with no special needs, including dietary, medical or other.
- Costs of living includes transportation, health benefits, food, housing, clothing, and "other" expenses
- Rental housing (not ownership).
- Taxes, tax rebates and government benefits, namely child tax benefits.

[(Living Wage x 35hrs x 52 wks) x 2 parents + benefits] = (expenses + taxes)

Timing:

1. Market Based Measure (MBM) and Household Survey 2014 data, updated using Consumer Price Index (CPI) 2015 because CPI Dec 2016 unavailable to finalize the Total CPI for 2016. This calculation can be redone when CPI 2016 is completed.
2. Tax calculations are adjusted for July 2016 tax changes.
3. 2016 Medicine Hat Living Wage (LW) calculation uses the Medicine Hat LW data from 2013.

The Medicine Hat Living Wage for 2016 is: $13.65

TABLE 1: FAMILY EXPENSES

Item	Monthly	Annually	% of Total
Modified MBM			**Expenses**
Food	1,014.07	12,168.85	19.7%
Clothing and Footwear	140.56	1,686.77	2.7%
Shelter	1,356.90	16,282.86	26.4%
Transportation	236.86	2,842.29	4.6%
Other	870.59	10,447.14	16.9%
Subtotal		**43,427.90**	**70.3%**
Child Care	1,031.31	12,375.75	20.0%
Health Expenses	179.00	2,148.00	3.5%
AB Health	0.00	0.00	0.0%
2 Weeks Pay	159.25	1,911.00	3.1%
Parent Education	156.30	1,875.54	3.0%
Total	**5,144.85**	**61,738.20**	**100.0%**

TABLE 2A: PREVIOUS MEDICINE HAT LW DATA (2013) - FAMILY INCOME

(FOR GOVERNMENT TRANSFERS)

2013 LW Incomes	Parent 1	Parent 2	Total
Employment Income	23,059.40	23,059.40	46,118.80
UCCB Claimed	1,200.00		1,200.00
Childcare Expenses Claimed	10,569.83		10,569.83
Adjustments	-9,369.83		-9,369.83
Net Income	13,689.57	23,059.40	36,748.97
EI Premiums	410.46	410.46	820.92
CPP Premiums	968.19	968.19	1,936.38
Fed. Income Tax	0.00	440.25	440.25
Prov. Income Tax	0.00	0.00	0.00
After Tax Income	21,680.75	21,240.50	42,921.25

TABLE 2: NON-WAGE INCOME (GOVERNMENT TRANSFERS)

Income	Monthly	Annually
6 months CCTB	420.46	2,522.78
6 months UCCB	220.00	1,320.00
6 months new CCB	920.91	5,525.44
Alberta Child Benefit	39.08	468.96
GST	70.17	842.00
Alberta Family Employment Tax Credit	121.42	1,457.00
AB Climate Leadership	30.00	360.00
Child Care Subsidy	348.26	4,179.12
Total	**2,170.29**	**16,675.31**

TABLE 3A: FAMILY INCOME LESS FAMILY EXPENSES

	Annually
Available Annual Income	61,741.49
Annual Family Expenses	61,738.20
Gap	3.29

TABLE 3B: CHILD CARE SUBSIDY CALCULATED USING 2013 MEDICINE HAT LW DATA AND CURRENT AB RATES

Provincial Child Care Subsidy Amount

Child	Max. Subs.	Tax Change	Amt of Subs.	Tax Credit Adjustment
4	546	2,918	335.90	
7	310	1,933	12.35	-7,024.93
			Both Subs.	-10,907.50
				-6,876.68

*Highlighted items calculated from Child and family Benefits Calculator using 2013 LW amounts http://www.cra-arc.gc.ca/bnfts/clcltr/cfbc-eng.html

TABLE 4: THE LIVING WAGE AND GOVERNMENT DEDUCTIONS AND TAXES

	Parent 1	Parent 2	Total
Hours / Week	35	35	70
Wage	13.65	13.65	
Employment Income	24,843.00	24,843.00	49,686.00
Adjustments	-6,876.63		
Net Income	17,966.37	24,843.00	42,809.37
EI Premiums	467.05	467.05	934.10
CPP Premiums	1,056.48	1,056.48	2,112.96
Fed. Income Tax	354.13	948.45	1,302.57
Fed. Refundable TC	0.00	0.00	0.00
Prov. Income Tax	0.00	270.20	270.20
After Tax Income	22,965.35	22,100.83	45,066.18
Monthly After Tax Inc.	1,913.78	1,841.74	3,755.51

*Albertans will continue to enjoy the highest basic personal amount among provinces. In 2016, this means that no personal income tax will be paid on the first $18,214 of taxable income.

TABLE 5: FAMILY INCOME LESS GOV'T DEDUCTIONS AND TAXES PLUS GOV'T TRANSFERS

Total Annual Income from Employment	49,686.00
minus EI, CPP, Fed. and Prov. Taxes	4,619.82
equals Family Take Home Pay	45,066.18
add CCTB, UCCB, GST, etc.	16,675.31
equals Total Disposable Family Income	61,741.49
minus Family Expenses	61,738.20
equals Income less expenses	3.29

* Canada Child Tax Benefit (CCTB), Universal Child Care Benefit (UCCB), Canada Child Benefit (CCB), Alberta Child Benefit, AB Climate Leadership, Child Care Subsidy.

ASSUMPTIONS

Family Expenses:

1. 2014 MBM and Household Spending data updated with 2015 CPI data.
2. TELUS bundle quote for 2 phones and data.
3. AMA Home Insurance Quote: rental property contents valued at $50,000.
4. Child Care Costs: Vital Signs 2016 interpolation, and Public Interest Alberta info http://pialberta.org/content/child-care-costs-here-near-median
5. Parent Education: Medicine Hat College – 3 Year Diploma, 4 semesters/year instead of 2 to reflect part-time.
6. Health Care: Family of 3 example used online.

Government Transfers:

1. CCTB and UCCB finish mid -2016.
2. CCB begin mid-2016.
3. Child and family benefits calculator (using Medicine Hat 2013 LW data):

Your Total Estimated Benefit Amount Is :

13,998.88 (based on online calculator)

Tax Credits

GST/HST credit quarterly amount : $210.50

Alberta Climate Leadership Adjustment Rebate quarterly amount: $90.00

Child Benefits

CCB monthly amount : $920.91

Alberta child benefit quarterly amount: $117.24

AFETC semi annually amount: $728.50

APPENDIX 3
STAKEHOLDERS

FOCUS AREA	KEY GOVERNMENT STAKEHOLDERS	LOCAL SYSTEM STAKEHOLDERS
Policy Coordination	Alberta Interagency Council on Homelessness Alberta Community Social Services, Homeless Supports Service Alberta Treasury Board & Finance Homeless Partnering Strategy, Government of Canada This seems to be very housing heavy....and I think it needs to be broadened	MHCHS Direct service providers Local Funders
Employment & Income Supports	Labour Alberta Community and Social Services Alberta Works Assured Income for the Severely Handicapped Persons with Developmental Disabilities Employment & Social Development Canada	Family & Community Support Services, City of Medicine Hat Direct service providers Local Funders
Indigenous	Indigenous Relations Indigenous and Northern Affairs Canada	Chief & Council Direct service providers Local funders
Municipal Government	Seniors & Housing Municipal Affairs Transportation Infrastructure Transportation Canada FCSS (Human Services)	Municipal Governments
Disabilities	Alberta Health Services, Persons with Disabilities Alberta Community and Social Services Alberta Health Office of the Public Guardian Office of the Public Trustee Seniors Advocate	Direct service providers Local funders Municipal Government (ACDI)
Domestic Violence	Family Violence Prevention & Emergency Services Alberta Works Alberta Community and Social Services, Domestic Violence Status of Women Alberta Status of Women Canada Alberta Justice	Direct service providers Local funders Police
Health	Alberta Health Alberta Health Services Health Canada	MH Regional Hospital, 346 (addictions/mental health), detox Direct service provides Local funders
Corrections	Justice & Solicitor General Public Safety Canada	Medicine Hat Police Service MH Remand Centre Correctional Service Canada Direct service provides Local funders
Child Intervention	Alberta Community and Social Services, Child Abuse & Intervention, Family Violence	Southeast Alberta Child and Family Services Authority Direct service provides Local funders
Settlement and Immigration	Canada Immigration & Citizenship Alberta Economic Development & Trade	Direct service provides Local funders
Education	Alberta Education Advanced Education	Medicine Hat School District 76 Medicine Hat Catholic Board of Education Prairie Rose School Division Medicine Hat College Direct service provides Local funders
Homelessness & Housing	Seniors and Housing CMHC Alberta Community and Social Services Homeless Partnering Strategy, Government of Canada Alberta Interagency Council on Homelessness	MHCHS City of Medicine Hat Local funders Direct service provides including Housing First, Shelter/Housing Providers

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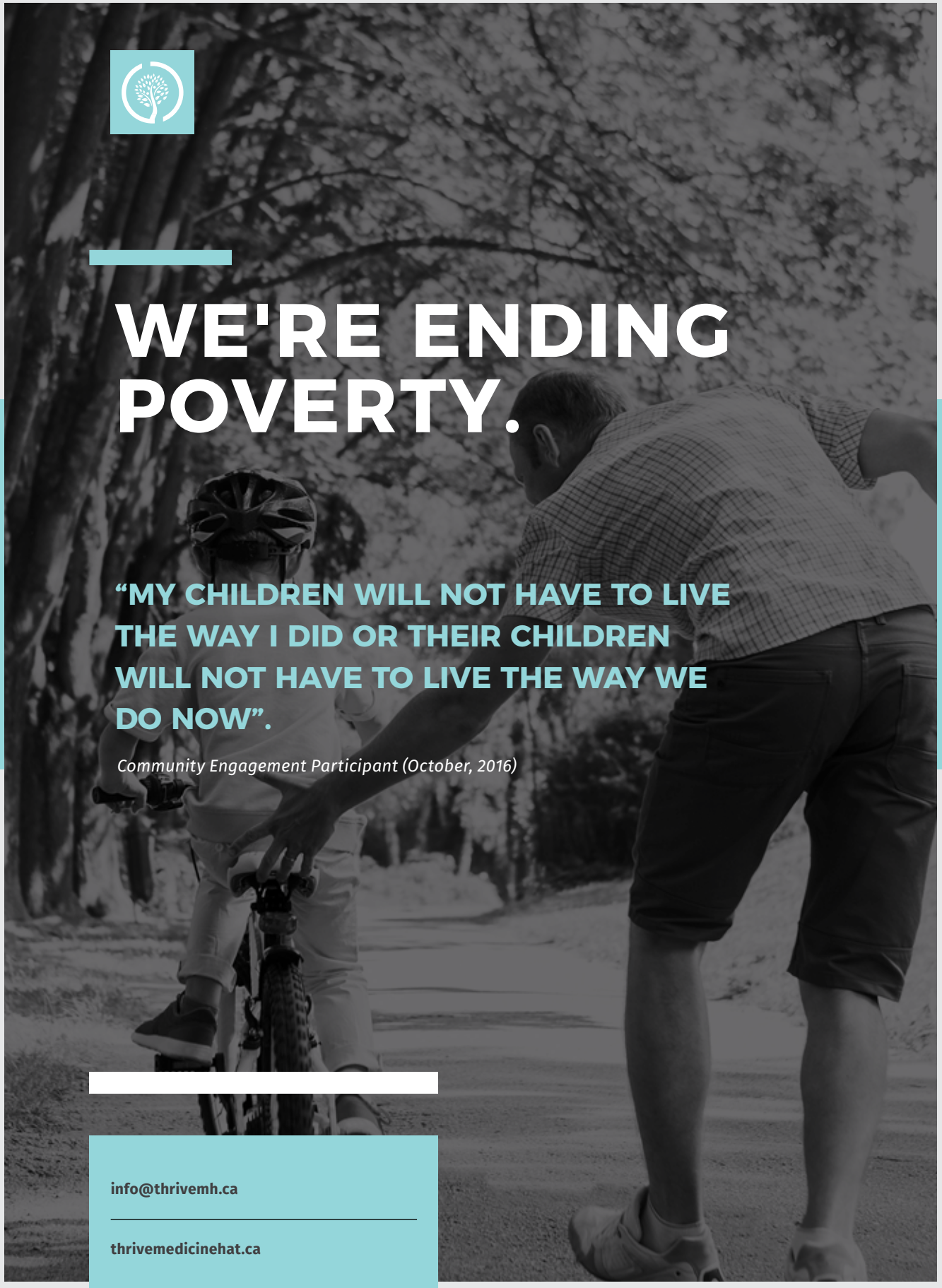
NOTES



WE'RE ENDING POVERTY.

"MY CHILDREN WILL NOT HAVE TO LIVE THE WAY I DID OR THEIR CHILDREN WILL NOT HAVE TO LIVE THE WAY WE DO NOW".

Community Engagement Participant (October, 2016)

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