

### City of Port Colborne Social Determinants of Health Advisory Committee

Date: Time: Location:		Thursday, February 6, 2025 1:00 pm Committee Room 3-City Hall 66 Charlotte Street, Port Colborne, Ontario, L3K 3C8	Pages		
1.	Call to Order				
2.	Adoption of the Agenda for Thursday, Feb. 6, 2025				
3.	Disclosures of Interest				
4.	Appro	Approval of Minutes			
	4.1	Draft minutes Nov. 7, 2024	1		
5.	Busir	Business Arising from the Minutes			
	5.1	Lodging bylaw development			
		Update from CAO			
	5.2	Niagara Region Transit	4		
		Presentation follow-up and next steps			
6.	New	New Business			
	6.1	City of PC staff report 2024-225	31		
		Port Colborne hospital update of Dec. 3, 2024			
	6.2	Niagara Poverty Reduction Strategy	38		
	Roundtable discussion on action items under "income" and "employment"				

7. Community Updates, Roundtable Discussion

- 8. Action Items
- 9. Next Meeting Thursday, April 3, 2025
- 10. Adjournment



#### SOCIAL DETERMINANTS OF HEALTH ADVISORY COMMITTEE

### **MEETING MINUTES**

Thursday, Nov. 7, 2024 – 1 to 3pm Port Colborne City Hall third floor committee room

#### VOTING MEMBERS PRESENT

Chair Lori Kleinsmith, Bridges Community Health Centre Vice chair Adrienne Harper, Niagara Region Public Health Jeff Sinclair, Niagara Region Housing and Homelessness Action Plan Adviser Joanna Mataya, executive director Community Living Port Colborne Wainfleet Phil Licskai, District Commander Niagara Regional Police Christine Clark Lafleur, executive director Port Cares Kim Simons, Anchors Away Regrets: Vicki Doidge, Niagara Legal Clinic

#### NON-VOTING MEMBERS PRESENT

Taralea McLean, Bridges Community Health Centre executive director Judy Cassan, Bridges social worker Councillor Tim Hoyle Gail Todd, recording secretary Regrets: Mayor Bill Steele, CAO Scott Luey Sherry Hanson, bylaw services manager

#### **Guest: Wendy Middleton, Niagara Transit**

- 1. Chair called meeting to order 1pm
- 2. Approval of the agenda: moved by P. Licskai, seconded by J. Mataya.
- 3. Approval of the September minutes moved by J. Sinclair, seconded by P. Licskai.

#### **BUSINESS ARISING FROM MINUTES OF LAST MEETING**

#### 1. Fill position of vice chair

A. Harper will serve as vice chair of the committee.

#### 2. Lodging bylaw update

Review of bylaw completed by legal. To be presented to city council at next available date.

#### 3. Health services update

Health Services Working Group continues to meet with local health care professionals to deliver a made-in-Port-Colborne solution when Niagara Health closes the UCC and opens the South Niagara hospital in 2028. Port Colborne contribution suggested by NH is \$6.2 million, or about \$340 per person.

#### **NEW BUSINESS**

#### Niagara Region Transit Q & A with Wendy Middleton

W. Middleton, the new Client and Community Coordinator for Niagara Transit Commission, accepted the invitation to explain to the committee how public transit works. Members of the SDOH Advisory Committee said changes were difficult to navigate for them and more so for users without smart phones or computers, or with any intellectual challenges. She explained there was a major master plan study underway, to make transit simple and accessible for users.

There are three options of public transit: conventional bus, Micro-Transit (formerly On-Demand) and Multi-Modal transit.

A presentation is attached to the minutes.

#### **ROUND TABLE COMMUNITY UPDATES**

**A. Harper** reported Public Health continues to undergo significant restructuring, including setting foundational standards for health promotion.

**C. Clark Lafleur** reported food donations are way down while demand is way up. She is looking for support from groups, organizations. She and volunteers are baking up a storm for the Dec. 13 bake sale. The Chestnut Street apartment building should be finished mid-January, with occupancy in March. An open house is planned for February. The quality of the build is exceptional, she said with gratitude to Rankin Construction.

**T. Hoyle** said the Wave hockey association can do a Christmas skate and food drive to help the Port Cares Reach Out Centre.

**K. Simons** said Anchors Away received a \$15.000 Main Street grant for a new automated door and to upgrade computers.

**P. Licskai** said renovations to make the Port Colborne police station accessible were underway for the next three weeks. He said an additional police officer will join the team next year. Monthly walkabouts with the city CAO continue in the downtown core, to speak with business owners. Luckily, it's been quiet.

**L. Kleinsmith** said Bridges continues to accept new patients, and there is a guaranteed wait list of 80 people, who she's booking into the Spring. She said there are now two counsellors at each site (Port Colborne and Fort Erie) who offer professional mental health services with referral from a doctor.

**J. Sinclair** reported his team has been working with the City of Welland on a South Niagara shelter to accommodate 100 seasonal shelter beds tentatively by January 2025.

The Niagara Assertive Street Outreach team continues to be the best resource for people to call to report homelessness, their own, or that of others.

The monthly report on homelessness in Port Colborne attached to the minutes.

#### Next meeting

Thursday, Feb. 6 in committee room 3, third floor city hall, from 1 to 3pm

Adjournment at 3pm



niagara transit commission

# **Port Colborne**



# **Types of Transit**

## **Specialty Transit**

 Is an application-based shared-ride service designed to cater to the needs of residents in Niagara who have disabilities and cannot use regular transit services.

## **Microtransit**

- Is a service that is used as a complement to regular bus service, providing transportation in geographic areas without a regular bus route service.
- We changed the name from "OnDemand" to "Microtransit" to move away from the expectation that trips are instantly available.
- Our Specialty and Microtransit services have been combined. They share the same vehicles, allowing us to serve more customers smoothly and making the booking process more flexible.

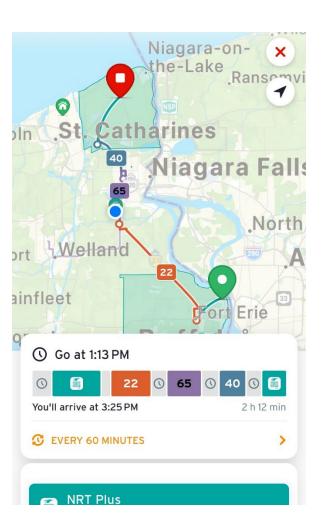
## Multi-modal

Is Speciality Services including Microtranist connecting to our regular bus services.



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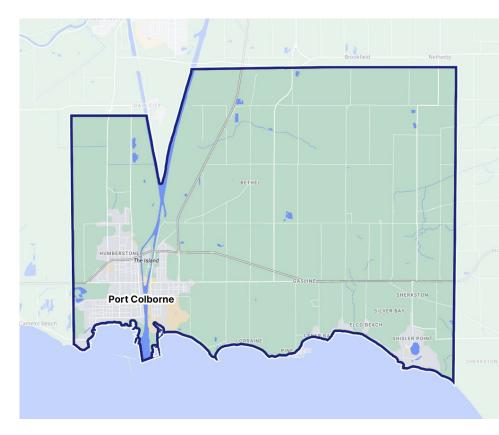
# **Example of a Multi-Modal Trip**

Travelling from Fort Erie to Niagara-on-the-Lake:

- 1. you'll start your trip on Microtransit to the Fort Erie Leisureplex
- 2. transfer to the regular bus system that takes you to Niagara College in Niagara-on-the-Lake
- 3. from here you would board Microtransit to your specific destination in Niagara-on-the-Lake



## Port Colborne Intermunicipal Transit Border



#### **Microtransit Direct Service Zones**

From Port Colborne, you can travel directly to any location within Port Colborne.

#### **Specialized Transit Direct Service Zones**

From Port Colborne, you can travel door-to-door to any location within these Direct Service Zones:

- •Fort Erie
- •Grimsby
- Lincoln
- •Niagara Falls
- •Niagara-on-the-Lake
- •Pelham
- •St. Catharines
- Thorold
- Wainfleet
- •Welland
- •West Lincoln

You cannot travel within Port Colborne.



#### ELIGIBILITY

## **Unlocking Access to Specialized Transportation**

If a disability significantly affects your ability to use standard bus services, you may qualify for our special transportation services. However, it's vital to recognize that not all disabilities are eligible.

## ð

#### Challenges

A doctor's diagnosis doesn't determine eligibility. Instead, we assess the practical challenges you encounter with public transit. Factors like age, income, or the availability of regular transit services in your area do not affect this evaluation.



#### Consideration

The primary consideration is how your disability affects your ability to ride our buses or demand responsive services. Our goal is to provide you with access to transportation that accommodates your specific needs.



#### Application

Each application undergoes a thorough evaluation. We focus on understanding how your particular situation influences your use of our bus service or demand responsive services. This process ensures that our services align with your unique transportation needs.



## If You Are Applying Yourself:

#### Option 1:

- 1. Fill out and submit Part 1 of the application online.
- 2. Print Part 2 for completion by a medical/health care professional.
- 3. Email the completed Part 2 to applications@nrtransit.ca.

#### Option 2:

- 1. Print and have Part 2 completed by a medical/health care professional.
- 2. Scan and save the completed Part 2.
- Complete Part 1 online and attach Part
   2 before submitting.

#### Option 3:

- 1. Print the entire application form.
- 2. Complete Part 1 yourself.
- 3. Have Part 2 completed by a medical/health care professional.
- 4. Scan and email the entire completed application to applications@nrtransit.ca.

## If A Medical/Health Care Professional Is Applying on Behalf of the Applicant:

- 1. Complete Part 1 online for the applicant and submit it.
- 2. After submitting Part 1, Part 2 will become available. Once Part 2 is completed, submit it as well.



#### niagara transit commission

## niagara region transit

#### Application for Specialized Transit

Niagara Transit Commission Specialized Transit Office 75 Federal Road Welland, ON L3B 3P2 Visit **nrtransit.ca** to complete this form online. **Note:** If you need to fill out this form in another format please complete this form and send by email to applications@nrtransit.ca or call 1-833-NRT-LINE (1-833-678-5463) for more information.

#### Overview

In order to be eligible for Specialized Transit, all users must first submit an application form which will be reviewed by Niagara Region Transit, against the approved Eligibility Criteria. If your

You will be notified of your eligibility by email or mail and, if approved, you will be eligible to book trips on all specialized transit services in Niagara; Fort Erie (FAST), Niagara Falls (Chair-a-van), Niagara Specialized Transit (NST), St. Catharines (Paratransit), and Welland (WellTrans).

Please complete Part 1 in full and have a Medical/Health Care professional fill out Part 2. Please ensure the entire form is completed legibly.

If you have trouble completing your form, please don't hesitate to contact us at 1-833-NRT-LINE (1-833-678-5463).

Specialized Transit is considered a shared ride service. A shared ride service means:

- · Other riders may be on board during the trip to your destination
- · Your route of travel may be altered so another rider(s) can be accommodated
- You may be on board for up to 75 minutes
- · The vehicle may stop and pick up other riders as it travels to your destination

#### **Eligibility Guidelines**

The specialized transit services are intended for residents of Niagara who have a disability that prevents them from using conventional transit services.

**Note:** Disability alone does not constitute eligibility. Decisions are made on a case-by-case basis and are based on the applicant's functional ability to use conventional transit some of all of the time. It's not a medical decision deemed by the applicant's physician. It's also not based on the applicant's income, age, or lack of conventional transit in their area.



Outdated references. Now only referred to as "Specialty Transit" in all municipalities.

### Flagging shared ride service.





#### Section 2: Medical/Health Care Professional Information

To be completed by a Medical/Health Care Professional

You have been asked to support an application for Specialized Transit by acknowledging the applicant's description of disability in Part 1 of this form.

There are different kinds of eligibility including temporary, conditional, and unconditional. Please indicate which eligibility type you support.

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commission

#### Medical/Health Care Professional Information:

Applicant's full name:			
Applicant's Date of birth (yyyy-mm-dd):			
Medical/Healthcare Professional's Full Name:			
Street Address:			
City/town:	Postal code:		
Telephone: Email:			
Check which best describes you:			
energi inter weet weething jour			
Licensed physician	Certified psychology/psychiatrist		
_ ,	<ul> <li>Certified psychology/psychiatrist</li> <li>Licensed optometrist/ophthalmologist</li> </ul>		
Licensed physician			
Licensed physician	Licensed optometrist/ophthalmologist		
Licensed physician Licensed therapist Registered nurse	Licensed optometrist/ophthalmologist		

Flagging that Section 2 of the application needs to be completed by a medical/health care professional.

Most importantly they need to be registered. A Registered Social Worker could complete Section 2.

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#### Universal Support Person (USP)

Specialized Transit drivers assist passengers from one accessible door to another accessible door, but **do not** provide onboard care or assist passengers beyond the accessible entrance of their pick-up or drop-off location.

### In order to travel unaccompanied on Specialized Transit, is the applicant able to independently:

a)	Recognize their destination and communicate to the vehicle operator if they are about to be dropped off at the wrong location.	🗌 Yes	□ No	Cccasionally
b)	Get help if they are dropped off at a wrong location.	Yes	No No	Occasionally
c)	Be safely left unattended on the vehicle with other riders when the operator is away from the vehicle (i.e. they are not at risk of exiting the vehicle and wandering).	Yes	No	Cccasionally
d)	Transfer into/out of a vehicle without assistance?	Yes	No	Occasionally
e)	If applicable, maneuver their mobility device to travel to and from the vehicle.	Yes	□ No	Occasionally

Are there any other reasons why you feel the applicant requires a support person when travelling with Specialized Transit?

Yes No

If yes, explain:

In your opinion and based on your answers above, the applicant requires a support person:

Signature (Medical/Health Care Practitioner):

#### **Universal Support Person**

- The Universal Support Person form is found on page 7 of the Application for Specialized Transit and is completed by a registered medical/health care professional.
- Once a customer is approved to have a support person they will be given a card to indicate this approval. There is no need for support persons to apply. The customer can take anyone with them provided they are an adult. If there is more than one person traveling with the customer, they become a fare paying guest.
- Specialized Transit drivers assist passengers from one accessible door to another accessible door, but do not provide onboard care or assist passengers beyond the accessible entrance of their pick-up or drop-off location.

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Date (yyyy-mm-dd):



## **Do Specialized Transit Applications need to be submitted on an annual basis?**

- Currently, applications only have to be resubmitted if the customer was granted a temporary status.
- Cross-boundary referrals will need to be resubmitted on an annual basis. The customer could have their home service provider resend the updated information. (\* Customers must apply for specialized services in the place they live. However, they can use neighbouring town/city/region transit if their home service provider sends information on their behalf. For example, if a customer living in Hamilton wants to travel on specialized transit within Niagara then Hamilton would need to send their information to the Niagara Transit office directly to register. Alternatively, if one of our customers needed to travel to Hamilton, Burlington, Oakville, etc., we can send their information to other transit agencies.)



## **Specialized Vehicle Specifications**

- Voyago accessible vehicles have 3 ambulatory and 2 accessible, their non accessible seats sit 6.
- Promaster could have the following allowed capacity configurations: 3 walker; 4 ambulatory, 1 wheelchair; 3 ambulatory, 2 walker; 4 ambulatory, 1 scooter. The larger paratransit buses can roughly hold up to 14 ambulatory maximum but is very rare.



Voyago (Microtransit/Specialized)





## Things to consider when booking a trip

- Write Down Booking Details: Jot down your booking details for quick reference and to ensure you have all the necessary information readily available.
- Allow Extra Travel Time: Please allocate extra travel time for your trip, as it may take up to 60 minutes to reach your destination. This additional time ensures you have a comfortable and stress-free trip.
- Shared ride service: We offer a shared ride service, which means other riders may be on board during the trip, the travel route may be altered to accommodate other riders, and the vehicle may stop and pick up other riders as it travels to your destination.
- **First-Come, First-Served Basis:** Our trips are scheduled on a first-come, first-served basis. While we strive to accommodate everyone's requests, please understand that you may not always receive the exact time you initially requested.
- **15-Minute Pick-up Window:** Your designated driver will arrive within a 15-minute pick-up window from your requested time. We kindly ask that you be ready at the first accessible door to board your vehicle promptly at the beginning of this window.
- **Be Ready at the First Accessible Door:** To streamline the boarding process, please ensure you are prepared to board your vehicle at the first accessible door as soon as your driver arrives within the designated pick-up window.
- No-Show Policy: If your driver arrives and does not see you, they will wait up to 5 minutes before marking you as a no-show. Consistent instances of no-shows may result in a suspension of our service.





- Late Vehicle: Should your vehicle be delayed by more than 15 minutes, please do not hesitate to contact our Booking Agents for assistance, 1-833-678-5463 option1. Your arrival time is still 95% guaranteed.
- **Update Contact Information:** It is crucial to keep your contact information up-to-date to facilitate smooth communication between you and our team.
- **No Changes in Transit:** Customers are not permitted to change their destination or pick-up times while in transit. Please communicate any modifications to us before the start of your trip by contacting our Booking Agents or using your mobile app.
- **Multiple Trips:** If you have multiple trips booked in a day, please note that each booking is considered an individual trip. Therefore, you must exit the vehicle at the end of each trip and transfer to another vehicle for your next journey. Remaining in the vehicle between trips is not allowed to ensure the efficient operation of our service.
- Account Deactivation: Your account will be deactivated if you have not used the service for **24 months**. You must submit a new application with updated medical information to resume using the service.
- **Booking Time:** Passengers may stay on board for up to one hour. There must be a one-hour gap between booking times to ensure enough travel time and to avoid dispatching a return ride before reaching the destination.
- **Parking Under Canopies:** Drivers are not permitted to drive under canopies. If your residence or the address you are visiting has a canopy, please know that your driver will park outside the canopy. This is for safety and logistical reasons.

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## **Cancelling a Trip**

- Given the high demand for the service, customers must call and cancel any trips they do not require as soon as they know it will not be needed.
- Scheduled trips not cancelled within four (4) hours of the scheduled pick-up time will be recorded as a "late cancellation." Excessive late cancellations and/or no-shows could result in suspending an individual's registration.
- Late Cancellation: occurs when a trip is cancelled by the registrant within four (4) hours before the booked trip. Trips that are cancelled by leaving a voicemail when the office is closed are considered on-time if the 4-hour period is adhered to.
- "No-Show": occurs when a registrant does not show up at the pick-up point at the booked time. Note that Specialized Transit clients are provided an allowance of five (5) minutes of operators.
- Please note that should any customer have a pattern of continued No-Shows and Late Cancellations; their service will become limited. Within 30 days, if a client has at least 4 late cancels or no-shows, and the total of their late cancels and no-shows is 40% of their total bookings in those 30 days, they get added to the Booking Limitation list. The booking limitations last for 1 week; they can only have 4 rides booked at any given time, and they can only book 48 hours in advance while limited.
- Suspension from Service may occur if a customer continues to violate the "No-Show" or late cancellation policies and has gone through multiple (3) service limitations.



# **Booking Option #1: Apps**

Apps found here: Niagara Transit Mobile Apps - Niagara Region Transit (nrtransit.ca)

#### How to Use Microtransit

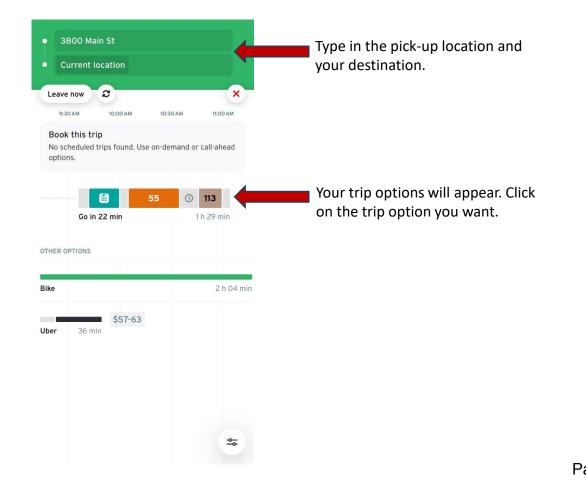
You will need these apps installed and follow the steps below. Transit App Niagara Region Transit Plus **Booking Microtransit and Specialized Purchasing Passes and Trip Planning** Book a ride using the NRT+ app. Download Use the Transit App to purchase single or multiple passes and plan your trip, including now and travel beyond the limitations of multi-modal journeys. conventional bus routes in Niagara. Learn More Learn More Transit App NRT+ App **NRT+ Online** 

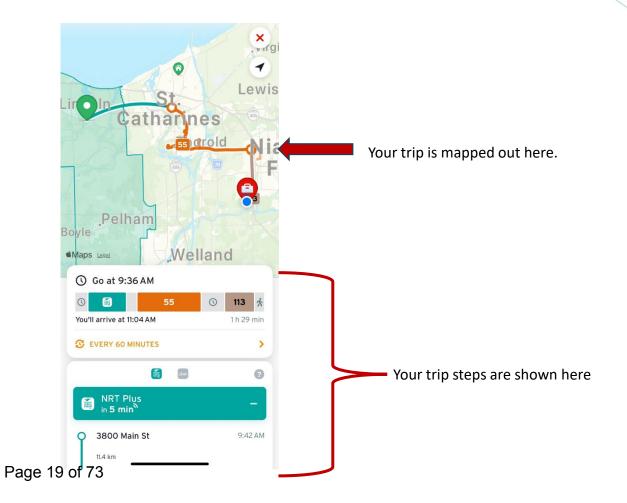
Or scan the QR Code with your phone's camera:





## How to use the Apps







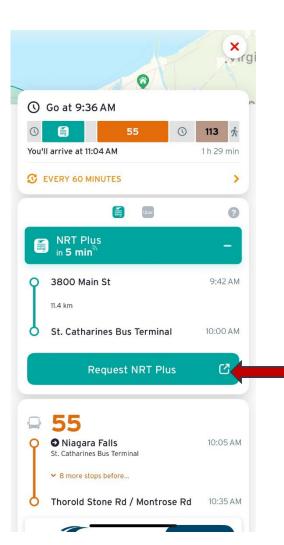
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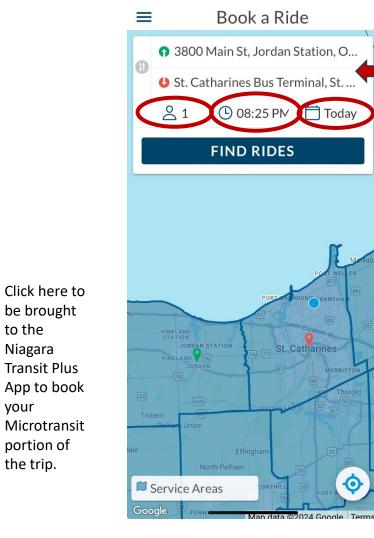
be brought

to the Niagara

your

portion of the trip.



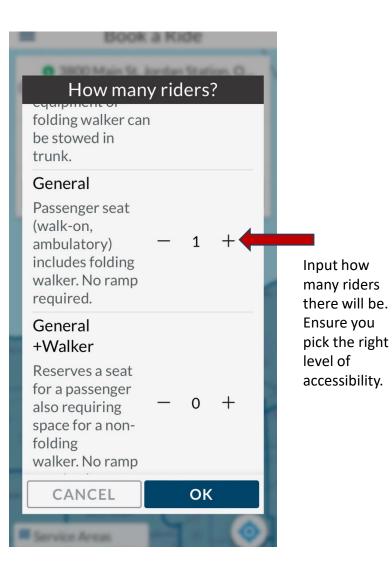


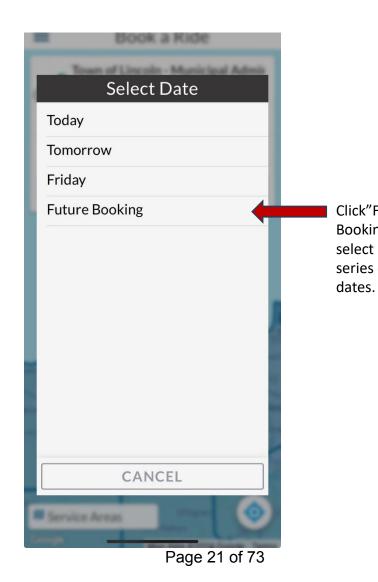
This is the Niagara Transit Plus App. Enter your pick-up and drop off locations here.

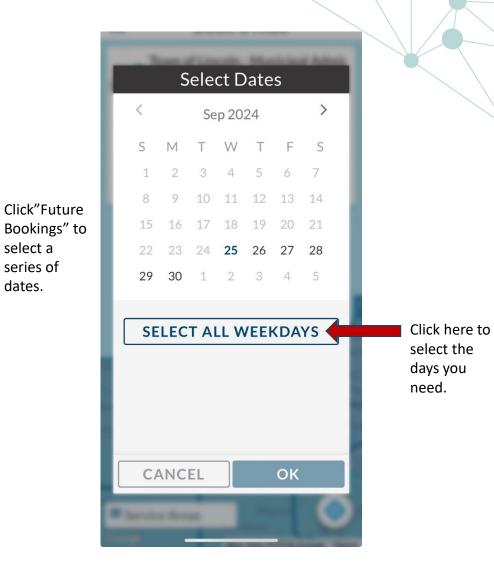
Edit number of riders, pick up time and travel date here.



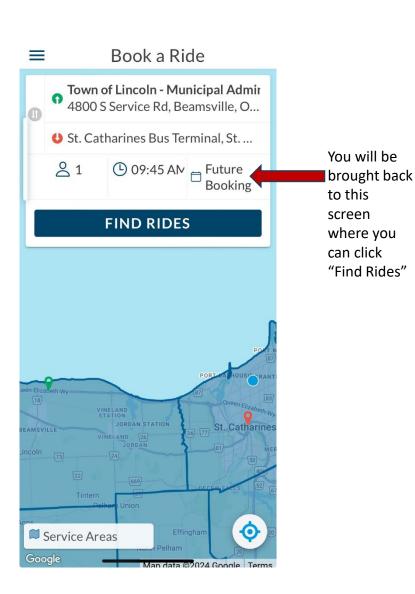
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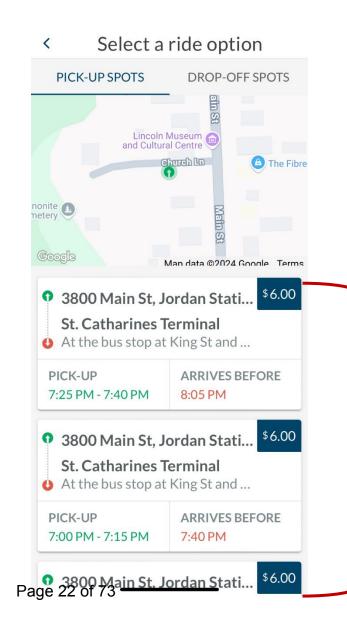










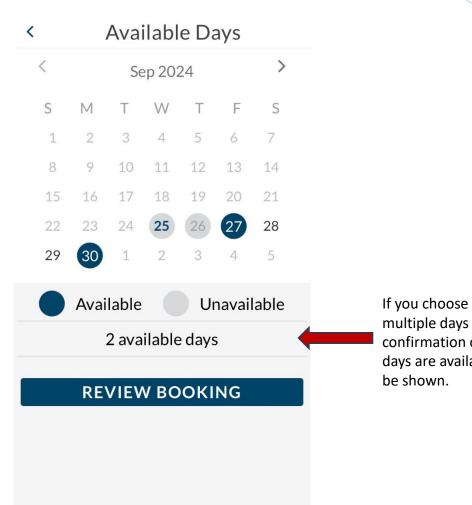


 Here you choose your pick-up time.
 If you had selected multiple dates in a previous step, this pick-up time selection will be for all dates.



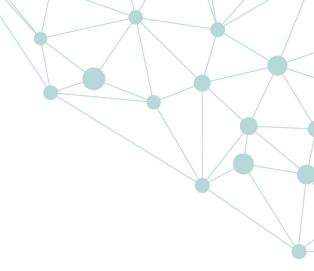
#### niagara transit commission

Select a ride option		
Pick this ride?		
† 1		
<ul> <li>PICK-UP</li> <li>3800 Main St, Jordan Station,</li> <li>ON LOR 1SO, Canada</li> </ul>		
Date: Sep 26, 2024 <b>Pick-up 7:25 PM - 7:40 PM</b> <b>Thursday</b> Please be ready for the driver at the beginning of your pickup window.	1	
UROP-OFF		
<b>St. Catharines Terminal</b> At the bus stop at King St and Carlisle St		
Date: Sep 26, 2024 Arrive by 8:05 PM Thursday	l	
Additional instructions: At the bus stop at King St and Carlisle St		
CANCEL OK		



You will be asked to confirm your choice.

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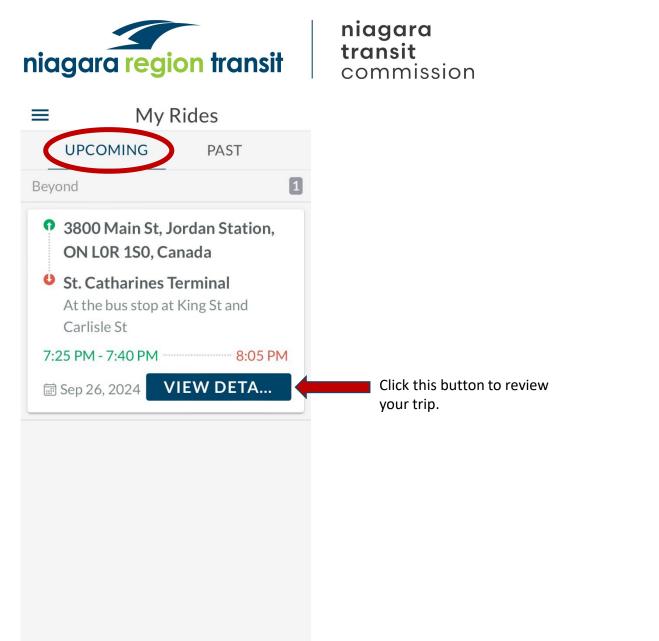


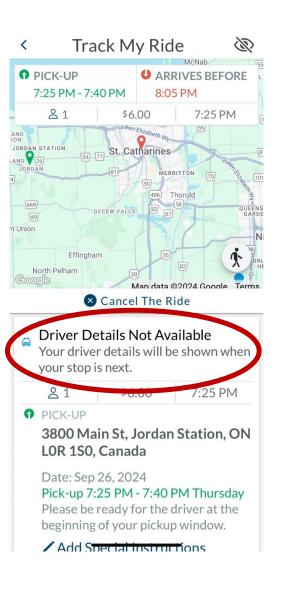
multiple days your

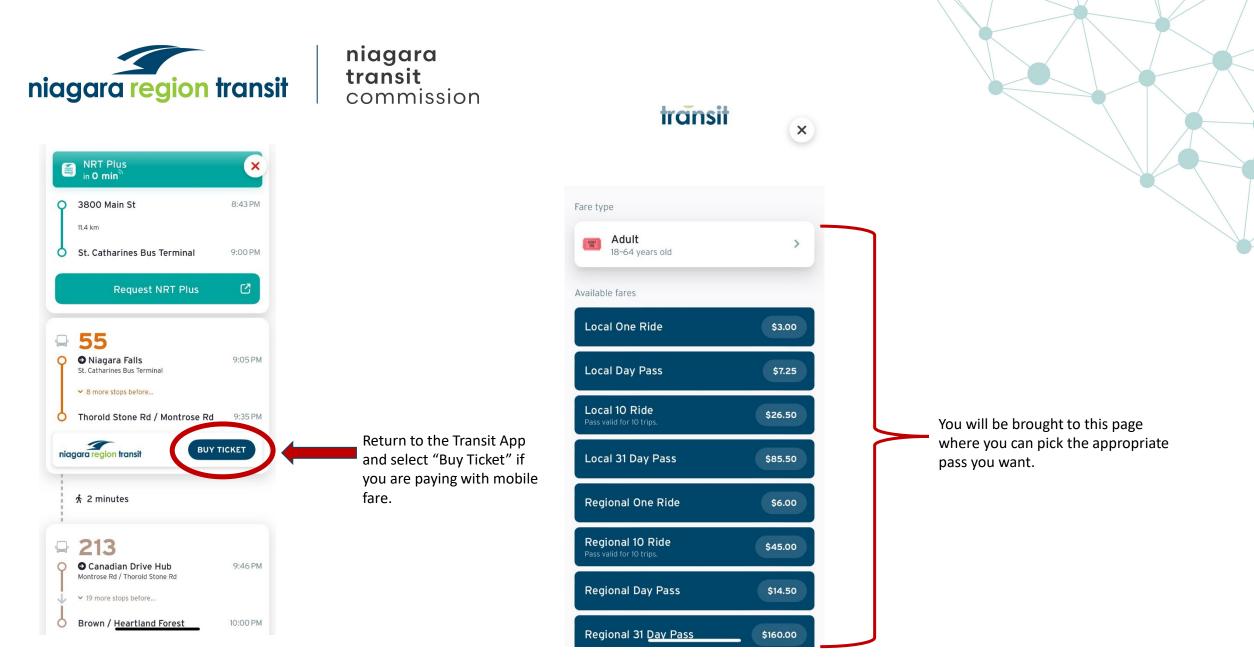
confirmation of what days are available will



<ul> <li>Booking Details</li> <li>DROP-OFF</li> <li>St. Catharines         <ul> <li>Terminal</li> <li>At the bus stop at King St and Carlisle St</li> <li>Arrive by 8:05 PM</li> <li>Thursday</li> </ul> </li> <li>Additional instructions:         <ul> <li>At the bus stop at King St and Carlisle St</li> <li>Additional instructions:</li> <li>At the bus stop at King St and Carlisle St</li> </ul> </li> </ul>		Select Payment Method Fare Exempt This includes Child - 12 years or younger, USSP Card holders, Active Duty Military, Veterans presenting CAFS Card, First Responders while on duty, UPass, CNIB, NTC Employees in uniform/employee pass, NRT Cares Pass. All Cards and Passes must be presented at the time of boarding Transfer	<ul> <li>Ride Booked!</li> <li>3800 Main St, Jordan Station, ON LOR 1SO, Canada</li> <li>St. Catharines Terminal At the bus stop at King St and Carlisle St</li> <li>7:25 PM - 7:40 PM 8:05 PM</li> </ul>	Once you hit "Book Now" you'll receive this booking confirmation
Payment		Present transfer at the time of boarding	🗐 Sep 26, 2024	
Subtotal:\$6.00You Pay:\$6.00Payment MethodCHANGE	You can change your payment method here.	<ul> <li>Mobile Fare</li> <li>Please select this option if purchasing fares via Transit App and ensure to complete your purchase on the Transit App.</li> <li>Present proof of payment on the</li> </ul>		
Mobile Fare Transit App payment Coupon Code	payment method here.	Transit App at time of boarding Transit Pass present physical pass at time of boarding		
e.g. HALFPRICE APPLY		Cash must have exact fare, change will not be provided	BOOK M MY RIDES	Click here to
	Book your trip by clicking this button	Page 24 of 73 <sup>NCEL</sup>		view upcoming and past rides







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Niagara-on-

**Niagara Falls** 

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Welland

() Go at 1:13 PM

You'll arrive at 3:25 PM

EVERY 60 MINUTES

NRT Plus

ainfleet

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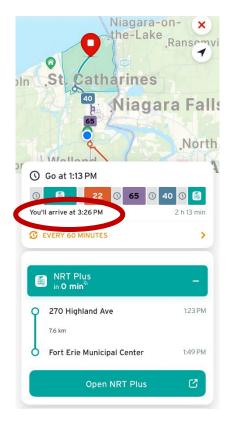
North



- Your travel time will be set when you book your ride.
- You'll know how long your journey will take in advance, allowing you to plan your day better.
- The defined travel times are calculated based on distance, traffic conditions, and the number of passengers sharing the ride.



## 95% On-Time Arrival Guarantee



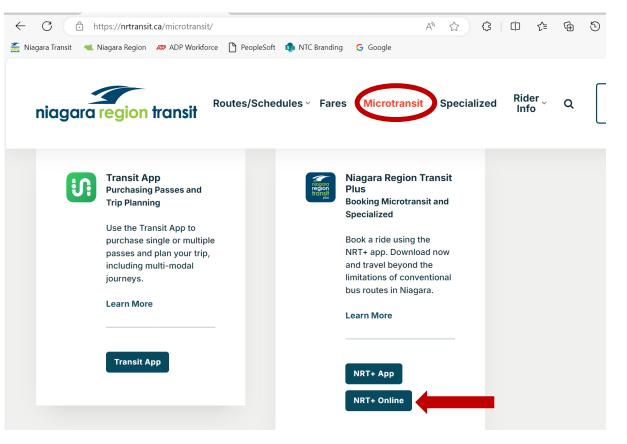
- We are committed to ensuring that at least 95% of rides arrive on time.
- This guarantee means that, except for rare exceptions, your vehicle will arrive at your destination within the scheduled window you've requested.
- This commitment helps ensure you can depend on our service for your daily commutes and other essential trips.



# **Booking Specialty Transit Option #2**

• Booking online

Microtransit - Niagara Region Transit (nrtransit.ca)





# **Booking Specialty Transit Option #3**

## **Option #3**

• Booking and Dispatch at 1-833-678-5463

## **Service Hours**

- Booking and Dispatch 7:00 a.m.-11:00 p.m., Monday Saturday
- Customer service hours 7a.m.-11 p.m. Monday Saturday, 10 a.m.-6 p.m. on Sunday and Holidays



#### Subject: Port Colborne Hospital Update

To: Council

#### From: Office of the Chief Administrative Officer

Report Number: 2024-225

Meeting Date: December 3, 2024

#### **Recommendation:**

That Chief Administrative Officer Report 2024-225 be received; and

That Council approve option three, which entails the development of the Port Colborne hospital site to facilitate expanded primary care services, and the \$6.2 million local share contribution to the South Niagara Hospital.

That the Chief Administrative Officer and Director of Corporate Services be directed to negotiate and execute:

- An agreement with Niagara Health to transfer the ownership of the Port Colborne Hospital site to the City for \$2;
- An agreement with Niagara Health to temporarily lease space within the current Port Colborne Hospital site, beginning as soon as possible, until Niagara Health vacates the site; and
- An agreement with a primary care team to sublease the space within the current Port Colborne Hospital site to facilitate an expansion of primary care within the community.

#### Purpose:

This report seeks Council's support of Niagara Health's request for \$6.2 million to fund the City of Port Colborne's local share of the new South Niagara Hospital. The report considers options that address the request. The recommended option provides for the redevelopment of the existing Port Colborne hospital site as a way to secure expanded primary care services in the community.

#### Background:

Niagara Health is working towards having a three-hospital system that includes St. Catharines, Niagara Falls, and Welland. At the time of writing this report, a new Niagara Falls hospital referenced by Niagara Health as the South Niagara Hospital (SNH) is currently under construction.

When building a new hospital, there is a component of the funding referred to as local share. The local share funds 10% of eligible construction costs and 100% of the costs associated with the purchase of new and replacement furniture, fixtures, and equipment.

Niagara Health's \$6.2 million local share request of the City is based on a per capita allocation using the 2016 census. It is assessed as follows:

Niagara Region	\$44.5 million
Niagara Health Foundation (Donations) and Hospital own Funds	\$130 million - \$140 million
Municipal (Niagara Falls, Fort Erie, Welland, Pelham, Wainfleet and Port Colborne)	\$45 million - \$50 million
Total	\$230 million

Once the SNH opens in 2028, Niagara Health will begin a process to vacate the Port Colborne hospital site. This process is expected to be completed in 2029.

Until that time, Niagara Health will continue to operate the Urgent Care Centre (UCC) at the Port Colborne hospital site.

To prepare for this, the City, community partners, and Niagara Health have been working closely on a proposal to secure a future for enhanced primary care and support Port Colborne's growth, while ensuring expanded primary care options for residents.

In 2023, Mayor Steele formed a Health Services Working Group to discuss options to improve access to primary health care, attract more physicians, and ensure that Port Colborne residents have a local option for when the UCC closes. The Health Services Working Group is comprised of active and retired health care professionals, business and community representatives, City staff, and Mayor Steele. The Health Services Working Group has partnered with local physician Dr. Matt Vandenberg who has proposed that current vacant space in the west wing of the hospital be renovated and repurposed for primary care prior to Niagara Health closing the Port Colborne hospital site.

To facilitate this, staff propose pursuing an agreement between the City and Niagara Health that would allow the City to lease and sublease space within the Port Colborne hospital to Dr. Vandenberg and his team. The group would be responsible for all costs associated with the lease, unless Provincial or Federal funding became available. Mayor Steele, City staff, and Dr. Vandenberg, with the support of the Health Services Working Group, have been actively lobbying the provincial government for funding to assist with renovations and upgrades. Niagara Health has been working with the Niagara Ontario Health Team and the Niagara Practitioners' Health Care Alliance to support expansion and leverage the City's designation for funding in the Ontario government's Interprofessional Primary Care Teams initiative for Niagara.

The primary care model proposed is designed to address Niagara Health's observation that Port Colborne needs an additional five family physicians to service its population.

#### Discussion:

To address the Niagara Health local share request of \$6.2 million from the City, staff have identified the following options.

#### Option 1

Turn down the local share request. Potential impacts may include but are not limited to:

- A negative impact on the SNH furniture, fixtures and equipment as 100% of that budget comes from local share;
- Our ability to live to our City's value of responsibility we make tomorrow better. Having another state-of-the-art hospital in Niagara would make tomorrow better;
- Our ability to live to our City's value of collaboration we are better together. The cities closest to the Marotta Family Hospital in St. Catharines contributed to that hospital. Once built, residents of Port Colborne will use SHN. A lack of support may been seen as a lack of community.

#### Option 2

Enter into a local share agreement with Niagara Health with a 15-year payment term. As the funds are needed by the SNH in 2028, Niagara Health would borrow the \$6.2 million. The borrowing would result in principal and interest payments. If we assume interest at 5% over 15-years the tax impact on the average residential property would be \$51.50. As the local share is not required until 2028 it would be possible to either wait until 2028 to include this local share contribution in the property tax levy or it could be phased in over a period of time. For example, \$17.15 in 2026, \$17.15 in 2027, and \$17.20 in 2028. This is a common model used by municipalities to make local share contributions.

#### Option 3

Niagara Health has agreed to transfer ownership of the Port Colborne hospital site to the City for \$2. It is expected that this transfer will occur after the site is vacated in 2029. The current Port Colborne hospital site consists of 5.9 developable acres when including the New Port Clinic (formerly the nurses' residence).

To facilitate funding the local share, a public process could be created with the goal of entering into an agreement with a developer that could:

- Build new multi-residential units on the current site (5.9 acres);
- Build a new medical clinic to ensure the primary care initiatives of the Health Services Working Group continue and grow after Niagara Health vacates the site;
- Build a shared use fitness centre for medical clinic users, multi-residential unit residents and the community;
- Make the \$6.2 million local share payment on behalf of the City;

A development would produce new growth-related property tax, water, wastewater and storm sewer rate payers. In the case of the new medical clinic and fitness centre, funding would come from lease payments, multi-residential unit residents with respect to the fitness centre, Development Charges, Community Benefit Charges fund (in the early stages of development) and growth-related property taxes, if required.

Should this model be pursued, staff would look to start the process of seeking a developer in 2025 and develop a project plan so development could begin as soon as Niagara Health would allow.

Additionally, should this model be pursued, staff would aim to, as soon as possible, enter into an agreement with Niagara Health to temporarily lease space within the west wing of the hospital, until Niagara Health vacates the site in 2029. If that is successful, staff propose entering into a sublease with Dr. Vandenberg and his primary care team, to facilitate the expansion of primary care within the community prior to Niagara Health completely vacating the Port Colborne hospital site.

#### Internal Consultations:

City staff from Public Works, Economic Development, Corporate Communications, Corporate Services, and the Office of the Mayor and CAO have been working collaboratively with Niagara Health, the Health Services Working Group, and Dr. Vandenberg on ensuring the best possible primary care services can be made available to Port Colborne residents.

#### Financial Implications:

Turning down the request, identified as option 1, would have no immediate cost, although staff highlight other municipalities have contributed to the local share and the City's lack of contribution could impact other future projects and decision making.

As identified, a common model to facilitate a local share contribution is through a 15year local share agreement. Option 2 identifies this local share contribution as \$51.50 on the average residential property. In 2024 that would represent almost a 2.4% increase to the City's portion of property taxes.

The last option, option 3, proposes a process to pursue redeveloping the property. The goal here would be to make the \$6.2 million local share contribution through the developer while improving primary care through a new medical clinic and providing the multi-residential unit residents and the community with a fitness centre. The new residents would further provide for new growth-related property taxes, water, wastewater and storm users to help spread the fixed costs of our rate operations over.

#### Public Engagement:

Since 2011, there has been considerable public information provided regarding hospital restructuring to a three-hospital system in Niagara. Community discussions and capital submissions to the Ministry of Health for a new hospital in South Niagara were initiated in 2018 and there has been active and ongoing public engagement. According to information on Niagara Health's website, the community planning and public engagement for the South Niagara Hospital includes the following: 196 Subject Matter Experts involved in user group planning meetings in 2020; 550 hours of group planning meetings with stakeholders in 2020; 5000+ residents provided online feedback; and hundreds more shared their thoughts in person, through emails, phone calls and at public events.

The above engagement included Port Colborne. Niagara Health leadership gave a community update and held an open house in Port Colborne on March 21, 2024. A Health Care Committee was formed in 2023 to create a strategy and action plan to ensure that Port Colborne has access to primary care when the UCC closes. There has been media coverage about the Committee's work and updates in public at Council meetings.

The City's Social Determinants of Health Committee have also been discussing the future of health care and physician recruitment in Port Colborne at their meetings. Their agenda and meeting minutes are public information and on the City's website. It has also been reported in the media that the Mayor, Councillors, and senior staff have had delegation meetings at provincial conferences to discuss enhanced primary care and

this innovative model. Meetings have also been held with the provincial and federal Ministers of Health.

#### Strategic Plan Alignment:

The initiative contained within this report supports the following pillar(s) of the strategic plan:

- Welcoming, Livable, Healthy Community
- Economic Prosperity
- Increased Housing Options
- Sustainable and Resilient Infrastructure

#### **Conclusion:**

As part of Niagara Health's new three hospital system, current programs and services at the Port Colborne Hospital site will transition to the South Niagara Hospital in 2028.

The City of Port Colborne, along with a local Health Services Working Group, and Dr. Vandenberg, have proposed an innovative model to support and expand primary care in the City as soon as possible by leasing current hospital space.

Staff recommend Council consider option 3 which would result in the eventual redevelopment of the Port Colborne hospital site, fund the City's local share contribution, and produce a new medical clinic and fitness centre.

Respectfully submitted,

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#### **Report Approval:**

All reports reviewed and approved by the Department Director and also the City Treasurer when relevant. Final review and approval by the Chief Administrative Officer.

# Niagara Poverty Reduction Strategy

2024 - 2028





**Growing Better Together** 

### Acknowledgements

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### Contributors

### Residents and community champions made this strategy possible.

Thank you to the hundreds of people in Niagara for sharing their time, wisdom, commitment and stories. Thank you to community groups listed in <u>"Appendix A: Locations of</u> <u>community engagement" on page 33</u> for hosting sessions to increase the reach of engagement and facilitators for leading meaningful community conversations.

### Special thanks to

#### **Mary Ellen Simon**

Director of Housing, Niagara Regional Native Centre leading engagement with Indigenous community in Niagara

#### **Olivia Schmidt**

Student, Brock University supporting research referencing

#### **Rachel Sam**

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Former Poverty Reduction Strategy Advisor, Niagara Region (Phase 1) community engagement and research review

### Land acknowledgement

Niagara Region is situated on treaty land. This land is steeped in the rich history of the First Nations such as the Hatiwendaronk, the Haudenosaunee, and the Anishinaabe, including the Mississaugas of the Credit First Nation. There are many First Nations, Métis, and Inuit from across Turtle Island that live and work in Niagara today. The Regional Municipality of Niagara stands with all Indigenous peoples, past and present, in promoting the wise stewardship of the lands on which we live.

The Regional Municipality of Niagara is committed to equity and respect for all by ensuring Indigenous voices are heard and included in our plans and programs. In addition, we are committed to eradicating anti-Indigenous racism and discrimination within our community.

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### A message from the Poverty Reduction Steering Committee

The goal of this strategy is: Working together to prevent and end poverty and increase well-being in Niagara. The Poverty Reduction Steering Committee, made up of individuals from government, Niagara residents, Indigenous community, education and health, is pleased to present Niagara's Poverty Reduction Strategy. It is the mission of this committee and of this strategy that by working together to prevent and end poverty and increase well-being in Niagara we will create positive change for our community.

This strategy has been shaped by diverse voices of residents in Niagara including those who are disproportionately affected by poverty. The actions outlined in the strategy are supported by research and best practices and inspired by work happening in other communities to end poverty.

The Committee played a pivotal role in developing the recommendations, identifying interconnected strategies and providing input into the development of a picture of poverty in Niagara – what poverty is, what poverty means in people's lives and how poverty affects all of us.

Through the community's voice, the Committee selected the Areas of Focus of this strategy and prioritized eight recommendations aligned with best practice and existing strategies. These Areas of Focus are Indigenous well-being, housing, income, employment, food security, early child development, transportation, mental health and addiction. Preventing and ending poverty will be achieved by working together as a community to strategically address factors that impact and reduce poverty within these Areas of Focus.

During implementation, the Committee will look at ways to increase opportunities for a network of champions to exchange ideas and harness the power of their successes. The Committee will call on a collaborative approach. To achieve success, we need people with lived expertise, Indigenous peoples, and other residents, along with representatives from government, funders, businesses, health and educational institutions, non-profit organizations, service clubs and associations to collaborate, share leadership, exchange ideas, engage community and mobilize action.

We recognize that ending poverty will take more than five years given the complex nature of poverty and the need for a community-wide response. This strategy provides a major step to achieve this goal. We thank everyone who engaged in community conversations and look forward to continuing our collaborative work to end poverty in Niagara.

### Niagara Poverty Reduction Strategy Steering Committee members

#### Lori Watson (Chair)

**Director, Community Services** 

Haley Bateman Niagara Regional Councillor

Laura Ip Niagara Regional Councillor

#### **David Oakes**

Chief Administrative Officer, City of St. Catharines

#### Arceli Olivares

Niagara resident

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Niagara resident

#### **Mary Ellen Simon**

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#### Jon Braithwaite

Chief Executive Officer, The Hope Centre

#### **Jennifer Gauthier**

Executive Director, Birchway and Chair Niagara Poverty Reduction Network

#### **Vivian Kinnaird**

Chief Executive Officer, Workforce Collective

#### **Taralea McLean**

Executive Director, Bridges Community Health Centre

#### **Mary-Beth Raddon**

Department Chair Sociology, Brock University

#### **Carla Stout**

General Manager, Niagara Transit Commission

#### **Ruth Unrau**

Host, Niagara Made, NewsTalk 610 CKTB

#### **Nadine Wallace**

Executive Director, Contact Niagara

### Why Niagara needs a strategy

A strategy lays a foundation to build a community of best practice as it relates to how and when we interact and provide service. Recognizing that Niagara Region and many local providers already deliver services to lift people out of poverty, this strategy provides a way to identify best practice, uncover gaps and leverage local knowledge to inform future action. The strategy can play a significant role to inform where to best invest resources in areas such as housing, economic development, child care, transit and the Niagara Prosperity Initiative, to have the biggest impact on poverty reduction.

#### **Definition and impacts of poverty**

The Government of Canada's first Poverty Reduction Strategy, released in 2018, describes poverty as "the condition of a person who is deprived of the resources, means, choices and power necessary to acquire and maintain a basic living standard needed to promote and facilitate integration and participation in society".<sup>1</sup>

Poverty is a complex issue with no single solution. We recognize that everyone experiences poverty differently. Each person's story is unique and a result of multiple complex and interrelated causes. As described by Tamarack, a Canadian institute that supports strategies that enable people to learn with and from each other to solve major community challenges, "There are many interconnected reasons why people are poor.

Poverty is unique to each person, complex, with no singular solution, a human rights issue For practically every family, every problem magnifies the impact of the others, and all are so tightly interlocked that one reversal can produce a chain reaction with results far distant from the original cause. If problems are interlocking, then so must be solutions. A job alone is not enough. Medical insurance alone is not enough. Good housing alone is not enough. Reliable transportation, careful family budgeting, effective parenting, effective schooling, are not enough when each is achieved in isolation from the rest. There is no single variable that can be altered to help people move away from poverty. If problems are interlocking, then solutions must also be interlocking".<sup>2</sup>

### Employment and Social Development Canada. (2018). Opportunity for All-Canada's First Poverty Reduction Strategy, 7.

**2** Loewen, G. (2009). Compendium of Poverty Reduction Strategies and Frameworks. Tamarack An Institute for Community Engagement, 9.

#### **Community Input**

The complexity and interconnectedness of poverty was evident during engagement. When talking about the experience of living in poverty, Niagara residents used words such as depression, hopelessness and despair, and they linked poverty to negative outcomes such as gender-based violence, discrimination, homelessness, victimization and exploitation. Research reinforces the interconnectedness of poverty with many issues. For example, "reducing financial stress may decrease potential for relationship conflict and dissatisfaction, which are strong predictors of gender-based violence.<sup>3</sup>

Further, participants spoke to elements of social and spiritual poverty through stigma, social isolation and lack of purpose. Social poverty exists where people are isolated and lack the formal and informal supports necessary to be resilient in times of crisis and change. Spiritual poverty exists where people lack meaning and purpose in their lives.<sup>4</sup> Poverty is a human rights issue. Human rights are the basic rights every person has, inherently and universally, to live with safety and dignity. Examples include the right to work, the right to adequate food and the right to housing. In October 2023, the Ontario Human Rights Commission released its Human Rights-Based Approach Framework.<sup>5</sup>

We will leverage this framework to bring a human rights approach to ensure an equitable, inclusive Niagara that provides enough for all.

- 3 Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 4 Poverty Institute (n.d.). Poverty in Canada. povertyinstitute.ca/poverty-canada
- **5** Ontario Human Rights Commission. (2023). Human Rights-Based Approach Framework.

#### **Poverty in Niagara**

The Low-Income Measure After-Tax is an established measure of poverty in Canada. All persons in a household are considered to be living in poverty if their household income falls below half of median incomes of the same household size.

To fully comprehend the state of poverty in Niagara, it is important to understand the impacts of the COVID-19 pandemic. In pre-pandemic statistics of 2016, Niagara had 14.5 per cent of people living in poverty (64,944 people). Numbers from Statistics Canada in 2021 indicate that Niagara had 10.4 per cent of people living in poverty (49,706 people). <sup>6</sup> The National Advisory Council on Poverty in their 2023 report, "Blueprint for Transformation", indicated that the temporary increase in government transfers available during the pandemic influenced the 2021 poverty statistics. This growth in income protected people from falling into poverty and helped lift many people out of poverty. In Niagara, 15,238 people in Niagara temporarily moved out of poverty, a change of four per cent from 2016 to 2021. This information reconciles with what local service providers saw. For example, food banks reported a drop in visits during that time; however, since 2021, use of food banks has significantly increased from pre-pandemic visits. This suggests that income-based solutions are key to reducing poverty.

As cautioned by the National Advisory Council on Poverty, the phasing out of the COVID-19 income supports alongside higher inflation and increasing cost of living mean that poverty rates have likely increased. It is important to keep this context in mind when comparing the poverty rate to earlier years.

6 Source. Statistics Canada, Census Profiles, 2016 and 2021 Census of Population. Low Income Measure After Tax (LIM-AT). One Niagara Regional grant program that has a direct goal to alleviate and reduce poverty in Niagara, is the Niagara Prosperity Initiative. Since its inception in 2008, Regional Council approved \$1.5 million annually to fund local projects. This funding resulted in work with over 90 organizations and over 400 innovative neighbourhood-based projects, impacting over 100,000 families and individuals living in poverty in Niagara.

Recognizing local evidence that indicated that the pandemic had exacerbated and amplified many issues caused by poverty, the 2022 Niagara Prosperity Initiative targeted funding into six areas:

- Indigenous well-being
- Early child development
- Housing and homelessness

- Food security
- Domestic violence
- Living wage

The Niagara Prosperity Initiative is one funding source that we can use to enhance actions identified in this strategy. Evaluation of outcomes of funded projects will inform future investments. Staff will align the Niagara Prosperity Initiative with the Poverty Reduction Strategy to distribute resources where they can have the greatest effect.

#### **Indigenous prosperity**

Prosperity for Indigenous peoples in the Niagara region will require a deep understanding of Indigenous history and culture to incorporate the mental, physical, spiritual and emotional well-being of the individual, family and both human and non-human communities simultaneously. Culturally safe environments for Indigenous peoples are needed to engage and build relationships with municipal governments.

It is well established that existing systems perpetuate colonization and racism, and that many of them fail to support Indigenous peoples. It is important to understand the role that colonialism plays in poverty in Indigenous communities and its continued existence today.<sup>7</sup>

Niagara Region acknowledges that colonialism and past actions and inactions across all levels of government have created discriminatory policies and practices against Indigenous peoples. This has had direct, widespread and devastating effects on the health and well-being of First Nations, Métis and Inuit communities. We need to move beyond acknowledgement and take actions to change this. Municipal governments, as well as other levels of government in Canada, share responsibility and have a significant role to play in eradicating anti-Indigenous racism and discrimination and fostering equity and respect for all.

Employment and Social Development Canada. (2021).
 Understanding systems: The 2021 report of the National Advisory Council on Poverty.

### How we developed the strategy

In October 2021, Niagara Region staff received Council approval to develop a Niagara Poverty Reduction Strategy and a new approach for Niagara Prosperity Initiative investments. The Niagara Prosperity Initiative is an annual investment by the Region towards poverty reduction. Development of a Niagara Poverty Reduction Strategy meets recommendations put forth in the **Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative** report by Brock University and the **Niagara Community Safety and Well-Being Plan (niagararegion.ca/community-safety/plan.aspx)** 

#### Stages of strategy development

This strategy is driven by diverse perspectives and experiences. We heard from people who are disproportionately affected by poverty and typically underrepresented in research. Recommendations are supported by research.

#### The community spoke. We listened. Together, we developed a strategy

Niagara Regional Council approves development of a local poverty reduction strategy

1000+ residents give input about an ideal future state, challenges, strengths and actions

200+ Indigenous people give input about Indigenous prosperity

Staff review research to identify best practices to address poverty

Staff draft recommendations based on community input and best practices

Staff engage with Local Area Municipalities

100+ content experts validate recommendations

Niagara Region staff indicate alignment with other Niagara Region plans

Steering Committee prioritize recommendations based on impact, effort and community support

	Council Strategic Priorities - Equitable Region			
Economic Development Strategy	Children's Services Service System Plan	Consolidated Housing Master Plan	Community Safety and Well-Being Plan	Poverty Reduction Strategy
Niagara Prosperity Initiative	Transportation Master Plan	Housing and Homelessness Action Plan	Indigenous Action Plan	Diversity, Equity and Inclusion Action Plan

#### **Engaging community**

Residents who participated in Community Conversations envisioned an ideal future state, spoke to challenges, identified community strengths and recommended actions.

For details about input provided by residents, read the Interim Report on Community Engagement. niagararegion.ca/community-safety/poverty-reduction-strategy/interim-report-community-engagement.aspx

#### When asked about an ideal future state, the community envisioned:

#### A Niagara that is...

- Equitable and inclusive
- Meeting all residents' basic needs
- Supportive, accessible and allows people to live with dignity
- Community-oriented

- Safe
- Prosperous
- Healthy and well
- A great place to raise a family

The Niagara Regional Native Centre's Director of Housing met with the Indigenous community in Niagara to discuss Indigenous Prosperity. Respondents emphasized the importance of:

- Indigenous identity
- Non-Indigenous relationships
- Culture
- Community development
- Education
- Equity

- Self-determination
- Health/well-being
- Housing
- Safety
- Spirituality
- Financial well-being

### Introduction to the strategy

The goal of Niagara's five-year Poverty Reduction Strategy is:

Working together to prevent and end poverty and increase well-being in Niagara. This strategy reflects concerns, opportunities and actions identified by residents during a broad engagement process.

The community identified eight Areas of Focus for the Niagara Poverty Reduction Strategy. Each Area of Focus includes one recommendation and a set of actions that address the issue of poverty within that area.

In total, the community identified over 100 actions to reduce poverty. In the following pages, we list actions that:

- Are supported by research
- Consider impact, effort, and community support to make them happen
- Align with Niagara Region Council priorities



### Areas of focus

#### Through community conversations, eight Areas of Focus emerged



#### Indigenous well-being

Indigenous community to develop a strategy for Indigenous specific poverty reduction initiatives.



#### Housing

Provide housing stability services for people living in poverty to maintain current housing, prevent eviction, improve social inclusion and access income through periods of financial instability.



#### Income

Increase opportunities for living wage employment in Niagara and advocate for adequate, livable rates from government income assistance programs.



#### Employment

Promote and develop decent work opportunities that provide fair wages, and benefits and fosters stable, consistent and safe employment.



#### Food security

Improve access to fresh, culturally appropriate, affordable and nutritious foods through income-based solutions to food insecurity.



#### Early child development

Improve access to affordable, high-quality child care for families living in poverty or at risk of poverty.



#### Transportation

Continue the work of Niagara Region Transit to achieve affordable and equitable access to services across municipalities.



#### Mental health and addiction

Enhance core service capacity and offer a choice of timely, early recovery interventions and treatments for people who are living in poverty or at risk of poverty.



Most Indigenous people who responded to a survey that asked, "what do you believe is Indigenous Prosperity?" identified that community development, Indigenous identity, culture and self-determination were essential components of prosperity. Respondents talked about the need to improve on services that impact the education, health, housing, income and safety of Indigenous peoples. Not only are more services needed, but we also need to address how we deliver these services. Mainstream services need to be respectful of Indigenous cultural practices and social values of the Indigenous community.

The Indigenous community has called upon the Niagara Region to adopt a bottom-up approach to addressing Indigenous well-being. Indigenous peoples have the right to "pursue their economic, social and cultural development", and so must be able to determine their own futures and develop poverty reduction strategies that meet their specific needs and priorities, enabling them to pursue their own economic development opportunities and carve their own path towards greater independence and self-sufficiency.

#### Recommendation

Indigenous community to develop a strategy for Indigenous specific poverty reduction initiatives.

#### Action

 Work in partnership with Indigenous community leaders to develop a strategy driven by a community process



### Housing

Residents named housing and homelessness as one of the biggest and most visible poverty-related challenges for Niagara. They expressed concern with the lack of available housing, affordability, accessibility and quality of housing in Niagara. This is especially true for those living on a fixed income.

#### Recommendation

Provide housing stability services for people living in poverty to maintain their current housing, prevent eviction, improve social inclusion and access income through periods of financial instability.

#### Action

- Improve relationships between tenants and property owners to reduce evictions
- Expand the use of quick reconnects of financial and other supports for people who have previously been homeless
- Increase legal supports for people in low-income households
- Increase early identification of housing related risk
- Address needs of those escaping gender-based violence

Implementation of this recommendation will align with Niagara Region's Housing Master Plan and with the Housing and Homelessness Action Plan which uses best practice approaches, including Housing First<sup>8</sup> and Built for Zero<sup>9</sup> as a foundation.

- 8 Supportive Housing Programs. (n.d.). Niagara Region. niagararegion.ca/housing-homelessness/supportive-housing-programs.aspx
- 9 Canadian Alliance to End Homelessness. (n.d.). Built for Zero Canada. bfzcanada.ca/



Residents pointed to income as the primary determinant of poverty. They identified two points of focus that affect income, availability of a living wage and adequacy of social assistance. A living wage is the hourly wage a worker needs to earn to cover their basic expenses and participate in their community. Employees that earn a living wage can face fewer stressors and employers that pay a living wage can be confident they are not keeping their employees in poverty.

The rising unaffordability of the basics such as housing, food and transportation are additional barriers. Unfortunately, the gap between income and the rising cost of living has continued to grow. Residents noted that the face of poverty has not changed, just expanded to include more people who used to be "middle-income."

#### Recommendation

Increase opportunities for living wage employment in Niagara and advocate for adequate, liveable rates from government income assistance programs.

#### Action

- Increase awareness, support for and adoption of living wage in Niagara as a poverty reduction effort
- Advocate to federal and provincial governments to:
  - Develop and implement a Universal Basic Income
  - Increase government programs that provide income and benefits (e.g., Ontario Works, Ontario Disability Support Program, Canadian Pension Plan, Old Age Security)
  - Improve access and eligibility for people living in poverty to access health benefits such as dental services, drug benefits and eyeglasses



# Employment

Residents noted a disconnect between existing skill sets and job requirements in Niagara. Others noted that the quality of employment in Niagara is lacking. For people with disabilities, options are not always accommodating. A larger topic of conversation focused on racism and implicit bias that exists in hiring practices in Niagara.

#### Recommendation

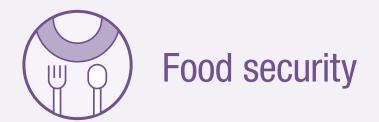
Promote and develop decent<sup>10</sup> work opportunities that provide fair wages and benefits and foster stable, consistent and safe employment.

#### Action

- Increase vocation training for those living in poverty, so that they qualify for stable employment opportunities relevant to local industries
- Increase internships and apprenticeship opportunities for foreign trained newcomers to be able to work while obtaining Canadian credentials
- Explore a social procurement policy for Niagara Region that increases opportunities for small businesses and equity seeking groups

Implementation of this recommendation will align with Niagara Region's Economic Development Strategy. Regional staff in Economic Development foster regional growth by attracting and facilitating investment. They promote Niagara globally and support new and existing businesses to create and expand decent jobs. This work supports poverty reduction by facilitating an environment conducive to new job creation, investment and economic opportunities. New investments result in incremental improvements to the economy, new jobs for residents and additional tax revenue.

10 Decent work involves employment that is productive and delivers a fair income. It also should ensure workplace security, social protection, better prospects for personal development and social integration." Source: United Nations Department of Economic and Social Affairs, Division for Sustainable Development Goals. sdgs.un.org/goals/goal8



Residents indicated that the primary problem with food security in Niagara is income and affordability.

With the cost of living exponentially increasing and incomes largely staying the same, an increasing number of residents are having to choose between paying their bills or purchasing groceries.

### Recommendation Improve access to fresh, culturally appropriate, affordable and nutritious foods through income-based solutions to food insecurity.

#### Action

- Advocate to federal and provincial governments to implement evidence-based policy solutions to reduce food insecurity
- Pilot interventions that reduce barriers to food access in identified priority neighbourhoods
- Continue to monitor and report the prevalence and severity of food insecurity and effective interventions to build awareness and knowledge about the problem and support for actions

To better understand the issues of food security, Niagara Region Public Health is mapping the food environment to determine locations of food deserts<sup>11</sup>. This work can inform service, planning and decision making.

11 Food deserts are geographic areas that have limited access to healthy food. In some neighbourhoods, lack of economic resources and transportation can cause geographical barriers to access affordable healthy food. In these cases, residents may be dependent on convenience stores and fast-food restaurants resulting in lower quality of diets. This may be especially true for individuals living in rural areas." Source: National Collaborating Centre for Environmental Health. (2017). Food Deserts and Food Swamps: A Primer.



# Early child development

Residents identified the need to address intergenerational poverty and to focus prevention efforts at childhood. Service providers noted that Niagara's children are vulnerable in many domains of childhood development, and this is often tied to socioeconomic status. Parents expressed how impossible it feels to keep up with the cost of raising children. Not just parents, but grandparents as well who are in custody of their grandchildren and parenting again. A major issue residents identified was the cost and availability of licensed child care in Niagara.

#### Recommendation

Improve access to affordable, high-quality child care for families living in poverty or at risk of poverty.

#### Action

- Continue to implement the Canada Wide Early Learning and Child Care program in Niagara, including a reduction to the cost of child care to an average of \$10/day by 2026
- Continue to develop and implement an Early Childhood Educator workforce strategy in Children's Services to expand the system and increase child care spaces.

Implementation of this recommendation will align with Children's Services Service System Plan.



### Transportation

Residents indicated that transportation is a significant poverty-related pressure point in the region. They noted that cost, timing and coverage of transit create barriers to use. Residents from rural communities expressed frustration over the difficulty and time commitment to travel to other municipalities and barriers to using NRT On-Demand Transit. These barriers can impact employment; residents indicated that some employers in Niagara will not hire people who take public transit, because it is unreliable. Overall, residents emphasized the importance of equitable transportation to access resources and social connectors.

#### Recommendation

Continue the work of Niagara Region Transit to achieve affordable and equitable access to services across municipalities.

#### Action

- Provide concession fare products for people who are living in poverty
- Improve access to transit and active transportation
- Increase hours of service, smoothing out evening, weekend and holiday hours across all levels of transportation services



# Mental health and addiction

Links between mental health concerns and substance use and abuse concerns are generally complex. For example, although people with mental illness have a higher likelihood of also having an addiction<sup>12</sup>, not all people with a mental illness have a co-occurring addiction.

Residents frequently discussed the impact of living in poverty while dealing with mental health and addiction challenges. The stress of not having enough money, being in a constant state of survival and hopelessness about living in poverty, can lead to anxiety, depression and thoughts of suicide. Service providers and people with lived expertise indicated that the situation is worse than it has been in a long time, and residents have lost hope that it will improve any time soon.

To address the effects of poverty, residents and service providers emphasized the need for mental health and addiction treatment supports within a better coordinated system of care. These supports need to address social determinants of health that are the root causes and stressors for people living in poverty or at risk of poverty such as housing, transportation and income.

#### Recommendation

Enhance core service capacity and offer a choice of timely, early recovery interventions and treatments for people who are living in poverty or at risk of poverty.

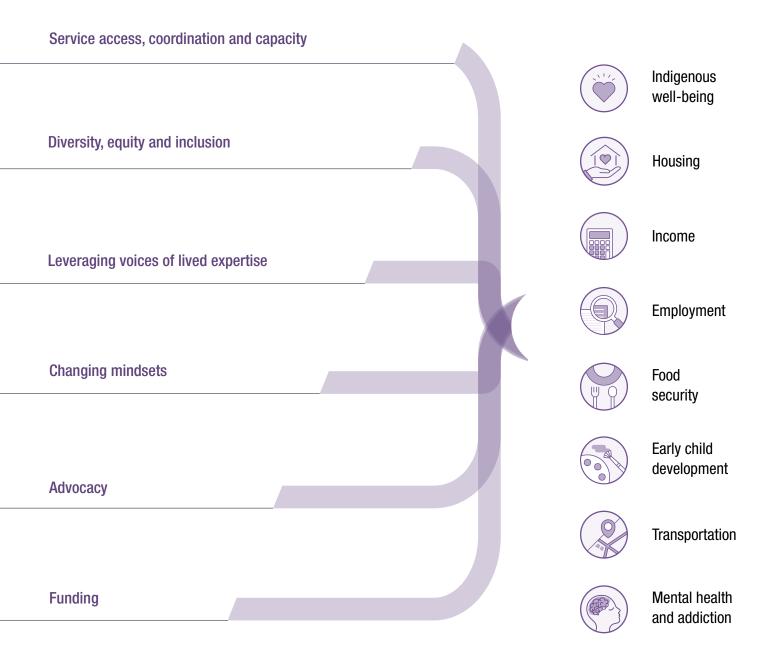
#### Action

- Address gaps and streamline local mental health and addiction services
- Continue to promote wellness and safety of people experiencing problems with substance use and addiction

12 CAMH. (2023). Mental Illness and Addiction: Facts and Statistics. camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

### How to create change

During engagement, residents identified essential conditions needed to end and prevent poverty in Niagara. These conditions for change affect how we incorporate actions in the Poverty Reduction Strategy's recommendations throughout the Areas of Focus:



### Service access, coordination and capacity

A person's ability to access services can impact their experience of poverty. A more coordinated and integrated network of health, justice and government funded social services would make it easier for people to navigate services they need to move out of poverty. In addition, those services need capacity, with funding, staffing and resources, to meet the needs of people seeking support.

Organizations, institutions and governments can improve ease of system navigation and access by increasing opportunities for people to access multiple services at the same time and location e.g., polyclinics or community hubs using mobile services as needed.

Other areas where this condition of change can enhance service is in:

- Strengthening supports for those escaping gender-based violence
- Strengthening transition supports such as discharge planning for people leaving hospitals and the justice system
- Building capacity to identify children at risk of poverty or living in poverty and strengthening referral pathways for families to a network of services such as income, housing, parenting and mental health supports

# Diversity, equity and inclusion

Residents noted that attention to diversity, equity and inclusion in Niagara is important and needs to continue. The intersections of identity, such as age, culture, gender, race, ability and other social aspects, shape how people experience poverty. Addressing poverty must consider diverse experiences of poverty.

Public and private sectors can integrate diversity, equity and inclusion into program design and delivery as it relates to ending and preventing poverty. This can include increasing learning opportunities for staff, elected officials, agencies and community members to make services more equitable.

#### Leveraging voices of lived expertise

Lived expertise refers to "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people".<sup>13</sup> It includes "the experiences of people on whom a social issue or combination of issues has had a direct impact".<sup>14</sup>

Creating opportunities for people with lived expertise to provide input in policy development, planning and decision-making is crucial to addressing poverty. This can include expanding opportunities to integrate peer support models into existing community work.

#### **Changing mindsets**

Residents identified stigma as one of the most significant poverty-related issues in Niagara. The stigma of poverty can have a profound impact on a person's sense of self and self-worth. Stigma is not only a result of living in poverty but can also perpetuate poverty by impacting a person's mental well-being, ability to access services, relate to others, maintain housing or keep employment.

Poverty is a socially isolating experience that can significantly impact a person's well-being. Not only is social isolation a result of living in poverty, but a lack of social connection can mean that people do not have support in times of crisis. Staff heard that people living in poverty feel alone and lack connection to their community.

The intent of changing mindsets is to bring people together to better understand the experience of poverty and the role they can play to help lift people out of poverty. Poverty is discriminatory in nature. Addressing false belief systems that feed into negative stereotypes is an important predictor of successful poverty reduction efforts. Changing mindsets that feed into the stigmatization of people living in poverty can decrease discrimination and allow for better community connections, thereby reducing isolation and loneliness.

- 13 Chandler, D., & Munday, R. (2016). Oxford: A dictionary of media and communication (2nd ed.). New York, NY: Oxford University Press.
- 14 Sandu, B. (2017). The value of lived experience in social change: The need for leadership and organisational development in the social sector. Retrieved from thelivedexperience.org/report/

#### **Advocacy**

Residents emphasized the need for income-based solutions to poverty. They highlighted the importance of using a human right's lens when speaking about and advocating for poverty-related issues. The strategy calls for advocacy to federal and provincial governments for improvements to income, employment and food security such as:

- Implementing a Universal Basic Income
- Increasing social assistance rates and benefits
- Increasing minimum wage to a living wage
- Making accreditation processes easier and more affordable to help newcomers with employment
- Implementing evidence-based policy solutions to reduce food insecurity

#### Funding

Adequate funding for outcome focused programs based on best practice is a critical component of any poverty reduction strategy. Addressing funding gaps and methods of funding applies to all levels of government and all funding bodies.

Brock University's report "Connecting the Pieces; An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara" recommended:

- Increased funding investments in poverty reduction
- Longer funding terms for programs to help address the "unpredictability and fragmentary nature of services provided through time-limited contracts"<sup>15</sup>

Service providers noted the importance of collaborative funding opportunities and the need to break down competition among agencies.

**15** Raddon. MB, Soron, D & Petrina S. (2021). Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara. Report prepared for Niagara Region. Brock University, St. Catharines, Ontario. **brocku.ca/npi-evaluation** 

### **Moving forward**

#### **Strategy in motion**

During implementation, Niagara Region staff and members of the Poverty Reduction Steering Committee will invite interested and affected parties, such as United Way, Niagara Community Foundation and Ontario Trillium Foundation, to identify their role in helping to end poverty. Other interested and affected parties who are critical to successful implementation of this strategy include people with lived expertise, Indigenous peoples, and other residents, along with representatives from government, funders, businesses, health and educational institutions, non-profit organizations, service clubs and associations. It is our hope that readers of this document will find inspiration to further align their work with actions identified in this strategy. Using Collective Impact, an approach used around the world to address complex issues such as poverty,<sup>16</sup> we will explore with community champions ways to best implement actions listed in this report along with other actions that emerged during community engagement.

16 Tamarack Institute. (2019). Collective Impact in Practice. www.tamarackcommunity.ca/library/tool-collective-impact-in-practice

#### Measuring change

#### How we will measure impact on poverty

Featured below are outcomes we can use to identify long-term success. We selected these indicators based on a scan of what other communities are using, reputability of the sources, availability of data for Niagara and the power of these indicators to tell the story of change.

#### Decrease the number and percentage of people who:

- Live in poverty
- Work but still live in poverty
- Experience homelessness
- Live in food insecure households
- Experience financial concerns as a primary stressor

Equals an Equitable Region that ends poverty by responding to community needs.

Working together

number of people

including those who

are working but still

struggle financially.

Working together

capacity to implement

policies and practices.

to increase local

community work,

to decrease the

living in poverty,

### How we will measure benefits of working together

In addition to reducing poverty, we expect that by working together in different ways, we can increase:

- Local capacity to implement community work, policies and practices
- Public support to end poverty

We will bring implementation champions together to determine methods such as facilitated conversation and client feedback to capture these benefits and better understand the impact of our collective work.

#### How we will create our evaluation plan

We recognize that poverty is a complex experience, making it difficult to determine success.

We will capture qualitative and quantitative measures during implementation to help tell the story of change in our community. We will create a theory of change to further articulate how and why we expect change will happen to increase well-being in Niagara.

#### How to get involved

Moving this strategy forward will involve many interested and affected parties. We invite YOU to join us on this journey and share your commitment to change. To learn more about how you can get involved or lend you skills, email **endpoverty@niagararegion.ca** or visit **niagararegion.ca/community-safety/poverty-reduction-strategy/default.aspx** 

#### Together, we can end poverty in Niagara.

### **Resources consulted**

This is a partial list of resources staff reviewed to inform recommendations. These resources complimented the direction staff received from residents on how to best address poverty in Niagara.

#### **Poverty Reduction**

Canadian Poverty Institute (n.d.). Poverty in Canada. **povertyinstitute.ca/poverty-canada** 

Employment and Social Development Canada. (2018). Opportunity for All-Canada's First Poverty Reduction Strategy.

National Advisory Council on Poverty. (2023) Blueprint for Transformation. Government of Canada.

Ontario Campaign 2000. (2020). Child Poverty Rates in Ontario.

Raddon. MB, Soron, D & Petrina S. (2021). Connecting the Pieces: An Evaluation of the Niagara Prosperity Initiative and Call for a Broader Poverty Reduction Strategy for Niagara. Report prepared for Niagara Region. Brock University, St. Catharines, Ontario. **brocku.ca/npi-evaluation** 

Vibrant Communities. (2022). The End of Poverty: Eight Pathways That Are Ending Poverty in Canada. Tamarack Institute. tamarackcommunity.ca/guides/the-end-of-poverty-eight-pathways-that-are-ending-poverty-in-canada

#### Service Access, Coordination and Capacity

Centers for Disease Control and Prevention. (2019). Preventing Adverse Childhood

Child and Parent Resource Institute. (n.d.). Trauma-informed care. ontario.ca/page/trauma-informed-care-child-and-parent-resource-institute

Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. stacks.cdc.gov/view/cdc/82316/cdc\_82316\_DS1.pdf

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

University of Alberta Centre for Healthy Communities, & Alberta Health Services. (2019). Building Financial Well-Being: A Community Planning Toolkit.

#### **Diversity Equity and Inclusion**

Employment and Social Development Canada. (2021). Understanding Systems: The 2021 report of the National Advisory Council on Poverty. Government of Canada. canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/ reports/2021-annual.html

#### **Lived Expertise**

Homer, A. (2019). 10 Engaging People with Lived/Living Expertise: A guide for Including People in Poverty Reduction. Tamarack Institute.

Sandu, B. (2017). The value of lived experience in social change: The need for leadership and organisational development in the social sector. **thelivedexperience.org/report/** 

#### **Changing Mindsets**

Alliance for Healthier Communities. (2020). Rx Community - Social Prescribing in Ontario Final Report. **allianceon.org/Rx-Community-Social-Prescribing-In-Ontario** 

World Health Organization. (2022). A toolkit on how to implement social prescribing.

#### **Indigenous Well-being**

Niagara Chapter – Native Women Inc. (2021). Mno Bmaadziwin: Living the Good and Healthy Life. niagararegion.ca/community-safety/pdf/mno-bmaadziwin.pdf

National Collaborating Centre for Indigenous Health. (2020). Poverty as a Social Determinant of First Nations, Inuit and Metis Health.

#### Housing

Canadian Alliance to End Homelessness. (n.d.). Built for Zero Canada. **bfzcanada.ca**/

The Homeless Hub. (n.d.). Housing First. Canadian Observatory on Homelessness. homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first

#### Income

Cross, P. (2021). The Minimum Wage, Lost Jobs, and Poverty in Canada. Fraser Institute.

Lee, C. R., & Briggs, A. (2019). The Cost of Poverty in Ontario: 10 Years Later. Feed Ontario.

Ontario Living Wage Network. (n.d.). What is a living wage? **ontariolivingwage.ca/about** 

#### Employment

Block, S., Galabuzi, G.-E., & Tranjan, R. (2019). Canada's Colour Coded Income Inequality. Canadian Centre for Policy Alternatives Ontario. policyalternatives.ca/sites/default/files/uploads/publications/National%200ffice/2019/12/Canada's%20 Colour%20Coded%20Income%20Inequality.pdf

Centers for Disease Control and Prevention. (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. stacks.cdc.gov/view/cdc/82316/cdc\_82316\_DS1.pdf

National Collaborating Centre for Determinants of Health. (2022). Determining Health: Decent work issue brief. Antigonish (NS): NCCDH, St. Francis Xavier University. nccdh.ca/resources/entry/determining-health-decent-work-issue-brief

Olsen, D., & MacLaughlin, J. (2020).

When Training Works: Promising workforce development practices. Metcalf Foundation. metcalffoundation.com/wp-content/uploads/2020/09/When-Training-Works.pdf

Stapleton, J., & Yuan, Y. (2021). Ending Working Poverty: How to get it Done. Tamarack An Institute for Community Engagement. tamarackcommunity.ca/reports/ending-working-poverty-in-canada-how-to-get-it-done

The Conference Board of Canada. (2023). Opportunity for All: Improving Workplace Experiences and Career Outcomes for Canadians with Disabilities. **conferenceboard.ca/product/opportunity-for-all\_2023/** 

University of Alberta Centre for Healthy Communities, & Alberta Health Services. (2019). Building Financial Well-Being: A Community Planning Toolkit.

#### **Food Security**

Feed Ontario. (2022). Hunger Report 2022: The Deepening Cracks in Ontario's Economic Foundation.

Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity: Executive Summary.

National Collaborating Centre for Environmental Health. (2017). Food Deserts and Food Swamps: A Primer.

PROOF Food Insecurity Policy Research. (2022). Food Security: A problem of inadequate income, not solved by food.

#### **Early Child Development**

Robinson, R., Tranjan, R., & Oliveira, T. (2021). Poverty in the Midst of Plenty: A report card on child and family poverty in Ontario. Canadian Centre for Policy Alternatives Ontario Office.

Workforce Collective. (2022). Childcare workforce in crisis: Our economy won't work without ELCC workers. workforcecollective.ca/childcare-workforce-in-crisis-our-economy-wont-work-without-elcc-workers/

#### **Transportation**

Pei, N. (2023). Innovative Rural Transportation Strategies Aid in Poverty Reduction. Tamarack Institute. tamarackcommunity.ca/latest/innovative-rural-transportation-strategies-aid-in-poverty-reduction

University of Alberta Centre for Healthy Communities, & Alberta Health Services. (2019). Building Financial Well-Being: A Community Planning Toolkit.

#### **Mental Health and Addiction**

Association of Municipalities Ontario. (2022). An Integrated Approach to Mental Health and Addictions: AMO's Submission to the Ministry of Health. amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2022/Integrated\_Approach\_to%20Mental\_Health\_ and\_Addictions\_20220802\_RPT.pdf

CAMH. (2023). Mental Illness and Addiction: Facts and Statistics. camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

### **Appendix A: Locations of community engagement**

Thank you to community organizations for hosting community conversations

Ailanthus CASTLE Community

Adverse Childhood Experiences Steering Committee

**Bethesda Clients** 

Children's Services Sector Network

Coalition to End Violence Against Women

Elmview CASTLE Community

Employment-Focused Roundtable through Workforce Collective

**Future Back Female** 

Housing and Homelessness Action Plan Prevention Group, Lived Experience Advisory and Taskforce

Human Service and Justice Coordinating Committee

Lived Experience Advisory Network

Local Immigrant Partnership

Mental Health and Addictions Working Group

Newcomers through Social Assistance and Employment Opportunities

Niagara Children's Planning Council

Niagara Emergency Medical Services Huddle

Niagara Food Security Network

Niagara Francophone Interagency Table

Niagara Ontario Health Team

Niagara Poverty Reduction Network

Niagara Region Mental Health Client Advisory Committee

Niagara Suicide Prevention Coalition

Overdose Prevention and Education Network of Niagara

**Project Share Clients** 

Port Cares Clients

Queenston Neighbourhood Roundtable

St. Catharines Accessibility Advisory Committee

Stronger Fort Erie Neighbourhoods: Lived Experience and Service Providers

Westview Centre 4 Women Clients

Youth Advisory Committee through Niagara Region Public Health

Youth Advisory Committee and Lead through the Youth Wellness Hub

### **Appendix B: Alignment to Regional reports**

#### The Niagara Poverty Reduction Strategy aligns with Niagara Region's:

#### **Children's Services Service System Plan**

Staff from Children's Services informed the Poverty Reduction Strategy to align with local efforts that address child care service system management. niagararegion.ca/living/childcare/default.aspx

#### **Community Safety and Well-Being Plan**

Action Five of this plan calls for a local Poverty Reduction Strategy which sets local targets and aligns investments to measurably reduce poverty. The Poverty Reduction Strategy aligns with work identified in the Community Safety and Well-Being Plan such as Situation Tables, gender-based violence, mental health and addiction, housing and homelessness, income and systemic discrimination in Niagara. **niagararegion.ca/community-safety/plan.aspx** 

#### **Consolidated Housing Master Plan**

The affordable housing strategy brings together the work of many partners to address local need for affordable housing. Affordable housing is housing that fits the budget of low to moderate-income households while leaving enough money for them to meet other basic living costs such as food, clothing, transportation, medical care and education. The plan includes work to increase the number of affordable housing units and provide a mix of housing that is appropriate for the various sizes and incomes of households in Niagara. **niagararegion.ca/growing-better-together/growing-housing.aspx** 

#### **Council Strategic Priority: Equitable Region**

An action of this priority calls for a Poverty Reduction Strategy that ensures the Region is inclusive, welcoming and free of discrimination. **niagararegion.ca/priorities/default.aspx** 

#### **Diversity, Equity, and Inclusion Action Plan**

Staff from Niagara Region's, Diversity, Equity, Inclusion, and Indigenous Relations team informed actions throughout the Areas of Focus in the Poverty Reduction Strategy. niagararegion.ca/about/inclusive-communities/diversity-equity-inclusion.aspx

#### **Economic Development Strategy**

Staff from Niagara's Economic Development team informed the recommendation related to Employment to align with opportunities for future workforce around emerging sectors. **niagaracanada.com/about-us/economic-development-strategy/** 

#### **Gun and Gang Prevention Strategy**

The Poverty Reduction Strategy aligns with the work of the Gun and Gang Prevention Strategy to support an increase in youth and young adult-focused prevention and early intervention programs and services. **niagararegion.ca/community-safety/pdf/gun-and-gang-prevention-strategy.pdf** 

#### **Housing and Homelessness Action Plan**

The Poverty Reduction Strategy aligns with the Housing and Homelessness Action Plan's action to increase affordable housing and reduce homelessness. The Poverty Reduction Advisor and Homelessness Action Plan Advisor worked closely together to exchange research and results from community engagement. **niagararegion.ca/housing-homelessness/action-plan/default.aspx** 

#### How We Go - Transportation Master Plan

The Poverty Reduction strategy aligns with the Transportation Master Plan's action to address demand-responsive transit and pedestrian and cycling facilities. niagararegion.ca/2041/transportation-master-plan/default.aspx

#### **Indigenous Relations Action Plan**

The Poverty Reduction Plan includes a recommendation for Indigenous Well-being. Staff from Niagara's Region's, Diversity, Equity, Inclusion and Indigenous Relations team and the Director of Housing from the Niagara Regional Native Centre led work to identify actions that address Indigenous Well-being. This action is driven by the voices of Indigenous peoples as led by the Director of Housing, Niagara Regional Native Centre. It is informed by The Joint Roundtable which continues to work on the Indigenous Relations Action Plan based on recommendations from the 2021 report, Mno Bmaadziwin: Living the Good and Healthy Life.

niagararegion.ca/about/inclusive-communities/indigenous-engagement.aspx

# Niagara Poverty Reduction Strategy

**Niagara Region Community Services** 1815 Sir Isaac Brock Way Thorold ON, L2V 4T7 905-980-6000 | 1-800-263-7215 endpoverty@niagararegion.ca

**Citation:** Niagara Region Community Services (2024). Niagara Region Poverty Reduction Strategy 2024–2028. Thorold, Ontario.

niagararegion.ca/community-safety/poverty-reduction-strategy/default.aspx





**Growing Better Together**