



NANAIMO:

BUILDING A PATH FORWARD

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APR 7, 2020

PRE-COVID TIMELINES

Sprint 1: Startup & Research
(Dec. 2019 - Jan. 2020)

Project Scoping,
Research,
Needs Assessment

Sprint 2: Direction Setting
(Jan. 2020 - Mar. 2020)

Systems Mapping,
Social Impact Audit

Community Information & Engagement

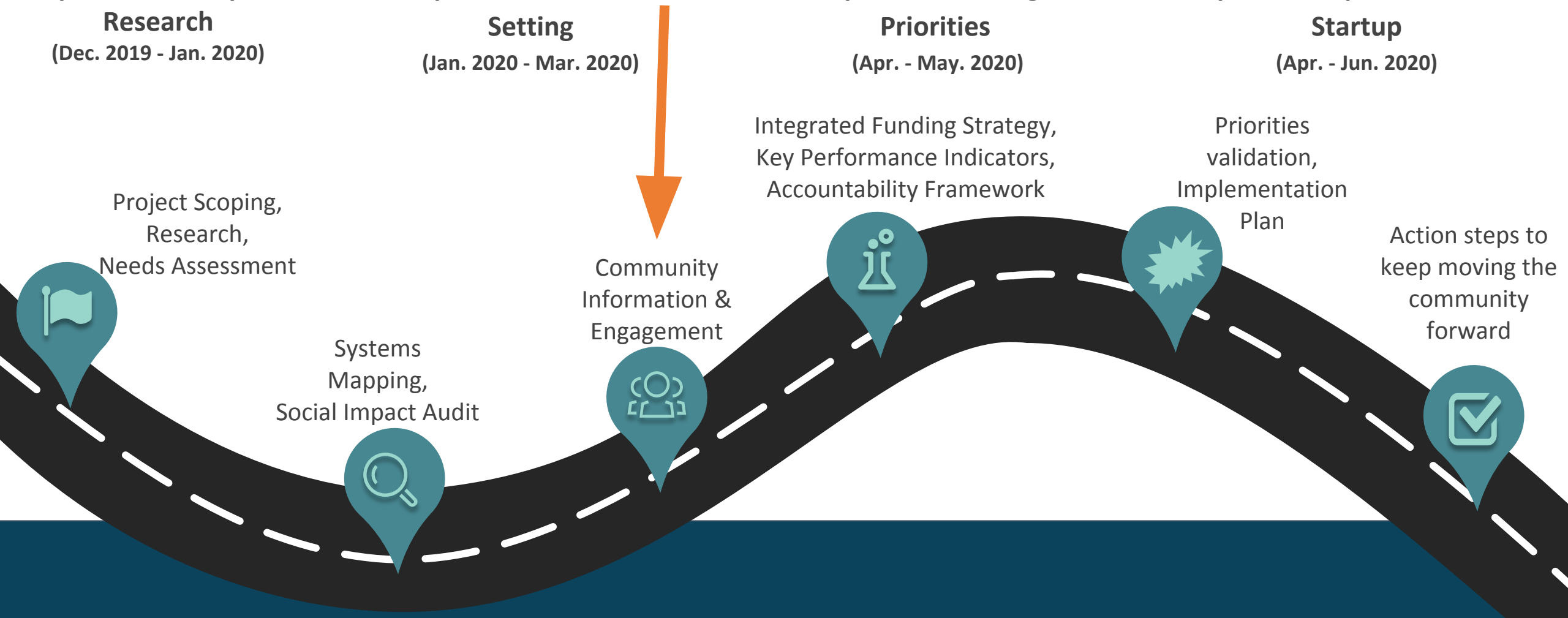
Sprint 3: Refining Priorities
(Apr. - May. 2020)

Integrated Funding Strategy,
Key Performance Indicators,
Accountability Framework

Sprint 4: Implementation Startup
(Apr. - Jun. 2020)

Priorities validation,
Implementation Plan

Action steps to keep moving the community forward



KEY DELIVERABLES

1. **Health & Housing Action Plan** outlining priorities for Nanaimo, targets/gaps/costs to address current & projected vulnerable population needs.
2. **Systems Map** of 600+ services operating in Nanaimo to understand ecosystem gaps, overlaps & support coordination and provide help seekers a real time systems navigation tool (HelpSeeker Apps).
3. **Strategic engagement** to generate key stakeholder buy-in for systems change from end users, service providers, funders/policy makers & to inform public of efforts.
4. **Integrated Funding Strategy** to create co-investment model among diverse sources to align efforts to maximize impact/ performance.
5. **Integrated Coordinated Access** model to support streamlined process across ecosystem to optimize efforts to prevent & end homelessness.
6. **Complex Needs Integrated Service Model** to support housing & wellbeing needs of Nanaimo's 50 highest systems users as a flagship cross-systems initiative.

Housing & Homelessness

Top 25 least affordable cities in world: Avg single family detached/semi-detached home in Nanaimo was \$818,653 in 2019: **+42% over 5 years.**

Housing stock in Nanaimo is **aging**. Nearly 50% of the housing stock was built prior to 1980.

5,260 HH in Core Housing Need (unaffordable, inadequate, unsuitable), of these:

- 3,855 HH are renters, 735 HH are Indigenous , 740 HH are Immigrant
- 1,420 HH have at least one senior (65 or older), 755 HH are Senior-led Lone Female
- 1,340 HH are Lone Parent HH, 1,180 HH are Female lone parent

3,195 HH are in **Extreme Core Housing Need** - (50% spent on shelter and earn under \$20k)

335 people experiencing **Homelessness** in 2018 (PiT) up from 174 in 2016

Health, Mental Health, & Addictions

The Potential Years of Life Lost (PYLL) Index:

- 1.61 for **alcohol** related death (61% higher than BC average)
- 1.59 for **smoking** attributable deaths (59% higher than BC average)

BC's highest rate of severe food insecurity (2016) was in Island Health: 1 in 25 households (4%).

In one year, **new depression or anxiety** diagnoses: 1,131

Mental Health: schizophrenia and delusional disorders are more prevalent in Greater Nanaimo than BC

Approx 1,200 people with **opiate-based substance use** disorders

Paramedic-Attended **Illegal Drug Event** Rates: 307 per 100,000

Poverty, Income, & Living Wage

~30% of households in Nanaimo are currently in poverty as over 11,083 households earned less than **\$39,999 in 2019**; impacts seniors, children, lone parents, Indigenous, newcomers

The **minimum wage** in B.C. is currently at \$13.85 an hour. In March 2020, this currently works out to be \$23,054 per year after tax.

The **living wage** estimated for Nanaimo is \$17.55. In March 2020, this currently works out to be \$28,217 per year after tax.

Community Wellbeing & Safety

Canadian Index of **Wellbeing Score** for Nanaimo is 81 (out of 100); Victoria is 85.

Nanaimo-Ladysmith School District, Early Childhood Development Survey: **37% vulnerability rate at one or more domain**, BC is 33%

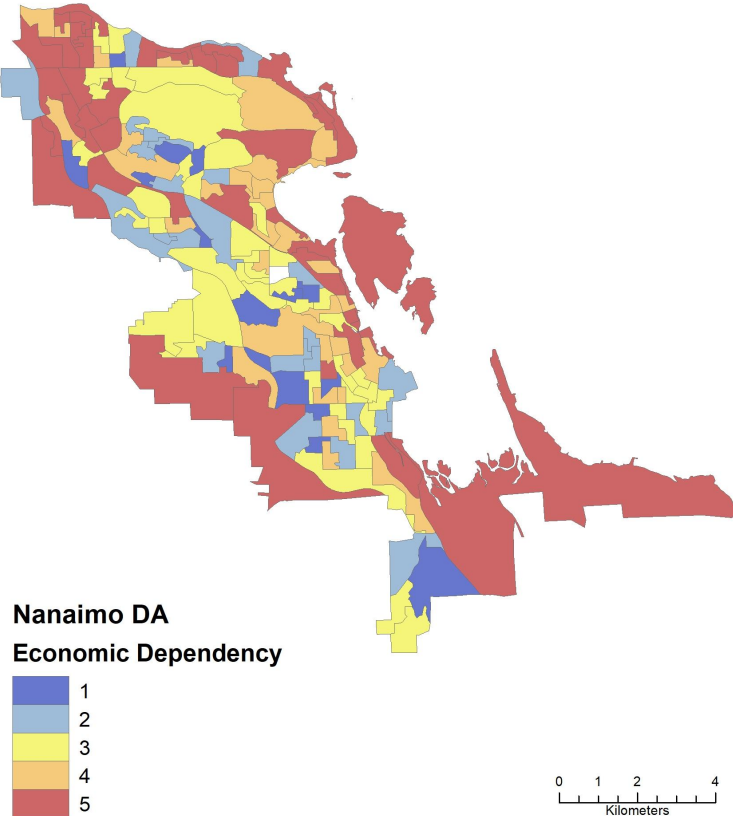
In 2018, Nanaimo's **Crime Severity Index** is 30 points higher than the provincial rate, ranking 17th amongst the most dangerous communities in British Columbia after Kamloops, and 69th out of 237 communities Canada wide.

Nanaimo RCMP responded to **582 Family Violence calls** in 2019, a 0.34% decrease from 2018.

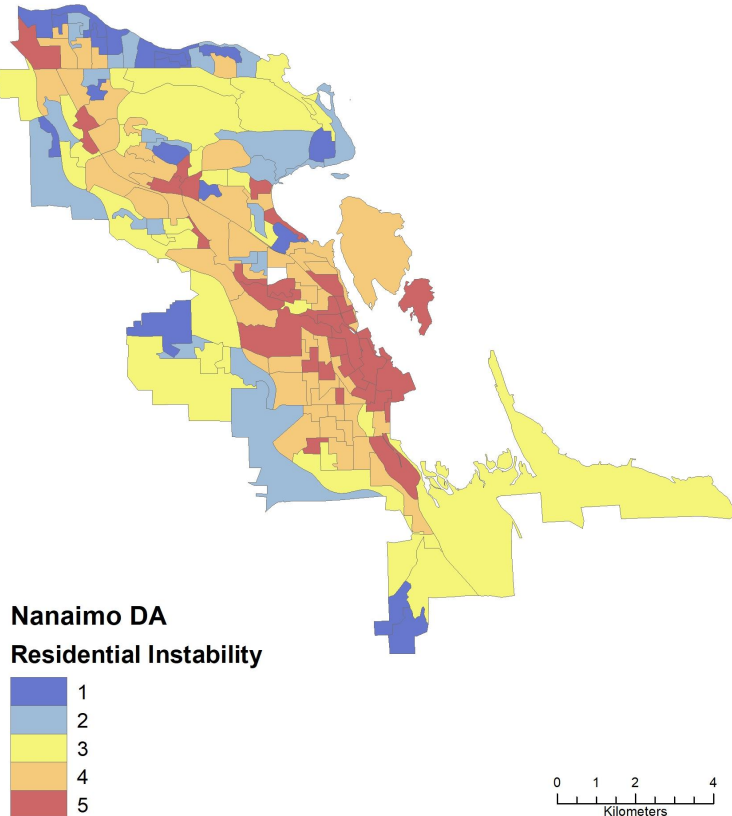
Nanaimo RCMP received 3,355 calls regarding persons with **No Fixed Address**, a 11% increase from 2018.

Canadian Index of Multiple Deprivation

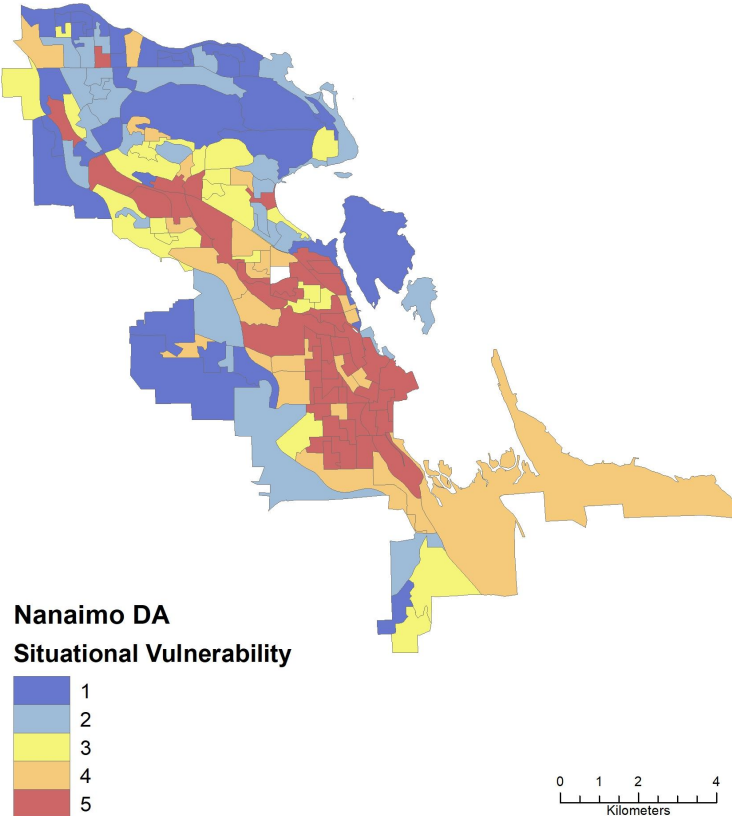
Nanaimo, B.C.
Canadian Index of Multiple Deprivation
Economic Dependency



Nanaimo, B.C.
Canadian Index of Multiple Deprivation
Residential Instability



Nanaimo, B.C.
Canadian Index of Multiple Deprivation
Situational Vulnerability



Nanaimo, BC: Pop Density and Age 70+



COVID-19 Health Dashboard

Small area estimates derived from Statistics Canada's Canadian Community Health Survey modeled by Environics Analytics.

Relationship of Population over 70 years to Population density:

Zooming on the map to the cities level will change, showing the relationship between the **percent population over 70**, to the **population density** at the neighbourhood, or Dissemination Area.



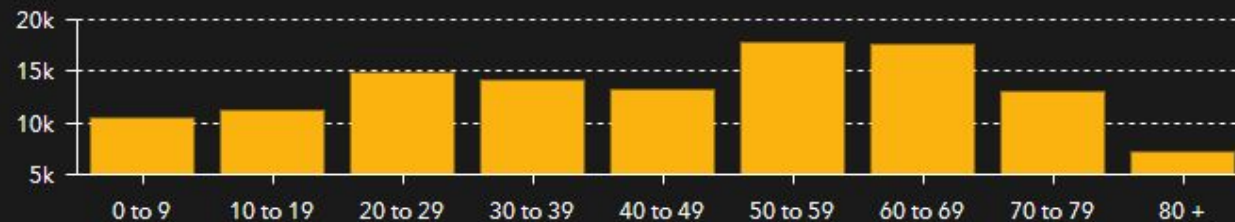
Other Layers of Information:

Select the layers icon,  to see other Feature layers on;

- Percent Population 70+ Years
- Population Density per Sq. Km.



AGE BREAK CHART (10 YRS BREAKS)



POPULATION

119,731 **20,226**
Population Aged 70 +

HEALTH CONDITIONS

18,935  **8,413**
Hypertension Heart Disease

24,466  **6,833**
Arthritis Diabetes

10,979  **4,993**
Asthma COPD

2,411  **9,613**
Cancer Had Cancer

WHY A COVID SOCIAL RESPONSE IS ESSENTIAL

Emerging **SOCIAL NEEDS** across Canadian Communities

Homelessness: shelter safety, quarantine sites, overflow

Unemployment / income loss/ housing risk/ restructuring

Basic needs: food, clothing, hygiene, prescriptions

Social isolation, activities, meaning, mental health, addictions,

Transportation, internet access

Childcare/ parenting, domestic violence

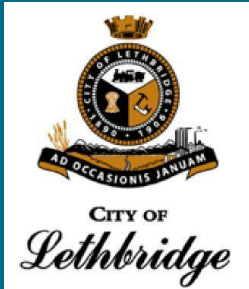


COVID Social Response

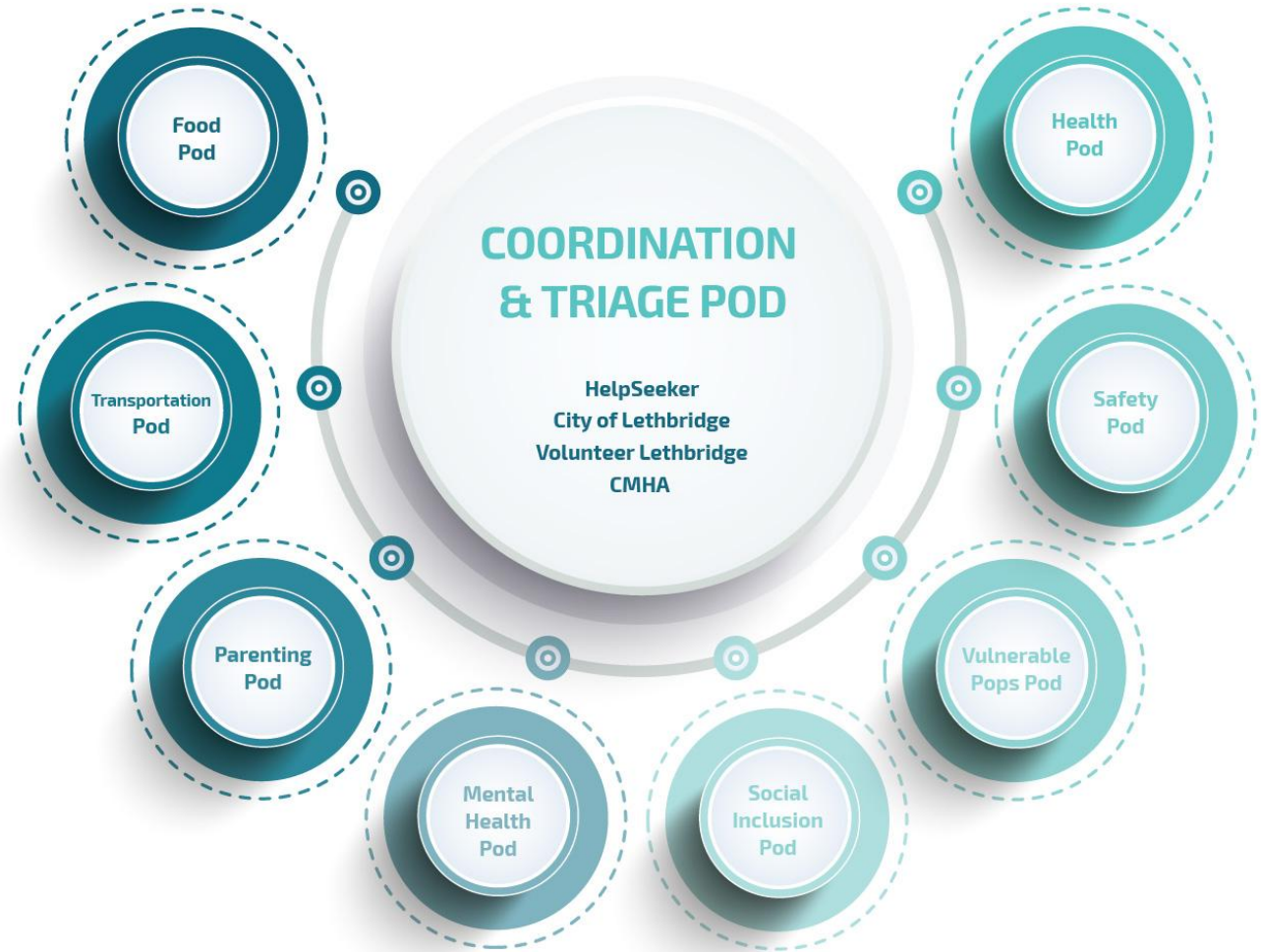
Core Components

- 1. Coordination infrastructure**
- 2. Needs assessment**
- 3. Systems mapping**
- 4. Civil society mobilization**
- 5. Community tech stack**
- 6. Public engagement strategy**
- 7. Real-time monitoring & agility**

LETHBRIDGE CASE STUDY



City of
Lethbridge
Civil
Society
Collective

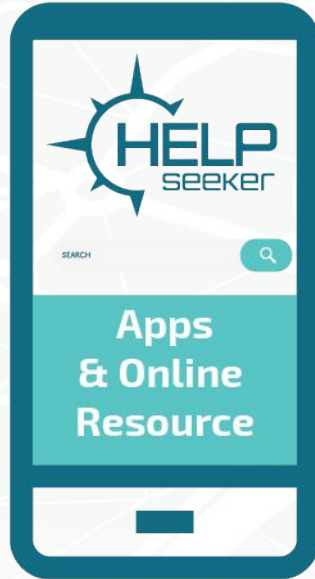


ACTIVATION: FIRST 48HRS



CIVIL SOCIETY HELPERS

- NON-PROFITS >>>
- CHARITIES >>>
- BUSINESSES >>>
- VOLUNTEERS >>>
- FAITH SECTORS >>>
- SOCIAL ENTERPRISES >>>



ALBERTANS LOOKING
FOR SOCIAL SUPPORTS
DURING COVID
RESPONSE & RECOVERY



VOLUNTEERING
PROGRAMS



PARENTING &
CHILD CARE HELP



FOOD
DELIVERY



TRANSPORTATION

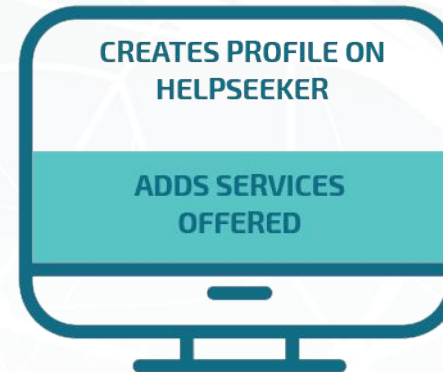


WELLNESS
CHECKS

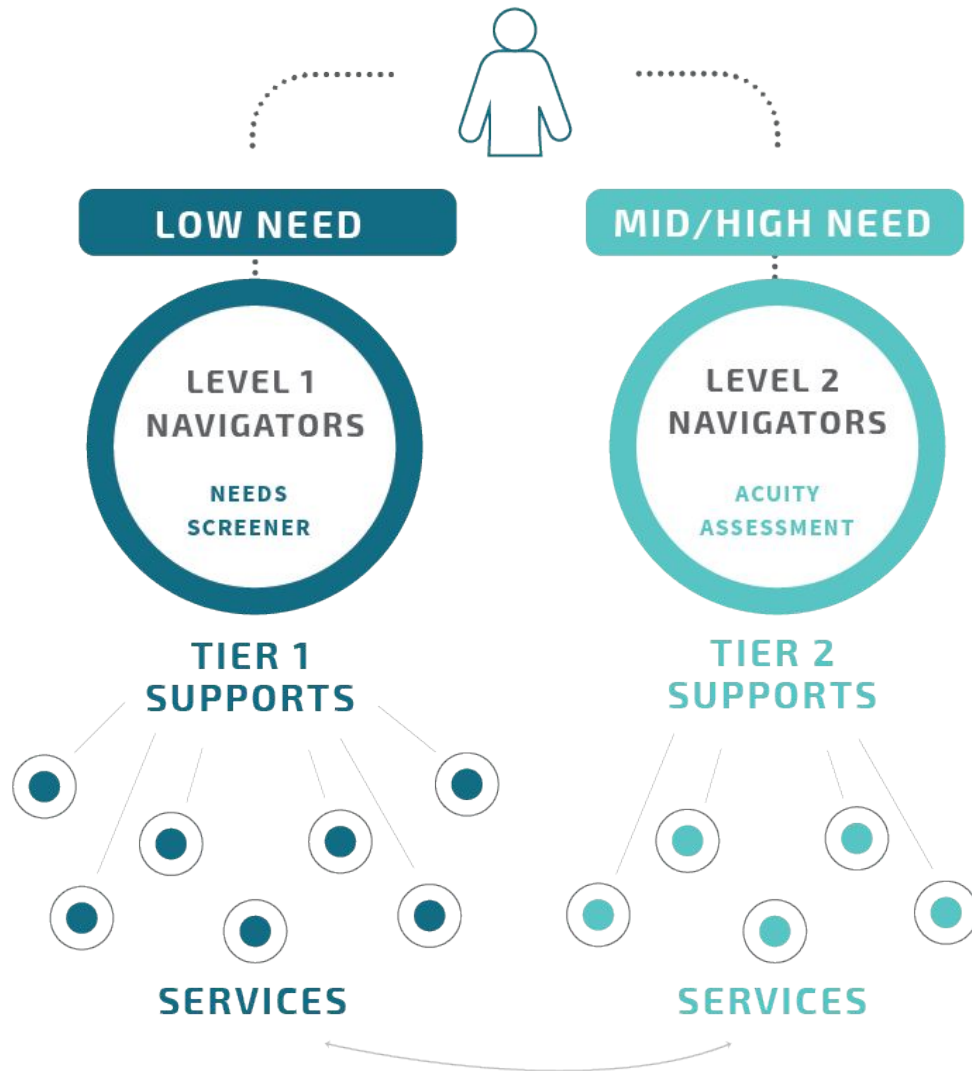
Those looking for help have access to
updated information on **COVID** social
supports available to their communities



HELP PROVIDER



COORDINATED ACCESS DURING COVID



Level 1:

- Volunteer wellness checks
- Faith sector
- Membership orgs
- Schools
- Reception of social services
- General helplines

Level 2:

- Trained social services
- Teachers, nurses
- Family resource workers
- Counsellors
- Crisis lines

USING REAL-TIME DATA: LETHBRIDGE



44,747

Interactions

IN ALBERTA (MARCH)

2x

Higher than
February (22,273)



COVID
made up the highest
percent of interactions

HELPSSEEKER HAD

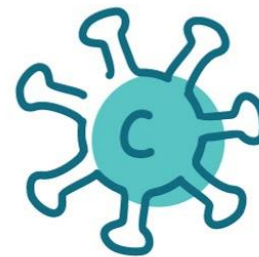
11,772

Listings

WITH A TOTAL OF

39,499

Services



495

OF THESE
SERVICES WERE
COVID-specific



LISTINGS BY SERVICES OFFERED

BASIC NEEDS



11,762

HEALTH/ MEDICAL



4,226

MENTAL HEALTH/ ADDICTIONS



8,026

SAFETY/ ABUSE



1,813

COMMUNITY/ BELONGING



6,099

FAMILIES/ PARENTING



2,317

INFORMATION/ TECHNOLOGY



4,721

EMERGENCY/ DISASTER



535

NEED INTERACTIONS *BY CATEGORIES*

BASIC NEEDS



COMMUNITY/ BELONGING



MENTAL HEALTH/ ADDICTIONS



INFORMATION/ TECHNOLOGY



HEALTH/ MEDICAL



FAMILIES/ PARENTING



SAFETY/ ABUSE



EMERGENCY/ DISASTER

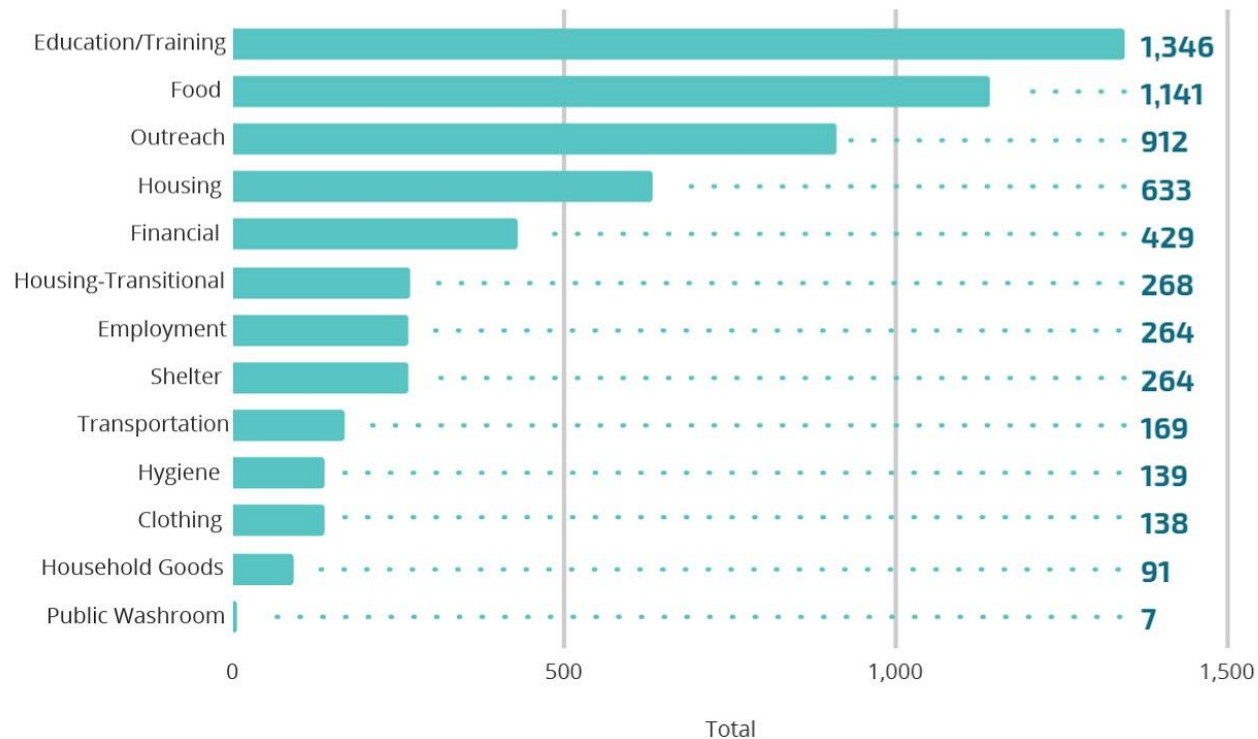


TOP INTERACTIONS

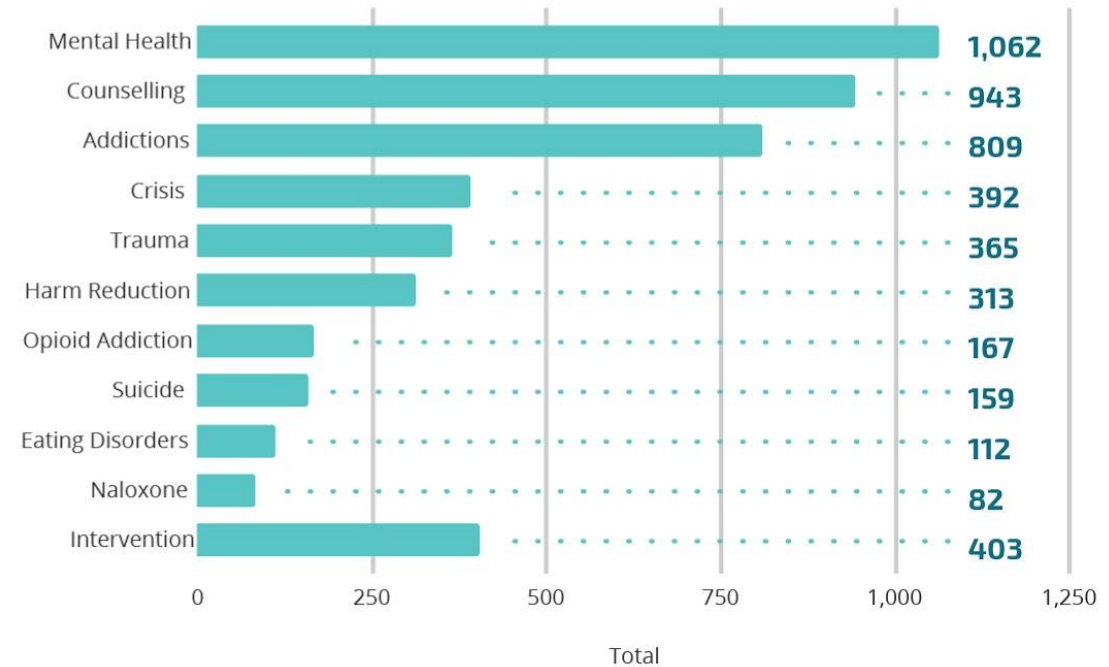
BREAKDOWN



Basic Needs Interactions 5,801



Mental Health & Addictions Interactions 4,807



ABBOTSFORD'S APPROACH

Province has been mandated to exercise their mandate and responsibility in collaboration with local resources.

Tier 1:

Shelter for vulnerable individuals to build immunity, reduce risk of contracting positive COVID-19 symptoms and access food, sleep and resources;

Isolation Site- identified , but requires health-related resources to mobilize, as needed, for individuals, who lack a home environment to rest and recover from COVID-19 positive symptoms

Tier 2:

Mobilized access for assessment and testing for individuals, who are staying at shelters and who are residing in supported housing

Tier 3:

Hotel accommodation for individuals and families, who have positive COVID-19 symptoms and can be appropriately matched to this resource.

NEGOTIATING SHELTER CAPACITY

BC Housing is exercising the Provincial mandate to secure, oversee and fund shelters and temporary accommodations

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Fraser Health has been given Provincial Public Health Regulatory provision of health related services to Abbotsford individuals, including individuals who experience vulnerability in their lives.

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Ministry of Social Development-Poverty Reduction provides income assistance, crisis grants, and employment integration support. (MSD-PR has committed a dedicated worker to the Community of Care Shelter and on-going support.

The AHPRS community partner, **Bakerview Church**, worked with City and BC Housing to explore if site could be utilized for the **Community of Care Shelter**.

- BC Housing is securing legal agreements for site and operating agreement with non-profit
- Fraser Health has attended the site to explore how health referral pathways will be established;
- Ministry of Social Development will provide an integration worker);
- City has reviewed site for fire and life safety requirements
- City's Housing and Homelessness Unit in collaboration with AHPRS community partners will provide community integration linkages
- Refresh Shower Initiative may mobilize on site.

AHPRS- CITY OF ABBOTSFORD ROLE

- 1) Abbotsford Homelessness Prevention and Response System activation
- 2) Abbotsford Community COVID-19 Response Planning
- 3) Abbotsford Community Van Initiative
- 4) Communication access
- 5) Food Systems access
- 6) Care Packs
- 7) Abbotsford Early Years Leadership Table linkages-
- 8) Indigenous community partners
- 9) Refresh Mobile Showers-

