REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, January 31, 2012
1:00 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener

1. MOTION TO RECONVENE INTO OPEN SESSION

2. DECLARATIONS OF PECUNIARY INTEREST UNDER THE MUNICIPAL CONFLICT OF INTEREST ACT

3. DELEGATIONS

4. REPORTS – Public Health
   a) PH-12-004, Reproductive, Maternal and Infant Health in Waterloo Region: A Health Status Report (Staff Presentation)
   b) PH-12-002, Quarterly Charged/Closed Food Premises Report
   c) PH-12-003, Tiered Response Agreement – Police/EMS

5. REPORTS – Social Services
   d) SS-12-002, Sunnyside Home: One Time Funding for Resident Equipment
   e) SS-12-003, Employment Ontario Approval of Transition Funds
   f) SS-12-004, Sunnyside Home Accreditation

6. REPORTS – Planning, Housing & Community Services
   g) P-12-017, Investment in Affordable Housing for Ontario – Program Delivery and Fiscal Plan (PDFP)

5. INFORMATION/CORRESPONDENCE
   a) Memo: Respiratory and Enteric Activity in Waterloo Region (as of January 2012)
   b) Memo: Joseph Schneider Haus Opens for the 2012 Season
   c) Memo: 2011 Census of Canada Data Release Schedule

6. OTHER BUSINESS
   a) Council Enquiries and Requests for Information Tracking List

7. NEXT MEETING – February 28, 2012

8. ADJOURN
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 31, 2012

FILE CODE: P20-80

SUBJECT: REPRODUCTIVE, MATERNAL AND INFANT HEALTH IN WATERLOO REGION: A HEALTH STATUS REPORT

RECOMMENDATION:

For information

SUMMARY:

Region of Waterloo Public Health has developed Reproductive, Maternal and Infant Health in Waterloo Region: a Health Status Report and the companion summary document Pregnancies and Babies in Waterloo Region in accordance with its mandate under the Ontario Public Health Standards. Public health units are mandated to assess current health status and conduct epidemiological analysis of surveillance data, including in the areas of preconception health, healthy pregnancies, reproductive health outcomes, preparation for parenting, and breastfeeding.

Reproductive, Maternal and Infant Health in Waterloo Region: a Health Status Report and the companion summary document Pregnancies and Babies in Waterloo Region provide up to date information to inform the planning and development of Regional and community programs and services. This report will serve as information sources for the public, community partners and health care providers.

REPORT:

Reproductive, maternal and infant health in Canada has improved dramatically over the past century. There has been a major decline in the maternal and infant death rates in Canada and other developed countries as a result of improved sanitation, nutrition, standard of living and level of education, as well as medical advances, improved access to health care and better disease surveillance.

Even so, opportunities remain for improving the reproductive, maternal and infant health in Canada and Waterloo Region. It is important to monitor the health and well-being of mothers, infants and their families from preconception through to post-birth in order to identify areas of success, areas where improvement is needed, and priority populations for which focused efforts are needed.

Reproductive, Maternal and Infant Health in Waterloo Region: a Health Status Report summarizes thirty-one indicators of reproductive, maternal and infant health, broadly categorized into five stages: (1) preconception demographics and health; (2) fertility and pregnancy; (3) healthy pregnancies; (4) birth outcomes; (5) infant health outcomes.

For each indicator, background information is provided, including national data where possible.
Local data are reported using tables, graphs and maps, including provincial or regional comparators wherever possible. Multiple sources of data are used, with the best possible data source selected for each indicator.

The companion summary document *Pregnancies and Babies in Waterloo Region* summarizes the key themes from the technical full-length report, with the intention of making the information accessible to a broad audience.

**KEY FINDINGS:**

There are approximately 6,000 births each year in Waterloo Region. This number is projected to increase in the future, up to 8,000 births annually by 2035. The total fertility rate in Waterloo Region is 1.7 children per woman, which is below the level at which a population will naturally replenish itself without immigration, as is often seen in stable, industrialized countries like Canada.

*The average age of mothers and fathers in Waterloo Region has increased as parents are delaying childbearing to later in life.*

- As the general population ages, the proportion of women in Waterloo Region that are of reproductive age is decreasing. However, in absolute numbers, the number of women of reproductive age is increasing as the size of the general population in Waterloo Region continues to grow.
- There has been shift in the past decade in the age group with the highest pregnancy rate, from women aged 25 to 29 years to women aged 30 to 34 years.
- Teen pregnancy rates declined slightly from 2001 to 2009, with the highest rates being in Kitchener and Cambridge.
- The average age of mothers in Waterloo Region is approximately 29 years, similar to Canada but lower than Ontario. On average, fathers are two to five years older than mothers.

*There are numerous age differences in socio-demographics, maternal health behaviours, and infant health outcomes.*

- Younger females (aged 15 to 24 years) are slightly more likely to have low income in Waterloo Region, compared to females of all ages.
- About seven per cent of females in the peak of reproductive age (25 to 34 years) are recent immigrants, a proportion twice as high as that for females of all ages.
- About one-third of females of reproductive age in Waterloo Region are overweight or obese. Rates of overweight and obesity are higher in older women, women with less education, and women who are married or common-law.
- Overall, therapeutic abortion rates have been stable for the past 10 years in Waterloo Region; trends show that therapeutic abortions are declining in teens and increasing in older women (aged 35 years and older).
- Just over half of women in Waterloo Region take a supplement containing folic acid prior to knowing they are pregnant. At the provincial level, rates of folic acid supplementation increase with age.
Mothers under 20 years old have the highest rates of past and current depression, while mothers aged 40 years and over have the highest rates of postpartum mood disorder. Maternal depression during the perinatal period is likely underreported, and therefore is not well understood in Waterloo Region.

Approximately twelve per cent of pregnant women in Waterloo Region smoke during pregnancy. The prevalence of smoking during pregnancy decreases with advancing maternal age; however, older pregnant women who do smoke tend to smoke more heavily.

Almost all mothers report abstaining from alcohol during pregnancy and evidence suggests even fewer women use illicit drugs during pregnancy.

Just under half of pregnant women attend a prenatal class; prenatal class attendance rates are highest in teen mothers and first-time mothers.

Approximately three per cent of all births are multiples (e.g., twins, triplets); multiples are more common among older women and with the use of assisted reproductive technology.

Approximately one-quarter of births in Waterloo Region occur by Caesarean section. Caesarean delivery rates increase with advancing maternal age, with approximately half of women aged 45 to 49 years having Caesarean delivery.

Teen mothers are the most likely to feed their infant formula within the first few days following birth; both younger and older mothers are less likely to feed their babies breastmilk alone, compared to mothers aged 25 to 34 years.

**Within Waterloo Region, there are geographical differences in reproductive, maternal and infant health status.**

- Nearly half of all births in Waterloo Region occur to residents of Kitchener, which is expected due to its large population size. North Dumfries is the only municipality to experience a declining number of births relative to the size of the population.

- Approximately 46 infants are born per 1,000 females in Waterloo Region. Fertility rates are higher in Wellesley, Wilmot and Woolwich townships than in the three cities and North Dumfries. Age-specific fertility rates reveal that more live births in these townships occur to women in their twenties.

- In Waterloo and North Dumfries, the average age of mothers is just over 30 years, while in Cambridge and Wellesley it is less than 29 years.

- Overall, approximately six per cent of infants in Waterloo Region are born with low birth weight (less than 2500 grams). The highest rates of low birth weight infants occur mainly in Wellesley and within some neighbourhoods in the three cities.

- Residents of Wellesley and some neighbourhoods in downtown Kitchener and Cambridge are more likely to be screened as at-risk on the Larson prenatal screen and Parkyn postpartum screen, likely as a result of more young mothers in these areas.

- Woolwich has the highest proportion of infants fed breastmilk only within the first few days of birth, whereas Cambridge has some of the lowest proportions of infants being fed breastmilk only.

**Most women in Waterloo Region receive prenatal care from obstetricians and family physicians; most babies are delivered in hospital.**
Evidence suggests most women of reproductive age have a regular family doctor, although women aged 20 to 24 years may be less likely to have a family doctor.

Family physicians provide prenatal care for over half of pregnancies resulting in hospital births in the region, but very few births are attended by family physicians.

Obstetricians provide prenatal care for over three quarters of hospital births, and attend over 85 per cent of hospital deliveries.

One third of obstetricians in Ontario plan on retiring in the next five years, which has raised concerns about the capacity of the health care system to meet reproductive and perinatal health needs into the future.

Approximately three per cent of all births in Waterloo Region occur at home, attended by a midwife. Less than ten per cent of hospital births are attended by a midwife, but compared to Ontario, women in Waterloo Region are more likely to use midwifery services.

**Few infants in Waterloo Region experience poor health outcomes; the causes of poor infant health outcomes are often difficult to modify.**

- Advanced maternal age is associated with high birth weight, low birth weight and post-term birth (42 weeks’ gestation or later).
- Post-term births are rare, but preterm birth rates are increasing, likely associated with the increase in average maternal age at birth.
- There are six to eight stillbirths per 1,000 births in Waterloo Region.
- Approximately eight per cent of infants are small for gestational age while eleven per cent are large for gestational age. Young maternal age is associated with small for gestational age births.
- Smoking is associated with higher rates of small for gestational age births and stillbirths.
- The annual infant mortality rate in Waterloo Region is comparable to that of Ontario and Canada.
- Very few infants acquire congenital infections or are born with congenital anomalies.
- Prenatal testing rates for HIV are almost at 100 per cent in Waterloo Region and Ontario.

**In general, the health of Waterloo Region mothers and infants is on par with the rest of Ontario and Canada.**

**There are still things we do not know about reproductive, maternal and infant health and how that will change in the future. Better and more integrated data sources at the provincial level are needed.**

**CORPORATE STRATEGIC PLAN:**

Focus Area 4: Foster healthy, safe, inclusive and caring communities

**FINANCIAL IMPLICATIONS:**

NIL

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**
Summary Report: *Pregnancies and Babies in Waterloo Region*

Note that the summary report, as well as the full report *Reproductive, Maternal and Infant Health in Waterloo Region: a Health Status Report*, will be accessible effective Friday, January 27, 2012 at:

[http://www.region.waterloo.on.ca/ph](http://www.region.waterloo.on.ca/ph)

Region of Waterloo Public Health homepage
Go to: Research, Resources & Publications > Reports & Data > Maternal and Child Health or Reproductive Health

**PREPARED BY:**  
Jessica Deming, Epidemiologist  
Mike Delorme, Public Health Planner  
Jennifer Toews, Public Health Planner

**APPROVED BY:**  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
Pregnancies and Babies in Waterloo Region

A snapshot of the health of mothers and their babies in Waterloo Region.
Demographic Trends

There are about 6,000 births in Waterloo Region each year. Almost half of all these births are in Kitchener. The number of births has been fairly stable in the past few years, but is expected to rise in the future. Although the proportion of women aged 15–49 years in the region is decreasing due to an aging population, as the region grows, so does the actual number of women of reproductive age.

The average age of mothers and fathers has increased. Parents are waiting to have children until later in life. In 2009, the pregnancy rate was highest for women aged 30–34 years. This is a change from 2001 when the highest rate was for women aged 25–29 years. On average, fathers are about two to five years older than mothers. Mothers in Waterloo and North Dumfries tend to be older, compared to mothers in the other cities and townships in the region.

The teen pregnancy rate fell from 2001–2009. In Waterloo Region:
- Less than five per cent of babies were born to teen mothers
- The teen pregnancy rate is higher than the rate for all of Ontario, but similar to the Canadian rate
- Kitchener and Cambridge had the highest rates of teen pregnancy

Fertility rates are also falling in Waterloo Region. This is a common trend seen in countries like Canada. The average woman in the region has less than two children. Fertility rates are higher in the townships than in the cities. The townships also have more babies born to young mothers in their twenties.

In Waterloo Region, almost half of all births are first-born babies. Another third are second-born babies. These trends are similar to Ontario and Canada.

Therapeutic abortion rates in Waterloo Region are:
- Lower than the rates for all of Ontario or Canada
- Rising among older women and declining in teens

For this report, ‘reproductive age’ means women aged 15–49 years.
Social Determinants of Health

Mothers who may be at risk of poor health are those:
- With less education or low income
- Who speak a first language other than English, and/or
- Who have immigrated to Canada in the past five years (recent immigrants)

When we use the word ‘health’, we often think about not being sick — but health is so much more than that. We know that genetics and the choices we make affect our health. But our health also depends on factors in our environment and society. These factors are called the “social determinants of health” and include:
- Not being able to read
- Having low income
- Living in substandard housing or homelessness
- Breathing unclean air and drinking poor-quality water
- Not feeling welcome in our community

In Waterloo Region:
- About one in nine mothers have not finished high school
- Around 16 per cent of females aged 15–24 years have low income
  - This rate is slightly more than that for females of all ages
- Just under five per cent of mothers speak a first language other than English
- Seven per cent of females in the peak reproductive age of 25–34 are recent immigrants. This proportion is twice as high as that for females of all ages
Healthy Pregnancies

Women who take care of their own health before and during pregnancy help their babies stay healthy. A woman may prepare for a baby by:

- Making healthy food choices
- Getting active
- Having a healthy body weight
- Taking a multivitamin that contains folic acid
- Reducing tobacco, alcohol and/or drug use
- Attending prenatal classes
- Getting tested for HIV
- Getting information on having a healthy pregnancy from a trusted source

A healthy body weight is important for pregnancy. It lowers the risk for poor health outcomes for the mother and baby. In Waterloo Region:

- About one-third of females aged 15–49 years are overweight or obese
- Rates of overweight and obesity were higher among women
  - Aged 35–49 years
  - With less education
  - Who were married or common-law

Folic acid is a vitamin that helps in the healthy growth of an unborn baby. It is needed for normal development of a baby’s spine, brain and skull. All women who could become pregnant should take a multivitamin that contains 400 mcg (0.4 mg) folic acid.

- Just over half of women in Waterloo Region take folic acid before they know they are pregnant
- In Ontario, older women are more likely to take folic acid

Depression is one of the most common mental health concerns in pregnant women and new mothers. Rates of current and past depression in Waterloo Region were lower than expected. However, some cases of depression may not have been reported. Better screening may identify more pregnant women and new mothers who are living with depression. This screening can be the first step to getting help to treat depression.

- Teen mothers have the highest rates of past and current depression
- Mothers 40 and over have the highest rates of postpartum depression
**Smoking cigarettes** is unhealthy for both a mother and her baby. Exposure to tobacco smoke during pregnancy affects a child for life. Babies who are exposed to tobacco during pregnancy have a higher risk of stillbirth or death in infancy. They may also be born too small, grow at a slower rate, and have health or behaviour problems later in life. *In Waterloo Region:*

- Twelve per cent of mothers smoke during pregnancy. This rate is slightly lower than the rate for Ontario.
- Younger mothers are more likely to smoke during pregnancy than older mothers.
- In older mothers who do smoke during pregnancy, they tend to smoke more heavily than younger mothers who smoke.

**Alcohol and drugs** are also unhealthy choices during pregnancy. Drinking alcohol during pregnancy can cause fetal alcohol spectrum disorder. There is no safe amount of alcohol during pregnancy. *In Waterloo Region:*

- Most women do not drink alcohol during their pregnancy.
  - Of the few women who do drink alcohol, many of them may have done so before they knew they were pregnant.
- Reports suggest that very few mothers in Waterloo Region use drugs during pregnancy.

**Prenatal classes** help parents-to-be prepare for their child. *In Waterloo Region:*

- Just under half of all pregnant women attend prenatal classes.
- Teen mothers and first-time mothers are most likely to take prenatal classes.
  - Young moms and first-time moms may also benefit the most from prenatal classes.

**Prenatal HIV testing** is an important step to reducing cases of mother-to-baby HIV transmission. *In Waterloo Region:*

- Almost all pregnant women had an HIV test.
- Very few tests were positive for HIV.

**The Larson prenatal screen** is used to identify women who may need extra support during and after their pregnancy. Over two-thirds of families were screened using the Larson in 2010. This is down from over 75 per cent in 2009.

- Just under one-third of pregnant women in Waterloo Region who were screened with the Larson had at-risk scores. This has decreased over time.
- Teens were more likely to be screened as at-risk.

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**Fetal Alcohol Spectrum Disorder (FASD)** is a term used to describe all of the physical and learning disabilities that are caused by alcohol use in pregnancy. Drinking alcohol in pregnancy has been shown to cause:

- Brain damage
- Vision and hearing difficulties
- Bones, limbs and fingers not properly formed
Health Care Providers

Family doctors can play a key role in the health of women who are planning to become pregnant or are pregnant. In Waterloo Region:

- Almost all women aged 15–49 years have a family doctor
- Family doctors provide prenatal care for over half of the women that give birth in a hospital
- Most births occur in a hospital. They are usually attended by an obstetrician
- Some births occur at home and are attended by a midwife
- Midwives are used more often compared to the rest of Ontario

Birth Outcomes

Most infants in Waterloo Region are born healthy. There are very few stillbirths in Waterloo Region, and the rate is similar to Ontario and Canada. Stillbirths are often very hard to prevent. However, some factors, like an unhealthy body weight before pregnancy or smoking during pregnancy, can increase the risk of stillbirth.

About three per cent of all babies are part of a multiple birth (such as twins or triplets). This rate is similar to that of Ontario. Multiple births are more common in older mothers and when assisted reproductive technology is used. Multiple birth babies are more likely to have low birth weight and to be born premature than singleton babies.

Birth weight is linked to short and long-term infant health outcomes. In Waterloo Region, rates of low birth weight were:

- Lower than low birth weight rates for Ontario
- Higher in the youngest and oldest mothers
- Higher in babies whose mother smoked during pregnancy

Low birth weight means a baby weighs less than 2,500 grams (about five and a half pounds).

High birth weight means a baby weighs more than 4,000 grams (about nine pounds).

Preterm birth means a baby is born before 37 weeks gestation.

Birth weight for gestational age is a way of measuring growth. It is calculated by comparing a newborn to standard measurements of weight and age.

In some cases, medical procedures are used to deliver a baby safely. In Waterloo Region:

- About one quarter of babies are born by Caesarean section
- Rates of Caesarean delivery are falling
- Caesarean deliveries are more common in older women

The likelihood of having a high birth weight baby increases in older mothers. Local rates of high birth weight are slightly higher than for Ontario.

In Canada, rates of preterm birth are increasing slightly. Older mothers are more likely to have a premature baby, so this increase may be due to more women having children later in life. In Waterloo Region, preterm birth rates are:

- Lower than rates for Ontario and Canada
- Higher in babies whose mothers smoke during pregnancy

In Waterloo Region:

- About eight per cent of infants are small for gestational age
- Eleven per cent of babies are large for gestational age
- Younger mothers have the highest rates of small for gestational age infants
- Babies are more likely to be small for gestational age in mothers who smoke during pregnancy

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- Rates of Caesarean delivery are falling
- Caesarean deliveries are more common in older women
Infant Health

Infant mortality is a useful measure of the overall health of a society. There are about 20–30 infant deaths each year in Waterloo Region. The local infant mortality rate is similar to those in all of Ontario and Canada. Congenital anomalies, low birth weight and preterm birth are the leading causes of infant death in Canada. In Waterloo Region:

- Rates of congenital infections are very low
- Rates of Down syndrome and neural tube defects are similar to rates for Ontario

Congenital infections occur when harmful bacteria or viruses infect a baby before or at birth.

Congenital anomalies are abnormal physical factors at time of birth which can lead to disability or death. Some examples are Down syndrome and neural tube defects. They may be due to genetics or factors in the environment. Folic acid reduces the risk of neural tube defects.

Breastfeeding

Breast milk is the best source of nutrition for a new baby. It provides all the nutrients a baby needs for proper growth and development.

Experts recommend:

- Feeding your baby only breast milk for the first six months of life;
- After six months, continuing to breastfeed with the addition of solid foods, and
- Continuing to breastfeed for up to two years or more

Region of Waterloo Public Health is working to help mothers meet these recommendations.

In Waterloo Region:

- Most babies are fed breast milk only in the first few days after birth
- More mothers aged 25–34 years feed their babies breast milk only compared to other mothers
- Teen mothers are most likely to feed their baby formula only in the first few days after birth

The Parkyn postpartum screen is used to identify infants and their families who may need support after birth. Most live births were screened using the Parkyn. Just under one-fifth of all infants screened were identified as at-risk. However, 70 per cent of the infants born to teen mothers were screened as at-risk. Infants at-risk were more likely to have:

- Only a single parent with support
- Parents with financial difficulties, and
- One or both parents with mental illness

For more detailed information and statistics, see Reproductive, Maternal and Infant Health in Waterloo Region: a Health Status Report, available at:

Acknowledgements

Authors
Jessica Deming, Mike Delorme, and Jennifer Toews

Coordinating Committee
Dr. Hsiu-Li Wang, Andrea Reist, Karen Quigley-Hobbs, Sue Morris, Chris Harold, Heidy Choi-Keirstead, Asma Razaq

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For more information, please contact:

Epidemiology and Health Analytics
Region of Waterloo Public Health
99 Regina Street South, 3rd floor
Waterloo, Ontario N2J 4V3
Phone: 519-883-2004 ext. 5413
Email: eha@regionofwaterloo.ca
www.regionofwaterloo.ca/ph
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 31, 2012

FILE CODE: P10-80

SUBJECT: QUARTERLY CHARGED/CLOSED FOOD PREMISES REPORT

RECOMMENDATION:

For information

SUMMARY:

This report is a summary of food premises enforcement activities conducted by Public Health Inspectors in the Health Protection and Investigation Division for the fourth quarter of 2011.

REPORT:

During the fourth quarter of 2011, four establishments were charged under the Health Protection and Promotion Act, Ontario Food Premises Regulation 562 (See Table 1: Food Safety Enforcement Activity)

Food premises charges and closures can be viewed on the Food Premises Inspection Reports website Enforcement Actions Page for a period up to 6 months from the date of the charge or closure. Every food premises charged has the right to a trial and every food premises ordered closed, under the Health Protection and Promotion Act, has the right to an appeal to the Health Services Appeal and Review Board.

CORPORATE STRATEGIC PLAN:

Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Table 1: Food Safety Enforcement Activity

PREPARED BY: Chris Komorowski, Manager, Food Safety, Recreational Water Programs and Cambridge and Area Team

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
<table>
<thead>
<tr>
<th>Name of establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Orleans Pizza</td>
<td>Provincial Offences Notice issued for an infraction observed on October 13, 2011</td>
<td>Fail to clean multi-service articles after use ($300)</td>
<td>$300</td>
</tr>
<tr>
<td>Big Bear Food Market</td>
<td>Provincial Offences Notice issued for an infraction observed on October 19, 2011</td>
<td>Maintain hazardous foods at internal temperature between 5 Celsius and 60 Celsius ($460)</td>
<td>$460</td>
</tr>
<tr>
<td>Kishki Halal Food Market</td>
<td>Four Provincial Offences Notices issued for infractions observed on November 7, 2011 and November 25, 2011</td>
<td>Fail to store food on racks or shelves ($60) Operate food premise maintained in manner adversely affecting sanitary condition ($120) Operator fail to ensure facility surfaces washed as necessary ($60) Fail to provide thermometer in storage compartment ($120)</td>
<td>$360</td>
</tr>
<tr>
<td>Kings Buffet</td>
<td>Two Provincial Offences Notices issued for infractions observed on November 14, 2011</td>
<td>Fail to protect food from contamination or adulteration ($300) Operate food premise – mechanical equipment not maintained to provide sufficient chemical solution rinse ($120)</td>
<td>$420</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 31, 2012

FILE CODE: P05-80

SUBJECT: TIERED RESPONSE AGREEMENT – POLICE/EMS

RECOMMENDATION:

THAT the Director, Emergency Medical Services be authorized to execute Tiered Response Agreements with the Chief of Police, Waterloo Regional Police Service, subject to such agreements being satisfactory to the Regional Solicitor, as outlined in Report PH-12-003, dated January 31, 2012.

SUMMARY:

NIL

REPORT:

Report PH-11-049, dated October 18, 2011, authorized the Director, Emergency Medical Services to execute Tiered Response Agreements with local municipal Fire Departments. A Tiered Response Agreement outlines which emergency service responds to which type of 911 calls. EMS always responds to medical calls. As always, a Tiered Response Agreement is a voluntary agreement between services that outlines, for example, how the Fire Departments will collaborate with EMS to respond in certain medical situations.

Since October, the Waterloo Regional Police Service has completed its review of the agreement, and is prepared to move forward with its own changes that will complement the work between Fire Departments and EMS.

EMS is piloting a project that other local emergency services are utilizing to provide 1) automatic and simultaneous notification for Fire tiered response, and 2) a real-time view of ambulance location and state, thus enabling better EMS resource deployment. It is called the EMS Technology Interoperability Framework (or EMS-TIF). The revision of the Tiered Agreement is timely in that it supports EMS in the implementation of this new technology.

To maintain standardization, Waterloo Regional Police have modified their Tiered Response Agreement to meet the EMS-TIF format. Timing is of the essence to avoid two different types of agreements being used, and as such, staff recommends executing the same Tiered Response Agreement with Waterloo Regional Police Service now, as is in progress with the local municipal Fire Departments. These changes will not impact the Region’s EMS service delivery levels or costs.

CORPORATE STRATEGIC PLAN:

This report addresses Focus Area 4: Healthy and Inclusive Communities and specifically objective 4.3: Enhance local health service delivery by optimizing Emergency Medical Services (EMS) delivery and collaborating with health care partners to support system change.
FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
Legal Services and the Waterloo Regional Police Service participated in the preparation of this report.

ATTACHMENTS
NIL

PREPARED BY: John Prno, Director, Emergency Medical Services

APPROVED BY: Dr. Liana Nolan, Commissioner and Medical Officer of Health
REGION OF WATERLOO
SOCIAL SERVICES
Seniors’ Services

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: January 31, 2012
FILE CODE: S08-70

SUBJECT: SUNNYSIDE HOME: ONE TIME FUNDING FOR RESIDENT EQUIPMENT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo increase the 2012 Operating Budget for Seniors’ Services by $40,000 gross and $0 net Regional Levy, as outlined in report SS-12-002, dated January 31, 2012.

SUMMARY:

In late December, 2011, the Ministry of Health and Long-Term Care announced a provincial one-time funding allocation of $20.3 million for the purchase of items or service that will promote a high quality of care and/or improve resident safety in long-term care homes. Sunnyside Home will receive $40,000 and staff is recommending the purchase of a commercial bathtub, a mechanical resident floor lift and bedrails. The allocation can be applied to purchases made between April 1, 2011 and March 31, 2012.

REPORT:

The Ministry of Health and Long-Term Care (MOHLTC) has announced one-time funding of $20.3 million in its fiscal year 2011-2012. Sunnyside Home will receive $40,000 as its allocation of this funding. The quality of care and safety of residents will be enhanced through this provincial initiative.

To be eligible for this one-time funding by the MOHLTC, the long-term care home must agree to purchase and receive all goods and services by March 31, 2012. Any unspent funds will be recovered and a full accounting and reconciliation of funding will be required as part of the Annual Reconciliation Report for the 2012 calendar year.

In reviewing the eligible uses of this funding, staff is recommending the following purchases: a resident bathtub; a sit-to-stand mechanical lift; and bedrails. The bathtub is a replacement for an existing tub that was transferred from the old Home in 2004 and replacement parts are no longer available. Failure to replace this tub places the Home at risk for meeting the standard of two baths per week for each resident. The cost of the commercial tub, including installation is $19,500.

Many residents at Sunnyside Home require mechanical assistance to change their position. Lifting equipment provides mechanical assistance to staff in transferring residents who cannot safely weight bear. Sit to stand lifts are floor model lifts used to assist residents to transfer from a sitting to standing position. In conjunction with an ongoing project to install ceiling lifts in all resident rooms at Sunnyside Home, floor lifts support the Sunnyside Home’s musculoskeletal program, a health and safety initiative which aims to reduce staff injuries and lost time. One floor lift is required due to the increase in residents being admitted that require mechanical assistance to transfer. Over the past year and a half, in response to community need, Sunnyside Home has converted two of its Special Care home areas (units for those with Alzheimer’s or a related dementia) to Continuing Care home areas to serve those with advanced physical impairments, with or without a dementia. Sunnyside is...
currently in the process of converting the two Residential home areas (for those with less physical care needs) to Continuing Care areas. As a result of these changes in resident population, additional lifting equipment is required. The cost of one sit-to-stand lift is $5700.

Short bedrails (one-quarter length of the bed) are required to replace the current three-quarter length bedrails on residents’ beds to reduce both the risk of bed entrapment and restraint use. In the regulations made under the Long-Term Care Homes Act, 2007 (LTCHA) section 15 instructs that every licensee of long-term care homes where bedrails are used must ensure that steps are taken to prevent resident entrapment to minimize risk to the resident. With our existing three-quarter length bedrails, the above requirements cannot be met. Also, a three-quarter length bedrail is now defined as a restraint by the Ministry of Health and Long-Term Care, as many residents would be unable to independently exit the bed with this type of bedrail. A quarter length bedrail still enables the resident some protection and assistance to change position in bed, but is not classified as a restraint. As per the LTCHA, 2007, section 29, every home must ensure that alternatives to restraint have been considered prior to using a restraint. Restraint rates will be reported on the Health Quality Ontario LTC Public Reporting website and will be accessible to the public in March 2012. The remaining one-time funding will enable the Home to purchase approximately 57 sets of bedrails at a cost of $14,800.

The recommended purchases are consistent with the funding criteria and will enhance the safety and quality of services for Sunnyside Home residents.

CORPORATE STRATEGIC PLAN:

The purchase of equipment to allow for safe and comfortable resident bathing, transfers and reduce the risk of bed entrapment and restraint use supports the Region’s Corporate Strategic Focus Areas 4 Healthy and Inclusive Communities and Strategic Objective 4.7 (to) collaborate with the community to support older adults to live healthy, active lives; and Corporate Strategic Focus 5: Service Excellence, Strategic Objective 5.3 (to) ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

The recommended equipment purchases are outlined in the chart below.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parker Tub</td>
<td>$19,500</td>
</tr>
<tr>
<td>Mechanical Floor Lift</td>
<td>5,700</td>
</tr>
<tr>
<td>Bedrails</td>
<td>14,800</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$40,000</strong></td>
</tr>
</tbody>
</table>

As this one-time funding is 100% provincially funded, the 2012 operating budget for Seniors’ Services will increase by $40,000 gross and $0 net.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has been consulted in the preparation of this report.

PREPARED BY: Gail Kaufman Carlin, Director, Seniors’ Services

APPROVED BY: Michael Schuster, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 31, 2012

FILE CODE: S09-01

SUBJECT: EMPLOYMENT ONTARIO APPROVAL OF TRANSITION FUNDS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo increase the 2012 Operating Budget for Employment and Income Support, Social Services by $44,500 gross and $0 net Regional levy as outlined in report SS-12-003, dated January 31, 2012.

SUMMARY:

NIL

REPORT:

1.0 Background

The report “Submission of Employment Ontario Business Plans” SS-10-029 dated June 8, 2010 and approved by Council, outlined the submission of business plans and funding requests to the Ministry of Training, Colleges & Universities (MTCU) for the delivery of Employment Ontario Employment Services from August 1, 2010 through March 31, 2012. The Region has been a service provider of Employment Ontario Employment Services as a result of the above submission since August 1, 2010. In November 2011 the Employment and Income Support division was asked to submit a modified business plan to continue to be a service provider from April 1, 2012 to March 31, 2013. The appropriate service plans were submitted on December 16, 2011. Additionally, the Employment & Income Support division was asked to provide a request for additional transition or one-time funds.

2.0 Approval

Specifically the Province invited requests for one-time funding to cover items and expansion of services that were not realized through the initial approval process. Employment & Income Support requested additional funds to better assist participants through expanded services provided in the Region’s three Employment Resource Centres (Kitchener, Cambridge and Waterloo), the upgrade of program group rooms and technology to enhance service.
The Province has approved $44,500 (100% Provincial). This is one-time funding to assist service providers to provide additional or expanded services. The Province has approved funds for:

- The purchase of three projectors and installation in program group rooms ($9,000);
- The purchase of three scanners and scanning software to enable participants to send resumes and job search documents electronically through email ($1,500);
- The purchase and installation of computer equipment to allow program participants to access Wi-Fi within all three Resource Centres and the second floor of 235 King Street East ($4,000);
- The purchase of software to aid staff in providing job search and placement services for Employment Ontario and Ontario Works participants ($30,000)

Total one-time expenditures are $44,500 (100% Provincial) for the period January 1, 2012 to March 31, 2012. All purchases must be made by March 31, 2012.

CORPORATE STRATEGIC PLAN:

Purchase of these items will address the Corporate Strategic Plan in two Focus Areas. Focus Area Four: Healthy and Inclusive Communities; Strategic Objective One: (to) work collaboratively to reduce poverty; and Focus Area Five: Service Excellence; Strategic Objective One: (to) improve the accessibility of Regional programs and services to support our diverse community.

FINANCIAL IMPLICATIONS:

These funds of $44,500 are 100% Provincial and there is no cost to the Region.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Corporate Resources (Information and Technology) have been consulted in the purchase of the equipment and software. Finance has reviewed this report.

ATTACHMENTS

NIL

PREPARED BY: Graeme Fisken, Manager, Employment Services
David Dirks, Director, Employment and Income Support

APPROVED BY: Michael Schuster, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: January 31, 2012

FILE CODE: S08-70

SUBJECT: SUNNYSIDE HOME ACCREDITATION

RECOMMENDATION:

THAT the Regional Municipality of Waterloo appoint two Councillors to support the Accreditation process at Sunnyside Home as outlined in Report SS-12-004 dated January 31, 2012.

SUMMARY:

Sunnyside Home is preparing for an on-site Accreditation Survey which will occur November 18-21, 2012. The Survey will be completed by Accreditation Canada, previously known as the Canadian Council on Health Services Accreditation. This report seeks the appointment of two Councillors to participate in the Accreditation process.

REPORT:

In 2009, Sunnyside Home was awarded full accreditation status by Accreditation Canada. The Home is scheduled to be re-surveyed November 18-21, 2012 and is seeking two Councillors to support this process by sitting on the Accreditation Governance Team. Two or three formal meetings will be scheduled before November and Councillors would also need to be available during the survey period.

The Region’s participation in Accreditation is a voluntary process, but is widely accepted in the industry as a strong quality indicator of quality services and resident satisfaction. It enables the Home to compare itself to national standards for the sector.

Since 2009, there have been some changes to the Accreditation process. Accreditation Canada has renamed and redesigned two of the five standards that Sunnyside Home will utilize: Governance Standards (formerly called Sustainable Governance Standards); and Leadership Standards (formerly called Effective Organization). The Governance Standards have been revised to include an ethics framework and code of conduct, a decision-making framework, the setting of client safety as a goal, and the follow-up on recommendations in client safety reports. Certain criteria in each standard are now flagged by Accreditation Canada as high priority. These criteria are directly related to risk, safety, quality improvement, and ethics.

Accreditation Canada has also developed new accreditation decisions levels. Organizations will now receive one of four decisions following their on-site survey: accredited with exemplary standing; accredited with commendation; accredited; or not accredited. The decision level of accreditation is directly related to the percentage of high priority criteria met, the compliance with the required organizational practices and the completion of baseline surveys by a minimum number of staff.

Sunnyside will be required to conduct two staff surveys, titled Patient Safety Culture and Work Life Pulse. The Patient Safety Culture survey will gather information about how staff perceive the home’s safety practices. The Work Life Pulse survey will assess staff perceptions related to communication.
within the organization, job satisfaction, work life balance, and a safe work environment. The information obtained from the staff surveys and self assessments will be returned to the Home in the form of a “Quality Roadmap” which will then be used by the accreditation teams to identify areas for improvement and areas of strength. Improvement evidence will be submitted in the form of action plans to Accreditation Canada to address gaps and priorities.

So far, Marie Bélanger, Coordinator of Quality and Risk Management, who is coordinating Sunnyside Home’s Accreditation process, has facilitated educational opportunities for managers, Registered Nurses and management support staff to provide information about the new accreditation process. Throughout 2012, staff will be participating in educational sessions designed to increase their knowledge about the accreditation process and the highlighted theme of Patient Safety.

The on-site survey will occur over a 3 day period in November 2012. The peer surveyors will speak directly to staff for the purpose of conducting “tracers”. A tracer is an interactive process involving direct observation and conversation to gather evidence about the quality and safety of services. During the on-site survey there will be a Community Partner Focus Group in which the surveyors will ask for feedback from the agencies with which we partner to serve our clients and deliver our services.

It is anticipated Sunnyside Home will receive its survey report within 45 days of the on-site survey. The accreditation process is intended to provide comprehensive and continuous mechanisms for both quality improvement and risk management.

CORPORATE STRATEGIC PLAN:

Participating in the Accreditation Program is consistent with the Region’s Corporate Strategic Plan Focus Area 5: Services Excellence and Strategic Objective 5.3 (to) ensure Regional programs and services are efficient and effective and demonstrate accountability to the Public.

FINANCIAL IMPLICATIONS:

The Province provides a premium of $0.33 per resident per day to accredited homes. Accreditation funding of $31,678 is included in the 2012 operating budget revenues for Sunnyside Home. Expenditures related to the accreditation process will be accommodated within the 2012 approved budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Several Regional departments, including Human Resources, Corporate Resources, and Finance, provide support services to Sunnyside Home and contribute to the Home’s operation, quality improvement initiatives and accredited status.

ATTACHMENTS

NIL

PREPARED BY: Marie Bélanger, Coordinator, Quality Initiatives and Risk Management
Gail Kaufman Carlin, Director, Seniors’ Services

APPROVED BY: Michael Schuster, Commissioner, Social Services
RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the following with regard to the Investment in Affordable Housing for Ontario – Program Delivery and Fiscal Plan (PDFP) and program delivery, as described in Report P-12-017, dated January 31, 2012:

a) Endorse the recommended Program Delivery and Fiscal Plan as summarized in Table 2 of Report P-12-017 and the proposed implementation of the PDFP;

b) Authorize staff to forward the recommended Program Delivery and Fiscal Plan to the Provincial Ministry of Municipal Affairs and Housing;

c) Authorize staff to develop program details for an Ontario Renovates and Housing Allowance program that are consistent with Ministry of Municipal Affairs and Housing guidelines and community need;

d) Authorize the Director of Housing to submit a business case to reallocate administrative funding to Year 1 to assist in the development of new programs;

e) Authorize the Director of Housing to reallocate funding between the appropriate components within each program year, as needed, to ensure full utilization of the notional allocation;

f) Forward a Request to the Federal and Provincial Ministers responsible for Housing, urging them again to commit to a long-term funding program for affordable housing; and

g) Amend the 2012 capital and operating budget as required ($0 net levy impact) to reflect the new programs as described in Table 2 of Report P-12-017 dated January 31, 2012, to be funded by the Province of Ontario.

SUMMARY:

In October 2011, staff advised Regional Council on the New Framework for Affordable Housing 2011-2014 that will invest $1.4 billion across Canada to address housing needs and provided details on the Province’s Investment in Affordable Housing for Ontario Program (IAH), which will provide $480.6 million for the creation and repair of affordable housing in Ontario over four years, starting in 2011 (P-011-084). The Region’s notional allocation of $12,840,659 is divided as follows:
Investment in Affordable Housing – Region of Waterloo Allocation

Table 1

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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</thead>
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<tr>
<td>$5,269,384</td>
<td>$5,278,817</td>
<td>$2,292,459</td>
<td>$12,840,659</td>
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</tbody>
</table>

Year 1 (2011-12) has been designed as a transitional year and no notional allocation is being provided to the Region this year, but $100,000 outside of the notional allocation has been provided for administrative purposes. Service Managers can submit business cases to request to bring funding forward from their overall total notional allocation, if they have the capacity to commit funds earlier.

Report P-11-084 also identified the requirement to submit a Council-approved Program Delivery and Fiscal Plan (PDFP) to the Province for approval no later than February 28, 2012 and included a recommendation for staff to prepare a draft PDFP for consideration by Regional Council. The proposed Allocation of IAH funding for the Region’s PDFP is included in this report and staff are recommending that the Region deliver the Rental Housing, Housing Allowance and Ontario Renovates components.

REPORT:

In October 2011 staff brought forward a report (P-11-084) to inform Regional Council on the Investment in Affordable Housing for Ontario Program (IAH), the Region’s notional allocation of $12,840,659 and the requirement to submit a Council-approved Program Delivery and Fiscal Plan (PDFP) to the Province by February 28, 2012.

The IAH Program provides greater flexibility for Service Managers to address local housing needs than the previous Canada-Ontario Affordable Housing Program (COAHP). Service Managers are responsible for determining which IAH Program components (Rental Housing, Homeownership, Ontario Renovates, Rent Supplement, Housing Allowance) they want to deliver and how much of the notional allocation will be dedicated to each of these components. Service Managers must submit a Council-approved Program Delivery and Fiscal Plan (PDFP) to the Province for approval no later than February 28, 2012.

After assessing our current housing programs and community need, staff propose that the majority of the funding be used to create new affordable rental and supportive housing, with the remaining funds used for a repair program (Ontario Renovates) and a targeted housing allowance program. Staff are not recommending funding be used for new homeownership or short term rent supplement programs because a successful revolving homeownership fund already exists and short term rent supplement units require an exit strategy to transition tenants out of these units.
Table 2

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<thead>
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<td>Rent Supplement</td>
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<td>- New Program</td>
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<td>*$63,000</td>
<td>*$168,000</td>
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<td><strong>$12,840,659</strong></td>
<td><strong>271-291</strong></td>
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</tbody>
</table>

* Operation budget
   plus $100,000 Administration fee from Year 1

Rental Housing
The Region’s current Affordable Housing Strategy has a goal of helping to create at least 500 new affordable rental and supportive housing units by the end of 2013, to address the priority needs of rental housing affordable to lower-income households and the need to provide affordable housing with supports. To date, the Region has realized 382 units of the goal, including 284 affordable rental and supportive housing units (43% affordable to the lowest income households) and 81 supportive housing units. There continues to be a need in the community for new affordable rental and supportive housing units. The latest Canada Mortgage and Housing Corporation Rental Market Report (Fall 2011) indicates that vacancy rates are again on a downward trend moving below a healthier vacancy rate (3%), dropping from 3.3% in 2009 to 2.6% in 2010 to a current 1.7% vacancy rate in 2011. In addition, the Region’s Co-ordinated Waiting List remains at an average of 3,000 households, the average wait times for households to move off the waitlist into affordable housing units has remained consistently high and approximately 1,500 households wait for long term support to maintain housing.

There remains an abundance of non-profit and private sector interest and capacity to create new long-term affordable rental and supportive housing in the community. Regional staff recommend leveraging the bulk of the IAH funding, $10.305 million, to create an estimated 85 to 105 new affordable rental and supportive housing units.

Homeownership
The Region’s Affordable Homeownership program has been successful in helping over 250 low to moderate income households become first time homeowners in the Region since the program started in 2008. The current new Homeownership target under the Affordable Housing Strategy is to create 25 new affordable homeownership units. Most of these homeownership opportunities were expected to be financed through earlier participants repaying their interest free loans to the Affordable Homeownership Revolving Loan Fund and re-lending these funds to new households. By the end of 2011, 98 households were able to purchase affordable homeownership units under the current Affordable Housing Strategy, far exceeding the expected goal. In large part, this was due to new senior government funding specifically for affordable homeownership, but the program has been
experiencing more voluntary repayments than anticipated (27 by the end of 2011) enabling new lower income households to become homeowners through the self-financing Affordable Homeownership Revolving Loan Fund. A trend of increased repayments is expected as earlier purchasers start to renew their mortgage, thereby allowing more households to participate in the program. Therefore, staff recommend that no IAH funding be allocated to the Homeownership component, as a revolving fund already exists.

Rent Supplement

When the current Affordable Housing Strategy was created in late 2008, one of the targets was to create 75 new provincially-funded long-term rent supplement units. In rent supplement units, the Region provides the landlord the difference between the rent-geared-to-income amount the tenant pays (usually 30% of their income), and the market rent for the unit. Rent supplements can be used in existing private and non-profit market rent units and therefore do not need to wait for new affordable units to be built. The Region currently has 791 rent supplement units that provide affordable housing opportunities throughout the Region. The Investment in Affordable Housing for Ontario Program limits the term of their rent supplement component to a maximum of 10 years. Given previous experience with shorter term assisted housing programs, staff are concerned about developing an appropriate exit strategy to transition tenants out of these units, and therefore, staff do not recommend funding new short term rent supplement units.

Housing Allowance

The Region of Waterloo received a $2.21 million allocation under the housing allowance component of the Canada-Ontario Affordable Housing Program to develop and administer 160 housing allowance units (Report P-06-107) and a total of 272 households in the Region received assistance through the program since March 2007. Funding under the Housing Allowance Program ends March 31, 2013, with each housing allowance unit having a maximum funding life of five years. In the Housing Allowance Program, landlords receive a fixed partial rent payment from the Region of Waterloo and the tenant pays the balance of the rent. Staff had developed an exit strategy to ensure that households receiving assistance did not suffer economic hardship when the funding ended in 2013. Two components of the exit strategy were to implement a local priority on the Co-ordinated Access Waiting List during the last 12-18 months of the program and using Rent Supplement subsidy achieved through turnover in terminating Rent Supplement agreements. Staff is recommending allocating $200,000 to extend the current Housing Allowance program to allow remaining recipients (currently 91) more time to transition out of the program without the need to create a new local priority or use and using Rent Supplement subsidy achieved through turnover, which would allow additional households currently on the waiting list to be assisted.

The Investment in Affordable Housing for Ontario Program limits the term of the housing allowance component to a maximum of 10 years and staff are concerned about developing an appropriate exit strategy to transition a large number tenants out of these units after 10 years. However, experiences through delivery of the current Housing Allowance program have identified that some high need target groups in need of supports to maintain housing would benefit from this type of program; such as those experiencing persistent homelessness, federally sentenced women being released from custody, mental health consumers and individuals waiting release from hospital Some households will move on from these units within a few years and others will be able to access other affordable housing within a 5 year time frame. Therefore, staff recommend allocating $273,000 of the IAH funding for a targeted 5 year Housing Allowance program for 15 units, in partnership with local support agencies.
Ontario Renovates

Canada Mortgage and Housing Corporation is ending their suite of rehabilitation programs including the Residential Rehabilitation Assistance Program (RRAP) as of March 31, 2012. Low income residents have benefited greatly from this program over the years. Over the last three years alone, $1.08 million was provided to 113 low-income homeowners for structural and life safety repairs, $480,000 to address accessibility issues in homes and $3.02 million for repairs and creation of to affordable multi-residential units including rooming houses and shelters for victims of domestic violence. The Region is currently the delivery agent for the Homeowner RRAP and RRAP for Persons with Disabilities in the cities of Cambridge and Kitchener and delivers the program through a third party.

The Ontario Renovates component is intended to provide Service Managers the opportunity to deliver a RRAP type program to target renovation and rehabilitation projects to address local needs, since this program funding is now rolled into the New Framework for Affordable Housing as part of the federal contribution. An average of $25,000 can be provided per unit to repair homes to minimum acceptable standards, improve accessibility, create secondary suites in existing single family homes, rehabilitate affordable rental units or improve units that assist victims of family violence. Funding made available under this component cannot be used to repair existing Community Housing as defined under the Housing Services Act, 2011. Staff is recommending that $1.6 million of the IAH funding be allocated to an Ontario Renovates program in the Region focused on homeowner repairs and improved accessibility.

Administration

The IAH program allows for a maximum of 5% of the funding ($642,033) may be used to cover administrative expenses. Staff recommend that $440,659 (3.4%) of the funding be used to cover increased administrative costs, including an additional contract staff person for the length of the program and to fund the delivery of the technical component of the Ontario Renovates program by a third party delivery agent.

IAH Funding Reallocation

The IAH guidelines permit Service Managers to reallocate funding from Years 2 to 4 of the program to Year 1 for construction ready projects, address immediate housing needs or for administrative funding to operationalize new programs. Service Managers are required to report to the Province quarterly to track progress against each component that a Service Manager delivers. Funding not committed by December 31st of each year may be deducted from that Service Manager’s notional allocation and reallocated to another Service Manager. To help ensure the IAH funding is fully used, Service Managers can update their PDFPs on a quarterly basis and reallocate funding amongst the capital components (Rental Housing, Homeownership, Ontario Renovates) and the operating components (Rent Supplement, Housing Allowance).

DOOR Funding

In 2007, the Region received $11.375 million from the Province of Ontario under the Delivering Opportunities for Ontario Renters (DOOR) program. These funds were part of the $392 million in federal dollars that the Province received from the Government of Canada Affordable Housing Trust. The senior levels of government did not place any restrictions on the timing or use of the DOOR funding, other than it is to be used for affordable housing related activities. Regional Council approved using the DOOR funding for seven new affordable rental and supportive housing developments that responded to call for Expressions of Interest 2007-02 (P-07-087). While three of these projects did not proceed with DOOR funding, other Council-approved projects were able to utilized DOOR funding
to complete new affordable rental and supportive housing projects. Recently, two large projects (Lancer Terraces Ltd and Ray of Hope) have had their funding allocations withdrawn as they were not able to proceed in a reasonable time and as a result, the Region has $4.925 million in DOOR funding available for affordable housing activities. Staff will bring forward recommendations on the potential uses of the DOOR for consideration by Regional Council in a future report.

Next Steps

Should Regional Council approve the recommendations in this report, staff will finalize the PDFP and submit to the Province for approval before February 28, 2012. Staff will then operationalize the new Rent Supplement program and Ontario Renovates to enable delivery of these components in year 2 of the program.

Staff issued a new call for Expressions of Interest on December 19, 2011 which closed on January 27, 2012. Should Regional Council approve funding for the Rental Housing component in the proposed PDFP, staff will bring a report on the results of the call for Expressions of Interest for consideration by Regional Council.

The $12.8 million in IAH Program funding and program flexibility will help address housing needs in the community, but the funding is not sufficient to fully address all the affordable housing needs, nor consistent with earlier senior government allocations, in particular given the end of the suite of rehabilitation programs by Canada Mortgage and Housing Corporation. Excluding RRAP funding, the Region has benefited from an average $9.6 million per year since 2003 in senior government funding for new affordable housing programs. Over the next three years, the Region will receive an average $4.26 million per year. Staff will continue to collaborate with our local and sector partners (e.g. Association of Municipalities of Ontario, Federation of Canadian Municipalities, Ontario Municipal Social Services Association) to request senior levels of government to commit to long-term funding for sustainable affordable housing and supports, including long term funding for rent supplement units.

Area Municipal Consultation/Coordination

A copy of this report will be distributed to all Area Municipalities. Regional staff will continue to meet with Area Municipal staff to review proposed affordable housing projects submitted within their Municipality.

CORPORATE STRATEGIC PLAN:

Regional participation in the Investment in Affordable Housing for Ontario Program will assist in achieving Council's Strategic Objective 4.5 by increasing the supply and range of affordable housing.

FINANCIAL IMPLICATIONS:

The Investment in Affordable Housing for Ontario Program (IAH) will provide up to $12,840,659 in funding over the timeframe of the Program to help implement the Region’s Affordable Housing Strategy and address local affordable housing needs. The IAH program guidelines allow up to 5% of the notional allocation ($642,033) may be used to assist with the administration of Years 2 to 4 of the IAH Program. Staff recommend that $442,659 (3.4%) of the funding be used to cover administrative costs, including an additional contract staff person for the length of the program and to fund the delivery of the technical component of the Ontario Renovates program by a third party delivery agent. This amount does not include the $100,000 the Region received upon entering into an Administration Agreement with the Province for upfront administration fees for Year 1 planning and pre-development activities.
Delivery of the IAH program will have a zero cost impact to the tax levy. Should no further senior government funding be made available at the end of the IAH program (March 2015), the Ontario Renovates program will have to be discontinued or alternate funding made available. For the operating components (Rent Supplement, Housing Allowance) that are delivered beyond March 2015 will continue to be funded as per the PDFP up to the 10 year limit.

Utilizing IAH Program funding to help implementation the new Affordable Housing Strategy will not impact the current tax levy for housing programs. However, the Region will continue its existing policy of providing limited grants to offset Regional Development Charges for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Legal Services, Finance and Social Services has been consulted in the preparation of this report.

ATTACHMENTS:

NIL

PREPARED BY: Jeffrey Schumacher, Supervisor, Housing Supply Initiatives
Jennifer Murdoch, Manager, Housing Programs
Deb Schlichter, Director of Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee

From: Chad Ludwig, Acting Manager, Infectious Diseases and Tuberculosis Control
 Chris Harold, Supervisor, Information and Planning
 Brenda Miller, Manager, Infection Control, Rabies, Vector –Borne Diseases, Tobacco Enforcement

Subject: RESPIRATORY AND ENTERIC ACTIVITY IN WATERLOO REGION (AS OF JANUARY 2012)

File No: P03-20

Respiratory Activity

To date, influenza activity is widespread across Ontario, but has been reported as lower than average across the province when compared to previous seasons. In Waterloo Region, influenza activity is consistent with current provincial levels. The level of influenza activity is known to fluctuate from year to year (refer to Table 1 for numbers from five previous influenza seasons, and the previous pandemic season).

As of January 14, 2012 there have been 4 sporadic, laboratory confirmed cases of influenza reported to Region of Waterloo Public Health (refer to Table 2 for additional details). None of the local cases were immunized against influenza, and there has been one hospitalization locally (and no deaths) reported to date among the confirmed cases. Each year, deaths related to influenza are expected. Hospitalizations and complications predominantly affect the elderly, those with chronic conditions and the very young.

As of January 20, 2012 there have been no locally confirmed influenza outbreaks in long-term care homes or hospitals reported. So far, this season, Region of Waterloo Public Health has supported 18 institutions* in monitoring and controlling clusters and small outbreaks of upper respiratory tract infections (URTI) and “influenza-like” illness (ILI). Outbreaks have been controlled and are resolving as anticipated.

Provincially, as of January 14, 2012, a total of 111 influenza cases have been reported. Compared to the same period in the 2010-2011 season, fewer cases and fewer influenza outbreaks were reported; however, activity appears to be increasing of late.¹ Local cases are expected to increase in the coming weeks.

*Institutions including hospitals, long-term care facilities, retirement homes and residential facilities

Date: January 31, 2012
Influenza Immunization Clinics

Prevention and control measures for all strains of influenza are the same. Immunization continues to be the best protection for persons at and over the age of six months and is available free of charge to all residents of Ontario. As per previous years, Region of Waterloo Public Health offered a series of community influenza immunization clinics. A total of 11,464 people were immunized in clinics offered between November 2011 and January 2012, an increase of 13 per cent over the previous year. For comparisons of numbers of individuals immunized in previous seasons, please refer to Table 1. It is important to note, however, that a majority of individuals will be immunized by a primary care provider or in a hospital or long-term care setting. The number of individuals immunized in these settings will be known at the conclusion of the influenza season.

Flu immunizations continue to be available in Waterloo Region by visiting family physicians, urgent care and walk-in clinics. It is not too late to be immunized, and all citizens at and over the age of six months are encouraged to visit their primary care provider.

Table 1: Total number of lab-confirmed influenza cases, deaths and persons immunized in Public Health Clinics, by influenza season, Waterloo Region, 2005/2006 to 2010/2011

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total number of lab confirmed cases</th>
<th>Number of deaths in lab confirmed cases</th>
<th>Number immunized in Public Health clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/06</td>
<td>95</td>
<td>1</td>
<td>22,020</td>
</tr>
<tr>
<td>2006/07</td>
<td>125</td>
<td>1</td>
<td>18,264</td>
</tr>
<tr>
<td>2007/08</td>
<td>224</td>
<td>6</td>
<td>16,184</td>
</tr>
<tr>
<td>2008/09</td>
<td>240</td>
<td>2</td>
<td>15,208</td>
</tr>
<tr>
<td>2009/10*</td>
<td>238*</td>
<td>3*</td>
<td>38,500*</td>
</tr>
<tr>
<td>2010/11*</td>
<td>274</td>
<td>8</td>
<td>10,149</td>
</tr>
</tbody>
</table>

*H1N1 influenza pandemic. Due to increased lab testing, and significant changes to immunization system during the pandemic season, the numbers in this season are not comparable to other influenza seasons.

Table 2: Total number of lab-confirmed influenza cases, deaths and persons immunized in Public Health Clinics, Waterloo Region, 2011/12 (as of January 14th, 2011)

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total number of lab confirmed cases</th>
<th>Number of deaths in lab confirmed cases</th>
<th>Number immunized in Public Health clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>4</td>
<td>0</td>
<td>11,464</td>
</tr>
</tbody>
</table>

Source: iPHIS Ontario and Region of Waterloo Public Health
Enteric Activity

So far this year, there is a moderately elevated number of enteric outbreaks across Ontario which are frequently due to Norovirus, a common strain of enteric illness (i.e. gastro-intestinal illness). Norovirus has signs and symptoms that last for a short period of time, generally 24-48 hours, and is often self-limiting, although illness can be more severe in the elderly and those with chronic medical conditions. Given that enteric outbreaks generally follow a seasonal trend, it is not unexpected to see an enteric burden in Waterloo Region at this time.

As of January 14, 2012, there have been 7 enteric outbreaks. Compared to the same period in 2011, there were fewer enteric outbreaks reported. For comparisons of the numbers of enteric outbreaks by setting in previous years, please refer to Table 3. Table 3 demonstrates that the total number of enteric outbreaks fluctuate from year to year, which is to be expected.

Table 3: Number of enteric outbreaks, by year and risk setting, Waterloo Region, 2007 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Child Care Centres</th>
<th>Institutions^</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>33</td>
<td>44</td>
<td>10</td>
</tr>
<tr>
<td>2008</td>
<td>25</td>
<td>27</td>
<td>14</td>
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<tr>
<td>2009</td>
<td>27</td>
<td>35</td>
<td>6</td>
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<tr>
<td>2010</td>
<td>28</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>2011</td>
<td>17</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>2012*</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

^Institutions include hospitals, long-term care facilities, retirement homes and residential facilities

Source: iPHIS Ontario and Region of Waterloo Public Health

Note: Community outbreaks are not required to be reported to Public Health, and therefore are likely underreported.

During an enteric outbreak (i.e. gastro-intestinal illness), in order to minimize further spread of illness, Region of Waterloo Public Health supports hospitals, long-term care facilities, child care centres and residential facilities by working closely with them to ensure that the appropriate monitoring, prevention and control measures are put into place and are effective.

Region of Waterloo Public Health will continue to update Community Services Committee on this year’s respiratory and enteric (gastro-intestinal illness) season.
To: Chair Sean Strickland and Members of the Community Services Committee

From: Susan Burke, Manager/Curator, Joseph Schneider Haus

Subject: JOSEPH SCHNEIDER HAUS OPENS FOR THE 2012 SEASON

File No: R12-90

The Friends of Joseph Schneider Haus have announced that the 2012 Folk Artist in Residence is Miniature Painter/Limner, Debbie Thompson Wilson, of Guelph. Debbie’s year will be officially launched as Joseph Schneider Haus opens for the 2012 season on the weekend of February 18 to 20, when she demonstrates the art of Fraktur calligraphy and miniature painting on both Saturday and Monday afternoons. A special exhibition of her work, entitled “The Illustrated Alphabet: Everyman’s A,B,C” will also open that weekend and members of the public are invited to meet the artist at a reception Sunday afternoon from 1 to 4 p.m.

Born in Listowel, Ontario, Debbie graduated from the University of Guelph with an Honours BA in Fine Art History and Studio, focusing on the Medieval and Renaissance periods in western art. She worked at the University of Guelph for a number of years in the Fine Art slide library, as a cartographer in Land Resource Science, and as an illustrator and graphic designer. She became a freelance graphic designer/artist/cartoonist and calligrapher in the early 1990’s.

Originally Debbie produced large high realism watercolours and egg temperas but as her freelance business grew, she had less time to spend on her paintings. Her solution was to go small and create paintings that could be executed in a day or two. Medieval miniature paintings in manuscripts had always held a special attraction for her; she had studied them in depth on several trips to the British Library and the Victoria and Albert Museum in London, England. Debbie had also practised calligraphy from her teens and she realized that the resulting love of lettering blended well with this form of painting. She researched and tried out medieval techniques of miniature painting and gilding on calfskin vellum and on paper, largely working from images in books and museum library digital collections. She uses the medieval imagery as a springboard, adapting and making it her own. She has had several successful shows in Guelph, participates in the Guelph Studio Tour and is a member of the Royal City Calligraphy Guild.

Debbie has taken courses across Canada, the U.S. and Italy in calligraphy, illumination and gilding, manuscript study and decorative painting and has been teaching the techniques of medieval illumination and gilding for a number of years in Elora, Guelph, Ancaster and one lucky year, in Florence, Italy. Debbie enjoys the challenge of interpreting different styles and
methods of miniature painting. She is fascinated with painting miniature portraits and to keep life interesting, she also works as a freelance labour cartoonist.

Debbie has planned an exciting year of programming relating to her refined art and has invited a number of skilled professionals from her network to participate as guests for her spring lecture series to be held on Wednesdays in April. For more information please connect with www.regionofwaterloo.ca/jsh, with the Friends of Joseph Schneider Haus facebook page, or phone 519-742-7752 for a brochure.

The Edna Staebler Research Fellowship is also supported by the Friends of Joseph Schneider Haus. On Thursday March 8, 2012, the annual Fellow’s Lecture will be presented by 2011 Research Fellow, Joanna Rickert-Hall. Entitled “The 1820 Log School House: If These Walls Could Talk”, Hall’s presentation will examine the log school house currently located in Waterloo Park, analyze historical data, recent opinions and perceptions, and discuss options for the building’s preservation. The lecture will take place at the Museum at 7:30 p.m. and admission is by donation.
To: Chair Sean Strickland and Members of the Community Services Committee
From: Margaret Parkin, Planning Information and Research
Subject: 2011 CENSUS OF CANADA DATA RELEASE SCHEDULE
File No: D15-80

Census of Canada 2011

May 10, 2011 was Census Day in Canada. On this date, Statistics Canada conducted a census of households across Canada to create a statistical portrait of the people of Canada. Some 230,000 agricultural operations also received a Census of Agriculture form at the same time.

The data collected through the Canada Census has historically been used by governments, businesses, community groups and individuals to understand demographic, social, ethnic, family and financial characteristics of the population. Because the Canadian census is collected every five years and the questions have been consistent, it has been possible to compare changes that have occurred in the composition of Canada's population over time.

In 2011, the mandatory Census consisted of ten basic questions. Questions which would previously have been contained in a “long-form questionnaire” were distributed through a voluntary survey called the National Household Survey (NHS). These questions include such topic areas as income, mobility and migration, mode of travel, and ethnicity. About 1/3 of Canadian households received a NHS questionnaire.

Many decisions are based on analysis of data made possible through the Census, as highlighted in the following examples:

- Population and household forecasts developed by Regional staff are used to estimate land use, plan infrastructure, set development charges, assess housing needs, interpret health and social service trends;
- Employment and place of work data assist in planning transit and roads needs; and,
- Population distribution and socio-economic data are used to assess demand and plan locations for new services.

Publication of Results

Following the collection of the census questionnaires, there is a significant amount of effort required by Statistics Canada to follow-up on incomplete forms, to compile and analyse data, and to publish results. Statistics Canada subsequently releases the data to the public in a
series of products according to a published schedule. The current schedule for release of the standard products is as follows:

February 8, 2012 – Population and dwelling counts

May 29, 2012 – Age and sex

September 19, 2012 – Families, households and marital status
    - Structural type of dwelling and collective

October 24, 2012 - Language

Census of Agriculture data will be released May 10, 2012. Census of Agriculture questionnaires were mailed in 2011, rather than being delivered by an enumerator, and there were several changes to the questions, including a new question about access to the Internet by farm operators.

Data releases from the NHS are scheduled to begin early 2013.

**Acquisition and Analysis of Data**

Statistics Canada continues to expand its electronic delivery of Census results. More data than ever is being made available free of charge through the Statistics Canada website, and with less restrictive data licensing, which is anticipated to greatly improve data sharing opportunities. However, complex data sets, with multiple variables or custom geographies, will still require special orders. As in previous years, Regional staff will participate in collaborative data acquisition, and will consult with Area Municipal staff to jointly purchase relevant data sets to minimize cost of custom data acquisition.

Also, as in previous years, the media will likely provide immediate coverage of each topic area as the data is released. Regional staff will provide more in-depth analysis of statistics and trends to Council through the 2011 Census Bulletin series and other topic-based reports.

If you require further information, please do not hesitate to contact Margaret Parkin at MParkin@regionofwaterloo.ca or 519-575-4018.
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Jan-12</td>
<td>Budget Committee</td>
<td>Review and approve the Funeral Rates Memorandum of Understanding between the Region of Waterloo and the Funeral Directors of Waterloo Region</td>
<td>Social Services</td>
<td>Jun-2012</td>
</tr>
</tbody>
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