MEDIA RELEASE: Friday, May 4, 2012, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, May 8, 2012
1:00 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener

1. MOTION TO RECONVENE IN OPEN SESSION

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

3. DELEGATIONS

   Mary Ann Wasilka, Re: P-12-055, Recommended Grand River Transit 2012
   Fare Structure

4. PRESENTATIONS

   a) Brendan Wylie-Toal and Ellen Desjardins, Co-Chairs, Waterloo Region Food
      System Roundtable

5. REPORTS – Public Health

   a) PH-12-018, Waterloo Region Food System Roundtable

   b) PH-12-016, Healthy Babies Healthy Children 2011 Statistics and 2012 Service
      Plan and Funding Update

   c) PH-12-017, 2011 EMS System Performance

   d) PH-12-019, Rabies Prevention and Control Program Update

   e) PH-12-020, The 2012 Vector-Borne Disease Program Plan

   REPORTS – Planning, Housing & Community Services

   f) P-12-056, Statistics for Waterloo Region from the 2011 Census
      (Colour attachment provided separately to Councillors and Senior Staff only)

   g) P-12-057, Community Housing Update and Proposed 2012 Progress Plan

   REPORTS – Social Services

   h) SS-12-017, Child Care Fee Subsidy Update

   i) SS-12-019, Impact of Provincial Budget on Employment and Income Support
      Programs
6. INFORMATION/CORRESPONDENCE
   a) Memo: Wash House Opening
   b) Memo: 2010-2011 Community Labour Market Analysis
   c) Memo: Employment Ontario 2012-2013 Service Targets
   d) Memo: Development of the Region’s Comprehensive Approach to Poverty Reduction

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

8. NEXT MEETING – May 29, 2012

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

DATE: May 8, 2012

FILE CODE: P11-20

SUBJECT: WATERLOO REGION FOOD SYSTEM ROUNDTABLE

RECOMMENDATION:

For Information

SUMMARY:

The Waterloo Region Food System Roundtable (Roundtable) continues to reach people through its website and public events and to advocate for policies that move toward a healthier food system in Waterloo Region. The work of the group is supported by Public Health staff as part of its food system approach to promoting healthy eating.

REPORT:

Background

Public Health provides staff support to the Waterloo Region Food System Roundtable as directed by Council (see PH-07-022). Support for the Roundtable complies with the requirements of the Ontario Public Health Standards and is integral to the goal of creating a healthy food system where healthy eating is the norm and chronic diseases are reduced. The Roundtable was formed in 2007 as a network which brings together the key sectors and interests of Waterloo Region’s food system to communicate with a common voice and to promote action on food issues. The Roundtable has six priority areas: the promotion of food sovereignty, food policy, urban agriculture, local food infrastructure, farm viability and access to healthy food. Its eighteen members (see list in Appendix 1) meet five times per year; smaller work groups meet more often to address specific issues. Staff last reported to Council on the Roundtable in December 2009 (see PH 09-057).

Update

A key communications mechanism is the Roundtable’s website (www.wrfoodsystem.ca – see screenshot in Appendix 2). The website has become a central resource for people interested in building a healthy food system in Waterloo Region. An active community of several hundred people rely on the website for news of developments on food system issues in Waterloo Region and are using it to connect with others to plan system change.

Public Health staff oversaw a redesign of the website in early 2011, aligning its content with the Roundtable’s six food system priorities and creating new ways for residents of Waterloo Region to

1 Chronic Disease Prevention standard 7 requires Boards of Health to “increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating, including community-based food activities.” Ontario Public Health Standards 2008, p.20.
share information and opinions. Since the redesign, website traffic has more than doubled (from 17 average daily visits to 40) and the number of people with website accounts has increased by 84%, to close to 200 (see Table 1 in Appendix 3). Almost 450 people currently subscribe to a bi-weekly email newsletter – WRFoodNews – which alerts people to new blogs, discussions, and events posted on the site.

In addition, the Roundtable engages with the public to educate and encourage dialogue about food system issues by hosting public events. In partnership with the Kitchener Public Library (KPL), the Roundtable hosts events on various food issues on the last Tuesday of most months. The events have an average attendance of about twenty people (see Table 2 in Appendix 3). Recent popular topics have included Heritage Seeds and Bees, Local Food in Public Institutions, and Food Waste.

A consultation sponsored by the Waterloo Region Healthy Communities Partnership (the Partnership) in the spring of 2011 identified the implementation of the Healthy Community Food System Plan for Waterloo Region as the Region’s most important health promotion priority (see PH 11-023). The Roundtable agreed to work with the Partnership to advance this priority. In the fall of 2011, the Roundtable analysed first drafts of Official Plans from the cities of Cambridge, Kitchener, and Waterloo, commenting specifically on the Plans’ treatment of community gardens, temporary farmers’ markets, and efforts to influence the location of food stores. This work built naturally on prior submissions made by the Roundtable to the Region of Waterloo on the food access provisions in its Official Plan (ROP) in 20092.

In early 2012, the Roundtable was able to access funds through the Waterloo Region Healthy Communities Partnership to hire consultant Krista Long to do further research and advocacy on how municipalities can increase access to healthy food through the creation and implementation of food policies in their Official Plans. The consultant was successful in persuading Waterloo City Council to extend permission in its Official Plan for community gardens and temporary farmers’ markets to operate in all land use designations, and in persuading the City of Cambridge to incorporate some of the Roundtable’s recommendations in the second draft of its Official Plan. The consultant’s report, “Supporting Advocacy on Municipal Official Plans – A report to the Healthy Communities Partnership,” will be released later this Spring.

Next Steps
The Roundtable has a Steering Committee made up of its two Co-Chairs and other members (Appendix 1) interested in setting overall direction for the group. It aims to focus the Roundtable’s efforts in the following areas over the next year:

- gain greater profile for the existing and potential economic development capacity of the local food and agricultural sector by reaching out to economic developers and sponsoring further research
- advise on a fuller range of local policies that support the Roundtable’s six priorities
- broaden the reach of the website
- diversify membership – to better reflect the diversity of Waterloo Region’s population

CORPORATE STRATEGIC PLAN:

The issues addressed by the Food System Roundtable address many areas of the Region’s Strategic Plan, including:

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2 The Roundtable’s work in advocating for the inclusion of food policies in the ROP has been recognized by planners across North America for its incorporation of food system concerns into a land use planning document. See especially Ellen Desjardins, John Lubczynski, Marc Xuereb, “Incorporating Policies for a Healthy Food System into Land Use Planning: The Case of Waterloo Region, Canada,” in Journal of Agriculture, Food Systems and Community Development, Vol. 2, Issue 1, pages 1-13.
Environmental Sustainability – esp. 1.1 Integrate environmental considerations into the Region’s decision making, and 1.5 Restore and preserve green space, agricultural land and sensitive environmental areas.

Growth Management and Prosperity – esp. 2.1 Encourage compact, livable urban and rural settlement form, and 2.3 Support a diverse, innovative and globally competitive economy.

Healthy and Inclusive Communities – esp. 4.2 Foster healthy living through information, education, policy development and health promotion.

Service Excellence – esp. 5.5 Improve awareness of Regional services and facilitate processes for public input and involvement.

FINANCIAL IMPLICATIONS:

Public Health’s contributions to the work of the Food System Roundtable are carried out with resources funded within the department’s base budget which is cost shared 75% by the Province of Ontario and 25% through the local tax levy. One-time 100% provincial funding from the Healthy Communities Fund Partnership was also utilized in early 2012.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Appendix 1: 2012 Members of the Waterloo Region Food System Roundtable
Appendix 2: Screenshot of Roundtable Website
Appendix 3: Statistics

PREPARED BY: Marc Xuereb, Public Health Planner

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
## APPENDIX 1: 2012 Members of the Waterloo Region Food System Roundtable

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliated Organization</th>
<th>Sector/Interest Representing on Roundtable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Annette Carroll</td>
<td>University of Waterloo Food Services</td>
<td>Institutional Purchasers, Restaurants</td>
</tr>
<tr>
<td>2. Brendan Wylie-Toal*</td>
<td>My Sustainable Canada</td>
<td>Environmental Sustainability, Institutional Purchasers</td>
</tr>
<tr>
<td>3. Candace Wormsbecker</td>
<td>Transpire Organics</td>
<td>Farmers</td>
</tr>
<tr>
<td>4. Carol Simpson</td>
<td>Workforce Planning Board of Waterloo-Wellington-Dufferin</td>
<td>Economic development organizations</td>
</tr>
<tr>
<td>5. Charla Adams</td>
<td>Kitchener Downtown Community Health Centre</td>
<td>Health Professionals</td>
</tr>
<tr>
<td>6. Diana Bumstead</td>
<td>Waterloo Region Shares</td>
<td>Emergency Food providers</td>
</tr>
<tr>
<td>7. Ellen Desjardins*</td>
<td>WLU Geography Department</td>
<td>Health professionals, Academics</td>
</tr>
<tr>
<td>9. John Lubczynski</td>
<td>Region of Waterloo Community Planning</td>
<td>Land Use Planners</td>
</tr>
<tr>
<td>10. Katherine Pigott</td>
<td>Region of Waterloo Public Health</td>
<td>Public Health staff</td>
</tr>
<tr>
<td>11. Laura Callum</td>
<td>Mill-Courtland Community Centre</td>
<td>Neighbourhood-based food programs, Low Income Consumers</td>
</tr>
<tr>
<td>12. Mark Reusser</td>
<td>Waterloo Federation of Agriculture</td>
<td>Farmers</td>
</tr>
<tr>
<td>13. Ron Laurie</td>
<td>Global Delights</td>
<td>Food Distributors</td>
</tr>
<tr>
<td>14. Sean Campbell</td>
<td>Sustainable Waterloo Region</td>
<td>Environmental Sustainability</td>
</tr>
<tr>
<td>15. Sheila Hultquist</td>
<td>Canadian Organic Growers</td>
<td>Organic Food Advocates</td>
</tr>
<tr>
<td>16. Steffanie Scott</td>
<td>UW Geography Department</td>
<td>Academics, Urban Agriculture</td>
</tr>
<tr>
<td>17. Taarini Chopra</td>
<td>Fertile Ground CSA</td>
<td>Farmers, Academics, Food Justice</td>
</tr>
<tr>
<td>18. Wolfgang Pfenning</td>
<td>Pfennings Organic Vegetables</td>
<td>Farmers, Retailers, Distributors</td>
</tr>
</tbody>
</table>

*Co-Chair
APPENDIX 2: Screenshot of Roundtable Website*

APPENDIX 3: Statistics

Table 1: Traffic on Roundtable Website

<table>
<thead>
<tr>
<th>Measurement</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
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<tbody>
<tr>
<td></td>
<td>#</td>
<td>% Change</td>
<td>#</td>
<td>% Change</td>
</tr>
<tr>
<td>Total Website Visits*</td>
<td>1,253</td>
<td>N/A</td>
<td>2,359</td>
<td>88%</td>
</tr>
<tr>
<td>Average Daily Website Visits*</td>
<td>9.6</td>
<td>N/A</td>
<td>18.1</td>
<td>88%</td>
</tr>
<tr>
<td>Unique Pageviews of Top 5 Discussion Forum Topics*</td>
<td>121</td>
<td>N/A</td>
<td>170</td>
<td>40%</td>
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<tr>
<td>Discussion Forum Posts ( % by staff)</td>
<td>N/A</td>
<td>N/A</td>
<td>140</td>
<td>N/A</td>
</tr>
<tr>
<td>Blog Posts (% by staff)</td>
<td>N/A</td>
<td>N/A</td>
<td>140</td>
<td>N/A</td>
</tr>
<tr>
<td># of Website Accounts</td>
<td>56</td>
<td>N/A</td>
<td>96</td>
<td>71%</td>
</tr>
</tbody>
</table>

*based on November 15-March 24 for each year.

Table 2: Attendance at Roundtable Events

<table>
<thead>
<tr>
<th>Event</th>
<th>2007-2009 Attendance</th>
<th>Event</th>
<th>2010-2012 Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch event (Nov 2007)</td>
<td>100</td>
<td>PFPP consultation (Nov 2010)</td>
<td>35</td>
</tr>
<tr>
<td>How Much Should We Pay for Food? (Jan 2009)</td>
<td>80</td>
<td>KPL events (Jan 2010-Dec 2011)</td>
<td>505 (avg. 24)</td>
</tr>
<tr>
<td>KPL events (Sept-Dec 2009)</td>
<td>72 (avg. 18)</td>
<td>Food Summit (Nov 2009)</td>
<td>170</td>
</tr>
<tr>
<td>Food Summit (Apr 2011)</td>
<td>55</td>
<td>Total: 422</td>
<td></td>
</tr>
<tr>
<td>Total (Jan-March 2012)</td>
<td>199</td>
<td>Total: 595</td>
<td></td>
</tr>
</tbody>
</table>
TO:        Chair Sean Strickland and Members of the Community Services Committee
DATE:     May 8, 2012
FILE CODE:  P09-80
SUBJECT:   HEALTHY BABIES HEALTHY CHILDREN 2011 STATISTICS AND 2012 SERVICE PLAN AND FUNDING UPDATE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the 2012 Healthy Babies Healthy Children service plan and budget for the delivery of the Healthy Babies Healthy Children Program in Waterloo Region for submission to the Ministry of Children and Youth Services, according to the parameters outlined in Report PH-12-016, dated May 8, 2012.

SUMMARY:

The Healthy Babies Healthy Children Program is delivered by Public Health units across Ontario and is funded 100% by the Ontario Ministry of Children and Youth Services. Recent notification from the Ontario Ministry of Children and Youth Services indicates that the 2012 funding allocation for this program in Waterloo Region will remain at $2,764,743 which is the same level that was received in 2008, 2009, 2010 and 2011(Appendix A – 2012 Budget Allocation Letter from Ministry of Children and Youth Services, dated March 6, 2012).

The Ministry of Children and Youth Services announced in 2011 that the Healthy Babies Healthy Children Program would be changed to be focused on families identified with risk (see report PH-11-016). The province continues to be in the process of completing planning to provide new service guidelines and indicators (see Appendix B – Update: Healthy Babies Healthy Children Letter from Ministry of Children and Youth Services, dated April 18, 2012). In the meantime, planning for the 2012 service targets and budget is based on the current service model. A conservative 0% increase in the number of live births in Waterloo Region for 2012 has been projected. Service targets have also been modified slightly downward to account for new provincial training requirements for Public Health Nurses and Family Visitors. It is anticipated that the province will provide Region of Waterloo Public Health with time to adjust our local service delivery model to one that can accommodate the new service indicators (when available) and that the new local service delivery model will begin implementation in 2013 at the earliest.

REPORT:

Background

The Healthy Babies Healthy Children Program is a voluntary prevention/early intervention initiative designed to help families promote healthy child development and help their children achieve their full developmental potential. Introduced in 1998, the program is delivered by Public Health Units across Ontario as mandated by the Ontario Public Health Standards (2008). The program is 100% funded by the Ministry of Children and Youth Services.
The goals of the Healthy Babies Healthy Children Program are:

- To promote optimal physical, cognitive, communicative and psychosocial development in children through a system of effective prevention and early intervention services for families; and,
- To act as a catalyst for a coordinated, effective, integrated system of services and supports for healthy child development and family well-being through the development of a network of service providers and participation in community planning activities.

The Healthy Babies Healthy Children Program is designed to:

- Improve child health and development;
- Increase parenting confidence and knowledge;
- Decrease parental stress and increase parental support;
- Decrease family isolation; and,
- Increase integration of programs and services that support healthy child development.

In order to achieve these outcomes, the Healthy Babies Healthy Children Program currently consists of six service delivery components:

1. Screening of all families with children (prenatal to age six) for any risk to healthy child development;
2. Assessment of families with children (prenatal to age six) for level of risk to healthy child development;
3. Postpartum support services including contact with all consenting families with newborns, the offer of a home visit, counselling, support and information about community services on parenting and healthy child development;
4. Referrals and/or recommendations to other services for families with children (prenatal to age six) at risk of problems with healthy child development;
5. A blended model of home visiting service for families with children (prenatal to age six) at high risk of problems with healthy child development that includes visits from lay home visitors and public health nurses; and,
6. Service planning and coordination for families with children (prenatal to age six) at high risk of problems with healthy child development.

The Healthy Babies Healthy Children Program also includes three service system level components:

1. Integration of local/community services for families and children;
2. Implementation of services for families and children along a continuum; and,
3. The development of a local vision, policies and procedures for children’s early years services.

2011 Service Statistics:

In Waterloo Region in 2011:

- 5694 children from 5679 families were delivered at the two local hospitals. This number is higher than expected because of changes in the way that the hospitals were reporting birth statistics. Of those families, 81% consented to a postpartum contact by the health unit (n=4602).
- 52% of families with a live birth were screened prenatally (n=2957).
- 77% of families with a live birth were screened at birth by hospital nurses or midwives (n=4694).
- 77% of families who consented to health unit contact received a postpartum contact by a Public Health Nurse within 48 hours of hospital discharge (n=3551). An additional 21% of families received contact by a Public Health Nurse after 48 hours of hospital discharge (n=952) for a total contact rate of 98% (n=4503).
- 31% of families received a postpartum home visit by a Public Health Nurse (n=1437).
10% of families with a live birth received an in-depth assessment to determine appropriateness for the Family Visitor and Service Coordination (blended home visiting) component of the program (n=552). This is higher than projected in 2011 as we participated in a Ministry research study to validate the new Healthy Babies Healthy Children Screening Tool. One of the tasks of the research study was to complete additional "control" in-depth assessments on families that had not been deemed at risk through the new screening tool, thereby increasing the total number of in-depth assessments.

160 families with children six weeks to six years of age were referred to the Healthy Babies Healthy Children Program.

385 new families were referred and 331 new families accessed the blended home visiting component.

500 families with a high risk rating received blended home visiting (at least one home visit).

491 families receiving high risk home visiting (91%) had a completed Family Service Plan.

4381 visits by Family Visitors (3711 Family Visitor visits and 670 joint visits with a service coordinator) and 838 visits by Public Health Nurses were provided through the blended home visiting program. The average number of visits per family was 10.

2012 Provincial Funding Allocation:
Recent correspondence (Appendix A) from the Ministry of Children and Youth Services indicates that the 2012 funding allocation for the Healthy Babies Healthy Children Program in Waterloo Region will remain at $2,764,743 which is the same level as it was in 2008, 2009, 2010 and 2011. This 0% increase in funding has been applied to the program provincially. The changes announced to the program for 2012 (see report PH-11-016) were expected to be implemented at the beginning of 2012 but the new provincial program standards are still in development at this time. Currently, a phase two of the Healthy Babies Healthy Children Screening Tool validation is about to begin. This study will inform the new provincial program standards.

In order to plan within existing resources, a conservative 0% increase in the number of live births has been projected. Service targets for 2012 have been slightly reduced from 2011 levels to stay within the available 2012 funding allocation and to account for mandatory provincial training for Public Health Nurses and Family Visitors that will further decrease the direct service hours available for staff. When new provincial program standards are provided (expected sometime in 2012), it will complete the process begun in 2008 (as a result of provincial funding constraints) of moving from a universal program to one focused on high risk families.

2012 Healthy Babies Healthy Children Service Planning Schedule:
With a 0% projection in the number of births, it is expected that there will be 5534 babies born in Waterloo Region in 2012. Planning for service targets for 2012 has taken into account the provincial training requirements and the unchanged program budget. As of this date, the province has not provided new service indicators for the program so we are planning based current service indicators (see Appendix B – Update: Healthy Babies Healthy Children Letter from Ministry of Children and Youth Services, dated April 18, 2012). We have informed the province that our budget and service plan for 2012 are based on current service indicators. When new service indicators are announced by the province, time will be needed to change our service model in order to begin to meet new service indicators starting in 2013.

In 2012, Public Health is planning to:
- Provide prenatal screening to 52% of families with a live birth;
- Facilitate postpartum screening by hospitals and midwives for 80% of families with a live birth, working with the hospitals to encourage an increase in the percentage of families consenting to contact by a Public Health Nurse;
- Provide postpartum contact to 99% of consenting families (most within 24-72 hours post hospital discharge);
- Provide a brief assessment to 5018 consenting families;
- Provide postpartum home visiting to 31% of consenting families;
- Provide an in-depth assessment to 9% of consenting families with a live birth to assess appropriateness for the blended home visiting component of the program;
- Provide services to 95% of families who are referred to Healthy Babies Healthy Children home visiting after the completion of an in-depth assessment with a high risk rating;
- Ensure families receiving high risk home visiting have a Family Service Plan;
- Provide 4700 visits by Family Visitors and 800 visits by Public Health Nurses through the blended home visiting component;
- Maintain operating costs for the program (travel, training, print resources, etc); and,
- Continue to spend significant time assisting with planning changes to the program (assistance with the Phase 2 Healthy Baby Healthy Children Screening Tool Validation Study, training Public Health Unit staff on the new required training components, influence the new program standards).

Appendix C shows a comparison of 2011 projections and achievements and 2012 service projections.

CORPORATE STRATEGIC PLAN:

The Healthy Babies Healthy Children Program contributes to the following Regional Strategic Focus Areas:

- **#4 Healthy and Inclusive Communities** – Foster healthy, safe, inclusive and caring communities.
- **#5 Service Excellence** – Deliver excellent and responsive services that inspire public trust.

FINANCIAL IMPLICATIONS:

The Healthy Babies Healthy Children Program is 100% provincially funded. The approved funding for 2012 is $2,764,743 which is the same level as in 2008, 2009, 2010 and 2011. The service levels have been slightly reduced in order to deliver services within the available base allocation for this program for 2012. We will temporarily manage the funding shortfall by paying for fewer hours where flexibility exists (e.g. casual staff) and/or gapping positions to ensure the available budget is not exceeded. More definitive decisions about appropriate staffing levels will be made once we have the information from the Ministry of Children and Youth Services about the new Healthy Babies Healthy Children program model, service targets and budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Children’s Services staff have been advised of local priorities for the Healthy Babies Healthy Children Program through the Children’s Planning Table (formerly called Region of Waterloo Children and Parent’s Service Committee). The Healthy Babies Healthy Children Advisory Committee (comprised of community service providers and Children’s Services staff) has been advised of the targets for 2012. We will consult with the Healthy Babies Healthy Children Committee when provincial Healthy Babies Healthy Children program requirements are available.
ATTACHMENTS

Appendix A: 2012 Budget Approval Letter from Ministry of Children and Youth Services
Appendix B: Update: Healthy Babies Healthy Children Letter from Ministry of Children and Youth Services
Appendix C: Comparison of 2011 Projections and Achievements and 2012 Projections for the Healthy Babies Healthy Children Program

PREPARED BY: Janet McCreary, Manager, Child and Family Health
Andrea Reist, Director, Child and Family Health

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
March 6, 2012

Dr. Liana Nolan
Medical Officer of Health
Region of Waterloo Public Health
99 Regina St. South P.O. Box 1633
Waterloo, ON N2J 4V3

Dear Dr. Nolan:

Your 2012 allocation for the Healthy Babies Healthy Children (HBHC) program will be $2,764,743. The allocation is unchanged from 2011. The 2012 Healthy Babies Healthy Children (HBHC) Transfer Payment Budget Package has been emailed to your HBHC program director. The package contains the following:

- 2012 Request for Funding Instructions,
- 2012 Request for Funding Schedule,
- 2012 Healthy Babies Healthy Children Report Schedule,
- 2012 In Year Financial Quarterly Report,
- 2011 Settlement Package Instructions,
- 2011 Settlement Package Certification,
- 2011 Settlement Package Form,
- 2011 Settlement Package Auditor’s Questionnaire,
- Retainable and Non-Retainable Revenue Policy, and
- 2012 One-Time Grant Request.

Although we do not know at this time if one-time funding will be available during this upcoming year, you may submit a request for one-time grants at any time. Your request for one-time grants must meet the requirements set forth in the HBHC request for funding instructions. If funding becomes available later in the year, we will consider all requests we have received that meet these requirements.

.../cont'd
Please complete all sections of each form as accurately as possible and your budget submission must have the appropriate signatures before sending it to the Early Learning and Child Development Branch. Please forward the completed Request for Funding Schedule electronically to Alex Rishea, Senior Policy Analyst by Monday April 16, 2012.

Sincerely,

Stacey Weber  
Manager, Early Years Program Unit

c. Andrea Reist, Director, Family & Community Resources  
   Julie Mathien, Director, Early Learning and Child Development Branch
Appendix B – Update: Healthy Babies Healthy Children Letter from Ministry of Children and Youth Services

Ministry of Children and Youth Services
Assistant Deputy Minister
Strategic Policy and Planning Division
14th Floor
56 Wellesley Street West
Toronto ON M5S 2S3
Tel: (416) 327-9481
Fax: (416) 314-1862

April 18, 2012

MEMORANDUM TO: Medical Officers of Health
HBHC Program Directors
HBHC Advisory Committee Members
HBHC Work Group Members

FROM: Darryl Sturtevant
Assistant Deputy Minister

RE: Update: Healthy Babies Healthy Children

In my memo of March 22, 2011, I committed to providing updates on the work to enhance the Healthy Babies Healthy Children (HBHC) program. I would like to take this opportunity to provide you with a status report.

I would like first to emphasize that there have been no changes to the current HBHC protocol/program. Our workgroups and the HBHC Advisory Committee are continuing to help us develop the proposed changes to the program. We are looking at all options to support a stronger HBHC, the universal nature of the program and a sustained relationship between mothers/parents and the health care system.

Briefly, the proposed changes to HBHC include:

- A new, strengthened screening tool that combines the current pre-natal and post-partum screens as well as the Brief Assessment. The intent of the new screen is to provide greater effectiveness by identifying families with risk factors with one rather than multiple screens;
- Greater access to information through various media formats, including an information package provided prior to hospital discharge to all new parents immediately post-partum;
- Strengthened capacity and practice standardization in home visiting through the training of HBHC public health nurses and lay home visitors to better and more consistently serve families who are screened as needing additional support;
- The option for public health units to include a social worker on the HBHC home visiting team; and
- A new 36-Month Screen to assess need and better support transition to school.

.../cont’d
Since my initial memo of March 2011, an HBHC Advisory Committee was established and six workgroups have been providing guidance on how best to support the needs of children and families through a strengthened HBHC. The workgroups include representation from 24 public health units and have contributed to the validation of the new screen, training to support home visiting, information for new parents, refinement of the family service plan and the development of a revised HBHC Protocol and Guidance Documents under the Ontario Public Health Standards (OPHS).

Many of you have assisted us with the validation of the new HBHC screen. An important consideration emerging from the validation is that a number of different approaches have been used by PHUs to administer the HBHC screen. We recognize that the approach used to administer the screen could potentially impact the quality and interpretation of the screening data. In order to further refine the findings of the validation of the new HBHC screen, MCYS has initiated a second phase of evaluation focusing specifically on three models for screen administration.

As with the first phase of the validation, we will implement the Screen Administration Evaluation (SAE) in several public health units. I would like to thank those of you who participated in the phase one validation as well as those who have volunteered to be a part of the SAE.

Attached are more detailed Questions/Answers on the progress of all of the work. Please feel free to share this information with the staff of your public health unit and other agencies in your community.

I look forward to continuing to work with you on this important initiative to enhance HBHC so that we all can better support children and families in Ontario.

Darryl Stonemant
Assistant Deputy Minister

Attachment
Appendix C

Comparison of Provincial Targets, Region of Waterloo 2011 Projections, 2011 Achievements and 2012 Projections for the Healthy Babies Healthy Children Program

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011 Projections</th>
<th>2011 Achievements</th>
<th>2012 Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25% of women screened using a Larson Screen</td>
<td>2625 (48%)</td>
<td>2957 (52%)</td>
<td>2843 (52%)</td>
</tr>
<tr>
<td>Screening at Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of births are screened with a Parkyn Screen</td>
<td>4903 (83%)</td>
<td>4694 (77%)</td>
<td>4726 (80%)</td>
</tr>
<tr>
<td>Postpartum Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of families will be contacted within 48 hours of hospital discharge</td>
<td>4980 (99%)</td>
<td>4503 (98%)*</td>
<td>4385 (99%)</td>
</tr>
<tr>
<td>Brief Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of families who had a Brief Assessment (families may have more than one brief assessment)</td>
<td>5739</td>
<td>5,018</td>
<td>5,018</td>
</tr>
<tr>
<td>Postpartum Home Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75% of families will receive a postpartum home visit</td>
<td>1559 (31%)</td>
<td>1437 (31%)</td>
<td>1373 (31%)</td>
</tr>
<tr>
<td>In-Depth Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12% of families will have a completed In-Depth Assessment</td>
<td>476 (8.7%)</td>
<td>552 (10%)</td>
<td>492 (9%)</td>
</tr>
<tr>
<td>Home Visiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of families in home visiting have a high risk rating on the In-Depth Assessment</td>
<td>394 (90%)</td>
<td>385 (99%)</td>
<td>377 (95%)</td>
</tr>
<tr>
<td>100% of families receiving high risk home visiting have completed Family Service Plan in ISCIS</td>
<td>N/A</td>
<td>491 (91%)</td>
<td>491 (91%)</td>
</tr>
<tr>
<td>Number of family visits performed by a Family Visitor</td>
<td>4200</td>
<td>3711</td>
<td>4000</td>
</tr>
<tr>
<td>Number of family visits performed by a Public Health Nurse</td>
<td>800</td>
<td>838</td>
<td>800</td>
</tr>
<tr>
<td>Number of family visits performed jointly by a Public Health Nurse and a Family Visitor</td>
<td>800</td>
<td>670</td>
<td>700</td>
</tr>
</tbody>
</table>

* includes families seen at postbirth clinic within and after 48 hours of hospital discharge
REGION OF WATERLOO
PUBLIC HEALTH
Emergency Medical Services

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

DATE: May 8, 2010  FILE CODE: P05-80

SUBJECT: 2011 EMS SYSTEM PERFORMANCE

RECOMMENDATION:
For information

SUMMARY:
This report provides a summary of EMS System Performance results for 2011, including the impacts of significant operational issues such as hospital offload delays and instances of “Code Red” coverage concerns. The results continue to support the need for both pursuing technology solutions and additional staffing as recommended in the EMS Master Plan twenty-five year optimized staffing plan. Continued stakeholder involvement is essential given the significant impact external agency actions have on Regional efforts to address EMS call volume growth.

REPORT:
After extensive efforts over a number of years to ensure accurate and timely call data from the Ministry of Health and Long Term Care’s Ambulance Response Information System (ARIS), 2011 saw a concerted effort on their part to improve data quality, with significant corrections to 2010 and 2011 data and a year-end error rate of only 0.03%. Staff are confident with the quality of the data now being generated for both internal and Ontario Municipal Benchmarking Initiative (OMBI) use.

Call Volumes:
2011 saw a 9% increase in the “number of potential patient carrying calls” (responses) within the Region of Waterloo. Responses climbed by 3,148 (8.6 calls per day) to 38,125 or an average of 104 calls each day. The number of patients contacted increased by 4% (3.4 calls per day) to 32,216. Note that the number of patient contacts will always be lower than the number of responses due to call cancellations, patient refusals, etc. With an average call duration of 73 minutes, the increase in patient contacts represents a minimum of 1,490 additional hours of work.

Urgent and Emergent calls continue to make up the vast majority of calls (97.4%), with scheduled transfers and deferrable calls accounting for less than 1,000 calls per year. 846 potential patient carrying calls within the Region’s boundaries were serviced by other municipalities. At the same time, Region of Waterloo EMS serviced an additional 702 similar calls in neighbouring municipalities during 2011.
Although township call volume constitutes only 12% of the Region’s overall volume, year-to-year township call growth in 2011 was 19.8% vs. city growth of 7.7%. Township call volume continues to be supported by two single paramedic Rural Emergency Response Units (RERUs), 16 hours a day to ensure timely emergency response.

Emergency Response Times:

Approved in principle and subject to ongoing review and the annual budget process, the twenty-five year optimized staffing plan to reach and maintain the legislated 10 minute 30 second response time target, incorporated staffing enhancements from mid-year 2011 (with an additional staffing enhancement approved for 2012). Despite the 2011 enhancement, the 90th percentile response time climbed 26 seconds to 12 minutes 24 seconds Region-wide. This follows a 15 second increase in 2010 after five consecutive years of response time reduction. Response times increased in all local municipalities during 2011.
Improvements in emergency response times typically lag one year behind staffing enhancements given our mid-year enhancement pattern. Enhancements in 2007 and 2008 resulted in the downward trend through 2009. No further enhancements until July 2011 resulted in the upward trend during 2010 and 2011.

Traffic Signal Pre-Emption is expected to have a significant impact on response times (a 45-60 second reduction per emergency call) beginning in late 2012. Implementation is now underway, with equipment installed in all ambulances and intersection improvements in progress. Similarly, the recently implemented EMS-TIF (Technology Interoperability Framework) project, is also expected to reduce the time to arrival of the first emergency responder during 2012.

Upper Tier Municipalities are mandated to create their own response time standards and report these to the Ministry of Health and Long Term Care by October 1, 2012. The new standards are a complex process where one legislated standard is replaced by separate standards for 1) arrival of a defibrillator at a cardiac arrest; 2) arrival of an ambulance at a cardiac arrest; and 3) arrival of EMS at each of four levels of patient criticality, for up to six separate standards. The University of Waterloo has been assisting with the mathematical modelling necessary to generate these standards. Staff expect to present the recommended standards to Committee for approval in September, 2012.

Hospital Offload Delays:

Despite significant efforts by all stakeholders, ambulance availability lost to delays in transferring care of patients to hospital staff, continues to grow significantly. Offload Delays (delays in transferring care longer than 30 minutes), grew by 20% in 2011, totalling 6,990 hours... the equivalent of an ambulance parked 24-hours a day for over 291 days. The 2011 increase represents an additional 1,160 hours of work. Offload delays also continue to be a significant problem in other municipalities. Across our OMBI comparators, the percent of time ambulances spend at hospitals, range from 13.1% to 26.4% (16.3% median). Waterloo Region ambulances are above the median at 19.2%.
On average, offload delays have contributed to an extra 16 minutes in hospital for each ambulance call, when compared to ten years ago (2001). In an effort to address the issue, the Ministry of Health and Long Term Care continues to contribute funds to support dedicated Offload Delay Nurses at both Grand River and St. Mary’s hospitals. Approximately $320,000 in this funding is expected during the 2012-13 fiscal year. A local Offload Delay Committee, made up of senior health care leaders from across the Region, has been meeting since November 2010, and has been instrumental in developing a number of both short-term process improvements and longer term initiatives to help provide alternate sources of needed care, and to improve throughput of patients in the hospital system. These include efforts to redirect Psychiatric patients from the Emergency Department, realigning the Patient Priority System, and establishing better communications between EMS and the hospitals.

### Code Reds and Yellows:

During the latter half of 2010, staff reported on increases in instances of Code Yellow: minimum coverage (3 vehicles or less), and Code Red: no ambulances immediately available to respond to the next emergency call and no out-of-town services immediately available to assist. These became more and more frequent as hospital offload delays and call volume increased. It is important to note that a Code Red does not mean an ambulance is not dispatched when an emergency call is received, but rather that the ambulance is coming from a greater distance. While out-of-town services may not be willing to provide standby coverage, the Provincial Mutual Aid Agreement requires the nearest available ambulance to respond to any emergency call, regardless of where it occurs.

2010 Code Reds averaged 12 per month in frequency, with a mean duration of 22 minutes. The year’s staffing enhancement certainly moderated maximum durations (246 minutes prior to enhancement and 86 minutes since) and any further growth in Code Reds (essentially eliminated across enhancement hours). As Code Reds peaked in the first quarter of 2011, overall results show as essentially unchanged year-over-year at 13 instances per month with a mean duration of 23 minutes. Code Yellows occurred approximately 10 times for each Code Red generated in both years.

Significant monthly fluctuations are common with these measures, and staff continue to closely monitor Code Reds and Yellows and upstaff resources when possible.
Service Enhancement Impact:

The 2011 Service Enhancement approved by Council during the 2011 Budget process, added 2,220 hours of ambulance coverage (12 hours a day from July 1, 2011). The enhancement was offset by 1,160 hours of additional work generated by increased hospital offload delays, and at least 1,490 hours of additional work due to call volume growth. The net result at year end was a shortfall of 430 hours, which was reflected by increased response times and continuing coverage issues (Code Reds).

2012 Initiatives:

Efforts are continuing on a number of EMS Master Plan initiatives. In addition to a 12 hour daily ambulance enhancement scheduled for July 2012, continuing efforts to address offload delays, and the impact of EMS-TIF and traffic signal pre-emption technology, are expected to result in a downturn of the response time curve in 2012.

CORPORATE STRATEGIC PLAN:

This report supports Strategic 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:

NIL

PREPARED BY:  John Prno, Director, Emergency Medical Services

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 8, 2012

FILE CODE: P21-80

SUBJECT: RABIES PREVENTION AND CONTROL PROGRAM UPDATE

RECOMMENDATION:

For information

SUMMARY:

Rabies is a viral disease that is almost always fatal to both humans and animals. The goal of Public Health’s rabies prevention and control program is to prevent the occurrence of rabies in humans. The last human case of rabies in Ontario was confirmed in a Toronto man in April 2012 and was contracted in the Dominican Republic. Since 1924, there have been 24 Canadians who have died from rabies, with the most recent death in Alberta in 2007. Public Health works in a number of ways to maintain the local incidence of human rabies at zero. Staff investigate all reported potential human exposures to the rabies virus in a timely manner. Potential human exposures are assessed and appropriate action is taken to reduce human risk of acquiring this fatal disease (e.g. dispensing post-exposure vaccination). Public Health enforces regulations made under the Health Protection and Promotion Act, namely the immunization of dogs and cats. Program stakeholders are consulted regularly and rabies prevention and control information is communicated to the public in a variety of ways.

Key messages from the rabies program are:

How do I protect myself from rabies?
- Have your pet continually immunized against rabies
- Don’t approach or touch stray animals, even if they seem friendly
- Don’t touch sick or injured animals
- Do not feed wild or stray animals
- When travelling to areas where rabies is endemic speak to a physician about receiving PEP (pre-exposure vaccine)

How can I protect my pet from rabies?
- The most important thing you can do to protect your pet is to have it vaccinated.

What do I do if I am bitten or scratched by an animal?
- If the animal is owned by another person, obtain the owner’s contact information (e.g. name, address, phone number), so the animal can be located by Public Health
- Wash the area thoroughly with soap and water
- Call your family doctor or seek medical attention immediately
- Report the bite or scratch to Region of Waterloo Public Health at 519-883-2008 ext. 5147
- Public Health will work with the person bitten and their physician if vaccination is required.
REPORT:

Background
Rabies is a viral disease that affects the central nervous system. It is almost always fatal to both humans and animals. The virus is transmitted through close contact with the saliva of an infected animal, most often by a bite or scratch. The virus can also be transmitted by licks on broken skin or mucous membranes such as the eyes, nose and mouth. The Ontario Public Health Standards, published under the Health Protection and Promotion Act, specify operational standards and protocols to guide public health units to prevent the occurrence of rabies in humans. The focus areas of the rabies prevention and control program are assessment and surveillance, health protection and disease prevention, and health promotion and policy development.

A. Assessment and Surveillance
Public Health routinely liaises with Provincial and Federal government agencies that monitor rabies positive animals in Waterloo Region and surrounding geographic areas to keep informed about local animal rabies trends and threats. The number and types of positive animals, and geographic location where positive animals are found are closely monitored over time to assess local risk. In 2011, zero rabid animals were identified in Waterloo Region. Rabid animal surveillance is accomplished in close partnership with the Canadian Food Inspection Agency, Animal Health Branch and the Ministry of Natural Resources.

B. Health Protection and Disease Prevention
Public Health staff are available on a 24 hours per day, 7 days a week basis to respond to reports of suspected human exposures to the rabies virus. Ontario Regulation 557/90 (Communicable Diseases – General) under the Health Protection and Promotion Act states that “a physician, registered nurse in the extended class, veterinarian, police officer, or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons shall as soon as possible notify the medical officer of health...” Public Health communicates with these partners annually to reinforce the importance of fulfilling their legal requirement to report all potential rabies exposures to Public Health. Public Health inspectors investigate all reports of potential human exposure to the rabies virus within 24 hours of notification.

To assess risk of human rabies infection, public health inspectors collect information about the person exposed and circumstances of the exposure incident and assess animal health and vaccination status. The Communicable Diseases regulation provides Public Health staff with the authority to mandate confinement and isolation of an animal involved in an exposure incident for at least ten days from the date of exposure. A risk assessment may also include the testing of animals that have since died for the presence of the rabies virus. Persons potentially exposed to the rabies virus are referred to their physician or urgent care (walk-in) clinic for post-exposure rabies prophylaxis as outlined in the Ontario Ministry of Health Guidelines for Management of Suspected Rabies Exposure. Public Health staff ensures that individuals have prompt access to prophylaxis vaccine following physician recommendation. Post-exposure prophylaxis vaccine is stored and handled in Public Health offices as per provincial guidelines.

During rabies investigations, inspectors actively enforce Ontario Regulation 567/90 (Rabies Immunization) which requires all owners of cats and dogs greater than 3 months of age to have their pet immunized against rabies, and re-immunized as required. If proof of immunization is not provided at the onset of investigation, the owner will be given a warning that the animal must be immunized within a set time frame (first verbally, then via a written warning). If the owner does not comply they will be charged; associated fines range from $90 to $5000 based on the circumstances of the incident, including whether the charged individual is a repeat offender. Ensuring the immunization of dogs and cats within Waterloo Region increases the general level
of immunity in the domestic animal population, protects those animals not immunized and decreases the chance of epidemic spread of the disease, thus protecting the public from potential exposure to rabid animals.

In 2011, health inspectors investigated 927 potential exposures to the rabies virus which occurred in Waterloo Region (see Table 1). The majority of these incidents involved dog or cat bites. Post-exposure prophylaxis was dispensed to 63 individuals as a precautionary measure. Since 1924, there have been 24 Canadians (6 Ontarians) who have died of rabies. The most recent death occurred in 2007 in Alberta. On April 16, 2012 Toronto Public Health confirmed that a man receiving intensive care in Toronto has rabies, established via laboratory results from the Canadian Food Inspection Agency. However, the strain of rabies he contracted is endemic to the Dominican Republic, where the man was working when he first became ill.

Table 1. Rabies Prevention and Control Program Summary, Waterloo Region, 2005-2010

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total rabies investigations*</td>
<td>909</td>
<td>842</td>
<td>845</td>
<td>926</td>
<td>822</td>
<td>834</td>
<td>927</td>
</tr>
<tr>
<td>Persons issued post-exposure vaccination**</td>
<td>96</td>
<td>114</td>
<td>101</td>
<td>132</td>
<td>71</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Animals testing positive for the rabies virus***</td>
<td>3</td>
<td>5</td>
<td>13</td>
<td>12</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Human cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Includes victims who reside outside of Waterloo region but were exposed within the region.
***With or without human contact.


C. Health Promotion and Policy Development

Public education is a key aspect of the rabies prevention and control program. Rabies education, specifically regarding its communicability and animal vaccination requirements, are routinely provided by staff to the person(s) involved during rabies investigations. General public rabies prevention education is provided through Public Health’s annual “Fight the Bite” education campaign. This campaign outlines risk factors, personal protective measures, general information, and reporting methods for rabies, West Nile Virus, and Lyme Disease.

In 2012, the “Fight the Bite” vector-borne disease education campaign will continue to use many of the same promotion methods as in 2011. As in 2011, the 2012 campaign will continue to advertise on local Grand River Transit buses (e.g. from May to October) and host a Rabies Information web page on the Public Health website. News articles emphasizing rabies prevention and control topics have been and will be published in a variety of community newsletters and municipal web sites throughout the region. Staff will showcase an interactive rabies display at local public events in 2012 (e.g. ECOFest) to increase rabies awareness to various audiences (e.g. rural populations, children, etc.). A media release will be issued in May during Rabies Awareness Month emphasizing general information about rabies, the importance

of vaccinating pets, and outlining the actions to take if bitten by an animal. Additional media releases will be distributed on an as-needed basis (e.g. following possible human exposure(s)). Initiated in 2011, social media sources will continue to be used to promote rabies awareness and prevention information.

Public Health staff work collaboratively with many agencies to maintain the local incidence of human rabies at zero. Public Health gratefully acknowledges the Ministry of Health and Long Term Care, Ministry of Natural Resources, Canadian Food Inspection Agency Animal Health Branch, Regional Police Services, and local humane societies, hospitals, urgent care clinics, family physicians and veterinarians for their role in reporting potential exposures to the virus to Public Health, and for participating in public education campaigns and enforcement of legislation.

CORPORATE STRATEGIC PLAN:

Focus Area #4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.

FINANCIAL IMPLICATIONS:

This program is implemented within existing resources and is funded 75% by the Province of Ontario and 25% by the Regional Tax Levy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

Attachment #1 - Information Resource on Rabies taken from Fight the Bite! Pamphlet

PREPARED BY: Ashley Raeside, Public Health Planner
              Brenda Miller, Manager, Health Protection and Investigation

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Rabies Bites!

Rabies is a very serious viral disease which attacks the central nervous system of warm-blooded animals, including humans. Rabid animals don’t behave normally. Often they become aggressive or appear depressed. In Ontario, the animals that most often transmit rabies are bats, skunks, livestock, foxes, cats and other wildlife.

How do I get rabies?
You can get the virus when exposed to the saliva of an infected animal. For example, if you are bitten or scratched, or if the animal licks your eyes, nose, or mouth.

How do I protect myself from rabies?
- Have your pet continually immunized against rabies
- Don’t approach or touch stray animals, even if they seem friendly
- Don’t touch sick or injured animals
- Do not feed wild or stray animals

How can I protect my pet from rabies?
The most important thing you can do to protect your pet is to have it vaccinated. All pets over the age of three months must be immunized against rabies. It’s the law and failure to vaccinate your pet can result in a fine of $90 per day.

Keep your pets under control. Don’t let them run free, especially at night. Protect your pets from contact with wildlife.

What do I do if I am bitten or scratched by an animal?
- If the animal is owned by another person, obtain the owner’s contact information (e.g. name, address, phone number), so the animal can be located by Public Health
- Wash the area thoroughly with soap and water
- Call your family doctor or seek medical attention immediately
- Report the bite or scratch to Region of Waterloo Public Health at 519-883-2008 ext. 5147

What is Region of Waterloo Public Health’s role when an animal bites a human?
When notified of a biting incident, health inspectors investigate to determine if there is a risk of rabies exposure. When the animal involved is known, the inspector will place the animal under observation for at least 10 days to ensure it doesn’t show any signs of rabies.

When the animal involved is not known, the inspector will work with the victim and his/her physician to ensure proper post-exposure care. This often includes vaccination that is given to protect them from the rabies virus.

If the animal involved in the biting incident has since died, the inspector will request that the animal undergo testing for the rabies virus to ensure the safety of the victim.
REGION OF WATERLOO
PUBLIC HEALTH
Health Protection and Investigation

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: May 8, 2012
FILE CODE: P07-80
SUBJECT: THE 2012 VECTOR-BORNE DISEASE PROGRAM PLAN

RECOMMENDATION:
For Information

SUMMARY:
Public Health’s Vector-borne Disease Program is focused on minimizing risk of human exposure to West Nile Virus and Lyme disease. Program activities are conducted in accordance with regulations made under the Health Protection and Promotion Act and associated guidance documents. The 2012 program plan is similar in design and intent to the 2011 program (i.e. human case investigation, vector surveillance and control, and public education).

In 2011, there were four Lyme disease cases confirmed among Waterloo Region residents. None of the cases were locally acquired. At the present time, Waterloo Region is not an endemic area for the black-legged tick, the known vector of Lyme disease. The Lyme disease program will be supported using the latest science-based information as set out in the recent Public Health Ontario document, “Technical Report: Update on Lyme Disease Prevention and Control (February 2012).”

West Nile Virus activity is difficult to predict and had been declining in recent years. However, in 2011, there was resurgence in West Nile Virus activity provincially. In 2011, there was one West Nile Virus case confirmed among Waterloo Region residents. The source of illness for this case could not be confirmed, although it is believed to have been acquired provincially, but not necessarily locally. Previously, the last human case confirmed among residents of Waterloo Region occurred in 2005. The Ministry of Health and Long-Term Care has indicated that baseline mosquito surveillance and control programs for West Nile Virus will need to continue.

As a result, Public Health will continue with baseline surveillance, control, human case investigations, and public education programs for the 2012 season.

REPORT:
In the Region of Waterloo, West Nile Virus and Lyme disease are two diseases that can be transmitted to humans through the bite of a “vector species” – insects that can carry an infectious pathogen from one organism to another. Certain mosquito species and black-legged ticks (Ixodes scapularis) are capable of transmitting West Nile Virus and Lyme disease, respectively, to humans, and are thus the focus of the Region’s Vector-Borne Disease Program. West Nile Virus and Lyme disease are also reportable diseases under Ontario Regulation 559/91 and amendments under the Health Protection and Promotion Act. Reported human
cases are investigated to identify possible sources of exposure, including geographic areas of risk.

The objective of the Vector-Borne Disease Program at Region of Waterloo Public Health is to protect residents from exposure to West Nile Virus and Lyme disease. Public Health works in a number of ways to accomplish this objective, including investigation of any human cases of West Nile Virus and Lyme disease, and routine monitoring of factors involved in vector-borne disease transmission. When appropriate, vector control programs are employed to reduce the risk of human exposure in our region.

West Nile Virus is primarily a disease of birds but can be spread to humans through the bite of an infected mosquito. While the majority of people infected with West Nile Virus are asymptomatic or have mild flu-like symptoms, a proportion of those infected develop serious neurological symptoms. The first human case in Ontario was identified in 2001. West Nile Virus was first identified in Waterloo Region in 2002 and since then, six human cases have been reported among residents of Waterloo region. In 2011, one person was confirmed with this disease;\(^1\) previous to 2011, the last human case confirmed among residents of Waterloo Region occurred in 2005. Across Ontario, 31 human cases were confirmed between January 1, 2011 to September 30, 2011.\(^1\) The virus is considered established among birds in Waterloo Region and several native mosquito species are capable of transmitting the virus to humans (i.e. vectors).

Lyme disease is caused by the *Borrelia burgdorferi* bacterium, which can be transmitted to humans through the bite of a tick carrying the bacterium. In Ontario, the tick species responsible for the transmission of Lyme disease to humans is the blacklegged tick (i.e. *Ixodes scapularis* or “deer tick”). While this species of tick is not currently established in Waterloo Region, certain nearby areas of southern Ontario are endemic for this tick. Residents of Waterloo Region would be at greater risk of being exposed to black-legged ticks during visits to these nearby or other endemic areas. A circular rash, referred to as a “bulls-eye” rash (i.e. *Erythema migrans*) at the site of the attachment could be one of the earliest symptoms of infection. The usual time from tick bite to onset of disease symptoms ranges from three to 32 days, with an average of seven to ten days. The longer a tick is attached to the body, the higher the risk of infection with Lyme disease, if the tick itself is infected. An infected black-legged tick must attach and feed on a human for 24 to 36 hours before the agent of Lyme disease is transmitted.\(^2\) Antibiotics can be effective in treating Lyme disease, especially if taken in the early stages, and can prevent long-term neurological, rheumatological, and cardiac complications. In 2011, there were four Lyme disease cases confirmed among Waterloo Region residents. Across Ontario, 74 human cases were confirmed between January 1, 2011 to September 30, 2011.\(^1\)

Further to the recommendation contained in the August 16, 2011 report titled “Lyme Disease in Waterloo Region (PH-11-038)”,\(^3\) Public Health Ontario recently released a technical report on Lyme disease prevention and control.\(^2\) This report provides the latest science-based information on Lyme disease. There has been, and will continue to be, controversy around a number of

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\(^1\) Ontario data is currently only available for January 1, 2011 to September 30, 2011 while Waterloo Region data is from January 1 to December 31, 2011; both data sets should be considered preliminary and subject to revisions.


Lyme disease related issues, especially as these relate to: incidence of the infection; extent of endemic tick areas; diagnostic approaches/methods; and Lyme disease treatment issues. Public Health Ontario’s technical report has sought to inform these issues with current, evidence-based information. Region of Waterloo Public Health will continue to conduct Lyme disease risk assessments with support from Public Health Ontario.

Weather Patterns

Weather and precipitation are monitored in relation to West Nile Virus as these factors are known to influence mosquito development and viral transmission. Warmer temperatures are known to accelerate mosquito development and rainfall events may provide mosquito breeding grounds (e.g. standing water, catch basins, ponds, etc.). Subsequently, the risk of West Nile Virus infection for humans is partially dependent on the weather. During the 2011 season, both the average temperatures and precipitation rates were above normal conditions. Weather conditions in 2011 were moderately favourable for West Nile Virus transmission and may explain why two ‘positive pools’ (groups of mosquito specimens testing positive for West Nile Virus) were identified during vector surveillance activities towards the end of the 2011 West Nile Virus season.

Vector Surveillance

West Nile Virus:

Public Health plans to continue a comprehensive vector surveillance program to assess local risk of West Nile virus infection in the 2012 season. While general oversight and management of this program is the responsibility of Public Health, large components of the day-to-day activities rely on specialized services supplied by an external provider – GDG Environment. These specialized services include larval mosquito monitoring and control activities, adult mosquito identification, and viral testing.

As part of ongoing quality assurance each season, Public Health will continue to trap adult mosquitoes from 16 monitoring sites across Waterloo Region and submit the specimens to a laboratory for species identification and viral testing. Known or suspected vector mosquito species of West Nile Virus (i.e. capable of transmitting disease to humans) have been identified in Waterloo Region every year since monitoring began. In 2011, approximately 50 per cent of adult mosquitoes collected were species that could transmit West Nile Virus. Two pools tested positive for West Nile Virus, out of 302 pools of mosquito specimens that were tested during the 2011 season in Waterloo Region. With West Nile Virus well-established in the Region’s bird population, and a combination of warm temperatures and increased precipitation rates observed throughout the 2011 season, the conditions were favourable for West Nile Virus transmission between birds and mosquitoes. Therefore, it was not surprising that there were two positive pools identified towards the end of the 2011 season.

Lyme disease:

In 2011, Public Health introduced an active tick surveillance program across various sites throughout Waterloo Region to test for the presence of black-legged ticks. Although black-legged ticks are not considered native to Waterloo Region, they may still be found in the region and arrive by travelling on migratory birds or other warm-blooded mammals that travel from endemic areas. Throughout the fall of 2011, Public Health staff conducted 24 tick-dragging surveillance investigations following the Ministry of Health and Long-Term Care’s protocol. There were 19 locations investigated across various urban and rural sites in Waterloo Region.
No ticks (black legged or other) were found during any of the investigations. Active tick surveillance will continue to be enhanced in 2012.

Public Health also collects tick specimens from the public and submits them for laboratory testing when there is known human exposure. Species identification and bacterial testing of the tick specimen are used to assist with diagnosis of Lyme disease in the exposed individual. Public Health submitted 29 ticks for laboratory testing in 2011, and of those, six were identified as black-legged ticks (i.e. *Ixodes scapularis*). None of the six ticks submitted tested positive for the Lyme disease-causing bacterium *Borrelia burgdorferi*. Additionally, the Public Health Inspection intake line received and responded to 63 calls related to ticks and Lyme disease in 2011. Surveillance for Lyme disease in humans and tick populations will continue to contribute new information about the geographical distribution and risk of Lyme disease in Waterloo Region.

**Vector Control**

A comprehensive vector surveillance program is critical to assessing the West Nile Virus risk and informing the need for mosquito control efforts. The Medical Officer of Health considers all of the vector surveillance indicators to weigh the expected benefits of control efforts against the risks of pesticide use for mosquito control (as outlined in the Control of West Nile Virus Regulation – O.R. 199/03). Since larval surveillance revealed abundant populations of vector mosquito species, with the establishment of West Nile Virus in the bird population, and with the historical incidence of positive pools and human cases, the Region decided, as in previous years, to perform a preventive larviciding control program in 2011. Preventive mosquito control activities reduce vector populations, thereby reducing the risk of infection of the human population.

A preventive larviciding program has been implemented each season since 2002. On behalf of Region of Waterloo Public Health, the 2011 mosquito control activities were conducted by GDG Environment. In 2011, catch basins, natural sites, sewage lagoons, and storm water management ponds were targeted for larviciding products. All known catch basins (approximately 150,000) in Waterloo Region were treated in three rounds between June and August 2011. Ordinary catch basins (i.e. 149,035) were treated with Altosid (active ingredient: methoprene) and those flowing into or neighbouring environmentally-sensitive areas (i.e. 885) were treated with Vectolex WSP (active ingredient: *Bacillus sphaericus*). Other mosquito breeding habitats were investigated based on public complaints and routine surveillance. As a result, 208 natural sites and 15 storm water management ponds were treated using Vectobac 1200L (active ingredient: *Bacillus thuringiensis israelensis*) and a sewage lagoon was also treated with Vectolex CG (active ingredient: *Bacillus sphaericus*) in 2011. All larviciding products were approved for use for this purpose by the Ministry of Environment and the public was notified of these larviciding activities via local newspaper advertisements, as per provincial requirements.

Another major control measure for West Nile Virus is to reduce the incidence of standing water throughout the Region in order to suppress mosquito populations. This control measure is promoted to residents through the Region’s “Fight the Bite” public education program and through its many stakeholders. In 2011, standing water complaints regarding privately owned sites were referred to area municipalities with standing water by-laws (e.g. Kitchener, Waterloo, Wilmot, Woolwich, and North Dumfries). Where standing water complaints could not be referred, Public Health staff undertook an on-site investigation and followed-up in person with property owners to ensure that standing water was remediated to reduce the risk of exposure to West Nile Virus. This on-site investigation was part of a new protocol in 2011 to focus education
efforts. In 2011, two standing water letters were delivered to property owners that could not be reached in person. In addition, GDG Environment investigated standing water complaints on public sites and control measures were applied as required. Vector control activities, as it relates to Lyme disease, are not performed in Waterloo Region or elsewhere in Ontario.

Public Education
As in 2011, Public Health will continue the “Fight the Bite” public education campaign in 2012, which is focused on West Nile Virus, Lyme Disease and Rabies. The campaign uses several methods to educate and distribute information about these diseases, risk factors, personal protective measures and ways to contact Public Health to report issues (e.g. standing water, submitting a tick for testing, dog bite, etc.). The “Fight the Bite” campaign and education materials are distributed with the help of program stakeholders (e.g. Municipal offices, community centres, and Grand River Conservation Authority), bus advertising from May to October, articles in community newsletters, media releases, information sessions, and regular updates to the Public Health website throughout the season (www.regionofwaterloo.ca/fightthebite). As in 2011, media releases will be provided twice during the late spring and summer months emphasizing personal protective measures. Additional media releases will be issued upon the finding of a positive mosquito pool. Public Health will continue to provide Lyme disease education to physicians and the community. The Lyme disease awareness campaign will be supported by materials developed by Public Health Ontario. The “2011 Vector-Borne Disease Program Summary” report (attached) is an annual report that informs Public Health Ontario, our community partners, and the public about the activities undertaken to monitor and control vector-borne diseases in Waterloo Region. Public inquiries about vector-borne diseases are directed to the Public Health Inspection Intake Line during business hours.

Collaboration
Public Health’s West Nile Virus program is the product of collaboration with a number of provincial ministries, area municipalities, school boards, colleges and universities and other community stakeholders. We gratefully acknowledge our partners and for their important contributions to our vector-borne disease program, including: human case surveillance among blood donors, granting access to their lands for mosquito control programs, assisting with coordination and implementation of catch basin larviciding programs and standing water investigations, participating in public education campaigns, and providing laboratory and vector surveillance and control services.

Continuous Improvement
A focus of Region of Waterloo Public Health’s Vector-borne Disease Program has been to continually seek improvements in efficiency and value where possible. For example, since 2009, summer students have been hired and trained to conduct adult mosquito trapping across the region, which has resulted in a significant cost savings and enhanced human resource capacity for other health inspection services. In 2011, students were also trained to investigate standing water complaints and in 2012, students will be involved in active tick surveillance activities (e.g. tick-dragging). Our service provider, GDG Environment, conducts the vast majority of preventive larviciding applications by bicycle, resulting in reduced greenhouse gas emissions (as compared to conducting this service with a motor vehicle). Finally, the “Fight the Bite” public education campaign was expanded to include information on West Nile Virus, Lyme disease and rabies, resulting in a more streamlined and cost-effective approach to public communication and reaching target audiences.
CORPORATE STRATEGIC PLAN:

Supports: Focus Area 1 – Environmental Sustainability; Focus Area 4 – Healthy and Inclusive Communities; and Focus Area 5 – Service Excellence

FINANCIAL IMPLICATIONS:

The budget for the Vector Borne Diseases Budget is cost shared 75% by the province, 25% regional tax levy. During the 2012 regional budget process, a base budget adjustment was implemented in order to reflect historical spending patterns of this program. The reduction of $60,000 from the 2011 base budget to 2012 results in annual savings to the regional levy of $15,000.

Provincial funding for the Vector Borne Disease Program has stabilized over the last 2 years. As a result, it is anticipated that the Region’s reduced request of $384,510 will be approved by the province; confirmation is expected by the end of June.

The 2012 Vector Borne Diseases Program Plan as described within this report will be implemented within the approved base budget of $384,510.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

2011 Vector-Borne Disease Program Summary Report (Distributed Separately)

To view the report on-line, visit:
www.regionofwaterloo.ca/ph
➢ Click on Reports & Data, within the Research, Resources & Publications tab
➢ Click on West Nile Virus / Lyme Disease
➢ Click on 2011 Vector-Borne Disease Program Summary Report

PREPARED BY:  
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Brenda Miller, Manager, Infection Control, Vector-borne Diseases, Rabies, Tobacco Enforcement, and Kitchener & Area
Anne Schlorff, Director, Central Resources

APPROVED BY:  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
Executive Summary

For residents of Waterloo Region, West Nile Virus (WNV) and Lyme disease are the vector-borne diseases of primary concern. Therefore, the objective of Region of Waterloo Public Health’s Vector-Borne Disease program is to protect residents against exposure to WNV and Lyme disease. Public Health works to accomplish this objective by investigating human cases, by routine monitoring and surveillance, by implementing vector control measures where appropriate, and by raising public awareness.

WNV: Since 2002, Region of Waterloo Public Health has conducted a comprehensive WNV program. In the 2011 season, there was one human case of WNV reported among residents of Waterloo Region (the last known human case of WNV reported in the Region was in 2005). Species of mosquito known to be capable of transmitting WNV were routinely identified during the program’s surveillance this season. Of 302 mosquito “pools” (groups of mosquitoes tested together for WNV), two tested positive for WNV (down from three in 2010). Since mosquito abundance and viral amplification can be strongly influenced by the weather, it is important to note that mean temperatures and precipitation rates were higher in 2011 than previous years’ average (1971–2000). These climatic variables may have supported 2011 WNV activity in the mosquito population and may partially explain both the presence of positive pools and the one human case of WNV reported this season. In the 2011 season, there was a low to moderate risk of WNV infection for residents in Waterloo Region.

For the 2011 season, Region of Waterloo Public Health continued to perform a preventive larviciding program. This decision was informed by the abundance of WNV vector species observed during larval surveillance, and by the historical incidence of positive pools, bird specimens and human cases. A total of 150,144 biological and chemical larvicide treatments were applied to catch basins, storm water management ponds, and natural sites to suppress mosquito populations and ultimately reduce the risk of human exposure to WNV.

Lyme disease: In the 2011 season, four human cases of Lyme disease were reported among residents of Waterloo Region. Black-legged ticks (Ixodes scapularis), the primary vector of Lyme disease in Ontario, are not currently established in Waterloo Region. When there was known human exposure, Public Health submitted tick specimens for laboratory testing on behalf of the public (i.e. 29 specimens submitted in 2011). Six of these tick specimens sent to the lab were identified as black-legged ticks, but none of them tested positive for the Lyme disease bacterium (i.e. Borrelia burgdorferi). In addition, this was the first season Public Health staff conducted an active tick surveillance program across various sites throughout Waterloo Region to test for the presence of black-legged ticks. No black-legged ticks were found during these investigations. The 2011 surveillance results show that the human risk of acquiring Lyme disease in Waterloo Region remains low. The active tick surveillance program will be refined and enhanced in 2012. Vector control measures as it relates to Lyme disease are not conducted in Waterloo Region, or elsewhere in Ontario.
Introduction

A number of diseases can be transmitted to humans by “vectors”, insects which can carry an infectious pathogen from one organism to another. Mosquitoes and ticks are the primary vectors of concern to residents of Waterloo Region, because they are capable of transmitting West Nile Virus and Lyme disease, respectively.

West Nile Virus (WNV) is primarily a disease of birds, but it can be spread to humans through the bite of an infected mosquito. Adult female mosquitoes seek a blood meal from a number of hosts, including birds and humans, in order to develop their eggs. A mosquito carrying WNV does not always act as a vector; the virus must enter the mosquito’s salivary glands in order to transmit the virus to a human during a mosquito bite. The amount of time it takes for the virus to be ingested and appear in the mosquito’s salivary glands is typically 10–12 days (called the incubation period). The incubation period is largely influenced by climatic and seasonal variations. Warmer temperatures are known to accelerate mosquito development and the incubation period, thereby increasing the overall viral load in the mosquito population and increasing the probability of WNV transmission to humans. In addition, rainfall events and increased precipitation may provide mosquito breeding grounds (e.g. standing water, catch basins, ponds, etc.). However, the exact relationship between precipitation and mosquito abundance is not the same for all mosquito species.

WNV was first confirmed in Ontario in 2001 and first identified in Waterloo Region in 2002. The majority of people infected with WNV show no symptoms. However, 1 in 5 infected individuals develop mild flu-like symptoms and 1 in 150 can develop serious neurological symptoms. While more serious symptoms can occur at any age, persons over the age of 50 and persons with compromised immune systems are at the highest risk. The usual time from infection with WNV to onset of disease symptoms ranges from 2–15 days.

Lyme disease is caused by the Borrelia burgdorferi bacterium, which can be transmitted to humans through the bite of a tick carrying this bacterium. Unlike mosquitoes, ticks cannot fly. They settle on tall grass and bushes until they attach themselves to a person or animal passing by. Ticks feed on blood by inserting their mouth into the skin of a person or animal. Their body slowly enlarges as it feeds, initially the size of a sesame seed and growing to the size of a dime. In Ontario, the tick species responsible for transmitting Lyme disease to humans is the black-legged tick (i.e. Ixodes scapularis or “deer tick”). While this species of tick is not currently established in Waterloo Region, certain nearby areas of southern Ontario (such as Wainfleet Bog Conservation Area, Rondeau, Turkey Point and Long Point Provincial Parks, and Point Pelee National Park) are endemic for the black-legged tick that can transmit Lyme disease. Residents of Waterloo Region may be exposed to black-legged ticks during visits to these or other endemic areas. A circular rash, referred to as a “bulls-eye” rash (i.e. Erythema migrans) at the site of the attachment could be one of the earliest symptoms of infection. Fever, chills and fatigue may also be present. Antibiotics can be effective in treating Lyme disease especially if taken in the early stages of Lyme disease, and can prevent long-term neurological, rheumatological, and cardiac complications. The usual time from tick bite to onset of disease symptoms ranges from three to 32 days, with an average of seven to ten days. The longer a tick is attached to the body, the higher the risk of infection with Lyme disease. An infected black-legged tick has to be feeding for at least 24 hours before it can transmit the bacteria.

The objective of the Vector-Borne Disease Program at Region of Waterloo Public Health is to protect residents from exposure to West Nile Virus and Lyme disease. Public Health works in a number of ways to accomplish this objective, including investigation of any human cases of WNV and Lyme disease, and routine monitoring of factors involved in vector-borne disease transmission. When appropriate, vector control programs are employed to reduce the risk of human exposure in our region.
Human Case Surveillance

Ontario Regulation 559/91 and amendments under the Health Protection and Promotion Act (HPPA) require that human cases of certain diseases be reported to the local Medical Officer of Health. West Nile Virus and Lyme disease are both reportable diseases under the HPPA and Public Health investigates each human case to identify possible sources of exposure, including geographic areas of risk. In 2011, there was one laboratory-confirmed case of WNV reported to Region of Waterloo Public Health. Provincially, there were 31 cases of WNV documented in 2011 (as of the end of September, 2011). Before 2011, the last known human case in Waterloo Region was reported in 2005 (see Table 1). Table 1 illustrates the number of laboratory-confirmed human cases of West Nile Virus among residents of Waterloo Region, as well as provincial disease rates (age standardized rate per 100,000 population; 2002-2011). Between 2002 and 2011, the rate of West Nile Virus disease in Waterloo Region ranged from a high of 0.6 cases per 100,000 in 2002 to 0.0 cases per 100,000 in 2004 and 2006-2010. The rate of WNV in 2011 was 0.2 cases per 100,000.

Table 1. Number of human cases and age-standardized rates of West Nile Virus for Waterloo Region and Ontario, 2002–2011.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Description</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<th>2006</th>
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<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tr>
<td>Waterloo Region</td>
<td>No. of cases</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td></td>
<td>Age standard rate per 100,000</td>
<td>0.6</td>
<td>0.2</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2*</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>No. of cases</td>
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<td>89</td>
<td>14</td>
<td>98</td>
<td>42</td>
<td>17</td>
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<td>2</td>
<td>6</td>
<td>31*</td>
</tr>
<tr>
<td></td>
<td>Age standard rate per 100,000</td>
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<td>0.7</td>
<td>0.1</td>
<td>0.7</td>
<td>0.3</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>N/A*</td>
</tr>
</tbody>
</table>


*Ontario data is currently only available for January 1, 2011 to September 30, 2011 while Waterloo Region data is from January 1 to December 31, 2011; both data sets should be considered preliminary and subject to revisions.

In 2011, four laboratory-confirmed cases of Lyme disease were reported to Region of Waterloo Public Health. Table 2 illustrates the number of laboratory confirmed human cases of Lyme disease among residents of Waterloo Region, as well as provincial disease rates (age standardized rate per 100,000 population; 2002–2011). Between 2002 and 2011, the rate of Lyme disease in Waterloo Region increased from 0.2 cases per 100,000 in 2002 to 0.6 cases per 100,000 in 2008. The rate of Lyme disease fell back down to 0.2 cases per 100,000 in 2009, zero cases in 2010, and 0.8 cases per 100,000 in 2011. It is important to note that the provincial case definition for Lyme disease was revised midway through 2009 and as a result caution should be taken when examining trends over time.

Table 2. Number of human cases and age-standardized rates of Lyme disease for Waterloo Region and Ontario, 2002–2011.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Description</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>No. of cases</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4*</td>
</tr>
<tr>
<td></td>
<td>Age standard rate per 100,000</td>
<td>0.2</td>
<td>0.5</td>
<td>0.0</td>
<td>0.2</td>
<td>0.4</td>
<td>0.4</td>
<td>0.6</td>
<td>0.2</td>
<td>0.0</td>
<td>0.8*</td>
</tr>
<tr>
<td>Ontario</td>
<td>No. of cases</td>
<td>27</td>
<td>26</td>
<td>33</td>
<td>44</td>
<td>48</td>
<td>74</td>
<td>110</td>
<td>80</td>
<td>71</td>
<td>74*</td>
</tr>
<tr>
<td></td>
<td>Age standard rate per 100,000</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.3</td>
<td>0.4</td>
<td>0.6</td>
<td>0.9</td>
<td>0.6</td>
<td>0.5</td>
<td>N/A*</td>
</tr>
</tbody>
</table>


*Ontario data is currently only available for January 1, 2011 to September 30, 2011 while Waterloo Region data is from January 1 to December 31, 2011; both data sets should be considered preliminary and subject to revisions.
Wildlife Surveillance

As of 2009, collection and testing of bird specimens for West Nile Virus is no longer conducted by Region of Waterloo Public Health, as directed by the Ministry of Health and Long-Term Care, Vector-Borne Surveillance Branch. Seven years (2002-2008) of regional data have confirmed the presence of WNV in avian specimens, and as such, the virus is considered established in the bird population of Waterloo Region.

This trend has also been observed in many regions across Ontario. Although dead bird surveillance is an effective early warning system for West Nile, it does not provide more precise predictions of human infection risk once WNV becomes established in the local bird population.

Given that black-legged tick populations are not currently established in Waterloo Region, wildlife surveillance as it relates to Lyme disease (e.g. surveillance of birds and/or small mammals) is not warranted and is not performed by Public Health at this time.

Temperature and Precipitation Monitoring

The life-cycle, behaviour and survival of mosquitoes, and the West Nile Virus transmission cycle, are highly influenced by temperature and rainfall events. Warm temperatures are known to accelerate mosquito development and the extrinsic incubation period (i.e. the developmental stage within the mosquito required for the mosquito to be capable of transmitting the virus), thereby improving the probability of viral transmission to humans. One measure of temperature considered in WNV risk assessment is accumulated degree days. For the mosquito species most capable of transmitting WNV to humans, a “degree day” occurs when the temperature is above 18.3°C for a 24 hour period, the fixed temperature threshold which represents the heat required for mosquito species development. It is generally accepted that greater than 100 accumulated degree days is associated with an increased risk of West Nile Virus activity and greater than 200 accumulated degree days is associated with increased risk of human infection. In 2011, more than 100 accumulated degree days occurred in mid-July and more than 200 accumulated degree days occurred in mid-August. Given these climatic occurrences in Waterloo Region, the number of accumulated degree days in the summer of 2011 was the highest value reached in the past five years.

When compared to the average temperatures in Waterloo Region from 1971–2000, we experienced a warmer than normal season. However, average temperatures in the 2011 season did not reach 2010 levels. Increased precipitation rates may accelerate mosquito development by providing breeding grounds (e.g. standing water, ponds, etc.). Overall precipitation rates for 2011 (578.5 mm) were above previous years’ average (for 1971–2000 average precipitation was 517.4 mm), but lower than precipitation in 2010 (590.2 mm). July 2011 was very dry with only 37.6 mm of rain compared to 98 mm of rain recorded in July 2010, while August 2011 was very wet (125.1 mm of rain) compared to 31 mm of rain recorded in August 2010 (see Figure 1). Figure 2 illustrates that temperatures exceeded the extrinsic incubation period (EIP) threshold and sustained those temperatures for a longer period in 2011 compared with previous years 2007–2010. Higher precipitation and warmer temperatures than normal may have supported 2011 WNV activity in the mosquito population, and may partially explain the presence of positive pools this season. Due to these climatic factors, and the presence of positive mosquito pools and positive human cases across the province, the risk of WNV infection to the human population in central and south western Ontario changed from low risk to moderate risk in early August 2011. This moderate risk continued until Centers for Disease Control (CDC) week 38 (Sept. 18–24), at which time the level of risk decreased to a moderate/low risk. Therefore, the human risk for being infected with WNV was higher in 2011 than in past years, including 2010.
Figure 1. Temperature and Precipitation Curves, Waterloo Region, 2011.

Figure 2. Accumulated Degree Days, Waterloo Region, 2007-2011.

Temperature and precipitation are not monitored in relation to Lyme disease since species development and transmission occurs outside of Waterloo Region.
Vector Surveillance

Adult mosquito specimens are collected for species identification and viral testing to inform West Nile Virus risk assessment. Each season, Public Health collects mosquito specimens from 16 monitoring sites across Waterloo Region, using light traps developed by the US Centers for Disease Control (CDC). Public Health strives to keep these sites consistent each year to monitor trends. In past seasons, new monitoring sites have been introduced or relocated when sites were not productive or were frequently vandalized. This season the Wrigley Corner trap was relocated within the village of Ayr. All trap sites will continue to be reassessed prior to the 2012 WNV season.

Specimens were collected at 16 light traps for 18 weeks (i.e. CDC weeks 24–41; June 12–October 15) and sent to a laboratory for species identification and WNV testing. Table 3 outlines the distribution of mosquito species (adult female specimens only) identified in Waterloo Region since 2002. Known or suspected vector species of WNV (i.e. capable of transmitting disease to humans) have been identified in Waterloo every year since monitoring began. In 2011, approximately 50% of adult female specimens (31,008 mosquitoes) collected were competent vectors of WNV. Forty-six per cent of the total female specimens (28,096 mosquitoes) were identified as *Culex perturbans*, a nuisance species which is not a competent vector of WNV.

Adult mosquito specimens are also collected for species identification and viral testing to inform the risk assessment for Eastern Equine Encephalitis (EEE), a rare mosquito-borne viral disease. This season, no adult mosquito specimens from Waterloo Region were identified as being competent vectors for EEE. Across Ontario, only two mosquito pools tested positive for the EEE virus.

Table 3. Distribution of mosquito species (adult female specimens) identified for Waterloo Region, 2002-2011.

<table>
<thead>
<tr>
<th>Species</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<th>2010</th>
<th>2011</th>
</tr>
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<tr>
<td><strong>Vector species</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cx. pipiens/restuans</em></td>
<td>16%</td>
<td>9%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>12%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td><em>Ae. vexans</em></td>
<td>19%</td>
<td>21%</td>
<td>13%</td>
<td>32%</td>
<td>33%</td>
<td>11%</td>
<td>26%</td>
<td>10%</td>
<td>27%</td>
<td>16%</td>
</tr>
<tr>
<td><em>An. punctipennis</em></td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td><em>An. quadrimaculatus</em></td>
<td>0%</td>
<td>1%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
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<tr>
<td><em>An. walkeri</em></td>
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<td>1%</td>
<td>3%</td>
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<td><em>Cx. salinarius</em></td>
<td>0%</td>
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<tr>
<td><em>Cx. tarsalis</em></td>
<td>0%</td>
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<td>0%</td>
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</tr>
<tr>
<td><em>Oc. canadensis</em></td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><em>Oc. japonicus</em></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
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<td>2%</td>
</tr>
<tr>
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<td>19%</td>
<td>16%</td>
<td>19%</td>
<td>27%</td>
<td>24%</td>
<td>15%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td><em>Oc. triseriatus</em></td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td><em>Oc. trivittatus</em></td>
<td>3%</td>
<td>4%</td>
<td>7%</td>
<td>6%</td>
<td>9%</td>
<td>1%</td>
<td>20%</td>
<td>8%</td>
<td>24%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Other vector species</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cx. perturbans</em></td>
<td>14%</td>
<td>17%</td>
<td>23%</td>
<td>18%</td>
<td>15%</td>
<td>28%</td>
<td>9%</td>
<td>43%</td>
<td>22%</td>
<td>46%</td>
</tr>
<tr>
<td><em>Other non-vector species</em></td>
<td>40%</td>
<td>36%</td>
<td>20%</td>
<td>11%</td>
<td>8%</td>
<td>9%</td>
<td>6%</td>
<td>5%</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Mosquito specimens were collected and sorted into 302 “pools” (groups of female mosquitoes belonging to the same species) representing 4,811 specimens, and tested for the presence of WNV. Towards the end of the 2011 season, two pools tested positive for WNV, one in late August and one in late September. Across the province there were 281 pools that tested positive for WNV. In 2010, three pools tested positive for WNV across the 16 routine trapping sites of Waterloo Region. However, no positive pools were identified between 2007 and 2009 (see Table 4). Since it is well known that WNV is established in the bird population of Waterloo Region, it is not unexpected to discover positive pools in late summer and early fall when mosquitoes are taking their last blood meals before heading into diapause. This season, one of the two pool locations that tested positive for WNV was in the same location as in previous years, while the other positive pool was in a new location.

Table 4. Total positive mosquito pools, 2002–2011.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Sample type</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>No. of positive pools</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ontario</td>
<td>No. of positive pools</td>
<td>580</td>
<td>122</td>
<td>72</td>
<td>289</td>
<td>182</td>
<td>51</td>
<td>62</td>
<td>14</td>
<td>56</td>
<td>281</td>
</tr>
</tbody>
</table>

As of June 2009, public calls related to mosquitoes and standing water continue to be tracked in the Region’s Hedgehog database system. A summary of public calls related to West Nile Virus is detailed below (see Table 5).


<table>
<thead>
<tr>
<th>Public Reports</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total public calls received</td>
<td>1767</td>
<td>1345</td>
<td>769</td>
<td>652</td>
<td>71</td>
<td>30</td>
<td>82</td>
</tr>
<tr>
<td>No. of dead bird reports</td>
<td>1203</td>
<td>1111</td>
<td>696</td>
<td>533</td>
<td>28</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>No. of standing water reports</td>
<td>167</td>
<td>197</td>
<td>73</td>
<td>96</td>
<td>30</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>No. of general information requests</td>
<td>397</td>
<td>37</td>
<td>0</td>
<td>23</td>
<td>13</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

In 2011, Public Health began an active tick surveillance program across various sites throughout Waterloo Region to test for the presence of black-legged ticks. Although black-legged ticks are not considered native to Waterloo Region, they may still be found in the region and arrive by travelling on migratory birds or other warm-blooded mammals that travel from endemic areas. Throughout the fall of 2011, Public Health staff conducted 24 tick-dragging surveillance investigations following MOHLTC protocol. There were 19 locations investigated across various urban and rural sites in Waterloo Region. No ticks (black legged or other) were found during any of the investigations. Active tick surveillance will continue to be enhanced in 2012.

Public Health also collects tick specimens from the public and submits them for laboratory testing when there is known human exposure. Species identification and bacterial testing of the tick specimen are used to assist diagnosis of Lyme disease in the exposed individual. Public Health submitted 29 ticks for laboratory testing in 2011, and of those, six were identified as black-legged ticks.

None of the six ticks submitted tested positive for the Lyme disease-causing bacterium *Borrelia burgdorferi*. In 2011, the Public Health Inspection intake line received and responded to 63 calls related to ticks and Lyme disease.
Risk Assessment

To determine the level of risk of human West Nile Virus infection, the Medical Officer of Health considers a number of factors, including weather patterns, larval and adult mosquito populations, positive mosquito pools and rates of human infection. These factors are considered together with the expected benefits and risks of pesticide use for mosquito control. As in past seasons, the Medical Officer of Health decided that Public Health would perform a preventive larviciding program. This decision was supported by the following factors:

- Larval surveillance revealed vector species to be abundant in the Region
- Historically positive pools had been observed in the Region before this season as recently as 2006
- Bird specimens have routinely showed WNV to be well-established in the avian population
- There have been human cases of WNV in the Region as recently as 2005
- Temperatures reached the accumulated degree day threshold for WNV amplification in mid-July

Control Measures

One major control measure for WNV is to reduce the incidence of standing water throughout the Region in order to suppress mosquito populations. This is promoted to residents through the Region’s “Fight the Bite” public education program and is also promoted to program stakeholders (e.g. Townships and Cities in Waterloo Region, Grand River Conservation Authority, educational institutions in the Region, etc). In 2011, standing water complaints regarding privately owned sites were referred to area municipalities with standing water by-laws (i.e. Kitchener, Waterloo, Wilmot, Woolwich, and North Dumfries). However, where standing water complaints could not be referred, Public Health staff undertook an on-site investigation and followed-up in person with property owners to ensure that standing water was remediated to reduce the risk of exposure to WNV. In 2011, two standing water letters were delivered to property owners that could not be reached in person. This on-site investigation was part of a new protocol, implemented in 2011, to address standing water complaints by offering a focused educational component to property owners. Standing water complaints on public sites were investigated for the presence of mosquito larvae and control measures were applied as needed. The decision to conduct vector control activities is established by the Medical Officer of Health through the application of the provisions of Ontario Regulation 199/03 — Control of West Nile Virus.11

In 2011, larval surveillance and mosquito control measures were conducted on behalf of Region of Waterloo Public Health by GDG Environment. Surveillance was conducted by dipping for larvae in catch basins and other mosquito habitats before control treatments began. In the 2011 season, a total of 634 samples of mosquito larvae were analyzed (i.e. 420 from catch basins and 214 from other habitats). From these samples, 8,857 mosquito larvae were identified. *Culex pipiens-restuans* was the most abundant mosquito species monitored, likely because larval sampling was focused on its breeding habitats (38.9% overall species abundance for *C. restuans* and 26.8% for *C. pipiens*). *Culex pipiens-restuans*, a widespread and abundant species which is considered very important in the WNV transmission cycle, was recorded in sewage lagoons (100% species abundance), catch basins (83.2% species abundance), ditches (77.4% species abundance), and in natural sites (12.9% species abundance). The second most abundant species sampled was *Culex territans* (15.9% overall species abundance; 55.6% species abundance in natural sites; 66.4% species abundance in storm water management ponds) followed by *Ochlerotatus*
japonicus (6.6% overall species abundance; 16% species abundance at catch basins). The abundance of vector species in larval surveillance was considered in the risk assessment and contributed to the decision to employ preventive control measures in 2011.

The Ontario Ministry of Environment authorizes three larval control products that can be used to control WNV species, if approved with a permit: methoprene, Bacillus thuringiensis israelensis (Bti) and Bacillus sphaericus (B. sphaericus). As per requirements of the Ministry of Environment, residents were notified before these treatments were applied to mosquito habitat via announcements in seven local newspapers (The Kitchener-Waterloo Record, Waterloo Chronicle, New Hamburg Independent, Woolwich Observer, Cambridge Times, Ayr News and The Independent). Catch basin treatments were applied three times between June and August (i.e. initiated in CDC weeks 23, 27 and 31). All known catch basins in Waterloo Region were treated. A total of 149,035 doses of Altosid (pellet form) were applied (active ingredient: methoprene), as well as 885 doses of Vectolex WSP (active ingredient: B. sphaericus) at a rate of one pouch per catch basin. Vectolex WSP is chosen over Altosid when catch basins flow into or neighbour environmentally sensitive areas (as identified by the Grand River Conservation Authority). Area municipalities help improve the efficacy of this process by implementing focused catch basin maintenance schedules (i.e. performing maintenance and flushing only in time periods following the residual period of the larvicide product). In addition to the catch basin treatment program, other mosquito habitats were investigated based on public complaints or routine surveillance. Following identification of vector species larvae, 227 larvicide treatments were made to natural sites, ditches and storm water management ponds (for a total of 23.4 hectares) using Vectobac 1200L (active ingredient: Bti). This season, one sewage lagoon was treated (for a total of 1.9 hectares) using Vectolex CG (active ingredient: B. sphaericus). The range of dates for larvicide applications to all habitats was June 9 to September 16, 2011. Table 6 describes the total number of treatments by mosquito habitat.

<table>
<thead>
<tr>
<th>Table 6: Total larviciding treatments by mosquito habitat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mosquito Habitat</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Catch basins</td>
</tr>
<tr>
<td>Routine sites (Methoprene)</td>
</tr>
<tr>
<td>Environmentally Sensitive Areas (Vectolex CG)</td>
</tr>
<tr>
<td>Natural sites</td>
</tr>
<tr>
<td>Sewage lagoons</td>
</tr>
<tr>
<td>Storm water management ponds</td>
</tr>
<tr>
<td><strong>Total number of larvicide treatments</strong></td>
</tr>
</tbody>
</table>

Efficacy trials are also performed by GDG Environment. In 2011, samples were taken from ten catch basins one week after treatment, and this was repeated after each treatment round. For catch basins treated with Altosid pellets (active ingredient: methoprene), three water samples colonized with mosquito larvae were taken and observed daily for larval mortality and adult mosquito emergence. One week after treatment with Altosid, GDG Environment reported an overall mean efficacy of 97%, with a mean adult emergence around 3%. For catch basins treated with Vectolex WSP (active ingredient: Bacillus sphaericus), the absence or low density of fourth instar larvae and pupae, or the presence of dead pupae are recognized indicators of successful treatment. GDG Environment reported that basins treated with Vectolex WSP treatment controlled the mosquito larvae for 21–30 days following treatment.

GDG Environment indicated catch basin treatment with a mark of environmentally-friendly paint on the catch basin grate. Public Health monitored a number of catch basins throughout the region during each of the three rounds of larviciding in 2011 to observe the presence of paint marking (indicating larvicide treatment). Public Health recognizes larval dipping as a sound measure of treatment efficacy, and it may be added to quality assurance programs in future seasons.
Public Communications

“Fight the Bite” is Public Health’s public education campaign on vector-borne disease, including WNV, Lyme disease and rabies. Updated and redesigned every year, this public education campaign was continued through the 2011 season. The campaign provided general information on the diseases, their risk factors, and recommended personal protective measures to minimize risk of exposure. The 2011 campaign also continued to emphasize that dead birds would no longer be collected by Public Health for WNV testing. In 2011, public education was facilitated using “Fight the Bite” print material distribution, bus advertising, and a special section on the Public Health website. The 2011 campaign was also promoted using two media releases, one in June and one in July. In addition, there were 11 total interviews on “Fight the Bite” messages — nine interviews from local newspapers and two interviews from local radio stations. Media releases were issued upon isolation of each of the two positive pools advising residents to take personal protection precautions.

As in past years, “Fight the Bite” print materials were widely distributed in 2011 (including a mail out to every household in the Region). The campaign materials continue to receive much positive feedback from residents and community partners. In 2011, Oxford County Health Department sought permission to adapt our “Fight the Bite” brochure for use in their jurisdiction. As in past years, our public and private sector community partners were resupplied with the redesigned and updated print materials to continue distributing to their patrons. There were two Lyme disease articles and one West Nile Virus article printed in Public Health newsletters in 2011. Public Health Inspectors also delivered a “Fight the Bite” information session to local camp councillors in 2011. In addition, “Fight the Bite” messaging was posted on 30 Grand River Transit buses providing service in the three urban centres of Waterloo Region: Waterloo, Kitchener and Cambridge. Bus advertising ran for 22 weeks from May to October. In 2011, members of the public were directed to our Public Health Inspection intake line (519-883-2008 ext. 5147) for all information, questions, complaints, or requests regarding vector-borne diseases. Vector-borne disease information was available and kept up-to-date on the Region of Waterloo Public Health’s redesigned website (http://chd.region.waterloo.on.ca/en/index.asp) under the Healthy Living & Health Protection webpages at: (http://chd.region.waterloo.on.ca/en/healthylivinghealthprotection/healthylivinghealthprotection.asp).

Continuous Improvement

A focus of Region of Waterloo Public Health’s Vector-borne Disease Program has been to continually seek improvements in efficiency and value where possible. These principles of continuous improvement and enhanced service have influenced various vector-borne activities over the last few years. For example, continuing since 2009, summer students have been hired and trained to conduct adult mosquito trapping across the region, which has resulted in a significant cost savings and enhanced human resource capacity for other health inspection services. In 2011, students were also trained to investigate standing water complaints and in 2012 students will be involved in active tick surveillance activities (e.g. tick-dragging). In addition, a cost-effective service provider—GDG Environment—coordinates the many larval surveillance and control activities, which translated to a significant cost reduction. GDG Environment also conducts the vast majority of their preventative larviciding applications by bicycle, resulting in reduced greenhouse gas emissions (as compared to conducting this service with a motor vehicle). Finally, the “Fight the Bite” public education campaign was expanded to include information on WNV, Lyme disease and rabies, resulting in a more streamlined and cost-effective approach to public communication and reaching target audiences.
Conclusion

Surveillance activities in Waterloo Region indicated that the human risk of vector-borne disease infection remained low for Lyme disease and was a low to moderate risk for WNV in 2011. This season, one human case of WNV was identified in the local population and two mosquito pools tested positive for WNV later in the season. This information was not surprising given the known prevalence of WNV in the bird population and the above-normal temperatures this season. A decision was made by the Medical Officer of Health to continue to perform a preventive larviciding program because of the abundance of vector species identified through larval mosquito surveillance early in the season, coupled with a history of positive pools, bird specimens and human cases in the Region. Increasing the public’s awareness about the risk of WNV infection as well as reminding residents to take personal protective measures from mosquitoes is essential to reduce the risk of infection.

In terms of Lyme disease, the local risk of exposure this season remained low since the Region does not have an endemic black-legged tick population. This season, for the first time, active tick surveillance activities were conducted. It is particularly important to increase the public’s awareness of geographic areas of risk for black-legged tick populations and to emphasize appropriate personal protective measures.

Region of Waterloo Public Health will continue to follow provincial directives and regulations related to the monitoring and control of WNV in the community. Public education, and passive and active tick surveillance will continue for Lyme disease in Waterloo Region, as these measures are commensurate with the current local level of risk.

Acknowledgements

Public Health’s WNV program is the product of collaboration with a number of provincial ministries, area municipalities, school boards, colleges and universities and other community stakeholders. We gratefully acknowledge our partners and for their important contributions to our vector-borne disease program, including: human case surveillance among blood donors, granting access to their lands for mosquito control programs, assisting with coordination and implementation of catch basin larviciding programs and standing water investigations, participating in public education campaigns, and providing laboratory and vector surveillance and control services.

Canadian Blood Services
City of Cambridge
City of Kitchener
City of Waterloo
Conestoga College
Conseil scolaire de district catholique Centre-Sud
Conseil scolaire Viamonde
GDG Environment
Goderich-Exeter Railway
Grand River Conservation Authority
Hydro One
Kitchener-Waterloo Humane Society
Ministry of Environment

Ministry of Health and Long Term Care
Ministry of Natural Resources
Ministry of Transportation
Public Health Ontario—Public Health Laboratories
Region of Waterloo
Township of North Dumfries
Township of Wellesley
Township of Wilmot
Township of Woolwich
University of Waterloo
Waterloo Catholic District School Board
Waterloo District School Board
Wilfrid Laurier University
2011
Vector-Borne Disease
Program Summary

For more information call Region of Waterloo Public Health
Health Protection and Investigation Division

519-883-2000 ext. 5147 / TTY: 519-575-4608
www.regionofwaterloo.ca/ph
www.regionofwaterloo.ca/fightthebite

Current as of March 24, 2012
This document is available in alternate formats upon request

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

DATE: May 8, 2012  

FILE CODE: D15-80  

SUBJECT: STATISTICS FOR WATERLOO REGION FROM THE 2011 CENSUS  

RECOMMENDATION:  
For information  

SUMMARY:  
The Census of Canada is conducted every five years and, along with the new National Household Survey, provides governments, business and the public with population estimates and a wide range of social and demographic data for all areas of Canada. Data from the 2011 Census is now being released by Statistics Canada under new open data licensing, and will be used widely by Regional staff to support research and inform population estimates. Important data for the Region of Waterloo from the 2011 Census and National Household Survey are being published by Regional staff in a series of twelve Census Bulletins, the first of which is attached to this report. These bulletins will be available in print from Planning Housing and Community Services and on the Region’s website.

REPORT:  
2011 Census Bulletins  
On February 8, 2012, Statistics Canada released the first set of data from the 2011 Census. As was done for the 2006 Census, data for Waterloo Region from the 2011 Census and National Household Survey will be compiled by Region of Waterloo staff and published in a series of bulletins. The 2011 Census Bulletins will be released in stages, approximately six to eight weeks following the release of the relevant data. The first 2011 Census Bulletin covering Population and Dwelling Counts is attached to this report.

This and all future bulletins will be available in print through Planning Housing and Community Services and electronically on the Region’s website. These bulletins are extensively used as a data source for internal departments, Area Municipalities and community organizations.

For Waterloo Region, the Census reported a population of 507,096 and 191,599 occupied dwellings as of May 2011. The Census population and dwelling counts are the basis for the Region of Waterloo’s 2011 year-end population and household estimates of 553,000 and 196,420 respectively. The Regional figures provide a better estimate of the total number of people and households that require services such as water, transit and policing, as they additionally include an estimate of full-time post-secondary students, and the census undercount at year-end.

The Census is Canada’s most comprehensive data source as it provides governments, business and the public with detailed information on people and housing units in Canada. The most recent Census was conducted in Canada on May 10, 2011. Results from the 2011 Census and National Household Survey are being tabulated by Statistics Canada and are being released as per the schedule shown in Table 1.
Table 1 – Release Dates for 2011 Census and National Household Survey Data

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 8, 2012</td>
<td>Population and dwelling counts</td>
</tr>
<tr>
<td>May 10, 2012</td>
<td>Agriculture</td>
</tr>
<tr>
<td>May 29, 2012</td>
<td>Age and sex</td>
</tr>
<tr>
<td>September 19, 2012</td>
<td>Families, households, marital status, structural types of dwellings, collectives</td>
</tr>
<tr>
<td>October 24, 2012</td>
<td>Language</td>
</tr>
<tr>
<td>May 8, 2013</td>
<td>Immigration, citizenship, place of birth, language, ethnic origin, visible minority, religion, aboriginal peoples</td>
</tr>
<tr>
<td>June 26, 2013</td>
<td>Labour, education, place of work, commuting to work, mobility and migration, language at work</td>
</tr>
<tr>
<td>August 14, 2013</td>
<td>Income, earnings, housing and shelter costs</td>
</tr>
</tbody>
</table>

Changes Introduced in the 2011 Census

For the 2011 Census, Statistics Canada changed the methodology used for data collection. The mandatory Census now consists of ten basic questions on topics such as population, age, dwellings, households, families and language. All Canadians received a Census form. Information that was previously collected through the mandatory long-form Census to one in five households, is now collected through a voluntary survey called the National Household Survey (NHS). Questions on the NHS include income, immigration, employment, mobility and migration, mode of travel, and ethnicity. About one third of Canadian households received a NHS questionnaire.

There has been concern expressed by Regional Council members about the data accuracy and historical comparability of data from the new National Household Survey, due to the voluntary nature of the survey. The Region has communicated their concerns directly to Statistics Canada (letter dated February 9, 2012). In response, Statistics Canada has stated that:

‘…Statistics Canada is undertaking further steps to ensure good quality information. For example, during processing of the survey data, the 2011 Census results will be used to improve the quality and consistency of the survey (NHS) responses, and to help in the weighting of the final responses so that the survey is representative of all Canadians.’

The response indicated that Statistics Canada will not know the full quality of the NHS data until the spring of 2013. When the NHS data is released (May 2013), a User Guide will be available that will further explain the survey design, its methodology and results. Data quality indicators will also be available for each data product as it is released.

New in 2012, Statistics Canada has announced open data licensing for all Census data. The new licensing allows data dissemination in a very unrestricted manner. Standard Census data down to a finer level of geography (Dissemination Area and Dissemination Block) is also now available for free on Statistics Canada’s website. There is no longer a need for this data to be purchased as the Region has done in the past. These changes will affect how the Region acquires and disseminates Census-related data. It is not yet fully known how these new licensing changes will apply to other Statistics Canada data.

Changes related to Census geographies have been made for the 2011 Census. Following requests from many municipalities to improve the quality and currency of the road network, Statistics Canada has realigned the road network in several areas across Canada, including the Waterloo Region. The road network now used by Statistics Canada comes from the Region via the provincial Ontario Road Network (ORN), and has resulted in improved road names, address ranges and geographic accuracy. Also in 2011, a new geographic boundary called Designated Places (DPL) was defined for Waterloo Region. This geography did exist previously, however, before 2011 there were no DPLs within the Region’s boundaries. Staff from Planning Information and Research worked with Statistics
Canada to prioritize and define these areas. DPLs now cover 18 of our settlement areas and will allow the Region to obtain more accurate Census data for these communities.

Data Review and Purchase Collaboration

Since the release of population figures from the 2011 Census, there have been discussions about the total population and growth reported for the City of Waterloo. The total City of Waterloo population for 2011 according to Statistics Canada was 98,780, a growth of 1.3% from 2006. Regional staff has begun to look at these figures on a sub-municipal scale. Early investigation shows that there are several areas of the City that did experience significant growth between 2006 and 2011, but this growth seems to be off-set by several areas of population decline. Also, there has been a significant increase in university/college students living in the Region over the past five years. These temporary residents are typically not counted in the Census number, but are included in the Region’s estimate of total population. Staff will continue to work with Area Municipal staff and Statistics Canada to investigate these findings. To date, similar issues have not been found in the other Area Municipalities in the Region of Waterloo.

For cost sharing purposes, the Region has participated in several consortia related to Census data purchases. Social Services, together with Public Health and Planning, Housing and Community Services are a part of the Community Data Program (CDP). The Canadian Council on Social Development (CSDS) is coordinating this data purchase for a large amount of Statistics Canada data with municipalities across Canada. Sources of data that may be acquired through the CDP, include, but are not limited to, the Census (custom profiles, cross tabulations and Urban Poverty Project data), Labour Force Survey, Canadian Business Patterns and Survey of Household Spending. The Region participated in this project for the 2006 Census and is currently working on details to consider our future participation. The Regional Information Systems Working Group (RISWG) of the Regional Planning Commissioners of Ontario has formed a consortium in the past to purchase custom cross-tabulated Census data. This group may look at similar purchases from the 2011 Census. Lastly, the Region also participates in the local Waterloo Region Collaborative Economic Research Group (WRCERG). This group will work on sharing and collecting data and research related to the economy in Waterloo Region. Most data that is purchased can be shared with Area Municipalities.

Area Municipal Consultation/Coordination

In the past, Planning, Housing and Community Services has organized workshops with Area Municipal staff to share information about Census data and to coordinate data purchases. Staff plan on hosting a similar workshop in the near future to continue discussions on results from the 2011 Census and to discuss data by Planning District and Neighbourhood geographies and custom cross tabulations that may be required for planning purposes.

CORPORATE STRATEGIC PLAN:

Data from the Census are used to inform research, policy development and programs that support many of the Corporate Strategic Focus Area, particularly Growth Management and Prosperity (Focus Area 2), Sustainable Transportation (Focus Area 3), Healthy and Inclusive Communities (Focus Area 4).

FINANCIAL IMPLICATIONS:

Licensing of data from Statistics Canada is funded through the departmental budget specifically allocated for this purpose.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Data Networking Group (DNWG), an inter-departmental working group, meets regularly to discuss data acquisition and sharing of data including Census data. All Census data can be shared with other Regional departments.

ATTACHMENTS:

Attachment 1 – 2011 Census Bulletin 1 - Population and Dwelling Counts

PREPARED BY: Chantelle Thompson, Planner

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

- The term Census in this document refers to the Census of Canada conducted by Statistics Canada every five years. The most recent Census was conducted on May 10, 2011. The Census is designed to provide information about people and housing units in Canada.
- All Canadians are required to complete a Census form. Population and dwelling data presented in this bulletin are based on this 100 per cent sample of the population.
- Students are enumerated in their usual place of residence (which is often in their parent’s Census household). The Census population for Waterloo Region does not include students who are temporarily residing in Waterloo Region.
- In contrast to the 2011 Census population of 507,096, the Region of Waterloo’s population estimate for year end 2011 is 553,000. The Region of Waterloo produces annual population estimates based upon Statistics Canada population counts from the Census, but additionally includes: an estimate of full-time post secondary students; accommodation of the census undercount and adjustments from May to year-end.
- Based on data released to date, the total population per occupied dwelling is 2.65 for Waterloo Region, down slightly from 2.69 in 2006. For more accurate density calculations the Region calculates persons per unit (PPUs) based on 'usual residents in regular dwellings'. This is data that has yet to be released and a closer examination of PPUs will be provided in future bulletins.

Population and Dwelling Counts

Statistics from the 2011 Census for Waterloo Region

Population Counts

The Census population for Waterloo Region on May 10, 2011 was 507,096 according to data released by Statistics Canada. This was an absolute increase of 28,975 people over a five year time period, or just less than 6,000 people per year. The Region’s population now places it seventh in Ontario and 13th in Canada for all regions (Census Divisions). The commonly referenced Kitchener-Cambridge-Waterloo Census Metropolitan Area (CMA) had a population of 477,150 in 2011, making it now the 10th largest Census Metropolitan Area in Canada as illustrated in Figure 1, and fourth largest in Ontario. This CMA only includes five of the Region’s seven municipalities; it excludes the townships of Wilmot and Wellesley. In 2006, the Kitchener-Cambridge-Waterloo CMA was the 11th largest in Canada.

Figure 1: Top 10 Canadian Census Metropolitan Areas, 2011

Source: Statistics Canada, 2011 Census by Census Metropolitan Area

Population Growth

Between 2006 and 2011 the Region’s population increased by 6.1 per cent. This was a smaller increase than the nine per cent growth seen from 2001 to 2006, but exceeded the provincial and national growth rates of 5.7 per cent and 5.5 per cent respectively. In comparison to all municipalities in Ontario, Waterloo’s growth rate ranked eighth and experienced a larger increase than some of Ontario’s largest cities including Toronto and Hamilton, as illustrated in Figure 2.
Figure 2: Census Population Change in Southwestern Ontario, 2006-2011

Population Change 2006-2011

-4.0% - 1%
1.01% - 5%
6.01% - 11%
11.01% - 16%
Region of Waterloo

Source: Statistics Canada, 2011 and 2006 Census by Census Divisions

All area municipalities across Waterloo Region experienced population increases in 2011 from 2006 as shown in Table 1. The cities of Cambridge, Kitchener and Waterloo all added population while showing declines in their percentage growth compared to the previous Census period. The townships of Woolwich, Wilmot and Wellesley saw the largest percentage. Together with North Dumfries the Region’s four townships accounted for 25 per cent of the growth over the five year time period prior to 2011; previously growth in these areas accounted for about 10 per cent of the Region’s growth.

Table 1: Waterloo Region Population and Growth by Municipality, 2006-2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Population 2006</th>
<th>Population 2011</th>
<th>Absolute Growth</th>
<th>5 year growth rate</th>
<th>10 year growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>478,121</td>
<td>507,956</td>
<td>28,835</td>
<td>6.1%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Cambridge</td>
<td>120,371</td>
<td>126,748</td>
<td>6,377</td>
<td>5.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Kitchener</td>
<td>204,688</td>
<td>218,152</td>
<td>13,464</td>
<td>6.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>97,475</td>
<td>98,780</td>
<td>1,305</td>
<td>1.3%</td>
<td>14.1%</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>9,063</td>
<td>9,334</td>
<td>271</td>
<td>3.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Wellesley</td>
<td>9,709</td>
<td>10,713</td>
<td>924</td>
<td>9.4%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Wilmot</td>
<td>17,097</td>
<td>19,223</td>
<td>2,126</td>
<td>12.4%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Woolwich</td>
<td>19,059</td>
<td>23,145</td>
<td>4,086</td>
<td>17.7%</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

Table 1 also shows growth over a 10 year time frame, and highlights the continued growth in the Townships of Woolwich and Wilmot, both increasing by more than 25 per cent. From 2001 to 2011, all three cities are shown to be on par with the 15 per cent growth rate measured across the Region. Figure 3 portrays growth over a longer time period and shows how Waterloo Region's population has steadily increased from just over 305,000 in 1981.

Dwelling Counts and Growth

The 2011 Census reported that 202,121 total private dwellings exist within Waterloo Region, an increase of eight per cent from 2006 figures. The cities of Cambridge, Kitchener and Waterloo account for over 80 per cent of the total dwellings in the Region. However, the largest per cent increase between Census years occurred in Woolwich, Wilmot and Wellesley.

Total private dwellings are further broken down by Statistics Canada into three major groups: occupied by usual residents (occupied dwellings), occupied by foreign and/or temporary residents and unoccupied dwellings. Collective dwellings are not considered private dwellings. As of 2011, there were 191,599 occupied dwellings in Waterloo Region, representing 95 per cent of the Region's total private dwellings. Regionally, occupied dwellings increased by 7.6 per cent from 2006 to 2011.

![Figure 3: Waterloo Region Long-term Population Growth, 1981-2006](image)

Source: Statistics Canada, Census 1981-2011 by Census Subdivision

### Table 2: Waterloo Region Total Private Dwellings, 2006-2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Total Private Dwellings 2006</th>
<th>Total Private Dwellings 2011</th>
<th>Absolute Growth</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>187,088</td>
<td>202,121</td>
<td>15,033</td>
<td>8.0%</td>
</tr>
<tr>
<td>Cambridge</td>
<td>44,589</td>
<td>47,818</td>
<td>3,229</td>
<td>7.2%</td>
</tr>
<tr>
<td>Kitchener</td>
<td>82,723</td>
<td>89,603</td>
<td>6,880</td>
<td>8.3%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>40,659</td>
<td>42,984</td>
<td>2,325</td>
<td>5.7%</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>3,103</td>
<td>3,224</td>
<td>121</td>
<td>3.9%</td>
</tr>
<tr>
<td>Wellesley</td>
<td>2,813</td>
<td>3,288</td>
<td>475</td>
<td>12.9%</td>
</tr>
<tr>
<td>Wilmot</td>
<td>6,296</td>
<td>7,158</td>
<td>862</td>
<td>13.7%</td>
</tr>
<tr>
<td>Woolwich</td>
<td>6,005</td>
<td>6,046</td>
<td>1,241</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, 2011 and 2006 by Census Subdivision
Figure 4 maps the change in occupied dwellings across the Region, showing that between Census years increases ranged from two per cent to 20 per cent. During this time period, the three cities added 10,020 occupied dwellings while the townships added 2,683.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 8, 2012

FILE CODE: D26-01

SUBJECT: COMMUNITY HOUSING UPDATE AND PROPOSED 2012 PROGRESS PLAN

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the Community Housing Update and Proposed 2012 Progress Plan, as described in Report P-12-057, dated May 8, 2012.

SUMMARY:

The Region of Waterloo assumed full administrative and financial responsibility for community housing in 2001. Since the transfer, the Region has established policies and procedures that have improved housing administration and developed its national award-winning Affordable Housing Strategy. Housing initiatives are driven by the philosophy of activating a full range of housing, maintaining safe, affordable housing and achieving true integration within the greater community. Planning, Housing and Community Services oversees this activity (please see Attachment A).

In order to achieve continued program improvements, an annual Community Housing Progress Plan is prepared. This report highlights the 2011 Progress Plan achievements and provides details of the proposed 2012 Progress Plan.

The 2011 Progress Plan was presented to Regional Council on May 3, 2011 (Report P-11-050). Key objectives achieved since the Plan was tabled include:

- Engaging consultants to study revitalization options for Waterloo Region Housing sites;
- Completing final capital projects under the Social Housing Renovation and Retrofit Program (SHRRP), including installation of 19 solar projects under the SHRRP Renewable Energy Initiatives (REI);
- Developing a tool to identify and classify Providers at Risk - the Housing Provider Performance Standards (HPPS) Matrix;
- Addressing tenant health and safety issues by raising awareness about the Region’s Bed Bug information campaign and Smoke-Free Policy;
- Implementing a Tenant Placement function in the Rent Supplement portfolio;
- Achieving construction start for one additional Affordable Housing Strategy development;
- Completing and filling 130 units in four new Affordable Housing Strategy developments; and
- Assisting 20 households to become homeowners.

This report also highlights a number of achievements not listed in the original 2011 Progress Plan, including the initiation of a Rent Supplement program review by the Region of Waterloo Internal Auditor, the transfer of Region of Waterloo Community Housing Inc. (ROWCHI) to direct ownership of the Region of Waterloo, preparation for the introduction of new Housing legislation, and the creation of a program delivery process for the Investment in Affordable Housing Program (IAH) funding announced in November 2011. The detailed list of 2011 achievements can be found on
Attachment B. A summary of key housing statistics for 2011 is also enclosed (please see Attachment C).

Housing’s proposed 2012 Progress Plan features measurable action items and target-specific outcomes, which are guided by the Corporate Strategic Planning process (please see Attachment D). These outcomes are included in the Plan to ensure the housing program stays focused on achieving the Region’s vision of an ‘inclusive, thriving and sustainable community’.

The recommended primary focus of 2012 for Housing programs is;
- Evaluation of sites identified as having the best potential for revitalization within the Waterloo Region Housing portfolio;
- Preparation for the implementation of the new Housing Services Act;
- Program development and delivery of the new Investment in Affordable Housing (IAH) Program, including the new Ontario Renovates and Housing Allowance components;
- Preparation of the Community Action Plan for Housing update; and
- Implementation of the recommendations from the Rent Supplement program review.

Housing collaborates with other Regional programs and services such as Social Services and Public Health, on initiatives involving the Affordable Housing Strategy targets for housing with supports, the Smoke-Free Policy and the Bed Bug Strategy.

REPORT:

Housing is a basic necessity, and the Region of Waterloo plays an important role as the Service Manager for community housing. Housing initiatives are driven by the philosophy of activating the full range of housing, maintaining safe, affordable housing and achieving true integration within the greater community. Housing initiatives also complement and help meet the goals and objectives of other Regional initiatives, the Corporate Strategic Plan and the Region’s larger vision of creating ‘an inclusive, thriving and sustainable community’.

Housing of Planning, Housing and Community Services is responsible for property management of Regionally-owned community housing managed through Waterloo Region Housing, oversight of over 50 prescribed community housing providers with approximately 7,500 units who are legislated under the Housing Services Act (previously the Social Housing Reform Act), management of the centralized waiting list for community housing, provision of assisted rent programs, and the creation of new affordable rental and homeownership housing through the Region’s Affordable Housing Strategy (please see Attachment A).

2011 Achievements

Regional Council approved the Housing Division’s 2011 Progress Plan on May 3, 2011 (Report No. P-11-050). The many objectives that were achieved are detailed in Attachment B, and items that are not fully complete have been carried over to the proposed 2012 Progress Plan. Also attached is a summary of detailed housing statistics for 2011 (please see Attachment C).

Proposed 2012 Progress Plan

Each year, a Progress Plan is developed to help prioritize the activities of Housing and to focus activity on measurable goals. The Progress Plan is a tool that Housing employs to ensure housing plans and strategies are effectively integrated within other Regional programs and services. The initiatives and accompanying actions proposed for 2012 will help create more affordable housing, develop asset management strategies, realize new operating and financial efficiencies and assist in the stabilization of Housing Providers at risk.
The actions are targeted to address sustainable outcome areas that address program delivery and align with other Regional plans and strategies. These outcome areas specifically address affordability, efficiency, and economic, environmental and community sustainability.

The actions listed in the proposed plan are both task specific (short term) to address current program delivery needs and identified efficiencies, and strategic (longer term) to focus on comprehensive housing issues in Waterloo Region. The actions, either task specific or strategic, are integrated into the daily activities of the Housing Division and are evaluated on a regular basis.

The detailed proposed 2012 Progress Plan is included as Attachment D. Further explanation of key initiatives is provided below for Waterloo Region Housing and Housing Programs.

**Waterloo Region Housing (WRH)**

**Housing Revitalization Initiative**

Through a request for proposal process, a multi-disciplinary consulting team was engaged in late September 2011 to investigate the potential for intensification and/or redevelopment of selected Regionally-owned community housing sites. The consultant team has completed the first phase of the study, a brief review of all 62 Regionally-owned community housing sites to categorize each site based on revitalization potential. The second phase is underway to complete business cases for six sites identified with the best potential for revitalization. The findings of the work will be used to create a recommended strategic investment plan for the intensification and/or redevelopment of Regionally-owned community housing properties in future years, which will be tabled with Community Services Committee in 2012.

**Improvements to Capital Assets**

Maintaining the infrastructure of Regionally-owned community housing units is a key element of the Waterloo Region Housing Section and our partners in Corporate Resources Facilities Management who prepare tenders and quotations, and provide contract administration during and following capital maintenance work. Delivery of the 2012 capital maintenance work ($4.25 million) includes, roof replacements, site improvements, window replacements, balcony upgrades, unit and common space floor replacements, and electrical upgrades.

**Tenant Health and Safety Issues**

WRH works with community partners to help provide needed services and supports to their tenants, through existing and new initiatives, such as the Integrated Assisted Living Program (IALP) and inReach Program.

Waterloo Wellington Community Care Access Centre (CCAC) continues to provide the IALP 'Support to Housing’ services at two WRH sites, Wilson Avenue and Franklin Avenue in Kitchener. The CCAC is applying for further funding to extend these services to our tenants aged 65 years and older beyond May 2012. The Support to Housing services:

- Offer flexible and responsive supports for activities of daily living (e.g., personal care, homemaking);
- Promote self-management of chronic disease and self-directed care;
- Encourage wellness, and participation in social and recreational activities;
- Monitor and respond quickly to changes in health status and thereby preventing crises; and
- Provide the reassurance and security of a 24 hour response.
The inREACH Program is a community-based collaborative of multiple agencies in Waterloo Region that provides support to current gang involved youth or youth at risk of joining a gang. The Youth Outreach Workers help provide youth with one-on-one support, group work, employment counselling, addictions support and recreation activities. The Community Safety and Crime Prevention Council have hired inREACH Youth Outreach Workers who will be located in existing community centres in five WRH communities. Two of the Youth Outreach Workers will work in Cambridge and three will work in Kitchener.

Transfer of Region of Waterloo Community Housing Inc. (ROWCHI)

At the beginning of 2012, the three Region of Waterloo Community Housing Inc (ROWCHI) properties that receive property management services through Waterloo Region Housing were transferred to the direct ownership of the Region of Waterloo. The re-organization will realize savings on operations, and from the discharge and refinancing of the mortgages for each property, which occurred in 2011. The restructuring will not result in any change for tenants of these properties but will result in greater efficiency of staff time. Staff will report on this matter to Council later this year.

Housing Programs

Housing Services Act (HSA)

The Province of Ontario launched its Long-Term Affordable Housing Strategy (LTAHS) and introduced Bill 140, Strong Communities through Affordable Housing Act, 2010 on November 29, 2010. This is the most significant change for housing since the Province transferred Community Housing responsibilities to municipal Service Managers, including the Region of Waterloo, over ten years ago.

Many of the Regulations to Bill 140 were filed by the Province on August 11, 2011, to further support implementation of the new legislation, which took effect on January 1, 2012.

Significant changes include: The Housing Services Act (HSA) which will replace the Social Housing Reform Act, 2000 (SHRA) and details the new operating framework for the delivery of housing programs in the Province of Ontario; the consolidation of homelessness and housing programs to replace the current program-focused framework and to provide municipal Service Managers with increased flexibility to meet local needs; and the requirement for a local ten-year Housing and Homelessness plan which will create opportunities for consultation and collaboration to address both local needs and Provincial interests.

Implementation of the HSA will require training and consultation on many levels. In order to ensure full implementation of all aspects of the HSA by the relevant deadlines, staff has established an action plan and work flow that identifies key activities and milestones that must be achieved by the end of 2013. Progress on the ongoing implementation will be addressed in future reports to the Community Services Committee.

While the new legislation brings expanded flexibility, it also increases the level of accountability. This will require additional oversight by housing programs staff to ensure housing providers understand and comply with the new requirements. The initial training for the mandatory requirements effective January 1, 2012, was completed by November 2011. Since there is more flexibility regarding local rules, a series of consultations have been scheduled to include all stakeholders, particularly prescribed housing providers (see Attachment E). These consultations began in January 2012, with webcasts and face to face meetings. Once the initial consultations have been completed, revised draft policy manuals will be provided for a final stakeholder review.
Any recommendations for new policies or changes to current policies resulting from the consultation process will be brought forward to Community Services Committee in a report planned for mid to late fall of 2012. Housing staff will continue to work with Social Services Staff and other municipal Service Managers and sector organizations to implement the HSA.

Affordable Housing Strategy

On October 29, 2008, Regional Council endorsed a new Affordable Housing Strategy (AHS) to help create at least 500 new units of sustainable affordable housing, between 2008 and the end of 2013 (P-08-105). By the end of 2011, the Region had developed 382 units (75%) towards the 500-unit goal, including 284 affordable rental and supportive housing units and 98 affordable homeownerships. The 382 new AHS units bring the total number of affordable housing units that the Region has helped to create to 1,931.

The new Affordable Housing Strategy also identified two priority areas relating to affordability and supportive housing. The first priority is to create units that are affordable to the lowest income households in the Region. Creating these affordable units requires targeting 40 per cent of all new units created to be available at 65 per cent of the Canada Mortgage and Housing Corporation average market rent. At this rent level, units are affordable to households receiving Ontario Works (OW), Ontario Disability Support Program (ODSP), earning minimum wage, and seniors on fixed incomes. Of the 284 new affordable rental units completed, 122 (43%) are affordable to lower income households. The second priority area is to increase the supply of housing with supports by creating a minimum of 100 affordable supportive housing units, through collaborative efforts with Social Services and other community partners. Of the 284 new affordable rental units completed, 81 are supportive housing units.

On February 8, 2012, Regional Council approved the Program Delivery and Fiscal Plan for the $12.8 million allocation received through the Investment in Affordable Housing (IAH) Program, which included allocating $10.3 million for new affordable rental and supportive housing developments. The Region issued a call for Expressions of Interest (EOI 2011-02) on December 19, 2011, and 26 proposals from private and non-profit proponents were received by the January 27, 2012 deadline with a total request for funding of over $54 million. On March 8, 2012, Regional Council approved five Priority Projects representing up to 70 new affordable rental and supportive housing units throughout the region, which could bring the AHS total to 452 new units created.

Strategic Initiatives

Staff has been engaged in a number of strategic initiatives to address specific issues that impact tenants of Community Housing and program delivery, public and private landlords, and the residents of Waterloo Region. These issues can impact tenant health and well-being, and can affect landlords’ operating costs and the level of service they provide their tenants.

Community Action Plan for Housing

In June 2005, Regional Council endorsed Waterloo Region in the 21st Century: A Community Action Plan for Housing (Action Plan). The Action Plan was prepared to determine the state of the full range of housing in Waterloo Region, to identify and characterize housing needs, and to provide a community-based strategy to address these housing needs. A report on the proposed content and process to update the Action Plan will be brought to Council in 2012, with the work expected to take place over 2012-2013, and will address requirements under the Provincial Policy Statement (PPS) to establish affordable housing targets, Places to Grow, and the Ontario Housing Policy Statement. The updated Action Plan for Housing and the Homelessness to Housing Stability Strategy will be brought together later in 2013 for Regional Council’s consideration as the Region’s joint Homelessness and Housing Plan to address the Province’s requirements under the Housing Services Act, 2011.
Proposed Performance Standards Matrix
A Working Group of housing provider representatives has collaborated with Regional staff to design the proposed Housing Provider Performance Standards (HPPS) Matrix. This tool enables both the community housing provider and Service Manager to have a common understanding of expectations, standards and remedies for the operation of community housing throughout Waterloo Region. The HPPS Matrix focuses on four performance standard areas: Governance, Financial Management, Operations, and Asset Management, and addresses the degree of concern as well as potential remedies/solutions. Further consultation with community housing providers and stakeholders will take place this spring. The proposed HPPS Matrix will be the subject of a future report to Committee and Council.

Under the Social Housing Reform Act, 2000, and in the successor legislation, the Housing Services Act, 2011 housing providers have a legal obligation to ensure that their projects are well managed, and the Service Manager has the responsibility to ensure that this is the case.

Housing Information Technology System
In January 1998, the Province transferred social housing to municipalities, under the Local Services Realignment program. In November 1999, the federal government and Ontario signed the Canada–Ontario Social Housing Agreement to transfer federal administration of most Ontario social housing to the Province (although CMHC continued to administer certain housing programs). In December 2000, the Social Housing Reform Act, 2000 (Act) was enacted requiring municipalities to assume responsibility for social housing programs previously administered by both the Canada Mortgage and Housing Corporation (CMHC) and the Province.

Despite the change in responsibilities, there was no supporting information technology (IT) platform or system provided to Service Managers. Service Managers had to develop, create, or purchase their own IT systems or find alternative solutions in order to support their business operations. The lack of a secure centralized database has exposed Service Managers and the Province to considerable risk with decentralized data, incompatibility of data formats, data integrity and weak audit trails, and has reduced administrative effectiveness and capacity to manage internal and external business performance and reporting.

An initiative was started by four Service Managers in Southern Ontario (Windsor, Hamilton, Waterloo Region and London) at the beginning of 2011 to look for a solution for an integrated database system. Since the first meeting in April 2011, the group of interested service managers has grown to now include:

- City of Windsor
- City of London
- City of Hamilton
- Region of Waterloo
- Region of York
- Region of Halton
- City of Brantford
- Wellington County
- Region of Peel
- Region of Durham
- Municipality of Chatham-Kent
- Bruce County

The purpose of the project is to create/build upon and implement a web-hosted information system with the focus on producing an integrated database system that provides increased service capacity while streamlining housing program(s) operations. Staff involved in this initiative will provide more information to Committee and Council as the initiative progresses.

Slovak Villa
As described in Report CR-RS-064/P-11-077, the Region of Waterloo approved the transfer of ‘Slovak Villa’, a 42-unit senior community housing facility located at 284 Clyde Road in the City of Cambridge, to Victoria Park Community Homes Inc. after a public procurement process. Slovak Villa had been operated under receivership, and approvals for the transfer were obtained from the Province of Ontario in accordance with the Housing Services Act. Final approval of the
Transfer, and discharge of the receiver, was granted from the Superior Court of Justice in late March of this year. The transfer will have a positive impact on the Slovak Villa tenants, as it includes the investment of $432,000 on the part of Victoria Park Community Homes Inc. in capital repairs and upgrades for the property.

Insurance for Prescribed Providers
Social Housing Services Corporation (SHSC), now known as the Housing Services Corporation (HSC), is currently involved in an insurance consultation process with Housing Providers who are prescribed to participate in their housing insurance program. Service Managers were informed in June 2011 that prescribed providers would be required to purchase their insurance only through the SHSC approved broker, AON Reed Stenhouse Inc, without being allowed to obtain comparable coverage from independent brokers; a process which was previously allowed. Regional Council approved resolutions on June 29, 2011, to request SHSC to immediately reverse its decision, and for SHSC to initiate a process to ensure that all of its programs and services (including insurance) are based on open, competitive bidding processes.

On August 15, 2011, Housing Providers were notified that SHSC would only allow those Providers who had alternate broker arrangements in the previous 2010/2011 insurance year to do so again in 2011/2012. In the meantime, SHSC agreed to conduct a consultation process on its insurance program, with any program re-design decisions communicated to Housing Providers by the end of June 2012. Regional staff took part in the consultation sessions held in January and February 2012 with Service Managers, Risk Managers and the Housing Providers of previous Ontario Housing Corporation (OHC) units, and have shared the concerns of Regional Council regarding the importance of a local competitive bidding process. The consultation outcomes were reported to housing providers on April 25, and includes the following program changes: to allow all providers to solicit quotes from alternate brokers providing equivalent coverage, to pursue a quote at a lower price (not the 10% lower price previously required), to pay a reduced program administration fee of 2.5 percent (as opposed to the previous administration fee of five percent), and to split the program into two separate streams based on the provider's total insured property values. Regionally-owned units managed through Waterloo Region Housing would be part of the 21 providers in Stream B with total insured values over $100M and would be individually underwritten by the program broker, while the remaining 664 providers would be in Stream A with total insured values ranging from $1M to $99.9M and would participate in a group pool. Additional information regarding the Alternate Broker Process and associated program fees will be provided in the program guidelines to be released later this spring. Staff will provide a more complete report to Council at this time.

Rent Supplement Program Review
In coordination with the Internal Auditor, the Housing Division initiated a review of the Rent Supplement Program. In addition to assessing current functionality, the review provides an opportunity to identify potential improvements for service delivery and the use of resources. Any recommendations will be presented to Council’s Audit Committee in 2012.

Area Municipal Consultation and Coordination
Regional staff continue to meet with Area Municipal staff to review affordable housing proposals submitted within their Municipality and to provide updates on affordable housing under development. Area Municipal staff was also consulted regarding the WRH Revitalization Initiative. Staff will continue to seek Area Municipal input into housing policy and program development. A copy of this report has also been forwarded to each Area Municipality.
CORPORATE STRATEGIC PLAN:

Council’s Strategic Focus Area Four includes actions to update and monitor the implementation of the Region’s Affordable Housing Strategy. Focus Area Five includes actions to continue ensuring all Regional programs and services are accessible, efficient, effective and responsive to community needs.

FINANCIAL IMPLICATIONS:

The costs of supporting the Region’s Community Housing programs are provided through Council’s approved annual budget. New affordable housing creation is largely dependent on funding commitments from senior levels of government.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

This report has been shared with Finance, Legal and Social Services. Housing staff is highly interconnected with staff from these departments in the development and delivery of programs and services.

ATTACHMENTS:

Attachment A - Overview of the Housing Division
Attachment B - 2011 Achievements
Attachment C - Housing Facts, 2011
Attachment D - Proposed 2012 Progress Plan
Attachment E - 2012 Housing Services Act (HSA): Stakeholder Consultation Schedule

PREPARED BY: Jennifer Murdoch, Manager, Housing Programs
Irwin Peters, Manager, Waterloo Region Housing
Deb Schlichter, Director, Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
An Overview of the Housing Division

The Region of Waterloo assumed full administrative responsibility for Community Housing in 2001. In the years since the transfer, Regional Council has approved policies and procedures in the administration of housing.

The Housing Division administers Community Housing owned by the Region of Waterloo and managed through Waterloo Region Housing, oversees the waiting list for Community Housing and rent assisted programs, oversees the operations of non-profit and co-operative housing, creates new affordable housing through the Region’s Affordable Housing Strategy, collaborates on the delivery of a variety of housing incentive policies and programs with Federal and Provincial governments, Area Municipalities and housing stakeholders, conducts housing research and collaboratively develops strategic directions to maintain and improve the vitality of the Region’s Community Housing stock, and works closely with other Regional Departments to fulfill these responsibilities.

Program Areas

Waterloo Region Housing
- Manages 2,722 regionally owned units in the cities of Kitchener, Cambridge and Waterloo and in the townships of Wilmot, Woolwich, and Wellesley.

Affordable Housing Strategy
- Oversees new affordable housing development with a target of helping to create at least 500 new units of sustainable affordable housing by the end of 2013.
- Oversees the Affordable Home Ownership Program, helping rental households become homeowners.

Housing Administration
- Acts as Service Manager for the administration of local non-profit and co-operative community housing programs.
- Governs Federal, Provincial and Regional funding allocations to Community Housing.
- Ensures housing provider compliance with relevant legislation, effective governance and tenant relations.

Strategic Initiatives
- Aligns and links housing initiatives with broader corporate and community initiatives and works to increase interdepartmental communication and action.
- Policy and research.

Community Housing Access Centre
- Operates and maintains the Region’s centralized waiting list for Community Housing, which contains 3,000 households at any given time.
- Amends and updates local policies and procedures as prescribed by the Housing Services Act.

Assisted & Affordable Housing Programs
- Works with private sector and non-profit landlords to rent geared-to-income, below average market rent and housing allowance units to applicants on the centralized waiting list.
2011 Achievements

✓ Engaged consultants to study revitalization options for Waterloo Region Housing sites.

✓ Completed capital repair, energy efficiency and accessibility projects under the Social Housing Renovation and Retrofit Programs (SHRRP), including prioritized capital works projects for WRH.

✓ Completed installation of solar panels in 19 community housing buildings, including eight WRH sites, through the Renewable Energy Initiative (REI) Social Housing Renovation & Retrofit Program.

✓ Monitored implementation of the WRH preventive maintenance program (started 01/01/11) in collaboration with Facilities.

✓ Transferred the three properties, with 132 units, formerly owned by the Region through the Region of Waterloo Community Housing Inc. (ROWCHI) to the direct ownership of the Region of Waterloo, to be operated as part of the Waterloo Region Housing portfolio of 2,590 units.

✓ Completed research on tenant insurance requirements.

✓ Ensured Housing Providers received training on the implementation of Building Condition Audits, Reserve Fund Studies and Energy Audits.

✓ Developed a tool, the Housing Provider Performance Standards (HPPS) Matrix, to identify and classify Providers at Risk.

✓ Addressed tenant health and safety issues by raising awareness about the Region’s Bed Bug information campaign and Smoke-Free Policy.

✓ Completed Document Management Continuity Plan.

✓ Used the Yardi Data Base to create work flow documentation and identify and address gaps in statistical reporting for Community Housing Access Centre (CHAC).

✓ Implemented short term priorities recommended by the Access Site Review for Community Housing Access Centre (CHAC).

✓ Updated the Regional and Provincial Arrears Data Bases.

✓ Provided initial education/training for all stakeholders on new Housing Services Act (HSA) requirements.

✓ Created a Tenant Placement function for the Rent Supplement portfolio in order to monitor work flow and refine/develop the implementation processes.

✓ Ensured tenants had alternative affordable housing options through the Housing Allowance Program and Short-Term Rent Support Program.

✓ Started construction on one Affordable Housing Strategy (AHS) development.

✓ Completed four new Affordable Housing Strategy (AHS) developments with 130 units.

✓ Assisted 20 households achieve affordable homeownership.
## Housing Facts – 2010 and 2011

### Waiting List

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active households on waiting list</td>
<td>2,737</td>
<td>3,280</td>
</tr>
<tr>
<td>Number of new applications</td>
<td>2,149</td>
<td>2,282</td>
</tr>
<tr>
<td>Total households housed</td>
<td>884</td>
<td>733</td>
</tr>
<tr>
<td>SPP housed (Victims of domestic violence)</td>
<td>114</td>
<td>163</td>
</tr>
</tbody>
</table>

Number housed under local Priorities:

- Terminally ill: 1 - 3
- Urgent: 128 - 143
- Sunnyside: 0 - 0

Average wait times (unchanged):

- Seniors: 1 to 2 years
- 1-bedroom (Singles/Non-Seniors): 4 to 6 years
- 2-bedroom: 2+ years
- 3-bedroom: 1 to 3 years
- 4/5-bedroom: 3 to 4 years

### Affordable Housing Strategy (AHS) and Affordable Home Ownership (AHO)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>New AHS units occupied</td>
<td>154</td>
<td>130</td>
</tr>
<tr>
<td>New AHS units under construction</td>
<td>126</td>
<td>4</td>
</tr>
<tr>
<td>New homeowners under AHO</td>
<td>44</td>
<td>20</td>
</tr>
<tr>
<td>Value in AHO homes purchased</td>
<td>$8.9M</td>
<td>$4.2M</td>
</tr>
<tr>
<td>Total AHS units created since 2008</td>
<td>347</td>
<td>382</td>
</tr>
<tr>
<td>Total AHS units created since 2001</td>
<td>1,896</td>
<td>1,931</td>
</tr>
</tbody>
</table>

### Capital Repairs

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital repairs completed through Provincial funding</td>
<td>$13.5M</td>
<td>$6M</td>
</tr>
</tbody>
</table>
# Proposed 2012 Progress Plan – Housing Division

## Waterloo Region Housing (WRH)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2010</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Efficiencies</td>
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<td></td>
<td>Affordability</td>
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<td></td>
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<td>Economic</td>
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<td>Sustainability</td>
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<td>Environmental</td>
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<td></td>
<td>Community</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sustainability</td>
</tr>
</tbody>
</table>

### Housing Revitalization Initiative
- Create a strategic investment plan for the intensification and/or redevelopment of key Waterloo Region Housing (WRH) properties, and plan for implementation.
- Anticipated Completion Date: 12/12
- Carried over from 2010: Yes
- Outcome Areas: Yes, Yes, Yes, Yes, Yes

### Capital Asset Improvements
- Monitor the implementation of the WRH Capital Plan in collaboration with Facilities.
- Anticipated Completion Date: 12/12
- Carried over from 2010: Yes
- Outcome Areas: Yes, Yes, Yes, Yes

### Tenant Health and Safety Issues
- Develop a community partner response to deal with tenant health and safety issues such as hoarding and mental health challenges.
- Anticipated Completion Date: 12/12
- Carried over from 2010: Yes
- Outcome Areas: Yes, Yes, Yes

### Region of Waterloo Community Housing Inc. (ROWCHI)
- Completed the integration of service delivery for Region of Waterloo Community Housing Inc. (ROWCHI) units with WRH portfolio.
- Anticipated Completion Date: 05/12
- Carried over from 2010: No
- Outcome Areas: Yes
## Proposed 2012 Progress Plan – Housing Division

### Housing Administration

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2011</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Efficiencies</td>
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<td>Affordability</td>
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<td>Economic Sustainability</td>
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<td>Environmental Sustainability</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community Sustainability</td>
</tr>
</tbody>
</table>

**Housing Services Act (HSA)**

- **Service Manager Policies and Procedures:**
  - Develop policies and procedures (in-house) for the Service Manager
  - Complete Service Manager manual update

- **Housing Provider Policies and Procedures:**
  - Revise existing/create new policies and procedures in response to new legislation,
  - Establish procedures for administration of new policies and procedures,
  - Consult Community Housing Providers and stakeholders,
  - Seek Committee and Council approval, and
  - Create section on regional website within housing that pertains to the HSA.

- **Housing and Homelessness Plan:**
  - Await strategic plan from the Province for the Housing and Homelessness Plan.

- **Carried over from 2011:** 12/12
  - ✔️
  - ✔️
## Housing Administration

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
</table>
| **Community Housing Asset Management Strategy (CHAMS)** | ▪ Develop internal process to utilize Reserve Fund Studies as part of the annual budgeting process for Housing Providers.  
▪ Assist Community Housing Providers in creating preventative maintenance plans.  
▪ Assist Community Housing Providers in the development of a five-year capital plan and implement an annual review strategy. | 04/12                             | ✓                      | E  E  E  ✓                                                                   |
| **Housing Provider Performance Standards (HPPS) Matrix** | ▪ Consult Community Housing Providers and stakeholders on proposal performance standards.  
▪ Develop proposed procedures for administration and monitoring.  
▪ Propose HPPS Matrix for consideration by Committee and Council. | 12/12                             | ✓                      | ✓ E  ✓ ✓                                                                   |
| **Trends Analysis**                             | ▪ Create a format for statistical information to be available for inquiries regarding housing. | 09/12                             | ✓                      | ✓                                                                           |
## Proposed 2012 Progress Plan – Housing Division

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Health and Safety Issues</td>
<td>• Assist Housing Providers to access information and tools to identify and intervene with hoarding issues.</td>
<td>12/12</td>
<td>✓</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Capital Program Administration – Short Term Renovation &amp; Retrofit Program/Renewable Energy Initiatives (SHRRP &amp; REI)</td>
<td>• Complete installation and connection of solar panels.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complete all payments to contractors.</td>
<td>Sept 2012 (or earlier)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reconcile all payment and funding.</td>
<td></td>
<td>✓</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Short Term Rent Support (STRSP)</td>
<td>• Continue ongoing customer service and administration until end of program (December 2012).</td>
<td>12/12</td>
<td>✓</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Information Technology</td>
<td>• Draft business requirements in cooperation with other Services Managers.</td>
<td>06/12</td>
<td>✓</td>
<td>✓ ✓</td>
</tr>
<tr>
<td></td>
<td>• Start programming IT system.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ontario Renovates Program</td>
<td>• Create Ontario Renovates Guidelines and strategies.</td>
<td>09/12</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allocate Year 2 Investment in Affordable Housing (IAH) funding.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
## Proposed 2012 Progress Plan – Housing Division

### Housing Administration

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trends Analysis</strong></td>
<td>▪ Create a format for statistical information to be available for inquiries regarding housing.</td>
<td>09/12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Community Housing Access Centre (CHAC)

<table>
<thead>
<tr>
<th>External Collaborations</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete reciprocal training on housing and victims of domestic violence in collaboration with the Ministry of Community and Social Services and Women’s Crisis Services.</strong></td>
<td>11/12</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Develop annual operational process.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Access Site Review          | Establish Implementation Plan and timelines.                           | 12/12                               | ✓ | ✓ | ✓ | ✓ |

| Policy Development          | Educate/train all stakeholders on new requirements.                   | 12/12                               | ✓ | ✓ | ✓ | ✓ |
## Proposed 2012 Progress Plan – Housing Division

### Affordable Housing Strategy (AHS)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Surplus Land Strategy</td>
<td>• Develop draft strategy for Regional Council consideration.</td>
<td>05/12</td>
<td>✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Develop new tools</td>
<td>• Review and develop new tools to help achieve the goal of the Affordable Housing Strategy (AHS).</td>
<td>05/12</td>
<td>✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>New Affordable Housing</td>
<td>• Assist three additional AHS projects to achieve construction starts in 2012.</td>
<td>06/12</td>
<td>✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

### Strategic Initiatives

<table>
<thead>
<tr>
<th>Community Action Plan for Housing</th>
<th>Actions</th>
<th>Anticipated Completion Date</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Update report to Regional Council.</td>
<td>5/12</td>
<td>✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>• Complete comprehensive data analysis for the report</td>
<td>09/12</td>
<td></td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>• Initiate Action Plan Advisory Committee.</td>
<td>10/12</td>
<td></td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>
## Proposed 2012 Progress Plan – Housing Division

### Assisted and Affordable Housing Programs (AAHP)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Actions</th>
<th>Anticipated Completion Date (MM/YY)</th>
<th>Carried over from 2011</th>
<th>Outcome Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Allowance (HA)</td>
<td>- Continue to monitor and achieve Regional obligation that is not beyond current financial capacity as program funding ends.</td>
<td>12/12</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>- Ongoing contact with HA tenants identifying &amp; updating their housing needs. Implement the HA exit strategy ensuring that all tenants have alternative housing options.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Secure transition to another form of affordable housing without HA assistance prior to March 31/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent Supplement Review</td>
<td>- Receive the completed review, assess and implement recommendations.</td>
<td>12/12</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Housing Services Act</td>
<td>- Participate in policy development and implementation.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
## 2012 HSA Stakeholder Consultations

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, February 22, 2012</td>
<td>9:30 a.m. – 12 p.m.</td>
<td>via online access</td>
<td>• One date system for waiting list (building selection dates)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Absence from unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Occupancy standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ceasing to meet occupancy standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Immigration sponsorships</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Reporting changes</td>
</tr>
<tr>
<td>Wednesday, March 21, 2012</td>
<td>9:30 a.m. – 12 p.m.</td>
<td>via online access</td>
<td>• Overhousing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Certain convictions</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Income/Asset limits</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Refusals of offers</td>
</tr>
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<td></td>
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<td>• Market to RGI</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Rent forgiveness</td>
</tr>
<tr>
<td>Wednesday, April 25, 2012</td>
<td>9:00 a.m. – 12 p.m.</td>
<td>WRESTRC 1001 Erb Road (Classroom 1 &amp; 2)</td>
<td>• Local standards for housing providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Enforcement measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Reporting requirements</td>
</tr>
<tr>
<td>Wednesday, May 23, 2012</td>
<td>9:00 a.m. – 12 p.m.</td>
<td>Operations Centre 100 Maple Grove Road (Classroom)</td>
<td>• System for dealing with reviews</td>
</tr>
<tr>
<td>Wednesday, June 20, 2012</td>
<td>1 p.m. – 3 p.m.</td>
<td>Waterloo Region Museum 10 Huron Road at Homer Watson Boulevard (Classroom A)</td>
<td>• Review of consolidated results on previous consultation sessions</td>
</tr>
<tr>
<td>Wednesday, September 12, 2012</td>
<td>1 p.m. – 3 p.m.</td>
<td>Operations Centre 100 Maple Grove Road (Classroom)</td>
<td>• Final review of draft policies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Review of draft revised Housing Programs Operations Manual</td>
</tr>
<tr>
<td>Wednesday, October 24, 2012</td>
<td>9:30 a.m. – 12 p.m.</td>
<td>via online access</td>
<td>• System for selecting households</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Local Priorities</td>
</tr>
<tr>
<td>Wednesday, November 21, 2012</td>
<td>9:30 a.m. – 12 p.m.</td>
<td>via online access</td>
<td>• Consultation on System for selecting households and Local Priorities continued</td>
</tr>
<tr>
<td>Wednesday, December 5, 2012</td>
<td>9:00 a.m. – 12 p.m.</td>
<td>Operations Centre 100 Maple Grove Road (Classroom)</td>
<td>• Housing Provider Information and Training Session</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Distribution of revised Housing Programs Operations Manual</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: May 8, 2012  
FILE CODE: S02-80  
SUBJECT: CHILD CARE FEE SUBSIDY UPDATE  

RECOMMENDATION:  
For Information  

SUMMARY:  
This report provides an update on the current caseload demands for child care fee subsidy. The fee subsidy program provides assistance for families with their child care costs. A waiting list put in place in August 2011 was cleared by January 2012. Current expenditures for the program remain within budget levels.  

REPORT:  

1.0 Background  
Child Care Fee Subsidy provides financial assistance with the cost of child care to families who are working, attending school or training, have a child with special or social needs or who are ill, disabled or attending a day treatment program. A Provincial Income Test is used to determine eligibility for child care fee subsidies. Financial eligibility is based on the parent/guardian adjusted net income on their most recent Federal Notice of Assessment. Families with a net income of $20,000 or less per year are eligible for full subsidy and families whose income is above $20,000 pay a portion of their child care costs (called a parent contribution). Families are determined ineligible when their parent contribution is more than their actual child care costs.  
Children of subsidy eligible parents can be placed with a licensed child care centre, licensed home child care agency home, an approved summer camp or a full day kindergarten before and after school program in Waterloo Region.  
Chart 1 provides a breakdown of parent/guardian activities of the current fee subsidy client base.

Reasons Families are Receiving a Child Care Subsidy

- Working, 66%
- Special/Social Needs, 10%
- School, 17%
- Parent Medical, 1%
- Looking for Work, 1%
- Other, 5%

Chart 1: Breakdown of parent/guardian activities of the current fee subsidy client base.
2.0 Current Child Care Fee Subsidy Funding

The fee subsidy budget is one of the largest operating budget expenditures for Children’s Services. It includes all payments made on behalf of subsidy eligible families for licensed early learning and child care services across the Region. The total fee subsidy budget for 2012 is $16,404,244.

Since 2005, Provincial cost sharing formulas have not included a municipal contribution or cost sharing. In 2011 a budget issue paper addressed the need for an increase in funding for the fee subsidy program. Council approved an increase in the fee subsidy budget of $2 million ($390,000 net levy) for 2012. This was based on community needs for subsidies. The Provincial funding was not provided. Since 2010 two new funding envelopes have been available to address the impact of full day kindergarten on the licensed Early Learning and Child Care sector. The new 100% Provincial funding includes $679,397 in Child Care Transition and $147,895 in minor capital funding. An additional $67,033 in ongoing Provincial funding is to be used specifically for fee subsidy for four and five year olds attending before and after school programs at full day early learning kindergarten sites.

The 2012 budget allocation of $16.4M allows for placement of an annual monthly average of about 2900 children per month. The demand for fee subsidy has averaged closer to 3000 per month for the past three years. Due to the high demand, a fee subsidy waiting list was implemented August 23, 2010 and resulted in a significant waiting list by September 2011. In the fall of 2011 lower than projected monthly expenditures paired with new Provincial one time funding allowed for placement of families on the waiting list. By January 2012 all families still in need of a placement had been moved from the waiting list. Placement of all subsidy eligible children has continued in 2012 resulting in no waiting list at this time. Staff continue to monitor monthly expenditures and placements to ensure budget levels are maintained.

Figure 1 provides an overview of the monthly expenditures for the past four years in comparison with the 2012 budget.

Figure 1- Monthly Fee Subsidy Expenditures 2009 - 2012
3.0 Service Levels and Anticipated Demands

The current fee subsidy funding provides for expenditures of $1.3 M per month on average. The actual expenditures each month varies depending on the hours of care and cost of care for children. As noted in Figure 1 there is a fair amount of variability from month to month in expenditures. Managing the expenditures and flow of children in and out of the fee subsidy program is a complex and dynamic process. Expenditures and number of children are monitored on a monthly basis to ensure expenditures remain within the budget levels.

Figure 2 – 2012 Monthly Expenditures

The monthly expenditures for the first quarter of 2012 have fallen within the budget benchmark. Placement of all subsidy eligible children will continue until expenditures and numbers begin to exceed the available funds. As awareness grows of the current availability of child care subsidy, staff anticipate the demand will increase back to an average of 3000 per month. The current budget can sustain placement of approximately 2900 children with careful management. If no additional Provincial funding is provided there will likely be a waiting list in place before the end of 2012.

4.0 Waiting List Priority System

In January 2011 Committee (SS-02-80) approved a new waiting list priority category system. The waiting list priority system allows staff a means of determining who will access services first should demand exceed available funding. The categories are outlined below.

Category 1 – families with a special needs child
Category 2 - families with income of $0-$20,000
Category 3 – families with income of $20,001 - $40,000
Category 4 – families with income of $40,001-$60,000
Category 5 – families with income of $60,001+

The chart to the right provides a breakdown of the current fee subsidy caseload by income levels. As noted 87% of families currently in receipt of child care subsidy have net incomes of $40,000 or less.
CORPORATE STRATEGIC PLAN:

This report addresses the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The Children’s Services Division budget totals approximately $39 million of this total approximately $16M is provided for the fee subsidy program. Of the $16M, approximately $9.3M is provincially cost shared at 80/20, $5.3M is 100% provincially funded and $1.4M is 100% Regionally funded.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The ongoing assistance of Finance staff is required to monitor expenditures and submit quarterly claims to the Province.

ATTACHMENTS

NIL

PREPARED BY:  
Sheri Phillips, Manager, Child Care Subsidy
Nancy Dickieson, Director, Children’s Services

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

DATE: May 8, 2012

FILE CODE: F11-30

SUBJECT: IMPACT OF PROVINCIAL BUDGET ON EMPLOYMENT AND INCOME SUPPORT PROGRAMS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo fund the 2012 shortfall in the Discretionary Benefits program from the Tax Stabilisation Reserve Fund;

AND THAT staff be directed to provide Council with a prioritised list of discretionary benefits and financial impacts as part of the 2013 Budget process as outlined in report SS-12-019, dated May 8, 2012.

SUMMARY:

This report addresses the social assistance implications of the Province’s 2012-2013 proposed Budget. Included in the Budget are two significant changes to employment and income support programs. The first removes the Community Start-up and Maintenance Benefit from social assistance and transfers half of the funding to a new consolidated program on January 1, 2013. This is the first phase of consolidation under the Long Term Affordable Housing Strategy. The second change is to cap cost sharing for the discretionary benefits available to social assistance recipients at $10.00 per case per month, effective July 1, 2012. Both these changes have significant financial and program implications.

REPORT:

1.0 Provincial Budget

Pending enabling legislation the 2012-2013 Provincial Budget contains a number of items which impact the delivery of social assistance (both Ontario Works and the Ontario Disability Support Program). These include:

- Social assistance rates will increase by 1% in November 2012 for Ontario Disability Support Program (ODSP) recipients and December 2012 for Ontario Works (OW).
- There will be no increase in the Ontario Child Benefit (OCB) in 2012. The OCB will increase in July 2013 and again in July 2014 to a maximum of $1,310 per month.
- The Home Repair Benefit will be removed from social assistance effective January 1, 2013.
- The Provincial government will explore opportunities to integrate the Ontario Works and ODSP employment services within the broader Employment Ontario network of the Ministry of Training, Colleges and Universities.
- The Community Start-up and Maintenance Benefit will be removed as a mandatory benefit from
social assistance effective January 1, 2013.
- The Province will revise the cost sharing formula for discretionary benefits effective July 1, 2012.

This report will focus upon the last two items given their immediacy and impact upon the Region.

2.0 Community Start-up and Maintenance Benefit

2.1 Background
The Community Start-up and Maintenance Benefit (CSUMB) is currently a mandatory benefit under social assistance to assist in establishing a new principal residence, prevent eviction or the discontinuance of utilities or heating in an existing residence. CSUMB may also be issued where there is a threat to the health or welfare of a recipient or a member of the family in a non start-up situation. The amount of the CSUMB payable is a maximum of $1,500 for recipients with one or more dependent children in a 24-month period; or up to a maximum of $799 where there are no dependent children in a 24-month period. In exceptional circumstances CSUMB can be issued for a second time in the prescribed period.

In 2011, the Region issued $2.33 million in CSUMB for Ontario Works participants and their families. These expenditures are cost shared with the Province of Ontario (82.8% Province or approximately $1.93 million, and 17.2% Municipal or approximately $0.4 million). The municipal costs are subject to the Provincial upload of Ontario Works costs. CSUMB is fully funded (100%) by the Province for the Ontario Disability Support Program. Detail on Provincial expenditures for the ODSP is being provided by the Province for planning purposes.

2.2 Provincial Budget
Effective January 1, 2013, CSUMB funding will be included as part of a new consolidated housing and homelessness program to be delivered by the Region. This new program will provide housing and homelessness services and support. Funds for the delivery of a number of existing programs (Emergency Shelters, Domiciliary Hostels, the Provincial Rent Bank, Provincial Energy Emergency Fund and the Consolidated Homelessness Prevention Program) are being consolidated into this new program to be delivered by Consolidated Municipal Service Managers (CMSMs) such as the Region of Waterloo. The CSUMB for both OW and ODSP programs will now be combined, as this benefit will no longer be available through social assistance. While the Province has indicated that it will provide up to 50% of its expenditures on CSUMB, it has not yet provided a final cost allocation for this new program. The Provincial intent is greater local flexibility in the delivery and funding of services. During the 2012 Budget process Council approved $75,000 to assist with planning the implementation of this Provincial initiative. These changes are effective January 1, 2013.

2.3 Impacts
The amount of funding to be transferred to the Region cannot be determined at this time, but across the Province, the overall funding of what was once the CSUMB will be reduced by 50%. This benefit will no longer be available to OW and ODSP recipients as a mandatory benefit. This will impact the ability of the social assistance delivery system to respond to the needs of vulnerable citizens receiving social assistance.

Based on the 2011 expenditures for the Region of Waterloo related to the CSUMB for Ontario Works, the savings to the Region’s 2013 OW budget are estimated to be $400,000. As part of the Ontario Works program, these costs are to be uploaded to the Province by 2018. Depending on how the Region responds this program change may accelerate the uploaded savings for the Region.
3.0 Discretionary Benefits

3.1 Background

Under the Ontario Works Act, Municipalities can provide certain discretionary benefits as approved by the Ontario Works Director to Ontario Works and ODSP recipients. There are two types: health related and non health related. In 2011, the Region provided $6.0 million in discretionary benefits.

Non health related benefits include such broad categories as: non health related travel and transportation, interpreter fees, food hampers and moving costs. Total non health related expenditures in 2011 were $1,801,476 (estimated Regional share in 2012 equals $309,853). The Province currently cost shares up to a maximum of $8.75 per case (based on the average monthly OW and ODSP caseload) for non health related benefits. In 2011, the maximum amount the Region could claim for non health benefits was $1.89 million.

Health related benefits include such broad categories as: dental and vision care for adults, prosthesis/orthotics/mobility aids, funerals, heat and hydro assistance, prescriptions drugs. Total expenditures in 2011 were $4,207,380 (estimated Regional share in 2012 equals $723,700). There is currently no cap on health related discretionary benefits.

3.2 Provincial Budget

The Provincial budget announced that effective July 1, 2012, all discretionary benefits (both health related and non health related) would be cost shared to a maximum of $10 per case for the combined monthly average OW and ODSP caseload. Any expenditure above the capped amount is the responsibility of the Region. Mandatory benefits would continue to be funded without a cap.

3.3 Impacts

Based on the 2011 Ontario Works and ODSP caseload of 216,020 cases, the maximum amount the Province would cost share with the Region is $2,160,200. On an annualized basis, this is over $3.8 million less than what the Region spent in 2011. As the program changes as of July 1, 2012, the fiscal impact on the Region is projected to be $1.6M, taking into account the approved transfer from the Tax Stabilization Reserve Fund.

To comply with the Provincial direction will mean significant reduction in the availability of supports to Ontario Works and Ontario Disability Support Program participants. By extension there will be an impact upon community partners such as those agencies with which we contract for the delivery of food hampers. As well, staff have paused discussion with funeral directors concerning a new fee schedule as approved during the 2012 budget process. To meet the July 1st deadline staff would need to provide Council a list of priorities for consideration in the next month.

4.0 Direction

In terms of the CSUMB, Regional Social Services staff are participating in Provincial discussions around the new initiative. Planning for the services and supports to be delivered in January 2013 will take place over the coming months. A report for Council’s consideration will follow.

Staff is seeking Council direction concerning the Discretionary Benefits program. Expenditures that exceed the capped amount must be funded entirely by the Region. As the Region’s share of the Ontario Works program is being uploaded to the Province, the resulting savings have been committed to the Rapid Transit project. Finally it should be noted that the Region’s caseload has
grown in the first three months of 2012 over 2011.
Staff are proposing three options for Committee's consideration for the balance of 2012:

**Option 1. Continue Program after July 1, 2012**

If the Region continued administering the program without any changes in 2012, the total annualized cost to the Region would be $3.85 million. It is projected the cost of continuing to spend at 2011 levels will result in a funding shortfall of $1.6 million compared to the approved 2012 Regional Budget.

**Option 2. Reduce Program Spending as of July 1, 2012.**

Based on 2011 expenditures, if the Region was to deliver the Discretionary Benefits program up to the Provincial cap of $2.16 million, an annual reduction of $3.8 million or 63% would be required. As presented above this has significant implications for social assistance recipients and community partners. Staff would need to return to Council in the next month with a list of priority services for elimination. Even if decisions were made by July 1st, in a few instances given contractual commitments, there would an over expenditure albeit much reduced.

**Option 3. Fund Only Priority Areas after July 1, 2012**

The third option would be to determine those programs that are considered the highest priority and fund any expenditures above the cap at 100% municipal cost. In this scenario, expenditures would be greater than the capped annual amount of $2.16 million, but less than the current spending level, depending on Council's direction. Such an approach would give staff and the community very little time to determine which are the priority areas to maintain.

**Staff Recommendation**

Given the impact upon social assistance recipients and community partners and the compressed timeframe within which to make decisions, staff are recommending that Council approve Option 1 for the remainder of 2012 and that the Discretionary Benefits program be reviewed as part of the 2013 Budget process. In the interim staff will monitor expenditures on a monthly basis to ensure that the program stays within the approved budget. This would allow staff to do a thorough review of all discretionary benefits and bring back a report on options and priorities. The additional 2012 cost to the Region could be funded by the Tax Stabilization Reserve Fund (TSRF). The projected additional drawdown on the TSRF is $1.6 million.

**CORPORATE STRATEGIC PLAN:**

The provision of Community Start-up and Discretionary Benefits supports the Region’s Corporate 2011-2014 Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.1: (to) work collaboratively to reduce poverty.

**FINANCIAL IMPLICATIONS:**

As part of its Financial Assistance budget, the Region provides discretionary and mandatory benefits such as the Community Start-up Benefit to social assistance recipients. This program is cost shared with the Province of Ontario (2012 ratio 82.8:17.2) and is being uploaded. The resulting savings from the upload have been dedicated to financing the Region's Rapid Transit initiative. The 2012-13 Provincial budget may accelerate the realization of these savings.
The 2012 Operating Budget for Cost Shared Benefits is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Mandatory Benefits</th>
<th>Discretionary Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>$2,185,000</td>
<td>$5,923,338</td>
<td>$8,108,338</td>
</tr>
<tr>
<td>Provincial Funding (82.8%)</td>
<td>1,809,180</td>
<td>4,904,523</td>
<td>6,713,703</td>
</tr>
<tr>
<td>Region Share</td>
<td>$ 375,820</td>
<td>$1,018,815</td>
<td>$1,394,635</td>
</tr>
<tr>
<td>Tax Stabilization Reserve Fund Contribution</td>
<td>101,025</td>
<td>273,869</td>
<td>374,894</td>
</tr>
<tr>
<td>Property Tax Levy</td>
<td>$274,795</td>
<td>$744,946</td>
<td>$1,019,741</td>
</tr>
</tbody>
</table>

The total TSRF contribution for Ontario Works and Cost Shared Benefits is budgeted at $4,273,878. As of January 1, 2012, the balance in the TSRF was $10.0 million.

As of July 1, 2012 the Province has capped the amount of Discretionary Benefits that it will cost share. Based on the 2012 Budget, it is estimated that for the July to December 2012 period, the Province will cost share $1.1 million in expenditures vs. a budgeted expenditure of $3.0 million.

If the Region was to reduce expenditures to the Provincial maximum, the cost savings to the Region in 2012 would be a maximum of $0.32 million. On an annualized basis, the savings would be approximately $0.65 million.

If the Region funds the Discretionary Benefits program to the end of 2012 as budgeted, the increased transfer from the TSRF is estimated to be $1.6 million. This estimate will change based on changes in caseload and benefits provided to social assistance recipients.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

This report was prepared in consultation with staff from Finance and Social Planning, Policy and Program Administration, Social Services.

**ATTACHMENTS**

Nil

**PREPARED BY:**  *David Dirks*, Director, Employment and Income Support

**APPROVED BY:**  *Michael Schuster*, Commissioner, Social Services
Thursday, May 24, 2012 at 10:30 a.m. will mark the official opening of the Joseph Schneider Haus Family Wash House. Regional Councillors are invited to participate in a brief ceremony and ribbon cutting, following which they will join members of the press and other invited guests to explore this fascinating building and to enjoy the demonstrations of costumed staff as they fully animate the wash house for its 21st century debut.

On Sunday afternoon, May 27 from 1:00 to 5 p.m., a family event will mark the public opening of the Schneider Family wash house and the completion of the domestic outbuildings project begun in the early 1980s. Further information about the history and use of the wash house is provided below.

In the fall of 2010, construction began on the wash house building, the largest of the domestic outbuildings that once formed part of the “Hof” or “dooryard” of the Schneider farmstead. Beginning in 1998, when a three-compartment bake house was rescued from an Elmira farm and reconstructed at the site, small purpose-built structures have been added to the Joseph Schneider Haus landscape so that the property around the historic house now more closely resembles the “little village” that daughter Louisa once described in her reminiscences.

Of all the buildings that were such familiar territory to the Schneider women in the 19th century, it is the wash house about which we have the most information. During the Schneider Creek culvert reconstruction in 1984, archaeological excavations were conducted that revealed the stone foundation walls of the building and its corner brick hearth. When the superstructure was dismantled, likely in the late 1870s when a new brick wash house replaced it, the foundation was backfilled with earth, preserving even the joists and wood flooring, not to mention bits of starch, lye, a washboard and other paraphernalia that related to its previous life.

With this fund of evidence, it was clear that a relatively accurate replica could be reconstructed in the original location, while still preserving the archaeology below. As the research progressed and the on-site evidence was interpreted within the context of early Waterloo County farm dwellings and auxiliary structures, it became evident that the original structure was a log building that could well have been the family’s first house. In any case, it closely resembles the size and shape of log dwellings that early settlers built to house their families for the first years,
and which they later converted for a secondary purpose once their second house was ready for occupancy. A typical 19th century conversion was ‘first house to wash house’ or summerhouse (Sommerhaus) as similar outbuildings were called on other farmsteads.

The summerhouse/wash house was the most indispensable of the buildings in the Pennsylvania-German domestic Hof. Here, food for winter consumption was preserved during the summer months, when produce from the family garden and orchard was harvested. Cooking and eating also took place in the summerhouse eliminating heat, flies and odours from the main farmhouse during the hottest months. But the summerhouse also provided a convenient adjunct to the kitchen where rougher household chores could be done. Though the activities themselves were determined by the needs of the family and the working areas in the outbuildings, Waterloo County summerhouses were variously used for laundry, boiling maple sap and apple butter, rendering lard, making head cheese and other types of meat processing, candle and soap making, pickling and preserving.

Harvesters were frequently accommodated in the loft of the summerhouse/wash house, though family stories indicate that the Schneider women considered the upper floor of their wash house as their personal Schop- the equivalent of the workshop that farmers and agricultural workers operated for repairs and small projects. The wash house Schop was where the women set up the spinning wheels in the spring of the year after the sheep were sheared and where they would spend hour upon hour over the following six weeks processing the wool of the shearing harvest that year. The Schneider spinsters walked literally miles as they worked their great wheels, accomplishing a great volume of spinning in a relatively short period of time.

So the wash house was once witness to a definite seasonal cycle becoming dormant once the butchering activities of December/January wound down and coming to life at the first signs of spring. Once the good weather reappeared, fire would be rekindled on the hearth, great pots of water would be boiled on the crane and the loft would literally hum with the spinning activities that the women hurried to complete before they were summoned to the garden for “planting and ploughing”.

Spring was the time of year when the whole building would be enlivened by sheep shearing and wool processing activities. In the 1850s these tedious, yet necessary, tasks had to involve the whole family – men, women and children alike. The men were responsible for the washing and shearing of the family flock, the women and children with the picking, carding and spinning of the fleece into yarn, destined to become a blanket or a piece of cozy homespun clothing.

This, then, is the time of year we have chosen for the official opening of the reconstructed wash house. Following the ribbon cutting by Regional Council on May 24, 2012, a public celebration will be held on the afternoon of Sunday, May 27. As the Schneider museum family takes the lead in the fascinating activities that will transform the wool “from sheep to shawl”, modern-day visiting families can join in the fun and help make the work go faster. The shearer and his willing, woolly sheep will certainly be the centre of attention, as will the women spinning away in the loft of the wash house, and the cousins turning out bowls of hearty soup on the open hearth of the kitchen below. From time to time, a child will be sent to the bake house to fetch more bread and Zwivelkuchen to keep the energy and spirits high. Visitors can then investigate the wonders of the bake house technology that could turn out volumes of baked goods for a growing family of ten or twelve.

All are invited to this family gathering in honour of the “wool harvest” and in celebration of the opening of the handsome log building by Schneider Creek. Activities for the day commence at 1:00 p.m. and continue all afternoon.
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Heather Callum, Social Planning Associate
       David Dirks, Director, Employment and Income Support
Copies: Michael Schuster, Commissioner, Social Services
File No: S14-80
Subject: 2010-2011 COMMUNITY LABOUR MARKET ANALYSIS

2010-2011 Community Labour Market Analysis
Employment and Income Support, Social Services annually asks the Workforce Planning Board of Waterloo Wellington Dufferin (WPB) to produce a profile of the local labour market. The Community Labour Market Analysis is used along with other information reports such as the 2011 Ontario Works Caseload Profile to develop Ontario Works Service Plans and to plan programs which address the employment needs of Ontario Works participants.

The Community Labour Market Analysis examines labour market statistics and trends, provides an overview of employment by sector and occupation, and outlines barriers to employment for certain groups for the Kitchener-Cambridge-Waterloo Census Metropolitan Area (Kitchener-Cambridge-Waterloo CMA). The Kitchener-Cambridge-Waterloo CMA includes the cities of Cambridge, Kitchener and Waterloo and the Townships of North Dumfries and Woolwich.

Key Findings
The Community Labour Market Analysis illustrates that while the Kitchener-Cambridge-Waterloo CMA continued to feel the effects of the economic downturn, there were positive signs that recovery is taking place. While the unemployment rate for the Kitchener-Cambridge-Waterloo CMA did not drop back to pre-recession levels (5.7% in 2008), it dropped by 0.6% in the last year and 2.6% in the last two years (from 9.4% in 2009 to 7.4% in 2010 to 6.8% in October 2011).

The number of employers in the Kitchener-Cambridge-Waterloo CMA decreased slightly (0.5%) from 2010 to 2011, after a 3.8% increase in the number of employers from 2009 to 2010. In July 2011, Research in Motion (RIM) announced it was cutting approximately 900 jobs locally. Two Action Centres (Colonial Cookies and RIM) remain in the CMA to support laid off workers.

The Community Labour Market Analysis states that the CMA’s population continued to increase, with greater than expected growth taking place from October 2010 to October 2011, resulting in
This customized labour market report was commissioned by Region of Waterloo Social Services and compiled by Workforce Planning Board of Waterloo Wellington Dufferin (WPB) staff. This report contains some excerpts from the 2012 Local Labour Market Plan for Waterloo Wellington Dufferin.

The Workforce Planning Board of Waterloo Wellington Dufferin (WPB) covers one of twenty-five (25) local planning zones across Ontario. Our role is to engage communities and community partners in local labour market development. WPB is now responsible for communities across Waterloo Region, Wellington County and Dufferin County. Our neutral position within the community allows us to act as a mechanism to bring together divergent labour market partners (labour, business, service providers, education/training, economic development, equity groups) to develop local solutions to local workforce development issues.

Workforce Planning Board
of Waterloo Wellington Dufferin

Ph: (519) 622-7122 e-mail: info@workforceplanningboard.com
web: www.workforceplanningboard.com
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2010-2011 Community Labour Market Analysis

Introduction

This labour market analysis identifies changes in the labour market in Waterloo Region by examining variances between 2010 and 2011. The report also makes year over year comparisons and examines Waterloo Region’s situation as it relates to other metropolitan areas in South Western Ontario.

Much of the data in this report is derived from Statistics Canada’s monthly Labour Force Survey however other data is also considered. Some of this additional data will incorporate Canadian Business Pattern and Taxfiler data as well as information from provincial and federal labour market reports. Numbers are seasonally adjusted unless otherwise indicated.¹

1.0 Labour Market Statistics, Trends and Analysis

1.1 Labour Force Characteristics

Table 1 - Labour Force Characteristics – Kitchener Census Metropolitan Area (KCMA)²

<table>
<thead>
<tr>
<th></th>
<th>Oct 2010</th>
<th>Oct 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population over 15 years of age</td>
<td>395,000³</td>
<td>409,500</td>
</tr>
<tr>
<td>Labour Force ⁴</td>
<td>278,200</td>
<td>291,000</td>
</tr>
<tr>
<td>Employed</td>
<td>257,200</td>
<td>271,100</td>
</tr>
<tr>
<td>Unemployed</td>
<td>21,000</td>
<td>19,900</td>
</tr>
</tbody>
</table>

From October 2010 to October 2011 we have seen an increase in the working age population (ages 15-64) greater than that which we would expect based on recent historical trends (normally approximately 5,000 – 6,000 people each year). The labour force, as a result, has seen rapid growth. This could indicate an increase in opportunities in the labour force for those moving here and for those wishing to re-enter the labour force. Growing employment and decreasing unemployment would suggest a strong local labour force.

¹ Seasonal Adjustment – A statistical technique used to remove the effect of normal seasonal fluctuations in data so underlying trends become more evident. Economic statistics, which are subject to seasonal influence, are sometimes presented with the seasonal influence removed. The calculated effect of the seasons has been eliminated from the data.
² CMA – A Census Metropolitan Area is a geographical unit used by Statistics Canada to describe significant urban areas. Kitchener CMA includes the cities of Kitchener, Cambridge, Waterloo and the townships of Woolwich and North Dumfries.
³ All numbers in the report have been rounded to the nearest 100.
⁴ Labour Force - Refers to the labour market activity of the population 15 years of age and over, excluding institutional residents, prior to the survey week. Respondents are classified as either employed or unemployed.
In terms of population size, we are still closest to London however our labour force has now grown to over 290,000. London’s labour force has also grown but only at half the rate of Waterloo Region. Almost 14,000 more people are employed than this time last year.

1.2 Trends and Comparisons

Chart 2 – Participation Rate Trends

The participation rate is the total labour force expressed as a percentage of the total population aged 15 and over who are employed or actively seeking employment.
Participation rates steadily increased over the first half of 2011 to peak at approximately 74%. By October it was back at approximately 71%. This trend line mirrors the previous year with the exception of May to August 2011 where rates remained steady for that entire period. These participation rates are still much higher than those of Ontario at 67%.

Chart 3 – Employment Rate Trends

![Employment Rate Trends – Nov 2010 – Oct 2011](image)

Employment rates rose again midyear to remain at 68-69% for several straight months. This is compared to an average of approximately 61.5% in Ontario. In 2010 we saw a dip in employment rates in the early part of the year however that did not happen again in 2011.

Full-Time vs. Part Time
From October 2010 to October 2011, the number of people working full-time in Ontario increased by 1.9% while those who are working part-time has decreased by just 0.4%. All age groups have seen a slight increase in full-time employment.

1.3 Unemployment Statistics

Table 2 – Unemployment Rates

<table>
<thead>
<tr>
<th>CMA</th>
<th>Annual Unemployment Rate (%)</th>
<th>Seasonally Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchener</td>
<td>5.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Hamilton</td>
<td>5.9</td>
<td>6.0</td>
</tr>
<tr>
<td>St. Catherines – Niagara</td>
<td>6.4</td>
<td>6.8</td>
</tr>
<tr>
<td>London</td>
<td>6.2</td>
<td>6.1</td>
</tr>
<tr>
<td>Windsor</td>
<td>9.0</td>
<td>9.3</td>
</tr>
<tr>
<td>Ontario</td>
<td>6.3</td>
<td>6.4</td>
</tr>
</tbody>
</table>
Hamilton had the lowest annual unemployment rate for 2010 at 6.4% however the rates in the Kitchener CMA have continued to drop during 2011 helping us catch up again.

As of October 2011, the unadjusted average duration of unemployment in Ontario sits at 22 weeks as compared to 23 weeks one year ago. In comparison, the five-year average duration of unemployment since 2006 was 16 weeks. The number people who were unemployed in Ontario for 27 weeks or more has dropped to 132,000 from 147,000 in October 2010. For those in the 15-24 age group approximately 19,000 were unemployed for more than 27 weeks, compared to just 8,000 in 2008.

**Chart 4 – Unemployment Rate Trends**

![Chart 4 – Unemployment Rate Trends](chart4.png)

**1.4 Other Significant Information for the KCMA**

- The total number of businesses has decreased by 0.5% from June 2010 to June 2011. Those businesses with 1-500 employees fell slightly from 15,194 to 15,116.
- In small and medium sized businesses with up to 50 employees we saw a total decrease of 37 businesses between June 2010 and June 2011. This is compared to an increase of 619 from June 2009 to June 2010. The exception was in the 20-49 employee range where we saw an increase of 3 businesses or just below 1%.
- In businesses with over 100 employees, the total number of businesses declined by 24.
- The decline in the number of large employers with more than 500 employees slowed somewhat with the loss of only 1 business. The recent closure announcement by Schneiders will impact in this size range.
- 99.5% of all Waterloo Region businesses have less than 200 employees.
2.0 Employment by Sector and Occupation

Table 3 - Employment by Sector Comparison – KCMA (Seasonally unadjusted)
Presented in 1,000s

<table>
<thead>
<tr>
<th>Employment by Sector and Occupation</th>
<th>Oct-09</th>
<th>Oct-10</th>
<th>Oct-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total employment all industries</td>
<td>255</td>
<td>260</td>
<td>272</td>
</tr>
<tr>
<td>Total Goods Producing Sector</td>
<td>70</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>Agriculture</td>
<td>3</td>
<td>x?</td>
<td>1.5</td>
</tr>
<tr>
<td>Forestry, Fishing, Mining, Oil &amp; Gas</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Utilities</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Construction</td>
<td>16</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>51</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Total Service Sector</td>
<td>185</td>
<td>187</td>
<td>207</td>
</tr>
<tr>
<td>Trade</td>
<td>41</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>Transportation and Warehousing</td>
<td>8</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Finance, Insurance and Real Estate</td>
<td>17</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Professional, Scientific and Technical Services</td>
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<td>26</td>
</tr>
<tr>
<td>Business, Building and other Support Services</td>
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<td>Education</td>
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<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Health Care and Social Assistance</td>
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<td>31</td>
</tr>
<tr>
<td>Information, Culture and Recreation</td>
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<td>13</td>
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<tr>
<td>Accommodation and Food Services</td>
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</tr>
<tr>
<td>Other Services</td>
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<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Public Administration</td>
<td>7</td>
<td>7</td>
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</tr>
</tbody>
</table>

Source: Statistics Canada, Labour Force Survey

Employment in the Goods Producing Sector saw a slight decline as employment in local manufacturing has decreased, at least for the time being. The manufacturing sector now accounts for just under 18% of all employment in the Region.

Employment in the Service Sector rose rapidly, particularly in the Professional, Scientific and Technical Services sector as well as in Health Care and Social Assistance. More detail on this growth follows in the next section.

From June 2010 to June 2011, there was a net loss of 24 employers in Waterloo Region with 100 or more employees. There are now only 344 employers in Waterloo Region with more than 100 employees. However, the total number of employers has decreased from 15,144 to 15,116 (excluding owner operators).

X denotes that this information was not available
Table 4 - Employment by Occupation – KCMA (seasonally unadjusted)
Presented in 1,000s

<table>
<thead>
<tr>
<th></th>
<th>Oct-09</th>
<th>Oct-10</th>
<th>Oct-11</th>
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<td>All occupations</td>
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<td>Management occupations</td>
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<td>24</td>
<td>25</td>
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<tr>
<td>Business, finance and administrative</td>
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<td>52</td>
<td>50</td>
</tr>
<tr>
<td>Natural &amp; applied sciences &amp; related</td>
<td>24</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Health occupations</td>
<td>15</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Occupations in social science, education, government service and Religion</td>
<td>28</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Occupations in art, culture, recreation and sport</td>
<td>7</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Sales and service occupations</td>
<td>58</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Trades, transport and equipment operators and related occupations</td>
<td>35</td>
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<tr>
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</tr>
<tr>
<td>Occupations unique to processing, manufacturing and utilities</td>
<td>23</td>
<td>25</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: Information taken from Ontario Labour Market Report, LMI & Research, MTCU – November 2011


2.1 Changes in Employment

Chart 5 highlights the increase in employment in the Professional, Scientific and Technical Services sector and the Health Care and Social Assistance sector. The largest decrease in employment was in manufacturing however a number of sub sectors are aggressively hiring.
2.2 Employment and Economic Forecasts

“Waterloo Region’s economy will outperform the Ontario average,” according to Craig Alexander, senior vice-president and chief economist at TD Bank who delivered the economic outlook for 2012.

According to the Hay Group, employers forecast a national average salary increase of 2.9% for 2012 while AON Hewitt’s 2012 Salary Increase Survey suggests the potential for a 3.1% increase. Stats Canada reports that average hourly wage rates for Ontario increased by only 0.9% from October 2010 to October 2011.⁶

According to the Workforce Planning Board’s monthly labour market snapshot for Waterloo Wellington and Dufferin, there were 169.5 new jobs created within the 39 participating employers in November 2011. Only 8 of those positions were in the manufacturing sector.

2.3 Goods Producing Sector

The Goods Producing Sector is made up of industries that are primarily associated with the production of goods (e.g., growing of crops, generation of electricity, the manufacturing of computers), however, these sectors may also produce some services (e.g., pest control services, plumbing services, land subdivision, house-painting, support services for mining operations).

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⁶ Source: Statistics Canada, Average hourly wages of employees by selected characteristics and profession, unadjusted.
2.3.1 Manufacturing and Construction

Chart 6 – Employment Trends for Manufacturing and Construction (Kitchener CMA 2006-2011)

Manufacturing has declined from 2010 to October 2011 after seeing an increase from 2009 to 2010. At 47,900 employees, manufacturing now accounts for just under 18% of the Kitchener CMA’s employment. The October 2011 numbers reflect the slow decline this sector has seen since 2006.

According to the Canada Mortgage and Housing Corporation housing starts in the Kitchener CMA were 3.2% higher from September 2010 to October 2011.
Manufacturing employment overall continues to decline slowly however not all sub sectors are following that trend. A number of local employers have indicated difficulties in recruiting new employees. A number of factors could be impacting manufacturers’ ability to access new workers. Unrealistic wage expectations for unskilled work, a poor perception of the industry and lack of promotion of growing sub sectors are just three of the factors that have already been identified. For skilled and semi-skilled occupations, lack of uptake in training programs means that shortages of these workers will only intensify.

Although more jobs are still being lost than created in the Fabricated Metal Manufacturing sector in Ontario, in Waterloo Region, the number of businesses has increased slightly by 4 from 2008 to 2011 perhaps indicating local employment in that sector is steadier than for the Province. Only this manufacturing sector and Food Manufacturing have grown in this time period. Food Manufacturing added 5 new businesses.

The number of construction businesses in Waterloo Region has risen from 3,763 in 2010 to 3,849 in June 2011 (inclusive of owner operators).
2.4 Service Sector

The Service Sector provides services key to supporting the local population and industries such as education, health and transportation services.

2.4.1 Trade and Transportation

Chart 8 - Employment Trends for Trade and Transportation (Kitchener CMA 2006-2011)

In Retail/Wholesale Trade, Building Material and Garden Equipment and Supplies Dealers (19), Health and Personal Care Stores (20), and Non-Store Retailers (30) all saw significant increases in the number of businesses, while Machinery, Equipment and Supplies Wholesaler-Distributors (-26) saw a significant decline from 2010 to June of 2011. In Transportation and Warehousing, Transit and Ground Passenger Transportation (10), and Couriers and Messengers (12) saw significant increases in the number of businesses, while Truck Transportation (-20) had a significant decline in the number of businesses (-20) from 2010 to June of 2011.
2.4.2 Finance, Professional and Business Services

Chart 9 - Employment Trends for Finance, Professional and Business Services (Kitchener CMA 2006-2011)

From October 2010 to October 2011, Professional, Scientific and Technical Services saw a significant increase in employment while the other two sectors in question saw a noticeable decline. Job generation rates indicate that, in Ontario, fewer jobs are being created than are being lost in the Business, building and other support services sector. Waterloo Region appears to have followed that trend in 2011 after 2010 saw a noticeable increase in that sector. Employment in Finance, insurance, real estate and leasing also dropped in 2011 after a large increase in 2010, however it is still well above 2006 totals.

Based on research completed in 2010 by the Workforce Planning Board, a Creative Talent Attraction Strategy is currently under development for the Region, led by CTT Inc. and focussing on creative talent across multiple industries including manufacturing, health and IT.
2.4.3 Education, Health Care and Public Administration

Chart 10 - Employment Trends for Education, Health Care and Public Administration (Kitchener CMA 2006-2011)

According to the Statistics Canada monthly Labour Force Survey, employment in the Education sector has rebounded slightly after a significant decline from 2009-2010, back up to over 22,000. This could be the result of older teachers finally retiring after remaining working after the recession. Annual employment in this sector can shift substantially from year to year as can be seen in Chart 10 above. From January to June 2011, the average monthly employment stood at almost 21,000 while we expect the final average for 2011 to be around 23,000.

Employment in the Health Care and Social Assistance Sector has increased significantly, growing by almost 28% from 2010 to October 2011. In Nursing and Residential Care Facilities businesses, with less than 100 employees, employment growth continues but has slowed down after large increases from 2008 to 2010. Although employment is still growing (2,876 in June 2010 to 2,961 in June 2011), the total number of businesses in this sub sector has dropped from 212 to 209 in the same period. Ambulatory Health Care Services saw the most significant growth in this sector, growing by 92 businesses, from 1,298 to 1,390 over the same period.

Employment in Public Administration has rebounded near 2007 numbers after seeing a significant decline in 2010.
2.4.4 Information, Accommodation and Other Services

Local efforts to support and enhance the local arts and culture community in Waterloo Region appear to have paid off in the last year, as this sector saw major growth from October 2010 to October 2011.

Employment in Other Services has seen a steady increase from 2009 to 2011.

Employment in the Accommodation and Food Services sector declined to slightly below 2009 numbers, reflecting a province-wide decline in this sector.
2.5 Employment Growth/Change

2.5.1 Local Adjustment – Downsizing/layoffs
Currently two Action Centres, Colonial Cookies and RIM (Communitech) remain in the Region to support laid off workers. Action Centres are usually established when 50 or more workers have been laid off at one time. On July 28th, 2011 RIM announced it was cutting 2000 jobs globally, with approximately 900 of those here in Waterloo Region.

Sonoco Canada is in the process of closing its plastic manufacturing facility in Cambridge with the potential for 104 employees to be laid off by July of 2012. Also in Cambridge, COM DEV International laid off 73 employees over the summer.7

Plans to close the Schneider plant within three years have resulted in discussions regarding how to support these workers while still employed and an Action Team being established by the City of Kitchener.

2.5.2 Local Adjustment - Growth
In the Construction sector Black & McDonald Limited has moved to Kitchener and expects some hiring.

In the Professional, Scientific and Technical Services sector the Stephen Hawking Centre in Waterloo has opened and is expected to host 250 scientists and trainees.8

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7 Service Canada – September 2011
8 Service Canada – September 2011
3.0 Labour Market Supply

Who’s looking for work?

One way to look at the labour market supply is to understand who is currently looking for work, what is the make-up and skill level of that pool of potential workers and does it match with the types of employment in demand by industry.

According to Statistics Canada, from January to November 2011 the average unemployment rate for youth aged 15-24 was 16%. In Economic Region 540, the unemployment rate was 16.6%, slightly higher than Toronto at 16.3%. A recent study by the Workforce Planning Board “Waterloo Wellington Dufferin Youth Employment Study” reiterated the need for more flexibility in establishing youth program criteria to allow youth to more easily access employment assistance. One federal program, Skills Link, has just recently completely removed high school completion as an eligibility requirement in an attempt to assist more youth facing employment barriers.

Several Employment Ontario service providers across Waterloo Wellington and Dufferin were asked to provide information on the clients they had served between April 1, 2011 and December 31, 2011. The average was taken of all responses received, representing over 1600 clients, and the results are listed in the table below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= Grade 12</td>
<td>55.0%</td>
</tr>
<tr>
<td>&lt;20 years old</td>
<td>9.8%</td>
</tr>
<tr>
<td>&gt;44 years old</td>
<td>26.4%</td>
</tr>
<tr>
<td>&gt;26 weeks out of school/work</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Only one provider broke down the <= Grade 12 category showing an even split with half having no high school or less than Grade 12 and the other half with a Grade 12 or equivalent (GED). Dr. Rick Miner’s report “People Without Job, Jobs Without People” stated that by 2031 77% of all jobs will require post secondary training and/or education. According to a recent report by the Ontario Literacy Coalition, the number of entry level jobs continues to rise but jobs that were once considered low-skilled are now becoming middle-skilled positions. This will have a major impact on those with less than high school when it comes to accessing entry level employment. With 55% of current clients reporting only Grade 12 or less, we still have a long way to go.

In December 2011, 30 front line staff from Employment Ontario agencies also completed an on-line survey regarding their current clients. When asked to indicate the top 3 sectors where their clients were seeking employment the responses were as follows:

- 73% - Manufacturing
- 57% - Administrative and Support, Waste Remediation Services
- 50% - Health Care/Social Assistance
- 50% - Sales and Service
- 20% - Accommodation and Food Services
- 17% - Construction
- 17% - Transportation

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9 Economic Region 540 includes Waterloo Region and Wellington, Dufferin and Simcoe Counties
10 Menial No More: Ontario Literacy Coalition, October 2011
With local manufacturing businesses indicating they are having trouble finding workers and 73% of existing clients seeking employment in the sector, there appears to be a mismatch between supply and demand. Many displaced manufacturing workers are now without the technical skills required to access higher paying skilled jobs but may not be willing to go back to unskilled, and now lower paying employment in the industry.

When asked to indicate what client services were absent or difficult to access the responses were as follows:

- 20% - Educational upgrading
- 30% - Skills training
- 10% - Literacy upgrading
- 23% - Language training
- 40% - Accreditation
- 13% - Prior Learning Assessments
- 3% - Apprenticeships

We know that these services are all available, yet apparently for many, they are difficult to access. This may be due to a number of factors including eligibility requirements, limited capacity and/or waiting lists, lack of financial support or the proximity to available programs. Clients accessing services that have a time commitment associated with them e.g. skills training, educational upgrading and/or literacy upgrading may not be able to utilize them simply because of the need to earn a living.

Many of the clients requiring these difficult to access services are likely the most in need of those services if they are to enter and/or remain within the labour market in a meaningful way.
4.0 Client Groups

This section focuses on several key populations within the community who tend to be more vulnerable and who, in many cases, face more barriers to employment than the general population.

4.1 Immigrants

With the recent launch of the Waterloo Region Local Immigration Partnership, this initiative will focus on three pillars, working, settling and belonging. Working groups are already looking at activities for the upcoming year. According to Statistics Canada’s Labour Force Survey, in Ontario the unemployment rate for landed immigrants here for less than 5 years went down from 18.8% in November 2010 to 13.2% in November 2011.

4.2 Youth and Older Workers

<table>
<thead>
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<th>Age (years)</th>
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<tr>
<td>15-24</td>
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<td>17.6</td>
<td>16.3</td>
<td>15.8</td>
<td>14.0</td>
</tr>
<tr>
<td>25-44</td>
<td>5.8</td>
<td>8.2</td>
<td>7.3</td>
<td>6.2</td>
<td>6.7</td>
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<tr>
<td>45+</td>
<td>4.8</td>
<td>6.7</td>
<td>6.0</td>
<td>6.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Table 5 - Unemployment Rate by Age (Percentage in Ontario)

The unemployment rate for youth 15-24 appears to be dropping back to close to pre-recession rates in Ontario however youth are still at a major disadvantage due to lack of work experience and higher skill levels in entry level positions. Young women were more likely to be employed than young men. In November 2011 the unemployment rate for 15-24 year old females was 12.2% as opposed to 15.8% for males.

Older workers appear to be somewhat better off than their prime working age counterparts at 5.4% as opposed to a 6.7% unemployment rate however there are a number of factors that come into play here e.g. more 45+ could simply be retiring or removing themselves from the labour market therefore reducing the apparent unemployment rate. Unemployed workers 45+ also tend to remain unemployed longer than younger workers.

4.3 Women

In Ontario in November 2011, the unemployment rate for prime working age women 25-44 was 7.2% while for males in the same age category the rate was 6.2%. In the same month, 25.8% of Ontario women indicated that they were working part-time due to personal preference. 66.8% of all part-time workers were women.
5.0 Summary

Fortunately, the labour market in Waterloo Region is much more diverse than in some other areas of the Province. This latest analysis appears to indicate that some stability has now returned to our local labour market. Participation rates are generally much higher than those for Ontario which is good for providing a larger pool of workers to our labour market and also unemployment rates continue to decline across the area.

This situation is not good news though for everyone in the labour market. Although the number of people working continues to grow, the number unemployed has remained fairly steady. This could indicate a skills mismatch between those looking for work and the types of jobs available.

It is clear that there are a number of misconceptions about employment opportunities in local industries, particularly in the manufacturing sector. Many employers in the sector have indicated that they are having difficulty finding workers at all skill levels. Fewer young people are considering entering the industry; lower wages for unskilled workers and a perception in the community that the industry is dying are among several reasons cited.

Often the skill sets of potential workers are not necessarily aligned with their industry of choice or their desired earning potential. Some remain fixed on accessing opportunities that are in decline or no longer exist. For example, skilled labour in manufacturing can still potentially earn up to $30 per hour. However, most general labour now, especially those with no high school diploma, can only make $11-$18 per hour versus the former wages available of $20-$30 per hour in a unionized manufacturing plant. This has made it difficult for displaced unskilled labour to have access to their prior levels of income without extensive upgrading and training which, for many, is not an option for one reason or another.

More emphasis needs to be placed on longer term supports for these workers if they are to be able to re-enter the labour market effectively. We also need to assist potential workers to a) recognize that most employment growth is in small and medium sized businesses, and b) support their access to these opportunities.

Youth also need to be able to access supports. Young males 15-24 are more likely to be unemployed than young women in the same age range and so may potentially need additional supports to enter the workforce.
6.0 References and Resources


Ontario Labour Market Report. LMI & Research Department, Ministry of Training, Colleges and Universities, November 2011.


Waterloo Wellington Dufferin Youth Employment Study. Workforce Planning Board of Waterloo Wellington Dufferin, May 2011.

rapid growth in the labour force. Growing employment and decreasing unemployment would suggest a strong local labour force and potential opportunities for those wishing to find employment in the Kitchener-Cambridge-Waterloo CMA. Labour force participation rates remain higher than the Ontario average (71% compared to 67% in October 2011). While the number of people in Ontario who were unemployed for 27 weeks or more decreased from 147,000 in October 2010 to 132,000 in October 2011, 19,000 individuals aged 15-24 were unemployed for over 27 weeks compared to just 8,000 in 2008. This would seem to indicate that youth are experiencing disproportionately high employment barriers based on the recent recession.

Employment in the Goods Producing Sector continued to see a decline, with employment in the Manufacturing Sector declining from approximately 20% of total employment within the CMA in 2008, to just over 19% in 2009, to just under 18% in October 2011. The largest decrease in employment was in manufacturing. However, a number of subsectors in manufacturing are still hiring aggressively and some local employers have had difficulty recruiting new employees. Despite the downsizing of the industry, almost one in five jobs continue to be directly situated in the Manufacturing Sector and it is still the largest employment sector in the CMA.

Employment in the Service Sector rose rapidly from October 2010 to October 2011, particularly in the Information, Culture and Recreation sector (a 72% increase); the Professional, Scientific and Technical Services sector (a 61% increase); and the Health Care and Social Assistance sector (a 28% increase).

Priorities
In terms of local employment services, the Community Labour Market Analysis highlighted several gaps or priorities for the Kitchener-Cambridge-Waterloo CMA.

- Immigrants, youth and women continue to experience higher than average unemployment rates. The Workforce Planning Board has identified a need for more flexibility in youth employment program criteria for all youth to more easily access employment assistance services.
- There appears to be a mismatch between the skills needed for new employees in some manufacturing businesses and the pool of available labour. The Community Labour Market Analysis recommends longer-term supports to help potential employees recognize the areas where growth is occurring and gain access to these opportunities.
- Employment Ontario agencies in Waterloo Wellington Dufferin identified accreditation, skills training, language training and educational upgrading as the services most difficult for clients to access. Reasons may include eligibility requirements, waiting lists, lack of financial support or proximity to available programs. Many of the clients requiring these difficult-to-access services are likely the most in need of these services if they are to enter and/or remain within the labour market in a meaningful way.

This work supports the Region’s Corporate Strategic Focus Area Two: Growth Management and Prosperity; Strategic Objective Three: Support a diverse, innovative and globally competitive economy.

The full report is attached separately. A copy of the report will be placed in the Councillors’ library. For further information please contact Heather Callum, Social Planning Associate at (519) 883-2040 or hcallum@regionofwaterloo.ca; or David Dirks, Director, Employment & Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca.
To: Chair Sean Strickland and Members of the Community Services Committee

From: Graeme Fisken, Manager, Employment Services

Copies: Michael Schuster, Commissioner, Social Services
        David Dirks, Director, Employment and Income Support

File No.: S09-01

Subject: EMPLOYMENT ONTARIO 2012-2013 SERVICE TARGETS

Since August 2010 the Region of Waterloo has provided Employment Ontario services to the residents of Kitchener, Waterloo and Cambridge as an approved service provider for the Ministry of Training, Colleges and Universities (MTCU).

The Region of Waterloo will continue this service, through Employment and Income Support, Social Services, from April 1, 2012 until March 31, 2013. MTCU awards these contracts on a yearly basis. The approved employment services are available to all residents of the region including Ontario Works participants.

The services provided through Employment Ontario service providers are:

- Client service planning and coordination
- Resource and information
- Job search assistance
- Job placement
- Job training and retention

The Region is contracted to provide assisted services, 1:1 employment counselling, to secure employment or training for 113 residents each in Kitchener, Waterloo and Cambridge. Further, the Region is expected to provide service to 935 clients through unassisted services which include use of our Employment Resource Centres and short term employment group programming.

In addition, service targets have been established for customer satisfaction, service coordination, effectiveness and efficiency. Together they provide an overall service quality score. The Region has performed well. The greatest challenge continues to be the number of persons placed in employment given the need of many participants for training, academic upgrading and skill development.

These services enhance the range of supports the Region can offer to Ontario Works participants and those seeking employment and training in Kitchener, Waterloo and Cambridge. Funding has been approved in the division’s program budget as part of the 2012 budget process.

Delivery of Employment Ontario Services will assist the Region in responding to the needs of its citizens in the Region’s Corporate Strategic Plan Focus Areas: three focus areas: Focus Area 2:
Information Memo
May 8, 2012

Growth management and prosperity; Focus Area 4: Healthy and Inclusive Communities; and, Focus Area 5: Service Excellence; Deliver excellent and responsive services that inspire public trust.

For further information please contact Graeme Fisken at 519-883-2010 ext 5665 or gflsken@regionofwaterloo.ca or David Dirks at 519-883-2179 or ddirks@regionofwaterloo.ca
MEMORANDUM

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

From: Lynn Randall, Director, Social Planning, Policy and Program Administration

File No: A02-30

Subject: DEVELOPMENT OF THE REGION’S COMPREHENSIVE APPROACH TO POVERTY REDUCTION

This memo provides an update on progress made to date and upcoming planning activities for the Region’s Comprehensive Approach to poverty reduction and includes an invitation to attend a forum on Friday, June 1, 2012.

Background

Previous reports to Community Services Committee (SS-10-033, SS-10-045) provided an overview of the Region’s role in poverty reduction. Report 1 provided a literature review and demographic overview. Report 2 provided an inventory of programs, services and strategic initiatives that specifically addressed individuals living in low-income in Waterloo Region and included a scan of resolutions by Regional Council (2007 - 2010) that pertain to poverty reduction. The data in the inventory emphasized the extensive role that the Region plays in poverty reduction, but acknowledged that while there is significant investment, more can be done to maximize impact. The literature suggests that this can be accomplished through the development of a comprehensive approach.

During the development of the Regional Corporate Strategic Plan (2011-2014) consultations were completed to ensure the plan would reflect citizen’s priorities. Through this process, poverty was identified by citizens as a priority area for improvement. In 2011, Council approved the Corporate Strategic Plan which included action item 4.1.1 directing staff to develop and implement the Region of Waterloo’s Comprehensive Approach to poverty reduction. In addition, strategic action 4.1.2 indicated that staff would continue to collaborate with community partners in broad based efforts to reduce poverty. It was determined that the Region would focus its efforts on developing a corporate-wide Comprehensive Approach to poverty reduction to better define the Region’s role in poverty reduction, and to increase the effectiveness and impact of Regional programs and services. At the same time, consultations with identified community groups were incorporated in the planning process to ensure an informed approach.
Key Project Components

Regional staff developed key project goals to give direction to this corporate strategic action and these include:

- Highlight opportunities to improve programs and services within the Region’s sphere of influence.
- Understand promising practices for engaging and responding to the needs of populations where poverty is more prevalent (e.g., persons with disabilities, single parents, children, Aboriginal peoples, new immigrants).
- Identify opportunities where Regional programs, services and strategic initiatives that address poverty reduction can complement one another.
- Develop a common vision, principles and language, priorities, outcomes, and a shared definition of poverty across the corporation.
- Identify a number of focus areas and corporate-wide actions (immediate and longer term) that should lead to deep and durable impacts for poverty reduction.

Accomplishments to Date

In October 2011, the Regional Poverty Reduction Steering Committee (RPRSC) was struck to provide leadership, direction and input into the development of the Comprehensive Approach to poverty reduction. The committee chaired by Commissioner Mike Schuster, consists of 12 Regional staff from across the corporation and four community representatives (representing different sectors) and receives staff support from Social Services. To address the complex issue of poverty collaboratively and effectively, the RPRSC members are participating in an innovative planning process. To date the RPRSC have met four times and have participated in an innovative planning session in March 2012. The RPRSC has accomplished a significant amount of work to date and are on track to accomplishing their goals.

A Building Resilient Communities Working Group (BRCWG) was struck to receive input from staff representing 17 Regional corporate strategic initiatives. The purpose of this working group was to identify opportunities and recommendations for how Regional strategic initiatives can better complement and align with one another. The working group met three times from January to March and recommendations were shared to assist in the development of action plans.

Key Stakeholder Involvement

While the corporate-wide Comprehensive Approach is being shaped by the steering committee, input is also being sought from a number of groups including: community reference groups, staff consultations and community forums. The involvement of existing community reference groups provides an opportunity for key stakeholders, including people living in poverty, to be involved and informed in the planning process.

It is estimated that by May 8th, 285 people will have provided input into the process.
Upcoming Activities

Staff consultations have been planned from April to May 2012 to provide an opportunity to contribute their input into the vision components and share their ideas for actions the Region could take to have the greatest impact on poverty. Input from these sessions will be summarized and shared with the RPRSC.

A Community Forum is planned for June 2012 with key Regional stakeholders and community representatives. The purpose of the forum is to share the vision components and initial action areas and to gather input into the planning process. Regional Council members are invited to attend this event which will take place at the Tannery Event Centre on June 1, 2012 from 9 a.m. to 12:30 p.m. An invitation will be sent under separate cover.

Within the next few months, the RPRSC will consider all action ideas generated through the process, select key initiatives which they will further develop for consideration and review the final report to be considered by CLT and Council in the fall of 2012.

For further information, please contact Heather Froome, Administrator, Social Development Programs, 519-883-2377, hfroome@regionofwaterloo.ca.
<table>
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<th>Meeting date</th>
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<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
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