Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, August 12, 2014

9:00 a.m. (← Note Time Change)

Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

1. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act

2. Delegations
   a) Memo: Harm Reduction Questions and Answers (Q&A) Document
      i. Lorraine Grenier (Presentation)
      ii. Gwyneth Mitchell (Correspondence)
   b) Dr. Leia Minaker re: PH-14-034/P-14-086, NEWPATH Research Project – Diet and Food Environment Findings

Consent Agenda Items
Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

3. Request to Remove Items From Consent Agenda
4. Motion to Approve Items or Receive for Information
   a) PH-14-018, Safe Water Program Update (Information)
b) PH-14-035, Quarterly Charged/Closed Food Premises Report (Information)

c) SS-14-034, Region of Waterloo Seniors’ Strategy (Approval)

d) SS-14-035, Purchase of Service Contract, Children’s Services (Approval)

e) SS-14-039, Immigration Partnership Funding from Province of Ontario (Approval)

f) CPC-14-001, Position on Prostitution Law Reform, Bill C-36 (Information)

g) Memo: Correspondence from Centre for Community Based Research

h) Memo: Stirling Nursing Homes Limited

Regular Agenda Resumes

5. Reports – Public Health
   a) PH-14-033, 2015 Response Times Performance Plan

Reports – Social Services
   b) SS-14-036, K-W Out of the Cold Update

Reports – Interdepartmental
   c) P-14-084/SS-14-038, Region of Waterloo’s 10-Year Housing and Homelessness Plan Update

   d) CR-RS-14-066/P-14-085/F-14-093, Proposed Transfer of Community Housing Properties to Region of Waterloo

6. Information/Correspondence
   a) Council Enquiries and Requests for Information Tracking List

7. Other Business

8. Next Meeting – September 9, 2014

9. Adjourn
At the June 17, 2014 Community Services Committee meeting Region of Waterloo Public Health provided the Board of Health with an update on harm reduction planning, programs and services in Waterloo Region (refer to PH-14-029). That report includes work currently being completed by Public Health and its community partners, through the Waterloo Region Harm Reduction Coordinating Committee, to prioritize and action harm reduction-related recommendations in the Waterloo Region Integrated Drugs Strategy.

To complement the work being completed, Region of Waterloo Public Health recently released a Harm Reduction Questions and Answers (Q&A) document (Attachment 1). This document explains the concept of harm reduction, discusses Public Health’s mandate to provide these services, explains the various services offered, and provides evidence about their effectiveness. It is also available online at http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/HarmReduction_QA.pdf
One item of recent interest is the needle syringe program, and limited instances where individuals do not properly dispose of their syringes. Public Health Nurses and staff at other organizations who offer needle syringe programs encourage people who inject substances to return used syringes to the program or to other sites equipped with sharps containers for safe disposal. Public Health provides individuals with disposal containers when distributing syringes. Staff and partners also provide information about less risky methods of storing and proper disposal.

If a member of the community finds a used/discarded syringe they can contact Region of Waterloo at 519-575-4400. Arrangements will be made for a Regional or other municipal bylaw official to pick up and dispose of the syringe. For example, between January and June, 22 calls of this nature were received by Licensing and Enforcement Services.

Region of Waterloo Public Health also works closely with its community partners if there are patterns of inappropriate syringe disposal at a specific location in the region. Outreach workers from a variety of partner agencies will go out and pick up the used/discarded syringes, provide safe disposal containers, and offer education to the residents. A Public Health Nurse from the Sexual Health and Harm Reduction Program works with staff from area municipalities to problem-solve issues as they arise. In addition, the Manager of the Program continues to work with staff representatives from Region of Waterloo Facilities, Security and Corporate Resources on enhancing the number of disposal units in regional buildings.

As concerns are raised from time to time about patterns related to discarded syringes on the ground in specific locations in the Region, Public Health is an active partner in problem solving. The issues tend to be time limited, and are dealt with in conjunction with partners to develop a focused response.

The health unit actively works with partners to increase the number of disposal sites in the community and to determine other ways to ensure syringes are disposed of correctly. One of the three prioritized recommendations (#39, expand harm reduction programs and services) the Harm Reduction Coordinating Committee will work on over the coming year or two includes an action item to “Increase availability of drop boxes for used substance use materials in the community.”

Region of Waterloo Public Health will continue to provide updates to the Board of Health on the Harm Reduction Coordinating Committee’s progress as it actions its prioritized recommendations.
Harm Reduction Questions and Answers

1. What is harm reduction?
Harm reduction is a public health concept focused on lowering the health consequences resulting from certain behaviours.
We all practice harm reduction strategies in our day to day lives. The choice of designated drivers or the use of a taxi to transport people who have been drinking alcohol are two examples. The harm reduction message is “don’t drink and drive”, not “don’t drink”. Harm reduction is about education and empowering an individual to make better choices.

2. What is harm reduction for substance use?
Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption or insisting on abstinence. Harm reduction benefits people who use drugs, their families and the community.
Harm reduction offered by public health authorities includes:
- Needle syringe programs
- Provision of clean and sterile drug-using equipment including sterile water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), and filters
- Condom distribution
- Client-centered counselling
- Providing skill-building and education sessions
- Referrals to treatment, health services and other social services
- Opioid overdose prevention program (naloxone distribution)
The above programs and services are recommended in the Best Practices Guidelines for Needle Exchange.

3. Why do people use substances?
There are many reasons why people use substances. For some, they do so to cope with issues such as poverty, homelessness, family dysfunction, mental health problems and a history of childhood abuse. Other reasons can include using substances to try and manage chronic pain. The population of people who use substances has become much more diverse and complex over time.

4. Are health units required to offer harm reduction programs and services?
Yes. Region of Waterloo Public Health is mandated by the Ministry of Health and Long-Term Care, as outlined in the Ontario Public Health Standards, to “ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.”

5. Does harm reduction encourage drug use?
No. Harm reduction is open to all people at any stage in their substance use. We know that some people are going to continue using drugs despite the consequences and whether or not they have access to supplies. Until the individuals are ready for treatment, or can obtain access to treatment, they will likely use substances. Harm reduction programs offer free supplies so financial barriers do not discourage people from safer practices. Harm reduction makes it as easy as possible for people to get help. It empowers individuals to improve their quality of life and make healthier choices.
According to researchers, harm reduction programs do not:
- Increase drug use
- Negatively impact drug treatment
6. What is a needle syringe program?

Needle syringe programs work to distribute new and dispose of used injection equipment, and to provide prevention education related to blood-borne infections, skin and vein problems, and overdose prevention. These were formerly referred to as needle exchange programs.

Needle syringe programs have existed in Ontario since 1989 and have operated in Waterloo Region since 1995.

7. What are the benefits of needle syringe and related harm reduction programs?

A: Substantial evidence shows that harm reduction programs help prevent the spread of HIV and Hepatitis C. This evidence comes from scientific studies conducted in Canada and other countries and with different groups of people (youth, adults, individuals from different cultures). Doctors, social scientists, experts in substance use, and the leading international health authorities have all examined the results of harm reduction programming, and their effectiveness is widely and consistently reported.

In a review of studies in 103 international cities, the Commonwealth Department of Health and Ageing found that cities that introduced needle exchange programs had an average 18.6 per cent decline in HIV infections. In contrast, cities without needle exchange programs had an annual increase in HIV infections of 8.1 per cent.

According to the Ontario Burden of Infectious Disease Study and the Public Health Agency of Canada, effective harm reduction strategies such as needle syringe programs, the provision of clean and sterile drug-equipment, client-centred counselling and condom distribution are essential to preventing the transmission of these viruses, thereby reducing the burden of these illnesses on individuals and society.

Another benefit of harm reduction programs is the link with health care services and treatment programs that can be provided to this hard-to-reach population. For some individuals, this may be the only way they access healthcare services as well as counselling and social services. Key informant interviews in The Baseline Study of Substance Use, Excluding Alcohol in Waterloo Region indicated the importance of harm reduction and outreach programs in helping individuals who use substances to access treatment and other services.

8. Do we need needle syringe and other harm reduction programs in Waterloo Region?

Yes. There is substantial evidence that harm reduction is an important strategy in reducing the negative consequences of substance use, especially by preventing the spread of blood-borne infections. Based on this evidence, the Ministry of Health and Long-Term Care requires health units to offer needle syringe and other harm reduction programs.

In addition, three local studies demonstrate that people who use drugs in Waterloo Region share needles and their non-injection equipment (e.g. crack smoking pipes) with others are putting themselves and potentially others at increased risk for HIV and Hepatitis C.

9. Where are needle syringe programs offered in Waterloo Region?

Needle syringe programs are provided to the community by three community agencies:

- Region of Waterloo Public Health at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) at their Kitchener office
- Cambridge Shelter Corporation at their main office/shelter site

ACCKWA, in partnership with other community organizations, also offers this service through their outreach workers at several locations throughout the community.

10. Where do individuals return used syringes?

Public Health Nurses and staff at other organizations who offer needle syringe programs encourage people who inject substances to return used syringes to the program or to other sites equipped with sharps containers for safe disposal. Public Health provides individuals with disposal containers when distributing syringes. Staff also provide information about other less risky methods of storing and disposing of used needles such as placing them in a puncture proof container or a glass jar, laundry detergent or bleach container with lid, and/or taking them to a waste disposal site.
11. What is Region of Waterloo Public Health doing to ensure syringes are disposed of safely?

Region of Waterloo Public Health recognizes that not all syringes are properly disposed of and discourages people from disposing of syringes and equipment inappropriately. As a result, Region of Waterloo Public Health continues to work with municipal and other partners to encourage safe disposal of syringes, and identify areas where additional disposal units would be helpful.

If there is a complaint about an area in the region, Region of Waterloo Public Health will work with partner agencies to assess the situation and identify strategies to minimize inappropriate disposal of syringes in that area.

12. Who can the public contact if they find a used/discarded syringe?

If you find a used/discarded syringe, contact Region of Waterloo at 519-575-4400. Arrangements will be made to pick up and dispose of the syringe.

13. Why does the number of syringes returned not equal to the number of syringes distributed?

The number of syringes returned is expected to be less than the number of needles distributed for a few reasons:

- People who receive syringes from a needle syringe program do not have to return the used syringes to the program to receive more. According to the Ontario Needle Exchange Programs: Best practice recommendations, needle syringe programs should provide needles in the quantities requested by clients:
  - Without requiring clients to return used needles
  - With no limit on the number of needles provided
  - With encouragement to return used needles and/or to safely dispose of them
- Many community businesses, organizations and landlords have been proactive in recognizing the need for safe disposal of harm reduction supplies and have had sharps containers installed at their locations. Many have independent contracts for disposal; therefore, these collected syringes are not counted in the total number of syringes returned.
- Some pharmacies distribute sharps containers and accept them back when filled; these returns are also not counted.
- Due to safety concerns, syringes returned to Region of Waterloo Public Health are not individually counted. The number of syringes returned is estimated based on the size of the disposal container returned.

A 2010 study provides evidence for the distribution of needles in the amount requested by the client as an effective way of reducing the incidence and spread of blood-borne infections in the community.

14. How many cases of blood-borne infections are there in Waterloo Region?

Hepatitis C

- In Waterloo Region in 2012, the rate of hepatitis C infection was 20.2 per 100,000 (N=116), making it the second most common of the sexually transmitted/blood-borne infections in Waterloo Region.
- Since 2007, local incidence rates of hepatitis C have remained fairly stable; the rate in 2012 was similar to that of the previous 5-year average annual rate for 2007–2011 (23.4 per 100,000).
- Of the hepatitis C cases in 2012 in Waterloo Region that had risk factor information available (N=111), the most common risk factors reported included injection drug use (70%), inhalation drug use (34%), and receiving a tattoo/piercing (34%).

HIV

- In 2012, there were 10 HIV/AIDS cases in Waterloo Region with an incidence rate of 2.0 per 100,000. This rate is slightly lower than the previous 5-year annual average rate for 2007–2011 (3.3 per 100,000).

15. How many individuals who use drugs in Waterloo Region have a blood-borne infection?

We don’t know how many people use illicit substances in Waterloo Region. As a result, it is not known how many people who use substances have a blood-borne infection. According to the Public Health Agency of Canada, most new hepatitis C infections are attributed to injection drug use.
16. How much funding is provided to Region of Waterloo Public Health to operate its harm reduction programs?

The Ministry of Health and Long-Term Care and Ontario’s Hepatitis C Secretariat provide Region of Waterloo Public Health $50,000 each year to offer its harm reduction programming, primarily for equipment.

Harm reduction programming is provided as part of Public Health’s clinical services where multiple services are offered at the same time. Staff salaries are covered under the department’s existing cost-shared budget.

Much of Public Health’s work is done in partnership with community partners.

17. What is the cost of treating individuals with blood-borne infections?

According to the Canadian Hepatitis C Information Centre, the average lifetime cost for treating one HCV patient without a liver transplant is $100,000. The cost of a hepatitis C patient with a liver transplant including anti-rejection drugs increases to $250,000.

A report by the Canadian AIDS Society indicates that the health care cost to treat individuals with new HIV infections over their lifetime is $250,000 per person (2009 dollars).

International studies by economists and experts show that by investing in harm reduction programs, communities and governments can save money.

18. Does the Region have or is the Region planning on having a supervised injection site?

No. There are no supervised injection sites in Waterloo Region. Based on the findings from three local studies, the Waterloo Region’s Medical Officer of Health does not believe a supervised injection site is warranted.

19. Is the opioid prevention (Naloxone distribution) program part of Waterloo Region’s harm reduction strategies?

Yes. Naloxone is a prescription medication that has the ability to reverse the effects of an opioid overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. This evidence-informed program is endorsed and funded by the Ministry of Health and Long-Term Care, and is being implemented by other public health units and other community agencies across the province.

Naloxone-based overdose prevention programs involve:

- Education and training (including information about how to recognize the signs of an opiate overdose and naloxone administration)
- Distribution of naloxone kits
- Client follow-up

20. Why are opioid prevention (Naloxone distribution) programs necessary?

A recent Canadian study found that opioid-related deaths have more than doubled in Ontario over 19 years rising from 127 deaths in 1991 to 550 deaths in 2010. This is the equivalent of approximately one of every 170 deaths in Ontario potentially being related to opioid overdose. For young adults aged 25 to 34, the number of deaths related to opioids rises to one out of every eight deaths. The findings from this study highlight the need for opioid overdose prevention programs such as the distribution of naloxone.

Region of Waterloo Public Health enhanced its harm reduction/overdose prevention programming in June 2014 by initiating the distribution of Naloxone to interested and qualified individuals at our offices in Cambridge and Waterloo.

Naloxone is also being distributed through Sanguen Health Centre in Waterloo.
21. Does Waterloo Region have a plan to address problematic substance use?

Yes. Given the wide-ranging and complex issues persons who use substances experience, several local community organizations worked to develop the Waterloo Region Integrated Drugs Strategy. The strategy can be downloaded from the Waterloo Region Crime Prevention Council’s website: http://www.preventingcrime.net/usercontent/documents/2012-WRIDS-FINAL.pdf.

The strategy, endorsed and coordinated by the Waterloo Region Crime Prevention Council, is comprised of 99 recommendations to be considered by community partners and members when working to reduce problematic substance use and its consequences. Implementation of this four pillar strategy (prevention, harm reduction, treatment, enforcement and justice) is overseen by the Waterloo Region Integrated Drugs Strategy Steering Committee. Implementation of the pillar specific strategies is led by a Coordinating Committee.

References

1 International Harm Reduction Association, 2010
4 Dr. Gabor Maté. In the Realm of Hungry Ghosts: Close Encounter with Addictions, 2009
6 Ontario Public Health Standards 2014, Ministry of Health and Long-Term Care.
7 Watters JK; Estilo MJ; Clark GL; Lorvick J. Syringe and needle exchange as HIV/AIDS prevention for injection drug users. Journal of the American Medical Association 1994; 271:115-120


This document is available in accessible formats upon request. Please call 519-575-4400 (TTY 519-575-4608) to request an accessible format.

Region of Waterloo Public Health
Sexual Health and Harm Reduction Program
519-883-2267

www.regionofwaterloo.ca/ph  •  519-575-4400  •  TTY 519-575-4608  •  Fax 519-883-2241

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A CASE OF HARM REDUCTION

HARM REDUCTION
NEEDLES SYRNINGE PROGRAMS

COMMUNITY SERVICES COMMITTEE

AUGUST 12, 2014

Lorraine T Grenier
A CASE OF HARM REDUCTION

August 12, 2014

Good morning Chairman and Committee Members:

I want you to see your future. What does it look like? Are you happy? Is everything as you want it to be? If not, let's change that. We can do it together. And we could do it today. At the end of this speech you're going to be given the opportunity to change your world, for a better one. No, I'm not a magician or a simpleton with big ideas and precious little common sense. I'm an ordinary person, just like you.

Good leaders come together to solve problems in order to make a peaceful co-existence. This is a world of opportunity and a world of challenges. Anything given free will eventually become extremely costly and the experience is a total loss of power.

I am delegating to this committee for a change of practise for the salvation of our youth, community and environment.

LEGISLATIVE ASSEMBLY OF ONTARIO

Bill 8, the Safe Streets Act (SAFE STREETS ACT, 1999)

Mr. Wayne Wettlaufer (Kitchener Centre) said, “I'd like to add a few comments to the speech by the member from Sault Ste Marie. He knows, and I think everyone in this House knows, that I have a very great deep regard for him. I know he is very hard-working and he's very idealistic, but there are some times when idealistic people's thinking is shadowed by the idealism and Utopianism and you forget what is real in life.”

He described this bill as punitive and odious. I would like to remind the member that we're talking about the disposal of dangerous objects in parks and playgrounds. We're talking about discarded needles. We're talking about discarded condoms. These are not sewing needles we're talking about; these are
needing which bring disease-AIDS. We know about AIDS, do we not? I do not want the children of Kitchener, the children of Toronto, the children of Sault Ste Marie or the children of any other community in this province to pick up a discarded needle or condom and be subjected to AIDS.”

Over a four year period, 2009 – 2013, 441,000 needles are now at large in our city, parks, school yards and environment. These discarded needles are the very ones the tax payer provides to the IDU’s to prevent HIV and HEP C. The Free Needle sites and Harm Reduction Programs protect the addicts but these programs are not protecting the people that do not use drugs. We don't even give diabetics free needles on this scale.

“Since the NEP began we’ve seen an increase in dirty syringes on our streets, in schools yards, and in our parks. Brazen addicts shoplift, loot, and steal to buy drugs. Even needle exchange workers have been photographed selling needles off-site” says the Coalition for a Better Community.

**HISTORY OF HARM REDUCTION**

• First Needle Exchange Program in British Columbia, February 1989

• The City of Vancouver funds a pilot project for needle exchange delivered via the Downtown East-side Youth Activities Society.

Who won the contract to sell the exchanges millions of needles in one year and employing a lot of non-users?

A Vancouver cop who spent much of his 27-year career in the Downtown East Side and now makes documentaries about the area. He says this, “these programs are just normalizing the behavior.” “The whole premise is total nonsense…!”

Vancouver, Canada’s third-largest city embarked on a radical experiment called Needle Exchange, and Harm Reduction. Vancouver had essentially become a gigantic field test, a 2 million-person laboratory for a set of tactics derived from a school of thought known as “harm reduction.” It’s based on a simple premise: No
matter how many scare tactics are tried, laws passed or punishments imposed, people are going to get high! The result, Let junkies, be junkies.

Surveys report that drug use in British Columbia is at its highest compared to the rest of Canada today in 2014.

Welcome to Insite

The Vancouver junkies come around the clock, seven days a week for free needles. Some just grab a fistful of clean syringes from one of the buckets by the door and head out again, no exchange is required, just like that. About 600 times a day, others walk in with pockets full of heroin, cocaine or meth that they’ve scored out on the street close to the site. They will inject outside the site or in the alleyway and discard the syringe right where they stand. There is no rehabilitation, or programs or counselling offered to the addicts, it’s just another day. Drugs, extreme violence, prostitution of girls all ages (even as young as 12), and unsupervised toddlers running around in dirty diapers with no shoes dodging the broken glass and astray needles laying on the ground—not to mention the token, creepy old dolls from some lost child lying in the street. Now stepping over hundreds of discarded needles, it has become a hazardous health problem to all communities in Canada.

The program has an open-door policy where no one is denied a needle or given a limited amount. Even pregnant females and youth are not restricted.

The following conclusions are verified by studies like the large Vancouver Injection Drug User Study which began in 1996:

In Vancouver, the prevalence of HIV by 2001 – was near saturation 92%, despite the large needle exchanges that serve its clients. Though officials argued that syringe-exchange programs help control AIDS and HEP C, it was found that a needle-exchange program does not impact the rate of decline of HIV and blood borne diseases. The needles provided are still shared to this day. Findings of studies of NEPs in Montreal, Ottawa, and the Province of Quebec including Quebec City, Winnipeg, and Prince Albert in Saskatchewan were cited in that report.
Looking back now, it appears likely that many, if not most, of the infections during the on-going epidemic were the result of sexual transmission, rather than needle sharing.

The following points are made at the outset:

* The sharing of needles remains unacceptably high among IDUs.

* The level of reported, unprotected sexual intercourse is also high among IDUs.

* Needle programs alone are not sufficient to prevent HIV transmission among IDUs and must be complemented with a range of appropriate additional services.

* Disease Epidemics: Both scientific and anecdotal evidence indicates that Free Needle Programs have failed to provide a prevention measure for drug abusers against the dangers of HIV, hepatitis, and other health risks, which continue to increase at alarming rates,” 36% increase in HIV and HEP C in Vancouver alone to date.

What is Harm Reduction?

Harm Reduction is a set of strategies that encourage drug users and others, and service providers to reduce the harm done by illicit drugs (and behaviors). In supporting drug users in gaining access to the tools to improve their healthier & lifestyles, we recognize their incompetency to protect and help themselves, their loved ones and their communities. Youth, adults and pregnant females are welcome to get free needles.

Treating the tiny victims of Canada's fastest-growing opiate addiction

Babies born with dangerous dependencies to their mother's opiate addiction are adding huge costs to the country’s already overextended health-care budgets.

In 2013, at least 1,057 babies were born in Canada with NAS, an 18-per-cent increase over the year before, according to the Canadian Institute for Health Information. In Ontario, that number increased by a third in a year; in Manitoba, it
more than doubled. As the incidents go up, so does the cost: The national average hospital stay for NAS infants last year was 15 days in high cost neo-natal facility. Opioids are fuelling Canada's fastest-growing addiction - and the methadone used to treat it.

It's not just an Ontario problem, it's across the country. Again, pregnant females are welcomed at the Free Needle Programs.

**Needle stick injuries in the community:**

Injury from used needles and syringes found in community settings arouses much concern, especially when children find discarded needles and injure themselves while playing with them. The user is generally unknown, and parents and health care providers fear that the needle may have been discarded by an injection drug user. Treatment is a 3 month program of a cancer like procedure. What is the cost to the Health Care System?

**Young People Receive the Wrong Message**

Last year, four dead Youth at a Kitchener Youth Shelter, drug overdose and exposure to the elements. Recently free needles are being provided to this shelter. Due to their potential to take more risks, young people must receive a clear “NO” on Drugs: Harm reduction campaigns like Free Needles send the wrong message to young people. Rather than supporting the “zero tolerance” message free needles send a confusing message such as, “if you do decide to use drugs, you can get free needles”.

A report by Columbia University is the most exhaustive study ever undertaken on data on youth substance abuse. The report’s data illustrates that even one exposure or an early pattern easily becomes an addiction in young people. One of the key findings states: relatively, very few youth who experiment with a substance discontinue its use.
My Visit to the St. John’s Soup Kitchen

I paid a visit to a Kitchener outsourced, Free Needle Site and was shocked at what I saw. A Summer Student handed me 20 needles, two crack pipes and all the tools to cook drugs and 10 condoms. I was not offered any services, counselling, not even a community program phone number. As I entered the washroom, I observed four women in one stall injecting with their new needles. Outside, an IDU was injecting at the side of building and needles were on the side path, despite the yellow bins. This is a soup kitchen, people are preparing food, eating and injecting drugs all in the same place. Does this not go against everything we have been taught about contamination and public health and a human being?

To this end, I personally doubt that supplying needles to addicts does enough to protect their health. The fact remains that illegal drug use is very risky and does much damage to a person's health, in many ways, whether or not they contract an infectious disease from a used needle. Addicts continue to share needle, are still at great risk of overdosing, having their veins collapse, being poisoned or losing their lives through the violence associated with the drug trade. My self, the syringes are a scary consequence.

As well as bringing danger and harm to the communities that host them, free needle programs encourage drug use, rather than discourage it. It is illegal for individuals to use narcotic drugs. Needle exchange programs encourage theft, violence and illegal drug use. Yet, the laws of our land are ignored when tax payers are footing the bill to supply tools for breaking these laws. How can we expect people to take seriously, “THE WAR ON DRUGS” if communities supply people with the means of breaking the law? Yes, the spread of infectious disease is a serious problem in our communities. However, the increased participation in illegal drug use is a LARGER problem. The battle against discouraging illegal drug use is undermined by free needle programs and we cannot afford to undermine such a critically important cause.

I find it very disturbing that since the Region of Waterloo has been handing out free needles to addicts, I feel the need to prevent children and old adults from
sticking themselves with possibly infected discarded syringes due to the lack of public awareness.

Time and time again, I wonder what would happen if a child fell on a syringe or a youngster jabbed himself or another child. And time and time again, I ask why no one is doing anything about it?

**My Recommendations for a Better Environment for Everyone**

*take back the control of the syringes from the IDU's. Let's have a real needle exchange program ...not a needle give-away program. The Federal Government never intended to stray from the original MODEL and to lose control of the syringes. Back to the beginning, 10 for 10 exchange. *If they don't have 10, then where are they?*

*ongoing research including program evaluation and implementation of best practice

*programs, outreach and community services offered prior to dispensing supplies.

*Safety retractable syringes need to be put in place for the protection of everyone.

*tagging system for clients, to record supplies given out, inventory control.

*Community programs to be in place to keep parks and public areas, where children play, free of discarded needles.

*Parents, educators and health care providers and the public, must be aware of the problem of discarded need (who is responsible for these needles?)

*tracking the number of discarded needles, and drug paraphernalia found in the City, and directing our programs and resources to areas in need. Ottawa put out $100,000 and created THE NEEDLE HUNTERS.

*tracking and analyzing local injury and disease rates

*advocating for increased resources for needle clean-up and recovery programs
Under the Canadian Charter of Rights and Freedoms, people have the right to walk safely without risk in their communities and environment.

At the moment, the future for our children is a future of an environment riddled with needles. The future must be a safe clean environment and the need for change is now!

I will no longer tolerate, drug abuse, crime and discarded needles. Pretending this doesn’t exist in your own community unfortunately is what has been happening. Doing nothing is unacceptable.

It has to thunder and lightning before it rains.

THANK YOU FOR YOUR TIME AND THE OPPORTUNITY TO HAVE MY VOICE HEARD

Lorraine Grenier (Kitchener, Ontario -- 519 588 2993)
A CASE OF HARM REDUCTION

Bibliography

http://www.youtube.com/watch?v=w_rW30lYfHc

Through a Blue Lens (6 / 6)  Vancouver


THE MERCEY MODEL


The History of Harm Reduction in British Columbia  1964

http://donaldmacpherson.ca/publications/four-pillars-drug-strategy

FOUR PILLARS STRATEGY VANCOUVER

http://www.youtube.com/watch?v=29-vU1urt7k

Free Needles  --  Huge RISK…….MUST WATCH.!!!!

“Needle Exchanges Destroy Neighborhoods”

http://openparliament.ca/bills/41-2/C-2/

Bill C-2  Respect for Communities Act

Bill C-65  An Act to amend the Controlled Drugs and Substances Act (Onsite Injection)
Safe Streets and Communities Act  (S.C. 2012, c. 1)

Harm Reduction


Best Practices and Barriers: UPDATE 2009
An Update for Ontario Needle Exchange Programs

OPIOID OVERDOSE PREVENTION & RESPONSE IN CANADA - 2013

VIDUS (Vancouver Injection Drug User Study) Project …… The study also performs an important public health function by providing regular HIV and hepatitis C testing (including pre- and post-test counselling) to local injection drug users.
Treating the tiny victims of Canada's fastest-growing addiction

Update on Harm Reduction Planning, Programs, and Services in Waterloo Region

OTTAWA – NEEDLE HUNTERS

• tracking the number of discarded needles and drug paraphernalia found in the City and directing our programs and resources to areas in need

• tracking and analyzing local injury and disease rates

• ongoing research including program evaluation and implementation of best practices

• advocating for increased resources for needle clean-up and recovery programs.

Columbia University Report and data September 2001--Youth Drug Abuse


An Evidence Based Review of Needle Exchange… Does It Reduce Harm?
The Health Protection and Promotion Amendment Act, 2010

https://www.onlineparty.ca/issue.php?ISSUEID=773
Bill C-65 to amend Bill C-2 --- More Respect for Communities Act

Let’s get serious about respecting our communities
Bill C-2 - Respect for Communities Act
Controlled Drugs and Substances Act
Section 7 of the Charter of Rights and Freedoms

Harm Reduction….."First, do no harm" (Hippocratic Oath) No Harm to Communities.

Drug Use in Canada

The Law Regarding Licit and Illicit Drugs in Canada
Drug Use in Canada

OHRDP

Bill 8, the Safe Streets Act (SAFE STREETS ACT, 1999)
Hello,
My name is Gwyneth Mitchell and I live in the apartments on 35 David street.

I understand there will be a delegation on Aug 12 at the region, concerning the needle exchange. I read in the paper and have since heard from others that a woman in my building will be speaking against the needle exchange. I can not attend the meeting because of work, but I wanted to make sure my voice was heard nevertheless. I walk my dog in Victoria Park every day. I have never seen a needle while walking there and I feel that the grounds keepers do a very good job in keeping the park clean. I think that the needle exchange is a very important program that helps keep our community safe and that it is a step in the right direction. We can't forget about those in our community who are more vulnerable and I think it's unfortunate that the other resident in my building is so misinformed about the benefits of providing clean needles to those who would be using regardless. Personally, I would like to see sharp bins installed in the new washrooms. This would be a helpful step in reducing discarded needles in the park and would also be beneficial to otherwise healthy people with medical conditions like diabetes.

Thanks for your time and all the hard work that you do for our city and the people who live in it.

Sincerely,

Gwyneth Mitchell
Region of Waterloo
Public Health
Healthy Living
Planning, Housing and Community Services
Transportation Planning

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

Date: August 12, 2014           File Code: P13-20

Subject: NEWPATH Research Project – Diet and Food Environment Findings

Recommendation:

For Information.

Summary:

The Region of Waterloo participated in a research project with partners from three universities to analyze ways that the built environment affects our eating and travel behaviours and our population’s health. The project, called NEWPATH (Nutrition Environment in Waterloo Region, Physical Activity, Transportation and Health), analyzed 1,334 retail food establishments and 1,170 individuals from 690 households in Waterloo Region in 2009. This is the second report on this project’s findings: the first, presented February 11, 2014 (P-14-021/PH-14-006), focused on its walkability and travel behaviour findings; this report focuses on the food environment.

NEWPATH found that the food environment, specifically the relative availability and affordability of healthy versus unhealthy food, influences our eating behaviours and health outcomes. It also found that an extremely small proportion of residents of Waterloo Region eat a diet consistent with current nutrition recommendations. The findings suggest that we could explore limiting exposure to unhealthy food and beverages in addition to ensuring that residents have enough access to healthy food.
Report:

Background

The NEWPATH project was led by Dr. Lawrence Frank from the University of British Columbia along with Dr. Kim Raine and Dr. Leia Minaker from the University of Alberta and Dr. Roy Cameron and Dr. Mary Thompson from the University of Waterloo. The Region of Waterloo acted as a full research partner in the project with input provided from both Public Health and Planning and Housing and Community Services throughout the process. Representatives from the planning departments in the Cities of Cambridge, Kitchener and Waterloo were consulted during the development of the project.

This is a follow up from the report presented on February 11, 2014 (P-14-021/PH-14-006), which focused on how walkability impacts travel behaviours and health outcomes. This report focuses on the second element of the NEWPATH study, which is an assessment of the quality of the food environment in Waterloo Region and its effects on food consumption patterns and health outcomes.

Methodology

The NEWPATH project presented an opportunity for Public Health to obtain local data on how the relative proximity of various types of food establishments affects eating behaviours and health outcomes. This research informs the type of interventions we would consider to improve our food environment.

NEWPATH researchers conducted a community food environment assessment by looking at four indicators:

1. Proximity of retail food outlets in relation to participant’s homes
2. The quality of vegetables and fruit for sale
3. The relative availability of healthy versus unhealthy food and beverages
4. The relative affordability of healthy versus unhealthy food and beverages

In total, researchers assessed 1334 retail food establishments in Waterloo Region and compared the results with two-day diet and travel surveys from 1,170 individuals in 690 households. Participants were recruited from across Cambridge, Kitchener and Waterloo. They were recruited from households with differences in walkability, income and number of occupants. Each participant in the study provided a self-reported measurement of their height, weight and waist circumference.

Key Findings

The following food environment findings from the NEWPATH study merit the greatest attention:

1. The vast majority of people in Waterloo Region do not eat a diet that is consistent with current nutrition recommendations.
2. We have a reasonable quality of vegetables and fruit in our food establishments.
3. Poorer diet quality and health outcomes are associated with an overabundance
of unhealthy food (food swamps) in Waterloo Region, rather than being solely due to gaps in access to healthy food (food deserts).

4. The relative affordability of healthy versus unhealthy food affects our food choices. When healthier choices are priced the same or less than unhealthy options, it is more likely that the healthy choices will be purchased.

1. Assessment of Diet Quality

Participants were asked to record everything they ate for two days in a personal food dairy (1170 participants from 690 households in Waterloo Region). The two-day food diaries provided a much higher quality of data than most diet surveys, which typically assess frequency of fruit and vegetable consumption. Researchers converted the dietary data from the food diaries into a Healthy Eating Index (HEI) score (adapted for Canada). The HEI is a comprehensive indicator that assesses adequacy of dietary intake by comparing the number of servings of fruits, vegetables, whole grains, etc. to dietary recommendations as well as assessing for a moderate intake of saturated fat and salt. It is considered to be a strong measurement of overall diet quality.

The NEWPATH data shows that the vast majority of people in Waterloo Region do not eat a diet that is consistent with current nutrition recommendations. Only 0.3 per cent of participants met the criteria for a "good" diet while almost 39.6 per cent of participants consumed a "poor" quality diet and 60.0 per cent of participants consumed a diet that "needs improvement".

Considering that 75% of Canadians rate their own diet as good, very good or excellent, this finding will be surprising to most people.

The Healthy Eating Index defines a "poor" diet as a score between 0 and 50 and a "good" diet as a score of 81+. A score of 51 to 80 is considered to be a diet that "needs improvement". The average HEI score in Waterloo Region was 53.2 out of a possible 100 points. This result shows that the average diet in Waterloo Region is very close to good.
the “poor” diet category. This type of eating pattern is associated with the development of chronic health conditions such as heart disease, cancer and Type 2 diabetes.

2. Quality of Fruit and Vegetables

Previous research in American cities regularly identifies differences in the quality of fruits and vegetables available in different neighbourhoods. Lower food quality vegetables and fruit (e.g., bruised produce) has been found to negatively affect purchasing behaviour. In this study, vegetables and fruit were rated as acceptable if they were in peak condition, good color, fresh, firm and clean. Produce was rated as unacceptable if it was bruised, old looking, dry, mushy, overripe, had dark sunken spots, cracked or broken surfaces, signs of shrivelling, mold or excessive softening.

The NEWPATH researchers found that the vegetables and fruit that are for sale in retail food establishments are of reasonable quality across Waterloo Region. As a result, this indicator was not significant in determining differences in food consumption patterns in this study.

3. Food Swamps versus Food Deserts

Food deserts are areas where populations have poor geographic access to healthy food. While much has been written about identifying food deserts, an assessment of Canadian research found that there is little evidence for the widespread existence of food deserts in Canada. However, research suggests that food swamps, which are “neighbourhoods where sources of high-fat, high-calorie foods were plentiful, were fairly consistently identified in the community food assessments, and may be more important than food deserts in influencing residents’ diets.” Food swamps often occur in neighbourhoods with lower socioeconomic status.

The NEWPATH study found that in Cambridge, Kitchener and Waterloo, rather than gaps in access to healthy food (food deserts), there is an overabundance of unhealthy food and beverages (food swamp).

For example, within one kilometre of study participants’ homes:

- There were five times as many convenience stores and fast food outlets as grocery stores and specialty stores
- There was over three times as much shelf space dedicated to energy dense snack food as compared to shelf space for vegetables and fruit

The study found that the average distance to food stores varied significantly by type of food store: convenience stores were on average 521 meters (m) away from people’s homes, fast food outlets were 582m away and grocery stores were 1001m away.

The proximity to a convenience store was significantly associated with health outcomes for women. NEWPATH research found that every kilometre that a female lived closer to the nearest convenience store predicted an increased body weight of 6.1 kg (13.4 lbs)
and a 6.4 cm (2.5 inches) larger waist circumference. A similar pattern was found when looking at the distance to the nearest convenience store. For males and females, diet quality improved the further away they lived from a convenience store. However, these findings were not statistically significant.

4. Relative Affordability of Healthy versus Unhealthy Food

Previous research has consistently found that higher caloric, unhealthy food and beverages are generally priced lower compared to whole grains, fresh vegetables, fruit, lean meat and dairy products.

In the NEWPATH study, prices differed significantly by store type and not always in the expected manner. For example convenience stores in low income areas had lower prices for some healthy food options than grocery stores in higher income areas. Thus the comparisons with variations in diet focussed on the impact of differences within store prices between healthy and unhealthy food options.

Since the assessment of the relative affordability of healthy versus unhealthy food options varied between types of stores and areas in the community, the analysis looked specifically at the impact of price differences within stores close to where people live.

Food consumption choices are influenced by a wide variety of factors. Researchers looked at both the effects of the overall relative affordability of healthy foods versus unhealthy foods close to home and the impact of price differences within stores specifically. The results indicate that it is “within store” pricing that was most significant. People who lived close to stores where healthy food and beverages were more affordable relative to unhealthy food and beverages had a lower Body Mass Index and waist circumference. These results were strongest for those who regularly shop at big box stores. Conversely, those who regularly shop at specialty or natural food stores were less impacted by the relative food affordability.

Conclusions

Previous research in Waterloo Region focused on the effects of food deserts and ensuring that populations had access to healthy food. The assumption had been that people do not consume high quality diets because they did not have adequate access to healthy food. However, the results of this study suggest that exposure to unhealthy food and beverages in people’s neighbourhoods through convenience stores and fast food outlets is associated with poor diet quality.

Similarly, the pricing structure of food and beverages is also a determinant of purchasing behaviour and related health outcomes (i.e., weight and waist circumference). Healthier food and beverages are more likely to be purchased when they are more affordable than less healthy options. This is especially true for individuals who shop at certain types of retail outlets such as big box stores. It is possible that consumers who shop at this type of outlet are more price sensitive compared to those who shop at specialty stores. However, more research is needed to be able to determine whether this is the case.
In summary, this study suggests that the food environment is a strong predictor of the type of food and beverages that people consume. The current food environment can be described as a food swamp, or in other words, an overabundance of poor nutritional quality food and beverages in our community.

A growing body of literature suggests that simply offering some healthy choices along with other choices has not been an effective strategy to improve diet quality. To address the effects of a food swamp, effective interventions have included strategically pricing healthier food options so that they are more affordable relative to less healthy options.\textsuperscript{4,6} Research suggests that many less healthy options have addictive qualities that make them difficult to resist when present.\textsuperscript{7} Therefore, reducing exposure to less healthy food and beverage options is another option to improve diet quality in the community.

**Next Steps**

1. Public Health will explore strategies to reduce exposure to unhealthy food and beverages to improve the affordability of healthy food and beverages relative to less healthy food and beverages (e.g., healthy corner stores, recreation centre food environments, local zoning by-laws, etc.). The Ontario Public Health Standards require public health to work with local food establishments and municipalities to create supportive healthy eating environments.

2. Public Health will share the findings of the NEWPATH study with area Municipalities and continue to work with them to utilize the data collected in this project to inform reports, policies and tools used to shape our community. Region of Waterloo Public Health is mandated by the Ontario Public Health Standards to prevent chronic disease by working with municipalities to create supportive environments for healthy eating.

3. Planning, Housing and Community Services, through the implementation of the Community Building Strategy, will explore strategies with the Area Municipalities relative to development and redevelopment in the ION Corridor. These opportunities can potentially influence food consumption patterns, walkability and health outcomes.

**Corporate Strategic Plan:**

Public Health’s work to analyse and support changes to our food environment address many areas of the Region’s Strategic Plan, including:

- **Growth Management and Prosperity** – 2.1 Encourage compact, livable urban and rural settlement form and 2.2 Develop, optimize and maintain infrastructure to meet current and projected needs.
- **Healthy and Inclusive Communities** – 4.2 Foster healthy living through information, education, policy development and health promotion and 4.7 Collaborate with the community to support older adults to live healthy, active lives.
Financial Implications:

A total of $600,000 in project funding was provided by the Canadian Institutes for Health Research and the Heart and Stroke Foundation. The Region of Waterloo contributed $180,000 through direct funding over 3 years, from within existing budgets. Bombardier contributed an estimated $100,000 through funding provided to Dr. Lawrence Frank as the Bombardier Chair in Sustainable Transportation Systems at the University of British Columbia.

Other Department Consultations/Concurrence:

Public Health and Planning, Housing and Community Services worked together throughout the research project. Data developed by this project has been used by Public Health in physical activity promotion, food systems planning, to inform reports like the recently released Shifting Gears report and it has been shared with community stakeholders through the Waterloo Region Healthy Communities Partnership.

Prepared By:  Ellen Curitti, Public Health Nutritionist
             Marc Xuereb, Public Health Planner
             Patrick Fisher, Transportation Demand Management Planner

Approved By:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
              Rob Horne, Commissioner, Planning, Housing and Community Services

References

Region of Waterloo
Public Health
Health Protection and Investigation

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

Date: August 12, 2014       File Code: P23-80

Subject: Safe Water Program Update

Recommendation:

For information.

Summary:

Public Health staff undertake a variety of activities to ensure that drinking water and recreational water sources are safe for the public. Safe water activities fall into three distinct focus areas: regulated drinking water systems, non-regulated drinking water systems, and recreational water sources. Some of the many activities include: inspecting public pools and spas; sampling beaches; responding to adverse events related to safe drinking water and complaints (for both recreational water and drinking water); monitoring water sampling lab results; and providing private well water education for rural residents. This report provides a brief update on each distinct focus area of the Safe Water Program, as mandated by the Ontario Public Health Standards.

Drinking Water: Because of the strict standards, the vast majority of adverse events are minor incidents that are quickly or easily corrected with no potential health impact.

Private Wells: In 2013, Public Health Inspectors followed-up with more than 300 private well owners regarding their water submissions, sampling results and other private well water concerns. The most common reason for follow-up with a resident was because private well water results indicated the presence of bacteria. There has been no evidence of illnesses related to these adverse drinking water incidents.

Pools and Spas: The number of orders in 2013 is in line with past years, although there are some fluctuations in the number of closures from year to year. There have been no reported illnesses or injuries related to pool and spa use.
Report:

The goals of the Ontario Public Health Standards (OPHS) for the Safe Water Program are to:
- Prevent or reduce the burden of water-borne illness related to drinking water; and
- Prevent or reduce the burden of water-borne illness and injury related to recreational water use.

To meet these goals, Region of Waterloo Public Health has three distinct focus areas that direct Safe Water activities: regulated drinking water systems, private drinking water supplies, and recreational water sources.

Regulated Drinking Water Systems

There are three main types of regulated drinking water systems: O.Reg 170/03 Drinking Water Systems, Non-Municipal Drinking Water Systems (under O.Reg 170/03), and Small Drinking Water Systems. These drinking water systems are presently regulated under the Safe Drinking Water Act, 2002, Health Protection and Promotion Act, 1990, and other applicable legislation.

O.Reg 170/03 Drinking Water Systems

The Ministry of the Environment, under Ontario Regulation 170/03, has primary regulatory oversight for municipal drinking water systems. Water Services at the Region of Waterloo is responsible for supplying clean, safe drinking water to the area municipalities through a two-tier system. Approximately 95 per cent of Waterloo Region residents receive drinking water from municipal drinking water sources (see PH-13-027). Partnerships with Municipal, Regional, and Provincial agencies play an important role in keeping drinking water safe. Public Health is mandated to liaise with other agencies and ministries regarding drinking water systems. Public Health staff meet with Regional Water Services, local Municipal Water Services partners, and Ministry of the Environment staff several times per year to jointly discuss drinking water topics. There is also a joint response plan with Municipal and Regional partners regarding adverse drinking water quality incidents that is reviewed and updated annually.

Non-Municipal Drinking Water Systems (under O.Reg 170/03)

Under Ontario Regulation 170/03, there are some types of drinking water systems not using municipally treated water. These water systems are also regulated primarily by the Ministry of the Environment. Non-municipal drinking water systems provide drinking water to residential, commercial, institutional, or industrial areas including rural schools.

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group homes, children’s residential camps, trailer parks, and small year-round residential communities that have more than five service connections.

Small Drinking Water Systems

Drinking water that is made available to the public (non-residential) but has not been obtained from a municipally treated supply is considered a small drinking water system (see PH-12-009). These systems are generally rural facilities such as restaurants, community centres, golf courses, resorts, seasonal trailer parks, and churches using private water supplies. Wells are the most common source for small drinking water systems. Public Health provides the main oversight of small drinking water systems under the Health Protection and Promotion Act (O.Reg.319). The Ontario Public Health Standards require Public Health to maintain an inventory of all small drinking water systems in our jurisdiction, conduct site risk assessments and site visits, assign risk categories, and issue written directives (directions for compliance given to the owner/operator). Public Health staff inspect these systems to ensure compliance with standards and regulations and conduct routine risk assessments of these systems based on their risk-level (high, moderate, or low).

The Ontario Ministry of Health and Long-Term Care, through its Accountability Agreements, mandates that 100 per cent of high-risk small drinking water systems are inspected or re-inspected every year. Public Health continues to meet this 100 per cent target. We currently have 139 systems in Waterloo Region, 2 of which are high-risk. Some factors that influence risk level include: water source type, location and influences on the water source, well condition, drinking water source security, water sampling results history, and existence of treatment equipment. A schedule of inspections and assessments is in place for all systems to ensure compliance with accountability agreement requirements.

Additional work relating to small drinking water systems includes: responding to complaints, conducting follow up inspections as required, responding to adverse water quality incidents, and general systems monitoring. Public Health Inspectors monitor lab results to ensure operators are sampling their drinking water at the appropriate frequency and to ensure the water is meeting Ontario’s Drinking Water Quality Standards (O.Reg 169/03).

Adverse Drinking Water Quality Incidents

Adverse drinking water incidents are events that fail to meet Ontario’s Drinking Water Quality Standards (O.Reg 169/03). Because of the strict standards, the vast majority of these adverse events are minor incidents that are quickly or easily corrected with no

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potential health impact. An incident may include a system water pressure drop, adverse observations from the analyzers that monitor the levels of chlorine, turbidity and UV, or a high sodium sample result. In rare instances, a water main break or evidence of coliform bacteria may pose a greater health impact and require additional corrective measures. By law, all adverse drinking water events are required to be reported to the Ministry of the Environment and the local Medical Officer of Health (MOH) or designate.

The Health Protection and Promotion Act, 1990 assigns the responsibility for community health protection to the local Board of Health through its Medical Officer of Health (MOH) and Public Health Inspectors (PHI). Public Health has an on-call system for receiving and responding to suspect waterborne illnesses, outbreaks or water-related complaints, and adverse incidents/test results that operates on a 24 hours per day, 7 days per week basis.

Upon receipt of information about an adverse water event, the Medical Officer of Health or Public Health Inspector will immediately perform a risk analysis to assess the potential health impact on users. During an adverse drinking water event, the Medical Officer of Health or Public Health Inspector ensures the owner/operator is taking necessary corrective action; may direct that extra measures are taken to correct the problem; and if appropriate, ensures that the public has been alerted to the situation. Table 1 below outlines the number of adverse water quality incidents, by drinking water system type, in 2013. The number of events in 2013 is consistent with the trends from previous years. There has been no evidence of illnesses related to these adverse drinking water quality events.

Table 1 – Adverse Water Quality Incidents, in Waterloo Region 2013

<table>
<thead>
<tr>
<th>Drinking Water System Type</th>
<th>Adverse Events (#)</th>
<th>Common examples</th>
</tr>
</thead>
</table>
| O.Reg. 170                 | 131              | • System pressure drop  
|                            |                  | • Water main break  
|                            |                  | • Coliform bacteria *  
|                            |                  | • Chemical exceedance (e.g., sodium or lead) |
| Non-Municipal (O.Reg. 170) | 18               | • Coliform bacteria * |
| Small Drinking Water System| 30               | • Coliform bacteria * |

Coliform bacteria can be found in many different environments. There are several different types or strains of coliform bacteria. Most are harmless and do not cause illness. Coliform bacteria are used as an ‘indicator organism’ to assess for the possibility of other disease-causing organisms, and their detection would prompt further investigation and/or corrective action.

Private Drinking Water Supplies (Non-regulated Systems)

Private drinking water supplies are drinking water systems that are not regulated under the Safe Drinking Water Act, 2002 or other applicable legislation. Most often rural
private wells and cisterns, Private drinking water supplies are most often rural private wells and cisterns and are the responsibility of the owner. These systems cannot provide drinking water to the public, or to more than five households or connections per system. The majority of rural residents in Waterloo Region obtain their drinking and household water from private wells (see PH-13-027).

As Public Health Units do not identify, assess, or inspect private wells, well owners should regularly test their water for the presence of bacteria. Bacteriological testing is the most common type of private water testing because microbial pathogens pose the greatest risk to drinking water safety.

Provincial guidelines recommend that private well owners sample their water for bacteria three times a year. Public Health encourages owners to access free provincial bacteriological testing services by making available sample bottles and forms via rural locations (once/week) and Public Health offices (daily, except Fridays). Upon request, Public Health provides assistance interpreting water analysis. If a private well water sample tests positive for E. coli (a type of coliform bacteria which is potentially disease-causing) or is 'overgrown' with bacteria, a Public Health Inspector will proactively call the owner and discuss their sample result, water source details, and actions for mitigating health risks. A Public Health Inspector will also follow up by phone on rejected water samples to provide education about proper sample submission requirements (e.g., sample must be analyzed within 48 hours of being taken).

Nitrate and fluoride testing services are also available to private well owners ($14.50 per sample for cost-recovery) through an arrangement with Region of Waterloo Laboratory Services. A Public Health Inspector will follow-up with residents who submit a nitrate or fluoride sample for testing for assistance in interpretation.

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Table 2 - Private Water Sample Results for Bacteria in Waterloo Region – 2004 to 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total coliforms</th>
<th>E. coli</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Water Samples (#)</td>
<td>*Adverse Results (#)</td>
</tr>
<tr>
<td>2004</td>
<td>1,704</td>
<td>689</td>
</tr>
<tr>
<td>2005</td>
<td>1,887</td>
<td>856</td>
</tr>
<tr>
<td>2006</td>
<td>1,717</td>
<td>734</td>
</tr>
<tr>
<td>2007</td>
<td>1,401</td>
<td>540</td>
</tr>
<tr>
<td>2008</td>
<td>2,475</td>
<td>496</td>
</tr>
<tr>
<td>2009</td>
<td>2,264</td>
<td>349</td>
</tr>
<tr>
<td>2010</td>
<td>2,051</td>
<td>264</td>
</tr>
<tr>
<td>2011</td>
<td>2,291</td>
<td>384</td>
</tr>
<tr>
<td>2012</td>
<td>1,915</td>
<td>251</td>
</tr>
<tr>
<td>2013</td>
<td>2,120</td>
<td>307</td>
</tr>
</tbody>
</table>

Source: Public Health Ontario Laboratories – Water Testing Information System Electronic Notification (WTISEN)

Aggregate private well water sampling results from 2004 to 2013 are available in Table 2 above. The percentage of adverse results of total coliforms and E. coli in Waterloo Region has remained relatively steady since 2008. It should be noted that the sampling results cannot be interpreted as a representation of the overall quality of private well water in the region, as only some rural residents regularly test their water and samples with adverse results are more likely to be re-sampled than well water without quality issues.

In 2013, Public Health Inspectors followed-up with more than 300 private well owners regarding their water submissions, sampling results and other private well water concerns. The most common reason for follow-up with a resident was because private well water results indicated the presence of bacteria. There has been no evidence of illnesses related to these adverse drinking water incidents.

Public Health also works to inform private citizens on how to safely manage their private drinking water system. Public Health continues to use a variety of channels to provide information including our webpage, social media, and printed news articles. In 2013 Public Health made it a priority to promote the importance of sampling private well water. Promotion efforts included: developing an email reminder service; delivering presentations to all township councils; writing articles for various newsletters and print media; promoting water testing using social media; updating Public Health’s website; and increasing access to testing services from monthly to weekly at rural locations. In 2014, Public Health will continue to promote free testing services, evaluate the
once/week access to testing services via rural locations and strengthen partnerships with rural service locations.

Recreational Water

Recreational water facilities types include: Class A pools (e.g., general public access facilities such as municipal pools); Class B pools (e.g., restricted access facilities such as apartment building, condominium, or hotel pools); public spas; spray/splash pads; wading pools; water slide receiving basins; and public beaches. Public Health activities include:

1. Monitoring and inspecting recreational water facilities to ensure compliance with regulations and guidelines;
2. Managing and responding to water-borne illnesses and injuries at recreational water facilities;
3. Educating and training owners/operators of recreational water facilities; and
4. Reporting recreational water information to the Ministry of Health and Long Term Care as requested.

Waterloo Region has two public beaches located at Laurel Creek and Shades Mill Conservation Areas. In collaboration with the Grand River Conservation Authority (GRCA), Public Health responds to potential risks associated with the use of public beaches (e.g., high bacteria levels). Where there is evidence that the water is potentially unsafe for bathing, Public Health and GRCA staff ensure notices are displayed in prominent locations at the public beach indicating the nature of the risk. These notices are referred to as postings. In 2013, Laurel Creek beach had no postings while Shades Mill had two postings that cumulatively lasted 17 days. The overall trend shows there have been fewer postings at both beaches in the last few years. Postings are partially dependant on weather conditions but can also be attributable to water fowl activity. Public Health and GRCA are partners in the beach sampling program and regularly communicate about beach issues such as beach conditions, water fowl activity, and bacteriological water reports. No direct linkages have been established between illnesses and public beaches in Waterloo Region.

Public Health continues to meet our Accountability Agreement targets for inspections of other recreational water facilities such as pools and spas. Targets set by the Ministry of Health and Long-Term Care include inspecting all indoor Class A pools every three months and conducting two inspections of outdoor Class A pools every year. These indoor and outdoor inspection schedules are also followed for all Class B pools, public spas, spray/splash pads, wading pools, and water slide receiving basins. Public Health inspected 100% of recreational water facilities as mandated in 2013.

Public Health also coordinates an annual education and training workshop for pool and spa operators. This workshop aims to teach and inform pool and spa owners and operators about applicable legislation; pool / spa operation, maintenance; prevention of illness, and injury; water chemistry; safety equipment; emergency procedures; safety supervision; and sanitary operation of pools and spas.
When necessary, Public Health Inspectors close a pool, spa, or other recreational water facility. Closure orders generally occur because of a safety issue or health hazard condition including: a potential drowning/injury hazard, a water clarity issue, improper water chemistry, or other sanitary conditions in the pool that could lead to gastro-intestinal illness or an eye/ear infection. In 2013, 23 closure orders were issued to pools and spas. The number of orders in 2013 is in line with past years, although there are some fluctuations in the number of closures from year to year. There have been no reported illnesses or injuries related to pool and spa use.

**Ontario Public Health Standards**

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance with the Safe Water requirements of the Standards.

**Corporate Strategic Plan:**

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

Focus Area 5: Service Excellence – Deliver excellent and responsive services that inspire public trust.

**Financial Implications**

The Safe Water program and activities described within this report are implemented within the approved Public Health Department Budget which is cost shared 75% by the province, 25% regional tax levy.

**Other Department Consultations/Concurrence:**

Water Services staff were consulted regarding this report.

**Attachments**

None.

**Prepared By:** Peter Ellis, Public Health Planner, Health Protection and Investigation Division

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo
Public Health
Health Protection and Investigation

To: Chair Sean Strickland and Members of the Community Services Committee
Date: August 12, 2014

File Code: P10-80
Subject: Quarterly Charged/Closed Food Premises Report

Recommendation:
For information.

Summary:
This report is a summary of food premises enforcement activities conducted by Public Health Inspectors in the Health Protection and Investigation Division for the second quarter of 2014.

Report:
During the second quarter of 2014, one establishment was charged and two establishments ordered closed under the Health Protection and Promotion Act, Ontario Food Premises Regulation 562 (See Table 1: Food Safety Enforcement Activity).

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

Ontario Public Health Standards:
Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance
with the Food Safety Protocol of the Ontario Public Health Standards.

**Corporate Strategic Plan:**

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

**Financial Implications:**

The majority of food premises enforcement activities are completed by Public Health Inspectors funded within existing resources in Region of Waterloo Public Health’s cost shared budget (75% provincial/25% regional tax levy). Since 2010, the province has provided an additional allocation of $50,067 in 100% funding for enhanced food safety initiatives locally; this enables a larger number of inspections and re-inspections of permanent, seasonal or temporary food premises than would be accomplished within the cost shared budget.

**Other Department Consultations/Concurrence:**

Nil

**Attachments:**

Table 1: Food Safety Enforcement Activity

**Prepared By:** Chris Komorowski, Manager Food Safety, Recreational Water and Cambridge and Area Team

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health
Table 1: Food Safety Enforcement Activity

<table>
<thead>
<tr>
<th>Name Of Establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
</table>
| New Jade Dragon       | Establishment ordered closed on April 30, 2014 | An inspection revealed the following which in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely:  
- Failed to protect food preparation area against the entrance of insects and rodents  
- Failed to maintain food preparation area in a sanitary manner  
- Failed to maintain utensils in a clean and sanitary manner  
- Failed to maintain food contact surfaces in a clean and sanitary manner | Closure order |
<table>
<thead>
<tr>
<th>Name Of Establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supreme 2 for 1 Pizza and Wings</td>
<td>Three Provincial Offences Notices issued for infractions observed on June 5, 2014</td>
<td>Operate food premise maintained in a manner adversely affecting sanitary condition ($120)</td>
<td>$700</td>
</tr>
<tr>
<td>157 King Street East Kitchener</td>
<td></td>
<td>Maintain hazardous foods at internal temperatures between 5 Celsius and 60 Celsius ($460)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use dirty towel for cleaning utensils ($120)</td>
<td></td>
</tr>
<tr>
<td>Waterloo Park Hospitality Area</td>
<td></td>
<td>An inspection revealed the following which in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely:</td>
<td></td>
</tr>
<tr>
<td>90 Westmount Road North Waterloo</td>
<td></td>
<td>Inability of food handlers to adequately wash hands and dishes due to a lack of hot water at the facility</td>
<td></td>
</tr>
</tbody>
</table>

Closure order
Recommendation:

That the Regional Municipality of Waterloo endorse the Region of Waterloo Seniors’ Strategy detailed in Appendix A;

And that the Regional Municipality of Waterloo approve the use of the Region of Waterloo Age Friendly Lens, detailed in Appendix A across the corporation as outlined in report SS-14-034, dated August 12, 2014.

Summary:

Using the results of the Municipal Consultation and Internal Review, the Seniors’ Advisory Committee identified 30 recommendations which will support older adults by:

- Continuing and enhancing efforts by the Region of Waterloo to be an age-friendly organization; and,
- Ensuring that the Region of Waterloo delivers its mandated services and programs in an age-friendly manner.

The Region of Waterloo Seniors’ Strategy also includes an Age Friendly Lens (Lens). The Lens was developed to help staff understand how people’s needs may change as they age. The Lens is a tool that staff can use to assess the age-friendliness of the Region’s programs, services and service delivery. Staff can then use the results of the assessment to develop an action plan to increase the age-friendliness of the services and programs offered by their program area.
Report:

1.0 Background Information

The 2011-2014 Strategic Directions of Regional Council outline a strategic direction and two actions regarding older adults:

4.7 Collaborate with the community to support older adults to live healthy, active lives
   - 4.7.1 Work with area municipalities and community partners to develop a Seniors’ Strategy that actively supports the well-being of older adults
   - 4.7.2 Work with community partners to establish a Seniors’ Advisory Committee that will provide advice on planning and issues for older adult programs and services

The Seniors’ Advisory Committee had its first meeting in January 2012 and started to work on developing the Region of Waterloo Seniors’ Strategy in June 2012.

2.0 Why do we Need a Seniors’ Strategy?

The proportion of older adults in Waterloo Region is growing faster than any other age group. This means that by 2031:

- 1 out of every 3 residents will be aged 55+ (compared with 1 in 4 in 2011)
- 1 out of every 5 residents will be aged 65+ (compared with 1 in 8 in 2011)
- 1 out of every 11 residents will be aged 75+ (compared with 1 in 17 in 2011)

Many people experience health changes as they grow older. Due to these changes it becomes more important to take measures to ensure that our environments facilitate safe mobility, reduce stress/anxiety and support cognitive ability. In addition to physical and/or cognitive changes, older adults may also encounter attitudinal barriers due to negative and/or inaccurate beliefs about aging. By creating and implementing a Seniors’ Strategy, we will confirm that there are supports in place to ensure that older adults are able to continue to access the services and programs offered by the Region of Waterloo and to be active members of our community.

3.0 Process Used to Develop the Strategy

In developing the strategy, the Seniors’ Advisory Committee took into consideration the excellent age-friendly community work that is already in progress in the area municipalities and did not want to duplicate these efforts. The Seniors’ Advisory Committee conducted a municipal consultation process in which residents and community partners were asked to identify priority areas for the strategy. Additionally, a comprehensive internal review identified the numerous ways in which the Region of Waterloo.

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1 Source: Census of Canada and Planning Information and Research, Region of Waterloo. Single years of age by municipality model.
2 Sinha SK. (2013). Living Longer, Living Well. Toronto, Canada: Ontario Ministry of Health and Long-Term Care
Waterloo is currently contributing to the achievement of the World Health Organization indicators. The Seniors’ Advisory Committee used the information gathered through the municipal consultation process and internal review to guide the development of the strategy’s recommendations.

4.0 Age Friendly Lens

In developing the Seniors’ Strategy, the Seniors’ Advisory Committee realized that in order to meet the needs of older adults that Regional staff must first learn about potential age-related changes. The committee developed the Region of Waterloo Age Friendly Lens to help staff understand how people’s needs may change as they age. The lens is a tool that staff can use to assess the age-friendliness of the Region’s programs, services and service delivery.

The Lens is comprised of three sections:

A. Overview of Potential Age Related Changes

Statistics Canada estimates that the average Canadian can expect to live approximately 10.5 years with some level of disability in the later years of life. This section provides an overview of the potential sensory, physical, cognitive, social and emotional changes that people may experience as they get older. Suggestions are provided as to how staff could accommodate these changes within their program areas. The tool asks staff to review the potential age-related changes and potential accommodations and then consider the implications for their program area.

B. Respectful, Age-Friendly Service Delivery Guidelines

This section lists a set of guidelines for age-friendly service delivery and asks staff to rate how well their program area is achieving the guidelines listed in the table. Staff are encouraged to “score” their program area and use these results to determine how they could increase the age friendliness of their program areas.

C. Implementation Plan

In this section staff are asked to identify the actions they will take to increase the age-friendliness of their program area based on the results of sections one and two.

5.0 Recommendations

Using the results of the Municipal Consultation and Internal Review, the Seniors’ Advisory Committee identified 30 recommendations which will support older adults by:

- Continuing and enhancing efforts by the Region of Waterloo to be an age-friendly

organization; and,

- Ensuring that the Region of Waterloo delivers its mandated services and programs in an age-friendly manner.

The recommendations fit into the following three categories: recommendations for immediate implementation, recommendations for future implementation and recommendations for future implementation should external funding become available.

6.0 Next Steps

If endorsed by Regional Council, the Seniors’ Advisory Committee will oversee the implementation of the recommendations listed in the “Immediate Implementation” section. The committee will also refer back the recommendations listed in the “Future Implementation” for costing and implementation planning by the lead departments.

If approved for use by Regional Council, the Age Friendly Lens will be disseminated to staff across the corporation.

Corporate Strategic Plan:

The Region of Waterloo Seniors’ Strategy is consistent with the Region’s Corporate Strategic Plan (2011-2014), Focus Area 4: Healthy and Inclusive Communities: (to) foster health, safe, inclusive and caring communities and specifically, Strategic Objective 4.7: (to) collaborate with the community to support older adults to live, healthy, active lives”.

Financial Implications:

Nil at this time.

Other Department Consultations/Concurrence:

All departments have contributed to the development of the Region of Waterloo Seniors’ Strategy.

Attachments

Appendix A:  Region of Waterloo Seniors’ Strategy (Distributed separately)

Prepared By: Helen Eby, Director, Seniors' Services

Kelly Buxton, Social Planning Associate

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo
Social Services
Children’s Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: August 12, 2014

Subject: Purchase of Service Contract, Children’s Services

Recommendation:

That the Regional Municipality of Waterloo enter into a Service Contract effective September 1, 2014 with Muslim Association of Canada (MAC) Maple Grove Preschool and Childcare Centre., located at 160 Courtland Ave. East, Kitchener Ontario N2G 3M6

And further that the Regional Municipality of Waterloo enter into a Service Contract with Tiny Hoppers Corp., located at 1-445 Thompson Dr., Cambridge Ontario N1T 2K7, as outlined in report SS-14-035, dated August 12, 2014.

Summary:

Nil.

Report:

The Region currently has service agreements with 134 licensed early learning and child care programs. These service agreements allow the Region of Waterloo to purchase child care space on behalf of subsidy eligible families in a licensed early learning and child care program. These agreements support choice for subsidy eligible families with a wide range of requirements including special needs placements. In addition, the service agreement is a requirement for a licensed early learning and child care program to receive additional funding such as wage subsidy, transition operating, play-based materials and equipment, repairs and maintenance and minor capital retrofits.

- MAC - Maple Grove Preschool and Child Care Centre, is a new not-for profit licensed child care centre which is anticipated to open on September 1, 2014. This new program will offer licensed child care spaces for children between the ages of 18 months and 4 years.
Centre is located at 160 Courtland Ave. East in Kitchener, and
- Tiny Hoppers Corp., is a newly opened for profit licensed child care centre. The newly licensed program will provide child care for 30 toddlers, 72 preschool, and 20 junior and senior kindergarten children. The centre is currently licensed under the Day Nurseries Act.

The following table outlines the 2013 rate structure for the new centres

MAC Maple Grove Preschool and Child Care Centre:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hours of Care</th>
<th>Per Diem Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler</td>
<td>6 or more hours</td>
<td>$41.38</td>
</tr>
<tr>
<td>Preschool</td>
<td>6 or more hours</td>
<td>$37.93</td>
</tr>
</tbody>
</table>

Tiny Hoppers Corp.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hours of Care</th>
<th>Per Diem Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler</td>
<td>6 or more hours</td>
<td>$45.98</td>
</tr>
<tr>
<td>Preschool</td>
<td>6 or more hours</td>
<td>$41.38</td>
</tr>
<tr>
<td>JK/SK</td>
<td>Before and After School</td>
<td>$20.69</td>
</tr>
<tr>
<td>Nursery School</td>
<td>Half Day – &lt;4 hours</td>
<td>$19.08</td>
</tr>
</tbody>
</table>

Corporate Strategic Plan:

This report supports the Region’s Strategic Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities; and Focus Area 4.6: Collaborate with the community to support the development of services for children.

Financial Implications:

The 2014 fee subsidy budget totals approximately $17M. This funding provides fee subsidy for an average of 2900 children each month. This agreement will be accommodated within the current fee subsidy budget for purchase of service.
Other Department Consultations/Concurrence:

The implementation of service agreements requires the assistance of Finance and Legal Services staff.

Attachments

Nil.

Prepared By: Sheri Phillips, Manager, Child Care Subsidy
Nancy Dickieson, Director, Children’s Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo
Social Services
Social Planning, Policy and Program Administration

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

Date: August 12, 2014
File Code: A02-40

Subject: Immigration Partnership Funding from Province of Ontario

Recommendation:

That the Regional Municipality of Waterloo approve entering into an agreement with the Greater Kitchener Waterloo Chamber of Commerce under the Immigration Partnership in a form satisfactory to the Commissioner of Social Services and the Regional Solicitor;

And that the Regional Municipality of Waterloo increase the 2014 Operating Budget for Social Planning, Policy and Program Administration by $34,444 and $0 net regional levy;

And further that the Regional Municipality of Waterloo maintain the staffing complement within the Social Planning, Policy and Program Administration Division of .9 FTE (shared across three positions) for the period August 1, 2014 to July 31, 2017, subject to the receipt of funding as outlined in Report SS-14-039, dated August 12, 2014.

Summary:

Nil

Report:

The Immigration Partnership is comprised of a broad range of stakeholders including employers, service providers, immigrants, municipal government representatives, healthcare providers, and other representative groups. The mandate of the Immigration Partnership is to help facilitate successful settlement and integration of immigrants and refugees in Waterloo. To this end, the work of the Immigration Partnership is organized under three pillars: Settle, Work, and Belong. The Greater Kitchener Waterloo Chamber of Commerce has recently received funding from the Ministry of Citizenship and Immigration (see Appendix A) and is requesting to allocate a portion of these funds to the Immigration Partnership in order to deliver the New Canadian Employment
Connections Program.

The Chamber has requested that the Immigration Partnership provide oversight and implementation for a number of services related to this program and, as such, will flow funding in the amount of $248,000 during the period August 1, 2014 to July 31, 2017 in consideration for such services. The services for this project include implementing networking events for employers and internationally trained immigrants, delivering employer seminars and providing management oversight to the project.

Corporate Strategic Plan:

Funding the Immigration Partnership to deliver a portion of the New Canadian Employment Connections Program supports the Region’s Corporate Strategic Plan Focus Areas 4: Healthy and Inclusive Communities and Strategic objective 4.8 (to) Partner with the community to improve programs and services for immigrants and refugees.

Financial Implications:

The Operating Budget for Social Planning, Policy and Program Administration will be increased by $34,444 for the period August 1, 2014 – December 31, 2014. The balance of the funds will be spent over the period from January 1, 2015 – July 31, 2017. It is anticipated that the funding allotment will be utilized to continue the Manager, Immigration Partnership (0.2 FTE) Community Engagement Coordinator (0.5 FTE), Program Assistant hours (0.2 FTE).

Other Department Consultations/Concurrence:

Consultations regarding this increase in funding have been conducted with Finance, who will provide support in the Immigration Partnership financial reporting requirements. The Region of Waterloo Legal Department will review the agreement with the Greater Kitchener Waterloo Chamber of Commerce.

Attachments

Appendix A: MCI letter to Chamber confirming funding

Prepared By: Lynn Randall, Director, Social Planning Policy and Program Administration
Tara Bedard, Manager Immigration Partnership

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
February 6, 2014

Ian McLean
CEO
Greater Kitchener Waterloo Chamber of Commerce
80 Queen Street North
Kitchener ON
N2H 6L4

Dear Mr. McLean:

Re: Canadian Employment Connections Project (Renewal)

I am pleased to inform you that the proposal you submitted to the Ministry of Citizenship and Immigration’s (MCI) 2013-2014 Invitation for Proposals (IFP): Bridging Projects for Internationally Trained Individuals has been approved for renewed funding. As you know, the IFP was a competitive process. A Ministry committee evaluated all proposals for renewed funding based on:

- Performance in the pilot project against contracted targets;
- The degree to which the pilot project met Ministry reporting requirements; and,
- Standard Ministry evaluation criteria used to evaluate all proposals received through the IFP.

I am delighted to confirm renewed funding of up to $500,000 for a three year period to your organization for the Renewed Canadian Employment Connections Project (Renewal) bridge training program. The Ministry expects this funding to cover the duration indicated for this project in the submission.

As outlined in the application guidelines, you will be required to enter into a formal and legally-binding agreement with the Ministry regarding the terms and conditions of the funding allocation.
Region of Waterloo

Waterloo Region Crime Prevention Council

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

Date: August 12, 2014

File Code: C06-60

Subject: Position on Prostitution Law Reform, Bill C-36

Recommendation:

For information only

Summary:

The federal government recently tabled new prostitution legislation (Bill C-36). This report and attachments outline the position of the WRCPC on prostitution law reform. The WRCPC resolution appears below and expresses support for the decriminalization of prostitution. The full Position on Prostitution Law Reform statement appears in Attachment 1. A backgrounder document (Attachment 2) outlines the core principles and key elements of the analysis that informed the position.

Now therefore be it resolved that

The Waterloo Region Crime Prevention Council supports decriminalization as the policy approach that

- offers the greatest potential for prevention through appropriate social supports;
- according to research evidence produces the least harm and provides the greatest opportunities for safety;
- best aligns with the Charter of Rights and Freedoms and the concept of the common good; and

should be adopted as the Federal Government’s response to the Supreme Court decision in Bedford.

Report:

1.0 Background

In December 2013, the Supreme Court of Canada ruled in the Attorney General of Canada v. Bedford case that three provisions of Canada’s Criminal Code related to prostitution violated the right to security of the person protected by the Charter of Rights
and Freedoms. The federal government was given one year to respond with new legislation that complies with the Charter. The government conducted an on-line public consultation in March 2014 and tabled Bill C-36, the Protection of Communities and Exploited Persons Act in June 2014.

Fulfilling its mandate to respond to legislation that will impact the local community, the WRCPC formed a working group to develop a position statement on prostitution law reform and participated in the federal government's on-line consultation. The working group met five times to deliberate and discuss the complex issues associated with prostitution. The development of the position was informed by an intensive review of the research evidence. There was a substantive discussion at the WRCPC meeting regarding the position statement developed by the working group. The position statement was adopted at the regular meeting of Council on July 11, 2014.

Financial Implications:
Nil

Other Department Consultations/Concurrence:
Nil

Attachments:

Attachment 1 - WRCPC Position on Prostitution Law Reform, Bill C-36. Document number 1648527


Prepared By: Dianne Heise Coordinator, Community Development and Research

Approved By: Tracy Jasmins Marketing and Communications Coordinator for Christiane Sadeler, Executive Director
Waterloo Region Crime Prevention Council (WRCPC)

Position on Prostitution Law Reform, Bill C-36

Adopted at the regular meeting of the WRCPC on Friday, July 11, 2014

Whereas the Waterloo Region Crime Prevention Council (WRCPC) has the mandate to advise, recommend and stimulate actions which reduce and prevent crime, victimization and fear of crime and address the root causes of crime; and

Whereas a preventative approach to complex social issues has been shown to have far greater sustainable positive outcomes than criminalization and enforcement; and

Whereas, it is at the local level that crime and victimization and fear of crime are most acutely felt; and

Whereas, as part of the WRCPC’s mandate the Council reviews the impact of legislation such as the recently tabled legislation regarding the Protection of Communities and Exploited Persons Act (Bill C-36) on the local community and residents; and

Whereas, sex work is a complex social issue; and

Whereas, the Supreme Court ruled that several provisions of the Criminal Code of Canada governing the activities associated with prostitution are unconstitutional in that they violate section 7 of the Charter of Rights and Freedoms; and

Whereas, the selection of any legal framework should be based on the principle of the least amount of harm to the individual and community; and

Whereas, an evidence based examination of legal frameworks (decriminalization, legalization, criminalization, partial criminalization) and their impact on diverse populations should inform policy decisions; and

Whereas, the Criminal Code of Canada provides protection against sexual and physical violence, exploitation, human trafficking for commercial sexual exploitation, and other crimes against the person; and

Whereas, research shows that decriminalization of prostitution and its related activities most effectively provides protection of sex workers, including those who engage in sex work by choice and those whose social, economic and personal circumstances leave them little to no choice; and
Whereas, decriminalization is the policy that is most likely to create an environment where outreach and social supports to sex workers who wish to exit the sex industry will be successful; and

Whereas research-based evidence demonstrates that decriminalization:

- does not increase harm to individuals and communities
- does not increase the size of the sex industry
- does not result in an increase in human trafficking for commercial sexual exploitation; and

Whereas the criminalization of purchasers of sexual services and the criminalization of other activities associated with prostitution as proposed by Bill C-36:

- will not offer greater protection for communities or exploited persons than the current legislation
- will increase stigmatization, risk and harm to sex workers and purchasers
- will require significant additional resources for enforcement potentially at the expense of prevention

Now therefore be it resolved that

The Waterloo Region Crime Prevention Council supports decriminalization as the policy approach that

- offers the greatest potential for prevention through appropriate social supports
- according to research evidence produces the least harm and provides the greatest opportunities for safety;
- best aligns with the Charter of Rights and Freedoms and the concept of the common good; and

should be adopted as the Federal Government's response to the Supreme Court decision in Bedford.
1. “Decriminalization: is where neither sex work nor activities related to it are subject to criminal law. Instead, Occupational Health and Safety guidelines that recognize labour rights and responsibilities are in place to regulate the sex industry.”

“Legalization: is when sex work is regulated – most often through criminal law – and strict requirements are placed on sex workers if they are to work legally.”

“Criminalization (can be separated into two types): a. Prohibition: where the laws are designed to prohibit all forms of sex work including the buying and selling of sexual services... b. Toleration: where the buying and selling of sexual services is legal but there are laws prohibiting a variety of activities related to sex work that are judged to be harmful.”

“Partial criminalization: is when it is legal to sell sexual services but illegal to buy them.”

From: (understanding) sex work: a health research & community partnership
Backgrounder for Waterloo Region Crime Prevention Council (WRCPC)

Position on Prostitution Law Reform, Bill C-36

July 11, 2014 (position adopted)

For Position/Resolution see Doc 1648527

“Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.”
(Canadian Charter of Rights and Freedoms, section 7)

Core principles of the Waterloo Region Crime Prevention Council (WRCPC)

The WRCPC rooted its conclusion in the following core principles:

- Do no harm.
- The right to safety is a human right.
- All laws must respect the Charter of Rights and Freedoms.
- Prevention through social and community development works.
- Addressing root causes is imperative for long-term sustainable social change.
- The inclusion of voices with lived experience always leads to the design of better solutions.
- Stigmatizing any population is harmful and ignores that all human beings have capacities that can be harnessed for individual and community well-being.
- We should strive for gender equality.
- Good policy is based in good evidence.
- There is a growing consensus that the prostitution laws of Canada have been ineffective in accomplishing what they set out to do.
- The status quo rarely gets us beyond the issues of today.

Analytical approach

The working group of the WRCPC examined the research evidence regarding the impact of various legal frameworks (including in different countries) on the populations affected by prostitution; namely those selling, purchasing, and managing sexual services as well as neighbourhoods, municipalities and the general public.

Complex social problems require comprehensive and holistic solutions and each part of the solution has to be seen in the context of others.

Key Elements of the Analysis

1. Prostitution is legal in Canada.

   Prostitution is legal and always has been legal in Canada. However, several provisions governing activities associated with prostitution have been found to be ineffective and unconstitutional.
2. **Prostitution is not an issue of morality.**

- Our laws are based on a shared and evolving understanding of moral and ethical concepts regarding the common good. Since prostitution itself is not against the law, moral judgements about the social acceptability of prostitution are out of place in this debate. Furthermore, a focus on moral issues detracts from the development of pragmatic solutions to serious social problems and is likely to do more harm than good.

3. **Prevention is essential and possible.**

- Social interventions have been proven to be more effective and less expensive in the long run than enforcement. Effective prevention of exploitation and violence demands attention to root causes and these conditions cannot be changed by legislative responses only. Indeed, the law is insufficient as the only tool to deal with the complexities of communities, including the sex industry. There is a growing recognition (visible in programmes such as mental health courts) that we cannot enforce our way out of challenging social problems.

- While prostitution under the age of 18 remains illegal and is exploitation by definition, in the context of prevention, children and youth always deserve special consideration. Effective prevention requires appropriate and sustained commitment and resources beyond investments in the law and enforcement. Early childhood trauma, homelessness, persistent under-employment are just three of the root conditions that cannot reasonably be addressed through the Criminal Code.

4. **Evidence indicates that different populations need different interventions.**

- The people who are involved in and impacted by sex work and the circumstances in which sex work takes place, represent a very diverse spectrum. Sex workers are not a homogeneous group. Evidence shows that only approximately 20% of sex work is street based which is by far the most dangerous form of prostitution. A sizeable proportion (approximately 20 %) of sex workers are transgender or male.

- A diversity of life circumstances and motivations are present among sex workers. Some engage in survival sex work where choice is constrained by serious challenges such as addictions, poverty and homelessness. Others choose sex work as an occupation. Similarly, there is much diversity among clients who
purchase sexual services. Finally, there are differential impacts on community residents and neighbourhoods.

- Oversimplified definitions of all sex workers as exploited victims, all purchasers as “perverts” and all communities as negatively affected by sex work - do not recognize the complex and diverse spectrum of prostitution. Effective interventions are grounded in an analysis that is appropriate for the complexity of the issue at hand.

5. Gender inequality remains pervasive.

- Sex workers are not only female, however it is important to acknowledge that one reason why women are overrepresented in sex work speaks to their status in society. Beyond the sex industry this includes the persistent objectification of women’s bodies, higher rates of victimization due to violence, and significant social and economic inequities.

- Gender inequality is a central issue but different policy approaches to prostitution lead to very different solutions. It is inaccurate, and viewed by some as paternalistic, to contend that all female sex workers are exploited victims and to deny that sometimes women choose sex work as an occupation. Instead, policy approaches such as decriminalization that focus on promoting human rights, harm reduction and the reduction of stigma, are the most effective to protect and promote the health and safety of all those involved in the sex industry.

6. Public involvement and consultation are critical.

- The WRCPC participated in the online public consultation in March 2014. Council at that time expressed the concern that this consultation process was flawed in a number of ways including an overly simplistic and narrow framing of questions. In addition, the consultation process did not allow for appropriate and adequate input by key stakeholders such as municipalities and organizations representing sex workers. Public education and engagement is an essential step in developing and implementing practical solutions that promote the individual and community good as defined by the Charter of Rights and Freedoms. Good public input is also based in good public understanding. The issues surrounding prostitution are so complex that the time frame of the consultation did not allow for meaningful public dialogue. The text of the Council’s contribution to the federal survey appears in Appendix 1.
• Existing laws in the Criminal Code, labour laws, human rights legislation and municipal regulations are already in place to address problems that may negatively impact communities. A growing number of researchers state that where there are concerns, they can be successfully addressed through dialogue and mediation processes that involve everyone affected.

Response to Bill C-36: The Protection of Communities and Exploited Persons Act

• Most elements of the WRCPC position statement and resolution as well as the backgrounder were developed prior to the tabling of Bill C-36 in anticipation of new legislation. However, Bill C-36 did nothing to alleviate but rather exacerbated many of the original concerns. Concerns more directly brought on by the proposed legislation are noted below.

• A hasty and inadequate consultation process, (and an insufficient examination of current research evidence) by the federal government has resulted in proposed legislation that does not address nor remedy the serious problems with several provisions of the previous legislation that were struck down by the Supreme Court of Canada in the Bedford ruling. Many legal experts and scholars expect Bill C-36 will be challenged and also be ruled unconstitutional. Not improving upon the previous legislation in terms of constitutionality alone would be a waste of limited resources.

• Prostitution has always been legal in Canada. The new legislation proposes to criminalize additional aspects of prostitution including the purchase of sexual services. This punitive response is contrary to the research evidence about protecting those involved in the sex industry. There is a substantial body of national and international research evidence demonstrating that criminalizing either sellers or purchasers of sexual services has serious and harmful impacts on the safety of sex workers, particularly the most marginalized and at risk population of street-based sex workers. These harmful impacts include displacement to more isolated and dangerous areas, decreased ability to implement safety measures such as screening clients, decreased access to police protection, and increased risk of physical and sexual violence.
Appendix 1

The WRCPC Response to the Public Consultation on Prostitution-Related Offences in Canada

1. The Waterloo Region Crime Prevention Council (WRCPC) agrees with the Supreme Court of Canada’s decision in Bedford and the principles upon which the ruling is based, including the principle of fundamental justice whereby “the state cannot deny a person’s right to life, liberty or security”. The WRCPC also agrees that the social, economic and community situations have significantly evolved since the criminal code offences regarding prostitution were passed and need assessment with regards to their impact in the current times.

2. Good data make for good policy. The current public consultation process is flawed. The questions are overly simple and too narrow to do justice to the complexity of the issues. The space allotted for providing a response is accordingly severely limiting. Public consultations that restrict responses mostly to yes/no answers cannot foster a balanced or knowledge based conversation.

For these reasons, the Waterloo Region Crime Prevention Council has chosen to provide its feedback to the current public consultation solely in Question # 5 as the only open ended aspect of the consultation.

3. The WRCPC believes that any legislative response to the Supreme Court of Canada ruling in Bedford should be based on the following key principles:

   a. The law should provide the maximum protection to any vulnerable population including those in the sex trade.
   b. The law should work in combination with provisions of viable alternatives for those wanting to leave the sex trade; and appropriate prevention activities to prevent sex trade involvement for those who do not make it a choice.
   c. Solutions should balance individual rights with the well-being and common good of neighbourhoods and communities.

We urge the government to undertake a broader, more inclusive, and more meaningful consultation and dialogue that would effectively involve key stakeholder groups such as persons with lived experience, municipalities, community agencies and others. We also urge the government to review local and national research, international good practices and carefully consider the multiple and systemic roots of the sex trade.
To: Chair Sean Strickland and Members of the Community Services Committee

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

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File No: S13-40

Subject: Correspondence from Centre for Community Based Research

This memo is in response to the July 3 correspondence from the Centre for Community Based Research in which Catherine Maine, Office Administrator raised an issue related to homeless people around their building during the day time over this past winter. The letter is included in today’s agenda package.

Staff followed up with Catherine to provide information regarding the availability of services including Street Outreach. Often, people who access Street Outreach programs are not being served or are being underserved, and/or are unable or unwilling to access services by other means. The need to increase mobile street outreach services outside of regular workday hours is identified as an action (#28) in the Homelessness to Housing Stability Strategy. This issue was recently raised by the Kitchener Downtown Stakeholders’ Group, a roundtable of representatives from the City
of Kitchener, Region, WW-LHIN and service providers. Region staff has been asked to attend the city’s Safe and Healthy Advisory Committee in September to discuss the issue of “belonging” and homelessness with respect to the same population.

Further details about Street Outreach and the Region’s involvement are provided in report SS-14-036 on today’s Community Services Committee agenda as well as in the Street Outreach brochure:


For further information, please contact Lynn Randall, Director Social Planning, Policy and Program Administration by email lrandall@regionofwaterloo.ca or by telephone 519-883-2190.
July 3, 2014

Dear Councillors,

We are writing to you regarding the issue of homelessness in our Region.

As you may know, the Centre for Community Based Research has its office located at King West and Ontario streets in downtown Kitchener. We frequently have people who are homeless around our building during the daytime. In the winter, this issue becomes more acute, as some of those same people spend more time inside our building. Because of the brutal cold this past winter, this occurred more frequently and was more noticeable. We found people sleeping in the stairwells, which are regularly used by our visitors and clients.

Part of CCBR’s mission is to serve people who are marginalized through the research and education that we do. We do not want to simply call the police or to kick people out of the building. We see them and speak to them. They have a human face to us and we feel compassionate about them.

On the other hand, buildings like ours are designed for conducting business, not for being a shelter. The middle of the day seems to be a challenge for people who have no home and no money. We know about St. John’s Kitchen in downtown Kitchener, but it is only open for a couple of hours around lunch time. The Working Centre provides a daytime space, however there are no sleeping accommodations for people who wish to rest. It seems that current day time supports are insufficient especially during cold winters. Occasionally we see workers who are out on the street to give support.

We wanted to share our experience with you as an example of how the lack of day time shelter for homeless individuals affects our community. We are glad to have our regional government working on the issue of homelessness. However, we hope that the need for day time shelter is given further consideration. We are open to working with you on possible solutions before next winter. We also welcome any suggestions that you may have on how to respectfully address this situation.

Thank you for your attention.

Sincerely,

Catherine Maine,
Office Administrator
On behalf of the staff of the
Centre for Community Based Research
www.communitybasedresearch.ca

cc: L. Randall
To: Chair Sean Strickland and Members of the Community Services Committee
From: Lynn Randall, Director, Social Planning, Policy and Program Administration
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
File Code: S13-40
Subject: Stirling Nursing Homes Limited

The Operator of Stirling Nursing Homes Limited (also known as Victoria Lodge), located at 144 Piper Street in Ayr, has provided 60 day notice that he is ending the Domiciliary Hostel Agreement with the Region as of August 31, 2014. Under the Agreement, the operator receives a per diem to provide housing and support to eligible tenants. The Operator has held a Domiciliary Hostel Program Agreement with the Region for over 20 years. At this time, the Operator wishes to end the business and will no longer be operating the home.

The Operator’s Agreement with the Region is for a maximum of 14 subsidized tenants. There are currently ten tenants residing at Stirling (seven receiving Domiciliary Hostel per diem and three private pay) who will be supported to transition to other appropriate housing over July and August 2014. Notice was provided to tenants June 30, 2014. Family members, supportive housing operators, and other community services were also informed of the changes at Stirling around that time. Since then, Region staff, the Operator, and other community agencies have been working together to provide assistance to tenants to find alternative housing arrangements as soon as possible. Individual plans for each of the tenants are being developed.
At this time, we would like to acknowledge the contributions that Stirling Nursing Homes has made in supporting housing stability for vulnerable adults over the years. In addition, we would also like to acknowledge the Operator’s positive approach to ending the Agreement. The Operator consulted with Region staff prior to submitting his notice and has participated in a number of tenant transition meetings and conversations. He is supporting tenants by taking them to view housing options, helping them to move, and is offering that they can take their current room furniture with them from the home.

Planning has been underway with all tenants to find other appropriate housing before the end of August. If tenants are unable to find or move to other appropriate housing before August 31, 2014, options will continue to be explored on an individual basis with the tenant, the Operator and the Region.

For further information, please contact Lynn Randall, Director Social Planning by email lrandall@regionofwaterloo.ca or by telephone 519-883-2190.
Report: PH-14-033

Region of Waterloo

Public Health

Emergency Medical Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: August 12, 2014 File Code: P05-80

Subject: 2015 Response Times Performance Plan

Recommendation:

That the Regional Municipality of Waterloo adopt the recommendation from the Response Time Working Group that the Response Time Performance Plans for 2015 be as outlined in Appendix 1 from PH-14-033, in accordance with Ambulance Act, O. Reg. 267/08, amending O. Reg. 257/00, under Part VII, Response Time Performance Plans, Sections 22-24

Summary:

This report summarizes the analysis of 2013 Response Time Performance Plan data and makes recommendations as to the 2015 Response Time Performance Plan to be submitted to the Ministry of Health and Long Term Care, Emergency Health Services Branch as required under the Ambulance Act of Ontario (see Appendix 1). Overall, Region of Waterloo EMS is performing well with regard to response times, with trends moving in a positive direction. The proposed targets are achievable and reflect a more reasonable and CTAS-specific benchmark, based on a comparison with other municipalities and the performance of ROW EMS. The new proposal is as follows:

Sudden Cardiac Arrest- 6 minutes 50% of the time (unchanged)
CTAS 1 - 8 minutes or less 70 % of the time (unchanged)
CTAS 2 – 10 minutes or less 80% of the time
CTAS 3 – 11 minutes or less 80 % of the time
CTAS 4 - 12 minutes or less 80 % of the time
CTAS 5 - 12 minutes or less 80 % of the time

At this time the Response Time Performance Plan will not have different urban, suburban and rural targets. Targets have been set for the Region as a whole. Urban,
suburban and rural response time will be monitored and included in the quarterly performance report.

**Report:**

**Region of Waterloo Response Time Performance Plan**

The historical Ministry performance benchmark for a Code 4 90\textsuperscript{th} percentile response time of 10 minutes 30 seconds, in the Region of Waterloo is no longer in effect. ROW EMS continues to track the Code 4 90\textsuperscript{th} percentile response time for the purpose of monitoring trends over time, only.

In March 2014, Region of Waterloo submitted to the Ministry a full year of 2013 response time data using the new targets established in October 2012. The 2013 response time performance is summarized in Figure 1 and the Plan was not altered for 2014 as approved by Council.

The current plan was the first Response Time Performance Plan set by Council. The first plan was a starting point, with targets for CTAS 2 to 5 based somewhat arbitrarily on the old Response Time Standard (10 minutes 30 seconds). Now, with 2 years of experience in Region of Waterloo and across the province, the new Response Time Performance plan can be grounded on that experience, and ROW can set reasonable targets which have a gradient according to the urgency of the call. Setting faster times for more urgent calls and progressively slower times for less urgent calls has become a standard approach across other municipalities (see Appendix 2).

A link to the Ministry’s website is provided for background information.


For reference, the old target referred to “Code 4” which is the most urgent of calls, as assigned by the provincial dispatch centre when the 911 call comes in. The new target refers to “CTAS” level, which stands for Canadian Triage Acuity Score, and is assigned by the paramedic upon arrival on scene. CTAS 1 is the most urgent of calls and CTAS 5 is less urgent.

**Local data analysis – Year to Year comparison of RTPP results**

The Response Time Working Group has reviewed the three years of response time trend data. This includes full year of 2013 response time data under the current Response Time Performance Plan (RTPP).

Updated information is provided in Figure 1, with a full year of data from 2013 under the new RTPP included in the analysis, and a comparison with 2012 performance. Sudden Cardiac Arrest calls would likely be compliant if data from the Fire Department and Public Access Defibrillators was included. ROW is actively exploring how to receive this data from local Fire Departments and is close in obtaining this data. The lack of data (for defibrillation for Sudden Cardiac Arrest provided by someone other than EMS) is a challenge also experienced by other municipalities. ROW continues to pursue ways to
capture this data. There has been significant progress in improving response times across all levels of urgency (i.e. CTAS levels) between 2012 and 2013. Based on an informal scan of comparators, the Region of Waterloo EMS is performing within the provincial median as determined by data* shared from other municipalities.

*Note: Because not all municipalities have reported this data to their Council’s, permission was not obtained to release the comparator information. Once others’ data is reported and permissions are received, it can be published.

Figure 1

2013 Council-approved Response Time Performance Plan Targets: performance improvements noted from 2012 to 2013

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Response Time Target</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMS Notified (T2) to Arrive Scene (T4)</td>
<td>Approved 2013 ROW Target</td>
<td>Target No. of Calls %</td>
</tr>
<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator Response in 6 minutes or less (Set by MOHLTC)</td>
<td>50% or better (EMS Only)</td>
<td>206</td>
</tr>
<tr>
<td>CTAS 1</td>
<td>EMS Response in 8 minutes or less (Set by MOHLTC)</td>
<td>70% or better</td>
<td>296</td>
</tr>
<tr>
<td>CTAS 2</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>3,591</td>
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<tr>
<td>CTAS 3</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>9,954</td>
</tr>
<tr>
<td>CTAS 4</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>5,507</td>
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<tr>
<td>CTAS 5</td>
<td>EMS Response in 10 minutes, 30 seconds or less</td>
<td>80% or better</td>
<td>1620</td>
</tr>
</tbody>
</table>

There has been a significant improvement from 2012 to 2013 in response times across all CTAS (urgency) levels. Results show faster response times for the most urgent calls, and response time decreasing stepwise with urgency. This improvement in response times has also been prevalent in the 3 year trending analysis. This is due in large part to the investment that Council has made into resources being added to the Region of Waterloo EMS over the last 3 years as well as containment of Offload Delays at local area Emergency Departments through collaboration with local hospitals and the MOHLTC offload nurse program.

Additional drivers on response time performance (for additional information see PH-14-024)

Overall Region of Waterloo EMS is progressing well with respect to response time performance. The response time targets established were challenging but achievable in the most urgent, serious calls (which are CTAS 1 and 2).

The availability of ambulances to respond when an emergency call is received remains an integral and primary factor in determining success in achieving the compliance to the standards. Call volumes, the number of ambulances on duty and hospital off-load delay remain as contributing factors impacting on the availability of resources.

The EMS Code-4 90th percentile response time, which we are still tracking for internal
purposes, is significantly faster in 2013 than in 2012 (moving from 11:54 down to 11:08), a 46 second improvement.

Rural Emergency Response Units (RERUs) data was also presented to the Response Time Working Group in order to determine the efficacy of these units. The RERU’s have been successful in reducing response times by 39 seconds for all rural calls, and 34 seconds for all rural code four calls.

Call volume has increased 13% since 2008 and response times improved more than 10% in that same time frame (1min 09 seconds). Adding staff has improved response time, and offsets the impact of increases in call volume over time. While fluctuating slightly by year, overall call rate per 1000 people is also growing. This means that calls are increasing even after accounting for population growth. This is likely due to the aging of baby boom, as EMS calls generally increase in older populations. This trend will need to be monitored, as it is a significant potential future driver of service demand. In comparison, note that the OMBI (Ontario Municipal Benchmark Index) median is 119 calls per 1000 people. Region of Waterloo experiences lower call demand per 1000 people than other municipalities (64 calls per 1000 versus the provincial median of 119). The reasons for this long standing historical pattern are not well understood.

**Urban/suburban/rural differences**

It is reasonable to expect a response time gradient across urban, suburban and rural calls due to distances travelled. Response times are slower where population and road density are less. This is due to driving times for ambulances. Less road density, longer roads, and less population density contribute to slower response times

Response times across urban, suburban and rural areas have all improved in the last 3 years. The Response Time Working Group has asked EMS to monitor these response parameters and report on trends observed. These findings will be made available in the quarterly performance reports.

At this time the Response Time Performance Plan will not have different urban, suburban and rural targets. Targets have been set for the Region as a whole.

Based on the evaluation and review of data presented to the Response Time Working group, the recommendations for the 2015 Response Time Performance Plan is contained in Appendix 1.

**Overall Summary of Recommendations and changes to the RTPP**

Given all the data points measured and evaluated by the Response Time Working Group, it is recommended that the Sudden Cardiac Arrest target remain the same until further data can be compiled from all sources with access to defibrillators and incorporated into our results. CTAS 1 through CTAS 5 response targets are summarized as follows (see Appendix 1 also):

CTAS 1- 8 minutes or less 70 % of the time – remains unchanged

CTAS 2 – 10 minutes or less 80% of the time – moving from 10 minutes 30 seconds in the 2014 RTPP
CTAS 3 – 11 minutes or less 80 % of the time – moving from 10 minutes 30 seconds in the 2014 RTPP

CTAS 4 - 12 minutes or less 80 % of the time – moving from 10 minutes 30 seconds in the 2014 RTPP

CTAS 5 - 12 minutes or less 80 % of the time – moving from 10 minutes 30 seconds in the 2014 RTPP

Corporate Strategic Plan:

This initiative meets the corporate strategic objective 4.3 “enhance local health service delivery by optimizing EMS delivery and collaborating with health care partners to support system change”.

Financial Implications: Nil

Other Department Consultations/Concurrence:

This information was reviewed by the Response Time Working Group.

Attachments

Appendix 1 – 2015 Recommended Response Time Performance Plan

Prepared By: Stephen Van Valkenburg, Director/Chief Emergency Medical Services

Approved By: Dr Liana Nolan, Commissioner and Medical Officer of Health
## Appendix 1 – Recommended 2015 Response Time Performance Plan targets

### 2015

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Response Time Target (EMS Notified (T2) to Arrive Scene (T4))</th>
<th>2015 ROW Target</th>
<th>2014 ROW Targets</th>
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<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator Response in 6 minutes or less (Set by MOHLTC)</td>
<td>50% or better (EMS Only)</td>
<td>50 % or better (EMS Only)</td>
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<tr>
<td>CTAS 1</td>
<td>EMS Response in 8 minutes or less (Set by MOHLTC)</td>
<td>70% or better</td>
<td>70 % or better in 10 min 30 sec</td>
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<tr>
<td>CTAS 2</td>
<td>EMS Response in 10 minutes or less</td>
<td>80% or better</td>
<td>80 % or better in 10 min 30 sec</td>
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<td>CTAS 3</td>
<td>EMS Response in 11 minutes or less</td>
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<td>CTAS 4</td>
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<td>CTAS 5</td>
<td>EMS Response in 12 minutes or less</td>
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## Appendix 2

### Range of 2013 Response Time Performance Plans across comparators

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* Lambton has established RTPP for both their Urban and Rural Response Zones

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<th>Middlesex</th>
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<th>Perth</th>
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* Lambton has established RTPP for both their Urban and Rural Response Zones
Region of Waterloo
Social Services
Social Planning, Policy and Program Administration

To: Chair Sean Strickland and Members of the Community Services Committee
Date: August 12, 2014
File Code: S13-40
Subject: K-W Out of the Cold Update

Recommendation:
For information

Summary:
This report provides a summary of meetings that have taken place in response to the request for support K-W OOTC Tuesday night services and the program as a whole. Much progress has been made toward the resolution of a number of issues including: concerns with guests who have complex issues, system level barriers and gaps, training needs of volunteers, the option for having street outreach workers available at the K-W OOTC sites and the identification of finding an alternate Tuesday night site.

Report:

1.0 Background
An information memo was provided to Community Services Committee on June 17, 2014, which gave an overview of the Region’s role with respect to homelessness and housing stability, Kitchener-Waterloo Out of the Cold (K-W OOTC) and its history in the context of the housing stability system in Waterloo Region. The memo also discussed further meetings with K-W OOTC in an effort to respond to the City of Kitchener’s resolution as well as the OOTC Tuesday night site Coordinator and volunteers to find an alternate location and to look at options to best serve people accessing OOTC within the housing stability system. Below is a summary of the information shared at the meetings and next steps.
2.0 Meetings with K-W Out of the Cold

On June 4, 2014, Councillor Sean Strickland and Douglas Bartholomew-Saunders, Commissioner, Social Services, met with the Tuesday night OOTC Site Coordinator and volunteers at their request. This initial conversation determined that another meeting was needed.

On June 27, 2014, Social Services, other K-W OOTC sites, as well as staff representation from the cities of Kitchener and Waterloo, met to discuss the Council endorsed Homelessness to Housing Stability Strategy, hear from the OOTC site coordinators and volunteers, and look at options to best serve people accessing OOTC within the housing stability system. All but one K-W OOTC sites were represented at the meeting. The Tuesday night site Coordinator provided an update on the progress of finding a site and was hopeful to have a location by the end of August. The group discussed a number of issues including: concerns with guests who have complex issues, system level barriers and gaps, training needs of volunteers, and option for having outreach workers available at the K-W OOTC sites.

Street Outreach programs within the housing stability system facilitate connections between people who are street-involved and the wide variety of community resources available. These programs strive to meet people where they are at and exercise flexibility wherever possible to increase accessibility. Four Street Outreach programs are included under the umbrella of STEP Home as an essential support and referral source to other STEP home programs (including intensive support programs) for people experiencing persistent homelessness. Street Outreach programs are funded through a variety of sources and provide a wide range of general and specialized services. Most Street Outreach programs are offered during daytime hours on weekdays, however some programs have flexible hours and may provide support in the evenings or weekends as necessary to best meet the needs of the people they walk with. Currently, the Region allocates $150,000 in Regional and Federal funding to four General Street Outreach programs which covers approximately 3.5 full time Street Outreach positions across approximately 10 people.

3.0 Next Steps

From the June 27, 2014 meeting, the following next steps were determined:

- Region staff to coordinate a small committee to plan a day and half of training for K-W OOTC volunteers. Three representatives from the OOTC have volunteered to participate. Region staff will convene a meeting over the summer.
- Region staff to determine the feasibility of resourcing outreach workers to K-W OOTC sites. While there has been a connection between outreach and OOTC previously, staff will consult with existing providers to determine the feasibility of extending outreach support to evening hours and within existing funding.
- City of Kitchener to support the Tuesday night site in finding alternate location. City staff will determine if there is an appropriate and available location.
• Region staff to bring back a report to the August 12, 2014 Community Services Committee.

Corporate Strategic Plan:

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to “foster healthy, safe, inclusive and caring communities”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

Financial Implications:

While the Region did provide one time start up costs initially, there is no ongoing funding for the OOTC initiative outside of the provision of discount bus tickets. The feasibility of extending outreach to evening hours would have to be cost neutral. The provision of training can be accommodated within the existing budget for homelessness prevention.

Other Department Consultations/Concurrence:

Attachments

NIL

Prepared By: Van Vilaysinh, Manager, Social Planning

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

Approved By: Douglas Bartholomew-Saunders, Commissioner, Social Services
Region of Waterloo
Planning, Housing and Community Services
Housing
Social Services
Social Planning, Policy and Program Administration

To: Chair Strickland and Members of the Community Services Committee  
Date: August 12, 2014  
File Code: D27-80  
Subject: Region of Waterloo’s 10-Year Housing and Homelessness Plan Update

Recommendation:

That the Regional Municipality of Waterloo’s 10-Year Housing and Homelessness Plan (H&H Plan), which incorporates Waterloo Region’s Housing Action Plan for Households with Low to Moderate Incomes (Housing Action Plan) and All Roads Lead to Home: the Homelessness to Housing Stability Strategy for Waterloo Region (Homelessness to Housing Stability Strategy), be approved as previously reported to Community Services Committee on April 1, 2014 (Report P-14-042/SS-14-011).

And that a letter be sent to the Ministry of Municipal Affairs and Housing acknowledging their review of the H&H Plan and subsequent comments received on June 12, 2014, and informing them that no changes are being made to the H&H Plan for the reasons as outlined in report SS-14-084/SS-14-038, dated August 12, 2014.

Summary:

The draft 10-Year Housing and Homelessness Plan (H&H Plan) was submitted to the Ministry of Municipal Affairs and Housing (MMAH) on April 14, 2014, for their review and comments, after being endorsed and approved by Regional Council on April 9, 2014. The H&H Plan was reviewed by a provincial inter-ministerial team and comments were received back from Laurie LeBlanc, Deputy Minister, MMAH, on June 12, 2014 (see attached letter dated June 10, 2014). The recommendation is to approve the H&H Plan as previously submitted, as the comments received have already been addressed within the original plan submitted.
Regional Council endorsed and approved the submission of the Region of Waterloo’s Proposed 10-Year Housing and Homelessness Plan Guide to the Minister of Municipal Affairs and Housing, as described in Report P-14-042/SS-14-011, on April 9, 2014, to meet the provincial requirement for a local housing and homelessness 10-year plan. This Guide was for the provincial reviewers of Housing and Homelessness Plans, providing an outline as to how provincial requirements have been met through the Waterloo Region’s Housing Action Plan for Households with Low to Moderate Income (Housing Action Plan) and All Roads Lead to Home: the Homelessness to Housing Stability Strategy for Waterloo Region (Homelessness to Housing Stability Strategy).

The Province required that Service Managers submit their proposed plan to the Minister of Municipal Affairs and Housing (MMAH) to allow for comments that the Service Manager should consider before the plan is finalized. The Region of Waterloo’s Proposed 10-Year Housing and Homelessness Plan (H&H Plan) was submitted on April 14, 2014, and comments were received back from Laurie LeBlanc, Deputy Minister, MMAH, on June 12, 2014 (see attached letter dated June 10, 2014).

The comments received acknowledge that the H&H Plan is well-researched and people-centred. It is locally-relevant and identifies opportunities for engagement with a wide range of partners in a commitment to reduce chronic homelessness. Additional comments are regarding housing for victims of domestic violence and accessible housing for persons with disabilities; that the Plan could be further strengthened by describing the housing needs of these two groups, proposing activities to address these needs and identifying progress measurements. This has been a standard response to most of the Plans that other Service Managers have received from MMAH.

The Region’s H&H Plan does describe the housing needs for both victims of domestic violence and persons with disabilities and does propose activities to address these needs. The Homelessness to Housing Stability Strategy identifies two Strategic Directions. Strategic Direction #1: promote a shared approach to ending homelessness with community systems serving people with disabilities and Direction #2: promote a shared approach to ending homelessness with community systems that serve specific populations groups – both identify specific activities for populations at higher risk of housing loss, including persons with disabilities (Action 3) and victims of domestic violence (Action 13).

The Housing Action Plan, Action 3.3 states: Work with community partners to create housing solutions that meet the diverse needs of our community, especially for seniors, victims of domestic violence, persons with disabilities, the Aboriginal community and immigrants. The objectives and targets related to these needs, and how they will be measured to determine progress, will be developed in consultation with community partners.

Given what has been included in the H&H Plan, and that there are continued actions to consult with community on measures, it is recommended that the Region’s H&H Plan be finalized as written.
Area Municipal Coordination/Consultation

Area Municipal planning staff was invited to participate in the consultation process for both the Homelessness to Housing Stability Strategy and the Housing Action Plan. They have received all related reports and will be involved in the implementation of relevant directions and actions.

Corporate Strategic Plan:

This report is consistent with the Region’s Corporate Strategic Plan (2011-2014), Focus Area 4: Healthy and Inclusive Communities to “reduce inequities and enhance community health, safety, inclusion and quality of life”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”. The long term planning for housing and homelessness also addresses Focus Area 5: Deliver excellent and responsive services that inspire public trust.

Financial Implications:

The costs of developing the H&H Plan have already been provided for in the approved 2012 and 2013 annual budgets for Social Planning, Policy and Program Administration and Housing. Any new initiatives or programs as a result of the H&H Plan will emerge during the implementation of the Strategic Directions and Actions, and will be the subject of future reports for Council consideration and annual budget deliberations.

Other Department Consultations/Concurrence:

Nil.

Attachments:

Appendix A – Letter from Laurie LeBlanc, Deputy Minister, Ministry of Municipal Affairs and Housing

Prepared By: Deb Schlichter, Director of Housing

Lynn Randall, Director, Social Planning, Policy & Program Administration

Approved By: Rob Horne, Commissioner, Planning, Housing and Community Services

Douglas Bartholomew-Saunders, Commissioner, Social Services
Appendix A

Ministry of Municipal Affairs and Housing
Office of the Deputy Minister
17th Floor, 777 Bay Street
Toronto ON M5G 2E5
Tel: (416) 585-7100
Fax: (416) 585-7211

Ministère des Affaires municipales et du Logement
Bureau du Sous-ministre
17e étage, 777, rue Bay
Toronto ON M5G 2E5
Télé: (416) 585-7100
Télécopieur: (416) 585-7211

JUN 10 2014

Mr. Ken Seiling
Chair
Regional Municipality of Waterloo
150 Frederick Street, 1st Floor
Kitchener ON N2G 4J3

Dear Mr. Seiling:


In accordance with the HSA, we have reviewed the Plan and wish to provide you with comments for your consideration. We recognize that the Plan is well-researched and people-centered. It is locally-relevant and identifies opportunities for engagement with a wide range of partners in a commitment to reduce chronic homelessness.

We have the following additional comments:

1. Ontario Regulation 367/11 under the Housing Services Act, 2011 requires the plan to address the need for housing for victims of domestic violence and accessible housing for persons with disabilities by including:
   - an assessment of the current and future housing needs within the Service Manager’s service area;
   - objectives and targets relating to housing needs;
   - a description of the measures proposed to meet the objectives and targets; and
   - a description of how progress towards meeting the objectives and targets will be measured.

We note that Action 3.3 in the Housing Action Plan states that the Region will work with partners to create solutions to meet the diverse needs of these groups.

The Region is making efforts to address the need for housing for victims of domestic violence and accessible housing for persons with disabilities for which the Plan provides some demographic details. However, the Plan could be further strengthened by describing the housing needs of these two groups, proposing activities to address these needs and identifying progress measurements.

.../2
Thank you for the opportunity to review the Region’s plan. Please accept our best wishes to you and Council for its successful implementation.

Sincerely,

Laurie LeBlanc
Deputy Minister

c:  Mr. Mike Murray
    Chief Administrative Officer
    Region of Waterloo
Region of Waterloo
Corporate Resources
Legal Services
Planning Housing and Community Services
Housing
Finance
Treasury Services

To: Chair Sean Strickland and Members of the Community Services Committee
Date: August 12, 2014 File Code: L04-20
Subject: Proposed Transfer of Community Housing Properties to Region of Waterloo

Recommendations:

That the Regional Municipality of Waterloo, in its capacity as both Service Manager in accordance with the Housing Services Act and sole shareholder of Region of Waterloo Community Housing Inc., take the following action on La Capanna Homes and La Capanna II Homes:

a) endorse a form of restructuring of La Capanna Homes (Non-Profit) Inc. and La Capanna II Homes (Non-Profit) Inc. and Region of Waterloo Community Housing Inc., a Region owned corporation, as outlined in Report CR-RS-14-066/P-14-085/F-14-093 for the purpose of transferring the community housing properties owned by these non-profit corporations for their continued use as community housing;

b) authorize the Region’s Commissioner of Planning, Housing and Community Services and Chief Financial Officer, both in their capacity as employees of the Region of Waterloo and directors of Region of Waterloo Community Housing Inc. to sign such agreements, consents, resolutions, plans, articles or other such documents and to request such approvals from Canada Mortgage and Housing Corporation and the Province of Ontario, as represented by the Minister of Municipal Affairs and Housing, as may be required to give effect to the restructuring of La Capanna Homes (Non-Profit) Inc., La Capanna II (Non Profit)
Inc. and Region of Waterloo Community Housing Inc. as described in Report CR-RS-14-066/P-14-085/F-14-093 with the form and content of such documentation to be in a form satisfactory to the Regional Solicitor;
c) authorize the Commissioner of Planning, Housing and Community Services and the Region’s Chief Financial Officer, both in their capacity as employees of the Region of Waterloo and directors of Region of Waterloo Community Housing Inc. to initiate an application in the Superior Court of Justice seeking an order approving restructuring arrangements as may be required in accordance with the provisions of the Ontario Business Corporations Act and any other applicable statutory requirements.

Summary:
In its capacity as Service Manager under the “Housing Services Act”, the Region of Waterloo has oversight responsibility for two (2) community housing properties operated by two independent non-profit corporations, La Capanna Homes (Non-Profit) Inc. and La Capanna II Homes (Non-Profit) Inc. (collectively referred to as “La Capanna” or individually as “La Capanna1” and “La Capanna2” in this report).

The La Capanna1 property is a 40 unit townhome and a 10 unit apartment rental property located at 199 Elm Ridge Drive in Kitchener. The La Capanna2 property is a 42-unit four storey rental building located at 86 Elgin Street South in Cambridge. The Board of Directors of both corporations is composed of essentially the same persons, although each is a separate non-profit corporation. The Boards have asked the Region for assistance and direction in transitioning the governance of the corporations for reasons set out in this Report.

This Report outlines a plan for restructuring the corporations which will result in a transfer of the properties to the Region of Waterloo through a wholly-owned Regional corporation, namely Region of Waterloo Community Housing Inc. (ROWCHI). This restructuring will not have any impact on the tenants in these buildings and will result in the continuance of stable, long term operation of these community housing assets within the Region of Waterloo.

Staff consider the best course of action is to bring these properties under Regional ownership at this time, which allows the Region to stabilize the governance and review the operations and future potential for both sites while retaining the ability to make a subsequent decision on whether to keep the properties in ROWCHI, transfer the properties to Waterloo Region Housing or transfer the properties to another non-profit corporation.

Report:
In its capacity as Service Manager under the “Housing Services Act”, the Region has certain statutory responsibilities for overseeing the operation and funding of community housing in Waterloo Region. In that capacity, it provides oversight for two (2) properties, a 40 unit townhouse and 10 unit apartment rental property in Kitchener owned by La Capanna Homes (Non-Profit) Inc. (La Capanna1) and a 42 unit four storey rental building in Cambridge owned by La Capanna II Homes (Non-Profit) Inc. (La Capanna2).
Although each La Capanna entity is a separate non-profit corporation, the composition of the Board of Directors is essentially the same, comprised of community volunteers who have, in most instances, devoted many years of service to the ongoing governance and operation of these community housing assets.

In recent years, the Boards have encountered difficulties in maintaining the constitution of its Board to the point where, as a result of lack of succession, it has been unable to meet as needed to provide the required level of oversight for the properties. Both properties have been effectively managed by a third party property management firm and Regional staff has been proactive in providing assistance in the absence of a functioning board of directors. The challenges facing this Board are not unique and are shared with other non-profit housing corporations in the Province that have created housing pursuant to various federal and provincial funding programs throughout the 1970’s and 1980’s. Due to attrition of Board members and “volunteer fatigue”, such Boards have found themselves unable to sustain the governance of their respective corporations.

The requirements for mortgage refinancing and implementation of capital repairs for the properties in the next year will dictate, however, that a permanent and more sustainable solution for the governance of the properties be implemented.

The existing Boards have approached the Region for assistance with a possible transfer of the properties either to the Region of Waterloo or one or more other non-profit providers of community housing.

**Description of the La Capanna Properties**

**La Capanna1** – La Capanna1 is a 40 unit townhouse and 10 unit apartment rental property located at 199 Elm Ridge Drive in the City of Kitchener (see Appendix A – La Capanna1). The property was built in 1984 with funds from a federal housing program administered by Canada Housing and Mortgage Corporation. The funding provided by this program is secured by a thirty-five year mortgage that expires on October 1, 2020. The operating agreement expires at the same time after which time the property will not be subject to any further restrictions concerning transfer or the amount of rents that may be charged. The property has been assessed by MPAC to have a valuation of $4,851,000, for 2014. Following the completion of the 2013-2016 assessment phase-in, the 2016 or destination value will be $6,007,000.

**La Capanna2** – La Capanna2 is a 42 unit four storey rental building located at 86 Elgin Street South in the City of Cambridge (see Appendix B – La Capanna2). The property was constructed in 2005 and received $1,592,326 from the Federal-Provincial Affordable Housing Program (AHP). The project also received a Regional grant in the amount of $134,552 equivalent to the regional development charges payable at the time of building permit issuance. The mortgage has a 40 year amortization with the first renewal in 2015. The conditions of the federal-provincial funding agreement for the La Capanna2 project provide that the federal-provincial funding is forgivable after twenty years (2025). The La Capanna2 property has been assessed by MPAC at $4,561,500 in 2014. Following the completion of the 2013-2016 assessment phase-in, the 2016 or destination value will be $5,362,000.
Plan for Restructuring

Regional staff has worked with the current Boards for more than a year encouraging, as a first measure, the recruitment of new members to the Boards on their own initiative. With the passing of several long standing board members and the inability to recruit new members the Boards has endorsed a proposal from the Region to restructure the two corporations by transferring property ownership to a wholly-owned Region corporation, namely Region of Waterloo Community Housing Inc. with the result that the properties will be owned and managed by the Regional Municipality of Waterloo. The Region of Waterloo already owns and manages 2,722 units of community housing at 62 locations within Waterloo Region.

Region of Waterloo Community Housing Inc. (ROWCHI) is a Region-owned and controlled corporation that has been used to manage community housing properties in the past. In 2012, all of its assets (three (3) properties) were transferred to the Regional government. ROWCHI remains active as a shell corporation with no assets. The Region’s CFO and Commissioner of Planning, Housing and Community Services serve as the sole directors of this independent corporation. It is proposed that the restructuring and transfer of the La Capanna properties to ROWCHI be completed by means of a “plan of arrangement” – a legal form of restructuring or amalgamation contemplated by the Ontario Business Corporations Act.

The result of the restructuring would see the former La Capanna corporations cease to have legal existence. The continued stable operation of the community housing properties would be facilitated through ROWCHI. An outline of how this corporate organization would be structured is attached as Appendix C to this Report. Staff has a positive working relationship with the existing Boards and their legal counsel who have offered their assistance in facilitating a transfer in the mutual interest of maintaining these assets as community housing properties.

It is anticipated that a transfer could be completed as early as the end of 2014 and would have no adverse impact on the current tenants of either property. Once the restructuring is completed, the La Capanna properties could either be managed by Region of Waterloo Housing staff or a third party management firm (as is currently the case) and no early payout of either mortgage would be required.

Implications of Restructuring

The proposed restructuring has a number of advantages including ownership and control of the properties and the ability to ensure the housing stays affordable and well managed for the long term and beyond the expiry of the operating agreements. The availability of Regional staff resources (legal, financial, procurement, facilities, property management) is another advantage. The most significant advantage may well be the ownership of land in good locations. Once the operating agreements expire, there is potential to leverage the long term value of the properties for future redevelopment/intensification either at the existing La Capanna locations or other sites to create new community housing in the Region. As noted above, the affordable housing agreement for La Capanna1 expires in 2020 while the agreement for La Capanna2 expires in 2025.
Facilities staff have attended at the properties and building condition audits have been prepared as part of the due diligence that was performed in evaluating options for restructuring. These audits revealed a possible need for capital improvements of up to $2.78 million over the remaining mortgage terms of the properties (through 2025) to address maintenance issues. After allowing for existing La Capanna reserves and projected operating surpluses through 2025, the net cost of the capital improvements could be up to $1.45 million. The source of financing for required capital improvements will depend on subsequent decisions on whether to keep the properties in ROWCHI, transfer the properties to Waterloo Region Housing or transfer the properties to another non-profit corporation. As noted above however, the properties will have considerable value as their existing operating agreements and mortgage terms expire which could provide options for funding capital improvements. This report is not recommending any capital improvement expenditures at this time. Such expenditures and financing would be brought forward as required and would be subject to Council’s approval.

The transfer of these properties to the Region’s affiliated corporation could also establish a model for responding to other possible opportunities to assume and improve community housing subject to fixed term federal operating agreements thereby ensuring the housing stays affordable and well managed for the long term.

Proposed Next Steps

A restructuring of the La Capanna properties with the Region-controlled corporation will entail the solicitation of approvals from both Canada Housing and Mortgage Corporation (CMHC), the Province of Ontario and the mortgagee of both properties. Assuming all approvals can be secured, a transfer of the properties could be completed as early as December 31, 2014 by way of a court ordered arrangement, a mechanism which has been utilized in the past to structure similar transfers of affordable housing properties.

Subject to Council approval, Regional staff will work with the La Capanna Boards and their legal counsel to finalize the necessary agreements for the restructuring and obtain the necessary approvals.

If the pursuit of the foregoing actions reveals any significant impediments to the proposed transfer, staff will provide a further update to Regional Council.

Once the restructuring is complete, the two properties will be governed by the Board of Region of Waterloo Community Housing Inc. The Board currently consists of two persons, the Region’s Chief Financial Officer and Commissioner of Planning, Housing and Community Services. A final component of the restructuring will include a review of ROWCHI’s governance structure. Staff will bring forward a report upon the conclusion of the restructuring with further information concerning the proposed governance of ROWCHI.

Area Municipal Coordination/Consultation

Regional staff continues to meet with Area Municipal staff to review issues related to the delivery of community housing, including property standards and fire safety.

Corporate Strategic Plan:
One of the objectives in the Corporate Strategic Plan is to work collaboratively to increase the supply and range of affordable housing and reduce homelessness. A second objective is to ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

**Financial Implications:**

Transferring the La Capanna properties to ROWCHI would give the Region ownership and control over the two housing properties. This provides the Region with the ability to ensure the housing stays affordable and well managed for the long term and with ownership of land in good locations. In 2025, the value of the two properties less the outstanding mortgage for La Capanna2 would be at least $8.5 million (based on 2016 MPAC assessments). Once the operating agreements expire (2020 for La Capanna1 and 2025 for La Capanna2), the Region would have the potential to leverage the long term value of the properties for future redevelopment and/or intensification either at the existing La Capanna locations or other sites to create new community housing in the Region. The cost to the Region could be $1.45 million over the years 2015-2025 for capital expenditures. The source of financing for required capital improvements will depend on subsequent decisions on whether to keep the properties in ROWCHI, transfer the properties to Waterloo Region Housing or transfer the properties to another non-profit corporation. Expenditures and financing for capital improvements would be brought forward as required and would be subject to Council’s approval.

**Other Department Consultations/Concurrence:**

Facilities staff has been consulted and concur with the report.

**Attachments:**

Appendix A- Map of La Capanna1
Appendix B- Map of La Capanna2
Appendix C – Corporate Structure – Region of Waterloo Community Housing Inc.

**Prepared By:** Jeff Schelling, Solicitor, Corporate

Deb Schlichter, Director, Housing

Angela Hinchberger, Director, Treasury Services and Tax Policy

**Approved By:** Debra Arnold, Regional Solicitor, Director, Legal Services

Rob Horne, Commissioner, Planning, Housing and Community Services

Craig Dyer, Chief Financial Officer
Appendix C - Corporate Structure – Region of Waterloo Community Housing Inc.
Corporate Structure - Region of Waterloo Community Housing Inc.

THE REGIONAL MUNICIPALITY OF WATERLOO
(sole shareholder)

BOARD OF DIRECTORS
Three to five individuals
Regional Staff and Council

Property Manager
Service to be provided by third party or
Waterloo Region Housing staff

Region of Waterloo Community Housing Inc., wholly owned by The Regional
Municipality of Waterloo, incorporated
under the Ontario Business
Corporations Act.

LaCapanna (Non-Profit) Homes Inc.
199 Embridge Drive, Kitchener
50 Units
Federal Operating Agreement
Expires 2020

LaCapanna (Non-Profit) Homes 2 Inc.
86 Elgin Street, Cambridge
42 Units
Provincial Housing Loan Agreement
Forgiven in 2025

Upon amalgamation of LaCapanna 1, LaCapanna 2 and Region of
Waterloo Community Housing Inc., LaCapanna 1 and LaCapanna 2 will
cease to have existence as separate corporate entities and properties will
be owned by Region of Waterloo Community Housing Inc., with the
Regional Municipality being the sole shareholder of this corporation
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-Jan-14</td>
<td>B. Halloran</td>
<td>That staff provide a report outlining the Region's advocacy efforts in relation to discretionary benefits and provide a recommendation in relation to requesting that the province increase the per case cap from $10 to $15</td>
<td>Social Services - Employment and Income Support</td>
<td>February/March 2014</td>
</tr>
<tr>
<td>27-May-14</td>
<td>CS Committee</td>
<td>That the issue of funding for the domiciliary hostel program be referred to staff to prepare a report to the Community Services Committee that provides an overview of the existing domiciliary hostels, the history of funding for the domiciliary hostel program, and the options available to the Region in regard to funding for the domiciliary hostel program.</td>
<td>Social Services</td>
<td>September 2014</td>
</tr>
</tbody>
</table>
Region of Waterloo Seniors’ Strategy
Valuing older adults, supporting active aging

Region of Waterloo

AUGUST 2014
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

Region of Waterloo Seniors’ Strategy

Social Planning, Policy and Program Administration

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Should you have any questions about this document, please contact:

Region of Waterloo, Social Services
99 Regina Street South, 5th Floor, Waterloo, ON N2J 4G6
Tel: 519-883-2117

This document is available online at: www.regionofwaterloo.ca

This document is available in alternative formats upon request.

DOCS#: 1613377
Regional Council develops and approves a strategic plan for every term of council which is based on extensive public and staff input. The Strategic Plan provides a framework that guides decision-making and priorities over the four year term of Council. This framework includes the Region of Waterloo’s Vision, Mission and Values. The Region of Waterloo Seniors’ Strategy is a concrete example of how the Region is “fostering opportunities for current and future generations”.

**Our Vision:**
Waterloo Region will be an inclusive, thriving and sustainable community committed to maintaining harmony between rural and urban areas and fostering opportunities for current and future generations.

**Our Mission:**
The Region of Waterloo provides innovative leadership and services essential to creating an inclusive, thriving and sustainable community.

**Our Values:**

**Service: Satisfy and build confidence** We provide excellent public service and strive to understand and meet the needs of all those we serve.

**Integrity: Instill trust**
We practice high standards of ethical behaviour and conduct ourselves with an openness and transparency that inspires trust.

**Respect: Value and recognize**
We create an environment where people are included, valued and treated with dignity.

**Innovation: Make ideas happen**
We foster an environment of leadership, excellence and creativity.

**Collaboration: Involve and engage others**
We build internal and external relationships to achieve common goals and resolve differences.

...fostering opportunities for current and future generations
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

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1. Background Information: What Prompted us to Create a Seniors’ Strategy?

In the 2007-2010 Corporate Strategic Plan, Objective 4.4, the Region\(^1\) committed to “enhance programs and services to address the growing needs of seniors”. Three related actions included the development of Supportive Housing at Sunnyside Home, a Region-wide planning body for Seniors’ Services and a Region strategy for seniors.

In preparation for the development of an Advisory/Planning Body and a Seniors’ Strategy, Social Services staff assisted the Public Health department in the completion of the Older Adults Health Status Report (Report No. PH-10-012). A second planning report was completed to further inform the strategic actions. The second planning report (Report SS-10-047, Document # 847553) provided information about the demographics of seniors in Waterloo Region, Regional services for older adults, legislative requirements and promising practices. The report identified the need for corporate planning due to the breadth of departmental services that are both directly and indirectly involved with older adults, combined with the anticipated impact of the increasing older adult demographic.

\(^1\) When the terms “the Region” or “the Region of Waterloo” or “Regional” or “Regionally” are used in this document they refer to the corporation of the Regional Municipality of Waterloo. When the term “Waterloo Region” is used it refers to the geographical area that includes the cities of Cambridge, Kitchener and Waterloo and the townships of North Dumfries, Wellesley, Wilmot and Woolwich.
The second planning report contained the following recommendations:

**Develop a Seniors’ Advisory/ Planning Body to Inform Seniors’ Planning and Service Provision at the Regional Municipality of Waterloo**

a) Develop terms of reference.  
b) Invite participation from Regional departments and community.  
c) Align Regional priorities related to seniors (e.g., visions, missions, goals, objectives).  
d) Develop a work plan that aligns with the Corporate Strategic Plan.

**Develop a Seniors’ Strategy for the Regional Municipality of Waterloo**

a) Identify the scope and framework for the development of an interdepartmental seniors’ strategy.  
b) Conduct further analysis on promising practices for Regional strategy development.  
c) Work with the planning / advisory body to inform the strategy.  
d) Collaborate with area municipalities and other stakeholders in the development of the strategy.

As a result of these recommendations, Community Services Committee (CSC) of Regional Council approved in principle the creation of an older adult planning/advisory body on November 16, 2010 and requested that terms of reference for the proposed committee be presented to CSC for review and approval. The Terms of Reference for the Region of Waterloo Seniors’ Advisory Committee were taken to Council on June 7, 2011 (Report No. SS-11-025). The Terms of Reference identify that the purpose of the Region of Waterloo Seniors’ Advisory Committee is to provide counsel and advice on Regional initiatives and policies that relate specifically to seniors planning and services.

The June 7, 2011 CSC report further specified that an initial function of the Region of Waterloo Seniors’ Advisory Committee was to review the recommendations of *The Regional Municipality of Waterloo’s*
Seniors’ Services Planning Report as well as the 2011-2014 Strategic Directions of Regional Council. The strategic directive and two relevant actions from the corporate strategy plan are as follows:

- 4.7 Collaborate with the community to support older adults to live healthy, active lives
  - 4.7.1 Work with area municipalities and community partners to develop a Seniors Strategy that actively supports the well-being of older adults
  - 4.7.2 Work with community partners to establish a Seniors’ Advisory Committee that will provide advice on planning and issues for older adult programs and services

The Advisory Committee had its first meeting in January 2012 and started to work on developing the Region of Waterloo Seniors’ Strategy (strategy) in June 2012. This report details how the Seniors’ Advisory Committee worked with area municipalities and community partners to develop a strategy that actively supports the well-being of older adults.
2. Why Do We Need a Seniors’ Strategy?

The proportion of older adults in Waterloo Region is growing faster than any other age group. This means that by 2031:

- 1 out of every 3 residents will be aged 55+ (compared with 1 in 4 in 2011)
- 1 out of every 5 residents will be aged 65+ (compared with 1 in 8 in 2011)
- 1 out of every 11 residents will be aged 75+ (compared with 1 in 17 in 2011)

Many people experience health changes as they grow older. Due to these changes it becomes more important to take measures to ensure that our environments facilitate safe mobility, reduce stress/anxiety and support cognitive ability. In addition to physical and/or cognitive changes, older adults may also encounter attitudinal barriers due to negative and/or inaccurate beliefs about aging. By creating and implementing a Seniors’ Strategy, we will confirm that there are supports in place to ensure that older adults are able to continue to access the services and programs offered by the Region of Waterloo and to be active members of our community.

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2 Source: Census of Canada and Planning Information and Research, Region of Waterloo. Single years of age by municipality model.

Benefiting People of All Ages

While older adults may be the target audience for the Seniors’ Strategy, it is important to note that age-friendly efforts benefit people of all ages. For example, ensuring that staff are aware of how to handle a medical emergency while protecting someone’s dignity will benefit anyone who has a medical emergency while visiting or working in a Regional building. Age-friendly environments have seating available in waiting areas that has arm rests (so that people with weaker lower bodies can engage their upper bodies to help them to stand up). Chairs with armrests are also helpful for pregnant women and younger people with certain disabilities. Having clear, large-print signage to assist older adults with cognitive impairments to orient themselves is also helpful for people without cognitive impairments. By ensuring that older adults are able to remain active members of their communities by providing transportation alternatives for those who are no longer driving means that the community continues to benefit from the valuable contributions of older adults.

"Design for the young and you exclude the old; design for the old and you include everyone".

~Professor Bernard Isaacs, Gerontologist
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

Figure 1: Actual and Projected Percentage of the Population in Waterloo Region Aged 55 Years and Older from 1991 to 2031

Source: Census of Canada and Planning Information and Research, Region of Waterloo. Single years of age by municipality model.
3. Determining the Scope of the Strategy: Identifying the Region’s Role in Supporting the Well-Being of Older Adults

The Region of Waterloo Seniors’ Strategy was based upon the Global Age-friendly City project developed by the World Health Organization\(^4\). Through an extensive research project, the World Health Organization identified a set of performance standards which act as guidelines for building a community that supports people’s changing needs as they grow older. According to the WHO, working towards making a community age-friendly is the most effective way of responding to the aging of the population. The World Health Organization defines age-friendly communities as follows:

“In an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life”\(^5\).

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The World Health Organization consulted with approximately 1500 older adults from 22 countries to establish eight key topic areas for an age-friendly community (Figure 2)\(^6\):

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services

These eight key features span a variety of domains that fall under the jurisdiction and responsibility of a number of different players (e.g., Region of Waterloo, area municipalities, community partners and informal support networks).

The Region, working collaboratively with the area municipalities, other levels of government, community partners and informal support networks, has an

important role in contributing to the achievement of nearly all of the performance standards identified by the World Health Organization.

In developing the strategy, the Seniors’ Advisory Committee took into consideration the excellent age-friendly community work that is already in progress in the area municipalities and did not want to duplicate these efforts. The Seniors’ Advisory Committee also grappled with identifying the scope of the Region’s role in contributing to an age-friendly community. A recent article from the Institute for Research on Public Policy (IRPP) takes a critical look at the age-friendly community movement and argues that age-friendly-community based programs must “respond to critics who argue that their agendas are over ambitious and cannot adequately address all of the challenges faced by older people seeking to live active, productive and independent lives in their communities”. In responding to the criticism that age friendly agendas are at times overly ambitious, the author asserts that “prospective age-friendly communities should narrow their mission statements”. Given these factors, it was determined that the scope of the Region of Waterloo Seniors’ Strategy would be focused on supporting older adults by:

a) Continuing and enhancing efforts by the Region of Waterloo to be an age-friendly organization; and,

b) Ensuring that the Region of Waterloo delivers its mandated services and programs in an age-friendly manner.

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The Seniors’ Advisory Committee believes that concentrating our efforts on being an age-friendly organization that delivers its mandated services and programs in an age-friendly manner will result in an impactful and achievable focus for the Region’s Seniors’ Strategy.
4. Methods Used to Develop the Recommendations: Municipal Consultation and the Internal Review

The Seniors’ Advisory Committee sought feedback from the area municipalities and community partners on priorities for the Seniors’ Strategy. A session was held on November 5, 2012 that brought together representatives from older adult groups based in the area municipalities. The consultation included three data collection methods that focused on determining the importance level of each of the World Health Organization age-friendly community indicators:

a) Consultation Survey  
b) Focus Group Discussions  
c) “Dotmocracy” Exercise

The consultation survey was completed by attendees at the November 5, 2012 session and was widely distributed to Waterloo Region older adults and community partners after the session (a total of 99 surveys were completed). The survey asked respondents to rank the importance of the 84 World Health Organization age-friendly indicators (please see Appendix A for a list of the 84 indicators shown in order of priority from most important to least important).

In the Focus Group Discussions, the November 5th session attendees were placed in groups and discussed what they thought the two most important indicators were for each of the eight World Health Organization Age-Friendly City topic areas. For the “Dotmocracy” exercise, each of the attendees were given three stickers and asked to place a sticker beside the indicator they thought was most important across all of the topic areas. The Seniors’ Advisory Committee used the results of the Focus Group Discussions and “Dotmocracy” exercise to direct the development of the Seniors’ Strategy recommendations.
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

This image depicts the most frequently cited responses to the community consultation survey question that asked people to identify the strengths of older adults. The size of each word indicates the number of times it was mentioned, with experience, knowledge and wisdom being identified as the top strengths.
The development of the recommendations was also based on a comprehensive internal review. The review focused exclusively on Region of Waterloo policies, services, programs and structures. For example, when assessing the age-friendliness of a service that is a shared responsibility between the Region of Waterloo and the area municipalities (e.g., roads, libraries), the review only contained information that pertained to the part of the service that is delivered by the Region of Waterloo. For each of the World Health Organization Age-friendly indicators, the relevant Regional departments were asked to complete a worksheet that contained the following questions:

a) What current Region of Waterloo planning bodies/processes (e.g., Advisory Groups), services and programs contribute towards the achievement of this indicator?
b) To what extent is the Region of Waterloo currently achieving this indicator?
c) If the Region of Waterloo is not completely achieving the indicator:
   I. Describe the ways in which the Region of Waterloo’s work could be expanded towards the achievement of this indicator.
   II. Describe the resources that would be needed to move towards the achievement of this indicator.

In developing the recommendations listed in this report, the Seniors’ Advisory Committee systematically reviewed each of the World Health Organization Age-friendly community categories and considered:
III. The role of each of the World Health Organization categories in contributing to an age-friendly community
IV. The indicators included by the World Health Organization and how they applied to the Region
V. The importance given to each indicator by the survey respondents as well as the “Dotmocracy” and focus group participants
VI. The results of the Internal Review

Using all of the information listed above, the Seniors’ Advisory Committee then developed the recommendations included in this report. Highlights from the systematic review are featured in the next section of this report.
5. Results of the Region of Waterloo Review: Age-Friendly Work Already Underway

The Internal Review conducted by the Seniors’ Advisory Committee showed that the Region, working collaboratively with other levels of government and community partners, has an important role in contributing to the achievement of nearly all of the performance standards identified by the World Health Organization. This section of the strategy provides a broad overview of each of the World Health Organization age-friendly community categories and lists examples of how the Region contributes to the achievement of the indicators within each category. The Internal Review demonstrated that the work of the Region is making a significantly positive impact on the age-friendliness of Waterloo Region. A full listing of all of the Region’s age-friendly actions is available upon request.
A. Outdoor Spaces and Buildings

Category Overview:
Outdoor spaces and public buildings that are pleasant, clean, secure and physically accessible.

Why are Outdoor Spaces and Buildings Important?

In their report, *Global Age-friendly Cities: A Guide* the World Health Organization explains that the outside environment and public buildings have a major impact on people’s ability to age in place as well as having a direct influence on mobility, safety, independence and quality of life. Normal changes that commonly occur with aging may include changes to: eyesight, hearing, mobility, bladder/bowel function and/or cognitive function which may affect a person’s ability to orient himself/herself. Due to these changes it becomes more important to ensure that our environments reduce the potential for harm by facilitating safe mobility, reducing stress and anxiety and by supporting cognitive ability. Use of universal, inclusive and dementia-friendly design will ensure that our environments will support the changing needs of older adults as opposed to expecting older adults to change to fit their environments.

What types of Indicators are Included in the Checklist for this Category?

- Accessible, clean, well-signed and well-maintained public areas (indoors and outdoors)
- Pedestrian safety
- Outdoor safety (e.g., police patrols and community education).

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Examples of how the Region of Waterloo is currently contributing to the indicators within this category:

**Accessible, Clean, Well-Signed and Well-Maintained Public Areas (indoors and outdoors)**

- Adherence to Accessibility for Ontarians with Disabilities Act (AODA) standards within Regionally owned/operated buildings.
- An extensive preventative and corrective maintenance program to avert building and property deterioration for all Regionally owned/operated buildings.
- Co-location of services (e.g., Public Health and Social Services, Sunnyside campus).
- Customer service training provided for staff.
- Staff ensure that public washrooms are kept in a safe and tidy working condition and report problems to Facilities Management in a timely manner.
Pedestrian Safety
- Initiatives to improve pedestrian safety (e.g., improvements to intersections to make pedestrians more visible to drivers).
- Active Transportation Master Plan for walking and cycling on Regional Roads.

Outdoor Safety:
- Waterloo Region Crime Prevention Council works “to mobilize the efforts of community in reducing and preventing crime, victimization and fear of crime; increasing safety; and fostering the well being of everyone”.
- Initiatives of the Waterloo Region Police Service:
  - Optimal deployment of police resources to enhance community contact by maximizing police visibility and contact by providing the community with multiple reporting methods.
  - Efforts to support neighbourhoods through crime prevention (e.g., the Reach Out campaign which aims to connect people by showing simple, everyday ways in which we might reach out to others in an effort to build a more caring community).
  - Expansion of public education initiatives related to crime prevention (e.g., fraud education).
  - Use of Auxiliary Officers to enhance outdoor safety at community events.
B. Transportation

Category Overview:
Public transportation that is accessible and affordable.

Why is Transportation Important?
In their report, *Global Age-friendly Cities: A Guide*, the World Health Organization explains that transportation is a key support to active aging and that the availability, accessibility and affordability of transportation options can be a key pre-requisite to social and civic participation as well as to access to community and health services.\(^\text{10}\) According to Statistics Canada, the vast majority of older adults prefer to travel by car (as a driver or as a passenger) with very few older adults opting to use public transit as their main form of transportation.\(^\text{11}\) As our population continues to grow older, it will also be important to consider the balance between the autonomy a person achieves by driving his/her own car and road safety for everyone. While many older adults are safe drivers, people aged 70 or older have the second highest accident rate per kilometer driven (young male drivers are the highest risk age group). Additionally, older adults are more likely to be fatally injured when they are

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involved in a collision (in comparison to younger people).\textsuperscript{12} In his report Living Longer, Living Well, Dr. Sinha\textsuperscript{13} stresses the importance of ensuring that there are alternative affordable and accessible transportation options in place to support older adults who have decided to stop driving.\textsuperscript{14}

What types of Indicators are Included in the Checklist for this Category?

- Well-managed, reliable, accessible public transportation system that uses well-maintained vehicles and serves all city areas
- Taxis are accessible and affordable
- Traffic flow is well-regulated

\textsuperscript{12} Ibid.
\textsuperscript{13} Dr. Samir Sinha was appointed in May 2012 by the Minister of Health and Long-Term Care to lead the development of a Seniors Strategy for Ontario. Dr. Sinha was tasked to develop a report and recommendations by consulting broadly with service providers, older Ontarians and their families, LHINs, municipal leaders, associations, consumer groups, and other stakeholders. The consultation results shaped Dr. Sinha’s final report Living Longer, Living Well.
Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

Reliable, Accessible Public Transportation System that Uses Well-Maintained Vehicles and Serves all City Areas

- Grand River Transit (GRT) Conventional Low Floor buses can handle a wide variety of passengers. Ramps on these buses deploy to board passengers with wheelchairs, mobility aides and strollers. Buses have a kneeling capability which lowers the front of the bus so that passengers can board easily. Priority seating on the buses also helps those who require this seating area. Bus operators will ask passengers to vacate the priority seating area should someone with a disability require it.

- For those who have a mobility impairment, Grand River Transit (GRT) provides specialized door to door service for those who are registered members of GRT’s MobilityPLUS Program. Registered members of MobilityPLUS can travel within the areas of Kitchener, Waterloo, Cambridge and the rural area of North Dumfries. GRT also partners with Kiwanis Transit to serve those who meet the eligibility criteria and reside in the townships of Wellesley, Wilmot and Woolwich.

- For those who are MobilityPLUS members that reside in the cities of Kitchener, Waterloo, and Cambridge, GRT tries to encourage these members to use the conventional low floor buses by providing them with a free bus pass for conventional transit.
• GRT has started a number of pilot projects to serve rural and semi rural areas. In 2010 GRT launched a bus route into the rural town of Elmira. This was a pilot project to determine if rural routes could become a successful permanent route. In 2011 route 21 to Elmira became a permanent route connecting Elmira to Waterloo, and the rest of the tri-city area which includes Kitchener and Cambridge.
• Buses undergo a daily cleaning regimen. The exterior of the buses are washed every day. The interior of the buses are mopped and wiped. Additional cleaning of the interior of the buses is done when needed (if vandalism occurs, seats are dirty etc.)
• The mechanical components of conventional and MobilityPLUS buses undergo a stringent examination every 5,000 to 10,000 kilometres.
• GRT’s buses are generally not overcrowded. During peak rush hour periods buses do become full with passengers. Routes that are determined to be over capacity will have additional service or buses added to that particular route to alleviate the passenger loads.
• The Scheduling program area within GRT reviews ridership data on a regular basis to determine the level of service needed on each route. Feedback from customers also helps to further improve service on various routes.
Taxis are Accessible and Affordable

- The Region licenses taxi drivers as stipulated by by-law. The Region however does not provide this service and allows the market to dictate service expectation. Rates are also established by by-law and take into consideration driver’s needs and citizen needs. Public notice is required before changes can be made to the by-law. The by-law also requires a standard level of English proficiency to become a driver.

Traffic flow is Well-Regulated

- The Region currently has a computerized central traffic signal control system to provide efficient and effective traffic flow on its road network. In addition, the Region is investigating and implementing new Intelligent Transportation Systems (ITS) to enhance the traffic flow. The Region has a capital program to implement intersection improvements at key “bottle-necks” on the Regional road network.

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The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.
C. Housing

Category Overview:

Housing that is affordable, appropriately located, well built, well designed and safe.

Why is Housing Important?

In conducting their global age-friendly city research, the World Health Organization found that housing and/or housing with supports that allow people to age in place in their communities for as long as possible was something that was “universally valued”, explaining that “housing is essential to safety and well being”.  

According to the World Health Organization, in order for housing to be age-friendly it must meet the following criteria:

- Affordable
- Close to essential services
- Accessible design
- Modified as needed and modifications are affordable
- Well maintained and maintenance services are affordable

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16 Ibid.

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Dr. Sinha, in his report *Living Longer, Living Well* adds that it is also important to ensure that housing with supports is available for older adults as their functional needs change. Dr. Sinha urges the provincial government to develop alternatives to long-term care, stating that developing housing alternatives with supports (e.g., Sunnyside Supportive Housing) “not only cost less, but are also more appropriate to meet the care needs of older Ontarians who also want to remain independent in their communities”. 17

What types of Indicators are Included in the Checklist for this Category?

- Sufficient, well maintained, well constructed and affordable housing is available.
- Housing and services are available for older adults who are frail and/or have a disability

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

**Sufficient, Well Maintained, Well Constructed and Affordable Housing Is Available**

- The Region of Waterloo is the Service Manager for Housing, and is responsible for ensuring that the current supply of affordable housing – either owned/operated by the Region or through non-profits and co-operatives, is properly managed. There are currently 2722 units of Regionally-owned affordable housing at 62 sites across Waterloo Region, and an additional 4803 units in 59 non-profits and co-operatives across Waterloo Region. Many of these housing communities are in areas that are considered safe and close to services and the rest of the community. However, the

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supply is not sufficient to meet the demand for affordable housing (in that there are people on a waitlist).

- The Region of Waterloo also has an Action Plan for Housing, a longer term plan (10+ years) that includes actions to address issues in both affordable and market rental and homeownership housing options for low to moderate income households. The Region also has an Affordable Housing Strategy, a shorter term plan (5 years) that includes target goals for creating new affordable rental and homeownership housing for lower income households. Since 2001, more than 2000 new units of affordable housing have been created. Many of these units are in areas that are considered safe and close to services and the rest of the community, however, there is still a need for additional units of affordable housing to accommodate people from the waitlist.

- There are 1076 Waterloo Region Housing units that are dedicated to older adults. These tenants may be frail and/or have a disability but are able to live independently in self-contained units with some supports provided to them from outside programs and...
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner. Services such as Community Support Connections (Meals on Wheels and More) and Waterloo Wellington Community Care Access Centre. Waterloo Region Housing tenants living on the Sunnyside Campus can benefit from many of the programs and services offered there, including the Sunnyside Wellness Centre.

- The Region of Waterloo also contributes towards the achievement of these indicators through the provision of subsidy to eligible low income tenants within three retirement homes providing housing with support. The funding, administered by the Region’s Social Planning, Policy and Program Administration division within Social Services, is provided in part through the provincial Ministry of Municipal Affairs and Housing Community Homelessness Prevention Initiative as well as directly by the Region.

Housing and Services are Available for Older Adults Who are Frail and/or Have A Disability

- Waterloo Region Housing tenants living at two sites are also able to access support services provided by the Community Care Access Centre’s Integrated Assisted Living Program pilot which offers flexible and responsive supports for activities of daily living (e.g. personal care, homemaking). This pilot program also promotes self-management of chronic disease and self-directed care, encourages wellness, and participation in social and recreational activities. Monitoring leads to quick response to changes in health status (thereby preventing crises) and provides the reassurance and security of a 24 hour response.
Sunnyside Home is a 263 bed not-for-profit long term care home. Services are geared towards maintaining or enhancing social and physical functioning and include nursing, medical and nutritional care, recreation, music therapy, leisure programs, pastoral care, social work, physiotherapy and occupational therapy.

Sunnyside Supportive Housing provides services to tenants through a partnership among Waterloo Regional Homes for Mental Health (WRHMH), Waterloo Region Housing (WRH) and Seniors’ Services. Sunnyside Supportive Housing consists of 30 one and two-bedroom apartments (13 units for tenants from WRHMH and 17 for frail/at risk seniors), housing tenants who require both affordable housing and supported living services. Supported living services include assistance with Activities of Daily Living (ADL) including bathing, eating and dressing and Instrumental Activities of Daily Living (IADL) including medication assistance, homemaking, shopping, cooking and escorting to medical appointments. The program also provides emergency response support services 24/7, safety and social visits, case management, crisis intervention and assistance.
D. Social Participation

Category Overview:
Opportunities for older adults to participate in leisure, social, cultural and spiritual activities with people of all ages and cultures.

Why is Social Participation Important?
In their report, *Global Age-friendly Cities: A Guide*, the World Health Organization explains that social participation and social support are important determinants of good health and well-being throughout the life course and that engaging in social activities allows people to exercise competence, enjoy respect and esteem as well as to nurture and/or form supportive relationships\(^\text{18}\). A number of factors contribute to making older adults more vulnerable to becoming socially isolated, such as changes in health that restrict mobility and in some cases, the loss of a driver’s licence. A study\(^\text{19}\) conducted in Montreal in 2010 demonstrated a link between mode of transportation and participation in social activities. The researcher’s findings were as follows:

<table>
<thead>
<tr>
<th>Mode of Transportation</th>
<th>% of older adults who participated in a social activity in the past week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drove their own cars</td>
<td>73%</td>
</tr>
<tr>
<td>Public Transit</td>
<td>66%</td>
</tr>
<tr>
<td>Walking</td>
<td>61%</td>
</tr>
<tr>
<td>Accessible Transit/Taxi</td>
<td>46%</td>
</tr>
</tbody>
</table>


The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.
In an age-friendly environment there is a wide range of conveniently located, accessible, affordable, well publicized public events that encourage the integration of generations, cultures and communities.

What types of Indicators are Included in the Checklist for this Category?

- There are a wide variety of public events that are: conveniently located, affordable and held at times convenient for older adults.

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

- It is relevant to note that the area municipalities, not the Region, have the responsibility for providing recreational programming. However, the Region does host a wide variety of events that are educational or cultural in nature as well as events that encourage civic participation. Examples of events hosted by the Region include:
  - Doors Open Waterloo Region features historic and non-historic buildings open to view
  - Seniors’ Days at the Waterloo Regional Museum and Doon Heritage Crossroads
  - Movie Afternoons at the Libraries
  - Sunnyside Bazaar
  - Dialogues on Diversity
  - Landfill Tours
  - Regional Council meetings and Advisory Committee meetings are open to the public
  - Community consultations (e.g., for Housing changes or Transit changes)
  - Lectures on how to use the Regional Archives
  - Most events hosted by the Region are free of charge and located within Regional buildings, all of which are accessible and most are located on bus routes.
  - Older adults are recruited for volunteer positions at Sunnyside Home.

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E. Respect and Social Inclusion

Category Overview:

Older people are treated with respect and are included in civic life.

Why are Respect and Social Inclusion Important?

One of Waterloo Region’s strengths is diversity. Our community includes older adults from a variety of ethnocultural and faith communities, older adults with a range of physical and/or cognitive abilities as well as older adults from lesbian, gay, bisexual, transgender and queer communities. According to the World Health Organization, the extent to which older adults participate in the social, civic and economic life of their communities is closely connected to their experience of inclusion.\(^{20}\) To be age-friendly, an organization must be aware of the varying needs of older adults and also be willing to accommodate differing needs.\(^{21}\)


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The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.
What types of Indicators are Included in the Checklist for this Category?

- Older people are regularly consulted on how to improve service; age-specific needs and preferences are accommodated; and staff are courteous and helpful.
- Schools provide opportunities to learn about aging and older people are recognized for their contributions.

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

Older People are Regularly Consulted on how to Improve Service; Age-Specific Needs and Preferences are Accommodated; Staff Are Courteous and Helpful

- The Region of Waterloo Seniors’ Advisory Committee provides counsel and advice to Regional staff and through staff to Regional Council with respect to Regional planning and services impacting seniors. The committee includes five older adult representatives.
- Formal public input sessions allow older adults to make presentations on important issues.
- American Sign Language (ASL) is provided upon request at Council meetings and hearing assisted devices are available.
- Materials given out at public meetings have a standard clause stating that they are available in alternative formats.
- Region of Waterloo Library has large print books, DAISY readers (CNIB), and audiobooks for individuals who need alternate formats.
- Transit Services offers a training program for older adults to teach people how to take the bus. There are also a range of services to reach various transportation needs (e.g., Low floor buses, MobilityPLUS, taxiSCRIP, accessible website, TTY phone service).

...fostering opportunities for current and future generations
Schools Provide Opportunities to Learn About Aging and Older People Are Recognized for Their Contributions

- Over 100 secondary and post-secondary students complete placements within the Seniors’ Services division on an annual basis, providing students with opportunities to learn from older adults (e.g., recreation therapy volunteers, Personal Support Workers, pharmacy students, dietary interns, medical students).

- Older adult volunteers at the Region are recognized for their past and present contributions through the volunteer recognition activities.

- Each year the Region nominates an individual for the Provincial Senior of the Year Award, the Ontario Heritage Trust Lieutenant Governors’ Ontario Heritage Award for Lifetime Achievement, and for the Ontario Heritage Trust Lifetime Achievement Certificates. In addition, the Region nominates seniors for the City of Kitchener MACKS and Senior Achievement Awards or other relevant senior awards.
F. Civic Participation and Employment

Category Overview:

Opportunities for employment and volunteerism that cater to older persons’ interests and abilities.

Why are Civic Participation and Employment Important?

According to the World Health Organization, an age-friendly environment provides options for older adults to contribute through voluntary and/or paid work and if they choose to, participate in the political process. Research has shown that the number of older adults engaged in paid employment is increasing. The labour market participation rate of people in Waterloo Region aged 65 years and older increased from 7.5% in March 2003 to 14.1% in March 2013. Additionally, many older adults are contributing to their communities through volunteering. Statistics Canada reported that 36% of Canadians aged 65 years or older served as a volunteer in 2010, volunteering for an average of 223 hours per year. In an age-friendly environment, a deliberate effort must be made to reduce barriers to participation such as physical...
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

barriers and cultural stigmatization related to perceptions of older adults to ensure that the significant contributions of older adults are fully realized.

What types of Indicators are Included in the Checklist for this Category?

- A range of volunteer and paid employment opportunities are available for older adults.
- Decision making bodies encourage and facilitate the membership of older people.

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

A Range of Volunteer and Paid Employment Opportunities are Available for Older Adults

- The Region of Waterloo employs people in a wide range of occupations (over 900 different types of jobs) and has a range of comprehensive Human Resources policies and programs that prevent discrimination on the basis of age in the area of recruitment, retention, promotion and training of employees.
- The Region has a range of Human Resources policies and processes designed to make all reasonable efforts to accommodate the needs of employees.
- The Region offers a very wide range of flexible volunteer options for older adults wishing to volunteer. Eligibility for volunteer positions at the Region of Waterloo is based solely on the skills and knowledge required for the specific position.
- The Region offers participants the opportunity to attend two employment programs that support older people who are searching for employment: the Experienced Worker 45+ Program (for people who are receiving Ontario Works and are between the ages of 45-54) and the Targeted Initiative for Older Workers program (for people aged 55-64 who meet the criteria set out by Employment Ontario).
The Region supports older employees through Sunnyside Home’s participation in the Late Career Nurse Initiative (LCNI) which is funded by the Nursing Secretariat, Ministry of Health and Long-Term Care. The LCNI is a component of the Nursing Strategy intended to support late career nurses who are working in hospitals and long-term care homes to remain in the workforce by providing less physically demanding alternate/expanded roles for a portion of their work time. Provincially, this initiative is meant to mitigate the trend of early retirement among nurses.

Decision Making Bodies Encourage and Facilitate the Membership of Older People

The Region of Waterloo Seniors’ Advisory Committee provides counsel and advice to Regional staff and through staff to Regional Council with respect to Regional planning and services impacting seniors. The committee includes five older adult representatives.

There are more than 20 Committees and Advisory Committees at the Region of Waterloo that report to either one of the three main Standing Committees or directly to Regional Council. These include the Employment and Income Support Advisory Committee.

There is no upper age restriction for elected Councillors.
G. Communication and Information

Category Overview:

Age-Friendly communication and information are available.

Why are Communication and Information Important?
The age-friendly community research conducted by the World Health Organization showed that having access to timely, practical information to manage life and meet personal needs is vital to active aging, and as such it is critical that information is readily available to older adults with varying capacities and resources. The development of the Internet has transformed the way that we communicate and obtain information. Statistics Canada conducted a survey in 2010 and found that 60% of older adults aged 65 to 74 and 29% of those aged 75 and over had used the Internet in the month prior to the survey. Dr. Sinha in his report Living Longer, Living Well asserts that it is important to understand the ways in which older adults wish to access information and communicate with others. Dr. Sinha suggests that communication options include a variety of print, phone and internet-based communication tools that are available at any time and ideally in one’s language of choice.

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What types of Indicators are Included in the Checklist for this Category?

- An effective communication system reaches people of all ages.
- Friendly, person-to-person services are provided.

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

An Effective Communication System Reaches People of All Ages

- The Region of Waterloo’s basic communication system includes use of various websites, the Region News publication, use of social media and the use of advertising (print, radio and television and other methods). The mixed methods help to ensure that the information is received by community residents of all ages.
- All Waterloo Region households receive the print publication Region News three times per year. The use of the Regional website, social media, advertising and various printed publications allows for the coordinated and centralized distribution of information.
- All communications, advertising and written material (including news releases and publications) generated by the Region of Waterloo must follow Canadian Press standards. These standards include the style and writing guidelines used by journalists across the country. Staff are encouraged to use clear language, write for a Grade 8 literacy level and to eliminate the use of jargon, abbreviations and acronyms when communicating with the general public.
Friendly, Person-to-Person Services are Provided

In 2014, the Region launched a main phone number (519-575-4400) that allows residents to call for any type of Regional inquiry 24 hours per day, 7 days a week in the language of their choice.
H. Community Support and Health Services

Category Overview:

Community support and health services tailored to older persons’ needs.

Why are Community and Health Services Important?

In his report, Living Longer, Living Well, Dr. Sinha notes that the current generation of older adults is living longer and with less chronic illness or disabilities compared to previous generations. However, the vast majority of older adults have at least one chronic illness or condition. Dr. Sinha also identifies the influence an older adult’s income can have on the ability to live independently:

“While Ontario has done much to reduce poverty levels in older adults to well below national levels, we need to continue to recognize that people have different access to income and wealth and that this can often influence decisions that allow them to stay healthy and stay at home longer. Living longer and living well will also mean that we need to do all that we can to ensure that Ontarians should not be allowed to age in poverty”.  

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29 Ibid.
In conducting their global age-friendly city research, the World Health Organization identified the following requirements for community and health services in an age-friendly community:

1. Health and community services need to be well-located and easily accessible.
2. A wide range of services is available – e.g., adult day programs, mental health services, rehabilitation and palliative care.
3. “Aging well” services such as: preventative screening, physical activity, education on injury prevention, nutritional guidance and mental health counselling are available.
4. There are home care services to support people staying in their own homes – e.g., assistance with personal care, meal preparation, rides to appointments.
5. Residential facilities are available for people unable to live at home – e.g., affordable retirement homes and long-term care homes.
6. There is a network of community services – e.g., lower cost meals, screening services for contractor and handyman services.
7. Volunteers have been recruited to fill the gaps in the available services.\(^{30}\)

What types of Indicators are Included in the Checklist for this Category?

- A range of conveniently located, fully accessible health and community support services are offered for promoting, maintaining and restoring health.
- Community emergency planning takes into account the needs of older adults.

Examples provided by staff of how the Region of Waterloo is currently contributing to the indicators within this category:

A Range of Conveniently Located, Fully Accessible Health and Community Support Services are Offered for Promoting, Maintaining And Restoring Health

- The Social Services Department and its many community partners plan and deliver a variety of health and community support services that sustain individuals and families in Waterloo Region. These services are designed to help residents enhance their participation in the community and ultimately improve their quality of life. The work of the Social Services Department is carried out through its four divisions: Children’s Services; Employment and Income Support; Seniors’ Services and Social Planning, Policy and Program Administration.

- Seniors’ Services works collaboratively with the community to plan, support and operate long term care and community programs and services to support seniors living in Waterloo Region. Sunnyside Home, the Region’s not-for-profit long-term care home, provides professional and supportive services for 263 residents with physical, mental health or end-of-life conditions. In 2012, Sunnyside Home was accredited with Exemplary Standing from Accreditation Canada. Community programs include Alzheimer Programs, affordable supported living, convalescent care, respite care, community homemaking and nursing services, integrated assisted living services and a Seniors’ Wellness Centre. The division also provides planning support and expertise for Regional services impacting older adults.

- Seniors’ Services offers subsidies for its fee-for-service programs such as the Community Alzheimer Programs and the Wellness Centre. Subsidies at the Wellness Centre include financial support for services such as massage therapy and foot care. Support from the Sunnyside Foundation also enables Seniors’ Services to offer recreational/educational programs such as

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horticultural programs, art programs and educational sessions that are free of charge to people living on the Sunnyside campus.

- The Sandhills Café (located within Sunnyside Home) offers low-cost, nutritious meals and snacks as well as special occasion meals on holidays such as Easter, Thanksgiving and Christmas. The Café is open to the residents of Sunnyside Home, their visitors and to the general public.

- The Region of Waterloo offers limited homemaking and home support through two restricted programs: the Homemakers and Nurses Services Act Program (HNSA) and the Integrated Assisted Living Program (IALP, a program of the Community Care Access Centre).

- The Public Health department provides health services, programs, assistance and information to:
  - Promote healthier living.
  - Protect against health threats.
  - Prevent disease and injury.

- Region of Waterloo Emergency Medical Services works in partnership with the Cambridge Central Ambulance Communications Centre operated by the Ministry of Health and Long Term Care.

Community Emergency Planning takes into Account the Needs of Older Adults.

- The Region is responsible for the creation, maintenance and implementation of the Social Services Emergency Response Plan (SSERP). The plan includes provisions to meet the needs of everyone living in Waterloo Region, including populations such as older adults that may be vulnerable during an emergency.
6. Region of Waterloo Age Friendly Lens
In developing the Seniors’ Strategy, the Seniors’ Advisory Committee realized that in order to meet the needs of older adults that Regional staff must first learn about potential age-related changes. The committee developed the Region of Waterloo Age Friendly Lens (#1654635) to help staff understand how people’s needs may change as they age. The lens is a tool that staff can use to assess the age-friendliness of the Region’s programs, services and service delivery.

The Lens is comprised of three sections:

1. Overview of Potential Age Related Changes
   This section provides an overview of the potential sensory, physical, cognitive, social and emotional changes that people may experience as they get older. Suggestions are provided as to how staff could accommodate these changes within their program areas. The tool asks staff to review the potential age-related changes and potential accommodations and then consider the implications for their program area.

2. Respectful, Age-Friendly Service Delivery Guidelines
   This section lists a set of guidelines for age-friendly service delivery and asks staff to rate how well their program area is achieving the guidelines listed in the table. Staff are encouraged to “score” their program area and use these results to determine how they could increase the age friendliness of their program areas.

3. Implementation Plan
   In this section staff are asked to identify the actions they will take to increase the age-friendliness of their program area based on the results of sections one and two.
1. Use the chart below to determine the ways in which age-related changes may impact upon your program area and identify how you might mitigate the impacts by creating an age-friendly environment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential Age-Related Changes</th>
<th>Possible Accommodations</th>
<th>Implications for my Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Changes</td>
<td>• Decreased visual acuity&lt;br&gt;• Increased sensitivity to glare and slower adjustment to different light levels&lt;br&gt;• Decreased field of vision&lt;br&gt;• Decreased vision in low light&lt;br&gt;• Decreased colour vision&lt;br&gt;• Decreased hearing ability&lt;br&gt;• Decreased ability to filter out background noise&lt;br&gt;• Decreased ability to pinpoint sound direction or source</td>
<td>• Lighting is adequate and glare-free.&lt;br&gt;• Signage has large print, good contrast and wording is easy to follow.&lt;br&gt;• There is no background music or machine noise.&lt;br&gt;• Staff speak clearly and at an appropriate speed when leaving voice mail messages or when serving people directly.&lt;br&gt;• Staff know how to assist people with vision or hearing challenges (e.g., reading labels and locating items).&lt;br&gt;• A quiet space is available to discuss people's concerns in private.</td>
<td></td>
</tr>
</tbody>
</table>
### Physical Changes

- Increased fatigue
- Increased joint stiffness
- Decreased balance
- Decreased fine motor coordination
- Decreased dexterity, reach and grip
- Decreased reaction time
- Decreased stamina
- Changes to bladder and bowel function.

### Possible Accommodations

- There is a place to sit while waiting and a place to put packages down.
- Chairs are sturdy, stable and are not too low or too soft with arms for people who need to push themselves up.
- Washrooms are well-signed.
- There are no tripping hazards (e.g., uneven surfaces, unsecured floor mats).
- Pathways are wide, uncluttered and can easily accommodate walkers and wheelchairs.
- Staff know how to respond to a medical emergency such as a fall while protecting someone’s dignity.

### Implications for my Program Area

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<table>
<thead>
<tr>
<th>Category</th>
<th>Potential Age-Related Changes</th>
<th>Possible Accommodations</th>
<th>Implications for my Program Area</th>
</tr>
</thead>
</table>
| Changes in Cognitive Function  | • A very small percentage of younger seniors experience changes in memory, reasoning and abstract thinking, although this percentage does increase with age.  
• According to the Alzheimer Society of Ontario, in 2011, 747,000 Canadians were living with cognitive impairment, including dementia - that's 14.9 percent of Canadians 65 and older. In 2011, that equated to 9,473 people living in Waterloo Region. | • Skillful communication: e.g., repeat key points in various ways, check for understanding and if someone doesn’t understand, rephrase the sentence; don’t just repeat the same words or say them louder.  
• Suggest that the person create a list of questions or concerns before visiting the Region.  
• Offer checklists or other plain-language material to back up oral instructions.  
• Avoid formality, the use of acronyms and professional jargon; speak to the person’s level of vocabulary and understanding.  
• If possible, show (don’t just tell) the person how to do something. |                                                |

The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.
<table>
<thead>
<tr>
<th>Category</th>
<th>Potential Age-Related Changes</th>
<th>Possible Accommodations</th>
<th>Implications for my Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Changes</td>
<td>• Possible changes in income and earning capacity</td>
<td>• Offer affordable, conveniently located inter-generational events.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Possible loss of social networks through retirement</td>
<td>• Promote the GRT travel training programs and the Region’s main phone number (answered 24/7).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Possible death of a spouse or partner and/or friends</td>
<td>• Advertise public events with organizations and groups that serve older adults.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Potential for reduced access to transportation for older adults who are not driving their cars. This change may affect access to recreational/social activities and could necessitate changes in living arrangements.</td>
<td>• Offer meaningful volunteer opportunities that consider the needs of older adults (e.g., home-based options, flexibility in scheduling/frequency).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage older adult involvement on the Region of Waterloo Advisory Committees.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Become knowledgeable about community-based programs to support older adults and Regional publications such as Housing Options for Older Adults.</td>
<td></td>
</tr>
<tr>
<td>Emotional Changes</td>
<td>• Adjustment to sensory, physical and social changes may result in: loneliness; isolation; tension or worry; anxiety about becoming dependent on others; fears about safety and security; potential loss of access to activities or services enjoyed when younger.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

…fostering opportunities for current and future generations
The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

What Does it Mean to Deliver Respectful, Age-Friendly Service?

To deliver respectful service to older adults, it is necessary to find the balance between being aware of potential age-related changes while at the same time not making assumptions about someone due to their age (e.g., don’t assume that all older adults are hard of hearing). In order to determine if your program area is delivering age-friendly service, complete the following assessment and discuss the results with your team.

<table>
<thead>
<tr>
<th>#</th>
<th>Respectful Service Attribute</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Staff are trained to be patient with all people, and view older adults as individuals with individual needs, as opposed to stereotyping them.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>B</td>
<td>Staff have options for serving customers in more comfortable ways.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>C</td>
<td>Staff are sensitized to avoid condescending behaviours (e.g., speaking too loudly, speaking too familiarly as in calling someone “dear” or showing visible impatience).</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>D</td>
<td>Staff welcome everyone with a friendly and warm greeting.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>E</td>
<td>Staff are approachable and take the time to listen attentively to customers’ questions.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>F</td>
<td>Errors and customer complaints are addressed promptly and courteously.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>G</td>
<td>Staff know how to recognize signs that an older adult may need help.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
<tr>
<td>H</td>
<td>Staff know what to do when they encounter an older adult that they suspect is being physically, emotionally or financially abused.</td>
<td>□4 □3 □2 □1 □N/A</td>
</tr>
</tbody>
</table>

Total Score
What actions have you identified after applying the Age-Friendly Lens to your program area and what is your implementation plan?

<table>
<thead>
<tr>
<th>Action</th>
<th>Implementation Plan</th>
<th>Deadline and Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Questions and Follow-up

If staff have questions about increasing the accessibility of their program area, they are encouraged to contact Vanessa Lopak, Service Planning Associate at extension 3861 or by email vlopak@regionofwaterloo.ca.

All staff are encouraged to bring the results of the application of the Age-Friendly Lens to the Region of Waterloo Seniors’ Advisory Committee for discussion and input. The Committee is available to provide guidance on meeting the needs of older adults and on the delivery of age-friendly services and programs. To request time on a Seniors Advisory Committee agenda, please contact Kelly Buxton, Social Planning Associate at extension 5402 or by email: kbuxton@regionofwaterloo.ca

Sources

The Region of Waterloo Age Friendly Lens tool draws from the following sources:

**Age-Friendly Communication: Facts, Tips and Ideas.**

**Creating an Age-Friendly Business in B.C.**
Available online: www2.gov.bc.ca/gov/topic.page?id=9B11E8EB06194B0BB4DEC9DFA401825B&title=How%20to%20Become%20Age-Friendly

**Making Yours an Age-Friendly Environment – Environmental Assessment**
Available online: http://coahamilton.ca/wp/wp-content/uploads/2013/08/AssessmentTool.docx
7. Recommendations

Using the results of the Municipal Consultation and Internal Review, the Seniors’ Advisory Committee has identified 30 recommendations which will support older adults by:

a) Continuing and enhancing efforts by the Region of Waterloo to be an age-friendly organization; and,

b) Ensuring that the Region of Waterloo delivers its mandated services and programs in an age-friendly manner.

The recommendations fit into the following three categories:

1. **Recommendations for Immediate Implementation**
   The recommendations listed in this section could be implemented using existing resources, which include existing Regional funding as well as funding from external sources.

2. **Recommendations for Future Implementation**
   Should Regional Council endorse these recommendations, they will be referred back to the lead department for costing and implementation planning.

3. **Recommendations for Future Implementation Should External Funding Become Available**
   The recommendations listed in this section have been identified by the Seniors’ Advisory Committee as areas of potential growth for the Region’s age-friendly work. The Seniors’ Advisory Committee recommends that these actions be implemented should external funding become available. The implementation of these recommendations would be dependent upon securing external funding as well as a collaborative agreement with one or more levels of government.

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7.1 Recommendations for Immediate Implementation

With the endorsement of Regional Council, the following age-friendly recommendations could be implemented using existing resources. Recommendations are organized by the lead department responsible for implementation should the recommendations be endorsed by Regional Council. The definition of terms used in the “Status” column of the recommendations table is as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>Work on this recommendation is complete.(^\text{31})</td>
</tr>
<tr>
<td>Ongoing</td>
<td>These recommendations have been operationalized(^\text{31}).</td>
</tr>
<tr>
<td>In Progress</td>
<td>Work on these recommendations has already started and there is a definitive end date.</td>
</tr>
<tr>
<td>To begin</td>
<td>Work on these recommendations has not yet begun.</td>
</tr>
</tbody>
</table>

Lead Department: Community and Social Services

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensure the long-range plan for housing for low to moderate income households includes a range of housing options for older adults.</td>
<td>Complete</td>
</tr>
<tr>
<td>2.</td>
<td>Maintain and grow the current levels of older adult specific housing units.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.</td>
<td>Provide system navigation assistance to older adults served by Regional housing programs to ensure they are accessing the program that best meets their needs.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

\(^{31}\) These recommendations were included in the strategy because they target areas such as housing and pedestrian safety that were identified through the community consultation process as being vital to an age-friendly community. Through the inclusion of these recommendations, the Seniors’ Advisory Committee wished to highlight the actions that the Region should maintain and continue.
4. Investigate opportunities to provide additional supportive housing for older adults. | In progress  
5. Offer primary health care services out of the Sunnyside Wellness Centre. | Ongoing  
6. Determine options and funding for expanding the Wellness Centre Program/Services. | In progress  
7. Explore the expansion of the respite services and day program offered by the Community Alzheimer Program. | In progress  
8. Develop and implement a marketing strategy to engage additional older adults at the Sunnyside Wellness Centre. | To begin in 2015  
9. Support the Waterloo Wellington Local Health Integration Network’s work in coordinating services for Falls Prevention. | Ongoing  
10. Work with the Accessibility for Ontarians with Disabilities Act Steering Team to ensure that information on Regional programs and services are provided in an accessible way. | Ongoing  

**Lead Department: Human Resources and Citizen Services**

11. Offer meaningful volunteer opportunities for older adults with the Region. | Ongoing  
12. Encourage staff to utilize the Region of Waterloo Seniors Advisory Committee when developing or improving programs and services for older adults. | Ongoing  
13. Support long-standing Regional employees to share their knowledge with newer employees. | Ongoing  
14. Ensure that Region-hosted events meet the needs of older adults through the use of the Region of Waterloo Age-Friendly Lens. | To begin in 2014  

**Lead Department: Planning, Development and Legislative Services**

15. Provide opportunities for older adults to inform the Regional decision making process through involvement with Advisory Committees and public consultations. | Ongoing  

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The Region of Waterloo is an age-friendly organization that delivers its mandated programs and services in an age-friendly manner.

<table>
<thead>
<tr>
<th>Lead Department: Public Health and Emergency Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Provide falls prevention information to Regional staff.</td>
</tr>
<tr>
<td>17. Conduct a review of the Elder Abuse phone line hosted by Public Health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Department: Transportation and Environmental Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Continue to support the ongoing pedestrian safety programs.</td>
</tr>
</tbody>
</table>
7.2 Recommendations for Future Implementation

The Seniors Advisory Committee has also identified recommendations for future implementation. Should Regional Council endorse these recommendations, they will be referred back to the lead department for costing and implementation planning.

### Lead Department: Community and Social Services

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Work with community partners to explore ways of using existing Regional programs and services to increase outreach to older adults at risk for social isolation.</td>
</tr>
<tr>
<td>20.</td>
<td>Work with the area municipalities and community partners to create increased awareness of Regional programs and services.</td>
</tr>
<tr>
<td>21.</td>
<td>Collaborate with the Waterloo Region Crime Prevention Council and community partners to address safety issues relevant to older adults.</td>
</tr>
</tbody>
</table>

### Lead Department: Human Resources and Citizen Services

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Ensure Regional programs and services that support older adults are inclusive and responsive to diverse needs.</td>
</tr>
<tr>
<td>23.</td>
<td>Increase staff awareness by dispelling myths and misunderstandings about older adults.</td>
</tr>
<tr>
<td>24.</td>
<td>Provide information to staff on creating age-friendly environments that meet the safety and accessibility needs of older adults.</td>
</tr>
<tr>
<td>25.</td>
<td>Ensure that training for public service providers such as new transit operators includes information on providing excellent customer service to older adults.</td>
</tr>
</tbody>
</table>

...fostering opportunities for current and future generations
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Explore the transportation needs of older adults living in the four townships.</td>
</tr>
<tr>
<td>27.</td>
<td>Explore broadening the criteria for the TaxiSCRIP(^{32}) program to include older adults who are unable to use conventional services such as those with dementia.</td>
</tr>
</tbody>
</table>

---

\(^{32}\) TaxiSCRIP is a program currently available to registered MobilityPLUS customers which allows them to purchase a limited amount of local taxi coupons at a 50% discount. For example, a MobilityPLUS customer could purchase a book of TaxiSCRIP coupons with a redemption value of $20 for $10. If the MobilityPLUS service is not available at the time of day that the customer wants to travel, they can make their own arrangements with a local taxi company and pay for the trip using their TaxiSCRIP coupons.
7.3 Recommendations for Future Implementation Should External Funding Become Available

The Seniors Advisory Committee has identified three additional recommendations for future implementation should external funding become available. The implementation of these recommendations would be dependent upon securing external funding as well as a collaborative agreement with one or more levels of government.

### Lead Department: Community and Social Services

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.</td>
<td>Collaborate with community partners to expand the Housing Options for Older Adults Living in Waterloo Region booklet to include information on social inclusion activities and the spectrum of available housing supports.</td>
</tr>
</tbody>
</table>

### Lead Department: Transportation and Environmental Services

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.</td>
<td>Explore expansion of the Commuter Bus program to provide transportation options for older adults with a dementia to day programs/workshops.</td>
</tr>
<tr>
<td>30.</td>
<td>Explore offering programs to increase older adults’ comfort level with using transit such as a customized travel training course specifically designed for older adults, “Daycations”(^{33}) and “Golden Ambassadors”(^{34}).</td>
</tr>
</tbody>
</table>

\(^{33}\) “Daycations” would be daytrips in which participants would travel to their destination (e.g., a local shopping mall or cultural site) onboard a Grand River Transit bus. On the way to and from the destination, participants would be provided with information on how to use the transit system.

\(^{34}\) “Golden Ambassadors” would be specially trained older adult volunteers whose mission would be to promote use of the transit system and to provide assistance to older adults who are learning how to use the transit system.

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Appendix A: Acknowledgements

The Region of Waterloo Seniors’ Strategy was developed with the help of many contributors across the Region of Waterloo as well as from community partners and community members. The development of this strategy was overseen by the Region of Waterloo Seniors’ Advisory Committee which is made up of the following members:

Councillor Jean Haalboom, Co-Chair*
Douglas Bartholomew-Saunders, Co-Chair*
Michael Schuster, Former Co-Chair
Ralph Beam, Citizen Representative*
Lucille Bish, Staff Representative*
Kelly Buxton, Planning Support*
Gloria Cardoso, Community Agency Representative
Gail Kaufman Carlin, Staff Representative
Helen Eby, Staff Representative*
Anne Fowler, Citizen Representative*
Eric Gillespie, Staff Representative*
Cathy Harrington, Community Agency Representative*

Dale Howatt, Community Agency Representative*
Amanda Kroger, Staff Representative
Arlene McDonald, Staff Representative
Jessica Mills, Committee Support
Sue Morgan, Citizen Representative*
Alan Nanders, Citizen Representative*
Arran Rowles, Planning Support
Sharlene Sedgwick Walsh, Staff Representative*
Deb Schlichter, Staff Representative*
Linda Terry, Citizen Representative*
Gail Tremain, Citizen Representative
Lee Ann Wetzel, Staff Representative*

*Indicates the membership of the Region of Waterloo Seniors’ Advisory Committee as of August 2014
Appendix B: Municipal Consultation Results: World Health Organization Age-friendly City Indicators Ranked from Most Important to Least Important

This section of the report shows the priority level of each of the 84 indicators as assigned by the Municipal Consultation survey respondents. The survey presented the 84 World Health Organization indicators of an age-friendly city to respondents and asked them to indicate a priority level to each indicator. Response options included: “very high priority”, “high priority”, “medium priority” and “low priority”. After tabulating the results, the responses were assigned values. The table below shows the value that was assigned to each of the response options.

<table>
<thead>
<tr>
<th>Response Option</th>
<th>Value Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High Priority</td>
<td>4</td>
</tr>
<tr>
<td>High Priority</td>
<td>3</td>
</tr>
<tr>
<td>Medium Priority</td>
<td>2</td>
</tr>
<tr>
<td>Low Priority</td>
<td>1</td>
</tr>
</tbody>
</table>

An average score was then calculated for each indicator. The highest possible score is 4.0 (meaning that all 99 survey respondents ranked the indicator as a “very high priority”).
The eight World Health Organization age-friendly city categories are as follows:

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services

The first part of the indicator number listed in the table refers to the World Health Organization category (e.g., the “3” in “3.1” shows that the indicator is included in the Housing category). The second part of the indicator number refers to its order as listed World Health Organization Checklist of Essential Features of Age-Friendly Cities.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age-friendly Community Indicator</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>3.1 Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.</td>
<td>3.60</td>
</tr>
<tr>
<td>2.</td>
<td>8.2 Home care services include health and personal care and housekeeping.</td>
<td>3.60</td>
</tr>
<tr>
<td>3.</td>
<td>3.7 Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.</td>
<td>3.59</td>
</tr>
<tr>
<td>4.</td>
<td>8.1 An adequate range of health and community support services is offered for promoting,</td>
<td>3.59</td>
</tr>
<tr>
<td>Rank</td>
<td>Age-friendly Community Indicator</td>
<td>Average Score</td>
</tr>
<tr>
<td>------</td>
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<td>---------------</td>
</tr>
<tr>
<td></td>
<td>maintaining and restoring health.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>2.5 Specialized transportation is available for disabled people.</td>
<td>3.53</td>
</tr>
<tr>
<td>6.</td>
<td>1.4 Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.</td>
<td>3.51</td>
</tr>
<tr>
<td>7.</td>
<td>1.5 Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.</td>
<td>3.50</td>
</tr>
<tr>
<td>8.</td>
<td>1.6 Drivers give way to pedestrians at intersections and pedestrian crossings.</td>
<td>3.45</td>
</tr>
<tr>
<td>9.</td>
<td>5.9 Older people who are less well-off have good access to public, voluntary and private services.</td>
<td>3.45</td>
</tr>
<tr>
<td>10.</td>
<td>8.3 Health and social services are conveniently located and accessible by all means of transport.</td>
<td>3.43</td>
</tr>
<tr>
<td>11.</td>
<td>8.8 All staff are respectful, helpful and trained to serve older people.</td>
<td>3.42</td>
</tr>
<tr>
<td>12.</td>
<td>2.2 Public transportation is reliable and frequent, including at night and on weekends and holidays.</td>
<td>3.39</td>
</tr>
<tr>
<td>13.</td>
<td>1.3 Pavements are well-maintained, free of obstructions and reserved for pedestrians.</td>
<td>3.37</td>
</tr>
</tbody>
</table>

...fostering opportunities for current and future generations
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<tr>
<th>Rank</th>
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</tr>
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<tbody>
<tr>
<td>14.</td>
<td>1.11 Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.</td>
<td>3.37</td>
</tr>
<tr>
<td>15.</td>
<td>5.3 Service staff are courteous and helpful.</td>
<td>3.36</td>
</tr>
<tr>
<td>16.</td>
<td>3.6 Public and commercial rental housing is clean, well-maintained and safe.</td>
<td>3.36</td>
</tr>
<tr>
<td>17.</td>
<td>8.5 Health and community service facilities are safely constructed and fully accessible.</td>
<td>3.36</td>
</tr>
<tr>
<td>18.</td>
<td>8.9 Economic barriers impeding access to health and community support services are minimized.</td>
<td>3.36</td>
</tr>
<tr>
<td>19.</td>
<td>2.3 All areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.</td>
<td>3.35</td>
</tr>
<tr>
<td>20.</td>
<td>3.2 Sufficient and affordable home maintenance and support services are available.</td>
<td>3.35</td>
</tr>
<tr>
<td>21.</td>
<td>8.4 Residential care facilities and designated older people’s housing are located close to services and the rest of the community.</td>
<td>3.34</td>
</tr>
<tr>
<td>22.</td>
<td>3.5 Home modification options and supplies are available and affordable, and providers understand the needs of older people.</td>
<td>3.33</td>
</tr>
<tr>
<td>23.</td>
<td>6.5 Workplaces are adapted to meet the needs of disabled people.</td>
<td>3.32</td>
</tr>
<tr>
<td>24.</td>
<td>8.12 Community emergency planning takes into account the vulnerabilities and capacities of</td>
<td>3.32</td>
</tr>
</tbody>
</table>
### Region of Waterloo Seniors’ Strategy

#### Age-friendly Community Indicator

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<thead>
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<th>Rank</th>
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<tbody>
<tr>
<td></td>
<td>older people.</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Clear and accessible information is provided about health and social services for older people.</td>
<td>3.31</td>
</tr>
<tr>
<td>26.</td>
<td>Priority parking and drop-off spots for people with special needs are available and respected.</td>
<td>3.31</td>
</tr>
<tr>
<td>27.</td>
<td>There is consistent outreach to include people at risk of social isolation.</td>
<td>3.31</td>
</tr>
<tr>
<td>28.</td>
<td>People at risk of social isolation get one-to-one information from trusted individuals.</td>
<td>3.31</td>
</tr>
<tr>
<td>29.</td>
<td>A basic, effective communication system reaches community residents of all ages.</td>
<td>3.30</td>
</tr>
<tr>
<td>30.</td>
<td>Housing is well-constructed and provides safe and comfortable shelter from the weather.</td>
<td>3.29</td>
</tr>
<tr>
<td>31.</td>
<td>Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.</td>
<td>3.29</td>
</tr>
<tr>
<td>32.</td>
<td>Delivery of services is coordinated and administratively simple.</td>
<td>3.29</td>
</tr>
<tr>
<td>33.</td>
<td>Traffic signs and intersections are visible and well-placed.</td>
<td>3.28</td>
</tr>
<tr>
<td>34.</td>
<td>Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.</td>
<td>3.27</td>
</tr>
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<tbody>
<tr>
<td>35.</td>
<td>2.13 Roadways are free of obstructions that block drivers’ vision.</td>
<td>3.27</td>
</tr>
<tr>
<td>36.</td>
<td>6.4 Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.</td>
<td>3.26</td>
</tr>
<tr>
<td>37.</td>
<td>1.12. Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.</td>
<td>3.26</td>
</tr>
<tr>
<td>38.</td>
<td>2.1 Public transportation costs are consistent, clearly displayed and affordable.</td>
<td>3.26</td>
</tr>
<tr>
<td>39.</td>
<td>2.8 Complete and accessible information is provided to users about routes, schedules and special needs facilities.</td>
<td>3.25</td>
</tr>
<tr>
<td>40.</td>
<td>1.8. Outdoor safety is promoted by good street lighting, police patrols and community education.</td>
<td>3.22</td>
</tr>
<tr>
<td>41.</td>
<td>2.9. A voluntary transport service is available where public transportation is too limited.</td>
<td>3.21</td>
</tr>
<tr>
<td>42.</td>
<td>3.4 Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.</td>
<td>3.21</td>
</tr>
<tr>
<td>43.</td>
<td>2.7. Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.</td>
<td>3.19</td>
</tr>
<tr>
<td>44.</td>
<td>7.8 Print and spoken communication uses simple, familiar words in short, straightforward sentences.</td>
<td>3.19</td>
</tr>
</tbody>
</table>
### Age-friendly Community Indicator

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<td>45.</td>
<td>3.17</td>
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<tr>
<td>46.</td>
<td>3.16</td>
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<tr>
<td>47.</td>
<td>3.16</td>
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<tr>
<td>48.</td>
<td>3.15</td>
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<tr>
<td>49.</td>
<td>3.14</td>
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<tr>
<td>50.</td>
<td>3.14</td>
</tr>
<tr>
<td>51.</td>
<td>3.13</td>
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<tr>
<td>52.</td>
<td>3.12</td>
</tr>
<tr>
<td>53.</td>
<td>3.09</td>
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<tr>
<td>54.</td>
<td>3.07</td>
</tr>
<tr>
<td>55.</td>
<td>3.07</td>
</tr>
</tbody>
</table>

- **45.** Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.
- **46.** Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
- **47.** Public and commercial services provide friendly, person-to-person service on request.
- **48.** Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- **49.** Services are situated together and are accessible.
- **50.** Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- **51.** Roads are well-maintained, with covered drains and good lighting.
- **52.** Taxis are accessible and affordable, and drivers are courteous and helpful.
- **53.** Activities and attractions are affordable, with no hidden or additional participation costs.
- **54.** Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- **55.** Venues for events and activities are conveniently located, accessible, well-lit and easily...fostering opportunities for current and future generations.
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<tr>
<td>56.</td>
<td>4.7 Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.</td>
<td>3.07</td>
</tr>
<tr>
<td>57.</td>
<td>7.2 Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.</td>
<td>3.06</td>
</tr>
<tr>
<td>58.</td>
<td>6.8 Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.</td>
<td>3.05</td>
</tr>
<tr>
<td>59.</td>
<td>5.4 Older people are visible in the media, and are depicted positively and without stereotyping.</td>
<td>3.04</td>
</tr>
<tr>
<td>60.</td>
<td>5.8 Older people are recognized by the community for their past as well as their present contributions.</td>
<td>3.04</td>
</tr>
<tr>
<td>61.</td>
<td>1.1. Public areas are clean and pleasant.</td>
<td>3.02</td>
</tr>
<tr>
<td>62.</td>
<td>2.16 Parking and drop-off areas are safe, sufficient in number and conveniently located.</td>
<td>3.02</td>
</tr>
<tr>
<td>63.</td>
<td>5.7 Schools provide opportunities to learn about aging and older people, and involve older people in school activities.</td>
<td>3.01</td>
</tr>
<tr>
<td>64.</td>
<td>8.10 Voluntary services by people of all ages are encouraged and supported.</td>
<td>3.01</td>
</tr>
<tr>
<td>Rank</td>
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</tr>
<tr>
<td>------</td>
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<td>----------------</td>
</tr>
<tr>
<td>65.</td>
<td>7.10 Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.</td>
<td>2.99</td>
</tr>
<tr>
<td>66.</td>
<td>2.15 Driver education and refresher courses are promoted for all drivers.</td>
<td>2.99</td>
</tr>
<tr>
<td>67.</td>
<td>5.5 Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.</td>
<td>2.98</td>
</tr>
<tr>
<td>68.</td>
<td>4.6 A wide variety of activities is offered to appeal to a diverse population of older people.</td>
<td>2.95</td>
</tr>
<tr>
<td>69.</td>
<td>7.4 Oral communication accessible to older people is promoted.</td>
<td>2.94</td>
</tr>
<tr>
<td>70.</td>
<td>1.7 Cycle paths are separate from pavements and other pedestrian walkways.</td>
<td>2.93</td>
</tr>
<tr>
<td>71.</td>
<td>5.2 Services and products to suit varying needs and preferences are provided by public and commercial services.</td>
<td>2.93</td>
</tr>
<tr>
<td>72.</td>
<td>6.1 A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.</td>
<td>2.92</td>
</tr>
<tr>
<td>73.</td>
<td>7.11 There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.</td>
<td>2.90</td>
</tr>
<tr>
<td>74.</td>
<td>5.6 Older people are specifically included in community activities for “families”.</td>
<td>2.89</td>
</tr>
<tr>
<td>75.</td>
<td>2.12 Traffic flow is well-regulated.</td>
<td>2.88</td>
</tr>
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<tr>
<td>76.</td>
<td>4.2 Events are held at times convenient for older people.</td>
<td>2.86</td>
</tr>
<tr>
<td>77.</td>
<td>6.2 The qualities of older employees are well promoted.</td>
<td>2.81</td>
</tr>
<tr>
<td>78.</td>
<td>6.3 A range of flexible and appropriately paid opportunities for older people to work is promoted.</td>
<td>2.80</td>
</tr>
<tr>
<td>79.</td>
<td>7.3 Regular information and broadcasts of interest to older people are offered.</td>
<td>2.76</td>
</tr>
<tr>
<td>80.</td>
<td>4.3 Activities and events can be attended alone or with a companion.</td>
<td>2.75</td>
</tr>
<tr>
<td>81.</td>
<td>6.7 Training in post-retirement options is provided for older workers.</td>
<td>2.72</td>
</tr>
<tr>
<td>82.</td>
<td>6.6 Self-employment options for older people are promoted and supported.</td>
<td>2.65</td>
</tr>
<tr>
<td>83.</td>
<td>8.11 There are sufficient and accessible burial sites.</td>
<td>2.50</td>
</tr>
<tr>
<td>84.</td>
<td>1.10 Special customer service arrangements are provided, such as separate queues or service counters for older people.</td>
<td>2.47</td>
</tr>
</tbody>
</table>
For more information on the Region of Waterloo Seniors’ Strategy, or to request this document in an alternative format, please contact:

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Social Planning, Policy and Program Administration
99 Regina Street South, 5th Floor
Waterloo, ON N2J 4G6

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Email: kbuxton@regionofwaterloo.ca