



# REGIONAL MUNICIPALITY OF WATERLOO COMMUNITY SERVICES COMMITTEE AGENDA

Tuesday, January 25, 2011  
1:00 p.m.  
Regional Council Chamber  
150 Frederick Street, Kitchener

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1. **DECLARATIONS OF PECUNIARY INTEREST UNDER THE *MUNICIPAL CONFLICT OF INTEREST ACT***
2. **DELEGATIONS**
  - a) Poverty Reduction Strategy
    - i) Mary MacKeigan, Opportunities Waterloo Region
    - ii) Eleanor Grant, Alliance Against Poverty
    - iii) Catherine Stewart Savage, Kitchener
    - iv) Greg de Groot-Maggetti, Poverty Free Waterloo Region
    - v) June Anderson, Cambridge Self-Help Food Bank
    - vi) Wendi Campbell, Food Bank of Waterloo Region
3. **PRESENTATIONS**
  - a) John Shewchuk, Chair and Christiane Sadeler, Executive Director, Waterloo Region Crime Prevention Council, Re: Smart on Crime
  - b) Social Services – Overview of Major Issues and Priorities (*Staff Presentation*)
4. **REPORTS – Social Services**
  - a) [SS-11-006](#), Consultation Process for Next Homelessness to Housing Stability Strategy 1
  - b) [SS-11-007](#), Community Outreach Program Update (*Staff Presentation*) 4
5. **REPORTS – Public Health**
  - a) [PH-11-005](#), Immigrant Fact Sheets 10
6. **INFORMATION/CORRESPONDENCE**
  - a) Ontario Association of Non-Profit Homes and Services for Seniors, Re: Making [Seniors a Priority](#) (*Distributed separately to Councillors and Senior Staff only*)
  - b) [City of Cambridge](#) Re: Poverty Free Waterloo Region Resolution 19
  - c) [Memo](#): Service Training Initiative 21
  - d) [Memo](#): One-Time 100% Provincial Funding Allocations to Region of Waterloo Public Health Department 23

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- e) [Memo](#): Update on Influenza Activity in Waterloo Region (as of January 18<sup>th</sup>, 2011) 24
- f) [Waterloo Wellington Adult Day Program Network](#) Re: Community Alzheimer Program 27
- 7. OTHER BUSINESS**
- a) Council Enquiries and Requests for Information [Tracking List](#) 26
- 8. NEXT MEETING – February 15, 2011**
- 9. ADJOURN**

**REGION OF WATERLOO****SOCIAL SERVICES****Social Planning, Policy and Program Administration**

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

**DATE:** January 25, 2011 **FILE CODE:** S13-40

**SUBJECT: CONSULTATION PROCESS FOR NEXT HOMELESSNESS TO HOUSING STABILITY STRATEGY**

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**RECOMMENDATION:**

For information.

**SUMMARY:**

The first Homelessness to Housing Stability Strategy (2007-2010) was implemented successfully, with 90% of the actions either complete or in-progress and findings from an impact survey showing significant positive change in the community. Plans are underway to update the conceptual framework of the document to assist in setting the direction for future social policy. It is expected that the updated Homelessness to Housing Stability Strategy will be submitted to Community Services Committee in June 2011. Following the launch, efforts will shift to developing a detailed action plan and process for monitoring progress in meeting implementation targets.

**REPORT:****1.0 Background on the first Homelessness to Housing Stability Strategy (2007-2010)**

In October 2007, Regional Council approved the first Homelessness to Housing Stability Strategy (Strategy) *All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region* (SS-07-027.1/P-07-105.1). This document outlined five guiding principles, eight action areas and 92 actions designed to strengthen the housing stability system<sup>1</sup> in Waterloo Region.

The first Strategy served as the Region's system plan for housing stability and its implementation was identified as an action in the Region's Corporate Strategic Plan for 2007-2010. In early 2008, Regional Council provided implementation support<sup>2</sup> through approval of the terms of reference and membership for the Homelessness to Housing Stability Strategy Monitoring Committee (SMC) and an initial \$350,000 through the budget process (SS-08-004). In 2010, Regional Council approved an additional \$35,000 through the 2010 budget process. The SMC completed annual reports on implementation progress in 2008 (SS-08-054), 2009 (SS-10-004) and 2010 (SS-10-053).

The third and final report highlighted that 90% of the actions had been completed (86%) or were in-progress (4%). Findings from a survey of community stakeholders further identified how the

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<sup>1</sup> The housing stability system plays a critical role in protecting and enhancing the community's health and well-being. The system serves people who are experiencing or at imminent risk of homelessness and/or who require access to longer term housing stability services. More than 80 programs are currently part of the local housing stability system.

<sup>2</sup> The Strategy recognized that everyone has a role to play in ending homelessness and promoting housing stability in Waterloo Region – all orders of government, non-profit groups, the private sector and community members. Federal and provincial funding was also received 2008-2010 which assisted in implementing aspects of the Strategy.

Strategy instigated positive change in the community. For example, through the development and implementation of the Strategy, the housing stability sector's capacity to respond to the needs of people experience homelessness was strengthened: new programs were developed, policies shifted to accommodate new learning, new funding was leveraged, and people developed better ways to work together in the system. In addition, the Strategy increased the level of support that people experiencing homelessness receive from agencies outside of the housing stability system (in the areas of health care, social assistance, justice, education and child welfare, for example). Finally, the Strategy was referenced extensively in community awareness campaigns designed to educate people about homelessness and housing stability. Overall, the Strategy was found to have had a significant positive impact in the community.

Despite the many successes of the first Strategy, actions that were undertaken need to be maintained and much more needs to be done to improve housing stability and end persistent homelessness within Waterloo Region. In preparation for the development of the next Homelessness to Housing Stability Strategy, a community survey was circulated via e-mail in the fall of 2010 to gather feedback on the first Homelessness to Housing Stability Strategy consultation.

In addition, at its last meeting in October 2010, the SMC provided input on what should be included in the updated Strategy and how the community should be consulted. In the final report to Council for the 2007-2010 Strategy (SS-10-053), it was identified that consultation plans for the next Strategy would be brought to Council in early 2011.

## **2.0 Plans for Updating the Homelessness to Housing Stability Strategy**

It is planned that the updated Strategy will be a shorter document focussing on a revised conceptual framework that will assist in setting direction for social policy. Detailed action plans and process for monitoring progress in meeting annual implementation targets will be created following the launch of the broader Strategy.

From February to May 2011, Regional staff will seek to connect with community stakeholders in a variety of ways to solicit their input. Open meetings are planned for February 17<sup>3</sup> in Waterloo and April 29 in Cambridge. A workbook will be distributed so people can submit written input at any point between February 17 and May 6. Feedback will be sought from key Region and community stakeholder individuals and groups within the housing stability sector through existing meetings (e.g., Region Housing staff, the Homelessness and Housing Umbrella Group, the STEP Home Reference Group). The updated Strategy will also consider opportunities for connection with systems that intersect with the housing stability sector via a review of their strategic plans. All local housing stability research undertaken over the past three years will also be incorporated as appropriate.

As identified in the Memo to Community Services Committee on January 11, 2011, the Province launched their Long-Term Affordable Housing Strategy (LTAHS) in November 2010. The LTAHS has proposed consolidation between existing housing and housing stability/homelessness programs, both at a funding level and at a strategic planning level. As further information becomes available, the Strategy will be amended accordingly.

It is anticipated that the final draft of the updated Strategy will be submitted for approval to Community Services Committee in June 2011. Pending requirements under the LTAHS, it is intended that the timeline for implementing the next Strategy will again span the term of Regional Council (2011-2014). As appropriate, the Strategy may be considered within the Region's new

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<sup>3</sup> An all day meeting is planned to seek input into the next Strategy as well as STEP Home and the Federal Homelessness Partnering Strategy Community Plan. Reports on these additional two items are planned to be brought forward to Council in spring 2011.

Corporate Strategic Plan (2011-2014).

**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 (2007-2010), Focus Area 4: Human Services: to "promote quality of life and create opportunities for residents to develop to their full potential"; and specifically, Strategic Objective 4.2 to "enhance services to people experiencing or at-risk of homelessness" through "implementation of the Homelessness to Housing Stability Strategy".

**FINANCIAL IMPLICATIONS:**

Expenditures related to staff time and incidental costs associated with the consultation meetings can be covered within the existing Social Services base budget. Future financial investment from the Region will be considered as part of the budget process. Staff will continue to request that senior levels of government commit to long term funding for implementation of the updated Strategy.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

Planning, Housing and Community Services, Public Health, Waterloo Region Crime Prevention Council, and Waterloo Region Police Services participated on the Homelessness to Housing Stability Strategy Monitoring Committee (SMC). All related Regional departments/divisions will be invited to participate in the consultation process, however, will be working closely with Housing throughout the process.

**ATTACHMENTS**

NIL

**PREPARED BY:** *Angela Pye, Social Planning Associate*  
*Marie Morrison, Manager, Social Planning*  
*Lynn Randall, Director, Social Planning, Policy & Program Administration*

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



**REGION OF WATERLOO**

**SOCIAL SERVICES**

**Social Planning, Policy and Program Administration**

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

**DATE:** January 25, 2011

**FILE CODE:** S16-03

**SUBJECT: COMMUNITY OUTREACH PROGRAM UPDATE**

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**RECOMMENDATION:**

For information.

**SUMMARY:**

This report provides an update on changes to the Community Outreach Program (formerly NCB Community Outreach Program) after the Region of Waterloo assumed the annual funding in 2008. The report communicates program accomplishments since this time and describes community need and program focus areas for 2011.

**REPORT:**

**1.0 Background**

In early 2007, the province announced that the Ontario Child Benefit would be consolidated with the National Child Benefit Supplement beginning July 2008. As a result the National Child Benefit Supplement deduction or claw-back ended. As part of the policy change, it was the province's expectation that municipalities would maintain and build on local programs for families and children in need that were supported by the NCBS reinvestment dollars. On November 6, 2007 Regional Council approved a Transitional Plan for the Region of Waterloo National Child Benefit Reinvestment (SS-07-044) and on May 13, 2008 the Region made the decision to continue annual funding in the amount of \$1,484,352 for programs previously funded under the NCB Reinvestment Program to ensure program continuity (SS-08-025). The NCB Community Outreach Program and Basic Needs Funds are two such programs funded 100% through this budget.

The purpose of this report is to highlight changes to the program name and staff titles, review program accomplishments for 2009 and 2010 and describe focus areas for 2011.

**2.0 Transitioning a Name Change**

With the transition to annual Regional funding, the term NCB was removed from the program titles previously funded by through the NCBS Reinvestment dollars. The 14 community organizations who act as the sponsoring agencies and deliver outreach services in 25 sites across the Region expressed an interest in maintaining the title Community Outreach Program in recognition of the Social Development Practice Framework employed by this program. To mark the transition, Regional staff worked with partner agencies to develop a new program identifier that articulates the vision of capacity building in an integrated way with individuals, neighbourhoods, community agencies and systems to be responsive to the needs of low-income families (see Appendix A).

The program identifier symbolizes family outreach workers, community agencies and Regional staff working in partnership to outreach to and engage local families. A second more significant change involved a revision to the title used by those employed in the program. In the last number of years, the title outreach worker has been applied to a number of mental health and housing programs. The title Family Outreach Worker was adopted to clarify and distinguish staffs role in working with families with children 0 – 17 years of age. A communication plan has been developed for internal and external stakeholders and an official announcement was made at the Annual Partners' Meeting on November 12, 2010.

## **2.0 Program Accomplishments 2009 - 2010**

Program accomplishments since the 2008 are summarized as follows:

(1) Motivational Learning Groups - In 2008, Motivational Learning Groups were introduced at outreach sites. The groups were designed to leverage conversations between outreach workers and the low-income families they work with to address readiness to enhance personal circumstances and make positive change. Program evaluations for these groups have demonstrated significant and meaningful outcomes. To date a total of nine groups have been delivered.

(2) Basic Needs Fund Guidelines and Spending Caps – Guidelines previously developed to determine spending criteria for the Basic Needs Funds were revised and updated. Spending caps were implemented to establish an equitable system for distributing Basic Needs Funds utilized by the 25 outreach sites. Spending caps take into consideration the number of low-income families residing within the neighbourhood and the number of contacts made with low-income families in previous years.

(3) Boundary clarification – Community outreach site boundaries were re-visited and in some cases revised to better reflect areas served. This activity resulted in boundary expansions for a number of sites. The changes were incorporated in an updated program map (see Appendix B).

(4) Service Plan for Unnumbered Areas – requests for support by families living outside areas served by Family Outreach Workers continues to present a difficulty for the program. Efforts to address growing requests for service were tackled in 2010 through the development of a service plan that clarified the role of the sites serving communities of interest, staff serving the program information line, and introduced an expanded role for Family Outreach Workers allowing more families to gain access to supports.

(5) 10<sup>th</sup> Anniversary Celebration - On October 30<sup>th</sup> 2009 the Community Outreach Program celebrated its 10 year anniversary during the Annual Community Partners' Meeting at the Victoria Hills Community Centre. Eighty-nine people attended the celebratory event including program participants, outreach workers, sponsoring agencies, community partners, Regional staff, the Commissioner Mike Schuster and Regional Chair Ken Seiling. Keynote speaker John Lord spoke to the topic of "Creating Change Together: How People and Communities are Building a New Story."

(6) Food Security Initiative – Basic Needs Funds were mobilized to increase access to local produce and culturally appropriate foods addressing a number of strategic directions of the Waterloo Region Food Summit (November 2009). Gift certificates were enhanced to encourage participation by local vendors in the food security initiative.

(7) Web 2.0 data collection system – a web-based data collection system was developed for the Community Outreach Program to collect 100 per cent of the data across the 25 outreach sites. Data collection was previously restricted to a 10 per cent random sample and required significant administrative support.

(8) Outreach to families who are linguistic diverse – a social action research project was developed to understand how well the Community Outreach Program outreaches to families who are linguistically diverse. A notable early outcome was that the project forged

new and renewed connections to settlement programs in the region encouraging an integrated approach to supports for linguistically diverse families.

(9)Rural Realities Network – a network was developed for rural outreach workers and community stakeholders with a focus on supporting families living with low-incomes in rural areas. The Network focuses on common challenges, promising practices and areas of learning about rural responses that have had encouraging outcomes.

### **3.0 Community Need**

The 2006 census results indicate that approximately 10.2 per cent of individuals and 11 per cent of families live in low income in Waterloo Region. The census also demonstrates that the income gap between people in low income and people with higher incomes in this community continues to widen. Subsequent to the census, the economic recession (beginning in the fall of 2008) created poverty and economic insecurity for many more local families; the numbers are anticipated to have risen considerably since the last census. During this time, the unemployment rate transitioned from one of the lowest in the country to one of the highest in one year (2008-2009) and the Ontario Works caseload saw an increase of 36% from September 2008 to December 2010 (Information Memo, January 2011). This caseload included a substantial increase in the number of children less than six years of age living on social assistance (SS-10-43). The Community Outreach program serves children living below the low income cut-off (LICO) including the provision of additional supports (e.g., recreation) to families who receive income support through Ontario Works.

In 2009 the Community Outreach Program observed some disturbing trends. Without additional outreach hours available, the program served a total of 8,590 families and 19,980 children<sup>1</sup>. The program addressed an increase in requests for support from 150 new families and saw a significant increase in the number of contacts with ongoing families over the course of the year. The significant increase in frequency and duration of contacts is an indication of the complexity of issues and the depth of poverty experienced by families served through the program in 2009<sup>2</sup>. This poverty was further evidenced by increased requests for basic supports through the Basic Needs Fund as opposed to supports that could have longer term positive impacts for families such as employment and educational supports. For example, in meetings with Family Outreach Workers, families expressed more urgent need for assistance with basic needs such as food and clothing for their children over any suggestions to consider expanding their educational experience in order to move away from precarious employment or unemployment. It is well understood that when a family cannot put food on the table, it becomes impossible to consider anything else. The spending trends for the program's Basic Needs Fund shows an alarming move in this direction over the last two years.

Because poverty is multi-faceted, families require alternative pathways and combinations of services to move out of poverty. The Community Outreach Program works to connect families to a wide range of programs and services relevant to the circumstances of low income families and their children to assist them to cope with and transition out of poverty. This requires strong working relationships with the local non-profit community who has the capacity to deliver. It is disturbing then that partner agencies report financially precarious circumstances. Agencies report they are experiencing significant increases in demand for service at a time when fundraising capacities have been compromised through falling revenues and diminished values on endowment funds. Agencies are finding it increasingly more difficult to meet service demands and maintain resilient organizations in these times. The literature suggests signs of recovery are not imminent.

### **4.0 Moving Forward**

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<sup>1</sup> Annual statistics are estimated from a 10% random sample.

<sup>2</sup> 2010 annual statistics are not yet available.

Given the growing community need and the limits in capacity to respond, focus areas for the Community Outreach Program include plans to address the following:

- Work with partner agencies to address increased need and explore opportunities in neighbourhoods where families currently do not have equitable access to outreach services.
- Investigate where and how current requests for support are not being met due to volume of demand at existing sites and the possibility for reallocation of funds.
- Complete the current social action research project and implement recommendations to enhance the program's capacity to outreach to families who are linguistically diverse.
- Continue to deliver Motivational Learning Groups and leverage the Family Outreach Worker's impact for families who are ready to make change.
- Continue work with the Rural Realities Network to address the ongoing challenges and barriers experienced by families living in low income in the rural areas.
- Focus on an integrated capacity building approach through the investigation of a pilot initiative (the FRONT project) with partner agencies in Cambridge.
- Develop quality assurance initiatives (i.e., training plans, policy and procedure development, and partnerships) to enhance program effectiveness and impact.

#### **CORPORATE STRATEGIC PLAN:**

The Community Outreach Program addresses the Corporate Strategic Plan in two Focus Areas. Focus Area Three – Healthy and Safe Communities; Strategic Objective One: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and/or disparity. Focus Area Four – Human Services: (to) promote quality of life and create opportunities for residents to develop to their full potential.

#### **FINANCIAL IMPLICATIONS:**

NIL

#### **OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

NIL

#### **ATTACHMENTS**

Appendix A: Community Outreach Program Identifier

Appendix B: 2010 Community Outreach Program Boundaries Map

**PREPARED BY:** *Heather Froome*, Administrator, Social Development Programs  
*Lynn Randall*, Director, Social Planning, Policy and Program Administration

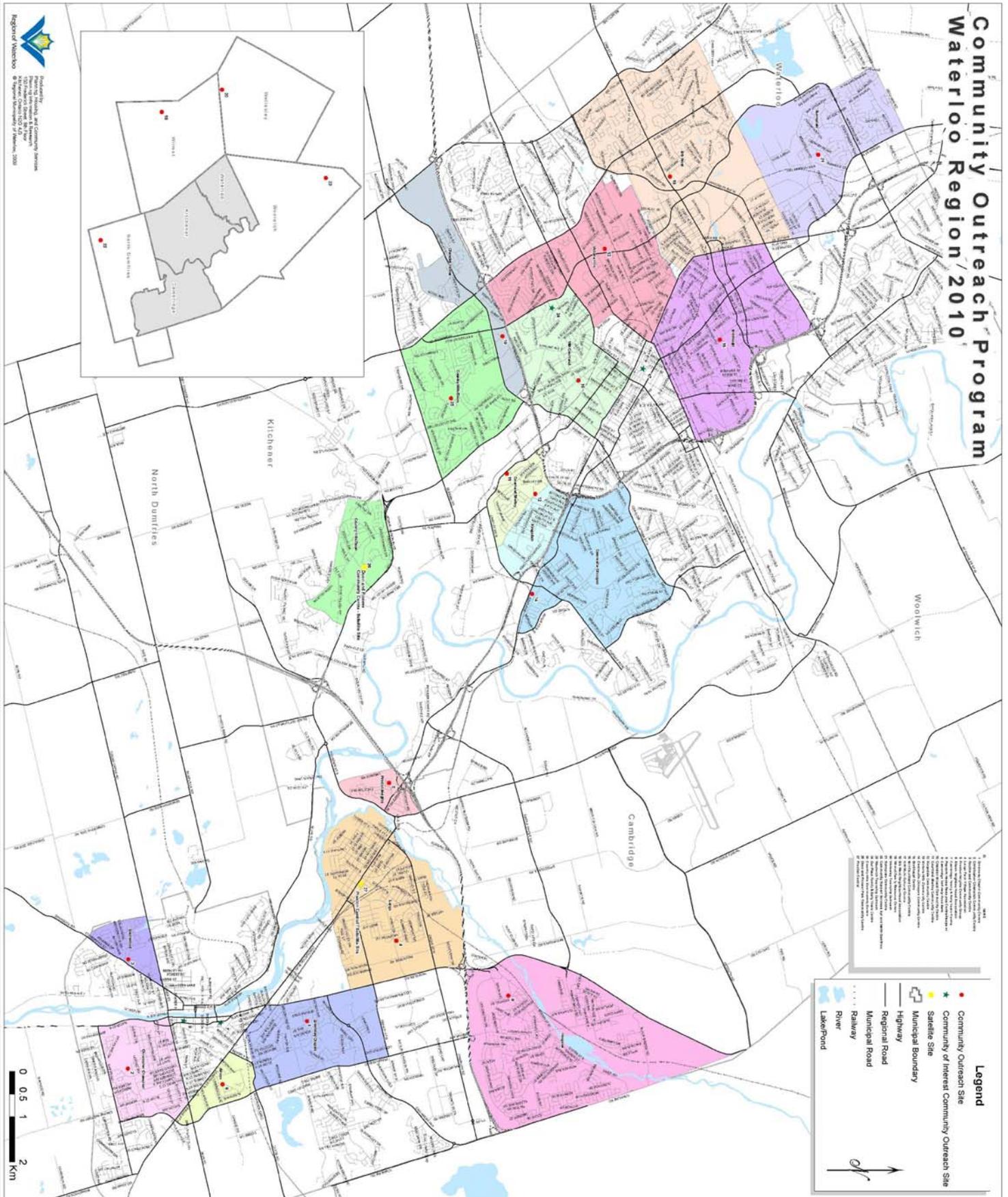
**APPROVED BY:** *Michael Schuster*, Commissioner, Social Services

APPENDIX A



COMMUNITY  
OUTreach  
*program*

APPENDIX B





**REGION OF WATERLOO**

**Public Health  
Healthy Living, Planning and Promotion**

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

**DATE:** January 25, 2011

**FILE CODE:** P19-80

**SUBJECT: IMMIGRANT FACT SHEETS**

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**RECOMMENDATION:**

For information only

**SUMMARY:**

In 2009 and 2010 Public Health used 2006 census data to produce a series of fact sheets that describe a profile of immigrants in Waterloo Region. These fact sheets will be the last ones produced while the long form census is still mandatory. Making the long form voluntary will mean that the data gathered cannot be assumed to accurately represent the population. For example, it will likely mean that those who experience more barriers to filling out the form (language issues, time constraints, etc) will be less likely to fill it out and as a result, will not be proportionately represented. These changes will significantly impact the data reported in future versions of the Immigrant Fact Sheet series.

The purpose of the Immigrant Fact Sheets is to help us understand the make up of our community so that we can appropriately plan our programs and services, offer reliable data and information to the Waterloo Region community, and assist with community planning needs.

The following factsheets were created:

- Immigration
- Place of Birth and Ethnic Origin
- Visible Minorities
- Language
- Distribution
- Citizenship
- Immigration Arrivals
- Family Composition and Age
- Employment and Income of Immigrants (created and published by the Workforce Planning Board of Waterloo Wellington Dufferin in collaboration with Public Health)
- Health of immigrants

Several Regional departments, as well as at least two comprehensive community initiatives (Waterloo Region Immigrant Employment Network and the Local immigration Partnership Council), have benefited from this data and will continue to use it for community-based and organization-specific programming purposes.

**REPORT:**

The following report summarizes the highlights of each fact sheet and ends with a discussion of the

implications for Regional programming.

### **Immigration**

- The proportion of Waterloo Region residents who are immigrants has been increasing from 20.8% in 1991 to 22.3 % in 2006
- This region has the seventh highest proportion of immigrants in Canada
- 16% of immigrants to Waterloo Region arrived between 2001 and 2006 (17,020 people)

### **Place of Birth and Ethnic Origin**

- There is a shift in place of birth of those who immigrated before 2001 and those who came after 2001
  - Top five places of birth of those who came between 2001 and 2006 were India, People's Republic of China, Pakistan, Romania, United States of America
  - Top 5 places of birth of those who came before 2001 were United Kingdom, Portugal, Germany, India, and Poland

### **Visible Minorities**

- Not all immigrants are visible minorities and not all visible minorities are recent immigrants – 84% of people in Waterloo Region who belong to a visible minority are immigrants
- The five most common visible minority groups in Waterloo Region are: South Asian, Black, Chinese, Latin American, Southeast Asian

### **Languages**

- The number of people whose mother tongue was a non-official language increased by 21% from 2001, while the number of people with English or French as a mother tongue increased 5% and 6%, respectively
- Farsi, Arabic, and Urdu were the fastest growing mother tongues in Waterloo Region between 2001 and 2006
- One in eight residents in Waterloo Region speaks a non-official language at home
- Despite an increase in the use of non-official languages at home, 98% of the total population has knowledge of English – which has remained consistent since 2001

### **Citizenship**

- Immigrants must live in Canada for 3 years before they can apply for Canadian citizenship
- Almost 90% of immigrants who have lived in Canada for more than 5 years are Canadian citizens

### **Immigration Arrivals**

- There are year to year fluctuations in immigration category and destination city but some trends are:
  - Comparing 2008 to 1996, more economic and family class immigrants and fewer refugees settled in Waterloo Region
  - As the following table shows, from 1996 to 2008, Kitchener has been the city in Waterloo Region to receive most immigrants in all categories

#### **Permanent Residents by Category Destined to Waterloo Region, 1996-2008**

	Waterloo Region	Kitchener	Waterloo	Cambridge
Economic Category	13,927	6,240	5,522	2,165
Family Category	9,715	5,277	2,142	2,296
Refugee Category	7,105	5,977	449	679

Source: Citizenship and Immigration Canada custom data request, 2009

**Family Composition and Age**

- Most immigrants to Waterloo Region between 2001 and 2006 were younger than 45 years of age when they immigrated
- About 86% of immigrants to Waterloo Region (excepting Wilmot and Wellesley townships) are living in family units (husbands or wives, common law partners, lone parents, or children in families) and the remaining 14% live with relatives other than their immediate family, non-relatives, or live alone

**Distribution by City/Township**

- In general, rural townships had the highest proportion of individuals that immigrated prior to 1961; Cambridge had higher proportions of those that immigrated in the 1970's and 1980's; Kitchener and Waterloo have both had higher proportions of those who immigrated after 1990

**Employment and Income**

- Immigrants that arrived in Canada after 2001 have higher educational levels than established immigrants and Canadian-born
- The unemployment rate (2006) for those who immigrated between 2001 and 2006 was more than double that of either established immigrants or Canadian-born
- Even immigrants that arrived before 2001 receive 6% less income than Canadian-born with the same education levels. This income gap is greater the more recently an immigrant has arrived and the higher their level of educational attainment

**Health and Social Conditions that Affect Health of Immigrants**

- The "Healthy Immigrant Effect" refers to the health advantage that many immigrants have when they arrive but which they lose over time as their health status becomes more similar to Canadian-born individuals. This effect was first documented in Canada in 1994.
- More recent data shows that this effect is not universal but varies across different sub-groups of immigrants – we need more research into which sub-groups are experiencing higher risks of becoming less healthy the longer they live in Canada
- Immigrants are less likely to drink, as likely to smoke, and more likely to be physically inactive than the non-immigrant population
- Immigrants are more likely to have low incomes than Canadian-born
- Immigrants who have lived in Waterloo Region for less than 10 years say that their sense of connection with their community is very weak – clearly helping new immigrants connect to their community and develop a sense of belonging is critical to their good health.

**Implications for our Programming**

This series of fact sheets offer basic statistical indicators and associated planning and service delivery implications. They provide a strong rationale for the Region of Waterloo's continuous support of community-based initiatives that aim at strengthening and consolidating support for immigrant populations, addressing barriers to health and well being, and supporting collective community efforts to improve the living conditions for recent immigrants. The Region has been an active supporter and leader in several comprehensive community initiatives that address these issues. Those include contributions to the Waterloo Region Immigrant Employment Network, and the hosting and support to the Local Immigration Partnership Council. In addition to this, Region of Waterloo took the lead in developing an online orientation tool, the Newcomers Waterloo Region Portal, and is currently addressing some of the expressed needs through the Diversity and Inclusion strategy. Several Regional departments are addressing the access and unique service needs of this population. Public Health has been an active contributor in the following domains:

1. Providing evidence and information on the current trends in immigration, social status, and

- health of immigrants;
2. Connecting with and engaging immigrant service providers in the exchange of information and joint planning and improvement of services;
  3. Contributing to the comprehensive community initiatives that address immigrant needs;
  4. Providing support to the research and evaluation of internal and external initiatives in order to improve the knowledge base for the planning of future interventions.

**CORPORATE STRATEGIC PLAN:**

Focus Area 3: Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health

Focus Area 4: Human Services: Promote quality of life and create opportunities for residents to develop their full potential

**FINANCIAL IMPLICATIONS:**

NIL

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

CAO's Office, Social Services, Local Immigration Partnership

**ATTACHMENTS**

Health of Immigrants Fact Sheet

Link to Immigrant Fact Sheets

<http://chd.region.waterloo.on.ca/web/health.nsf/4f4813c75e78d71385256e5a0057f5e1/4ad3e53c78b52e5085256e780060eddd!OpenDocument>

**PREPARED BY:** *Judy Maan Miedema*, Public Health Planner  
*Daniela Seskar-Hencic*, Manager, Population Health, Planning and Evaluation

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



## Immigrants in Waterloo Region – Fact sheets

# Health of Immigrants



This is part of a series of fact sheets that provide a profile of immigrants in Waterloo Region. This report is an update to the *Health of Immigrants in Waterloo Region* report released in 2004 which was largely based on 2001 data from the Canadian Community Health Survey (CCHS) by Statistics Canada. This report uses data from CCHS for 2007-2008, unless otherwise noted.

Understanding the makeup of our community and the health of individuals in it is important for planning programs and services. Exploring the health of immigrants in particular is important since immigrants make up 22.0% of the population of Waterloo Region. Between the 2001 and 2006 Census, 17,020 individuals immigrated to this region. Immigrants are people who were born outside of Canada and have been accepted as permanent residents in Canada.

### Health Status

National research on the physical health of immigrants in Canada in 1994-95<sup>i</sup> demonstrated that immigrants tend to be healthier than non-immigrants upon arrival in Canada. They tend to have lower rates of chronic conditions, levels of disability, and certain harmful health-related behaviours than non-immigrants. Once immigrants have lived here for more than ten years, the rates at which they experience some chronic conditions and disabilities become the same as the Canadian-born population. The phenomenon of coming with this health advantage and losing it over time has been called the “healthy immigrant effect”.

A review of national research done in 2006<sup>ii</sup> found that there continues to be some evidence for the healthy immigrant effect - but only when looking at certain chronic conditions and certain immigrant subgroups. Newbold<sup>iii</sup> suggested, based on longitudinal data from 1994-2001 which looked at self reported health, that the healthy immigrant effect might be more perceived than real – and may be more associated with how immigrants transition to life in Canada. The following data illustrate the finding that the healthy immigrant effect is not consistently seen in all health status indicators for all immigrants either locally or across Ontario.

Local data suggest that immigrants to Waterloo Region are more likely to have high blood pressure than non-immigrants but experience similar rates of heart disease. This differs from the Ontario data which finds that immigrants are more likely to experience heart disease and high blood pressure. This illustrates the need to look more closely at immigrant subgroups to understand the influences on heart disease in different

immigrant subgroups.

In Waterloo Region, immigrants are just as likely to be either overweight or obese as non-immigrants (using the Canadian Body Mass Index). The small sample size of recent immigrants in Waterloo Region did not allow us to see if this continues to be true when looking only at recent immigrants. Both the 2001 data<sup>iv</sup> for Waterloo Region and data<sup>v</sup> for all of Ontario show a higher prevalence of obesity in the Canadian-born population. National data from 1994 show that the longer immigrants have been in Canada, the more likely they are to be overweight<sup>vi</sup>.

While Ontario data suggests that immigrants are more likely than non-immigrants to report their general and mental health as poor, in Waterloo Region, there is no significant difference in how immigrants and non-immigrants rate their general or mental health. It is not possible to tell from the data whether those who have been in Canada longer rate their health differently than those who have just arrived. Further exploration of data around the context from which immigrants come may shed light onto this issue as well.

### **Access to Health Services**

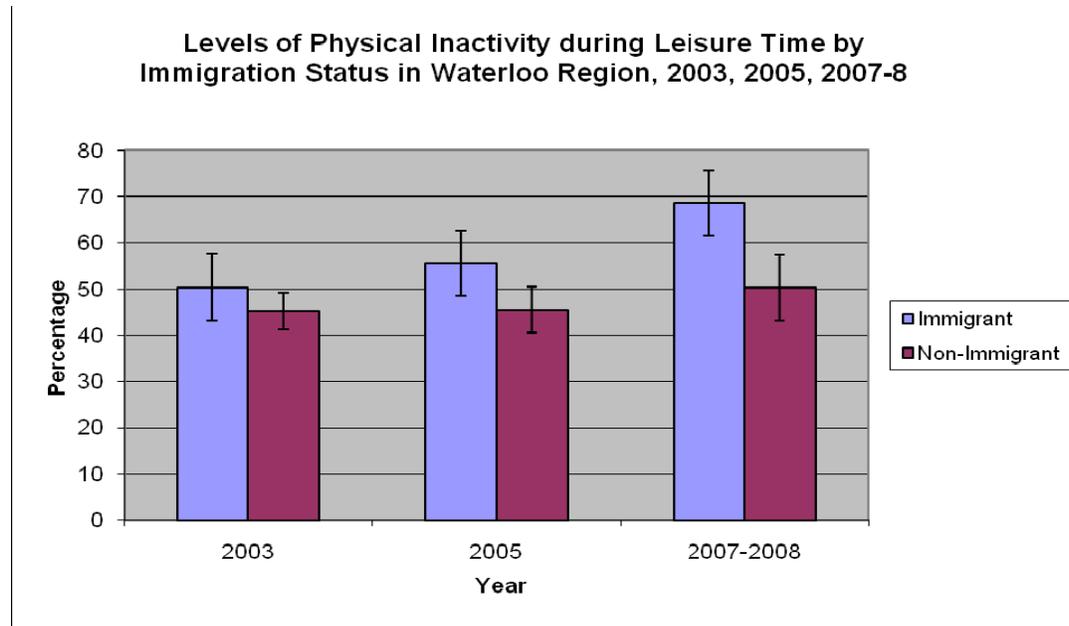
In Waterloo Region, immigrants who have been in Canada for less than 10 years are less likely to have a regular doctor than those who were born in Canada. The percent of the immigrant population that has a regular doctor becomes similar to that of the Canadian-born population once immigrants become more established (> 10 years in this study). Recent immigrants and Canadian-born are both equally likely to see a health care professional. So while recent immigrants may not have a regular doctor, they are accessing health professionals. These data do not give any indication of the quality, sufficiency, or continuity of care recent immigrants feel they receive or barriers they may experience.

### **Health Behaviours**

The latest data for Waterloo Region shows that there is no difference between immigrants and non-immigrants in terms of the percentage that currently smoke. This differs from the data for Ontario which shows that immigrants are less likely to smoke than non-immigrants. Looking at the smoking behaviour of different immigrant subgroups might be more informative for program planning than looking at immigrants as a whole.

In Waterloo Region, as well as in Ontario as a whole, the percentage of immigrants (13.4%) who exceed the low-risk drinking guidelines is significantly lower than for those born in Canada (28.5%). This is similar to what was found in 2001.

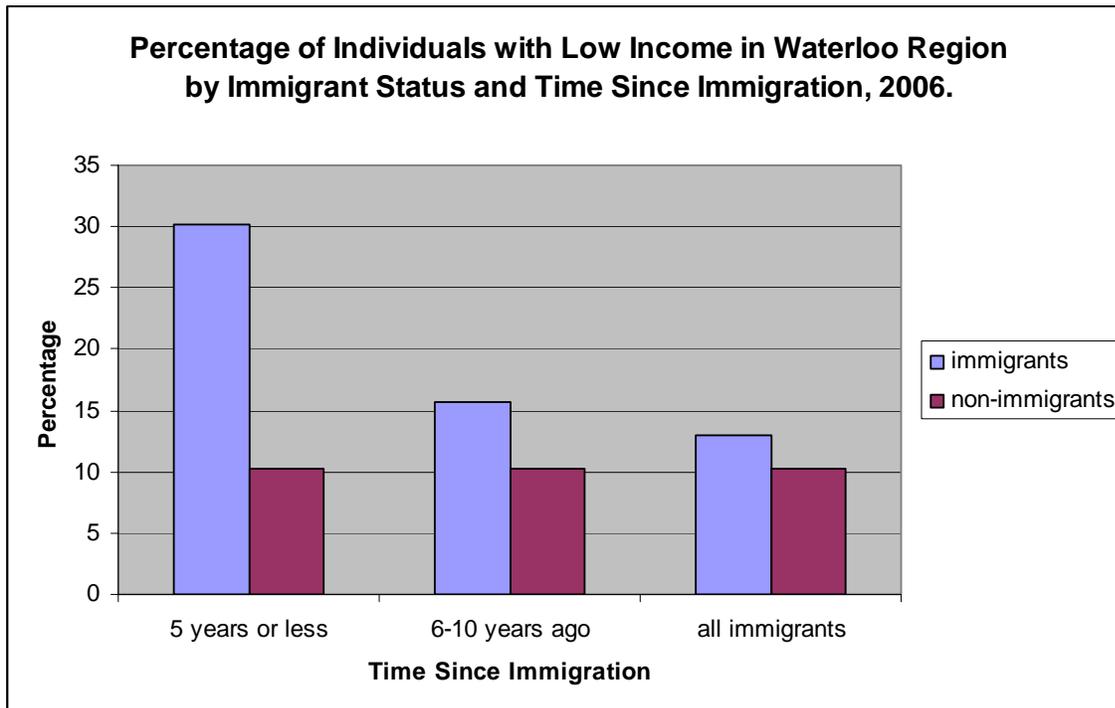
The following graph shows that immigrants in Waterloo Region are less physically active than non-immigrants – and that the gap is increasing over time.



Note: Errors bars represent 95% confidence intervals.

### Conditions that Affect Health

Poverty is the single most important determinant of health<sup>vii</sup> and having a low income is one contributing factor to poverty. In 2006<sup>viii</sup>, 30.2% of recent immigrants (<5 years) had low incomes compared to 10.2% for the Canadian-born population based on the Low Income Cut Off determined by Statistics Canada. This gap decreases the longer the immigrants have been in Canada but remains relatively higher than for those who were born in Canada.



Access to affordable and quality housing is another key determinant of health. To have an affordable housing situation, a household should spend no more than 30% of its income on housing costs<sup>ix</sup>. In Waterloo Region<sup>x</sup> 29% of Canadian-born households who rent a place to live spend more than 30% of their income on housing costs. For households where at least one member has immigrated within the last five years, 37% spend more than 30% of their income on housing costs. This number decreases to 32% for immigrants households who have immigrated within the last 10 years<sup>xi</sup>.

Food security refers to whether or not households are able to afford the food they need. The combined data for 2005 and 2007-2008 show no difference in food security between immigrants and non-immigrants, regardless of how long the immigrants have lived in Canada. This contrasts with the 2001 data which showed that immigrants were more likely than Canadian-born to experience food insecurity. However, the questions that are used to determine food insecurity changed between 2003 and 2005 and this makes comparisons with 2001 data less reliable.

About a quarter of immigrants who have lived in Waterloo Region for 10 years or less say that their sense of community belonging is very weak (24.1%). This contrasts with 7% of Canadian born residents who say their connection to their community is very weak. Data from the Longitudinal Survey of Immigrants to Canada (from immigrants who landed between 2000 and 2001) found that when immigrants have positive ties with their neighbours, contact with friends, and participation in religious services, they are more likely to assess their situation in Canada positively<sup>xii</sup>. Clearly helping new immigrants connect to the community and develop a sense of belonging is critical to their overall health.

### **What we don't know**

The data seem to suggest that the healthy immigrant effect varies across different sub-groups of immigrants. More research is needed to determine which sub-groups are experiencing higher risks of becoming unhealthier as they continue to live in Canada. Not only is it important to consider sub-groups, but also how different sub-groups intersect with each other (e.g. immigrant seniors with low-income). This allows us to understand the ways in which multiple factors (e.g. senior and low income and immigrant) work together to influence good health or poor health.

More research is needed to determine why new immigrants now are significantly less active than the Canadian born population. Why is this happening? Which sub-groups are most affected? What might be the best approach to reverse this trend? These are three important questions to consider to effectively target programs and supports.

It is puzzling that recent immigrants are more food secure than recent immigrants were in 2001 given the high percentage that experience low income – a major determinant of food insecurity. Food habits and cultures of various sub-groups of immigrants and how these intersect with food security might be helpful in better understanding the perceived food security of recent immigrants.

This report has been based on census data. In some cases, small sample sizes limit the information that can be gleaned from the census. Perhaps more qualitative data

collection (focus groups, interviews) would be helpful in giving some depth to the information reported here.

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<sup>i</sup> Chen, J. Ng, E. & R. Wilkins. (1996). The health of Canada's immigrants in 1994-95. *Health Reports* 7(4): 33-35.

<sup>ii</sup> Hyman, I. 2007. Immigration and Health: Reviewing evidence of the healthy immigrant effect in Canada. CERIS Working Paper No. 55

<sup>iii</sup> Newbold, K.B. 2005a Health status and health care of immigrants in Canada: A longitudinal analysis. *Journal of Health Services Research Policy* 10(2), 77-83a as cited in Hyman, I. 2007. Immigration and Health: Reviewing evidence of the healthy immigrant effect in Canada. CERIS Working Paper No. 55

<sup>iv</sup> CCHS 2001 data reported in the first series of fact sheets

<sup>v</sup> Dall, Kristin, and Mary Ward. 2010. A Health Profile of Immigrants in Ontario. Health Analytics Branch, Health System Information Management and Investment Division. This report is based on CCHS data which combines the years 2005, 2007, and 2008

<sup>vi</sup> Cariney, J. and Ostbye, T. 1999. Time since immigration and excess body weight. *Canadian Journal of Public Health* 90(2), 120-124.

<sup>vii</sup> Raphael, D. 2007. Poverty and Policy in Canada: Implications for Health and Quality of Life. Canadian Scholar's Press, Toronto

<sup>viii</sup> 2006 Census Urban Poverty Custom Tables, Statistics Canada. Extracted 17 February 2010

<sup>ix</sup> Region of Waterloo. 2008. Region of Waterloo Affordable Housing Strategy

<sup>x</sup> 2006 Census Urban poverty data tables UPP06\_Table9UI\_CSD and UPP06\_TableEF\_CSD, Statistics Canada. Extracted 1 December 2010

<sup>xi</sup> Statistics Canada uses random rounding to 5 on all Census data, for confidentiality purposes; hence, stated figures are subject to a small margin of imprecision. Figures for non-immigrant families were calculated by subtracting the number of immigrant families from the total number of families, and as such may be subject to a slightly larger margin of imprecision.

<sup>xiii</sup> Houle, R. and G. Shellenberg. 2010. New Immigrants Assessments of Their Life in Canada. Statistics Canada Catalogue No. 11F0019M – No. 322



# Making Seniors A PRIORITY

## *Towards a Comprehensive and Realistic Seniors' Policy*

Ontario's seniors, despite being a large and fast-growing part of the population, have not received attention from public policy makers commensurate with their contribution to society, their numbers, or their political clout<sup>i</sup>.

They are not getting the right care, at the right time, in the right location and as a consequence, governments are not maximizing value for money for public funds spent in the seniors sector.

The purpose of this Position Statement is to provide some direction for the next government to reverse this phenomenon.

## *The Current Context*

### **Wait Lists for Long Term Care**

Ontario has 76,500 long term care placements and 25,700 seniors are waiting for admission. The median wait time for admission is 173 days (nearly half a year) with some applicants waiting for almost two years<sup>ii</sup>.

### **Funding and Staffing**

Ontario's long term care homes sector has been chronically underfunded for many years and Ontario continues to lag behind comparable jurisdictions in its financial support of long term care.

The staffing level in long term care homes is currently substantially below the threshold of 4.0 paid hours recommended in 2008 by the government-commissioned Sharkey Report<sup>iii</sup>.

### **Mental Health and Addictions**

The incidence of dementia and other mental illnesses is reaching epidemic proportions among seniors even considering that two thirds of seniors' mental illnesses are not diagnosed and are, therefore, untreated<sup>iv</sup>.

Adequate and targeted funding to support regulated and unregulated staff in long term care in being knowledgeable and current about leading practices in dementia care, mental health and addictions and behavioural issues is required. Aggressive behaviours due to mental illness are not only putting those with the illness at risk,

but also their fellow residents, family members and caregivers. Safety of residents and staff is a major concern.

### **Community Care and Services**

Most seniors prefer to live in their homes for as long as they can. The availability of the right quantity, quality and types of supports and services that will enable the provision of the appropriate levels of direct care at all points along the continuum is a fundamental need and currently a major area of risk. Community supports for seniors living at home are woefully inadequate — and getting worse, resulting in prematurely admitting seniors to long term care, and often inappropriately, to hospital<sup>v</sup>.

For example, funding for frontline home care through CCACs has actually declined and restrictive eligibility criteria for care and limits on home visits have been applied. Many hospitals have closed or downsized their outpatient rehabilitation clinics that ambulatory seniors living at home rely on to sustain their quality of life.

Too many of Ontario's seniors go without the care and services they need when and where they need them, and more seniors are living in situations where services do not match their needs. For example, seniors are turning to long term care homes because a sufficiently broad range of support services are not available to them in the community and many are not able to live independently without them.

## The Solutions

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More public funding is required to support seniors, but it would be an irresponsible use of taxpayers' dollars to simply throw more funding at the existing patchwork of seniors programs, care, and service and delivery models.

### Capacity Planning

OANHSS proposes that the next government, in close and effective consultation with OANHSS and other stakeholders, launch and complete a comprehensive capacity planning exercise.

This exercise would encompass the continuum of seniors' care, including home care provided by CCACs, long term care homes, seniors' housing (both affordable and market) and community supports for seniors living at home. The objective would be to identify the actions needed and the resources required to ensure that Ontario's seniors have access to the most cost-effective care and services they require, when and where they require them and to devise an implementation plan to launch the plan as soon as the Ontario government returns to balanced budgets.

### Staffing

Immediate action is required to fulfill existing nursing and personal support staffing commitments and subsequently to achieve the Sharkey Report's recommended staffing level of up to 4.0 paid hours of care per resident per day. OANHSS urges the next government to take the necessary initiatives to reach 4.0 hours by no later than Fiscal Year 2014-15.

### Mental Health

Targeted supports are essential to address the mental health needs of the seniors' population. OANHSS has outlined a number of recommendations in our Submission to the *Legislature's Select Committee on*

*Mental Health and Addictions*<sup>41</sup> and urges the next government to ensure the safety of long term care residents and staff by providing sufficient funding for specialized staff and resources to create specialized units in long term care homes, increase the level of specialized (mental health) staffing in long term care homes, expand external psychogeriatric resources for homes and institute conditional placements in long term care homes.

### Consolidation of Seniors' Planning and Services

OANHSS urges the next government to consolidate its oversight of all planning and programming for the seniors' sector within a Cabinet Committee created for that specific purpose.

The Ontario Seniors' Secretariat should be transferred to the Cabinet Office to support the Cabinet Committee. The objective of the Cabinet Committee would be to reverse the current fragmented or "silo" approach to the seniors' sector and programs and work towards a seamless continuum of care and services that really responds to seniors' needs and maximizes value for money in the expenditure of public funds.

The membership of the Cabinet Committee should include the Minister Responsible for Seniors and the Ministers of Health and Long-Term Care, Health Promotion and Sport, Finance, Municipal Affairs and Housing, Community and Social Services and Infrastructure.

## Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)

OANHSS is the provincial Association representing not-for-profit providers of long term care, services and housing for seniors. Members include municipal and charitable providers of long term care homes, non-profit nursing homes, seniors' housing projects and community service agencies.

Through the delivery of a full continuum of not-for-profit services, OANHSS members recognize the diverse and varying

needs of seniors and attempt to meet these needs. Member organizations operate over 27,000 long term care beds and over 5,000 seniors' housing units across the province.

The Ontario government has already noted in legislation its commitment to the promotion of long term care services by not for profit organizations, and Ontario residents have demonstrated a preference for not-for-profit long term care services.

### Background

#### Seniors' Demographics

By 2015, for the first time in our nation's history, Canadians over 65 years of age will outnumber children. By 2056 the proportion of seniors aged 80 years and over will triple to about 1 in 10, compared with about 1 in 30 in 2005.

#### Mental Health

An absence in the diagnosis of mental illness in seniors is a significant problem – it is estimated that two thirds of seniors' mental illnesses are not diagnosed and are therefore not treated. There is also a significant lack of resources, accessible expertise, and services specific to seniors or even available to seniors. Combined with stigma and ageist programs and services, access to the right care at the right time to improve or maintain mental health is far from a reality.

According to the 2010 Report of the Ontario Health Quality Council, depression is a significant problem among frail or elderly individuals with 22% of those living in long term care homes showing increasing symptoms of depression or anxiety in the three months preceding the study. Further, aggressive (responsive) behaviours, agitation

or wandering, are common among long term care residents. Dementia is another prevalent mental illness affecting seniors, with 50 to 70 percent of long term care residents suffering from a form of dementia.

#### Staffing

Currently, the long term care staffing level is well below what the current government committed to and even further below the level recommended in the 2008 Sharkey Report.

In 2007, the Ontario government committed to the addition of 1,200 Registered Practical Nurses (RPNs), and in 2008, to the addition of 2,000 more nursing FTEs (RNs and RPNs) and 2,500 Personal Support Workers (PSWs). While funding has flowed for a significant number of these FTEs, 1,627 PSWs and 1,380 Nursing FTEs still need to be funded. Complete fulfillment of this commitment would increase the average hours of care provided by nursing and personal care staff to approximately 3.5 hours of paid care per resident per day.

With an increase in the acuity of residents and the current focus on quality improvement in the sector, increasing the staffing level is essential. According to the Ontario Health

Care System Scorecard (2010), between April 1, 2008 and March 31, 2010, there was a 5% increase in the acuity of residents admitted to long term care (by MAPle score, which measures acuity).

#### Capacity Planning

In a document called *Protecting Access and Quality in our Health Care System: Advice to Government on Finding and Capacity Planning Policy in Ontario*<sup>iii</sup>, the Ontario Association of Community Care Access Centres, Ontario Federation of Community Mental Health and Addiction Programs, Ontario Long Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, and Ontario Hospital Association collectively identified that government provincial-level policy is crucial to set the direction and structure necessary for high quality, accessible and efficient health care. This group recommended that a forward-looking provincial health care planning framework be developed to properly forecast future health services requirements; ensure that the necessary system capacity exists to meet those needs; and realistically determine the overall size of the provincial health care budget.

## End Notes

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- i According to Statistics Canada published data 86.5% of seniors voted in the last federal election compared to 44.2% aged 18 to 24 and 70.6% aged 25 to 55.  
  
7,054,000 people 18 and over said they voted in the last provincial election. Of those people who responded that they voted, 2,680,000 were aged 55 and over, thus individuals over 55 make up approximately 38% of all ballots cast. According to Statistics Canada (2008), individuals over 55 account for approximately 38% of all ballots cast
- ii Ontario Health Quality Council in partnership with Institute for Clinical Evaluative Sciences. 2010. *Quality Monitor – 2010 report on Ontario’s health system*. Toronto. [http://www.ohqc.ca/pdfs/2010\\_report\\_-\\_english.pdf](http://www.ohqc.ca/pdfs/2010_report_-_english.pdf)
- iii Sharkey, Shirley. 2008. *People Caring for People – Impacting the quality of life and care of residents of long-term care homes*, a report of the independent review of staffing and care standards for long-term care homes in Ontario. Sharkey, Shirley. [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/staff\\_care\\_standards/staff\\_care\\_standards.pdf](http://www.health.gov.on.ca/english/public/pub/ministry_reports/staff_care_standards/staff_care_standards.pdf)
- iv According to the 2010 report of the Ontario Health Quality Council, depression is a significant problem among frail or elderly individuals with 22% of those living in long term care homes showing increasing symptoms of depression or anxiety in the three months preceding the study. Other reports indicated that 50-70% of those living in long term care homes have a form of dementia (*Intervention for Neuropsychiatric Symptoms of Dementia in Long-Term Care: A Knowledge Synthesis Project*; <http://www.ccsmhevents.ca/admin/sources/editor/assets/A7b.pdf> ).
- v Costs range from \$147 per day (long term care) to over \$500 per day (hospital; [http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/na\\_38/na\\_38\\_20100511\\_att1.pdf](http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/na_38/na_38_20100511_att1.pdf) )
- vi Ontario Association of Non-Profit Homes and Services for Seniors. 2009. *Submission to the Legislature’s Select Committee on Mental Health and Addictions*. <http://www.oanhss.org/AM/AMTemplate.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=6487>
- vii Ontario Association of Community Care Access Centres, Ontario Federation of Community Mental Health and Addiction Programs, Ontario Long Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Hospital Association. 2009. *Protecting Access and Quality in our Health Care System: Advice to Government on Funding and Capacity Planning Policy in Ontario*. <http://www.ccac-ont.ca/Upload/oaccac/General/ProtectingAccessandQuality-Advice-to-Government-on-FundingandCapacity-Planning-Policy-in-Ontario.pdf>

December 2010



Ontario Association of Non-Profit Homes and Services for Seniors  
7050 Weston Road, Suite 700, Woodbridge, ON L4L 8G7  
(905) 851-8821 | [www.oanhss.org](http://www.oanhss.org)



The Corporation of  
the City  
of Cambridge

**CORPORATE SERVICES DEPARTMENT  
CLERK'S DIVISION**

Telephone : 519.740.4680, Ext. 4583  
Fax Number : 519.740.3011  
E-Mail Address: sameloi@cambridge.ca  
TTY : 519.623.6691

**RECEIVED**

**JAN 14 2011**

50 Dickson Street  
P.O. Box 669  
Cambridge, Ontario  
N1R 5W8

January 12, 2011

**CLERK'S DIVISION**

File: Council – January 10, 2011  
C09/ca

Ms. Kris Fletcher, Regional Clerk  
Regional Municipality of Waterloo  
150 Frederick Street  
Kitchener, Ontario  
N2G 4J3

Dear Ms. Fletcher:

**Re: Councillor Wolf – Poverty Free Waterloo Region**

Cambridge City Council approved the following motion at its Council meeting of January 10, 2011:

THAT the City of Cambridge Council supports Poverty Free Waterloo Region;

AND THAT this support includes the following:

- 1) A Strategic Plan for a Poverty Free Waterloo Region

In September 2010, the Region of Waterloo issued Building Resilient Communities: Understanding the Role of the Regional Municipality of Waterloo in Poverty Reduction, which calls for:

“the development of a coordinated, collaborative and integrated strategic plan for poverty reduction across the region and in partnership with citizens, clients, non-profit sector agencies, for profit sector businesses and other levels of government.”

AND THAT the City of Cambridge Council endorse the Region of Waterloo's initiative to create a strategic plan for a Poverty Free Waterloo Region.

2) Reinvesting the Savings for a Poverty Free Waterloo Region

In 2008, Ontario's Provincial and Municipal Governments laid out a plan to take responsibility for (i.e. upload) the costs of provincial programs for which municipalities have had to pay. According to the Provincial-Municipal Fiscal and Service Delivery Review the upload of Ontario Works benefits alone "will reduce municipal costs by more than \$400 million annually by 2018." In addition, the nearly \$10 million in ODSP benefit payments that Waterloo Region paid in 2010 will be fully uploaded by the province in 2011.

AND THAT the City of Cambridge Council calls on the Regional Council to reinvest the savings from the uploading of social assistance benefits to fund poverty reduction initiatives in Waterloo Region.

3) Recommitting to the Provincial Poverty Reduction Strategy

AND THAT the City of Cambridge Council calls upon the Provincial Government and all parties in the provincial legislature to reaffirm their commitment to the Poverty Reduction Act, which was passed unanimously by the Provincial Legislature on May 6, 2009.

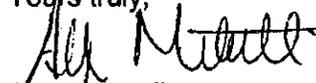
4) The Need for a National Strategy to Eradicate Poverty

The Region of Waterloo has endorsed the Dignity for All Campaign calling for a federal plan for poverty elimination that complements provincial and territorial plans.

AND THAT the City of Cambridge Council call upon the federal Government to develop a strategy to eradicate poverty in Canada.

AND THAT we instruct the City Clerk to send our resolution to the Region of Waterloo, our Local MPP, Gerry Martiniuk, our Local MP Gary Goodyear and the **Federation of Canadian Municipalities (FCM)**.

Yours truly,



Alex Mitchell  
City Clerk

AM/sw

cc Mr. Gerry Martiniuk, MPP  
Federation of Canadian Municipalities  
Mr. Gary Goodyear, MP



SOCIAL SERVICES

Employment and Income Support

Region of Waterloo

Date: January 25, 2011

## MEMORANDUM

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

From: David Dirks, Director, Employment and Income Support

Copies: Michael Schuster, Commissioner, Social Services

File No.: S08-01

Subject: **SERVICE TRAINING INITIATIVE**

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In 2007 in collaboration with Consolidated Municipal Services Managers (CMSM's) and District Social Services Administration Boards, the Province began to update, refresh and strengthen the Advanced Case Management and Development Program: Supporting Employment in Casework (ACMDP). The ADMCP training was very successfully delivered to staff in Employment and Income Support in 2006/2007.

The new curriculum has been named SAIL: Supportive Approaches through Innovative Learning. It is a Provincial expectation that SAIL be provided in all municipalities delivering Ontario Works and then incorporated into the ongoing delivery of social assistance. SAIL is a vehicle to help achieve program objectives and outcomes, while ensuring accountability, consistency and transferability of skills. It is a comprehensive learning opportunity, which will enhance organizational performance. SAIL will refresh and enrich management and staff competencies and knowledge necessary for:

- Helping people overcome issues of social exclusion
- Increasing their participation in social and economic life to improve their employability
- Finding and maintaining jobs
- Increasing their earnings, and
- Working toward financial independence

In fact, staff are told that SAIL principles will inform the development of the Province's new case management technology to be introduced in the Spring of 2013.

Management staff have been provided introductory training; staff from the division's training and policy unit have received an orientation to the SAIL curriculum. To ensure the curriculum's relevance an advisory committee of front-line staff was formed to champion the initiative. An official launch was held on Wednesday January 12, 2011 at the Waterloo Region Museum. To permit management and staff to learn, practice and integrate the SAIL competencies, the training of almost 260 staff will occur over the next 24 months. Staff from the Ontario Municipal

Social Services Association (OMSSA), which developed the curriculum, have been contracted to provide the training. Key community partners will be invited to participate on relevant topics (eg., mental health, discrimination, family violence). Staff from Children's Services will also join in the training with Employment and Income Support.

One-time funds have been approved by the Province for 2010 (\$34,800) and 2011 (\$41,900). Council has also approved \$115,000 on a one-time basis to support this work.

This initiative promotes Focus Area Six of the Strategic Plan: Service Excellence; Strategic Objective Three: (to) recruit, retain and develop skilled, motivated and citizen-centered employees.

For further information please contact David Dirks, Director, Employment & Income Support at Phone: 519-883-2179 or [ddirks@region.waterloo.on.ca](mailto:ddirks@region.waterloo.on.ca)



Region of Waterloo

PUBLIC HEALTH

Central Resources

Date: January 25, 2011

## MEMORANDUM

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

From: Anne Schlorff, Director, Central Resources

File No.: F11-30

Subject: **ONE-TIME 100% PROVINCIAL FUNDING ALLOCATIONS TO REGION OF WATERLOO PUBLIC HEALTH DEPARTMENT**

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Towards the end of 2010, Public Health received notification of a number of one-time funding approvals from the Ministry of Health & Long Term Care. All approvals are 100% provincial funding allocations and must be utilized by March 31<sup>st</sup>, 2011 (the Province's fiscal year end). The funding allocations are as follows:

1. **Food Safety Program** - **\$59,068** to augment the department's capacity to deliver the Food Safety Program Standard (2008). Eligible expenses include activities such as hiring staff, delivering additional food-handler training courses, providing public education materials and program evaluation. The funding is being made available as a result of the Provincial Government's response to Justice Haines' recommendation in his report "Farm to Fork; A strategy for Meat Safety in Ontario".
2. **Safe Water Program** - **\$40,333** to support the department in meeting the requirements of the Safe Water Program Standard (2008) and related protocols. Funded projects/activities must be over and above the level of activities underway or planned based on existing levels of funding.
3. **Needle Exchange Program (NEP)** - **\$40,000** to support harm reduction activities, specifically, the purchase of needles and syringes, and their associated disposal costs.

The additional funding will assist in addressing pressures in each of the identified areas. Programs will develop plans to utilize the available funds prior to the March 31<sup>st</sup> deadline.



Region of Waterloo

## PUBLIC HEALTH

Infectious Diseases, Dental and Sexual Health

Date: January 25, 2011

# MEMORANDUM

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

From: Karen Quigley-Hobbs, Director of Infectious Diseases, Dental and Sexual Health

Subject: **UPDATE ON INFLUENZA ACTIVITY IN WATERLOO REGION (AS OF JANUARY 18<sup>TH</sup>, 2011)**

File No: P03-01

Currently, influenza activity is widespread across Ontario and has been reported as higher than average in certain areas of the Province. In Waterloo Region, influenza activity has been steady and is of moderate intensity, as compared to previous influenza seasons (see Table 1 at the end of the memo for numbers from five previous influenza seasons, excluding last year's pandemic season). The level of influenza activity is known to fluctuate from year to year.

As of January 18, 2011 there have been 142 laboratory confirmed cases of influenza reported to Region of Waterloo Public Health. The sub-typing that has been done (on a percentage of the positive influenza specimens) has indicated that most are of the H3N2 strain, which is a match for one of the strains in this year's vaccine. Across the province and locally, there is some H1N1 of the same strain as last year (the pandemic H1N1 strain) that is circulating. This H1N1 strain is also included in this year's vaccine.

There have been 17 hospitalizations and three deaths (1 H1N1 and 2 influenza A – no typing) reported to date among the confirmed cases. Each year deaths related to influenza are expected. Hospitalizations and complications have predominantly affected the elderly, those with chronic conditions and the very young.

Current provincial comparators are not available with these most recent numbers (as the latest provincial data dates back to Jan. 8<sup>th</sup>, 2011). Comparisons will be available for the end of influenza season report.

Prevention and control measures for all strains of influenza are the same. Immunization continues to be the best protection for persons over the age of six months and is available free of charge to all residents of Ontario. This year Waterloo Region, like other municipalities across the Province, saw declining rates of influenza immunization resulting in more people being vulnerable to this year's influenza strains. A total of 9,279 people were immunized at public clinics offered by Region of Waterloo Public Health in November and December. An additional 828 were immunized in Public Health clinics offered in January 2011, bringing the total of people immunized by Region of Waterloo Public Health to 10,107. (From comparisons with numbers immunized in previous seasons, please see Table 1 below.)

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

**Table 1:** Total number of lab-confirmed influenza cases, deaths and persons immunized in Public Health Clinics, by non-pandemic influenza season, Waterloo Region, 2004/2005 to 2008/2009

<b>Influenza Season</b>	<b>Total number of lab confirmed cases</b>	<b>Number of deaths in lab confirmed cases</b>	<b>Number immunized in Public Health clinics</b>
2004/05	331	13	22,299
2005/06	95	1	22,020
2006/07	124	1	18,264
2007/08	225	6	16,184
2008/09	240	2	15,208

Source: iPHIS Ontario and Region of Waterloo Public Health

**Table 2:** Total number of lab-confirmed influenza cases, deaths and persons immunized in Public Health Clinics, Waterloo Region, 2009/10 pandemic season

<b>Influenza Season</b>	<b>Total number of lab confirmed cases</b>	<b>Number of deaths in lab confirmed cases</b>	<b>Number immunized in Public Health clinics</b>
2009/10	238	3	38,500

Source: iPHIS Ontario and Region of Waterloo Public Health

Note: Due to increased lab testing during the pandemic season, numbers are not comparable to other influenza seasons.

**Table 3:** Total number of lab-confirmed influenza cases, deaths and persons immunized in Public Health Clinics, Waterloo Region, 2010/11 (as of January 18<sup>th</sup>, 2011)

<b>Influenza Season</b>	<b>Total number of lab confirmed cases</b>	<b>Number of deaths in lab confirmed cases</b>	<b>Number immunized in Public Health clinics</b>
2010/11	142	3	10,107

Source: iPHIS Ontario and Region of Waterloo Public Health

Waterloo Wellington Adult Day Program Network  
Community Support Services

Gail Kaufman Carlin  
Sunnyside Seniors Services  
247 Franklin St. N  
Kitchener, ON N2A 1Y5

Thursday, January 20, 2011

Dear Gail:

I am writing on behalf of the Waterloo Wellington Adult Day Program Network to seek your support to expand your Community Alzheimer Program services within the Region of Waterloo. As you are aware, there are other Adult Day Program Services provided throughout our WW LHIN; however, there are no existing programs which offer a specialized Alzheimer program in our Cambridge and North Dumfries catchment area. Our network has been contacted by Cambridge Memorial Hospital, the Cambridge Alzheimer Society and our CCAC Resource Centre with requests for referrals to a program which can support persons with moderate to severe cognitive dementia, specifically in the Cambridge and North Dumfries area.

At this time, I understand that your Community Alzheimer Program at Sunnyside is running at capacity. We appreciate that Sunnyside Seniors Services has a long history of providing a quality Alzheimer Day Program and has the expertise developed within the program which cannot be easily duplicated in a short period of time. Our Waterloo Wellington Adult Day Program Network has met and discussed the service gaps for specialized Alzheimer programs. It is the network's opinion that the demand in Cambridge warrants the need for an Alzheimer specific program to compliment the integrated and age frail programs currently provided by the City of Cambridge. We believe that there is a need for a centrally located program which would offer services up to 5 days per week. There may be opportunities to explore partnerships for transportation services which can be discussed further.

Thank you for your time and consideration to expand your services to our community residents who are in need of your services.

Please do not hesitate to contact me if you have any further questions.

Sincerely,

*DGillies*

Deanne Gillies  
Chair, WW ADP Network

[deanne@k-wseniorsdayprogram.ca](mailto:deanne@k-wseniorsdayprogram.ca)

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**COUNCIL ENQUIRIES AND REQUESTS FOR INFORMATION****COMMUNITY SERVICES COMMITTEE**

<b>Meeting date</b>	<b>Requestor</b>	<b>Request</b>	<b>Assigned Department</b>	<b>Anticipated Response Date</b>
07-Sep-10	S. Strickland	Staff report regarding the impact of the Public Health Needle Exchange Program on the incidence of blood-borne infections	Public Health	As part of Harm Reduction program report due in March 2011
28-Sep-10	Committee	Staff report regarding the impact of revised technology for Delivery of Social Assistance on applicants.	Social Services	early 2011