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

2. DELEGATIONS

3. PRESENTATIONS
   a) Memo: Update: Online Application for Social Assistance (Staff Presentation)

4. REPORTS – Public Health
   a) PH-11-033, Perceptions of Youth in Waterloo Region: Report on Focus Groups Conducted with Youth (Staff Presentation with Youth Guest, Stephanie Vigil)
   b) PH-11-027, 2010 Public Health Annual Report (Attachment distributed separately)
   c) PH-11-028, Funding from Province for Bed Bug Coordination Efforts
   d) PH-11-029, Allocation of Stipends to Dr. Ronald Sax Scholarship Fund
   e) PH-11-030, Rabies Prevention and Control Program Update
   f) PH-11-031, Healthy Babies Healthy Children 2010 Statistics and 2011 Service Plan and Funding Update
   g) PH-11-032, Bullying Awareness and Prevention Project

REPORTS – Social Services

h) SS-11-025, The Region of Waterloo Seniors Advisory Committee Terms of Reference

REPORTS – Planning, Housing and Community Services

i) P-11-060, Regional Forests – Overview

5. INFORMATION/CORRESPONDENCE

6. OTHER BUSINESS
   a) Council Enquiries and Requests for Information Tracking List
7. NEXT MEETING – June 21, 2011
8. ADJOURN
MEMORANDUM

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

From: Leslie Perry, Project Manager, Modernization Project
       David Dirks, Director Employment and Income Support

Copies: Michael Schuster, Commissioner, Social Services

File No.: S09-80

Subject: UPDATE: ONLINE APPLICATION FOR SOCIAL ASSISTANCE

As outlined in previous memoranda to Committee (September 28, 2010, January 11, 2011, and March 8, 2011), the Province has initiated a project to replace the Service Delivery Model Technology (SDMT) which supports the delivery of social assistance (Ontario Works, Temporary Care Assistance, Ontario Disability Support Program, Assistance for Children with Severe Disabilities) in Ontario. The initiative is part of a broader modernization effort by the Province to enhance service delivery and customer service. The project will be implemented in two phases: Online Application (Spring 2011), full replacement of the SDMT (Spring 2013).

In preparation for the implementation of the Online Application, staff of Employment and Income Support engaged in several planning activities. A work group comprised of Intake staff reviewed all business processes within the context of the Online Application and developed a process for the management of the Online Application. The intent was to integrate this new avenue for access into our current intake processes in a way which supports the applicant and our community partners and does not cause unnecessary disruption to our intake and verification processes. In addition, the Work Group developed a framework to evaluate the management and delivery of the Online Application, which will provide valuable information as the full replacement of the SDMT is planned. Information sessions for all staff of Employment and Income Support provided an overview of the Online Application. An overview of the Online Application was also provided to the Community Advisory Committee and interested community agencies. The Province also provided an overview of the modernization initiative with a focus on the online application. Community partners have also received follow-up information including the opportunity to place posters in their offices, which announce the Online Application.

On May 16, 2011, the Online Application was implemented across Ontario except Toronto, which will be added in September 2011. Implementation within the Region of Waterloo has been successful with 29 applications being received by May 27th. In very simple terms an individual can access the application through the Province’s website (www.ontario.ca/socialassistance). A link is provided on the computers at the Region’s three Employment Resource Centres in Kitchener, Waterloo and Cambridge, which are available for
use by the general public. If there are questions during the completion of the application, help is available by telephone through our Intake unit. Once submitted the application is reviewed by staff in our Intake unit. Staff contact the applicant to clarify any items and set an in office verification appointment. This must be done within the Provincial standard of four business days. The Province designed the Online Application as another avenue for individuals to apply for social assistance. At this time, it appears using the Online Application is more time consuming than applying for social assistance via telephone. However, availability of the Online Application acknowledges those individuals who do not wish to apply through the telephone.

The delivery of social assistance addresses Focus Area 3: Healthy and Safe Communities; Strategic Objective 1: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and disparity.

For further information, contact David Dirks, Director of Employment and Income Support at Phone: 519 883-2179 or ddirks@regionofwaterloo.ca.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: P13-80

SUBJECT: PERCEPTIONS OF YOUTH IN WATERLOO REGION: REPORT ON FOCUS GROUPS CONDUCTED WITH YOUTH

RECOMMENDATION:

For information

SUMMARY:

In 2010, the Region of Waterloo Public Health, in partnership with a local collaborate entitled the Youth Engagement Advisory Group (see Appendix A), created a plan for youth engagement in Waterloo Region as part of the Region of Waterloo Public Health’s implementation of the Smoke-Free Ontario youth engagement strategy. The Youth Engagement Advisory Group is a committee comprised of both youth from Waterloo Region and community partners; please refer to Appendix A for a list of community partners. The overall goal of this plan was to engage youth in the region in the planning and promotion of youth health. The plan consisted of conducting youth-facilitated focus groups with youth about their perceptions of health and administering grants to local youth groups to develop their own health promotion programs. The purpose of the report is to describe the results of the focus groups in order to provide information on youth’s perceptions about health. It is hoped that the results of this report will inform health-based youth engagement by youth programs across the region.

REPORT:

Research Process

The participatory action research process was chosen as the research method to allow for the engagement of youth at key stages of the research process throughout the project. Six research topics pertaining to youth healthy living identified in the Ontario Public Health Standards were chosen: healthy eating, physical activity, injury prevention, alcohol and substance misuse prevention, tobacco use and exposure and mental health. Youth participants aged 12 to 24 were included in the study. Seventeen focus groups were conducted which included a diverse representation of youth in Waterloo region.

The focus groups were designed to include six to twelve participants and be a maximum of 1.5 hours in length. Each session was tape recorded and then the data was transcribed for analysis. Qualitative data was coded by the six research topics. Discussion themes within the health topics were identified, which was followed by selecting representative quotations from each discussion theme. A social ecological model was used to present information.
Discussion of Findings
Seventeen focus groups were conducted with a total of 125 participants. The average and median age of participants was 16 years. Respondents resided in Kitchener (37%), Cambridge (35%), Waterloo (19%), and the townships of Wellesley, Woolwich, Wilmot and North Dumfries (10%).

Healthy Eating
Youth feel that on an individual level, knowledge about healthy foods is an important pathway to be able to make their own healthy choices. The home environment is supportive to healthy eating, whereas school environment is identified as a barrier to healthy eating. The ever-present availability and convenience of, as well as advertising of fast food (at school, at place of work and in public spaces) are a major societal barrier for youth being able to eat healthy food.

Physical Activity
Physical activity that is fun and incorporated into their daily lives is preferred by youth and is a pathway for youth to be physically active. A barrier to being physically active is if youth prefer activities that do not include physical activity. The level of leisure time physical activity youth participate in is largely determined by the interests of their friends or social group. Youth indicated that a convenient time and location for physical activities is school sports and/or intramurals after school.

Injury Prevention
Youth do not typically think about injury prevention. They did recommend that planning was an important pathway to reduce the risks of certain activities (e.g. sports, driving). This planning could also be used when attending a party such as; going to a party with a trusted friend and going to a location that they consider safe. The school environment was flagged by some participants as being barrier for injury prevention if their school had a high level of fighting or the emotional and physical violence associated with bullying.

Drug and Alcohol Misuse Prevention
The health consequences of drug and alcohol use are often not considered by youth. Youth may be unaware of or underestimate the risks associated with drinking because of its social acceptability. Youth who abstain from using alcohol or drugs do so because of a combination of personal decision-making; being part of a social group that does not encourage alcohol and drug use; and/or seeing the ill affects of alcohol and substance use amongst their peers. For those youth who drink or do drugs, planning ahead (e.g. using social media) is an effective strategy to reduce the risks such as safe party planning or being with trusted friends.

Tobacco Use and Exposure
Participants indicated that the “inconveniences of smoking” such as the bad smell and the yellowing of teeth that occurs with smoking deterred them from beginning smoking. Bylaws that limit where people can smoke are also considered an inconvenience of smoking and deter youth from smoking. Having parents who acknowledge the health risks of smoking or seeing the negative health effects of smoking in someone they are close to also prevent youth from smoking. Youth often begin smoking or find it difficult to quit due to the influence of their social group. Smoking is also used to relieve stress and is seen as rebellious by youth, which is attractive to them. Smoke breaks during volunteering or working also make it difficult for youth to stop smoking and can influence them to start. In the school environment, students that smoke model tobacco use to younger students. It was also indicated that cigarettes are widely accessible to youth.
Mental Health
Youth do not often think about or understand mental health and often have difficulty pinpointing the cause of their mental health difficulties. Participants gave examples of some negative coping mechanisms youth employ such as using drugs to cope with difficulties or simply ignoring the problem. Positive coping mechanisms included distracting themselves with an activity they enjoy or talking to a friend. The major causes of mental health difficulties are stressed relationships with parents, romantic partners and friends, and the large amount of expectations pertaining to school, work and other responsibilities that youth face.

Next Steps
This report will guide the development of regional youth engagement priorities in the coming months. The partnership with Youth Engagement Advisory Group (YEAG) will continue as a committee with a mandate of supporting youth engagement health initiatives in Waterloo Region. A Youth Engagement Planning Committee which is a staff committee within the Healthy Living Planning and Promotion division of Public Health, has been formed and is working to develop future collaboration opportunities for enhanced youth engagement both internally and with community partners. The long-term goal is to create a youth engagement strategy for the Healthy Living, Planning and Promotion division and to facilitate public health work across the entire Department.

CORPORATE STRATEGIC PLAN:

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

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

Strategic Focus Area 6: Service Excellence – foster a culture of citizen/customer service that is responsive to community needs.

FINANCIAL IMPLICATIONS:

Funding for the focus group research process and data collection has been provided through the Smoke Free Ontario initiative which is funded 100% by the Province’s Ministry of Health Promotion and Sport.

ATTACHMENTS

Appendix A: Youth Engagement Advisory Group Membership

PREPARED BY: Kate MacDuff, Public Health Planner, Tobacco and Cancer Prevention

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
APPENDIX A – YOUTH ENGAGEMENT ADVISORY GROUP MEMBERSHIP

Youth Engagement Advisory Group includes representatives from the following community partners:

- The Heart and Stoke Foundation
- The Wellesley Township Community Health Centre
- The Z Beside the Y
- The City of Kitchener
- The Canadian Mental Health Association
- The Ministry of Citizenship and Immigration
- 3 Community Youth Representatives
TO: Chair S. Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: P20-80

SUBJECT: 2010 PUBLIC HEALTH ANNUAL REPORT

RECOMMENDATION:
For information

SUMMARY:
The 2010 Public Health Annual Report is a 14-page report designed to meet the need of our various public and stakeholder audiences. The report is in plain-language to make it easier for people with low literacy levels to read and the articles are short to provide a broad overview of our programs, services, and accomplishments. Furthermore, the 2010 Annual Report is structured to demonstrate Region of Waterloo Public Health’s (ROWPH) commitment to build healthy, supportive communities in partnership and to the Regional values, as well as to our implementation of the Ontario Public Health Standards.

REPORT:

While ROWPH waits for formal adoption of the new accountability structure from the Province, we have tracked our efforts and successes through a variety of indicators relevant to the Ontario Public Health Standards. The 2010 Annual Report provides a snapshot of these efforts to achieve the Ontario Public Health Standards, and concurrent efforts to build healthy, supportive communities in partnership through promotion, prevention, protection, and emergency medical services activities. In this regard, the report highlights:

- How ROWPH is identifying and reporting on community health needs by measuring, evaluating and reporting on health patterns and risks, as these are an important part of public health
- How ROWPH is responding and shaping our community in partnership by working with people and groups both within and outside the health system as this is vital to achieving outcomes
- How ROWPH protects your privacy, including why and how it collects personal health information
- ROWPH’s dedication to providing residents with excellent service, ensuring access for those who need these services most

Statistics demonstrating the reach of our programs and services are also included.

ROWPH will continue to monitor, evaluate, and report on our programs, services, and activities as we work meet the OPHS and the changing needs of our growing community.

The full report can be accessed from the Public Health website (www.region.waterloo.on.ca/ph), Research, Resources & Publications > Reports.
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 to their full potential.

Focus Area 6: Service Excellence: Foster a culture of citizen/customer service that is responsive to community needs.

FINANCIAL IMPLICATIONS:

These programs are delivered using resources approved by the Regional Municipality of Waterloo as the Board of Health. Funding is a combination of 100% provincial, 75% provincial/25% regional tax levy, 100% regional tax levy and to a lesser extent some fees & charges and other sources of revenue. The programs are determined primarily according to provincial mandate and influenced by local need.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

2010 Public Health Annual Report (Distributed Separately)

PREPARED BY: Janelle Witzel, Public Health Planner, Population Health Planning & Evaluation  
Sharlene Sedgwick Walsh, Director, Healthy Living Planning & Promotion

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

DATE: June 7, 2011 FILE CODE: P07-80

SUBJECT: FUNDING FROM PROVINCE FOR BED BUG COORDINATION EFFORTS

RECOMMENDATION:

THAT the Region of Waterloo Public Health use funding from the Province to mobilize and coordinate local efforts against bed bugs, pursuant to Report PH-11-028, dated June 7, 2011;

AND THAT the 2011 Operating Budget for Public Health be increased by $173,552 gross and $0 net Regional levy as outlined in Report PH-11-028.

SUMMARY

In January 2011, the Ontario Ministry of Health and Long-term Care announced $5 million in one-time funding to be provided to Public Health Units to mobilize and coordinate efforts for preventing and controlling bed bug infestations, especially among vulnerable groups. This funding was initiated following a documented increase in the prevalence of bed bugs in urban centres worldwide. According to data derived from the Public Health Inspector Intake Line, local pest control companies, and Waterloo Region Housing, bed bugs have also been on the rise in the Region. Region of Waterloo Public Health has recently been granted $173,552.00 provincial funding to mobilize and coordinate local efforts against bed bugs. The two main strategies of these efforts will be: (1) education and outreach, and (2) practical supports to vulnerable groups. A Bed Bug Advisory group of key stakeholders will be organized to develop, implement, and monitor these strategies. Public Health will use a facilitating and capacity-building approach for this one-time funding to increase the self-sufficiency of citizens and property owners to prevent and manage bed bug infestations beyond the funding deadline of March 31, 2012, pursuant to Report PH-11-028, dated June 7, 2011.

REPORT:

Introduction
Bed bugs are increasingly prevalent in major urban centres worldwide. After having been less prevalent in recent history, bed bugs have been re-emerging due to factors such as international travel, changes in pest control practices, and insecticide resistance. Infestations have been found in a wide range of locations including group homes, hotels, hospitals, multi-unit housing complexes, detached homes, commercial buildings, and rural areas. Despite higher incidence for multi-unit complexes, the risk of exposure to bed bugs extends to the entire population. Vulnerable individuals, such as individuals with physical, mental health and addictions issues, people living in poverty, and the frail elderly, may be more susceptible to extreme bed bug infestations.

---

infestations. This is due to their more limited capacity to take the necessary steps to eradicate them.

There is no evidence to suggest that bed bugs transmit blood-borne infectious diseases such as Hepatitis B, Hepatitis C, or HIV\(^2\). As bed bugs are not likely to pose significant physical health risks and are not known to transmit diseases, Public Health has traditionally not been involved in efforts to address bed bugs. Problems derived from bed bug infestations are most typically psychological, social and financial in nature due to disrupted sleeping patterns, social stigma, and the intensive efforts that are sometimes required to eliminate infestations.

**Scope of the Problem**
The full extent of Waterloo Region’s bed bug problem is difficult to speculate due to the lack of comprehensive data available. However, information derived from the Public Health Inspector Intake Line, Waterloo Region Housing (WRH) managers, and local pest control companies do suggest a rise in bed bug infestations over the past few years. Region of Waterloo Public Health proposes to use bed bug resources allocated from the Provincial Bed Bug Support Fund to strengthen existing surveillance efforts. This will provide the Region with a more informed understanding of the local bed bug problem, make it possible to monitor future trends, and evaluate the impact of the enhanced bed bug education and control initiatives.

**Goals of Coordinating Bed Bug Efforts in the Region**
The overall goal for Public Health will be to play a mobilizing, facilitating and coordinating role in the fight against bed bugs in the Region. Public Health will seek to help a diverse group of stakeholders, such as community housing providers, agencies who operate shelters, landlord and property managers, and community agencies that provide counselling and support to vulnerable groups, to build a common understanding of the bed bug problem and inform them of resources on how to address the issue (e.g. [www.bedbugsinfo.ca](http://www.bedbugsinfo.ca)). Ensuring appropriate support for vulnerable groups will be a priority and strategies will be developed to reach these groups.

The primary target population for these efforts will be people living in and managing residences that are most susceptible to bed bug infestations. This includes Community Housing and other multi-unit, high-turnover dwellings. Vulnerable groups such as individuals with physical, mental health or addictions issues, people living in poverty, the under-housed or homeless and frail elderly will be important sub-populations. Public Health will seek to strengthen the supports to these groups for bed bug infestations through our partnerships with the Region’s Housing Division, Social Services Division, and community agencies. However, since everyone is at risk for bed bugs, Public Health also plans to work with partners to create a social marketing campaign that will educate the general public about preventing, identifying and controlling bed bugs, which will reduce the stigma associated with bed bug infestations.

Public Health intends to collaborate with community partners in the planning, implementation and evaluation stages of all proposed activities. Since community and municipal partners are connected with different target populations, and many of them work with vulnerable groups, they could potentially use their experiences and connections to support clients in dealing with bed bug infestations. Public Health has begun collaborating with Region of Waterloo Housing Division and Social Services Division, and also intends to build relationships for bed bug

---

prevention and control with other relevant local stakeholders from the public, not-for-profit, and private sectors, through the development of a Bed Bug Advisory Group.

Plan
The plan for addressing bed bugs in Waterloo Region requires the multi-sectoral collaboration of a diverse group of stakeholders, in order to maximize limited resources, leverage local bed bug expertise, and reach target populations. Efforts to address the issue can be organized into two complimentary strategies: (1) education and outreach and (2) support for vulnerable groups.

The first strategy, focusing primarily on education and outreach initiatives, seeks to provide the residents of Waterloo Region with accurate information about preventing, identifying and controlling bed bugs, as well as de-stigmatize the occurrence of bed bugs, which could affect any citizen in the Region. This will involve disseminating key information and resources through a variety of channels.

The second strategy focuses on providing supports to vulnerable people to help them cope with, and control infestations successfully. This may include the dissemination of materials such as mattress encasements, garbage bags and duct tape by municipal and community partners. The provision of tangible supports to vulnerable groups recognizes that a lack of information may not be the principal or only barrier preventing this group from controlling bed bugs. Building the capacity of these municipal and community partners so they are also equipped to provide practical guidance and on-site assistance will be another key feature of the support strategy.

Surveillance
An examination of current surveillance efforts to track bed bugs in the Region has identified gaps in information. Therefore, it will be a priority of the Bed Bug Advisory Group to strengthen surveillance efforts, and help community partners create new mechanisms for tracking and understanding the local bed bug situation. One such surveillance strategy is the addition of a bed bug specific module to an existing Public Health phone survey that will run three times throughout the year. This study will examine the general population’s understanding of, and experience with bed bugs in Waterloo Region.

Additional surveillance methodologies that may be utilized include adding questions about bed bugs on the Public Health Inspector Intake Line, surveys to pest control companies about infestations, and tracking documents for municipal and community partners to keep a record of bed bug complaints and treatments.

Evaluation
Bed bug coordination efforts will be evaluated to assess how effectively the messages and support have reached target populations, and the degree to which public awareness regarding the prevention and control of bed bugs has improved.

CORPORATE STRATEGIC PLAN:

- Focus area #3: Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health
- Focus area #4: Service Excellence: Foster a culture of citizen/customer service that is responsive to community needs
FINANCIAL IMPLICATIONS:

The Bed Bug Project is funded 100% by the Ontario Ministry of Health and Long-term Care (MOHLTC) through the Provincial Bed Bug Support Fund. The total allocation of $173,552.00 is available to cover related expenditures until March 31, 2012. The MOHLTC has clearly indicated that funding provided to this project is one-time and will not be available for renewal. Therefore, Public Health is making every effort to build the capacity of community partners and residents to sustain initiatives beyond the funding deadline.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Region of Waterloo, Social Services Department
Region of Waterloo, Planning, Housing & Community Services Department

ATTACHMENTS:

Appendix A: Funding Letter from the Ministry of Health and Long Term Care
Appendix B: Public Health Unit Bed Bug Support Fund Q & A's

PREPARED BY: Sarah Ames, Public Health Planner
Ashley Raeside, Public Health Planner

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
apr 26, 2011

mr. ken seiling
chair
waterloo board of health
150 frederick st., 1st floor
kitchener on n2g 4j3

dear mr. seiling:

i am pleased to confirm that the ministry has approved one-time funding of up to $173,552 (at 100%) for the region of waterloo, public health to be spent by march 31, 2012 under the recently announced bed bug support fund. this investment is part of the government’s commitment to fund bed bug related activities.

in a subsequent letter, ms. sylvia shedden, acting assistant deputy minister, public health division, ministry of health and long-term care will be writing to dr. liana nolan, medical officer of health, region of waterloo, public health, to provide the accountability and administrative details regarding this funding.

i would like to take this opportunity to thank you for your continued commitment and dedication to protecting and promoting the health of Ontarians.

sincerely,

deb matthews
minister

c: gerry martiniuk, mpp, cambridge
    hon. john millroy, mpp, kitchener centre
    elizabeth witmer, mpp, kitchener-waterloo
    leeanne pendergast, mpp, kitchener-conestoga
    dr. liana nolan, medical officer of health, region of waterloo, public health
Public Health Unit Bed Bug Support Fund

Q&As

1. What will the funding for bed bugs support?

One-time funding (at 100%) for the period up to March 31, 2012 is being provided to 33 health units across Ontario. This investment is part of the government commitment to support bed bug related activities in Ontario’s public health units (PHUs). Funded activities are to be related to one or both of the following:
   (i) Education and outreach to the public and stakeholders to enhance awareness in the identification, prevention and control of bed bug infestations; and/or,
   (ii) Supports to vulnerable populations impacted most negatively by bed bug infestations.

2. Why is the government providing this funding to health units now?

As in other places around the world, bed bug infestations are on the rise in Ontario. While bed bugs are not known to spread diseases to humans, they can cause significant stress and anxiety to individuals suffering with infestations, and can have an impact on peoples’ mental health and well-being.

The Government of Ontario is committed to maintaining the health and well-being of Ontarians. Up to $5M has been announced for PHUs across Ontario to address the issue of rising bed bug infestations.

This funding commitment also responds to recommendations made at the Toronto Bed Bug Summit hosted by MPP Mike Cole in September 2010.

3. What else is the government doing to address the issue of bed bugs in Ontario?

The provincial government has developed a communications and education strategy to help Ontarians fight bed bugs. The website – www.bedbugsinfo.ca and www.infopunaisedesilts.ca – is intended to help the public and stakeholders do three key things effectively: Prevent, Identify and Act.

The website is a one-stop-shop for accurate information and simple, easy-to-use tips to combat infestations. It also houses resources including a video, document templates, posters, fact sheets and other tools for stakeholders, including PHUs, to use in various settings to bring the prevent/identify/act message to the public.

An Integrated Pest Management Program for Controlling Bed Bugs is also available on the website. This program covers the fundamental components of an integrated pest management (IPM) program that includes planning, education, identification, inspection, record keeping, preparation, treatments and evaluation. It is applicable to all stakeholders who live in or manage residential and/or commercial dwellings; to the pest management industry and other industry; and to government and community agencies that work with vulnerable populations.
This document stresses bed bug prevention through education of clients, residents, facilities managers, and landlords and provides an educational resource for professionals and service providers who as part of their job visit or come into contact with persons who have a bed bug infestation.

4. Are all health units receiving funding?

No. All PHUs were invited to submit an application for funding. Only those PHUs that submitted an application to the ministry are eligible to receive funding. However all health units that did apply have been approved for varying levels of funding.

5. How was the funding amount per health unit determined?

The ministry reviewed all applications received based on common criteria. In addition, follow-up was done with individual PHUs where further clarification was required. The intent was that most, if not all, PHUs that applied could qualify for funding within the available range identified in the application package assuming that they met the assessment criteria and that they adequately addressed any follow-up questions.

6. Why did our health unit not receive the total amount of funding requested?

The total amount of funds requested from the health units exceeded the total funding available. As a result many health units did not receive the full amount requested. In order to ensure the total funding recommended remained within the funds available, applications were reviewed based on common criteria, with the intent that each PHU that applied would receive funding within the available range identified. As a last step, funding was further reduced proportionally for all health units to bring the total recommended funding to the available amount.

7. Why did our health unit not receive the maximum amount of funding specified in the funding application?

An estimated range of funding was calculated based on the proportion of the provincial population served by each health unit and was specified in the funding application as a guide for health units. Because the total amount of funds requested from the health units exceeded the total funding available, in many cases, health units did not receive the full amount requested or did not receive the maximum amount of funding specified in the funding application.

8. What is the sustainability of the one-time funding after March 31, 2012?

This is one-time provincial funding at 100% to be spent by March 31, 2012.

9. Our health unit would like to hire additional staff to support activities related to bed bug infestations. Can we expect annual funding to support these new FTEs?

No. This is one-time, 100% provincial funding.

10. How will Health Units sustain activities initiated through this one-time funding?
Health Units are encouraged to consider opportunities for leveraging existing capacity and resources and for collaboration with other PHUs and local partners to promote the sustainability of activities initiated through this one-time funding.

11. Is the funding subject to any conditions?

Yes. This one-time funding is subject to the following conditions:

- Funding must align with the activities and services detailed in the health unit’s application for funding.
- Funding is intended to support activities in one or both of the following streams:
  a) Education and outreach to the public and stakeholders to enhance awareness and knowledge in the identification, prevention and control of bed bug infestations, and/or
  b) Supports to vulnerable populations (e.g. individuals with physical, mental health or addiction issues; people living in poverty; the under-housed or homeless, or frail elderly) impacted most negatively by bed bug infestations.
- Costs must be fully incurred by March 31, 2012.
- Funding is subject to the 2010 Program-Based Grants Terms and Conditions.
- Health units will be expected to collect data on the degree of infestations, and the populations and settings most impacted by bed bug infestations in their area.

12. What are the reporting requirements associated with this funding?

Health units that received funding under this initiative are subject to reporting requirements, which include financial reports (e.g. quarterly and settlement reports) and a report back on key achievements and the direct impact of funded activities. Reporting of this information to the province will allow for assessment of the scope of the bed bug issue in the province and the effectiveness of implemented activities.

13. What should be included in the initial/final report?

The project report is to include:

- A description of activities implemented and delivered under the one-time funding including the streams under which activities were identified (e.g. education and outreach, and/or supports to vulnerable populations)
- Description of successes of the delivered activities under both streams, if applicable
- Impact of activities on decreasing bed bug infestations in the public health unit area

The surveillance and evaluation report is to include:

- Data/evidence on the current level of bed bug infestations in the health unit area including any detail on particular settings and populations impacted by infestations
- Data/evidence on any increase or decrease in bed bug infestations in your health unit area
- Effectiveness of interventions to address the level of bed bug infestations and for those particular settings and populations impacted by infestations
14. What are the deadlines for the initial/final report?

For the project report:

For the period April 1, 2011* to March 31, 2012

<table>
<thead>
<tr>
<th>Name of Report</th>
<th>For the Period Of</th>
<th>Due Date</th>
</tr>
</thead>
</table>

For the surveillance and evaluation report:

For the period April 1, 2011* to March 31, 2012

<table>
<thead>
<tr>
<th>Name of Report</th>
<th>For the Period Of</th>
<th>Due Date</th>
</tr>
</thead>
</table>

* Health Units are not required to report retroactive to April 1, 2011. The initial reports should be understood to cover the period starting as soon as funding is communicated to PHUs.

The Ministry will provide report templates for each of the required reports.

If you have any further questions, please contact Jacky Sweetnam, Manager (A), Practice and Standards Unit, Public Health Practice Branch, Ministry of Health and Long-Term Care at jacky.sweetnam@ontario.ca or at (416) 314-1042.
TO: Chair S. Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: P01-01

SUBJECT: ALLOCATION OF STIPENDS TO DR. RONALD SAX SCHOLARSHIP FUND

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the allocation of stipends related to the supervision of medical residents from McMaster University by the Medical Officer of Health and the Associate Medical Officer of Health to the Family and Children’s Services of the Waterloo Region Foundation for the Dr. Ronald Sax Scholarship Fund, as outlined in report PH-11-029 dated June 7, 2011.

SUMMARY:

NIL

REPORT:

From time to time the Medical Officer of Health and the Associate Medical Officer of Health supervise residents from McMaster University Medical School. When these rotations occur the Region receives a stipend of $1,000 per month to offset the costs associated with their supervisory duties. The timing and number of these rotations can not be accurately determined in advance and as a result these funds are not included in the Region’s Operating Budget.

In 2008, Regional Council authorized the transfer of the net proceeds of the 2001 OPHA Conference to the Family and Children’s Services of the Waterloo Region Foundation to establish the Dr. Ronald Sax Scholarship Fund (Report PH-08-016 dated April 22, 2008). This donation was made in memory of Dr. Sax who was Commissioner/Medical Officer of Health for the Region during the 1990’s. Staff worked with Dr. Sax’s family and the FCSWR to establish the criteria for the scholarship. The amount transferred at the time was $28,500.

Since it’s inception in 2008, scholarships in the amount of $3,500 have been awarded annually in 2008, 2009 and 2010. The Dr. Ronald Sax Scholarship fund has continued to receive contributions from a variety of sources. Each year a number of Public Health Department staff designate their United Way contributions for this specific use. Family & Children’s Services staff have confirmed that the current balance of the fund (at time of writing this report) is $35,661.

It is proposed that the Region allocate the stipends received from the supervision of medical students to the Dr. Ronald Sax Scholarship Fund on an ongoing basis. In recent years, the Region has received between $4,000 and $8,000 per year from stipends depending on the number of students and the length of their rotation with Public Health; there is however no guarantee that stipends will be received in any given year. As these funds are received for the supervision of students, the thought is to use these funds to support Family & Children’s Services in continuing to provide scholarships to Crown wards or former wards attending a post secondary institution.
CORPORATE STRATEGIC PLAN:

The continued support of the scholarship fund will assist young people in our community to reach their full potential through the pursuit of post secondary education. The initiative is consistent with Focus Area 3: Healthy and Safe Communities; Support safe and caring communities that enhance all aspects of health and Focus Area 4: Human Services: Promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:

The Region receives $1,000 per month when a medical student is supervised by the Medical Officer of Health or the Associate Medical Officer of Health. These revenues are not included in Public Health’s operating budget. If not approved, other uses of these funds will be determined within Public Health.

The amount transferred to the scholarship fund will vary from year to year, depending on the number of residents being supervised.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance Department staff were consulted in the preparation of this report.

ATTACHMENTS

NIL

PREPARED BY:  Anne Schlorff, Director, Central Resources

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

DATE: June 7, 2011 FILE CODE: P21-80

SUBJECT: RABIES PREVENTION AND CONTROL PROGRAM UPDATE

RECOMMENDATION:

For information

SUMMARY:

Rabies is a viral disease that is almost always fatal to both humans and animals. The goal of the Public Health rabies prevention and control program is to prevent the occurrence of rabies in humans. Public Health works in a number of ways to maintain the local incidence of human rabies at zero. Staff investigate all reported potential human exposures to the rabies virus in a timely manner. Potential exposures are assessed and appropriate action is taken to reduce human risk of acquiring this fatal disease (e.g. dispensing post-exposure vaccination). Public Health enforces regulations made under the Health Protection and Promotion Act, namely the immunization of domestic animals. Program stakeholders are consulted regularly and rabies prevention and control information is communicated to the public in a variety of ways.

Key messages from the rabies program are:

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

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

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

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

A. Assessment and Surveillance
Public Health routinely liaises with Provincial and Federal government agencies that monitor rabies positive animals in Waterloo Region and surrounding geographic areas to keep informed about local animal rabies trends and threats. The number and types of positive animals, and geographic location where positive animals are found are closely monitored over time to assess local risk. In 2010, only one rabid animal was identified in Waterloo region – a bat (see Table 1). Rabid animal surveillance is accomplished in close partnership with the Canadian Food Inspection Agency, Animal Health Branch and the Ministry of Natural Resources. Since 2009, Public Health Inspectors document local rabies investigations via a tablet computer on Hedgehog Environmental Systems software. This software is also utilized with a number of other health protection programs, such as food safety and infection control.

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

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

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

In 2010, health inspectors investigated 834 potential exposures to the rabies virus which
occurred in Waterloo Region (see Table 1). The majority of these incidents involved dog or cat
bites. Post-exposure prophylaxis was dispensed to 62 individuals as a precautionary measure.
Since 1924, there have been 24 Canadians (6 Ontarians) who have died of rabies. The most
recent case occurred in 2007 in Alberta.

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

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total rabies investigations*</td>
<td>909</td>
<td>842</td>
<td>845</td>
<td>926</td>
<td>822</td>
<td>834</td>
</tr>
<tr>
<td>Persons issued post-exposure vaccination**</td>
<td>96</td>
<td>115</td>
<td>102</td>
<td>133</td>
<td>71</td>
<td>62</td>
</tr>
<tr>
<td>Animals testing positive for the rabies virus***</td>
<td>3</td>
<td>5</td>
<td>13</td>
<td>12</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Human cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Includes victims who reside outside of Waterloo region but were exposed within the region.
***With or without human contact.
http://www.mnr.gov.on.ca/stdprodconsume/groups/hr/@mnr/@rabies/documents/document/stdprod_082547.pdf

Please note: the statistics calculated for rabies may differ from subsequent Waterloo Region
reports. This is a result of data cleaning efforts to validate the information and, unless otherwise
stated, does not reflect an actual change in information during the specified time period.

C. Health Promotion and Policy Development

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

In 2011, the “Fight the Bite” vector-borne disease education campaign will use many of the
same promotion methods as in 2010 as well as some new promotion strategies. As in 2010, the
2011 campaign will continue to advertise on local Grand River Transit buses (e.g. from May to
October) and host a website with rabies information. News articles emphasizing rabies
prevention and control topics have been and will be published in a variety of community

1 Public Health Agency of Canada (PHAC) Vaccine-Preventable Diseases, Last Updated 2007-03-16.
2 Canadian Centre for Occupational Health and Safety – Rabies. Last Updated 2010-08-17.
newsletters and municipal web sites throughout the region. Knowledgeable staff will showcase a new interactive rabies display at local public events in 2011 (e.g. ECOFest) to increase rabies awareness to various audiences (e.g. rural populations, children, etc.). A media release was issued in May during Rabies Awareness Month emphasizing general information about rabies, the importance of vaccinating pets, and outlining the actions to take if bitten by an animal. Additional media releases will be distributed on an as-needed basis (e.g. following possible human exposure(s)). For the first time, social media sources have also been used to promote rabies awareness and prevention information.

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

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

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

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

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

PREPARED BY: Peter Ellis, Public Health Planner
Brenda Miller, Manager, Health Protection and Investigation

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

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

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

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

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

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

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

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

If the animal involved in the biting incident has since died, the inspector will request that the animal undergo testing for the rabies virus to ensure the safety of the victim.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: P09-40

SUBJECT: HEALTHY BABIES HEALTHY CHILDREN 2010 STATISTICS AND 2011 SERVICE PLAN AND FUNDING UPDATE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the 2011 Healthy Babies Healthy Children Service Plan for the delivery of the Healthy Babies Healthy Children Program in Waterloo Region for submission to the Ministry of Children and Youth Services, according to the parameters outlined in report PH-11-031, dated June 7, 2011.

SUMMARY:

The Healthy Babies Healthy Children Program is delivered by Public Health Units across Ontario and is funded 100% by the Ontario Ministry of Children and Youth Services. Recent notification from the Ontario Ministry of Children and Youth Services indicates that the 2011 funding allocation for this program in Waterloo Region will remain at $2,764,743 which is the same level that was received in 2008, 2009 and 2010 (Appendix A). We have projected a conservative 0% increase in the number of live births in Waterloo Region for 2011. Service targets have been modified slightly to account for a decrease in time available from Public Health Nurses because of new provincial training expectations for Public Health Nurses (see report PH-11-016) for 2011. Recent announcements for changes to the program to be implemented in 2012 (see report PH-11-016) continue to indicate that the direction of the program is to become more focused on high risk families.

REPORT:

Background

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

The goals of the Healthy Babies Healthy Children Program are:

- To promote optimal physical, cognitive, communicative and psychosocial development in children through a system of effective prevention and early intervention services for families; and,

- To act as a catalyst for a coordinated, effective, integrated system of services and supports for healthy child development and family well being through the development of a network of service providers and participation in community planning activities.
The program is designed to:

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

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

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

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

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

2010 Service Statistics:

In 2010, in Waterloo Region:

- 71.9% of families with a live birth were screened prenatally (n=3934).
- There were 5468 families with one or more live births who delivered at the two local hospitals. Of those, 90% consented to a postpartum contact by the health unit (n=4865).
- 83.3% of families with a live birth were screened at birth by hospital nurses or midwives (n=4918).
- 92.7% of families who consented to health unit contact received a postpartum contact by a Public Health Nurse within 48 hours of hospital discharge (n=4510). An additional 4.9% of families received contact by a Public Health Nurse after 48 hours of hospital discharge (n=239) for a total contact rate of 97.6%.
- 35.7% of families received a postpartum visit by a Public Health Nurse (n=1735). This is down from 59% in 2007, 47% in 2008 and 37.1% in 2009 due to the decision to decrease postpartum home visiting made mid-year in 2008 in response to insufficient funding levels for the program.
- 8.7% of families with a live birth received a complete in-depth assessment to determine appropriateness for the Family Visitor and Service Coordination (home visiting) component of the program (n=496). This is lower than projected for 2010, possibly an impact of conducting fewer postpartum home visits, resulting in fewer referrals for an in-depth assessment and/or getting better at targeting those families that would benefit from the home visiting component of the Healthy Babies Healthy Children Program.
- 128 families with children 6 weeks to 6 years of age were referred to the HBHC program.
• 381 new families were referred and 355 new families accessed the Family Visitor component in 2010.
• 527 families with a high risk rating received Family Visitor services in 2010.
• 4015 visits by Family Visitors and 866 visits by Public Health Nurses were provided through the blended home visiting program in 2010. The average number of visits per family in 2010 was 10.

2011 Provincial Funding Allocation:
Recent correspondence (attached) from the Ministry of Children and Youth Services indicates that the 2011 funding allocation for the Healthy Babies Healthy Children Program in Waterloo Region will remain at $2,764,743 which is the same level as it was in 2008, 2009 and 2010. This 0% increase in funding has been applied to the program provincially. We have projected a conservative 0% increase in the number of live births to plan within existing resources and knowing that service components, levels and targets will be changing in January 2012 (see report PH-11-016). Service levels have been slightly reduced from 2010 levels to stay within the available 2011 funding allocation for the Healthy Babies Healthy Children Program in Waterloo Region and to account for the additional staff time that will go toward required provincial training for Public Health Nurses in the program. It is significant to note that since the implementation of funding reductions in June 2008 (required as a result of provincial funding constraints), the Healthy Babies Healthy Children Program in Waterloo Region is no longer delivered as a universal program. Recent announcements for changes to the program to be implemented in 2012 (see report PH-11-016) continue to indicate that the direction of the program is to become more focused on high risk families.

2011 Healthy Babies Healthy Children Service Planning Schedule:
Recent announcements for changes to the Healthy Babies Healthy Children Program (see report PH-11-016) include enhanced training for staff. As a result, Public Health Nurses will be participating in many days of training in 2011. Direct service hours will be reduced and accordingly, service targets for 2011 have been modified slightly.

In 2011, Public Health is planning to:
• Provide prenatal screening to 48% of families with a live birth;
• Facilitate postpartum screen by hospitals and midwives for 83% of families with a live birth, working with the hospitals to encourage an increase in the percentage of families consenting to contact by a Public Health Nurse;
• Provide postpartum contact to 99% of consenting families (most within 24-72 hours post hospital discharge);
• Provide a brief assessment to 5739 consenting families;
• Provide postpartum home visiting to 31% of consenting families;
• Provide in-depth assessments for 8.7% of families with a live birth to assess appropriateness for the Family Visitor and Service Coordination component of the program;
• Provide services to 90% of families who are referred to Healthy Babies Health Children home visiting after the completion of an in-depth assessment with a high risk rating;
• Provide 4200 visits by Family Visitors and 800 visits by Public Health Nurses through the blended home visiting component;
• Modestly reduce operating costs for the program (travel and print resource costs);
• Spend significant time assisting with planning changes to the program for 2012 (assistance with the new Healthy Babies Healthy Children Screen validation study, training Public Health Unit staff on the new required training components, influence the new program standards);

Appendix B shows a comparison of 2010 projections and achievements and 2011 service projections.
CORPORATE STRATEGIC PLAN:

The Healthy Babies Healthy Children program contributes to the Region’s strategic focus areas of:

- **#3 Healthy and Safe Communities** – support safe and caring communities that enhance all aspects of health
- **#4 Human Services** – promote quality of life and create opportunities for residents to develop to their full potential

FINANCIAL IMPLICATIONS:

The Healthy Babies Healthy Children Program is 100% provincially funded. The approved funding for 2011 is $2,764,743. The service levels and operating costs have been slightly reduced in order to deliver services within the available base allocation for this program for 2011.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Children’s Services staff have provided input into local priorities for the Healthy Babies Healthy Children Program through the Healthy Babies Healthy Children Advisory Committee which is a subcommittee of the Region of Waterloo Children and Parents Services (ROWCAPS) Committee.

ATTACHMENTS

- **Appendix A:** 2011 Budget Approval Letter from Ministry of Children and Youth Services
- **Appendix B:** Comparison of 2010 Projections and Achievements and 2011 Projections for the Healthy Babies Healthy Children Program

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

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

April 18, 2011

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

Dear Dr. Nolan:

Your 2011 allocation for the Healthy Babies Healthy Children (HBHC) program will be $2,764,743. The allocation is unchanged from 2010. The 2011 Healthy Babies Healthy Children (HBHC) Transfer Payment Budget Package has been emailed to your HBHC program director. The package contains the following:

- 2011 Request for Funding Instructions,
- 2011 Request for Funding Schedule,
- 2011 Service Planning Schedule Form,
- 2011 Healthy Babies Healthy Children Report Schedule,
- 2011 In Year Financial Quarterly Report,
- 2010 Settlement Package instructions,
- 2010 Settlement Package Certification,
- 2010 Settlement Package form,
- 2010 Settlement Package Auditor’s Questionnaire,
- Retainable and Non-Retainable Revenue Policy,
- 2011 One-Time Grant Request, and
- The cover letter.

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

.../cont'd
You are required to complete all sections of each form as accurately as possible and your budget submission must have the appropriate signatures before forwarding it to the Early Years Programs Unit. Once you have completed the Request for Funding Schedule, and the Service Planning Schedule, please forward them to Alex Rishea, Senior Analyst by June 1, 2011.

Sincerely,

[Signature]

Stacey Weber
Manager, Early Years Program Unit

c. Andrea Reist, Director
   Julie Mathien, Director, Early Learning and Child Development Branch
## Appendix B

Comparison of Provincial Targets, Region of Waterloo 2010 Projections, 2010 Achievements and 2011 Projections for the Healthy Babies Healthy Children Program

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010 Projections</th>
<th>2010 Achievements</th>
<th>2011 Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provincial Target</strong></td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td>Prenatal Screening</td>
<td>4140 (75%)</td>
<td>3934 (71.9%)</td>
<td>2625 (48%)</td>
</tr>
<tr>
<td>Screening at Birth</td>
<td>5124 (85%)</td>
<td>4918 (83.3%)</td>
<td>4903 (83%)</td>
</tr>
<tr>
<td>Postpartum Contact</td>
<td>5027 (99%)</td>
<td>4510 (92.7%)</td>
<td>4980 (99%)</td>
</tr>
<tr>
<td>Brief Assessment</td>
<td>5971</td>
<td>5739</td>
<td>5739</td>
</tr>
<tr>
<td>Postpartum Home Visit</td>
<td>1523 (30%)</td>
<td>1735 (35.7%)</td>
<td>1559 (31%)</td>
</tr>
<tr>
<td>In-Depth Assessment</td>
<td>552 (10%)</td>
<td>476 (8.7%)</td>
<td>476 (8.7%)</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>397 (90%)</td>
<td>381 (95.5%)</td>
<td>394 (90%)</td>
</tr>
<tr>
<td>Number of family visits performed by a Family Visitor</td>
<td>4200</td>
<td>4015</td>
<td>4200</td>
</tr>
<tr>
<td>Number of family visits performed by a Public Health Nurse</td>
<td>950</td>
<td>866</td>
<td>800</td>
</tr>
<tr>
<td>Number of family visits performed jointly by a Public Health Nurse and a Family Visitor</td>
<td>950</td>
<td>747</td>
<td>800</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: P09-80

SUBJECT: BULLYING AWARENESS AND PREVENTION PROJECT

RECOMMENDATION:

For information

SUMMARY:

This report provides a brief synopsis of the Region of Waterloo Public Health Imagine…A School Without Bullying initiative (2003-2011) as it comes to a close.

School boards in Waterloo Region identified bullying as a significant barrier to student success. Region of Waterloo Public Health (ROWPH) responded to this community identified issue by working with the Waterloo Catholic District School Board (WCDSB) and the Waterloo Region District School Board (WRDSB) to help elementary school communities more effectively address bullying. The initiative was entitled Imagine…A School Without Bullying: A School Climate Approach to Bullying Prevention and it promoted a comprehensive approach to bullying prevention/intervention.

As part of the Imagine initiative, ROWPH worked with WCDSB to implement surveys on bullying related behaviour. Reports from these surveys were generated and shared with the boards and the schools to help them tailor their plans for more effective bullying prevention/intervention activities.

Since the inception of this program it has helped inform Ministry of Education policy which is now complimentary to this work.

REPORT:

Bullying is a public health issue because it can interfere with children’s optimal growth and development. Children who are involved with bullying in any role (the child who is bullied, the child who bullies or those who witness bullying) are negatively affected because bullying creates a climate of fear within a group. If bullying is not confronted and effectively dealt with, it can interfere with social, emotional and academic learning. Children who have been bullied may experience anxiety that interferes with their school attendance. Without timely and supportive intervention, they may develop significant mental/emotional health issues, including suicidal behaviour. If children who bully are not helped to learn more positive ways of relating to peers, they may fall into unhealthy relationship patterns, leading to even more abusive behaviour later in life. Those who witness bullying in an environment where it is not addressed effectively may develop a personal fear of being the next target and may learn not to speak out against abuses of power.

Bullying is a complex social issue and the literature recommends taking a long term comprehensive approach. The framework promoted by the Imagine initiative involved all stakeholders (school staff, students, parents, community members) and the objectives were to raise awareness and understanding of bullying behaviour, to improve prevention, identify and respond to bullying, and to create safer and more caring school climates and communities where bullying behaviour is inhibited.
Project Accomplishments

- Over the eight years of the project, every elementary school (46) in the WCDSB and sixty-five (65) out of one hundred and two (102) elementary schools in WRDSB received education, resources and support directly through the Imagine initiative so that they could create and monitor intervention/prevention plans in their own school communities. Support included: a minimum of two full days of training; support/education meetings for school administrators; electronic newsletters, parent information packages and other resources; presentations and consultations for school communities; and meetings with board superintendents to discuss further board supports for schools.

- All involved schools received the manual entitled Imagine…A School Without Bullying: A School Climate Approach to Bullying Prevention which was co-produced by ROWPH and the two school boards in 2003. It included: information on bullying and how to effectively address the issue, 54 lesson plans for students JK-8 which included skill building; a Teacher’s Handbook; lists of community supports and resources and tools to help implement a 10-step process to engage the whole school community. A digital copy of this manual was provided to every health unit in Ontario and 274 manuals were distributed across Canada. In 2007, a “Training Facilitator’s Handbook” was developed by ROWPH and the two school boards to accompany the Imagine manual so that school boards could train staff in-house.

- ROWPH staff observed and participated in a variety of activities in school communities that involved awareness and education, creating supportive physical and social environments and involving community supports. School communities have developed resources to address bullying.

- The partnership between ROWPH, WCDSB and WRDSB contributed to policy change for local school boards, strengthening their policies regarding bullying and related topics (e.g. WRDSB Equity and Inclusion Board Policy on School Climate and the Prevention of Discrimination and Harassment).

- A webpage was posted for the duration of the project to provide information for schools, parents and the community. It offered a free download of the Imagine manual and Training Facilitators’ Handbook, and information sheets and newsletters for parents and school staff.

- In addition to ongoing work with local school boards, Public Health staff have presented with school board staff at provincial educators' conferences, provided training and consultation to several other school boards in Ontario, and worked with the Ministry of Education to have Imagine listed in the Ministry’s “Best Practice” registry to address bullying in schools. ROWPH’s work was further supported by complementary policy work being done at the local and provincial levels of the Ministry of Education.

Safe School Surveys within the WCDSB:
ROWPH and WCDSB partnered to obtain local data through surveys of elementary school students in grades four to seven, their parents, and school staff. The purpose of these surveys was to help identify local changes and trends in bullying behaviour and allow a voice for children and families affected by bullying. This information will be available for use by communities and school boards to improve the effectiveness of the work they are doing to prevent/stop bullying and improve developmental and learning outcomes for children. The tool used for this assessment was an adapted version from the Safe School Survey (grades four to seven, 2004 version) developed by Dr. Mark Totten on behalf of the Canadian Public Health Association and the National Crime Prevention Strategy. It includes surveys for students in grades four to seven, their parents, and school staff.
Together these surveys create a picture of bullying in the school setting. In using a “before and after” design, a baseline snapshot of bullying was established at ten schools as they began involvement with the Imagine initiative. In the schools’ third year of involvement the same surveys were conducted (outcome). Schools were selected by the WCDSB to reflect the geographic, socioeconomic, and ethno-racial diversity of the overall WCDSB. As a result these findings are a reflection of the WCDSB. The following are results from the outcome surveys.

Comparison of baseline and outcome survey results from this group
The following are results that were significantly different (statistically), indicating decreases in bullying behaviour during the three year study.

- Sixty-two per cent (62%) of students surveyed reported being bullied at least once in the four weeks prior to the survey compared to sixty-seven per cent (67%) at baseline.
- A smaller proportion of students reported being verbally bullied when compared to baseline.
- A smaller proportion of students reported being physically bullied when compared to baseline.
- Thirty-seven per cent (37%) of students reported bullying others at least once in the four weeks prior to the survey compared to forty-three per cent (43%) at baseline.
- A smaller proportion of students reported verbally bullying other students when compared to baseline.
- A smaller proportion of students reported socially bullying other students when compared to baseline.
- A larger proportion of students disagreed with pro-bullying statements when compared to baseline results.
- Students reported feeling safer “on the way to and from school” and “in their neighbourhood or community” when compared to baseline results.

Bullying remains a concern within schools
The following results were not significantly different from baseline results, indicating that they are still a concern within schools.

- The negative impact of bullying on children was reflected in these survey results, showing that students who were being bullied in the four weeks prior to the survey felt significantly less safe, less respected, and less included in their schools.
- The more frequently students were bullied, the less they felt safe, respected, and included at their school.
- Parents indicated that sexual harassment (16%) and racial discrimination (5%) remain present in schools.
- Girls reported being bullied more often than boys (66% vs. 58%).
- Girls were verbally and socially bullied more often than boys.
It was noted that boys, in comparison to girls, were significantly less empathetic towards the victims of bullying and more accepting of certain pro-bullying statements.

Recommendations were developed from the survey findings and shared with the WCDSB including the schools that were involved in the survey. They focused on increasing awareness, responding to bullying, and providing support for prevention/intervention planning. For information regarding recommendations and survey findings the Safe School Survey Report (2010) is available in the Councillor Library.

Conclusions
With the completion of the project, schools now have increased capacity to address bullying in their respective school communities. ROWPH has provided resources on bullying awareness to both school boards and the school boards will continue to address bullying and support schools in their endeavours.

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

Work on this program has been funded within Public Health base budget cost-shared resources (75% MHPS/25% Region). As the program comes to a close, these resources are being reallocated to address identified gaps in compliance with Ontario Public Health Standards Child Health requirements as introduced in 2008.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Attachment A – Letter from Waterloo Catholic District School Board dated May 31, 2011

PREPARED BY: Julie Hill, Public Health Nurse
Tori Fitton, Public Health Nurse
Lindsay Steckley, Public Health Planner
Sharmin Jaffer, Manager, Child and Family Health Promotion

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
May 31, 2011

The following letter is to outline The Waterloo Catholic District School Board’s involvement in the Imagine... A School Without Bullying: A school Climate Approach to Bullying Prevention initiative. As part of the Imagine initiative, WDCSB has worked with ROWPH on many levels.

Both ROWPH and WCDSB, along with staff from WRDSB, created the manual and training sessions. All of our 46 elementary schools are implementing the initiative and have numerous resources with which to address bullying prevention and intervention. Our schools have worked closely with ROWPH in order to network, share resources such as newsletter inserts and conduct surveys. The initiative has also empowered parents to get involved by hosting information sessions on such topics as cyber bullying and producing resources such as “Voices” which is being used with both school boards.

The surveys that are part of the Imagine Framework have proven to be extremely helpful to our schools. Not only have they shown that both students and parents feel safer than they did before implementing the framework but they also give schools data with which to work when they are planning bullying prevention/intervention strategies. The networking opportunities for administrators from both WCDSB and WRDSB have provided opportunities to share knowledge about their school community thus encouraging positive neighbourhood culture.

Prior to Bullying Prevention Week in Ontario (November 15-19, 2010) WCDSB schools were asked to submit a summary of events for the week as well as ongoing activities that happen in their schools as part of bullying prevention/intervention strategies. There was a great variety of initiatives. Here is a sampling:

- Imagine/Spirit Assemblies (many schools have these once a month, with themes that reflect virtues or OCSGE)
- PALS program (now runs in all 46 schools)
- Wear Blue Day to raise awareness of bullying prevention (Nov. 16, 2010)
- Various presentations (Basketball trickster~Q-Mack)
- Intramural sports/activity programs (17 schools won provincial intramural awards 2011)
- Student and parent presentations about Facebook
- Increase the Peace tour!
- STEAM program
- Peer Mediators
- Class meetings

35 Weber Street West • P.O. Box 91116 • Kitchener Ontario Canada • N2G 4G2
Telephone: 519.578.3660
• Social Justice initiatives (WE Day experience)
• Nutrition for Learning

This letter is only a snapshot of the positive effect that the Imagine Framework has had on WCDSB schools. We value the partnership that has been created and look forward to the future.

Submitted by:

Kathy Doherty-Masters
Healthy, Active Living Consultant
Waterloo Catholic District School Board

Gerry Clifford
Superintendent of Education
Waterloo Catholic District School Board
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 7, 2011

FILE CODE: S07-01

SUBJECT: THE REGION OF WATERLOO SENIORS ADVISORY COMMITTEE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo establish the Region of Waterloo Seniors Advisory Committee and

a) Approve the Terms of Reference for the Region of Waterloo Seniors Advisory Committee, as attached as Appendix A, and;


SUMMARY:

This report seeks approval of the Terms of Reference for the Region of Waterloo Seniors Advisory Committee and the appointment of a Regional Councillor to Co-Chair the Committee. It also identifies the opportunities to work collaboratively with area municipalities to facilitate seniors planning work.

REPORT:

In the 2007-2010 Corporate Strategic Plan, the Region 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 regional strategy for seniors. The Supportive Housing project, consisting of 30 apartments, was successfully opened in the spring of 2010. 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 document, entitled The Regional Municipality of Waterloo’s Seniors’ Services Planning Report was completed in November 2010 and provides information on current demographics of seniors in Waterloo Region, an overview of Regional services and planning work impacting seniors, legislative requirements, and promising practices. This planning document recommends and lays the groundwork for the development of an advisory body and a Region of Waterloo Strategy for Seniors. The need for corporate planning is substantiated by the breadth of departmental services that both directly and indirectly involve seniors, combined with the anticipated impact of the growing seniors demographic.

On November 16, 2010, Community Service Committee (CSC), approved in principle the creation of a seniors’ planning/advisory body and requested that terms of reference for the proposed committee be presented to CSC for review and approval (SS-10-047). Both the scope of the planning/advisory body and the interface with area municipalities was discussed. The Committee also requested clarification regarding the purview of the proposed Seniors Strategy. Appendix 1 sets out the proposed Terms of Reference for the Region of Waterloo Seniors Advisory Committee.
The Terms of Reference identify that the purpose of The Region of Waterloo Seniors Advisory Committee is to provide counsel and advice to Regional staff and through staff to Regional Council with respect to Regional planning and services impacting seniors. The scope is identified as reviewing Regional initiatives and policies that relate specifically to seniors planning and services and align with the Region’s Strategic Plan.

An initial function of the Region of Waterloo Seniors Advisory Committee will be to review the 2011-2014 strategic directions of Regional Council and the recommendations of The Regional Municipality of Waterloo’s Seniors’ Services Planning Report. The Social Planning Associate assigned to the Seniors’ Services portfolio (approved by council) will support the group in exploring the options with respect to the development of a Regional Seniors Strategy.

The importance of discussion and collaboration in responding to the needs of seniors was identified by the CAOs group in Waterloo Region in late 2010. On February 2, 2011 the Region hosted an exploratory meeting to discuss planning for seniors for Waterloo Region. Staff members from the Region, the three cities and three of the four townships were in attendance. At the meeting, staff discussed common areas of interest, current initiatives and future directions for seniors planning in Waterloo Region. Region staff facilitated a discussion on options for future collaboration. The group confirmed the value of common direction and mutual collaboration. In May, this group met to review the proposed terms of reference of the Region of Waterloo Seniors Advisory Committee. Their input has been incorporated in the terms of reference presented in Appendix 1. This municipal group will meet again in the fall to refine their collective role and to develop their own terms of reference.

CORPORATE STRATEGIC PLAN:

This report relates to the Corporate Strategic Plan, Focus Area Four – Human Services: Promote quality of life and create opportunities for residents to develop to their full potential. Under Strategic Objective Four, the Region aims to “enhance programs and services to address the growing needs of seniors” with specific actions to “develop a Region-wide planning body for seniors’ services” and to “develop a Regional Strategy for seniors that ensures a healthy quality of life in communities”.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The CAO’s Office, Corporate Resources, Public Health, Crime Prevention Council, Planning, Housing and Community Services, and staff from the area municipalities were consulted in the preparation of this report and the Terms of Reference for the Region of Waterloo Seniors Advisory Committee.

ATTACHMENTS

Draft Terms of Reference for the Region of Waterloo Seniors Advisory Committee
(Distributed as a separate attachment)

PREPARED BY: Leigh Golden, Manager, Social Planning, Policy and Program Administration Gail Kaufman Carlin, Director, Seniors’ Services

APPROVED BY: Michael Schuster, Commissioner, Social Services
Region of Waterloo Seniors Advisory Committee
Terms of Reference
DRAFT

Purpose
The Region of Waterloo Seniors Advisory Committee will provide counsel and advice to Regional staff and through staff to Regional Council with respect to Regional planning and services impacting seniors.

Objectives
The Region of Waterloo Seniors Advisory Committee will:

• Provide a venue/forum for stakeholder and community input to improve the quality of Regional services for seniors.
• Provide advice and feedback on policy, planning and services delivered by Seniors’ Services and other Regional Divisions/Departments supporting seniors.
• Recommend priorities for service development and delivery for seniors.
• Review quality and risk management reports of Sunnyside Home.
• Provide advice on Region of Waterloo seniors planning initiatives.
• Provide advice and facilitate a coordinated Regional approach to planning for seniors.
• Support the development of a coordinated Regional approach to service delivery for seniors.
• Receive information updates and staff reports regarding seniors initiatives in area municipalities, Waterloo Wellington Local Health Integration Network (WWLHIN), community agencies and other relevant planning bodies.

Scope
The Committee will review Regional initiatives and policies that relate specifically to seniors planning and services and align with the Region’s Strategic Plan.

Reporting
The Committee can make reports through the Commissioner of Social Services to the Community Services Committee.

Linkages and Communication
The Committee will provide advice to Regional Staff, Community Services Committee, Regional Council, Corporate Leadership Team (CLT) and dialogue with the municipalities, the community and other internal and external stakeholders as required. The Committee will liaise with area municipal staff via a Seniors Planning committee.

Meeting Schedule
The Committee will meet six times a year or at the call of the Co-Chairs.

Meeting Protocols
The Committee will use a consensus decision-making approach when making recommendations or endorsing actions related to planning and services for seniors. Where consensus cannot be achieved, majority approval by vote will be used to arrive at a decision. Majority approval is 50% of Committee members present at the meeting plus 1. Additionally, quorum to hold a meeting is defined as 50% of the total Committee membership plus 1. Co-Chairs will only vote in the event of a tie.
Membership
The Committee will be representative of planning and services for seniors within the mandate or sphere of influence of the Region and include:

<table>
<thead>
<tr>
<th>Members</th>
<th>Voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Councillor (Co-Chair)</td>
<td>1</td>
</tr>
<tr>
<td>Commissioner, Social Services (Co-Chair)</td>
<td>1</td>
</tr>
<tr>
<td>Director, Seniors’ Services</td>
<td>1</td>
</tr>
<tr>
<td>Social Planning Associate, Social Services (planning support)</td>
<td>non-voting</td>
</tr>
<tr>
<td>Corporate Resources (Citizen Service)</td>
<td>1</td>
</tr>
<tr>
<td>Public Health</td>
<td>1</td>
</tr>
<tr>
<td>Planning, Housing and Community Services</td>
<td>2</td>
</tr>
<tr>
<td>Transportation and Environmental Services</td>
<td>1</td>
</tr>
<tr>
<td>Older Adults Living in Waterloo Region with a Range of Experience/Perspectives/Geographic Representation</td>
<td>5</td>
</tr>
<tr>
<td>Representatives from Community Organizations/Agencies</td>
<td>3</td>
</tr>
<tr>
<td>Total Voting Members</td>
<td>16</td>
</tr>
</tbody>
</table>

Members will not represent their own interest but the broader interest of the population/client group/agency/organization they represent.

Selection of Members
Community Members and representatives will become members of the Committee through citizen appointment by advertisement. Community Members are approved by Community Services Committee and Regional Council. The Region of Waterloo Seniors Advisory Committee will recommend nominees to the Community Services Committee and Regional Council.

The Regional Councillor will be selected and approved by Regional Council.

Regional staff will be appointed their respective Department Heads.

Term of Office
The term of office is four years with the option to serve an additional term. Memberships may be extended or reviewed based on special circumstances with approval from The Region of Waterloo Seniors Advisory Committee.

Accountability
The Committee is accountable to the Regional Community Services Committee.

Supports and Resources
Administrative support and meeting expenses will be provided by the Region.

Planning support will be provided by the Social Planning, Policy and Program Administration Division.

Additional supports and/or resources can include the Crime Prevention Council and The Community Care Access Centre.
Agenda Preparation for the Meeting
Meeting agendas will be prepared by the Co-Chairs and Social Planning Associate in consultation with the Committee members via a call for agenda item request prior to each meeting. Agendas will be finalized and circulated in advance of the meeting.

Minutes of the meeting
Staff support for the Committee will be provided by the Social Services department.

Conflict of Interest
Committee members will adhere to the Conflict of Interest Policy for Advisory Committees approved by Regional Council on May 28, 2003. All Committee members will be required to sign a copy of the Policy to indicate that they agree to abide by it. Members in violation of the Policy may be asked to refrain from participating or leave the Committee.

The Terms of Reference be reviewed as required, but at least at every new term of Council.

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

DATE: June 7, 2011

FILE CODE: D04-70/RFMP

SUBJECT: REGIONAL FORESTS - OVERVIEW

RECOMMENDATION:

For Information.

SUMMARY:

Beginning in 1944, the former County of Waterloo began to acquire derelict farmland and other properties for reforestation purposes. The Region has acquired additional properties by way of donation or development approval as recently as 2003. These woodlands now comprise a network of eleven Regional Forests which are located in six of the seven Area Municipalities. All but one of these are open to the public. In addition, the Regional acquired woodlands on its three landfill properties, at Doon Heritage Crossroads, and behind the Operations Centre (Figure 1). The care and management of these 16 woodlands is governed by the Regional Forest Management Plan 2007-2026 (RFMP) approved by Regional Council in July 2006.

This report provides an update on the conditions of the Regional Forest properties and the status of forest management and property management activities. A summary of property and forest management activities is shown in Table 2 of this report.

The RFMP sets out the broad goals, objectives, and philosophy for the management of the Region's forests. It also discusses relevant forest management and property management issues which need to be addressed over the term of the plan (from 2007 to 2026). The management objectives of the RFMP fall into two broad categories:

1. forest management (the treatment of forest stands to protect significant ecosystems and species and convert monoculture plantations to woodlands representative of the Region), and
2. property management issues including the improvement of forest infrastructure (e.g., gates, parking lots, trails), boundary marking, signage, and encroachments. In addition, issues arising from extensive mountain biking in the Petersburg Tract were addressed.

Forest management efforts to date include the removal of trees and shrubs to restore rare oak savanna habitat in part of the Hilborn Regional Forest in Cambridge. A second phase of this project is planned in the near future. In 2010, a severely declining five-acre pine plantation was removed in Drynan Regional Forest in North Dumfries in order to facilitate the development of a mixed hardwood forest comprising local native species representative of the Dumfries Carolinian Environmentally Sensitive Landscape where it is located.

Part of the ongoing property management has focused on the installation of entrance kiosks which display the name and Regional ownership of the property and feature property maps showing trails and vegetation, as well as some basic rules for visitors. They also provide useful contact information in case visitors wish to communicate with the forests’ managers. In addition, visitor parking facilities
have been improved or enlarged to provide for suitable off-road parking. Trails have benefitted from ongoing minor improvements to address washouts and local erosion.

Hazard trees are always a concern and are an ongoing component of management each year. Inspections are made regularly, especially after severe weather events such as rain, snowmelt, or wind storms.

Several significant partnerships and collaborations have developed in the management of the Regional Forests over the past number of years.

- The Waterloo Cycling Club and the Region of Waterloo entered into a Stewardship Agreement, whereby the cycling club is responsible for the development and maintenance of a network of trails for mountain biking, trail running and hiking on the Petersburg Regional Forest and the Waterloo Landfill Woodlands.
- The Waterloo Stewardship Network has been assisting with the development of several demonstration woodlots on the Doon and Drynan Regional Forests and has also established a Memorial Grove at Drynan to recognize the work of individuals involved in promoting environmental stewardship in the Region of Waterloo.
- Students in the Environmental Engineering Technology program at Conestoga College developed a workable design for the replacement of the decayed boardwalk at Sudden Regional Forest which had to be closed for safety considerations. Staff intend to use this design as the basis for the reconstruction of this walkway which has been well-used and appreciated by recreationists and school groups alike.

Use of the Regional Forests by the public varies somewhat from property to property. While all of Regional Forests are used by hikers and dog walkers, the larger properties such as Sudden, Drynan and Sandy Hills see a greater intensity of use due to the longer trails. These properties are also popular with cross-country skiers and snowshoers during the winter months. The properties that experience the greatest number of visitors by quite a margin are Petersburg Regional Forest and the Waterloo Landfill Woodlands due to the establishment of the mountain biking trails under the Stewardship Agreement with Waterloo Cycling Club. This network of approximately 23 kilometres of “single-track” trails is visited by cyclists from across the Region as well as from all over southwestern Ontario. Upward of 200 mountain bikers, trail runners and hikers have been recorded on a given summer evening.

Appreciation of the amenities provided by the Regional Forests is evident in the fact that the citizens of Waterloo Region continue to quietly work with the Region to pick up litter along trails, report maintenance and use issues, donate objects such as benches and gravel to the forests, and show continuing interest in how these valuable community assets are managed.

REPORT:

The former County of Waterloo began to acquire derelict farmland and other properties for reforestation purposes as early as 1944. Over the years, additional properties were acquired by way of donation or development approval by the Region, most recently as 2003. These woodlands now comprise a network of eleven Regional Forests, all but one of which are open to the public, and are located in six of the seven Area Municipalities. Additional Regionally owned woodlands are located on the three landfill properties, at Doon Heritage Crossroads, and behind the Operations Centre. In 2006, Regional Council adopted the Regional Forest Management Plan (RFMP) which covers the 16 woodlands owned by the Region of Waterloo (Figure 1).

The RFMP articulates a general philosophical approach to the management of the Region’s woodlands, and discusses relevant forest management and property management issues which
need to be addressed over the term of the plan. The management objectives of the RFMP fall into two broad categories:

- forest management (the treatment of forest stands to protect significant ecosystems and species and convert monoculture plantations to woodlands representative of the Region), and
- property management issues including the improvement of forest infrastructure (e.g., gates, parking lots, trails), boundary marking, signage, and encroachments. In addition, issues arising from extensive mountain biking in the Petersburg Tract were addressed.

Specific management activities on individual properties are done under the guidance of Operating Management Plans which are developed at the level of recognizable and unique forest stands within each individual woodland. The Operating Management Plans have a five-year life-span with activities detailed on an annual basis. As they are completed by a Regional staff person who has a Registered Professional Forester designation, they are reviewed by the Ecological and Environmental Advisory Committee and relevant agencies and discussed with interested members of the public before being submitted to Council for consideration.

This summary report contains information regarding both forest management and property management components in keeping with the structure of the RFMP and is intended to provide a general overview rather than a detailed breakdown.

Until the late 1990s, management of most (nine) of the Region’s forest properties occurred under the MNR’s Agreement Forest program whereby the overall goals and objectives were determined by MNR forestry staff in consultation with the Region, and subsequent management activities were carried out by MNR field staff, or by contractors under supervision of the MNR. After the Agreement Forest program ended in 1995, the Region assumed the management of the Regional Forests. Active forest management by the Region began in 2001 and until the approval of the RFMP in 2006, most of the forest management activities comprised hazard tree removals, the demolition of bicycle stunts, and upkeep of trails in order to reduce risks to visitors. Also, during that time, the RFMP was drafted to reflect the priorities for the management of the Regional Forests articulated in the former Regional Official Policies Plan as well as the aspirations of the residents of the Region of Waterloo.

The broad goals and objectives for the management of the Regional Forests as spelled out in the RFMP, lean more toward ecological and social values than economic (i.e., commercial timber production). While economic returns will be considered, decisions will be based primarily on improving forest health and stand quality over the longer term. This may well result in trees of lower economic value being cut for firewood rather than higher quality trees being taken for sawlogs or veneer logs. It is, however, recognized that it is difficult to put an economic valuation on aesthetics, ecosystem function or educational opportunities. By taking this approach, the Region of Waterloo seeks to balance good forestry practices with sound stewardship ethic. In fact, it is proposed that plantations in several of the Regional Forests (Doon, Sandy Hills) be used as forest management demonstration sites with the management activities being conducted in co-operation with the Waterloo-Wellington Woodlot Owner’s Association and the Waterloo Stewardship Network.

Since 2006, a majority of the property management activities in the Regional Forests have resulted in improvements to infrastructure such as installation of vehicle barrier gates, construction of sign kiosks, and access and parking improvements. In addition a number of forest management activities have been undertaken on individual properties with the intention of maintaining or achieving healthy forest communities. This summary report is divided into forest management and property management components in keeping with the structure of the RFMP and is intended to provide a general overview.

Property Management
Although some forest management activity has taken place since 2006, the majority of the activities in the Regional Forests have involved property management. When the Region assumed direct management of the Regional Forests, there was an evident “infrastructure deficit” that needed to be corrected in order to protect the forests from unauthorized vehicle access, and provide a reasonable level of safety and convenience for visitors. The past few years have witnessed steady progress as vehicle barrier gates were installed, sign kiosks erected, and access and parking lots improved.

One of the perennial tasks of property management is the ongoing pick-up of litter and dumped rubbish. That there is not as much as might perhaps be expected is due in no small part to the efforts of regular visitors, many of whom will pick up litter and carry it out with them. Garbage barrels are not provided in parking areas as in the past, as these prove to become popular drop-off points for household trash, or the target for individuals looking to obtain free burn barrels.

**Hazard Tree Management**
Regular periodic inspections of the forests identify hazard trees which have the potential to fall across trails or onto adjoining properties. Such trees are marked for cutting or the pruning of potentially hazardous branches. When such trees are felled, the stems and branches are left to decompose naturally and in the process provide habitat to forest animals and enrich forest soils. In cases where there is an excess of woody material, a portable chipper may be used to further reduce the size of the residue and also to spread it over a larger area. For several years, this work has been performed on an as-needed basis by a local landscaping and tree management service.

**Vehicle Barrier Gates**
Heavy gauge steel barrier gates have now been installed at almost all of the Regional Forest access points. These gates were manufactured by J.M. Lahman Mfg. of Linwood and provide a secure barricade wide enough to allow access by large vehicles that might require access for authorized activities on the forest property. There are still several gates to be installed at a number of less used or inaccessible properties.

![A typical barrier gate installation at a Regional Forest](image)

**Trail Maintenance**
The trails in the Regional Forests are primarily ungroomed, natural surface trails that are more "rustic" than those found in urban parklands. This approach is taken even in the two Regional Forests located within built-up areas of Cambridge (Hilborn) and Kitchener (Doon). The majority of visitors appear to appreciate having trails of this nature. Nevertheless, trail maintenance is still required on an ongoing basis to ensure that the walking surface is not eroded by water run-off or foot traffic. In addition, vegetation and brush removal occur on a regular basis in order to keep the trails sufficiently wide for hikers, runners, cyclists, and cross country skiers and to minimize risks from protruding branches and twigs.
Most of the former Agreement Forest properties also contain a major, “loop”: trail that was constructed as the primary access trail. These trails have gravelled surfaces which have held up well over the years, although several culverts have had to be replaced and small washouts repaired with gravel and redirection of water.

**Signage**

Information kiosks are being placed at the entrances to all of the Regional Forests. Signage on the kiosks will clearly identify the properties as Regionally-owned properties and will also carry a large scale map on the front in order to allow users to get an overview of the site and the trails networks. The trails on a number of Regional Forests were mapped in 2010 using a portable GPS unit by a high school co-op student working under the supervision of Regional staff. These data will be used in the preparation of the kiosk maps to be installed in the summer of 2011.

A typical Regional Forest information kiosk before map installation
At the Petersburg Regional Forest, the existence of two trail systems, a multi-user loop trail intended for use by all authorized users of the forest, including horse-back riders, and a heavily used network of special “single-track” mountain biking, trail running and hiking trails in the interior of the site has necessitated the development of signs to clearly demarcate the two types of trails. The purpose of such signage is to attempt to minimize damage to trails and to reduce potential conflict between the various user groups. The signs also serve to reinforce the information contained on the kiosk maps.

In 2009 a stone cairn containing a memorial plaque was constructed at Walker Woods to recognize the donation of this property to the Region by the late Roy Walker Roth of Wilmot Township. The cairn is approximately five feet in height and surfaced with local field stones donated from neighbouring properties. It is planned to grade and gravel part of the small grassed area beside the cairn to provide safe off-road visitor parking. An entrance gate and sign kiosk will also be installed during the completion of the parking lot.

![Stone cairn at the entrance to Walker Woods Regional Forest](image)

**Benches**
A number of benches have been installed at the side of the trails at Sudden Regional Forest. These benches were donated by the Reuter Walkers group from Cambridge who regularly hike trails throughout the Region. A bench has similarly been donated for placement at Drynan Regional Forest by Paul and Soula White. Additional benches will be placed along trails in other Regional Forests.

![Bench at Sudden Regional Forest donated by Reuter Walkers](image)
Boardwalks
One of the major attractions of the Sudden Regional Forest is a boardwalk traversing a large wetland feature. This boardwalk, which is approximately 500 metres in length, has fallen into disrepair due to the deterioration of the supporting structures. In 2007, $50,000 was allocated in the Regional Forest capital budget to cover the cost of repairs which was at that time understood to consist of replacing worn and decaying planks and stringers. Closer inspection revealed however, that the deterioration was greater than expected, and that all components (planks, stringers, and supports) were in need of replacement. As result, the boardwalk was deemed unsafe, and was closed to public access in 2008. Since that time, staff has looked at various alternatives such as finding a dry land route around the wetland or replacing the boardwalk in as economical a manner as is consistent with public safety. Exploration of the western part of the forest has led staff to conclude that it is not feasible to create a dry land route on the existing Regional land holdings. In 2010-11, a group of students in the Environmental Engineering Technology program at Conestoga College met with staff and took on the task of designing a replacement boardwalk as their senior project. The result of their efforts is a plan that will be evaluated for by staff and potentially presented to Regional Council at a future time for consideration, as its cost would exceed the amount approved in the capital budget.

While the large boardwalk remains closed, several smaller boardwalks have been replaced in their entirety in nearby locations also within Sudden Regional Forest.

Parking areas
Access to Regional Forests is often restricted due to limited space for vehicle parking. Also, there are potential problems if visitors park along the sides of rural roads where most of the forests are located and potentially restrict the passage of wide agricultural equipment. In 2010-2011, off-road parking facilities have been significantly enlarged at the Drynan and Petersburg Regional Forests. At Petersburg Regional Forest, a neighbouring aggregate pit owner generously donated a significant amount of time and material to assist with improving parking facilities, in part due to the fact that visitors to the property were parking on a shared right-of-way from Snyder’s Road and sometimes causing difficulties for gravel trucks entering and exiting the pit. At Drynan, the improved parking facility was part of the ongoing forest improvement work being done in partnership with the Waterloo Stewardship Network (WSN). As the Drynan site is part of a larger planned demonstration forest project, it was felt that increasing the amount of space for visitors to the property was important. In addition, the traffic on Dumfries Road is such that it is important to provide a safe place for cars to pull out of traffic and to re-enter. As result, some of the trees and shrubs along the edge of the parking area were pruned and thinned to improve sightlines and visibility for drivers. Improved visibility is also desirable to deter thieves who have in the past sometimes broken onto cars in this lot.

**Forest management**

Operating and Management Plans have been approved by Regional Council for a number of the Regional Forests, detailing specific forest management activities designed to achieve the overall goals and objectives of the RFMP. Implementation of these management plans has been somewhat slower than anticipated due to the need to take care of some of the more pressing property management issues that affected visitor safety.

Although not strictly a part of forest management as such, much time is spent on removing hazardous trees located adjacent to walking trails, parking areas and nearby homes. Since dead and dying or broken trees are a liability to the Region and pose a risk to users of the forests, Regional staff make inspection tours several times a year and ensure that these hazards are identified and safely removed by felling and removing them from the immediate vicinity of the trails.

Most of the management activities now occurring or soon planned to occur in the Regional Forests and Woodlands over the term of the RFMP is the conversion of conifer plantations to more ecologically appropriate mixed hardwood forest types. Unfortunately, one of the realities now encountered in managing conifer plantations is disposing of the small and poor quality trees culled in thinning operations due to limited markets for such material in Southern Ontario. In practical terms, this means either paying to have the stands thinned or at best being willing to accept little or no revenue in exchange the work. Although the RFMP does indicate that economic return is not a primary goal of forest management, care is being taken to ensure that such operations do not occur at a loss.

Management of the Doon Regional Forest is being undertaken in partnership with the Waterloo Stewardship Network. The intent is to provide visitors to this primarily conifer plantation forest with examples of options available to manage plantations as well as to convert plantations to more appropriate and sustainable native hardwood forest types. To date, neighbouring residents have been informed of the activities that will occur on the property by means of an open house (on site discussion and site walk). Control of the non-native invasive European Buckthorn has been initiated and in the winter of 2011-12, it is anticipated that thinning and selective removal of the existing conifers will begin. Access to this property continues to be a problem, as the entrances consist of two pedestrian walkways from residential subdivisions and a pathway across a City of Kitchener property near the Doon Presbyterian Cemetery. Regional staff is currently looking for a workable solution that would enable forest harvesting equipment and trucks to gain adequate safe access and for the removal of saleable trees.

One of the most significant forest management efforts to date has been undertaken at the Drynan Regional Forest in North Dumfries Township. In the winter of 2010, a two hectare Red Pine
plantation was removed at the front of the site adjacent to Dumfries Road. The trees in the pine plantation were experiencing severe decline because this species is poorly suited to the soil conditions of the site, and a lack of previous thinning which would have allowed the trees to maintain some growth for a longer period of time. Removing the plantation allows for an accelerated conversion to a hardwood forest type over time. In addition to the plantation clearing, plantation thinning occurred at three other locations within the property where Norway Spruce and White Pine trees were exhibiting greater survival and better health and vigour than the Red Pines.

As with the management at Doon Regional Forest, the management at Drynan is occurring as a partnership with the Waterloo Stewardship Network, and funded in part through the Region’s Environmental Stewardship Fund. After the trees were removed, a serpentine walking/interpretive trail was put in by a crew of Stewardship Rangers, who also planted a variety of ecologically appropriate native trees and shrubs throughout the cleared area to assist in the development of a hardwood forest over time.
Weedy, competing vegetation including Buckthorn has been treated as appropriate with herbicide and/or being mechanically removed to increase the successful growth of planted materials and naturally occurring trees, shrubs and herbaceous plants.

In addition to the establishment of the native hardwood forest in the former plantation area of Drynan Regional Forest, the Stewardship Network also established a small memorial grove in the area in which a number of large-sized trees have been planted and commemorative plaques placed to recognize the efforts made by individuals involved in the promotion of environmental stewardship over the years in the Region.

At Hilborn Regional Forest in Cambridge, tree and shrub cleaning has been conducted several times in the vicinity of the large white oak known as the Hilborn Oak adjacent to Burnett Ave. The intent of the clearing is to improve light conditions that will permit the development of an oak savanna similar to what existed in much of Cambridge before the area was settled by Europeans in the early 19th century. The original savanna was likely a combination of historic conditions as well as the result of cattle pasturing in the area. Opening the canopy will result in the growth of herbaceous ground flora and the development of a sedge carpet characteristic of oak savannas. While it is unlikely that a true savanna condition will exist without extensive efforts including using fire to control competing vegetation, the regular removal of non-desirable vegetation will result in a condition that exhibits the characteristics of oak savanna in the middle of an urban subdivision, and reflects the natural heritage of this part of the Region.

Additional management activities have occurred at two other Regional Woodlands that were not identified in the RFMP at the time it was written due to their small sizes and restricted locations at Middleton Water Treatment Plant and Mannheim Water Treatment Plant. At both plants, the forest management was undertaken in advance of upgrading and/or expansion to the facilities. At Middleton, a small amount of tree clearing took place in a deteriorating Scots Pine plantation to make room for facility expansion in addition to some thinning of the remaining hardwoods and conifers. At Mannheim, a portion of a hardwood woodland was removed for the enlargement of the building and the remaining woodland was thinned to improve the overall quality of the site and also to increase the amount of regenerating hardwood trees.

**Partnerships and Collaborations**

During the implementation of the RFMP to date, a number of significant partnerships have been developed with regard to the management of the Regional Forests. The Waterloo Cycling Club (WCC) signed a Stewardship Agreement with the Region in the spring of 2009. Pursuant to this agreement, the WCC is responsible for the development and maintenance of a network of mountain biking, trail running and hiking trails linking two Regional properties, the Petersburg Regional Forest
and the Waterloo Landfill Woodlands. Approximately 23 km of trails are extremely well used and upward of 200 cyclists on this trail network on spring, summer and fall evenings is not unusual. Cyclists from all around southwestern Ontario make this trail network a regular recreational destination due to its high quality of cycling opportunity and its unique location within close proximity to an urban neighbourhood. The commitment of the WCC to this endeavour can be seen by the attendance at trail days when club members carry out a variety of trail construction and maintenance activates. Forty to fifty members show up at the designated location to clean up trails and carry out major and minor maintenance activities to ensure that the trails remain in a sustainable condition for all users.

As noted throughout this report, the Waterloo Stewardship Network has been an active partner in carrying out work at two of the Regional Forests, namely, Doon and Drynan, as part of their mandate to promote sound stewardship practices in the Region.

Most recently, the participation of several students in the Environmental Engineering Technology program at Conestoga College has provided the Region with a workable design for the replacement of the closed boardwalk at Sudden Regional Forest. The intention is that this design will be used as the basis for a future proposal to Regional Council to re-establish this well-used and appreciated walkway across the wetland on this property.

Finally, the citizens of Waterloo Region have quietly worked with the Region to pick up litter along trails, report maintenance issues, donate objects such as benches and gravel to the forests, and show continuing interest in how these valuable community assets are managed.

**Area Municipal Consultation/Coordination**

City of Cambridge and Kitchener staff is consulted as necessary regarding the management of Hilborn Knoll and Doon Regional Forest, respectively, as these properties are adjacent to wooded natural areas owned by those cities. With regard to the Regional Forests in the respective townships, staff provide assistance maintaining roadside access locations by ploughing them clear during the winter months and removing litter and debris throughout the year. Area Municipal staff also provide Regional staff with information regarding inappropriate and/or unauthorized activities occurring on the Regional properties if and when issues arise.

**CORPORATE STRATEGIC PLAN:**
The RFMP guides staff in preserving the sensitive environmental features in the Regional Forests and other woodlands covered by the Plan. It also optimises the use and maintenance of the Region’s “green infrastructure.” Lastly, it seeks to build partnerships with other organisations and individuals in the community around a shared concern about the ongoing management of these publicly-owned forests.

FINANCIAL IMPLICATIONS:

Expenditures for Regional Forest property and forest management activities and operations are funded from the approved Regional Forest capital and operating budget accounts and the Environmental Stewardship Fund as approved by Regional Council. Any income realized from harvesting operations are earmarked for return to the Regional Forest budget and used to finance further activities.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

Figure 1 - Regional Forests in the Regional Municipality of Waterloo
Table 1 - Summary of Regional Forest Properties
Table 2 - Property and Forest Management Activities at Regional Forest and Woodlands

PREPARED BY: Albert Hovingh, Principal Planner, Environmental and Stewardship Planning

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
FIGURE 1
REGIONAL FORESTS IN THE
REGIONAL MUNICIPALITY OF WATERLOO

<table>
<thead>
<tr>
<th>Regional Forest Name</th>
<th>Open to Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cambridge Landfill</td>
<td>N</td>
</tr>
<tr>
<td>2 Dean’s Lake</td>
<td>N</td>
</tr>
<tr>
<td>3 Doon</td>
<td>Y</td>
</tr>
<tr>
<td>4 Doon Heritage Crossroads</td>
<td>Y (w/ museum admission)</td>
</tr>
<tr>
<td>5 Drynan</td>
<td>Y</td>
</tr>
<tr>
<td>6 Gibney</td>
<td>Y</td>
</tr>
<tr>
<td>7 Hilborn Knoll</td>
<td>Y</td>
</tr>
<tr>
<td>8 Kitchener Landfill</td>
<td>Y</td>
</tr>
<tr>
<td>9 Macton</td>
<td>Y</td>
</tr>
<tr>
<td>10 Gps Centre</td>
<td>N</td>
</tr>
<tr>
<td>11 Petersburg</td>
<td>Y</td>
</tr>
<tr>
<td>13 Sandy Hills</td>
<td>Y</td>
</tr>
<tr>
<td>14 Sudden</td>
<td>Y</td>
</tr>
<tr>
<td>15 Townline</td>
<td>Y</td>
</tr>
<tr>
<td>16 Walker Woods</td>
<td>Y</td>
</tr>
<tr>
<td>17 Waterloo Landfill</td>
<td>Y (Waterloo Cycling Trails)</td>
</tr>
</tbody>
</table>

Regional Airport excluded from Forest Management Plan
<table>
<thead>
<tr>
<th>PROPERTY NAME</th>
<th>REGIONAL FOREST #</th>
<th>YEAR OF AQUISITION</th>
<th>TOWNSHIP/CITY</th>
<th>LOT</th>
<th>CONCESSION</th>
<th>HECTARES</th>
<th>OPEN TO PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean's Lake</td>
<td>1</td>
<td>1948</td>
<td>North Dumfries</td>
<td>2, 3</td>
<td>7</td>
<td>21.4</td>
<td></td>
</tr>
<tr>
<td>Doon</td>
<td>2</td>
<td>1949</td>
<td>Kitchener</td>
<td></td>
<td>B.U.T</td>
<td>29.1</td>
<td>●</td>
</tr>
<tr>
<td>Drynan</td>
<td>3</td>
<td>1982</td>
<td>North Dumfries</td>
<td>Pt. 25, 26</td>
<td>8</td>
<td>44.8</td>
<td>●</td>
</tr>
<tr>
<td>Gibney</td>
<td>4</td>
<td>1984</td>
<td>Wilmot</td>
<td>Pt. 12</td>
<td>S.S.R</td>
<td>8.9</td>
<td>●</td>
</tr>
<tr>
<td>Macton</td>
<td>5</td>
<td>1945</td>
<td>Wellesley</td>
<td>Pt. 9</td>
<td>14</td>
<td>21.5</td>
<td>●</td>
</tr>
<tr>
<td>Petersburg</td>
<td>6</td>
<td>1948</td>
<td>Wilmot</td>
<td>Pt. 3, 4</td>
<td>N.S.R</td>
<td>40.5</td>
<td>●</td>
</tr>
<tr>
<td>Sandy Hills</td>
<td>7</td>
<td>1945</td>
<td>Woolwich</td>
<td>62, 63 &amp; 76</td>
<td>G.C.T</td>
<td>74.1</td>
<td>●</td>
</tr>
<tr>
<td>Sudden</td>
<td>8</td>
<td>1944</td>
<td>North Dumfries</td>
<td>20, 21</td>
<td>8</td>
<td>88.6</td>
<td>●</td>
</tr>
<tr>
<td>Townline</td>
<td>9</td>
<td>1951</td>
<td>Wilmot</td>
<td>1</td>
<td>3B, N.E.R</td>
<td>6.2</td>
<td>●</td>
</tr>
<tr>
<td>Walker Woods</td>
<td>10</td>
<td>1992</td>
<td>Wilmot</td>
<td>24</td>
<td>1</td>
<td>10.6</td>
<td>●</td>
</tr>
<tr>
<td>Cambridge Landfill</td>
<td>11</td>
<td>--</td>
<td>Cambridge</td>
<td>N/A</td>
<td>N/A</td>
<td>39.8</td>
<td></td>
</tr>
<tr>
<td>McLennan Park</td>
<td>12</td>
<td>--</td>
<td>Kitchener</td>
<td>N/A</td>
<td>N/A</td>
<td>4.6</td>
<td>●</td>
</tr>
<tr>
<td>(Former Kitchener Landfill)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterloo Landfill</td>
<td>13</td>
<td>--</td>
<td>Waterloo</td>
<td>N/A</td>
<td>N/A</td>
<td>26.6</td>
<td></td>
</tr>
<tr>
<td>Doon Heritage Crossroads</td>
<td>14</td>
<td>--</td>
<td>Kitchener</td>
<td>N/A</td>
<td>N/A</td>
<td>5.7</td>
<td>●</td>
</tr>
<tr>
<td>Hilborn Knoll</td>
<td>15</td>
<td>2003</td>
<td>Cambridge</td>
<td>N/A</td>
<td>N/A</td>
<td>5.5</td>
<td>●</td>
</tr>
<tr>
<td>Operations Centre</td>
<td>16</td>
<td>--</td>
<td>Cambridge</td>
<td>N/A</td>
<td>N/A</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>435.4</td>
</tr>
</tbody>
</table>

1 with admission
<table>
<thead>
<tr>
<th>PROPERTY NAME</th>
<th>Barrier Gate(s)</th>
<th>Kiosk</th>
<th>Parking Lot</th>
<th>Other</th>
<th>Notes</th>
<th>Forest Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean's Lake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partnership - WSN</td>
<td>Thinning marking; buckthorn control</td>
</tr>
<tr>
<td>Drynan</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Partnership - WSN</td>
<td>Plantation removal, replanted with native hardwoods</td>
</tr>
<tr>
<td>Gibney</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Petersburg</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td>Stewardship Agreement – WCC trails</td>
</tr>
<tr>
<td>Sandy Hills</td>
<td>Y (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden</td>
<td>Y (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Boardwalks Trail benches donated</td>
</tr>
<tr>
<td>Townline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walker Woods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cairn</td>
</tr>
<tr>
<td>Cambridge Landfill</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McLennan Park (Former Kitchener Landfill)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterloo Landfill</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stewardship Agreement – WCC trails</td>
</tr>
<tr>
<td>Doon Heritage Crossroads</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hilborn Knoll</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
<td>Oak savanna management</td>
</tr>
<tr>
<td>Operations Centre</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting date</td>
<td>Requestor</td>
<td>Request</td>
<td>Assigned Department</td>
<td>Anticipated Response Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-Sep-10</td>
<td>Committee</td>
<td>Staff report regarding the impact of revised technology for Delivery of Social Assistance on applicants.</td>
<td>Social Services</td>
<td>early 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23-Mar-11</td>
<td>Budget Committee</td>
<td>Staff report regarding the potential for long-term funding support for Opportunities Waterloo Region.</td>
<td>Social Services</td>
<td>Fall 2012 (prior to the 2012 budget process)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>