REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, March 19, 2013
1:00 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener

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

2. DELEGATIONS

a) Mary MacKeigan, Executive Director, Opportunities Waterloo Region, Re: Fundraising Update and Request

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

3. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA

4. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION


b) PH-13-012, Update - Influenza Season 2012/2013 (Information)

c) CPC-13-003, inREACH- One Time Funding Request: Building Sustainable Street Gang Prevention in Waterloo Region (Information)

INFORMATION/CORRESPONDENCE

d) Memo: Reducing Opioid-Related Morbidity and Mortality

e) Memo: Ontario Works Caseload: February 2013

f) Memo: Financial Inclusion Inventory

REGULAR AGENDA RESUMES
5. REPORTS – PLANNING, HOUSING & COMMUNITY SERVICES
   
a) P-13-028, Region of Waterloo Affordable Housing Strategy and Investment in Affordable Housing for Ontario – Program Delivery and Fiscal Plan Progress Update *(Staff Presentation)*

REPORTS – PUBLIC HEALTH

b) PH-13-009, Public Health 2012 Year-End Accountability Agreement Indicator Results

c) PH-13-011, Highlights From Ontario’s Chief Medical Officer Of Health 2011 Annual Report

d) PH-13-014, The 2013 Vector-Borne Disease Program Plan

6. OTHER BUSINESS

a) Council Enquiries and Requests for Information Tracking List

7. NEXT MEETING – April 9, 2013

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

DATE: March 19, 2013

FILE CODE: F18-40

SUBJECT: P2013-05 REGION OF WATERLOO PUBLIC HEALTH WEST NILE VIRUS SURVEILLANCE/MONITORING & LARVICIDING/ABATEMENT SERVICES

RECOMMENDATION:

THAT The Regional Municipality of Waterloo accept the proposal of G.D.G. Environnement for Region of Waterloo Public Health West Nile Virus Surveillance/Monitoring & Larviciding/Abatement Services, for a three year term at a total cost of $499,957.20 including all applicable taxes, with the option to renew for two additional one year periods.

SUMMARY: Nil

REPORT:

As per the requirements of Ontario Regulation 199/03 (Control of West Nile Virus), the Region of Waterloo Public Health through its Vector-borne Program takes a multi-faceted approach to decreasing the risk of West Nile virus infection in humans. One of the elements of this approach is the control of mosquito populations capable of transmitting West Nile virus, accomplished through the larviciding of known breeding sites (e.g. catch basins, storm drainage ponds and other sites as identified).

Since 2008, as part of the Vector-borne Program, G.D.G. Environnement has been working in the Region to identify mosquito species that are carriers for West Nile Virus and to control the growth of the mosquito population by larviciding known breeding sites. In 2012, the GDG contract for mosquito larvae monitoring and larviciding expired.

Proposals were called for P2013-05 Region of Waterloo Public Health West Nile Virus Surveillance/Monitoring & Larviciding/Abatement Services and were advertised in The Record, on the Ontario Public Buyers Association website and on the Region of Waterloo website. The proposals were opened in the presence of A. Patel, B. Miller and L. Buitenhuis.

Three vendors downloaded the Request for Proposal from the Region of Waterloo website, however only two bids were received. As this is a specialized service, it is not unexpected that only two bidders submitted proposals.

The following proposals were received:

G.D.G. Environnement  Trois-Rivieres, Quebec  $499,957.20
Pestalto Environmental Health Services Inc.  Hamilton, Ontario  $688,285.92
Proposals were evaluated based on the following criteria: company profile and affiliates, compliance to all terms & conditions, comprehensive program approach, proposal clarity, qualifications and price. G.D.G. Environnement had the highest overall score and the lowest price. Therefore, staff recommends that G.D.G Environnement be chosen as the service provider for the three-year term comprising of 2013, 2014 and 2015.

CORPORATE STRATEGIC PLAN:

The proposal supports Focus Area 4 of the Corporate Strategic Plan, Healthy and Inclusive Communities to foster healthy, safe, inclusive and caring communities.

FINANCIAL IMPLICATIONS:

The total cost for the three year term is $499,957.20 including all applicable taxes. After the HST rebate, the cost is $450,228 for three years, or $150,076 per year.

The 2013 Budget includes a provision of $388,621 for the West Nile program. This expenditure is cost shared with the Province of Ontario (75/25) with the Regional share being $97,155. Included in this budget is an allocation of $198,800 for mosquito larvae monitoring and larviciding of known breeding sites. Any surplus funds may be used for other WNV activities, or form part of the Regional year end surplus.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Nil

ATTACHMENTS:

Nil

PREPARED BY:  
Charles Whitlock, Director, Procurement & Supply Services
Dave Young, Director, Health Protection & Investigation

APPROVED BY:  
Craig Dyer, Chief Financial Officer
Dr. Liana Nolan, Commissioner/Medical Officer of Health
REPORT: PH-13-012

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

DATE: March 19, 2013

FILE CODE: P03-20

SUBJECT: UPDATE - INFLUENZA SEASON 2012/2013

RECOMMENDATION:

For Information

SUMMARY:

After an early start to the 2012-2013 influenza season in Waterloo Region, and with a higher level of activity than that seen in recent years, surveillance data indicates that the influenza season is winding down. The rate of new cases of influenza in the community, hospital and long term care and retirement homes continues to decline, both locally and provincially.

The first influenza cases in Waterloo Region for the season were reported the week of October 1, 2013. Influenza activity increased quickly, with peak activity occurring in mid-December. The rate of activity declined sharply thereafter, with very few confirmed cases reported in the first two months of 2013.

Locally, the number of confirmed influenza cases (362) is more than double the number of cases seen in the previous season. Similarly, the number of influenza-related outbreaks in hospitals, long term care and retirement homes was also much higher (34 influenza outbreaks for the 2012-2013 season vs. 5 for the 2011-2012 season). There were 12 deaths, for which influenza was at least a contributing factor and 127 hospitalizations locally this season. These numbers, although higher than average, are consistent with those across the Province.

The volume of influenza outbreaks this season resulted in challenges to health care settings across the Province including high emergency department volumes, bed delays, staffing challenges and difficulties in the provision of agency nursing services to long term care and retirement homes experiencing outbreaks. In addition, the early season combined with an unexpected, temporary suspension of vaccine predominately used in long term care facilities, delayed the early immunization of their residents.

Immunization is one of the most effective ways to protect against influenza. The flu viruses are capable of changing every year, so the composition of the vaccine is updated annually. This is why it is necessary to be immunized every year. Since 2000, the Government of Ontario offers free annual influenza immunization through the annual influenza immunization program to all persons in Ontario six months of age or older.

During the 2012-2013 season, Public Health immunized 8,660 people at its community influenza clinics. This is approximately 26 percent lower than the previous season. However, it should be noted that most members of the community are immunized in other settings, including, for the first time in the 2012-2013 season, pharmacies.
REPORT:

Background
Influenza (commonly known as the flu), is a contagious virus that circulates on a seasonal basis, usually from October to April, causing outbreaks of respiratory illness. Symptoms include fever, headache, muscle aches, chills, cough, sore throat, runny or stuffy nose and exhaustion. Most healthy individuals are able to recover from the flu. Those most at risk for more severe illness, complications and hospitalization include infants and children less than 5 years old, those who are medically vulnerable because of other health conditions, and the elderly.

Yearly circulation of the influenza virus can account for significant illness in the community. Public Health programs aim to reduce the incidence, spread and complications from influenza illness through the promotion of annual influenza immunization for all persons six months of age or older, and through the implementation of outbreak control measures and recommendations when influenza illness is detected in long term care facilities, retirement homes and hospitals.

2012-2013 Influenza Season Activity
Waterloo Region had an early start to the 2012-2013 influenza season with the first cases of influenza reported the week of October 1, 2013. Influenza activity increased quickly, with peak activity occurring in mid-December. The rate of activity declined sharply thereafter, with very few confirmed cases reported in the first two months of 2013.

Locally, there were 367 influenza cases, more than double the number of cases seen in the previous season. While this season’s activity was within what can be expected for a typical influenza season, it represents a level of activity higher than that seen in the last several years.

Table 1 presents the total number of lab confirmed cases in Waterloo Region by influenza season in the past seven seasons.

Table 1: Total number of lab confirmed influenza cases by influenza season

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total number of lab confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>125</td>
</tr>
<tr>
<td>2007-2008</td>
<td>224</td>
</tr>
<tr>
<td>2008-2009</td>
<td>240</td>
</tr>
<tr>
<td>2009-2010</td>
<td>238</td>
</tr>
<tr>
<td>2010-2011</td>
<td>274</td>
</tr>
<tr>
<td>2011-2012</td>
<td>159</td>
</tr>
<tr>
<td>2012-2013</td>
<td>367</td>
</tr>
<tr>
<td>Average</td>
<td>232</td>
</tr>
</tbody>
</table>

Each year, seasonal influenza vaccines are reformulated to account for changes in the circulating strains of the influenza virus. This season, most cases of influenza in the Region have been sub typed as influenza A. A small percentage of cases (20%) are further strain-typed to determine compatibility with this season’s vaccine. Strain typing has confirmed a good match with the 2012-2013 influenza vaccine.

Each year, hospitalizations and deaths related to influenza are expected, and the numbers experienced this season are consistent with the overall level of influenza activity. Hospitalizations and complications predominantly affect the elderly, those with chronic conditions and the very young. In Waterloo Region this season there have been 12 deaths, for which influenza was at least
a contributing factor, and 127 hospitalizations. Among the deaths, 7 were in elderly patients over 85 where age or underlying conditions were risk factors. Of the 4 deaths in the 35-84 age group, 3 had underlying conditions. There was one death in a previously healthy unimmunized child under the age of ten. Nine of the 12 deaths in Waterloo Region received influenza immunization this season. Local death and hospitalization numbers, although higher, are consistent with those across the Province.

Table 2 presents influenza indicators for Waterloo Region and Ontario for the 2012-2013 season.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Waterloo Region</th>
<th>Ontario</th>
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</thead>
<tbody>
<tr>
<td>Laboratory confirmed influenza cases</td>
<td>367</td>
<td>8606</td>
</tr>
<tr>
<td>Population-based rate per 100,000</td>
<td>67.04</td>
<td>62.86</td>
</tr>
<tr>
<td>Number of influenza hospitalizations</td>
<td>127</td>
<td>2751</td>
</tr>
<tr>
<td>Population-based hospitalization rate per 100,000</td>
<td>23.20</td>
<td>20.09</td>
</tr>
<tr>
<td>Number of deaths</td>
<td>12</td>
<td>221</td>
</tr>
<tr>
<td>Population-based mortality rate per 100,000</td>
<td>2.19</td>
<td>1.61</td>
</tr>
</tbody>
</table>

During the 2012-2013 influenza season, a total of 55 respiratory outbreaks were declared in local long term care facilities, retirement homes and hospitals. Of these, 34 outbreaks were confirmed as being caused by influenza. Other circulating respiratory viruses (e.g. RSV, coronavirus, rhinovirus) were also isolated as causes of outbreaks this season. Appropriate outbreak control measures were implemented by the affected facilities, in consultation with Region of Waterloo Public Health.

The volume of influenza outbreaks this season resulted in challenges to health care settings across the Province including high emergency department volumes, bed delays, staffing challenges and difficulties in the provision of agency nursing services to long term care and retirement homes. Region of Waterloo Public Health worked with local health care partners to mediate the impact of these challenges and to work toward realistic solutions.

2012-2013 Influenza Season Immunization

Influenza Immunization Clinics
Prevention and control measures for all strains of influenza are the same. Immunization continues to be the best protection for persons at and over the age of six months and is available free of charge to all residents of Ontario.

Since 2000, the Government of Ontario has delivered an annual influenza immunization program, Universal Influenza Immunization Program (UIIP), which offers the vaccine free of charge to all persons in Ontario six months of age or older. Public Health offered 14 community influenza clinics in the 2012-2013 season, throughout the region. Additionally, in response to the early start to the 2012-2013 influenza season, Region of Waterloo Public Health hosted a number of (by appointment only) influenza clinics at its Waterloo and Cambridge sites in October, before the start of the large community clinics. Due to the flu surge in the province, Public Health added additional flu clinics (by appointment only) in January at both the Waterloo and Cambridge locations. A total approximately 1100 clients were immunized in the appointment only clinics.

A total of 8,660 people were immunized in Public Health Clinics offered between October 2012 and January 2013. This is approximately 26 percent lower than the previous season. For comparisons of numbers of individuals immunized in previous seasons, please refer to Table 3.
It is important to note that a majority of individuals in the Region are immunized by a primary care provider, workplace provider, or in a hospital, long-term care home or retirement home setting.

Table 3: Number of individuals immunized in Public Health community influenza immunization clinics by influenza season

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Number immunized in Public Health clinics</th>
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<tbody>
<tr>
<td>2005-06</td>
<td>22,020</td>
</tr>
<tr>
<td>2006-07</td>
<td>18,264</td>
</tr>
<tr>
<td>2007-08</td>
<td>16,184</td>
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<tr>
<td>2008-09</td>
<td>15,208</td>
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<tr>
<td>2009-10*</td>
<td>**</td>
</tr>
<tr>
<td>2010-11</td>
<td>10,149</td>
</tr>
<tr>
<td>2011-12</td>
<td>11,635</td>
</tr>
<tr>
<td>2012-13</td>
<td>8,660</td>
</tr>
</tbody>
</table>

*H1N1 influenza pandemic. The number of immunizations given this season is not comparable to other seasons and is omitted.

A new point of access for influenza immunization this season was local pharmacies. While pharmacies could traditionally hire nursing agencies to immunize at their various sites, amendments to the legislation (Bill 179 or the Regulated Health Professions Statute Law Amendment Act, 2009) gave pharmacists authority to administer influenza vaccine. Public Health distributed 11,960 doses to 21 local pharmacies. Distribution of influenza vaccine to pharmacies accounts for approximately 11 percent of the total number of vaccine delivered to community agencies. The province anticipates a potential quadrupling in the number of pharmacists that will be interested in immunizing in the upcoming season. Data detailing actual numbers immunized in pharmacies will not be available until the fall of 2013.

Public Health regularly distributes vaccine to local physicians, walk-in clinics, long-term care and retirement homes, hospitals and workplaces. A total of approximately 112,038 doses of flu vaccine were delivered to community settings by Public Health.

Next Steps
Public Health will continue with health promotion strategies aimed at creating community awareness regarding the benefits of influenza vaccine. In particular, developing strategies to increase immunization among health care workers is a priority. Public Health will continue to monitor our strategy for administering influenza vaccine to respond to community need, while maximizing efficiency. At this time it is anticipated there will be growth in the pharmacy flu vaccine delivery program. This may present additional resource challenges due to the significant resources required to support the vaccine storage and handling requirements. The province will be distributing the results of this season’s pilot program later this year and we anticipate more detailed information regarding programming and resources. In addition, the province is currently conducting a comprehensive review of Immunization services. The Universal Flu program is included in the review. It is anticipated that a set of recommendations will be received by the Chief Medical Officer of Health late this year.
ONTARIO PUBLIC HEALTH STANDARDS

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services.

This report provides information related to the compliance with all Vaccine Preventable Diseases requirements of the Infectious Diseases Programs Standard. In addition, the report supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

CORPORATE STRATEGIC PLAN:

This report relates to Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities in the 2011-2014 Corporate Strategic Plan.

FINANCIAL IMPLICATIONS:

Region of Waterloo Public Health is reimbursed $5.00 by the Ministry of Health and Long-Term Care for every dose given. The per-dose reimbursement has remained unchanged since the implementation of the influenza vaccination program in Public Health in 2000. It does not fully cover the costs (staffing, supplies, etc.) required to operate the program.

While currently managed through existing resources in the Public Health Department budget, the current delivery model and level of service is not sustainable in the long term. Future services will reflect a design that operates within the approved program budget. The Ministry of Health and Long Term Care is currently conducting an Immunization System Review that includes the Universal Flu program. Recommendations will be made to the Chief Medical Officer of Health late this year. If resulting in change, staff will provide a complete report to Committee.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY:  Linda Black, Manager, Vaccine Preventable Disease Program
Kristy Wright, Manager, Infectious Disease Program

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

DATE: March 19, 2013

FILE CODE: C06-60

SUBJECT: inREACH- ONE TIME FUNDING REQUEST: BUILDING SUSTAINABLE STREET GANG PREVENTION IN WATERLOO REGION

RECOMMENDATION:

For information

SUMMARY:

The Waterloo Region Crime Prevention Council is requesting one time funding of $426,770 down from the original request of $453,567 which was provided as a Budget Issue Paper to Regional Council as part of budget 2013 deliberations. The proposed funding would allow for operating the Waterloo Region Youth Street Gang Prevention Project (inREACH) to the end of the fiscal year 2013. The funding would allow inREACH to continue to meet the community need of providing services and supports for youth who are street gang involved or at high risk of street gang involvement, while simultaneously advancing a sustainability strategy for street gang prevention work in Waterloo Region. The funding request is a significant reduction from the current annual cost of $800,000 that is the funding available through the Federal government and comprises the pro-rated annual cost of only the program components that are essential for continuity.

REPORT:

1.0 Background:

inREACH is currently funded 100% by the National Crime Prevention Centre (NCPC). NCPC provided up to 3.8 million dollars to design and implement a youth street gang prevention project over a 45 month period ending March 31st 2013. Due to significant delays in approvals during the development phase and as a result of fiscally conservative spending patterns, inREACH will lapse approximately $800,000 of funding from NCPC over the duration of the project. During several meetings and discussions with NCPC, NCPC staff made it very clear that inREACH would not be granted a project extension of any kind through fully or partially utilizing lapsed funding.

inREACH presented to the Regional Community Services Committee in October 2012. At that presentation inREACH provided CSC with a project update and informed Committee members that a one time budget request for $453/k would most likely be coming forward. The presentation concluded with Committee giving staff of the Waterloo Region Crime Prevention Council (WRCPC) two directions. First, staff was asked to consult with project partners to develop a reduced budget request for Regional Council’s consideration and to have it completed in time for the 2012/2013 Region of Waterloo Budget Process. Second, staff was asked to meet with all four of the local area MP’s to request their assistance in helping inREACH to access some, if not all, of the lapsed NCPC funding.
Staff have followed up and met with all of the local area MP’s to discuss the sustainability of inREACH and to ask for their support in being able to access the lapsed NCPC funding. All of the meetings were very positive and the MPs were receptive to the concerns. During the process of meeting with the MPs, staff indicated that February 15th, 2013 was likely the latest date by which a response from the Federal government was needed or the project would be forced to go into full shut down activities. MP Peter Braid and MP Stephen Woodworth both wrote letters of support to the Minister of Public Safety Canada, urging the Ministry to make the lapsed monies available to inREACH.

The decision from Regional Council about the one time budget request was deferred. WRCPC staff has been in constant conversation with all project partners and project staff about potential options for the project including in-kind supports that might be forthcoming in the immediate or longer term.

Minister Toews in a letter to Regional Chair Seiling (dated February 1, 2013) in response to a request for funding to be provided to the project in 2013 indicated that NCPC staff is looking into the request to allow inREACH to access the lapsed funding and that NCPC will be in contact in the near future. There has been no contact from NCPC by time of this report.

2.0 The Project in Summary:

The Waterloo Region Crime Prevention Council received nearly $3.8 million over 45 months from the National Crime Prevention Strategy in 2009 for a collaborative street gang prevention project involving several community partners. The current partners include Waterloo Regional Police Service, ROOF, John Howard Society of Waterloo Wellington, Lutherwood, St. Mary's Counselling Service, House of Friendship, Mosaic Counselling and Family Services, Kinbridge Community Association and Preston Heights Community Group. inREACH offers a comprehensive strategy to assist youth currently involved, associated with or thinking about joining a gang by providing strategic support in the areas of mental health, substance use, education, employment and family dynamic. Neighbourhood interventions also provide alternatives for youth-at-risk of becoming involved in gangs through mentorship and recreation.

The overall goals of the project are:

   To assist youth in effectively exiting gangs
   To help prevent youth from entering gangs

The project is comprised of three phases:

i. community needs assessment;
ii. community treatment;
iii. community mobilization
Phase 1: Community Needs Assessment

In early 2010, a community needs assessment was conducted in order to determine perceptions of gang activity in Waterloo Region. Approximately 2500 residents in the region were surveyed or interviewed. This phase, in conjunction with a community consultation and community demographic information, informed the other two phases.

Phase 2: Community Treatment

This phase of the project involves providing support to youth ages 13-24 in Waterloo Region who are actively involved, associated with or might be thinking about joining a gang. inREACH staff provide youth with one-on-one support, group programming, housing support, employment counselling, addictions support and recreation activities. Programming is primarily delivered out of the inREACH office located at 450 Frederick Street, however, the staff are mobile and able to meet youth in the community and support opportunities often take place off site. Referrals can be made by parents, service agencies, schools, justice sector services and youth themselves.

Phase 3: Community Mobilization

The purpose of this phase is to engage youth in positive relationships through mentoring and recreation, in their neighbourhood community. This is a strengths-based approach which seeks to identify youths’ interests, capacities and talents in order to help them grow and thrive.

inReach has partnered with several community agencies to provide Youth Outreach Workers in five neighbourhoods in Waterloo Region. The neighbourhoods and corresponding organizations include: Paulander (Mosaic Counselling and Family Services); Greenfield (House of Friendship); and Courtland-Shelley (House of Friendship) in Kitchener; Preston Heights/Preston (Preston Heights Community Group) and Southwood/Christopher-Champlain (Kinbridge Community Association) in Cambridge.

Community capacity building is another goal of this phase as it will bring key individuals and organizations together in order to help prevent youth from trending towards the direction of joining a gang.

3.0 Challenges

There are a number of challenges that come along with working with gang-vulnerable youth. There are also a number of challenges that come along with having a collaborative, multi-disciplinary project. The biggest challenge inREACH is facing is the possibility of having to close its doors. Ultimately, that means that youth and communities that benefit from the supports that the inREACH project provides will not be supported. While recognizing the limitations of pilot based funding the commitments from project staff, community partners and youth program participants have been astounding. This commitment and sense of shared ownership over a complex issue will be the most important community asset in moving the project towards continuity. Simply put, inReach addresses issues that cannot be undone in the time frames available through pilot project funding. But the connections in the community are strong and vital and will go long way towards solidifying the inreach prevention approach in Waterloo Region.
4.0 Future Directions

If inREACH does not receive a project extension by either NCPC or financial support from Regional Council, the project will be forced to close down without having had the chance to explore sustainability opportunities for the future. All supports to program participants, neighborhoods and community partners will need to cease prematurely.

If inREACH does receive a budget extension by NCPC or support from the Region of Waterloo the project will be able to continue to provide supports and services to program participants and the community in 2013 while planning for a transition to the community. A funding extension of any kind, by any level of government would allow the inREACH Project Advisory Committee to focus on the sustainability strategy and more specifically:

- Continued Provision of Service
- Securing new funding source(s)
- Dissemination of inREACH Process and Monitoring Evaluation Report (Final report will be completed June 30th)
- Transition of inREACH from the Waterloo Region Crime Prevention Council as the project lead to a community partner
- Local policy development aimed at reducing the number of youth that see joining a gang as their only future option

Summary:

In a short period of time inREACH has managed to gain significant traction in the community not only amongst the youth, families and communities that access the supports but also among service providers. The population served is a very complex and hard to reach group and no single program in the community is designed or has the capacity to address youth gang issues in the Waterloo Region in a similar fashion. Without inREACH, a significant service gap in the community will be felt in areas of community safety and gang presence in a growing urban environment and costs will be absorbed in other areas of service interventions including policing.

The proposed funding request, if approved would provide the inREACH with sufficient resources to assist current and potential program participants with help in the area substance use, mental health, employment, case management as well as providing key contact support by Youth Workers who are working directly in the community. It would also allow the WRCPC to focus its energy on transitioning the project to the community.

CORPORATE STRATEGIC PLAN:

inREACH, is part of the Region of Waterloo’s strategic direction for a Healthy and Inclusive Community. inREACH works with, supports and changes the life trajectory for some of the most marginalized youth in our community. A number of the program participants, because of their involvement with the project have gained employment, exited gangs and are civically engaged. That has had a positive impact not only them, but on their peers, their families and the community at large.
FINANCIAL IMPLICATIONS:

The Region of Waterloo is asked to provide inREACH with $426,770 one time funding without any firm commitment from other sources of funding at time of report.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

ATTACHMENTS: (1)

Comparison between budget request and current annual budget (Distributed separately)

PREPARED BY:  Rohan Thompson, Program Manager

APPROVED BY:  Christiane Sadeler, Executive Director, WRCPC
Region of Waterloo
Waterloo Region Youth Street Gang Prevention Project (inREACH)
Costing - Program Wind-Down (9 Months)

<table>
<thead>
<tr>
<th></th>
<th>Proposed 9 Month</th>
<th>2012/13 BUDGET*</th>
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<tr>
<td></td>
<td>FTE</td>
<td>FTE</td>
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<tr>
<td><strong>Staffing</strong></td>
<td></td>
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<tr>
<td>Manager &amp; Community Treatment Team</td>
<td>3.8 252,384 467,893</td>
<td>7.4</td>
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<tr>
<td>Neighborhood Staff</td>
<td>2.4 83,561 114,693</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>6.2 335,945 582,586</td>
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<tr>
<td><strong>Transportation</strong></td>
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</tr>
<tr>
<td>Travel - staff &amp; Program</td>
<td>10,900 23,868</td>
<td></td>
</tr>
<tr>
<td>Travel - client events</td>
<td>7,502</td>
<td></td>
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<tr>
<td></td>
<td>10,900 31,370</td>
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<tr>
<td><strong>Materials</strong></td>
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</tr>
<tr>
<td>Programming (Office/Program supplies)</td>
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<tr>
<td></td>
<td>20,000 33,935</td>
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<tr>
<td><strong>Equipment</strong></td>
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<tr>
<td>Computer (i.e. cell phones &amp; internet)</td>
<td>10,088 14,636</td>
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<td></td>
<td>10,088 14,636</td>
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<tr>
<td><strong>Rent</strong></td>
<td></td>
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<tr>
<td>Office &amp; Neighborhood Sites</td>
<td>49,838 51,618</td>
<td></td>
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<tr>
<td></td>
<td>49,838 51,618</td>
<td></td>
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<tr>
<td><strong>Evaluation</strong></td>
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<tr>
<td>Process Evaluation</td>
<td>- 25,433</td>
<td></td>
</tr>
<tr>
<td>Program Planning &amp; Satisfaction Surveys</td>
<td>- 1,875</td>
<td>- 27,308</td>
</tr>
<tr>
<td></td>
<td>- 27,308</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>- 4,875</td>
<td></td>
</tr>
<tr>
<td>Audit</td>
<td>- 9,375</td>
<td></td>
</tr>
<tr>
<td>Honorarium</td>
<td>- 10,728</td>
<td></td>
</tr>
<tr>
<td>Interpreter</td>
<td>- 1,050</td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>- 1,650</td>
<td></td>
</tr>
<tr>
<td>Meetings</td>
<td>- 1,050</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 28,728</td>
<td></td>
</tr>
<tr>
<td><strong>Admin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated Admin</td>
<td>- 139,720</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>426,771</td>
<td>909,901</td>
</tr>
</tbody>
</table>

*Approved annual budget was prorated for 9 months - for comparative purposes
*Lutherwood has agreed to fund .2 of the Full Time Mental Health Clinician position
To: Chair Sean Strickland and Members of the Community Services Committee  
From: Christiane Sadeler, Executive Director  
Date: March 19, 2013  
Subject: REDUCING OPIOID-RELATED MORBIDITY AND MORTALITY  
File No.: C11-50

The Waterloo Region Crime Prevention Council (WRCPC) will be delivering two streams of time-limited actions via the ‘Opioid Substitution Program’ offered throughout Waterloo Region, Guelph and Wellington County.

Canada is the world’s largest consumer of prescription opioids (e.g. oxycodone, codeine, morphine etc.), and within Canada, Ontario leads all provinces. The exponential rise in opioid sales has lead to parallel increases in accidental death, addiction, and related socio-economic-health costs, including crime and victimization.

The actions support recommendations contained within the Waterloo Region Integrated Drugs Strategy (2011); with recommendations from two community forums following the delisting of OxyContin in Ontario and noted in both “Oxy to Oxy” Reports (WRCPC, 2012); and with recommendations found in “A First Portrait of Drug-Related Overdoses in Waterloo Region” (WRCPC, 2008).

The first stream of activity will see WRCPC produce a national series of 12 webinars lead primarily by physicians on issues of preventing, reducing and treating opioid-related harms. The webinars will highlight the Canadian research data and point toward approaches based in that evidence.

The second stream supports area agencies in overdose prevention activities to reduce death and injury while providing essential bridges to health and safety. Multiple health agencies have approached WRCPC for assistance in program design and development. This stream will realize materials and multi-media supports for agencies across Waterloo Region, Guelph and Wellington County.

The bulk of activities will be completed by end of March 2013. Stonehenge Therapeutic Centre will provide administrative support. The WRCPC will collaborate with local partners to design and deliver the activities. A summary report of project activities and outcomes is anticipated for later in the year.
To: Chair Sean Strickland and Members of the Community Services Committee

From: David Dirks, Director, Employment and Income Support

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File No.: S09-80

Subject: ONTARIO WORKS CASELOAD: FEBRUARY 2013

This memorandum is provided as information for members of Council. Employment & Income Support, Social Services with Finance monitors the Ontario Works (OW) caseload on a monthly basis. Below is a chart summarizing the caseload at the end of February 2013 with comparisons to the months of January 2013 and February 2012 as well as September 2008.

Very briefly,

- The OW caseload at February 2013 was: 8,614
- The OW caseload at January 2013 was: 8,611
  - The increase from January 2013 was: 3 (+0.03%)%
  - The decrease from February 2012 was: -208 (-2.4%)
  - The increase from September 2008 was: 2,322 (+37%)
- Waterloo Region unemployment rate for February 2013 was: 7.5%
- Waterloo Region unemployment rate for February 2012 was: 6.7%

### Ontario Works Caseload and Unemployment Rate

#### February 2013

<table>
<thead>
<tr>
<th>Ontario Works Caseload</th>
<th>% Change January to February</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2013</td>
<td>January 2013</td>
<td>February 2012</td>
</tr>
<tr>
<td>8,614</td>
<td>8,611</td>
<td>8,822</td>
</tr>
<tr>
<td>0.03%</td>
<td></td>
<td>(2.4%)</td>
</tr>
</tbody>
</table>
Unemployment Rates – Seasonally Adjusted*

<table>
<thead>
<tr>
<th></th>
<th>February 2013</th>
<th>January 2013</th>
<th>February 2012</th>
<th>% Change January to February</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>7.7</td>
<td>7.7</td>
<td>7.6</td>
<td>0.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>7.5</td>
<td>6.9</td>
<td>6.7</td>
<td>8.7%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

*As revised by Statistics Canada

In effect there has been no change in the caseload month over month (+3 cases). This differs from past years, when the caseload has grown in this period. The number of intakes month to month and year to year has declined, which would suggest that people are not leaving the caseload as quickly, which the unemployment statistics would support. The caseload remains 37% higher than at the outset of the 2008 recession.

The provision of social assistance supports the Region’s 2011-2014 Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; (to) foster healthy, safe, inclusive and caring communities.

If you have any questions or comments or for further information, please contact David Dirks, Director, Employment and Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Lynn Randall, Director, Social Planning, Policy and Program Administration
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
File No.: S13-40
Subject: FINANCIAL INCLUSION INVENTORY

This memorandum is provided as information for members of Council.

The Money Matters Community Collaborative was launched in 2010. With administrative support from The Working Centre, the Collaborative is comprised of a range of stakeholders, including community-based agencies, Region staff, and local financial institutions. The group’s purpose is to increase financial inclusion for people who are economically disadvantaged in Kitchener-Waterloo and the broader regional community.

In June 2012, in partnership with the Money Matters Community Collaborative, and with financial support through the Social Planning, Policy and Program Administration’s Social Development Research and Project Grant funds, released the Waterloo Region Financial Inclusion Inventory. The inventory provides a single point of information on financial inclusion. The document includes definitions, an overview of financial inclusion activities both across Canada and locally, and presents a summary, a map and a detailed listing of financial inclusion programs and services across Waterloo Region under the following six headings: Banks; Credit Unions; Community Education and Support Programs; Identification Supports; Income Tax Supports; and Trusteeship.

The report can be found on the Region’s website, the Homeless Hub (a Canadian clearinghouse) and on The Working Centre’s website. It is hoped that the Inventory will serve as a tool for support providers as they assist people with low income who experience financial instability and exclusion to access available programs and services. The Inventory is identified as an activity within All Roads Lead to Home: The Homelessness to Housing Stability Strategy of Waterloo Region which is an action of the 2011-2014 Corporate Strategic Plan.

A copy of the report has been placed in the Council Library. If you have any questions or comments or for further information, please contact Marie Morrison, Manager Social Planning at 519-883-2238 or mmorrison@regionofwaterloo.ca.
This document provides an overview of the programs and services available in Waterloo Region that support greater financial inclusion. The inventory includes banks, credit unions, financial literacy/education programs, identification supports, income tax supports and trusteeships.
Financial Inclusion Inventory for Waterloo Region

By

Social Planning, Policy, and Program Administration
Regional Municipality of Waterloo

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ISBN: 978-0-9880298-1-1

Should you have any questions about this inventory please contact:

Regional Municipality of Waterloo Social Services
99 Regina Street South, 5th Floor, Waterloo, ON N2J 4G6
Tel: (519) 883-2117
Fax: (519) 883-2234

This manual is available on-line at: http://socialservices.regionofwaterloo.ca
Search “Financial Inclusion Inventory”

The Working Center serves as host to the Money Matters Community Collaborative
http://jobsearch.theworkingcentre.org/money-matters/333

Docs #1187902
Acknowledgements

This inventory was created as one of the activities of the Money Matters Community Collaborative and with input from the Cambridge Action on Homelessness Group.

Thank you to all the programs who contributed profiles to the inventory.

Contributors

Primary

Tanya Darisi  The O’Halloran Group
Sarah Marsh  Sarah Marsh and Associates

Support

Marie Morrison, Manager, Social Planning, Region of Waterloo Social Services
# Table of Contents

1. **Introduction** ............................................................................................................. 1
   1.1 Purpose and Scope ............................................................................................... 1
   1.2 Overview of the Inventory ................................................................................... 2
   1.3 Clarification of Terms .......................................................................................... 3
   1.4 Setting the Context ............................................................................................ 6

2. **Snapshot of Financial Inclusion Programs & Services** ..................................... 11
   2.1 Overview of Services and Programs ................................................................... 11
   2.2 Asset Map ........................................................................................................... 15
   2.3 Reports ................................................................................................................ 16

3. **Banks** .................................................................................................................... 17
   3.1 Overview and Summary ...................................................................................... 17
   3.2 Programs ............................................................................................................. 18
      3.2.1 Bank of Montreal (BMO) ........................................................................ 18
      3.2.2 Scotiabank ................................................................................................. 19
      3.2.3 TD Canada Trust ..................................................................................... 20

4. **Credit Unions** ........................................................................................................ 21
   4.1 Overview and Summary ...................................................................................... 21
   4.2 Programs ............................................................................................................. 22
      4.2.1 Mennonite Savings and Credit Union ...................................................... 22
      4.2.2 Mennonite Savings and Credit Union ...................................................... 23
      4.2.3 Libro Financial .......................................................................................... 24

5. **Community Education and Support Programs** .................................................. 25
   5.1 Overview and Summary ...................................................................................... 25
   5.2 Programs ............................................................................................................. 26
      5.2.1 Mosaic Counselling & Family Services ...................................................... 26
      5.2.2 Junior Achievement Waterloo Region ...................................................... 28
      5.2.3 Junior Achievement Waterloo Region ...................................................... 29
      5.2.4 Kitchener Downtown Community Health Centre ...................................... 30
      5.2.5 Mennonite Coalition for Refugee Support ................................................ 31
      5.2.6 KW Counselling Services ......................................................................... 32
      5.2.7 The Literacy Group .................................................................................... 33
      5.2.8 The Working Centre ................................................................................... 34
      5.2.9 Lutherwood ................................................................................................. 35
Financial Inclusion Inventory for Waterloo Region 2012

1. Introduction

1.1 Purpose and Scope

The purpose of the inventory is to **provide a single point of information on financial inclusion programs in Waterloo Region.** It is intended to serve as a tool for support providers as they assist people with low income who experience financial instability and exclusion to access available programs and services. This inventory is also intended to support:

- Activities of the Money Matters Community Collaborative.
- Activities within All Roads Lead to Home: The Homelessness to Housing Stability Strategy of Waterloo Region.
- Planning and action across Waterloo Region.

The inventory presents a listing and description of financial inclusion programs and services in Waterloo Region. The inventory was compiled between December 2011 and April 2012, and captures programs largely within Cambridge, Kitchener, and Waterloo.

This first edition of the inventory focuses on six categories of formal programs: banks, credit unions, financial literacy/education programs, identification supports, income tax supports and trusteeships. These programs were selected as they are directly related to increasing access to financial services and supports while decreasing dependence on fringe banking alternatives. Programs and initiatives were selected for the inventory if they focused predominantly (more than 50% of activities) on supporting greater financial inclusion for those living with low income.

The local definition of financial inclusion remains under development. Current definitions tend to be more narrowly focused on individual interaction with financial institutions, most of which are private, and associates individuals as being “banked” or “unbanked.” However, if attention to financial inclusion arises within the context of community inclusion, it can be more broadly defined to include having the ability to fully participate in the community and to develop positive relationships in the exchange of goods and services despite living with low income.

While acknowledging a more comprehensive view of financial inclusion, areas that are more general (such as poverty and employment) or are not one of the six defined categories identified above (such as income support and bartering programs) are currently outside the scope of this inventory. In addition, the inventory does not provide an analysis of gaps in the community but it is hoped could be used to inform such an analysis. It is planned that the inventory will be reviewed within two years so that it can be updated and expanded with new programs and information.
1.2 Overview of the Inventory

The inventory contains the three following components:

1. **Introduction** – Section 1 identifies the purpose and scope – provides an overview of the document - clarifies terms and definitions - and provides some overall context and background on the subject area federally, provincially and locally.

2. **Snapshot** of financial inclusion programs and services – Section 2 provides a summary of all the programs included in the inventory, maps them, and provides a listing of known local reports on topics related to financial inclusion.

3. **Program Profiles** – Sections 3-8 categorize and describe local programs and services, providing information on eligibility, locations, and languages in which service can be offered under the following six categories (Banks, Credit Unions, Community Education and Support Programs, Identification Support, Income Tax Support, Trusteeships).

The inventory was compiled through online searches, connections and contacts through the Money Matters Collaborative, and through contacting agencies and institutions that offer programs and services to individuals who live with low income. Program descriptions were drafted and then shared with agency contacts for input and feedback.

**Seek to Serve Categories.** The inventory identifies three different situations in which people may find themselves (Lowest Income, Low Wage, and Life Change) and recognizes that each requires a different approach to service related to financial inclusion. Each program profile identifies what situation(s) they are seeking to serve.

- **Lowest income** – those in this situation tend to encounter banking challenges related to identification, cheque cashing, and overdraft protection. There is often reliance on fringe banking and a cycle of debt that leaves individuals even more vulnerable in times of crisis. Individuals in this group benefit most from individualized problem-solving and relationship-based approaches, as well as advocacy and alternatives to mainstream financial services.

- **Low wage** – individuals in this situation tend to experience banking challenges related to payday lending, line of credits, overdraft privileges, budgeting and having limited savings. This group could benefit from one-on-one financial literacy education and support to move away from fringe financial institutions.

- **Life Change** – this group includes individuals who experience challenges relate to change in life circumstances, such as those related to immigration, work transition or separation. They are more likely to access mainstream banking options, though can be in need of crisis management support and advocacy. Their banking challenges tend to be related to overdraft privileges, budgeting, savings, financial planning, credit cards, and debt management and consolidation. Those in this group would benefit from workshops, online and print resources and information.
1.3 Clarification of Terms

Community Inclusion – The following description was locally defined through the Homelessness to Housing Stability Strategy: Policy Framework (Social Planning, Policy and Program Administration, 2012) and explicitly recognizes financial inclusion. An inclusive community ensures that everyone feels they belong and can participate in community life. Community inclusion does not mean that everyone must assimilate or conform. It means that participation in community life is accessible to everyone and the community is designed to support people in their efforts to be included – regardless of their level of personal resources or their status relative to other community members. Inclusive communities intentionally support people to feel “at home” and include the following eight characteristics:

- Build Environment
- Contribution
- Culture
- Financial
- Health
- Political
- Recreation
- Social

Financial Inclusion – Financial inclusion is a component of community inclusion. Financial inclusion has been defined as “a state in which all people who can use them have access to a suite of quality financial services, provided at affordable prices, in a convenient manner, and with dignity for the clients” (Centre for Financial Inclusion, 2011). In contrast to financial exclusion, financial inclusion is about dignity (Centre for Financial Inclusion, 2011), which involves self-determination, equal access to basic needs, the ability to meaningfully contribute to society, and having voice, choice and control over the decisions that affect our lives (Shannon, 2007). In other words, financial inclusion promotes equality and fair access to the resources and opportunities to participate in the life of the community and society as a whole.

Adapting the formal definition to more closely align with the local emphases on community inclusion, financial inclusion would involve:

**Full-range of quality services** - Regulated banks and credit unions offer quality financial products and services that meet the unique needs of individuals with low-income. Public programs and services with financial benefits such as income support and tax credits reach their intended recipients; and financial advice, information, support, and education are relevant to people’s financial realities.

**Accessibility** - No-fee and low-fee services increase accessibility of financial services for individuals with low incomes; however financial institutions do not typically advertise these services (Buckland 2008). Fees need to be transparent and disclosed in an open manner that allows easy comparison between products.
and services. To be accessible, services must also be convenient and responsive to everyone who needs them, including people with disabilities, language barriers, visible minorities, rural populations, and other excluded groups.

**Dignity** – Financial products and services are provided to all individuals with respect and sensitivity to varying financial contexts, and with the intention to support greater self-determination and financial wellbeing.

**Financial Exclusion** – “Financial exclusion can be described as the circumstances in which a person does not have access to appropriate financial produces or services and are limited in their opportunity, ability and confidence to make informed decisions about their financial situation or organize their money effectively (adapted from Regan and Paxton, 2003). It includes but is not limited to access to appropriate, regulated mainstream financial products (such as bank and credit products), public programs and services with a financial benefit (such as income support and tax credits) and financial advice, information and education” (Fair, Gosse, Moore & Robson, 2008, pg.5).

**Financial Literacy** is a component of financial inclusion. It is defined as having the capacity to make financial decisions appropriate to one’s circumstances. Capacity refers to knowledge, skills and confidence, where knowledge refers to an understanding of personal and broader financial matters; skills refer to the ability to apply that financial knowledge in everyday life; and confidence means having the self-assurance to make important and responsible decisions (Task Force on Financial Literacy, 2010). Financial literacy is recognized as more than “nice to have,” it is seen as critical in today’s world. Financial literacy is also seen as a sustainable solution for breaking the cycle of poverty (Fair, Gosse, Moore & Robson, 2008).

It includes (as described in Fair, Gosse, Moore & Robson, 2008, pg.5):

**Financial knowledge and understanding**: The ability to make sense of and manipulate money in different forms, uses, and functions, including the ability to deal with everyday financial matters and make the right choices for one’s own needs.

**Financial skills and competence**: The ability to apply knowledge and understanding across a range of context including both predictable and unexpected situations and also including the ability to manage and resolve any financial problems or opportunities.

**Financial Responsibility**: The ability to appreciate the wider impact of financial decisions on personal circumstances, the family, and the broader community, and to understand rights, responsibilities, and sources of advice or guidance.
Financial Institution – Any institution that collects money and puts it into assets such as stocks, bonds, bank deposits, or loans. There are two types of financial institutions: depository institutions and nondepository institutions. Depository institutions, such as banks and credit unions, pay interest on deposits and use the deposits to make loans. Nondepository institutions, such as insurance companies, brokerage firms, and mutual fund companies, sell financial products. Many financial institutions provide both depository and nondepository services (Dictionary of Financial Terms, 2008).

Fringe Banking – Individuals who are either not served or who are underserved by mainstream financial services often conduct their financial transactions in what has become known as the “fringe banking” sector (Buckland, 2008). The fringe banking sector is weakly regulated and includes payday lending, cheque-cashing, pawnshops and income-tax refund advances. Reliance on fringe banking can be a barrier to accessing mainstream financial services and has been shown to result in greater debt and financial instability.

Payday loan - A payday loan is a small, short term unsecured loan that typically ranges from $100 to $400. The borrower guarantees repayment with a post-dated check or pre-authorized debit dated for his or her next payday. This type of loan has been identified as contributing to further debt and financial exclusion as the interest rate charged is much higher than financial institutions or credit cards. The average loan interest rate can range from 330 to 650 % APR (annual percentage of rate).

Cheque-cashing service – A service offered by fringe banks. For a fee that ranges from ($6-$35), cheques are cashed without a waiting period. Reasons people use these services include convenient hours, instant access to cash, lack of identification required at mainstream financial institutions, or lack of a bank account.

Pawnbroker – an individual or business (pawnshop) that offers secured loans to people, with items of personal property used as collateral.

Income-tax refund advances – tax preparation companies provide this service to individuals. The company files an individual’s income tax forms, in exchange for a percentage of the anticipated tax rebate amount. Canada Revenue Agency rules establish the maximum discounting fee as 15% of the first 300 C$ and 5% of any remaining amount.
1.4 Setting the Context

Financial inclusion is embedded in the broader context of poverty-related issues impacting communities across Canada, Ontario and Waterloo Region. Individuals living in poverty are often limited in their access to appropriate, regulated financial products or services, including functioning bank and credit accounts, income tax support and financial advice (Fair, Gosse, Moore & Robson, 2008; Buckland, 2008). This exclusion also extends to circumstances where individuals are limited in opportunity, ability and confidence to make informed decisions about their financial situation (Fair et al.)

Financial exclusion interacts with other forms of community exclusion, including exclusion from stable housing, employment and civic participation, creating cycles of instability and risk.

In Ontario today the right to social and economic security is in the spotlight. The recent Social Assistance Review (Lankin & Sheikh, 2012) and the Drummond report (Commission on the Reform of Ontario’s Public Services, 2012) reflect the competing factors that affect decisions about how and where our money should be spent. These reports highlight debates about how economic resources are divided between the competing need for social programs and deficit reduction. The Bank of Canada’s latest “personal debt crisis” (Maclean’s, March 2009) is another indicator of the pressures on personal and public expenditures, savings and balanced budgets. These pressures significantly affect people with low income as they struggle to meet their basic needs, provide for their families and children and manage the balance between debt, income and savings. Moreover, “the trend toward an increasingly credit-based economy married with the economic downturn starting in 2008 contributes to more individuals finding difficulty managing their finances.” (Marsh, Dildar & Janzen, 2010)

Financial services and financial literacy are increasingly important in the management of personal and household financial resources, such as employment income, public income benefits, retirement planning, and access to affordable credit (Social and Enterprise Development Innovations (SEDI), 2008). However, individuals living on low incomes face ongoing barriers to accessing and utilizing mainstream financial services. Financial services offered by banks and credit unions offer limited programs that meet the needs of people living on low incomes. Supports and services offered by governments and social service agencies are not always easy or straightforward to access.

When whole groups within our population are excluded from mainstream financial services, the issue becomes one of more than individual financial literacy. A shared, community-wide ownership of the problems and solutions is required. Banks, credit unions, governments, non-profits, and corporations all have roles to play in ensuring all community members have access to fair, high quality financial services that promote social and economic inclusion.
Financial Inclusion across Canada
It is widely recognized that greater financial inclusion requires multi-stakeholder involvement and commitment. Across Canada, there are a number of organizations, collaborations and initiatives working towards greater financial inclusion. The majority of these initiatives are in the domain of the non-profit and social sectors, with some government attention in the last few years primarily targeted at increasing the financial literacy of Canadians. While there is work to be done to coordinate efforts and resources as well as to promote stronger collaboration and more substantive change, there has been leadership at national, provincial and local levels.

Since 1986, Social and Enterprise Development Innovations (SEDI) has been working to expand economic opportunity for Canadians living in poverty. As a national non-profit organization, SEDI promotes program and policy innovation, identifying and developing ideas that expand social and economic opportunity for all Canadians. Financial literacy is one of the primary program areas, the other two being saving and asset building, and entrepreneurship (www.sedi.org). SEDI has been an influential player at a national level, serving as advisor to the Government of Canada’s Task Force on Financial Literacy, and through funding from TD Bank Financial Group launching the Canadian Centre for Financial Literacy as well as the TD Financial Literacy Grant Fund. As a division of SEDI, the Canadian Centre of Financial Literacy (CCFL) is dedicated to helping develop financial literacy among low-income Canadians (www.theccfl.ca). It offers a number of services and programs, including program development, training and an online community, designed for easy-to-use money management training for low-income groups through non-profit community organizations.

SEDI also manages the TD Financial Literacy Grant Fund. First of its kind in Canada, this Fund provides grants to charitable or other non-profit organizations that serve low income and otherwise economically disadvantaged persons and groups in Canada (http://www.sedi.org/grantfund). The Fund prioritizes projects that support innovation, research and development, and strategic program development for people living in Canada who may normally be excluded from mainstream financial organizations, enabling them to develop skills, knowledge and confidence in financial issues.

In 2001, the Financial Consumer Agency of Canada (FCAC) was established under the Financial Consumer Agency of Canada Act to consolidate and strengthen oversight of consumer protection measures in the federally regulated financial sector, and to expand consumer education (http://www.fcac-acfc.gc.ca). As a federal regulatory agency, FCAC is works to protect and inform consumers of financial products and services. Its responsibilities include informing consumers about their rights and responsibilities when dealing with financial entities as well as providing information and tools to help consumers understand, and shop for, financial products and services.

In 2009 the Government of Canada appointed the Task Force on Financial Literacy. Comprised of 13 members drawn from the business education, community organizations and academia, the Task Force’s mandate was to provide advice and
recommendations to the Minister of Finance on a national strategy to strengthen the financial literacy of Canadians. A report was made public late 2010 underscoring the need for a national strategy and strong leadership as well as the shared responsibility of stakeholders. In 2010, the Toronto G20 Summit put forward a set of principles to support greater financial inclusion, which were intended to be used to inform a plan of action for improving access to financial services.

There are numerous government and non-profit initiatives across Canada that are aimed at supporting financial literacy. For example, the FCAC offers free financial literacy program resources aimed at high school-aged youth and young adults. The Ontario Ministry of Education has also introduced curriculum changes to include financial literacy for student's from grade 4 to 12, beginning in September 2011 (http://www.edu.gov.on.ca/eng/surveyLiteracy.html)

Another initiative designed to support greater financial literacy is the Investor Education Fund (IEF, http://www.getsmarteraboutmoney.ca). Established as a non-profit organization by the Ontario Securities Commission, the IEF develops and promotes unbiased, independent financial information, programs and tools to help consumers make better financial and investing decisions. In addition to offering online resources available for all Canadians, IEF seeks partnerships with non-profit community-based organizations and institutions to develop financial literacy programs for those with an identifiable need for learning how to manage finances and investment.

The two national credit counselling organizations in Canada are Credit Counselling Canada (CCC) www.creditcounsellingcanada.ca and Canadian Association of Credit Counselling Services (CACCS) www.caccs.ca. Their member organizations offer free counselling services to Canadians in need of support to manage credit and debt. Ontario also has its own association, as do many of the provinces. The Ontario Association of Credit Counselling Services (OACCS) www.oaccs.ca aims to improve the financial literacy and well-being of Canadians and provides an accreditation program in non-profit credit counselling for its member agencies. An accredited credit counselling agency must adhere to standards of practice, expertise and ethics.

As these initiatives show, there are resources available to Canadians seeking to gain greater financial literacy. What distinguishes programs supporting financial inclusion, however, is a focus on meeting the needs of Canadians living with low income. Through research, advocacy, and policy review, SEDI has played a strong leadership role in supporting greater financial inclusion among the most vulnerable. Leadership is also found at the community level where innovation and support are emerging across the country.

Community-based initiatives have been instrumental in meeting the needs of individuals not being served by traditional banks. These efforts are usually small scale grassroots initiatives, and have ranged from community banking projects to individual financial counselling. The research report In Search of a Local Alternative (Marsh, Dildar,
Janzen, 2010) reviews a number of Canadian examples of community-based initiatives seeking to support greater financial inclusion, such as those found in:

- **Winnipeg, Manitoba**, a unique community banking project is offered by a partnership between the Assiniboine Credit Union and a non-profit organization called the North End Community Renewal Corporation (NECRC). Services include an ID clinic, one-on-one financial counselling, and access to low-cost micro-loans.

- **Toronto, Ontario**, St. Christopher House and the Jane/Finch Community and Family Centre both offer Financial Advocacy and Problem Solving (FAPS) to low income people in Toronto. They provide one-on-one individualized service, as well as workshops.

- **Quebec**, the Caisse Populaires Desjardins and several consumer advocacy groups partner to offer small, short-term loans for approximately $500 and budget management advisory services (Desjardins, 2010).

Some organizations have outreached and developed partnerships with other agencies, local governments, and financial institutions to share resources and referrals, to align their efforts, and collaborate on joint actions. Examples of community-wide initiatives in Canada are found in:

- **Edmonton, Alberta**, the Alberta Asset Building Collaborative is a 40-member group of not-for-profits, businesses and government committed to financial literacy and asset development. One of their regular activities is to host Financial Information Fairs for low income individuals.

- **North York, Ontario**, the Black Creek Financial Action Network (BCFAN) started meeting monthly in late 2011 to bring together service providers working in the Black Creek area, along with academics and students from the York University - TD Community Engagement Centre.

**Financial Inclusion in Waterloo Region**

Locally, there is strong commitment at the Regional and community level to work collaboratively in pursuit of a more inclusive and welcoming community. In Kitchener-Waterloo for example, the **Money Matters Community Collaborative (MMCC)** is comprised of a range of stakeholders, including community-based agencies, regional government, community members and local financial institutions. The Money Matters Collaborative was launched in 2010 as an outcome of a research project led by the Centre for Community Based Research on the local use and impacts of pay-day lending. After extensive community consultation, the collaborative was formed with the specific purpose of increasing financial inclusion for economically disadvantaged individuals in Kitchener-Waterloo and the broader regional community. It includes the following four components as described and diagramed below:

1) **Money Matters Community Collaborative (MMCC) Advisory Group** – has been meeting 6-10x/year since 2010 and includes approximately 30 community partners including financial institutions.
2) Money Matters Community Collaborative (MMCC) Development Activities – defining a framework for financial inclusion, documenting an inventory of relevant supports and services, and completing evaluation activities.

3) Money Matters Help Desk – 1 FTE provides 30 hrs./week direct individual financial literacy education and support (12 hrs. drop-in clinic and 18 hrs. appointment and follow-up) and up to 5 hrs./week to MMCC activities (Advisory Group, Developmental Activities, etc.)

4) Tax Clinic Advisory Committee – currently has an informal connection to the MMCC – activities include direct delivery of a tax clinic (appointment, drop-in and drop-off) as well as the coordination of other currently existing community tax clinics for people living with low income.

**Figure 1. Money Matters Community Collaborative Structure**

The role of The Working Centre in MMCC includes providing “backbone” support to the MMCC Advisory Group, Developmental Activities, and Tax Clinic Advisory Committee. They directly deliver the Financial Literacy Outreach Project and Tax Clinic.

The Working Centre has included a “Living with Less Money” section on their website which may also house this inventory document as well as other information about the Money Matters Community Collaborative ([http://www.theworkingcentre.org/less/index.html](http://www.theworkingcentre.org/less/index.html)).

In addition to the Money Matters collaborative, there are a number of efforts to support greater financial inclusion among agencies and services in the region. These programs and services are designed to meet the needs of those living with little or no income to manage their finances and maintain a high level of community inclusion. Programs available through banks, credit unions and community agencies focused specifically on financial management are detailed in this inventory.
2. Snapshot of Financial Inclusion Programs & Services

This section provides an overview of available programs and services in the Region that support greater financial inclusion. These programs are focused on improving access to financial services including banking and income tax services as well as those supporting greater financial literacy and system navigation.

This inventory includes the following six service and program areas:

- Banks
- Credit Unions
- Community Education and Supports
- Identification Supports
- Income Tax Supports
- Trusteeships

As identified in the introduction, the following “seek to serve” categories are identified for each program:

- Lowest income
- Low wage
- Life Change

2.1 Overview of Services and Programs

Across each of the six areas, there are 44 Financial Inclusion programs available in Kitchener, Waterloo and Cambridge. For more detailed information about programs and eligibility, please see the appropriate sections.

(chart on following page)
## Section 2.1 Overview of Services and Programs

<table>
<thead>
<tr>
<th>Service and Program Area</th>
<th>Programs Available At:</th>
<th>Seek to Serve</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Banks</strong></td>
<td><strong>Fresh Start Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of Montreal (BMO)</td>
<td></td>
<td>Low Wage Individuals</td>
<td>Referral from Working Centre</td>
</tr>
<tr>
<td></td>
<td><strong>StartRight Program</strong></td>
<td>Life Change (immigrants)</td>
<td>New immigrants</td>
</tr>
<tr>
<td>Scotiabank</td>
<td></td>
<td>Life Change (work-life transition)</td>
<td></td>
</tr>
<tr>
<td><strong>Ontario Works Cheque Cashing</strong></td>
<td>TD Canada Trust: Uptown Waterloo &amp; Main Street Cambridge branches</td>
<td>Lowest Income Individuals</td>
<td>Ontario Works recipients in Waterloo Region. Must have a current letter issued by the Region of Waterloo</td>
</tr>
<tr>
<td><strong>Credit Unions</strong></td>
<td><strong>Micro-loan Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mennonite Savings and Credit Union</td>
<td></td>
<td>Life Change</td>
<td>Graduates of Waterloo Region ASSETS (A Service for Self-Employment Training and Support) project</td>
</tr>
<tr>
<td><strong>Membership Assistance Services: Special Needs Plan</strong></td>
<td>Mennonite Savings and Credit Union</td>
<td>Low Wage Individuals; Lowest Income Individuals; Life Change</td>
<td>MSCU members in financial distress; on a case by case basis</td>
</tr>
<tr>
<td><strong>Waterloo Region Immigrant Loan Program</strong></td>
<td>Libro Financial</td>
<td>Life Change (immigrants)</td>
<td>Immigrants requiring funds for job training</td>
</tr>
<tr>
<td><strong>Community Financial Education &amp; Support</strong></td>
<td><strong>Credit Counselling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mosaic Counselling &amp; Family Services</td>
<td></td>
<td>Low Wage Individuals; Lowest Income Individuals; Life Change</td>
<td>All welcome</td>
</tr>
<tr>
<td><strong>Dollars with Sense</strong></td>
<td>Junior Achievement Waterloo Region</td>
<td>Life Change (youth 12-16 years old)</td>
<td>Any grade 7-10 class in Waterloo Region or Community Groups with children ages 12-16</td>
</tr>
<tr>
<td><strong>Economics for Success</strong></td>
<td>Junior Achievement Waterloo Region</td>
<td>Life Change (youth 12-16 years old)</td>
<td>Any grade 7-10 class in Waterloo Region or Community Groups with children ages 12-16</td>
</tr>
<tr>
<td><strong>Living on a Survival Budget</strong></td>
<td>Kitchener Downtown Community Health Centre</td>
<td>Low Wage Individuals; Lowest Income Individuals; Life Change</td>
<td>All welcome</td>
</tr>
<tr>
<td><strong>Making “Cents” of Change: Financial Resources for Refugee Claimants</strong></td>
<td>Money and Making it on Your Own</td>
<td>Money Matters group workshops</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
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<td></td>
</tr>
<tr>
<td>Mennonite Coalition for Refugee Support (MCRS)</td>
<td>KW Counselling Services</td>
<td>The Literacy Group</td>
<td></td>
</tr>
<tr>
<td>Life Change (refugees)</td>
<td>Life Change (women seeking independence)</td>
<td>Life Change (literacy students)</td>
<td></td>
</tr>
<tr>
<td>Refugee claimants</td>
<td>Self-referred women who are in, or who have been in abusive relationships</td>
<td>Adult learners enrolled in literacy programs</td>
<td></td>
</tr>
<tr>
<td>Money Matters (Financial Inclusion Outreach) The Working Centre</td>
<td>Money Matters (Financial Inclusion Outreach) The Working Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Change (literacy students)</td>
<td>Life Change (literacy students)</td>
<td>All welcome</td>
<td></td>
</tr>
<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
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<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
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<tr>
<td>Life Change</td>
<td>Life Change</td>
<td></td>
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<tr>
<td>Rent Bank and Eviction Prevention Program Lutherwood</td>
<td>Rent Bank and Eviction Prevention Program Lutherwood</td>
<td></td>
<td></td>
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<tr>
<td>Life Change (literacy students)</td>
<td>Life Change (literacy students)</td>
<td>All welcome</td>
<td></td>
</tr>
<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
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<tr>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
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<tr>
<td>Life Change</td>
<td>Life Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Support</td>
<td>ID Clinic</td>
<td>ID Clinic</td>
<td></td>
</tr>
<tr>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td></td>
</tr>
<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td></td>
</tr>
<tr>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
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</tr>
<tr>
<td>Life Change</td>
<td>Life Change</td>
<td>Life Change</td>
<td></td>
</tr>
<tr>
<td>Welcome Aboard (Drop-In) Cambridge Shelter Corporation</td>
<td>Welcome Aboard (Drop-In) Cambridge Shelter Corporation</td>
<td>Welcome Aboard (Drop-In) Cambridge Shelter Corporation</td>
<td></td>
</tr>
<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
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<tr>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
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<tr>
<td>Life Change</td>
<td>Life Change</td>
<td>Life Change</td>
<td></td>
</tr>
<tr>
<td>Income Tax Support</td>
<td>Community Volunteer Income Tax Programs Cambridge Locations:</td>
<td>Community Volunteer Income Tax Programs Cambridge Locations:</td>
<td></td>
</tr>
<tr>
<td>Cambridge Locations:</td>
<td>Cambridge Locations:</td>
<td>Cambridge Locations:</td>
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<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
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<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
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<tr>
<td>Life Change</td>
<td>Life Change</td>
<td>Life Change</td>
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</tr>
<tr>
<td>Cambridge Locations:</td>
<td>Cambridge Locations:</td>
<td>Cambridge Locations:</td>
<td></td>
</tr>
<tr>
<td>- Langs Farm Association</td>
<td>- Chandler Mowat Community Centre (Chandler Mowat neighbourhood residents only)</td>
<td>- Chandler Mowat Community Centre (Chandler Mowat neighbourhood residents only)</td>
<td></td>
</tr>
<tr>
<td>- Preston Heights Community Centre</td>
<td>- Courtland Shelley Community Centre (Courtland Shelley neighbourhood residents only)</td>
<td>- Courtland Shelley Community Centre (Courtland Shelley neighbourhood residents only)</td>
<td></td>
</tr>
<tr>
<td>- Region of Waterloo Employment Resource Area</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td></td>
</tr>
<tr>
<td>- Salvation Army Community &amp; Family Services</td>
<td>- Community Volunteer Income Tax Programs Cambridge Locations:</td>
<td>- Community Volunteer Income Tax Programs Cambridge Locations:</td>
<td></td>
</tr>
<tr>
<td>Kitchener Locations:</td>
<td>Kitchener Locations:</td>
<td>Kitchener Locations:</td>
<td></td>
</tr>
<tr>
<td>- Chandler Mowat Community Centre (Chandler Mowat neighbourhood residents only)</td>
<td>- Courtland Shelley Community Centre (Courtland Shelley neighbourhood residents only)</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td></td>
</tr>
<tr>
<td>- Courtland Shelley Community Centre (Courtland Shelley neighbourhood residents only)</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td></td>
</tr>
<tr>
<td>- Kitchener Downtown Community Health Centre</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td>- Kitchener Downtown Community Health Centre</td>
<td></td>
</tr>
<tr>
<td>Income Tax Support</td>
<td>Income Tax Support</td>
<td>Income Tax Support</td>
<td></td>
</tr>
<tr>
<td>ID Support</td>
<td>ID Support</td>
<td>ID Support</td>
<td></td>
</tr>
<tr>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td>Kitchener Downtown Community Health Centre, including offering service at:</td>
<td></td>
</tr>
<tr>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td>Low Wage Individuals</td>
<td></td>
</tr>
<tr>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
<td>Lowest Income Individuals</td>
<td></td>
</tr>
<tr>
<td>Life Change</td>
<td>Life Change</td>
<td>Life Change</td>
<td></td>
</tr>
<tr>
<td>Kitchener Downtown Community Health Centre</td>
<td>Kitchener Downtown Community Health Centre</td>
<td>Kitchener Downtown Community Health Centre</td>
<td></td>
</tr>
<tr>
<td>Individuals experiencing homelessness, New Canadians, Aboriginal people</td>
<td>Primarily serving people accessing agency services and other community members who have been referred</td>
<td>Some agencies serve only local residents or pre-existing clients</td>
<td></td>
</tr>
<tr>
<td><strong>Institute of Chartered Accountants Tax Clinics</strong>&lt;br&gt;<strong>Cambridge Locations:</strong>&lt;br&gt;• The Office of Gary Goodyear, M.P.</td>
<td>Low Wage Individuals</td>
<td>Low-income senior citizens who receive Canada Pension (i.e. Canada Pension Benefits, Old Age Security and/or disability benefits). Individual $25,000 or less. Married or common-law $30,000 or less</td>
<td></td>
</tr>
<tr>
<td><strong>Kitchener Locations:</strong>&lt;br&gt;• Mosaic Counselling and Family Services&lt;br&gt;• CMHA Grand River&lt;br&gt;• Paulander Community Group&lt;br&gt;<strong>Waterloo Locations:</strong>&lt;br&gt;• KW Access-Ability</td>
<td>Lowest Income Individuals</td>
<td>Total household income below $30,000 with dependents or below $20,000 without dependants</td>
<td></td>
</tr>
<tr>
<td><strong>Certified General Accountants Association Tax Clinics</strong>&lt;br&gt;<strong>Locations:</strong>&lt;br&gt;• Kitchener Public Library&lt;br&gt;• Rockway Centre</td>
<td>Low Wage Individuals</td>
<td>Low-income senior citizens who receive Canada Pension (i.e. Canada Pension Benefits, Old Age Security and/or disability benefits). Individual $25,000 or less. Married or common-law $30,000 or less</td>
<td></td>
</tr>
<tr>
<td><strong>Trusteeship</strong>&lt;br&gt;<strong>Voluntary Trusteeship</strong>&lt;br&gt;Cambridge Shelter Corporation</td>
<td>Low Wage Individuals</td>
<td>Residents of Cambridge and surrounding area. Particular consideration given to current or former residents and tenants of The Bridges.</td>
<td></td>
</tr>
<tr>
<td><strong>Waterloo Locations:</strong>&lt;br&gt;• Erb St. W Neighbourhood Association&lt;br&gt;• Region of Waterloo Employment Resource Area&lt;br&gt;• Sunnydale Community Centre (Sunnydale neighbourhood residents only)&lt;br&gt;• University of Waterloo Accounting and Finance Student Association&lt;br&gt;• Laurier Accounting Association</td>
<td>Lowest Income Individuals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.2 Asset Map

Each of the programs in the preceding table has mapped to show the distribution of programs throughout Cambridge, Kitchener and Waterloo. The following map can be accessed live at: [http://www.theohallorangroup.ca/what-we-do/projects/region-of-waterloo-financial-inclusion-map/](http://www.theohallorangroup.ca/what-we-do/projects/region-of-waterloo-financial-inclusion-map/) (the map is currently password protected. Password: Inclusion)

**Figure 2. Region of Waterloo Financial Inclusion Asset Map**
2.3 Reports

Local reports that address issues related to financial inclusion in the Region include:

Payday Lending

Community Education and Support

Income Tax Supports

Trusteeship
3. Banks

3.1 Overview and Summary

Canadian banks offer a range of banking and investment services. They are large multinational corporations owned by shareholders focused on profit-making. Canada is known for its stable banking industry, which includes 22 domestic banks, including the Big Five (RBC, TD-Canada Trust, CIBC, Scotia, and BMO), 26 foreign bank subsidiaries and 29 foreign bank branches operating in Canada. Banks are regulated in Canada by the Canadian Bankers Association and monitored by the Financial Consumer Agency of Canada (FCAC).

As of 2001, the FCAC stipulated that all Canadian banks are required to provide accounts without minimum opening balances to all Canadians, regardless of employment or credit history, with minimum identification requirements.

At the branch level, banks vary in the services they provide to low income recipients. Relationships formed between bank clients and bank tellers can also significantly influence the level of comfort, quality of customer service, and range of services experienced by a person living on a low income.

In Waterloo Region, bank branches that offer programs for people living on low incomes include:

- Bank of Montreal (BMO)
- Scotiabank
- Uptown Waterloo branch of TD Canada Trust
### 3.2 Programs

#### 3.2.1 Bank of Montreal (BMO)

<table>
<thead>
<tr>
<th>Program</th>
<th>Fresh Start Program</th>
<th>Since: Spring 2011</th>
<th># Served in 2011: &lt;10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded</td>
<td>For profit business</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description

The downtown Kitchener branch of Bank of Montreal (BMO) offers a no-fee bank account to people referred by the Money Matters program at The Working Centre.

#### Seek to Serve

- Low Wage Individuals
- Life Change

#### Capacity to Serve

No fixed number

#### Eligibility

Referral from Money Matters

#### Languages

English

#### Locations

Bank of Montreal (BMO)
2 King Street West
Kitchener, ON N2G 1A3

#### Contact Information

Jennifer Ellis
Main Kitchener branch
(519) 581-1093

#### Information Last Updated

March 2012
### 3.2.2 Scotiabank

<table>
<thead>
<tr>
<th>Program</th>
<th>StartRight Program</th>
<th><strong>Since:</strong> 2008</th>
<th><strong># Served in 2011:</strong> Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>For profit business</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Description</strong></td>
<td>Offers services catering to newcomers to Canada, including a no-fee bank account for one year and services in several languages.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>Life Change (immigrants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capacity to Serve</strong></td>
<td>Available on request</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Newcomers to Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>Services offered in different languages, varying depending on branch staff. Brochure is available in 12 languages: Arabic, Chinese, English, Farsi, French, Hindi, Korean, Punjabi, Russian, Spanish, Tagalog, Urdu.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td><a href="http://www.scotiabank.com/startright/landing-page.html">www.scotiabank.com/startright/landing-page.html</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information Last Updated</strong></td>
<td>April 2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.2.3 TD Canada Trust

<table>
<thead>
<tr>
<th>Program</th>
<th>Ontario Works Cheque Cashing (not an official program)</th>
<th>Since: &gt;5 years ago</th>
<th># Served in 2011: &gt;100 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>For profit business</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Description</strong></td>
<td>This initiative is not an official program, but worth mentioning as a local service catering to the needs of people in the lowest income bracket. TD Canada Trust and the Region of Waterloo have a memorandum of understanding (MOU) that allows for recipients of Ontario Works to have their social assistance cheques cashed at one of two branches in the region if they bring with them a letter issued by the Region verifying the person’s identification. This service is used regularly by individuals who either have insufficient identification and/or who do not have a bank account.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>☑ Lowest Income Individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capacity to Serve</strong></td>
<td>In accordance with the MOU</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Ontario Works recipients in Waterloo Region. Must have a current letter issued by the Region of Waterloo.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td><strong>Uptown Waterloo branch</strong>&lt;br&gt;15 King St S., Waterloo, ON N2J 1N9&lt;br&gt;Branch # 3814</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Main Street Cambridge branch</strong>&lt;br&gt;81 Main St., Cambridge, ON N1R 1W1&lt;br&gt;Branch # 2448</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td><strong>Waterloo branch</strong>&lt;br&gt;Susan McCord, Manager (519) 725-3630 ext. 250</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cambridge branch</strong>&lt;br&gt;Jason Devenny, Manager (519) 621-7730 ext. 250</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information Last Updated</strong></td>
<td>April 2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Credit Unions

4.1 Overview and Summary

Credit unions offer a range of banking and investment services. They are cooperatively owned by members (customers) and governed by a volunteer Board of Directors. As cooperatives, credit unions are committed to upholding the seven principles of cooperatives. Canada has a strong credit union history, particularly in the Maritime Provinces, Quebec, and British Columbia. Credit unions usually serve members within a smaller geographic area. In Ontario, more than 1.7 million Ontario residents are members of a credit union. Credit unions in Ontario are regulated by the Financial Services Commission of Ontario, in accordance with the provincial government's Credit Unions and Caisses Populaires Act.

Credit Unions can be categorized in two groups: open bond and closed bond institutions. Open bond credit unions have open membership – all are welcome. Examples of these are Your Neighbourhood Credit Union and Libro Financial. Closed bond credit unions have members with other commonalities such as religion, vocation, or cultural heritage. In Waterloo Region, some small credit unions are closed bond, such as the St. Stanislaus-St. Casimir’s Polish Parishes Credit Union Ltd.

Two additional local credit unions have histories of being closed bond institutions, and both have opened up their membership significantly. The Education Credit Union was originally set up to service teachers and their families, but has since become open to all. Until recently at the Mennonite Savings and Credit Union, individuals were required to be active members of a Mennonite church. Since May 2010, individuals are eligible to join if they agree to sign the credit union’s shared statement of convictions, regardless of how they personally express those values.

Credit unions that offer specific financial inclusion programs are:

- Mennonite Savings and Credit Union
- Libro Financial
## 4.2 Programs

### 4.2.1 Mennonite Savings and Credit Union

<table>
<thead>
<tr>
<th>Program</th>
<th>Micro-loan program for graduates of the Waterloo Region’s A Service for Self-Employment Training and Support (ASSETS+) Project</th>
<th>Since: 2004</th>
<th># Served in 2011: Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Provides micro-loans to graduates of the Waterloo Region ASSETS+ Project (WRAP). WRAP is managed by the Mennonite Economic Development Associates and The Working Centre to assist the working poor, women and refugees by providing them with the steps and skills required to start a small business.</td>
<td></td>
<td>Funded: Not available</td>
</tr>
<tr>
<td>Seek to Serve</td>
<td>□Life Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity to Serve</td>
<td>54 (18 people per session; 3 sessions per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Languages</td>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Graduates of the ASSETS+ program; start-up micro-business owners; preference given to the working poor, women, and refugees</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Locations | Mennonite Savings and Credit Union  
50 Kent Avenue  
Kitchener, ON  N2G 3R1 |             |                                 |
| Contact Information | Ruth Konrad  
Manager  
(519) 576-7220  
Kitchener@mscu.com |             |                                 |
| Information Last Updated | April 2012 |             |                                 |
### 4.2.2 Mennonite Savings and Credit Union

<table>
<thead>
<tr>
<th>Program</th>
<th>Member Assistance Services: Special Needs Plan</th>
<th>Since: &gt;40 years ago</th>
<th># Served in 2011: Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>Donations (matching deposits) and the Mennonite Foundation Mutual Aid Endowment Fund</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description
“The Special Needs Plan offers temporary relief in the form of loans at reduced interest rates to eligible MSCU members when they experience financial hardship or distress.”

[https://www.mscu.com/SIA/MAS/](https://www.mscu.com/SIA/MAS/)

#### Seek to Serve
- [ ] Low Wage Individuals
- [ ] Lowest Income Individuals
- [ ] Life Change

#### Capacity to Serve
Case by case basis

#### Eligibility
Members in financial distress on a case by case basis

#### Languages
English

#### Locations
- **Mennonite Savings and Credit Union**
  - 50 Kent Avenue
  - Kitchener, ON  N2G 3R1
  - 53 Bridgeport Road East
  - Waterloo, ON  N2J 2J7

#### Contact Information
- Ben Janzen
  - (519) 772-5243
  - bjanzen@mscu.com

**Information Last Updated**
April 2012
### 4.2.3 Libro Financial

<table>
<thead>
<tr>
<th>Program</th>
<th>Waterloo Region Immigrant Loan Program</th>
<th><strong>Since:</strong> 2008</th>
<th><strong># Served in 2011:</strong> 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>Employment Ontario</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description

The Waterloo Region Immigrant Loan Program is offered by Libro Financial Group in partnership with The Working Centre and Waterloo Region Immigrant Employment Network. The aim of this program is to give skilled immigrants access to funds for training or certification assessments needed to qualify for employment in their fields.

Eligible participants can borrow up to $5,000 and may choose to pay interest only during the training period.

#### Seek to Serve

- Life Change (immigrants)

#### Capacity to Serve

Case by case basis

#### Eligibility

Immigrants. Individuals must meet program criteria including:

- English language skills sufficient for employment
- Possess transferable educations, skills, and experience in their chosen profession or trade that will qualify them for the Canadian workforce through short-term training
- Are unable to obtain credit from traditional financial institutions due to lack of credit history and possible A lack of employment
- Are highly motivated to succeed

#### Languages

English

#### Locations

- **Libro Financial**
  420 Erb St. W., Waterloo, ON  N2L 6H6
  (519) 725-6060

- **The Working Centre**
  58 Queen Street South
  Kitchener, ON  N2G 1V6

#### Contact Information

Dave or Sheena at The Working Centre:
cc@theworkingcentre.org
(519) 743-1151 ext. 134
[www.theworkingcentre.org](http://www.theworkingcentre.org)

#### Information Last Updated

March 2012
5. Community Education and Support Programs

5.1 Overview and Summary

Financial Education and Support Programs tend to emerge in response to an identified need in the community. Non-profit social service agencies are the primary provider of financial education / financial support programs for individuals with low-incomes. Usually these programs or workshop series are not the main focus of an organization, but are offered as one of many services or supports to individuals and families within the context of a broader range of services provided.

The financial education and support programs available in Waterloo Region are each unique. They range from short one-time workshops, to medium-term programs, to ongoing, relational supports that may work with an individual for several years. Some of these programs are offered to anyone who seeks them, such as the Credit Counselling program at Mosaic Counselling and Family Services or the Financial Inclusion Outreach program offered by The Working Centre. Others are quite targeted for specific audiences, such as the Money and Making it on Your Own program geared towards women leaving abusive relationships, the Making Cents of Change program for refugee claimants, or the Dollars with Sense program for youth.

Agencies offering specific financial inclusion programs include:

- Mosaic Counselling & Family Services
- Junior Achievement Waterloo Region
- Kitchener Downtown Community Health Centre
- Mennonite Coalition for Refugee Support
- KW Counselling Services
- The Literacy Group
- The Working Centre
- Lutherwood
Community Education and Support Programs

5.2 Programs

5.2.1 Mosaic Counselling & Family Services

<table>
<thead>
<tr>
<th>Program</th>
<th>Credit Counselling</th>
<th>Since: &gt;50 years ago</th>
<th># Served in 2011: 426 one on one; 1500 total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>United Way, Donations from creditors, Fees from bankruptcy trustees, Fees from clients (most do not pay fee – sliding scale dependent on income)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Four main services offered are: budget counselling, money management, advocacy, and education. This includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Confidential financial counselling</td>
</tr>
<tr>
<td></td>
<td>• Education and information on money management</td>
</tr>
<tr>
<td></td>
<td>• Consumer repayment plan</td>
</tr>
<tr>
<td></td>
<td>• Repayment proposals to creditors</td>
</tr>
<tr>
<td></td>
<td>• Intervention and mediation to help resolve debt concerns</td>
</tr>
<tr>
<td></td>
<td>• Referrals to other agencies and services as needed</td>
</tr>
<tr>
<td></td>
<td>• Bankruptcy counselling</td>
</tr>
<tr>
<td></td>
<td>• Employee assistance programs</td>
</tr>
<tr>
<td></td>
<td>• Community education</td>
</tr>
<tr>
<td></td>
<td>• Speaking engagements</td>
</tr>
</tbody>
</table>

www.mosaiconline.ca/wps/portal/cfcc/DollarSense

Seek to Serve
- Low Wage Individuals
- Lowest Income Individuals
- Life Change

Capacity to Serve
Approximately 1500 people annually. Weekly credit clinic group information session; individual appointments with a credit counsellor are set-up for attendees who wish to do so; telephone counselling is available; individual sessions available at Cambridge office

Eligibility
All welcome

Languages
English

Locations
Mosaic Counselling and Family Services
Kitchener location:
400 Queen Street South
Kitchener, ON N2G 1W7
| **Cambridge location:** | 1145 Concession Road  
Cambridge, ON  N3H 4L5 |
|------------------------|--------------------------------------------------|
| **Contact Information** | Heather Cudmore or Credit Counselling Intake  
(519) 743-6333 ext. 235  
[www.mosaiconline.ca](http://www.mosaiconline.ca) |
| **Information Last Updated** | March 2012 |
### 5.2.2 Junior Achievement Waterloo Region

<table>
<thead>
<tr>
<th>Program</th>
<th>Dollars with Sense</th>
<th>Since: 2005</th>
<th># Served in 2011: 1,020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded</strong></td>
<td>Corporate and individual donations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description

Dollars with Sense provides students with experience they need to make better economic decisions. Students play an investment strategies game to learn about effective spending and how to avoid credit and debt pitfalls. Participants learn to:

- Link future goals and success to proactive financial planning
- Explore ways of investing to suit personal goals and needs
- Discover the advantages and risks of different investments
- Understand the tools and options available for better decisions

#### Seek to Serve

- Life Change (youth 12-16 years old)

#### Capacity to Serve

100s of volunteers; dependent on teacher/school interest and volunteer availability.

#### Eligibility

Any grade 7-10 class in Waterloo Region or Community Groups with children ages 12-16

#### Languages

English or French

#### Locations

All schools in the Waterloo Region area

#### Contact Information

519-576-6610 or [www.jawaterlooregion.org](http://www.jawaterlooregion.org)

#### Information Last Updated

May 30, 2012
## 5.2.3 Junior Achievement Waterloo Region

<table>
<thead>
<tr>
<th>Program</th>
<th>Economics for Success</th>
<th>Since: 2008</th>
<th># Served in 2011: 5,040</th>
</tr>
</thead>
</table>
| **Program Description** | Economics for Success (EFS) helps students explore and manage their job and career choices by focusing on the direct links between further education and personal goals. EFS gives students new perspectives on how informed choices today can benefit them in the future. The program seeks to help students:  
  - Understand how every opportunity is a stepping-stone to success  
  - Realize the financial constraints and demands of independence  
  - Develop employability and interpersonal effectiveness  
  - Identify resources needed to support a life-long career journey |
| **Seek to Serve**     | Life Change (youth aged 12-16) |
| **Capacity to Serve** | 100s of volunteers; dependent on teacher/school interest and volunteer availability. |
| **Eligibility**       | Any grade 7-10 class in Waterloo Region or Community Groups with children ages 12-16 |
| **Languages**         | English and French |
| **Locations**         | Schools in Waterloo Region |
| **Contact Information** | 519-576-6610 and [www.jawaterlooregion.org](http://www.jawaterlooregion.org) |
| **Information Last Updated** | May 30, 2012 |
## Community Education and Support Programs

### 5.2.4 Kitchener Downtown Community Health Centre

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Living on a Survival Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Since:</strong></td>
<td>2001</td>
</tr>
<tr>
<td><strong># Served in 2011:</strong></td>
<td>30-40</td>
</tr>
<tr>
<td><strong>Funded:</strong></td>
<td>Grant from Public Health, Region of Waterloo</td>
</tr>
</tbody>
</table>

**Program Description**

A 3-part program that offers supports to individuals in planning and making nutritious meals.

- **READY** program offers basic food handling skills. (6 weeks)
- **SET** program offers more advanced meal planning, budgeting, and meal preparation skills. (6 weeks)
- **GO** program offers ongoing group supports. Twice a month, the group meets to plan a meal, and then together they make and eat the meal. (on-going)

The program is funded by the Region of Waterloo and is led by Peer Community Nutrition Workers.

### Seek to Serve

- Low Wage Individuals
- Lowest Income Individuals
- Life Change

### Capacity to Serve

45 people annually. Workshops run weekly, starting twice annually

### Eligibility

All welcome

### Languages

English

### Locations

**Kitchener Downtown Community Health Centre**

44 Francis Street

Kitchener, ON  N2G 2A2

### Contact Information

Charla Adams, Registered Dietitian

(519) 745-4404 ext. 242

[www.kdchc.org](http://www.kdchc.org)

### Information Last Updated

March 2012
## 5.2.5 Mennonite Coalition for Refugee Support

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>This program supports refugee claimants to better manage their finances. It provides access to information about the costs of living in Canada and the Canadian financial system, coping strategies for living on a low income and accessing the resources available. It also provides support for creating and managing a budget while saving for future immigration related paper work, legal representation, permanent residence applications and travel costs for family reunification. Financial literacy workshops for refugee claimants provide participants with a resources manual on personal finance management. The workshops and manuals will be tailored for refugee claimants, and can be translated into multiple languages in order to increase accessibility. The program seeks to support refugee claimants to live within their means, understand the Canadian financial system, save for the future and learn to live with less.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Seek to Serve                   | ☑ Life Change (refugees)                                          |             |                     |
| Capacity to Serve               | Unlimited; workshops run approximately once a month                |             |                     |
| Eligibility                     | Refugee claimants                                                 |             |                     |
| Languages                       | Multiple                                                           |             |                     |
| Location                        | Mennonite Coalition for Refugee Support (MCRS) 58 Queen Street South Kitchener, ON N2G 1V6 |             |                     |
| Contact Information             | Jennifer Ardon, Support Worker (519) 571-1912 supportworker@mcrs.ca www.mcrs.ca |             |                     |
| Information Last Updated        | April 2012                                                         |             |                     |
### 5.2.6 KW Counselling Services

<table>
<thead>
<tr>
<th>Program</th>
<th>Money and Making it on Your Own website</th>
<th>Since: 2012</th>
<th># Served in 2011: Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded:</td>
<td>TD SEDI Financial Literacy Grant Fund - 2010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description
KW Counselling Services operates an online resource that can be used freely by anyone, and seeks to serve women seeking to leave abusive relationships. Topics include:
- Understanding Financial Abuse
- Steps to Financial Independence
- Meeting Your Basic Needs
- Gaining Money Management Skills
- Understanding Credit and Debit
- Separating From Your Partner
- Money Management Tips for Couples

This website includes resources that were developed for a program of the same name that ran from 2010 to 2011, offering supports to assist women achieve financial independence. Supports included one-on-one counselling and groups provided at no cost for women who are in, or have been in, abusive relationships.

#### Seek to Serve
- Low Wage Individuals
- Lowest Income Individuals
- Life Change

#### Capacity to Serve
Unlimited

#### Eligibility
Self-referred women who are in, or who have been in abusive relationships

#### Languages
English

#### Locations
KW Counselling Services  
480 Charles Street East,  
Kitchener, ON N2G 4K5

#### Contact Information
(519) 884-0000  
www.moneyandmakingitonyourown.ca

#### Information Last Updated
March 2012
## 5.2.7 The Literacy Group

<table>
<thead>
<tr>
<th>Program</th>
<th>Money Matters</th>
<th>Since: 2011</th>
<th># Served in 2011: 16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>TD Canada Trust</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Description
This national program provides individual and small-group basic financial literacy supports. Money Matters group workshops are offered in four, two-hour money management units:

- Unit 1: A Place to Start: Spending Plans
- Unit 2: Banking Basics
- Unit 3: Borrowing Money
- Unit 4: RESPs and Other Ways to Save

Groups are run by volunteers from TD Canada Trust and supported by local literacy organizations. Locally, the partner organization is The Literacy Group.

### Seek to Serve
- Life Change (literacy students)

### Capacity to Serve
Can serve up to 42 individuals in a year. Groups run whenever there are enough TD volunteers and interested participants.

### Eligibility
Adult learners enrolled in literacy programs; referrals from other service providers

### Languages
English

### Locations

#### Cambridge Location:
89 Main Street, Unit # 1
Cambridge, ON  N1R 1W1

#### Kitchener Location:
151 Frederick Street, Suite 200
Kitchener, ON  N2H 2M2

### Contact Information
Carol Risidore [carol@theliteracygroup.com](mailto:carol@theliteracygroup.com)

[www.theliteracygroup.com](http://www.theliteracygroup.com)

Kitchener Office: (519) 743-6090
[Kitchener@theliteracygroup.com](mailto:Kitchener@theliteracygroup.com)

Cambridge Office: (519) 621-7993
[Cambridge@theliteracygroup.com](mailto:Cambridge@theliteracygroup.com)

### Information Last Updated
April 2012
## 5.2.8 The Working Centre

<table>
<thead>
<tr>
<th>Program</th>
<th>Money Matters Financial Inclusion Outreach</th>
<th><strong>Since:</strong> 2011</th>
<th><strong># Served in 2011:</strong> 160 in first 3 mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td></td>
<td>one-time grants from K-W Community Foundation (2010); Mennonite Savings and Credit Union (2012); TD SEDI Financial Literacy Grant Fund (2012-2014)</td>
<td></td>
</tr>
<tr>
<td><strong>Program Description</strong></td>
<td>Offers individualized support to navigate information and resources regarding money management. One-on-one responsive support is provided on a drop-in basis and/or by individual appointments. Individuals receive support with such things as building a relationship with a financial institution, budgeting, dealing with debt, and accessing community resources. Support is provided as needed, both for one-time meetings, and for on-going needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>☐ Low Wage Individuals</td>
<td>☐ Lowest Income Individuals</td>
<td>☐ Life Change</td>
</tr>
<tr>
<td><strong>Capacity to Serve</strong></td>
<td>500 people annually. One-on-one ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>All welcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td>The Working Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>58 Queen Street South</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kitchener, ON N2G 1V6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Sue Collison or Nathan Stretch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(519) 743-1151</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:susanc@theworkingcentre.org">susanc@theworkingcentre.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:nathans@theworkingcentre.org">nathans@theworkingcentre.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information Last Updated</strong></td>
<td>May 2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Community Education and Support Programs

### 5.2.9 Lutherwood

<table>
<thead>
<tr>
<th>Program</th>
<th>Rent Bank and Eviction Prevention Program</th>
<th>Since: 2001</th>
<th># Served in 2011: 558</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded:</strong></td>
<td>Government of Ontario</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Description

The program fulfills its goal of increasing housing stability in Waterloo Region through providing:

- Eviction prevention mediation support to both tenants and landlords
- Residential Tenancy Act (RTA) information for both tenants and landlords
- Rent Bank Loan Fund
- Support to access a variety of social assistance programs (e.g., OW, ODSP, CPP etc.)
- **Financial Literacy**

In terms of financial literacy, provides a diverse menu of resources including the following:

- Deliver the financial literacy curriculum developed by the Canadian Centre of Financial Literacy for an economically vulnerable audience (SEDI).
- Canada Revenue Agency Volunteer Income Tax Clinic (CVITC).
- Review of participant’s budget and provide support through financial advocacy and problem solving.
- Assist participants to make informed longer-term financial decisions along with serving as a referral point for more intensive financial support.
- Providing pamphlets from the Financial Consumer Agency of Canada such as, “The Cost of Payday Loans”, Opening a Personal Bank Account”, and “Making a Budget and Sticking To It”. In addition, “Money and Making it on Your Own”, was also introduced in 2011.

#### Seek to Serve

- Low Wage Individuals
- Lowest Income Individuals
- Life Change

#### Capacity to Serve

Drop-in services offered Monday to Thursday from 2pm to 3pm at the Kitchener location and Wednesday from 1pm to 3pm at the Cambridge location. Additional drop-in service offered at Lang’s Farm on Fridays from 9am to 11am.
<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Participants are screened to determine eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Languages</td>
<td>English</td>
</tr>
<tr>
<td>Locations</td>
<td><strong>Lutherwood</strong></td>
</tr>
<tr>
<td></td>
<td>41 Weber St. West</td>
</tr>
<tr>
<td></td>
<td>Kitchener, ON N2H 3Z1</td>
</tr>
<tr>
<td></td>
<td>Drop-in services available on a weekly basis at the following locations:</td>
</tr>
<tr>
<td></td>
<td>• 41 Weber Street West, Kitchener</td>
</tr>
<tr>
<td></td>
<td>• 35 Dickson Street, Cambridge</td>
</tr>
<tr>
<td></td>
<td>• Langs Farm Village Association</td>
</tr>
<tr>
<td></td>
<td>1145 Concession Road, Cambridge</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Rent Bank “Intake Line”</td>
</tr>
<tr>
<td></td>
<td>(519) 749-8305 ext. 7368 (R-E-N-T)</td>
</tr>
<tr>
<td></td>
<td>For program information, contact:</td>
</tr>
<tr>
<td></td>
<td>Darlene Boehm</td>
</tr>
<tr>
<td></td>
<td>(519) 749-8305 ext. 1231</td>
</tr>
<tr>
<td></td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>Denise Muill</td>
</tr>
<tr>
<td></td>
<td>(519) 749-8305 ext. 2225</td>
</tr>
<tr>
<td>Information Last Updated</td>
<td>March 2012</td>
</tr>
</tbody>
</table>
6. Identification Supports

6.1 Overview and Summary

Accessing services often involves providing valid, government-issued identification (ID). For example, Social Insurance Numbers are required for filing income taxes and accessing government programs and benefits. Opening a bank account requires presentation of at least one piece of government-issued ID. When one is unable to produce valid ID, one cannot apply, and therefore cannot receive the service.

Applying for ID can be completed in person at relevant government agencies or through online application processes (Ontario.ca lists helpful links at http://www.ontario.ca/en/life_events/wallet/004418).

However, individuals who live in unstable and complex circumstances often experience difficulties obtaining and maintaining the ID required for services. Obtaining ID often requires proof of identification (i.e. getting ID means needing to already have ID) as well as having the resources to complete application processes. The following chart provides information regarding various types of ID.

<table>
<thead>
<tr>
<th>Type of ID</th>
<th>Cost</th>
<th>Location</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Card (OHIP)</td>
<td>$0</td>
<td>Any ServiceOntario office across the region</td>
<td>Residents under 15½ or over 80 may renew by mail. All others must go to the office.</td>
</tr>
<tr>
<td>Birth Certificate</td>
<td>$20-$40 varies by Province</td>
<td>By mail or on-line with a credit card</td>
<td>Must apply to the Province in which you were born.</td>
</tr>
<tr>
<td>Immigrant Record of Landing</td>
<td>$30 or free if on OW/ODSP/CPP/OAS/GIS</td>
<td>Waterloo/Wellington Canadian Immigration Centre 29 Duke St. E., Kitchener</td>
<td>Must be a permanent resident of Canada or a naturalized Canadian citizen who once was a permanent resident.</td>
</tr>
<tr>
<td>Social Insurance #</td>
<td>1st card is free and replacement copies are $10</td>
<td>Service Canada Centre at 409 Weber St W, Kit. or 350 Conestoga Blvd., Camb. or by mail</td>
<td></td>
</tr>
<tr>
<td>Ontario Photo ID</td>
<td>$35</td>
<td>ServiceOntario 1151 Victoria Street N., Kit. 1400 Weber Street E., Kit. 105 Lexington Road, Kit. 561 Hespeler Road, Camb.</td>
<td>For those without a valid drivers licence.</td>
</tr>
<tr>
<td>Drivers Licence</td>
<td>$125 initially $75 for renewal</td>
<td>Any ServiceOntario office across the region</td>
<td></td>
</tr>
<tr>
<td>Passport</td>
<td>$87 for adults $37 children 3-15 $22 children 0-2</td>
<td>Passport Canada at 40 Weber St., E, Kitchener or Canada Post Outlet, 33 Water St. N., Cambridge</td>
<td></td>
</tr>
</tbody>
</table>
Identification supports, such as ID Clinics, assist individuals to obtain government-issued identification. ID Clinics available in Waterloo Region typically assist people who do not have valid identification to access a health card, birth certificate, record of landing and social insurance number. These services are focused mostly on supporting people who are experiencing or at-risk of homelessness, new Canadians and Aboriginal people. Ontario Works and Ontario Disability Support Program may access discretionary benefits to pay for ID for their clients is necessary to determine eligibility or to support access to employment. Typically the support can only be offered one-time.

As of July 2011, for people who do not have a driver’s licence, the **Government of Ontario photo identification card** will be recognized as government-issued identification. Individuals experiencing homelessness can provide an institution's address by filing the form “Address Requirement for the Homeless or Marginally Housed Applicants,” which can be accessed at: http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/023-SR-LD-050E~1/$File/SR-LD-050E.pdf

There are two agencies that provide ID Supports:
- The Kitchener Downtown Community Health Centre
- The Cambridge Shelter Corporation
6.2 Programs

6.2.1 Kitchener Downtown Community Health Centre

<table>
<thead>
<tr>
<th>Program</th>
<th>ID Clinic</th>
<th>Since: 2000</th>
<th># Served 2011: 451</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Description</td>
<td>The clinic provides assistance to people within Kitchener-Waterloo to obtain ID primarily to support access to and maintenance of OHIP coverage (includes OHIP card, birth certificate and/or Record of Landing). For individuals experiencing homelessness, KDCHC can register individuals for OHIP without an address. First-come first-serve drop in ID Clinic services are available at Mary’s Place on Mondays at 12:00 pm, on Tuesdays at St. John’s Kitchen from 10:00 am to 1:00 pm, and on Wednesdays at Charles Street Men’s Hostel at 9:00 am. Can also work with patients in hospital with no fixed address and no health coverage and others who cannot access the outreach locations by making an appointment with the community development worker at the direct line listed below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Seek to Serve
- Low Wage Individuals
- Lowest Income Individuals (homeless)
- Life Change (immigrants)

Capacity to Serve
Can serve up approximately 500 individuals in a year. Budget of approximately $7,000 to support costs to replace ID.

Eligibility
- Individuals experiencing homelessness or at-risk of housing loss
- People living in the downtown Kitchener area
- New Canadians
- Aboriginal People living in Kitchener or Waterloo

Languages
- English

Locations
- Kitchener Downtown Community Health Centre
  59 Frederick Street
  Kitchener, ON N2H 2L3
- YWCA Mary’s Place
  84 Frederick Street
  Kitchener, ON N2H 2L7
| **St. John’s Kitchen** | 97 Victoria Street North, second floor  
Kitchener, ON  N2H 5C1 |
|------------------------|---------------------------------------------------|
| **Charles Street Men’s Hostel** | 63 Charles Street. E.,  
Kitchener, ON  N2G 2P3 |
| **Contact Information** | Doug Rankin, Community Development Worker  
(519) 745-4404 ext. 207  
drankin@kdchc.org |
| **Information Last Updated** | April 2012 |
## ID Supports

### 6.2.2 Cambridge Shelter Corporation

<table>
<thead>
<tr>
<th>Program</th>
<th>ID Clinic (part of Welcome Aboard Drop in Centre services)</th>
<th>Since: 2003</th>
<th># Served in 2011: 142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Description</td>
<td>Welcome Aboard: Drop-in Centre is located at The Bridges and is open Monday to Friday from 7:00am - 8:00 p.m. At the drop-in, people can access a wide variety of programs and services designed to help them move forward. Some of these include medical clinic, identification clinic, clean needle exchange program, literacy programs, social and recreational programming, trustee program, and various groups and meetings. Through partnership with more than 40 other community agencies, we are able to provide a number of services and prevent duplication.</td>
<td>Funded: Within existing funding</td>
<td></td>
</tr>
</tbody>
</table>

Each Tuesday (except July) can drive up to five people to the ServiceOntario office in Kitchener to access health cards (assisted approximately 107 people in 2011). Assist people to complete paperwork and mail applications for birth certificates (assisted approximately 35 people in 2011). Sometimes assist with accessing records of landing and social insurance numbers. Can have identification mailed to the Bridges and will keep copies of ID on file for people.

<table>
<thead>
<tr>
<th>Seek to Serve</th>
<th>☐ Low Wage Individuals</th>
<th>☐ Lowest Income Individuals</th>
<th>☐ Life Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity to Serve</td>
<td>Could serve up to 220 with Health Cards. Could serve up to 350 people with birth certificates if person comes with funding or further funding could be accessed. Used to exclusively assist those accessing the Bridges but now serve the broader community. Currently operate with budget of $5,000 but to fully provide program in Cambridge would require $18,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>16 years of age and up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Languages</td>
<td>English</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Locations | Cambridge Shelter Corp.  
26 Simcoe Street  
Cambridge, ON N1R 8P2 |
| Contact Information | Gary Warren, Drop-In Coordinator  
(519) 624-9305 ext. 101 or gary@cambridgesheltercorp.ca |
| Information Last Updated | May 2012 |
7. Income Tax Support

7.1 Overview and Summary

Tax Clinics are designed to help eligible individuals prepare and file their income tax returns so that they may benefit from the government programs and credits available to people on low-incomes. Tax returns are often required, or facilitate, applying for other income assistance programs. For example, the Guaranteed Income Supplement (GIS) and the Guaranteed Annual Income System (GAINS) are both determined annually when individuals file their return. As well, filing a return enables individuals to apply for refundable tax credits, such as the Child Tax Benefit, the Goods and Services Tax Credit and the Working Income Tax Benefit. Tax Clinics are free and are often run by volunteers. They offer individuals a free alternative to corporate tax preparation services that are usually accompanied by high fees.

There are numerous tax clinics available in Waterloo Region including community volunteer tax programs; volunteer chartered accountants; volunteer. All tax clinics are intended to support people with low income, students and may restrict their criteria to a specific geographic area. In this inventory we have utilized the recent Opportunities Waterloo Region (2011) “Increasing Access to Free Tax Clinics in Waterloo Region: Pilot Project” report as a key resource to compile our information.

Volunteers cannot help file income tax returns for:
- Deceased individuals
- Bankruptcies
- Capital gains or losses
- Employment expenses
- Business or rental income and expenses
### 7.2 Programs

#### 7.2.1 Community Volunteer Income Tax Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Community Volunteer Income Tax Programs</th>
<th>Funded:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not Funded. Canada Revenue Agency funds volunteer training and community organizations facilitate administration.</td>
</tr>
<tr>
<td>Program Description</td>
<td>“The Community Volunteer Income Tax Program (CVITP) is a CRA partnership with community organizations that host tax preparation clinics, where volunteers help to prepare returns for eligible individuals. Canada Revenue Agency provides training and software to volunteers of community organizations that host tax preparation clinics...Organizations in the Waterloo Region recruit their own volunteers and coordinate tax training through the CVIT program...Volunteers cannot help with income tax returns for deceased individuals; bankruptcies; capital gains or losses; employment expenses; or business/rental income and expenses.”</td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Individuals with an annual income of $25,000 or less. Married or common-law $35,000 or less. Single parent with one child $30,000 or less (add $2,000 per additional child). Interest income limited to under $1,000. Some agencies provide services only to individuals or families whose income is at or under the Low Income Cut Off (LICO). For more information on the LICO, <a href="http://www.statcan.gc.ca/pub/75f0002m/2011002/lico-sfr-eng.htm">http://www.statcan.gc.ca/pub/75f0002m/2011002/lico-sfr-eng.htm</a></td>
<td></td>
</tr>
<tr>
<td>Languages</td>
<td>English</td>
<td></td>
</tr>
</tbody>
</table>

These programs operate on a by-appointment or drop-in basis during tax season. Dates and times change are subject to change each year: contact the agency to find out current operating hours.

Some agencies provide services only to individuals and families residing in their catchment area, or to those who are already clients of the agency. Specifications are listed as applicable next to each location.
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Seek to Serve</th>
<th>Capacity to Serve</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langs Farm Association</td>
<td>1145 Concession Road Cambridge, ON N2C 2L9 &lt;br&gt; Tammy Saunders &lt;br&gt; (519) 653-1470 ext. 228</td>
<td>☐ Low Wage Individuals &lt;br&gt; ☐ Lowest Income Individuals</td>
<td>Appointment-only clinics run in March and April (typically 4 to 6 clinics depending on demand). Staffed by 4 volunteers. Can complete up to approximately 125 returns</td>
<td>Preston area residents</td>
</tr>
<tr>
<td>Preston Heights Community Centre</td>
<td>350 Linden Drive Cambridge, ON N3H 5N7 &lt;br&gt; Sandy Roxborough, Centre Director &lt;br&gt; (519) 650-2971</td>
<td>☐ Low Wage Individuals &lt;br&gt; ☐ Lowest Income Individuals</td>
<td>3 appointment-only clinics run on 3 different evenings from 6pm to 9pm each March. Can serve up to 25 people per session</td>
<td>Preston Heights neighbourhood residents</td>
</tr>
<tr>
<td>Region of Waterloo Employment Resource Centre</td>
<td>150 Main Street Cambridge, ON N1R 1W5 &lt;br&gt; To book appointments: &lt;br&gt; (519) 740-5700 ext. 7829 &lt;br&gt; Contact Bob Thiesz, the Region's Tax Clinic Program Coordinator, for other program information: &lt;br&gt; (519) 883-2020</td>
<td>☐ Low Wage Individuals &lt;br&gt; ☐ Lowest Income Individuals</td>
<td>One of 3 locations run by the Region of Waterloo; served 854 in 2011. Clinics run Mondays and Wednesdays (this location) from 9am to 3:30pm by appointment only during March and April</td>
<td></td>
</tr>
<tr>
<td>Salvation Army Community &amp; Family Services</td>
<td>16 Shade Street Cambridge, ON N1R 4J5 &lt;br&gt; Ask Receptionist for Major Roland Shea &lt;br&gt; (519) 623-1221</td>
<td>☐ Low Wage Individuals &lt;br&gt; ☐ Lowest Income Individuals</td>
<td>Drop-off service runs from Feb. 27 to April 30, clients are called back when taxes are finished.</td>
<td></td>
</tr>
</tbody>
</table>
YWCA Cambridge – Small Steps to Success

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Seek to Serve</th>
<th>Capacity to Serve</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA Cambridge – Small Steps to Success</td>
<td>52 Ainslie Street South Cambridge, ON N1R 3K3</td>
<td>☐ Low Wage Individuals ☐ Lowest Income Individuals</td>
<td>Clinics run 3 days per week in March and April. Appointments available Monday, Tuesday and Thursday from 1pm – 4pm. Drop off services and help filing back taxes also available year round on a case-by-case basis. Completed approximately 100 returns in 2011, unlimited capacity annually.</td>
<td>Can serve individuals in need who do not meet the general income criteria, on a case-by-case basis</td>
</tr>
</tbody>
</table>

Locations – KITCHENER

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Seek to Serve</th>
<th>Capacity to Serve</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chandler Mowat Community Centre</td>
<td>222 Chandler Drive Kitchener, ON N2E 1G6 Jeremy Burke, Program Coordinator (519) 570-3610 <a href="mailto:jeremyb@houseoffriendship.org">jeremyb@houseoffriendship.org</a></td>
<td>☐ Low Wage Individuals ☐ Lowest Income Individuals</td>
<td>3 to 5 appointment-only clinics per year during March and April (typically Mondays between 9am and 8pm). Staffed by 2-3 volunteers, can complete up to 100 returns</td>
<td>Chandler Mowat neighbourhood residents</td>
</tr>
<tr>
<td>Courtland Shelley Community</td>
<td>1064G Courtland Avenue East Kitchener, ON N2C 1K6</td>
<td>☐ Low Wage Individuals ☐ Lowest Income Individuals</td>
<td>Clinics run twice annually in March; can complete</td>
<td>Courtland Shelley neighbourhood residents</td>
</tr>
<tr>
<td>Centre</td>
<td>Doreen West-Gemmell, Program Coordinator (519) 571-7953 <a href="mailto:doreenwg@houseoffriendship.org">doreenwg@houseoffriendship.org</a></td>
<td>between 60 and 80 returns depending on varying number of participating volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchener Downtown Community Health Centre (KDCHC)</td>
<td>44 Francis Street Kitchener, ON N2G 2A2 Nicole Wazir, Community Health Worker (519) 745-4404 ext. 234 <a href="mailto:nwazir@kdchc.org">nwazir@kdchc.org</a></td>
<td>Low Wage Individuals □ Lowest Income Individuals 2 half-day clinics run annually in March and April; full-year program for back taxes also available; 30 returns completed in 2011 KDCHC clients and outreach clients; back taxes clients must be referred by a KDCHC outreach or community worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lutherwood</td>
<td>165 King Street East Kitchener, ON N2G 2K8 Or 41 Weber St. West Kitchener, ON N2H 3Z1 Denise Muill (519) 743-2460 ext. 2225</td>
<td>Low Wage Individuals □ Lowest Income Individuals Full day drop-off, walk-in clinic from 8:30 am to 4:30 pm in March, April and early May All Waterloo Region residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region of Waterloo Employment Resource Area</td>
<td>235 King Street East Kitchener, ON N2G 2K8 To book appointments: (519) 883-2101 ext. 5675 Contact Bob Thiesz, the Region’s Tax Clinic Program Coordinator, for other program information: (519) 883-2020</td>
<td>Low Wage Individuals □ Lowest Income Individuals One of 3 locations run by the Region of Waterloo; served 854 in 2011. Clinics run Tuesdays and Thursdays (this location) from 9am to 3:30pm by appointment only during March and April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Working Centre</td>
<td>58 Queen Street South Kitchener, ON N2G 1V6 Contact Susan Collison for more program information: (519) 743-1151 ext. 173 <a href="mailto:susanc@theworkingcentre.org">susanc@theworkingcentre.org</a> Or contact the reception</td>
<td>Low Wage Individuals □ Lowest Income Individuals □ Drop-off, drop-in, and by-appointment service available during March and April. Processes back taxes and current returns. Served 150 in</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
desk:  
(519) 743-1151

Program website:  
http://www.theworkingcentre.org/tax-clinics.html

2011, and approximately 1000 in 2012. Services available year round on a case-by-case basis, contact agency for current capacity. Additional languages spoken: Punjabi, Hindi, Spanish, German, French, Urdu

Locations – WATERLOO

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Seek to Serve</th>
<th>Capacity to Serve</th>
<th>Eligibility</th>
</tr>
</thead>
</table>
| **Erb Street West Neighbourhood Association** | 306 Erb Street West Waterloo, ON  N2L 1W4        | Low Wage Individuals       | Clinics run one Saturday in March from 9am to 1pm at the First Baptist Church (address given).  
3 years running the program with 10-11 volunteers per year. Served 140 in 2011, may run more clinics if need is there. Possibility of Hindi and Punjabi-speaking volunteers |
<p>|                                           | To book appointments: <a href="mailto:freetaxclinic@gmail.com">freetaxclinic@gmail.com</a>     | Lowest Income Individuals  |                                                                                  |                                                                            |
|                                           | Contact Linnea D'Silva, Family Outreach Worker, for other program information: (519) 880-9747 |               |                                                                                  |                                                                            |
| <strong>Region of Waterloo Employment Resource Area</strong> | 99 Regina Street South Waterloo, ON  N2S 4G6 Program Co-ordinator | Low Wage Individuals       | One of 3 locations run by the Region of Waterloo; served 854 in                  |                                                                            |
|                                           | To book appointments:                             | Lowest Income Individuals  |                                                                                  |                                                                            |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Specialization</th>
<th>Clinic Schedule Details</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunnydale Community Centre</td>
<td>508H Sunnydale Place Waterloo, ON N2L 4T1</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td>Appointment-only clinics run in March on 2 different evenings from 6pm to 9pm. Can complete approximately 70 returns in a tax season</td>
<td>Sunnydale neighbourhood residents</td>
</tr>
<tr>
<td>University of Waterloo Accounting and Finance Student Association</td>
<td>Multi-Purpose Room Student Life Centre University of Waterloo Waterloo, ON N2L 3G1</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td>Drop-in tax clinics offered from 10am to 9pm on 3 consecutive days in March (usually Fri – Sun). No appointments necessary</td>
<td>University of Waterloo students and Kitchener-Waterloo community members</td>
</tr>
<tr>
<td>Laurier Accounting Association</td>
<td>Wilfrid Laurier University 75 University Ave Waterloo ON, N2L 3C5</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td>Drop-in clinics offered on 2 days in March from 10am to 4pm. No appointments necessary</td>
<td>Laurier students</td>
</tr>
</tbody>
</table>

Information Last Updated: April 2012
### Income Tax Supports

#### 7.2.2 Institute of Chartered Accountants

<table>
<thead>
<tr>
<th>Program</th>
<th>Institute of Chartered Accountants Tax Clinics</th>
<th><strong>Funded:</strong> Not funded. Run by volunteers from the Institute of Chartered Accountants of Ontario and supported by community agencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>Free Chartered Accountant Tax Clinics operate in co-operation with a variety of agencies -- including food banks, charities, hospitals, senior centres and homes, community centres, social service agencies and libraries. The Institute of Chartered Accountants of Ontario offers additional support to these agencies by providing them with a honourarium based on the number of tax returns prepared.</td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>□Low Wage Individuals</td>
<td>□Lowest Income Individuals</td>
</tr>
<tr>
<td><strong>Capacity to Serve</strong></td>
<td>These tax clinics operate from mid-February until the end of March. Dates and times change are subject to change each year: contact the agency to find out current operating hours.</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Total household income must be below $30,000 with dependents or below $20,000 without dependents.</td>
<td></td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Contact Info</strong></th>
<th><strong>Seek to Serve</strong></th>
<th><strong>Capacity to Serve</strong></th>
<th><strong>Eligibility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Office of Gary Goodyear, M.P.</td>
<td>1425 Bishop Street North, Unit 3 Cambridge, ON N1R 6J9 (519) 624-7440</td>
<td>□Low Wage Individuals Lowest □Income Individuals</td>
<td>Can complete up to 300 returns. Appointment-only clinics run 2 nights per week in March, from 6pm to 9pm. Each clinic staffed by 3 volunteer accountants. Completed 260 returns in 2012. One staff member available year-</td>
<td>Cambridge residents</td>
</tr>
<tr>
<td>Service Provider</td>
<td>Address</td>
<td>Services</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Mosaic Counselling and Family Services</td>
<td>1-887 Langs Drive Cambridge, ON N3H 5K4</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td>Can complete up to 160 returns. Appointment-only clinics run 2 nights per week in March, from 6pm to 9pm. Each clinic staffed by 4 volunteer accountants.</td>
<td></td>
</tr>
<tr>
<td>Paulander Community Group</td>
<td>60 Paulander Drive Kitchener, ON N2M 5A5</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KW Access-Ability</td>
<td>105 University Street East Waterloo, ON N2J 2W1</td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Information Last Updated: March 2012
## Income Tax Supports

### 7.2.3 Certified General Accountants Association

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified General Accountants Association Tax Clinics</th>
<th><strong>Funded</strong>: Not funded. Run by volunteers from the Certified General Accountants Association and supported by community agencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>Certified General Accountants Association (CGAs) in the Waterloo Region offer free tax services to low-income senior citizens. These tax clinics operate only during tax season. Dates and times change are subject to change each year: contact the agency to find out current operating hours. Booking begins one month in advance of the clinic.</td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>Low Wage Individuals, Lowest Income Individuals</td>
<td></td>
</tr>
<tr>
<td><strong>Capacity to Serve</strong></td>
<td>Appointment-only clinics are offered on one day in March at each location. Capacity to complete approximately 80 returns at each location.</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Serving only senior citizens who receive Canada Pension (i.e. Canada Pension Benefits, Old Age Security and/or disability benefits). Individual $25,000 or less. Married or common-law $30,000 or less.</td>
<td></td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td><strong>Kitchener Public Library</strong>&lt;br&gt;251 Fischer-Hallman Road&lt;br&gt;Kitchener, ON N2M 4X8&lt;br&gt;(519) 743-0271 ext. 255</td>
<td><strong>Rockway Centre</strong>&lt;br&gt;1405 King St. E.&lt;br&gt;Kitchener, ON N2G 2N9&lt;br&gt;(519) 741-2507</td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td><strong>Information Last Updated</strong></td>
<td>April 2012</td>
<td></td>
</tr>
</tbody>
</table>
8. Trusteeships

8.1 Overview and Summary

There are two main types of trusteeships: 1) The Office of the Public Guardian and Trustee for individuals deemed incapable of managing their finances and 2) Voluntary trusteeship programs assist individuals to manage their finances until they are ready to manage independently. The focus of this inventory will be on voluntary trusteeships. A brief definition of each program is described below.

The Office of the Public Guardian and Trustee (OPGT) is part of Ontario’s Ministry of the Attorney General and manages the financial affairs of people assessed as incapable who have no one else who is authorized to do so. (http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/). As a public guardian, the OPGT makes all the financial decisions and conducts transactions including receiving and depositing income, making investments, maintaining and selling property, applying for benefits, filing tax returns, paying bills and acting in legal proceedings.

Voluntary trusteeship programs are those in which an appointed guardian assumes responsibility for receiving income and paying expenses on behalf of an individual. Trusteeships have been used to assist individuals who experience homelessness as a means of building financial stability for program clients. Ideally, strategies are put in place to restore progressive degrees of individual control over his or her resources.

One voluntary trusteeship program exists in Waterloo Region at Cambridge Shelter Corporation. This program is intended to support people who are experiencing or have a history of homelessness.
## 8.2 Programs

### 8.2.1 Cambridge Shelter Corporation

<table>
<thead>
<tr>
<th>Program</th>
<th>Voluntary Trusteeship</th>
<th>Since: 2005</th>
<th># Served in 2010: 63</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>“Provides voluntary trusteeship to individuals in Cambridge, in particular to individuals who have stayed at The Bridges shelter and/or are living in the subsidized units located at The Bridges. In order to be approved for a subsidized unit at The Bridges, individuals must participate in the trusteeship program. The trustee receives each individual’s monthly income, pays the bills and set up a budget. The trustee then meets with each participant to discuss the budget and work out a payment plan for the money left over after expenses are paid. Each participant then comes in throughout the month at agreed upon times, to pick up his or her money.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seek to Serve</strong></td>
<td>☐ Low Wage Individuals&lt;br&gt;☐ Lowest Income Individuals&lt;br&gt;☐ Life Change</td>
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<td><strong>Capacity to Serve</strong></td>
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<td><strong>Eligibility</strong></td>
<td>Live in Cambridge or surrounding area. Particular consideration given to residents or former residents of The Bridges, or residents living in subsidized units located at The Bridges</td>
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<td><strong>Locations</strong></td>
<td>Cambridge Shelter Corp.&lt;br&gt;26 Simcoe Street&lt;br&gt;Cambridge, ON N1R 8P2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Carol White, Intake Supervisor &amp; Trustee Administrator&lt;br&gt;(519) 624-9305 ext. 105&lt;br&gt;<a href="mailto:carol@cambridgesheltercorp.ca">carol@cambridgesheltercorp.ca</a></td>
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<td><strong>Information Last Updated</strong></td>
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REPORT:  P-13-028

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

DATE: March 19, 2013

FILE CODE: D26-20

SUBJECT: REGION OF WATERLOO AFFORDABLE HOUSING STRATEGY AND INVESTMENT IN AFFORDABLE HOUSING FOR ONTARIO – PROGRAM DELIVERY AND FISCAL PLAN PROGRESS UPDATE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the following with regard to the Investment in Affordable Housing for Ontario – Program Delivery and Fiscal Plan (PDFP) and program delivery, as described in Report P-13-028, dated March 19, 2013:

a) Endorse the recommended revised Program Delivery and Fiscal Plan as summarized in Table 2 of Report P-13-028 and the proposed implementation revisions of the PDFP; and

b) Forward a copy of report P-13-028 to Federal and Provincial Ministers responsible for housing, local Members of Parliament and local Members of Provincial Parliament to advise them of the need for a new long term affordable housing agreement, as the CMHC-Ontario Agreement for Investment in Affordable Housing 2011-2014 is set to expire in 2014.

SUMMARY:

On October 29, 2008, Regional Council endorsed a new Affordable Housing Strategy (AHS) for the period of 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). Two priority areas identified in the new Strategy relate to affordability and supportive housing. As of the end of December 2012, there were 404 units completed under the new AHS, consisting of 286 new affordable rental units that have been built and occupied, including 121 affordable to lower income households and 81 units of supportive housing, and 118 units under the Affordable Home Ownership program. This, added to Regional Council’s 1,549 units created between 2001 and 2008, brings the total to 1,953 affordable housing units that the Region helped create by the end of 2012. Despite this considerable success, the demand for more affordable housing remains high.

The new Investment in Affordable Housing for Ontario Program (IAH) was announced in November 2011 as a four year program ending March 31, 2015. The Region of Waterloo received a notional allocation of $12.8 million and was required to provide the Province with a plan on how the funding would be utilized to address local affordable housing needs. On February 8, 2012 Regional Council approved the four year Program Delivery and Fiscal Plan (PDFP) for the $12.8 million notional allocation (P-12-017). Any funding not committed within a component in each program year will be reallocated to another Service Manager. While the total allocation to each of the components has not changed since the approval of the Plan, funding has been adjusted between the program years to ensure the Region’s allocation is fully utilized within the community.
Staff is requesting Regional Council to endorse the revised Program Delivery and Fiscal Plan (PDFP) and process outlined in the report to ensure the IAH funds remain in the community and address local housing needs. Subject to the approval of the revised PDFP, the next step would be to conduct an Expression of Interest for the currently unallocated amount of $1.75 million and to bring forward the results in a future report for consideration by Regional Council. The estimated 14 - 18 units developed with these funds, together with the 76 rental units currently under development and construction, places the Region on track to achieving the 500 unit goal by the end of 2013. This does not include households assisted through the Temporary Housing Assistance with Support or the Ontario Renovates programs.

The success of the AHS would not have been achieved without Regional Council’s leadership, and the partnerships and contributions of the development industry and non-profit housing providers, support from local agencies, Area Municipalities, and the Provincial and Federal governments. In addition to creating much needed affordable housing, there are other positive sustainable results that have been realized for Waterloo Region. These can be seen in the series of measurable outcome indicators developed by staff that monitor how well the community is achieving the goal of creating sustainable affordable housing and addressing economic, environmental and social sustainability (please see Attachment 1), such as:

- $54.0 million in capital investment in the community from the 286 rental units completed by the end of 2012;
- Each $1 invested by the Region in new rental housing has leveraged $9 from other sources;
- Revitalizing three former brownfields sites into new rental housing;
- Estimated reduction of 219 tonnes of green house gas emissions with new construction energy efficiencies; and
- Within the 286 new rental units, 54 are accessible and/or adaptable units, and 81 are new supportive housing units.

The community is on target to achieve Regional Council’s goal of helping to create at least 500 new units of sustainable affordable housing by the end of 2013. Staff are now in the preliminary stages of developing a new draft AHS that will be brought forward for consideration by Regional Council in late 2013. This will include a thorough review of community need to ensure the goals of the strategy are properly targeted. Social Services staff will also be directly involved.

REPORT:

On October 29, 2008, Regional Council endorsed a new Affordable Housing Strategy (AHS) for the period of 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). The minimum goal of 500 new units of sustainable affordable housing is targeted to be achieved as:

- New Affordable Rental Units – 370 (includes rents available to lower incomes)
- Regionally Constructed Units – 30 (supportive units)
- New Provincial Rent Supplement Units – 75
- Affordable Home Ownership Units – 25

In addition to the goal of creating at least 500 new units, two priority areas have been identified to address pressing needs in the areas of affordability and supports. The first priority is to create units affordable to the lowest income households in the Region by targeting 40 per cent of all new units created to be available at 65 per cent of the Canada Mortgage and Housing Corporation (CMHC) average market rent. At this rent level, units will generally be affordable to households receiving Ontario Works (OW), Ontario Disability Support Program (ODSP), earning minimum wage, and seniors on fixed incomes. The remaining units will still be targeted at 80 per cent of the
average market rent. These are rent levels that the private market cannot address alone and funding assistance is required to address these affordable housing gaps.

The second priority area is to increase the supply of housing with supports by helping to create at least 100 affordable supportive housing units. These additional supportive units may be located in new projects or added to current stock through partnerships with support agencies and housing providers. There are more than 1,426 households in the Region in need of not only safe and appropriate affordable housing, but also long term supports to allow them to live independently. As the Region’s population grows, it is expected that the demand for housing with supports will also increase, which can range from support for seniors, those with mental health issues, and persons with physical or cognitive disabilities to support for people needing help with basic life skill tasks.

**Results to Date – Shared Success**

As of the end of 2012, the Region has realized 404 units of the goal of at least 500 units under the new AHS. This is comprised of 286 rental and supportive housing units completed and occupied and 118 affordable homeownership units. When added to Regional Council’s 1,549 units created between 2001 and 2008 under the initial AHS, a total of 1,953 units have been created by the end of 2012.

**Table 1: AHS 2001-2012 Collective Success**

<table>
<thead>
<tr>
<th>As of December 2012</th>
<th>New Rental Supply</th>
<th>Home Ownership</th>
<th>Rent Supplement</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial AHS</td>
<td>1,036</td>
<td>170</td>
<td>343</td>
<td>1,549</td>
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<tr>
<td>New AHS</td>
<td>286</td>
<td>118</td>
<td>0</td>
<td>404</td>
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<td><strong>TOTAL</strong></td>
<td><strong>1,322</strong></td>
<td><strong>288</strong></td>
<td><strong>343</strong></td>
<td><strong>1,953</strong></td>
</tr>
</tbody>
</table>

An additional 26 rental units are under construction and expected to be completed this year, and a further 50 rental units have received allocations and are expected to start construction this year. The Region is recognized as a leader in the creation of affordable housing, and as a result of the collective efforts of all stakeholders, the Region continues to be among the highest producers of affordable housing in Canada.

The AHS was developed to help create new affordable housing to address a range of unmet housing needs for low to moderate income households in the community. In addition to meeting the housing needs of low to moderate income households and improving their quality of life, the AHS has provided other positive sustainable results for the Region. A series of measurable outcome indicators have been developed to monitor how well the Region is achieving the goal of creating sustainable affordable housing. The indicators measure outcomes in the areas of affordability, and economic, environmental and social sustainability (see Attachment 1).

1) **Affordability Indicators**

The new AHS has a priority to create units affordable to the lowest income households in the Region by targeting 40 per cent of all new units created to be available at 65 per cent of the CMHC average market rent. Under the new AHS, 286 affordable rental units have been completed and occupied. Of these, 121 units (42 per cent) are at rents generally affordable to households receiving OW, ODSP, earning minimum wage, and seniors on fixed incomes.
The Region’s Affordable Homeownership program has been successful in helping 288 low to moderate income households become first time homeowners in the Region since the program started in 2008. The current homeownership target under the AHS is to create 25 new affordable homeownership units. However, due to new senior government funding specifically for affordable homeownership allocated after the approval of the current AHS, greater than anticipated repayments, and Habitat for Humanity developments, 118 households were able to purchase affordable homeownership units under the current Affordable Housing Strategy, far exceeding the expected goal. A trend of increased repayments is expected as earlier purchasers start to renew their mortgage, thereby allowing more households to participate in the program.

2) Economic Sustainability

Economic sustainability is based on the premise that investment in affordable housing makes good business sense both now and for the future. The 286 completed rental and supportive units and 118 affordable homeownership units to date have had the following impacts:

- Numbers of person years of employment: an estimated 699 years worth of employment have been created since the implementation of the new AHS.
- Construction Investment: the 286 rental and supportive units completed have resulted in a total capital expenditure of $54 million.
- Over $22.4 million in home purchases have been supported through the Affordable Home Ownership (AHO) Program under the new AHS. As with the construction of new units, the AHO Program has multiple economic spin offs, including jobs created for mortgage brokers, realtors, and home inspectors.
- Ability to leverage equity: each $1 invested by the Region leveraged $9 from other sources.
- Impact on Rental Market: the 286 rental units completed have helped temper the rental market vacancy rate by 0.45 per cent.

3) Environmental Sustainability

Creating new affordable housing can help diminish negative impacts to the environment and reduce consumption of energy and water. For example, recent rental developments have included solar panels on the roof, installed heat recovery ventilators and drain water heat recovery devices, and solar hot water heating. Current AHS projects completed to date have improved environmental sustainability by:

- Development of Brownfields: Heartwood Place on Ainslie, Fern Meadows (Housing Cambridge) and MennoHomes Inc. Centre Street transformed contaminated sites to new residential environments.
- Number of Intensification and Adaptive Reuse Developments: both types of developments protect green space from development. Nine of the 11 rental developments completed under the current AHS either intensified or reused sites within existing build up areas, assisting in meeting Regional Official Plan objectives.
- Reduction of Greenhouse Gas Emissions: on average, the affordable rental buildings completed before the 2012 Building Code came in were designed to be at least seven per cent more energy efficient than the prevailing code’s energy efficiency requirements. Therefore, there is an estimated reduction of 219 tonnes of greenhouse gas emissions because of the energy efficiencies incorporated above the code requirements.

4) Community Sustainability

Affordable housing can foster equity, social inclusion, and security, and help create complete communities. Community sustainability is based on the idea that future generations should have
the same or greater access to community or social resources as the current generation. The AHS successes over the past year have contributed to community sustainability by:

- Number of Affordable Units Created: the 404 units of rental and supportive housing and affordable home ownership created help to foster security for low to middle income households and increases the affordable housing choices and locations in the Region.
- Number Housed from Waiting List: Since 2009, 3,214 households from the Coordinated Access Waiting list were housed in Community Housing, including units created under the AHS.
- Number of Accessible Units Created: the 54 new accessible and/or adaptable rental housing created in Waterloo Region will expand the options for persons with disabilities, allowing them to remain in their community, close to families and friends.
- Number of Supportive Housing Units Created: the 81 new supportive housing units created across Waterloo Region will assist individuals and families with support needs to maintain their housing.

**Update on the Investment in Affordable Housing for Ontario Program**

In July 2011, senior levels of government announced a New Framework for Affordable Housing 2011-2014, which was followed in November 2011 with the announcement of the Investment in Affordable Housing for Ontario Program (IAH), which will provide $480.6 million for affordable housing in Ontario over four years. The Region of Waterloo’s notional allocation of $12.8 million is divided over Years 2 to 4 of the Program. On February 8, 2012 Regional Council approved the Program Delivery and Fiscal Plan (the Plan) for the $12.8 million notional allocation (P-12-017).

Any funding not committed within a component in each program year will be reallocated to another Service Manager. While the total allocation to each of the components has not changed since the approval of the Plan, funding has been adjusted between the program years to ensure the Region’s allocation is fully utilized. The first adjustment made to the Plan was, at the request of the Province, to move $3.05 million from Rental Housing and $147,384 in Administration component funding to Year 1. The second adjustment was to move $160,662 in Year 2 Rental Housing funding to Ontario Renovates and then reverse the $160,662 between these two components in Year 3.

**Table 2: Current Allocation of IAH Funding**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>SM Allocation</td>
<td>$3,198,896</td>
<td>$3,956,662</td>
<td>$3,963,745</td>
<td>$1,721,356</td>
<td>$12,840,659</td>
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<tr>
<td>Rental Housing</td>
<td>$3,051,437</td>
<td>▪$3,000,000</td>
<td>▪$3,299,590</td>
<td>$973,973</td>
<td>$10,325,000</td>
<td>85 - 90</td>
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<tr>
<td>Housing Allowance Extension</td>
<td>▪$123,000</td>
<td>▪$3,299,590</td>
<td>$973,973</td>
<td>$10,325,000</td>
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<tr>
<td>THAWS</td>
<td>▪$23,000</td>
<td>▪$77,000</td>
<td>▪$200,000</td>
<td>74</td>
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<td></td>
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<tr>
<td>Ontario Renovates</td>
<td>▪$560,662</td>
<td>▪$439,338</td>
<td>$600,000</td>
<td>$1,600,000</td>
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<tr>
<td>Administration</td>
<td>$147,459</td>
<td>$147,817</td>
<td>$147,383</td>
<td>$442,659</td>
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<tr>
<td>Total</td>
<td>$3,198,896</td>
<td>$3,956,662</td>
<td>$3,963,745</td>
<td>$1,721,356</td>
<td>$12,840,659</td>
<td>254 - 269</td>
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</table>

* Operation budget allocation from Province, program delivery up to 5 years
• Funding shift between Rental Housing and Ontario Renovates in Year 2 and Year 3
Update on Rental and Supportive Housing

There are six rental and supportive developments that are either occupied (two units) and/or under construction/development (76 units) that received allocations through the call for Expressions of Interest 2011-02 and are being funding through the Region’s IAH allocation (Report P-012-028). An additional development by Alfred Haenchen Co-operative Homes Inc. received an allocation under an earlier proposal call.

1) Hunke Construction Inc. – Nafziger Road, Wellesley - Two units

Hunke Construction Inc. completed the revitalization of a former small church located at 3639 Nafziger Rd. in Wellesley into two units in December 2012. The three-bedroom and four-bedroom units are now occupied by local families.

2) Kitchener Housing Inc.- David Street, Kitchener - 21 units

Construction of an additional 21 one-bedroom units, including three accessible units, is currently underway at Kitchener Housing Inc.’s site located at 35 David St. in Kitchener. Kitchener Housing is currently renting up the units and occupancy is scheduled for mid-April 2013. Dakon Construction Ltd., the general contractor for the project, partnered with Lutherwood’s Compass program to provide at-risk youth an on-site construction experience.

3) MennoHomes Inc. - Ratz Street, Elmira – Three units

MennoHomes Inc. has completed extensive work to renovate, upgrade and improve the energy efficiency of the existing three-bedroom dwelling at 9 Ratz St. in Elmira, the duplex consisting of two four-bedroom units on the neighbouring vacant lot is expected to be completed in April. The duplex was constructed using an existing building donated by local philanthropist planning on intensifying an urban site in Waterloo. These units will provide affordable rental housing with supports for large rural families, particularly Low German-speaking Mennonites.

4) MennoHomes Inc. – David Street, Wellesley – Two units

MennoHomes Inc. was recommended as a Potential Priority Project in Report P-12-028 for a two units in Wellesley. Since then, MennoHomes has purchased a currently vacant site at 146 David St. in Wellesley and is the process of developing the site as a duplex consisting of two four-bedroom units with a small ground floor commercial space. A building permit has been issued for this infill development and construction is expected to start in April with occupancy planned for July 2013. These units will provide affordable rental housing with supports for large rural families, particularly Low German-speaking Mennonites.

5) Alfred Haenchen Co-operative Homes Inc. – Pinerow Crescent, Waterloo – Six units

Alfred Haenchen received an allocation under the Region’s DOOR funding in response to a 2009 call for Expressions of Interest (P-09-015). A minor variance to allow the six unit intensification project and associated common space was granted in 2012. Alfred Haenchen is currently in the site plan approval process and construction is expected to commence this spring.

6) Cambridge Kiwanis – Linden Drive, Cambridge - 23 units

Cambridge Kiwanis Village Non-Profit Housing Corp. received an allocation for 23 new units in a four-storey stand alone building on Linden Drive in Cambridge, with 20 one-bedroom units and three two-bedroom units. Construction is planned to start in this spring with occupancy in early 2014. Cambridge Kiwanis is in discussion with a local agency to provide supports to future
residents of four accessible units. The proponent has acquired an adjacent site that was the location of a former Regionally-owned water tower, which is to be used for a community garden.

7) Kitchener-Waterloo Habilitation Services – Sydney Street South, Kitchener - 21 units

Kitchener-Waterloo Habilitation Services (KW Habilitation) received an allocation for a 21-unit affordable supportive housing building as part of the redevelopment of their property at 108 Sydney St. S. in Kitchener. KW Habilitation recently broke ground on a new facility on the site to accommodate their administration and program space. They will start construction on the apartment building once the first phase is complete. Occupancy is expected late in 2014.

Update on Housing Allowance Extension

The current Housing Allowance program provided for a maximum of five years funding for each housing unit with a program end date of March 31, 2013. The Region’s approved Program Delivery and Fiscal Plan included $200,000 to help facilitate participants in the current Housing Allowance program to transition into other long term affordable housing options. In 2012, 15 participants have been assisted with $49,258 in Housing Allowance Extension funding.

Update on Temporary Housing Assistance With Supports Program

Regional staff developed a new Temporary Housing Assistance with Supports (THAWS) program as a five-year pilot for the delivery of 15 housing allowances for households in need of rental assistance as well as supports. The THAWS Program provides up to $350 per month towards housing costs, with the supports to maintain housing provided by local support agencies. In response to EOI 2012-04, Regional Council approved the selection of Lutherwood to administer the delivery of the THAWS program in collaboration with seven other local agencies (Report P-12-093). Regional staff worked with Lutherwood and the other agencies throughout the Fall of 2012 to refine and launch the pilot project. By the end of 2012, six individuals in need of affordable housing and support had been selected to participate in the program.

Update on Ontario Renovates

Ontario Renovates is another new program delivered by the Region that fills the gap left by the cancellation of the suite of rehabilitation programs including the Residential Rehabilitation Assistance Program (RRAP) by CMHC on March 31, 2012. Applications were made available to the public to download from the website in August 2012. Staff also mailed 97 applications, including 34 households who were on a waiting list to apply for RRAP funding. The Region was also forwarded a RRAP application from a local rooming house provider. The Province’s funding deadline for Year 2 of the program was December 31, 2012 and 14 applications had been approved by that date totaling $178,772 of the $400,000 Year 2 allocation for Ontario Renovates. The most common types of improvements include: roofs, furnaces, water penetration/mould, bathroom modifications, electrical and improving access into the home. Despite the Provincial funding deadline of December 31, the Region has been able to fund emergency repairs (furnaces, leaking roofs) since then utilizing HST rebates received on payments to contractors by the Region with the IAH Ontario Renovates funding.

As the Province’s December 31, 2012, deadline was approaching, it became apparent that some of the Ontario Renovates funding ($221,228) would remain uncommitted by year end and an additional $160,662 in Rental Housing component funding remained uncommitted (totaling $382,000), and therefore, was subject to being returned to the Province. Assuming that there may be some funding available at year-end in some of the components, Staff had developed a contingency plan for the use of any remaining funding to address affordable housing needs in the region. Given the Region’s AHS and PDFP, staff first reviewed all approved rental and supportive
housing proposals with an allocation for opportunities to increase the number of rental units with the additional funding, but there were no viable options within the timeframe.

The second option was to utilize the funds for the K.W. Underhill Residential Home (Underhill Residence), under the Ontario Renovates component, which allows funding for repairs to rooming houses. The Underhill Residence is a 30-bed rooming house located at 127 Erb St. W., Waterloo that provides room and boarding services to people with mental health conditions and/or experiencing persistent homelessness. Underhill Residence receives operating funding from the Region’s Social Services through the Domiciliary Hostel Program. The RRAP application for Underhill Residence identified that extensive repairs were required to allow the building to continue to provide supportive housing including bringing the building into compliance with the Fire Code, addressing other life safety issues, replacing the roof, and updating heating and electrical wiring. Social Services staff was supportive of this application.

**Next Steps**

There is $1,592,901 in Year 3 (April 1, 2013 to March 31, 2014) Rental Housing component funding that is currently unallocated. Regional staff discussed the possibility of utilizing these funds with the remaining two Potential Priority Projects from Report P-12-028, but neither proponent is able to proceed with the recommended funding levels or meet the program timeframe. With the suggested transfer of $160,662 Year 3 Ontario Renovates funding to Rental Housing (see Table 1) added to the remaining $1,592,901 in Year 3 Rental Housing component funding, this would make $1,753,563 available, which would be sufficient funding to help create an additional 14-18 units. The additional units created with this funding, together with the 76 rental units currently under development and construction, places the Region on track to achieving the 500 unit goal by the end of 2013. As it is the current approved process (P-05-123/CR-RS-05-088), staff is proposing to issue a new call for Expressions of Interest targeting developments that can meet the program guidelines, with a preference for supportive housing proposals with support dollars in place. The results of a new call for Expressions of Interest would be brought forward in a future report for consideration by Regional Council.

Staff has set the application deadline for Year 3 funding of Ontario Renovates for October 1, 2013. This will provide sufficient time to have a comprehensive process for the reallocation of any remaining Ontario Renovates funding. Applications will still be received and approved after this date, with applicants placed on the waiting list for Year 4 funding. Funding will also continue to be available through HST rebate for emergency repairs (furnaces, work orders, leaking roofs, etc.).

With the current AHS ending December 31, 2013, Regional staff is in the preliminary stages of a review of the AHS. This comprehensive review will evaluate the success and issues related to the implementation of the current AHS, include input from public consultations as part of the update of the Community Action Plan for Low to Moderate Income Housing, and assess how best to direct strategic investment to reflect public interest and addresses current affordable and supportive housing gaps. The results of the review will help set the framework for a new draft AHS that will be presented for consideration by Regional Council in late 2013.

A key element to the success of a new AHS starting in 2014 is the need for continuation of long term funding from senior levels of government. As the current CMHC-Ontario Agreement for Investment in Affordable Housing 2011-2014 is set to expire in 2014, Staff will continue to collaborate with local and sector partners (e.g. Federation of Canadian Municipalities, Ontario Municipal Social Services Association) to request senior levels of government to develop long-term housing strategies and to commit to long-term funding for sustainable affordable housing and supports, including funding for rent supplement units.
Area Municipal Consultation/Coordination

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

CORPORATE STRATEGIC PLAN:

Council's Strategic Focus Area 4.5 includes actions to complete and implement the New Affordable Housing Strategy.

FINANCIAL IMPLICATIONS:

The Investment in Affordable Housing for Ontario Program (IAH) will provide up to $12.8 million in funding over the timeframe of the Program to help implement the Region's Affordable Housing Strategy and address local affordable housing needs. The IAH program guidelines allow up to five per cent of the notional allocation ($642,033) to be used to assist with the administration of Years 2 to 4 of the IAH Program. Regional Council approved $442,659 (3.4%) of the funding to be used to cover administrative costs, including an additional contract staff person for the length of the program, and to fund the delivery of the technical component of the Ontario Renovates program by a third party delivery agent. This amount does not include the $100,000 the Region received upon entering into an Administration Agreement with the Province for upfront administration costs for Year 1 planning and pre-development activities.

Delivery of the IAH program will have no cost impact to the tax levy. Should no further senior government funding be made available at the end of the IAH program (March 2015), the Ontario Renovates program will have to be discontinued or alternate funding made available. Operating components (Rent Supplement, Housing Allowance) that are delivered beyond March 2015 will continue to be funded as per the PDFP up to the 10-year limit.

The Region will continue its existing policy of providing limited grants out of the Planning, Housing and Community Services Department’s approved operating budget to offset Regional Development Charges for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Social Services, Finance and Legal has reviewed this report and Housing staff will continue to involve staff from Finance, Social Services and Legal in the implementation of the Affordable Housing Strategy and the Program Delivery and Fiscal Plan.

ATTACHMENTS:

Attachment 1 - Affordable Housing Strategy - Outcome Measures

PREPARED BY: Jeffrey Schumacher, Supervisor, Housing Supply Initiatives
               Deb Schlichter, Director of Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
## ATTACHMENT 1

### AFFORDABLE HOUSING STRATEGY - OUTCOME MEASURES

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<thead>
<tr>
<th>Indicator</th>
<th>2009</th>
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<th>2011</th>
<th>2012</th>
<th>Total to Date</th>
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<td><strong>Affordability</strong></td>
<td></td>
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</tr>
<tr>
<td>Number of completed rental units at 65% of AMR (percent of rental)</td>
<td>_</td>
<td>72 (47%)</td>
<td>48 (38%)</td>
<td>1 (50%)</td>
<td>121 (42%)</td>
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<td>Number of completed rental units at 80% of AMR</td>
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<td>82</td>
<td>82</td>
<td>1</td>
<td>165</td>
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<tr>
<td>Number of affordable home ownership units</td>
<td>23</td>
<td>49</td>
<td>27</td>
<td>19</td>
<td>118</td>
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<tr>
<td>Average AHO purchase price as compared to average resale price</td>
<td>85%</td>
<td>71%</td>
<td>63%</td>
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<td><strong>Economic Sustainability</strong></td>
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</tr>
<tr>
<td>Number of person years of employment created</td>
<td>46</td>
<td>372</td>
<td>271</td>
<td>10</td>
<td>699</td>
</tr>
<tr>
<td>Construction investment from new rental</td>
<td>_</td>
<td>$32.3 million</td>
<td>$21.3 million</td>
<td>$0.4 million</td>
<td>$54.0 million</td>
</tr>
<tr>
<td>Ability to leverage equity from other sources based on Regional investment</td>
<td>_</td>
<td>$1 : $6</td>
<td>$1 : $36</td>
<td>$1 : $19</td>
<td>$1 : $9 (average)</td>
</tr>
<tr>
<td>Impact on rental market vacancy rate by completed rental units</td>
<td>_</td>
<td>0.5%</td>
<td>0.4%</td>
<td>_</td>
<td>0.45%</td>
</tr>
<tr>
<td>Total value of homes purchased through AHO</td>
<td>$4.9 million</td>
<td>$8.4 million</td>
<td>$5.2 million</td>
<td>$3.9 million</td>
<td>$22.4 million</td>
</tr>
<tr>
<td><strong>Environmental Sustainability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of Brownfields projects completed</td>
<td>_</td>
<td>2</td>
<td>1</td>
<td>_</td>
<td>3</td>
</tr>
<tr>
<td>Number of intensification and adaptive reuse developments completed</td>
<td>_</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Reduction of greenhouse gas emissions due to higher than code efficiency of new units</td>
<td>_</td>
<td>77 tonnes</td>
<td>142 tonnes</td>
<td>_</td>
<td>219 tonnes</td>
</tr>
<tr>
<td><strong>Community Sustainability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affordable rental units created</td>
<td>_</td>
<td>154</td>
<td>130</td>
<td>2</td>
<td>286</td>
</tr>
<tr>
<td>Number of Households housed from Waiting List</td>
<td>871</td>
<td>884</td>
<td>733</td>
<td>726</td>
<td>3,214</td>
</tr>
<tr>
<td>Number of accessible/adaptable housing units created</td>
<td>_</td>
<td>43</td>
<td>11</td>
<td>_</td>
<td>54</td>
</tr>
<tr>
<td>Number of supportive housing units created</td>
<td>_</td>
<td>77</td>
<td>4</td>
<td>_</td>
<td>81</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: March 19, 2013

FILE CODE: P01-80

SUBJECT: PUBLIC HEALTH 2012 YEAR-END ACCOUNTABILITY AGREEMENT INDICATOR RESULTS

RECOMMENDATION:

For Information

SUMMARY:

This report provides information on the first complete annual cycle of reporting on the Public Health indicators that are part of the Public Health Accountability Agreement with the Province of Ontario. The 2011-2013 Accountability Agreement was effective January 1, 2011 for a term of three years, as outlined in report PH-11-041 Public Health Budget Approval & Accountability Agreement, dated September 27, 2011. The Accountability Agreements between the Ministry of Health and Long Term Care (MOHLTC) and Health Units provide a framework for setting specific performance expectations, and establish data reporting requirements to support monitoring of performance.

The 2011-2013 Accountability Agreement currently includes 14 indicators; however, six indicators require further development and have been deferred by the Province or are not being reported on at this point. Indicator baselines and targets were negotiated as part of the 2011-2013 Agreement, and for 2012 Year-End, Region of Waterloo Public Health was on or above target for seven of the eight indicators which were required to be reported on.

As per Ministry requirements, negative variance reports have been prepared for two areas (under one indicator) related to vaccine wastage, where performance fell below targets. Also, positive variance reports have been prepared for two areas (related to infectious disease follow-up initiation and pool/public spa inspections), where performance significantly exceeded targets.

REPORT:

As per Report PH-11-041, Public Health Budget Approval & Accountability Agreement, dated September 27, 2011, the Regional Municipality of Waterloo entered into the Public Health Accountability Agreement with the Province of Ontario, effective January 1, 2011 for a term of three years. Based on this agreement, the Public Health Department was required to report 2012 Year-End performance results on the required indicators.

Public Health was required to report results on eight of the 14 indicators. The Region of Waterloo Public Health Department was on or above target for seven of the eight indicators. As per Ministry requirements, negative variance reports have been prepared for two areas (under one indicator) related to vaccine wastage, where performance fell below targets. Also, positive variance reports have been prepared for two areas (related to infectious disease follow-up initiation and pool/public spa inspections), where performance significantly exceeded targets.
Below, please find a summary of the 2012 targets and Year-End actual performance achieved.

Summary of Public Health Accountability Agreement Indicators, Targets and Results for 2012 Year-End

<table>
<thead>
<tr>
<th>2011-2013 PH Accountability Agreement Performance Indicator</th>
<th>2012 Target</th>
<th>2012 Year-End Actual Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. % of high risk food premises inspected once every 4 months while in operation</td>
<td>100%</td>
<td>99.7% (being rounded up to 100% by the Ministry)</td>
</tr>
<tr>
<td>2. % of pools and public spas by class inspected while in operation</td>
<td>≥ 75%</td>
<td>96%</td>
</tr>
<tr>
<td>3. % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection</td>
<td>100%</td>
<td>N/A (*none requiring re-assessment)</td>
</tr>
<tr>
<td>4. Time between Health Unit notification of a case of gonorrhoea and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred within 0-2 business days)</td>
<td>≥ 70%</td>
<td>97%</td>
</tr>
<tr>
<td>5. Time between Health Unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred on the same day lab confirmed positive case)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6. % of known high risk personal services settings inspected annually (DEFERRED)</td>
<td>Currently not reported on</td>
<td></td>
</tr>
<tr>
<td>7a. % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Human Papillomavirus (HPV))</td>
<td>Maintain or improve baseline wastage rate of 0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>7b. % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (influenza)</td>
<td>Maintain or improve baseline wastage rate of 0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>8. % completion of reports related to vaccine wastage by vaccine type that is stored/ administered by other health care providers (DEFERRED)</td>
<td>Currently not reported on</td>
<td></td>
</tr>
<tr>
<td>9. a,b,c: % of school aged children who have completed immunizations for hepatitis B, HPV and meningococcus</td>
<td>Currently not reported on</td>
<td></td>
</tr>
<tr>
<td>10. % of youth (ages 12-18) who have never smoked a whole cigarette</td>
<td>Currently not reported on</td>
<td></td>
</tr>
<tr>
<td>11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection</td>
<td>≥ 90%</td>
<td>95.6%</td>
</tr>
<tr>
<td>12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)</td>
<td>Currently not reported on</td>
<td></td>
</tr>
<tr>
<td>13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines</td>
<td>Currently not reported on</td>
<td></td>
</tr>
</tbody>
</table>

As indicated in the table above, targets were met for five indicators, and no further analysis (positive or negative) was requested by the Ministry. The indicators that met targets include:

- **Indicator 1** – High risk food premise inspection
- **Indicator 3** – Small Drinking Water System (SDWS) inspection
- **Indicator 5** - Invasive Group A Streptococcal Disease (iGAS) follow-up
- **Indicator 11** – Tobacco vendor compliance with legislation
Indicator 14 – Baby Friendly Initiative (BFI) status

Two negative variance reports have been requested by the Ministry, as Public Health Department performance fell below targets:

Indicator 7a - % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Human Papillomavirus (HPV))
Overview: With a target of maintaining or improving on the baseline wastage rate of 0.3%, the result of 0.9% fell below targets. The Infectious Disease, Dental & Sexual Health Division investigated the data, and attributed the result to a vaccine inventory control failure caused by a miscommunication between staff. Vaccine inventory receipt and entry processes will be refined and communicated to ensure this issue does not occur again.

Indicator 7b - % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Influenza)
Overview: With a target of maintaining or improving on the baseline wastage rate of 0%, the result of 2.4% fell below targets. The Infectious Disease, Dental & Sexual Health Division investigated the data, and attributed the result to improper handling and storage. Responsibilities were discussed with all involved to ensure that proper handling guidelines were understood, and a procedure was developed and launched in November 2012.

Two positive variance reports have been requested by the Ministry, as Public Health Department performance significantly exceeded targets:

Indicator 2 - % of pools and public spas by class inspected while in operation
Overview: Exceeding the target of ≥ 75% with a result of 96%, the Health Protection & Investigation Division credits this result to senior management commitment, enhanced monitoring and tracking in team meetings and individual supervisory meetings, and formalized reporting to the Divisional Management Team at defined intervals.

Indicator 4 - Time between Health Unit notification of a case of gonorrhoea and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred within 0-2 business days)
Overview: Surpassing the target of ≥ 70% with a value of 97%, the Infectious Disease, Dental & Sexual Health Division attributes this result to a Divisional reorganization that reallocated nursing resources to case management activities by freeing up data entry time, which was transitioned to administrative staff.

As the sample of Mid-Year and Year-End data continues to grow with all Public Health Units reporting on the defined indicators, the Ministry will continue to evaluate and develop acceptable performance corridors for each indicator. Further investigation may warrant the adjustment of current targets for each of the developed indicators.

The Ministry has called for involvement from the various Public Health Units to develop working groups on further indicator development to mirror the Ontario Public Health Standards. Names of staff have been submitted to the Ministry on behalf of the Region of Waterloo Public Health Department.

ONTARIO PUBLIC HEALTH STANDARDS:

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

Provincial funding for Public Health programs is tied to the Accountability Agreement and enables the delivery of programs and services which contribute to the following focus areas of the corporate strategic plan (2011-2013):

- Environmental Sustainability: Protect and enhance the environment.
- Growth Management and Prosperity: Manage growth to foster thriving and productive urban and rural communities.
- Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.
- Service Excellence: Deliver excellent and responsive services that inspire public trust.

FINANCIAL IMPLICATIONS:

No additional funding or resources are being made available to Public Health Units by the provincial government to enable achievement or monitoring of targets associated with the Accountability Agreements. In order for the targets to be achieved within the existing base budget for Public Health, some resources will be re-directed to higher priority areas, which will be identified through indicator results versus targets, and the root cause(s) defined in the negative variance reports.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY:  Jordan Steffler, Strategic & Quality Improvement Specialist

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

DATE: March 19, 2013

FILE CODE: P20-80

SUBJECT: HIGHLIGHTS FROM ONTARIO’S CHIEF MEDICAL OFFICER OF HEALTH 2011 ANNUAL REPORT

RECOMMENDATION:

For information

SUMMARY:

The Chief Medical Officer of Health of Ontario released her 2011 Annual Report on Feb. 7, 2013. This CSC report is designed to keep Regional Councillors informed, in their capacity as members of the Board of Health, on key information from that report. In addition, Waterloo Region-level data are available for select indicators of health, and the local health unit’s contributions to these areas will be described.

The report presents Ontario-level results on twelve health indicators, which relate to key health issues. These indicators are also meant to provide baseline measurements against which Ontario’s progress can be monitored over time.

Dr. King’s report underlines that the efforts of multiple sectors have an impact on the public’s health (e.g. public health, education sector, social services, etc.) As such, the indicators are not entirely aligned with those in the current accountability agreement between the Ministry of Health and local Public Health Units. A report on Region of Waterloo Public Health’s 2012 results for its Accountability Agreement with the Province of Ontario is presented in Report PH-13-009.

Overall, with the exception of a partial indicator related to compliance with Canada’s low-risk alcohol drinking guideline for consumption on special occasions, Waterloo Region’s results indicate rates similar to or better than those of the Province in the areas of:

- low birth weight
- healthy child development at school entry
- immunization coverage of school pupils
- smoking prevalence
- overweight and obesity
- preventable mortality
- compliance with Canada’s low-risk alcohol drinking guideline for daily and weekly consumption
- self-reported mental health
- hospitalizations for falls in seniors
- life expectancy

A repetitive theme throughout the report is one of disparities in health status according to socio-economic levels, which place those of lower socio-economic status at greater risk of poorer health, illness and premature death. Opportunities for Region of Waterloo Public Health in moving forward include appropriately balancing population-level interventions with those that target priority groups, and continuing to work with partners from across multiple sectors.
A key challenge facing the public health sector is that of maintaining the gains while addressing new and emerging issues. Certain long-standing and effective interventions which have contributed significantly to gains in the health status of Ontarians, such as immunization, water fluoridation and improved food safety through pasteurization, are encountering new opposition. Public Health interventions are preventive in nature and tend to result in the absence or mitigation of illness. The decreased frequency with which common public health issues of the past are encountered can lead to greater complacency about the need for continued public health measures. While the health unit will continue to address emerging issues, it will be important to sustain focus on foundational public health activities that help maintain the population’s health.

REPORT:

The following sections present key highlights from the report, with the addition of Waterloo Region-specific data where available and information regarding local Public Health contributions to these areas.

**Smoking and alcohol use during pregnancy**

**Definition:** The proportion of women aged 15-55 years who smoked or consumed any alcohol during their most recent pregnancy (by self-reporting).

**Why is it important?** Prenatal smoking and alcohol use are modifiable risk behaviours which can significantly affect a baby’s health and lead to impacts that can follow a child throughout their life.

**Ontario data:**

The percentage of Ontario women aged 15-55 who (self) report smoking and/or drinking during pregnancy is low and has declined in the last several years:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking during their most recent pregnancy</td>
<td>12%</td>
<td>---</td>
<td>---</td>
<td>8%</td>
</tr>
<tr>
<td>Consuming alcohol during their most recent pregnancy</td>
<td>10%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are significant differences among sub-populations:

- Women living in the lowest neighbourhood socioeconomic group were more likely to report smoking during their last pregnancy (16%) compared to those living in the highest neighbourhood socioeconomic group (4%).
- Women aged 25 and older with less than secondary school graduation were more likely to report smoking during their last pregnancy (22%) compared to those with post-secondary graduation (4%).

A breakdown of the Ontario data to the health unit level was not available from the Province at the time of this report.

**Local Public Health contributions:** Public Health programming related to healthy pregnancies, tobacco cessation and promotion of alcohol abstinence during pregnancy.
Low Birth Weight

Definition: The rate of singleton births at a low birth weight (500 – 2,499 grams)

Why is it important? Babies born at a low weight have a higher risk of death in infancy and are more likely to experience a range of health and developmental challenges.

Ontario data and Waterloo Region data:

- Singleton births (2011):

<table>
<thead>
<tr>
<th>Rate of Low-Birth Weight per 1,000 births (2011)</th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.5 per 1,000 births</td>
<td>43.5 per 1,000 births</td>
<td></td>
</tr>
</tbody>
</table>

- Low birth weight tends to occur more in disadvantaged populations

Local Public Health contributions: Risk factors for low birth weight include: socioeconomic disadvantage, poor health and nutrition during pregnancy, smoking while pregnant, consuming drugs or alcohol during pregnancy and experiencing abuse while pregnant. A number of public health program activities in reproductive and maternal health at the local level aim to reduce these risk factors.

Healthy child development at school entry

Definition: The percentage of children who are “ready to learn” at school entry. This indicator measures a child’s developmental health and readiness to succeed when he/she starts school, and is based on the Early Development Instrument (EDI), administered in Senior Kindergarten in Ontario.

Why is it important? Children are more likely to succeed socially and academically if they are ready to learn when they begin school.

Ontario data:

- 72% of Ontario children (in 2010-2012) were ready for school. That is, they showed no vulnerability in the domains measured by the Early Development Instrument (EDI)\(^1\)

- Children in more materially deprived neighbourhoods tended to be less ready to learn.

Waterloo Region data (not directly comparable):

- A breakdown of the Ontario data above to the health unit level is not available. However, a similar, although not directly comparable, figure exists for Waterloo Region for the year 2010. The analysis for the province of Ontario excludes children identified as having special needs. The following data for Waterloo Region is inclusive of all children participating in the EDI, including those identified with special needs.

  - In 2010, 70% of Senior Kindergarten children in Waterloo Region did not show vulnerability in any of the five domains of the Early Development Instrument (EDI).

\(^1\) The EDI measures: physical health and well-being; social competence; emotional maturity; language and cognitive development; and general knowledge and communication skills.
Local Public Health contributions: Provision of multiple opportunities for healthy child development screening and follow up from birth to transition to school; programs focusing on preconception health, healthy pregnancies, healthy babies, children and families; and community planning work to develop and enhance policies and supportive environments for children and their families.

Immunization coverage of school pupils

Definition: Immunization coverage (the percentage that has received the immunization) for the required immunizations under the Immunization of School Pupils Act.

Why is it important? Prevention of vaccine preventable diseases which were associated with significant morbidity and mortality prior to the introduction of routine childhood immunization programs.

Ontario data:

Immunization Coverage for 2010-2011 School Year

<table>
<thead>
<tr>
<th>Diseases designated under the ISPA</th>
<th>7-year-olds (2003 birth year)</th>
<th>17-year-olds (1993 birth year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>81.1%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>80.9%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Polio</td>
<td>80.4%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Measles</td>
<td>86.2%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Mumps</td>
<td>85.8%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Rubella</td>
<td>95.0%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

Source: Immunization Records Information System (IRIS)

Waterloo Data:

- In general, for 7 year olds (born in the 2003 year), local coverage rates for required immunizations under the Immunization of School Pupils Act are higher than the provincial average. The one exception is rubella vaccine where Waterloo Region coverage rates are slightly lower (93%) than the provincial average (95%).

Overall, the data reflect relatively high coverage rates for mandated vaccines. However, it is known that there is suboptimal coverage for other provincially-funded vaccines, such as influenza and

2 The required immunizations under the Immunization of School Pupils Act (ISPA) are those against: diphtheria; tetanus; polio; measles; mumps; rubella.

3 Only local data for 7 year olds in being presented, as data for 17 year olds is less reliable both provincially and locally.
human papillomavirus (HPV) vaccines.

**Local Public Health contributions:** In Ontario, public health units are required to maintain a record of immunization or a valid medical exemption or statement of religious or conscientious objection for each pupil attending school in their jurisdiction, as per the Immunization of School Pupils Act (ISPA), to ensure that students are up to date with the required immunizations.

It should be noted that Ontario’s Chief Medical Officer of Health has initiated an immunization system review, encompassing all provincial immunization programs, to identify areas for improvement in delivery and uptake.

### Smoking prevalence

**Definition:** The proportion of people 12 and older who are current smokers (daily or occasional cigarette smokers)

**Why is it important?** Smoking is one of the most significant causes of preventable illness and death. Considerable investments have been made in Ontario to tackle smoking.

#### Ontario data and Waterloo Region data:

- Percentage of residents 12 years and older who are current smokers (2009/2010):

<table>
<thead>
<tr>
<th>Percentage of residents who are current smokers (2009/2010)</th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>percentage</td>
<td>19%</td>
<td>18%</td>
</tr>
</tbody>
</table>

- Males have higher percentages than females: 23% vs. 15% (Ontario)
- Groups with lower income/ less education have higher smoking prevalence
- There has been a decrease from 2003 to 2009/2010 in the percentage of Ontario youths and adults who smoke (decrease in youths: 14% to 9%; decrease in adults: 26% to 23% percent).

**Local Public Health contributions:** Tobacco control programming employs a multi-faceted approach, encompassing protection and enforcement (e.g. vendor compliance, youth test shopping) as well as health promotion and policy (e.g. social marketing, smoke-free policies for community housing, etc.)

Two indicators related to tobacco use has been incorporated into the current accountability agreements between local boards of health and the Ministry of Health: percentage of youth (aged 12-18) who have never smoked a whole cigarette and percentage of tobacco vendors in compliance with youth access legislation at the time of last inspection.

### Overweight and obesity

**Definition:** The number of youth (aged 12-17) and adults (aged 18+) considered to be overweight or obese (by self-report).

**Why is it important?** Overweight and obesity are modifiable risk factors for chronic diseases and cancer. Overweight and obesity are increasing in Canada.
Ontario data and Waterloo Region data if available:

- Percentage of youth and adults considered to be overweight or obese (2009/2010):

<table>
<thead>
<tr>
<th></th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (aged 12-17)</td>
<td>27.1%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Adults (aged 18+)</td>
<td>52.5%</td>
<td>51.6%</td>
</tr>
</tbody>
</table>

- 37% of youth living in neighbourhoods in the lowest socio-economic group were considered overweight or obese compared to 18% of those living in neighbourhoods in the highest socio-economic group.

Local Public Health contributions: Underlying causes include lifestyle factors (unhealthy diets and physical inactivity), as well as “obesogenic” environments. Region of Waterloo Public Health works to address risk factors through public health programming and collaboration in multi-sectoral approaches (e.g. the built environment, the school environment; food policy) to address the growing emphasis on the impact of the food environment while continuing to address the needs of the individual.

Preventable mortality

**Definition:** The number of deaths of Ontarians < 75 years of age, from preventable causes

**Why is it important?** Illustrates the importance of addressing modifiable risk factors for illness and death

Ontario data and corresponding Waterloo Region data if available:

- Number and rates of deaths from preventable causes, Ontario and Waterloo Region (2009):

<table>
<thead>
<tr>
<th>Number of deaths from preventable causes</th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of deaths from preventable causes</td>
<td>15,218</td>
<td>515</td>
</tr>
<tr>
<td>Age-adjusted rate of deaths from preventable causes</td>
<td>106.3 per 100,000</td>
<td>101.2 per 100,000</td>
</tr>
</tbody>
</table>

- Rates of death from preventable causes are twice as high in males compared to females, largely driven by higher rates of death from injuries and cardiovascular disease.
- The leading causes of preventable deaths differed by age group. From example, injuries were more prominent in the younger age groups while cancers and cardiovascular disease were more prominent in the older age groups.

Local Public Health contributions: Control of infectious diseases, comprehensive tobacco control, road and off road safety, promoting active living and healthy eating, and working to improve the health of mothers and babies are some examples of Public Health contributions.

**Compliance with Canada’s Low-Risk Alcohol Drinking Guidelines**

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4 Preventable causes of death include: cancers, injuries, cardiovascular diseases, diseases of the respiratory system, and other (such as perinatal complications and alcohol disorders).
**Definition:** The number of people ≥ 19 years of age who are complying with Canada’s Low-Risk Alcohol Drinking Guidelines.

**Why is it important?** Excessive alcohol use is a significant modifiable risk factor for disease, injury and premature death.

**Ontario data and Waterloo Region data:**
- Percentage of residents ≥ 19 years of age reporting consumption of alcohol in compliance with the Low-Risk Drinking Guidelines (2009/2010)

<table>
<thead>
<tr>
<th>Compliance with guideline pertaining to daily and weekly consumption</th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77.7%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Compliance with guideline pertaining to consumption on special occasions (binge drinking)</td>
<td>64.2%</td>
<td>59.4%</td>
</tr>
<tr>
<td>Compliance with both guidelines</td>
<td>59%</td>
<td>55.7%</td>
</tr>
</tbody>
</table>

- Ontario females reported greater compliance with low-risk drinking guidelines (70%) compared to males (48%).
- Those in older age groups reported greater compliance (e.g. 79% reported compliance in those aged 65 and older compared to 41% reported compliance in those aged 19-34)

**Local Public Health contributions:** Programs and services which aim to increase public awareness of the dangers of alcohol misuse and promote healthy public policies to reduce the risks (e.g. municipal alcohol policy; health promotion with a focus on post secondary students, and harm reduction such as Safer Bars.)

An indicator related to these guidelines has been incorporated into the current accountability agreements between local boards of health and the Ministry of Health: percentage of those aged 19 and older who exceed the low-risk drinking guidelines.

**Self-reported positive mental health**

**Definition:** The population aged 12 and over who perceive their mental health status as very good or excellent

**Why is it important?** The impact of mental illness and addiction on life expectancy, quality of life and health care utilization is significant. Most Ontarians are affected, either directly or indirectly, by mental illness and addiction issues.

**Ontario data and Waterloo Region data:**
- Percentage of residents who perceive their mental health as very good or excellent (2009/2010):
<table>
<thead>
<tr>
<th>Percentage of residents who perceive their mental health as very good or excellent</th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.1%</td>
<td>73.0%</td>
<td></td>
</tr>
</tbody>
</table>

- Adults aged 25 and older with less than secondary school graduation reported lower positive mental health (62%) compared to those with secondary school graduation or some post-secondary education (71%), or those with post-secondary graduation (77%).
- Those living in neighbourhoods in the lowest socioeconomic group reported lower positive mental health (66%) compared to those living in neighbourhoods in the highest socioeconomic group (78%).

**Local Public Health contributions:** Mental Health is one of the focus areas for our local Healthy Communities Partnership group. Based on the community profile, the group has kept the mental health focus despite its exclusion from the funding envelope. There is also work being done to identify the connection between healthy eating, physical activity and mental health, and ways to make changes to the messages we deliver in this area.

**Burden of infectious diseases**

**Definition of indicator:** The most burdensome infectious diseases in Ontario

**Why is it important?** Each year in Ontario, there are over 7,000,000 infectious disease episodes and nearly 4,900 deaths from infectious diseases

**Ontario data**

Data are taken from the *Ontario Burden of Infectious Disease Study, 2010*, published by Public Health Ontario and the Institute for Clinical Evaluative Sciences.

- The total burden of infectious diseases is equal to 25% of the burden of all cancers.
- The top 10 most burdensome diseases are: Hepatitis C, Streptococcus pneumonia, Human Papillomavirus, Hepatitis B virus, E coli, HIV/AIDS, Staphylococcus aureus, Influenza, Clostridium difficile, Rhinoviruses.

A breakdown of the Ontario data to the health unit level is not available.

**Local Public Health contributions:** Public Health undertakes a number of activities to prevent and minimize the occurrence and spread of infectious diseases, including: follow-up of all reported infectious disease cases, their contacts and outbreaks; immunization programs; food premise, recreational water and personal service setting inspections; and other activities.

**Hospitalizations for falls in seniors**

**Definition:** The number of seniors (persons aged 65 and older) who were admitted to hospital as a result of a fall.

**Why is it important?** Falls account for more than half of all injuries among Canadians aged 65 and older, and most are preventable.
Ontario data and Waterloo Region data:

- Number and age-adjusted rate of seniors (persons aged 65 and older) hospitalized due to falls (2010):

<table>
<thead>
<tr>
<th></th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of seniors</td>
<td>25,253</td>
<td>837</td>
</tr>
<tr>
<td>hospitalized due to falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-adjusted rate of seniors</td>
<td>1,187 per 100,000</td>
<td>1,160 per 100,000</td>
</tr>
<tr>
<td>hospitalized due to falls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Women have higher rates of hospitalization for falls than men

Local Public Health contributions: Programming related to falls prevention in seniors are an integral part of the activities of the Injury and Substance Misuse Program at Region of Waterloo Public Health. The focus is on reducing the risk for falls with increasing levels of physical activity as people age. Preliminary discussions have taken place regarding a role for Public Health in the LHIN’s Falls Prevention Framework.

An indicator for fall-related emergency department visits in older adults 65+ has been incorporated into the current accountability agreements between local boards of health and the Ministry of Health.

Life expectancy at birth

Definition: The number of years a person is expected to live, starting from birth.

Why is it important? Life expectancy is widely used as a measure of a population’s general state of overall health.

Ontario data and Waterloo Region data:

- Life expectancy (2008):

<table>
<thead>
<tr>
<th></th>
<th>Ontario</th>
<th>Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>79.2 years</td>
<td>79.5</td>
</tr>
<tr>
<td>Females</td>
<td>83.6 years</td>
<td>83.9</td>
</tr>
</tbody>
</table>

- Females have longer life expectancy than males but the gap has narrowed over time.
- Ontarians in the most deprived neighbourhoods had a life expectancy nearly 4.5 years lower than those in the best socioeconomic conditions.

Local Public Health contributions: The 2012 report, Seven More Years: the impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario from the Institute for Clinical Evaluative Studies and Public Health Ontario found that Ontarians could gain 7 more years of life expectancy by living healthier lives. 60% of deaths in Ontario in 2007 were attributable to smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress. Public Health programming addresses tobacco smoking, low-risk alcohol consumption, healthy eating and active living.
ONTARIO ORGANIZATIONAL STANDARDS AND ONTARIO PUBLIC HEALTH STANDARDS

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Organizational Standards which outline the expectation for the effective governance of boards of health and effective management of public health units as well as Ontario Public Health Standards which outline the expectations for providing public health programs and services.

This report provides information that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS


PREPARED BY:  
**Dr. Hsiu-Li Wang**, Associate Medical Officer of Health

APPROVED BY:  
**Dr. Liana Nolan**, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: March 19, 2013
FILE CODE: P07-80

SUBJECT: THE 2013 VECTOR-BORNE DISEASE PROGRAM PLAN

RECOMMENDATION:
For Information

SUMMARY:

Public Health’s Vector-Borne Disease Program is focused on minimizing risk of human exposure to West Nile virus and Lyme disease. Program activities are conducted in accordance with regulations made under the Health Protection and Promotion Act and associated guidance documents. The 2013 program plan is similar in design and intent to the 2012 program (i.e. human case investigation, vector surveillance and control, and public education).

West Nile virus activity is difficult to predict and had been declining in recent years. However, in 2012, there was resurgence in West Nile virus activity provincially. In 2012, there were two West Nile virus cases confirmed among Waterloo Region residents and across Ontario, 238 human cases were confirmed. The Ministry of Health and Long-Term Care has indicated that baseline mosquito surveillance and control programs for West Nile virus will need to continue. As a result, Public Health will continue with baseline surveillance, control, human case investigations, and public education programs for West Nile virus in 2013.

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

REPORT:

West Nile virus and Lyme disease are two diseases that can be transmitted to humans through the bite of a “vector species” – insects that can carry an infectious pathogen from one organism to another. Certain mosquito species and black-legged ticks (Ixodes scapularis) are capable of transmitting West Nile virus and Lyme disease, respectively, to humans, and are thus the focus of the Region’s Vector-Borne Disease Program. West Nile virus and Lyme disease are also reportable diseases under Ontario Regulation 559/91 and amendments under the Health Protection and Promotion Act. Reported human cases are investigated to identify possible sources of exposure, including geographic areas of risk.
The objective of the Vector-Borne Disease Program at Region of Waterloo Public Health is to protect residents from exposure to West Nile virus and Lyme disease. Public Health works in a number of ways to accomplish this objective, including investigation of any human cases of West Nile virus and Lyme disease, and routine monitoring of factors involved in vector-borne disease transmission. When appropriate, vector control programs are employed to reduce the risk of human exposure in our region.

**Disease Information**

West Nile virus is primarily a disease of birds but can be spread to humans through the bite of an infected mosquito. While the majority of people infected with West Nile virus are asymptomatic or have mild flu-like symptoms, a proportion of those infected develop serious neurological symptoms. The first human case in Ontario was identified in 2001. West Nile virus was first identified in Waterloo Region in 2002 and since then, eight human cases have been reported among residents of Waterloo Region. In 2012, two people were confirmed to have this disease in Waterloo Region. Previous to 2012, six West Nile virus human cases were confirmed among residents of Waterloo Region; three in 2002, one in 2003, one in 2005 and one in 2011. Across Ontario, 238 human cases were confirmed in the 2012 season.1 The virus is considered established among bird populations in Waterloo Region and several native mosquito species are capable of transmitting the virus to humans.

Lyme disease is caused by the *Borrelia burgdorferi* bacterium, which can be transmitted to humans through the bite of a tick carrying the bacterium. In Ontario, the tick species responsible for the transmission of Lyme disease to humans is the blacklegged tick (i.e. *Ixodes scapularis* or “deer tick”). While this species of tick is not currently established in Waterloo Region, certain nearby areas of southern Ontario are endemic for this tick. Residents of Waterloo Region would be at greater risk of being exposed to black-legged ticks during visits to these nearby or other endemic areas. A circular rash, referred to as a “bulls-eye” rash (i.e. *Erythema migrans*) at the site of the attachment is often one of the earliest symptoms of infection. The usual time from tick bite to onset of disease symptoms ranges from three to 32 days, with an average of seven to ten days. The longer an infected tick is attached to the body, the higher the risk of infection with Lyme disease. An infected black-legged tick must attach and feed on a human for 24 to 36 hours before the agent of Lyme disease is transmitted.2 Antibiotics can be effective in treating Lyme disease, especially if taken in the early stages, and can prevent long-term neurological, rheumatological, and cardiac complications. In 2012, there were four Lyme disease cases confirmed among Waterloo Region residents. Across Ontario, 101 human cases were confirmed in 2012.1

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

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1 Ontario data should be considered preliminary and subject to future revisions.
disease related issues, including: incidence of the infection, extent of endemic tick areas, diagnostic approaches/methods, and Lyme disease treatment issues. Public Health Ontario’s technical report has sought to inform these issues with current, evidence-based information. Region of Waterloo Public Health will continue to conduct Lyme disease risk assessments with support from Public Health Ontario. Vector control activities, as it relates to Lyme disease, are currently not performed in Waterloo Region or elsewhere in Ontario.

Vector Surveillance and Control

**West Nile virus:**

Public Health plans to continue a comprehensive vector surveillance program to assess local risk of West Nile virus infection in the 2013 season. While general oversight and management of this program is the responsibility of Public Health, large components of the day-to-day activities which rely on specialized services are supplied by an external provider. These specialized services include larval mosquito monitoring and control activities, adult mosquito identification, and viral testing.

As part of ongoing quality assurance each season, Public Health will continue to trap adult mosquitoes from 16 monitoring sites across Waterloo Region and submit the specimens to a laboratory for species identification and viral testing. Known or suspected vector mosquito species for West Nile virus have been identified in Waterloo Region every year since monitoring began. In 2012, approximately 80 per cent of adult mosquitoes collected were species that could transmit West Nile virus. Of 276 pools of mosquito specimens that were tested during the 2012 season in Waterloo Region, six pools tested positive for West Nile virus. With West Nile virus well-established in the Region’s bird population and warm temperatures throughout the 2012 season, the conditions were favourable for West Nile virus transmission between birds and mosquitoes. Therefore, it was not surprising that there were six positive pools identified in the 2012 season.

A preventive larviciding program has been implemented each season since 2002. On behalf of Region of Waterloo Public Health, the 2012 mosquito control activities were conducted by GDG Environment. In 2012, catch basins, natural sites, sewage lagoons, and storm water management ponds were targeted for larviciding products. All known catch basins (approximately 150,000) in Waterloo Region were treated in three rounds between June and August 2012. Ordinary catch basins (149,872) were treated with Altosid (active ingredient: methoprene) and those flowing into or neighbouring environmentally-sensitive areas (651) were treated with Vectolex WSP (active ingredient: *Bacillus sphaericus*). Other mosquito breeding habitats were investigated based on public complaints and routine surveillance. As a result, 86 natural sites and 15 storm water management ponds were treated using Vectobac 1200L (active ingredient: *Bacillus thuringiensis israelensis*) and two sewage lagoons were also treated with Vectolex CG (active ingredient: *Bacillus sphaericus*). All larviciding products were approved for use for this purpose by the Ministry of Environment and the public was notified of these larviciding activities via local newspaper advertisements, as per provincial requirements.

Another major control measure for West Nile virus is to reduce the incidence of standing water throughout the Region in order to suppress mosquito populations. This control measure is promoted to residents through the Region’s “Fight the Bite” public education program and through its many stakeholders. In 2012, standing water complaints regarding privately owned sites were referred to area municipalities with standing water by-laws (Kitchener, Waterloo, Wilmot, Woolwich, and North Dumfries). Where standing water complaints could not be
referred, Public Health staff undertook an on-site investigation and followed-up in person with property owners to ensure that standing water was remediated to reduce the risk of exposure to mosquito breeding sites. This on-site investigation was part of a new protocol introduced in 2011 to focus education efforts.

**Lyme disease:**

In 2011, Public Health introduced an active tick surveillance program across various sites throughout Waterloo Region to test for the presence of black-legged ticks. Although black-legged ticks are not considered native to Waterloo Region, they may still be found sporadically in the region. They can arrive by travelling on migratory birds or other warm-blooded mammals that travel from endemic areas. Throughout the spring and fall of 2012, Public Health staff conducted 54 tick-dragging surveillance investigations following the Ministry of Health and Long-Term Care’s protocol. There were 27 locations investigated across various urban and rural sites in Waterloo Region. No ticks (black legged or other) were found during any of the investigations. Active tick surveillance will continue in 2013.

Public Health also collects tick specimens from the public and submits them for laboratory testing when there is known human exposure. Species identification and bacterial testing of the tick specimen are used to assist with diagnosis of Lyme disease in the exposed individual. Public Health submitted 49 ticks for laboratory testing in 2012, and of those, five were identified as black-legged ticks (i.e. *Ixodes scapularis*). Only one of the five ticks submitted tested positive for the Lyme disease-causing bacterium *Borrelia burgdorferi*. Additionally, the Public Health Inspection intake line received and responded to 65 calls related to ticks and Lyme disease in 2012. Surveillance for Lyme disease in humans and tick populations will continue to contribute new information about the geographical distribution and risk of Lyme disease in Waterloo Region.

**Public Education**

Public Health will continue the “Fight the Bite” public education campaign in 2013, which combines messages about West Nile virus, Lyme disease and rabies. The campaign uses several methods to educate and distribute information about these diseases, risk factors, personal protective measures and ways to contact Public Health to report issues (e.g. standing water, submitting a tick for testing, dog bite, etc.). The “Fight the Bite” campaign includes: distribution of educational materials in partnership with program stakeholders (e.g., Municipal offices, community centres, and Grand River Conservation Authority); articles in community newsletters and Physician’s Update; media releases; information sessions; and regular updates to the Public Health website throughout the season ([www.regionofwaterloo.ca/fightthebite](http://www.regionofwaterloo.ca/fightthebite)). In 2013, Public Health will be working with Regional partners to determine effective advertising avenues and to identify target groups.

In 2013, media releases will be provided in the late spring and summer months emphasizing personal protective measures against West Nile virus. Additional media releases will be issued upon the finding of a positive mosquito pool. Public Health will continue to provide Lyme disease information to physicians and the community. The Lyme disease awareness campaign will be supported by materials developed by Public Health Ontario. The “2012 Vector-Borne Disease Program Summary” report (web link provided in the Attachments section) is an annual detailed report that informs the Ministry of Health and Long-Term Care, our community partners, and the public about the activities undertaken to monitor and control vector-borne diseases in Waterloo Region. Salient highlights from the 2012 Vector-Borne Disease Summary report are included in
this CSC report. Public inquiries about vector-borne diseases are directed to the Public Health Inspection Intake Line during business hours.

Collaboration

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

Continuous Improvement

A focus of Region of Waterloo Public Health’s Vector-borne Disease Program has been to continually seek improvements in efficiency and value. For example, since 2009, summer students have been hired and trained to conduct adult mosquito trapping across the region, which has resulted in a significant cost savings and enhanced human resource capacity for other health inspection services. In 2011, students were also trained to investigate standing water complaints and in 2012 they were involved in tick-dragging. In 2013, students will continue to perform mosquito trapping and tick dragging. Since the “Fight the Bite” public education campaign includes information on West Nile virus, Lyme disease and rabies, it is a streamlined and cost-effective approach to public communication and reaching target audiences. Finally, in the 2013 season, Public Health will be taking a closer look at different advertising options as we would like to reduce costs while better reaching our target audiences.

ONTARIO PUBLIC HEALTH STANDARDS

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to the compliance with the Vector Borne Diseases requirements of the Standards and provides information that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

The budget for the Vector Borne Diseases program is cost shared 75% by the province, 25% regional tax levy. The 2013 regionally approved base budget for the program budget is $388,621 (net regional levy of $97,155). Confirmation of the provincial allocation is anticipated towards the end of June.

The 2013 Vector Borne Diseases Program Plan as described within this report will be implemented within the approved base budget allocations of the region and the province.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

To view the full 2012 Vector-Borne Disease Program Summary report on-line, visit: www.regionofwaterloo.ca/ph
➢ Click on Reports & Data, within the Research, Resources & Publications tab
➢ Click on West Nile Virus/ Lyme Disease
➢ Click on 2012 Vector-Borne Disease Program Summary Report

PREPARED BY: Claire Paller, Graduate Student Public Health Planner
Brenda Miller, Manager, Infection Control, Vector-borne Diseases, Rabies, Tobacco Enforcement, and Kitchener & Area
Anne Schlorff, Director, Central Resources

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-Nov-12</td>
<td>S. Strickland</td>
<td>That the matter of mandatory CPR and AED training for all Regional employees be referred to staff to report back with options for a Health &amp; Safety staff training policy.</td>
<td>Public Health/Human Resources</td>
<td>Jun-2013</td>
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