MEDIA RELEASE: Friday, November 29, 2013, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, December 3, 2013
9:00 a.m.
Regional Council Chamber
150 Frederick Street, Kitchener

1. MOTION TO GO INTO CLOSED SESSION

THAT a closed meeting of the Administration and Finance and the Planning and Works Committees be held on Tuesday, December 3, 2013 at 8:30 a.m. in the Waterloo County Room, in accordance with Section 239 of the Municipal Act, 2001, for the purposes of considering the following subject matters:

   a) proposed or pending litigation and receiving of advice subject to solicitor-client privilege related to a matter before an administrative tribunal
   b) proposed or pending disposition of land in the City of Kitchener.

2. MOTION TO RECONVENE INTO OPEN SESSION

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

4. DELEGATIONS

   a) Pat Ranney and Linda Terry, Social Planning Council of Cambridge and North Dumfries, re: Fusion Centre

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.

5. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA

6. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION

   a) PH-13-050, Emergency Medical Services (EMS) Performance Measurement Quarterly Report – July To September 2013 (Information) 1
   b) PH-13-051, Infectious Diseases in Waterloo Region Surveillance Report, 2012 (Information) 5
   c) P-13-125, Doors Open Waterloo Region 2013 Report (Information) 10
   d) Memo: Update: Replacement of Technology for Delivery of Social Assistance 21
REGULAR AGENDA RESUMES

7. REPORTS – PUBLIC HEALTH
   a) PH-13-049, Proposed Changes to Smoke-Free Ontario Act 24
   b) PH-13-052, Emergency Preparedness Program Report 42
   c) PH-13-053, Municipal Alcohol Policy – Update 47

REPORTS – SOCIAL SERVICES
   d) SS-13-040/F-13-113, 2014 Provincial Funding Allocation Children’s Services 50
   e) SS-13-041, Purchase of Service Contract, Children’s Services 60
   f) SS-13-042, Seniors’ Services Community Service Enhancements 62

REPORTS – PLANNING, HOUSING AND COMMUNITY SERVICES
   g) P-13-124, Heritage Planning Advisory Committee - Proposed Revisions to Terms of Reference 65

8. INFORMATION/CORRESPONDENCE
   a) Council Enquiries and Requests for Information Tracking List (No Items)

9. OTHER BUSINESS

10. NEXT MEETING – Tuesday, January 7, 2014

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

DATE: December 3, 2013

FILE CODE: P05-80

SUBJECT: EMERGENCY MEDICAL SERVICES (EMS) PERFORMANCE MEASUREMENT QUARTERLY REPORT – JULY TO SEPTEMBER 2013

RECOMMENDATION:
For Information.

SUMMARY:
Key performance measures can address how effective and efficient a program is at meeting specific objectives, priorities, and legislated mandates. The focus of this work is on quality and performance, with measurement being a means to provide information to help make decisions and better manage operations.

Monitoring of these indicators over time will allow Region of Waterloo EMS to identify patterns and address the challenges that arise. Some highlights for the months of July–September 2013 include:

Volume and Service Level
- Call volumes continue to increase generally year over year, as projected in the EMS Master Plan. However, based on year to date numbers, call volumes for 2013 are projected to be similar to 2012 values.

Compliance and Quality Assurance
- EMS Response Time to emergency calls (Code 4) remains above the historical benchmark of 10:30 for the 90th percentile. However, EMS Response Time improved over the course of 2012 and continues to trend in the right direction, improving as a whole from the second quarter to the third quarter in 2013.
- Note that resource additions in 2013 will have some impact for the time frame of this report, but a larger sample will be necessary to confirm a trend in service improvement.
- No warning system infractions were identified through internal reviews in the last 3 months.

Efficiency Indicators
- Over the course of the last three months, Offload Delay losses have seen a slight trend in an upward direction once again, but are still significantly below 2012 values. Collaboration between EMS and local hospitals continues to address the issue of Offload Delay and the ability of our services to address and limit Offload Delays to EMS.

Service and Quality Impact
- The service indicators tend to fluctuate around the average over time, and will continue to be monitored for possible trends into the future.
REPORT:

The report contains four indicator categories:

1. Volume and Service Level (*How much did we do?*)
2. Compliance and Quality Assurance (*How well did we do it?*)
3. Efficiency (*How efficiently did we do it?*)
4. Service and Quality Impact (*How well is the service being performed?*)

To produce this report and the indicators included in it, a number of data sources were utilized. Due to the nature of EMS, the Region of Waterloo relies on a joint effort with external parties to access accurate and reliable data in as timely a fashion as possible. The Ambulance Dispatch Reporting System (ADRS), Central Ambulance Communications Centre (CACC) and St. Mary’s Hospital are data sources for a number of indicators. For the remaining indicators, data values have been pulled from the EMS TabletPCR (an internal tool used to track information and data relevant to calls and patient care reporting). The EMS Performance Measurement Quarterly Report will undergo additional development in the future. Additional indicators currently not included in the draft report have been identified for future inclusion, for example additional compliance and efficiency indicators.

Summary of Results:

Volume and Service Level

- Region of Waterloo EMS transported patients approximately 83% of the time in comparison to total dispatched calls over the past three months. The remaining percentage (approximately 17%) is due to situations such as patient refusal, other ambulance transport or other non patient carrying instances.
- Call volumes, based on year to date volumes for 2013, are projected to be similar to 2012 values, if not slightly less (based on an extrapolation of current numbers).
- UHU tends to be highest during the hours of 8am to 11am, and 8pm to 11pm; however, the rate varies by month. Staffing is partly based on patterns and predictions seen in UHU, and monitoring UHU allows for proactive planning to alter the deployment of staff to reach an appropriate UHU level.
- Note that one 12-hour ambulance was added in July in each of 2011, 2012 and 2013. Resource additions in 2013 will have some impact for the time frame of this report, but a larger sample will be necessary to confirm a trend in service improvement.

Compliance and Quality Assurance

- EMS Service Response Time to Emergency Calls (Code 4) remains above the historical benchmark of ‘10 MIN 30 SEC’ for the 90th percentile. However, EMS Response Time improved over the course of 2012 and continues to trend in the right direction, likely due to the improvements in Offload Delay as well as resource additions in 2012 and 2013.
- Note that one 12-hour ambulance was added in July in each of 2011, 2012 and 2013. Resource additions in 2013 will have some impact for the time frame of this report, but a larger sample will be necessary to confirm a trend in service improvement.
- No warning system infractions were identified through internal reviews in the last quarter.
- Chute time adherence (time from crew notification to when they are en route) continues to stay fairly steady around 93%.

Efficiency

- Over the course of the last three months, Offload Delay losses have seen a slight trend in an upward direction once again, but are still significantly below 2012 values. Collaboration between EMS and local hospitals continues to address the issue of Offload Delay and the ability of our services to address and limit Offload Delays to EMS.
- Hospital business tends to be lower in the summer months, and EMS is anticipating that there will be upward pressure on Offload Delays during flu season.
- Time spent in Code Yellow has reverted back to the year-to-date average after being below the average in the first two months of the quarter, and is expected to hover around the year-to-date average in the coming months. Region of Waterloo EMS will continue to monitor and make adjustments as required.
- A positive note is that the amount of time spent in Code Red has slightly decreased as a whole over the past three months from previous quarters.

Service and Quality Impact
- Service indicators tend to fluctuate around the average over time.
- The percentage of stroke patients taken to stroke facilities was hovering just below the year-to-date average for the months of July through September 2013.
- Heart attack (STEMI) Protocol adherence has steadily increased and had a 100% capture rate for the last two months of this quarter. (Variation is normal for heart attack STEMI due to the numerous variables involved).
- As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for ROSC steadily increased over this quarter, and are in an acceptable range and will be monitored for trends in future months.

CORPORATE STRATEGIC PLAN:

This report supports Strategic Objective 5.3: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Strategic and Quality Initiatives staff in Public Health and Information Technology staff in Corporate Resources collaborated on the production of this report.

ATTACHMENTS

Appendix A: EMS Performance Measurement, Quarterly Performance Report, for the period of July – September 2013, produced November 14, 2013, Summary. (Distributed Separately)

The detailed report is available online at the following link:

PREPARED BY: Stephen Van Valkenburg, Director/Chief EMS
Dr Liana Nolan, Commissioner and Medical Officer of Health
Jordan Steffler, Strategic & Quality Improvement Specialist

APPROVED BY: Dr Liana Nolan, Commissioner/Medical Officer of Health
Appendix A
EMS Performance Measurement Quarterly Report, for the period of July - September 2013, Produced November 14, 2013, Summary.

A. VOLUME AND SERVICE LEVEL INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>JUL-2013</th>
<th>AUG-2013</th>
<th>SEPT-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Calls*</td>
<td>2,938</td>
<td>2,820</td>
<td>2,775</td>
</tr>
<tr>
<td>Total Number of Patient Transports*</td>
<td>2,386</td>
<td>2,337</td>
<td>2,331</td>
</tr>
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</table>

B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>JUL-2013</th>
<th>AUG-2013</th>
<th>SEPT-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Service Response Time(^{ii}) to Emergency calls*</td>
<td>10 MIN 44 SEC</td>
<td>11 MIN 00 SEC</td>
<td>10 MIN 49 SEC</td>
</tr>
<tr>
<td>EMS Service Warning System Use</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Chute Time Adherence</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
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</table>

### SUMMARY BY MUNICIPALITY

<table>
<thead>
<tr>
<th>MUNICIPALITY</th>
<th>RESPONSE TIME(^{iv})</th>
<th>TOTAL CALL VOLUME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>11 MIN 40 SEC</td>
<td>784</td>
</tr>
<tr>
<td></td>
<td></td>
<td>721</td>
</tr>
<tr>
<td></td>
<td></td>
<td>677</td>
</tr>
<tr>
<td>Kitchener</td>
<td>10 MIN 11 SEC</td>
<td>1436</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1391</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1315</td>
</tr>
<tr>
<td>Waterloo</td>
<td>10 MIN 12 SEC</td>
<td>479</td>
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<td></td>
<td></td>
<td>424</td>
</tr>
<tr>
<td></td>
<td></td>
<td>542</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>15 MIN 54 SEC</td>
<td>36</td>
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<tr>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Wellesley</td>
<td>19 MIN 32 SEC</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
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<tr>
<td>Wilmot</td>
<td>18 MIN 18 SEC</td>
<td>69</td>
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<tr>
<td></td>
<td></td>
<td>101</td>
</tr>
<tr>
<td></td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Woolwich</td>
<td>15 MIN 39 SEC</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td></td>
<td>108</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98</td>
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<tr>
<td>Outside Region</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
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</tbody>
</table>

C. EFFICIENCY INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>JUL-2013</th>
<th>AUG-2013</th>
<th>SEPT-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay Measurement (# of 24 hour ambulance days)*</td>
<td>8.56</td>
<td>9.66</td>
<td>11.16</td>
</tr>
<tr>
<td>Code Yellow Status (% of total time)</td>
<td>3.18%</td>
<td>3.11%</td>
<td>6.65%</td>
</tr>
<tr>
<td>Code Red Status (% of total time)</td>
<td>0.00%</td>
<td>0.17%</td>
<td>0.12%</td>
</tr>
</tbody>
</table>

D. SERVICE AND QUALITY IMPACT INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>JUL-2013</th>
<th>AUG-2013</th>
<th>SEPT-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patients to Stroke Facilities*</td>
<td>84%</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation*</td>
<td>14%</td>
<td>23%</td>
<td>37%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol*</td>
<td>67%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Indicator is captured in a similar fashion (with some variation in measurement) within a portion of the OMBI reporting process.

\(^{i}\) Volume and Service Level indicators can be forecasted, but do not necessarily require targets. They are monitored to identify trends to ensure appropriate action (if any) can be taken to address the changing demands on the service.

\(^{ii}\) Compliance and Quality Assurance indicators do have targets, and EMS strives to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

\(^{iii}\) Monthly breakdown of Code 4 (Emergency Calls) Response Times measured against the historical benchmark target time of 10 MIN 30 SEC, in the 90th Percentile.

\(^{iv}\) Year-to-Date Summary based on data as of November 6th, Code 4 (Emergency Calls) Response Times measured against the historical benchmark target time of 10 MIN 30 SEC, in the 90th Percentile.

\(^{v}\) Efficiency and Cost indicators provide tracking mechanisms to see overall system status/health. The target is to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

\(^{vi}\) Service and Quality Impact indicators tend to fluctuate around averages, due to the shared nature of responsibility among multiple parties. They are monitored over time for trending to understand possible patterns and improvement opportunities.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: P20-80

SUBJECT: INFECTIOUS DISEASES IN WATERLOO REGION SURVEILLANCE REPORT, 2012

RECOMMENDATION:

For information.

SUMMARY:

Infectious diseases are illnesses caused by microorganisms, such as bacteria, viruses and parasites, which may cause serious illness or be transmitted to large numbers of individuals. As per Ontario’s Health Protection and Promotion Act (HPPA), a number of diseases must be reported to local public health units. This CSC Report presents highlights from the monitoring of reportable infectious diseases in 2012, comparisons to the historical five-year average, and comparisons of local rates to those of the province of Ontario.

Overall, rates of most reportable diseases in Waterloo Region were consistent with or lower than provincial rates, while some rates were higher than the provincial average. Some variation occurs naturally, as disease rates are not expected to be uniform across populations; however, some of the variation could be due to differences in modifiable risk factors or behaviours where focused intervention may be possible.

Public Health undertakes a number of activities to prevent or minimize the occurrence and spread of infectious diseases. The following are examples of initiatives taken in response to recent infectious disease trends of note:

- Region of Waterloo Public Health is specifically addressing high rates of chlamydia and other STIs among youth through the ‘Sexual Health Youth Strategy for Waterloo Region’. This strategy involves partnership with several community stakeholders and focuses on three key focus areas: access to programs and services, education, and parents. While there was a decrease in the local rate of chlamydia in 2012, it is too early to assess its significance.

- Local rates of invasive pneumococcal disease rates have also been on an increasing trend and are higher than those provincially. The most common risk factors for invasive pneumococcal disease include having an underlying or chronic illness and being partially or fully unimmunized (seventy-five percent of invasive pneumococcal disease cases with underlying risk factors and eligible for vaccine were not immunized). As such, Public Health is working to promote immunization for invasive pneumococcal disease among priority and high-risk individuals such as through communication and education of health care providers, and targeted promotion of vaccine to those with risk factors.

- Rates of legionellosis have been increasing provincially in recent years, with the local rates mirroring the provincial trend (in Waterloo Region, increasing from a few to approximately a dozen annually). An important component of legionellosis prevention is proper maintenance of cooling towers. In 2012-2013, Region of Waterloo Public Health distributed legionellosis
information to hospitals, schools, long-term care homes, retirement homes, and other identified cooling tower operators within the Region. The information included provincial and local legionellosis rates, as well as recommendations and resources on best practices for cooling tower maintenance.

REPORT:

Background
Infectious diseases (IDs) are illnesses caused by microorganisms such as bacteria, viruses and parasites which may cause serious illness or be transmitted to large numbers of individuals. In accordance with the Ontario Public Health Standards (OPHS), one of the mandates of local public health units in Ontario is to prevent and manage infectious diseases of public health importance. As such, the purpose of this report is to assess Waterloo Region’s rates of infectious diseases of public health importance and to monitor trends over time. This information will be used to aid in planning and evaluating evidence-based public health policies, programs, interventions, and related services so as to mitigate the frequency and impact of infectious diseases in the local community. This report presents Waterloo Region’s rates of reportable diseases for 2012, comparisons to the historical five-year average, and comparisons of local rates to those of the province of Ontario. Basic epidemiology, exposure and risk factor information is also provided where appropriate.

Key Findings

Overall
In 2012, there were 2,541 cases of reportable infectious disease in Waterloo Region. The top five infectious diseases reported in 2012 were chlamydia, influenza, campylobacteriosis, salmonellosis and hepatitis C, which accounted for 78.2 per cent of all cases. Overall, rates of most reportable diseases in Waterloo Region were consistent with or lower than the provincial rates, while some disease rates were higher than the provincial average. Some variation occurs naturally, as disease rates are not expected to be uniform across populations; however, some of the variation could be due to differences in modifiable risk factors or behaviours where focused intervention may be possible.

Enteric Diseases
Among enteric diseases, campylobacteriosis, salmonellosis and giardiasis were the most frequently reported infectious diseases. With the exception of giardiasis and verotoxin-producing E. coli (VTEC), Waterloo Region rates of most enteric illnesses (including campylobacteriosis, cryptosporidiosis, hepatitis A, listeriosis, salmonellosis, shigellosis, and typhoid/paratyphoid) were similar to those of Ontario. Local giardiasis rates have historically been higher than those of the province, although the gap is narrowing; the local rate in 2012 is slightly higher but not statistically different from that of the provincial rate. The most common self-reported risk factor for local giardiasis cases was recent international travel. Local rates of verotoxin-producing E. coli (VTEC) have also been higher than those provincially and, in 2012, there was an increase in the total number of VTEC cases due to family clusters (multiple family members becoming ill from a common source or through person-to-person spread). Analysis of identifiable risk factors suggests that consumption of undercooked ground beef, consumption of untreated water and unpasteurized milk, and poor food handling practices in the home were the most common risk factors. Region of Waterloo Public Health works to manage and control enteric diseases by following up on reported cases, providing information on enteric diseases, modes of transmission, risk factors and prevention strategies, performing routine food premise inspections, and collaborating with federal and provincial partners to identify and remove sources of contaminated food products from the consumer marketplace.

Vector-borne Diseases and Rabies
Vector-borne diseases and zoonotic diseases are not very common in Waterloo Region. The
greatest burden of disease in this category in Waterloo Region in 2012 was attributed to malaria; all
cases were due to travel to an endemic area. The rate of Lyme disease (cases of which were not
locally acquired) remained stable and was lower than that of the province. There were three cases
of West Nile Virus (WNV) reported in Region and the local WNV rate was significantly lower than
that for Ontario. Region of Waterloo makes significant efforts to reduce the risk of exposure to Lyme
disease and West Nile Virus through public education, investigation of suspect human cases, vector
surveillance, and the implementation of vector control measures. Although rare, the possibility of
human rabies acquired from animal bites continues to exist, as rabies in animals can be found on
occasion in Waterloo Region. Given that rabies is usually fatal, prevention is paramount. To prevent
the transmission of rabies from animals to humans, Public Health’s rabies program continues to
investigate all reported animal biting incidents and will provide recommendations about post-
exposure prophylaxis and dispense rabies vaccine when appropriate.

**Sexually Transmitted and Blood-borne Infections**
Among all sexually transmitted and blood-borne infections, chlamydia, hepatitis C and gonorrhea
contributed the highest number of cases in Waterloo Region in 2012. As with previous years,
chlamydia was the most common infectious disease in Waterloo Region, with particularly high rates
among 15-24 year old females. Although chlamydia has been gradually increasing in recent years,
there was a decrease in the local rate in 2012. The most common risk factors reported by chlamydia
cases in 2012 included not using a condom, and having multiple sexual partners. Region of
Waterloo Public Health is specifically addressing high rates of chlamydia and other sexually
transmitted infections among youth through the ‘Sexual Health Youth Strategy for Waterloo Region’.
This strategy involves partnership with several community stakeholders and outlines a multi-year
action plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic
direction for youth sexual health education, programs, and services. It focuses on three key focus
areas: access to programs and services, education, and parents.

The rate of infectious syphilis appears to have been gradually increasing over recent years;
although, local rates continue to be lower than that of the province. Rates of gonorrhea, hepatitis B,
hepatitis C, and HIV/AIDS all remained relatively stable and below those of the province. Region of
Waterloo Public Health continues to address sexually transmitted and blood-borne infections by
providing free testing, treatment and counselling for STIs at sexual health clinics and by engaging in
harm reduction strategies which include the provision of needle exchange and other related services
at several locations in the region.

**Vaccine-Preventable Diseases**
Influenza was the most common vaccine preventable disease for the 2012-2013 season and the
rates for this last season were considerably higher than in recent years. The increased rate was also
experienced provincially; although the local influenza season started early in Waterloo Region, local
and provincial influenza rates were similar for the season overall. Risk factors for influenza cases in
Waterloo Region included not being immunized, having an underlying medical condition, and being
a resident of a long-term care facility. Region of Waterloo Public Health continues to provide
influenza immunization clinics as part of Ontario’s Universal Immunization Program in strategically
chosen locations, distributes vaccines to health care providers, works with long-term care and
retirement homes to increase staff and resident immunization coverage rates, and follows up on
influenza outbreaks in Waterloo Region.

Consistent with provincial rates and the cyclical nature of pertussis with peaks in disease every 4-6
years, there was an increase in pertussis cases in Waterloo Region in 2012 compared to recent
years, largely among unimmunized or partially-immunized individuals. This may also be due, in part,
to the waning effect of pertussis vaccine four to twelve years after vaccination. The significant
increase in local pertussis cases seen in 2012 follows this pattern as the last peak in pertussis
Invasive pneumococcal disease (IPD) rates have also been increasing and are higher than those provincially. The most common risk factors for invasive pneumococcal disease (IPD) include having an underlying or chronic illness and being partially or fully unimmunized (seventy-five percent of invasive pneumococcal disease cases with underlying risk factors and eligible for vaccine were not immunized). As such, Public Health is working to promote immunization for invasive pneumococcal disease among priority and high-risk individuals through communication and education of health care providers. Targeted promotion of vaccine to those with risk factors is a priority for Public Health over the next year.

Rates of varicella, mumps, invasive meningococcal disease (IMD) and measles remained stable and similar to those of the Province. Region of Waterloo Public Health supports the prevention of vaccine-preventable illnesses through the provision of routine immunization through health care providers and public health clinics (e.g. routine immunization and school-based immunization clinics), maintenance of immunization records of children enrolled in publicly funded elementary and secondary schools, as well as other health education and promotion activities to increase immunization coverage rates.

**Other Infectious Diseases**

Among other infectious diseases, rates for tuberculosis, encephalitis/meningitis and neonatal Group B streptococcal disease were stable compared to previous years and similar to those of the province. Although invasive Group A streptococcal disease (iGAS) contributes a significant burden of disease in Waterloo Region, local rates in recent years have been comparable to provincial rates. Rates of legionellosis have been increasing in recent years, with the local rates mirroring the provincial increases. An important component of legionellosis prevention is proper maintenance of cooling towers. In 2012-2013, Region of Waterloo Public Health distributed legionellosis information to hospitals, schools, long-term care homes, retirement homes, and other identified cooling tower operators within the Region. The information included provincial and local legionellosis rates, as well as recommendations and resources on best practices for cooling tower maintenance.

**Outbreaks**

As can be seen with normal fluctuation, Waterloo Region experienced fewer enteric outbreaks in the 2012-2013 season compared to previous years. Most reportable enteric outbreaks occurred in child care centres and long-term care homes.

Both influenza and non-influenza respiratory outbreaks increased in 2012-2013 compared to previous seasons in Waterloo Region. This is reflective of the surge in influenza activity experienced both locally and provincially and demonstrates the unpredictable nature of influenza seasons. Most respiratory outbreaks occurred in long-term care homes. Region of Waterloo Public Health follows up on all outbreaks reported by child care centres, hospitals, residential/ group homes, long-term care homes and retirement homes. To specifically support operators in the proper management and control of outbreaks, Public Health provides consultation to individual facilities and hosts infection prevention and control health education forums with staff from child care centres, long-term care homes and retirement homes.

**Conclusion**

Infectious diseases have the potential to cause serious illness and can have community-wide implications. As such, Region of Waterloo Public Health undertakes a number of activities to prevent or reduce the burden of infectious diseases in the community. These activities include follow-up of all reportable disease cases, their contacts as well as follow-up and management of outbreaks of infectious diseases. Prevention activities include inspections of food premises, recreational water and personal service settings, immunization programs and vector born control programs. Region of Waterloo Public Health also engages in a number of health promotion activities that target the general public, as well as more vulnerable group settings such as long-term care homes, hospitals, and child care centres.
The Infectious Diseases in Waterloo Region Surveillance Report for 2012 helps to fulfill the Region of Waterloo Public Health’s mandate to prevent and manage infectious diseases of public health importance by providing enhanced disease surveillance and reporting in accordance with the Ontario Public Health Standards. This surveillance report provides an update to the community on the local status of infectious diseases and the findings from this report will be used to inform and improve local public health programming in the prevention and transmission of infectious and reportable diseases in Waterloo Region.

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 to meet the surveillance and population health assessment requirements of the Foundational Standard in the Ontario Public Health Standards.

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

FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
The full report is available online:

PREPARED BY: Arianne Folkema, Epidemiologist

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

DATE: December 3, 2013  

FILE CODE: D25-01  

SUBJECT: DOORS OPEN WATERLOO REGION 2013 REPORT  

RECOMMENDATION:

For Information  

SUMMARY:

The year 2013 was one of the most successful ever for Doors Open Waterloo Region. Doors Open Waterloo Region (DOWR) was held on Saturday, September 21, 2013, at 42 locations throughout Waterloo Region. Buildings of architectural and/or historical significance – many of which are normally not open to the public – opened their doors, including commercial, public, and private buildings. The event attracted over 13,800 site visits. Since the first Doors Open Waterloo Region event in 2003, there has been an average of 9,971 site visits annually, which is indicative of its sustained popularity. Of the 57 Doors Open events that take place in communities across Ontario, Waterloo Region has the third highest site visits and the third highest number of participating sites.

The theme for the 2013 Doors Open Waterloo Region event was Water Region Modern, with 11 sites, spanning the last 55 years, fitting into this theme. The other 31 sites included many first-time participants and popular sites from past years. Initiatives and activities for the event included dance performances, a swing dance party, a hymn sing, seven musical concerts, an open choir rehearsal, a gallery tour and scavenger hunt, two artists’ sales, and five children’s activities ranging from a science show to hay wagon rides. Volunteers contributed approximately 3,133 hours of their time. Their knowledge and enthusiasm helped to ensure that the visitor’s experience at the sites was informative and memorable. A full report from the event coordinators is provided in Attachment 1.

REPORT:

Doors Open Waterloo Region is a local event of Doors Open Ontario, a province-wide initiative of the Ontario Heritage Trust to celebrate community heritage. The aim of Doors Open Waterloo Region is to facilitate understanding and enjoyment of local architecture and built heritage; to celebrate the community’s history; and to encourage partnerships between building owners, the business community, the cities and townships, the heritage community, and community volunteers. This free event allows visitors access to properties that are either not usually open to the public, or would normally charge an entrance fee.

The 2013 event had over 13,800 site visits to the 42 participating sites, which makes it the second most successful event yet. It is also indicative of the sustained popularity of the event. The number of visits to each participating site is shown in Attachment 2. Site visit totals from past Doors Open Waterloo Region events are shown in the following table:

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>7,262</td>
<td>5,639</td>
<td>7,246</td>
<td>10,179</td>
<td>7,110</td>
<td>8,496</td>
<td>8,032</td>
<td>10,000</td>
<td>18,000</td>
<td>13,845</td>
<td>13,873</td>
</tr>
</tbody>
</table>
Of the 57 Doors Open events that take place in communities across Ontario, the Waterloo Region event has the third highest number of site visits and the third highest of participating sites. The event received outstanding media attention, being featured in the local print media as well as on radio and television. Sites were staffed by knowledgeable volunteers with 480 volunteers contributing approximately 3,133 hours of their time (over 1,100 more hours contributed than in 2012). Local heritage organizations participated by setting up displays at various sites.

Following the event, 185 visitor experience surveys were collected. Approximately 65% of the respondents indicated that they had previously attended a Doors Open event while the remainder were first time attendees. Eight percent of DOWR visitors were from outside of the Region and of this number, close to 90% indicated that the Doors Open event was the purpose of their visit. The event received positive feedback. When asked how they felt about the event, participating sites and partners reported that, “The overall consensus...was that our participation in Doors Open was worthwhile. We greatly appreciate the opportunity to be a part of this event.” And “Glad to see Doors Open across the Region building momentum and growing each year.” A number of Twitter users also had positive things to say about DOWR. Responses included: “So many great buildings to explore...really feel like I got to know my city today. Thanks @DoorsOpenWR!” and “It was a wonderful #Community event with @DoorsOpenWR on Sat! Thanks for all the hard work! I look forward to next year.”

Planning is now underway for the 2014 Doors Open Waterloo Region.

**Area Municipal Consultation/Coordination**

Area Municipal staff is consulted each year concerning the selection of sites. Area Municipalities also promote the event through various channels.

**CORPORATE STRATEGIC PLAN:**

Doors Open Waterloo Region supports Strategic Objective 2.4, Promote and enhance arts, culture and heritage.

**FINANCIAL IMPLICATIONS:**

Doors Open is funded by the Region of Waterloo through the Planning, Housing and Community Services Operating Budget and coordinated by Photographic Memory, a Waterloo-based heritage event management company. Media sponsorships are an important contribution to publicizing the event and in-kind contributions by The Record, CTV, the City of Waterloo and the City of Cambridge are gratefully acknowledged. Total funding by the Region in 2013 was approximately $40,000 including $7,000 in paid advertising. Additional in-kind sponsorship by local businesses and media sponsors is estimated at a value of $25,500.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:** NIL

**ATTACHMENTS:**

Attachment 1 – Doors Open Waterloo Region 2013 – Final Report
Attachment 2 – Doors Open Waterloo Region 2013 – Site Visits

**PREPARED BY:** Lindsay Benjamin, Cultural Heritage Planner

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

DOORS OPEN WATERLOO REGION (DOWR) 2013
Final Report, November 15, 2013
Submitted by: Jane Snyder and Karl Kessler, Photographic Memory

INTRODUCTION
The 11th annual Doors Open Waterloo Region (DOWR) was held September 21st, 2013 at 42 locations throughout Waterloo Region. Buildings of architectural and/or historical significance – many of which are normally not open to the public – opened their doors, including commercial, public and private buildings. Admission to all sites was free.

Doors Open Waterloo Region includes interesting modern architecture every year; in 2013 DOWR made a theme of it: Waterloo Region Modern. Eleven of the 42 DOWR sites, built in the last 55 years, fit into the theme: the Mike & Ophelia Lazaridis Quantum-Nano Centre, Waterloo Region Courthouse, Waterloo Regional Police Service North Division, OpenText, University of Waterloo Student Design Centre, Conestoga Engineering and Information Technology Campus, North House, The Clay and Glass, The Centre In The Square, Highland Baptist Church, and the Islamic Centre of Cambridge.

DOWR 2013 SITE LOCATIONS (most sites were open 10 a.m. – 5 p.m.)
Note: Due to the large geographic area of Waterloo Region, each year DOWR includes sites in two townships. In 2013, sites were located in North Dumfries and Wilmot Townships. Sites in Woolwich and Wellesley Townships will be featured during Doors Open Waterloo Region 2014.

Cambridge:
Conestoga Engineering and Information Technology Campus, Middleton Water Pumping Station, Galt Arena Gardens, Gore Mutual Insurance Company, Dickson Public School, Col. J.A. McIntosh, DSO, ED Armoury, Islamic Centre of Cambridge, McDougall Cottage

Kitchener:
Waterloo Region Courthouse, The Breithaupt Block, Former Rumpel Felt Factory, Highland Baptist Church, Green Gables Guest House, The Centre In The Square, The Walper Hotel, Former Berlin Fire Station No. 2 / Station 2 Studios, Waterloo County Gaol and Governor’s House, St. Mark’s Lutheran Church, First Mennonite Church / Primera Iglesia Menonita

Waterloo:
The Mike & Ophelia Lazaridis Quantum-Nano Centre, University of Waterloo Student Design Centre, OpenText, Waterloo Regional Police Service North Division, Brubacher House Museum, 1820 Log Schoolhouse, The Clay and Glass, The Button Factory / Waterloo Community Arts Centre, CEI Studio, Waterloo Masjid

Wilmot:
Waterloo Region Emergency Services Training and Research Complex & University of Waterloo Fire Research Lab, Brookside Equestrian Centre, Laepple Organic Farm, Kitchener-Waterloo Gurdwara (Golden Triangle Sikh Association), St. James Wilmot Church and Cemetery, St. George’s Anglican Church

North Dumfries:
North House, rare ECO Centre, Greenfield Village Heritage Walking Tour, Former Canadian Bank of Commerce / Robson Carpenter LLP, Former Ayr Carnegie Library / Ayr Financial Services, Detweiler Meetinghouse, Black Horse Corners Heritage Outbuildings
FUNDING, SPONSORSHIP AND PARTNERSHIPS

- Presenting sponsor: The Region of Waterloo
- Media sponsors: Waterloo Region Record, CTV, City of Waterloo, City of Cambridge
- Program partners: City of Kitchener, Townships of Wilmot and North Dumfries, Ontario Heritage Trust
- Promotional partners included: Kitchener, Waterloo, Cambridge and Region of Waterloo Public Libraries; Region of Waterloo Archives; Waterloo Historical Society

DOWR DIRECTION AND STAFFING

DOWR is guided by arts, architecture, municipal and heritage organizations in Waterloo Region; program coordination is provided by Jane Snyder and Karl Kessler, with support from Region of Waterloo staff.

DOWR VOLUNTEERS

Sites are responsible for recruiting and training their own volunteers, with direction and guidance from DOWR. In 2013, 480 volunteers contributed 3,133 hours to DOWR; volunteers who provided their names/addresses received a thank-you letter and an invitation to a volunteer appreciation event.

SPECIAL PROGRAMMING IN 2013

DOWR partnered with heritage, arts and environmental organizations, as well as a local francophone association, to provide dance performances, a swing dance party, a hymn sing, seven musical concerts, an open choir rehearsal, a gallery tour and scavenger hunt, two artists’ sales, and five children’s activities ranging from a science show to hay wagon rides.

COMMUNICATION BETWEEN SITE OPERATORS/OWNERS AND DOWR

Each site completed a DOWR application and provided a certificate of insurance ($1 million liability). Each received a Doors Open Ontario banner or sign, a “Don’t Miss This Site!” DOWR lawn sign, and these documents: Information Sheet for Property Owners/Operators, DOWR Emergency Procedures and Emergency Contact List, Volunteer Information Package, Visitor Tracking Sheet, Visitor Survey.

Twenty-three representatives from 20 participating sites attended the DOWR information meeting held on September 5th, 2013 at the Waterloo Regional Police Service North Division. Topics included: welcoming and tracking visitors, emergency procedures, visitor surveys, coordinating volunteers, and DOWR media/promotions. DOWR coordinators contacted sites absent from the meeting to discuss event details.

The following are a few post-event comments from participating sites and partners:

“The (Doors Open) feedback was very positive and complimentary and we had a great time. Thanks for including us.” - Waterloo Region Courthouse

“We evaluated our participation as definitely worthwhile – especially for our Institute of Food Processing Technology. The article in The Record definitely created great interest for the Institute.” - Conestoga Engineering and Information Technology Campus

“The overall consensus at the meeting was that our participation in Doors Open was worthwhile. We greatly appreciate the opportunity to be a part of this event.” - CEI Studio

“Glad to see Doors Open across the Region building momentum and growing each year.”

- City of Cambridge
PUBLICITY AND ADVERTISING

DOWR 2013 Publications and Distribution
There were 80,000 copies of the four-page DOWR 2013 Map & Guide (created by DOWR and The Record) distributed in the Saturday September 14th, 2013 Record (home delivery and single-copy sales). Sales racks for single copies featured DOWR “rack talkers” advertisements. There were 10,000 copies of the Map & Guide distributed, along with the DOWR poster, to libraries, recreation facilities, museums and tourism offices throughout Waterloo Region from July to September. City staff in Cambridge and Waterloo aided in distributing the Map & Guide to municipal facilities.

Paid and Sponsored Advertisements/Promotions
- Waterloo Region Record: banner ad (Arts & Life section) Sat. Sept. 14; 1/4 pg. ad (Local section) Sat. Sept. 7; 1/8 pg. ads (Nightlife section) Fridays, Aug. 16, 23, 30, Sept. 6, 13, 20
- CTV: 30-second commercial spots running mid-Aug. to Sept. 21
- Princess Guide ad: July-Aug. 2013
- Recreation Guide ads: City of Kitchener - spring & fall 2013; City of Cambridge - fall 2013
- City/Township promotions: Featured web ads (Waterloo); digital sign listings (Waterloo, Cambridge); intranet distribution (Waterloo); DOWR CTV ad featured on City of Waterloo YouTube channel; website coverage and Facebook listings (Cambridge, Waterloo, Kitchener, Wilmut, North Dumfries); Twitter listings (Waterloo, Kitchener, Cambridge).
- Additional print ads were placed by The Lazaridis Quantum-Nano Centre

DOWR Website and Social Media Content
The Doors Open Waterloo Region page on the Region of Waterloo website featured 2013 theme information, site listings, a digital copy of the 2013 Map & Guide, DOWR media articles and press releases, a list of sponsors and partners, past DOWR sites, tourist information, FAQs, volunteer opportunities, and links to the DOWR Facebook, Twitter and Flickr pages.

During the month of September 2013, the Doors Open Waterloo Region home page was the third most-visited page on the Region of Waterloo website, with 8,886 visits and 15,848 page views.

DOWR has more than 500 followers on Facebook and is being followed by more than 571 people or organizations on Twitter. More than 120 participating sites, visitors, event partners and Doors Open Ambassadors tweeted or re-tweeted about DOWR 2013, reaching approximately 178,000 Twitter users.

More than 190 DOWR 2013 event photographs were shared on the DOWR Flickr photo-sharing page, where its 25 members have shared over 400 DOWR images to date.

Doors Open Ambassadors
Sixteen volunteer social media journalists were engaged as “Doors Open Ambassadors,” promoting Doors Open to their networks. Doors Open Ambassadors were given advance entry to sites, and were invited to share their explorations in photographs and text on Facebook, Twitter, personal and professional blogs and websites, and on the Doors Open Ontario and DOWR Flickr pages. Ambassadors also served as social media reporters on Sept. 21.

Heritage, Arts, Community Group and Tourism Listings
DOWR news releases, posters and event listings generated further listings in:
- Doors Open Ontario brochure (distributed in The Waterloo Region Record, April 2013)
- E-newsletters, websites and e-mail blasts by the Association des Francophones de K-W, REEP Green Solutions, Architectural Conservancy of Ontario (ACO), Waterloo Historical Society, Healthy Communities; City of Waterloo Arts & Culture e-blasts
- E-mail notices to all neighbourhood associations in the cities of Waterloo, Kitchener and Cambridge
- Waterloo Region Tourism Marketing Corporation (2013-2014 Official Travel Guide); Catch the Culture in Wilmot and Wellesley Townships
- DOWR displays at Waterloo Public Library (main branch)

**Newspaper, digital media, radio and TV coverage**

Targeted news releases and 15- and 30-second public service announcements were sent to television, radio, online news, and daily, weekly and specialty-print media in Waterloo Region and southwestern Ontario. Twitter news releases were sent to the 2013 Doors Open Ambassadors.

The campaign resulted in the following media coverage (links are posted on the DOWR website): 45 print articles, two radio interviews (CBC KW and CKWR), and two television appearances (Rogers *Daytime*).


**Internet Postings**

In addition to the Doors Open Ontario and Doors Open Waterloo Region websites, DOWR was promoted on the following sites:

- **DOWR 2013 sites**: 1820 Log Schoolhouse, OpenText, Institute for Quantum Computing, University of Waterloo, St. George’s Anglican Church, Waterloo Masjid, Waterloo Regional Police Services, Kitchener-Waterloo Art Gallery, The Clay & Glass, Cambridge Libraries, The Centre In The Square
- **Travel**: Explore Waterloo Region, Cambridge Tourism, St. Jacobs Tourism, Visitor Country, Attractions Ontario, Festivals & Events Ontario, Ontario Festivals Visited, Direction Ontario, Festival News
- **Municipal and business**: Cities of Cambridge, Waterloo, Kitchener; Townships of North Dumfries and Wilmot; Cambridge Now, KW Now, Communitech, Capacity Waterloo Region, Open Data Waterloo Region, 365 Cambridge, 365 Kitchener-Waterloo, Tech Triangle, Found Locally, WPL, CPL and KPL
Media: The Record, CTV, CHYM FM/570 News, 91.5 The Beat, KIX 106 FM, KOOL FM, CKWR

VISITOR STATISTICS
On September 21st, Doors Open Waterloo Region 2013 sites recorded 13,873 individual visits. Site visit totals for past DOWR events are:

<table>
<thead>
<tr>
<th>Year</th>
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<td>10,000</td>
<td>18,000</td>
<td>13,845</td>
</tr>
</tbody>
</table>

400 copies of the Doors Open Ontario Visitor Survey were distributed to visitors during the event. 185 completed surveys were collected, resulting in the following statistics:

Are you a visitor to Waterloo Region? 178 responses/185 surveys Yes: 15 (8.4%) No: 163 (91.6%)

Is this the first year that you have attended a Doors Open Ontario event? 168 responses/185 surveys Yes: 60 (35.7%) No: 108 (64.3%)

How many sites do you plan to visit during Doors Open Waterloo Region? 170 responses/185 surveys
1-3: 68 (40%) 4-6: 81 (47.7%) 7-9: 20 (11.8%) 10-12: 1 (0.6%) 13+: 0

There are 55 different Doors Open events occurring across Ontario this year. How many do you plan to attend? 169 responses/185 surveys
1: 93 (55%) 2: 37 (21.9%) 3: 21 (12.4%) 4: 8 (4.7%) 5+: 10 (5.9%)
How did you hear about this Doors Open Ontario event?
(Check all that apply) 157 responses/185 surveys

<table>
<thead>
<tr>
<th>Method</th>
<th>Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local newspaper article</td>
<td>82</td>
<td>27.2%</td>
</tr>
<tr>
<td>Doors Open Ontario brochure</td>
<td>36</td>
<td>11.9%</td>
</tr>
<tr>
<td>Local newspaper ad</td>
<td>34</td>
<td>11.3%</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>31</td>
<td>10.3%</td>
</tr>
<tr>
<td>Local Doors Open brochure</td>
<td>28</td>
<td>9.3%</td>
</tr>
<tr>
<td>Doors Open Ontario website</td>
<td>18</td>
<td>6%</td>
</tr>
<tr>
<td>Local Doors Open website</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>Social media (i.e. Twitter/Facebook)</td>
<td>11</td>
<td>3.6%</td>
</tr>
<tr>
<td>Online ad/event listing</td>
<td>10</td>
<td>3.3%</td>
</tr>
<tr>
<td>Radio ad/interview</td>
<td>10</td>
<td>3.3%</td>
</tr>
<tr>
<td>Television ad/interview</td>
<td>9</td>
<td>3%</td>
</tr>
<tr>
<td>Previous years</td>
<td>5</td>
<td>1.7%</td>
</tr>
<tr>
<td>Local library</td>
<td>4</td>
<td>1.3%</td>
</tr>
<tr>
<td>OpenText</td>
<td>2</td>
<td>0.7%</td>
</tr>
<tr>
<td>Saw signs</td>
<td>2</td>
<td>0.7%</td>
</tr>
<tr>
<td>CBC KWs-5 Fun Things list</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Arch. Conservancy of Ontario</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sunlife Financial</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hydrogeology Association</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>CFIA e-mail</td>
<td>1</td>
<td>0.3%</td>
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</table>

Age: 162 responses/185 surveys

Number of people (including yourself) in your Doors Open travel party:
Adults (age 18+): 160 responses/185 surveys
0: 1 (0.6%); 1: 27 (16.9%); 2: 99 (61.9%); 3: 13 (8.1%); 4: 16 (10%); 5: 4 (2.5%); 6+: 0

Children: 114 responses/185 surveys
0: 91 (79.8%); 1: 7 (6.1%); 2: 14 (12.3%); 3: 2 (1.8%); 4: 0; 5: 0; 6+: 0

VISITOR AND HOST COMMENTS
From emails sent to Doors Open Waterloo Region:

On Sunday, next day after Doors Open, I happened to be in the New Dundee Emporium trying out breakfast. The next table to ours had patrons who looked familiar. When I got up to leave, one of the members at the table touched me on the arm and said, “What a marvelous experience your Doors Open site gave me! I had no idea a Court could be inside that old GAOL.” And another lady commented that Doors Open is “the best event in the Region.”
I have enjoyed this event for several years now and try to get to as many places as possible. There never seems to be enough time to see my top choices. This year I saw five out of eight on my list. Would it be possible to extend the hours?

From Twitter:
So many great buildings to explore...really feel like I got to know my city today. Thanks @DoorsOpenWR! @KWAwesome pic.twitter.com/cRvkeelKwM

@DoorsOpenWR is fantastic - one of my favourite events in #WatReg. There's never enough time to see all the great sites.

Spending a rainy day checking out the insides of buildings in #kwawesome @DoorsOpenWR pic.twitter.com/tnWhmyRLzZ

Excellent! I'm a passionate supporter of our #WaterlooRegion heritage and local History & it was a great event!

It was a wonderful #Community event with @DoorsOpenWR on Sat! Thanks for all the hard work! I look forward to next year.

@DoorsOpenWR what a fantastic event! Thanks SO much to all the dedicated organizers!! :)

Thank you to the Sikh Gurdwara for participating in @DoorsOpenWR and inviting the community. Wore my first turban! pic.twitter.com/4W926fhU8U

Had a great time showing ppl around #OpenText for @DoorsOpenWR yesterday. Wanted to post pics, but we were so busy!

Great idea by @DoorsOpenWR to visit @OpenText today. Great tour, amazing office design. #geekfest continues!

Really enjoyed @DoorsOpenWR yesterday. We saw the Nano UW Bldg, Open text, Brubacher House and we tried for the police station.

Thanks to all the people who made @DoorsOpenWR a great success including @WRPSToday, the Region's #FireServices, #CourtHouse personnel.

Hey @DoorsOpenWR, my kids loved the visit to WRESTRC. Very interesting and informative visit.

We had such a fantastic day @ word on the street & @doorsopenwr saw so many cool things, met cool people. Great day! Thanks.

Oh and the beautiful fire station @DoorsOpenWR have always wanted to see inside this building. Love my neighbourhood.

Thanks to @DoorsOpenWR loved visiting the @BreithauptBlock pic.twitter.com/QzwRK1a3lZ

@MEDIASP1CE @DoorsOpenWR I liked the mix of old an new. ;-) pic.twitter.com/sL9RzrcA6U

Thanks to those in the community who came by the #uWaterloo stops @DoorsOpenWR! We hope to see you on campus again soon! #DoorsOpenWR

@DoorsOpenWR. Thank you to rych Mills for an excellent talk at the Walper Hotel this afternoon.
Great day at the #Cambridge_Armoury for @DoorsOpenWR. 290 Visitor, many stories, few artifacts...priceless.

Questions or comments about this report can be directed to:
Jane Snyder or Karl Kessler
Doors Open Waterloo Region 2013 coordinators
c/o Photographic Memory, 519-747-5139
doorsopen@regionofwaterloo.ca
ATTACHMENT 2
DOWR Site Visit Figures by Municipality

WATERLOO: 4,868
The Mike & Ophelia Lazaridis Quantum-Nano Centre: 1,154
University of Waterloo Student Design Centre: 280
OpenText: 387
Brubacher House Museum: 345
Waterloo Regional Police Service, North Division: ~1,375
Waterloo Masjid: 350+
1820 Log Schoolhouse: 164
The Clay and Glass: 209
The Button Factory / Waterloo Community Arts Centre: 344
CEI Studio: 260

KITCHENER: 5,459
St. Mark’s Lutheran Church: 258
Former Berlin Fire Station No. 2 / Station 2 Studios: 552
The Breithaupt Block: 632
Former Rumpel Felt Factory: 741
Green Gables Guest House: 602
The Centre In The Square: 284
Waterloo County Gaol and Governor’s House: 812
Waterloo Region Courthouse: 978
The Walper Hotel: 375
Highland Baptist Church: 64
First Mennonite Church / Primera Iglesia Menonita: 161

CAMBRIDGE: 1,757
Conestoga Engineering and Information Technology Campus: 238
Islamic Centre of Cambridge: 75
Gore Mutual Insurance Company: 224
Galt Arena Gardens: 95
Col. J.A. McIntosh, DSO, ED Armoury: 290
Dickson Public School: 370
McDougall Cottage: 215
Middleton Water Pumping Station: 250

WILMOT TOWNSHIP: 880
WR Emergency Services Training and Research Complex & UW Fire Research Lab: 300
Brookside Equestrian Centre: 104
Kitchener-Waterloo Gurdwara: 300+
Laepple Organic Farm: 70
St. James Wilmot Church and Cemetery: 76
St. George’s Anglican Church: 30

NORTH DUMFRIES TOWNSHIP: 909
rare ECO Centre: 230
North House: 300+
Detweiler Meeting House: 75
Black Horse Corners Heritage Outbuildings: 64
Greenfield Village Heritage Walking Tour: 88
Former Canadian Bank of Commerce / Robson Carpenter LLP: 72
Former Ayr Carnegie Library / Ayr Financial Services: 80
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: Leslie Perry, Project Manager, Social Services Solutions Modernization Project
        David Dirks, Director, Employment and Income Support
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
File Code: S09-80
Subject: UPDATE: REPLACEMENT OF TECHNOLOGY FOR DELIVERY OF SOCIAL ASSISTANCE

Background

Several memoranda spanning September 2011 through August 2013 have been provided to Council outlining the Provincial project to replace the Service Delivery Model Technology (SDMT) which supports the delivery of social assistance (Ontario Works, Temporary Care Assistance, Ontario Disability Support Program, Assistance for Children with Severe Disabilities) in Ontario. The initiative known as the Social Services Solutions Modernization Project is part of a broader modernization effort by the Province to enhance service delivery and customer service. The project will be implemented in two phases: Online Application for Social Assistance (implemented Spring 2011), and full replacement of the SDMT. The new technology is known as the Social Assistance Management System (SAMS).

The planning process involves staff at all levels within Employment and Income Support, Social Services as well as representatives from key Corporate departments (Human Resources, Finance and Information Technology Services, Corporate Resources). Employment and Income Support continues to submit updates to the Province indicating the status of preparation activities leading to a successful implementation.

Implementation

In the Province’s 2013 Budget, commitments were made to transform social assistance programs to work better for individuals in need. Due to the resources required to action these changes (Report SS-13-024, August 13, 2013), the implementation of the Social Assistance Management System technology was delayed from the fall of 2013. The Province has undertaken a comprehensive exercise to determine a specific implementation date, now targeted for late April/early May 2014.

Training for the Social Assistance Management System will occur for 13 weeks beginning January 2014 through April 2014. While not all staff will be required to attend every course
during this time, the majority of staff will require the full 13 weeks of training. During the training, implementation and recovery periods, changes will be required to manage the work of the Employment and Income Support division

Workload Strategies

The Province acknowledges implementation will impact daily business and municipalities will not be able to provide service at current levels. As a result, the Province has provided the following preliminary workload strategies:

- Targets for the Enhanced Verification Process (to ensure entitlement for assistance) reduced;
- Participation Agreement updates with participants to be completed at 6 months versus the legislated 3 month requirement;
- Reinstatement period for an application, from a previous recipient, will be 60 days from leaving Ontario Works versus 30 days which will require less work for the Case Worker;
- No financial penalty for not meeting contracted outcome targets.

In addition to the Provincial workload strategies, Employment and Income Support is considering such strategies as:

- Assignment of case work staff to intake and cessation of Enhanced Verification Process;
- Completion of annual update to application documentation will be suspended to post implementation;
- Use of Direct Bank Deposit and Exception Based Income Reporting will be encouraged prior to implementation;
- Reduction in number of meetings staff attend;
- Decrease in work load for clerical staff by case workers arranging own appointments;
- Reduction in number of staff participating on the Internal Review Committee (to hear the appeal of decisions form participants);
- Decrease in the number of employment groups offered.

These are being more fully developed in the next weeks prior to training.

Service Implications

While these strategies will assist staff to manage both their workload and attendance during training and immediately post implementation, service will be compromised (eg., availability of staff will be reduced and response time to participants will be longer). Internal programs and community agencies will experience a decrease in referrals and our ability to respond during this time period. In addition, the capacity for service will be further reduced by such supports as removing staff from their regular workload and placing them in a peer support role to assist individuals experiencing difficulty using the new technology. It will take several weeks for staff to become proficient with the technology and for the division to recover from the training and implementation periods (eg., backlog of updates in technology). Staff has taken steps to mitigate the impact upon our service (such as limiting vacation approvals). The division will also communicate the impact of this transition upon its service to program participants as well as internal and external delivery partners.
Council will be kept informed of progress as the project proceeds.

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

For further information, contact Leslie Perry, Project Manager, Social Services Solutions Modernization Project at Phone: 519 883-2317 or lperry@regionofwaterloo.ca or David Dirks, Director, Employment and Income Support at Phone: 519 883-2179 or ddirks@regionofwaterloo.ca.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: P13-80

SUBJECT: PROPOSED CHANGES TO SMOKE-FREE ONTARIO ACT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo send a letter of support to the Minister of Health and Long Term Care, copied to all local Members of Provincial Parliament, endorsing the proposed changes to the Smoke-Free Ontario Act, as outlined in report PH-13-049,

AND that the Regional Municipality of Waterloo also ask the Minister of Health and Long Term Care, to proceed with the proposed changes to the Smoke-Free Ontario Act as soon as reasonably possible,

AND that the Regional Municipality of Waterloo continue to monitor the Ministry’s progress towards the implementation of the proposed changes to the Smoke-Free Ontario Act, taking further action if needed,

AND that the Regional Municipality of Waterloo send a letter to each of the local municipalities advising them of the Province’s announcement and the Region’s plan to monitor the progress of proposed changes to the Smoke-Free Ontario Act.

SUMMARY:

On November 13, 2013 the Minister of Health and Long Term Care announced proposed amendments to the Smoke Free Ontario Act to make it harder for youth to obtain tobacco products, make tobacco products less tempting and further protect people from exposure to second hand smoke in public areas.

The following Smoke Free Ontario Act regulation amendments have been proposed:
  - Prohibit smoking on playgrounds, sports fields, and on restaurant and bar patios
  - Further restrict smoking on outdoor grounds of hospitals and on specified government properties
  - Prohibit tobacco sales on post secondary education campuses and specified provincial government properties

On November 18, 2013 the Youth Smoking Prevention Act was introduced. The Bill, if passed, would make the following amendments to the Smoke Free Ontario Act:
  - Double the fines for youth sales-related offences
  - Prohibit the sale of flavoured tobacco products to prevent kids from starting to smoke
  - Strengthen enforcement authority to test for tobacco in waterpipes in places where smoking tobacco is prohibited
  - Clarify the prohibition of promotion products being offered with the sale of tobacco
Prior to this announcement, the Councils of each of the local municipalities recently passed resolutions asking the Region to take the lead in pursuing smoke-free playgrounds and sports fields in Waterloo Region. This provincial announcement is therefore very timely.

The purpose of this report is to give evidence of local support for the proposed legislative changes and to provide information from a public health perspective to support the proposed changes.

REPORT:

Background
In 1996, the Region enacted the Smoking By-law that regulated the smoking of tobacco in prescribed public places and workplaces. In 2005, the Province of Ontario amended the Tobacco Control Act allowing the Province to also regulate the smoking of tobacco in prescribed public places and workplaces. The Province further amended the Act so the title became the Smoke-Free Ontario Act (“SFOA”).

Neither the Region of Waterloo Smoking By-law nor the SFOA prohibit smoking at outdoor, public sport fields or playgrounds. The only provision that has some connection is in the Smoking By-law which prohibits smoking at “outdoor bleacher areas to which the general public has access or is invited.”

In 2011, staff of Woolwich Township approached Regional staff with regard to a possible amendment to the Smoking By-law to prohibit smoking at outdoor, public sport fields and playgrounds. This was followed by meetings between Regional staff and staff of all the local municipalities where similar enquiries were made. On August 28, 2013, the City of Kitchener sent correspondence to the Region, with the following resolution:

“That the City of Kitchener has an interest in pursuing smoke-free playgrounds and sports fields and therefore requests that the Region of Waterloo take the lead on investigating this matter, which should include consultation with all relevant stakeholders.”

On September 10, 2013, Regional staff met with representatives from the local municipalities to discuss the various options available for prohibiting smoking at outdoor, public sports fields and playgrounds. The municipalities indicated that they would like the Region to take the lead on this investigation and would be passing resolutions similar to the City of Kitchener. Correspondence from all municipalities is attached in Appendix B.

On November 13, 2013, the Minister of Health and Long Term Care announced proposed changes to the Smoke-Free Ontario Act (SFOA) that is intended to further protect the public from tobacco use and exposure. The following changes are proposed:

• Prohibiting smoking on playgrounds, sport fields, and restaurant and bar patios.
• Increasing fines for those who sell tobacco to youth, making Ontario's penalties the highest in Canada.
• Banning the sale of flavoured tobacco products to make smoking less appealing to young people.
• Strengthening enforcement to allow for testing of tobacco in waterpipes in indoor public places.
• Restricting smoking on outdoor grounds of hospitals and specified government properties to protect the people of Ontario from second-hand smoke and reduce smoking.
• Prohibiting tobacco sales on post-secondary education campuses and specified
provincial government properties, such as Macdonald Block in Toronto and 1 Stone Road in Guelph.

If passed, the proposed changes will be enacted by amendment to the SFOA or its regulations. For the Minister’s news release, see Appendix A.

The Need for a Smoke-Free Environment
In Waterloo Region, about 19 per cent of Waterloo Region residents over 19 years of age reported being current smokers in 2009/2010, with most smoking daily (CCHS, 2009/2010). The rate of adult smoking in the Region is just under the provincial rate of 20 per cent for adults (CCHS, 2012a). Waterloo Region mortality data from 2000 to 2004 indicates that second-hand smoke caused an estimated average of nearly 13 deaths annually in the Region (ROWPH, 2009), while in Ontario there were an estimated 425 deaths annually (PSFC, 2009).

In 2010, the Smoke Free Ontario Scientific Advisory Group released a report that provides evidence regarding effective interventions to reduce the total number of people who use or are exposed to tobacco products. One of the report’s recommendations is to eliminate smoking in priority outdoor public spaces, including parks, sports fields and playgrounds, as part of a comprehensive approach to tobacco control.

The Ontario Public Health Standards (OPHS) require public health units to reduce the burden of preventable chronic diseases of public health importance, including reducing tobacco use and exposure to second-hand smoke. This is accomplished through programming based on the Smoke-Free Ontario Strategy which focuses on encouraging young people not to smoke, helping smokers to quit, and protecting the public from exposure to second-hand smoke.

Although restrictions on smoking indoors have reduced Ontarians’ exposure to second-hand smoke, exposure remains an issue in other settings. In 2009/2010 Waterloo Region non-smokers aged 12 years and older reported regular exposure to second-hand smoke in public places (8.7%), in a vehicle (6.1%), in the home (5.4%) and 15.5 per cent reported “any of the above” (CCHS, 2012b). Since 2005, rates of exposure to second-hand smoke have remained somewhat consistent, without significant declines. In 2011, 56 per cent of Ontarians reported being exposed to second-hand smoke outdoors, such as on a sidewalk or in a park (CTUMS; 2011).

When looking at outdoor spaces there is a common misconception that it is safe to smoke outdoors because the smoke quickly dissipates. A recent systematic review of studies that measured second-hand smoke exposure in outdoor spaces found that when outdoor smoking is taking place the level of second-hand smoke can be just as high as indoor levels where smokers are present (Sureda et al. 2013). The impact of exposure to outdoor tobacco smoke on individuals depends on several factors including the density of smokers and smoke, proximity to the source of smoke, enclosures of outdoor locations, wind direction and wind speed (Sureda et al. 2013). All of the studies evaluated found that levels of second-hand smoke increased with the number of lit cigarettes (Sureda et al. 2013). Exposure to high levels of tobacco smoke typically occurs within two metres of the sources of smoke, and levels decrease at distances beyond that (Klepeis et al., 2007). Depending on wind speed and direction, outdoor tobacco smoke can be detected beyond 2 metres at high levels (Repacel et al, 2005), primarily when individuals are downwind of active smoking (Klepeis et al., 2007). Outdoor smoking can also influence indoor air quality. Indoor second-hand smoke levels are higher when smoking occurs in the adjacent outdoor setting, especially when the outdoor area is semi-enclosed (Sureda et al. 2013).
Why Outdoor Smoke-Free Spaces Where Children Play?
Second-hand smoke comes from the burning end of lit tobacco, and from the smoke exhaled into the air by a smoker. Second-hand smoke contains more than 7,000 chemicals, 70 of which are known to cause cancer (USDHHS, 2010). There is no known safe level of exposure to second-hand smoke (USDHHS, 2006; WHO, 2007), even in outdoor settings. Second-hand smoke exposure is especially harmful for children, as their lungs are still developing and their respiration rate is higher than that of adults. The effects of second-hand smoke exposure during childhood can also persist into adulthood (Lovasi et al, 2010; Kallio et al., 2010).

Exposure to second-hand smoke indoors has been well studied and is associated with cancers, heart disease, asthma, ulcers and middle ear infections in both children and adults (USDHHS, 2006). Even brief and short-term exposures to second-hand smoke may generate significant adverse health effects (Heiss, 2008) including physical reactions linked to heart disease and stroke (USDHHS, 2006).

There is also evidence to suggest that the more children and youth see a specific behaviour, the more likely the child or youth is to assume that behaviour is normal or acceptable. Youth who have a positive social image of smoking tend to be more likely to experiment with tobacco use (Alesci et al. 2003). Youth may also underestimate the health risks associated with tobacco use and give in to social pressures to smoke (USDDHS, 2012). Children who grow up seeing role models smoke are more likely to become smokers themselves and are more likely to view smoking as socially acceptable (SFO-SAC, 2010). The Smoke-Free Ontario Act prohibits smoking outdoors on properties that contain day nurseries and schools; however it does not apply to high-use areas like parks, sports fields or playgrounds. It is important for children and youth to receive the same tobacco-free messages in the wider community. Smoke-free outdoor spaces create the opportunity for adults to positively role model smoke-free living which can help to prevent youth from initiating smoking.

Smoke-free public spaces support individuals who are attempting to quit or have recently quit by limiting exposure to social triggers such as seeing smoking or smelling smoke (SFO-SAC, 2010). Exposure to other smokers has been found to increase the likelihood of a relapse in former smokers, even by individuals who have quit over three months ago (Zhou et al. 2009).

Smoking in outdoor public spaces is linked to littering and environmental contamination. Audits of cities and shorelines regularly find that cigarettes are amongst the greatest source of litter. The cigarette butts that are collected most likely underestimate the total number of cigarette butts that have been littered (Novotny et al. 2009). The cellulose acetate in cigarette filters is non-biodegradable meaning that a cigarette butt could remain in the environment for years after it has been discarded. Furthermore, the chemicals found in discarded cigarette butts can leach into the environment and have been shown to have negative impacts on wildlife (Moerman et al. 2011; Slaughter et al 2011). In parks and playgrounds, cigarette butts can potentially be picked up and eaten by children or pets potentially leading to nicotine poisoning (Novotny et al. 2011). Studies have indicated that as few as 2 cigarette butts can cause severe toxicity in small children or pets, if consumed (Smolinske et al. 1988).

Public Support for Smoke-free Outdoor Spaces
Public support for smoke-free environments is strong, with a high level of support for areas where children play. A recently released Rapid Risk Factor Surveillance System (RRFSS) report analyzed data from a 2011 telephone survey of 813 adults aged 18 years and older in Waterloo Region and found that:

- 91 per cent support a by-law making playgrounds smoke-free; and,
- 85.2 per cent support a by-law making outdoor sports fields and spectator areas smoke-
The full RRFSS report is available at: 

Interest in Other Proposed Changes to SFOA

While Public Health has been working to support local municipalities in addressing issues related to smoke-free parks and playing fields, we have also highlighted other issues of concern. For example, the RRFSS report, cited above, also indicated that 78.3% of adults reported that they would support a local by-law that would make all outdoor patios where food and drink are sold or served smoke-free.

In February, 2012 a Community Services Report (PH-12-005/CR-CLK-LIC-12-001) highlighted the growing concern regarding the prevalence of waterpipe usage in local establishments. Part of the report identified the difficulty in enforcement due to the fact that the SFOA did not allow for the ability to seize or search for products used in waterpipes that contain tobacco ultimately limiting Tobacco Enforcement Officers’ ability to enforce the SFOA restricting tobacco smoking indoor spaces.

Regional staff from Public Health and Licensing and Enforcement, have supported policy work at both Grand River and Cambridge Memorial hospitals as they worked to voluntarily make the hospital grounds smoke-free. These supports include the establishment of a policy education process, cessation supports for staff who wish to quit smoking and enforcement training and supports for security staff responsible for policy enforcement.

At the October, 2013 Community Services Committee the IMPACT youth group working in tobacco use prevention presented. The related staff report PH-13-046 described IMPACT’s efforts in collecting signatures for a federal petition to ban the use of flavour in tobacco products. Flavours such as bubble gum, grape and cherry are added to a variety of tobacco products in order to make the products more appealing to youth.

Next Steps

The Ministry of Health and Long Term Care’s announcement indicates that consultation or public comment on the proposed changes to the SFOA, is now open until January 2, 2014. If passed, the changes would come into effect in 2014 and 2015. The Ministry has proposed implementation support for Public Health Units including:

- funding to support educational visits and responding to complaints in the first 2 years
- training for inspectors
- public and retailer education materials and advertising

Staff will explore with the Ministry potential opportunities for delegation of enforcement authority to municipalities to increase the number of individuals who would be able to enforce the legislation in addition to Regional employees.

It is recommended that Regional Staff continue to monitor the Ministry’s efforts to have the proposed changes approved and provide an update to Community Services Committee in approximately six months time. If, at that time, the changes are not moving forward, Regional Staff may propose other steps to investigate public interest in local by-law changes.

ONTARIO PUBLIC HEALTH STANDARDS:

All of the Chronic Disease Prevention Standard Requirements outline tobacco related activities
relevant to this report, especially in the areas of health promotion and policy development, and enforcement.

Comprehensive tobacco control is defined as: “Preventing the initiation of tobacco use among young people; promoting quitting among young people and adults; eliminating non-smokers’ exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.”

Chronic Disease Prevention Requirement 13: The board of health shall implement and enforce the Smoke-free Ontario Act in accordance with provincial protocols, including but not limited to the Tobacco Compliance Protocol, 2008 (or as current).

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Corporate Resources: Legal Services and Licencing & Enforcement

ATTACHMENTS

A: Ministry of Health and Long Term Care Announcement
B: Letters from Local Municipalities

PREPARED BY: Dave Young, Director Public Health
Liana Nolan, Medical Officer of Health
Sharlene Sedgwick Walsh, Director Public Health

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

Works Cited:

Region of Waterloo Public Health. (2009). Building Healthy and Supportive Communities: Tobacco use and it’s consequences in Waterloo Region. Waterloo, ON.


Appendix A: Ministry of Health and Long Term Care Announcement

Smoke-Free Ontario Act

Ministry: Ministry of Health and Long-Term Care

Regulation Number(s): Ontario Regulation 48/06

Bill or Act: Smoke-Free Ontario Act

Summary of Proposal:

On November 18, 2013, the Minister of Health and Long-Term Care introduced Bill 131, Youth Smoking Prevention Act, 2013 (Bill) in the Legislative Assembly. The Bill, if passed, would make certain amendments to the Smoke-Free Ontario Act (SFOA).

MOHLTC is also proposing amendments to Ontario Regulation 48/06 made under the SFOA. As indicated below, several proposed amendments are conditional upon amendments to the SFOA being passed by the Legislature.

MOHLTC proposes to amend O. Reg. 48/06 to (see attachment for detailed amendments):

. Prohibit smoking of tobacco and holding of lighted tobacco on playgrounds.
. Prohibit smoking of tobacco and holding of lighted tobacco on sport fields, sport surfaces, spectator areas adjacent to sports fields.
. Prohibit smoking of tobacco and holding of lighted tobacco on all covered and uncovered restaurant and bar patios, excluding any uncovered patio owned or occupied by a Royal Canadian Legion branch in Ontario as of November 18, 2013.
. Prohibit sale of tobacco in schools and day nurseries.

If the Bill is passed, MOHLTC proposes to amend O. Reg. 48/06 to (see attachment for detailed amendments):

. Prohibit smoking of tobacco and holding of lighted tobacco on outdoor grounds of specific provincial government properties, except in outdoor areas designated by the government.
. Prohibit smoking of tobacco and holding of lighted tobacco on outdoor grounds of hospitals, except in outdoor areas designated by the board of the hospital.
. Prohibit sale of tobacco on specific provincial government properties.
. Exempt certain flavoured tobacco products primarily used by adults from the prohibition on the sale of flavoured tobacco products. Exempted products would include: any tobacco product (except a cigarillo) containing menthol, tobacco enhancing flavours and specific flavours used to reduce the harsh taste of certain types of tobacco, such as burley tobacco.

MOHLTC suggests the proposed amendments come into force on July 1, 2014, except for the prohibition on smoking tobacco on patios which would come into force on January 1, 2015.

Content of final regulations are at the discretion of the Lieutenant Governor in Council (LGIC) who may make any changes the LGIC considers appropriate.

Hi Angelo,

Jim Bowman has sent the City of Waterloo’s resolution on Smoke-Free Parks & Open Space below.

Jonathan

---

Jonathan Mall  
Manager, Tobacco & Cancer Prevention  
Region of Waterloo Public Health  
150 Main St., 3rd Floor  
Cambridge, ON N1R 6P9  
tel: 519.575.4400 x3424  
fax: 519.622.0197  
jmall@regionofwaterloo.ca  
http://chd.region.waterloo.on.ca/en/

---

Hi  
Here is the official resolution. I do not have an email for Angelo, so I would ask that Jonathan send this along.

Jim

---

Lissy Mackinnon  
Sent: Thursday, October 31, 2013 12:09 PM  
To: Jim Bowman  
Cc: Eckhard Pastrik; Henny Bruce; Jim Barry; Lyle Quan; Steve Heldman  
Subject: Council Follow Up for October 28 Council Meeting

b)  Title: Smoke Free Parks & Open Space  
Report No.  COM2013-013  
Prepared By: Jim Bowman

That Council approve report COM2013-013 and that Council approve the following resolution and that the City of Waterloo requests that the Region of Waterloo take the lead on investigating the establishment of “smoke free places where children can play” and that the investigation include consultation with all relevant stakeholders.
Lissy MacKinnon  
Council/Committee Coordinator  
Legislative Services, CS  
100 Regina St. S.  
PO Box 337 STN Waterloo  
Waterloo, ON N2J 4A8  
P: 1.519.747.8777  
F: 1.519.747.8510  
TTY: 1.866.786.3941  
E: lissy.mackinnon@waterloo.ca  
www.waterloo.ca  
www.twitter.com/citywaterloo  
www.facebook.com/citywaterloo  

THE CITY OF Waterloo  

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August 28, 2013

Ms. K. Fletcher
Director of Council & Administrative Services /
Regional Clerk
150 Frederick St
Kitchener ON N2G 4J3

Dear Ms. Fletcher:

This is to advise that City Council, at a meeting held on August 26, 2013, passed the following resolution:

"That the City of Kitchener has an interest in pursuing smoke-free playgrounds and sports fields and therefore requests that the Region of Waterloo take the lead on investigating this matter, which should include consultation with all relevant stakeholders."

Yours truly,

\[C.\,\text{Tarling}\]

C. Tarling
Director of Legislated Services &
City Clerk

*lk

c: M. Murray, CAO
   L. Nolan, MOH
Good morning Angelo

See email below re: the resolution approved by Cambridge City Council last evening

Is this all you require or do you require an official letter from our Deputy Clerk

From: Ilidia Sa Melo
Sent: Thursday, November 14, 2013 9:36 AM
To: Reg Weber
Subject: RE: Resolution - Smoke Free Places Where Children Play

"THAT Cambridge City council request that the Region of Waterloo take the lead on investigating the establishment of smoke-free places where children play and that the investigation include consultation with all relevant stakeholders."

Reg – are you sending a letter to the Region with a copy of the resolution? Or do you want us to do that?

Ilidia Sa Melo, CMO, ERM, ERM
Deputy Clerk/Manager of Information Management and Archives
50 Dickson Street, 2nd Floor
P.O. Box 669
Cambridge, ON N1R 5W8
Tel: 519-740-4680 x 4583
Fax: 519-740-3011
TTY: 519-623-6691
samelo@cambridge.ca

From: Reg Weber
Sent: Thursday, November 14, 2013 9:19 AM
To: Ilidia Sa Melo
Subject: Resolution - Smoke Free Places Where Children Play

Good morning Ilidia

I believe council endorsed the recommendation related to Smoke Free Places Where Children Play at last night’s council meeting

As part of the process I need to provide the approved resolution to the Region of Waterloo

Can you please forward the resolution to me so I can pass on to the appropriate staff at the Region – thanks Ilidia

Reg Weber
Director of Community Recreation Services
City of Cambridge
50 Dickson St, PO Box 669
Cambridge ON
N1R 5W8
T: 519-740-4681 X 4635
F: 519-740-6566
TTY: 519-623-6691
www.cambridge.ca

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Angelo Apfelbaum  
Manager, Licensing and Enforcement  
Regional Municipality of Waterloo  
150 Frederick Street, 2nd Floor, Kitchener, ON N2G 4J3

October 17, 2013

Dear Angelo;

The Council of the Township of Woolwich passed the following resolution on October 15, 2013:

THAT the Council of the Township of Woolwich requests that the Region of Waterloo take the lead on investigating the establishment of smoke-free places where children play and that the investigation include consultation with all relevant stakeholders.

Thank you for your interest in the Township of Woolwich.

Yours truly;

Karen Makela  
Director of Recreation and Facilities Services  
Corporation of the Township of Woolwich  
kmakela@woolwich.ca  
519-669-6022

"Proudly remembering our past; Confidently embracing our future."
THE CORPORATION OF THE TOWNSHIP OF NORTH DUMFRIES

October 21st, 2013 Session

Moved by: 

Seconded by: 

THAT Council receives Report RD-13-06; and,

THAT Council requests that the Region of Waterloo take the lead on investigating the establishment of smoke-free places where children play and that the investigation include consultation with all relevant stakeholders.

☐ Carried
☐ Lost
☐ Deferred

Robert Deutschmann
Mayor
Township of North Dumfries

Item # 120)
November 5, 2013

Angelo Apfelbaum, Manager Licensing and Regulatory Services  
Region of Waterloo  
150 Frederick Street  
Kitchener, Ontario N2G 4J3

Dear Mr. Apfelbaum,

At its regular meeting on November 4, 2013, the Council of The Corporation of The Township of Wilmot adopted the following resolution:

**BE IT RESOLVED:**

THAT the Council of the Township of Wilmot requests that the Region of Waterloo take the lead on investigating the establishment of smoke-free municipally owned places where children play and that the investigation include consultation with all relevant stakeholders.

**CARRIED.**

For your reference I am attaching a copy of the report prepared by the Director of Clerk’s Services. If you require anything further please contact my office.

Sincerely,

Dawn Mittelholtz  
Deputy Clerk
Township of Wilmot
REPORT

REPORT NO.     CL2013-30
TO:             Council
PREPARED BY:   Barbara McLeod, Director of Clerk’s Services
DATE:          November 4, 2013
SUBJECT:       Request to Region of Waterloo
                Regarding Additional Smoking Prohibitions
                Smoke-Free Places Where Children Play

Recommendation:

THAT the Council of the Township of Wilmot requests that the Region of Waterloo take
the lead on investigating the establishment of smoke-free municipally owned places
where children play and that the investigation include consultation with all relevant
stakeholders.

Background:

As Council may be aware, the CAO’s of the Area Municipalities met in June of this year to
discuss the feasibility of a Region-wide initiative to ban smoking in outdoor municipally owned
places such as sportsfields and playgrounds, etc. where children play. Following this meeting
and media attention, public feedback gained support in Wilmot Township consistent with this
initiative.

Discussion:

An exploratory meeting was held in the Township of Woolwich on September 10th, 2013 to
discuss potential interest and direction in such an initiative. Staff representing all Area
Municipalities within the Region were present with the exception of Kitchener, who had
previously prepared a supportive resolution, as below:

"That the City of Kitchener has an interest in pursuing smoke-free playgrounds and sports fields
and therefore requests that the Region of Waterloo take the lead on investigating this matter,
which should include consultation with all relevant stakeholders."

The staff meeting discussion was geared to understanding what such regulations might
encompass, how they would be enforced, what the financial implications would be, and the
necessity to include other aspects of tobacco use - including chewing tobacco and e cigarettes.
The Corporation of the Township of Wellesley
4639 Lobsinger Line, R. R. # 1
St. Clements, Ontario N0B 2M0
Telephone: 519.699.4611 Fax: 519.699.4540
LOCATED AT CROSSHILL, ONTARIO

November 5, 2013

Regional Municipality of Waterloo
150 Frederick St., 2nd Floor
Kitchener, Ontario
N2G 4J3

Attention: Angelo Apfelbaum, Manager Licensing & Enforcement

Regarding: Smoke Free Places Where Kids Play

Please be advised that the following resolution was passed at the Regular Committee Meeting held on October 29, 2013 and later ratified at the Regular Council Meeting of the Wellesley Township Municipal Council held on November 4, 2013 at the Council Chambers in Crosshill:

Moved by: Paul Hergott - Seconded by: Melanie Martin
That the Council of the Township of Wellesley requests that the Region of Waterloo take the lead on investigating the establishment of smoke-free places where children play and that the investigation include consultation with all stakeholders. Carried

If you require additional information or clarification, please feel free to contact me at (519) 699-4611 at your earliest convenience.

Yours truly,

Grace Kosch, Clerk
Township of Wellesley
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: D29-80

SUBJECT: EMERGENCY PREPAREDNESS PROGRAM REPORT

RECOMMENDATION:

For information.

SUMMARY:

In 2009 the Ministry of Health and Long-Term Care released the Ontario Public Health Standards, which established the minimum requirements for programs and services across Ontario’s 36 boards of health. One new standard released at that time was the Public Health Emergency Preparedness Standard. Although Public Health units responded to emergencies prior to the release of the Emergency Preparedness Standard, the formalization of a number of key requirements provides opportunities for enhanced communication, planning, preparedness and training.

Region of Waterloo Public Health complies with the requirements of both the Emergency Preparedness Standard and its associated Protocol. Public Health has progressively implemented enhancements related to the requirements outlined in the Emergency Preparedness Standard. Public Health staff will continue to refine its response, planning and preparedness activities and work closely with Regional partners, such as the Emergency Measures Office and Social Services (Emergency Services) as well as other community partners.

This report provides an overview of Public Health’s emergency program activities. Public Health will continue to provide regular updates on its emergency preparedness planning to the Board of Health.

REPORT:

Public Health Emergency Preparedness Program

The Ontario Public Health Standards established the minimum requirements for programs and services across Ontario’s 36 boards of health. The goal of the Public Health Emergency Preparedness program, as outlined in the Standards, is to “enable and ensure consistent and effective response to Public Health emergencies with public health impacts.” Although Public Health units responded to emergencies prior to the release of the Emergency Preparedness Standard, the formalization of a number of key requirements provides opportunities for enhanced communication, planning, preparedness and training.

There are eight requirements in the Emergency Preparedness Standard which are outlined in four categories:

- Assessment and Surveillance
- Health Protection Emergency Planning
- Risk Communications
- Public Awareness and Education, Training and Exercises
Region of Waterloo Public Health fulfills the goals of the Standard through the implementation of its mandated requirements, as outlined below.

**Emergency Preparedness Program Standards**

**Assessment and Surveillance**

One of the first requirements of the Public Health Emergency Preparedness Standard is to conduct a *Hazard Identification and Risk Assessment* (HIRA) for the community with a public health focus. The HIRA is a provincially recommended means of identifying and assessing relevant public health hazards and risks in the community. Hazards and risks are ranked and prioritized from high to low, based on assessments of probability and consequence.

To identify the main hazards and risks from a public health perspective, the Health Unit used the list of hazards identified through the Regional (Corporate) Hazard Identification and Risk Assessment (HIRA) as a starting point. The top Regional hazards were then prioritized according to those which are anticipated to have the greatest impact from a population health and/or public health resourcing perspective. Such priorities include human health emergencies such as epidemics, hazardous materials incidents and energy emergencies (e.g. power outages). Appendix 1 lists the current top ten Regional and Public Health hazards and risks. They are related lists, but the priorities are not identical, as some issues have a greater public health impact than others.

The hazards identified by the Public Health Hazard Identification and Risk Assessment (HIRA) process are reviewed annually and will be revisited, in conjunction with the Region of Waterloo’s Corporate Hazard Identification and Risk Assessment (HIRA), in 2014, using the Province of Ontario’s recently revised methodology.

**Health Protection Emergency Planning**

The Emergency Preparedness Standard requires Public Health to develop an *Emergency Response Plan* which is based on the *Incident Management System* (IMS), a standardized framework for emergency response.

Region of Waterloo Public Health has implemented the *Incident Management System* and has incorporated the response structure into many of its emergency response plans. As older plans are revised and updated, or as new plans are created, they will be brought into the IMS structure.

The Emergency Preparedness Standard also requires Public Health to develop a continuity of operations plan — commonly referred to as a *Business Continuity Plan* or BCP — to identify, prioritize and sustain time-critical functions and services during an emergency incident or business disruption. The Public Health Business Continuity Plan was originally completed in 2010 as part of the Region’s business continuity planning initiative. Public Health reviews and updates as required its Business Continuity Plan on an annual basis.

**Risk Communications and Public Awareness**

The Standard requires that Public Health maintain a 24/7 on-call and emergency notification procedure. Region of Waterloo Public Health has for many years offered 24/7 service and is part of the Region’s after-hours notification system. In continuing to meet the *Risk Communications and Public Awareness* requirements under the standard, Public Health’s 24/7 services are now part of the Region’s *Service First Call Centre* (SFCC) which currently provides Regional departments with 24/7 services.

Region of Waterloo Public Health has engaged in a number of internal and external activities to increase both staff and the public’s awareness of emergency preparedness in coordination with the Region’s Corporate Emergency Measures Office. Areas of focus include *Emergency Preparedness*. 
Week (May) displays and messaging as well as the development of website resources. Public Health is also working to enhance its public outreach by adding social media (Twitter) to its messaging for subject areas, such as emergency information about food and water safety during a power outage.

Education, Training and Exercises
Since the mandatory introduction of the Incident Management System (IMS) in 2009, Public Health’s management team has undergone progressive education and training by taking a number of provincially offered courses. These include: Emergency Management Ontario’s (EMO) introductory (IMS-100) and advanced (IMS-200) courses and/or the Public Health Ontario (PHO) equivalent. Annual management training forums are also conducted in order to keep the IMS concepts and principals current and relevant. Many of the forums include guest presenters or trainers from our community, which helps reinforce partnerships and the multi-jurisdictional nature of the Incident Management System.

Staff have been provided initial orientation to the Incident Management System concepts and principles through a series of presentations at team and divisional meetings as well as through staff orientation training. All levels of staff will continue to be engaged in continued IMS and emergency preparedness training.

Public Health’s mandated annual exercise for 2013 will test the effectiveness of the recently revised staff fan-out plan in an after-hours exercise to be conducted in early December 2013. Results of the exercise will be used to inform continued improvements to plans.

Community Partners
Region of Waterloo Public Health has a long history of collaborations with its many community partners and agencies (e.g. the creation of the region’s pandemic plan). Recently, Public Health has been working closely with Social Services, Red Cross, St. John Ambulance and the Community Care Access Centre (CCAC) to further explore, define and coordinate the understanding of roles and responsibilities of each partner in health related emergencies, particularly with respect to local Emergency Evacuation Centres.

Public Health will continue to foster and enhance relationships with existing community partners and to further develop new opportunities where they may exist.

Next Steps
The Public Health Emergency Preparedness program plays an essential role in effective preparedness for public health emergencies. Public Health will continue to work closely with regional partners, such as the Corporate Emergency Measures Office and Emergency Social Services as well as its many community partners to support the strategic goals and objectives of the corporation and of the Public Health Emergency Preparedness Standard.

Region of Waterloo Public Health will report on its activities annually to Regional Council, as representatives of the Board of Health.

ONTARIO PUBLIC HEALTH STANDARDS

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

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

FINANCIAL IMPLICATIONS:

The Emergency Preparedness Program activities are carried out within existing budgetary resources.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Nil

ATTACHMENTS

Appendix 1: Current Top 10 Public Health and Regional Hazards & Risks

PREPARED BY: Rob Bromley, Public Health Emergency Preparedness Planner
Kristy Wright, Manager, Infectious Diseases and Emergency Preparedness
Karen Quigley-Hobbs, Director, Infectious Diseases, Dental & Sexual Health

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
## APPENDIX 1: Current Top 10 Public Health and Regional Hazards & Risks

<table>
<thead>
<tr>
<th>Priority</th>
<th>Waterloo Public Health</th>
<th>Region of Waterloo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Human Health Emergencies &amp; Epidemics</td>
<td>Drought</td>
</tr>
<tr>
<td>2</td>
<td>Hazardous Materials (HazMat) Incidents – Fixed/Transportation</td>
<td>Hazardous Materials (HazMat) Incidents – Fixed Site</td>
</tr>
<tr>
<td>3</td>
<td>Energy Emergency – Hydro</td>
<td>Human Health Emergencies and Epidemics</td>
</tr>
<tr>
<td>4</td>
<td>Extreme Air Pollution</td>
<td>Energy Emergencies – Hydro</td>
</tr>
<tr>
<td>5</td>
<td>All Weather Hazards</td>
<td>Hazards Materials (HazMat) Incidents - Transportation</td>
</tr>
<tr>
<td>6</td>
<td>Agriculture &amp; Food Emergencies</td>
<td>Strikes – Own Corporation</td>
</tr>
<tr>
<td>7</td>
<td>Critical Infrastructure – Water</td>
<td>Extreme Air Pollution</td>
</tr>
<tr>
<td>8</td>
<td>Chemical, Biological, Radiological, Nuclear &amp; Explosive (CBRNE) Terrorism</td>
<td>Blizzards</td>
</tr>
<tr>
<td>9</td>
<td>Eco-Terrorism</td>
<td>Extreme Cold</td>
</tr>
<tr>
<td>10</td>
<td>Insect/Animal Infestations</td>
<td>Floods</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: P16-80

SUBJECT: MUNICIPAL ALCOHOL POLICY - UPDATE

RECOMMENDATION:

For information

SUMMARY:

A Municipal Alcohol Policy is an effective tool for managing the multiple risks of alcohol use in the community. A Municipal Alcohol Policy ensures the safety of the people who use municipally-owned facilities and recreation areas, protects the local government from liability issues and reduces policing and community costs.

This report provides an overview of Municipal Alcohol Policy and outlines an inter-municipal collaborative process that included the four townships, three cities and the Regional Municipality of Waterloo which resulted in a draft Municipal Alcohol Policy in 2013.

The overall goal is to promote a safe, enjoyable environment and ensure the health and safety of participants and staff. In particular there is a desire to reduce alcohol-related problems such as injury, violence and liability which arise from alcohol consumption on municipal property.

Area municipalities have been able to share ideas with each other and develop consistent approaches to management practices, prevention strategies and enforcement procedures, for example:

- Organization, planning, set up and clean up of events
- Identifying a sufficient number of event workers
- Training of event workers (all of whom must be 18 years of age or older)
- Approaches to ensuring that no one consumes alcohol in unauthorized locations
- Safe transportation options (e.g., designated drivers, taxis)
- Response to emergencies

REPORT:

Municipal Alcohol Policy

Public Health is mandated to work with municipalities regarding alcohol use in recreational settings and the built environment for the purpose of:

- Supporting healthy public policies and
- Creating or enhancing supportive environments

Although there is no single approach to reducing alcohol-related harms, research supports the positive changes that stem from the development and implementation of a Municipal Alcohol Policy. In addition to being a management tool for local governments, a Municipal Alcohol Policy is an
important catalyst for promoting a healthy community. Municipal Alcohol Policy reduces the risk of alcohol-related injury and violence. It helps to create a culture of moderation by promoting and supporting adherence to the Low-Risk Alcohol Drinking Guidelines (CSC Report, PH-12-033). From 2009 to 2011, 24.2% of adults in the Waterloo Wellington LHIN reported exceeding the Ontario Low-Risk Drinking Guidelines compared to 22.7% for Ontario.

The Municipal Alcohol Policy Guide produced by the Centre for Addiction and Mental Health and Ontario Recreation Facilities Association Incorporated recommends that communities strive to have a “blue ribbon” policy. A blue ribbon Municipal Alcohol Policy contains six key policy components:

1. Designation of properties, facilities and events
2. Management practices
3. Prevention strategies
4. Enforcement procedures and penalties
5. Signs
6. Ongoing policy support

Evaluation studies show that Municipal Alcohol Policy with all six key components are effective in reducing problems such as public intoxication, drinking in unlicensed areas, impaired driving, underage drinking, vandalism, assaults, injury or death. Moreover, it minimizes the potential for legal liability and costs due to repairs and maintenance resulting from vandalism, loss of rental revenues and increased insurance premiums.

Municipalities play a pivotal role in improving overall community health by continuing to draw attention to the issue of alcohol, through making Municipal Alcohol Policy a priority.

**Municipal Alcohol Policy in Waterloo Region**

Public Health has been working with each of the townships and cities in Waterloo Region for the past nine years to review, develop, and strengthen their local Municipal Alcohol Policy. In 2012, Public Health invited municipal and Regional staff to an educational event. The Alcohol and Gaming Commission of Ontario provided updates on the legislative changes to the Liquor License Act of Ontario. A significant outcome of the session was that municipalities recognized the value of sharing their knowledge and experience. Participants requested a further meeting with Public Health and the Alcohol Gaming Commission of Ontario.

The energy and enthusiasm resulting from the initial gathering helped engage the partners in a collaborative process to formulate a draft regional Municipal Alcohol Policy. Timing, community readiness and an existing relationship with Public Health were key factors in the development and success of the collaborative. Among the most significant benefits and outcomes derived from the municipalities and Region working together collaboratively, include:

- An improved understanding of commonalities, differences and challenges experienced across municipalities in Waterloo Region, as well as possible solutions
- The ability to leverage resources to improve access to information and consultation from experts such as risk management, municipal insurance pool, legal counsel and the Alcohol Gaming Commission of Ontario
- A common template for all municipalities to promote best practices to the entire region
- An increased public awareness through consistent signage in municipal facilities

Monitoring and ongoing evaluation of initiatives related to Municipal Alcohol Policy are essential to assessing its impacts. Public Health staff will continue to provide expertise and facilitative support to
the collaborative with a goal of all municipalities and the Region meeting at least once a year in the future.

**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 to help Board of Health members remain abreast of relevant trends and emerging public health issues. This work relates to the Ontario Public Health “Prevention of Injury and Substance Misuse Standard”.

**CORPORATE STRATEGIC PLAN:**

These activities are connected to the 2011-2014 Region of Waterloo Strategic Plan, Focus Area of Healthy and Inclusive Communities and specifically work towards addressing the Regional goal of:

4.2.1 Work with community partners to improve harm reduction and prevention programming for substance misuse.

**FINANCIAL IMPLICATIONS:**

NIL

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

NIL

**ATTACHMENTS:**

Supporting documents available online:
Municipal Alcohol Policy Template:

Low Risk Drinking Guidelines - CSC Report PH-12-033:

**PREPARED BY:** Sandy Keller, Public Health Planner
Carol Perkins, RN, Public Health Nurse
Amanda Kroger, Manager, Healthy Living

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

**REFERENCES**


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

DATE: December 3, 2013

FILE CODE: S04-01

SUBJECT: 2014 PROVINCIAL FUNDING ALLOCATION FOR CHILDREN’S SERVICES

RECOMMENDATION:

THAT the Community Services Committee approve in principle and forward to the Budget Committee the following changes to the Preliminary 2014 Operating Budget for Children’s Services:

1. Increase provincial subsidy for Children’s Services by $2,630,609;
2. Increase 2014 operating expenditures for Children’s Services by $2,286,887 as follows:
   - Fee subsidy: $1,702,887
   - Fee subsidy administration: $84,000
   - Wage subsidy: $250,000
   - Special needs resourcing: $250,000;
3. Increase the 2014 staff complement for Children’s Services by 1.0 permanent FTE; and
4. Remove items #25 (part time caseworker), #26 (fee subsidy reduction) and #27 (wage subsidy) from the Budget Reduction Options set out in Appendix “F” to report F-13-106 dated November 20, 2013


SUMMARY:

This report provides an overview of the preliminary 2014 Provincial budget allocation to Children’s Services received in November. The 2014 allocation represents a net increase of $2,858,609 in 100% Provincial funds; a 9.7% increase in funding over the 2013 approval. The preliminary 2014 Operating Budget assumed an increase of $228,000 in provincial subsidy.

This report outlines options for the use of the funds and the potential impacts on the 2014 budget. The increased funding provides welcome relief to address service pressures being experienced by Children’s Services as the Service System Manager. The proposed strategy would address three areas of immediate pressure; child care fee subsidy/purchase of service, wage subsidy and special needs resourcing supports and would result in a modest reduction to the overall Regional property tax levy in 2014.

REPORT:

1.0 Background
As the Consolidated Municipal Service Manager (CMSM), Children’s Services has responsibility for the administration of funding, system level planning and service delivery of licensed Early Learning and Child Care (ELCC) Services across Waterloo Region. Guided by a three year ELCC Service
Plan Children’s Services has been working to support the ELCC community through significant transformational change as a result of the implementation of full day kindergarten and extended day programs offered directly in schools.

2.0 Provincial Funding Model
In 2012, a new Provincial funding model was developed in consultation with municipalities that provides greater flexibility and is more dynamic than previous funding allocations. The new funding model came into effect for the 2013 budget year. The total amount of funding being provided province-wide for child care in 2014 is increasing to $989 million, an increase of 7.2%. The table below provides a summary of the funding allocation for the Region of Waterloo.

<table>
<thead>
<tr>
<th></th>
<th>2013 Allocation</th>
<th>2014 Allocation</th>
<th>$ change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Services</td>
<td>$26,776,836</td>
<td>$29,639,912</td>
<td>$2,863,076</td>
<td>10.7%</td>
</tr>
<tr>
<td>Special Purpose</td>
<td>2,693,411</td>
<td>2,688,944</td>
<td>(4,467)</td>
<td>(0.2%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$29,470,247</td>
<td>$32,328,856</td>
<td>$2,858,609</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

The funding components are as follows:

2.1 Core Services
This portion of the grant provides funding for fee subsidy, purchase of service, wage subsidy, special needs resourcing and administration costs.

Included in this component is a Utilization Grant. This grant is provided for municipalities who have contributed above their minimum required cost share based on previous years’ spending patterns. The Region of Waterloo has fared well with the utilization grant due to the Regional contributions above the minimum required cost share. It is important to note that when 100% Municipal contributions are reduced within a budget year, it potentially impacts utilization grant allocations for future years. The utilization grant component in 2014 totals $3.8M, which is an increase of $1.2M from 2013. This represents a significant incentive for continuation of Regional tax dollars. In the 2014 provincial funding allocation 28 out of 47 CMSM’s received a utilization grant, and of this total 15 experienced a reduction and 13 experienced an increase, of which Waterloo Region was one.

2.2 Special Purpose
This portion of the grant relates to a range of transitional and capacity building supports and consists solely of 100% provincial funding. The provincial guidelines place some restrictions on use of these funds aside from purposes intended.

3.0 2014 Budget
The 2014 preliminary base budget currently under consideration by Budget Committee assumes an increase in provincial funding of $228,000 over the 2013 approval, while the approved Provincial funding increase is $2,858,609. Included in the Budget Reduction Options to achieve a 1.9% Budget Guideline, as set out in Appendix “F” of Report F-13-106, are three items from Children’s Services, as detailed below.

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>2014 Budget Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Part time Caseworker (0.5 FTE)</td>
<td>$45,000</td>
</tr>
<tr>
<td>26</td>
<td>Fee Subsidy Reduction</td>
<td>150,000</td>
</tr>
<tr>
<td>27</td>
<td>Wage Subsidy</td>
<td>48,000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$243,000</td>
</tr>
</tbody>
</table>
4.0 Funding Options
The Provincial announcement of an increase of $2.89 million in funding is $2.63 million greater than the amount assumed in the 2014 Preliminary Operating Budget. Three options have been outlined for Committee’s consideration with respect to incorporating the funding into the 2014 Budget. In essence, Committee and Council must decide the extent to which incremental provincial subsidy in 2014 should be used for service delivery or to reduce the 2014 Regional property tax levy.

4.1 Option A – allocate funding to service delivery
In this option, the 2014 budgeted expenditures and revenues would be increased by the full grant amount with no impact on the 2014 Property Tax Levy. Subsidies and expenditures would both be increased $2,630,609. This option provides for full utilization of the new provincial allocation to address service pressures. The budget reduction options would remain before Budget Committee.

4.2 Option B – allocate funding to reduce the 2014 tax levy
This option would provide for the application of the incremental grant amount totalling $2,630,609 to offset the Region’s property tax contribution to the Children’s Services Budget. Over the past number of years the Region has approved 100% Regional funding over and above the required cost shared amount of $9.8 million. The total amount of 100% Regional funding is now $3.2 million.

While this approach addresses cost pressures in the 2014 budget, it does not provide any relief to the current service pressures being experienced by Children’s Services. Of primary consideration will be a growing wait list for service in the child care subsidy program. A reduction in 100% Regional contributions in 2014 will result in reduced provincial funding in future years through the Utilization Grant. In addition Children’s Services would not be able to achieve increased service target expectations from the Province and face possible violations of contractual obligations.

4.3 Option C - Recommended
This option balances the need to address service pressures with the Region’s overall 2014 budget position by allocating 80% of total increase in provincial funding to service delivery and 20% to reducing the 2014 tax levy. Overall, there would be an increase of $2,286,887 in spending on Children’s Services than is currently contemplated in the preliminary 2014 Operating Budget.

In the 2011-2014 Early Learning and Child Care Service Plan identifies four areas of priority for future funding; Child Care Fee Subsidy/Purchase of Service, Wage Subsidy, Special Needs Resourcing Supports, and Transition/Stabilization Funding. The table below provides a breakdown of the current service pressure costs and recommended action should Option C be selected by Committee.

<table>
<thead>
<tr>
<th># in Millions</th>
<th>Current Pressures</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Fee Subsidy/Purchase of Service</td>
<td>$1.70</td>
<td>$1.70</td>
</tr>
<tr>
<td>Fee Subsidy Administration (1.0 FTE)</td>
<td></td>
<td>0.08</td>
</tr>
<tr>
<td>Wage Subsidy/Base Funding</td>
<td>0.75</td>
<td>0.25</td>
</tr>
<tr>
<td>Special Needs Supports</td>
<td>0.50</td>
<td>0.25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3.25</td>
<td>$2.28</td>
</tr>
</tbody>
</table>

Details of the proposed spending increases are set out below.
Child Care Fee Subsidy/Purchase of Service

The Region purchases licensed child care on behalf of subsidy eligible children/families. The demand for child care subsidy has remained high since 2012, and current demand is approximately 300 more children than the provided for in the budget. The present fee subsidy budget provides access to licensed child care for about 2,800 children each month. The rates currently paid to licensed child care operators has not kept pace with the actual market rates charged by providers to the general public. A thorough review of the rate structure will be completed in 2014 to ensure best use of the funds available and true alignment with market rates. The cost to expand the program to provide fee subsidy to an additional 200-300 children per year as well as pay market rates for purchase of service is estimated to total $1.7 million and requires the addition of one FTE to handle the increased caseload. The addition of this new funding will eliminate the current waiting list for fee subsidy.

Fee Subsidy Administration

The additional caseload associated with a $1.7 million increase in fee subsidies requires the addition of one caseworker at an estimated cost of $84,000.

Wage Subsidy/Base Funding

The wage subsidy program has been administered by the Region since 2006 when it was transferred from the Province. In 2013 the Province provided greater flexibility to municipalities in the administration of funding from the wage subsidy envelope. The new flexibility allows municipalities to develop a framework for distribution of funding to agencies outside of the constraints of the wage subsidy guidelines. Over the past six months staff has been working with the licensed ELCC community to explore alternate approaches to funding that may provide greater financial stability, keep child care affordable and maintain salary levels for early childhood educators. Staff are developing a base funding model that will provide funding to all licensed child care operators based on expenditures and revenue and will provide for better planning across the service sector. Using the current wage subsidy formula, operators are receiving about 80% of what they are actually entitled to, and preliminary cost estimates indicate a total investment of $750,000 would be required to move all operators to the 100% level for wage subsidy. Staff is recommending that $250,000 of the new funding be allocated to address these pressures.

Special Needs Resourcing Supports

Special needs resourcing supports are provided through purchase of service agreements with three agencies. These agencies provide a range of supports and services to licensed ELCC settings throughout Waterloo Region to include children with special needs. During 2013, an extensive restructuring process has been completed that streamlines services to three agencies and provides for better coordination and integration of services. In 2013 service pressures were identified relating to enhanced classroom staff support as well as specialized assessment services such as speech and language, physiotherapy, occupational therapy and psychological assessment. To address these ongoing pressures, staff is recommending an allocation of $250,000 be provided to the Special Needs Resourcing budget for 2014.

Transformation/Stabilization of the ELCC System

The implementation of full day kindergarten and extended day programs has had an impact on the licensed ELCC system. The availability of full day kindergarten and extended day programs for all 4 and 5 year old children significantly reduces the demand for licensed child care spaces for this age group. Many ELCC programs based their business models on providing a significant number of
spaces for this age group. As the demand has decreased, operators have required financial assistance to retool business plans, convert classroom space for younger age groups and purchase appropriate materials and equipment. From 2010 to 2013, significant funding was provided to ELCC operators in Waterloo Region to complete these activities. By September 2014 the final phase of full day kindergarten will be completed and the demand for funding to support transformation will begin to decrease. The current allocation for 2014 under the Special Purpose envelope should be sufficient to address community needs.

5.0 Summary

This recommended option requires the following changes to the Preliminary 2014 Operating Budget for Children’s Services:

- Increase provincial subsidy for Children’s Services by $2,630,609;
- Increase 2014 operating expenditures for Children’s Services by $2,286,887;
- Increase the 2014 staff complement for Children’s Services by 1.0 permanent FTE; and
- Remove items #25 (part time caseworker), #26 (fee subsidy reduction) and #27 (wage subsidy) from the Budget Reduction Options set out in Appendix “F” to report F-13-106 dated November 20, 2013.

The new provincial funding allocation provides a great deal of relief to the service pressures currently being experienced in this community. The recommended strategy will accomplish the following:

1. Eliminate the fee subsidy waitlist currently in place
2. Provide additional wage support for child care workers in the community
3. Address some of the pressures with respect to special needs resourcing
4. Provide a modest reduction to the 2014 Regional tax levy which will assist Council in meeting the budget guideline established by Council back in June.

If approved the recommendation would be forwarded to the Budget Committee for consideration as part of the 2014 budget deliberations.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Region’s 2011-2014 Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Corporate Strategic Objective 4.5: To work collaboratively with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The 2014 Provincial approval for Children’s Services is $2.8 million greater than the 2013 approval. As previously noted, the 2014 base budget includes increased provincial subsidy of $228,000 over the 2013 budget.

The budget implications of the three options are summarized in the following table. It should be noted that Committee is able to pick any point between options A and B.
It is noted that $228,000 of the $571,722 is already reflected in the base budget, resulting in a 2014 budget adjustment of $343,722 or 0.08%

If Option C is approved, Items #25, #26 and #27 on the reduction list would be removed (for a total of $243,000), as the reduction of $343,722 exceeds the amount of proposed reductions. If approved, the 2014 Operating Budget for the Children’s Services Division would be as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013 Budget</th>
<th>2014 Preliminary Budget</th>
<th>Recommended Changes</th>
<th>Recommended Budget</th>
<th>Budget Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>$40,787,405</td>
<td>$40,970,443</td>
<td>$2,286,887</td>
<td>$43,257,330</td>
<td>$2,469,925</td>
<td>6.1%</td>
</tr>
<tr>
<td>Revenues</td>
<td>31,166,209</td>
<td>31,396,608</td>
<td>2,630,409</td>
<td>34,027,217</td>
<td>2,861,008</td>
<td>9.2%</td>
</tr>
<tr>
<td>Net Levy</td>
<td>$9,621,196</td>
<td>$9,573,835</td>
<td>$(343,722)</td>
<td>$9,230,113</td>
<td>$(391,083)</td>
<td>(4.1%)</td>
</tr>
</tbody>
</table>
ATTACHMENT A

MEMORANDUM TO: Chief Administrative Officers, CMSMs/DSSABs
General Managers/Commissioners, CMSMs/DSSABs
Children’s Service Managers, CMSMs/DSSABs

FROM: Pam Musson
Director, Early Years Implementation Branch
Early Years Division
Ministry of Education

Andrew Davis
Executive Director, Fiscal & Financial Planning
Elementary/Secondary Business and Finance Division
Ministry of Education

DATE: November 19, 2013

SUBJECT: 2014 Child Care Funding Allocations

Thank you for your ongoing commitment and leadership as we move towards a more responsive and high-quality early years system for children and families. We are pleased to provide 2014 child care funding allocations for Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs).

On January 23, 2013 the provincial government released the Ontario Early Years Policy Framework (OEYPF) which sets out a vision, guiding principles and strategic direction for early years programs and services for children, from birth to age six, and families. Building on Modernizing Child Care in Ontario Discussion Paper, the OEYPF outlines priority areas for action, including stabilizing and transforming the sector. It has been almost one year since the ministry took its first steps towards modernizing child care in Ontario with the release of the new child care funding formula and framework.

The funding formula better meets the needs of children and families, while supporting child care operators, by responding to changing population and demographics across the province. The funding formula is a more equitable, evidence-based and streamlined approach to allocating provincial funds. This funding approach provides increased flexibility for CMSMs/DSSABs to use funding to meet provincial objectives and better manage their child care systems at a local level.
The Ministry of Education has taken a status quo approach to the 2014 child care allocations, recognizing that this is a period of transition for the child care sector. Although the funding formula is status-quo; consistent with the commitment to keep the funding formula current, all data elements in the funding formula have been updated for the 2014 allocations based on the 2011 census information, except for Low Income Cut Off (LICO) as this information is not available yet.

In 2014, the Province is allocating an additional $67 million in child care funding through the funding formula to support the child care sector. This means that in 2014 approximately $989 million in funding is being allocated to CMSMs and DSSABs for child care, compared to $972 million in funding in 2013, which included $50 million in one-time mitigation funding. An overview of provincial child care allocations for 2014 is included as Table A of this memorandum.

The ministry recognizes that this is a time of transition for the child care sector as it transforms to align with the implementation of full day kindergarten. To support this transformation the 2014 allocation of $989 million provides:

- $774 million in Core Service Delivery;
- $208 million in Special Purpose Grants; and
- $7 million in Capital funding.

Allocation Components

- **Capping Mechanism**
The ten percent cap on reductions to ongoing CMSMs and DSSABs allocations compared to 2012 allocations will continue to apply in 2014. This strategy is intended to minimize redistributive impacts and recognize that it takes time to transition service delivery to reflect changes to allocations. In addition, no CMSM or DSSAB will experience an increase to their cost-share requirement in 2014, as the $67 million in additional funding has been provided as 100 percent provincial funding.

- **Utilization Allocation**
For those municipalities that have contributed above their minimum required cost share, the Utilization Allocation approach is status quo and will continue to apply in 2014, based on prior year (2012) spending patterns. For those that underspent their allocation in 2012, fifty percent of the underspending is reinvested through this allocation. Similar to last year, the additional contributions and under-spending is used as a proxy of the demand for child care services and changes in child population. Further details will be available in the 2014 Technical Paper.

- **Territory without Municipal Organization (TWOMO) and Small Water Works (SWW)**
Allocations for both SWW and TWOMO have been established based on the greater of 2013 allocations or projected expenditures as reported in 2013 Revised Estimates.
Expenditure Benchmarks

- **Administration Expense – NEW APPROACH**
  For 2014, the expenditure benchmark for administration will be a maximum ceiling of ten percent of the total CMSMs/DSSABs allocation, less funding for Territory without Municipal Organization (TWOMO). The ten percent maximum now applies for all CMSMs/DSSABs as the cap to prior expenditures has been removed. This change responds to feedback from CMSMs/DSSABs over the past year with regards to pressures related to the 2013 administration benchmark and is based on additional information regarding administration expenses.

- **Special Needs Resourcing (SNR)**
  As in 2013, the expenditure benchmark for Special Needs Resourcing is a minimum of 4.1 percent of the CMSMs or DSSABs total allocation. CMSMs or DSSABs may spend over and above the 4.1 percent minimum on SNR to meet local demand for SNR services. The minimum expenditure requirement will be noted in the budget schedule in the 2014 Service Agreement.

2014 Child Care Service Agreement and Guidelines

Your 2014 allocation will be forwarded in a separate memo, along with the 2014 Child Care Service Management and Funding Guideline and Technical Paper, which have been updated to reflect the changes noted in this memo.

We look forward to a continued collaborative relationship with our municipal child care partners in the coming year.

Sincerely,

Original signed by:

Pam Musson
Director,
Early Years Implementation Branch
Early Years Division

Original signed by:

Andrew Davis
Executive Director, Fiscal and Financial Planning
Elementary/Secondary Business and Finance Division

Enclosure
Table A: 2014 Child Care Funding Details

Copy:  Jim Grieve, Assistant Deputy Minister, Early Years Division, Ministry of Education
Rupert Gordon, Director, Early Years Policy and Program Branch, Early Years Division
Marie Li, Director (A), Financial Analysis & Accountability Branch, Elementary/Secondary Business and Finance Division
Child Care Advisors
Financial Analysts

2013: ELCC17 Memo: 2014 Child Care Funding Allocations
Table A: 2014 Child Care Allocations

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<th>Aboriginal</th>
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For complete data, please refer to the 2013: ELCC17 Memo: 2014 Child Care Funding Allocations.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: S15-80

SUBJECT: PURCHASE OF SERVICE CONTRACT, CHILDREN'S SERVICES

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into a Service Contract effective January 1, 2014 with Bright Starts Co-operative Early Learning Centre INC., located at 200 University Ave., Waterloo, Ontario N2L 3G1 as outlined in report SS-13-041, dated December 3, 2013.

SUMMARY:

NIL

REPORT:

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

Staff is recommending entering into a purchase of service agreement with Bright Starts Cooperative Early Learning Centre Inc. at their newly built child care site on the University of Waterloo campus. The new site replaces three older sites, namely Klemmer Farmhouse Cooperative Nursery Inc., Hildegard Marsden Cooperative Day Nursery Inc., and Paintin' Place Cooperative Day Care Centre Inc. There will be 35 children whose families are in receipt of fee subsidy transferring to Bright Starts Cooperative Early Learning Centre. The Service Contract with the current three sites will end upon approval of the new service contract with Bright Starts Cooperative Early Learning Centre. This program will provide child care for 20 infants, 60 toddlers, 80 preschool children, and 24 junior and senior kindergarten children and 30 School Age children.
The following table outlines the 2014 rate structure for the newly amalgamated child care centre.

<table>
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<th>Age Group</th>
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<th>Per Diem Cost</th>
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<tr>
<td>Toddler</td>
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<td>Preschool</td>
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<tr>
<td>School Age</td>
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CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

The 2013 fee subsidy budget totals $16.8M, this funding provides fee subsidy for an average of 2800 children each month. Subsidy eligible children are placed in centre based, home based or school based programs based on parental preference and need. The Region currently has purchase of service agreements with 134 licensed early learning and child care programs and 2 school boards. This new agreement and rates will be accommodated from within the current budget allocation for fee subsidy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

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

ATTACHMENTS

NIL

PREPARED BY: Candace Goudy, Manager, Child Care Administration
            Nancy Dickieson, Director, Children’s Services

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: December 3, 2013

FILE CODE: A02-30

SUBJECT: SENIORS' SERVICES COMMUNITY SERVICE ENHANCEMENTS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase to the 2013 Operating Budget for the Seniors’ Services Division by $10,367 gross ($125,000 annualized) and $0 net regional levy, to be fully funded by the Waterloo-Wellington Local Integration Network (WWLHIN) for the enhancement of the Alzheimer Overnight Respite Program;

AND THAT the 2013 Operating Budget for the Seniors’ Services Division be increased by $40,000 gross and $0 net regional levy, on a one-time basis for equipment and supplies purchases related the enhancement of the Alzheimer Overnight Respite Program;

AND THAT that the 2013 Operating Budget for the Seniors’ Services Division be increased by $55,000 gross and $0 net regional levy, on a one-time basis, to implement a integrated model of service for seniors day programs in Waterloo Region to be fully funded by the Waterloo-Wellington Local Integration Network (WWLHIN);

AND FURTHER THAT an increase of 1.76 full-time equivalents (FTE) be approved for the Seniors’ Services Division as of December 1, 2013, to increase the hours of care provided in the Alzheimer Overnight Respite Program as outlined in report SS-13-042, dated December 3, 2013.

SUMMARY:

Community services offered or supported by Seniors’ Services continue to expand in response to the need to support persons to continue to live at home in the community, thereby delaying or preventing admission to long-term care homes or hospitals. The Waterloo-Wellington Local Integration Network (WWLHIN) has appointed Sunnyside Seniors’ Services as the lead community sponsor organization to implement an integrated program model for all adult day service providers in Waterloo and Wellington. The division has received one-time funding of up to $55,000 to complete this work. In addition, the WWLHIN has provided enhanced funding to improve and standardize the staffing ratio for the Alzheimer overnight respite programs offered at Sunnyside and St. Joseph’s Health Care Centre in Guelph. This report seeks the approval of $125,000 in new base funding ($10,367 fiscal) to be utilized to provide increased support by Personal Support Workers for the clients participating in the Sunnyside program.
REPORT:

In January of 2012, the Province of Ontario announced its Action Plan for Health Care. Ontario’s Action Plan charges all health providers in the province to provide resident-centered care that ensures seamless transitions from one care setting to the next, to provide better care at less cost and to develop better integration among service providers. Seniors’ Services plays a leadership role in the community, both through the planning and provision of a range of long-term care and community services, but also as a champion of a collaborative approach to community health and social service system work.

Through a collaborative planning process with the Waterloo Wellington Local Health Integration Network (WWLHIN) and local adult day service providers, a key concept of Integrated Programs has been developed in response to a provincially stated agenda to improve the quality of care. With this change, the Sunnyside Community Alzheimer Program will form part of the Regional Adult Day Service Integrated Program and will act as the lead sponsor organization to implement this system change. Day service providers will continue to be accountable for their programs to the WWLHIN through a Service Accountability Agreement which will also require participation in the system change plans developed through the Integrated Program.

Adult day service providers have a strong history of working collaboratively to deliver services and recognize the shifting culture which requires a standardized model of care. Benefits of this change for persons served in day services may include improving access to day services, improved quality of care and a standardized fee structure.

To implement this change the Waterloo Wellington Local Health Integration Network has approved $55,000 in one time funding to implement a Regional Integrated Program Model for Adult Day Services in Waterloo Wellington. Staff will be working with consultants to complete the system change work.

Within the WWLHIN, the Community Overnight Alzheimer programs are offered at Sunnyside Home and St. Joseph’s Health Care Centre in Guelph. The WWLHIN has approved funds to standardize the staffing model in both locations. As such, Sunnyside has been approved to receive an increase of $125,000 annualized base funding ($10,367 fiscal for 2013) for the Alzheimer overnight stay respite program. These funds support leading practices for Alzheimer respite care and improve program safety for clients and staff. The funding will provide for an additional 1.76 FTE of Personal Support Worker, enabling the program to schedule two staff members, seven nights a week on the overnight unit, consistent with the staffing pattern offered at St. Joseph’s in Guelph.

CORPORATE STRATEGIC PLAN:

Improving access and quality of care in day services are consistent with the Region’s 2011-2014 Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Objective 4.7: collaborate with the community to support older adults to live healthy, active lives.

FINANCIAL IMPLICATIONS:

This report seeks an increase to the 2013 operating budget of $10,367 ($125,000 annualized) to be fully funded by the Waterloo Wellington Local Health Integration Network (WWLHIN). This will fund the addition of 1.76 FTE of Personal Support Workers for the Alzheimer Overnight Respite Program. Additionally, $40,000 of one-time funding will be received from the WWLHIN.
for expenses related to the enhancement of the Alzheimer Overnight Respite Program. Furthermore, one-time funding of $55,000 is being received to fund the implementation a Regional Integrated Program Model for Adult Day Services in Waterloo Wellington, for which Seniors’ Services has been assigned the lead role by the WWLHIN. These increases will have no impact on the Regional levy, being fully funded through the Waterloo Wellington Local Health Integration Network and user fees.

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<td>Adult Day Program Project - One-Time</td>
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**NET REGIONAL LEVY**

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**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

Finance was consulted in the development of this report. Legal Services and Purchasing will be consulted in the development of the contracts with both the service providers and the Province.

**ATTACHMENTS**

No attachment.

**PREPARED BY:** Julie Wheeler, Manager, Community Programs
Gail Kaufman Carlin, Director, Seniors’ Services

**APPROVED BY:** Douglas Bartholomew-Saunders, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: December 3, 2013  
FILE CODE: C05-40  
SUBJECT: HERITAGE PLANNING ADVISORY COMMITTEE - PROPOSED REVISIONS TO TERMS OF REFERENCE  

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the revised Terms of Reference for the Heritage Planning Advisory Committee as described in Report P-13-124, dated December 3, 2013.

SUMMARY:

The Region’s Heritage Planning Advisory Committee (HPAC) advises the Commissioner of Planning, Housing and Community Services on the implementation of the heritage policies in the Regional Official Plan and other heritage issues of Regional interest, in accordance with the Terms of Reference adopted and periodically reviewed by Regional Council.

Staff propose a revision to the HPAC Terms of Reference that would increase the membership of the Committee from twelve to fourteen members, to provide for two additional members from the community at large. Currently two of the twelve members represent the Friends of the Waterloo Region Museum and the Friends of Joseph Schneider Haus, and from time to time these groups have not been able to send members. This change would ensure that PAC has at least twelve active members at all times.

When a representative is not available from the Friends groups, the communication link between the organizations would be maintained by circulating HPAC agenda packages and other information to the Friends groups through the President.

The Friends of the Waterloo Region Museum, the Friends of the Joseph Schneider Haus and HPAC are all in support of the revisions to the HPAC Terms of Reference. The Proposed Terms of Reference is shown in Attachment 1.

REPORT:

The Heritage Planning Advisory Committee (HPAC) was established in 1994, in accordance with the Regional Official Plan (ROP) which states that “The Region will maintain a Regional Heritage Advisory Committee to advise the Region on the implementation of the heritage policies in this Plan and other heritage issues of Regional interest, in accordance with the Terms of Reference adopted and periodically reviewed by Regional Council.” The HPAC Terms of Reference are revised periodically; the current document was last updated in 2011 (Report P-11-046, dated May 3, 2011).

HPAC is chaired by Councillor Haalboom and has twelve volunteer members, who are chosen for their interest and background experience in natural and built heritage. Two of the twelve positions are designated for a representative of the two Friends groups at the Joseph Schneider Haus and the Waterloo Region Museum. In recent years, the Friends groups have not always been able to find a representative to participate on HPAC, resulting in a smaller than expected committee membership.
With this in mind, staff propose a revision to the HPAC Terms of Reference that would increase the membership of the Committee from twelve to fourteen members, acknowledging that from time to time there may not be representation available from the Friends of the Waterloo Region Museum or the Friends of Joseph Schneider Haus. This change would ensure that at least twelve active members would be available at all times. In terms of membership numbers, this would be comparable to other Regional Advisory Committees.

When a representative is not available, the communication link between the organizations would be maintained by circulating HPAC agenda packages and other information to the Friends groups through the President.

The existing membership wording in the HPAC Terms of Reference is:
- One Regional Councillor
- Nine Members at large appointed on a 3-year staggered cycle
- One official representative of the Friends of Waterloo Regional Museum
- One official representative of the Friends of Joseph Schneider Haus
- Region Chair, ex-officio

The proposed new wording would be:

The fourteen members will be composed of:
- One Regional Councillor
- Eleven (11) members at large appointed on a 3-year staggered cycle
- One official representative of the Friends of Waterloo Region Museum
- One official representative of the Friends of Joseph Schneider Haus
- Region Chair, ex-officio

The Friends of the Waterloo Region Museum, the Friends of the Joseph Schneider Haus, and the Heritage Planning Advisory Committee are all in support of the revisions to the HPAC Terms of Reference.

Area Municipal Consultation/Coordination:

The HPAC Agenda and Minutes are distributed to the heritage planning staff in each Area Municipality. This report will also be circulated to all Area Municipalities.

CORPORATE STRATEGIC PLAN:

The work of the Heritage Planning Advisory Committee supports Strategic Focus Area 2, Growth Management: Manage and shape growth to ensure a liveable, healthy, thriving and sustainable Waterloo Region.

FINANCIAL IMPLICATIONS:

The work of the Heritage Planning Advisory Committee is supported by Planning, Housing and Community Services staff through the use of Council-approved funds.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Corporate Resource’s Council and Administrative Services was consulted in drafting the revisions. The Friends of Joseph Schneider Haus and the Friends of the Waterloo Region Museum have been consulted and are in support the proposed revision.

ATTACHMENTS:

Attachment 1 - Proposed Terms of Reference for the Heritage Planning Advisory Committee

PREPARED BY:  Kate Hagerman, Cultural Heritage Principal Planner

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Note: Bold text indicates a section that has been updated from the May 2011 Terms of Reference.

PROPOSED TERMS OF REFERENCE

HERITAGE PLANNING ADVISORY COMMITTEE
(HPAC)

1.0 COMMITTEE MANDATE

1.1 The Heritage Planning Advisory Committee (HPAC), in accordance with the policies in Chapter 3 of the Regional Official Plan, will fulfill its mandate under the direction of the Community Services Committee and the Commissioner of Planning, Housing and Community Services.

1.2 The Heritage Planning Advisory Committee will provide advice on heritage policy and implementation. Upon request from the Commissioner of Planning, Housing and Community Services, they will:

   a) Advise on heritage matters that are in accordance with the Regional Official Plan.

   b) Assist in monitoring the implementation of the Regional Official Plan policies and their impact on heritage resources.

   c) Review and comment on development applications, environmental assessments, and other processes that may impact heritage resources of Regional interest.

   d) Review and comment on Regional projects that may impact heritage resources.

   e) Assist the Region and support Local Municipalities in developing new heritage policies and strategies.

   f) Assist in the implementation of the Ontario Heritage Act in matters of Regional jurisdiction.

   g) Comment on policies, plans, programs or legislation of other bodies for the promotion and/or conservation of heritage in the Region.

1.3 The Heritage Planning Advisory Committee will serve as a forum for soliciting representation from diverse viewpoints on particular heritage issues of concern to the Regional Council, and report on its findings.

1.4 The Heritage Planning Advisory Committee will endeavour to increase public awareness and understanding about heritage issues of Regional interest.

1.5 The Heritage Planning Advisory Committee will undertake or support research on heritage resources and issues, in accordance with an annual work plan, and will report findings to Regional Council, Area Municipal Councils and the public, as appropriate.
1.6 The Heritage Planning Advisory Committee will comment on any proposed changes to heritage resources owned by the Region.

1.7 The Heritage Planning Advisory Committee will ensure that the research documentation is kept in the Regional Archives and is publically accessible.

2.0 MEMBERSHIP

2.1 The Regional Municipality of Waterloo will appoint twelve members to the Committee.

2.2 The **fourteen** members will be composed of:

1. A (1) Regional Councillor
2. **Eleven (11)** members at large appointed on a 3-year staggered cycle
3. A (1) member who is an official representative of the Friends of the Waterloo Region Museum
4. A (1) member who is an official representative of the Friends of Joseph Schneider Haus
5. Regional Chair, ex-officio

2.3 Members will be appointed on the basis of experience, knowledge, research capabilities and skills in heritage areas of regional concern that complement the overall expertise of the committee, and their availability to attend meetings and serve on various sub-committees. Membership will broadly represent the various communities in the Region. Members at large may be members of, but do not represent, particular agencies, organizations or interest groups.

2.4 Committee members may serve up to nine years (three consecutive three-year terms) in accordance with Regional Council policy. Advisory Committee members should be encouraged to assist with recruitment of potential members.

2.5 The Chair and Vice-Chair will be elected from among Committee members at the beginning of the Council Term, or earlier if necessary. The Chair will be available to work with Regional staff and attend meetings of the Council Committees or Council, as required.

2.6 Any member missing three consecutive meetings or a total of four meetings in a year without excuse shall be requested to resign from the Committee and will be replaced at the earliest opportunity.

2.7 Members will be expected to serve on sub-committees to comment on heritage impact assessments, conduct research or review draft reports.

2.8 The Commissioner of Planning, Housing and Community Services or his/her designate shall be in attendance at all meetings.

3.0 REPORTING STRUCTURE

3.1 The Heritage Planning Advisory Committee reports to the Community Services Committee through the Commissioner of Planning, Housing and Community Services.
3.2 A yearly review of the activities of the Heritage Planning Advisory Committee will be prepared and presented to Council.

4.0 MEETINGS

4.1 The Heritage Planning Advisory Committee will meet once a month with up to ten meetings a year.

4.2 The quorum for any decision shall be seven members.

4.3 The Heritage Planning Advisory Committee may invite individuals to provide expert advice, or to brief the committee on the policies and activities of government bodies or other organizations dealing with matters relating to on heritage issues.

4.4 Minutes of meetings will be kept by the Department of Planning, Housing and Community Services.

4.5 The Heritage Planning Advisory Committee will be supported by Planning, Housing and Community Services staff in the preparation of agendas, minutes, distribution of information, facilitation of meetings, research and preparation of draft reports as appropriate.

5.0 CONFLICT OF INTEREST POLICY

All members shall adhere to the Conflict of Interest Policy for Advisory Committees, approved by Council on May 28, 2003. At the start or renewal of member terms, members shall review and complete the agreement and signature form attached to the policy. Signature forms are to be returned to the Committee Clerk for safe keeping.

Members are expected to undertake their responsibilities on an impartial and objective basis. Any member whose financial interests could be in conflict with the interests of the Region is obliged to disclose same at the meeting. Members will not participate in any decision or recommendation in which they or their immediate family has any financial interest except in common with residents of the municipality.

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