

Media Release: Friday, April 10, 2015, 4:30 p.m.

## **Regional Municipality of Waterloo**

### **Community Services Committee**

#### **Agenda**

Tuesday, April 14, 2015

12:30 p.m. (← **Note Time Change**)

Regional Council Chamber

150 Frederick Street, Kitchener

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- 1. Motion to Reconvene Into Open Session**
- 2. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act**
- 3. Delegations**
  - a) Oz Cole-Arnal re: Living Wage
  - b) Birgit Lingenberg re: Affordable Housing
  - c) Martin Suter re: Affordable Transit and Guelph Street Bus Stop

#### **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.

- 4. Request to Remove Items From Consent Agenda**

**5. Motion to Approve Items or Receive for Information**

- |   |    |
|---|----|
| a) <a href="#">PHE-HPI-15-03</a> , Quarterly Charged/Closed Food Premises Report (Information)  | 1  |
| b) <a href="#">CSD-EIS-15-06</a> , The New Funding Year for Employment Ontario Programs April 1, 2015 to March 31, 2016 (Approval)          | 5  |
| c) <a href="#">CSD-EIS-15-07</a> , Employment and Income Support Community Advisory Committee Annual Report (Information)                   | 8  |
| d) <a href="#">CSD-EIS-15-08</a> , Revised Terms of Reference for the Employment and Income Support Community Advisory Committee (Approval) | 10 |
| e) <a href="#">CSD-CHS-15-07</a> , Quality Initiatives Community Plan for Early Learning and Child Care (Information)                       | 20 |
| f) <a href="#">PDL-CUL-15-09</a> , Volunteer Programs at the Region of Waterloo Museums – 2014 (Information)                                | 23 |

**Regular Agenda Resumes**
**6. Public Health and Emergency Services**

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| a) <a href="#">PHE-IDS-15-05</a> , Dental Health Program Report: 2011-2014 (Presentation)             | 28 |
| b) <a href="#">PHE-15-03</a> , Public Health 2014 Year-End Accountability Agreement Indicator Results | 38 |

**Reports – Interdepartmental**

- |  |    |
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| c) <a href="#">PHE-CFH-15-01/CSD-CHS-15-08</a> , The “Big Bang”: The First 2000 Days (Video) | 43 |
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**7. Information/Correspondence**

- |   |    |
|---|----|
| a) Council Enquiries and Requests for Information <a href="#">Tracking List</a> | 47 |
|---|----|

**8. Other Business****9. Next Meeting – May 5, 2015****10. Adjourn**



**Report:** PHE-HPI-15-03

**Region of Waterloo**  
**Public Health**  
**Health Protection and Investigation**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015      **File Code:** P10-80

**Subject:** **Quarterly Charged/Closed Food Premises Report**

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**Recommendation:**

For information.

**Summary:**

This report is a summary of food premises enforcement activities conducted by Public Health Inspectors in the Health Protection and Investigation Division for the first quarter of 2015.

Food premises enforcement activities have been reported to Community Services Committee as per Committee request on a quarterly basis since 2007, in order to enhance transparency and access to information.

The information in this report aligns with what is posted on our online disclosure website of food premises inspection results established in 2004, which was enhanced in 2007 and enhanced again in 2014, named **“Check It! We Inspect it”** ([checkit.regionofwaterloo.ca](http://checkit.regionofwaterloo.ca)).

Food Premises inspection results are readily accessible to the public online, through a Public Health Inspector telephone intake line and either walk-in service in Waterloo (99 Regina Street) and by appointment in Cambridge (150 Main Street) as part of an ongoing commitment to transparency and timely customer service.

**Report:**

During the first quarter of 2015, three establishments were charged and one establishment ordered closed under the Health Protection and Promotion Act, Ontario

Food Premises Regulation 562 (See Table 1: Food Safety Enforcement Activity).

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

### **Ontario Public Health Standards:**

The goal of the Food Safety program as outlined in the Ontario Public Health Standards is to prevent or reduce the burden of food-borne illness. Conducting routine inspections, complaint investigations, following up on suspect food-borne illnesses, and balancing education and enforcement for operators to achieve compliance with legislative requirements in food premises are among the activities that Public Health administers to reduce the burden of food-borne illness.

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

### **Corporate Strategic Plan:**

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

### **Financial Implications:**

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

### **Other Department Consultations/Concurrence:**

Nil

**Attachments:**

Table 1: Food Safety Enforcement Activity

**Prepared By:** Aldo Franco, Manager Food Safety, Recreational Water, Small Drinking Water Systems, Private Well Water and Waterloo and Area Team

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health

**Table 1: Food Safety Enforcement Activity**

Name Of Establishment	Date of Charges or Closure	Charges or Closure	Total Charge
<b>Shinla Garden</b> 183 King St. E. Kitchener, ON N2G 2K8	Four Provincial Offences Notices issued for infractions observed on January 26, 2015	Fail to wash hands before resuming work (\$300)  Fail to clean multi-service utensils after use (\$300)  Fail to sanitize utensils as often as necessary (\$300)  Use food Preparation equipment not in good repair (\$120)	\$1020
<b>Queen's Tavern</b> 99 Stanley St Ayr, ON N0B 1E0	One Provincial Offences Notices issued for infraction observed on March 4, 2015	Dishwashing mechanical equipment not maintained to provide sufficient chemical solution rinse. (\$120)	\$120
<b>Mr. Sub</b> 706 King St E. Cambridge, ON N3H 3N9	One Provincial Offences Notices issued for infraction observed on March 17,	Fail to wash / rinse / sanitize slicer after each use and following any operations when contamination may have occurred. (\$300)	\$300
<b>Pizza Maniac</b> 4-825 Weber St. E. Kitchener ON N2H 1H5	Establishment ordered closed on January 12, 2015	An inspection revealed the following which, in the Public Health Inspectors opinion, upon reasonable and probable grounds constituted a health hazard, namely: <ul style="list-style-type: none"> <li>• Failure to prevent contamination                of food from rodents and insects</li> <li>• Failure to maintain the food                premise in a sanitary condition</li> </ul>	Closure order



Report: CSD-EIS-15-06

**Region of Waterloo**  
**Community Services**  
**Employment and Income Support**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015

**File Code:** S09-080

**Subject: The New Funding Year for Employment Ontario Programs April 1, 2015 to March 31, 2016**

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**Recommendation:**

That the Regional Municipality of Waterloo increase the 2015 operating budget for Employment and Income Support 2015 by \$108,508 gross and \$0 net Regional Levy as outlined in report CSD-EIS-15-06, dated April 14, 2015.

**Summary:**

The Region through Employment and Income Support, Community Services Department is an Employment Ontario service provider. The Department is required to submit a business plan for each of its service sites. The Province has approved continued funding for the Employment Ontario Program for the 2015/16 fiscal year. As part of Employment Ontario, but separately funded, the Region is also obligated to provide the Canada-Ontario Job Grant program (COJG) as part of its services.

**Report:**

**1.0 Background**

Since August 1, 2010 the Region, through Employment and Income Support, Community Services Department, has provided Employment Ontario services to the citizens of Kitchener, Waterloo and Cambridge. These services include the delivery of all five components of Employment Ontario:

- Service planning and coordination
- Resource and information

- Job Search
- Job placement
- Job training and retention services

The Region is contracted in the fiscal year 2015/2016 by the Ministry of Training, Colleges and Universities to obtain employment or suitable training for a total of 561 participants (187 per site) and provide employment resource services, including information and short term workshops, to 1,370 participants over the length of the contract (April 1, 2015 to March 31, 2016). A new program, the Canada-Ontario Job Grant was introduced to Employment Ontario providers in November, 2014. The Program provides employers monetary support to upskill both current and prospective staff of the employer. The goal of the program is to assist employers to retain skilled staff and increase the salary of their employees.

The COJG program cost shares with the private and non-profit sector to obtain and pay for training. The Ministry of Training Colleges and Universities will cost share two-thirds of the cost of training to a maximum of \$10,000 per employee. There are additional employer incentives and individual supports available to qualified employers and individuals.

## **2.0 Service Experience**

These services continue to enhance the range of supports the Region can offer to both Ontario Works (OW) participants and non-OW participants seeking employment in the Region of Waterloo. Staff works in collaboration with Provincial staff and the other Employment Ontario service providers in the Region, such as The Working Centre, Lutherwood, Conestoga College and Northern Lights. The focus for Employment and Income Support remains the more vulnerable citizens and those who struggle to find employment, as a large number of referrals come through the Ontario Works program. This presents challenges in achieving service targets, as Ontario Works participants given their circumstances are generally further away from job readiness than others utilizing Employment Ontario services. It can require greater time and resources to assist an Ontario Works participant to employment. As of March 2, 2015 the Region placed 249 clients in either employment or training through assisted services and 1,275 clients were served through Research and Information Services predominantly through the Employment Resource Centres and half-day workshops.

Within the COJG program, as of March 23, 2015 the Region has provided 2 employers and 2 employees with training and financial services. For April 1, 2015 to March 31, 2016 we are working with 3 employers and approximately 82 potential employees. The Region enjoys a high rating for “customer satisfaction” in its delivery of service and exceeds the Provincial service quality standard.



### 3.0 2015/2016 Business Plan Submission

The Region has been asked to continue these services for the 2015/2016 year.

At the same time the Province based upon its funding formula has approved \$606,501 for 2015 and \$202,167 for 2016 for Employment Ontario Employment Services and a total of \$144,677 for the Canada-Ontario Job Grant, \$108,508 for 2015 and \$36,169 for 2016.

#### Corporate Strategic Plan:

Delivery of Employment Ontario Services, including the Canada Ontario Job Grant will assist the Region in responding to the needs of its citizens as outlined in its 2011 - 2014 Strategic Plan in Focus Area Two: Growth Management and Prosperity; Strategic Objective 2.3 (to) support a diverse, innovative and globally competitive economy; and also, Focus Area Four: Healthy and Inclusive Communities; Strategic Objective 4.1 (to) work collaboratively to reduce poverty.

#### Financial Implications:

The following table summarizes the uses of the Canada-Ontario Job Grant 2015:

##### Expenditures:

Operating Funds	\$15,941
Employer Incentives & Individual Supports	2, 232
Training Contribution	90,335
Total	<u>\$108,508</u>
Provincial Subsidy	<u>\$108,508</u>
Regional Contribution	<u>\$0</u>

#### Other Department Consultations/Concurrence:

Staff in Corporate Services (Finance) has been consulted in the preparation of this report.

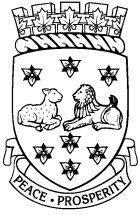
#### Attachments

None

**Prepared By: Graeme Fiskien, Manager, Employment Services**

**Don Beitz, Acting Director, Employment and Income Support**

**Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services**



Report: CSD-EIS-15-07

**Region of Waterloo**  
**Community Services**  
**Employment and Income Support**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015

**File Code:** S14-20

**Subject: Employment and Income Support Community Advisory Committee  
Annual Report**

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**Recommendation:**

For Information.

**Summary:**

Nil

**Report:**

The 2014 Employment and Income Support Community Advisory Committee (EISCAC) Annual Report provides a forum for stakeholders to provide advice on the programs and services delivered by the Employment and Income Support (EIS) division of Region of Waterloo Community Services. The EISCAC meets six times per year and includes up to 34 members. Members include Ontario Works/Ontario Disability Support Program participants, community agencies and partners, funders, business representatives and Regional staff. The Committee is chaired by Councillor Jane Mitchell. The goal of the EISCAC is to improve the services provided by Employment & Income Support to the residents of Waterloo Region.

The EISCAC annual report shares some of the activities and accomplishments completed by the EISCAC throughout the 2014 year.

For further information, please contact Melodie Klassen, Social Planning Associate, (519-575-4757 ext. 5824, [meklassen@regionofwaterloo.ca](mailto:meklassen@regionofwaterloo.ca)) or Don Beitz, Acting

Director, Employment & Income Support (519-883-2179, [dbeitz@regionofwaterloo.ca](mailto:dbeitz@regionofwaterloo.ca)).

**Corporate Strategic Plan:**

This report supports the Region's 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: (to) foster healthy, safe, inclusive and caring communities.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Separate Attachment: [2014 Employment and Income Support Community Advisory Committee Annual Report](#)

**Prepared By:** Don Beitz, Acting Director, Employment and Income Support

**Melodie Klassen**, Social Planning Associate, Employment and Income Support

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Community Services



**Report:** CSD-EIS-15-08

**Region of Waterloo**  
**Community Services**  
**Employment and Income Support**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015

**File Code:** S14-20

**Subject:** Revised Terms of Reference for the Employment and Income Support  
Community Advisory Committee

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**Recommendation:**

That the Regional Municipality of Waterloo approve the revised Terms of Reference for the Employment & Income Support Community Advisory Committee (EISCAC) as outlined in report CSD-EIS-15-08, dated April 14, 2015.

**Summary:**

Nil

**Report:**

The Employment and Income Support Community Advisory Committee enables representatives of the community to provide advice on programs and services delivered by Employment and Income Support (EIS), Community Services through participation and consultation, for the betterment of services to the residents of Waterloo Region.

In 2014, staff identified several changes that were needed within the Terms of Reference. The Employment and Income Support Community Advisory reviewed its Terms of Reference at a meeting on March 6, 2015. The suggested revisions to the EISCAC Terms of Reference are highlighted in grey in the attached document.

Suggested revisions include:

- Change the department name from “Social Services” to “Community Services”
- Change the division name of the Social Planning Associate from “Social

Planning, Policy and Program Administration” to “Employment and Income Support

- Change the “Emergency Shelter Network” sector to the “Housing Stability System” sector
- Change the term “single parents” to “sole support parents”
- Change the term “front-line staff” to “direct services staff”
- Reduce the number of educational representatives from 3 to 2
- Change the procedures on Minute distribution

The revised Terms of Reference reduces the current number of members from 35 to 34, with the reduction in the number of educational representatives from 3 to 2. It was recommended by staff that representation from the Waterloo Region School Board, which had been vacant for awhile, could be removed. The division and department name changes reflect changes that occurred through RENEW in 2014. The change in terms (“sole support parents” and “direct services staff”) were recommended by staff to reflect more inclusive and respectful language. Staff also recommended changing the “Emergency Shelter Network” to the “Housing Stability System” to better reflect the broader housing services system that exists across Waterloo Region. The procedures on Minute distribution included information on distribution that was not reflective of actual practice, and thus staff recommended update of this section.

#### **Corporate Strategic Plan:**

The work of the Advisory Committee is consistent with the Region’s Corporate Strategic Plan 2011-2014, Focus Area 5: Service Excellence: (to) deliver excellent and responsive services that inspire public trust; Strategic Objective 3: (to) ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

#### **Financial Implications:**

Nil

#### **Other Department Consultations/Concurrence:**

Staff from Council and Administrative Services, Planning, Development and Legislative Services and Community Services, Employment and Income Support supports the general administration of the Committee.

**Attachments**

Attachment A: Draft EISCAC Terms of Reference (#1829210)

**Prepared By:** **Melodie Klassen**, Social Planning Associate, Employment and Income Support

**Don Beitz**, Acting Director, Employment and Income Support

**Approved By:** **Douglas Bartholomew-Saunders**, Commissioner, Community Services

**Attachment A**  
**Terms of Reference**

**Employment and Income Support Community**  
**Advisory Committee (EISCAC)**  
**To**  
**Community Services Committee**  
**of the Council of the**  
**Regional Municipality of Waterloo**

**\*Text highlighted in grey denotes proposed changes to the Terms of Reference.**

**1.0 Name**

The name shall be the Employment and Income Support Community Advisory Committee (EISCAC) of the Regional Municipality of Waterloo (Region).

**2.0 Scope**

The Employment and Income Support Community Advisory Committee (EISCAC) will provide advice on services delivered by Employment and Income Support (EIS) in the three cities - Cambridge, Kitchener and Waterloo - and the four townships - North Dumfries, Wellesley, Wilmot and Woolwich - that comprise the Region of Waterloo.

**3.0 Purpose**

The purpose shall be to enable representatives of the community and stakeholders, including Ontario Works and Ontario Disability Support Program participants, to provide advice to the Community Services Committee of the Council of the Regional Municipality of Waterloo on employment and income support programs, through participation and consultation, for the betterment of services to the residents of Waterloo Region.

**4.0 Objectives**

The EISCAC will:

- a) provide a forum for participant, stakeholder and community input to improve program delivery and increase support for the policies and practices of the work of Employment and Income Support (EIS)

- b) support participants through personal interaction with staff from EIS and various community groups
- c) promote co-ordinated service delivery and participant support
- d) share information about what is happening in the Region and provide timely updates on the status of initiatives and program delivery
- e) provide advice and feedback to EIS
- f) provide guidance and direction to the subcommittees of the EISCAC, where needed
- g) recommend priorities for service development and delivery
- h) evaluate and analyze the work of the EISCAC and its effectiveness
- i) provide advice to provincial and federal governments and bodies, including the Workforce Planning Board of Waterloo Wellington Dufferin, regarding the development and co-ordination of a full range of employment and training services for social assistance recipients and others likely to become social assistance recipients in the Region.

## 5.0 Membership

Members of the EISCAC will represent the broad community program or group of which they are a member and not their own individual or agency interests. As such, members have a responsibility to serve as a liaison with their membership group.

<b>Voting Members Representatives</b>	<b>Number of</b>
Participants	10
Sector-Based Membership	12
Educators	2
Literacy Network	1
Director, Employment & Income Support	1
Program Supervisor, Ministry of Community and Social Services	1
Labour	1
Business	1



Regional Council Representative (Chair)	1
Total Voting Members	30
<b>Non-Voting Members</b>	
Workforce Planning Board of Waterloo Wellington Dufferin	1
CUPE Local 1883	1
Recording Secretary	1
Social Planning Associate, Employment & Income Support	1
Total Non-Voting Members	4
	—
Total Members	34

## 6.0 Description Of Membership Categories

- a) Ten representatives are participants who are current social assistance recipients. Every effort will be made to include participants representing the interests of sole support parents, persons with disabilities, youth, multicultural groups, older workers and the geographic areas of the Region, as well as an appropriate balance between Ontario Works (OW) and Ontario Disability Support Program (ODSP) recipients. Current social assistance recipients are defined as those receiving ongoing financial benefits through the Ontario Works program or the Ontario Disability Support Program or those who are in transition from receipt of financial benefits (a maximum transition period of 1 year).
- b) Twelve sectors will be represented, with one representative each from the following:
- i) Multicultural Services
  - ii) Adult Employment Services
  - iii) Community Counselling and Support Services
  - iv) Persons with Disabilities
  - v) Ontario Disability Support Program
  - vi) Income Support Caseworker, Employment & Income Support
  - vii) Community Placement Supporting Agency
  - viii) Aboriginal Services Agency
  - ix) Youth Employment Services Agency
  - x) Community Employment Linkages Committee

- xi) Housing Stability System
- xii) Immigration Partnership.
- c) Two educational representatives, one from Conestoga College and one from the Waterloo Catholic District School Board.
- d) One representative from the Project READ Literacy Network.
- e) The Director of Employment & Income Support (Region of Waterloo, Community Services Department).
- f) One Program Supervisor from the Ministry of Community and Social Services.
- g) One labour representative from the Waterloo Region Labour Council representing participating unions.
- h) One business representative.
- i) A Regional Council representative who shall be a member of the Community Services Committee.
- j) There are four non-voting members:
  - i) one member appointed by the Workforce Planning Board of Waterloo Wellington Dufferin
  - ii) one member appointed by The Canadian Union of Public Employees Local 1883
  - iii) the Recording Secretary of the Committee who shall be the Regional Clerk or an employee of the Region designated by the Clerk
  - iv) one Social Planning Associate, Employment & Income Support who shall provide staff support to the EISCAC.

## 7.0 Selection Of Members

Representatives in all membership categories are approved by Community Services Committee and Regional Council. The EISCAC will recommend nominees to the Community Services Committee and Regional Council.

The procedure for the selection of the following membership category representatives to be appointed to the EISCAC is as follows:

### a) Participants:

Participants will be invited to apply to the Committee for membership through outreach activities. Every effort will be made to include participants representing the interests of sole support parents, persons with disabilities, youth, multicultural groups and older workers, as well as an appropriate

balance between Ontario Works and Ontario Disability Support Program recipients.

b) Sector-Based Membership:

Agencies will be asked to identify and select a **direct service** staff member or agency management representative in the following categories, consistent with the goal of having a balanced mix (50/50) of **direct service** and management representation on EISCAC:

- i) Multicultural Services
  - ii) Adult Employment Services
  - iii) Community Counselling and Support Services
  - iv) Persons with Disabilities
  - v) Ontario Disability Support Program
  - vi) Income Support Caseworker, Employment & Income Support
  - vii) Community Placement Supporting Agency
  - viii) Aboriginal Services Agency
  - ix) Youth Employment Services Agency
  - x) Community Employment Linkages Committee
  - xi) **Housing Stability System**
  - xii) Immigration Partnership.
- c) The Director of Employment and Income Support will be asked to identify an Income Support Caseworker.
- d) The education representatives will be selected by extending an invitation to the **two** institutions outlined in 6.0 (c) asking them to select an appropriate individual for consideration.
- e) Project READ Literacy Network will select an individual to represent the network of local literacy service agencies.
- f) The Director of Employment & Income Support (Region of Waterloo, **Community Services Department**) will be asked to join the committee.
- g) The Program Supervisor for the Ministry of Community and Social Services will be asked to join the committee.
- h) The Waterloo Region Labour Council will be asked to appoint a representative.
- i) A business representative will be identified through businesses interested in the work of EIS, including the local Chambers of Commerce.
- j) Regional Council will appoint a member of the Community Services

Committee as their representative.

- k) The local Workforce Planning Board and CUPE Local 1883 will be asked to appoint a non-voting representative.

## **8.0 New Membership Categories**

Recommendation of a new membership category for the EISCAC must be approved by a majority of the voting members in attendance, subject to the approval of the Community Services Committee and Regional Council.

## **9.0 Terms Of Office**

The term of office is four years with the option to serve additional terms, not exceeding a total of eight (8) years, with an option to review and extend membership based on special circumstances with approval from the EISCAC.

Members who miss three consecutive meetings will have their membership reviewed.

Participants will receive an incidental amount of \$20 per meeting attended, as well as supports for transportation and child care in order to participate in the Committee.

## **10.0 Meetings**

The EISCAC will meet six times a year. Additional meetings will be called as required by the Chair or when requested by a quorum of members.

A quorum to hold a meeting is defined as one-third (10) of the voting membership.

All meetings will be open to the public, except those which meet criteria, such as personal information and litigation matters, outlined in Section 14 of the Region's Procedural By-law No. 00-031, as amended.

Date and time of meetings will be determined by Committee members in consultation with the Regional Clerk.

## **11.0 Committee Procedures**

All Committee work shall be conducted according to approved Regional Council policies and procedures.

The Chair will be the Community Services Committee representative.

The Vice-Chair will be elected from among the participant representatives where

possible for a term of one year with the option of renewal. The Vice-Chair will serve in the absence of the Chair.

Subcommittees or ad-hoc task forces and committees may be established as necessary.

The Community Services Department will identify a Social Planning Associate who will provide support to the Committee and direct the distribution of the agenda.

Committee members may refer items to the agenda by contacting the Social Planning Associate or the Chair.

The EISCAC will conduct business using a consensus decision-making model (no vote - "acceptance" of an action by the majority of members present). On occasion, a vote will be required to approve a recommendation to Community Services Committee.

Submissions to Community Services Committee and to Regional Council shall be by way of recommendation. Votes will be carried by a majority of voting members present and eligible to vote. Each member present at a meeting, including the Chair, will vote unless prohibited by statute.

## 12.0 Conflict Of Interest Policy

All members shall adhere to the Conflict of Interest Policy for Advisory Committees, approved by Council on May 28, 2003. All 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 Employment and Income Support or 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.

## 13.0 Minutes Of Meeting

Minutes of each meeting will be recorded and distributed to all Employment and Income Support Community Advisory Committee members as outlined in Council policy.

Minutes of all meetings will be subject to approval at the following meeting.



**Report:** CSD-CHS-15-07

**Region of Waterloo**  
**Community Services Department**  
**Children's Services**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015

**File Code:** S04-20

**Subject:** Quality Initiatives Community Plan for Early Learning and Child Care

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**Recommendation:**

For Information

**Report:**

**Background:**

As the Consolidated Municipal Service Manager (CMSM) Children's Services, Region of Waterloo has a responsibility for the development and oversight of quality assurance measures for the licensed Early Learning and Child Care (ELCC) service sector. For the past 11 years the Region of Waterloo has utilized the Raising the Bar on Quality model as the endorsed approach with the ELCC community.

Raising the Bar on Quality (RTB) is a community based peer-accredited quality assurance approach for all licensed early learning and child care (ELCC) programs and related support services. RTB differs from traditional accreditation models as it is designed to build upon community capacity and it involves peers in the review of each others work. Regional council amended its Children's Services service agreement policy to require that all ELCC programs participate in RTB as a condition of funding from the Region of Waterloo as of June 2011. Currently, 100% of ELCC programs with a service agreement with the Region participate in RTB.

Raising the Bar on Quality (RTB) has been a valuable, highly successful program in Waterloo Region since February 2004. Now in its eleventh year RTB maintains a positive impact on the early childhood education profession and the quality of services and programs for young children and their families in this Region.

In 2011, the Reaching High Quality Rubric (RHQ) was developed to determine the quality levels of early learning and child care programs across the numbers of years they have participated in RTB. RHQ results for May 2011 indicated that the majority of programs (87%) met or exceeded their expected targets. Annually, community programs are vetted through the RHQ Rubric and results continue to grow, RHQ results for May 2014 indicated that the majority of programs (89%) met or exceeded their expected targets. This continuous improvement showed a readiness for change in the community to raise the bar on quality standards.

### **New Direction:**

The licensed ELCC sector is in a period of significant change and transformation. The Region of Waterloo, ELCC Service Plan 2012-2015 identified and provided strategic direction to address some of these challenges. One such direction was to focus during the period of change, on ensuring a system wide approach to developing a high quality, inclusive service system.

The Province is also modernizing the legislative and regulatory framework for child care (Bill 10) which includes enhancing program quality/consistency in ELCC programs and strengthening oversight of the unlicensed child care sector, increasing capacity in the licensed child care sector and improving data and information available to parents and the public. There is also a need to review and better align our quality initiative with a new Ministry of Education document, "How Does Learning Happen? Ontario's Pedagogy for the Early Years (2014)" that clearly outlines Ontario's vision and commitment to quality programming for the early years.

### **Plan of Action**

A plan of action is currently being developed that will involve dedicating staff resources on a temporary basis to research and develop a new approach to quality in partnership with our ELCC community. Discussions with the City of Hamilton have led to agreement in principle to collaborate on a joint approach that could be used in both communities. At the present time two full time equivalent staff support the RTB community initiative here in Waterloo Region. The Supervisor position will be backfilled on a temporary basis to allow the current incumbent to dedicate their full attention to development of the new approach. This will include aligning the approach to the new Provincial pedagogy, increasing capacity within the community, building additional supports and incentives for the ELCC community to work on continuous quality improvement. The new approach will take a broader systems level view to quality initiatives. Significant community consultation and engagement will take place during the developmental phases of the model.

There is increasing evidence that high quality, ELCC yields economic and social returns both in the short and long term. The Quality Early Learning Network (2012) lists the

following benefits:

- Helping keep families out of poverty;
- Supporting women's workforce participation, education and training;
- Building strong local economies;
- Mitigating the shift towards increased income disparity;
- Investing in our future knowledge base and competitive capacity by supporting children's physical, social, emotional and intellectual well-being in the early years;
- Building our future labour force as working population ages.

The time is right for changes to our quality assurance program to better align with Provincial vision, best practice and to build on the readiness of the ELCC community for continuous quality improvement in the care they provide for children and families in Waterloo region.

#### **Corporate Strategic Plan:**

The development and implementation of quality initiatives aligns with the 2011-2014 Region's Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.5 (to) work collaboratively with the community to support the development of services for children.

#### **Financial Implications:**

The Raising the Bar initiative currently has two FTE staff positions funded through 100% provincial funding. The 2015 Operating Budget approved the addition of 2.0 temporary FTE staff funded by 100% provincial funding. From June 2015 to July 2016 one temporary full time position will be dedicated to research, consult and develop a system level approach that will be implemented in Waterloo Region with all ELCC.

#### **Other Department Consultations/Concurrence:**

The assistance of Finance department will be required to monitor expenditures for this program.

#### **Attachments**

Nil.

**Prepared By:** Judi Neufeld, Manager, Early Learning Programs

**Nancy Dickieson**, Director, Children's Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Community Services





Report: PDL-CUL-15-09

## Region of Waterloo

### Planning, Development and Legislative Services

#### Cultural Services

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015      **File Code:** H10-06 (A)

**Subject:** Volunteer Programs at the Region of Waterloo Museums – 2014

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#### **Recommendation:**

For information.

#### **Summary:**

Volunteer opportunities available at the Waterloo Region Museum, Joseph Schneider Haus and McDougall Cottage encourage community engagement in the museums and enhance visitor experience.

Last year, more than 1,500 individuals contributed more than 23,000 hours to the Region's museums and related heritage events - 949 individuals contributed 18,005 hours at Waterloo Region Museum, 106 individuals contributed 2,324 hours at Joseph Schneider Haus, 66 individuals contributed 860 hours at McDougall Cottage and 436 individuals contributed 1,999 hours to Doors Open Waterloo Region. These volunteers provided support to the programs and events that collectively attracted 107,000 visitors to the Region's museums.

The Region and its museums are partners in National Volunteer Week activities planned in the community from April 12 to 18, 2015. Each year, communities across Canada set aside this week to honour and celebrate the efforts of individuals who generously donate their time and talents to make their communities a better place to live.

During National Volunteer Week celebrations, the Cultural Services Division will host its volunteers at the 25th annual Volunteer Appreciation Breakfast on Wednesday, April 15 from 7:30 to 10 a.m., held at the Waterloo Region Museum.

**Report:****Waterloo Region Museum**

Waterloo Region Museum has a strong and diverse volunteer base. Volunteers provide experience, knowledge and expertise that complement staff resources. They also provide a link to the community by actively promoting and supporting the museum. Volunteer efforts are visible in many aspects of museum programs and services.

Visitors can stroll through the living history village and watch volunteers bring history to life. Volunteers enhance visitor experience by interpreting daily activities from the turn of the last century, such as household chores, storytelling and traditional games. Other volunteers demonstrate quilting, knitting, weaving, and wood working and provide musical performances. In the background, teams of dedicated volunteers maintain the village's historic gardens, reproduction costume collections and bake thousands of seasonal treats for visitors.

Museum gallery volunteers welcome thousands of visitors and encourage visitors to participate in hands-on demonstrations and activities. This year gallery staff welcomed a new group of community volunteers who shared information about their cultural celebrations including Eid, Hanukah, Diwali and Chinese New Year.

In the Curatorial Centre, volunteers actively support the museum's research and conservation efforts. Three volunteers have completed research on more than 130 members of the Waterloo Region Hall of Fame. In the Conservation Labs volunteers work on the museum's clock collection and the Kaufman shoe collection. The museum hosted a museum studies intern from the Collections Conservation and Management Program at Fleming College for 17 weeks.

Special events provide an opportunity for individuals in the community to participate on a short term basis. More than 1,100 youth and adult volunteers supported the Waterloo Wellington Children's Groundwater Festival, Eco Fest, Forest Festival and Doors Open.

The Friends of Waterloo Region Museum continue to raise awareness of museum programs and make significant contributions each year. Working with the museum's staff, the Friends of Waterloo Region Museum host popular events such as Starry Night, the Tea and Talk Series and the annual heritage plant sale.

**Joseph Schneider Haus**

Volunteers play an important role promoting and supporting Joseph Schneider Haus. In 2014, volunteers assisted with many special events such as the Quilting Bee, Easter Egg Hunt, the Heart & Hand Festival and Culture Days.

A small group of dedicated volunteers greet and welcome visitors at the reception desk and provide valuable support to guest services staff. The museum is also fortunate to have a

group of highly skilled volunteers who assist with collections management and cataloguing the museum's reference library.

Joseph Schneider Haus also has one of the Region's only youth volunteer programs. Youth volunteers between the ages of 10 and 18 play an important role by representing the children of Joseph E. Schneider in the historic house. On weekends and at special events, youth participate in daily chores and activities.

The Friends of Joseph Schneider Haus make a significant contribution to the life of the museum, supporting the Folk Artist-in-Residence program, the Edna Staebler Research Fellowship, the annual Quilt Block Contest and the museum's Gift Shop.

### **McDougall Cottage**

The base of support for and awareness of McDougall Cottage is steadily growing. Each year more individuals participate in and assist with programming in a variety of ways.

A volunteer group has been helping with the presentation and adjudication of the Annual Wee Quilt Challenge; a group of 15 musicians regularly takes part in the popular kitchen ceilidhs; pipers from the local community pipe down the sun one weeknight throughout July and August; a team of three gardeners maintain the much admired Cottage gardens; and the Friends of McDougall Cottage raise funds for and administer the Cottage's annual Musician-in-Residence program, now in its fifth year.

McDougall plans to expand its volunteer base by creating opportunities for interested individuals to participate in programs such as the monthly Kids in Kilts crafts, walking tours and other events.

### **Summary of Volunteers and Volunteer Hours**

	<b>Number of Volunteers</b>	<b>Number of Volunteer Hours</b>
Waterloo Region Museum	949	18,005
Joseph Schneider Haus	106	2,324
McDougall Cottage	66	860
Doors Open	436	1,999
<b>Total</b>	<b>1,557</b>	<b>23,188</b>

### **Volunteer Recognition and Support**

Celebrating volunteer achievements is essential for attracting and retaining a dedicated team of volunteers. Museum staff knows the importance of recognition and it is an ongoing and integral part of the volunteer management process. Training plays a key role in

supporting volunteer efforts; eight orientation and trainings sessions were held throughout the year.

The annual Volunteer Appreciation Event for volunteers in all Regional programs was held at the Waterloo Region Museum in December; more than 600 volunteers and their families enjoyed an afternoon of entertainment, treats and Christmas celebrations.

Seventeen individuals who volunteer at the museums received Provincial Volunteer Service Awards ranging from youth to recognition of more than 30 years of service.

Long-term Joseph Schneider Haus and Regional volunteer Dr. Kenneth McLaughlin was the recipient of the Ontario Heritage Trust, Lieutenant Governor's Life Time Achievement Award for his more than four decades of dedication to the promotion, preservation and protection of our community's heritage. Marion Roes received the Ontario Heritage Trust Certificate of Lifetime Achievement Award for her heritage preservation work. The Friends of the Waterloo Region Museum received the Ontario Heritage Trust Community Recognition Award, Small Group Project – Built Heritage. And the Waterloo Region Hall of Fame received the Ontario Heritage Trust Community Recognition Award, Small Group Project – Cultural Heritage.

Pauline Todkill received the Ontario Heritage Trust Community Recognition Award – Cultural Heritage. Donna Kuehl received the Ontario Heritage Trust Community Recognition Award – Built Heritage. Irene Thurston, John Tennent and Ed Dennis each received the Ontario Heritage Trust Community Recognition Award – Natural Heritage. Krista Stemmler received the Ontario Heritage Trust Community Recognition awards – Young Heritage Leader.

Ed Dennis was also the recipient of the Senior of the Year Award for his incredible volunteer contributions to the Waterloo Region Museum, Brantford General Hospital and Grand Valley Trails.

### **Area Municipal Consultation/Coordination**

The Coordinator of Volunteer Services at the Waterloo Region Museum liaises with coordinators of volunteer programs at the area municipalities.

### **Corporate Strategic Plan:**

Supporting initiatives that promote and enhance arts, culture and heritage are directly related to Growth Management Focus Area 1, Action 2.4.2: Provide opportunities to optimize the use of Regional cultural facilities.

### **Financial Implications:**

Nil.

**Other Department Consultations/Concurrence:**

Nil.

**Attachments:**

Nil.

**Prepared By:** Deborah Young, Coordinator of Volunteer Services

**Approved By:** Rob Horne, Commissioner, Planning, Development and Legislative Services



Report: PHE-IDS-15-05

## Region of Waterloo

### Public Health and Emergency Services

### Infectious Diseases, Dental and Sexual Health

**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015

**File Code:** P09-80

**Subject:** Dental Health Program Report: 2011-2014

#### Recommendation:

For information

#### Summary:

To ensure children have access to oral health care services, the Ministry of Health and Long-Term Care mandates health units to provide several key programs and services. In Waterloo Region, Public Health's Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard in the Ontario Public Health Standards (OPHS) and three associated protocols. The goal of the standard and protocols is to "enable all children to attain and sustain optimal health and developmental potential." The program activities required in the OPHS and Protocols include:

- Providing oral health screening and referral to treatment where appropriate;
- Participating in or leading non-clinical activities to protect and promote oral health; and
- Ensuring access to dental treatment by facilitating access to and administering the cost shared financial support program, Children in Need of Treatment (CINOT). Public Health also offers preventive services (e.g. scaling, sealants).

In addition, the dental program administers other programs that provide access to dental services that include:

- Healthy Smiles Ontario (100 per cent provincial funding); and
- Ontario Works and discretionary dental benefits

The third group of activities provided by the Dental Health program are clinical services to children and adults who did not meet eligibility requirements for provincial programs,

demonstrate financial need, and require care. These services are 100% Regionally funded. Services are based on local need or gaps in provincially funded programs.

This report will present key highlights from the various program activities (as per the full Dental Health Program Report: 2011-2014, Attachment 3), an overview of the source funding for the various activities (refer to Attachment 1), and a brief overview of upcoming provincial changes to oral health services in Ontario.

## **Report:**

### **Introduction**

Oral health is integral to one's overall health. Poor oral health not only affects one's ability to complete routine functions such as chewing, but one's emotional health and social relationships. It can also affect one's economic activities. As access to health care is not universal (i.e. services are not covered by the Ontario Health Insurance Program), there are some individuals and families that cannot afford the dental care they require.

Much of this relates to the determinants of health, such as income, housing and education, which are known to greatly influence health. According to the provincial Chief Medical Officer of Health Report, "Oral Health — More Than Just Cavities" (2012), these determinants also contribute to inequity in oral health status. This especially affects individuals and families that do not have dental insurance or the financial means to obtain dental care. This is further reflected in the list of priority populations identified for dental services in Waterloo Region (refer to Attachment 2).

To ensure children, especially priority populations, have access to oral health care services, the Ministry of Health and Long-Term Care mandates health units to provide several key programs and services. In Waterloo Region, Public Health's Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard in the Ontario Public Health Standards (OPHS). In addition, it complies with three protocols (Oral Health and Surveillance Protocol, Preventive Oral Health Services Protocol, and Children in Need of Treatment Program Protocol), which outline how the program should conduct its work. The goal of the standard and protocols is to "enable all children to attain and sustain optimal health and developmental potential".

In addition to these mandated programs, Region of Waterloo Public Health provides services based on local need or gaps in provincially funded programs.

The Dental Health program is comprised of multi-disciplinary staff. The program's activities can be broadly grouped into four main categories:

1. Providing oral health screening and referral to treatment where appropriate;
2. Participating in or leading non-clinical activities to protect and promote oral health;
3. Ensuring access to dental treatment by facilitating access to and administering financial support programs such as Children in Need of Treatment (CINOT), Healthy Smiles Ontario (HSO), Ontario Works; and
4. Offering clinical services to children and adults who did not meet eligibility requirements for provincial programs, but still require care.

Refer to Attachment 1 for an overview of Dental Program funding sources.

This report will present key highlights from the various program activities (as per the full Dental Health Program Report: 2011-2014, Attachment 3), an overview of the source funding for the various activities, and a brief overview of upcoming provincial changes to oral health services in Ontario.

### **1. Oral Health Screening and Assessment**

Oral health screening, particularly in school settings, is an important way to identify children in need of urgent and non-urgent dental care and to help eligible families gain access to financial support for dental services. As per the Ontario Public Health Standards, screenings are currently carried out in the following locations:

- Publicly funded elementary schools;
- Community settings;
- A limited number of publicly funded secondary schools; and
- Region of Waterloo Public Health dental clinics.

Each student in junior kindergarten, senior kindergarten and grade 2 in Waterloo Region is screened by a Public Health Dental Hygienist.<sup>1</sup> Every school is assigned a rating based on the grade 2 screening results. Based on the school ratings, students in grades 4, 6 and/or 8 at some schools may also receive dental screening. Region of Waterloo Public Health also conducts follow-up screenings with students who were identified as having unmet urgent needs to ensure proper care was provided, or will provide a screening upon parental request. On average, over 20,000 students are screened on an annual basis.

At the time of screening, Region of Waterloo Public Health staff track the number of students with urgent dental needs. An urgent treatment may include one or more large open cavities in permanent teeth or in the crucial primary teeth, dental pain, infection,

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<sup>1</sup> This excludes students who are absent from school the day of the screening or whose parents refuse the screening.



and trauma. The proportion of children with unmet urgent dental needs remained consistent between 7.3 and 7.6 per cent over the previous three school years (2011 to 2014). Provincial comparisons are not available as the Ministry of Health and Long-Term Care has not published surveillance data for several years.

Once children with unmet urgent needs are identified, the Dental Program will work with parents and community dental practitioners to ensure each child has access to, and receives, the required care.

Elementary school screening is also included as an indicator in Region of Waterloo Public Health's accountability agreement with the Ministry of Health and Long-Term Care. Under the agreement, Public Health must screen junior kindergarten, senior kindergarten and grade 2 students (who are in attendance the day of the screening and whose parents consent to screening) in all of Waterloo Region's publicly funded elementary schools in all future school years. For its baseline year (2013-2014), 98.6 per cent of the publicly funded schools in Waterloo Region were screened, accounting for 99 per cent of all junior kindergarten, senior kindergarten and grade 2 students. Public Health is expected to meet the 100 per cent target in the current school year (2014-2015).

Dental health screening is also provided to secondary school students using a targeted approach. In the 2013-2014 school year, dental hygienists conducted dental screening for 57 youth attending U-Turn, an alternative education program to support youth in completing their high school credits. Many of these youth would be included in the Dental Health's priority populations for oral health services and benefit from screening and access to care, if appropriate.

Screening is provided by the Dental Health program in community locations that may be used by individuals and families in need of dental health support, including the Ontario Early Years Centres, Community Health Centres and YMCA Cross-Cultural Services.

As dental screening is a core component of the program's work, the activity is funded out of the cost shared budget (75% provincial, 25% Regional). Refer to Attachment 1 for an overview of Dental Program funding sources.

## **2. Health Promotion Activities**

The Dental program regularly participates in health promotion initiatives across the region including Child Health Fairs and Prenatal Health Fairs where screening and dental health education is provided to families planning a pregnancy, expecting a child, or with children zero to six years of age.

Oral health educator resource kits are also available to the public. The kits contain information props and teaching guides on various oral health topics designed to meet the needs of teachers, dental health professionals, etc.

Health promotion activities in the program are carried out under the existing cost shared budget (75% provincial, 25% Regional).

### **3. Ensuring Access to Dental Treatment**

Various financial assistance programs are available for families with low incomes and no dental coverage to access dental services for their children. These are administered by the Dental Program. Eligible children are identified through the dental screening program, or can be referred by oral health care providers, community partners, etc. For a comparison of these components of the Dental Program see attachment 1, #3.

The Children in Need of Treatment (CINOT) program, which is funded from the cost shared budget (75% provincial, 25% Regional), is available for eligible children with unmet urgent dental needs such as open cavities in permanent or crucial primary teeth, dental pain, infection and dental trauma. Families are eligible where the cost of dental treatment is a financial hardship and they do not have any dental coverage. The number of children participating in the CINOT program has remained consistent from 2011 to 2014, ranging from 722 to 770 participants per year.

Healthy Smiles Ontario (HSO), which is funded 100% by the provincial government and initiated in 2010, is a program available for families with low incomes and no dental coverage to access early treatment and preventive dental services for their children (e.g. check-ups, cleanings, fillings and x-rays). Registrants remain in the program until their 18<sup>th</sup> birthday as long as the family continues to meet financial eligibility requirements. Program enrollment increased from 375 to 1557 children and youth from 2011 to 2014, an increase of 315 per cent. One of the factors contributing to the successful uptake of the program is a unique (Waterloo Region-specific) partnership between Public Health and the three Community Health Centres in Waterloo Region. Through the HSO program, Public Health funds three Oral Health Peer Workers (one for each centre) that promote the program and assist clients throughout the application process. Public health dental hygienists train and mentor the oral health peer workers. In addition, the hygienists provide preventive services, oral health promotion for clients and health professionals as well as reviews of HSO applications and documentation.

The Oral Health Peer Workers also promote the importance of oral health and key oral health messages within their communities. Many of these individuals the peer workers assist are from the program's identified priority populations; primarily, the Region's immigrant/New Canadian and Mennonite communities, as well as families in financial need. The increased enrolment in HSO locally can also be attributed to the navigator role that dental program staff provide to assist clients in determining eligibility for HSO

or other assistance programs and how to access care in the community.

Financial assistance for dental care is also available for adults and child dependants of adults who are participants in the Ontario Works (OW) program. In addition, OW adult and Ontario Disability Support Program (ODSP) recipients are eligible for discretionary benefits. In 2003, Regional Council directed Public Health to administer these programs in Waterloo Region. OW child dependants may receive dental benefits for non-urgent and urgent dental concerns, and OW adults and adult dependants may receive dental benefits for emergency dental concerns. Discretionary benefits include denture services and root canal treatment services. The number of clients receiving dental services through the Ontario Works program fluctuated between 6,023 and 7,073 clients per year. Funding is provided by the Region of Waterloo Community Services Department via their provincial ministries.

#### **4. Dental Clinical Services**

Even with the existing provincial financial assistance programs there are families that do not qualify for funding, but still do not have the financial means to obtain dental care for their children. Eligibility is based on the low income cut-off (LICO) threshold. In addition, outside of the Ontario Works and Ontario Disability Support Program, there are no financial assistance programs for low income adults in need of oral health care.

In response to these gaps in service, the Board of Health has provided funding to provide early treatment and emergency dental care for children (since the 1960s) and emergency care for adults (since the early 2000s). By providing these clinics, children under 18 years of age in Waterloo Region can access basic dental services including check-ups, cleanings and fillings, and eligible adults can receive limited services to eliminate pain.

These programs are funded by the Region of Waterloo. Refer to Attachment 1 for an overview of Dental Program funding sources.

The Dental Program provides clinical dental services at two locations: at 150 Main Street in Cambridge and at 99 Regina Street South in Waterloo. At the clinics, eligible children and adults can receive care from dental hygienists, dentists and dental assistants. Children can receive basic dental services including checkups, cleanings and restorations (fillings); and adults can receive limited services to eliminate pain. From 2011 to 2014, the majority of clients accessing dental services at the Public Health dental clinics were children, ranging from 79 percent to 94 per cent of all clients.

Since 2012, the number of appointments at the Public Health dental clinics has remained fairly consistent between 2,444 and 2,753 from 2012 to 2014.

Overall, the no show rate for clinic appointments is low. This is likely due to the support

Public Health staff provide in facilitating client entry-to-care. The appointment no-show rate was the lowest in 2014 compared to the three previous years, at 5 per cent in the Cambridge clinic and 4 per cent in Waterloo clinic.

### **Provincial Dental Program Integration**

In December 2013, the Ministry of Health and Long-Term Care announced its intent to integrate six publicly funded dental programs by August 2015. This will mean that the following programs will be integrated into one funding program aimed to help families with children in need of dental services:

- Healthy Smiles Ontario
- Children in Need of Treatment Program
- Oral health preventive services provided by Public Health Units
- Ontario Works
- Ontario Disability Support Program Income Support
- Assistance for Children with Severe Disabilities program

The new integrated model is currently under development and is pending approval by the Minister of Health and Long-Term Care. The Ministry of Health and Long-Term Care has indicated that under the new program children of social assistance recipients will be automatically enrolled while all other low-income families will be able to apply through a “simplified and streamlined application process”. Public Health Units have been consulted over the past year, but await final decisions on:

- The consolidation of eligibility and claims processing for provincially funded dental programs by a third party provider
- Changes to the Healthy Smiles Ontario, preventive services and financial assistance programs

Overall, implications of this integration for Public Health Units including Region of Waterloo Public Health and the children and families that access these programs are still to be communicated by the Province and understood. In addition, the Ministry plans to review and update the oral health components of the Ontario Public Health Standards and Protocols.

A full report on dental integration, including the implications for Waterloo Region, will be provided to the Board of Health once details are available.

### **Ontario Public Health Standards:**

The Dental Health program is responsible to the Board of Health for implementing the following twelve requirements in the Child Health Standard of the Ontario Public Health Standards: #1: surveillance and monitoring of trends; #2: surveillance of children in

schools; #3: report oral health data; #4: promote oral health through health promotion with community partners and through enhancement of supportive environments; #5 & #7: public awareness advice and information; #8: outreach to priority populations; #10: conduct assessment and screening; #11, #12, #13, & #14: access to dental care, preventive care and oral health services.

These requirements, and the associated protocols, provide the foundation for the program and how it conducts its dental screening, ensures access to dental care, and promotes oral health.

### **Corporate Strategic Plan:**

The Dental Health Program Report (2011-2014) relates to Strategic Focus Area 4 – Healthy and Inclusive Communities.

### **Financial Implications:**

Refer to Attachment 1 for an overview of how the Dental Health's programs and services are funded. Implications of dental integration on Region of Waterloo Public Health's funding and services is yet to be determined.

### **Other Department Consultations/Concurrence:**

Nil

### **Attachments**

Attachment 1 — Dental Program Funding Overview

Attachment 2 — Priority Populations for Dental Health's Programs and Services

Attachment 3 — [Dental Health Program Report: 2011-2014](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ROWPH_DentalHealthReport_2015.pdf) (available at:

[http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ROWPH\\_DentalHealthReport\\_2015.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ROWPH_DentalHealthReport_2015.pdf))

**Prepared By:**       **Grace Bermingham**, Public Health Planner  
                             **Chris Harold**, Manager, Information and Planning  
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**Approved By:**       **Dr. Liana Nolan**, Commissioner/Medical Officer of Health

### Attachment 1: Dental Program Funding Overview

Program Activity Category (refer to p. 3)	Dental Program	Program Focus	Per cent funded by the provincial government	Per cent funded by Region of Waterloo
1 and 2	Dental Health Program Activities <ul style="list-style-type: none"> <li>- Screening</li> <li>- Health promotion</li> </ul>	Identify children in need of urgent and non-urgent dental care; refer to financial assistance programs where appropriate  Promote the importance of oral health	75%	25%
3	Healthy Smiles Ontario (HSO)	Basic dental care for children under 18 years of age	100%	0%
3	Children in Need of Treatment Dental Program (CINOT)	Urgent treatment for children under 18 years of age	75%	25%
3	Ontario Works (children) and OW (adults)  Discretionary benefits for Ontario Works (adults) and Ontario Disability Support Program (ODSP) recipients	Basic dental care for child dependents of OW recipients under 18 years of age; Emergency dental care for adult OW clients and their dependent children 18 yrs. and older  Denture and root canal treatment services for adult Ontario Works and Ontario Disability Support Program recipients	Programs are only administered by the Dental Health Program. Funding is provided through the Ministry of Community and Social Services (via Community Services).  \$1.5M is allocated from the discretionary benefits envelope. The envelope is funded Provincially for \$2.5M and Regionally for \$2M.	
4	Region of Waterloo Dental Clinics	Basic dental care for children under 18 years of age who do not meet provincial funding criteria, but demonstrate financial need; emergency treatment for adults for relief of pain	0%	100%

**Attachment 2: Priority Populations for Dental Health's Programs and Services**

The Ontario Public Health Standards (OPHS) defines priority populations as “those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level”. In 2012, the following priority groups were identified as being at risk for poor oral health outcomes:

- Children and youth who are economically disadvantaged
- Mennonites (Amish, and Mennonites who are Mexican, not modern Mennonites)
- Immigrants and refugees to Canada
- Children and youth who do not speak English
- Pregnant teenagers
- People who smoke
- Individuals who use misuse substances
- Street-involved children and youth
- Children and youth with poor nutrition



**Report:** PHE-15-03

## **Region of Waterloo**

### **Public Health and Emergency Services**

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**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015      **File Code:** P01-80

**Subject: Public Health 2014 Year-End Accountability Agreement Indicator Results**

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#### **Recommendation:**

For Information

#### **Summary:**

This report provides 2014 Year-End results for the Public Health indicators that are part of the Public Health Accountability Agreement with the Province of Ontario. The Accountability Agreements between the Ministry of Health and Long-Term Care and Health Units provide a framework for setting specific performance expectations, and establish data reporting requirements to support the monitoring of performance. The Ministry had indicated it will begin nominal reporting allowing for comparisons among Health Units.

As of the end of calendar year 2014, Region of Waterloo Public Health is accountable to the Ministry of Health and Long-Term Care for 27 indicators (11 indicators categorized as 'Health Promotion' and 16 indicators categorized as 'Health Protection'). The indicators are variable in terms of whether they are starting to gather baseline data, monitored for trends, or tracked against set targets.

Of the 11 indicators Region of Waterloo Public Health was accountable to report results on, eight met the set targets. For the other three indicators, the small variance against set targets was deemed to be within reason by the Ministry of Health and Long-Term Care, such that performance results were accepted. No variance reports were requested by the Ministry of Health and Long-Term Care.

As part of the 2014 Year-End calendar reporting cycle, Region of Waterloo Public Health was accountable to:

- report on 11 of the 27 indicators against set targets



- report baseline data for 3 of the 27 indicators
- report data for surveillance purposes on 7 of the 27 indicators
- report, at a later time in 2015, on 6 remaining indicators that are seasonal in nature

### Report:

As per Report PH-11-041, Public Health Budget Approval & Accountability Agreement, dated September 27, 2011, the Regional Municipality of Waterloo entered into the Public Health Accountability Agreement with the Province of Ontario, effective January 1, 2011 for a term of three years. In November 2014, amendments made to the Public Health Funding and Accountability Agreement, were approved by the Board of Health to carry forward with the agreement and additional indicator inclusions.

### Indicators Results Measured Against Targets

Of the 11 indicators Region of Waterloo Public Health was accountable to report results on, eight met the set targets. For the other three indicators, the small variance against set targets was deemed to be within reason by the Ministry of Health and Long-Term Care, such that performance results were accepted. No variance reports were requested by the Ministry of Health and Long-Term Care.

The following table summarizes 2014 Year-End performance results in comparison to set targets:

Accountability Agreement Indicator	2014 Year-End Target	2014 Year-End Performance	Target Met or in Acceptable Range?
<b>Health Promotion Indicators</b>			
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	≥90.0%	97.6%	Met
% of tobacco retailers inspected twice per year for compliance with section 3 of the Smoke-Free Ontario Act (SFOA)	Seasonal: 100%	Seasonal: 100%	Met
	Non-Seasonal: 100%	Non-Seasonal: 98.5%	Acceptable Range
% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	100%	99.4%	Acceptable Range
Implementation status of NutriStep®	Significant Progress in Preliminary	Intermediate	Met

Baby Friendly Initiative Status (category)	Significant Progress in Advanced	Advanced	Met
<b>Health Protection Indicators</b>			
% of high-risk food premises inspected once every 4 months while in operation	100%	100%	Met
% of moderate-risk food premises inspected once every 6 months while in operation	100%	100%	Met
% of Class A pools inspected while in operation	100%	100%	Met
% of personal services settings inspected annually	100%	100%	Met
% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	95.0%	94.1%	Acceptable Range

### Baseline Results Gathered

Baseline results were submitted for three indicators:

- % of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (Baseline Result = 100%)
- % of suspected rabies exposures reported with investigation initiated within 1 day of PHU notification (Baseline Result = 74.3%)
- % of salmonellosis cases where one or more risk factor(s) other than “Unknown” was entered into iPHIS (Baseline Result = 79.1%)

### Surveillance Indicators Monitored

Results for the following indicators were submitted for surveillance purposes, but were not measured against set targets at this time:

- % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection
- % of public spas inspected while in operation
- Time between Health Unit notification of a case of gonorrhoea and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred within 0-2 business days)
- Time between Health Unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up (measures the percentage of confirmed cases where initiation of follow-up occurred on the same day lab confirmed positive case)
- % of school aged children who have completed immunizations for hepatitis B

- % of school aged children who have completed immunizations for HPV
- % of school aged children who have completed immunizations for meningococcus

### **Future Reporting**

2014 Year-End results for the following indicators will be reviewed at a later date in 2015 in order to account for their seasonal nature or the data collection period:

- % of population (19+) that exceeds the Low-Risk Drinking Guidelines
- Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)
- % of youth (ages 12-18) who have never smoked a whole cigarette
- Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in publicly funded schools
- % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (Human Papillomavirus (HPV))
- % of vaccine wasted by vaccine type that is stored/administered by the Public Health Unit (influenza)

As the sample of Mid-Year and Year-End data continues to grow with all Public Health Units reporting on the defined indicators, the Ministry of Health and Long-Term Care may continue to evaluate and propose new targets, leaving opportunities for negotiation with each Public Health Unit prior to finalizing any target.

Starting in 2015, Region of Waterloo Public Health will begin to monitor indicator results against set targets for 2014 indicators where baseline data had not been previously collected. In 2015, Region of Waterloo Public Health will also gather baseline data on any future additional indicators.

The Ministry of Health and Long-Term Care has outlined future initiatives to increase public transparency of accountability agreement results. Nominal reporting will begin among Public Health Units where indicators have been in place for a minimum number of years. The Ministry has indicated that there will be consultation on how to best share results more broadly to the public.

### **Ontario Public Health Standards and Ontario Public Health Organizational 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 and the Ontario Public Health Organizational Standards, which outline the expectations for providing Public Health programs and services and management operations. This report provides information related to the compliance with several requirements of both sets of Standards.

**Corporate Strategic Plan:**

Provincial funding for Public Health programs is tied to the Accountability Agreement and enables the delivery of programs and services which contribute to the following focus areas of the corporate strategic plan (2011-2014):

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

**Financial Implications:**

The majority of Public Health programs covered within the Accountability Agreement are funded 75% by the province and 25% regional tax levy; to a lesser extent some programs are funded 100% by the province. No new funding or resources are being made available to Public Health Units by the provincial government specifically to enable achievement or monitoring of targets associated with the Accountability Agreements. In order for the targets to be achieved within the existing base budget for Public Health, some resources will be re-directed to higher priority areas, which will be identified through indicator results versus targets, and the root cause(s) defined through the review and analysis of reports (as required).

**Other Department Consultations/Concurrence:**

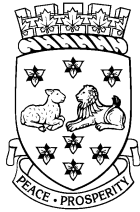
Nil.

**Attachments**

Nil.

**Prepared By:** Jordan Steffler, Strategic & Quality Improvement Specialist  
Anne Schlorff, Director Central Resources

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health



**Report:** PHE-CFH-15-01

CSD-CHS-15-08

**Region of Waterloo**  
**Public Health and Emergency Services**  
**Community Services**

---

**To:** Chair Geoff Lorentz and Members of the Community Services Committee

**Date:** April 14, 2015      **File Code:** P09-20

**Subject:** The “Big Bang”: The First 2000 Days

---

**Recommendation:**

For Information

**Summary**

Experiences in the first 5 years of life build the brain’s structure and foundation for learning that will stay with a child for their entire lifetime. Positive experiences shape early brain development. Early language development is linked with school success. Negative experiences limit brain development leading to life long impacts. Early childhood development programs bring excellent returns on investment. (See attachment: Centre on the Developing Child. Harvard University. “Brain Builders”)

**Report:**

**The First 2000 Days**

The “big bang” refers to the rapid explosion of development that occurs in a child’s brain during the first 2000 days, or five years of life. Current research from the Centre for the Developing Child at Harvard University indicates that experiences in the first 2000 days of life build the brain’s structure and foundation for learning that will stay with a child for their entire lifetime. The attachment [Five Numbers to Remember About Early Childhood Development](#) offers more specific information about how positive experiences shape early brain development, how early language development is linked with school success, how negative experiences limit brain development leading to life long impacts,

and how early childhood development programs bring excellent returns on investment.

According to the Ontario Early Years Policy Framework, positive experiences in the early years are linked to better social, educational, economic and health outcomes during the whole life cycle. Supporting early child development through effective programs gives long lasting value to both individuals and to society.

Provincially, information has been provided by Public Health Ontario about [The First Five Years](#) and how they affect long term health and development outcomes. It indicates how children experiencing vulnerabilities in early childhood are at increased risk in later years for school failure, obesity, depression, heart disease and memory loss. It relates the importance of health promotion and early intervention efforts in early childhood to decrease the risks of negative outcomes in later years.

### **Local Measures of Child Well-Being**

[The Child Wellbeing Dashboard](#) (Dashboard) reports on, by neighbourhood, four aspects of early childhood development: learning; health; fundamental needs; and relationships. This data has been identified by local community stakeholders as indicators of child wellbeing which will inform the planning and evaluation of supports for early childhood development. The Dashboard includes data from the Healthy Babies, Healthy Children (HBHC) Screen, the Early Developmental Instrument (EDI), and the Kindergarten Parent Survey (KPS).

The Healthy Babies, Healthy Children Screen is a comprehensive tool developed by the Ministry of Children and Youth Services (MCYS) for identifying families with potential risk of negative developmental outcomes for children. It is a standardized, universal screening tool that can be used across the prenatal, postnatal, and early childhood development periods to identify families for further assessment. It includes 36 questions assessing risk factors in the areas of Pregnancy and Birth, Family, Parenting, Infant/Child Development, and Health Care Professional Observations. The Healthy Babies, Healthy Children screen is routinely completed at the postpartum stage for all consenting families.

The Early Developmental Instrument (EDI) is supported by the Ontario Ministry of Education and measures the developmental health and well-being of children entering school. It assesses five areas: language and cognitive development; social competence; emotional maturity; communication skills and general knowledge; and physical health and wellbeing. The Early Developmental Instrument is being administered in the spring of 2015, in all senior kindergarten classes in publicly funded schools, and these results are expected to be available in early 2016. Results from the Early Developmental Instrument are available in the 2010 [Community Fit for Children Report](#).

Waterloo Region is one of seven communities in the province supporting the completion of the Kindergarten Parent Survey in 2015. The Kindergarten Parent Survey is sent to all parents of children in senior kindergarten in publicly funded schools. Parents volunteer to complete the survey which asks about their families and their health, their experiences in raising their children in their neighbourhood, their ability to meet their family's fundamental needs and other demographic information. Results from the 2015 survey will be available early 2016.

### **Supporting Early Child Development:**

Current research supports that when making decisions about public investments, it is important to consider how those investments will impact outcomes for young children and increase the ability of parents, service providers, and communities to provide positive experiences and environments for all children, which then impacts the health of communities overall. The Region supports early childhood development through programs within Public Health and Community Services, and more broadly through all programs that contribute to healthy and safe communities. Given the importance of early life experiences and the subsequent impact on brain development in the first 2000 days of life, many of the services provided by both Public Health and Community Services are viewed through this lens. As such staff recommendations presented to Council for consideration factor in the importance of supporting early child development. (eg. the Healthy Babies Healthy Children Service Plan and the Quality Initiatives Community Plan for Early Learning and Child Care).

### **Corporate Strategic Plan:**

This report supports the 2011-2014 Region's Strategic Focus Area 4: Healthy and Inclusive Communities – Foster healthy, safe, inclusive and caring communities.

### **Financial Implications:**

Nil

### **Other Department Consultations/Concurrence:**

Nil

### **Attachments**

The resources referenced in this report are available at:

Five Numbers to Remember About Early Childhood Development  
[http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/five-numbers/](http://developingchild.harvard.edu/resources/multimedia/interactive_features/five-numbers/)

The First Five Years

[http://www.publichealthontario.ca/en/eRepository/OHP\\_infog\\_FirstFiveYears\\_2014.pdf](http://www.publichealthontario.ca/en/eRepository/OHP_infog_FirstFiveYears_2014.pdf)

The Child Wellbeing Dashboard

<http://communityservices.regionofwaterloo.ca/en/childrensServices/child-wellbeing-dashboard-home.asp>

Community Fit for Children Report

[http://issuu.com/ckwymca/docs/communityfitforchildreninterimupdate\\_11oc28as\\_issu?e=1254759/5526621](http://issuu.com/ckwymca/docs/communityfitforchildreninterimupdate_11oc28as_issu?e=1254759/5526621)

Centre on the Developing Child. Harvard University. "Brain Builders". [Internet] Available from <https://www.youtube.com/watch?v=OQTfmnYB7I0>

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**Approved By:** **Douglas Bartholomew-Saunders**, Commissioner, Community Services  
**Dr. Liana Nolan**, Commissioner/Medical Officer of Health



<b>Council Enquires and Requests for Information</b>				
<b>Community Services Committee</b>				
<b>Meeting date</b>	<b>Requestor</b>	<b>Request</b>	<b>Assigned Department</b>	<b>Anticipated Response Date</b>

Region of Waterloo

# Employment & Income Support Community Advisory Committee Annual Report 2014

## Our Mandate

The Employment & Income Support Community Advisory Committee (EISCAC) provides a forum for stakeholders to offer advice on the programs and services delivered by the Employment and Income Support (EIS) division of Region of Waterloo Community Services. Stakeholders such as Ontario Works/ Ontario Disability Support Program participants, community agencies and partners, funders, business representatives, and Regional staff are members of the EISCAC.

The goal of the EISCAC is to improve the services provided to the residents of Waterloo Region. The EISCAC meets six times per year. Meetings are a combination of consultation, information and updates, discussion, and advocacy.

## Our Members

The EISCAC currently has 29 members, representing a wide range of sectors and stakeholders in the community. Committee members include:



<b>Jane Mitchell</b>	Chair (Regional Councillor)
<b>Melissa Webster</b>	Vice-Chair (Participant Member)
<b>Fred Bond</b>	Participant Member
<b>Joanne Bond</b>	Participant Member
<b>Rodica Chiriac</b>	Participant Member
<b>Ellen Cober</b>	Participant Member
<b>Erma Friesen</b>	Participant Member
<b>Birgit Lingenberg</b>	Participant Member
<b>Ferdouse Miah</b>	Participant Member
<b>Alex Troeger</b>	Participant Member
<b>Sandy Dietrich-Bell</b>	Emergency Shelter Services
<b>Sarah Hostetler</b>	ODSP Representative
<b>Lee Ann Hundt</b>	Aboriginal Services
<b>Bonnie MacPherson</b>	Income Support Caseworker
<b>Dianne McLeod</b>	Community Placement Support
<b>Sally Michener Potts</b>	Mental Health Representative
<b>Lil-Marie Myers</b>	Multicultural Services
<b>Janice Penner</b>	Community Counselling & Support
<b>Thanh-Thanh Tieu</b>	Education Representative
<b>Lou Bellini</b>	Education Representative
<b>Jane Tuer</b>	Literacy Services Representative
<b>Karen Lipski</b>	Funder Representative
<b>David Dirks</b>	Funder Representative
<b>Jake Frandsen</b>	Labour Council Representative
<b>Art Sinclair</b>	Business Representative
<b>Carol Simpson</b>	Labour Market rep (non-voting)
<b>Jennifer Fenton</b>	CUPE 1883 rep (non-voting)
<b>Tim Brubacher</b>	Committee Clerk (non-voting)
<b>Melodie Klassen</b>	Social Planner (non-voting)

## 2014 Meeting Highlights

### Homelessness & Housing Stability

Homelessness and housing stability was a key theme for the EISCAC in 2014, as EISCAC members dialogued with invited guests on issues and work being done to address homelessness in the region.

Brandon Spunar (House of Friendship) introduced the EISCAC to the Community Connect pilot project, which is focused on connecting with people who live on the streets or in shelters to help them find places to volunteer their skills as a way to build confidence and inclusion in the community.



In April, Marie Morrison (Region of Waterloo) provided an overview of changing elements within the housing stability system; and Lynn Macaulay (Lutherwood) highlighted Lutherwood's changing service model, programs and supports.

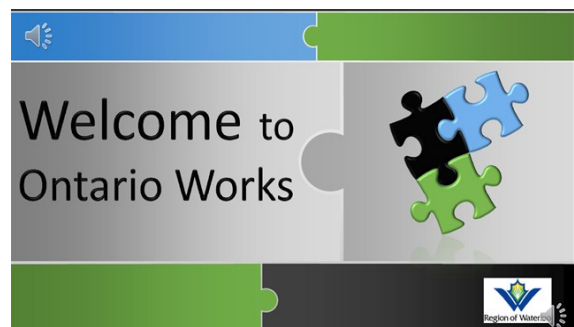
Beth Hayward and Van Vilaysinh (Region of Waterloo) provided a timely update on the Region's response to the Out of the Cold site closures, in October.

### Ontario Works Video

A draft version of a new Ontario Works video was presented to the Committee by Region of Waterloo staff. The video provides OW participants with an overview of the program, including the application process, benefit criteria, and participant rights and obligations.

The EISCAC discussed the use of simple language and possibility of language translations. The Committee suggested including information about academic upgrading and employment assistance, as well as counselling opportunities.

You can view the video by visiting the Region's Employment and Income Support website and following the links to "Ontario Works Information": [bit.ly/1nMbpO3](http://bit.ly/1nMbpO3).



## Social Assistance Management System

Significant changes were made to the computer technology used to deliver social assistance across the Province in 2014 (called SAMS). The EISCAC was consulted several times in 2014 in order to gather their input on a draft template of new Income Reporting Cards and Drug and Dental cards, and to communicate changes and potential service delays during staff training and system implementation. Two participant members of EISCAC were also invited to participate on the SAMS Evaluation Committee.

You can read about the changes by visiting the website: [bit.ly/10nJVZI](http://bit.ly/10nJVZI).



### To Better Serve You



From November 6<sup>th</sup> to 10<sup>th</sup>, we will be installing a new computer technology to deliver social assistance more effectively and efficiently.

During this time, the IVR will be available, but will only be updated to November 5<sup>th</sup>.

**You will continue to receive income support and benefits on time.**

We are working hard to make this change as smooth as possible.

Speak to your caseworker for more information.  
Thank you for your patience.



## Social Media



In 2012, EISCAC members participated in a survey inquiring about how people would like to receive information on Employment and Income Support. It was reported to the EISCAC in February 2014, that the 2012 survey results have led the division to explore ways of using social media and improving its website. In June 2014, Chris McEvoy announced that a new method of communicating with local residents and Ontario Works participants had recently been launched using the Region of Waterloo twitter account and #OntarioWorksWR.

## Grand River Transit Master Plan

Erica Springate and Eric Pisani (Region of Waterloo) provided an overview of Grand River Transit (GRT) services and priorities identified in the Regional Transportation Master Plan. EISCAC members were very engaged and eager to discuss issues of mobility on GRT buses, extended bus service hours, affordability, and accessibility of GRT information materials.





**Photo (above):** Members of the Employment & Income Support Community Advisory Committee, December 2014.

## Questions?

For more information regarding the Employment & Income Support Community Advisory Committee, please contact Melodie Klassen, Social Planning Associate by:

Phone: 519-575-4757 ext.5824

TTY: 519-575-4608

Email: [meklassen@regionofwaterloo.ca](mailto:meklassen@regionofwaterloo.ca)

Check out our website at: [bit.ly/1o8E1RB](http://bit.ly/1o8E1RB)



**Follow us on Twitter**

@RegionWaterloo #OntarioWorksWR

**Alternate formats of this document are available upon request. Please contact Melodie Klassen at 519-575-4757 ext. 5824 or TTY: 519-575-4608 to request an alternate format.**

# Region of Waterloo Public Health Dental Health Program Report 2011-2014

April 2015



Region of Waterloo  
PUBLIC HEALTH

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Editors:

Dr. Robert Hawkins, Chris Harold, Jan Herbison, Karen Quigley-Hobbs and Dr. Hsiu-Li Wang

Suggested Citation

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## Executive Summary

To ensure children have access to oral health care services, the Ministry of Health and Long-Term Care mandates health units to provide several key programs and services. In Waterloo Region, Public Health's Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard in the Ontario Public Health Standards (OPHS) and three associated protocols. The goal of the standard and protocols is to "enable all children to attain and sustain optimal health and developmental potential." The program activities required in the OPHS and Protocols include:

- Providing oral health screening and referral to treatment where appropriate;
- Participating in or leading non-clinical activities to protect and promote oral health; and
- Ensuring access to dental treatment by facilitating access to and administering the cost shared financial support program, Children in Need of Treatment (CINOT). Public Health also offers preventive services (e.g. scaling, sealants).

In addition, the dental program administers other programs that provide access to dental services that include:

- Healthy Smiles Ontario (100 per cent provincial funding); and
- Ontario Works and discretionary dental benefits.

The third group of activities provided by the Dental Health program are clinical services to children and adults who did not meet eligibility requirements for provincial programs, demonstrate financial need, and require care. These services are primarily 100% Regionally funded. Services are based on local need or gaps in provincially funded programs.

Highlights from the report include:

- On average, over 20,000 elementary school students were screened on an annual basis from 2011 to 2014
- The proportion of children with unmet urgent dental needs remained consistent between 7.3 and 7.6 per cent. Provincial comparisons are not available as the Ministry of Health and Long-Term Care has not published surveillance data for several years
- The number of children participating in the Children in Need of Treatment Program (CINOT) has remained consistent from 2011 to 2014, ranging from 722 to 770 participants per year
- Healthy Smiles Ontario (HSO) enrollment increased from 375 to 1557 children and youth from 2011 to 2014, an increase of 315 per cent
- The number of clients receiving dental services through the Ontario Works program in the past four years, 2011 to 2014, ranged from 6,023 to 7,073 per year
- The number of appointments at the Public Health dental clinics has remained fairly consistent between 2,444 and 2,753 per year
- In December 2013, the Ministry of Health and Long-Term Care announced its intent to integrate six publicly funded dental programs by August 2015



## Abbreviations

	<b>Name</b>
CHC	Community Health Centre
CINOT	Children in Need of Treatment
HPPA	Health Promotion and Protection Act
HSO	Healthy Smiles Ontario
IDDSH	Infectious Diseases, Dental and Sexual Health
JK	Junior Kindergarten
MOHLTC	Ministry of Health and Long-term Care
OPHS	Ontario Public Health Standards
SK	Senior Kindergarten

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## 1.0 Introduction

The Dental Health program is one of five programs in the Infectious Diseases, Dental, and Sexual Health (IDDSH) division of Region of Waterloo Public Health (ROWPH). Comprised of multi-disciplinary staff, the program provides oral health screening, access to dental treatment and participates in non-clinical activities to protect and promote oral health in Waterloo Region. The Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard of the Ontario Public Health Standards (OPHS)<sup>i</sup>. In addition, it complies with three protocols (Oral Health and Surveillance Protocol, Preventive Oral Health Services Protocol, and Children in Need of Treatment Program Protocol), which outline how the program should conduct its work. The goal of the standard is to “enable all children to attain and sustain optimal health and developmental potential”. The oral health-specific Board of Health expected outcomes, as outlined in the Standard, are listed in [Appendix A](#).

In order to meet the requirements outlined in the Standard and associated Protocols, Region of Waterloo Public Health’s (herein referred to as Public Health) Dental Health program provides a variety of services to residents in Waterloo Region.

This report provides an overview of Public Health’s Dental Health program, information and data on oral health indicators, and new and ongoing activities within the program.

Client-centered services offered by the Dental Health program include:

- Conducting oral health screening in a variety of settings, including Public Health clinics, community sites and schools;
- Administering the Children in Need of Treatment (CINOT), Healthy Smiles Ontario (HSO) programs and other programs for children who require dental care, but do not have dental insurance or the financial means to pay for care; and
- Providing preventive and restorative oral health clinical services.

Other Dental Health program activities include:

- Promoting good oral health to families with young children and to families who are planning a pregnancy or expecting the birth of a child; and
- Providing resources for professionals and community members for the purpose of promoting good oral health to individuals and families.

## 2.0 The Importance of Oral Health and Priority Populations

Oral health is connected to overall health and poor oral health is negatively associated with well being, speech, eating, sleeping, swallowing and breathing<sup>1</sup>. In an excerpt from a Region of

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<sup>i</sup> The OPHS are requirements for all Public Health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Ontario Public Health Standards (2008). Ontario Ministry of Health and Long-Term Care.

Waterloo Public Health report which identified populations at higher risk of poor oral health in Waterloo Region, the impact of oral health on overall individual wellbeing was described.

Poor oral health in childhood can have many immediate and lifelong repercussions. It has been shown that adult oral health is predicted by childhood oral health and childhood socioeconomic status (Thomson *et al.*, 2004). Even if socioeconomic status improves over life, the enduring effect of poor child oral health remains into adulthood (Thomson *et al.*, 2004). Fakhruddin *et al.* (2008b) found that children with untreated caries experienced more chewing difficulties, avoided smiling and have poorer social interactions than their unaffected peers.<sup>2</sup>

The Ontario Public Health Standards (OPHS) defines priority populations as “those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level”. In 2012, the following priority groups were identified by Region of Waterloo Public Health as being at risk for poor oral health outcomes:<sup>3</sup>

- Children and youth who are economically disadvantaged
- Mennonites (Amish, and Mennonites who are Mexican, not modern Mennonites)
- Immigrants and refugees to Canada
- Children and youth who do not speak English
- Pregnant teenagers
- People who smoke
- Individuals who use misuse substances
- Children and youth who are street-involved
- Children and youth with poor nutrition

The primary focus of the Dental Health Program is to ensure access to, or provide, dental care for individuals and families who require care, but do not have the financial means or insurance to obtain the required services. Many of the clients served by Public Health are individuals that fall into the priority groups listed above. Providing services to these individuals ensures all children who require dental services are not disadvantaged by social-economic status and their overall health is improved.

### **3.0 Oral Health Surveillance and Assessment**

The Ministry of Health and Long-Term Care mandates each public health unit to conduct oral health surveillance assessment under its accountability agreements as well as the Oral Health Assessment and Surveillance Protocol (2008) under the Ontario Public Health Standards.

Under the accountability agreement, Region of Waterloo Public Health must report on the percentage of junior kindergarten (JK), senior kindergarten (SK) and grade 2 students screened in all publicly funded elementary schools. There are three components to the indicator:

1. Per cent of schools screened;
2. Per cent of JK, SK and Grade 2 students screened; and
3. Per cent of JK, SK and Grade 2 students who were absent and excluded or refused <sup>ii</sup>

The purpose of the screening is to identify children with urgent, non-urgent and preventive dental needs, and to provide follow-up support by notifying parents or guardians of the dental concerns identified in their child. Parents or guardians are also given information about financial assistance programs that can help them access dental health services if they are without dental coverage and have low incomes. Dental Hygienists screen children and youth every year in publically funded elementary schools, selected secondary schools, at Region of Waterloo Public Health dental clinics, and in targeted community locations.

### **3.1 Baseline Accountability Agreement Indicator Results**

The 2013-2014 school year which was the first year in which the oral health accountability agreement indicator was reported. Overall, 98.6 per cent of the publicly funded schools in Waterloo Region were screened, accounting for 99 per cent of all junior kindergarten, senior kindergarten and grade 2 students. Ten per cent of students were excluded due to absenteeism or parental or guardian refusal of service (most of which were due to absenteeism).

These results serve as Region of Waterloo Public Health's baseline against which future performance will be measured. Targets for subsequent years are for the Dental Health Program to screen 100 per cent of junior kindergarten, senior kindergarten and grade 2 students in all (100 per cent) of Waterloo Region's publicly funded schools. The program is expected to meet these targets.

### **3.2 Targeted Screening in Publicly Funded Elementary Schools**

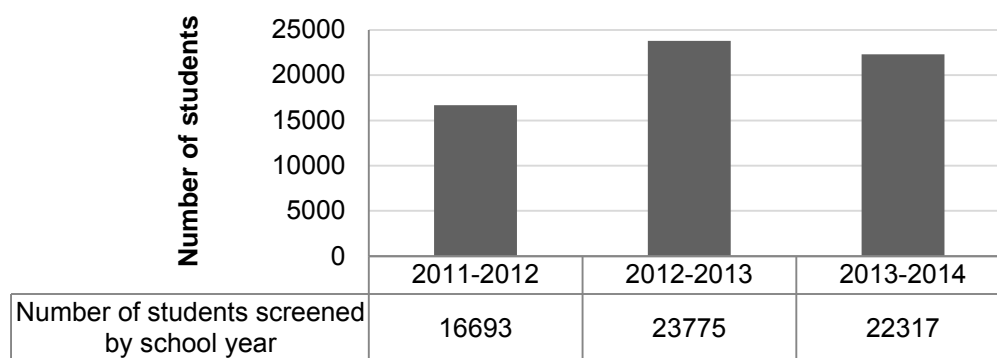
Once student screening is completed for every student in junior kindergarten, senior kindergarten and grade 2, every school is assigned a rating based on the grade 2 screening results. Based on their rating, some schools may screen students in additional grades (4, 6 and/or 8). Region of Waterloo Public Health also conducts follow-up screenings with students who were identified as having unmet urgent needs to ensure proper care was provided, or will provide a screening upon parental request.

Figure 1 presents the total number of screenings in publicly funded elementary schools in all grades from the 2011-2012 school year until the 2013-2014 school year. The number of students screened is lower in 2011-2012 as fewer schools were screened due to human resource limitations.

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<sup>ii</sup> Students excluded from screening due to absenteeism or parental or guardian refusal of service are not included in the total number of students (denominator) for the calculation of the per cent of JK, SK and Grade 2 students screened.

**Figure 1: Number of students screened in publicly funded elementary schools**



Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

### 3.2.1 Screening Results

At the time of screening, Region of Waterloo Public Health staff track the number of students with urgent dental needs. An urgent treatment may include one or more large open cavities in permanent teeth or in the crucial primary teeth, dental pain, infection, and trauma. Table 1 presents the number of students with these needs for the 2011-2012 to 2013-2014 school years.

Table 1: Number and proportion of students with unmet urgent treatment needs by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Number of students with urgent treatment needs	1231	1743	1699
Proportion of students with urgent treatment needs	7.4%	7.3%	7.6%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

While the total number of students with treatment needs varied (due to variation in the number of students screened), the proportion of students with these needs remained consistent over the three school years.

Once a student is identified as having an unmet urgent treatment need, the Dental Program will work with parents and community dental practitioners to ensure each child has access to, and receives, the required care. Staff will also provide information about financial assistance programs to support access to dental health services if appropriate.

During the screening process Region of Waterloo Public Health also identifies students with non-urgent dental needs. Non-urgent dental needs are conditions which do not require immediate treatment such as chipped fillings, signs of early tooth decay, and mild-moderate levels of gingival bleeding. Table 2 presents the number and proportion of students identified with these needs for the 2011-2012 to 2013-2014 school years.

Table 2: Number and proportion of students with unmet non-urgent treatment needs by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Number of students with non-urgent treatment needs	1041	1368	1318
Proportion of students with non-urgent treatment needs	6.2%	5.8%	5.9%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

While the total number of students with treatment needs varied (due to variation in the number of students screened), the proportion of students with these needs remained relatively consistent at around six per cent over the three school years. While no specific action is taken with these students or their parents, the measure is a one indicator of the overall oral health of children in Waterloo Region.

A final indicator collected as part of the screening program is the number of grade two students with two or more decayed teeth. This is another measure used to provide an assessment of the oral health of children in Waterloo Region. Table 3 presents the percentage of grade 2 students in Waterloo Region with two or more decayed teeth by school year.

Table 3: Percentage of grade 2 students with two or more decayed teeth, Waterloo Region, by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Grade 2 students with two or more decayed teeth	6.1%	5.5%	6.6%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

Similar to the other indicators, the results are relatively consistent over the three school years, averaging six per cent over the three year period. These students are also referred to dental and services and case managed as appropriate.

Provincial comparisons are unavailable for the indicators as the Ministry of Health and Long-Term Care has not published any data at the provincial level. A limited number of other health units include oral health indicators in their surveillance or program reports; however, the indicators and timeframes vary making comparisons difficult.

### 3.3 Screening in Publicly Funded Secondary Schools

Over the last three school years, different approaches were used for identifying secondary school aged youth with unmet dental needs. Challenges with program implementation (i.e. services were not reaching the students who needed them), resulted in a decision to target students more likely to be considered a priority population for oral health services. In the 2013/2014 school year, Dental Hygienists conducted dental screening for 57 youth attending U-Turn, an alternative education program to support youth in completing their high school credits.

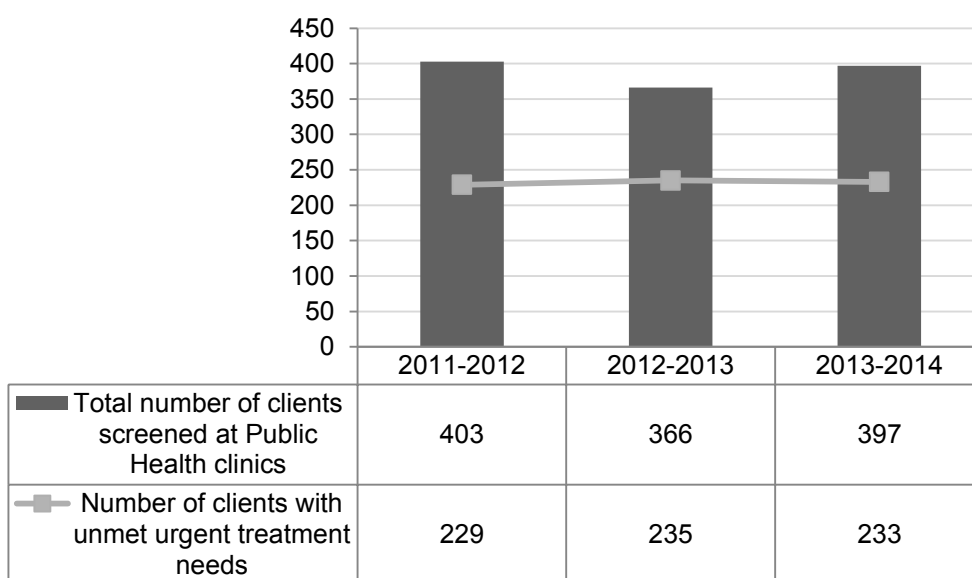


As a result of the screening, three students (or 5%) were identified as having unmet urgent dental needs and 12 (or 21%) were identified as having unmet non-urgent dental needs.

### 3.4 Dental Screening at Public Health Clinics

Dental screening is also provided at Public Health clinics located at 99 Regina Street South in Waterloo and at 150 Main Street in Cambridge. These clients are usually referred by private dental offices or by parents requesting a screening for their child (self-referral). After the screening, treatment plans are created by dental providers for eligible clients who have been identified as having unmet dental health needs. The number of clients screened at Public Health clinics from 2011 to 2014 remained fairly consistent (see Figure 2).

Figure 2: Number of clients screened at Public Health clinics, by school year, 2011-2014.

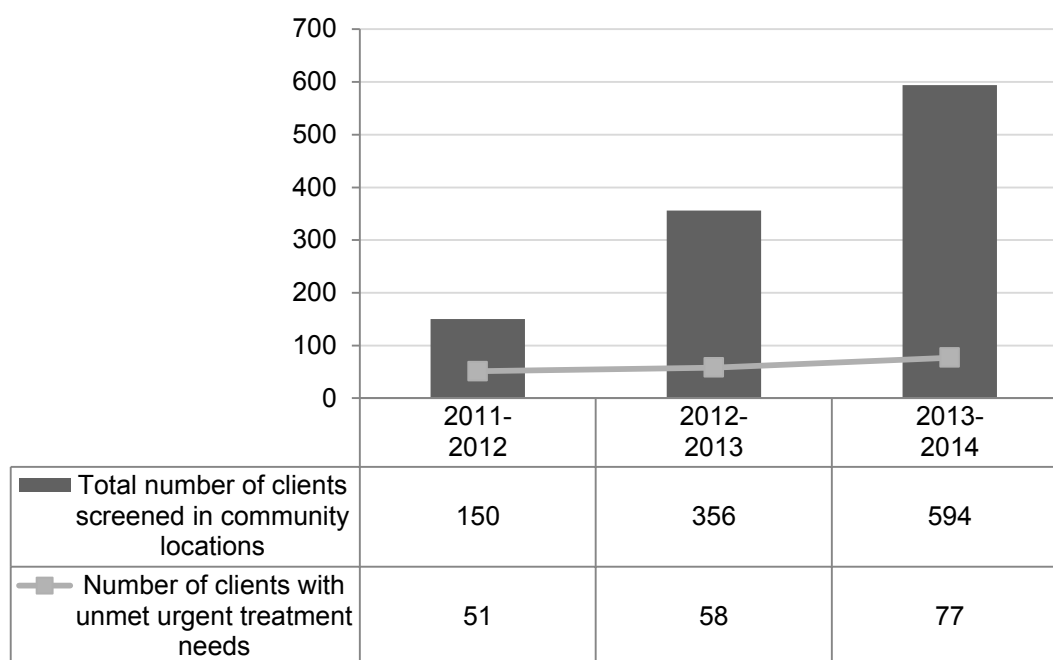


Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

### 3.5 Dental Screening in the Community

Dental screening was conducted at various community events including Child Health Fairs, and in community locations that target priority populations for dental services including Ontario Early Years Centres, Community Health Centres and YMCA Cross-Cultural Services. The number of children screened (see Figure 3) in the community has increased steadily over time with a 137 per cent increase from the 2011-2012 to the 2012-2013 school year and another 67 per cent increase from the 2012-2013 to the 2013-2014 school year.

Figure 3: Number of clients screened in community locations, 2011-2014.



Source: Region of Waterloo Public Health Dental Program Statistics (2011-2014)

The number of clients screened per year in community settings varied based on available human resources to conduct the screenings (which was lower in 2011-2012 due to human resource vacancies). In addition, more screenings were booked by clients in settings where they were offered in subsequent years (e.g. Child Health Fairs, and community settings such as Anselma House and Lutherwood). The proportion of children screened in the community who were identified as having unmet urgent needs decreased from 34 per cent (51 children) in the 2011-2012 school year to 16.2 per cent (58 children) in the 2012-2013 school year, to 13 per cent (77 children) in the 2013-2014 school year. There are a number of potential reasons for this decrease including the locations the screenings were provided and the demographics of the families who booked screening appointments.

In response to local screening/surveillance data, Public Health offers a range of services and support to provide, or ensure access to dental care, especially for children and youth. The most significant services include the administration of provincial financial assistance programs (refer to Section 4) and the provision of clinical and health promotion services (refer to Sections 5 and 6).

#### 4.0 Financial Assistance Programs

Various programs exist in Ontario that support access to dental services for people who cannot afford them. For the most part, these programs target children less than 18 years of age; however, a limited number of financial assistance programs are available for adults in need of

emergency dental treatment. There are no financial assistance programs available for people 18 years of age and older with non-emergency dental concerns.

Refer to Appendix B for an overview of the various financial assistance programs, each program's area of focus, and how each program is funded.

#### **4.1 Children in Need of Treatment Program (CINOT)**

The Children in Need of Treatment (CINOT) program is a provincially and municipally funded program (75% provincial, 25% Regional) for children in need of dental treatment. This program is provided in accordance with the Children in Need of Treatment Program Protocol, 2008<sup>4</sup> and ensures that children under 18 years of age in urgent need of dental care will receive immediate treatment. Examples of urgent dental care needs include one or more large open cavities in permanent teeth or in the crucial primary teeth, dental pain, infection, and trauma.

The CINOT program is offered in partnership with dentists who provide dental services in their offices to eligible children who are identified through dental screening programs at schools or other screening programs in the community. Participating dentists are reimbursed by Region of Waterloo Public Health and the Ministry of Health and Long Term Care.

To be eligible for dental care through the CINOT program, a child or teen must meet the following criteria:

- Be screened by a Registered Dental Hygienist from Region of Waterloo Public Health;
- Be identified as having an urgent dental condition;
- Have no dental insurance and for whom the cost of dental care would create financial hardship; and
- Meet the age criteria.

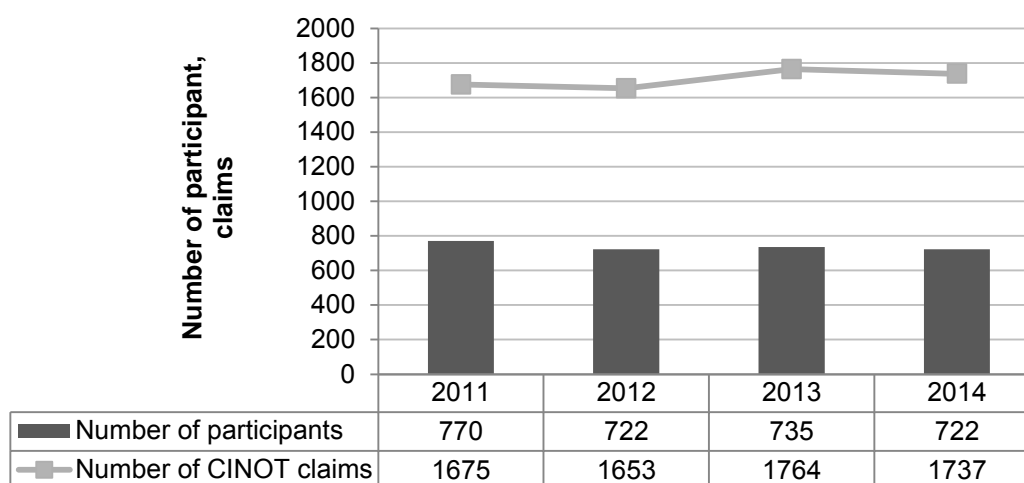
If a child or teen is eligible, an appointment can be made at a dental office that accepts the CINOT program. Treatment must be completed within six months of screening.

##### **4.1.1 Number of Participants**

Participants in the CINOT program may have multiple CINOT claims per calendar year resulting in a higher number claims than participants. As seen in Figure 4, the number of participants in the CINOT program has remained fairly consistent from 2011 to 2014.

The number of CINOT claims remained similar from 2011 to 2012 and 2013 to 2014; however, there was a seven per cent increase (111 claims) in the total number of claims from 2012 to 2013.

Figure 4: Number of CINOT participants and claims, 2011-2014.



Source: Region of Waterloo Public Health Dental Program Statistics (2011-2014)

## 4.2 Healthy Smiles Ontario Program

Healthy Smiles Ontario (HSO) is a 100 per cent provincially funded public health dental program for Ontarians who are under 18 years of age. To be eligible for HSO, individuals must not have any form of dental coverage (including coverage from other government funded programs) and must be members of a household with income levels at or below the Adjusted Family Net Income levels (see Appendix C for income eligibility requirements table). The program aims to increase access to early treatment and preventive dental services for families with low income and without dental coverage. The type of services covered by the HSO program includes checkups, cleanings, fillings and x-rays.

When the HSO program in Waterloo Region was first planned, it was determined that a targeted approach to connect with potential clients was needed. As a result, partnership with three Community Health Centres (CHC) was pursued to create and implement a peer-based model to connect with hard to reach families and promote oral health services that are available in the community. Individuals were recruited and hired at each CHC as Oral Health Peer Workers with the following roles and responsibilities:

- Promote oral health through presentations and resources
- Promote Region of Waterloo Public Health and community dental services
- Assist clients to complete the HSO application
- Facilitate client access to dental services
- Provide outreach to the population served by the CHC
- Identify local needs and prevention opportunities

Each Oral Health Peer Worker completes a 13-week training program designed to increase the peer's knowledge on topics relevant to scope of practice and develop skills around program planning, facilitation and use of appropriate resources. In addition, they receive mentoring from

a Public Health Dental Hygienist. Since Oral Health Peer Workers work in the community they serve and are employees of the CHC and not Region of Waterloo Public Health, they are uniquely positioned to reach hard-to-reach families, particularly the priority populations identified in Section 2.

In addition, Public Health’s hygienists provide preventive services, oral health promotion for clients and health professionals as well as reviews of HSO applications and documentation.

#### **4.2.1 Healthy Smiles Ontario Participants**

If a client is eligible for the HSO program they receive a HSO card which can be used at private dental offices that accept the program or Public Health dental clinics. Table 4 shows the number of children and youth enrolled in HSO from 2011 to 2014. Clients can remain in the program until their eighteenth birthday provided they still meet the financial eligibility criteria.

Table 4: Number of Healthy Smiles Ontario Open Cases, Waterloo Region, 2011-2014

Year	Total number of clients enrolled in the HSO program
2011	375
2012	835
2013	1190
2014	1557

Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

Factors contributing to the increased enrollment include the promotion done by the Oral Health Peer Workers as well as the navigator role that dental program staff provide to assist clients in determining eligibility for HSO or other assistance programs and how to access care in the community.

#### **4.2.2 Participating Dentists**

A total of 191 dentists have participated in the Healthy Smiles Ontario program by providing services to eligible clients in their offices. Twenty-three of these dentists regularly treat HSO clients, accounting for 56.9 per cent of claims.

#### **4.3 Ontario Works and Ontario Disability Support Program**

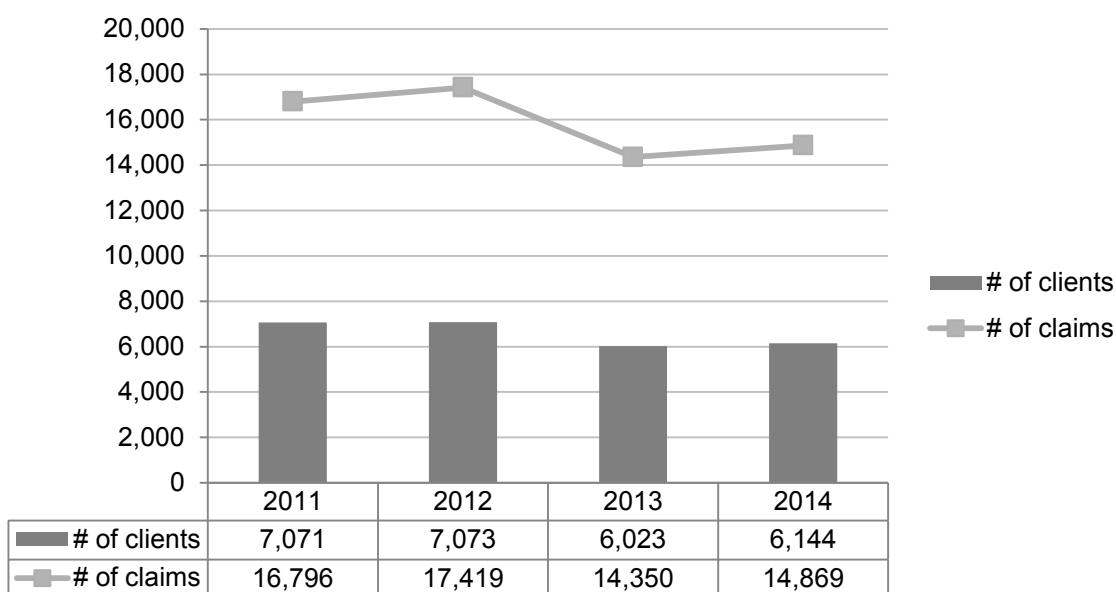
Financial assistance for dental care is also available for adults and child dependants of adults who are participants in the Ontario Works (OW) program. Costs are funded by the Ontario Ministry of Community and Social Services and the Regional Municipality of Waterloo. In addition, OW adult and Ontario Disability Support Program (ODSP) recipients are eligible for discretionary benefits (100% Regionally funded).

Public Health administers several financial assistance programs to assist dental treatment for clients:

- (1) Ontario Works benefits for child dependants under age 18;
- (2) Emergency treatment for adults on Ontario Works and adult dependants of ODSP recipients; and
- (3) Discretionary benefits for Ontario Works adults and ODSP recipients and their dependants, including denture care.

Figure 5 shows the number of clients who are OW participants or child dependants of OW participants, and the number of claims from 2011 to 2014. A decrease of 140 clients and over 3,000 claims can be observed from 2012 to 2013 due to the discontinuation of the discretionary dental program by Regional Council (100% Regionally funded). The program was reinstated in May 2014. Not offering the program for a few months in 2013 and 2014 accounts for the lower number of clients and claims in those years.

Figure 5: Number of clients who are OW participants or child dependants of OW participants and number of claims, 2011-2014.



Source: Children in Need of Treatment information database, extracted March 2015.

## 5.0 Region of Waterloo Public Health Dental Clinics

Even with the existing provincial financial assistance programs there are families that do not qualify for funding, but still do not have the financial means to obtain dental care for their children. In addition, outside of the Ontario Works and Ontario Disability Support Program, there are no financial assistance programs for low income adults in need of oral health care.

In response to these gaps in service, the Board of Health has provided funding (100% Regional) to provide early treatment and emergency dental care for children (since the 1960s) and emergency care for adults (since the early 2000s).

Children and adults who have met the following eligibility criteria can receive care from dentists, dental hygienists and dental assistants:

- Residents of Waterloo Region and with demonstrated financial need (based on the LICO threshold);
- Children and youth under 18 years of age who's family does not have dental insurance and does not qualify for other assistance programs; or
- Adults (18 years of age or older) who do not have dental insurance, do not qualify for other assistance, and for whom the cost of dental treatment would cause financial hardship.

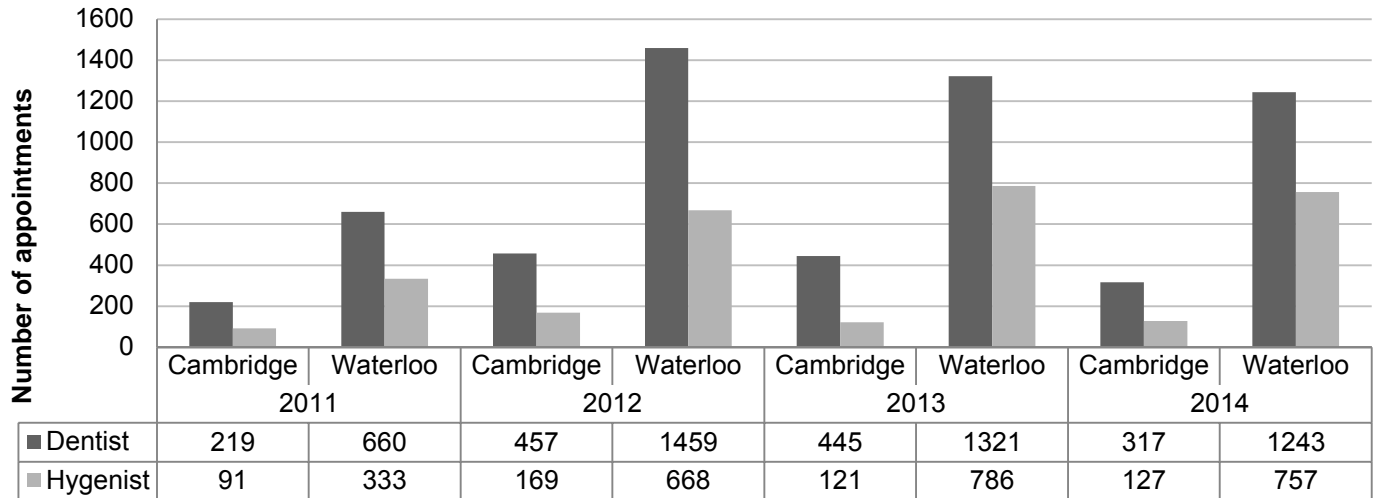
Eligible children can receive basic dental services, including checkups, cleaning and fillings and eligible adults can receive limited emergency services to eliminate pain. Eligibility is based on the low income cut-off (LICO) threshold.

Clinical dental services are provided through clinics located at 150 Main Street in Cambridge and at 99 Regina Street South in Waterloo. The dental clinic in Waterloo is open Monday, Tuesday, Thursday and Friday from 8:30 a.m. to 4:30 p.m. and on Wednesday from 11 a.m. to 7 p.m. to accommodate clients unable to make appointments during regular business hours. Due to lower demand, the dental clinic in Cambridge is open two days a week, on Mondays from 9 a.m. to 4 p.m. and on Tuesdays from 11:30 a.m. to 7 p.m.

### **5.1 Number of Clinic Appointments**

Depending on the service needed, clients are booked into appointments with either a dentist or dental hygienist. Figure 6 provides the number of visits to Public Health Dental Clinics by provider by location.

Figure 6: Number of clinic appointments, by provider, by location, 2011-2014.



Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

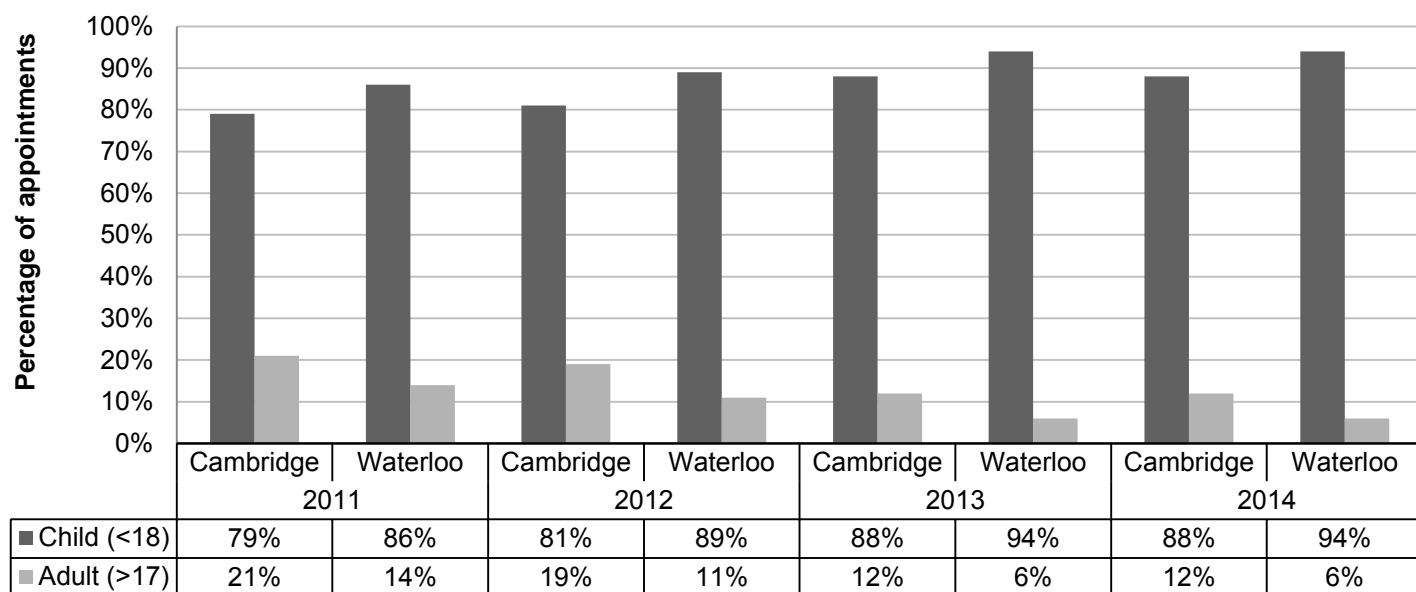
The number of clinic appointments varies each year, but is more consistent between 2012 and 2014. Some of this is due to natural variation in the type of appointments booked and the number of clients that require care. A big difference in 2011 compared to the other years is noted due to human resource constraints that calendar year.

## 5.2 Age of Clinic Clients

While appointments for children typically represent a much larger proportion of all clinic appointments, the proportion of child clients has increased steadily in every year from 2011 to 2014 (see Figure 7).



Figure 7: Proportion of child and adult dental appointments, by clinic location, 2011-2014.

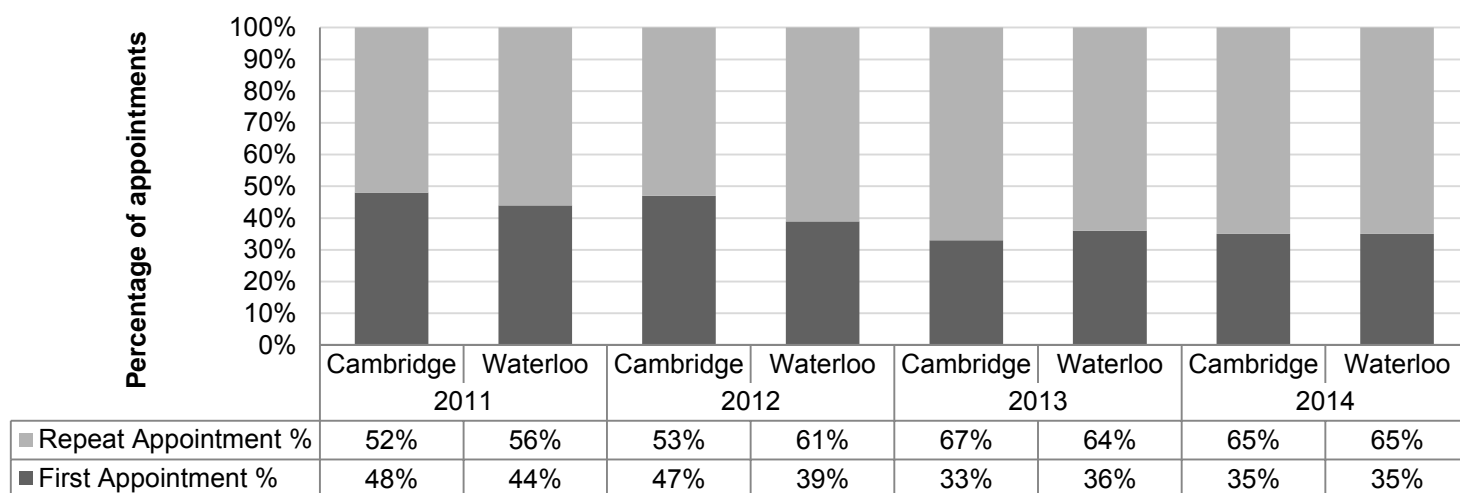


Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

### 5.3 Proportion of First Versus Repeat Appointments

First appointments are used to determine client eligibility for treatment, and for screening and assessment of clients. Treatment is provided to clients at subsequent appointments (categorized as repeat appointments). A higher proportion of repeat visits overall indicates more clients with dental care needs requiring multiple appointments (i.e. more dental health issues). Figure 8 shows that repeat appointments have consistently accounted for over half of all clinic appointments in both the Cambridge and Waterloo clinics. In 2013 and 2014, repeat visits accounted for almost two thirds of all clinic appointments.

Figure 8: Percentage of first and repeat appointments, by location, 2011-2014.



Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

## 5.4 Preventive Services

Providing preventive dental services is required as per the OPHS, which states, “the board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008”<sup>5</sup>. Preventive dental services include sealants, scaling and fluoride treatment. Table 5 provides the number of clients who received preventive services in a Public Health clinic. The number of clients served is consistent over the three-year time period.

Table 5: Number of clients who received preventive services, 2012-2014.

Year	# of clients who received preventive services
2012	837
2013	907
2014	884

Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

## 5.5 Reason for Visits

Table 6 shows the proportion of procedures provided to clients by year. Dental restorations (fillings) account over one third of all procedures received by dental clinic clients for all of the years reported.

Table 6: Percentage of visits by first procedure type, 2011-2014.

Procedure	2011	2012	2013	2014
Restoration	35.2%	35.9%	40.0%	39.2%
New Client Exam	16.2%	16.0%	13.0%	11.5%
Program Eligibility Screening	16.1%	14.7%	14.0%	12.8%
Oral Hygiene Instruction	14.3%	12.4%	13.1%	11.5%
Returning Client Visit (Routine)	5.6%	9.0%	10.5%	14.6%
Emergency	7.7%	7.9%	6.8%	7.6%
Extraction	3.4%	2.3%	1.5%	2.0%
Root Canal Therapy	1.1%	1.0%	0.7%	0.7%
Other <sup>iii</sup>	0.2%	0.3%	0.3%	0.2%

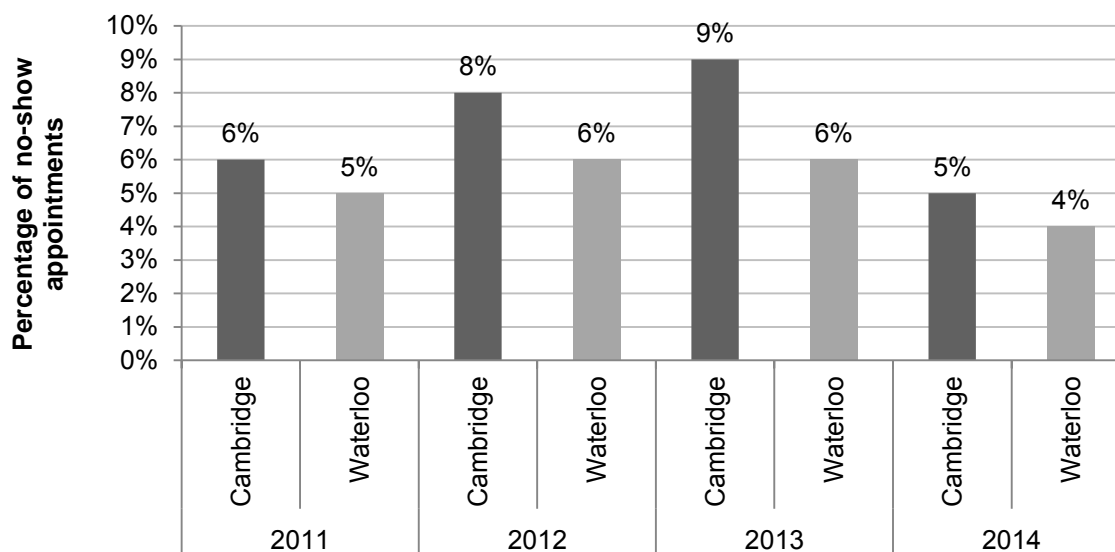
Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

<sup>iii</sup> The other category includes dental appliance fitting and checking, impressions and spacers

## 5.6 No-Show Rates

The Dental Health program tracks the number of clients who do not show up for their scheduled clinic appointment (labelled a no-show) for program planning purposes. Overall, the no show rate for clinic appointments is low. This is likely due to the support Public Health staff provide in facilitating client entry-to-care. As seen in Figure 9, the no-show rate ranged between 4 and 9 per cent each year and the location of each office (rates are higher in Cambridge). These rates are consistent or lower than the no show rates for other clinical services provided by Public Health.

Figure 9: Client appointment no-show rate, by location, 2011-2014.



Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

## 6.0 Health Promotion

Health promotion is defined as “the process of enabling people to increase control over and to improve their health”.<sup>6</sup> It involves “a process of implementing a range of social and environmental interventions includes promoting healthy behaviours, creating supportive environments and encouraging healthy public policies”.<sup>7</sup> The Dental program regularly participates in Child Health Fairs and Prenatal Health Fairs to provide screening and health education to families planning a pregnancy, expecting a child, or with children zero to six years of age. In addition, oral health educator resource kits are also available to the public. The kits contain information props and teaching guides on various oral health topics designed to meet the needs of teachers, dental health professionals, etc.

Region of Waterloo Public Health also created a video on preventing Early Childhood Tooth Decay. The video can be accessed at <http://tinyurl.com/WRdentalvideo>

## 6.1 Child Health Fairs

Child Health Fairs are community events where service providers come together in one location to provide health screening of children ages 0-6. The screening services available to families include dental, nutrition, speech, vision, hearing, and developmental screening. Screening is imperative to early identification of issues so that appropriate early intervention can take place. Approximately five Child Health Fairs are held per year. From 2011 to 2014, a total of 970 children received dental screening from a dental hygienist, and of that number, 184 were referred to a dentist. Table 7 provides the number of children that received dental screening from 2011 to 2014 at Child Health Fair locations.

Table 7: Number of children screened at Child Health Fairs, 2011-2014.

Year	# of Child Health Fairs held	# of children that received dental screening at Child Health Fairs	# of children that received a referral to a dentist
2011	6	361	73
2012	5	264	40
2013	4	118	16
2014	5	227	55

Source: Region of Waterloo Public Health Child and Family Health Program Statistics (2011-2014)

## 6.2 Multicultural Prenatal Health Fairs

Multicultural Prenatal Health Fairs are offered on an annual basis and aim to support women and families who are new to Canada and are pregnant or planning a pregnancy. At the fairs, parents have access to health care providers and businesses whose services relate to prenatal, maternal and infant health. Language translation services and workshops in multiple languages are available, and resources are printed in the prevalent languages found in Waterloo Region. Topics covered at the fairs include planning for pregnancy, pregnancy, preparing to become a parent, feeding your baby, keeping your baby safe, and information about programs and services relating to child and family health.

Each year, Multicultural Prenatal Health Fairs are planned and delivered through the combined efforts of over 40 different community organizations including ROWPH. Table 8 provides the approximate number of attendees at Multicultural Prenatal Health Fairs for 2013 and 2014.

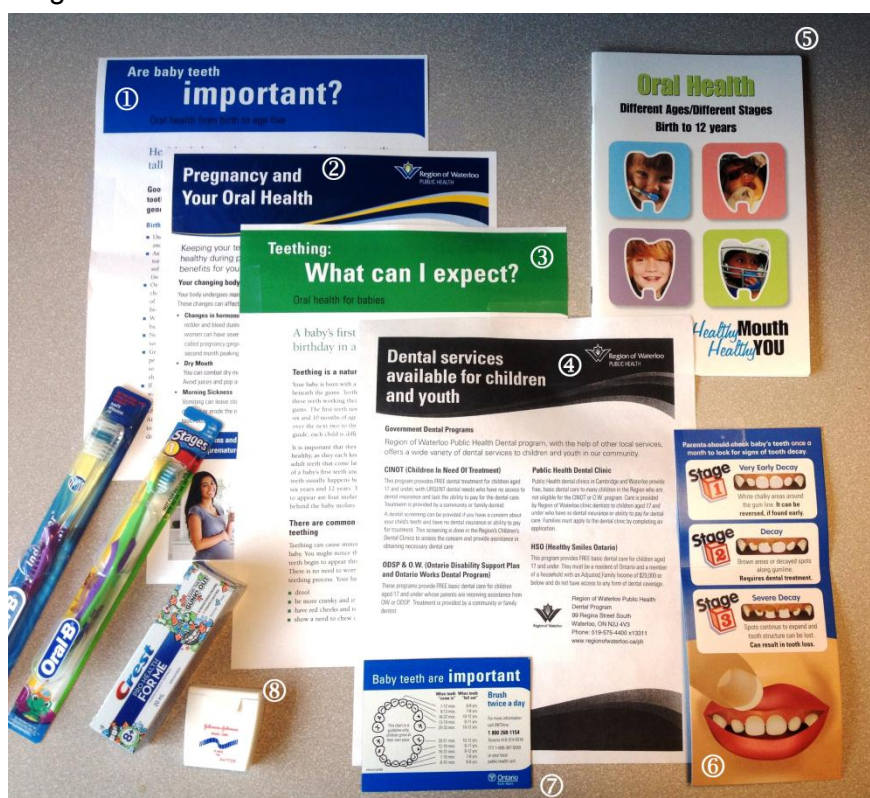
Table 8: Number of Multicultural Fair attendees, 2011-2014.

Date of Multicultural Prenatal Health Fair	# of attendees (approx.)
2011	unavailable
2012	unavailable
2013	220
2014	150

Source: Region of Waterloo, Reproductive Health Program Statistics (2013-2014)

Dental health kits are distributed to participants at Prenatal Health Fairs, and include information, resources and oral health supplies to help parents and guardians support their child(ren)'s oral health (see Figure 10). The kit also includes information on financial assistance programs that are available in the region.

Figure 10: Contents of dental health kits



Kit contents:

1. Information sheet: “Are baby teeth important: Oral health from birth to age five”
2. Information sheet: “Pregnancy and your oral health”
3. Information sheet: “Teething: What can I expect? Oral health for babies”
4. Information sheet: “Dental services available for children and youth: Government Dental programs”
5. Resource book: “Oral Health: Different ages/Different stages. Birth to age 12”
6. Resource: “Lift the lip to check baby’s teeth”
7. Magnet: “Baby teeth are important”
8. Adult and child toothbrushes, toothpaste and floss

### 6.3 Educator Resource Kits

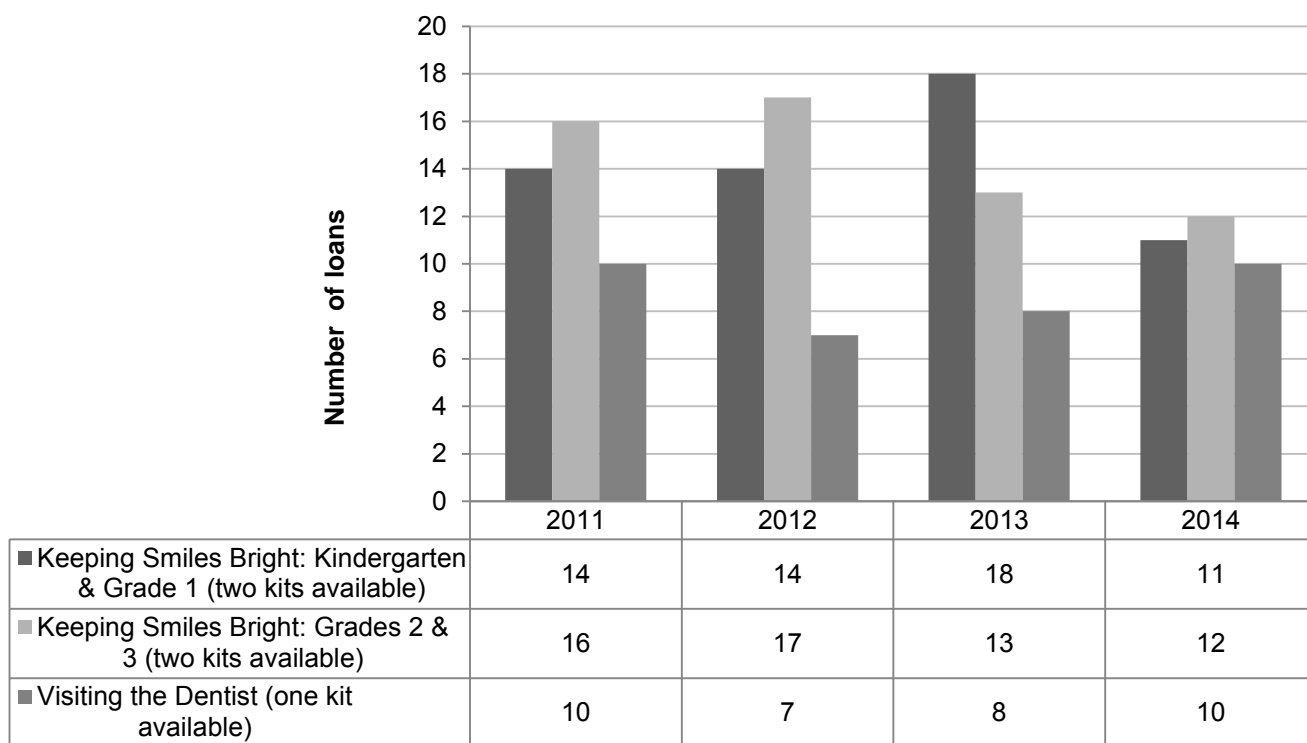
Oral Health educator resource kits are available to the public through the Region of Waterloo Public Health Resource Centre. The kits contain information, props, and teaching guides on various topics related to dental health and are designed to meet the needs of educators for use

in the classroom setting, but can they also be used by members of other organizations and the general public. The following kits are currently available:

- Keeping smiles bright in Waterloo Region : teachers' dental education resource : kindergarten and grade one
- Keeping smiles bright in Waterloo Region : teachers' dental education resource : grades two and three
- Visiting the dentist

Figure 11 provides the number of times each dental health kit has been loaned from 2011 to 2014.

Figure 11: Number of times dental health kits have loaned, 2010-2014



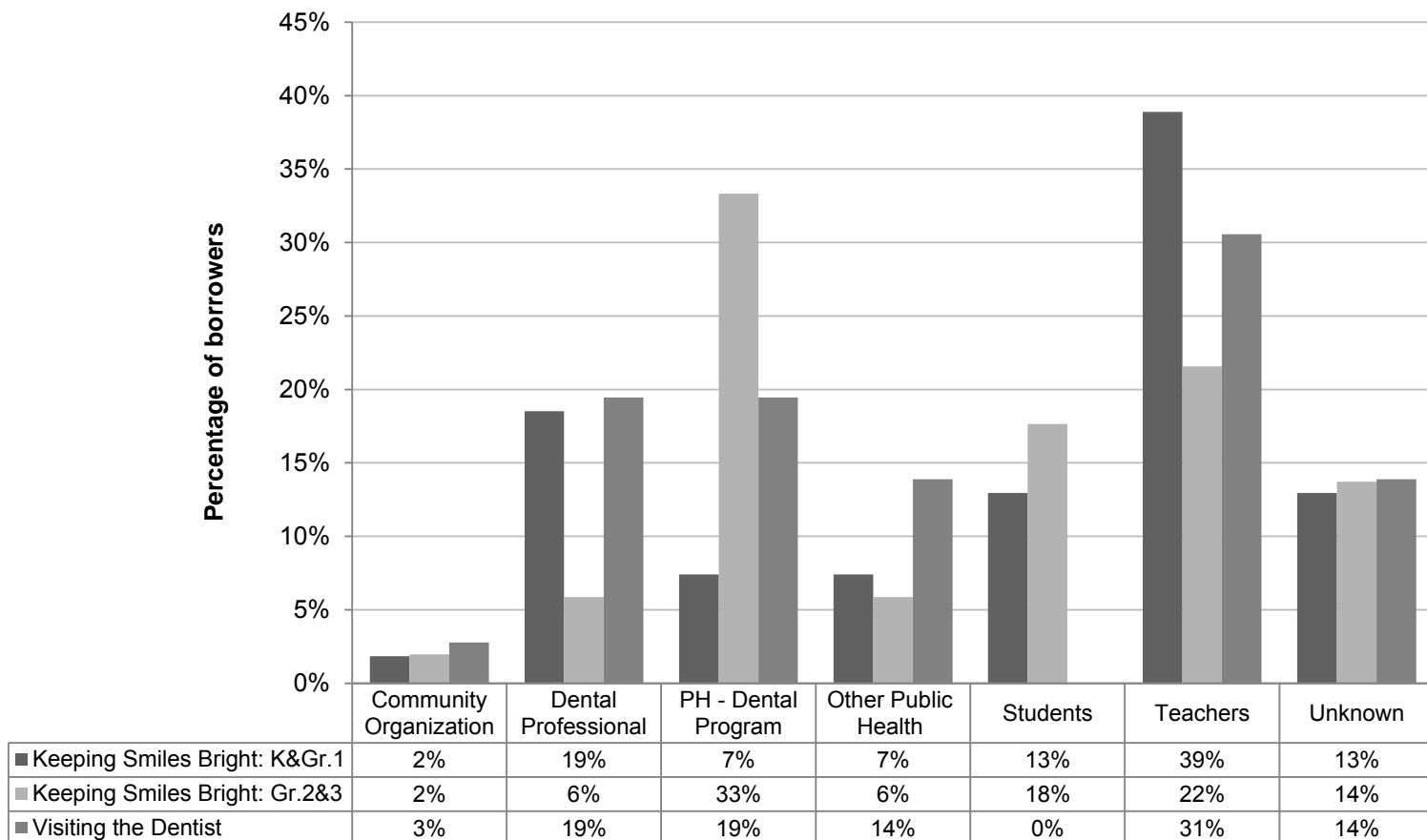
Source: Region of Waterloo Public Health Resource Centre statistics (2010-2014). Extracted January 19, 2015

The Region of Waterloo Public Health Resource Centre tracks information about the borrower's employment sector when a kit is signed out. On analysis of the statistics, borrowers were sorted into the following categories:

- Community organizations (e.g. social worker, community centre employee)
- Dental professional (e.g. dentist, hygienist, oral health worker)
- Region of Waterloo Public Health staff
- Students (e.g. nursing and education programs)
- Teachers
- Unknown (no organization noted)

Figure 12 provides the percentage of borrower type for 2011, 2012, 2013 and 2014 combined. Teachers and Public Health staff (dental program and other) represented the highest proportion of borrowers for all of the kits. Dental professionals also represented a high proportion of borrowers for two of the kits (Keeping smiles bright: kindergarten and grade one and Visiting the dentist).

Figure 12: Percentage of borrower type for 2011 to 2014 combined



Source: Region of Waterloo Public Health Resource Centre statistics (2010-2014). Extracted January 19, 2015

## 7.0 Future Planning

### 7.1 Provincial Dental Program Integration

In December 2013, the Ministry of Health and Long-Term Care announced its intent to integrate six publicly funded dental programs by August 2015. This will mean that the following programs will be integrated into one funding program aimed to help families with children in need of dental services:

- Healthy Smiles Ontario
- Children in Need of Treatment Program
- Oral health preventive services provided by Public Health Units
- Ontario Works
- Ontario Disability Support Program Income Support
- Assistance for Children with Severe Disabilities Program

The new integrated model is currently under development and is pending approval by the Minister of Health and Long-Term Care. The Ministry of Health and Long-Term Care has indicated that under the new program children of social assistance recipients will be automatically enrolled, while all other low-income families will be able to apply through a “simplified and streamlined application process”.<sup>8</sup>

Public Health Units have been consulted, but await final decisions on the following aspects of the integrated approach:

- The consolidation of eligibility and claims processing for provincially funded dental programs by a third party provider
- Changes to the Healthy Smiles Ontario, preventive services and financial assistance programs

Overall, implications of this integration for Public Health Units, including Region of Waterloo Public Health, and the children and families that access these programs are still to be communicated by the Province and understood.

In addition, the Ministry plans to review and update the oral health components of the Ontario Public Health Standards and Protocols.



## **APPENDICES**

### **Appendix A: Board of Health Outcomes – Child Health Standard**

Board of Health Outcomes specific to oral health in the Child Health Standard are:

- The board of health achieves timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- Priority populations are linked to child/family health information, programs, and services. Children urgently in need of oral health care have access to such care.
- Children in need of preventive oral health services receive essential clinical preventive oral health services.
- The board of health achieves timely and effective detection and identification of communities with levels of fluoride outside the therapeutic range (applicable to health units where water is fluoridated).

## Appendix B: Dental Program Funding Overview

Dental Program	Program Focus	Per cent funded by the provincial government	Per cent funded by Region of Waterloo
Dental Health Program Activities - Screening - Health promotion	Identify children in need of urgent and non-urgent dental care; refer to financial assistance programs where appropriate  Promote the importance of oral health	75%	25%
Health Smiles Ontario (HSO)	Basic dental care for children under 18 years of age	100%	0%
Children in Need of Treatment Dental Program (CINOT)	Urgent treatment for children under 18 years of age	75%	25%
Ontario Works (children) and OW (adults)          Discretionary benefits for Ontario Works (adults) and Ontario Disability Support Program (ODSP) recipients	Basic dental care for child dependents of OW recipients under 18 years of age; Emergency dental care for adult OW clients and their dependent children 18 yrs. and older          Denture and root canal treatment services for adult Ontario Works and Ontario Disability Support Program recipients	Programs are only administered by the Dental Health Program.  Funding is provided through the Ministry of Community and Social Services (via Community Services).          \$1.5M is allocated from the discretionary benefits envelope. The envelope is funded Provincially by \$2.5M and Regionally by \$2M.	
Region of Waterloo Dental Clinics	Basic dental care for children under 18 years of age who do not meet provincial funding criteria, but demonstrate financial need; emergency treatment for adults for relief of pain	0%	100%

### Appendix C: Healthy Smiles Ontario Income Eligibility Requirements Table

<b>Number of Dependent Children in Household</b>	<b>1 Child</b>	<b>2 Children</b>	<b>3 Children</b>	<b>4 Children</b>	<b>5 Children</b>	<b>6 Children</b>	<b>7 Children</b>	<b>8 Children</b>	<b>9 Children</b>
Adjusted Family Net Income (AFNI)	\$21,638	\$23,275	\$24,913	\$26,550	\$28,188	\$29,825	\$31,463	\$33,100	\$34,738

Note: add \$1,638 for every additional child per household

## Appendix D: Citations

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<sup>1</sup> Region of Waterloo Public Health. (2007). A glance at oral health in Waterloo region.

<sup>2</sup> Region of Waterloo Public Health (2012). A Review of Priority Populations for Dental Health in Waterloo Region

<sup>3</sup> Region of Waterloo Public Health (2012). A Review of Priority Populations for Dental Health in Waterloo Region

<sup>4</sup> Ministry of Health and Long-Term Care (2008). Children in Need of Treatment (CINOT) Program Protocol.

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<sup>5</sup> Ministry of Health and Long-Term Care (2008). Preventive Oral Health Services Protocol.

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<sup>6</sup> World Health Organization (2013). Ottawa Charter.

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<sup>7</sup> Public Health Ontario. Health Promotion. Retrieved on January 12, 2015 from

[http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Health-Promotion.aspx#.VLP9Y9LF\\_M](http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Health-Promotion.aspx#.VLP9Y9LF_M).

<sup>8</sup> Ministry of Health and Long-Term Care (December 2014). Thousands More Children and Youth to Receive Free Dental Care. Retrieved on January 12, 2015 from

<http://news.ontario.ca/mohltc/en/2013/12/thousands-more-children-and-youth-to-receive-free-dental-care.html>