Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, June 16, 2015

Immediately Following Administration and Finance (← Note Time Change)

(Approximately 11:00 a.m.)

Regional Council Chamber

150 Frederick Street, Kitchener

1. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act

2. Delegations

a) Tara Bedard, Manager, Immigration Partnership re: PHE-CRS-15-01, Waterloo Region Immigration Fact Sheets (Information)

Consent Agenda Items

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

3. Request to Remove Items From Consent Agenda

4. Motion to Approve Items or Receive for Information

a) PHE-CRS-15-02, 2014 Update to Health Unit Profiles (Information) 7


c) PHE-HPI-15-05, 2014 Food Safety Annual Report (Information) 18
d) **PHE-HPI-15-06**, Health Hazard Prevention and Management Program Update (Information)  

**Recommendation:**

That the Regional Municipality of Waterloo approve the Region of Waterloo Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards;

And That the Regional Municipality of Waterloo delegate authority to the Commissioner of Community Services to approve updates to the Region of Waterloo Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards as outlined in report CSD-HOU-15-08, dated June 16, 2015.

h) **CSD-SEN-15-06/COR-TRY-15-60**, Preferred Accommodation Fees – Seniors’ Services

**Recommendation:**

That the Regional Municipality of Waterloo amend By-law 05-019 as amended, being a By-law to Establish Fees and Charges for the Regional Municipality of Waterloo, to add Preferred Accommodation (admitted after July 1, 2015) of $25.00 per day effective July 1, 2015 as outlined in report CSD-SEN-15-06/COR-TRY-15-60, dated June 16, 2015.

5. **Reports – Public Health and Emergency Services**

a) **PHE-PSV-15-05**, EMS Master Plan Review  

**Recommendation:**

That the Regional Municipality of Waterloo endorses the process for reviewing the Emergency Medical Services (EMS) Master Plan;
And That four (4) Members of Regional Council be appointed to serve as members of the EMS Master Plan Review Steering Committee including:

a) The Chair of Community Services Committee (also representing Kitchener)

b) The Vice Chair of the Community Services Committee (also representing the Townships); and

c) 2 Other Councillors, one representing Waterloo and one representing Cambridge as outlined in report PHE-PSV-15-05, dated June 16, 2015.

Reports – Community Services

b) **CSD-EIS-15-05**, Social Development Programs Annual Grants 2015

**Recommendation:**


6. **Information/Correspondence**

a) Council Enquiries and Requests for Information Tracking List

7. **Other Business**

8. **Next Meeting – August 11, 2015**

9. **Adjourn**
Region of Waterloo  
Public Health and Emergency Services  
Central Resources

To: Chair Geoff Lorentz and Members of the Community Services Committee  
Date: June 16, 2015  
File Code: P01-80

Subject: Waterloo Region Immigration Fact Sheets

Recommendation:  
For Information

Summary:  
Region of Waterloo Public Health and Emergency Services, in collaboration with the Immigration Partnership, has updated a series of five Waterloo Region Immigration Fact Sheets. The fact sheets help to understand the make-up of our community and have been useful to community partners for planning programs and service delivery. The fact sheets were developed in 2006 and previously updated in 2009.

The fact sheets are designed to provide a profile of immigrants in Waterloo Region and to assist with program planning and service delivery across Waterloo Region. The fact sheets can be accessed electronically on the Region of Waterloo Public Health and Emergency Services website at (http://chd.region.waterloo.on.ca/en/researchResourcesPublications/reportsdata.asp#IMMIGRANTS) and on the Immigration Partnership website at (http://www.immigrationwaterlooregion.ca/immigration-partnership/fact-sheets.html).

Report:  
A series of five Waterloo Region Immigration Fact Sheets were developed by Public Health and Emergency Services, at the request of the Immigration Partnership as a contribution to the work of the Immigration Partnership. The fact sheets are available on the Region of Waterloo Public Health and Emergency Services and the Immigration Partnership websites.
The Waterloo Region Immigration Partnership is a collective of community partners that collaboratively develop and implement strategies for the successful settlement and integration of immigrants and refugees in the Region.

The Waterloo Region Immigration Fact Sheets include:

- Immigrant Arrivals
- Population and Family Composition
- Language, Interpretation and Translation
- Employment, Education and Income
- Health Status of Immigrants

Understanding the make-up of the community is important for planning programs and services. Each fact sheet is one of a series of fact sheets that provides a profile of immigrants in Waterloo Region. Immigrants are people who were born outside of Canada and have been accepted as permanent residents in Canada. Immigrants make up 22.3 per cent of the population of Waterloo Region. Between 2006 and 2011, 15,465 individuals immigrated to this region.

Key community stakeholders, including community partners, Immigrant Partnership members and regional staff were consulted as part of the process of developing the fact sheets. As a result of the consultations, a decision was made to retire some of the previous fact sheets for various reasons including: data constraints from the new National Household Survey (NHS) limited the ability to reproduce the fact sheet; other resources existed to provide the information; or the fact sheet was no longer identified as useful by key stakeholders for planning or service delivery. A total of five fact sheets have been developed with updated data, interpretation and formatting.

In addition to posting the fact sheets on the Public Health and Immigration Partnership websites, there will be ongoing community promotion of the fact sheets including: promotion via Immigration Partnership Members; promotion in the Immigration Partnership Newsletter; promotion at Immigration Partnership networking events; development and promotion of a Social Media Strategy that includes key messages, links to fact sheets, twitter posts, etc.; and presentations with key community groups (e.g. Economic Development, United Way, Kitchener Public Library, Universities and Colleges, School Boards, etc.).

**Ontario Public Health Standards:**

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

Boards of health have a responsibility to tailor their programs to address the needs of priority populations. Priority populations, such as immigrants and refugees, face inequities in health and wellness because they may have less access to things like shelter, food, a stable income, education and other circumstances that affect a community’s health and well-being. Tailoring programs and services to meet the needs of priority populations can contribute to improving overall population health outcomes.

Corporate Strategic Plan:

The Waterloo Region Immigrant Fact Sheets contribute to the following focus areas of the corporate strategic plan (2011-2014):

- Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.
- Service Excellence: Deliver excellent and responsive services that inspire public trust.

Financial Implications:

Public Health’s contributions to this initiative are funded within the department’s base budget and are cost shared 75% by the provincial Ministry of Health and Long Term Care and 25% by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

The following Waterloo Region Immigration Fact Sheets are available on the Region of Waterloo Public Health website at (http://chd.region.waterloo.on.ca/en/researchResourcesPublications/reportsdata.asp#IMMIGRANTS) and Immigrant Partnership website at (http://www.immigrationwaterlooregion.ca/immigration-partnership/fact-sheets.html).

- Immigrant Arrivals
- Population and Family Composition
- Language, Interpretation and Translation
- Employment, Education and Income
- Health Status of Immigrants

Prepared By:  Shelley Bolden, Public Health Planner
Amy MacArthur, Epidemiologist
Celina Sousa, Manager Strategic and Quality Initiatives

Approved By:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
Report: PHE-CRS-15-02

Region of Waterloo
Public Health and Emergency Services
Central Resources

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

Date: June 16, 2015

File Code: P01-20

Subject: 2014 Update to Health Unit Profiles

Recommendation:

For Information.

Summary:

The “2014 Update to Health Unit Profiles” describes the local service delivery environment for each public health unit. In this report, profile variables for Region of Waterloo Public Health are presented and context for public health practice is provided. This report is intended to contribute to an understanding of public health in Ontario, at both the provincial and local levels.

Of note, our comparator health units have been deemed to be Durham, Halton, Ottawa, Simcoe-Muskoka District, and Wellington-Dufferin-Guelph. We are in the peer group “Urban Centre” and share similar social, demographic and economic characteristics.

Report:

In 2009, the Public Health Division produced the Initial Report on Public Health, which was intended to provide a snapshot of the current state of public health in Ontario and included:

- a snapshot of Ontario's public health sector;
- an overview of the scope of public health; and
- profiles of the local operational context of public health program and service delivery.

Public health focuses on the health of the entire population, or on those parts of the
community that may be at some level of health risk, rather than the individual person. Each of Ontario’s 36 public health units must respond to unique demographic, social conditions, and health needs within its community. The health unit profile information describes the local service delivery environment for each public health unit.

Appendix A provides an overview of variables for Waterloo Region and our five comparator health units as well as Ontario. These variables demonstrate that the delivery of public health programs and services in Ontario occurs in significantly different, multi-faceted and complex geographic, cultural, social and economic environments. For a review of these variables across all 36 health units in Ontario, visit the website: http://www.health.gov.on.ca/en/public/publications/pubhealth/init_report/index.html

The survey-based variables for the 2014 update were derived from data from the 2011 Census (short form) and the National Household Survey which has replaced the long form of the Census. In working with these variables, it is important to note that changes to definitions and survey methodology have occurred since the initial 2009 report. Therefore, trend analyses for the variables should be interpreted with caution and are not provided in this report.

The table below provides an overview of the variables and how they contribute to the setting or context for public health work in Waterloo Region. These variables are intended to contribute to an understanding of public health in Ontario, at both the provincial and local levels.

<table>
<thead>
<tr>
<th>Health Unit Profile Variable</th>
<th>Rates for Waterloo Region</th>
<th>Relevance to Public Health Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employment Rate</td>
<td>64.9%</td>
<td>Determinants of Health</td>
</tr>
<tr>
<td>• Housing Affordability</td>
<td>23.8%</td>
<td>Effective public health programs</td>
</tr>
<tr>
<td>• Persons under 18 years in</td>
<td>15.0%</td>
<td>and services take into account the</td>
</tr>
<tr>
<td>Low Income Households</td>
<td></td>
<td>health needs of communities, which</td>
</tr>
<tr>
<td>• Percentage with Post</td>
<td>62.0%</td>
<td>are informed by determinants of</td>
</tr>
<tr>
<td>Secondary Education</td>
<td></td>
<td>health. The determinants of health</td>
</tr>
<tr>
<td>• Cost of Nutritious Food</td>
<td>$178</td>
<td>are the complex interactions among</td>
</tr>
<tr>
<td>Basket</td>
<td></td>
<td>social, economic, physical and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>environmental factors and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>individual behaviours and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>conditions that influence the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health of individuals and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>communities.</td>
</tr>
</tbody>
</table>

Public health services can reduce the need for other health care services and have the potential to limit the consequences of poor health by addressing the determinants of health and reducing risks to the population.
### Health Unit Profile Variable

<table>
<thead>
<tr>
<th>Health Unit Profile Variable</th>
<th>Rates for Waterloo Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Immigrants</td>
<td>22.3%</td>
</tr>
<tr>
<td>Percentage speaking neither English or French</td>
<td>1.6%</td>
</tr>
<tr>
<td># Food Premises</td>
<td>2,531</td>
</tr>
<tr>
<td># Personal Services Settings</td>
<td>676</td>
</tr>
<tr>
<td># Long-term Care Homes</td>
<td>24</td>
</tr>
<tr>
<td># Retirement Homes</td>
<td>36</td>
</tr>
<tr>
<td># Hospital Sites</td>
<td>4</td>
</tr>
<tr>
<td># Licenced Day Nurseries</td>
<td>124</td>
</tr>
<tr>
<td># Small Drinking Water Systems</td>
<td>131</td>
</tr>
</tbody>
</table>

### Relevance to Public Health Practice

#### Priority Populations

Population health assessment provides the necessary information to understand the health status and needs of populations, including identification of priority populations and health inequities.

Priority populations, such as immigrants and refugees, face inequities in health and wellness because they may have less access to things like shelter, food, a stable income, education and other circumstances that affect a community’s health and well-being.

Boards of health have a responsibility to tailor their programs to address the needs of priority populations. Tailoring programs and services to meet the needs of priority populations can contribute to improving overall population health outcomes. Region of Waterloo Public Health is currently exploring how to ensure how its programs and services best meet the public health needs of immigrant and refugees in Waterloo Region.

#### Health Protection

Public health protects health by controlling infectious diseases through regulatory inspections and enforcement, and by preventing or reducing exposure to environmental hazards.

Public health programs such as Infection Control (e.g. in hospitals, daycares and long-term care facilities), Rabies Control, Tuberculosis (TB) Control and Vaccine Preventable Diseases, apply a combination of strategies such as risk assessment, surveillance, case-finding, contact tracing, immunization, and infection control to reduce or eliminate infectious diseases.
### Health Unit Profile Variable

<table>
<thead>
<tr>
<th>Health Unit Profile Variable</th>
<th>Rates for Waterloo Region</th>
<th>Relevance to Public Health Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Environmental Health programs (e.g. Food Safety, Safe Water, and Health Hazard prevention and management), seek to prevent or reduce the burden of food- and water-borne illness, injury related to recreational water use and the burden of illness created by health hazards in the physical environment.</td>
</tr>
<tr>
<td>Size of Birth Cohort</td>
<td></td>
<td>Health Promotion</td>
</tr>
<tr>
<td># Schools</td>
<td>5,693</td>
<td>Public health promotes health by educating the public on healthy lifestyles, working with community partners and advocating for public policy that promotes a healthy population.</td>
</tr>
<tr>
<td># School Boards</td>
<td>174</td>
<td>Chronic Disease and Injury Prevention Programs focus on increasing length and quality of life by preventing chronic disease (e.g. through healthy eating, tobacco use reduction, promotion of physical activity, etc.), early detection of cancer and injury and substance misuse prevention.</td>
</tr>
<tr>
<td># Tobacco Vendors</td>
<td>4</td>
<td>Family Health focuses on the health of children, youth and families. Its components are child health, which focuses on healthy development through parenting and supportive environments; and reproductive health, whose focus is promoting behaviours and environments conducive to healthy pregnancies.</td>
</tr>
</tbody>
</table>

Organizational governance models for boards of health are either:

- Autonomous (e.g. Simcoe-Muskoka District and Wellington-Dufferin-Guelph);
- Semi-autonomous (e.g. Ottawa); or
- Regional (e.g. Waterloo, Halton and Durham).

The Region of Waterloo Board of Health is a Regional governance model, where health unit staff operate under the administration of regional government. There are no citizen representatives and no public appointees, however, the members are directly elected.
within the boundaries of Waterloo Region. The Region of Waterloo Board of Health is one of seven Regional boards of health in Ontario.

**Ontario Public Health Standards:**

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

**Corporate Strategic Plan:**

The 2014 Update to the Public Health Profiles contribute to the following focus areas of the corporate strategic plan (2011-2014):

- 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 are funded 75% by the province and 25% regional tax levy; to a lesser extent some programs are funded 100% by the province and to a very limited extent 100% by the local tax levy.

**Other Department Consultations/Concurrence:**

Nil

**Attachments**


**Prepared By:** Shelley Bolden, Public Health Planner
Celina Sousa, Manager, Strategic and Quality Initiatives
Anne Schlorff, Director Central Resources

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

This table provides an overview of the 2014 update to the Health Unit Profiles. Variables for Region of Waterloo Public Health are presented and comparisons to other health units in our peer group and Ontario are provided. A peer group is a cluster of public health units, identified by Statistics Canada as having similar social, demographic and economic characteristics. Waterloo is in “Peer Group B: Urban Centre”, which has the following characteristics:

- Mainly urban centres with moderately high population density
- Low percentage of Aboriginal population
- Very high employment rate
- Higher than average percentage of immigrant population

<table>
<thead>
<tr>
<th>Peer Group B Comparators</th>
<th>Region of Waterloo</th>
<th>Ontario</th>
<th>Durham Region</th>
<th>Halton Region</th>
<th>Ottawa</th>
<th>Simcoe Muskoka District</th>
<th>Wellington-Dufferin-Guelph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of Region (km²)</td>
<td>1,369</td>
<td>907,574</td>
<td>2,523</td>
<td>967</td>
<td>2,778</td>
<td>8,731</td>
<td>4,142</td>
</tr>
<tr>
<td>Population Growth (2008-2012)</td>
<td>4.20%</td>
<td>4.10%</td>
<td>5.60%</td>
<td>10.10%</td>
<td>6.40%</td>
<td>4.20%</td>
<td>3.10%</td>
</tr>
<tr>
<td>Population Density (km²) (2013)</td>
<td>390.6</td>
<td>14.9</td>
<td>255.7</td>
<td>557.8</td>
<td>336.3</td>
<td>61.2</td>
<td>67.2</td>
</tr>
<tr>
<td>% Immigrants</td>
<td>22.30%</td>
<td>28.50%</td>
<td>20.90%</td>
<td>26.00%</td>
<td>23.40%</td>
<td>11.10%</td>
<td>15.70%</td>
</tr>
<tr>
<td>Employment Rate</td>
<td>64.90%</td>
<td>60.10%</td>
<td>63.20%</td>
<td>66.50%</td>
<td>64.50%</td>
<td>59.90%</td>
<td>65.70%</td>
</tr>
<tr>
<td>Housing Affordability</td>
<td>23.80%</td>
<td>27.00%</td>
<td>25.00%</td>
<td>23.00%</td>
<td>22.70%</td>
<td>26.70%</td>
<td>24.50%</td>
</tr>
<tr>
<td>% Persons Under 18 Years in Low Income Households (after tax)</td>
<td>15.00%</td>
<td>17.30%</td>
<td>12.40%</td>
<td>9.20%</td>
<td>14.40%</td>
<td>14.10%</td>
<td>12.50%</td>
</tr>
<tr>
<td>Peer Group B Comparators</td>
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<td>Simcoe Muskoka District</td>
<td>Wellington-Dufferin-Guelph</td>
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</tr>
<tr>
<td>% with Post Secondary Education</td>
<td>62.00%</td>
<td>64.80%</td>
<td>63.70%</td>
<td>73.90%</td>
<td>74.50%</td>
<td>58.80%</td>
<td>61.40%</td>
</tr>
<tr>
<td>Size of Birth Cohort (2013)</td>
<td>5,693</td>
<td>n/a</td>
<td>6,466</td>
<td>5,547</td>
<td>9,631</td>
<td>4,755</td>
<td>2,947</td>
</tr>
<tr>
<td>% Francophone Population</td>
<td>1.50%</td>
<td>4.40%</td>
<td>2.00%</td>
<td>2.20%</td>
<td>16.00%</td>
<td>2.60%</td>
<td>1.40%</td>
</tr>
<tr>
<td>% speaking neither English or French</td>
<td>1.60%</td>
<td>2.30%</td>
<td>0.60%</td>
<td>1.00%</td>
<td>1.40%</td>
<td>0.40%</td>
<td>0.80%</td>
</tr>
<tr>
<td>Cost of Nutritious Food Basket for family of four (2013)</td>
<td>$178</td>
<td>$187</td>
<td>$172</td>
<td>$185</td>
<td>$182</td>
<td>$181</td>
<td>$195</td>
</tr>
<tr>
<td># Food Premises (2012)</td>
<td>2,531</td>
<td>78,175</td>
<td>2,952</td>
<td>2,958</td>
<td>5,304</td>
<td>3,303</td>
<td>1,450</td>
</tr>
<tr>
<td># Long Term Care Homes</td>
<td>24</td>
<td>696</td>
<td>19</td>
<td>18</td>
<td>30</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td># Hospital Sites</td>
<td>4</td>
<td>220</td>
<td>7</td>
<td>4</td>
<td>10</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td># Licenced Day Nurseries</td>
<td>124</td>
<td>4,793</td>
<td>208</td>
<td>283</td>
<td>399</td>
<td>207</td>
<td>95</td>
</tr>
<tr>
<td># Personal Service Settings (estimated, 2013)</td>
<td>676</td>
<td>16,475</td>
<td>654</td>
<td>641</td>
<td>929</td>
<td>605</td>
<td>362</td>
</tr>
<tr>
<td># schools</td>
<td>174</td>
<td>4,840</td>
<td>213</td>
<td>157</td>
<td>305</td>
<td>199</td>
<td>100</td>
</tr>
<tr>
<td># school boards</td>
<td>4</td>
<td>149</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Peer Group B Comparators</td>
<td>Region of Waterloo</td>
<td>Ontario</td>
<td>Durham Region</td>
<td>Halton Region</td>
<td>Ottawa</td>
<td>Simcoe Muskoka District</td>
<td>Wellington-Dufferin-Guelph</td>
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<td>----------------------------</td>
</tr>
<tr>
<td># small drinking water systems</td>
<td>131</td>
<td>10,002</td>
<td>239</td>
<td>166</td>
<td>240</td>
<td>758</td>
<td>214</td>
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<tr>
<td># municipalities</td>
<td>7</td>
<td>415</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td># tobacco vendors</td>
<td>342</td>
<td>10,917</td>
<td>408</td>
<td>302</td>
<td>541</td>
<td>479</td>
<td>212</td>
</tr>
<tr>
<td># College and University Campuses</td>
<td>7</td>
<td>164</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td># Retirement Homes</td>
<td>36</td>
<td>711</td>
<td>29</td>
<td>20</td>
<td>60</td>
<td>46</td>
<td>25</td>
</tr>
<tr>
<td>Board of Health Governance Model</td>
<td>Regional</td>
<td>Regional</td>
<td>Regional</td>
<td>Regional</td>
<td>Semi-Autonomous</td>
<td>Autonomous</td>
<td>Autonomous</td>
</tr>
</tbody>
</table>
Region of Waterloo

Public Health and Emergency Services

Central Resources

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

Date: June 16, 2015  File Code: P01-80


Recommendation:

For information.

Summary:

The main goal of Region of Waterloo Public Health and Emergency Services (ROWPHE) is to build healthy and supportive communities in partnership with others. The purpose of the 2014 Public Health and Emergency Services Annual Report is to provide council and the community with a general overview of ROWPHE programs, services and significant endeavours over the course of the year that have moved us closer to this goal. This year’s annual report showcases the work of Region of Waterloo Public Health and Emergency Services in two broad categories:

- Partnerships
- Service Excellence

Report:

The 2014 Public Health Annual Report highlights some of the department’s key accomplishments through short articles and quick statistics. This year’s report has been structured according to our theme, “Partnerships and Service Excellence” and highlights some of our work in these two broad themes. Partnerships and Service Excellence are the core of the strategic work that ROWPHE will be focusing on over the next three years. This report outlines the impact that Public Health and Emergency Services has on the residents of Waterloo Region through building on existing community relationships, forging new partnerships, and through quality service to our clients.
Public Health Role

The main goal of Public Health is to build healthy and supportive communities in partnership with others. The scope of Public Health Services is determined by the provincial Ministry of Health and Long Term Care through the Health Protection and Promotion Act and the Ontario Public Health Standards. These standards ensure that a basic set of services are provided consistently across the province, while still allowing for local flexibility in responding to local issues.

Public Health Objectives

- Enable children to attain optimal health and development potential
- Prevent and minimize risk by reducing environmental and other potential hazards (food, water)
- Reduce and manage infectious disease risks
- Reduce the burden of preventable chronic diseases
- Monitor and report population health information (health surveillance and health status reporting)

Paramedic Services

The main goal of Paramedic Services is to decrease premature morbidity and mortality by providing effective and efficient emergency medical services. Paramedic Services operates under a number of legislative and documented requirements, including the Ambulance Act. Paramedic Services is required by the Ministry of Health and Long Term Care to be re-certified every three years in order to be issued an operating certificate. The re-certification process confirms compliance with the legislation and regulations and involves an Ambulance Service Review conducted by the Ministry of Health.

Ontario Public Health Standards

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing Public Health programs and services. This 2014 Public Health and Emergency Services Annual Report provides a series of short articles and quick statistics that highlight examples of some key accomplishments; this year’s report also demonstrates how Region of Waterloo Public Health and Emergency Services’ work aligns with the 2011-2014 Corporate Strategic Plan as well as ROWPHE’s future strategic work in partnerships and service excellence.
Corporate Strategic Plan:

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

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

Financial Implications:

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

The majority of Paramedic Services programing is funded 50% provincial/50% regional tax levy and to a lesser extent 100% provincial (offload delay initiative) and 100% regional (public access defibrillator initiative).

Other Department Consultations/Concurrence:

Nil

Attachments

The report is available to the public on the Public Health and Emergency Services website:


Prepared By:  
Julie Kalbfleisch, Manager, Information and Communications  
Kirsten Keil-Mehlenbacher, Coordinator, Health Communications  
Anne Schlorff, Director, Central Resources

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

Public Health and Emergency Services

Health Protection and Investigation

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

Date: June 16, 2015  File Code: P10-80

Subject: 2014 Food Safety Annual Report

Recommendation:

For Information.

Summary:

Food-borne illness can have a substantial public health impact on our community, and Public Health undertakes a variety of activities to prevent or reduce the burden of food-borne illness in Waterloo Region. Public Health Inspectors conduct routine inspections of food premises; educate consumers and food handlers; and regularly respond to consumer complaints, food recalls and requests for service (e.g. special events and complaints).

In 2014, Public Health completed the highest total number of routine food safety inspections on record, through maximizing efficiency within existing resources. Public Health also achieved 100% compliance with high-risk and moderate-risk food premises routine inspections, which meets the Accountability Agreement indicators set out by the Ministry of Health and Long-Term Care.

The number of consumer complaints and food-borne illness investigations carried out in 2014 increased relative to previous years. As Waterloo Region continues to grow and diversify, it is expected that demand on the Food Safety Program will increase proportionately over time. Public Health will continue to monitor the Food Safety Program’s activities to track any challenges that may emerge due to increased demand.
Food-borne illness is a common, yet preventable illness. In 2014, Public Health Inspectors carried out 64 inspections associated with suspected food-borne illness complaints in Waterloo Region. However, this number is likely underestimated, as many food-borne illness symptoms and cases are underreported1,2. Therefore, food-handling practices remain critical to the reduction and prevention of food-borne illness.

Public Health’s Role

Public Health’s Food Safety Program is based on the standards described in the Ontario Public Health Standards, the associated Food Safety Protocols, and Ontario Food Premises Regulation 562/90, under the Health Protection and Promotion Act. The overall goal of the program is to prevent and reduce the burden of food-borne illness. Public Health engages in the following activities to work toward this goal: routine inspections and enforcement; education for food handlers and consumers; and timely response to requests for service (consumer complaints, recalls, special events, etc.).

Routine food premise inspections and enforcement

Public Health Inspectors perform inspections of food premises to determine compliance with safe food handling practices. The frequency of required inspections of premises depends on the assigned risk-level of the food premise:

- High-risk premises (e.g., full service restaurants, institutions serving high risk populations) require inspection no less than once every four months
- Moderate-risk premises (e.g., fast food restaurants, less preparation or complexity in food handling) require inspection no less than once every six months
- Low-risk premises (e.g., convenience stores, pre-packed foods) require an inspection no less than once every year

In 2014, the Accountability Agreement between Boards of Health and the Ministry of Health and Long Term Care monitored two food safety statistics: the proportion of high-risk food facilities that received an inspection at least once every four months; the proportion of moderate-risk food facilities that received an inspection every six months.

Public Health achieved a completion rate (actual number of inspections compared to required number of inspections) of 100% for both high and moderate-risk food premises. In addition, 100% of low-risk food premises also received at least one

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inspection. Figure 1 illustrates that the trend for total number of food safety inspections completed over the last five years has increased. In 2014, Public Health recorded the highest total number of food safety inspections completed, while staff resources for food safety remained the same (Figure 1). In addition to the 5,555 compliance inspections completed, inspectors also completed 1,117 other inspections (e.g. pre-opening consultations with operators, re-inspections, and complaint inspections) as required.

**Figure 1**: Total number of compliance inspections completed between 2010 and 2014

During inspections, Public Health Inspectors address non-compliance by owners and operators of food premises. When critical infractions (i.e., violations that can lead to food-borne illness if not corrected) are identified, the operator of the premise is instructed to make corrections within 48 hours or immediately, depending on the risk, and a re-inspection is conducted to verify compliance. A closure order is served when conditions posing an immediate health hazard are present. Public Health Inspectors identified 2,393 critical infractions in all types of food premises and completed 550 re-inspections in 2014, which is a decrease from 3,162 critical infractions and 758 re-inspections in 2013. The most common critical infraction in 2014 was “failure to protect food from potential contamination and adulteration”, which includes inadequate covering or storing of food. Inspectors laid 24 charges (Provincial Offences Notices) at 8 food premises in 2014 compared to 23 charges at 9 food premises in 2013. The most common infraction that led to a charge was also “failure to protect food from contamination and adulteration”. Public Health Inspectors served 4 closure orders and seized food deemed unfit for consumption on 81 occasions. Approximately 1,748kg of food was seized and destroyed, during the course of Public Health Inspectors’ inspections and re-inspections. Education, inspections, re-inspections, and investigations of food premises and practices will continue to be important Public Health activities to reduce the risk of food-borne illness or outbreaks.
Violations that affect the structure and general sanitation of a food premise are reported as non-critical infractions. In 2014, 6,931 non-critical infractions were identified in all types of food premises, which is also a decrease to the 7,822 non-critical infractions in 2013. The most common non-critical infraction identified was “equipment, non-food contact surfaces and linen are not maintained, designed, constructed, installed and accessible for cleaning”.

**Timely Service (Complaints, Special Event Inspections, Recalls)**

Public Health has a phone-line and online system for notification and response to situations related to food safety and food-borne illness. Common requests received through the phone-line and online systems are consumer complaints, special events inspection requests, and food recalls. Public Health is mandated to act on consumer complaints within 24 hours to determine the response required. Complaints received are typically concerns in food handling or reporting of suspected food-borne illness symptoms. When a complainant suspects that their illness may be associated with a food premise, a Public Health Inspector will conduct an investigation, which includes an inspection of the premise. In 2014, Public Health inspected 269 food premises due to complaints related to general food safety concerns and 64 food premises due to reported suspected food-borne illness. Increases in the total number of consumer complaints and suspect food-borne illness investigations have been observed over the past five years (Figure 2). This rise may be a reflection of residents' increased awareness of food safety, the ease to file a complaint through the Check it! We inspect it. website, or a combination; plus growth in Waterloo Region’s population.

![Figure 2](image.png)

**Figure 2**: Total number of complaints received and suspected food-borne illness investigations carried out by the Health Protection and Investigation division between 2010 and 2014

* FBI: food-borne illness
In 2014, Public Health received applications for 389 special events. Public Health conducted 492 vendor inspections at 56 events. Food vendors at special events held in Waterloo Region are required to submit an application to Public Health. The applications are reviewed and assessed by a Public Health Inspector and food safety information is provided to the vendor. An inspection is generally required if: it is a public event, the majority of food for sale is potentially hazardous, and a significant number of people are expected to attend.

Public Health also responds to food recalls to address locally-identified needs and provides assistance to partner agencies to ensure food products identified as unsafe or unfit for consumption are removed from sale or distribution. Generally, the Canadian Food Inspection Agency (CFIA) triggers a food recall and engages local public health units in response. When Public Health Inspectors are requested to assist the Canadian Food Inspection Agency by contacting premises to identify and ensure removal of recalled products, it demands a significant amount of staff resources. The number of recalls where Public Health action was required, per year, has fluctuated between one and five in the past five years.

In 2014, Public Health responded to an apple cider recall that originated at an apple cider mill located in Waterloo Region. Although it was a single recall, which is lower than a typical year, it required a significant amount of Regional staff resources to manage as it originated in Waterloo Region. The mill had processed and distributed 5,520 L of apple cider during the period of production which potential contamination may have occurred.

**Food handler and consumer education**

Public Health ensures that food safety training is available to all food handlers in Waterloo Region. Public Health oversees the Food Safety Training Certification program delivered by Conestoga College Institute of Technology. In 2014, 1,132 food handlers became certified through this partnership. Further, Public Health Inspectors educate food premise owners and operators about food safety during their inspection visits. Public Health also publishes and distributes two newsletters for food premise operators: ‘The Front Burner’ and ‘At the Market’.

Public Health also provides food safety information to the public through media releases, social media, and the Public Health website. In 2014, the activities of the Food Safety Program were featured in the media on 18 occasions, including radio, newspaper and television. In addition, Public Health provides the **Check it! We inspect it.** online disclosure program that is available for the public to view food premise inspection results. It is regularly updated and easily accessible via internet or mobile devices.

The disclosure of inspection results of food businesses has been available to the public
in various formats since 2003. Check it! We inspect it. is an updated version of the Food Premises Inspection Results website, and was launched in January 2014. Check it! We inspect it. is promoted through traditional and social media. Moreover, to advertise the website, food premise owners and operators are provided with a Check it! We inspect it. sign to display in their premises. Between March (start of tracking) and December 2014, the website has received 7,552 visits with each session lasting an average of 5:45 minutes per session.

Ontario Public Health Standards:

Public Health engages in routine inspections, food handler and consumer education, and responds to requests for service to reduce and prevent food-borne illness in Waterloo Region. This report outlines Region of Waterloo Public Health and Emergency Service’s compliance with the Food Safety Standard and associated protocols of the Ontario Public Health Standards, and provides information that supports ongoing education for Board of Health members, to help them remain abreast of relevant trends and emerging public health issues.

Corporate Strategic Plan:

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

Focus Area 5: Service Excellence – Deliver excellent and responsive services that inspire public trust

Financial Implications:

These activities are carried out within existing resources.

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix: Table 1 presents the summary of activities we carried out in 2014 related to food safety.

Prepared By: Bhairavi Sivaramalingam, Public Health Planner, Health Protection and Investigation Division

Aldo Franco, Manager, Food Safety Recreational Water, and Small Drinking Water Systems

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

Table 1 presents the summary of activities we carried out in 2014 related to food safety.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Performance Indicator</th>
<th>2014 Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inspections</strong></td>
<td>Completion rate (actual/required) at high, medium, low risk food premises</td>
<td>100% inspection completion rate at high, medium, low risk food premises</td>
</tr>
<tr>
<td></td>
<td>Number of inspections and re-inspections carried out at high, medium, low risk food</td>
<td>5,555 inspections</td>
</tr>
<tr>
<td></td>
<td>premises</td>
<td>550 re-inspections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>451 demand inspections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>102 initial assessments (pre-operational)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Number of food handlers trained</td>
<td>1,132</td>
</tr>
<tr>
<td></td>
<td>Number of visits to <em>Check it! We inspect it.</em> website and average time spent on the</td>
<td>7,552 sessions*</td>
</tr>
<tr>
<td></td>
<td>website</td>
<td>5:45 minutes per session*</td>
</tr>
<tr>
<td></td>
<td>Number of media broadcasts</td>
<td>18 times (newspaper, TV, and radio)</td>
</tr>
<tr>
<td><strong>Response to number of complaints,</strong></td>
<td>Number consumer complaints</td>
<td>269 consumer complaints</td>
</tr>
<tr>
<td><strong>recalls, and outbreak investigations</strong></td>
<td>Number of special events where inspections were carried out</td>
<td>56 special events</td>
</tr>
<tr>
<td></td>
<td>Number of recalls</td>
<td>1 recall</td>
</tr>
</tbody>
</table>

* Between March 18 to December 31st, 2014
Region of Waterloo
Public Health and Emergency Services
Health Protection and Investigation

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

Date: June 16, 2015   File Code: P07-80

Subject: Health Hazard Prevention and Management Program Update

Recommendation:

For information

Summary:

The goal of Public Health’s Health Hazard Prevention and Management Program, as mandated by the Ontario Public Health Standards, is to prevent or reduce the burden of illness from health hazards in the physical environment. Public Health staff undertakes response-based activities, including responding to and investigating complaints, questions, or other requests related to environmental health hazards. Effective programming also requires proactive activities to identify local priority health hazards and prevent or mitigate their effects on health. Both response-based and proactive activities often involve working in partnership with other municipal or provincial government agencies. Current areas of focus in the Health Hazards Program include:

- Region of Waterloo responding to 783 public health calls in 2014 related to environmental health hazards
- Enhancing our local heat alert response plan, and ensuring it will be aligned with the upcoming 2016 provincial plan
- Promoting the Province’s new outdoor Air Quality Health Index (AQHI)
- Supporting indoor air radon testing

Report:

Under section 11 of the Health Protection and Promotion Act, Boards of Health are required to respond to health hazard complaints related to environmental or...
occupational health. When a complaint is received, Public Health must “notify the ministry of the Government of Ontario that has primary responsibility”, such as the Ministry of the Environment and Climate Change for environmental issues and the Ministry of Labour for occupational concerns. Public Health works in consultation with the lead agency to conduct an investigation of the complaint in order to determine if a health hazard exists. The Act defines a health hazard as: “(a) a condition of a premises, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that is likely to have an adverse effect on the health of a person.”¹ The goal of the Health Hazard Prevention and Management Program is to prevent or reduce the burden of illness from environmental health hazards. To meet this goal, Public Health has two distinct focus areas: response-based activities and proactive activities.

**Response-based Activities**

The Ontario Public Health Standards mandates that “boards of health shall ensure that the medical officer of health or designate is available on a 24 hours per day, 7 days per week basis to respond to and manage health hazards.”² It also requires that Public Health have an on-call system in place for receiving and responding to potential health hazards in the environment. Public Health Inspectors, as designates of the Medical Officer of Health, are responsible for the on-call system at Region of Waterloo Public Health, and receive and respond to phone and email reports of potential health hazards in Waterloo Region within 24 hours.

Public Health works closely with the Region’s Service First Call Centre to ensure citizen complaints, requests, or questions regarding environmental health hazards are appropriately directed. In 2014, the Region of Waterloo received 783 calls related to environmental health hazards (Figure 1). Where appropriate, calls were referred to other agencies (for example, to municipal by-law departments) or followed up by Regional staff directly. Similar to previous years, the most common calls received by Public Health in 2014 were related to mould, bed bugs and other pests (e.g., mice and rats), and air quality (including radon). Public Health also provides support where relevant to partners with primary and/or overlapping mandates (e.g. Ministry of Environment and Climate Change), to assist with an appropriate and coordinated response to complaints or requests.

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¹ Health Protection and Promotion Act, R.S.O. 1990.c. H.7.
Public Health also responds to requests related to health hazards from other Regional or municipal partners, Regional Council, and the media. These responses may take the form of briefing notes, position statements and/or enhancement of public resources. For new, emerging, or more complex issues where internal expertise is limited, Public Health has a Service Agreement with Dr. Ron Brecher, Toxicology and Risk Assessment Specialist, for the provision of ad-hoc consultation and support.

Proactive Activities

Proactive activities focus on ensuring priority hazard areas are identified, and preventing or mitigating priority hazards where possible. Public Health is mandated to: (a) increase public awareness of health risk factors associated with health hazards, and (b) assist community partners to develop healthy policies related to reducing exposure to health hazards. Hazards that have been prioritized for proactive activities currently include: extreme weather, outdoor air quality, indoor air radon, and impacted sites.

Extreme Weather

Extreme weather, including extreme cold and heat can be hazardous, and even life-threatening. Exposure to extremely cold temperatures can lead to frostbite or frostnip (the first stage of frostbite) for most people within 10-30 minutes of exposure. February 2015 was the coldest month ever recorded in Waterloo Region and Environment Canada issued nine Extreme Cold Warnings over the past winter. Prolonged high heat and humidity can also lead to health impacts, including heat exhaustion and heat stroke.
Climate change projections indicate that Ontario will continue to see more extreme weather over the next few decades.

Public Health provides health messaging to the public during extreme cold and heat events to reduce the incidence of cold and heat related illnesses. This includes working with Regional and municipal partners to provide access to facilities where residents can get relief from the cold or heat to protect them from the health impacts of extreme weather. Public Health issued two media releases during winter 2014-2015 related to the extreme cold. Summer 2014 was unseasonably cool, with only one Heat Warning media release issued. Public Health continues to work with partners to carry out and improve community response to extreme cold and heat weather events.

In addition to our current heat response, Public Health is closely monitoring the new provincial Heat Alert Response System (HARS) that will be piloted in Ontario in the summer of 2015. A provincial heat initiative, the Ontario Heat Health Project, will be piloting this new Heat Alert Response System with 10 health units within the Pan Am and Parapan Am Games footprint. The harmonized approach will later be disseminated to all health units in Ontario for the 2016 heat season. This new approach includes evidence-based heat alert triggers, common terminology, and consistent heat health messaging for all of Ontario. While Waterloo Region is situated just outside of the Pan Am catchment area, Region of Waterloo Public Health has begun proactively engaging Regional and municipal partners to ensure our local heat response will be aligned with the provincial approach, while addressing local needs. In particular, Public Health is currently working with partners on enhancing community outreach to vulnerable groups in the region, such as isolated seniors and people experiencing homelessness, in order to reduce the risk of adverse health effects from prolonged heat events.

Outdoor Air Quality

Smog and poor air quality are associated with adverse health effects, such as acute and chronic lung and cardiac effects. The main sources of air pollutants in Ontario are listed in Table 1 and are mainly derived from transportation through vehicle exhaust, and industry. In general, air quality in Ontario has steadily improved over the last few decades\(^3\). In 2013 and 2014, average air quality was considered “good”\(^4\) in Ontario and there were no smog alerts issued for Waterloo Region (Table 2). There are a number of factors that have contributed to improved air quality including the phase out of coal-burning electrical generating stations in Ontario, stricter industrial air standards and emissions trading regulations in the United States and Canada, and Ontario’s Drive Clean program\(^3\). In addition, with approximately 50% of Ontario’s smog coming from the United States it is hypothesized that the economic slowdown in the U.S. and Canada

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has had a beneficial impact on air quality as well.

To help the public better understand the importance of air quality and its health effects, Ontario will be launching a new Air Quality Health Index (AQHI) for the summer of 2015. Public Health will be promoting the new Air Quality Health Index (AQHI), which was developed and designed by Environment Canada and the Ontario Ministry of Environment and Climate Change along with experts from the Ministry of Health and Long Term Care, Public Health Ontario and Health Canada.

The new Air Quality Health Index (AQHI), which has a simplified scale from 1-10+ with four categories of “low, moderate, high, and very high risk”, will replace the current Air Quality Index (AQI) in the province. The new Air Quality Health Index (AQHI) will forecast and report on air quality with an increased focus on health-based messaging and information for both the general population and at risk groups (children, seniors, and people with diabetes, heart and lung disease).

### Table 1: Common Sources of Air Pollutants, Ontario

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Main Sources by Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine particulate matter (PM$_{2.5}$)</td>
<td>Residential, industrial, transportation</td>
</tr>
<tr>
<td>Ground-level ozone (O$_3$)</td>
<td>Transportation</td>
</tr>
<tr>
<td>Nitrogen oxides (N0$_x$)</td>
<td>Transportation</td>
</tr>
<tr>
<td>Carbon monoxide (CO)</td>
<td>Transportation</td>
</tr>
<tr>
<td>Sulphur dioxide (SO$_2$)</td>
<td>Industrial</td>
</tr>
</tbody>
</table>

### Table 2. Number of smog advisories issued and number of days smog advisories were in effect, Waterloo-Wellington and Ontario, 2012-2014

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Smog Advisories</td>
<td># of Days</td>
<td># of Smog Advisories</td>
</tr>
<tr>
<td>Waterloo-Wellington</td>
<td>6</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Ontario</td>
<td>12</td>
<td>30</td>
<td>1</td>
</tr>
</tbody>
</table>


### Indoor Air Radon

Radon is a naturally occurring radioactive gas released from soil. When radon is released from the ground into the outdoor air, it becomes diluted to low concentrations and is not a concern. However, in enclosed spaces (such as a home), radon can sometimes accumulate, which can increase the risk of lung cancer with long-term exposure to elevated levels.
A study entitled Cross-Canada Survey of Radon Concentrations in Homes (published March 2012) and an additional Radon Thoron Survey in Canadian Metropolitan Areas (published February 2015) indicated that 5 homes out of 202 (2.5% of homes) in Waterloo Region tested above the Health Canada guidelines for radon (Figure 2).

Based on these results, it is reasonable to infer that radon levels are not a widespread concern in Waterloo Region. However, Health Canada and Region of Waterloo Public Health continue to encourage homeowners to test for radon. This is because it is currently not possible to predict geographical areas of risk for radon, and both new and older construction can contain indoor air radon at varying levels. The only definite way to determine whether a dwelling has an elevated level of radon is to test for it.

Public Health promotes radon testing in homes and radon mitigation as needed. In 2013, it launched an awareness campaign and, currently, information is shared on the Public Health website (www.regionofwaterloo.ca/radon), with Regional and municipal partners, and Public Health Inspectors are available to answer questions from the public about radon.

Figure 2: Health Canada guidelines to reduce health risks from radon:

Impacted Sites

Public Health continues to meet, as needed, with the regional District Office of the Ministry of the Environment and Climate Change, industry and stakeholder agencies to collaboratively respond to environmentally impacted sites of public health concern, for example, Bishop Street Community, and Chemtura. In addition, Public Health reviews and provides feedback on relevant reports; monitors sampling results, and remediation efforts; provides information to residents; and responds to public concerns and questions, as needed.

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Ontario Public Health Standards:

Public Health conducts proactive and response-based activities to prevent or reduce the burden of illness from health hazards in the physical environment. This report provides information related to compliance with the Health Hazard Prevention and Management standards and provides information that supports ongoing education for Board of Health members to help them remain informed of relevant trends and emerging public health issues.

Corporate Strategic Plan:

Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities

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

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Jennifer Toews, Public Health Planner, Health Protection and Investigation

Brandie Bevis, Public Health Planner, Health Protection and Investigation

Chris Komorowski, Manager, Health Hazard, Safe Drinking Water (Municipal), Emergency Preparedness, and Cambridge and Area Team

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo
Public Health and Emergency Services
Paramedic Services

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

Date: June 16, 2015 File Code: P05-80

Subject: Public Access Defibrillation Program

Recommendation:
For Information

Summary:

The Region of Waterloo Paramedic Services currently oversees a Public Access Defibrillation (PAD) Program within the Region of Waterloo. The PAD program has placed 436 automatic external defibrillators (AED’s) within public facilities, schools and workplaces across the Region. The program also is responsible for preventative maintenance and yearly checks on every unit. This program is currently a shared responsibility with St. John’s Ambulance, and has been since its inception through the Community Awareness and Response to Emergencies (CARE) Program.

Report:

An AED is a small, portable, and easy-to-use device. Adhesive pads connected by wires to the AED are applied to the person’s chest. The AED detects the electrical activity of the heart and checks the heart’s rhythm. If the heart is in a shockable rhythm, the AED instructs the provider to press a button that delivers a controlled shock to the heart. The shock stops the heart in an attempt to trigger the heart to resume a normal rhythm. If a shockable rhythm is not detected, then a shock is not advised and cannot be given even if the button is pressed. The provider is prompted to continue Cardiopulmonary Resuscitation (CPR) until first responders or paramedics arrive.

Historically, only medical, paramedical staff and first responders had the ability to use AEDs. However, the advent of safe and easy to use AEDs has made it possible to extend the use of AEDs to people with little to no medical background or training. This
means that AEDs can be used by any member of the public to help save lives.

Studies of sudden cardiac arrest victims undertaken by the Heart and Stroke Association have shown a strong correlation between survival and time to first defibrillation shock, with up to 90% of Sudden Cardiac Arrest victims surviving to hospital discharge if the first shock is received less than 2 minutes following cardiac arrest.

With The Region of Waterloo Paramedic Services providing Advanced Life Support (ALS) paramedics and St. Mary’s General Hospital providing early Post Resuscitation care, the PAD program is a key link in the chain of survival as shown above.

Currently the PAD program within Waterloo Region consists of 434 AED’s. The Public and Catholic Schools boards have a total of 158 AED’s. Public facilities such as government buildings, hockey arenas, multiuse fields comprise 260 AED’s, with the remaining 16 located in private workplaces and offices. The majority of these units were received through Provincial or Federal grant programs.

The Region of Waterloo Paramedic Services co-administers the PAD program in conjunction with St. John’s Ambulance. Each AED unit requires annual preventative maintenance which is preformed by our biomedical technician vendor and billed back to the facility operator where the unit is housed, such as the area municipalities or private organizations, on a cost recovery basis.

**Corporate Strategic Plan:**

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

**Financial Implications:**

The annual funding for administration of this program is part of the Paramedic Services budget. The 2015 budget of $50,100 is 100% funded by the Region and is provided to St. John’s Ambulance to administer the program. Preventive maintenance is provided on a cost recovery basis.
Other Departmental Considerations / Concurrence:

Corporate Services (Finance) was consulted in the preparation of this report.

Prepared By: Robert Crossan, Deputy Chief, Paramedic Services
Stephen Van Valkenburg, Director/Chief, Paramedic Services

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo
Community Services

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

Date: June 16, 2015

File Code: A26-20

Subject: 2014 Community Services Annual Report

Recommendation:

For Information.

Summary:

The Community Services Department has four divisions: Children’s Services, Employment and Income Support, Housing Services and Seniors’ Services. The mandate of the Department is to integrate our comprehensive programs and services and help remove obstacles to create opportunities in the lives of vulnerable individuals and families. We strive to make a difference in their lives so they can have an enhanced quality of life.

Report:

A hard copy of the 2014 Annual Report of the Community Services Department was distributed with this report. The information in this Annual Report speaks to why these services are provided, the total investment from all funders in each of the Divisions and offers highlights of outcomes and metrics for each. The report has been posted to our website and brought to the attention of our community partners as well.

The program content and participant’s stories emphasize the importance of collaboration and integration of services internal to the Region of Waterloo and externally with our community partners. Equally important is the dedication and commitment of the staff within the Community Services Department who strive to ensure that our clients are the focal point of service, planning and delivery decisions.
Corporate Strategic Plan:

This report aligns with the 2011-2014 Region’s Corporate Strategic Focus Area 4: Healthy and Inclusive Communities

Financial Implications

The cost to produce the Annual Report is contained within the approved 2015 budget for the Department.

Other Department Consultations/Concurrence:

Thanks to Corporate Communications and Corporate Publishing for supporting our Department in the development of the annual report.

Attachments

2014 Community Services Annual Report (Distributed Separately)

Prepared By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo
Community Services
Housing Services

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

Date: June 16, 2015  File Code: S13-30

Subject: Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards

Recommendation:

That the Regional Municipality of Waterloo approve the Region of Waterloo Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards;

And That the Regional Municipality of Waterloo delegate authority to the Commissioner of Community Services to approve updates to the Region of Waterloo Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards as outlined in report CSD-HOU-15-08, dated June 16, 2015.

Summary:
The Ministry of Municipal Affairs and Housing (MMAH) requires the Region, as the local Service Manager for Housing and Homelessness, to develop and implement Standards for supportive housing within the CHPI Housing with Related Supports service category.

Over the past two years, the Region has been engaged in a process to redesign supportive housing programs funded through the CHPI Housing with Related Supports service category. The Region of Waterloo Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Standards (the Standards) outline new performance expectations and quality assurance processes that will be implemented within the redesigned CHPI Supportive Housing Program effective April 1, 2016 (see Attachment A - Overview). These Standards were developed by incorporating knowledge from other Regional quality assurance initiatives and feedback from extensive community consultations over the past two years as part of the CHPI Supportive Housing redesign process as discussed in 3.0 Standards Development.
These Standards will be submitted to MMAH for their review, have been attached to the Region of Waterloo Request for Proposals for the CHPI Supportive Housing Program (released April 30, 2015), and will be attached to CHPI Supportive Housing Program Agreements for 2016/17 and beyond. There are a number of Program areas that remain under development and further refinement of the Standards will occur over the 2016-2018 implementation period in partnership with Supportive Housing providers within the new CHPI Supportive Housing Program.

Report

1.0 CHPI and CHPI Supportive Housing Program Background
The Community Homelessness Prevention Program (CHPI) was implemented January 1, 2013. CHPI is funded by MMAH and administered by the Region. CHPI funds local programs within the following four service categories:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Services and Supports
4. Homelessness Prevention

Over the past two years, the Region has been engaged in a process to redesign supportive housing programs funded through the CHPI Housing with Related Supports service category (former Consolidate Homelessness Prevention Program and Domiciliary Hostel Program). Further information on both CHPI and the Supportive Housing Redesign is included in two February 2015 reports to Community Services Committee (CSD-HOU-15-03 and CSD-HOU-15-04).

2.0 CHPI Requirement for Standards
In November 2014, MMAH released the CHPI Guide to the Housing with Related Supports Service Category (see http://tinyurl.com/pqglx2k) as an amendment to the CHPI Program Guidelines (2012) (see http://tinyurl.com/nmeg2lc). Included within this Guide is a new provincial CHPI Housing with Related Supports Standards Framework which outlines eight broad categories for which local standards are required to be developed and implemented (see Attachment B). The Framework is scoped to include housing with on-site daily support services where CHPI funds both the housing and support services.

Local Standards that align with the Province’s new Framework were required to be submitted to MMAH by April 1, 2015. The Region’s previously approved Domiciliary Hostel Standards (2009) (SS-09-065) meet the minimum requirements within the Province’s new Framework and have already been submitted to MMAH for 2015/16. The new CHPI Supportive Housing Program Standards (the topic of this report) outline new performance expectations and quality assurance processes to be implemented.
within the redesigned CHPI Supportive Housing Program effective April 1, 2016.

The new Waterloo Region CHPI Supportive Housing Program Standards go beyond the original Waterloo Region Domiciliary Hostel Standards and the minimum requirements of the Province’s new Framework, to align and complement the Region of Waterloo CHPI Supportive Housing Program Framework (SS-14-030) (link for Framework [http://tinyurl.com/omqogak](http://tinyurl.com/omqogak)). The Standards outline roles, responsibilities, and specific operational policies for housing providers that ensure tenant rights, health, safety, and personal care needs are met. These Standards serve as a common reference point for both the Region and supportive housing providers, reinforcing their mutually supportive roles with respect to service excellence and continuous quality improvement within the CHPI Supportive Housing Program.

For further information and a comparison of the old Domiciliary Hostel Standards (2009) and the new CHPI Supportive Housing Standards see “Understanding the Evolution of Supportive Housing Standards in Waterloo Region” at [http://tinyurl.com/npnqddj](http://tinyurl.com/npnqddj).

### 3.0 Standards Development

The new CHPI Supportive Housing Program Standards were developed over 2014/15 by Region staff in consultation with local program providers (representing current CHPI Supportive Housing providers and other complementary programs in the community), community members, tenants, and Legal Services. The following informed the development of the draft Standards:

- Domiciliary Hostel Standards and monitoring processes from 2007 to 2012;
- Concerns and complaints received from tenants, family/friends, program providers, and the community from 2009 to 2014;
- Nine focus groups with tenants living in current CHPI Supportive Housing programs (67 participants);
- Twenty-one site visits with current CHPI Support Housing program providers;
- Three site visits with local Ministry of Health and Long Term Care funded supportive housing program providers;
- Five site visits with other municipalities to review and discuss their quality assurance processes in supportive housing programs;
- “Raising the Bar” quality assurance initiative in Children’s Services;
- “Housing programs Performance Standards Matrix” in Housing Services;
- Four local pilots (e.g., common assessment, electronic database, tenant quality of life, and community inclusion); and
- Feedback from an open community consultation forum (98 participants).
Sections of the draft Standards were then presented and discussed during five consultation meetings with current CHPI Supportive Housing program operators from May to October 2014. Operator feedback was incorporated into the current document such that there is general agreement related to the completed sections of the Standards. There remain some sections identified within the Standards requiring further development (e.g., monitoring processes, coordinated intake, common assessment, priority list, database implementation, and housing based support). A further review of the Standards overall, including the areas identified for further development, will occur in consultation with all providers approved for the redesigned CHPI Supportive Housing Program over the two year implementation period 2016-2018.

4.0 Next Steps
Following approval by Council, the Standards will be sent to MMAH for review. MMAH requires that the Standards be approved by Council or by a delegated Service Manager Authority and that they then be submitted to the Ministry for review to ensure they meet the requirements of the provincial Standards Framework.

The Standards form an appendix of the CHPI Supportive Housing Program Request for Proposals (RFP) released April 30, 2015. The Standards will be attached to the CHPI Supportive Housing Program Agreements for 2016/17 and beyond. Region staff will work with Program providers successful through the RFP to further develop the Standards over the 2016-2018 implementation period for the new CHPI Supportive Housing Program. Any changes/updates to the Standards will be delegated to the Commissioner of Community Services, pending Council approval of this recommendation.

Corporate Strategic Plan:
Development and implementation of the Region of Waterloo CHPI Supportive Housing Program Standards is consistent with Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness” through Action 4.5.1 to “update and implement the Homelessness to Housing Stability Strategy (the Strategy). The development of the Standards addresses Action 31 within the local Strategy to: “explore and implement additional quality assurance measures within general Supportive Housing programs”. In addition, these activities address Focus Area 5: Deliver excellent and responsive services that inspire public trust.

Financial Implications:
CHPI is 100% provincial funding through the Ministry of Municipal Affairs and Housing and can only be used for operating expenses. Any costs associated with the development of the CHPI Supportive Housing Program Standards can be accommodated within the approved 2015 Housing Services operating budget.
Other Department Consultations/Concurrence:
Staff from Planning, Development and Legislative Services – Legal Services reviewed the Standards and Corporate Services - Treasury Services was consulted in the preparation of this report.

Attachments
Attachment A  Region of Waterloo CHPI Supportive Housing Program Standards Overview
Attachment B  Provincial Housing with Related Supports Standards Framework

Prepared By:  Marie Morrison, Manager Community Homelessness Prevention
Deb Schlichter, Director, Housing Services

Approved By:  Douglas Bartholomew-Saunders, Commissioner,
Community Services
Attachment A
Region of Waterloo CHPI Supportive Housing Program Standards Overview

The full Region of Waterloo CHPI Supportive Housing Program Standards document is available on the Region’s website at www.regionofwaterloo.ca (go to Community Services and search CHPI Supportive Housing Standards) or link here. A hard copy of the Standards will be available in the Council library.

The following Table of Contents provides an overview of what is contained within the Standards:

PART ONE: CONTEXT TO STANDARDS

1.0 INTRODUCTION
1.1 Program Description
1.2 Scope of the Standards
1.3 Standards Development Process

2.0 ROLES AND RESPONSIBILITIES
2.1 Role of the Region
2.2 Role of CHPI Supportive Housing Program Providers
2.3 Role of Other Governing Bodies

3.0 PROGRAM AGREEMENTS
3.1 Annual Agreement Process
3.2 Program Description and Profile
3.3 Insurance Coverage

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4.1 Professional Inspections
4.2 Peer Review
4.3 Operational Review
4.4 Remedies

PART TWO: STANDARDS

5.0 PROGRAM ADMINISTRATION
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5.2 Funding Administration
5.3 Vacancy Loss
5.4 Electronic Data Collection
5.5 Documentation and Recording
5.6 Tenant Files
5.7 Confidentiality
5.8 Serious Occurrence Reporting
5.9 Feedback and Complaints

6.0 SAFETY AND SECURITY
6.1 Creating a Safe Environment
6.2 Health & Safety
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6.4 Building Security and Access
6.5 Conflict Resolution and Crisis Prevention
6.6 Missing Persons
6.7 Emergency Planning

7.0 HOUSING RETENTION AND QUALITY OF LIFE
7.1 Tenancy Agreement or Lease
7.2 Supportive Housing Information Package (SHIP)
7.3 Rent Collection and Arrears
7.4 Visitor/Guest Access
7.5 Pets
7.6 Tenant Privacy
7.7 Inspections of Units
7.8 Tenant Meetings
7.9 Financial Inclusion and Housing Stability
7.10 Community Inclusion and Belonging

8.0 HOUSING QUALITY COMPONENTS
8.1 Common Areas
8.2 Kitchens
8.3 Units/Bedroom Sizes
8.4 Bedrooms
8.5 Bathrooms
8.6 Furnishings
8.7 Telephone Access
8.8 Heating and Cooling
8.9 Water
8.10 Laundry Room
8.11 Smoking Area
8.12 Accessibility Features
8.13 Garbage and Pest Control
8.14 Cleaning Schedules
8.15 Property Maintenance
8.16 Lighting

9.0 HOUSING BASED SUPPORT QUALITY COMPONENTS
9.1 Housing Based Support
9.2 Medication Support
9.3 Food Support
9.4 Transportation Support
9.5 House Keeping Support

10.0 STAFFING QUALITY COMPONENTS
10.1 Qualifications
10.2 Staffing Levels
10.3 Staff Supervision
10.4 Training
10.5 Staff Conduct

APPENDIX A – Local Standards Alignment with Provincial Standards Framework
APPENDIX B – Glossary of Terms
APPENDIX C – Summary of Required Policies and Documents
APPENDIX D – Legislation and References
APPENDIX E – Community Housing Eligibility
APPENDIX F – Examples of Income and Assets
Attachment B
Provincial CHPI Housing with Related Supports Standards Framework

The Standards Framework sets out eight broad provincial categories for which local standards are required:

1. **Eligibility**: Service Managers must establish standards that define the tenant eligibility criteria and the intake process.

2. **Staffing**: Service Managers must establish standards for the minimum qualifications of staff and volunteers, staff/volunteer levels, staff/volunteer conduct and staff/volunteer training.

3. **Insurance and Monitoring**: Service Managers must establish standards for insurance coverage and standards for regular monitoring of the housing provider to ensure compliance with local standards.

4. **Conflict Resolution, Complaints Processes and Reporting**: Service Managers must establish standards for conflict resolution and complaint processes, and for the reporting of serious incidents.

5. **Rights and Responsibilities**: Service Managers must establish standards for tenant and landlord rights and responsibilities, including tenancy agreements, tenant confidentiality and privacy, and management of tenant files and other documentation.

6. **Physical Safety, Health and Well-being of Tenants**: Service Managers must establish standards for tenants’ physical health, safety and well-being, including medication storage and/or management.

7. **Provision of, or Access to, Activities and Support Services**: Service Managers must establish standards for the provision of, or access to, activities and support services for tenants (both within the housing and the community).

8. **Monthly Allowance for Personal Use**: Service Managers must establish standards for the management of the monthly allowance for personal use for tenants.
Region of Waterloo
Community Services
Seniors’ Services
Corporate Services
Treasury Services

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

Date: June 16, 2015  File Code: F05-01

Subject: Preferred Accommodation Fees – Seniors’ Services

Recommendation:

That the Regional Municipality of Waterloo amend By-law 05-019 as amended, being a By-law to Establish Fees and Charges for the Regional Municipality of Waterloo, to add Preferred Accommodation (admitted after July 1, 2015) of $25.00 per day effective July 1, 2015 as outlined in report CSD-SEN-15-06/COR-TRY-15-60, dated June 16, 2015.

Summary:

On May 27, 2015 the Province announced that the rates for basic and preferred accommodation fees charged to residents of long term care homes would be increasing as of July 1, 2015. The basic accommodation fee will increase to $58.25 per day (+2.5%) and for residents admitted after July 1, 2015 into preferred (private) accommodation beds the additional fee will increase to $25.00 (+7.5%) per day. This report will provide an overview of the fees that residents of Sunnyside Home are required to pay and the impact on the Region. In order to implement the increased preferred accommodation fee an amendment to the 2015 Fees and Charges By-Law is required.

Report:

Residents of Long Term Care (LTC) Homes in the Province of Ontario are required to contribute to the accommodation costs of their care. The Ministry of Health and Long
Term Care (MOHLTC) regulates the fees that LTC Homes can charge residents. The main fees that residents pay for their care are the Basic Accommodation Fees and Preferred Accommodation Fees. On May 27, 2015 the MOHLTC announced that these fees would be increasing effective July 1, 2015. A copy of the Ministry correspondence is attached as Appendix One. In order to meet the notice requirements under the Long Term Care Homes Act, 2007, residents of Sunnyside Home have been notified of the provincial decisions.

Sunnyside Home is a LTC Home with 263 beds. Of these, 25 beds are convalescent care, 2 are respite beds, 100 are private beds and 136 are basic accommodation beds. There is no charge for residents occupying convalescent care beds and these are not impacted by this announcement.

1.0 Basic Accommodation Fees

The basic accommodation fee is meant to offset the non nursing costs related to the care of a resident (food, laundry, house keeping and maintenance). The basic accommodation fee is set by the Province and is scheduled to increase from the current maximum of $56.93 per day to $58.35 (+2.5% or $43.09 per month) on July 1, 2015.

The basic accommodation fee is income tested and residents that can not afford the maximum rate will be charged a reduced fee geared to their income. The Province provides the difference between the maximum rate and the amount the resident can contribute. Those residents on rate reduction will not be impacted by the increase in the co-payment rate as long as their income does not change. Of the 136 basic accommodation beds available at Sunnyside, currently 95 (70%) are on rate reduction. Rate reduction reviews are completed annually in June of each year. An increase in the basic accommodation fee could result in the number of residents on rate reduction increasing.

As the rate is set by the Province of Ontario and can not be changed by the Region of Waterloo, it is not included in the Fees and Charges By-law.

2.0 Preferred Accommodation Fees

For residents that occupy private rooms, there is an additional per diem charge for their accommodation. In order for the LTC Home to charge the preferred accommodation rate, the resident must be paying the full basic accommodation rate (i.e. the resident can not be on rate reduction for basic accommodation). For residents admitted after July 1, 2015, the preferred accommodation rate for private accommodation increases from the current $23.25 to $25.00 per day (+7.5% or an additional $53.25 per month). Residents admitted prior to July 1 will continue to be charged at their current preferred accommodation rate.
The Region retains all preferred accommodation revenue collected.

Rates for semi-private accommodation are also increasing on July 1 but Sunnyside Home does not offer this type of accommodation.

### 3.0 Short Stay Fees

Sunnyside offers two respite (short stay) beds to the community. Residents who access these beds are charged a daily fee currently $36.85 per day. As of July 1st the fee will increase to $37.77 (+2.5%).

### 4. Resident Fees as of July 1st

The following chart summarizes the monthly resident fees at Sunnyside Home as of July 1st:

<table>
<thead>
<tr>
<th>Long-Stay Resident: Basic Accommodation (1)</th>
<th>Daily</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$58.35</td>
<td>$1,774.81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Accommodation (2)</th>
<th>Daily</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents admitted on or after July 1, 2015.</td>
<td>$83.35</td>
<td>$2,535.23</td>
</tr>
<tr>
<td>Residents admitted on or after September 1, 2014, but prior to July 1, 2015.</td>
<td>$81.60</td>
<td>$2,482.00</td>
</tr>
<tr>
<td>Residents admitted on or after July 1, 2013, but prior to September 1, 2014.</td>
<td>$79.85</td>
<td>$2,428.77</td>
</tr>
<tr>
<td>Residents admitted on or after July 1, 2012, but prior to July 1, 2013.</td>
<td>$78.10</td>
<td>$2,375.54</td>
</tr>
<tr>
<td>Residents admitted prior to July 1, 2012.</td>
<td>$76.35</td>
<td>$2,322.32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-Stay Resident (Respite Bed)</th>
<th>Daily</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$37.77</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(1) Maximum rate; may be subject to rate reduction based on income.
(2) Includes basic accommodation charge which can not be reduced based on income.

### Corporate Strategic Plan:

This report aligns with the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 5, Service Excellence and strategic objective 5.3, to ensure Regional programs are efficient and effective and demonstrate accountability to the public.

### Financial Implications:

The 2015 Operating Budget includes $4.28 million in revenue for Basic Accommodation Fees, $15,600 for Short Stay Accommodation and a further $640,000 in Preferred Accommodation Fees.
As of July 1st, the Basic Accommodation Fee will increase to $56.93 per day. The Province has recently announced changes to its funding per diems that will allow the Region to retain the increased resident revenues from basic accommodation. For the 74% of residents in basic accommodation on rate reduction, they will not be impacted by the increase in the per diem. For those not qualifying for rate reduction, the increased per diem will result in an increased monthly charge of $43.19.

All residents in preferred accommodation will pay the increased monthly basic accommodation charge of $43.19 per month. For those admitted after July 1, 2015 the additional preferred accommodation charge will pay an additional $1.75 per day or $53.23 per month.

When fully implemented, the increased preferred accommodation revenue will result in additional revenue of $63,875. However, as the current residents will not be subject to the increased preferred accommodation fee, the realization of this revenue will take several years. For 2015, the projected increased revenue is $2,898 based on prior year’s statistics for new residents into preferred accommodation.

Resident revenue resulting from the basic accommodation and preferred accommodation fees is reviewed as part of the annual budget process.

Other Department Consultations/Concurrence:

Staff from Community Services (Seniors' Services) and Corporate Services (Treasury Services) have collaborated on this report. Staff from Council and Administrative Services will be required to process the change to the Fees and Charges By-law.

Attachments

Appendix One – May 27, 2015 letter from Ministry of Health and Long Term Care

Prepared By: Connie Lacy, Director, Seniors’ Services

Lee Parent, Manager, Finance, Corporate Services

Approved By: Douglas Bartholomew-Saunders, Commissioner Community Services

Craig Dyer, Commissioner of Corporate Services/Chief Financial Officer
Appendix One

Ministry of Health and Long-Term Care
Assistant Deputy Minister
Health System Accountability and Performance Division
5th Floor, Hepburn Block
Queen's Park
Toronto ON M7A 1R3
Telephone: (416) 212-1134
Facsimile: (416) 212-1859

Ministère de la Santé et des Soins de longue durée
Sous-ministre adjoint
Division de la responsabilisation et de la performance du système de santé
Édifice Hepburn, 5e étage
Queen's Park
Toronto ON M7A 1R3
Téléphone: (416) 212-1134
Télécopieur: (416) 212-1859

MAY 27 2015

MEMORANDUM TO: Long-Term Care Home Licensees

FROM: Nancy Naylor
Assistant Deputy Minister
Health System Accountability and Performance Division

RE: LTC Home Accommodation Charges
Changes Effective July 1, 2015

I am writing to inform you about the 2015/16 co-payment rates. On July 1, 2015, the co-payment charges residents pay for Long-Term Care (LTC) home basic accommodation will increase from $56.93 per day to $58.35 per day, an increase of $1.42. This is consistent with recent inflationary increases. Although this increase is applied to all LTC home beds, those residents who are approved for a rate reduction will not be affected since their co-payment is dictated by their assessed income level.

The maximum charges for preferred accommodation for residents admitted to long-term care homes on or before June 30, 2015 will also increase by the same amount of $1.42 per day.

In addition, for residents admitted to newer preferred accommodation beds on or after July 1, 2015, the premium charged for semi-private accommodation will increase from $11.00 to $12.00 per day, and the premium for private accommodation will increase from $23.25 to $25.00 per day.

The increases to preferred accommodation premiums reflect a continued update of these rates to current values, as prior to 2012 they have not increased since 1993.

Increasing the preferred accommodation premiums for newer beds only (beds with an "A" or "NEW" structural classification) recognizes and supports the investment required to redevelop LTC homes, which provides residents with enhanced privacy and comfort.

The ministry has heard from both non-profit and for-profit LTC homes that co-payment rates need to keep pace with rising costs for meal and accommodation services.

Please note, as you are required by regulation to provide a minimum of 30 days written notice of the co-payment rate increase to residents, a bulletin advising residents of the rate change has been enclosed with this memo. Please ensure that the attached bulletin is immediately provided to all residents and is placed in areas accessible to residents before May 31, 2015.
-2-

Should you have any questions, please contact the LTC Action Line, at 1-866-434-0144.

Thank you for your efforts and commitment to improving the quality of care provided to LTC residents.

Sincerely,

Nancy Naylor
Assistant Deputy Minister

Enclosures

c:  Chief Executive Officers, Local Health Integration Networks
    Ms. Donna Rubin, Chief Executive Officer, Ontario Association of Non-Profit Homes and Services for Seniors
    Ms. Candace Chartier, Chief Executive Officer, Ontario Long Term Care Association
    Ms. Donna Fairley, Executive Director, Ontario Association of Residents’ Councils
    Ms. Nancy Lytle, Director, Performance Improvement and Compliance Branch
    Mr. Pier Falotico, Financial Management Branch
    Ms. Kathryn McCulloch, Director, LHIN Liaison Branch
    Mr. Peter Kaftarian, Health Capital Investment Branch
Region of Waterloo

Waterloo Region Crime Prevention Council

Regional Chair’s Office

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

Date: June 5, 2015

File Code: C06-60

Subject: Jane’s Walk 2015

Recommendation:

For Information

Summary:

This report provides a brief update on the efforts and level of community engagement with respect to Jane’s Walk 2015. The Waterloo Region Crime Prevention Council helped to organize the local Jane’s Walk (www.janeswalk.org) held May 1, 2, 3, 2014 along with organizers Kae Elgie (Waterloo) and Aleksandra Petrovic (Kitchener, Festival of Neighbourhoods). Over 600 people participated in at least one of the 25 Jane’s Walks across our community this year: Cambridge (2), Kitchener (14), and Waterloo (9).

Report:

Held annually, on the first weekend of May, Jane’s Walk has become an international event celebrating what matters to ordinary people and neighbourhoods about the urban spaces they call home. The simple act of walking together and discussing what “makes” a neighbourhood brings people together in their communities, instills belonging and encourages civic leadership. Created in 2007 by the friends of urban thinker Jane Jacobs, the annual series of free, volunteer led walks is now held in 175 cities across the globe. Internationally, more than 1,200 walks were led by over 1,500 volunteer leaders.
Walk topics included civic & public space, historic neighbourhoods & cemeteries, community resiliency, urban bird watching, child friendly cities, public art, growing up in the downtown, several Uptown & Downtown focused walks (i.e. digital storytelling, heritage), award winning architecture, ION station planning, city trails, back alley and Instagram ….and fairy doors! Many walks used the opportunity to engage the community in discussions about improvements, changes and possible citizen action. Other walks were more geared toward learning something new about a different area of the city. There were also two “Jane’s Rides” where the host led participants by bicycle!

Walks were incredibly diverse and took place in 18 different neighbourhoods across Waterloo Region. Attendance ranged from 3 – 80 people (more if you include dogs & children in wagons & strollers!). Many people reported attending multiple walks over the weekend. Walks were led by individual citizens, neighbourhood associations, historians, a few city staff, artists, elected Councillors and one Mayor! For individuals, it’s a very easy event to organize and there are many tools developed by the team at Jane’s Walk (Toronto) to help promote the walks.

Everyone knows something about where they live and Jane’s Walk helps residents to connect to their neighbourhood and community. The Waterloo Region Crime Prevention Council believes that a more connected community is a safer community and Jane’s Walk is an effective way to engage citizens in conversations about what makes a vibrant, dynamic safe and healthy neighbourhood and community.

Jane’s Walk is another tool and activity that helps the WRCPC’s Community Engagement emphasize the role that place-making can play in creating safe & healthy neighbourhoods and public spaces.
Jane’s Walk 2016

After 5 years of WRCPC involvement with Jane’s Walk (2 as walk leaders, 3 years as weekend organizer), WRCPC staff expects to transition the organization of Jane’s Walk to a wider circle of community supporters by November 2015. The local Jane’s Walk event is growing beyond the capacity and support that WRCPC can adequately provide to this weekend festival. The festival is poised to move to the next level and could benefit greatly from community sponsorship and a more coordinated promotion across the whole region.

This approach to transitioning programs and initiatives in to the community is consistent with WRCPC’s mandate of capacity building through engagement.

Walks offered in suburban areas are very few and when they are available, attendance tends to be low. 2016 would be a great time to put more emphasis on growing the number of walks & participation in suburban neighbourhoods.

What people were saying:

“I’m blocking the first weekend of May 2016 in my calendar now! I want to be free to take in as many walks as possible next year!” - First-time Jane’s Walk participant

“I loved hosting the [Jane’s] ride, everyone was so friendly and eager to talk about bikes and the city. Thank you so much for encouraging me to participate. I’d do this again!”

- First time Jane’s Walk leader

“My kids and I all had a totally great time. Afterward, my friend raved about the event and how it appealed to the kids with engaging activities and also to adults with interesting and inspiring ideas. I was so proud to live in our neighbourhood”

- Jessie, Central Frederick neighbour

Photo Credit: Laura McBride
Local media Coverage of Jane’s Walk in Waterloo Region:

Jane's Walk looking for volunteers - Waterloo Region Record – March 20, 2015

Talk Local, Rogers TV – Tuesday April 28 – Interview with 3 walk leaders and organizer

98.5FM CKWR – 5 Radio interviews with walk leaders, leading up to the festival weekend (April 27 – May 1)

Councillors seek identities of Lakeshore Village groundbreakers – Waterloo Region Record, April 28, 2015

CBCKW 89.1 - Andrea's Five Fun Things To Do This Weekend - May 2-3

Sunday May 3 – CBC Fresh Air – Radio Interview with walk leader Doug Mulholland

What would Jane Jacob’s think of downtown Kitchener – Waterloo Region Record – May 4, 2015


+ several community bloggers, countless social media posts and a video or two!
Corporate Strategic Plan:

Fostering Healthy, Safe, Inclusive and Caring Communities: Enhance Community Safety and Crime Prevention

Financial Implications:

This event has operated with $0 budget. All walk leaders and some organizers contribute their volunteer time to make it happen each year. In order to grow the weekend long festival, it would benefit from community sponsorship funds in order to promote it more broadly.

Other Department Consultations/Concurrence:

Nil

Attachments:

None

Prepared By: Juanita Metzger, Community Engagement Coordinator, WRCPC

Approved By: Christiane Sadeler, Executive Director, WRCPC
Region of Waterloo
Public Health and Emergency Services
Paramedic Services

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

Date: June 16, 2015 File Code: P05-80

Subject: EMS Master Plan Review

Recommendation:

That the Regional Municipality of Waterloo endorses the process for reviewing the Emergency Medical Services (EMS) Master Plan;

And That four (4) Members of Regional Council be appointed to serve as members of the EMS Master Plan Review Steering Committee including:

a) The Chair of Community Services Committee (also representing Kitchener)

b) The Vice Chair of the Community Services Committee (also representing the Townships); and

c) 2 Other Councillors, one representing Waterloo and one representing Cambridge as outlined in report PHE-PSV-15-05, dated June 16, 2015.

Summary:

This report summarizes the process for reviewing the EMS Master plan. The EMS Master Plan, approved in 2007, is a 25 year plan (with forecasting to 2031 to align with the Region of Waterloo Growth Management Strategy). It has a detailed implementation focus on the first 10 years (2007-2016). It is time to review the accomplishments to date and reflect back on assumptions made within the original report to ensure appropriate goals, resourcing of staff and equipment going forward. The product of the review process will be a Paramedic Services Master Plan (2017-2027).

This report outlines the next steps required to accomplish the review and update of the current EMS Master Plan. This includes the establishment of a Steering Committee with Regional Councillor and staff membership. The review will be complete by the end of 2016.
Report:

The first EMS Master plan was approved in 2007. It is now time to review the accomplishments to date and reflect back on assumptions made within the original report. This will be important to ensure effective, quality service delivery over the next 10 years, as the population continues to grow and age, and health conditions become increasing chronic and complex.

Draft goals of the Paramedic Services Master Plan (2017-2027) are to ensure:

- Quality of care
- The right care at the right place and the right time
- Resourcing levels to meet peak demand in a reasonable time

The existing EMS Master plan (2007-2031) will be reviewed and updated, including a forecast of resourcing and operational requirements to accomplish our goals over the next 10 year period.

This will be accomplished through reviewing and assessing:

1) Service Drivers: call volume and population projections
2) Service Targets: response times (considering urban/rural differences); self sufficiency measures (including code reds and cross border calls)
3) Resources: including facility locations, staff and equipment requirements, staff mix and vehicle mix including use of ERUs, and deployment planning
4) Optimizing response: including agency collaboration (Dispatch and Tiered response); triage and destination protocols

It will be important to focus on the Region of Waterloo Paramedics Services to be a self-sustaining service for the residents and visitors of the Region. This will entail ensuring there are enough resources within the confines of the municipality to respond appropriately and timely to all requests for service without unduly relying on outside EMS services to respond within our borders. There will always be exceptions for response in and out of our municipality given the current ability of the Ministry Ambulance Dispatch Centre (ie Central Ambulance Communications Centre, or CACC) to direct our vehicle movements and the fact that the closest vehicle must respond regardless of which municipality it belongs to.

It will be important to review the current dispatch system that the Ministry of Health and Long Term Care operates and the consolidated dispatch model currently being evaluated within the Region of Waterloo. This review will also look at the current triaging system used by the MOHLTC. It would also be prudent to review destination protocols and the possibility of transporting patient to destinations other than Emergency Departments, where applicable and appropriate.
The Steering Committee will be chaired by Dr. Liana Nolan, Commissioner, with additional membership from 4 Regional Councillors, and staff including Stephen Van Valkenburg, Chief of Paramedic Services, and representatives from Human Resources and Citizen Service, and Corporate Services. A staff Project Team will support the work and a Project Manager will be assigned to coordinate the process. Working Groups will be struck to support relevant sections of the report, allowing for stakeholder involvement for example from Fire, Police, CACC and Emergency Departments. A consultant will support the content development for specific sections of the report.

Regional Councillor participation is requested for 4 Councillors including:

- the Chair of Community Services Committee (also representing Kitchener)
- the Vice Chair of the Community Services Committee (also representing the Townships); and
- 2 Other Councillors, one representing Waterloo and one representing Cambridge

The Steering Committee will be struck in the fall of 2015. The review and final Paramedic Services Master Plan (2017-2027) report will be complete by the end of 2016. The final report will be presented to Regional Council. Any potential next steps, based on recommendations in the report, will be directed by Council.

**Corporate Strategic Plan:**

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

**Financial Implications:**

The 2015 Budget included a budget issue paper for the EMS Master Plan Review and Update. A total of $150,000 to be funded from the Capital Levy Reserve Fund was approved for the Review, including consultant support expenditures.

**Other Department Consultations/Concurrence:**

There will be extensive collaboration with internal and external stakeholders thorough out this process over the next year. This will involve committee membership as well as focus groups and stakeholder consultation.

**Attachments**

Nil

**Prepared By:** Stephen Van Valkenburg, Director/Chief Paramedic Services
Dr. Liana Nolan, Commissioner/Medical Officer of Health

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo
Community Services
Employment and Income Support

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: June 16, 2015
File Code: S16-03
Subject: Social Development Programs Annual Grants 2015

Recommendation:


Summary:
Nil

Report:

The Social Development Programs, Employment and Income Support Division has the responsibility to fund, monitor and facilitate programs that reduce the negative impacts of poverty on families with children within their communities. These programs include the Community Outreach Program, Counselling Collaborative, Emergency Food Hampers, Onsite Counselling, and Parenting Group Program (see Appendix A for brief description of each program and the allocations by agency). Services are provided through service agreements with 22 agencies that work together with support from staff to deliver services across Waterloo Region.

Regional Council approved the 2015 Operating Budget for the Social Development Program on March 3, 2015. The budgets for each of the agencies providing the services require Council approval to enable Community Services to forward the 2015 grants to the service providers.
As part of the 2014 departmental restructuring, Social Development Programs were moved to Employment and Income Support from Social Planning, Policy and Program Administration. The reporting and funding approval processes, now 15 years old, require updating to include greater fiscal accountability and outcome measurement. While the penetration of services is clear, the impact of the services on individuals and neighbourhoods has been less clear. As a result, during 2015 we are engaging agencies in a reporting re-design that will not only allow us to measure penetration, but impacts as well. That work is currently underway.

It should be noted that the agencies within the Counselling Collaborative, including the Region, plan to conjointly apply for funding under the Provincial Poverty Reduction Strategy. This funding, if approved, will be used to engage a researcher to embark upon a controlled study on the services of the Collaborative and the impact of those services with respect to clinical results for those receiving counselling services and their success within a range of approved employment related outcomes. The application for funding will be made in the Fall of 2015. If successful the research evaluation will begin in 2016.

**Corporate Strategic Plan:**

Funding service agencies in Waterloo Region is consistent with the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to reduce inequities and enhance community health, safety, inclusion and quality of life and specifically Strategic Objective 4.1 to work collaboratively to reduce poverty.

**Financial Implications**

The total amount recommended for approval is $2,217,981. The 2015 operating budget includes sufficient funding for these programs. The Counselling Collaborative, Parenting Program, OnSite Counselling and Community Outreach grants are funded by the Region of Waterloo. The Emergency Food Hamper program is part of the Ontario Works Discretionary Benefit Program and is funded by a combination of Provincial grants and Regional funding.

**Other Department Consultations/Concurrence:**

The Social Development Program is overseen by the Community Services Department based on a service agreement that sets out the term, funding level, use of funds, reporting requirements and other obligations. Service Agreements are prepared with support and endorsement of both Legal and Corporate Services.

Corporate Services, Finance has reviewed this report.
Attachments

Appendix A – Social Development Programs Annual Grants 2015

Prepared By: Nina Bailey-Dick, Social Planning Associate, Employment and Income Support
Barb Cardow, Interim Manager, Social Development Programs
Carolyn Schoenfeldt, Director, Employment and Income Support

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Appendix A: Social Development Programs Annual Grants 2015

Counselling Collaborative Program is a partnership between the Region of Waterloo and seven local counselling agencies. It was developed to ensure that OW/ODSP recipients receive supportive counselling services they need. Recipients of OW/ODSP are eligible for up to eight counselling sessions and include such things as individuals, group, couple, and family counselling supports.

Carizon Family and Community Services $131,897
Family Counselling Centre of Cambridge and North Dumfries 58,742
Interfaith Community Counselling Centre 14,381
Kitchener-Waterloo Counselling Services Incorporated 178,455
Lutherwood 44,153
Shalom Counselling Services Incorporated 20,300
Woolwich Counselling Centre 13,829
Total Counselling Collaborative $461,757

Parenting Program provides people in receipt of OW and ODSP with access to parenting programs at no cost.

Kitchener-Waterloo Counselling Services Incorporated $15,225
Total Parenting Program $15,225

Peer Counselling Program funds peer support initiatives in food assistance programs to address social development needs within this context.

Cambridge Self Help Food Bank Inc. $4,827
K-W Working Centre for the Unemployed 15,156
Total Peer Counselling Program $19,983

Community Outreach Program is a community wide program created to prevent and reduce the depth of child poverty in the Waterloo Region. The Region funds and administers the Program which is delivered in partnership with 14 community agencies that employ family outreach workers in 32 neighbourhoods and communities of interest. The Program supports children and their families by providing access to basic needs such as recreation, food, clothing, shelter, counselling, transportation, children’s needs and employment/education and support to navigate various systems.

Cambridge Family Early Years Centre $43,070
Cambridge Self Help Food Bank Incorporated 82,418
Carizon Family and Community Services 126,030
Family Counselling Centre of Cambridge & North Dumfries 54,483
Greenway Chaplin Community Centre 49,081
1837079
House of Friendship of Kitchener 137,144
Kinbridge Community Association 87,289
Kitchener-Waterloo Counselling Services Incorporated 186,462
Kitchener-Waterloo Multicultural Centre Incorporated 36,198
Kitchener-Waterloo Young Women’s Christian Association (YWCA) 33,763
Langs Farm Village Association 43,645
Motivational Learning Groups 20,674
Our Place Family Resource and Early Years Centre 38,972
Preston Heights Community Group 43,645
Wilmot Family Resource Centre Incorporated 38,142
Total Community Outreach $1,021,016

**Emergency Food Hamper Program** funds six agencies to distribute emergency food hampers to residents of Waterloo Region. Funds are allocated to a maximum of $700,000 for 2015.

The Governing Council of the Salvation Army in Canada, Cambridge 51,470
The Governing Council of the Salvation Army in Canada, Kitchener 25,350
Woolwich Community Services 10,845
Cambridge Self-Help Food Bank Inc. 161,035
House of Friendship of Kitchener 442,200
Wilmot Family Resource Centre Inc. 9,100
Total Emergency Food Hamper Program $700,000

Total Social Development Program Grants $2,217,981
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-May-15</td>
<td>G. Lorentz</td>
<td>That staff provide a report on harm reduction activities, specifically a review of the most used disposal sites, how often they are emptied, and cost of tamper proof disposal units</td>
<td>Public Health and Emergency Services</td>
<td>Fall 2015</td>
</tr>
</tbody>
</table>
This is one in a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community is important for planning programs and services. Immigrants are people who were born outside of Canada and have been accepted as permanent residents in Canada. Immigrants make up 22.3% of the population of Waterloo Region. Between 2006 and 2011, 15,465 individuals immigrated to this region. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

**Permanent Residents**

**Number of permanent residents arriving in Waterloo Region by year, 2003-2012**

- An estimated 2,580 permanent residents came to Waterloo Region in 2012. This is similar to the 2,540 permanent residents who immigrated to Waterloo Region in 2011.
- Between 2003 and 2012 the number of permanent residents arriving in Waterloo Region has ranged between 2,410 and 3,340.

Source: Citizenship and Immigration Canada, Permanent Residents Rounded Data Cube, 2012
Number of permanent residents arriving in Waterloo Region by landing category, 2003-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Economic</th>
<th>Total Family</th>
<th>Total Refugee</th>
<th>Total Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1,000</td>
<td>300</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>2004</td>
<td>1,200</td>
<td>400</td>
<td>150</td>
<td>70</td>
</tr>
<tr>
<td>2005</td>
<td>1,400</td>
<td>500</td>
<td>200</td>
<td>100</td>
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<tr>
<td>2006</td>
<td>1,600</td>
<td>600</td>
<td>250</td>
<td>150</td>
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<td>2007</td>
<td>1,800</td>
<td>700</td>
<td>300</td>
<td>200</td>
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<td>2008</td>
<td>2,000</td>
<td>800</td>
<td>350</td>
<td>250</td>
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<tr>
<td>2009</td>
<td>2,200</td>
<td>900</td>
<td>400</td>
<td>300</td>
</tr>
<tr>
<td>2010</td>
<td>2,400</td>
<td>1,000</td>
<td>450</td>
<td>350</td>
</tr>
<tr>
<td>2011</td>
<td>2,600</td>
<td>1,100</td>
<td>500</td>
<td>400</td>
</tr>
<tr>
<td>2012</td>
<td>2,800</td>
<td>1,200</td>
<td>550</td>
<td>450</td>
</tr>
</tbody>
</table>

Source: Citizenship and Immigration Canada, Permanent Residents Rounded Data Cube, 2012

- Landing category is a term which describes the four main groups of permanent residents (economic, family, refugee, and other).
- The majority of permanent residents who arrived in Waterloo Region in 2012 immigrated to find employment (1,295 individuals or 33% of permanent residents). Economic class immigrants were accepted as skilled workers, self-employed, entrepreneurs or investors.
- In 2012, 835 individuals (22% of permanent residents) came to Waterloo Region to be with their family, while 365 people (9% of permanent residents) came as government-assisted refugees.
### Number and percentage change of permanent residents by landing category and municipality, Waterloo Region, 2003-2012

<table>
<thead>
<tr>
<th>Immigration Category</th>
<th>2003</th>
<th>2012</th>
<th>5 year per cent change</th>
<th>10 year per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waterloo Region</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>1,080</td>
<td>1,295</td>
<td>-7%</td>
<td>20%</td>
</tr>
<tr>
<td>Family</td>
<td>770</td>
<td>835</td>
<td>-11%</td>
<td>8%</td>
</tr>
<tr>
<td>Refugee</td>
<td>435</td>
<td>365</td>
<td>-19%</td>
<td>-16%</td>
</tr>
<tr>
<td>Other</td>
<td>125</td>
<td>85</td>
<td>-45%</td>
<td>-32%</td>
</tr>
<tr>
<td><strong>Total Permanent Residents</strong></td>
<td>2,410</td>
<td>2,580</td>
<td>-12%</td>
<td>7%</td>
</tr>
<tr>
<td>Cambridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>180</td>
<td>155</td>
<td>-14%</td>
<td>-14%</td>
</tr>
<tr>
<td>Family</td>
<td>195</td>
<td>195</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Refugee</td>
<td>85</td>
<td>10</td>
<td>-80%</td>
<td>-88%</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>20</td>
<td>-43%</td>
<td>-33%</td>
</tr>
<tr>
<td><strong>Total Permanent Residents</strong></td>
<td>485</td>
<td>380</td>
<td>-17%</td>
<td>-22%</td>
</tr>
<tr>
<td>Kitchener</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>520</td>
<td>525</td>
<td>-2%</td>
<td>1%</td>
</tr>
<tr>
<td>Family</td>
<td>390</td>
<td>400</td>
<td>-22%</td>
<td>3%</td>
</tr>
<tr>
<td>Refugee</td>
<td>300</td>
<td>310</td>
<td>-17%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
<td>55</td>
<td>-42%</td>
<td>-15%</td>
</tr>
<tr>
<td><strong>Total Permanent Residents</strong></td>
<td>1,280</td>
<td>1,290</td>
<td>-15%</td>
<td>1%</td>
</tr>
<tr>
<td>Waterloo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>380</td>
<td>585</td>
<td>-10%</td>
<td>54%</td>
</tr>
<tr>
<td>Family</td>
<td>175</td>
<td>220</td>
<td>2%</td>
<td>26%</td>
</tr>
<tr>
<td>Refugee</td>
<td>45</td>
<td>40</td>
<td>60%</td>
<td>-11%</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>5</td>
<td>-75%</td>
<td>-80%</td>
</tr>
<tr>
<td><strong>Total Permanent Residents</strong></td>
<td>620</td>
<td>850</td>
<td>-7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Citizenship and Immigration Canada, Permanent Residents Rounded Data Cube, 2012

- Compared to five years ago, Waterloo Region experienced a decline in the number of permanent residents across all immigration categories.
- Compared to 10 years ago, the number of permanent residents who immigrated to Waterloo Region has been relatively stable, with landings in Waterloo growing slightly while landings in Kitchener have remained stable and landings in Cambridge have declined slightly.
- Refugees are most likely to settle in Kitchener. Cambridge and Waterloo have experienced declining numbers of refugee landings compared to ten years ago.
- Compared to 10 years ago, Waterloo has experienced the most significant growth in economic class immigrant landings while Cambridge has experienced a slight decline.
Non-permanent Residents

Proportion of the population who are non-permanent residents, by municipality, Waterloo Region and Ontario, 2011

- Waterloo Region was the home to an estimated 3,960 non-permanent residents in 2011. This is approximately 1% of the population of Waterloo Region.
- The City of Waterloo had the largest proportion of non-permanent residents, representing an estimated 2% of the population in 2011. The rural townships had the lowest proportion of non-permanent residents, representing approximately 0.1% of the population for the same year.
Notes

1. Statistics Canada and Citizenship and Immigration Canada employ rounding of numbers to the nearest multiple of five to ensure confidentiality. Caution must be taken when interpreting the data in this fact sheet, especially in situations where data counts are low.

2. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on the NHS survey data are presented as estimates.

3. Permanent resident refers to a person who has acquired permanent resident status and has not subsequently lost that status. They are entitled to live and work in Canada indefinitely.

4. Landing category is a term which describes the four main groups of permanent residents: economic, family, refugee, and other. Economic class immigrants may be accepted as skilled workers, self-employed, entrepreneurs or investors. Family class immigrants are joining a partner, parent, child or other close relative who is already a permanent resident in Canada or are Canadian citizens. Refugee class immigrants are fleeing persecution in their home country and are either sponsored by the government or a group in Canada (refugee claimants are not included in this data). Other immigrants may include, among others, individuals accepted on humanitarian and compassionate grounds, on the basis of public policy considerations, post-determination refugee claimants and people with deferred removal orders.

5. Non-permanent resident refers to a person from another country who has a work or study permit or who is a refugee claimant, and any non-Canadian-born family member living in Canada with them.

References


This is one in a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community is important for planning programs and services. Between 2006 and 2011, 15,465 individuals immigrated to this region. There are differences in the population and family structure of immigrants and Canadian-born in Waterloo Region. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

**Age distribution of recent immigrants and the total population, Waterloo Region, 2011**

- Overall, recent immigrants are younger than the total population in Waterloo Region.
- In 2011, the largest age category of recent immigrants was young adults aged 25 to 34 years at 31% of all recent immigrants to Waterloo Region.
- Only 13% of recent immigrants are 55 years of age or older compared to 24% of the total population of Waterloo Region.

Source: Recent immigrants from Citizenship and Immigration Canada, Permanent Residents Rounded Data Cube, 2012; Total Population from Statistics Canada, Census, 2011
Sex distribution of recent immigrants, by municipality, Waterloo Region, 2012

- Recent immigrants to Waterloo Region were equally distributed across the sexes; 51% were female and 49% were male.
- A greater proportion of recent immigrants to the rural townships were female (58%) compared to the cities (50% to 53%).

Marital status of immigrants and the total population, Waterloo Region and Ontario, 2011

- It was estimated that the majority of immigrants (69%) were legally married in 2011, compared with 59% of the general population in Waterloo Region.
- An estimated 16% of immigrants in Waterloo Region were single in 2011, compared to more than a quarter of the general population (28%).

Proportion of the population who are immigrants, by generational status, Waterloo Region and Ontario, 2011

Source: Statistics Canada, National Household Survey, 2011

- In 2011, it was estimated that more than half of all immigrants in Waterloo Region (57%) were at least third generation Canadians.
- It was estimated that immigrants in Waterloo Region were more likely to be at least third generation Canadians (57%) compared to immigrants in Ontario (48%).
Notes

1. Statistics Canada employs rounding of numbers to the nearest multiple of five to ensure confidentiality. Caution must be taken when interpreting the data in this fact sheet, especially in situations where data counts are low.

2. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on the NHS survey data are presented as estimates.

3. Immigrant refers to a person who is or has ever been a landed immigrant/permanent resident. This person has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years, while others have arrived recently. Some immigrants are Canadian citizens, while others are not. Most immigrants are born outside Canada, but a small number are born in Canada. In the 2011 National Household Survey, 'Immigrants' includes immigrants who landed in Canada prior to May 10, 2011.

4. Recent immigrant refers to those who came to Canada at some point in the five years preceding May 10th, 2011.

5. Statistics Canada defines first generation immigrants as people born outside of Canada. Second generation refers to people born in Canada with at least one parent born outside Canada. Third or later generation refers to people born in Canada with both parents also born in Canada.

6. Data on marital status was obtained from the population aged 15 years and older.

7. Townships described here include North Dumfries, Wellesley, Wilmot, and Woolwich.

References


This is one of a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community is important for planning programs and services. Between 2006 and 2011, 15,465 individuals immigrated to this region. Immigrants and Canadian-born in Waterloo Region speak many different languages. While most people in Waterloo Region can speak English, the number of people who can also speak languages other than English or French is increasing. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

**Top 20 mother tongue languages of the total population, Waterloo Region, 2006 and 2011**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Language</th>
<th>2011 Number</th>
<th>Per cent</th>
<th>Change from 2006</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>English</td>
<td>375,515</td>
<td>74.8%</td>
<td>6%</td>
<td>–</td>
</tr>
<tr>
<td>2</td>
<td>German</td>
<td>16,515</td>
<td>3.3%</td>
<td>-12%</td>
<td>–</td>
</tr>
<tr>
<td>3</td>
<td>Portuguese</td>
<td>10,025</td>
<td>2.0%</td>
<td>-10%</td>
<td>–</td>
</tr>
<tr>
<td>4</td>
<td>Chinese Languages</td>
<td>9,445</td>
<td>1.9%</td>
<td>24%</td>
<td>–</td>
</tr>
<tr>
<td>5</td>
<td>Spanish</td>
<td>7,975</td>
<td>1.6%</td>
<td>15%</td>
<td>–</td>
</tr>
<tr>
<td>6</td>
<td>French</td>
<td>6,090</td>
<td>1.2%</td>
<td>-1%</td>
<td>–</td>
</tr>
<tr>
<td>7</td>
<td>Romanian</td>
<td>5,560</td>
<td>1.1%</td>
<td>16%</td>
<td>▼1</td>
</tr>
<tr>
<td>8</td>
<td>Polish</td>
<td>5,440</td>
<td>1.1%</td>
<td>-9%</td>
<td>▲1</td>
</tr>
<tr>
<td>9</td>
<td>Serbian</td>
<td>5,080</td>
<td>1.0%</td>
<td>12%</td>
<td>–</td>
</tr>
<tr>
<td>10</td>
<td>Arabic</td>
<td>4,425</td>
<td>0.9%</td>
<td>38%</td>
<td>▼1</td>
</tr>
<tr>
<td>11</td>
<td>Panjabi (Punjabi)</td>
<td>3,870</td>
<td>0.8%</td>
<td>22%</td>
<td>▼1</td>
</tr>
<tr>
<td>12</td>
<td>Vietnamese</td>
<td>3,195</td>
<td>0.6%</td>
<td>-1%</td>
<td>▲2</td>
</tr>
<tr>
<td>13</td>
<td>Persian (Farsi)</td>
<td>2,925</td>
<td>0.6%</td>
<td>11%</td>
<td>▼1</td>
</tr>
<tr>
<td>14</td>
<td>Urdu</td>
<td>2,800</td>
<td>0.6%</td>
<td>35%</td>
<td>▼3</td>
</tr>
<tr>
<td>15</td>
<td>Dutch</td>
<td>2,340</td>
<td>0.5%</td>
<td>-15%</td>
<td>▲2</td>
</tr>
<tr>
<td>16</td>
<td>Croatian</td>
<td>2,340</td>
<td>0.5%</td>
<td>-3%</td>
<td>▲1</td>
</tr>
<tr>
<td>17</td>
<td>Gujarati</td>
<td>2,170</td>
<td>0.4%</td>
<td>54%</td>
<td>▼3</td>
</tr>
<tr>
<td>18</td>
<td>Italian</td>
<td>1,930</td>
<td>0.4%</td>
<td>-14%</td>
<td>▲2</td>
</tr>
<tr>
<td>19</td>
<td>Hungarian</td>
<td>1,825</td>
<td>0.4%</td>
<td>-4%</td>
<td>▲1</td>
</tr>
<tr>
<td>20</td>
<td>Russian</td>
<td>1,545</td>
<td>0.3%</td>
<td>30%</td>
<td>▼5</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, Census, 2011
- English remained the predominant mother tongue language in Waterloo Region.
- German continued its historical presence as the second most common mother tongue language, although there was a decline in the number of mother tongue speakers compared to five years ago.
- All top five mother tongue languages remained unchanged from their 2006 ranking. Among these, Chinese Languages and Spanish experienced the highest growth compared to five years ago.
- Gujarati and Arabic showed the largest per cent change, increasing by 54% and 38% respectively from 2006.

Top 20 mother tongue languages of recent immigrants, Waterloo Region, 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Language</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arabic</td>
<td>1,860</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>Chinese Languages</td>
<td>1,685</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>Spanish</td>
<td>1,520</td>
<td>11%</td>
</tr>
<tr>
<td>4</td>
<td>Hindi</td>
<td>885</td>
<td>6%</td>
</tr>
<tr>
<td>5</td>
<td>Urdu</td>
<td>885</td>
<td>6%</td>
</tr>
<tr>
<td>6</td>
<td>Panjabi (Punjabi)</td>
<td>825</td>
<td>6%</td>
</tr>
<tr>
<td>7</td>
<td>Persian (Farsi)</td>
<td>725</td>
<td>5%</td>
</tr>
<tr>
<td>8</td>
<td>Russian</td>
<td>690</td>
<td>5%</td>
</tr>
<tr>
<td>9</td>
<td>Romanian</td>
<td>675</td>
<td>5%</td>
</tr>
<tr>
<td>10</td>
<td>Tagalog (Pilipino,Filipino)</td>
<td>445</td>
<td>3%</td>
</tr>
<tr>
<td>11</td>
<td>Gujarati</td>
<td>435</td>
<td>3%</td>
</tr>
<tr>
<td>12</td>
<td>Somali</td>
<td>430</td>
<td>3%</td>
</tr>
<tr>
<td>13</td>
<td>German</td>
<td>355</td>
<td>3%</td>
</tr>
<tr>
<td>14</td>
<td>Korean</td>
<td>340</td>
<td>2%</td>
</tr>
<tr>
<td>15</td>
<td>Pashto</td>
<td>260</td>
<td>2%</td>
</tr>
<tr>
<td>16</td>
<td>Serbian</td>
<td>215</td>
<td>2%</td>
</tr>
<tr>
<td>17</td>
<td>Amharic</td>
<td>210</td>
<td>2%</td>
</tr>
<tr>
<td>18</td>
<td>Vietnamese</td>
<td>205</td>
<td>1%</td>
</tr>
<tr>
<td>19</td>
<td>Portuguese</td>
<td>185</td>
<td>1%</td>
</tr>
<tr>
<td>20</td>
<td>Polish</td>
<td>180</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, National Household Survey, 2011

- Among recent immigrants to Waterloo Region, Arabic was estimated as the predominant mother tongue language, followed closely by Chinese Languages and Spanish.
Proportion of recent immigrants, by knowledge of official languages, Waterloo Region, 2003-2012

<table>
<thead>
<tr>
<th>Official Language</th>
<th>2003 → 2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td>63.4%</td>
</tr>
<tr>
<td>French</td>
<td></td>
<td>0.4%</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>3.9%</td>
</tr>
<tr>
<td>Neither</td>
<td></td>
<td>32.4%</td>
</tr>
</tbody>
</table>

Source: Citizenship and Immigration Canada, Permanent Residents Rounded Data Cube, 2012

- In 2012, approximately one-third of recent immigrants to Waterloo Region had no knowledge of English or French when they received their permanent resident status.
- In Waterloo Region, the proportion of recent immigrants with no knowledge of an official language has been relatively stable over the last five years but has decreased over the last 10 years.
- At the same time, the number of recent immigrants with knowledge of English has been relatively stable over the last five years, but has increased compared to 10 years ago.

Most popular languages for translation and interpretation services, Waterloo Region, 2014

Based on a scan of local settlement agencies including the KW Multicultural Centre, YMCA Cross Cultural and Immigrant Services and the Mennonite Coalition for Refugee Support, the most popular languages for translation and interpretation services in Waterloo Region in 2014 included:

- Arabic
- Dari
- Farsi
- Mandarin
- Serbo-Croatian
- Somali
- Spanish
- Tigrinya
- Urdu
Mother tongue of individuals with no knowledge of official languages, Waterloo Region, 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Language</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Portuguese</td>
<td>1,320</td>
<td>16.6%</td>
</tr>
<tr>
<td>2</td>
<td>Chinese Languages</td>
<td>955</td>
<td>12.0%</td>
</tr>
<tr>
<td>3</td>
<td>German</td>
<td>645</td>
<td>8.1%</td>
</tr>
<tr>
<td>4</td>
<td>Spanish</td>
<td>520</td>
<td>6.5%</td>
</tr>
<tr>
<td>5</td>
<td>Panjabi (Punjabi)</td>
<td>450</td>
<td>5.7%</td>
</tr>
<tr>
<td>6</td>
<td>Vietnamese</td>
<td>425</td>
<td>5.4%</td>
</tr>
<tr>
<td>7</td>
<td>Arabic</td>
<td>370</td>
<td>4.7%</td>
</tr>
<tr>
<td>8</td>
<td>Serbian</td>
<td>345</td>
<td>4.3%</td>
</tr>
<tr>
<td>9</td>
<td>Romanian</td>
<td>330</td>
<td>4.2%</td>
</tr>
<tr>
<td>10</td>
<td>Persian (Farsi)</td>
<td>270</td>
<td>3.4%</td>
</tr>
<tr>
<td>11</td>
<td>Gujarati</td>
<td>220</td>
<td>2.8%</td>
</tr>
<tr>
<td>12</td>
<td>Polish</td>
<td>170</td>
<td>2.1%</td>
</tr>
<tr>
<td>13</td>
<td>Urdu</td>
<td>150</td>
<td>1.9%</td>
</tr>
<tr>
<td>14</td>
<td>Korean</td>
<td>110</td>
<td>1.4%</td>
</tr>
<tr>
<td>15</td>
<td>Russian</td>
<td>100</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, Census, 2011

- Individuals with no knowledge of official languages identified a wide range of mother tongue languages.
- Portuguese was the most frequently reported mother tongue among those with no knowledge of either official language in Waterloo Region in 2011 at almost 17%.
Notes
1. Statistics Canada employs rounding of numbers to the nearest multiple of five to ensure confidentiality. Caution must be taken when interpreting the data in this fact sheet, especially in situations where data counts are low.
2. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on NHS survey data are presented as estimates.
3. Chinese Languages include Cantonese, Chaochow (Teochow), Fukien, Hakka, Mandarin, Shanghainese, Taiwanese, Chinese and not otherwise specified.
4. Recent immigrant refers to those who came to Canada at some point in the five years preceding May 10, 2011.
5. Mother tongue refers to the first language learned at home in childhood and still understood by the individual.

References


This is one in a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community is important for planning programs and services. Between 2006 and 2011, 15,465 individuals immigrated to this region. There are differences in the employment, education and income status of immigrants and Canadian-born in Waterloo Region, with recent immigrants in particular being at a disadvantage in terms of their employment and income earning opportunities. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

### Employment

#### Labour force activity, by status, Waterloo Region and Ontario, 2011

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
</tr>
<tr>
<td>Total population (15+ yrs)</td>
<td>12,185</td>
<td>100</td>
<td>93,435</td>
</tr>
<tr>
<td>In the labour force</td>
<td>7,610</td>
<td>62</td>
<td>57,920</td>
</tr>
<tr>
<td>Employed</td>
<td>6,570</td>
<td>54</td>
<td>54,035</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1,035</td>
<td>14</td>
<td>3,895</td>
</tr>
<tr>
<td>Not in the labour force</td>
<td>4,585</td>
<td>38</td>
<td>35,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
</tr>
<tr>
<td>Total population (15+ yrs)</td>
<td>410,270</td>
<td>100</td>
<td>3,032,625</td>
</tr>
<tr>
<td>In the labour force</td>
<td>260,825</td>
<td>64</td>
<td>1,851,200</td>
</tr>
<tr>
<td>Employed</td>
<td>222,845</td>
<td>54</td>
<td>1,708,345</td>
</tr>
<tr>
<td>Unemployed</td>
<td>37,980</td>
<td>15</td>
<td>142,850</td>
</tr>
<tr>
<td>Not in the labour force</td>
<td>149,450</td>
<td>36</td>
<td>1,181,420</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, National Household Survey, 2011
Participation in the labour force, by status, Waterloo Region and Ontario, 2011

Source: Statistics Canada, National Household Survey, 2011

The findings below present data from the above two figures.

- The unemployment rates of recent and established immigrants in Waterloo Region are estimated to be slightly lower than the provincial rates.
- In Waterloo Region, recent immigrants (14%) are estimated to be twice as likely as established immigrants and Canadian-born individuals (7%) to be unemployed. A similar trend exists for Ontario (15% vs. 8%, respectively).
- In 2011, it was estimated that an equal proportion of recent immigrants and established immigrants (62%) participated in the labour force in Waterloo Region which was below the participation rate of Canadian-born individuals (73%). Across Ontario, the proportion of recent immigrants that participated in the labour force was slightly higher at 64%.
- Estimated differences in employment rates between recent immigrants and Canadian-born was greater in Waterloo Region than in Ontario.
- Of the recent immigrants in the labour force in Waterloo Region, an estimated 86% are employed compared to 93% of established immigrants and Canadian-born individuals. The percentage of employed immigrants, both recent and established, and Canadian-born individuals was similar for Ontario.
The participation, employment and unemployment rate of recent immigrants, established immigrants and Canadian-born varied greatly by age group.

Across all but the oldest age group, it was estimated that Canadian-born individuals are more likely to participate and be employed compared to recent and established immigrants.

Among immigrants aged 15 to 19 years, 20 to 24 years, 25 to 44 years and 45 to 64 years, established immigrants are estimated to be 12% to 15% more likely to participate in the labour force and 10% to 22% more likely to be employed than recent immigrants.

Recent immigrants are more likely to be unemployed than established immigrants or Canadian-born individuals, particularly adults aged 45 to 64 years (estimated at 18% vs. 6% and 4%, respectively) and 25 to 44 years (estimated at 12% vs. 6% and 5%, respectively), and youth aged 15 to 19 years (estimated at 26% vs. 21% and 18%, respectively).
**Education and Occupation**

**Level of educational attainment, by status, Waterloo Region and Ontario, 2011**

- Recent immigrants are estimated to have a higher level of educational attainment than established immigrants and Canadian-born individuals in Waterloo Region: 62% of recent immigrants have a post-secondary certificate, diploma or degree compared to 56% of established immigrants and 51% of Canadian-born individuals. A similar trend existed at the provincial level.

- In Waterloo Region, of those with any type of post-secondary certificate, diploma or degree, it is estimated that 40% of recent immigrants held a university degree compared to only 19% of established immigrants, and 13% of Canadian-born individuals.

- The proportion of recent immigrants with a university degree is estimated to be higher locally (40%) than provincially (30%).

Source: Statistics Canada, National Household Survey, 2011
Field of study, by status, Waterloo Region and Ontario, 2011

<table>
<thead>
<tr>
<th>Classification of Instructional Programs</th>
<th>Recent Immigrants</th>
<th>All Immigrants</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Waterloo Region</td>
<td>Ontario</td>
<td>Waterloo Region</td>
</tr>
<tr>
<td>Business, management and public administration</td>
<td>19.0</td>
<td>25.3</td>
<td>18.4</td>
</tr>
<tr>
<td>Architecture, engineering, and related technologies</td>
<td>24.2</td>
<td>18.5</td>
<td>31.1</td>
</tr>
<tr>
<td>Health and related fields</td>
<td>9.8</td>
<td>13.5</td>
<td>10.7</td>
</tr>
<tr>
<td>Social and behavioural sciences and law</td>
<td>9.6</td>
<td>10.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Education</td>
<td>4.1</td>
<td>4.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Humanities</td>
<td>6.8</td>
<td>6.9</td>
<td>5.8</td>
</tr>
<tr>
<td>Personal, protective and transportation services</td>
<td>2.7</td>
<td>2.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Mathematics, computer and information sciences</td>
<td>10.9</td>
<td>7.5</td>
<td>6.9</td>
</tr>
<tr>
<td>Physical and life sciences and technologies</td>
<td>7.6</td>
<td>5.7</td>
<td>5.2</td>
</tr>
<tr>
<td>Visual/performing arts; communications technologies</td>
<td>3.5</td>
<td>2.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Agriculture, natural resources and conservation</td>
<td>1.7</td>
<td>1.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Other fields of study</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, National Household Survey, 2011

- In Waterloo Region, among individuals with a post-secondary certificate, diploma, or degree it is estimated that:
  - Immigrants (31%) are much more likely to have studied architecture, engineering, and related technologies than the population in general (24%); this difference was more pronounced in Waterloo Region compared to Ontario (23% vs. 20%).
  - Recent immigrants (11%) are much more likely to have studied mathematics, or computer and information sciences than the population in general (5%); this difference was more pronounced in Waterloo Region compared to Ontario (8% vs. 5%).
  - Recent immigrants (8%) are much more likely to have studied physical and life sciences, and technologies than the population in general (4%); this difference was more pronounced in Waterloo Region compared to Ontario (6% vs. 4%).
  - Individuals having studied personal, protective and transportation services were more prevalent in the general population (6%) compared to recent immigrants (3%); this difference was similar provincially (5% vs. 3%).
Occupational field, by status, Waterloo Region and Ontario, 2011

<table>
<thead>
<tr>
<th>Occupational Classification</th>
<th>Waterloo Region</th>
<th>Ontario</th>
<th>Waterloo Region</th>
<th>Ontario</th>
<th>Waterloo Region</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales and service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business, finance and administration</td>
<td>9.5</td>
<td>13.9</td>
<td>13.4</td>
<td>17.2</td>
<td>16.2</td>
<td>16.5</td>
</tr>
<tr>
<td>Trades, transport, equipment operators and related</td>
<td>7.4</td>
<td>9.6</td>
<td>14.3</td>
<td>12.0</td>
<td>14.1</td>
<td>13.2</td>
</tr>
<tr>
<td>Education, law/social, community/government services</td>
<td>11.8</td>
<td>10.3</td>
<td>8.6</td>
<td>9.3</td>
<td>11.1</td>
<td>12.5</td>
</tr>
<tr>
<td>Management</td>
<td>6.6</td>
<td>7.5</td>
<td>10.4</td>
<td>11.0</td>
<td>11.0</td>
<td>11.5</td>
</tr>
<tr>
<td>Natural and applied sciences and related</td>
<td>17.8</td>
<td>9.5</td>
<td>11.5</td>
<td>9.9</td>
<td>7.1</td>
<td>6.0</td>
</tr>
<tr>
<td>Health</td>
<td>3.4</td>
<td>4.9</td>
<td>5.2</td>
<td>6.1</td>
<td>5.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Manufacturing and utilities</td>
<td>13.9</td>
<td>7.5</td>
<td>13.0</td>
<td>7.2</td>
<td>6.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Art, culture, recreation and sport</td>
<td>1.6</td>
<td>2.2</td>
<td>1.4</td>
<td>2.3</td>
<td>2.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Natural resources, agriculture and related production</td>
<td>0.8</td>
<td>0.8</td>
<td>0.9</td>
<td>0.7</td>
<td>1.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Not applicable (unemployed, never worked, etc.)</td>
<td>6.4</td>
<td>6.8</td>
<td>2.4</td>
<td>2.9</td>
<td>1.8</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, National Household Survey, 2011

- It is estimated that recent immigrants (18%) are more likely to work in natural and applied science and related occupations than established immigrants (12%) and Canadian-born individuals (10%) in Waterloo Region.
- Recent immigrants (14%) are estimated to be nearly twice as likely to work in manufacturing and utilities as Canadian-born individuals (7%) in Waterloo Region.
- In Waterloo Region, it is estimated that recent immigrants are less likely than established immigrants and Canadian-born individuals to work in business, finance, administration (10% vs. 13% and 16%, respectively) and management (7% vs. 10% and 11%, respectively). They are also nearly half as likely to work as trades, transport and equipment operators or in related occupations as established immigrants and Canadian-born individuals (7% vs. 14%).
**Income**

**Median employment income, by status, Waterloo Region and Ontario, 2010**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Waterloo Region</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ontario</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Statistics Canada, National Household Survey, 2011

- In 2010, Canadian-born individuals in Waterloo Region had an estimated median employment income of $34,748 compared to $23,961 for recent immigrants (45% lower) and $40,175 (16% higher) for the most prosperous established immigrants (those that immigrated between 1981 and 1990).
- Employment income data from 2010 estimates that, on average, an immigrant’s median income increases by about $6,300 for every decade that they live in Canada following their immigration.
Per cent difference from Waterloo Region median employment income, by status, Waterloo Region, 2010

- In 2010, the median employment income for recent immigrants was estimated to be 31% lower than the median income for all of Waterloo Region. In actual dollars, recent immigrants earned approximately $10,000 less, on average, compared to all of Waterloo Region in 2010.
- On average, it is estimated that immigrants require more than 20 years of residence in Canada before their employment income will approximate median income values for Waterloo Region.

Source: Statistics Canada, National Household Survey, 2011
Notes
1. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on the NHS survey data are presented as estimates.
2. Recent immigrant refers to those who came to Canada at some point in the five years preceding May 10, 2011.
4. Canadian-born refers to non-immigrants.
5. Labour force - population aged 15 years and over actively pursuing or engaged in employment; excludes those who were not looking for work, students, stay-at-home parents, and retirees.
6. Participation rate refers to the per cent of the total population aged 15 years and over in the labour force including those who are unemployed, but looking for work; excludes those who were not looking for work, students, stay-at-home parents, and retirees.
7. Employment rate refers to the per cent of total non-institutional population 15 years and over employed in paid work (holding a paid job with an employer, being self-employed) or doing unpaid work for a family business.
8. Unemployment rate refers to the per cent of unemployed persons (were without paid work or without self-employment work and were available for work and either a) had actively looked for paid work in the past four weeks; or (b) were on temporary lay-off and expected to return to their job; or (c) had definite arrangements to start a new job in four weeks or less) aged 15 and over in the labour force.
9. Earnings or employment income refers to the total income received by persons aged 15 years and over as wages and salaries, net income from a non-farm unincorporated business and/or professional practice, and/or net farm self-employment income.
10. Data for employment is based on the place of residence of the respondent. Those employed may not actually work in Waterloo Region, but still reside there.

References


This is one in a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community and the health of individuals in it is important for planning programs and services. Exploring the health of immigrants in particular is important since immigrants make up 22.3% of the population of Waterloo Region. Between 2006 and 2011 15,465 individuals immigrated to this region. This fact sheet looks at indicators related to health status, access to health care and the social determinants of health. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

Health Status

Proportion of population aged 12 years and older with one or more chronic diseases or conditions, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Waterloo Region</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>43.3</td>
<td>49.8</td>
</tr>
<tr>
<td>2009/10</td>
<td>53.0</td>
<td>52.9</td>
</tr>
<tr>
<td>2011/12</td>
<td>55.6</td>
<td>51.7</td>
</tr>
</tbody>
</table>


- In 2011/12, an estimated 49% of immigrants in Waterloo Region reported one or more chronic diseases or conditions, which was similar to the Canadian-born population in Waterloo Region (58%).
- The prevalence of chronic conditions among immigrants and Canadian-born population was similar for Waterloo Region and Ontario and did not vary significantly over time.


- In 2011/12, 57% of the immigrant population in Waterloo Region reported a BMI in the overweight or obese category, which was similar to Canadian-born individuals (53%) in Waterloo Region and immigrants across Ontario (49%).
- The proportion of individuals who were overweight or obese was higher among the Canadian-born population compared to immigrants in Ontario.

The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution.


The findings below present data from the above two figures.
- In 2011/12, fewer than 10% of immigrants in Waterloo Region reported that they currently smoke. This was significantly less than the proportion of current smokers in the Canadian-born population (26%) in Waterloo Region the same year.
- Smoking status was similar for immigrants in Waterloo Region and Ontario for all categories.

- In 2011/12, fewer immigrants (18%) reported drinking in excess of the Low-Risk Drinking Guidelines compared with Canadian-born (34%) in Waterloo Region. A similar trend was observed for all of Ontario.
- There was no difference in drinking in excess of the Low-Risk Drinking Guidelines for immigrants in Waterloo Region compared with Ontario.
- Drinking in excess of the Low-Risk Drinking Guidelines has not varied significantly over time between 2007/08 and 2011/12 for immigrants and Canadian-born in Waterloo Region or Ontario.

The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution.
Proportion of the population aged 12 years and older who consumed vegetables and fruit five or more times daily, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012


- There were no differences in the proportion of immigrants in Waterloo Region and Ontario who reported consumption of five or more servings of vegetables and fruit daily.
- An estimated 35% of immigrants in Waterloo Region reported consuming five or more servings of vegetables and fruit daily in 2011/12, which was similar to the Canadian-born population (35%).

Research on the physical health of immigrants in Canada demonstrates that immigrants tend to be healthier than non-immigrants upon arrival in Canada. However, across every immigration category the longer they live in the country the greater their health declines. Research indicates that certain immigrant categories are more affected than others, such as refugees, and that there may be more significant change in certain chronic conditions and disabilities. The phenomenon of arriving with a health advantage and losing it over time has been called the “healthy immigrant effect”. Immigrants are said to arrive in better health than the average Canadian in part because the immigration process includes rigorous health screening. Recent research has found that factors such as income levels, official language proficiency, circumstances of arrival, original location, unfair treatment or discrimination, health literacy and ability to integrate, among other, contribute to declining health outcomes among immigrants.

• In 2011/12, over half of immigrants in Waterloo Region reported being moderately active or active in their leisure time (53%), which is similar to the proportion among Canadian-born individuals (52%).
• In 2011/12, a greater proportion of Waterloo Region immigrants reported being moderately active or active in their leisure time (53%) compared with immigrants across Ontario (44%).
• Since 2007/08, the proportion of immigrants in Waterloo Region that were active or moderately active has significantly increased from 31% to 53%, while the proportions have remained steady among the Canadian-born population; in 2011/12 the two were roughly equal.

Access to Health Care


• Approximately 90% of immigrants in Waterloo Region reported having access to a regular family doctor in 2011/12. This means that 10% of immigrants did not have regular access to a family doctor.
• Access to a regular family doctor was similar between immigrants and Canadian-born in Waterloo Region and Ontario for all years reported, and did not vary significantly over time.
Proportion of the population aged 12 years and older who used the services of a health care professional in the past 12 months, Waterloo Region and Ontario, 2007/2008, 2009/2010

In 2009/2010, use of professional health care services in the preceding 12 months was reported by a majority of immigrants (96%) and Canadian-born (95%) in Waterloo Region.

The proportion of immigrants reporting use of the services of a health care professional in the past 12 months was similar for Waterloo Region and Ontario, and did not vary significantly over time.

Social Determinants of Health

Proportion of households that were food insecure, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012

The superscript "E" denotes high sampling variability, and estimates must be interpreted with caution. The 'F' denotes estimates which were suppressed due to unacceptably high sampling variability. Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2007/08 and 2009/10, similar proportions of immigrants and Canadian-born individuals reported a food insecurity issue in both Waterloo Region and Ontario.
Prevalence of low income in the immigrant and total population based on the after-tax low income measure, by age group, Waterloo Region and Ontario, 2011

- The proportion of immigrants living below the low income measure in Waterloo Region (estimated at 15%) was similar to that for Ontario (estimated at 16%) in 2011.
- In Waterloo Region, the proportion of immigrants living below the low income measure was slightly higher than that of the total population (an estimated 15% vs. 12%) in 2011.
- Compared to immigrants over the age of 18 years and the total population, immigrants less than 18 years of age were much more likely to live below the low income measure in 2011. A similar trend existed for Ontario.

Source: Statistics Canada, National Household Survey, 2011
Notes

1. The CCHS is based on self-reported data collected in telephone and in-person interviews. Self-reported measures are subject to such sources of bias as social desirability and recall bias.
2. The CCHS excludes individuals living on Indian reserve communities, institutions, full-time members of the Canadian Armed Forces, and residents of remote regions of the country.
3. ‘CI’ refers to the 95 per cent confidence interval of the estimate.
4. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on the NHS survey data are presented as estimates.
5. Canadian-born refers to non-immigrants.
6. Selected chronic diseases or conditions include asthma; arthritis or rheumatism (excluding fibromyalgia [aged 14 and older only]); back problems (excluding fibromyalgia/arthritis); high blood pressure; migraines; chronic bronchitis, emphysema, or chronic obstructive pulmonary disorder (COPD [aged 35 and older only]); diabetes; heart disease; cancer; stomach or intestinal ulcers; effects of stroke; urinary incontinence (aged 25 years and older only).
7. BMI is calculated as weight (kg) divided by height (m) squared. Underweight: BMI < 18.5 kg/m$^2$; Healthy weight: BMI of 18.5-24.9 kg/m$^2$; Overweight: BMI of 25.0-29.9 kg/m$^2$; Obese: BMI ≥ 30 kg/m$^2$.
8. Low-risk drinking guidelines recommend no more than two drinks a day, 10 per week for women, and three drinks a day, 15 per week for men, with an extra drink allowed on special occasions.
9. Regular family doctors include the services of a family doctor/general practitioner; ophthalmologist/optometrist; surgeon; allergist; orthopaedist; gynaecologist/urologist; psychiatrist; nurse; dentist/orthodontist; chiropractor; physiotherapist; psychologist; social worker; speech/occupational therapist.
10. Food insecurity describes a condition where the availability of food is uncertain, due to income related reasons.
11. The Low Income Measure is a fixed percentage (50%) of median adjusted income, where adjustment for family size reflects the increased need of a family as the number of members in the family increases.
References


DeMaio, F.G. and Kemp E. (2010), The deterioration of health status among immigrants to Canada

Iman Sheikh, Canadian immigrants arrive healthy but that doesn’t last-here’s why, http://theagenda.tvo.org/blog/agenda-blogs/canadian-immigrants-arrive-healthy-doesn-t-last-here-s-why


The 2014 Community Services Annual Report reflects significant change, most notably a change in the department’s name from Social Services to Community Services. A corporate review of the Region of Waterloo saw a reduction in the number of departments from seven to six and realignment of divisions and departments.

The Community Services Department is comprised of Children’s Services, Employment and Income Support, Housing Services and Seniors’ Services. The Social Policy, Planning and Program Administration division has been integrated into the other four divisions to ensure a greater alignment of policy and operations. Other changes of note include the merging of Housing and Homelessness programs to form the new Housing Services division. In addition, the Infant and Child Development Program has been moved from Children’s Services to Child and Family Health in Public Health.

These changes have positioned the department to move forward with further integration of programs and services while seeking enhanced efficiency and effectiveness in the delivery of service while keeping our clients at the heart of all we do. The highlights and achievements identified are a direct result of dedicated staff to whom we say “thank-you.” This Annual Report provides the details of our spending and accomplishments as a department with the support and guidance of Regional council and in collaboration with our community partners.

As 2015 begins, we look forward to continuing in the direction of integration across departmental services and with our community partners.

Douglas Bartholomew-Saunders

**2014 expenditures**

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<tr>
<th>Amount</th>
<th>Description</th>
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<td>65,546,844</td>
<td>Housing Services</td>
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<td>31,533,444</td>
<td>Seniors’ Services</td>
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<tr>
<td>40,736,253</td>
<td>Children’s Services</td>
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<tr>
<td>105,649,860</td>
<td>Employment and Income Support</td>
</tr>
<tr>
<td>247,343,125</td>
<td>Total</td>
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Children’s Services

It was a very exciting year for Children’s Services, marked by many firsts! In 2014, a new approach to funding for all licensed Early Learning and Child Care (ELCC) operators was finalized and will be implemented in 2015.

Our newly formed Child Care Special Needs Resource collaborative began delivering services on January 1, 2014. OneList, our centralized access and waitlist management system for all licensed ELCC programs celebrated its first year in July. Our licensed Home Child Care program opened its doors to fee paying families in July and now has 50 new families accessing this program.

Last but not least, our community-based planning table, the Children’s Planning Table, has been able to move forward with our coordinated planning process thanks to a grant provided by the L.S. Hallman Foundation that allowed us to hire two staff resources on a temporary basis.

2014 highlights

- 124 licensed ELCC programs participated in Year 10 of Raising the Bar with 89 per cent meeting or exceeding their expected outcomes.
- As of December 2014, 3,057 children were registered for child care on OneList Waterloo Region, representing over 8,200 applications.
- Children’s Services provides child care subsidy to approximately 2,900 children each month.
- SNAP, the Special Needs Access Point, referred 765 children for support services.
- Regional Children’s Centres made changes to their outdoor play spaces by adding more naturalized materials such as water walls, logs, and stumps.

2014 expenditures

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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<td>Program administration</td>
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<td>Centre-based care</td>
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<td>Home Child Care</td>
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<tr>
<td>Wage Subsidy &amp; Special Purpose</td>
<td>10,365,349</td>
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<tr>
<td>Special Needs Resourcing</td>
<td>3,974,089</td>
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<tr>
<td>Total</td>
<td>40,736,253</td>
</tr>
</tbody>
</table>

We believe in providing a vibrant comprehensive system of early learning and child care that supports the developmental health of all children in our community.
In 2014, Seniors’ Services enabled adults to age with dignity by working collaboratively through community partnerships to provide expanded services for seniors allowing them to live at home longer. These services included publicly funded physiotherapy in the Wellness Centre, planning for an expansion of the Community Alzheimer Program to a Waterloo site, the start of an early onset dementia group, and a geriatric outreach clinic and memory screening clinic through the Wellness Centre.

Sunnyside was appointed the lead organization by the Local Health Integration Network for adult day programs and successfully standardized quality initiatives.

Due to the frailty and complex needs of residents being admitted to long-term care, additional Personal Support Workers were approved to provide enhanced care.

While funding for Convalescent Care increased in 2013, the impact of the additional 15 beds was realized in 2014 resulting in additional partnerships with the Community Care Access Centre and becoming an active partner in the Rehabilitative Services continuum in the community.

The Seniors Strategy was approved by Council in 2014 to inform planning for new programs to meet the needs of seniors.

**2014 highlights**

- Over $1 million in funding was received from the Waterloo Wellington Local Health Integration Network, Ministry of Health and Long Term Care and Sunnyside Foundation to support and expand community programs.
- 524 people are on the waiting list for admission to Sunnyside Home.
- Chosen as one of four provincial institutions to participate in a local foods purchasing initiative, Sunnyside increased the purchase of local foods by 13 per cent to 25 per cent of the total food budget.
- Homemaking and Nursing Services supported 220 individuals and their families to remain independent in their homes by providing homemaking services. 175 people remain on a waiting list for service.
- 30 per cent of admissions to the overnight stay program were to provide emergency respite for persons living in the community with dementia and their family care partners.

**2014 expenditures**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Long-term care</td>
<td>27,615,965</td>
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<tr>
<td>Community support programs</td>
<td>2,841,570</td>
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<tr>
<td>Supportive housing programs</td>
<td>1,075,909</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>31,533,444</strong></td>
</tr>
</tbody>
</table>

*Community Services Annual Report 2014*
Employment and Income Support

From disability to small business owner

Shelley has had Crohn’s Disease for over 20 years and Lupus for five. She was regularly plagued by debilitating symptoms that made it impossible for her to meet the attendance and performance expectations of employers. As a result, she lost three jobs, her Employment Insurance sick benefits quickly expired and she was not able to return to work.

Shelley needed a long term plan. She was directed to apply for disability benefits. She felt depressed, angry and defeated. Shelley saw herself as a high functioning person who had bad days before treatment. She did not want to be considered disabled.

Shelley’s Ontario Works caseworker asked her if she had a hobby she could turn into a business. She proudly showed her caseworker the necklace she was wearing, one she had designed and made. Shelley was referred to the Self-Employment Ontario Works (SEOW) Program to learn about running a business. As her business grew, so did her confidence. She sells her jewelry at local markets, shows, online, and from her home. Shelley received a jewelry design award from Robert Hall Originals.

“The SEOW program enabled me to learn all aspects of running a business – marketing, managing, production, pricing, sales, and accounting. I am thriving and would not have been able to accomplish this without the SEOW program,” said Shelley. Today she is a self-sufficient lapidary artist.

New opportunities for mother and son

When I first met this mom in 2011, she hardly spoke any English and was very polite and shy. The mom originally came to see me about help with food and bus tickets. As she came to see me from time to time, she expressed interest in the karate program for her eight year old son. She said he was very shy and did not play outside with friends at home.

When her son passed the karate exam and received his red belt, he wanted to sign up for the next session of karate to continue learning. The mom came to see me after his last karate class and was teary-eyed as she was so proud of her son.

Each time this family comes into the centre, they are always so grateful for the help they have received and are always looking for opportunities to give back.

(A reflection written by a Family Outreach Worker about a family receiving support from the Community Outreach Program)
Seniors’ Services

Using technology to keep in touch

This year in Seniors’ Services, the Recreation Therapists at Sunnyside Home received a generous donation of iPads from the Fabulous Finds Gift Shop. This team spent the year seeking innovative ways to bring “tech to rec.” The donated iPads allowed the Recreation Therapy group to expand their programming and introduce residents to new technology.

One program in particular, Skype, had a tremendous impact on several long-term care residents. Skype gave residents the opportunity to engage in video chats with friends and family around the world.

One resident was introduced to Skype after his daughter moved to Australia. Weekly Skype calls allowed him to stay connected and stop worrying. Another resident, well over 90 years old, connected with a dear friend who had moved to Vancouver, her face full of emotion the moment the call began. These simple yet effective gestures demonstrate the caring, compassionate service of the staff at Sunnyside Home.

A letter to Sunnyside from a family member

When you received her, my mom was in distress. After almost eight years of fighting and giving up and fighting again to find a place that understood, our family was guided to place her at Sunnyside. We were tired. We had almost given up.

Through the years everyone at Sunnyside worked to manage mom’s situation and issues with less medication and much more care and tons of humanity and common sense. Over the years, she got better and better. The result was the happiest decade of my mom’s adult life. You gave her responsibility and pride and meaning and clarity. You took away the pain and fear and confusion.

The people in a care facility are what make it great. The residents are the body, but staff is the heart and soul. When I first visited, I knew that finally Mom had found a home at Sunnyside. I thank you all for letting me and my family live our lives without wondering and worrying and fretting. With the deepest thanks and my everlasting respect.
**Children’s Services**

**Seeing clearly**

In the Infant & Child Development Program, a family came in for their eight month screening clinic. The little one had been born at 35 weeks gestation with minor medical issues. Due to the medical issues, the family was offered monitoring through the developmental clinics provided by the program. During a developmental clinic appointment when the child was four months old, the Consultant noted that the child was not tracking to the right side and suggested the family check with their doctor.

The parent did see the doctor and a congenital cataract was noted in the child's right eye. Surgery was scheduled to remove the cataract and the child has full sight in the right eye. The mother contacted the program to express her extreme gratitude for the observation and skill of the consultant!

**A fond farewell**

The supervisor at Christopher Children’s Centre received this note from a parent: “Goodness, I hate to send this email but I must inform you that Connor* will no longer be attending Christopher Children’s Centre as we are moving out of the area. My heart is broken as I know that he is dearly loved at Christopher Children’s Centre and I know, for Connor, leaving will not be easy. Lisa and Wendy, you have a highly functioning, safe and nurturing center that I have seen positively influence Connor. You and all teachers have been so kind to my family. I have seen Connor grow and strive in your care and not once did I flinch or feel concerned. Thank-you for working with us through Connor's seizures and for making this such a priority. Thank-you for providing me with a safe environment to leave Connor while I am at work. I will miss this center more than I can express. It has been such a privilege to have had Connor exposed to this environment and all the staff! Thank-you so much!”

*Child’s name has been changed to protect privacy*
Housing Services

Building a future

The Assisted and Affordable Housing Programs connected with Mr. B and he was referred to our Housing Allowance (HA) Program through the Streets to Homes initiative. Mr. B. then transitioned to Rent Supplement when the HA program ended and he continues to live safely with his community supports in his own apartment. In addition, Mr. B. has provided insights to The University of Waterloo Applied Health Science students through experiential learning, taking groups of students on tours of the streets and alleys he lived in for three years before he got stable housing. On the tours, the students met homeless people and saw firsthand where they sleep and access food and medical care. Our tenants continue to inspire and challenge us every day in our work.

A place to call home

The Waterloo Region Housing program makes a difference for citizens every day. In some cases we are able to support change, but all staff help contribute to ensuring stable housing is possible. It starts with an offer of housing from Tenant Placement, a lease appointment to “get the keys”, to moving in. Often there is no furniture, and no money to purchase the basics of pots, plates, towels, a bed and more. As a team, we work with various community resources to help the tenant build their home. Johnny*, once a home owner himself, lost his job, home, and became homeless for many years. He was offered a place to live in a Waterloo Region Housing subsidized apartment. The Community Relations Worker and the Property Manager found furniture and made referrals to agencies. He still struggles with keeping a home and had some significant struggles in 2014, but we continue to guide Johnny with resources and support. Johnny continues to enjoy many summer nights outside. However WRH staff are happy to have helped Johnny maintain a place to call home since July 2007!

*Name changed to protect privacy
In 2014, Housing Services worked on plans for housing and homelessness. The approved Housing Action Plan, when combined with our Homelessness to Housing Stability Strategy (H2HS), forms the Housing and Homelessness 10-Year Plan (2014-2024). This plan sets the long-term vision for where we want to go and helps us determine shorter-term plans such as the Affordable Housing Strategy (2014-2019) which sets targets for potential funding such as Investment in Affordable Housing ($24.8m).

We also experienced significant shifts in Housing Stability program expectations and resources, and are now in the middle of the three year implementation of Community Homelessness Prevention Initiative (provincial funding) including an approved supportive housing redesign and request for proposals for providers. The community plan for Homelessness Partnering Strategy (federal funding) was approved which allows for funding agreements with service providers to be completed. A report on ending family homelessness was completed, with initial results showing a 50 per cent reduction in families accessing shelter and a 66 per cent reduction in length of stay. Due to shifts within the Out of the Cold program, a short and long-term response plan was developed for the 2014 - 2015 winter season.

2014 highlights

• Managed 2,722 Regionally-owned units through Waterloo Region Housing, and achieved 47.7 per cent smoke-free policy leases (1,299 units).

• Responsible for overseeing 47 Community Housing Providers with 4,621 units, completed Building Condition and Energy Audits, and conducted 100 reviews.

• Achieved target of supporting 500 people experiencing persistent homelessness to housing through STEP Home.

• Created 15 units of new affordable rental housing through The Working Centre.

• Provided Rent Assistance for 800 households, assisted 34 households become homeowners, 47 homeowners with repairs and improved accessibility, and 1,247 households with energy costs.

• Housed 728 households from the Community Housing wait list.

• Developed a user-friendly, web-hosted, database software application.

2014 expenditures

<table>
<thead>
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<th></th>
<th>Amount</th>
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<td>Homelessness Programs</td>
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</tr>
</tbody>
</table>
We believe in removing obstacles and creating opportunities. Through the provision of financial assistance, employment services and other supports, staff help individuals become included in our community, find employment and establish financial independence.

In 2014, Employment and Income Support (E&IS) was immersed in the planning, training and implementation of the Provincial Social Assistance Management System (SAMS), the new technology for social assistance throughout Ontario. Through staff engagement and a collaborative, inclusive approach, workload strategies and supports were put in place to ensure continued, modified service to clients. The Discretionary Benefits program was reviewed regularly to ensure maximum utilization of funds in assisting clients with stabilization and health needs.

Corporate and divisional restructuring changes have been implemented. Social Development Programs and Community Outreach have become part of E&IS. Intake Services integrated with the Direct Services program area, consolidating further along with the confirmation of four branches.

In 2015, there will be an ongoing focus on addressing SAMS implementation issues including system instability, managing workload and recovery planning.

2014 highlights
- The average number of participants/cases including dependents was 18,918 through 2014.
- Increased participants’ direct bank deposit rate to over 80 per cent.
- More than 35,000 people visited and used the computers and other services in our Employment Resource Centres.

2014 expenditures
- Ontario Works administration: 18,976,003
- Employment programs: 8,272,741
- Ontario Works Allowances: 69,466,254
- Social Assistance Benefits: 8,934,860
- Total: 105,649,859
Emergency Social Services

Early in 2014, Emergency Social Services (ESS) was busy with response debriefs from the two 2013 ice storms (April and December) in which three Reception Centres were activated. Lessons were learned from these response activities, and in collaboration with municipal partners, additional clarity around roles and responsibilities in cold emergencies was established.

Training and exercises for Community Services staff and partner organizations on the Social Services Emergency Response Plan (SSERP) continued to be an important activity in 2014. The Waterloo Region Emotional Support Team (WREST) was activated on eight occasions, providing emotional support to persons displaced by smaller emergencies in our region (primarily fires) through the First Response Protocol. The WREST volunteer program and application package was updated and all members were invited to a June workshop on the emotional trauma and experiences of residents and first responders from the 2011 Goderich tornado.

RENEW and restructuring led to the creation of an Emergency Management Office (EMO) in the Public Health and Emergency Services Department to streamline and enhance emergency management activities across the Region. The Emergency Social Services program was moved to the Emergency Management Office for reporting purposes, but will maintain a significant presence in Community Services.

In 2015, we will focus on training and exercises, updates to Emergency Social Services plans, and the continued evolution of the Emergency Management Office.

2014 highlights

- Number of First Response Protocol emergency events: 14
- Number of events requiring the support of WREST volunteers: 8
- Number of displaced persons assisted in an emergency: 37
- Emergency Social Services program moved to the newly formed Emergency Management Office

For more information on how to prepare for an emergency, visit www.getprepared.gc.ca or www.WREM.ca.