Present were: Vice Chair J. Mitchell, L. Armstrong, J. Brewer, T. Cowan, D. Craig, R. Deutschmann, T. Galloway, J. Haalboom*, B. Halloran*, R. Kelterborn, G. Lorentz, C. Millar*, K. Seiling*, J. Wideman and C. Zehr*

Members absent: S. Strickland

J. Mitchell welcomed J. Brewer back to the Regional Council Chamber.

DECLARATIONS OF PECUNIARY INTEREST UNDER THE MUNICIPAL CONFLICT OF INTEREST ACT

R. Deutschmann declared a non-pecuniary interest related to Item 7b) in the closed session since his business is located at 10 Duke Street and is within the catch basin of the approved project and his business property is managed by Dundee Realex.

DELEGATIONS

a) Christine Heffer, Waterloo Region Lyme Disease Group, addressed the Committee on the issue of support for the Lyme Disease Petition endorsed by Sarnia-Lambton M.P.P. Bob Bailey; a copy of her presentation is appended to the original minutes. She requested that Regional Council endorse the petition and provided an overview of the symptoms, health impact and currently available testing for Lyme disease. She acknowledged the local volunteer efforts to raise community awareness, as well as the efforts by the Region’s Public Health Unit. She highlighted the risks associated with the disease and she expressed her concern for unreported and misdiagnosed cases.

* J. Haalboom joined the meeting at 9:04 a.m.
* C. Zehr joined the meeting at 9:06 a.m.
* C. Millar joined the meeting at 9:12 a.m.

REPORTS – Public Health

a) PH-11-038, Lyme Disease in Waterloo Region

Dr. Hsiu-Li Wang, Associate Medical Officer of Health, made introductory comments. She responded to Committee questions related to carriers of the disease, the impact of climate change and the protocol for physician reporting. She advised that Public Health continues to monitor the local trends; the incident rate of Lyme disease in Waterloo Region is only a few cases per year.

Dr. Liana Nolan, Commissioner/Medical Officer of Health, advised that there are no punitive mechanisms to deal with non-reporting of incidents but there are significant opportunities to raise the profile of the disease and enhance physician training.

* B. Halloran joined the meeting at 9:21 a.m.
In response to Committee inquiries about testing options as presented by the delegation, Dr. Wang stated that the tests being administered in Ontario are the best validated tests available and are recommended by U.S. Centre for Disease Control. She advised that it is the Chief Medical Officer of Health of Ontario who is responsible for advocating and making recommendations to the provincial government about the inclusion of non-validated tests on the Ontario Health Insurance Plan (OHIP) schedule of fees. She agreed that early detection is vital but that while the available testing is 100% funded by OHIP, the tests alone may not be 100% accurate and supplementary testing is often recommended. She added that the tests referred to in the delegation's presentation are U.S. tests and not currently validated by health authorities.

The Committee determined not to support the delegation's petition, as presented, given staff's concerns with the technical information contained within it.

MOVED by J. Wideman
SECONDED by T. Cowan

THAT the Regional Municipality of Waterloo request that the Office of the Chief Medical Officer of Health of Ontario continue to stay abreast of the evolving science related to Lyme disease and continue providing Public Health Units with the latest evidence-based information and guidance to continuously improve provincial and local Lyme Disease Programs, pursuant to Report PH-11-038, dated August 16, 2011;

AND THAT a copy of this report be sent to the Chief Medical Officer of Health of Ontario.

CARRIED

b) Linda Terry, Social Planning Council of Cambridge and North Dumfries, addressed the Committee regarding the “Put Food in the Budget” Campaign; a copy of her presentation is appended to the original minutes. She highlighted the activities of the Cambridge Poverty Roundtable and asked that Regional Council support the advocacy initiative to encourage the provincial government to provide an additional $100 per month to social assistance recipients for a healthy food supplement.

The Committee discussed the options for supporting this initiative. Mike Schuster, Commissioner, Social Services, advised that the Ontario Municipal Social Services Association (OMSSA) is seeking immediate direction from local municipalities and he recommended that Regional Council support the motion as presented by the delegation rather than prepare a submission for the Commission for the Review of Social Assistance in Ontario.

The Committee agreed that notification of an approved motion be forwarded to the Commission, as well as to the provincial government.

MOVED by D. Craig
SECONDED by C. Millar

THAT the Region of Waterloo endorse the “Put Food in the Budget” campaign, and request that the Provincial government introduce a $100 Healthy Food Supplement for all adults on social assistance as a first step towards meeting basic needs;

AND THAT notification of the endorsement be forwarded to the Commission for the Review of Social Assistance in Ontario.

CARRIED, as amended
REPORTS – Public Health (Continued)

b) PH-11-036, Bishop Street Community TCE Public Meeting Update

Chris Komorowski, Manager, Health Protection and Investigation, summarized the report, stating that significant remediation has taken place and that Public Health will continue to communicate with the residents.

* K. Seiling left the meeting at 9:41 a.m.

In response to a Committee question about health impacts and the undertaking of a health study, C. Komorowski advised that the lead agency, the Ontario Agency for Health Protection and Promotion (OAHPP), has determined that a study is not warranted and it is unlikely that a correlation could be made between exposure to trichloroethylene (TCE) and any increased incidents of cancer. Dr. Wang stated that, according to data from the OAHPP, it is reasonable to expect 600-675 cancers in this community if there was no exposure to TCE. If there was low level exposure, it is estimated that the number of cases would increase by less than one additional cancer and there would be no distinguishable features to link it to TCE exposure, therefore it wouldn’t be possible to detect any increases in cancer due to TCE exposure.

In response to a Committee inquiry about the monitoring process, C. Komorowski provided the process and details about the seasonally-based timing and indicated that Public Health is anticipating that further remediation won’t be required by the end of this year.

* K. Seiling returned to the meeting at 9:46 a.m.

D. Craig extended his appreciation to Regional staff for their continued efforts to assist the residents in this community.

Received for information

c) PH-11-035, Quarterly Charged/Closed Food Premises Report

Received for information

d) PH-11-037, Human Papillomavirus Immunization in Waterloo Region

Dr. Nolan introduced Linda Black, Manager, Vaccine Preventable Disease, who provided a summary of the report. She advised that participation rates are low in the Region and province-wide and cited lack of awareness of health impacts for the low rates.

Received for information

e) PH-11-018, New Provincial Funding for Public Health Nurses Positions in Support of Priority Populations

Dr. Nolan stated that this report relates to a budget issue paper previously approved by Regional Council and that it accommodates the provincial requirements to receive cost-shared funding.

MOVED by J. Wideman
SECONDED by T. Galloway
THAT the Regional Municipality of Waterloo approve the funding strategy for 2.0 Full Time Equivalent Public Health Nurses to support priority populations impacted by the determinants of health, as outlined in report PH-11-018;

AND THAT a 1.0 full time equivalent position be removed from the Public Health Department’s cost shared complement effective January 1, 2012.

CARRIED

REPORTS – Social Services

f) SS-11-030, Early Learning Update

M. Schuster made introductory comments. Nancy Dickieson, Director, Children’s Services, provided a presentation; a copy is appended to the original minutes. She provided background information and highlighted the impact of the implementation phases. She advised that there will be a significant impact on licensed early learning and child care providers as the phases roll out but that the Region will continue to support these providers throughout the process.

N. Dickieson summarized the human resources impact, the role of the Region and next steps. She stated that a working group has been formed to develop potential formats across the Region.

The Committee inquired about long-term commitment from members of the provincial legislature, the fee structure for school-based care and the Region’s role upon full implementation. N. Dickieson advised that the Region’s mandate will change and our involvement may decrease as the school boards develop their expertise.

Received for information

g) SS-11-031, Early Years System Plan

M. Schuster stated that the plan will be guided by the principles in place and that a progress report will be prepared for the Committee at a later date.

Received for information

h) SS-11-032, Review of Social Assistance in Ontario

M. Schuster encouraged participation in the public consultation process since the review is an opportunity to create a system that could have major impacts on how the social assistance program is administered in Ontario. He stated that the deadline for input into the initial consultation phase is September 1, 2011 and that province-wide consultation should be complete by June 2012.

The Committee inquired about the most effective means for providing input during the review. M. Schuster advised that a staff submission isn’t planned unless directed by Council. He indicated that staff will prepare a response after the first round of consultations has taken place and once recommendations have been developed.

Received for information

i) SS-11-033, Homemaking and Nursing Services Program Update

M. Schuster advised that the service demands exceed current funding but that staff will continue to negotiate with the service providers.
Received for information

INFORMATION/CORRESPONDENCE

a) Memo: Measuring Board of Health Outcomes as Required by the Ontario Public Health Standards

Dr. Nolan stated that staff will update the Committee once completed surveys have been returned and reviewed.

Received for information

b) Memo: On the Teeter Totter: The Challenges and Opportunities for Licensed Child Care in Rural, Northern and Remote Ontario

Received for information

d) Memo: Child Care Special Needs Resourcing Partnership Recognized for Local Municipal Champions Award

Received for information

c) Memo: Ontario Works Caseload: July 2011

M. Schuster stated that the presumed reason for the increase in caseload may, in part, be associated with the recent postal strike and the processes linked to the transmission of benefit information via the postal system. He advised that staff anticipate an adjustment in the August 2011 caseload figures.

Received for information

OTHER BUSINESS

a) Council Enquiries and Requests for Information Tracking List was received for information.

NEXT MEETING – Tuesday, September 6, 2011

MOTION TO GO INTO CLOSED SESSION

MOVED by L. Armstrong
SECONDED by J. Haalboom

THAT a closed meeting of the Administration & Finance Committee be held on Tuesday, August 16, 2011 immediately following the Community Services Committee meeting in the Waterloo County Room in accordance with Section 239 of the Municipal Act, 2001, for the purposes of considering the following subject matters:

a) labour relations
b) proposed or pending acquisition of land in the City of Kitchener
c) labour relations and employee negotiations

CARRIED
ADJOURN

The meeting adjourned at 10:28 a.m.

CARRIED

COMMITTEE VICE CHAIR, J. Mitchell

COMMITTEE CLERK, S. Natolochny
WATERLOO REGION LYME DISEASE GROUP
http://www.waterlooregionlymedisease.org

FOUNDED BY WENDY WOODHALL IN 2010 TO PROVIDE SUPPORT TO FELLOW LYME SUFFERERS AND TO HELP RAISE AWARENESS AND EDUCATION ON THIS RAPIDLY SPREADING INFECTIOUS DISEASE.

INITIATIVES AND EVENTS

MONTHLY SUPPORT MEETINGS HELD AT THE CHURCH OF THE HOLY SAVIOR IN WATERLOO EVERY 2ND TUESDAY OF THE MONTH

TIE A GREEN RIBBON IN THE MONTH OF MAY FOR LYME AWARENESS

A FREE PUBLIC SHOWING OF “UNDER OUR SKIN” THE LYME DISEASE DOCUMENTARY

VOLUNTEERED AND ASSISTED AT THE LITTLE BLACK DRESS (FUNDRAISER AND AWARENESS EVENT) RAISING $18000 FOR CANLYME (CANADIAN LYME DISEASE FOUNDATION)

“WALL OF HOPE” RALLY IN MAY OF 2011 IN WATERLOO TO RAISE AWARENESS AND TO ASK WATERLOO PUBLIC HEALTH FOR ACTION ON THIS DISEASE

LETTER WRITING CAMPAIGN TO MINISTER OF HEALTH DEB MATTHEWS (OVER 1200 LETTERS SENT IN MAY)

ADVOCATE FOR MEDIA COVERAGE ON THE DANGERS OF LYME DISEASE TO THE PUBLIC AND THE DIFFICULTIES FACED BY LYME PATIENTS AND THEIR FAMILY IN RECEIVING PROPER DIAGNOSIS AND TREATMENT
WATERLOO REGION BUSINESS COMMUNITY
RAISING AWARENESS AND FUNDRAISING FOR
LYME DISEASE EVENTS 2011

LITTLE BLACK DRESS EVENT
MAY 2011
HOSTED BY RANDALL AND JUDY BIRD AND THE INVESTORS GROUP OF WATERLOO

400 people enjoyed this spectacular evening. Guests were educated and made aware of the dangers of Lyme disease while raising $18000 for the Canadian Lyme Disease Foundation.

BUSHWACKER LIP SMACKER
AUGUST 29, 2011
HOSTED BY RYAN GOOD PROPRIETOR OF CHAINSAW

After learning about the difficulties facing Lyme sufferers, Mr. Good has organized this event to help raise awareness of the dangers of Lyme disease and to fundraise for the Canadian Lyme Disease Foundation’s goal of building a Research Centre for Lyme disease and other tick-borne diseases.
Lyme disease is on the increase
Message from the Chief Medical Officer of Health

Ontario is seeing an increase in human cases of Lyme disease and an increase in numbers and range of black-legged ticks, especially in southern Ontario.

Reporting of all cases is critical.

Lyme disease is a preventable disease caused by a *Borrelia burgdorferi* bacterial infection and transmitted through the bite of an infected tick.

In Ontario, the black-legged tick (or deer tick) *Ixodes scapularis* is the sole vector of *B. burgdorferi*. People who spend time outdoors may encounter other tick species, but only the black-legged tick can transmit the Lyme disease bacteria. These ticks are small (3-5 mm) and people often do not realize they have a black-legged tick on them.

**Risk Areas**

The greatest risk of acquiring Lyme disease is found in areas where black-legged ticks carrying the bacteria are endemic (well-established).

The endemic areas in Ontario include:

- Long Point Provincial Park (northwest shore of Lake Erie near Port Rowan)
- Point Pelee National Park (near Leamington)
- Prince Edward Point National Wildlife Area (located at the southeastern tip of Prince Edward County)
- St. Lawrence Islands National Park (near Brockville)
- Rondeau Provincial Park (southeast of Chatham)
- Turkey Point Provincial Park (near Port Rowan)
- Wainfleet Bog Conservation Area (in Port Colborne)

The black-legged tick also feeds on birds and can be transported to almost anywhere in the province; therefore, Lyme disease can be acquired almost anywhere in the province.

When a person is showing signs and symptoms of Lyme disease, health care professionals should consider this diagnosis even if the person is not from, or has not visited, an endemic area.

Persons can come into contact with ticks is from early spring to the end of fall. The ticks can also be active in the winter in areas with no snow and mild temperatures (>4°C).

**Highlights:**

- Since 2005, there has been an increasing trend in the number of Lyme disease cases acquired in Ontario.

**REPORT:**

- Lyme disease is a reportable disease as per O. Reg. 559. Clinically diagnosed Lyme disease, even in the absence of laboratory confirmation, should be reported to your local public health unit.

**TEST:**

- While the probability is low, it is possible to acquire Lyme disease almost anywhere in Ontario. If you suspect Lyme disease, have the patient tested.

**TREAT:**

- Early treatment with appropriate antibiotics is important.

**Information for Clinicians**

**Clinical Presentation**

The incubation period for *B. burgdorferi* is usually one to four weeks after a bite from an infected tick. Early infection is characterized in 70 to 80 per cent of cases by erythema migrans, a skin lesion commonly known as a “bull's eye rash” (see picture, right).

Other early symptoms include fever, headache, muscle and joint pains, fatigue and stiff neck. Clinical diagnosis can sometimes be difficult as the symptoms can mimic many other diseases.

If left untreated, Lyme disease can progress to an early-disseminated disease with migraines, weakness, multiple skin rashes, painful or stiff joints, cardiac abnormalities and extreme fatigue. If the disease continues, arthritis, along with neurological symptoms such as headaches, dizziness, numbness and paralysis can occur.

(see over)
Lyme Disease is on the increase

Treatment
If treated early with appropriate antibiotics, patients can expect to make a full recovery. People should seek medical attention if symptoms develop within 30 days of suspected tick exposure. If the patient still has the tick, or a health care professional removes it, submit the tick to the local public health unit where it will be sent for identification and Lyme bacteria testing (black-legged ticks only species tested). If the initial infection is not treated, then infection can become difficult to treat and patients may experience joint, heart and neurological symptoms.

Testing
Laboratory testing is used to support the diagnosis of Lyme disease and should be used in conjunction with clinical signs and symptoms. It is up to the attending physician to make the diagnosis and determine treatment. Patients tested during early infection may not have developed antibodies (negative serology) to the bacteria, making detection difficult; therefore, testing patients again in four weeks is recommended. Health Canada-approved blood tests are performed at the Ontario Public Health Laboratory and follow the recommendations of the Canadian Public Health Laboratory Network.

Testing patients for Lyme disease can be requested by writing "Lyme Serology" on the requisition form and providing clinical background.

The Centers for Disease Control and Prevention in the United States and the Public Health Agency of Canada caution health care professionals and the public regarding the use of private laboratories offering Lyme disease testing in the USA. These "for-profit" laboratories may not follow the same testing protocols as most provincial, state and federal laboratories in Canada and the USA.

Removing a Tick
- Using fine-tipped tweezers, carefully grasp the tick as close to the skin as possible. Pull it straight out, gently but firmly.
- Do not squeeze the tick. Squeezing can accidentally introduce Lyme bacteria into the body.
- Do not put anything on the tick, or try to burn the tick off.
- After tick removal, place it in a screw-top bottle (pill vial or film canister) and submit it to your local health unit for identification and testing. Establishing the type of tick will help assess the risk of acquiring Lyme disease.
- It is important to remember where the person most likely acquired the tick. It will help public health workers to identify areas of higher risk.
- Thoroughly cleanse the bite site with rubbing alcohol and/or soap and water.

If the tick is removed soon after its attachment, it will help to prevent infection as not all black-legged ticks are infected. An infected black-legged tick has to be feeding for at least 24 hours before it can transmit the bacteria to the human host.

For Further Information:

Let’s Target Lyme
www.ontario.ca/lyme
These maps are from the Public Health of Canada – Canadian Communical Disease Report  Jan 2009

The rising challenge of Lyme borreliosis in Canada, Canada Communical Disease Report 1 January 2008 • Volume 34 • Number 01 NH Ogden, DPhil, (1), LR Lindsay, PhD, (2), M Morshed, PhD, (3), PN Sockett, PhD, (4), H Artsob, PhD, (2)

http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/dr-rm3401a-eng.php (to view whole doc)

This map is the projected spread of the black legged ticks. You can see that southern Ontario was well covered in 2000 and will be completely covered by 2020.

This map represents the black legged ticks collected by passive surveillance from 1990-2003
EPIDEMIC ACROSS THE WORLD

CDC estimates over 400,000 cases in the US annually with most epidemic states bordering with Canada. Yet here in Canada, PHAC reports cases in the low 100’s – we are missing cases due to the faulty testing and lack of knowledge in the medical field.
Cambridge Roundtable for Poverty Eradication

Update to Region of Waterloo Council
August 16, 2011
In 2007, Cambridge City Council took leadership in striking this Roundtable, recognizing the negative impact that local poverty has on our community as a whole.

- Representation from: 4 Levels of Government, social service agencies, labour, community members.
- Affordable Housing Subcommittee struck in 2008.
- Roundtable meets quarterly.
Poverty Roundtable: Action

- Facilitate collaboration between government and agencies

- Advocacy: Letters to city and regional officials, Minister of Community and Social Services, Social Assistance Review Commission, Premier

- Raising Awareness: Poverty Awareness Month October 2010
Affordable Housing Subcommittee

- Struck in 2008
- Representation from: City of Cambridge planning department, Region of Waterloo, School of Architecture, CMHC, Cambridge Shelter Corp., private developer, Cambridge Housing
- Action: 2 Affordable Housing Forums showcasing ideas and designs for affordable housing projects
- Advocacy: letters to Regional and Provincial governments on issues such as condo conversion and government surplus lands
Poverty Awareness Month

October 2010 events:
- Cambridge Shelter Corporation’s 10th Anniversary
- Cambridge Self-help Food Bank’s Fall Food Drive
- Municipal elections, All Candidates Meetings
- Meeting with MPP Martinuk
- Do the Math Challenge
Do the Math Challenge

- Part of a Provincial initiative: Put Food in the Budget Campaign

- $100 Healthy Food Supplement

- Diverse local participants ate from a typical food hamper for 5 days to raise awareness of poverty and food insecurity in the community

- Blog and media coverage
Wrap up: October 8th
Reflections from the Challenge

“Wake up call”  “Your choice was taken away”

“What are [the kids] going to have for lunch tomorrow?”

“To go through a week was not a problem for me but I have a wife who is pregnant and a little fellow. I wouldn’t want them to have to live off the hamper I got. As a family it wouldn’t cut it.”

“Survival’s not good enough”  “There is a hidden society”

“It took a lot of planning. The first thing I did was put the food on the counter and took a pen and paper and strategized.”

“I was encouraged by staff at the food bank who helped me pick out food and told me how to stretch it”

“You don’t have enough calories or sustenance to be active”
Going forward

- The Poverty Roundtable will continue to work towards a poverty-free Cambridge

- Continue to advocate for a $100 Healthy Food Supplement in Ontario

- Add to the membership to create a more diverse Roundtable

- Report to Council and the community about ongoing challenges and successes
THAT Cambridge City Council support the “Put Food in the Budget” campaign, and request that the Provincial government introduce a $100 Healthy Food Supplement for all adults on social assistance as a first step towards meeting basic needs.
Similar motions have been endorsed by the following communities:

- Durham Regional Council
- Region of Niagara
- City of Cambridge
- Wainfleet Municipal Council
- City of Port Colborne
- Sarnia Municipal Council
- Hamilton City Council
- City of Cornwall
- City of North Bay
- Fort Erie Municipal Council
- Haldimand-Norfolk Public Health
- Oxford County Council
- St. Catharines Municipal Council
- York Regional Council
THAT the Region of Waterloo endorse the “Put Food in the Budget” campaign, and request that the Provincial government introduce a $100 Healthy Food Supplement for all adults on social assistance as a first step towards meeting basic needs.
Early Learning Program

Update

August 16, 2011

Nancy Dickieson
Director, Children's Services
Background

• Full day early learning kindergarten

• School based care for 6 to 12 yr. olds

• Best Start Child and Family Centres/Systems
CMSM Role

• Partnership with Boards of Education
  • joint planning
  • liaison between two systems

• Service system management
  • maintain spaces
  • coordination and planning

• Transitional Supports
  • maintain and build system quality
  • financial sustainability
  • support and planning
Next Steps

• Best Start Child and Family Centres
  • Working group
  • Four communities integration leaders
  • Provincial Interim report

• Monitor and Plan for Impacts on ELCC