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

Members absent: C. Millar

DECLARATIONS OF PECUNIARY INTEREST UNDER THE MUNICIPAL CONFLICT OF INTEREST ACT

None declared

PRESENTATIONS

a) Hajra Wilson, PolioPlus Chair, Rotary Club of Cambridge North, gave a presentation regarding the Polio Eradication Program; a copy of her presentation and speaking notes are appended to the original minutes. The current promotional brochure for the program was also distributed to the Committee members. She summarized the history of the Rotary Club’s involvement in the program, data for current incidents and advised that the funding shortage is the greatest challenge in meeting the program objectives. She reiterated the goal for a polio-free world.

b) Sharlene Sedgwick-Walsh, Director of Healthy Living, Planning and Promotion, addressed the Committee with regards to the Memo: Short Video Produced about the Waterloo Region Smoke-Free Housing Policy Experience; a link to the video is noted in the Memo.

* B. Halloran joined the meeting at 9:13 a.m.

S. Sedgwick-Walsh and Deb Schlichter, Director, Housing, responded to Committee inquiries related to the exterior smoke-free parameters, the intended use of the video and the legislative restrictions involved in full implementation for all tenants. S. Strickland congratulated staff on the successful transition and implementation of the policy.

REPORTS – Public Health

a) PH-11-046, Fluoride Varnish Program

Dr. Robert Hawkins, Dental Consultant, summarized the operational and administrative details of the program. He advised that the expanded program will begin in November 2011 and the outcomes will determine the program feasibility on a broader scale. He responded to a Committee question regarding the levels of fluoride in Cambridge and the benefits of the program where optimal levels of natural fluoride are not found.

Received for information
b) PH-11-047, Expansion of the Publicly Funded Immunization Schedules for Ontario

Dr. Hsiu-Li Wang, Associate Medical Officer of Health, gave an overview of the schedules and the program benefits.

Received for information

c) PH-11-048, 2010-2011 Influenza Season Summary and 2011-2012 Influenza Season Preparations

Linda Black, Manager, Vaccine Preventable Diseases, made introductory comments including details about local cases and vaccine clinics offered by Public Health. She provided an overview of the planned enhanced awareness programs and responded to Committee questions regarding vaccination data and the participation of local family physicians, H1N1 clinics in 2009-2010, and the correlation between vaccination and the severity of influenza symptoms.

Received for information

d) PH-11-049, EMS Master Plan Update – Dispatch Model Review

John Prno, Director, Emergency Medical Services, advised that the Region will be one of four Ontario municipalities to be part of the province’s Emergency Medical Services Technology Interoperability Framework (EMS-TIF). He outlined the extent of the local municipal partnerships.

In response to a Committee inquiry about the significance of the latest development as it relates to reduced response time, J. Prno stated that the actual time savings are unknown at this time but that more information will be available in six months when the first phase of the TIF has been undertaken. He was unable to confirm the full implementation of the Region’s Dispatch Model objectives based on the current provincial directives.

The Committee discussed the provincial decision to exclude the Cambridge Fire Department and their concerns about continued delays in hospital uploading. T. Galloway advised that the review of the 2012 budget will include an issue paper related to EMS and that this matter can be given full consideration during budget deliberations.

In response to a Committee inquiry about when a full joint dispatch system will be available, J. Prno stated that the benefits of the virtual dispatch model will be fully examined but all indicators suggest that the ministry will not allow the Region to operate in a truly joint capacity with area municipalities.

Mike Murray, Chief Administrative Officer, stated that a definitive response hasn’t been received from the province and they are unwilling to share the outcomes from the Niagara pilot project. He suggested that there are indications that the province isn’t planning to devolve these responsibilities to the municipal level.

There was general agreement that the current strategy for securing provincial support needs to be re-visited and the Committee expressed its concern for the financial implications of maintaining provincial standards.
MOVED by T. Galloway  
SECONDED by T. Cowan  

THAT the Regional Municipality of Waterloo approve the participation of the Emergency Medical Services Division in the Emergency Medical Services Technology Interoperability Framework (EMS-TIF) Project;  

AND THAT the Director, Emergency Medical Services be authorized to execute Tiered Response Agreements with the local municipalities pertaining to participating Fire Departments, as well as any required EMS-TIF agreements and/or letters of intent with the Crown in Right of the Province of Ontario by its Ministry of Health and Long Term Care, subject to such agreements and letters of intent being satisfactory to the Regional Solicitor, as outlined in Report PH-11-049, dated October 18, 2011.  

CARRIED  

e) PH-11-050, Quarterly Charged/Closed Food Premises Report  

Received for information  

REPORTS – Planning, Housing and Community Services  

f) P-11-083, EcoFest 2011 Summary Report  

Received for information  

g) P-11-084, Investment in Affordable Housing for Ontario Program (IAH)  

Rob Horne, Commissioner, Planning, Housing and Community Services, made introductory comments stating that the allocation to affordable housing programs will begin in April 2012 following a broad call for Expressions of Interest. He advised that a report will come back to Committee for approval once program proposals have been developed.  

In response to a Committee request for a report comparing the Region’s Affordable Housing initiatives with those of other municipalities, both within and outside Ontario, staff stated the distinctions of affordable housing programs outside of Ontario and agreed to prepare a report for Committee’s review.  

* R. Deutschmann joined the meeting at 10:08 a.m.  

In response to a Committee inquiry about the potential use of the provincial funding for additional affordable housing projects, staff provided details of the current criteria and indicated that, using the same rate, only about 100 new units would be established. Staff stated that there are several innovative ways to achieve the goals of the Region’s current affordable housing strategy, including reducing the wait lists, allocating to supportive housing programs and providing assistance to community projects such as Supportive Housing of Waterloo (SHOW).
THAT the Regional Municipality of Waterloo approve the following with regard to the Investment in Affordable Housing for Ontario Program (IAH), as described in Report P-11-084, dated October 18, 2011:

a) Agree to participate in the investment in Affordable Housing for Ontario Program;

b) Authorize the Regional Chair and Regional Clerk to execute an Administration Agreement with the Province and other such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to participate in Investment in Affordable Housing for Ontario Program (IAH);

c) Authorize the Commissioner of Planning, Housing and Community Services to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose accessing funding from the Investment in Affordable Housing for Ontario Program (IAH); and

d) Direct staff to prepare a report containing recommendations for a Program Delivery and Fiscal Plan for consideration by Regional Council prior to February 28, 2012.

CARRIED

h) CR-RS-11-064/P-11-077, Transfer of Slovak Villa Community Housing Property at 284 Clyde Road, Cambridge

MOVED by T. Galloway
SECONDED by K. Seiling

THAT the Regional Municipality of Waterloo, in its capacity as Service Manager under the Social Housing Reform Act, approve the transfer of ownership of the community rental housing property located at 284 Clyde Road in the City of Cambridge from “Slovak Villa” to Victoria Park Community Homes Inc. and enter into such agreements as described in Report CR-RS-11-064/P-11-077, dated October 18, 2011, as may be required to effect this transfer with the form and content of such agreements to be satisfactory to the Regional Solicitor.

CARRIED

REPORTS – Social Services

i) SS-11-044, Request for Agreement Under the Domiciliary Hostel Program – Waring Estates

MOVED by C. Zehr
SECONDED by J. Mitchell

THAT the Regional Municipality of Waterloo terminate its agreement under the Domiciliary Hostel Program with Waring Estates Limited with respect to the residence located at 97 Concession Street, Cambridge, Ontario, effective as of the date of the closure of the purchase of sale of the residence;

AND THAT the Regional Municipality of Waterloo enter into a Domiciliary Hostel Agreement with 2287599 Ontario Inc., with respect to the residence located at 97 Concession Street,
Cambridge, Ontario at a per diem rate of up to $47.75 for a maximum of 20 beds, effective as of the date of the closure of the purchase of sale of the residence, as outlined in Report SS-11-044, dated October 18, 2011.

CARRIED

j) SS-11-045, Seniors' Services 2011 Provincial Funding Announcements

Mike Schuster, Commissioner, Social Services, gave introductory comments.

Gail Kaufman Carlin, Director, Seniors’ Services, summarized the recent funding announcements and the financial impacts. She gave an overview of the proposed use of the funds to address facility maintenance needs and to increase the number of Personal Support Workers at Sunnyside Home.

MOVED by J. Haalboom
SECONDED by J. Brewer

THAT the Regional Municipality of Waterloo approve an increase of 1.60 full time equivalent (FTE) Personal Support Workers (PSW) effective October 18, 2011 to be fully funded by the Ministry of Health and Long Term Care;

AND THAT the 2011 Operating Budget for Seniors' Services be increased by $99,045 gross and $0 net Regional Levy, to be funded by the Ministry of Health and Long Term Care, as outlined in Report SS-11-045 dated October 18, 2011.

CARRIED

INFORMATION/CORRESPONDENCE

a) Memo: Ontario Works Caseload: September 2011

Received for information

b) Memo: Report on Status of Transit for Reduced Incomes Program

It was noted that a 2012 Budget Issue Paper has been prepared for review on this matter.

Received for information

c) Memo: Fee Subsidy Application Modified Process

It was noted that a 2012 Budget Issue Paper has been prepared for review on this matter.

Received for information

OTHER BUSINESS

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

NEXT MEETING – November 8, 2011
MOTION TO GO INTO CLOSED SESSION

MOVED by L. Armstrong
SECONDED by J. Haalboom

THAT a closed meeting of the Community Services, Administration & Finance and Planning & Works Committees be held on Tuesday, October 18, 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) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a procurement matter
c) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a proposed by-law
d) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a court proceeding
e) proposed or pending disposition of land in the City of Waterloo
f) labour relations
g) proposed or pending acquisition of land in the City of Waterloo
h) proposed or pending acquisition of land in the City of Kitchener
i) receiving of legal advice and opinion that is subject to solicitor-client privilege related to a legal agreement

CARRIED

ADJOURN

MOVED by L. Armstrong
SECONDED by G. Lorentz

THAT the meeting adjourn at 10:21 a.m.

CARRIED

COMMITTEE CHAIR, S. Strickland

COMMITTEE CLERK, S. Natolochny
In 1980 Rotary International set out to eradicate Polio throughout the world...

There are still those who weren't helped in time...

End Polio Now
Eradicating Polio now is not just a matter of inoculation. Clean Local Water and Modern Sewage Systems are Required.
Of the nearly 2 billion children helped so far, by 1.2 million Rotarians in 180 countries

These are the few we helped personally...
LOCAL IMMUNIZATION DAYS 2002
LET'S SAVE OUR CHILDREN
OF 0 TO 5 YEARS BY VACCINATING THEM
AGAINST POLIO FREE OF CHARGE

A FEW DROPS OF VACCINE
AND YOUR CHILD IS PROTECTED

1st Round: 17th, 18th, 19th, 20th, and 21st December 2002
2nd Round: 21st, 22nd, 23rd, 24th, and 25th January 2003
POLIO PLUS
Rotary International

JOURNEES NATIONALES
DE VACCINATION
CONTRE LA POLIOMYELITE

BOUTER LA POLIOMYELITE
HORS DU BURKINA

FAISONS VACCINER
NOS ENFANTS

JNV
2003

UNICEF
CDR
Helen Keller

UNICEF
NATIONAL

NATIONAL

NATIONAL

NATIONAL
1948

50 YEARS: SO MUCH ACCOMPLISHED. SO MUCH STILL TO BE DONE.

1998

THE ACHIEVEMENT OF THE HIGHEST ATTAINABLE STANDARD OF HEALTH IS ONE OF THE FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING WITHOUT DISTINCTION OF RACE, RELIGION, POLITICAL BELIEFS, ECONOMIC OR SOCIAL STATUS. THE ACHIEVEMENT OF THIS RIGHT IS AS IMPORTANT IN THE PREVENTION AND TREATMENT OF ILLNESS AND INJURY AS IN ITS TREATMENT. A STATE OF HEALTH IS NOT JUST THE ABSENCE OF ILLNESS AND INFIRMITY, BUT ALSO INCLUDES A SENSE OF WELL-BEING, AND PHYSICAL, MENTAL AND SOCIAL CAPACITY TO ENJOY LIFE AND POSSIBILITIES AVAILABLE TO THE PERSON.

DECLARATION OF PRINCIPLES OF WORLD HEALTH ORGANIZATION. THE RIGHT TO HEALTH IS THE CONCERN OF SOCIETY. STATES HAVE A RESPONSIBILITY TO PROMOTE HEALTH AND TO CREATE CONDITIONS UNDER WHICH ALL PEOPLE CAN ACHIEVE THEIR HIGHEST ATTAINABLE LEVEL OF HEALTH. PRIORITIES IN THE PROVISION OF MEDICAL SERVICES SHOULD BE SET IN THE LIGHT OF THE SPECIFIC LOCAL SITUATION AND PRIORITIES. THE SOURCES OF MINISTRY OF HEALTH SHOULD BE APPROPRIATELY COSTED AND THEIR USE AND EFFECTIVENESS ASSESSED. COSTS AND BENEFITS SHOULD BE ASSESSED IN TERMS OF THE CONSUMER'S OPPORTUNITY COST AND OF THE HIGHER VALUE OF HUMAN LIFE.
1 Child
2 Drops
$1.00 per Drop

Ends Polio Now!
GOODBYE POLIO PRESENTATION

In October, 24 we Rotarians will be observing both World Polio Day and the birthday of Dr. Jonas Salk, who developed the world’s first safe and effective vaccine against this crippling and sometimes deadly disease. We also will also celebrate the fact that the world is on the verge of eradicating one of the most feared disease of 20th Century.

When Rotary launched its push to end polio in the 1980s, the wild poliovirus crippled nearly 1,000 people every day. Since then Rotary and its partners in the Global Polio Eradication Initiative have reduced the incidence of polio by 99 per cent. And the push continues: This year India has the lowest number of Polio cases in the history. We are “this close to ending polio for all.

Despite the tremendous progress, children in some developing countries continue to be infected. That is why Rotary and it’s partners must reach every child in some of the most challenging regions of the world with oral polio vaccines. But the greatest challenge to the polio eradication effort is funding shortage.

In response Rotary is working to raise US$200 million in response to $355 million Challenge Grant from Bill and Melinda gates Foundation. All resulting $555 million will support crucial immunization activities in countries where polio still threatens children. Rotary club members worldwide have already raised $190 million of the $200 million challenge.

Over the past 26 years, Rotary’s 1.2 million members in 200 countries and regions have contributed more than $1 billion and countless volunteer hours to help immunize more 2 billion children in 122 countries. Rotary reaches out to governments worldwide to obtain vital financial and technical support. Since 1995, donor governments have contributed in excess of $8 billion to polio eradication, due in part to rotary’s advocacy efforts.

“This initiative began because of the vision of Rotary International” says Dr. Margaret Chen, director general of WHO calls the more than 1.2 million Rotarians “tireless partners. In the polio eradication.”

The commitment of Rotary volunteers worldwide demonstrate the extraordinary role civil society can play in improving global health. Right now, in honour of World Polio day, Rotary Clubs around the globe are doing their part to raise awareness and critically-needed funds to vanquish the disease forever.

The goal of this campaign is twofold – raise awareness and funds to help eradicate polio and how we can prevent it.
As long a single child remains infected there is always a threat of resurgence putting children everywhere at risk of contracting the disease.

Once eradicated, polio will join smallpox as the only human disease ever eradicated, fulfilling Rotary’s promise to create a polio-free world.