Each day, the people who work in Public Health and Emergency Services are committed to contributing to the health and wellbeing of the residents of Waterloo Region. Through public service and community partners we strive to provide programs and services promoting healthy living and healthy growth and development, while monitoring population health, protecting health and preventing disease.

This report highlights key accomplishments of Public Health and Emergency Services with our partners and through our commitment to service excellence.

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 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 and injuries
- Monitor and report population health information (health surveillance and health status reporting)

Paramedic Services Role

Our Paramedic Services team works each day towards the common goal of reducing premature death and preventable injury or illness by providing effective and efficient emergency medical services. Paramedic Services operates under a number of legislative and documented requirements, including the Ambulance Act and 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.

Paramedic Services Objectives

Ensure excellence in patient care by:

- Delivering high quality patient care every time (Advanced Life Support and Basic Life Support standards)
- Maintaining accurate and complete documentation
- Providing paramedics with the resources they need (vehicles and equipment ready every time)

Dr. Liana Nolan

Commissioner/ Medical Officer of Health
Region of Waterloo Public Health and Emergency Services
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## Connections

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## Health Promotion

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## Public Health and Emergency Services in Numbers

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Many of Rhonda’s clients are surprised to learn that she wasn’t always content as a mom. She found herself struggling at times with a baby and a toddler, which is why she engaged with local groups through an EarlyON Centre. “People think that I must have just been a natural at being a mom. When I share with them that I really struggled with certain areas – that helps them feel that they aren’t alone.”

Her interactions at some of these programs eventually led Rhonda to become a Family Visitor with the Healthy Babies Healthy Children program. It’s in this role that Rhonda works with the client and a Public Health Nurse to help families develop skills that support optimal growth and development for their child. Some clients are referred while others phone in and ask for support. What’s key for Rhonda is helping the family establish goals and then working together towards accomplishing them.

A common goal is to work with the family towards building secure attachment between the child and parents. “Reading your baby’s cues, figuring out what baby is trying to say and responding well to them.” These behaviours build attachment and support a child’s overall development.

Rhonda is quick to point out she prefers to model new behaviours for families. “A lot of time it’s through casual conversation, through really admiring and affirming the parents when I see them interact with their baby in a significant way.” Rhonda spends a lot of time on the floor with her littlest clients, playing games and role modelling for parents. “We want to get the parent down on the floor. A lot of parents think that the baby sits on the floor. When they see me come in as a professional and sit on the floor, they are sometimes taken aback but it’s a great way to show a very appropriate way to interact with the child.”

Each day for a Family Visitor will look slightly different. A day may include three client visits occurring in the home or somewhere in the community. It’s not uncommon for Rhonda to tag along with a family to a program – much like the programs she attended with her kids at the EarlyON Centres. She may also spend time researching topics like early brain development or positive parenting best practices. She recently spent time brushing up on her American Sign Language skills because she’s working with a new client who is hearing impaired.

The days that are toughest for Rhonda are the ones where she visits a home and knows it will be difficult for the children to reach their full potential unless the parents choose to make significant changes. With that said, she has also had the privilege of seeing many great success stories. “I’ve been to graduations of moms and sometimes I’m the only family. I’ve been to a family’s wedding. The couple were both abusing substances and had lost their child to child protection services. Eventually they got the help they needed and were able to build some stability into their lives. They were even able to get their child back. That was really rewarding to see.”

In 2017, Rhonda saw a big shift in her training towards a focus on the mental health of the parents. “With moms, it’s a much bigger part of our role then when I started 15 years ago. Yesterday, a client sent me a text that she was feeling depressed. I offered to see her later in the day, but she was going to the EarlyON Centre for a program. I gave her the Here 24/7 hotline to call if she needed to talk to someone before I saw her.” That her client felt comfortable reaching out to Rhonda shows the strength of the relationships Family Visitors form with the families they help. “A huge part of my role is building relationships with the families. That way when the questions come or an issue occurs, the parent is comfortable to talk to me.”

To learn more about Healthy Babies Healthy Children, visit www.regionofwaterloo.ca/hbhc
Helping parents and children reach their full potential

The first five years of a child’s life have a major impact on vital areas such as brain development, growth, learning, health and behaviour. Public Health provides resources and support to parents with young children and also connects parents to community supports through the Call Response Team, as well as the Healthy Babies Healthy Children and Infant and Child Development programs.

In 2017, call response public health nurses responded to over 900 calls from families who reached out for information and support about children up to six years of age. Questions ranged from breastfeeding best practices, how to play and talk with your child and even how to recognize if your child is not meeting their developmental milestones.

In addition, Public Health staff provide information about a wide range of topics, which are also available on our website regionofwaterloo.ca/ph
Health Inspectors - a focus on education, not enforcement

Images of restaurants and food safety might come to mind when you think of a public health inspection, but it is so much more. Our public health inspectors investigate and monitor potential health hazards in our community to help keep you safe. This includes restaurants, but it also includes spas, hair and nail salons, tattooing and piercing businesses, public pools, splash pads and more. Our inspectors also investigate diseases transmitted to people by bugs or animals. Some of these diseases include Lyme disease, West Nile virus and rabies.

Vicky is one of our inspectors and she has worked at Public Health for more than 15 years. It was by chance that she found her way to public health inspection. “As a student I was looking for something science related, with variety and not in an office. I had no idea what inspectors did. For me the program fell into my lap.” Variety, field work, and evidence-based science are cornerstones of an inspectors’ work. No day is ever the same. For Vicky, the best way to prepare for her day is to “expect the unexpected.”

The real focus of her work as an inspector is on education, not enforcement. Inspectors work with business owners to help them improve their business. Inspectors help them build skills and knowledge to improve the services they offer. “As an inspector we work with them, not against them.” And an inspector’s work doesn’t stop when they leave a business either, “we’re here to help. Our door is always open to the owners and operators we work with if they have questions.”

That feeling of knowing she’s contributing to her community is what makes being a public health inspector rewarding for Vicky. “It’s rewarding when we hear from businesses about how we’ve helped them improve their service.”

But we all have a role to play. Inspectors rely on information from the public too. “We can’t be there all the time, so if you are knowledgeable about what to look for, you can protect yourself from infection or illness and you can let us know when you think something isn’t being done the right way.”

“When you visit a spa or salon, you want to relax and enjoy yourself. You don’t want to acquire an infection that could last for months.” Videos like “Public Health and You: Salon and Spa Safety” were created to help you know what preventing infections looks like when you visit a salon or spa. To watch the video visit: https://youtu.be/oadrgylN23A

814 inspections and re-inspections to personal service settings in 2017
Addressing vaccine concerns for parents

In 2016, Vaccine Preventable Diseases (VPD) Programs in Central West Ontario Health Units partnered to develop a shared resource, which promotes vaccines and provides education for those who might be hesitant to have their child or themselves vaccinated.

The group decided to contract Dr. Kirk Liefso, a respected pediatrician, to assist with the creation of a short educational and entertaining video. The video was completed in July 2017 and posted to the Region of Waterloo Public Health YouTube channel (https://www.youtube.com/user/rowpublichealth) and advertised widely through Public Health’s Facebook and Twitter accounts.

Provincial health units and stakeholders such as Immunize.ca have promoted the video through their own channels and it was presented at the Provincial VPD Networking Day in June 2017.

The program continues to look for ways to promote to a broader viewing audience across the community.

Telling Our Story

In 2017, we looked for new ways to not only share our messaging, but to also help the public understand our role in the community through the people who work for or with Public Health and Emergency Services every day. Storytelling is an effective way to build trust and relationships with your audience. In the case of the Humans of Public Health and Humans of Paramedic Services project, we found that by sharing our messages through stories, we were able to increase our engagement on social media by over 11,000 per cent. This valuable initiative has helped build understanding, compassion and trust in our community and will continue in 2018. Check out our Profile of a Paramedic below or to see a full list of the profiles, including profiles of Public Health Nurses, visit: https://medium.com/@rowpublichealth

Profile of a paramedic

It’s not the “blood and guts” type calls that Tarra is drawn to as a paramedic. For Tarra, it’s more about the emotional connections she’s been able to make with her patients. “I find sometimes that the things that are rewarding for me are different. To be able to provide some comfort and conversation to someone in crisis – that’s what I like most.” https://medium.com/humans-of-paramedic-services/tarra-9a93844fb0a8
Right Call Right Care

The Right Call Right Care campaign was developed by Paramedic Services to help Waterloo Region residents consider all healthcare options available to them before relying on the emergency system. Choosing other options could result in faster and more appropriate care for the patient, while allowing paramedics to be available for more immediate, life-threatening emergencies.

As part of this educational campaign, residents are encouraged to consider alternate and more appropriate care for their medical needs before dialing 911.

Options include:

- Consulting your primary care provider
- Calling TeleHealth Ontario at 1-866-797-0000
- Going to a walk-in clinic
- Visiting a nearby pharmacy
- Exploring self-care at home

The Right Call Right Care campaign was officially launched with a report and presentation to Regional Council in April 2017. Campaign messaging was incorporated into our website, posters, display banners and post cards. The objective was to reach as many citizens as possible.

As part of the campaign, 340 Right Call Right Care posters were mailed to family physicians’ offices in early June. The campaign’s messaging appeared on digital display monitors in Regional buildings during May and June and continues to be displayed on websites across the Region.

An effort was made to have a community presence during the campaign as well. A booth with display banners, highlighting key messages, was set-up at both Cambridge Centre and Conestoga Mall. Paramedic Services staff provided public access defibrillator demonstrations and CPR education to the public at both events. The Right Call Right Care banners are also being displayed in the lobbies of municipal buildings throughout the Region with postcards made available where possible.

Key messages from the campaign are also permanently displayed in the windows of our Water Street paramedic station in Kitchener.

In an effort to broaden the reach of the campaign to an additional 190,000 residences, an article and advertisement appeared in the fall edition of Region News with a reprint planned in 2018.

The goal of the Right Call Right Care campaign is to increase public awareness resulting in people exploring other healthcare options prior to calling 911. Any shift in behaviour will allow paramedics in the Region to be available when their help is needed most.

regionofwaterloo.ca/RightCall
Supporting local schools towards optimal health

When Principal Dan Witt first connected with Public Health, it was for a grant proposal to earn funds for a new scoreboard. In order to make the proposal more comprehensive, the steering committee included a plan to add outdoor fitness equipment that could be accessed by members of the surrounding community.

The proposal was successful and in the process it helped to open Dan’s eyes to the true value they could add as a school. “Somewhere along the line it really triggered in me that we can make a difference beyond our walls. It was important to be a change agent for the community. We had a responsibility to do so.”

St Benedict Catholic Secondary School was 1 of 174 schools in Ontario to earn the Healthy Schools Certification in 2017 from the Ontario Physical and Health Education Association.

Public Health works closely with local schools to provide support towards creating an environment that will have a positive impact on a child’s health and learning.

The support comes in a variety of ways, from providing resources, assisting with policy development, to the planning and implementation of healthy school approaches.

Currently, we are engaged with 23 schools in Waterloo Region, working together to provide a healthy foundation that benefits the schools and surrounding communities.

For Dan, this important partnership lit a fire. As a school they have applied for further grants that will allow them to expand infrastructure, benefitting students as well as residents in the surrounding neighborhoods. Additional proposals have lead to them receiving over $1-million in funding and have allowed them to build an outdoor basketball court next to the exercise equipment as well as upgrade lighting so that the facility could be used day or night. “The space really is a place where people can feel safe. There’s always somebody here walking the track and what’s great is that you will see all generations and cultures. This leads to self-policing and further safety.”

Acknowledging a great team effort, Dan also feels having Public Health participate in the steering committee allowed them to achieve their success. “The challenge with a project like this is always the sustainability. You can have good momentum for a stretch of time, but for how long is it sustainable? Public Health was so helpful with keeping everyone on track. They supported the meetings and kept things moving along. It took away the added pressures.”

When asked if he thinks his school is healthier, Dan reflects on the entire process. “The students see the good that is going on in our community. Families see that good things are going on here. It feeds into a good energy for the school. It has been evolutionary from starting in a very self-serving place with the proposal for a new scoreboard to where we are now – it’s been an enlightening experience.”

To find out more about the Healthy Schools initiative visit regionofwaterloo.ca/SupportingHealthySchools
Reducing alcohol-related harms in our community

Local, provincial and national studies have shown a significant proportion of university and college students engage in high levels of binge drinking. Researchers define binge drinking as having many drinks on one occasion: five or more drinks for a male, or four or more drinks for a female*. The harms and risks associated with binge drinking for the individual, as well as for the larger community, are well documented and often highlighted in the media.

The Post-Secondary Initiative to Reduce Alcohol Related Harms began out of a need to create campus communities where responsible drinking is the cultural norm. The initiative was designed as a community-based group with membership from the three post-secondary institutions in Waterloo Region. Membership has since grown to include several community organizations including police, fire and Paramedic Services.

Since launching in 2014, the group includes students, campus staff, organizations and government services who are all working together to develop initiatives meant to enhance students’ skill and capacity around responsible drinking. While developing those initiatives, they are also looking to create an environment both on campus and in the surrounding community that supports the cultural shift.

The group continues to evolve and create strategies to address on and off campus alcohol-related harms. Recently, discussions have also included how the impact of the legalization of cannabis may affect campus culture and what steps can be taken to proactively address possible impacts.

* The Canadian Low Risk Alcohol Drinking Guidelines are different for men and women based on how our bodies process alcohol. For more information on how the guidelines were developed visit www.ccsa.ca
Supporting partners through data analysis

The work of a health promotion research analyst varies from day to day and from team to team. Our analysts support their programs by analyzing data, writing reports, developing policies, working with our community and more. For Alyshia, as an analyst in the Infectious Diseases, Dental and Sexual Health division the most rewarding part of her job is “working with community partners to identify and respond to emerging health issues in Waterloo Region.”

One of the community-based initiatives Alyshia supports is the Overdose Monitoring, Alert and Response System (OMARS), an initiative of the Waterloo Region Integrated Drugs Strategy. With representation from Waterloo Regional Police Services, Paramedic Services, Sanguen Health Centre, the Working Centre and the Kitchener Downtown Community Health Centre, OMARS was created out of a need for timely overdose reporting in Waterloo Region. To collect local overdose information, OMARS created a survey that allows people to report overdoses and adverse reactions to drugs in Waterloo Region. The survey collects qualitative information not otherwise available. From the OMARS survey we know what type of drug someone took, whether someone stayed with the person who overdosed, if 911 was called or why they didn’t call 911. Using this information in addition to data on the number of opioid related paramedic service calls, number of opioid related suspected deaths from Waterloo Region Police Services and the number of naloxone kits distributed in the region, Waterloo Region Overdose Bulletins are created and shared with the community. Data is also monitored to support decision making about whether overdose alerts should be issued to the public (e.g. in response to sudden increases of overdose). “It's responsive. We knew there was a need in the community and we're doing something about it.” As an analyst, it's Alyshia’s role to bring all that information together. “It paints a really fulsome picture of what's happening in the community right now.”

But Alyshia’s work in supporting OMARS wouldn’t be successful if it weren’t for community partnerships. “Because we have such great relationships with partners, we’re able to understand issues in the community quicker. Through OMARS, Public Health is more in tune with what is happening locally. We depend on these relationships in order to be responsive.”

As we get access to better data provincially, the role of OMARS is shifting, but one of its key successes is that it helps to educate people about what’s happening in Waterloo Region. “It has heightened awareness about drugs in our community and the severity of these drugs.”

Individuals who experience or witness an overdose are asked to complete the survey at omars.ca

92 OMARS surveys were completed in 2017

3 Overdose Alerts were issued in 2017
Public Health and Emergency Services in Numbers

Budget Overview

2017 Operating Budgets

<table>
<thead>
<tr>
<th>Program</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic Services</td>
<td>$29,952,000</td>
</tr>
<tr>
<td>Cost Shared Mandatory Programs</td>
<td>$28,229,991</td>
</tr>
<tr>
<td>Healthy Babies Healthy Children</td>
<td>$2,864,743</td>
</tr>
<tr>
<td>Infant Development Program</td>
<td>$1,113,550</td>
</tr>
<tr>
<td>Healthy Smiles Ontario</td>
<td>$981,000</td>
</tr>
<tr>
<td>Infectious Diseases Prevention &amp; Control</td>
<td>$770,700</td>
</tr>
<tr>
<td>Tobacco Programs</td>
<td>$526,200</td>
</tr>
<tr>
<td>Vector Borne Diseases</td>
<td>$305,333</td>
</tr>
<tr>
<td>Other</td>
<td>$1,273,189</td>
</tr>
<tr>
<td><strong>Total Budget</strong></td>
<td><strong>$66,016,706</strong></td>
</tr>
</tbody>
</table>

2017 Staffing

- Public Health: 84% of budget relates to staffing, 290.3 FTE*
- Emergency Medical Services: 81% of budget relates to staffing, 202.7 FTE
- **Total Staffing:** 493 FTE

2017 Sources of Funding

- **Provincial Funding (40.9M)**: 62%
- **Regional Tax Levy & Reserves (24.4M)**: 37%
- **Other (0.7M)**: 1%
- **Total Funding**: $66,016,706

2017 Sources of Funding by Program

- Cost Shared Mandatory Programs
- Paramedic Services
- Healthy Babies Healthy Children
- Infant Development Program
- Healthy Smiles Ontario
- Infectious Disease Prevention & Control
- Tobacco Programs
- Vector Borne Diseases
- Other

* Full Time Equivalent
**Paramedic Services Response Time Performance Plan**

Under regulations, Region of Waterloo Paramedic Services is responsible for the development of a patient focused Response Time Performance Plan (RTPP). This plan measures emergency and non-emergency response times to all 911 calls, including those for sudden cardiac arrest. The RTPP is reviewed on a yearly basis, and Regional Council approves the RTPP to be submitted to the Ministry of Health and Long-Term Care (MOHLTC) prior to October 31 each year. The RTPP targets approved by Council were the same across most levels of urgency (i.e. CTAS levels) from 2016 to 2017. The CTAS-specific benchmarks set reasonable and achievable targets according to the urgency of the call: setting faster times for more urgent calls and progressively slower times for less urgent calls.

The results of the Region of Waterloo Paramedic Services RTPP for the past year were:

<table>
<thead>
<tr>
<th>Type of call</th>
<th>Response Time Target</th>
<th>Approved 2016 ROW target</th>
<th>No. of calls in compliance</th>
<th>No. of calls</th>
<th>Per cent compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden Cardiac Arrest</td>
<td>Defibrillator response in 6 minutes or less (set by MOHLTC)</td>
<td>50% or better (Paramedic Services only)</td>
<td>296</td>
<td>676</td>
<td>44%</td>
</tr>
<tr>
<td>CTAS* 1</td>
<td>Paramedic Services response in 8 minutes or less (set by MOHLTC)</td>
<td>70% or better</td>
<td>507</td>
<td>687</td>
<td>74%</td>
</tr>
<tr>
<td>CTAS* 2</td>
<td>Paramedic Services response in 10 minutes or less</td>
<td>80% or better</td>
<td>6,262</td>
<td>7,670</td>
<td>82%</td>
</tr>
<tr>
<td>CTAS* 3</td>
<td>Paramedic Services response in 11 minutes or less</td>
<td>80% or better</td>
<td>16,003</td>
<td>19,813</td>
<td>81%</td>
</tr>
<tr>
<td>CTAS* 4</td>
<td>Paramedic Services response in 12 minutes or less</td>
<td>80% or better</td>
<td>7,096</td>
<td>8,530</td>
<td>83%</td>
</tr>
<tr>
<td>CTAS* 5</td>
<td>Paramedic Services response in 12 minutes or less</td>
<td>80% or better</td>
<td>2,338</td>
<td>2,914</td>
<td>80%</td>
</tr>
</tbody>
</table>

Overall, Region of Waterloo Paramedic Services is performing well with regard to response times, with trends moving in a positive direction.

Region of Waterloo Paramedic Services strives to provide Excellence in Patient Care, while remaining responsive and cost efficient for the residents of and visitors to Waterloo Region.

*CTAS = Canadian Triage Acuity Scale*
Public Health and Emergency Services in Numbers

**At Home**
- **3,610** Home visits conducted by Public Health Staff in Healthy Babies Healthy Children Program
- **1,350** Early breastfeeding contacts (includes home visits, clinic and telephone contacts)
- **741** Families who were provided service by Infant and Child Development Program
- **243** Calls to citizens about their private well water results

**Communicating With Us**
- **33,119** Calls received from the public through the Service First Call Centre
- **906** Calls to Child and Family Health programs
- **4,627** Calls related to environmental health programs
- **53** “Cessation-related” calls on the Tobacco Related Inquiries/Tobacco Information Line (TIL)

**At Work**
- **6,398** Routine inspections and re-inspections of food premises
- **40** Charges laid on food premises
- **7** Food premises closures
- **179** Occurrences where food products were seized and destroyed
- **709** Routine inspections and re-inspections of recreational water premises (pools, wading pools, splash pads, water slide receiving basins, spas and whirlpools)
- **814** Routine inspections and re-inspections of personal service settings (beauty and body art businesses)
- **509** Workplace Health Intermediaries are active members of Project Health
- **100%** of refrigerators that store publicly funded vaccine inspected by Public Health
- **97%** Tobacco retailers compliant with the Smoke Free Ontario Act
- **999** Tobacco inspections including routine inspections of workplaces/public places and tobacco vendors

**At School**
- **14,703** Immunization notices sent to elementary and secondary students
- **7.9%** of grade 2 students with two or more decayed teeth
- **22,576** JK, SK and grade 2 students screened for oral health

**In Our Clinics**
- **895** Clients served at early breastfeeding contact clinics
- **17,470** Visits to dental, immunization, sexual health, and tuberculosis clinics
- **2,325** Visits to Public Health dental clinics
- **1,395** Visits to the tuberculosis skin test clinics (for testing)
- **7,002** Visits to Public Health’s Cambridge and Waterloo sexual health clinics
Public Health and Emergency Services in Numbers

In Our Community

459 Families who are confirmed with risk through an In-Depth Assessment for Healthy Babies Healthy Children

165,801 Vector-borne sites treated (catch basins, natural sites, and storm water management ponds)

1,176 Rabies investigations

401 Confirmed enteric communicable disease cases (food-borne, water-borne and parasitic diseases)

481 Public Access Defibrillators provided (with Heart and Stroke Foundation assistance) at public facilities

4,442 Healthy Babies Healthy Children screens conducted at prenatal, postpartum and early childhood stages

1,135 Home safety checklists distributed to older adults at-risk for falls

180 Fall risk self-assessment tools distributed to older adults at-risk for falls

1,510 Community garden plots at 74 gardens across Waterloo Region

1,135 Local community partners supported to implement 2016 Fall Prevention Month Campaign

4,441 People reached by Community Nutrition Workers and Peer Health Workers

1,531 Sessions run by Peer Health Workers

25 QuickStats

1,531 Consultations with Health Care Professionals on integrating tobacco cessation into their practice

33 Health Reports and data

2 Interactive Health Data dashboards

52,771 Vehicle responses

17,332 Increase in vehicle responses since 2010

96.4% of Invasive Group A Streptococcal cases where case investigation was initiated the same business day the case was reported

Emergency calls (code 4) reached within 9 minutes 21 seconds or less from time of ambulance dispatch

99.5% of confirmed gonorrhea cases where case investigation was initiated within two business days

137 Ambulances and Response Vehicles operated from ten stations

910 Registration codes provided for the Gift of Motherhood online prenatal program

2,139,696 Reach of social media.

Information and Reports

6 Community Data Requests

33 Health Reports and data

2 Interactive Health Data dashboards

Online

910 Registration codes provided for the Gift of Motherhood online prenatal program

129,842 Visits to the Public Health and Emergency Services website
For more information about this report or any of our programs and services please contact:

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Prepared by: Health Communications May 2018
Accessible formats of this document are available upon request.