The health needs of a community will inevitably evolve over 50 years and this is no different in Waterloo Region. Public Health and Emergency Services continues to strive to ensure we are meeting the health needs of our changing and growing community. From the implementation of smoking bylaws in the 1990s to improved immunization rates among school-aged children and better healthy eating and active living environments in our schools and recreation facilities, Public Health continues to look for ways to contribute to the health and wellbeing of the residents of Waterloo Region.

Through public service and community partners, we make every effort to provide programs and services that promote healthy living, growth and development, while monitoring population health, ensuring health protection and preventing disease.

2018 marked the 50th anniversary of the Public Health Department in our Region. Although Public Health has been operating as an essential service in the region for longer than 50 years, 1968 marks the year that our region went from 14 separate Health Units to one – The County of Waterloo Health Unit. In 1975, Public Health further evolved by becoming a department within the newly formed Regional Municipality of Waterloo. This report highlights key accomplishments and work that we have done with our partners and our commitment to service excellence. The report takes a look back over the past 50 years at what has changed, and in some cases, what has stayed the same. We hope you enjoy the journey as much as we have!

Dr. Hsiu-Li Wang
Acting Medical Officer of Health
Region of Waterloo Public Health and Emergency Services
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**Fifty years of Public Health**

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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 prehospital care and transport to hospital.

Paramedic Services Objectives
Ensure excellence in patient care by:
• delivering high quality patient care every time
• maintaining accurate and complete documentation

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 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) for 2018. 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.
Changes in nutrition trends and Public Health

Nutrition has become an ever evolving topic over the past 50 years in public health. During the 1970’s, food preferences began to shift and easy access to convenient processed food meant people could spend less time cooking.

In the 1980’s, nutrition science began to show that new access to fast, convenient food had consequences. Researchers began to see links between “fast food” and non-communicable diseases like heart disease and excess weight gain. The public health response, at that time, was to increase access to information through food labelling, while educating people to avoid specific nutrients, like fat and salt, which were increasingly becoming associated with poor health. Today, Public Health is still building on this approach to ensure those living in Waterloo Region are knowledgeable about making nutritious choices and have access to healthy food and beverage options where they live, work, learn and play.

This past year, Public Health staff supported the implementation of healthy menu guidelines for regional child care settings. Through the FRESH-IT project, Public Health also supported municipal recreation centres, in the region, in their effort to increase access to healthy food and beverages.

Public Health also hosted an information event for non-profit organizations, such as day cares and schools. This was done in an effort to help non-profits organize food buying as a group. The goal was to help organizations serve food and beverages that meet nutritional recommendations, while keeping financial costs low. Public Health continues this work to help better serve the nutritional needs of Waterloo Region residents.
Home visiting – proven research with a human touch

Home visiting by a public health nurse to new parents has been a mainstay of public health practice for over 50 years.

The one-on-one, in-home support a public health nurse is able to provide to a new parent goes a long way in helping a parent and child bond as early as possible.

Over the last 50 years, research on early brain development has provided compelling evidence. We’ve seen that the quickest human learning and development happens before a child turns five. Recently, it was discovered that the parent-child attachment created in the first eight weeks can build resilience and contribute to health years later. These effects happen even when the child/youth/adult faces adversity. When a parent responds to a baby’s cues (a cry, a coo, turning of the head), the baby learns from the beginning that the parent can meet their early needs (I’m hungry, my diaper is wet, I’m tired).

In the Healthy Babies Healthy Children Program, family visitors and public health nurses visit with parents who may be struggling with challenges. These difficulties may include unstable housing, poverty, mental illness, being a newcomer or being a teen parent. Staff are able to see parents in their homes and help the parent-child attachment proceed at this important stage of child development.

When parent and baby need extra support or information, staff will provide this through one-on-one teaching, modeling and referral to community programs. Through the home visits, parents are able to understand and learn their role in a strong parent-child attachment that will set the course for the child’s lifelong health, development, resiliency and learning.
Public Health Breastfeeding Services

A survey conducted in 2013-14 showed almost 96 per cent of mothers, aged 15-49, in Waterloo Region initiated breastfeeding; this is a dramatic increase from 49 per cent of similarly aged moms in 1992.

With the hope of maintaining this upward trend, Public Health continues to work in partnership to promote the benefits of breastfeeding to new moms and to advocate breastfeeding anytime, anywhere.

Since the fall of 2016, breastfeeding clinics have been operating from two Public Health locations in Cambridge and Waterloo. Clients seeking breastfeeding support can benefit from free, one-on-one services provided by registered nurses in centralized locations.

In 2018, the team undertook several projects, with key accomplishments including:

- Increasing the number of breastfeeding clinic appointments in Waterloo - an area in our region known to have higher needs. This led to a 29 per cent increase in bookings over a three month period.
- More training for public health nurses to provide care to clients with complex breastfeeding needs.
- Normalizing and promoting the benefits of breastfeeding by participating in activities during World Breastfeeding Week.

The Pregnancy and Breastfeeding Services team remains committed to improving services in our region and continuing their work into the future.
Fifty years of vaccine progress

Vaccine development has exploded in the last 50 years.

In the 1960’s and ’70’s, most people were immunized against many diseases that have since been eradicated or nearly done away with, such as Polio, Diphtheria, Pertussis and Tetanus.

As time has passed, vaccinations have further developed to meet the needs of a changing world. A child born in 2019 will be vaccinated against meningococcal meningitis, pneumococcal disease, varicella (chickenpox), Hepatitis B, Human papillomavirus (HPV), haemophilus influenza type B, rotavirus and influenza.

One of the new vaccines provided by Public Health is the Human Papillomavirus (HPV) vaccine which has been publicly funded since 2007. At that time, it was funded for all Grade 8 female students. Public Health immunized 42 per cent of Grade 8 girls in the region the first year the vaccine was available.

In the 2017-18 school year, Public Health immunized almost 63 per cent of all Grade 7 male and female students. Increasing HPV immunization rates is important as HPV infection is a leading cause of cervical cancer in women and other cancers in men.

The Province requires all students be immunized, or exempted against nine vaccine preventable diseases to continue attending school. Each year, Region of Waterloo Public Health nurses and information assistants assess the records for approximately 88,000 students.

In the 2017-2018 school year, Public Health provided 15,563 warning letters for students who were not up-to date with immunizations and was able to resolve over 90 per cent of those, suspending only 1,539 students. By maintaining high rates of immunization in schools, Public Health is protecting the school community and all residents from infectious and potentially dangerous disease outbreaks.
Placarding of private dwellings by Public Health: A retrospective view

Until the late 1980’s, Public Health was involved in the investigation and placarding of private homes found to be unfit for human habitation. A placard was the notice posted on the home indicating it was not fit for people to live in.

Typically, Public Health would start an investigation at a private residence after receiving a potential health hazard complaint from a member of the public or community agency. Conditions that could result in the posting of a placard included:

- rodent infestations
- hoarding of food and garbage
- non functioning or unsafe water supply
- no working plumbing
- a malfunctioning septic system

Before placarding a dwelling, public health inspectors worked with community partners to ensure those affected had a place to be rehoused.

Although the authority to placard still exists, it has not been used in Waterloo Region in recent decades. Other ways to ensure better housing conditions have been put in place, such as the enforcement of local building and by-law requirements and fire prevention regulations.

There has also been an increased public awareness related to mental health and elder care and much advocacy work has been undertaken by community support agencies to assist vulnerable people who wish to live independently.

Currently, Public Health focuses its efforts on investigation, assessment and response to potential health hazards in the community. Some recent investigations have included working with municipal partners to proactively deal with threats posed by flooding, extreme heat and cold response, as well as providing mould and radon awareness information to homeowners.
Food Premises Inspection Disclosure System

Fifty years ago, food service inspection reports were not as easily accessible as they are today. Public Health has been a leader and innovator when it comes to disclosing public health inspection information.

Access to health unit inspection information from places where food is sold was slow 50 years ago and usually required a written request.

Since 1990, charges and closure orders for food service locations have been reported through the Region of Waterloo Community Services Committee. Region of Waterloo Public Health was at the forefront in providing this type of information in Ontario.

A phone-in system for getting inspection information was added to the services provided to the public in the early 2000’s. Information on food service inspection results was provided through a “hotline” by a public health inspector.

The most significant enhancement to the current disclosure system was implemented in February 2004 with the launch of the Food Inspection Reports website. The site allowed large volumes of routine food service inspection results to be publicly viewed in a timely manner. Region of Waterloo Public Health was the second health unit in Ontario to provide this type of comprehensive information on the web.

Over the years, the disclosure system has been updated and re-branded. Public Health later expanded the health inspection reporting website to include beauty and body art businesses as well as public pools and hot tubs. The disclosure system is now known as “Check it! We inspect it.” In 2018, Region of Waterloo Public Health conducted a total of 8,473 inspections and re-inspections that can be easily viewed on the website. These inspections include food service, public pools and spas as well as beauty and body art facilities.

Other health units in Ontario have followed the lead set by the Region of Waterloo, and since July of 2018, Ontario Health Units are now mandated to disclose inspection results to the public.
Waterloo Region Opioid Response Plan and Special Committee

The opioid crisis is a national, provincial and local issue. Waterloo Region is a caring community committed to working together to respond to the opioid crisis. Over the last two years, more than 130 members of our community have died from opioid overdose.

The effects of opioid use are felt throughout our community by residents, first responders and service providers, but the burden is especially carried by those who use substances or have friends or family members struggling with addiction. In response to the crisis, Public Health has been mandated by the Ministry of Health and Long Term Care to improve local opioid response capacity and initiatives.

In the past, it was difficult to track usage numbers for opioids and other substances because collecting information depended on community reporting. Fast forward a few years. Public Health has developed new strategies to help paint a clearer picture of usage numbers. One of those strategies was to begin using 911 call data as a better way to collect information. The data collected from emergency calls related to opioid usage helps provide Public Health and the community with more recent and reliable data.

In 2018, community leaders formed a special committee to develop an opioid response plan that builds on the work of the Waterloo Region Integrated Drugs Strategy.

Through stakeholder and committee consultation, nine strategies were identified as priorities for the Waterloo Region Opioid Response Plan. Among these, three were prioritized for initiation in 2019. These were:

- Supportive Housing for People Who Use Substances
- Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive (ACCESS to) Care for People Who Use Substances
- Waterloo Region – Youth Engagement Strategy

The next steps for the three strategies include the identification and establishment of stakeholder working groups and development of action plans, timelines and indicators of success. A critical step is finding ways to better align with existing opportunities and partners in our community and advocating for more or better access to services where needed.
History of Paramedic Services

The foundation of Paramedic Services in our community can be traced back to long before the year 2000. This was when the locally-run ambulance services were amalgamated under the Region of Waterloo and Emergency Medical Services (EMS) was officially formed.

Fifty years ago, pre-hospital and emergency care was provided by the Cambridge Memorial Hospital Ambulance Service and the Kitchener Waterlool Regional Ambulance Service.

These two small services were operated by the Ministry of Health, along with a local private owner/operator and provided ambulance coverage in the Cities of Cambridge, Kitchener, Waterloo and the surrounding townships while paving the way for the paramedic profession in the region.

In the early days, paramedics had basic first aid training and were viewed more as ‘ambulance drivers’ who would often multi-task, providing porter support in the hospitals and assisting with hospital duties between calls. Over time, patient transport alone was not meeting the needs of the growing community and the service began to evolve, taking steps towards becoming the health care professionals that our paramedics are known to be today.

Some of this evolution began in 1995 with defibrillation and symptom relief being added to paramedics’ responsibilities across the province as a result of the Ontario Prehospital Advanced Life Support Study (OPALS), which also recommended adding six basic medications along with defibrillation as a foundational part of the skill set of paramedics.

At this time five local paramedics also trained with Metro Ambulance (Toronto) to become the first advanced care paramedics in the region. These paramedics brought advanced life support to the field and improved out-of-hospital care. The future of patient care was built upon the skills and mentorship of these five individuals as the next generation of paramedics would continue to further their education and training in advanced life support.

Beyond the year 2000, when ambulance services became part of the Region of Waterloo, the service and skill set of the paramedics continued to grow to meet local demand, while also continuing to focus on improved access to...
care for patients in the community. Region of Waterloo EMS became one of the first services in the province to partner with the local cardiac centre at St. Mary's Hospital in order to improve rapid access to care for cardiac patients through advanced training and education for all paramedics. Paramedics were also trained in early recognition of stroke symptoms in order to expedite transport to Grand River Hospital, our local stroke centre and ensure the best possible outcomes for stroke patients.

As a patient-focused approach continues in the region, paramedics strive to find new ways to effectively provide care to their patients while enhancing their own skill set. As a reflection of this approach, EMS was renamed “Paramedic Services” in 2014, a name that better represents the training and expertise as well as the health care services being provided by paramedics.

In 2018, the services took on a pilot project that aimed to meet non-emergent patients where they are at in their own health care needs. The Community Paramedicine program was established to connect high users of 911 with more appropriate care pathways away from our local emergency departments, furthering the skills our paramedics can bring to the community.

The past 50 years has brought significant changes to the prehospital care environment. Region of Waterloo Paramedic Services will continue to provide ‘excellence in patient care’ as the profession continues to develop through education and enhanced approaches for alternatives to acute pre-hospital care.
**Public Health and Emergency Services in numbers**

### Budget overview

#### 2018 operating budgets

- **Emergency Medical Services**: $33,864,000
- **Cost Shared Mandatory Programs**: $28,689,699
- **Healthy Babies Healthy Children**: $2,864,743
- **Infant Development Program**: $1,125,340
- **Healthy Smiles Ontario**: $981,000
- **Infectious Diseases Prevention & Control**: $832,449
- **Tobacco Programs**: $575,502
- **Vector Borne Diseases**: $313,665
- **Other**: $2,051,308

**Total Budget**: $71,297,706

### 2018 Staffing

- **Public Health**: 293.9 FTE*
- **Emergency Medical Services**: 218.7 FTE
- **Total 2018 Staffing**: 512.6 FTE

### 2018 Sources of funding

- **Provincial Funding (43.2M)**: 61%
- **Regional Tax Levy & Reserves (27.4M)**: 38%
- **Other (0.7M)**: 1%

### 2017 Sources of Funding by Program

- **Cost Shared Mandatory Programs**
- **Emergency Medical 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**

As required by the Ministry of Health and Long Term Care (MOHLTC), Region of Waterloo Paramedic Services is responsible for the development of a patient-focused Response Time Performance Plan (RTPP). This plan measures 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 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) for 2018. 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.

<table>
<thead>
<tr>
<th>Type of call</th>
<th>Response time target</th>
<th>Approved 2018 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</td>
<td>324</td>
<td>714</td>
<td>45%</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>577</td>
<td>785</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>7,199</td>
<td>8,758</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>17,015</td>
<td>20,706</td>
<td>82%</td>
</tr>
<tr>
<td>CTAS* 4</td>
<td>Paramedic Services response in 12 minutes or less</td>
<td>80% or better</td>
<td>7,208</td>
<td>8,654</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>2,021</td>
<td>2,510</td>
<td>81%</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
- **957** Registrations for the Gift of Motherhood online prenatal program
- **962** Early breastfeeding contacts (includes home visits, clinic and telephone contacts)
- **845** Families who were provided service by Infant and Child Development Program
- **244** Calls to citizens about their private well water results

### Communicating With Us
- **733** Calls to Child and Family Health programs
- **5,207** Calls related to environmental health programs

### At School
- **16,160** JK, SK and Grade 2 students screened for oral health
- **8.3%** of children screened were in need of urgent dental treatment
- **31** Schools supported with implementation of the Healthy Schools Approach

### At Work
- **48** Charges laid on food premises
- **8** Food premises closures
- **216** Occurrences where food products were seized and destroyed
- **680** Routine inspections and re-inspections of recreational water premises (pools, wading pools, splash pads, water slide receiving basins, spas and whirlpools)
- **100%** of refrigerators that store publicly funded vaccine inspected by Public Health
- **97.1%** Tobacco retailers compliant with the Smoke Free Ontario Act
- **1,262** Tobacco inspections including routine inspections of workplaces/public places and tobacco vendors
## Paramedic Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in vehicle responses since 2010</td>
<td>20,200</td>
</tr>
<tr>
<td>Vehicle responses</td>
<td>55,689</td>
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</table>

## In Our Community

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Healthy Babies Healthy Children screens</td>
<td>4,072</td>
</tr>
<tr>
<td>Families confirmed with risk through In-Depth Assessment for Healthy Babies Healthy Children</td>
<td>429</td>
</tr>
<tr>
<td>Local community partners supported to implement 2016 Fall Prevention Month Campaign</td>
<td>16</td>
</tr>
<tr>
<td>Home safety checklists distributed to older adults at-risk for falls</td>
<td>1,285</td>
</tr>
<tr>
<td>Community garden plots at gardens across Waterloo Region</td>
<td>1,532</td>
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<tr>
<td>People reached by community nutrition workers and peer health workers</td>
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<tr>
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<tr>
<td>100% of Invasive Group A Streptococcal cases where case investigation was initiated the same business day the case was reported</td>
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<tr>
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### Public Health and Emergency Services in numbers

- **Vehicle responses:** 55,689
- **Increase in vehicle responses since 2010:** 20,200
- **Emergency calls (code 4) reached within 8 minutes 45 seconds or less from time of ambulance dispatch:** 80%
- **Ambulances and Response Vehicles operated from ten stations:** 38
- **Visits to Public Health’s Cambridge and Waterloo sexual health clinics:** 8,002
- **Public Access Defibrillators provided:** 482
- **Rabies investigations:** 1,297
- **Sites treated (catch basins, natural sites, and storm water management ponds) to prevent vector-borne disease:** 108,214
- **Visits to dental, immunization, sexual health, and tuberculosis clinics:** 16,000
- **Visits to Public Health dental clinics:** 2,508
- **Visits to the tuberculosis skin test clinics (for testing):** 286
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- **Rabies investigations:** 1,297
- **Sites treated to prevent vector-borne disease:** 108,214
Public Health and Emergency Services continues to strive to ensure we are meeting the health needs of our changing and growing community.

Dr. Hsiu-Li Wang
Acting Medical Officer of Health
Region of Waterloo Public Health and Emergency Services
The past 50 years of Public Health

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