Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, October 24, 2017

9:00 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

1. **Declarations of Pecuniary Interest under the Municipal Conflict Of Interest Act**

2. **Delegations**

   2.1. Michael Beazely, Chair, Waterloo Region Integrated Drugs Strategy and Lindsay Sprague, Coordinator, Waterloo Region Integrated Drugs Strategy Re: **PHE-IDS-17-09**, Waterloo Region Supervised Injection Services Feasibility Study Update (Staff Presentation) (Information)

   2.2. Michael Hackbusch, Chaplaincy Director, House of Friendship and Eric Goldberg, Executive Director, Kitchener Downtown Community Health Centre Re: **CSD-EIS-17-14**, Ontario Works Discretionary Benefits Budget

   **Recommendation:**

   That the Regional Municipality of Waterloo approve the following changes to the Ontario Works Discretionary Benefits (OWDB) Program budget effective January 1, 2018:

   1. Enhance customer service by offering services in a variety of locations in closer proximity to participants which will allow a reallocation of $100,000 from bus tickets to other OWDB expenditures;

   2. Discontinue furniture and appliance repairs and purchases allowing for alternative OWDB expenditures of $100,000; and
3. Realign budget for Interpreter Services to “Cost of Administration”.

That a request for an additional $235,000 in ongoing Regional funding be referred to Budget Committee of the Whole for consideration as described in Report CSD-EIS-17-14 dated October 24, 2017.

2.3. Chris Cowie, Executive Director, Community Justice Initiatives Re: Restorative Practice

2.4. The Food Assistance Network

   a) Pat Singleton, Executive Director, Cambridge Self Help Food Bank
   b) Wendi Campbell Executive Director, The Food Bank of Waterloo Region

2.5. Family Outreach Program Update

   a) John Neufeld, Executive Director, House of Friendship
   b) Leah Reesor-Keller, Family Outreach Program Manager, House of Friendship

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Consent Agenda Items

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

3. Request to Remove Items from Consent Agenda

4. Motion to Approve Items or Receive for Information

4.1. CSD-CHS-17-15, 2018 Provincial Budget Approval for Ontario Early Years Child and Family Centres

Recommendation:

That the Regional Municipality of Waterloo take the following actions with respect to Ontario Early Years Child and Family Centres as outlined in Report CSD-CHS-17-15 dated October 24, 2017:

1. Authorize the Commissioner, Community Services, to execute such agreements and documentation necessary with the Ministry of Education, upon terms and conditions acceptable to the Regional Solicitor, as may be required to advance funding
for Ontario Early Years Child and Family Centres;

2. Enter into service agreements for the period January 1, 2018 to June 30, 2018 with the following agencies for the ongoing provision of early years services:
   a. Kitchener-Waterloo Young Men’s Christian Association;
   b. Our Place Family Resource and Early Years Centre; and
   c. Cambridge Family Early Years Centre; and

3. Authorize the Commissioner, Community Services to determine local funding allocations and execute agreements in a form satisfactory to the Regional Solicitor, to ensure funding for this program is fully utilized.

4.2. CSD-CHS-17-13, Child Care Fee Subsidy Waitlist Update (Information)

4.3. PHE-HPI-17-08, Quarterly Charged/Closed Food Premises Report (Information)

4.4. PHE-CFH-17-02, NutriSTEP® Screening: Ministry of Health and Long-Term Care Accountability Indicator Update (Information)

4.5. PHE-IDS-17-08, Influenza – Previous Season Summary and 2017-2018 Plan (Information)

Regular Agenda Resumes

5. Reports – Public Health and Emergency Medical Services

5.1. PHE-17-06, Response to the Report of the Minister’s Expert Panel on Public Health

Recommendation:

That the Regional Municipality of Waterloo take the following actions in response to the Report of the Minister’s Expert Panel on Public Health:

(a) Advise the Premier and the Minister of Health and Long Term Care (MOHLTC) that the Region of Waterloo supports the current fully-integrated approach to Public Health delivery in Waterloo Region;
(b) Advise the Premier and the MOHLTC that the Region of Waterloo does NOT support the recommendations of the Expert Panel, and urge the government not to adopt the Expert Panel recommendations;
(c) Endorse Report PHE-17-06 as the Region of Waterloo’s response
to the consultation regarding the report of the Minister’s Expert Panel on Public Health;

(d) Endorse The Association of Municipalities of Ontario’s position which also opposes the recommendations of the Minister’s Expert Panel on Public Health; and

(e) Forward a copy of this report to the Premier of Ontario, the Minister of Health and Long Term Care, all local MPPs, the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies (alPHa), the other 35 Boards of Health in Ontario and the Waterloo-Wellington Local Health Integration Network (LHIN).

Reports – Planning, Development and Legislative Services

5.2. PDL-CUL-17-09, Selection of Final Public Art Projects for the ION LRT

Recommendation:

That the Regional Municipality of Waterloo approve the final design and budget for the following public artworks within the ION LRT corridor: The Passenger by Brandon Vickerd as part of the Research and Technology Stop Improvements; Arras by Lauren Judge and Elana Chand as part of the Fairway Transit Driver’s Facility; and Fabric of Place by Lilly Otasevic as a pedestrian area enhancement at the Albert McCormick Community Centre crossing as outlined in Report PDL-CUL-17-09 dated October 24, 2017.

6. Information/Correspondence

6.1 Council Enquiries and Requests for Information Tracking List

7. Other Business

8. Next Meeting – November 14, 2017

9. Adjourn
Region of Waterloo
Public Health and Emergency Services
Infectious Diseases, Dental, and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: October 24, 2017  File Code: P25-20
Subject: Waterloo Region Supervised Injection Services Feasibility Study Update

Recommendation:

For information.

Summary:

This report updates Regional Council on the plan for a feasibility study for supervised injection services in Waterloo Region.

On June 6, 2017, Community Services Committee endorsed Public Health’s recommendation to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised injection services (refer to Report PHE-IDS-17-04). Supervised injection services have been a life-saving harm reduction intervention in multiple countries and a promising strategy for areas where problematic substance use is evident.

In order to operate a supervised injection service location, a federal exemption under the Controlled Drugs and Substances Act (CDSA) must be obtained. The application for an exemption requires organizations to provide detailed information regarding the expected public health benefits of a site, administrative structures supporting site operations, and a community consultation report.

Explicitly, the federal application for exemption states that applicants must provide a report summarizing consultations which are to be held with a broad range of stakeholders. The report must contain:

- A summary of the views of those groups on the proposed activities at the site;
- Copies of all written submissions received; and,
A description of the steps that will be taken to address any relevant concerns that were raised during consultations.

To obtain the information necessary for the application, a multi-pronged feasibility study is required. In partnership with the Waterloo Region Integrated Drugs Strategy, Region of Waterloo Public Health and their community partners have developed methodology for Waterloo Region that includes consultation with a wide array of stakeholders in the community including a public survey. Information gathered through these consultations will be essential to moving forward with supervised injection services in Waterloo Region.

This report provides an overview of the proposed methodology to explore the feasibility of supervised injection services in Waterloo Region and will focus on the community consultation component, which includes:
- A survey with people who inject drugs;
- Key informant interviews with harm reduction services providers;
- Information and consultation sessions with priority community groups; and
- A community survey for residents of Waterloo Region.

The study will provide information about whether supervised injection services would be used by citizens of Waterloo Region, and how the services can address current substance use issues such as overdose, both fatal and non-fatal; access to harm reduction services; access to health care; and improper needle disposal. If supervised injection services are considered feasible, the findings will also inform potential locations for these services. In Ontario, safe injection services must be integrated with other harm reduction services as opposed to being stand-alone sites. Concerns raised through the consultation will be addressed through a mitigation plan to support implementation.

Findings of the study along with recommended next steps will be brought back to Council in January 2018.

In addition, on November 14, 2017, an update on the overall Harm Reduction and Opioid Response Strategy will be provided to Council.

Report:

Background

On June 6, 2017, Community Services Committee endorsed Public Health’s request to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised injection services. The request from Public Health along with community partners was in response to the rising number of overdose deaths in Waterloo Region (refer to Report PHE-IDS-17-04).
In 2016, the Federal Minister of Health and the Ontario Minister of Health provided a joint statement of action to address the opioid crisis. This statement reflects a combined commitment to action by Health Canada, ministries, departments, provinces, colleges of physicians & surgeons, pharmacies, and related associations, who are aware of the crisis and are committed to improving prevention, treatment and harm reduction associated with problematic opioid use (Health Canada, 2016). The statement includes support for a range of tools and harm reduction measures for communities, including supervised injection services. Specifically, the statement addresses removing undue legislative barriers, support for the application process, and keeping the public up to date on the status of applications that have been submitted. In recognition of the need for timely solutions, the Ontario Ministry of Health and Long-Term Care has not only identified supervised injection services as an important part of a comprehensive harm reduction strategy to address substance use (see Attachment 2 for Supervised Injection Services Policy Framework from the Ministry of Health and Long-Term Care), but has also committed efforts to expedite the review and approval process for supervised injection services funding applications.

Supervised injection services and supervised injection sites are used interchangeably to describe a legally-sanctioned, medically-supervised facility where individuals are able to consume illicit recreational drugs intravenously. In Ontario, safe injection services must be integrated with other harm reduction services which at a minimum must include first aid, education on safer injection, provision (and disposal) of sterile injection supplies, distribution of naloxone, and referrals to other health and social services.

The goals of supervised injection services are:

- To reduce rates of non-fatal overdose and overdose-related deaths, and associated ambulance calls and health care utilization;
- To reduce rates of drug-related transmission of blood-borne infections among people who inject drugs (i.e. viral hepatitis and HIV);
- To decrease the rates of acute health complications that are related to injection drug use (i.e. soft tissue infections, infective endocarditis);
- To improve uptake of, and access to, health and care services among people who inject drugs;
- To improve knowledge of harm reduction practices and use of sterile harm reduction equipment among people who inject drugs;
- To improve knowledge and uptake of, and access to, drug treatment services, including recovery oriented programs and a range of opioid agonist treatments, including injectable therapies; and
- To reduce drug use in public or semi-public spaces, including inappropriately discarded injection equipment and related litter.

In order to provide supervised injection services, both federal and provincial approval
must be granted. Such applications are in place to ensure that the location is being developed for medical purposes and that community impact has been considered.

**Federal Application for Exemption and Provincial Application for Funding**

To operate legally in Canada, supervised injection services require an exemption under Section 56 of the *Controlled Drugs and Substances Act (CDSA)*, granted by the Federal Minister of Health. The application for exemption requires the applicant to provide information regarding the intended public health benefits of the site and any available information related to:

- Local conditions indicating a need for the site;
- Impact on crime rates;
- Administrative structure in place to support the facility;
- Resources available to support its maintenance; and
- Expressions of community support or opposition.

Explicitly, the federal application for exemption states that applicants must provide a report of the consultations held with a broad range of stakeholders. The consultation report must include:

- A summary of the views of those groups on the proposed activities at the site;
- Copies of all written submissions received; and
- A description of the steps that will be taken to address any relevant concerns that were raised during consultations.

In 2017, exemptions were provided to Toronto for three supervised injection service locations and to Ottawa for one location. Once an exemption has been granted, an application for funding may be submitted to the Ministry of Health and Long-Term Care. The provincial application is similar to the federal application; however, the provincial application has a stronger emphasis on the cost to developing and operating the service.

Multiple cities across Canada are considering supervised injection services including London, Hamilton and Thunder Bay. These jurisdictions have been consulted and provided valuable guidance and support to develop methodology to explore the feasibility of supervised injection services in Waterloo Region.

**Waterloo Region Supervised Injection Services Feasibility Study**

The purpose of the feasibility study is:

- To determine the demand for supervised injection services in Waterloo Region;
- To determine the extent to which supervised injection services are seen as helpful to Waterloo Region by the broader community;
• To uncover any concerns the community may have about supervised injection services being implemented in Waterloo Region;
• To determine the extent to which supervised injection services are judged as suitable, satisfying, or attractive to program deliverers and intended users;
• To determine the extent to which supervised injection services can be integrated within existing harm reduction services in Waterloo Region;
• To determine the extent to which harm reduction services in Waterloo Region can be enhanced to provide supervised injection services; and
• To determine potential locations for supervised injection services that are accessible to the intended users and ensure safety for staff, intended users, and neighbourhood residents and business owners.

Community Consultation Plan

In August 2017, Public Health invited members of the Harm Reduction Coordinating Committee as well as additional key stakeholders in the community to be part of a Supervised Injection Services Feasibility Work Group. The group is comprised of Public Health staff; harm reduction services providers, community service providers, housing representatives, Waterloo Regional Police Services, and members of the community with lived experience (See Attachment 1 for a complete membership list).

The study proposal outlines a mixed methods approach that will be used to reach a broad cross-section of stakeholders in the community. Every resident (defined as people who live, work or go to school) of Waterloo Region will have an opportunity to participate in the study in some way. Table 1 summarizes the five consultation methods that will be used and the intended target group.

Table 1: Overview of consultation plan

<table>
<thead>
<tr>
<th>Method</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>1. In-person survey with people who inject substances</td>
<td>People who have injected substances in the last 6 months</td>
</tr>
<tr>
<td>2. Key informant interviews</td>
<td>Harm Reduction service providers</td>
</tr>
<tr>
<td>3. Interest group consultation sessions</td>
<td>Interest Groups – those with a vested interest in the community response to the opioid crisis and may be affected in some way by the presence of supervised injection services</td>
</tr>
<tr>
<td>4. Impact group consultation sessions</td>
<td>Impact Groups – those who live, work, or go to school in the neighbourhood of potential supervised injection service locations</td>
</tr>
</tbody>
</table>
The five methods for community consultation are described below.

1. In-person surveys with people who inject drugs\(^1\).

In-person surveys with people who inject drugs will be conducted to gain first person insight into whether supervised injection services are needed in Waterloo Region, and the conditions under which they would be used (hours, locations, policies). Participants will also be asked about other services that should be available alongside safe injection services.

Surveys will be administered by community researchers hired and trained by Public Health. The survey will include questions about demographics, injection drug use, supervised injection services, overdose history, and history of drug treatment. To be eligible, participants must be current injection drug users\(^2\), residents of Waterloo Region, and be 16 years of age or older. Participants will be recruited through agencies that serve people who use substances.

2. Key informant interviews with persons who work for organizations that provide harm reduction services.

Key informant interviews will be conducted with harm reduction service providers in Waterloo Region. These interviews will be conducted by Public Health and will seek to understand the extent to which supervised injection services are needed in Waterloo Region. Participants will also be asked to comment on what a supervised injection service location may look like, services that could be offered alongside safe injection services, and the impact supervised injection services may have on the community. The following is a list of organizations that provide harm reduction services in Waterloo Region, such as the needle syringe program, or other substance use-related services. Staff from these organizations will be invited to participate in an interview.

- AIDS Committee of Cambridge, Kitchener, Waterloo and Area
- Sanguen Health Centre
- oneROOF Youth Services
- Bridges
- Region of Waterloo Public Health
- Opioid Replacement Therapy clinics
- The Working Centre

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\(^1\) A person who uses a hypodermic to administer drugs, usually illegally (e.g., heroin, methamphetamines)

\(^2\) Have injected drugs in the last six months
• St. John’s Kitchen
• Grand River Hospital Withdrawal Management
• Ontario Addiction Treatment Centres and Towards Recovery
• KW Counselling
• St. Mary’s Counselling Service
• Ray of Hope

3. Consultation sessions with interest groups

Through consultation, key interest groups will be invited to share their input on supervised injection services for Waterloo Region. Interest groups are defined as those with a vested interest in the community response to the opioid crisis and may be affected in some way by the presence of supervised injection services. At the consultation sessions, participants will be provided with information about supervised injection services; and will be asked questions about how supervised injection services can address current substance use issues in Waterloo Region as well as their concerns and how those may be addressed. Participants will also be asked questions to inform potential locations for supervised injection services in Waterloo Region. The following groups were identified by the work group as potential priority groups for a consultation session.

• Regional and Municipal Councils
• Police, Fire, and Paramedic Services
• Local Health Integration Network (LHIN)
• Emergency Shelter Providers, Housing Support
• Kitchener Downtown Stakeholders’ Group
• Cambridge Community Task Force
• Business Improvement Areas
• Cambridge Fair Share
• Hospitals
• Canadian Mental Health Association, Lutherwood
• Foodbanks/Food distribution
• Priority groups experiencing barriers to services

4. Consultation Sessions with impact groups

Impact groups are defined as groups who live, work, or go to school in the neighbourhood of potential supervised injection service locations. Actual impact groups will be determined after geographic locations for supervised injection services have been narrowed down (i.e. through findings from the surveys with people who inject substances and key informant interviews). Similar to the sessions for interest groups, at the consultation sessions, participants will be provided with information about
supervised injection services; and will be asked questions about how supervised injection services can address current substance use issues in Waterloo Region, as well as their concerns and how those may be addressed.

5. Online survey with residents of Waterloo Region.

An online survey will be available for all residents of Waterloo Region to share their thoughts about supervised injection services being available as part of a comprehensive harm reduction strategy in Waterloo Region. Participants will be provided with a description of supervised injection services, including the purpose and goals, and will be asked questions about supervised injection services as a strategy for Waterloo Region to keep people who use drugs to stay alive, safe, and healthy.

Eligibility criteria to complete the online survey include being a resident of Waterloo Region (live, work, or go to school in the region) and being 16 years of age or older. The survey will be promoted to the public in a variety of ways, including social media, the Region of Waterloo website, and traditional media.

Timeline

Collection of information will begin October 25th, 2017. Table 2 outlines the projected data collection period and significant milestones for the project.

Table 2. Estimated Timelines

<table>
<thead>
<tr>
<th>Supervised Injection Services Feasibility Study</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Ethics Board Approval of Study</td>
<td>October 13</td>
</tr>
<tr>
<td>Presentation to Community Services Committee</td>
<td>October 24</td>
</tr>
<tr>
<td>Data Collection (community consultation)</td>
<td>October 25 – December 4</td>
</tr>
<tr>
<td>Data analysis and report writing</td>
<td>November 27 – December 29</td>
</tr>
<tr>
<td>Presentation of findings to Community Services Committee</td>
<td>January 2018</td>
</tr>
</tbody>
</table>

The information collected in this study will be used to determine the feasibility of supervised injection services for Waterloo Region to reduce morbidity and mortality associated with injection drug use. In particular, the study will provide information about whether supervised injection services would be used by residents of Waterloo Region, and how the services might impact current substance use issues such as overdose, both fatal and non-fatal; access to harm reduction services; access to health care; and improper needle disposal. If considered feasible, the findings will also inform proposed locations. Concerns raised through the consultation will be addressed through a mitigation plan to support implementation.
Findings of the feasibility study and recommended next steps will be presented to Community Services Committee in January 2018.

**Ontario Public Health Standards:**
Harm reduction planning, program and service provision relates to requirements 11 and 12 in the Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV) Standard.

**Corporate Strategic Plan:**
This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

**Financial Implications:**

The Ministry of Health and Long-Term Care provides 100 per cent funding ($125,000 annually) for needle syringe programs, primarily equipment, supplies and disposal. In June 2017, the Ministry provided an additional $250,000 to the 100 per cent base funding to support the addition of staff positions for new and expanded local opioid response initiatives (refer to Report PHE-IDS-17-06).

Additionally, planning and other supports provided by Region of Waterloo Public Health are covered under the department’s existing cost-shared base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

If applications are approved, the Ministry of Health and Long-Term Care would provide operational and capital investment funding for supervised injected services.

**Other Department Consultations/Concurrence:**

Members of the Supervised Injection Services Feasibility Work Group including Region of Waterloo Community Services, Housing Services (see Attachment 1) contributed to, and were consulted on, the contents and finalization of the study methodology.

**Attachments**

Attachment 1 – Supervised Injection Services Feasibility Work Group Membership

Attachment 2 – Ministry of Health and Long-Term Care Supervised Injection Services Policy Framework

**Prepared By:** Alyshia Cook, Health Promotion and Research Analyst (IDS)
## Attachment 1 – Supervised Injection Services Feasibility Work Group
### Membership

<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brad Berg</td>
<td>Work group member</td>
<td>Region of Waterloo Housing Services, Community Services</td>
</tr>
<tr>
<td>Grace Bermingham</td>
<td>Project Manager</td>
<td>Public Health</td>
</tr>
<tr>
<td>Marian Best</td>
<td>Work group member</td>
<td>Simcoe House/Bridges</td>
</tr>
<tr>
<td>Ruth Cameron</td>
<td>Work group member</td>
<td>AIDS Committee of Cambridge, Kitchener, Waterloo &amp; Area</td>
</tr>
<tr>
<td>Natasha Campbell</td>
<td>Work group member</td>
<td>Community member</td>
</tr>
<tr>
<td>Alyshia Cook</td>
<td>Project Lead/Chair</td>
<td>Public Health</td>
</tr>
<tr>
<td>Aaron Fisher</td>
<td>Work group member</td>
<td>Community member</td>
</tr>
<tr>
<td>Arianne Folkema</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Stephen Gross</td>
<td>Work group member</td>
<td>Kitchener Downtown Community Health Centre</td>
</tr>
<tr>
<td>Shirley Hilton</td>
<td>Work group member</td>
<td>Waterloo Regional Police Services</td>
</tr>
<tr>
<td>Linda Jutzi</td>
<td>Work group member</td>
<td>Kitchener Downtown BIA</td>
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<tr>
<td>Lindsay Klassen</td>
<td>Work group member</td>
<td>House of Friendship</td>
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<tr>
<td>Kathy McKenna</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Eve Nadler</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Jeff Spence</td>
<td>Work group member</td>
<td>Ontario Addiction Treatment Centres</td>
</tr>
<tr>
<td>Violet Umanetz</td>
<td>Work group member</td>
<td>Sanguen Health Centre</td>
</tr>
</tbody>
</table>
Attachment 2 – Ministry of Health and Long-Term Care Supervised Injection Services Policy Framework

**SIS POLICY FRAMEWORK**

The policy framework outlines the policy goal and objectives, key elements of focus, and anticipated outcomes guiding the development and implementation of the provincial SIS program:

<table>
<thead>
<tr>
<th>Goal: To reduce the harms associated with injection drug use in Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
</tr>
<tr>
<td>• Reduce the rates of infectious diseases associated with injection drug use</td>
</tr>
<tr>
<td>• Reduce the risk of overdose morbidity and mortality associated with injection drug use</td>
</tr>
<tr>
<td>• Expand access to provincial harm reduction programs</td>
</tr>
<tr>
<td>• Link vulnerable populations to other health and social services as appropriate</td>
</tr>
<tr>
<td>• Decrease public consumption of illicit drug use</td>
</tr>
<tr>
<td><strong>Key Elements</strong></td>
</tr>
</tbody>
</table>

1. **Need and Community Engagement**
   - SIS are situated within communities in the province where there is a demonstrated need and demand for supervised injection services

2. **Capacity**
   - Local health organizations that operate SIS have the capacity to provide supervised injection services effectively and efficiently

3. **Integration**
   - Supervised Injection Services are integrated with other harm reduction and health services

4. **Accessibility**
   - SIS are accessible to those who need them based on prevalence of injection drug use, and accessible to those with disabilities.

**Outcomes**

- Safer injecting behaviours
- Increased number of injection drug users connected to integrated services
- Increased number of injection drug users entering treatment
- Decreased incidents of injection drug related overdose
- Decreased burden on health care system
- Reduced drug-related transmission of infectious disease

**Key Indicators**

- Drug use and crime data
  - Public illicit use
  - Crime rates in vicinity of SIS
- SIS service usage
  - Frequency of use
  - Services offered
  - Reasons for using services
- Service referrals
  - Health services
  - Social services
- EMS callouts
  - For injection drug overdoses
- Overdose data
  - Cases treated
  - Fatal incidents
- Hospital data
  - Overdose related ER visits
  - Overdose related hospital admissions
- Infectious Disease
  - Risky injecting practices
  - Sexual transmission
Region of Waterloo
Community Services
Employment and Income Support

To: Chair Lorentz and Members of the Community Services Committee

Date: October 24, 2017
File Code: S14-20

Subject: Ontario Works Discretionary Benefits Budget

Recommendation:

That the Regional Municipality of Waterloo approve the following changes to the Ontario Works Discretionary Benefits (OWDB) Program budget effective January 1, 2018:

1. Enhance customer service by offering services in a variety of locations in closer proximity to participants which will allow a reallocation of $100,000 from bus tickets to other OWDB expenditures;
2. Discontinue furniture and appliance repairs and purchases allowing for alternative OWDB expenditures of $100,000; and
3. Realign budget for Interpreter Services to “Cost of Administration”.

That a request for an additional $235,000 in ongoing Regional funding be referred to Budget Committee of the Whole for consideration as described in Report CSD-EIS-17-14 dated October 24, 2017.

Summary:
Nil

Report:

On August 22, 2017, Community Services Committee (CSC) received report CSD-EIS-17-09 and directed staff to work with a sub-committee of Councillors to finalize a budget for the OWDB program for 2018 and beyond.

The sub-committee met on September 20, 2017. Members discussed a variety of options for reducing costs in the areas of food hampers, funerals, bus tickets, interpreter
services, furniture and appliance repair, eviction prevention and energy arrears. Councillors shared additional input from community members and staff shared lessons learned from other municipalities. Members of the sub-committee also discussed the value of supporting people with their employment goals which enables them to become self-sufficient, improve quality of life and reduce the need for programs such as the OWDB (see report CSD-EIS-17-13 on the EIS Modernization Project for further details).

Following a review of all research and data collected by staff, as well as further community input collected by Councillors, the sub-committee is recommending the following:

**Table 1. Sub-Committee Recommendations**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve customer service by offering services in a variety of locations in closer proximity to participants reducing reliance on bus tickets (saving $100,000)</td>
<td>The Region is opening an OW service location in Kitchener and arranging more meetings in community centres or homes with OW participants, which will reduce the demand for bus tickets. Staff will monitor the impact of this approach on the OWDB budget over 2018.</td>
</tr>
<tr>
<td>Discontinue furniture and appliance repairs and purchases (saving $100,000)</td>
<td>The Region will no longer provide funds to households to cover furniture and appliance repair/purchase, except in emergency situations. This benefit item would be phased out over 2018 in consultation with community partners.</td>
</tr>
<tr>
<td>Realign the budget for “Interpreter Service” benefits to fall under the Ontario Works “Cost of Administration” (COA) to create spending capacity ($140,000) within the OWDB program budget.</td>
<td>Interpreter services would be realigned to fall under EIS Cost of Administration budget.</td>
</tr>
</tbody>
</table>

In addition, the sub-committee agreed that a Budget Issue Paper would be submitted through the 2018 budget process requesting an additional $235,000 to the base budget for the OWDB program. Sub-committee members agreed that the Region’s total contribution to the OWDB budget will be $1,735,000 including the requested budget issue paper increase. This would represent a cap on the funding available through the property tax levy for the OWDB program for 2018 and future years. Sub-committee members also agreed that staff would take the necessary measures to manage the program within this budget including service reductions to ensure program costs remain within the budget available.
Based on this recommendation, the total budget for 2018, including both the Regional and Provincial funds, will be $4.56 million ($1.735M Regional; $2.835M Provincial) if the budget issue for $235,000 is approved as part of the 2018 budget.

Quality of Life Indicators:

The OWDB includes a range of benefits that contribute to quality of life in various ways. Benefit items such as emergency dental services, dentures and eye glasses directly contribute to a person’s physical health; however, these benefits can also contribute to other quality of life indicators indirectly. For example, if an individual is able to become employed because the OWDB provided them with eye glasses, this will also improve self-sufficiency and economic well-being for the individual and their family.

Corporate Strategic Plan:

The provision of OWDB to social assistance recipients supports the Region's 2015-2018 Corporate Strategic Plan in Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.2 (to) mobilize efforts to reduce poverty and the impacts it has on Waterloo Region residents.

Financial Implications:

Under the recommended option, the total 2018 budget would be $4.56 million for the OWDB program. The financial implications of the recommended option are summarized below in Table 2, with additional detail available in Appendix A.

Table 2. Budget Impact

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Preliminary Demand Estimate</td>
<td>$4,900,000</td>
</tr>
<tr>
<td>Transfer Interpreter Fees to Administration Budget</td>
<td>(140,000)</td>
</tr>
<tr>
<td>Modify Bus Ticket Program</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Discontinue Furniture and Appliance Program</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Total program changes</td>
<td>$(340,000)</td>
</tr>
<tr>
<td>Revised Program Demand Estimate</td>
<td>$4,560,000</td>
</tr>
<tr>
<td>2018 Preliminary Budget</td>
<td>$4,325,000</td>
</tr>
<tr>
<td>Additional Budget Request (Budget Issue Paper)</td>
<td>$235,000</td>
</tr>
</tbody>
</table>

A budget issue paper requesting an increase of $235,000 in Regional funding will be presented to Budget Committee of the Whole for consideration. If approved, the Region’s total contribution to the OWDB budget will be $1,735,000 or 38% of the proposed $4.56 million OWDB total budget for 2018. The 2018 base budget includes a provision of $4,325,000 for the OWDB to be funded by provincial grants ($2.825 million) and the Regional property tax levy ($1.5 million).
Other Department Consultations/Concurrence:

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

Attachments

Appendix A: OWDB Proposed 2018 Budget

Prepared By: Carolyn Schoenfeldt, Director, Employment and Income Support
Tracy Verhoeve, Social Planning Associate

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Appendix A: OWDB 2018 Budget

Table 3. Impact of Proposed Option on 2018 Discretionary Benefits Budget

<table>
<thead>
<tr>
<th>Program</th>
<th>2017 Budget</th>
<th>Approved Change</th>
<th>2018 Budget Changes</th>
<th>Program Changes</th>
<th>2018 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental for adults</td>
<td>$1,776,183</td>
<td>$0</td>
<td>$148,817</td>
<td>$575,000</td>
<td>$2,500,000</td>
</tr>
<tr>
<td>Food hampers</td>
<td>700,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>700,000</td>
</tr>
<tr>
<td>Vision care for adults</td>
<td>320,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>320,000</td>
</tr>
<tr>
<td>Funeral costs</td>
<td>500,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>500,000</td>
</tr>
<tr>
<td>Travel/bus tickets</td>
<td>200,000</td>
<td>0</td>
<td>0</td>
<td>(100,000)</td>
<td>100,000</td>
</tr>
<tr>
<td>Drugs/medical supplies</td>
<td>175,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>175,000</td>
</tr>
<tr>
<td>Interpreter services</td>
<td>140,000</td>
<td>0</td>
<td>0</td>
<td>(140,000)</td>
<td>0</td>
</tr>
<tr>
<td>Mobility aids &amp; Orthotics</td>
<td>70,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>70,000</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>20,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20,000</td>
</tr>
<tr>
<td>Furniture/appliance purchase summary</td>
<td>110,000</td>
<td>0</td>
<td>0</td>
<td>(100,000)</td>
<td>10,000</td>
</tr>
<tr>
<td>Eviction prevention / Late Payments</td>
<td>585,000</td>
<td>0</td>
<td>(500,000)</td>
<td>0</td>
<td>85,000</td>
</tr>
<tr>
<td>Emergency response</td>
<td>70,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>70,000</td>
</tr>
<tr>
<td>One Time Approval</td>
<td>400,000</td>
<td>(400,000)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Purchase of documents</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,076,183</strong></td>
<td><strong>($400,000)</strong></td>
<td><strong>($351,183)</strong></td>
<td><strong>$235,000</strong></td>
<td><strong>$4,560,000</strong></td>
</tr>
</tbody>
</table>

| Provision Subsidy               | $2,581,826  | $0              | $148,817            | $0             | $2,730,643  |
| Uploading Impact                | 0           | 0              | 94,357              | 0              | 94,357      |
| **Total Subsidy**               | **$2,581,826** | **$0**        | **$243,174**       | **$0**         | **$2,825,000** |
| CHIPI Funding                   | 500,000     | 0              | (500,000)           | 0              | 0           |
| Tax Stabilization Reserve       | 400,000     | (400,000)      | 0                   | 0              | 0           |
| **Total Revenues**              | **$3,481,826** | **($400,000)** | **($256,826)**     | **$0**         | **$2,825,000** |
| **Net Regional Levy**           | **$1,594,357** | **$0**         | **($94,357)**      | **$235,000**   | **$1,735,000** |

**Note:** * Increase in Regional Levy ($235,000) is subject to approval during 2018 Budget Process.
Region of Waterloo

Community Services

Children's Services

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

Date: October 24, 2017 File Code: S04-20

Subject: 2018 Provincial Budget Approval for Ontario Early Years Child and Family Centres

Recommendation:

That the Regional Municipality of Waterloo take the following actions with respect to Ontario Early Years Child and Family Centres as outlined in Report CSD-CHS-17-15 dated October 24, 2017:

1. Authorize the Commissioner, Community Services, to execute such agreements and documentation necessary with the Ministry of Education, upon terms and conditions acceptable to the Regional Solicitor, as may be required to advance funding for Ontario Early Years Child and Family Centres;
2. Enter into service agreements for the period January 1, 2018 to June 30, 2018 with the following agencies for the ongoing provision of early years services:
   a. Kitchener-Waterloo Young Men’s Christian Association;
   b. Our Place Family Resource and Early Years Centre; and
   c. Cambridge Family Early Years Centre; and
3. Authorize the Commissioner, Community Services to determine local funding allocations and execute agreements in a form satisfactory to the Regional Solicitor, to ensure funding for this program is fully utilized.

Summary:

Regional Council approved the Waterloo Region Ontario Early Years Child and Family Centres Initial Plan which outlined the approach for local service delivery and funding (CSD-CHS-17-12, dated August 22, 2017).

On September 5, 2017, the Ministry of Education provided the approved allocation for the 2018 and 2019 delivery of Ontario Early Years Child and Family Centres (OYEYFCs)
in Waterloo Region. The budget represents new funding and a new role for the Region as the Consolidated Municipal Service Manager (CMSM). The OEYCFCs are legislated under the *Child Care and Early Years Act, 2014.*

The annual allocation of $4,137,959 (100% Provincial) matches the notional allocation received in June (CSD-CHS-17-11 dated June 20, 2017).

The delivery of OEYCFC services is moving from a shared service model with three agencies to a single-lead agency model, through a public request for proposal (RFP) process, as outlined in report CSD-CHS-17-12, dated August 22, 2017. To support the transition to OEYCFCs and to mitigate service disruption for families, it is recommended that the Region enter into service agreements with the three existing Ontario Early Years Centres lead agencies from January 1, 2018 to June 30, 2018.

**Report:**

**Background**

On February 19, 2017, the Minister of Education announced the provincial plan for moving forward with the integration and transformation of child and family programs to establish Ontario Early Years Child and Family Centres by 2018. CMSMs are responsible for the local management of OEYCFCs as part of their responsibility for the service system management of child care and other human services.

In Waterloo Region, a comprehensive community engagement process was undertaken in close collaboration with the Children’s Planning Table (CPT) and key early years’ stakeholders from November 2016 to July 2017. Details of this work are outlined in CSD-CHS-17-12, dated August 22, 2017. Based on this community led process, Children’s Services submitted an Initial Plan to the Province as detailed in the August 22, 2017 report CSD-CHS-17-12.

**Allocation**

On September 5, 2017, the Province provided full details of the OEYCFC allocation for the 2018 and 2019 calendar year outlined in CSD-CHS-17-15. The total budget for OEYCFCs in Waterloo Region for 2018 and 2019 is $4,137,959 annually. Funds can only be spent in the year that they are allocated, and surplus funds from one year must be returned to the Province. The Region is required to allocate a minimum of $177,229 of this funding on Child Care and Early Years Planning and Data Analysis. This matches the allocation that was provided in 2017 for the same purpose and does not represent new funding (CSD-CHS-17-07, dated June 20, 2017). Therefore, the net new annual funding received for the OEYCFCs is $3,960,730.

Funding for Child and Family Centres is allocated primarily based on number of children 0 to 6, Low-Income Cut Off scores, number of families that speak French at home,
number of Indigenous children ages 0-4, number of families that speak a language other than English or French at home and population density. The funding approach, including data elements to inform the allocations, will be re-visited on a three year cycle. In Waterloo Region, the new funding represents a 72% increase in funding over 2017 levels.

Municipal Contributions

OEYCFCs are fully funded by the provincial government. CMSMs are encouraged by the Province to maintain and/or consider making municipal contributions to enhance programs and services and support integration with other human and early years programs and services where appropriate.

Local Funding Approach

CMSMs have flexibility to spend the allocations on any of the eligible expense/program categories to meet the provincial requirements to deliver mandatory core services. A maximum expenditure of 10% or $413,796 is allowed for Administration and a minimum expenditure of $177,229 is required for Child Care and Early Years Planning and Data Analysis Services. As part of the 2018 budget process, a budget issue paper will be presented to add 1.0 FTE in Children’s Services for the administration, oversight and support of the new OEYCFCs Service System at an annual cost of $120,000. The remaining $3,840,730 annually will be transferred to community OEYCFC operators for the administration (maximum $293,796) and provision of OEYCFCs.

The Ministry recognizes that 2018 will be a year of transition. CMSMs will work towards program transformation with OEYCFC operators. To support this transition, it is recommended that the Region enter into service agreements with the three existing Ontario Early Years Centres agencies from January 1, 2018 to June 30, 2018: Kitchener-Waterloo Young Men’s Christian Association; Our Place Family Resource and Early Years Centre; and Cambridge Family Early Years Centre. Staff will work with each organization to determine exact funding levels required to maintain service.

Through an RFP process as outlined in CSD-CHS-17-12 (dated August 22, 2017), a lead agency will be selected to implement the new OEYCFCs. The service contract with the awarded agency will begin in February 2018 with full funding starting July 1, 2018.

Accountability

The Region will ensure that funds are used in accordance with the service agreement and Ministry and Regional policies, procedures and guidelines. Staff will monitor the use of funds with service providers on a quarterly basis and reconcile and recover funds as required. Staff will work with the current three lead agencies and the new single-lead agency to gather necessary program data to ensure all reporting requirements are met.
Relation to Quality of Life Indicators:

The work of the OEYFCs, as described in this report align with Social Inclusion and Equity; Physical and Emotional Well-Being; Skills Development and Relationships Quality of Life Indicators.

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and development.

Financial Implications:

The Ministry of Education will provide an annual allocation of $4,137,959 for 2018 and 2019 to the Region as the CMSM for Children’s Services. The Region will be responsible for funding community agencies and other program costs related to the OEYCFC program.

The following table summarizes the proposed uses of the approved funding:

<table>
<thead>
<tr>
<th>Item</th>
<th>2018 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and Data Analysis</td>
<td>$177,229</td>
</tr>
<tr>
<td>Service Delivery (transfers to OEYCFC operators)</td>
<td>3,546,934</td>
</tr>
<tr>
<td>Administration (transfer to OEYCFC operators)</td>
<td>293,796</td>
</tr>
<tr>
<td>Administration*</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$4,137,959</strong></td>
</tr>
<tr>
<td>Provincial Funding</td>
<td>4,137,959</td>
</tr>
<tr>
<td>Regional Contribution</td>
<td>$0</td>
</tr>
</tbody>
</table>

* Administration cost relates to the addition of 1.0 FTE for the Children’s Services Division for the administration of the OEYCFC program. This will be the subject of an issue paper for Budget Committee’s consideration.

The 2018 Budget being developed will include the costs and revenues related to the OEYCFC program.

Other Department Consultations/Concurrence:

Staff in Children’s Services will work with Planning, Development and Legislative
Services and Corporate Services/ Treasury Services to enter into agreements, make payments and monitor expenditures.

Attachments

Nil

Prepared By:  Barbara Cardow, Director, Children’s Services

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

Community Services

Children’s Services

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

Date: October 24, 2017  File Code: S04-20

Subject: Child Care Fee Subsidy Waitlist Update

Recommendation:

For Information

Summary:

This report provides an overview of the Child Care Fee Subsidy program and the current status of families who were waiting for fee subsidy.

Report:

1.0 Child Care Fee Subsidy

Child Care Fee Subsidy provides financial assistance with the cost of licensed Early Learning and Child Care (ELCC) to subsidy eligible families. The fee subsidy program enables eligible families to access and maintain employment, upgrade their education, attend training programs, and provide early intervention experiences for children with special needs. Through fee subsidy, families have access to licensed community-based child care centres, licensed home child care programs or before and after school programs.

As outlined in report CSD-CHS-16-28 dated November 1, 2016, the Region implemented a stop placement on November 1, 2016 followed by a wait list starting January 1, 2017. During a wait list children are placed as the budget allows, when other children leave the fee subsidy program.
2.0 Elimination of Child Care Fee Subsidy Waitlist

The Children’s Services 2017 approved Provincial Budget detailed in report CSD-CHS-17-07 dated June 20, 2017, included funds to expand access to licensed child care. As a result of the additional funding, children on the fee subsidy waitlist could be placed in licensed child care, if eligible for fee subsidy, effective June 29, 2017.

By the end of June, there were 440 children on the waitlist. Staff began to contact families in priority categories and by the end of July 2017, all families on the waitlist had been contacted and informed that funding was available to complete their application for fee subsidy. Approximately 250 children were eligible for fee subsidy and placed in licensed child care from the waitlist. The remaining children did not receive fee subsidy because of financial ineligibility, work or school activity ending prior to the end of June, or the family did not respond to contact by staff.

Since families on the waitlist had to be contacted before any new applicants could be seen, staff developed a list of new applicants waiting for an appointment. These families were contacted by September 8, 2017.

Staff continues to monitor fee subsidy expenditures and with the increased Provincial funding in the 2017 budget a wait list will not be required for the remainder of 2017.

Relation to Quality of Life Indicators:

This report addresses Community Services’ Economic Well-Being Quality of Life Indicator and how much individuals have access to things that can be considered basic needs, specifically employment and education.

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and child development.

Financial Implications:

The 2017 Provincial approvals increased the amount of funding available for the fee subsidy program. The elimination of the subsidy waitlist will result in an estimated increased spending of $1.7million. This expenditure is fully funded by the Province of Ontario.

Other Department Consultations/Concurrence:

The ongoing monitoring of fee subsidy expenditures requires the assistance of Corporate Services / Treasury Services staff.
Attachments

Nil

Prepared By: Sheri Phillips, Manager, Early Years Funding Administration

Barbara Cardow, Director, Children’s Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo
Public Health and Emergency Services
Health Protection and Investigation

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: October 24, 2017
File Code: P10-30
Subject: Quarterly Charged/Closed Food Premises Report

Recommendation:
For information

Summary:
This report is a summary of food premises enforcement activities conducted by Public Health Inspectors, in Public Health, for the third quarter of 2017.

Food premises enforcement activities have been reported to Community Services Committee as per Committee request on a quarterly basis since 2007, in order to enhance transparency and access to information.

The information in this report aligns with what is posted on our online disclosure website of food premises inspection results established in 2004, which was first enhanced in 2007 and further updated in 2014, named “Check It! We Inspect it” (checkit.regionofwaterloo.ca)

Food premises inspection results are readily accessible to the public, online, through a Public Health Inspector telephone intake line and either walk-in service in Waterloo (99 Regina Street) or by appointment in Cambridge (150 Main Street) as part of an ongoing commitment to transparency and timely customer service.

Report:
During the third quarter of 2017 there were 5 charges issued to 3 food premises under the Ontario Food Premises Regulation 562, and there were 5 premises ordered to
close, under the Health Protection and Promotion Act. (See Table 1: Food Safety Enforcement Activity).

Food premises charges and closures can be viewed on the Check it! We Inspect it! Public Health Inspection Reports website, Enforcement Actions Page, for up to 6 months from the date of the charge or closure. Every food premises charged has the right to a trial and every food premises ordered closed under the Health Protection and Promotion Act has the right to an appeal to the Health Services Appeal and Review Board.

**Ontario Public Health Standards:**

The goal of the Food Safety program as outlined in the Ontario Public Health Standards is to prevent or reduce the burden of food-borne illness. Conducting routine inspections, complaint investigations, following up on suspect food-borne illnesses, and balancing education and enforcement for operators to achieve compliance with legislative requirements in food premises are among the activities that Public Health administers to reduce the burden of food-borne illness.

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance with the Food Safety Protocol of the Ontario Public Health Standards.

**Corporate Strategic Plan:**

Healthy, Safe and Inclusive Communities: Promote and support healthy living and prevent disease and injury.

**Financial Implications:**

Food premises enforcement activities are completed by Public Health Inspectors funded within Region of Waterloo Public Health’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy). The province provides an additional allocation of $59,100 in 100% base funding for enhanced food safety initiatives locally; this enables a larger number of inspections and re-inspections of permanent, seasonal or temporary food premises than would be accomplished within the cost shared budget.

**Other Department Consultations/Concurrence:**

Nil
Attachments:

Table 1: Food Safety Enforcement Activity

Prepared By:  Aldo Franco, Manager Food Safety, Recreational Water, Small Drinking Water Systems, Private Well Water and Waterloo and Area Team

Approved By:  Dr. Hsiu-Li Wang, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner
Table 1: Food Safety Enforcement Activity

| Closures |
|------------------|------------------|------------------|------------------|
| **Name Of Establishment** | **Reason for the Order** | **Date of Order** | **Status** |
| 1 Alpha Greek  
B1 - 480 Hespeler Rd CAMBRIDGE | Failure to maintain the food premise in a sanitary condition. | July 12, 2017 | Re-opened July 13 |
| 2 Sushi Feast Japanese Restaurant  
3, 4 - 561 Hespeler RD CAMBRIDGE | Failure to maintain the food premise in a sanitary condition. | August 3, 2017 | Re-opened August 4 |
| 3 Ewa Goleszny Hot Dog Cart #569  
200 King St W KITCHENER | No running water to operate in a sanitary manner. | August 8, 2017 | Reopened August 10 |
| 4 Pizza "n" Pub24  
650 Hespeler Rd CAMBRIDGE | Failure to maintain the food premise in a sanitary condition. | September 14, 2017 | Re-opened September 15 |
| 5 Holy Guacamole  
9A - 1120 Victoria ST N Kitchener | Failure to provide adequate protection against contamination of food preparation/storage areas due to the presence of pests. | September 15, 2017 | Re-opened September 18 |
<table>
<thead>
<tr>
<th>Name Of Establishment</th>
<th>Date of Charges</th>
<th>Charge</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alpha Greek</td>
<td>Two Provincial Offence Notices issued for</td>
<td>1. Store hazardous foods at internal temperature between 5C and 60C ($460) 2. Fail to keep premises clean ($60)</td>
<td>$520</td>
</tr>
<tr>
<td>B1 - 480 Hespeler Rd CAMBRIDGE</td>
<td>infraction observed on July 12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hot Wok Chinese Restaurant</td>
<td>One Provincial Offence Notice issued for</td>
<td>1. Store hazardous foods at internal temperature between 5C and 60C</td>
<td>$460</td>
</tr>
<tr>
<td>875 Highland Rd W Kitchener</td>
<td>infraction observed on August 26.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pizza &quot;n&quot; Pub24</td>
<td>Two Provincial Offence Notices issued for</td>
<td>1. Fail to keep premises clean ($60) 2. Operate food premise in a manner adversely affecting sanitary conditions ($120)</td>
<td>$180</td>
</tr>
<tr>
<td>650 Hespeler Rd Cambridge</td>
<td>infraction observed on September 14.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Region of Waterloo
Public Health and Emergency Services
Child and Family Health

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

Date: October 24, 2017

File Code: P09-20

Subject: NutriSTEP® Screening: Ministry of Health and Long-Term Care Accountability Indicator Update

Recommendation:
For information.

Summary:

Region of Waterloo Public Health and Emergency Services (ROWPHE) continues to promote and implement the NutriSTEP®/Nutri-eSTEP nutrition screening tools with community partners to parents with young children in Waterloo Region, in accordance with the Ministry of Health and Long-Term Care Accountability Agreement Health Promotion Indicator #1.9. ROWPHE has also focused efforts on identifying priority populations for nutrition screening through local data analysis and consultations with community stakeholders. This information is being used to guide program planning that will help address health inequities in early childhood nutrition.

Background:

The NutriSTEP® nutrition screening tool is a questionnaire that parents answer about their young child’s eating habits. NutriSTEP® is available as a paper questionnaire and is also available online through Nutri-eSTEP (www.nutritonscreen.ca). Nutrition screening can increase the likelihood of improved outcomes for children by:

- identifying children at risk of poor nutrition
- increasing parent nutrition awareness and education
referring families with children at nutrition risk to community resources

In the 2008 Ontario Public Health Standards, NutriSTEP® was one of the screening tools identified to monitor children’s growth and development. In 2014, NutriSTEP® was identified as a Public Health Funding and Accountability Performance Indicator, which required boards of health to facilitate access and support to NutriSTEP®. Public Health is required to report the implementation status of the Preschool NutriSTEP® Screen to the Ministry on an annual basis. Public Health is currently working at the maintenance stage, which includes implementation of a continuous quality improvement plan.

Universal Promotion of NutriSTEP®/Nutri-eSTEP in Waterloo Region

Over the past three years, Public Health has worked in partnership with a number of community agencies to promote and implement NutriSTEP®/Nutri-eSTEP. From 2015 to 2016 there was a 64% increase in the number of NutriSTEP®/Nutri-eSTEP screens completed by parents in Waterloo Region.

Public Health continues to implement NutriSTEP® at Lang’s Community Health Centre in Cambridge and through the Healthy Babies Healthy Children home visiting program. Nutri-eSTEP is promoted throughout the year via Public Health social media channels including Facebook and Twitter.

Public Health also continues to promote Nutri-eSTEP in partnership with internal and community partners. These partners include:
  - Ontario Early Years Centres
  - Child Care Centres
  - Waterloo Region District School Board
  - Waterloo Region Catholic School Board
  - Public Health Dental Services
  - Libraries
  - Strong Start – Get Ready for School Program
  - Service providers connected with the Children’s Planning Table
  - Region of Waterloo Children’s Services including many local child care centres
  - Waterloo Region Peer Program
  - Health Care Providers

Reaching Priority Populations

In addition to universal promotion, addressing health inequities in early childhood nutrition is a focus of the NutriSTEP® work in Public Health. In 2015 a literature review and local data analysis identified factors related to poor nutrition among children aged three to five years, and identified the proportion of preschoolers experiencing these
factors for each of the neighbourhoods in Waterloo Region. Five neighbourhoods were identified as priority neighbourhoods for nutrition screening. From November 2016 to March 2017, Public Health conducted consultations with twenty-seven community stakeholders from the five identified priority neighbourhoods. The purpose of these consultations were to validate the findings and to seek input on how to best target the promotion and use of NutriSTEP®/Nutri-eSTEP in these neighbourhoods.

All participants agreed that poor nutrition is a concern among some families with young children in the neighbourhoods they serve. Stakeholders offered suggestions on how to promote and implement nutrition screening in their neighbourhoods including:

- Attend existing community programs or events
- Connect with intermediaries; for example Family Outreach Workers
- Use existing registration processes; for example child care and kindergarten registrations

**Next Steps**

Based on the findings from the consultations, Public Health has identified the following actions for the priority neighbourhoods:

- Conduct an environmental scan in each neighbourhood to identify characteristics, local needs, available services and opportunities for NutriSTEP® screening
- Collaborate with community partners to conduct focus groups with parents to gather their perspectives on how to best promote and implement the NutriSTEP® screen
- Where appropriate, develop and implement community-specific NutriSTEP® screening action plans, potentially in partnership with community partners
- Develop a process for evaluating nutrition screening activities and built this evaluation plan into community action plans to inform future screening events.

A work plan is being developed to address these recommendations and inform next steps.

**Corporate Strategic Plan:**

This memo relates to Focus Area 4 in the 2015-2018 Corporate Strategic Plan: Healthy, Safe and Inclusive Communities. This also contributes to the departmental strategic action item PHE 4.1.1 to work with Public Health staff and community partners to increase awareness and use of Nutri-eSTEP Screen.

**Financial Implications:**

The NutriSTEP® preschool screen activities discussed within this report are
implemented within Region of Waterloo Public Health’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75 per cent by the province with the remainder funded by the local tax levy.

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Attachment: Reaching Priority Populations for NutriSTEP Screening in Waterloo Region: Findings from Phase 3 of a Situational Assessment can be viewed [here](#).

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**Approved By:** Dr. Hsiu-Li Wang, Acting Medical Officer of Health
   Anne Schlorff, Acting Commissioner
Region of Waterloo
Public Health and Emergency Services
Infectious Diseases, Dental and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: October 24, 2017   File Code: P03-20
Subject: Influenza - Previous Season Summary and 2017-2018 Plan

Recommendation:
For information.

Summary:
Public Health programs aim to reduce the incidence, spread and complications from influenza illness through:

- Implementation of outbreak control measures and recommendations when influenza illness is detected in a long term care facility, retirement home or hospital.
- Promotion of annual influenza immunization for all persons six months of age or older; and
- Targeted promotion of influenza immunization for health care workers.

2016-2017 Influenza Season
Last year’s influenza season was one with a slightly higher number of cases and a higher than average number of influenza outbreaks in hospitals, long-term care facilities and retirement homes. During the September 25, 2016 to June 14, 2017 influenza season there were 385 laboratory-confirmed cases of influenza, 129 influenza related hospitalizations and 5 deaths where influenza was a direct cause or a contributing factor. There were 24 influenza outbreaks declared in long term care facilities, retirement homes and hospitals. This level of community activity was slightly higher than average but remains within expectations for a typical influenza season. Overall,
influenza activity in Waterloo Region was similar to that seen provincially in the 2016-2017 season.

The 2016-2017 influenza vaccine was a good match with the most widely circulating strains of influenza this past season. There were many influenza vaccine access points for citizens that included:

- 115 pharmacies in Waterloo Region offered influenza immunizations receiving 48,310 doses of vaccine;
- 145,131 doses of flu vaccine were delivered to health care providers throughout the Region of Waterloo;
- A total of 368 clients under the age of 5, including their family members, were immunized at eight Family Clinics in Waterloo and Cambridge Public Health offices.

Health care worker influenza immunization plays a vital role in minimizing the risk of cross infection to patients and clients. For Region of Waterloo facilities, the average health care worker immunization rates in the 2016-2017 season for:

- Long-Term Care homes increased slightly from 76.2% in 2015-16 to 80.3% in 2016-17 and were slightly above the provincial average of 72.1%.
- Retirement homes decreased from 76.8% in 2015-16 to 64.6% this past season. There is no provincial comparator as retirement home immunization data is not collected by the Ministry of Health and Long Term Care.
- Local hospitals again decreased from 37.2% in 2015-16 to 31.1% this past season, falling well below the provincial average of 53.1% for public hospitals. Public Health has engaged senior leadership of the three hospitals to encourage uptake of influenza vaccine among their staff.

2017-2018 Influenza Season

This season the community will see an increase in the number of pharmacies providing influenza vaccine, with a total of 132 pharmacies across the region participating in the Universal Influenza Immunization Program. Public Health will:

- Provide Family Flu clinics for families with children under the age of five at both Waterloo and Cambridge offices.
- Provide nursing support to both Wilfred Laurier University and University of Waterloo, to support the immunization of students and staff.
- Partner with Lang’s Farm to offer flu clinics at the Community Health Clinic in Ayr to increase access to residents in this part of the region that does not have a pharmacy that offers the flu vaccine.
- Provide flu vaccine to vulnerable street involved residents in partnership with Sanguine Health Centre through their mobile outreach van.
- Coordinate the Big Shot Challenge, a local program designed to increase uptake of flu vaccine among staff that work in long-term care and retirement homes.
- Continue to receive reports of confirmed cases of influenza and work with facilities (e.g. long-term care homes, retirement homes, and local hospitals) to monitor and manage respiratory and influenza outbreaks as part of the routine influenza surveillance and response program.

Report:

Background

Influenza (commonly known as the flu) is a contagious virus that circulates on a seasonal basis. In Canada, influenza causes annual outbreaks of respiratory illness from October to April. People who get the flu may experience symptoms including fever, headache, chills, muscle aches, physical exhaustion, cough, sore throat and runny or stuffy nose. Most healthy individuals are able to recover from the flu, but certain segments of the population, such as the elderly and those with underlying medical conditions, may experience further complications. In some cases, the flu can be fatal.

Yearly circulation of the influenza virus can account for significant illness within the community. Public Health programs aim to reduce the incidence, spread and complications from influenza illness through:

- Implementation of outbreak control measures and recommendations when influenza illness is detected in a long term care facility, retirement home or hospital;
- Promotion of annual influenza immunization for all persons six months of age or older; and
- Targeted promotion of influenza immunization for health care workers.

2016-2017 Influenza Season Summary

The first local cases of the influenza season in Waterloo Region were reported the week of September 25, 2016. Local influenza activity began to peak the week of January 8, 2017 and remained high until late February, with extended sporadic activity continuing until mid June. Overall, influenza activity in Waterloo Region was similar to that seen provincially in the 2016-2017 season.

During the period of September 25, 2016 to June 14, 2017, there were 385 laboratory confirmed cases of influenza, 129 influenza-related hospitalizations and 5 deaths for which flu was the direct cause or a contributing factor. Influenza activity can vary
significantly in intensity from season to season. This past season’s activity was slightly higher than average but remained within expectations for a typical influenza season.

Table 1 presents the total number of lab confirmed influenza cases and deaths in Waterloo Region by influenza season in the past six seasons.

**Table 1: Total number of lab confirmed influenza cases and deaths, by influenza season, Waterloo Region 2011-2012 to 2016-2017**

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total Number of lab confirmed cases</th>
<th>Number of deaths in lab confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>159</td>
<td>4</td>
</tr>
<tr>
<td>2012-2013</td>
<td>392</td>
<td>12</td>
</tr>
<tr>
<td>2013-2014</td>
<td>315</td>
<td>8</td>
</tr>
<tr>
<td>2014-2015</td>
<td>408</td>
<td>11</td>
</tr>
<tr>
<td>2015-2016</td>
<td>432</td>
<td>1</td>
</tr>
<tr>
<td>2016-2017</td>
<td>385</td>
<td>5</td>
</tr>
</tbody>
</table>

*H1N1 influenza pandemic season.

There was a higher than average number of influenza outbreaks in local hospitals, long-term care and retirement homes in the 2016-17 season with a total of 24 influenza outbreaks declared. There were also 30 additional respiratory outbreaks caused by other circulating viruses (e.g. RSV, coronavirus, rhinovirus) declared in long-term care facilities, retirement homes and hospitals.

The majority (89%) of 2016-17 cases of influenza in the Region were subtyped as Influenza A. The remaining cases (11%) were caused by Influenza B.

Influenza vaccine effectiveness varies from season to season. In the six months between when the vaccine choices are made and when the vaccine is delivered, the influenza virus continues to change. These changes vary in extent from season to season and, at times, the virus mutates to such an extent that the vaccine does not match the circulating strains of influenza. A small percentage of cases each season are strain-typed to determine compatibility with the season’s vaccine. Strain typing indicated a good match with the strains included in the 2016-2017 influenza vaccines. Last season there was a similarly good match of circulating strains to vaccine strains.

Although influenza vaccine effectiveness in preventing infection is variable, studies show that even in seasons with a poor match, immunization reduces the number of influenza outbreaks in long-term care facilities and reduces the number of complications from influenza and deaths. Immunization remains one of the most effective ways to
protect against influenza. As a result of the complex and changing nature of the influenza virus, annual immunization is recommended to all Canadians six months of age and older.

Since 2000, the Government of Ontario has implemented the annual Universal Influenza Immunization Program which offers the vaccine free of charge to all persons in Ontario six months of age or older.

Public Health immunized 368 clients at eight Family Flu clinics. These clinics are arranged as the Ministry of Health and Long-term Care prohibits pharmacists from providing influenza vaccine to those less than 5 years of age. In addition Public Health assisted Wilfred Laurier University, the University of Waterloo, Lang’s Farm Community Health Center and the Sanguen Health Center Mobile Van to immunize 4275 clients.

During the 2016-2017 season, 115 pharmacies in Waterloo Region offered influenza immunizations. The 2016-2017 season was the fourth season of pharmacy participation in the delivery of the Universal Influenza Immunization Program. Public Health assists pharmacists to qualify to be an influenza vaccine provider by providing education and inspection of required vaccine handling and storage practices. As a result of the significant immunization service provided through pharmacies, Public Health has been able to reduce the number of community immunization clinics over the last four years with the 2014-2015 season being the first season where Public Health did not offer large community influenza clinics.

Analysis of the distribution of vaccine for the 2016-2017 flu season indicated that 74 per cent of flu vaccine distributed by Public Health was sent to physicians and other health care providers in a variety of settings (e.g. hospitals, community health centers, educational institutions, workplaces), 36 per cent of flu vaccine was distributed to 115 pharmacies, and less than 1 per cent of vaccine received (which represents 368 persons) was administered in Public Health offices. Overall, Public Health distributed 145,131 doses of flu vaccine to local physicians, pharmacies, walk-in clinics, long-term care and retirement homes, hospitals and workplaces through local nursing agencies. The amount of vaccine distributed in the 2016-2017 season was slightly lower than the previous season but not significantly different from the amounts which have been historically distributed in our community over the years, which have remained stable.

Healthcare worker influenza immunization plays a vital role in minimizing the risk of cross infection to patients and clients. The Ministry of Health and Long-Term Care requires that public hospitals and long-term care facilities report their health care worker immunization rates to Public Health each influenza season. The average health care worker immunization rate for local long-term care homes in 2016-17 increased slightly to 80.3% from 75.1% in 2015-16 and was above the provincial average of 72.1%. Conversely, the average rate in local retirement homes decreased from 76.8% in 2015-16 to 64.6% this past season. The average health care worker immunization rate for local hospitals decreased again this season from 37.2% in 2015-16 to 31.1% this past
season, falling well below the provincial average of 53% for public hospitals and continuing on a downward trend observed since 2013-14. Public Health has engaged senior leadership of the three hospitals to encourage uptake of influenza vaccine among their staff.

Each influenza season, Public Health coordinates the Big Shot Challenge, a local program designed to increase uptake of flu vaccine among staff that work in long-term care and retirement homes through the use of education, worksite immunization and incentives. Research indicates that influenza immunization programs which are multifaceted achieve the highest immunization rates. Recommended components include flexible worksite delivery of vaccine; education; incentives; reminders and the use of a declination statement for staff choosing not to be immunized.

**2017-2018 Influenza Program Implementation Plan**

The number of pharmacies offering flu vaccination has increased significantly over the past 5 years from 23 pharmacies in year one to 132 pharmacies this flu season.

In the 2016-2017 flu season, the Ministry of Health and Long Term Care revealed a new vaccine distribution model for pharmacies. The Province utilized the existing pharmacy distribution centers across the province to facilitate flu vaccine delivery directly to local pharmacies. In the past, Public Health had been the distribution point for all influenza vaccine in the region. Public Health units will remain responsible for the qualification inspection and the continuous monitoring of pharmacies’ safe vaccine storage and handling practices.

Each year, the local implementation of the Universal Influenza Immunization Program is evaluated by Region of Waterloo Public Health in an effort to reduce redundancy of service, focus on vaccine safety and efficacy, and to enhance customer service and access to flu vaccine in the region.

In the 2017-2018 flu season, Public Health will continue to:

- Partner with Lang’s Farm Community Health Centre (Ayr location). The partnership with Lang’s Farm proved to be successful in the 2016-2017 flu season. This continued partnership will allow this Centre to administer additional doses of flu vaccine to the residents in this area. (Ayr is the only area in Waterloo Region without a pharmacist offering flu vaccine).

- Provide nursing support to both Wilfred Laurier University and The University of Waterloo, thereby increasing their capacity to immunize more students and staff in the university community.

- Offer “Family Flu” clinics for families with children under the age of 5. Families with children under 5 may still experience barriers to accessing the flu vaccine as
pharmacists cannot immunize children less than 5 years of age. To address these potential barriers these clinics are being specifically provided for young families in both Waterloo and Cambridge. These clinics are offered through booked appointments; appointments can be made by calling the Service First Call Centre.

- Partner with Sanguen Health Centre to offer flu vaccine in their Mobile Van to high risk street involved clients once/week in the month of November. Sanguen Health Centre is a local hepatitis C service provider and the Mobile Van provides harm reduction materials and resources to over 100 high risk street involved clients. Through this partnership Public Health hopes to reach more of the region’s vulnerable, high risk populations that have an increased risk of complications and an increase chance of transmitting influenza.

Flu mist (the nasal flu vaccine) will continue to be offered to children 2-17yrs as an alternative to the injection in the arm. Parents still have the option to vaccinate their children using an injection. There is an injection for children and youth aged six months to 17 years that will also protect against the same four flu viruses as the nasal spray.

Region of Waterloo Public Health will continue to provide enhanced health promotion and community awareness regarding the benefits of the influenza vaccine. Recognizing that the immunization of health care workers is a key strategy for protecting the most vulnerable in our community, Region of Waterloo Public Health will continue to focus on the promotion of health care worker influenza immunization. The ‘Health Care Worker Influenza Immunization Tool Kit’, a compilation of local influenza immunization resources, including a Decision Making tool and Declination Statement, continues to be available to local hospitals, long-term care and retirement homes to increase health care worker immunization. The Tool Kit can be found on the Public Health external website at http://bit.ly/2dZQwlD.

As part of the routine influenza surveillance and response program, Public Health will continue to receive reports of confirmed cases of influenza and work with facilities (e.g. long-term care homes, retirement homes) to monitor and manage respiratory and influenza outbreaks.

**Corporate Strategic Plan:**

**Healthy, Safe and Inclusive Communities:** The Region will work with the community to provide quality services and programs that contribute to a healthy, safe and inclusive community.

**Responsive and Engaging Government and Services:** Organizational processes, facilities and resources will be reliable, cost efficient and effective, and will strive to provide excellent value to the community.
Ontario Public Health Standards:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to compliance with the Vaccine Preventable Disease Program and Infectious Diseases Prevention and Control Program requirements of the Standards, and provides information for Board of Health members to help them remain abreast of relevant trends and public health issues.

Financial Implications:

Public Health continues to receive $5.00 per dose in cost recovery from the province for the direct delivery of influenza vaccine. This fee has remained unchanged since the beginning of the Universal Influenza Immunization Program in 2000. The program strives to provide the required services within the limits of the cost recovery fee of $5.00 per dose. When expenditures related to the delivery of influenza clinics exceed the revenues generated, they are covered within the remaining cost shared Vaccine Preventable Disease Program or overall cost shared Public Health base budget; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

Public Health services that focus on the storage and handling of vaccine represent a significant resource expenditure that can qualify for some one time funding from the province. The amount of one time funding does not cover the cost of delivering the program.

Other Department Consultations/Concurrence:

Nil.

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              David Aoki, Acting Manager of Vaccine Preventable Diseases

Approved By:  Dr. Hsiu-Li Wang, Acting Medical Officer of Health
              Anne Schlorff, Acting Commissioner
Region of Waterloo
Public Health and Emergency Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: October 24, 2017
File Code: A16-40
Subject: Response to the Report of the Minister’s Expert Panel on Public Health

Recommendation:

That the Regional Municipality of Waterloo take the following actions in response to the Report of the Minister’s Expert Panel on Public Health:

(a) Advise the Premier and the Minister of Health and Long Term Care (MOHLTC) that the Region of Waterloo supports the current fully-integrated approach to Public Health delivery in Waterloo Region;

(b) Advise the Premier and the MOHLTC that the Region of Waterloo does NOT support the recommendations of the Expert Panel, and urge the government not to adopt the Expert Panel recommendations;

(c) Endorse Report PHE-17-06 as the Region of Waterloo’s response to the consultation regarding the report of the Minister’s Expert Panel on Public Health;

(d) Endorse The Association of Municipalities of Ontario’s position which also opposes the recommendations of the Minister’s Expert Panel on Public Health;

and

(e) Forward a copy of this report to the Premier of Ontario, the Minister of Health and Long Term Care, all local MPPs, the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies (alPHa), the other 35 Boards of Health in Ontario and the Waterloo-Wellington Local Health Integration Network (LHIN).

Summary:
This report is the Region of Waterloo response to the Expert Panel report released on 252326
July 20th, 2017 regarding possible Public Health restructuring in order to more closely align public health with the health care system. The Ministry of Health and Long Term Care has asked for feedback by way of a consultation process which closes October 31st.

Regional staff believe that Waterloo Region has been, and continues to be well-served by the current integrated approach to public health delivery in this community. Staff recommend that the Region NOT support the recommendations of the Expert Panel for a number of reasons: there is no evidence to suggest that the recommendations would improve public health delivery or population health in Waterloo Region; there are significant unanswered questions about the implications of the recommendations for this community; and there are real risks for the disruption of public health service delivery in the Region of Waterloo if the recommended model is implemented. Removing public health from the current integrated municipal structure locally has the potential to weaken the role of public health in our community and undo much good work that has been done, decrease municipal public support, weaken the ability of public health to be partners in municipal services, planning and programming, and lower the profile of our public health programs and services locally.

Concerns and feedback regarding the proposal (detailed within the report beginning on page 6) include the following:

- **There is demonstrated success in delivering public health services in Regional and Single Tier Public Health Units;** the new model may have unintended negative impacts for public health service delivery in the Region of Waterloo.

- **All changes to the structure and governance of the province’s public health system should be evidence informed to ensure best possible population health outcomes.** The report contains little analysis and evidence to demonstrate the recommended model represents the best option or improves the overall delivery of public health services in the province generally, and in Waterloo Region specifically.

- **The mandate of public health must be maintained and preserved;** there is a risk that integration within the health system (which is dominated by a focus on care and treatment) will dilute the public health mandate.

- **Overall funding for the public health system must be maintained. Resources should not be diverted to new administrative structures, and local levies should not be spread beyond municipal boundaries;** there is a risk that the proposed changes will result in diminished supports (financial and in-kind) if the role of municipalities in the delivery of public health is lessened. There is also the risk that local levy shares will be spread over other municipalities, thus diminishing program spending within the Region.
• **Testing of any new model should take place in areas where the Province has identified issues;** if the government wishes to test a new model for public health delivery, it should be done first in the existing autonomous health units where the province has identified concerns, prior to considering such changes to health units that are integrated within municipal structures.

• **Municipal boundaries must be respected in any model that is implemented;** a municipality should not be served by more than one public health entity or Local Health Integration Network (LHIN).

A recent press release and briefing note issued by the Association of Municipalities of Ontario (AMO) indicates that they also do not support the recommendations of the Expert Panel on Public Health; AMO is urging the government not to adopt the recommendations.

**Report:**

**Context for the Report of the Minister’s Expert Panel on Public Health**

In December 2016, the Ontario government passed the Patients First Act (the Act) which included reforms to both the structure and function of the health system in the province of Ontario. As a result of the Act, the public health sector was to become part of a more integrated health system and there were to be more formalized relationships and linkages between Public Health Units and the Local Health Integration Networks (LHINs).

In January 2017, the Expert Panel on Public Health (the Panel) was created by the Ministry of Health and Long-Term Care; the panel was tasked with providing advice to the Ministry regarding the structure, organization and governance of Ontario’s public health sector within the transformed system.

The Panel’s report “Public Health within an Integrated System, Report of the Minister’s Expert Panel on Public Health” (Appendix 1) was released on July 20th, 2017. As indicated in the report, the Panel was “asked to consider:

1. The optimal organizational structure for public health in Ontario to:
   - Ensure accountability, transparency and quality of population and public health programs and services
   - Improve capacity and equity in public health units across Ontario
   - Support integration with the broader health system and LHINs, the organizations responsible for planning health services
   - Leverage public health’s expertise and leadership in population health-based planning, decision-making and resource allocation, as well as in addressing healthy equity and the social determinants of health.

2. How best to govern and staff the optimal organizational structure.”
Consultation on the report and the associated recommendations continues until October 31\textsuperscript{st}, 2017.

**Ministry of Health & Long Term Care (MOHLTC) Perspective re: Issues with Current State of Public Health**

From a provincial perspective, there are a number of challenges with the current structure, organization and governance of public health. The challenges identified by MOHLTC staff in the areas of structure and organization include:

- Lack of integration of public health within the health system
- Misalignment of boundaries (i.e. LHINS, municipal, PHU's)
- Too many PHU's (36), with significant variation in size and geographic regions, insufficient critical mass and surge capacity
- Variation in PHU service delivery and minimal coordination between PHU's
- Variable capacity of the public health sector to participate in an integrated health system

The challenges identified by MOHLTC staff in the areas of governance and accountability include:

- Variation in public health sector governance models resulting in the following impacts provincially:
  - Differences in how priorities are set and decisions are made (programs and services)
  - Differences in accountability relationships of the Medical Officer of Health to the Board of Health
  - Differences in the autonomy of Boards of Health at the local level
  - Tensions between municipal and provincial health priorities
- Lack of consistency in the skills, experience, backgrounds and priorities of members of Boards of Health across the province
- Recruitment and retention of Medical Officers of Health

The challenges identified by ministry staff do not exist consistently across the province. Few if any of the issues have manifested themselves within Waterloo Region.

**Summary of the Expert Panel Recommendations**

Key recommendations from the Expert Panel Report include the following:

**Governance:**

- Replace current 36 Public Health units with 14 free standing autonomous regional boards of health (aligning the geographic boundaries for the new entities...
with the exiting LHIN boundaries).

- Board membership would consist of 12-15 appointees including municipal, provincial, citizen and other non public health sector (e.g. education, LHIN, social sector, etc.)
- Membership to reflect diversity of the community, skills and experience
- Establishment of standing committees to be defined in Regulations

Structure:

- The 14 new regional public health entities would be led by a Chief Executive Officer who would report directly to the Board of Health; a Regional Medical Officer of Health and a Senior Public Health Leadership team.
- Local Public Health Service Delivery Areas or sub-divisions of the regional entities to be located in multiple local communities and which are staffed by a Local Medical Officer of Health (reporting to the Regional Medical Officer of Health), local program and service management staff, and multidisciplinary teams of staff.

As indicated in the report, the proposed structure of 14 regional public health entities is intended to allow public health to:

- Centralize administrative and specialized public health functions at the regional level,
- Be accountable for public health standards provincially,
- Collaborate with LHINs and other partners to plan and tailor health services in their regions,
- Establish local public health service delivery areas within regions, based on population and geography, and
- Locate public health programs and services in local communities to maintain local engagement.

Impact and Implications of Panel Recommendations for Region of Waterloo Public Health

Region of Waterloo Public Health is 1 of 11 Public Health Units that currently operate under the administration of a regional or other municipal government structure. It operates in a fully integrated manner with other regional departments in areas such as social services, child care, housing, water supply, transportation, planning and community safety. Public Health occupies space at 99 Regina Street, Waterloo and at 150 Main in Cambridge and benefits significantly from shared corporate services including Finance, Information Technology, Human Resources and Citizen Services, Legal Services and Council and Administrative Services. Regional Council serves as the Board of Health.
The current integrated system in Waterloo Region has significant benefits from both a Public Health and Regional perspective; innovative approaches and effective collaborations in areas such as water protection and water quality, the Regional Official Plan, active transportation and by-law implementation (e.g. tobacco and pesticides) are examples where the municipally integrated model of public health governance has worked to the overall benefit of the community. If the recommendations from the Panel are accepted and implemented, Public Health would no longer be a part of the Region of Waterloo, and the integration and coordination with other Regional programs would be severely compromised. Regional Council’s role as the Board of Heath would cease. There would be no impact on the delivery of paramedic services by the Region.

In the new model, Public Health programs and services within Waterloo Region would be delivered by a regional public health entity with geographic boundaries the same as the Waterloo Wellington LHIN. The service delivery catchment area would also include the majority of the geographic area currently served by the Wellington Dufferin Guelph Health Unit. As one of 14 free standing autonomous regional boards of health, the Waterloo Wellington Public Health Entity would be governed by a Board with 12-15 members and led by a Chief Executive Officer, a Regional Medical Officer of Health and Senior Public Health Leadership. Within each LHIN area, the model also proposes the existence of several Local Public Health Service Delivery Areas; each would be lead by a Local Medical Officer of Health and Program Service Managers and staffed by multi-disciplinary front-line teams; the number of service delivery areas for each LHIN has not been confirmed at this time.

**Region of Waterloo’s Response Regarding the Expert Panel Report**

The provincial government has not committed to any specific next steps regarding the report recommendations beyond the consultation processes that conclude October 31\(^{st}\), 2017. The proposed changes recommended by the Expert Panel generally align with Ministry goals of integration of public health within the health care system. However, the Panel’s report does not include analysis and evidence to demonstrate the changes are the best possible approach; the report does not address how the current mandate of Public Health would be protected; financial implications have not be considered or detailed in the report. Implementation of the report’s recommendations creates a risk that there would be a potential loss of alignment with municipal partners and other key public health stakeholders locally. In general, the report provides no evidence that the recommendations would improve the delivery of public health services in the province as a whole or in specific geographic regions, or result in improvements to population health in Ontario.

For all the reasons noted above, Regional staff recommend that the Region NOT support the recommendations of the Expert Panel. Staff believe that Waterloo Region has been, and continues to be well-served by the current integrated approach to public
health delivery in this community.

From a Region of Waterloo perspective, key areas of concern with the Expert Panel recommendations include the following:

- **There is demonstrated success in Regional and Single Tier Public Health Units; one size does not fit all.** Public Health in Waterloo Region (similar to other Regional and Single Tier PHUs) currently performs its provincially mandated programs but is fully integrated into the regional structure where it is engaged and collaborates in areas including housing, social services, child care, water supply, transportation and planning. In addition, Public Health receives cost effective support from the Region’s corporate areas including human resources, legal, finance and information technology. Our public health unit has benefited significantly from local political engagement, ownership and oversight, most notably during situations such as the implementation of the tobacco by-law locally. Separating public health units such as Waterloo Region Public Health which are currently part of the Regional government structure may have unintended negative consequences related to governance, processes and collaboration, and result in the dis-integration of public health from other municipal services.

The province’s goal of addressing some existing challenges of structure, organization, governance, and accountability within Ontario’s public health system does not require a one size fits all model of standardization. The challenges the Ministry is trying to address do not exist consistently across the province, and certainly have not been identified in Waterloo Region. Current structure, organization, governance and accountability is working effectively in Waterloo Region. Removing public health from the current integrated municipal structure locally has the potential to weaken the role of public health in our community and undo much good work that has been done, decrease municipal public support, weaken the ability of public health to be partners in municipal services, planning and programming and lower the profile of our public health programs and services locally. The ministry should consider alternative or hybrid models across the province in order to best meet the needs of communities and populations served.

- **All changes to the structure and governance of the province’s public health system should be evidence informed to ensure best possible population health outcomes.** The panel’s report does not include analysis of the implications of the recommended integration from a program/service, patient or cost/benefit perspective. Public health’s role in affecting the social determinants of health cannot be overstated. The capacity of the system to achieve the goal of a healthy population regardless of age, sex, language, socioeconomic status or
geography needs to be strengthened; removing public health units from municipal structures/partnerships could negatively impact success in addressing social determinants of health. There needs to documented analysis and evidence demonstrating that any proposed changes are the best way to achieve the desired outcome.

- **The mandate of public health should be maintained and preserved.** Public Health's core function is the prevention of disease, and the protection and promotion of health. If fully implemented, the panel's recommendations will fundamentally change the public health system and place it within the health care system. There is a risk that integration within the health system (which is dominated by a focus on care and treatment) will dilute the Public Health mandate and shift away from local population based services and work with a wide range of partners including municipalities, school boards and community organizations toward health-care and clinical services. The benefits of local municipal integration in addressing the non-health care related aspects of public health, such as the determinants of health and collaboration with local and municipal non-health care partners is critical to the mandate of public health.

A key goal of Patients First was to strengthen linkages and partnerships between the health care system and public health. In addition, the Ontario Public Health Standards review also aimed to build stronger linkages between Public Health Units and LHINs, to support integrated planning within an integrated health care system. Formalized linkages and public health support to integrated planning can occur without the structural and organizational changes proposed in the Panel's recommendations. Structural integration as proposed in the report is not a prerequisite for the accomplishment of these goals.

- **Overall funding for the public health system must be maintained; resources should not be diverted to new administrative structures, and local levies should not be spread beyond municipal boundaries.** There is a risk that the proposed changes will result in diminished supports (financial and in-kind) if the role of municipalities in the delivery of public health is lessened. There is also the risk that local levy shares will be spread over other municipalities, thus diminishing program spending within the Region.

Any changes to the system should not increase funding obligations of municipalities and must promote long-term sustainability and adequate resourcing of the public health system. In the current model, significant in kind administrative and back office support and shared services are provided by municipalities, and a significant number of regions and municipalities cover funding gaps or pay more than 25% of approved cost shared budgets. In the
proposed model, these local financial supports to public health would disappear and program support would diminish.

Rather than a new funding and oversight relationship with LHIN’s, the continuation of a direct relationship between the Ministry of Health and Long-Term Care would help to ensure that the envelope of public health funding is at least maintained and public health programs sufficiently resourced in the long term. In addition, any transition costs related to changes in the system should be funded separately by the Ministry of Health and Long Term Care; the current funding envelope for local public health must be maintained for the delivery of programs and services.

- **Testing of any new model should take place in areas where the Province has identified issues.** If the government wishes to test a new model for public health delivery, it should be done first in the existing autonomous health units where the province has identified concerns, prior to considering such changes to health units that are integrated within municipal structures.

If implemented, the panel’s recommendations will fundamentally change the delivery of public health in the province of Ontario and locally in Waterloo Region. The magnitude of change and potential disruption to the system is very significant. If after weighing the benefits and risks of implementing the proposed changes the ministry decides to proceed, there must be commitment to change management processes, time for transition, risk mitigation strategies and course correction as necessary at the local, regional and provincial level.

In the proposed model, new administrative structures would need to be created in the 14 new autonomous health entities. The new structure would need to be better or at least equivalent to what is currently offered by the Region in order to justify the disruption and risk to current effective public health service delivery in the Region of Waterloo. Given the proposed structure would need to be created and is untested, consideration should be given by the Ministry to implementation of the proposed model with existing autonomous health units first, leaving the existing large municipally integrated health units intact (covering most of the population of urban Ontario) until such time as the proposed structure can be examined and evaluated as to impact on public health service delivery following implementation in the autonomous health units.

- **Municipal boundaries must be respected.** Region of Waterloo Public Health is committed to continue the development and maintenance of an effective relationship with the Waterloo Wellington LHIN. However, existing municipal boundaries and relationships with municipal partners must be respected. The
entire geographic area of Waterloo Region is within the current boundary of the Waterloo Wellington LHIN; any potential modification to LHIN boundaries in the future should ensure that all of Waterloo Region continues to be within one LHIN boundary.

The Association of Municipalities of Ontario’s Response to the Recommendations of the Expert Panel

A recent press release and briefing note issued by the Association of Municipalities of Ontario (AMO) indicates that they also do not support the recommendations of the Expert Panel on Public Health; AMO is urging the government not to adopt the recommendations. The press release and briefing note are included as attachments to this report.

Ontario Public Health Standards

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services.

This report provides information that supports the ongoing education for Board of Health members to help them remain abreast of emerging public health issues and developments. Specifically, this report provides summary information regarding the recently released report of the Minister’s Expert Panel on Public Health – Public Health within an Integrated Health System. The recommendations contained in the report are currently under consideration by the Ministry of Health and Long Term Care; consultation continues until October 31st, 2017. If approved, the recommendations would fundamentally change the governance, structure and delivery of public health services within Waterloo Region.

Corporate Strategic Plan:

Region of Waterloo Public Health works in collaboration with other regional departments and our community partners to build healthy and supportive communities. The 2015-2018 strategic plan focus areas of particular relevance and significance are:

- Healthy, Safe and Inclusive Communities and
- Responsive and Engaging Government Services.

Financial Implications:

The majority of the Public Health programs and services are funded within the Department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75%
by the province’s Ministry of Health & Long Term Care with the remainder funded by the local tax levy. To a lesser extent, some programs are funded 100% by the province.

Public health funding was not within the scope of the Panel’s mandate and therefore the recommendations contained in the Panel’s report do not specifically address the funding of public health programs. However, the Panel has flagged that the current public health funding model may be a barrier to implementing the proposed structure and has recommended revisiting the current funding arrangement for the delivery of public health programs in the province.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1: AMO Press Release
Attachment 2: AMO Briefing


Prepared By: Anne Schlorff, Acting Commissioner
Approved By: Anne Schlorff, Acting Commissioner
Dr. Hsiu-Li Wang, Acting Medical Officer of Health
AMO Opposes Proposed Changes to Public Health System

The government is considering far-reaching changes to the public health system based on recommendations made by the Expert Panel on Public Health in their report – Public Health within an Integrated Health System, which was released on July 20, 2017.

After careful consideration by AMO’s Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges the government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. Further information on AMO’s analysis position is found in the attached briefing note.

AMO is encouraging municipal leaders and councils to review the report and voice their opposition to Minister Dr. Eric Hoskins, Minister of Health and Long-Term Care, and local MPPs.

AMO Contact: Monika Turner, Director of Policy, mturner@amo.on.ca, (416) 971-9856 ext. 318.
Attachment 2: AMO Briefing Note

BRIEFING NOTE

To: AMO Membership
Date: October 12, 2017
Subject: AMO’s Response to the Expert Panel on Public Health

ISSUE: AMO does not support the recommendations of the Expert Panel on Public Health as outlined in the report, Public Health within an Integrated Health System, released on July 20, 2017. In the AMO President’s correspondence, AMO demands that the government not change the public health system as recommended. The President’s letter dated October 12, 2017 is included in this note in Appendix A.

SUMMARY OF AMO’S RESPONSE:
AMO does not support the recommendations of the Expert Panel on Public Health. We urge the Minister of Health and Long-Term Care and the provincial government not to adopt the recommendations given there is no clear evidence to justify such changes to the public health system. Integrating public health within the health care system would completely change and dilute over time the mandate of the local public health system.

ANALYSIS:
If the Expert Panel recommendations are implemented it will completely change the public health system and place it within the health care system. Neither the Expert Panel nor the Ministry have provided analysis on the implications of integrating from either a patient, program/service, or cost benefit analysis perspective. There is no solid empirical foundation provided to support the proposed change.

Many within the municipal sector are very opposed to integration of public health within the broader health care system for many reasons:

- Public Health will lose its local focus – even if there are local public health service delivery areas.
- The Public Health Units in Regional and Single-Tier municipal governments are fully integrated into the municipal system – regarding governance, as employees and linked to other parts of municipal services (i.e. planning, transit, housing, social services).
- There is a risk that integration will dilute the Public Health mandate and shift away from local population-based services toward clinical services to support the primary care system given those under resourced needs.

Creating coverage in larger geographic areas may help create critical mass, however, integration will be challenging in northern, rural and remote areas given smaller, spread out populations.

The recommendations concerning governance will weaken the local elected official voice by seeking to increase community members (LHINs, school boards) appointed to Boards of Health. The local elected official voice is important to reflect overall community need. The new model will only serve
to dilute municipal government involvement in Public Health. Being an elected official is a core competency. Elected officials bring a lens of value for money and the needs of the broader community.

It is suggested that the further that Public Health gets from the municipal core, the more the Province should be responsible for funding. Municipal governments may be less inclined to top up funding or contribute other in-kind municipal resources especially in the case of single-tier and regional governments where full integration of Public Health into the municipal system is the case. It may also be challenging to maintain close connections between local councils and Boards the larger and more regional they become. Municipal governments should have a strong role. It cannot be assumed that this will continue in a new model. This is a significant risk.

AMO's Health Task Force and the AMO Board carefully considered the matter of the Expert Panel's recommendations. AMO is opposed to the new proposed model for the reasons listed above. It is simply not clear that the benefits are worth the significant proposed disruption to the system. As well, it is also not clear the exact problem that the government is trying to address and, more broadly, what is the vision for the health care system. Until this is known and agreed to, as funding partners, it is challenging to respond to the need for change in Public Health.

In making its decision, the Board was guided by the following principles:

1. **Preserve the mandate of Public Health** – To make sure Public Health and its staff is not overwhelmed by the needs of health care services. Maintaining the distinctive role of Public Health to provide preventative and population-based health services that meet local needs, as a complimentary and equal partner to primary care's provision of clinical treatment services.

2. **Maintain the full range of current functions of Public Health** – To fulfill the mandate and desired public health outcomes ranging from disease prevention and health promotion to research and knowledge transfer. These are essential components to a well-functioning public health system.

3. **Enhance the capacity of Public Health** – To achieve better prevention and population health outcomes for local communities.

4. **Increase access to high quality health care informed by population health planning** – To guide primary care delivery that meets local needs.

5. **Achieve equity in health outcomes** – To benefit all individuals and regions of the Province in an equitable manner.

6. **Maintain local flexibility** – To ensure a One Size Doesn’t Fit All model of standardization acknowledges the diversity of Ontario including areas of the Province (north-south, east-west, and rural-urban), and the diverse health need in different regions.

7. **Good public and fiscal policy** – To ensure change is driven by a clear public policy purpose and backed by evidence that any new arrangements will better suit that purpose. Change must be cost neutral for municipal governments.
8. **Facilitate greater partnerships and collaboration** - To maintain and strengthen linkages with the broader health care system but also with municipal and community services.

9. **Achieve good governance relationships** - To ensure that proper oversight models are in place that are appropriate for a public health organization, and for services, which are municipally funded.

10. **Support funding relationships** - To promote long-term sustainability with adequate resourcing and an appropriate direct relationship between Public Health and the Ministry of Health and Long-Term Care, rather than a new funding and oversight relationship with Local Health Integration Networks (LHI\(\text{Ns}\)).

11. **Accountable** - To establish clear accountability to both the public at the local level and to the Province.

12. **Transperent** - To build public confidence that models and structures achieve good outcomes at a reasonable cost.

**BACKGROUND:**

**Public Health**

Public health services, including both disease prevention and health promotion, are an essential part of Ontario’s health services continuum. Municipal governments play a major role, often as the employer, and have significant responsibilities in delivering public health services. Ontarians are served by 36 local boards of health that are responsible for populations within their geographic borders. Most boards are autonomous entities while some have the local municipal council serving as the board of health. Among other requirements mandated by the Province, local boards of health are responsible for implementing the provincially mandated 2008 Ontario Public Health Standards.

Currently, public health services are cost shared as a 75% provincial and 25% municipal responsibility. In 1998, under the *Services Improvement Act*, municipalities became responsible for 100% funding of all public health units and services. This was quickly amended in 1999, when the 50/50 cost sharing arrangement between the municipal and the provincial governments was reintroduced. It stayed at this level throughout the 2000 Walkerton tragedy and the 2003 SARS outbreak.

In 2004, the provincial government launched Operational Health Protection to address long-standing public health system capacity issues that included phased-in increases to the provincial share of public health funding to 75% by 2007. Under the *Health Protection and Promotion Act*, 1990, the Province may provide grants to municipalities to assist with public health costs whereas municipal governments are legislatively responsible for public health funding. In 2006, the Capacity Review Committee’s (CRC) report was released. CRC’s recommendations on changes to governance and amalgamations of specific health units were not implemented by the Province.

In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs/Ontario Public Health Standards (source: 2015 F\(\text{I}\)R of conditional grants). So, municipal governments are paying above the required cost sharing amounts.
Expert Panel on Public Health

To review and envision a new role for Public Health with the context of the Patients First Act and the revised standards, the government convened an Expert Advisory Panel. Gary McNamara, Mayor of Tecumseh, was appointed to the panel by the Minister, as an individual, not as a municipal representative selected by AMO.

The work of the Expert Panel is important, as it has come up with recommendations to the government intended to redefine the role of Public Health for years to come. The Minister gave the panel a mandate to look at how public health could operate within an integrated health system. The panel tabled the report to the Minister in June 2017.

The key recommendation proposes an end state for Public Health within an Integrated Health System that would have Ontario establish 14 regional public health entities—that are consistent with the LHIN boundaries.

Other Expert Panel Report recommendations include:

Proposed Leadership Structure consisting of:

- Regional public health entity with a CEO that reports to the Board and a Regional Medical Officer of Health (MOH) who reports to the Board on matters of public health and safety.
- Under each regional entity would be a Local Public Health Service Delivery Area with a Local Medical Officer of Health (reporting to the Regional MOH), local public health programs and services.

Proposed Board of Health Governance would be freestanding autonomous boards:

- Appointees would be municipal members (with formula defined by regulation), provincial appointees, citizen members (municipal appointees), and other representatives (e.g. education, LHIN, social sector, etc.).
- varied member numbers of 12 – 15
- diversity and inclusion – board should reflect the communities they serve
- qualifications – skills-based and experience
- Board to have the right mix of skills, competencies, and diverse populations.
- “Municipalities should also be encouraged to appoint a mix of elected officials and members of the community to ensure diversity and continuity and to reduce challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health."

The Expert Panel was not asked to make specific recommendations on implementation; however, they did identify elements that should be considered in developing an implementation plan. These elements include:

Legislation

Funding – It was noted that “as part of implementation planning the Ministry will need to revisit funding constructs in order to implement the recommendations”.

Transition Planning/Change Management – with wording that says:

- “The transition from the current 36 local boards of health to a smaller number of regional boards of health will have particular implications for municipalities and municipal members. It is important that the new board structure recognizes and protects municipal interests, while recognizing the potential for competition for municipal seats.”
- “To ensure greater consistency across the province, it may be helpful to work with the Association of Municipalities of Ontario to develop the criteria for municipal representation on the new regional boards.”
- Effective linkages with LHINs and the Health System.
Appendix A

Office of the President

October 12, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

After careful consideration by our Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges you and the provincial government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. There was no clear demonstration of any benefits of such a change in the public health system.

Our many concerns on the Expert Panel recommendations include:

- Public health will lose its local and community focus. It is currently integrated within its communities with multiple local linkages with both public and private bodies and organizations.
- A large number of the current public health units are fully integrated within a municipal system that enables coordinated planning, policy and program work with and between municipal services such as land use planning, transit, parks, housing and social services. The health unit staff are also municipal employees.
- For the autonomous public health units, there are also strong and vibrant local linkages with their municipal governments and services that would be severed or at least damaged by moving to a regional public health structure.
- The proposed governance model will reduce the local leadership voice in decision-making.
- Ensuring critical mass for emergencies does not need to be addressed only structurally.
- Serving the populations in rural and northern Ontario is already challenging. Experience has shown that making an entity regional does not generally help such situations.
- Amalgamations are not for the faint of heart and they do not generally produce the expected outcomes or efficiencies.
Municipal governments are your funding partners in public health – not merely stakeholders. In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs. To act upon the Expert Panel’s recommendations, would create significant fiscal churn and likely municipal reduction in our cost-sharing world.

Given the grave concerns of what would be lost by implementation of these recommendations without any evidence of benefit lead us to our decision not to support them. The significant municipal interest and stake in this matter cannot be understated. We are asking for your commitment not to adopt all or any of these recommendations.

We would appreciate an opportunity to discuss this with you soon.

Sincerely,

Lynn Dollin
AMO President

cc: The Honourable Kathleen Wynne, Premier
    The Honourable Bill Mauro, Minister of Municipal Affairs
    Dr. Robert Bell, Deputy Minister, Health and Long-Term Care
    Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care
    Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care
Region of Waterloo
Planning, Development and Legislative Services
Cultural Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: October 24, 2017

File Code: R-07-02

Subject: Selection of Final Public Art Projects for the ION LRT

Recommendation:

That the Regional Municipality of Waterloo approve the final design and budget for the following public artworks within the ION LRT corridor: The Passenger by Brandon Vickerd as part of the Research and Technology Stop Improvements; Arras by Lauren Judge and Elana Chand as part of the Fairway Transit Driver's Facility; and Fabric of Place by Lilly Otasevic as a pedestrian area enhancement at the Albert McCormick Community Centre crossing as outlined in Report PDL-CUL-17-09 dated October 24, 2017.

Summary:

On February 14, 2017 Regional Council approved the selection of ten public artworks to be located in the ION LRT corridor (Report No. PDL-CUL-17-02). Seven artworks were selected and fully approved for specific ION LRT stops. Three additional artworks were selected to be located at other sites within the ION LRT corridor. These artworks were to be revised and rescaled for the proposed locations, with staff returning to Council for approval of the final selection and expenditures. The three additional public artworks that have now been finalized are: The Passenger by Brandon Vickerd, Arras by Lauren Judge and Elana Chand, and Fabric of Place by Lilly Otasevic.

Report:

Regional Council has approved the selection of ten public artworks to be located in the ION LRT corridor (Report No. PDL-CUL-17-02, dated February 14, 2017). Seven artworks were selected for specific ION LRT stops, and three additional artworks were
selected to be located at other sites within the ION LRT corridor. At the time of Council approval, it was acknowledged that the additional artworks would need to be rescaled and revised to fit into the newly proposed locations. All three additional public artworks have now been finalized to best fit into their new locations at the same time as maintaining the artistic integrity and impact of the artwork. Staff are returning to Council for approval of the final selection and expenditures.

The Passenger by Brandon Vickerd was designed for installation in the midst of any busy pedestrian environment. The exact siting for the artwork is being determined as part of the R&T Park Station Access Improvements project, and no redesign of the original concept has been recommended. The Passenger is a bronze sculpture that would take an ordinary scene, a person waiting for transit, and make it extraordinary. The artwork would be an intricate sculpture, full of life and detail. Passers-by would at first just catch a glimpse and take a second look, but then be drawn in to study the surreal, and perhaps reflect on the role of nature in our urban environment.

Figure 1: The Passenger by Brandon Vickerd.

Arras by Lauren Judge and Elana Chand, initially designed to be located on a retaining wall, has been redesigned as an integrated part of the Fairway Transit Driver's Facility. Originally, it was expected that the artwork in the new location would be much smaller (scaled to 55%). The current recommendation is to have the colourful mosaic cover all four corners of the building, allowing it to be close to the same scale as the original design. The new location is also much more accessible to the public than the original retaining wall location. Arras is inspired by globally recognized historical textile patterns in bright and welcoming colours. The designs would be connected like patchwork and form a system of warmth and beauty. Through a series of community art workshops, the artists plan to guide community members in the creation of sections of the wall, producing new and positive memories from an interactive experience that, once installed, would develop into a sense of ownership at the transportation stop.
Fabric of Place by Lilly Otasevic has been selected to be a pedestrian area enhancement at the Albert McCormick Community Centre crossing. Fabric of Place was designed as a scalable interactive sculpture, with up to fourteen individual panels to be mounted on an existing structure. In the selected location, the artwork would have five self-supporting panels, installed to follow the curve of the sidewalk at the end of Old Albert Street. Three panels would be made of epoxy coated aluminum to resemble traditional fabric patterns that represent diversity and connectedness. The patterns would be determined in consultation with members of the local community. The other two panels would be made of combination of stainless steel tubes and movable bi-coloured aluminum squares. Visitors would be able to manually rotate the color squares changing the design of the sculpture.

Figure 2: Arras by Lauren Judge and Elana Chand.

Figure 3: Fabric of Place by Lilly Otasevic.
Artworks would all be commissioned and installed in time for the start of ION LRT service operation.

**Corporate Strategic Plan:**

This public art project supports Focus Area 1 through the specific Regional strategic objective of “enhancing arts, culture and heritage opportunities to enrich the lives of residents and attract talent and visitors”, and Corporate Strategic Action 3.6.1 “Create additional features in the ION corridor to enhance placemaking, living, working and travelling experiences”.

**Financial Implications:**

In early 2017, Regional Council approved an expenditure of up to $875,000 to be funded from the Public Art Reserve Fund, including contributions of $560,000 from the ION Rapid Transit Project to the Reserve Fund, and $30,000 from both the Fairway Transit Drivers Facility and R&T Park Station Access Improvements projects.

As part of the original budget, it was estimated that the rescaled artworks would cost approximately $40-$80,000 per artwork, for a cost of $177,000.

The final budget for the artworks, reflecting the recommended artwork designs in terms of scale and additional structural elements, is shown below. There are sufficient funds in the Public Art Reserve fund to cover the additional $28,500 required.

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**Other Department Consultations/Concurrence:**

Staff from Corporate Services (Facilities Management and Finance) and Transportation and Environmental Services (Transit and Rapid Transit) are working collaboratively on this project. They have reviewed this report and their comments have been included.
Attachments

None.

Prepared By:  Kate Hagerman, Cultural Heritage Supervisor

Approved By:  Rod Regier, Commissioner, Planning, Development and Legislative Services
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