Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, November 6, 2018

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

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 PHE-18-01, Infectious Diseases in Waterloo Region: Surveillance Report 2017 (Information)

Should you require an alternative format please contact the Regional Clerk at Tel.: 519-575-4400, TTY: 519-575-4605, or regionalclerk@regionofwaterloo.ca
4.2 PHE-HPI-18-07, Quarterly Charged/Closed Food Premises Report (Information)

Page 10

4.3 PHE-IDS-18-11, Influenza – Previous Season Summary and 2018 – 2019 Plan (Information)

Page 16

4.4 CSD-CHS-18-12, Sublicense Approvals for the Elmira Family Centre

Page 22

Recommendation:

That the Regional Municipality of Waterloo approve entering into Sublicense agreements for the Elmira Family Centre with:

- The Kitchener-Waterloo Young Men’s Christian Association to operate an EarlyON Child and Family Centre
- The Elmira Community Nursery School to operate a half day community nursery school program

All to the satisfaction of the Regional Solicitor and as further detailed in Report CSD-CHS-18-12 dated November 6, 2018.

4.5 CSD-CHS-18-13, 2018 Children’s Services New Service Contract & Funding Update (Information)

Page 25

4.6 CSD-HOU-18-24, Waterloo Region Housing Tenant Engagement Summary (Information)

Page 30

Regular Agenda Resumes

5. Information/Correspondence

5.1 Council Enquiries and Requests for Information Tracking List

Page 35

6. Other Business

7. Next Meeting – December 11, 2018

8. Adjourn
Region of Waterloo
Public Health and Emergency Services
Medical Office/ Epidemiology and Health Analytics

To: Chair Geoff Lorentz and Members of the Community Services Committee  
Date: November 6, 2018  
File Code: P03-80  
Subject: Infectious Diseases in Waterloo Region: Surveillance Report 2017

Recommendation:
For information.

Summary:
As per Ontario’s Health Protection and Promotion Act (HPPA), a number of infectious diseases must be reported to local public health units. This report presents highlights from the monitoring of infectious diseases reportable to Public Health in 2017.

Key trends highlighted in the report include:

- Approximately one-third of enteric disease cases in Waterloo Region in 2017 were travel related; almost all enteric disease rates in Waterloo Region were lower or similar to those of Ontario in 2017.
- Rates of chlamydia and gonorrhea continue to increase among young adults in Waterloo Region, similar to the trend in Ontario, with the most commonly reported risk factors being unprotected sex and multiple sexual partners; strategies are being developed to address this increase with community partners and local universities and colleges.
- Cases of active tuberculosis in Waterloo Region increased in 2017 which reflects the growing patterns of immigration, mobility and international travel in Waterloo Region.
- 2017-2018 was a busy influenza season with the highest number of cases on
record in Waterloo Region; provincial influenza rates were also higher than in previous seasons.

Report:

Background

Infectious diseases are illnesses caused by microorganisms such as bacteria, viruses, and parasites. Infectious diseases have the potential to cause serious illness and can have community-wide implications. As such, Region of Waterloo Public Health undertakes a number of activities to prevent or reduce the burden of infectious diseases in the community.

In Ontario, the Health Protection and Promotion Act (HPPA) outlines all infectious diseases of public health importance that must be reported to local public health units by physicians, hospitals, institutions, schools, laboratories, and other healthcare practitioners\(^1\). In addition, the Infectious Diseases Protocol of the Ontario Public Health Standards (OPHS) mandates that local all public health units prevent, control, and manage infectious diseases of public health importance.\(^2\)

In order to meet its HPPA and OPHS requirements, Region of Waterloo Public Health implements a variety of programs and services related to infectious disease prevention and control for residents and visitors of Waterloo Region. These programs and services include:

1) Case and contact management of cases and exposures of diseases of public health significance (see Appendix C in the full Infectious Disease report for complete list);
2) Outbreak management, including community outbreaks and those in institutions;
3) Health promotion activities and services for community groups, including, but not limited to, primary care providers, emergency service workers, and childcare providers; and,
4) Clinic-based services for sexual health, immunization, tuberculosis screening, and management.

The Infectious Diseases in Waterloo Region Report for 2017 provides an update to the community on the local status of infectious diseases of public health significance. The findings from this report will be used to inform local public health programming in the prevention and transmission of reportable, infectious diseases in Waterloo Region.


Key Findings

Approximately one-third of enteric disease cases in Waterloo Region in 2017 were travel-related

- 34.1% of all enteric disease cases in Waterloo Region were travel-related.
- Travel outside of the province was the most common risk factor reported for amebiasis, salmonellosis, yersiniosis, and typhoid/paratyphoid.
- Local rates of yersiniosis, which is largely travel-related, have been experiencing increasing trends over the last 6 years, but case counts are still low (15 yersiniosis cases in 2017). Provincially, rates of yersiniosis are also gradually increasing (162 cases in 2012 compared to 279 cases in 2017).

Almost all enteric disease rates in Waterloo Region were lower or similar to those of Ontario in 2017

- The exception is the local rate of campylobacteriosis in 2017 (29.4 per 100,000) which was higher than that of the province (24.3 per 100,000). The higher rate in Waterloo Region in 2017 was associated with several local cases in 2017 which were confirmed to be linked to an outbreak that occurred at a private event outside Waterloo Region with undercooked pork as the probable source.
- Region of Waterloo Public Health manages and controls enteric diseases by following up with reported cases and their contacts and providing education regarding risk factors and prevention.

Rates of salmonellosis in Waterloo Region have been decreasing

- Local rates of salmonellosis have been decreasing in recent years and the 2017 local rate (16.2 per 100,000) is lower than the province (19.4 per 100,000).
- Reasons for the decreasing trend are unknown.

Lyme disease rates remain low in Waterloo Region in 2017

- Local Lyme disease rates in 2017 remain low and have been relatively stable over the last 5 years (7 cases in 2017, rate of 1.2 per 100,000).
- Ontario experienced an increase in Lyme disease activity in 2017 (7.0 per 100,000 in 2017 compared to the past 5-year average of 2.3 per 100,000).
- All local cases were acquired during travel outside of Waterloo Region.
- The black-legged tick is not currently established in Waterloo Region, however several areas in Ontario have been identified as endemic including: Pinery Provincial Park, Hamilton, Wainfleet Bog in Niagara Region, Kenora/Rainy River, and the north shores of Lake Erie, Lake Ontario, and Lake Huron.
- The latest 2018 map of Lyme disease risk areas in Ontario (produced by Public Health Ontario) can be found at: https://www.publichealthontario.ca/en/eRepository/Lyme_disease_risk_areas_map.pdf
• Region of Waterloo Public Health continues to reduce exposure to Lyme disease through public education, investigation of suspect human cases, and identification and testing of ticks that are found on humans for tick population surveillance purposes.

**West Nile Virus activity in Ontario increased in 2017**
- Local rates of West Nile Virus (WNV) remained low in 2017 (three confirmed cases in 2017), but there was more WNV activity in the province overall in 2017 compared to previous years (Ontario had 159 cases provincially which is the highest it has seen since 2012).
- Higher levels of precipitation in 2017 resulted in conditions that were favourable for increases in the mosquito population which also caused WNV activity to increase across the province.
- Region of Waterloo Public Health implements mosquito prevention and control programs which monitor the presence of WNV in mosquitos, control mosquito populations by removing standing water and/or applying control treatment (mosquito larviciding) where mosquitos breed, and investigate suspect human cases.

**Increased rates of chlamydia and gonorrhea among young adults similar to provincial trends**
- Rates of chlamydia have been increasing both locally and provincially since 2007.
- The highest rates of chlamydia are among 20-24 year-olds, followed by 15-19 year olds and 25-29 year olds; chlamydia rates are higher among females in all age groups.
- The highest rates of gonorrhea were observed among 20-24 year olds, followed by 20-29 and 30-34 years olds; gonorrhea rates are higher among males than females overall and in all age groups except for 15-19 year olds where the rates were higher among females than males.
- The most commonly reported risk factors for local cases include unprotected sex and having multiple sexual partners. Research also suggests that social determinants of health, in particular, low socioeconomic status as well as stigmatization, contribute to a higher incidence in young people.
- To address high sexually transmitted infection (STI) rates amongst 19-24 year-olds, Region of Waterloo Public Health has initiated a situational assessment with community partners and local universities and colleges. From this assessment and evidence, this committee will develop a strategy along with measurable objectives.
- Public Health offers enhanced services to youth, including offering a specific youth clinic and as well as public health nurse availability at Waterloo Region District School Board secondary schools on a weekly basis.
• Public Health also continues to offer free and confidential sexual health clinics, including at community sites.

Increased number of active tuberculosis cases in Waterloo Region in 2017
• The local rate of active tuberculosis (TB) increased significantly in 2017 (5.4 per 100,000 in 2017 compared to 2.0 per 100,000 in 2016) and was higher than that of the province in 2017 (4.7 per 100,000).
• Local active TB cases consist primarily of those who recently lived or travelled to tuberculosis endemic areas. The higher number of cases in our region is not unexpected due to increased immigration to Waterloo Region, as well as increased patterns of travel and mobility among Waterloo Region residents overall.
• Treatment for active TB requires taking medication for six to nine months or longer. Active TB treatment is mandatory, and all cases are followed until treatment has been completed. Three cases demonstrated resistance to one or more TB drugs which requires more specialized treatment. Region of Waterloo nurses manage all active TB cases together with local physicians and specialists, and investigate and follow-up on contacts of cases.
• Health promotion projects are being implemented to focus outreach in priority populations (i.e. populations at higher risk of TB)

A very busy influenza season in 2017-2018
• A high number of confirmed influenza cases were reported in Waterloo Region in the 2017-2018 season, the highest number of cases on record (492 cases) compared to previous years. While not unusual, it illustrates the variation we can expect to see in terms of influenza activity from year to year.
• Provincial influenza rates were also higher than previous seasons (118.8 per 100,000 compared to the previous 5-season average of 82.0 per 100,000).
• As if often the case, influenza rates were the highest in the 60-64 and 65+ age groups.
• Although the majority of cases were Influenza A (61%), there was more Influenza B circulating in 2017-2018 compared to previous seasons.
• There were 46 influenza institutional outbreaks in 2017-2018, the majority of which were influenza A.
• Region of Waterloo Public Health promotes the immunization of health care staff through the “Big Shot Challenge”; 80% of ROWPH nurses and 76.7% of long term-care and retirement home health care staff were immunized.
• Public Health also coordinates the distribution of vaccines through Public Health Clinics and by redistribution of vaccine to health care providers; there were 348 distributors in 2017-2018 which included physician offices, pharmacies, long-term care homes, and other agencies. In total, 147,901 influenza vaccines were
distributed in the 2017-2018 season. The amount of vaccine distributed over the past few years has remained stable.

- The 2017-2018 influenza vaccine was a good match for the Influenza B strain contained within the quadrivalent (four strain) vaccines but was not as effective for the A strain. Those persons who received the trivalent (three strain) vaccine were not protected against the predominant circulating B strain of influenza.²

**Conclusion**

Infectious diseases have the potential to cause serious illness and can have community-wide implications. As such, Region of Waterloo Public Health undertakes a number of activities to prevent or reduce the burden of infectious diseases in the community. The Infectious Diseases in Waterloo Region Surveillance Report for 2017 provides an update to the community on the local status of infectious diseases and the findings from this report will continue to be used to inform local public health programming in the prevention and transmission of reportable, infectious diseases in Waterloo Region.

**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 to meet the surveillance and population health assessment requirements of the Infectious Diseases Standard in the Ontario Public Health Standards.

**Corporate Strategic Plan:**

The Infectious Diseases in Waterloo Region Surveillance Report contributes to the strategic objective 4.4 Promote and support health living and prevent disease and injury in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

**Financial Implications:**

Activities related to Infectious Diseases programming are accomplished within the approved Public Health Department base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health). The majority of the programs are funded up to 75% by the province with the remainder (25%) funded by the local tax levy. To a lesser extent, there is some additional 100% provincial funding to allow for increased capacity in specific initiatives such as Safe

² In 2017-2018, the province of Ontario funded vaccines that were either trivalent or quadrivalent. The trivalent vaccines protected against two strains of Influenza A and one strain of Influenza B, and were publicly funded for adults. The quadrivalent vaccine protected against the 3 strains contained in the trivalent vaccine plus an additional B strain, and was primarily funded for children and adolescents less than 18 years of age.
November 6, 2018

Report: PHE-18-01

Water, Safe Food and Outbreak Response.

Other Department Consultations/Concurrence:
Nil

Attachments

Prepared By: Arianne Folkema, Epidemiologist, Epidemiology and Health Analytics

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

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: November 6, 2018
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 2018.

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 or by contacting Public Health directly, as part of the ongoing commitment to transparency and timely customer service.

Report:
During the third quarter of 2018 there were 12 charges issued to 6 food premises under the Ontario Food Premises Regulation 493, and 2 premises were ordered to close, under the Health Protection and Promotion Act. (See Table 1: Food Safety Enforcement 2841034}
Food premises charges and closures can be viewed on the Check it! We Inspect it! Public Health Inspection Reports are posted on the website for two years. Charges and closures are posted on the 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 premise 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

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

<table>
<thead>
<tr>
<th>Name Of Establishment</th>
<th>Reason for the Order</th>
<th>Date of Order</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rolling Pepper</td>
<td>Maintain the food premise in an unsanitary manner creating conditions deemed to be a health hazard</td>
<td>September 6</td>
<td>Re- opened October 5</td>
</tr>
<tr>
<td>4-2 King St N, Waterloo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Yummy Chongqing</td>
<td>Failure to provide adequate protection against contamination of the food storage and preparation areas due to inadequate pest control.</td>
<td>September 21</td>
<td>Re-opened September 26</td>
</tr>
<tr>
<td>6A-150 University Ave W, Waterloo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Charges

<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>Turtle Jacks Muskoka Grill</td>
<td>Two Provincial Offence Notices issued on July 4.</td>
<td>1. Fail to protect food from contamination or adulteration. $580</td>
<td>$1160</td>
</tr>
<tr>
<td>4289 King St E, Kitchener</td>
<td></td>
<td>2. Refrigerate potentially hazardous foods at internal temperature above 4 Degrees Celsius. $580</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thai Coconut Island</td>
<td>One Provincial Offence Notice issued on August 1.</td>
<td>1. Operate food premises in a manner adversely affecting sanitary condition. $580</td>
<td>$580</td>
</tr>
<tr>
<td>8B-580 Hespeler Rd, Cambridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickoos</td>
<td>One Provincial Offence Notice issued on August 3.</td>
<td>1. Maintain potential hazardous foods at internal temperature between 4C and 60C. $575</td>
<td>$575</td>
</tr>
<tr>
<td>104-280 Lester Street, Waterloo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chen’s Restaurant</td>
<td>Three Provincial Offence Notices issued on August 9.</td>
<td>1. Food Premise maintained in manner adversely affecting sanitary operation. $575</td>
<td>$1220</td>
</tr>
<tr>
<td>19-170 University Ave W, Waterloo</td>
<td></td>
<td>2. Sanitize utensils using a sanitizer for which a test reagent is not readily available. $70</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Fail to protect food from contamination or adulteration. $575</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>River And Lake</td>
<td>Two Provincial Offence Notices issued on August 15.</td>
<td>1. Food Premise maintained in manner adversely affecting sanitary operation. $575</td>
<td>$955</td>
</tr>
<tr>
<td>8B-150 University Ave W, Waterloo</td>
<td></td>
<td>2. Fail to sanitize utensils as often as necessary. $380</td>
<td></td>
</tr>
<tr>
<td>Name Of Establishment</td>
<td>Date of Charges</td>
<td>Charge</td>
<td>Total Charge</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>6. Sugar Marmalade</td>
<td>Three Provincial Offence Notices issued on September 27.</td>
<td>1. Use handwashing station other than for handwashing of employees. $75</td>
<td>$805</td>
</tr>
<tr>
<td>5-203 Lester St, Waterloo</td>
<td></td>
<td>2. Fail to protect entry of pests. $150</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Fail to protect food from contamination or adulteration. $580</td>
<td></td>
</tr>
</tbody>
</table>
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: November 6, 2018          File Code: P03-20

Subject: Influenza - Previous Season Summary and 2018-2019 Plan

Recommendation:
For information.

Summary:
The 2017-2018 influenza season was very busy, in comparison to previous years, with the highest number of cases on record for Waterloo Region (492 cases) and a high number of influenza outbreaks reported in long term care and retirement homes (46).

Uncharacteristically, both subtypes of influenza, A and B, circulated at the same time and for a sustained period of time, lasting until late Spring 2018. These trends were also seen across Ontario and Canada.

The amount of vaccine distributed in the 2017-2018 season was a 3.1% increase from the previous season but overall vaccine distribution has remained stable.

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.
Report:  
2017-2018 Influenza Season

The 2017-2018 influenza season was a very busy season, compared to previous years, with the highest number of cases on record for Waterloo Region (492 cases). Provincial rates of influenza were also higher than previous seasons. While not unusual, this illustrates the variation that can be expected in influenza activity from season to season.

As a result of provincial changes in respiratory virus laboratory testing (testing is restricted to clients admitted to hospitals and to outbreaks in long term care/retirement home outbreaks), case counts are not comparable to previous seasons but still remain an indicator of local influenza.

Although the first lab confirmed cases of the 2017-2018 influenza season were reported to Region of Waterloo Public Health in late September 2017, activity rapidly increased beginning in late December. Uncharacteristically, both subtypes of influenza, A and B, circulated at the same time and for a sustained period of time, lasting until late Spring 2018.

As is often the case, influenza rates were highest among those 60 years of age and older and there were seventeen influenza-related deaths in this population. Deaths related to influenza are not unexpected in any given flu season as influenza can cause severe illness and death in high risk populations such as the elderly, the very young and those with underlying health conditions. Influenza severity locally in the 2017-2018 season was comparable to previous seasons with high levels of influenza activity.

Table 1 presents the total number of lab confirmed influenza cases and deaths in Waterloo Region by influenza season in the past five 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>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>
<tr>
<td>2017-2018</td>
<td>492</td>
<td>17</td>
</tr>
</tbody>
</table>
The majority of local cases in the 2017-2018 season were influenza A (61%) however, higher numbers of influenza B cases were reported than in previous seasons. Most influenza A cases were strain-typed as H3N2. H3N2 tends to impact those over age sixty-five, resulting in more influenza outbreaks in long term care and retirement homes. Given this, it follows that there were a high number of influenza outbreaks (46) in local long term care and retirement homes in the 2017-2018 season.

National data indicates a 2017-2018 influenza vaccine effectiveness rate of 38% overall. The publicly-funded 2017-2018 influenza vaccine for those over 18 years of age was not a good match with the most widely circulating strain of the virus (H3N2). There was, however, a good match with the influenza B component of the quadrivalent vaccine available for those under 18 years of age. 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.

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 401 clients at nine Family Flu clinics. These clinics are arranged for those families with children 5 years of age and younger, as the Ministry of Health and Long-term Care prohibits pharmacists from providing influenza vaccine to those less than 6 years of age. In addition Public Health held community clinics with Wilfred Laurier University, the University of Waterloo, Lang’s Farm Community Health Center and the Sanguen Health Center Mobile Van to immunize 2,488 clients.

During the 2017-2018 season, 130 pharmacies in Waterloo Region offered influenza immunizations. The 2017-2018 season was the fifth 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 five 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 2017-2018 flu season indicated that 58.1% 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), 40% per cent of flu vaccine was distributed to 115 pharmacies, and 1.9% per cent of vaccine received were administered in Public Health clinics or partner clinics. Overall, Public Health distributed 148,900 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 2017-2018 season was a 3.1% increase from the previous season but overall vaccine distribution has remained stable.

Table 2 outlines the key comparisons for vaccine distribution and administration between the 2017-2018 season, 2016-2017 season and the previous 5 year average.

**Table 2: Key comparisons for 2017-2018 for vaccine distribution and administration**

<table>
<thead>
<tr>
<th></th>
<th>2017-2018</th>
<th>2016-2017</th>
<th>Last 5 years average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacies providing vaccine</td>
<td>130</td>
<td>115</td>
<td>106</td>
</tr>
<tr>
<td>Doses distributed to pharmacies</td>
<td>59,470</td>
<td>48,310</td>
<td>48,812</td>
</tr>
<tr>
<td>Total doses distributed to Health Care Providers</td>
<td>148,900</td>
<td>145,131</td>
<td>147,389</td>
</tr>
<tr>
<td>Doses provided in PH immunization clinics (including family clinics and partnerships with the University of Waterloo, Wilfred Laurier University and the North Dumfries Community Health Centre)</td>
<td>2,889</td>
<td>4,916</td>
<td>4,482</td>
</tr>
</tbody>
</table>

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 2017-2018 decreased slightly to 78.2% from 80.3% in 2016-2017 and was above the provincial average of 73%. Conversely, the average rate in local retirement homes increased from 64.6% in 2016-2017 to 70% this past season. The average health care worker immunization rate for local hospitals increased slightly this season from 31.1% in 2016-2017 to 34.2% this past season, falling well below the provincial average of 54% for public hospitals. 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.

2018-2019 Influenza Season

This season the community will see an increase in the number of pharmacies providing influenza vaccine, with a total of 141 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, as well as continuing to partner with Wilfred Laurier University, University of Waterloo, and the North Dumfries Community Health Centre to offer community influenza immunization clinics.
- Provide flu vaccine to vulnerable street involved residents in partnership with Sanguen 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.

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.

Prepared By: Kristy Wright, Manager of Infectious Disease and Tuberculosis Control
David Aoki, Acting Manager of Vaccine Preventable Diseases

Approved By: Dr. Hsiu-Li Wang, Acting Medical Officer of Health
Anne Schlorff, Acting Commissioner
Report: CSD-CHS-18-12

Region of Waterloo
Community Services
Children's Services

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

Date: November 6, 2018

File Code: S15-01

Subject: Sublicense Approvals for the Elmira Family Centre

Recommendation:
That the Regional Municipality of Waterloo approve entering into Sublicense agreements for the Elmira Family Centre with:

- The Kitchener-Waterloo Young Men’s Christian Association to operate an EarlyON Child and Family Centre
- The Elmira Community Nursery School to operate a half day community nursery school program

All to the satisfaction of the Regional Solicitor and as further detailed in Report CSD-CHS-18-12 dated November 6, 2018.

Report:
In 2011 Regional Council approved the reconstruction of the Elmira Children’s Centre. This redevelopment grew to include the addition of a dedicated Family Centre that would provide shared community space for service providers to deliver a full range of services to families with young children in a “hub” like approach. One partner that was identified early in the process was the Elmira Community Nursery School, a tenant in the previous location of the Elmira children’s centre (CSD-CHS-15-06/COR-FFM-15-03)

The Region entered into a facility partnership with the Waterloo Region District School Board (WRDSB) to co-locate the expanded Children’s Centre and Family Centre with the proposed new Riverside Public School (CR-RS-14-076). On November 24, 2016, upon completion of the project, the Region entered into a Joint Use Agreement with the WRDSB and in early 2017 began to coordinate the provision of programs and services for families with young children by community partners. The Region’s role in managing the Family Centre was to be an interim measure to allow time for the completion of the Ministry of Education’s work of integrating child and family programs, and for the local Needs Assessment and Initial Plan for Child and Family Centres to be developed
(CSD-CHS-17-12). Through this planning process it was determined that the Family Centre would become part of the EarlyON Child and Family system. With the Kitchener-Waterloo Young Men’s Christian Association (the “YMCA”) selected as the Lead Agency for EarlyON Child and Family Centres (CSD-CHS-18-01/COR-TRY-18-02) the Region is proposing to transition the day to day operation of the majority of the Family Centre space to the YMCA in the form of a Sublicense. The remaining portion of the Family Centre would then be sublicensed to the Elmira Community Nursery School, who has been a tenant in the Family Centre since it opened.

The terms of each Sublicense and any subsequent renewals would align with those of each Service Provider’s Service Contract with the Region. The term for the YMCA Sublicense will end on December 31, 2021 with a mutual right to renew, and the term for the Elmira Community Nursery School Sublicense will end on December 31, 2018 with a mutual right to renew. It is the intention that the fees collected from both Service Providers will cover the Region’s costs, as set by the WRDSB, for the on-going occupancy of the space.

The Joint Use Agreement between the WRDSB and Region of Waterloo includes the provision for the Region to Sublicense all or parts of the Family Centre to a third party service provider. All Sublicensees are held to the terms and conditions of the Joint Use Agreement. Both Sublicenses can be terminated for the following reasons:

- Default by the Licensee on a material term of the Sublicenses;
- The Licensee’s Service Contract is terminated by the Region for any reason whatsoever; or
- The Joint Use Agreement (which is the Head Licence to the Sublicense) is terminated for any reason whatsoever.

**Quality of Life Indicators:**

The work of the EarlyON Child and Family Centres, as described in this report aligns with Social Inclusion and Equity; Physical and Emotional Well-Being; Skills Development; and Relationships QOL 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 child development.

**Financial Implications:**

The current cost to the Region under the Joint Use Agreement with the School Board is calculated using a rate of approximately $7 per square foot. The Region will use this same rate in the calculation of rent for the YMCA as well as the Elmira Community Nursery School allowing the operation of the space to be cost neutral. Using the 2018 rate the total rent charge for the YMCA and Elmira Community Nursery School would be 2846086
approximately $53,600 and $7,100 respectively. At this time the rate for 2019 is not known, but any increases will be reflected in the Sublicense agreements.

**Other Department Consultations/Concurrence:** Staff in Children’s Services, Planning, Development and Legislative Services, and Corporate Services were involved in the development of the Sublicenses and the creation of this report.

**Attachments:** None

**Prepared By:** Kim Sangüesa, Manager, Early Learning Services, Children’s Services

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: November 6, 2018

File Code: S04-20

Subject: 2018 Children’s Services New Service Contract & Funding Update

Recommendation:
For information

Summary:
This report summarizes changes to 2018 Children’s Services funding amounts and approaches based on the receipt of a new 2018 Child Care Transfer Payment Agreement (Agreement) and revised 2018 Ontario Child Care Service Management and Funding Guidelines (Guidelines). The Region of Waterloo, as Consolidated Municipal Service Manager (CMSM), received the new Agreement and Guidelines on September 12, 2018.

The new Agreement includes a decrease in funding of $699,942 for 2018 and the Guidelines also adjust the eligibility for different streams of child care funding. At this time, negative impacts of the funding reduction have been mitigated by lower than expected expenditures in some areas of the 2018 Child Care Expansion Funding Plan (CSD-CHS-18-07, dated May 1, 2018). There will be no net Regional levy impact in 2018 as a result of this decrease.

Staff are working closely with local licensed child care operators to ensure all Provincial funding is spent by December 31, 2018 in alignment with the new Guidelines. It is expected that the revised eligibility and approaches will result in increased compensation for community based child care centre staff and private home child care providers, and reduced parent fees in 2018.

Provincial funding amounts and approaches are unknown for 2019. Sustainability of the growing local child care system, increased compensation for child care staff, and affordability of licensed child care are all dependent on Provincial funding at levels consistent with or higher than 2018. Staff are awaiting further direction from the Province on funding for 2019 before providing new funding commitments beyond 2018.
Report:

1.0 Summary of New 2018 Child Care Transfer Payment Agreement

On September 12, 2018, the Province provided a new 2018 Child Care Transfer Payment Agreement and revised 2018 Ontario Child Care Service Management and Funding Guidelines to the Region of Waterloo. The new Agreement and Guidelines replace the previous Agreement package received on May 8, 2018 (CSD-CHS-18-08, dated June 19, 2018).

The new Agreement and Guidelines include some significant changes that have immediate implications. The changes are summarized below.

1.1 Funding Amounts - Year 2 Expansion

Funding for year two (2018) of the Province’s Child Care Expansion Plan was reduced from $1,456,318 allocated in May to $756,376 allocated in September. The Ministry identified that “child care expansion allocations have been revised to reflect the limited time remaining in 2018 for service planning. These allocations are prorated for the period of September to December 2018.”

<table>
<thead>
<tr>
<th>Provincial Funding Category</th>
<th>2018 Allocation (September)</th>
<th>2018 Allocation (May)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion – Year 2</td>
<td>$756,376</td>
<td>$1,456,318</td>
<td>($699,942)</td>
</tr>
</tbody>
</table>

Negative short-term impacts of the funding reduction have been mitigated by lower than expected expenditures in some areas of the 2018 Child Care Expansion Funding Plan (CSD-CHS-18-07, dated May 1, 2018).

The Provincial Child Care Expansion Plan is fully provincially funded, and as such the reduction has no impact to Regional cost sharing requirements. No other funding amounts were adjusted in the new Agreement.

1.2 Fee Stabilization Support

The objective of Fee Stabilization Support funding is to increase wages and other compensations, and to stabilize licensed child care fees in Ontario. Initially, eligibility for the funding was restricted to centres with staff earning less than $14 per hour as of December 31, 2018. In Waterloo Region, one licensed child care centre had applied to receive funding under these criteria.

The new Guidelines have removed the wage cap restriction and provided greater flexibility to service system managers in expending the Fee Stabilization Support funding.

Given the changes to the Guidelines, the Region has re-opened the application process for Fee Stabilization Support funding to all local licensed child care centres and home child care agencies. The funding will support increased compensation (estimated at $0.70/hour) retroactive to January 1, 2018 for staff working in licensed child care for 2018, without increasing child care fees. It is expected that local allocations will be
finalized by October 31, 2018 and all Fee Stabilization Support funding will be expended by December 31, 2018.

1.3 Licensed Home Child Care Base Funding

Licensed Home Child Care Base funding was announced as part of the May 8 Agreement (CSD-CHS-18-08, dated June 19, 2018). The new Guidelines provide increased flexibility to local service system managers in determining uses for the funding to support Licensed Home Child Care Base Funding.

The Province identified 2018 as a transition year, and the local approach for 2018 is reflective of this. In 2018, additional funding is available to licensed home child care agencies to support reductions to parent fees and increases to provider compensation. Applications for the 2018 funding were issued to local licensed home child care agencies (Wee Watch Licensed Home Child Care and the directly operated Region of Waterloo Home Child Care). It is expected that funding will be fully expended by December 31, 2018.

The details of the 2018 approach for Region of Waterloo Home Child Care are being finalized. Given 2018 is a transition year, temporary reductions to the administration fee charged to parents ($3 per day for full-fee paying parents) and temporary increases to caregiver compensation ($10 per day for full-time providers) will be implemented for the period January 1 – December 31, 2018. The reduction in revenue through fees paid by parents will be fully offset by increased provincial grants. At this time the Region’s Home Child Care rates will not be permanently adjusted and the Region’s Fees and Charges By-law will not be amended.

Staff are working with local licensed home child care agencies and consulting with other municipalities to develop the ongoing funding approach for Licensed Home Child Care Base funding. The details and implications of the new funding approach, including to Region of Waterloo Home Child Care, as well as the timeline for implementation will be dependent on provincial funding amounts and policies.

1.4 For Profit Funding Threshold

In 2017, a “For Profit Maximum Percentage Threshold” was introduced to prioritize provincial funding to the non-profit child care sector. Thresholds in Waterloo Region were set at 20% of Base Allocation funding. The new Guidelines and Agreement have removed the For Profit Maximum Percentage Threshold for 2018. Service managers continue to have discretion about directing local funding to licensed providers that are best positioned to meet local needs and priorities.

The Region will continue to allocate new funding in alignment with existing local policies and Provincial Guidelines. Staff are also monitoring local trends and needs to ensure policies are responsive to needs and supportive of system goals.

1.5 Agreement Cycle
The new Agreement is a multi-year Agreement expiring on December 31, 2022. Budgets and targets will continue to be issued on an annual basis.

2.0 Update on 2018 Child Care Expansion Funding Plan

Implementation of the ten strategies identified in the 2018 Child Care Expansion Funding Plan (CSD-CHS-18-07 dated May 1, 2018) is well underway. The Child Care Expansion Funding Plan is funded through the Provincial Child Care Expansion Plan and the Canada-Ontario Early Learning and Child Care Agreement with no requirement for municipal cost sharing.

In the 2018 Child Care Expansion Funding Plan, $2,200,000 was allocated for capital funding for new licensed child care spaces for ages 0-4 years. Given the restrictions on the funding (e.g., must be spent by December 31, not for purchase of land or buildings, non-profit only); only half of the available capital funding was allocated based on eligible applications. Some other expenditure across strategies of the Expansion Funding Plan have been also lower than expected, due to ineligible application requests and delayed project implementation dates.

Primarily, the savings within the Expansion Funding Plan have been used to offset the reduction in Year 2 Expansion Funding of $699,942 as a result of the new Agreement (see CSD-CHS-18-13, dated November 6, 2018). To ensure remaining funding is fully expended locally by December 31, 2018, the Parent Fee Reduction Pilot is also being increased by $2/day for all infant, toddler and preschool fees of licensed child care centres who opted-in to the Pilot. The Parent Fee Reduction Pilot now provides operating funding to non-profit and for-profit operators who opted-in to reduce all infant fees by $12/day, toddler fees by $5/day and preschool fees by $4/day from July 1, 2018 to December 31, 2018.

Staff are currently evaluating the Pilot and developing sustainability plans for maintaining at least the initial Pilot levels of fee reductions in 2019($10/day/infant, $3/day/toddler, $2/day/preschooler), pending Provincial funding.

Region of Waterloo Children’s Centres are participating in the Fee Reduction Pilot (CSD-CHS-18-07, dated May 1, 2018) and will implement the additional reduction retro-actively. The reduction in revenue through fees paid by parents will be fully offset by increased provincial grants. Given the uncertainty of the additional $2 reduction beyond December 31, 2018, at this time the Region’s Children’s Centre rates will not be permanently adjusted and the Region’s Fees and Charges By-law will not be amended.

3.0 Future Changes

Children’s Services received $5,316,398 million in new investments in 2018 to support child care growth and improved affordability (CSD-CHS-18-08, dated June 19, 2018). The majority of these new investments are not part of the base allocation and the funding has been used for child care expansion, child care fee subsidy, reducing parent fees and base funding for licensed home child care.
From September 2017 to September 2018, there has been an increase of 602 licensed child care centre spaces for children ages 0-4 and 469 licensed child care centre spaces for school-aged children. At least 375 more new spaces are expected by 2020 based on approved child care centres in new schools. Given the significant system growth, expansion funding is required on an ongoing basis in order to sustain current levels of service across the system including areas such as fee subsidy, Special Needs Resourcing, parent fees, and Operating funding.

Staff are awaiting further direction from the Province on funding for 2019 before providing new funding commitments beyond 2018.

**Quality of Life Indicators:**
High quality, affordable and accessible licensed child care aligns with the following Quality of Life Indicators: economic well-being (e.g., reduced child care expenditures provide families with additional finances to support basic needs); social inclusion and equity (e.g., increased access to licensed child care); physical and emotional well-being (e.g., quality child care improves physical and emotional well-being of children); skills development (e.g., quality child care supports children’s learning and skill development); and relationships (e.g., increased access to early years professionals and interactions with children and families).

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

**Financial Implications:**
The reduction by the current Provincial government to the year two allocation of the Provincial Child Care Expansion Plan funding of $699,942 can be accommodated within the current plan for expenditures to year end as a result of in year savings mainly due to ineligible application requests and delays in project implementation dates. There will be no impact on the required Regional cost share as this funding is 100% Provincial.

**Other Department Consultations/Concurrence:**
Corporate Services/Treasury Services has reviewed this report and will support payments and monitoring of expenditures. Legislative Services will be involved with the preparation and execution of required service agreements.

**Prepared By:** Bethany Wagler-Mantle, Social Planning Associate, Children’s Services
Barbara Cardow, Director, Children’s Services

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

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: November 6, 2018  File Code: D26-01
Subject: Waterloo Region Housing Tenant Engagement Summary

Recommendation:
For information.

Summary:

Waterloo Region Housing (WRH) provides safe and affordable housing to over 2,700 individuals and families living in 62 different housing communities across Waterloo Region. Within WRH housing communities, there are very diverse tenants with a sense of commitment to the places where they live. A Tenant Engagement Strategy will provide tenants with meaningful opportunities to collaborate with WRH to create better homes and build better neighbourhoods.

Tenant engagement is a community-based approach to managing and operating community housing. It goes beyond informing tenants about changes being made to their housing, and takes a proactive approach to engage tenants to influence meaningful changes in the communities where they live.

In 2017 staff launched a Tenant Engagement Strategy (see Report CSD-HOU-17-01) that enhanced the competency of all WRH in supporting tenants in a more meaningful and impactful way. This new approach saw staff focused on considerable community capacity-building, neighbourhood-based collaboration and creating trust-based leadership. The Tenant Engagement strategy was accompanied by ongoing staff training and development to ensure staff has the necessary skills and knowledge to effectively implement all the engagement programs and initiatives. Staff continue to receive training that focused on cultural intelligence, de-escalation and customer service.
Report:

The goal of the Waterloo Region Housing (WRH) Tenant Engagement Strategy is to create better homes and build better neighbourhoods, using five approaches. These methods are being measured by four key performance indicators of success: (1) the total number of community meetings hosted by WRH; (2) the total number of tenants referred to support agencies; (3) the total number of evictions prevented through enhanced engagement; and (4) increased level of client satisfaction.

Staff focused on the implementation of new programs that created numerous opportunities for tenant to participate with WRH on issues that matter; in a positive and meaningful way. These different projects and initiatives allowed staff to learn from tenants’ lived experiences.

WRH has worked to ensure that a broad range of tenants participated and engaged in many different ways, using five tenant engagement methods:

1) Participation and input into decision-making of capital programs;
2) The Waterloo Region Housing Tenant Advisory Committee;
3) Economic development and employment programs like “YouthForce”;
4) Community Communication – “What’s Up” and “Connected for Success”; and
5) Local Tenant Councils.

1. Participation and Input into Decision-making

During the summer WRH began plans to replace three community spaces and resulted in the participation of 75 households. Understanding that this would have a significant impact on its communities; WRH used participatory decision-making as a tool for tenants to have a say in what their new community spaces looked like. Participatory decision-making is a tangible way for tenants to collaborate with WRH and to participate in how their housing and homes are managed and operated.

WRH Community Engagement Specialists and the Capital Planning team hosted three different barbeques for the communities that were scheduled to have their community spaces refurbished. Tenants used a “dot-mocracy” process to tell WRH which colour scheme and lounge furniture for their new community spaces. The colour scheme that was chosen by the most tenants was used for the renovations in that community space along with the type of new furniture. When tenants have had input into some of the decisions for these upcoming renovation projects, the feedback received was overwhelmingly positive.

2. Tenant Advisory Committee

This Advisory Committee consists of 12 tenants from across the Region. The Advisory Committee has representation from all key demographics including seniors, youth, single family households and single adults. Moreover, the committee was also
comprised of tenants living in the townships and three municipalities where WRH has communities.

The Advisory Committee met eleven times in 2018 and covered a vast array of issues and topics. Specifically, the Advisory Committee continue to review and provide input and feedback on the following six WRH policies: Smoke Free Policy, Tenant Guest Policy, Tenant Payment Policy, Tenant Parking Policy, Tenant Use of Space Policy and Tenant Welcome Home Handbook.

3. Economic Development and Employment Programs

Creating opportunities for tenants to improve their economic circumstances is an integral component of providing better homes and building better neighbourhoods. One of the goals of the WRH is to promote the economic resiliency of the residents living in WRH communities as a means of breaking the cycle of poverty and contributing to the creation of healthy communities and better neighbourhoods.

In the summer of 2018, WRH launched its third year of the YouthForce program across all of its properties in Waterloo Region. This was in collaboration with Region of Waterloo Employment and Income Support, Facilities Management, and four community centers, including: Greenway Chaplin, Langs, Carizon, and Kinbridge. Three of the four community ventures have now been able to secure over 1.2 Million dollars in grant funding to grow the program.

The program is an integral component of the Region of Waterloo commitment to the economic and skill development of youth. The YouthForce program focused on employing young people in the months of July and August in various small scale labour jobs including: community clean ups, beautification (weed pulling, basic shrub pruning), cleaning signs, cleaning lobby windows, conducting unit inspections and completing flyer drop offs. There were two streams of youth engaged: youth aged 14 - 18 as team members and youth aged 19 - 25 as site leads.

For the eight weeks in the summer of 2018, 23 youth (tenants) were employed in the YouthForce program attended eight personal development and career workshops. These workshops were facilitated by Waterloo Region Housing staff. At the end of the summer 3,066 unit and common area inspections were completed.

The YouthForce program expanded its services beyond WRH communities. YouthForce successfully cleaned Kitchener Housing Inc.’s communities 246 times and completed over 176 units for Housing Cambridge and 312 units for Thresholds Housing Inc. YouthForce also expanded it services by going door to door conducting a survey on WRH’s smoke free policy to help create healthier communities. This year also saw YouthForce being used for BCA notice delivery for all community housing properties and began a vacant unit virtual tour database for WRH.
As a part of the personal development curriculum the youth completed seven workshop and 14 youth job shadowed Region of Waterloo staff across the region for a day. YouthForce also participated in a “photo voice” art project that allowed them to develop their artistic skills and capture the summer in still footage images.

4. Community Communication

The Waterloo Housing Acting Together Supporting and Understanding People (WHATS UP) newsletter was published twice in 2018. The updated newsletter is a collaboration between Waterloo Region Housing staff and tenants. The WHATS UP newsletter is distributed to all 2700 units and provides a forum for both tenants and staff to communicate important information. The online version of the newsletter will be launched in December 2018 and will utilize the newly formed partnership with Rogers Canada as a method to have a broader reach to the communities.

Through the Rogers Community Foundation, Roger's Connected for Success program allows tenants at WRH now have access to affordable internet services for $9.99 per month along with an email account. The ability for WRH to now have a growing tenant email list allows it to distribute the WHATS UP newsletter electronically for the first time.

In 2018, 273 households (that is an increase of 200 registrations in 10 months) have participated in the program and in 2019 WHR will lead a region-wide community housing provider roll out for all tenants who reside in community housing.

5. Tenant Councils

In 2018 WRH continued to implement its local tenant council initiative. Tenant councils have proven to maintain a higher level of consistency and accountability in terms of community development, property management matters, financial practices, and overall local resident decision making. Generally, Tenant Councils have dedicated positions (e.g. Tenant Co-Chair, Secretary, Treasurer) to work with and represent ongoing tenant issues and concerns. Through tenant councils WRH was able to plan and host over 200 local community events across the region. These events included tax clinics, barbeques, building meetings, community clean ups and back to school events.

Key Performance Indicator Results:

WRH clearly has increased the number of engaged tenants in its community through its Tenant Engagement Strategy. Specifically, WRH has measured its Tenant Engagement Strategy through four key performance indicators:

1. WRH hosted a total number of 236 community meetings; (a slight decrease from 2017 due to less capital projects requiring dot-mocracy events)
2. WRH referred a total of 281 tenants to 29 different support agencies (an increase from 2017);
(3) WRH prevented 23 evictions through enhanced engagement (a 23% increase from 2017); and
(4) Client satisfaction has increased as tenants have been surveyed within the different engagement opportunities they have participated in. Over 200 tenants completed the same survey that was used in the integrated team pilot project. On average tenants had a 4.48 out of 5 in terms of their level of satisfaction with WRH services.

Accordingly, 2018 has continued to see positive outcomes for both staff and tenants through the implementation of the WRH Tenant Engagement Strategy.

Relation to Quality of Life Indicators:

The Tenant Engagement System is an important part of enabling a higher quality of life for WRH tenants. It enables tenants to have input into decision-making that may improve their economic and social wellbeing. It promotes their social inclusion by valuing their perspective on decisions that have been made. Finally, tenant engagement allows WRH to create healthier homes and neighbourhoods.

Corporate Strategic Plan:

The Waterloo Region Housing Tenant Engagement Strategy aligns with the Corporate Strategic Plan Focus Area 5: Responsive and Engaging Government Services, and specifically 5.1 Enhance opportunities for public engagement, input and involvement in Regional decision making, and 5.2 Provide excellent citizen-centered services.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By:  Mina Fayez-Bahgat, Manager, Waterloo Region Housing/Client Service
Deb Schlichter, Director, Housing Services

Approved By:  Douglas Bartholomew-Saunders, Commissioner, Community Services
## Council Enquiries and Requests for Information
### Community Services Committee

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-Mar-17</td>
<td>B. Vrbanovic</td>
<td>Update on Evening Street Outreach Actions</td>
<td>Community Services</td>
<td>November 2018</td>
</tr>
<tr>
<td>30-Jan-18</td>
<td>CS Committee</td>
<td>Provide a report looking at the municipal costs for needle disposal and consideration of providing funding to area municipalities to offset these costs; and the options and costs for additional resources to improve needle disposal throughout Waterloo Region</td>
<td>Public Health and Emergency Services</td>
<td>Late 2018</td>
</tr>
<tr>
<td>02-Oct-18</td>
<td>D. Craig</td>
<td>Provide a report outlining the effects of a high unit utilization rate on paramedic staff</td>
<td>Public Health and Emergency Services</td>
<td>Spring 2019</td>
</tr>
</tbody>
</table>