



# The Regional Municipality of Durham

## COUNCIL INFORMATION PACKAGE

### April 13, 2017

#### **Information Reports**

- [2017-INFO-42](#) Commissioner of Planning and Economic Development – re: Agriculture and Rural Affairs E-Newsletter – April 2017
- [2017-INFO-43](#) Commissioner of Planning and Economic Development – re: Monitoring of Land Division Committee Decisions of the March 20, 2017 Meeting
- [2017-INFO-44](#) Commissioner of Planning and Economic Development – re: Film Durham Promotional Video

#### **Early Release Reports**

There are no Early Release Reports.

#### **Staff Correspondence**

1. Memorandum from [Dr. R. Kyle, Commissioner](#) and Medical Officer of Health – re: 2015 Chief Medical Officer of Health’s Annual Report
2. Memorandum from [Dr. R. Kyle, Commissioner](#) and Medical Officer of Health – re: Health Information Update – April 7, 2017

#### **Durham Municipalities Correspondence**

There is no Durham Municipalities Correspondence

#### **Other Municipalities Correspondence/Resolutions**

1. [Municipality of Port Hope](#) – re: Resolution passed at their Council meeting held on April 4, 2017, regarding Call on the Province to Ban Incineration
2. [City of Kawartha Lakes](#) – re: Resolution adopted at their Council meeting held on December 13, 2016, regarding Supporting Certified Corp Advisors Correspondence from City of Belleville and MPP Lisa Thompson

**Miscellaneous Correspondence**

1. [Central Lake Ontario Conservation Authority](#) News Release re: RBC Earth Day Tree Planting – Sat. April 22, 2017
2. [Ganaraska Region Conservation Authority](#) emailing their unapproved minutes of the March 16, 2017 meeting

**Advisory Committee Minutes**

1. Affordable and Seniors' Housing Task Force Committee minutes – [March 22, 2017](#)
2. Accessibility Advisory Committee (AAC) minutes – [March 28, 2017](#)

**Action Items from Council (For Information Only)**

[Action Items](#) from Committee of the Whole and Regional Council meetings

Members of Council – Please advise the Regional Clerk at [clerks@durham.ca](mailto:clerks@durham.ca) by 9:00 AM on the Monday one week prior to the next regular Committee of the Whole meeting, if you wish to add an item from this CIP to the Committee of the Whole agenda.



# The Regional Municipality of Durham Information Report

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From: Commissioner of Planning and Economic Development  
Report: #2017-INFO-42  
Date: April 10, 2017

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**Subject:**

Agriculture and Rural Affairs E-Newsletter – April 2017

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

1.1 The Agriculture and Rural Affairs e-newsletter is a bi-monthly snapshot of the initiatives, activities and partnerships within the agriculture and rural areas across the Region of Durham. It serves as an environmentally-conscious, cost-effective tool to relay information regarding the latest agricultural and rural economic development activity in Durham Region.

**2. Background**

2.1 The Agriculture and Rural Affairs e-newsletter was distributed to 342 subscribers in April 2017 with a 49.8% open rate. It is also posted on the Region's Economic Development website, and distributed via social media channels through the Corporate Communications office.

- View the [Agriculture and Rural Affairs e-newsletter](http://myemail.constantcontact.com/Agriculture-and-Rural-Affairs-Newsletter--How-research-and-development-can-help-grow-your-business.html?soid=1102359044820&aid=O7uKtgvifUs) online at <http://myemail.constantcontact.com/Agriculture-and-Rural-Affairs-Newsletter--How-research-and-development-can-help-grow-your-business.html?soid=1102359044820&aid=O7uKtgvifUs>.

2.2 The Agriculture and Rural Affairs e-newsletter is produced in cooperation with Corporate Communications.

Respectfully submitted,

Original signed by

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B.E. Bridgeman, MCIP, RPP  
Commissioner of Planning and  
Economic Development



## The Regional Municipality of Durham Information Report

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From: Commissioner of Planning and Economic Development  
Report: #2017-INFO-43  
Date: April 10, 2017

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**Subject:**

Monitoring of Land Division Committee Decisions of the March 20, 2017 Meeting

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**Recommendation:**

Receive for information

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**Report:**

**1. Overview**

1.1 Attachment 1 summarizes decisions made by the Land Division Committee at its meeting of March 20, 2017. The approved applications conform to the Durham Regional Official Plan. No appeals are recommended

**2. Distribution**

2.1 A copy of this report will be forwarded to the Land Division Committee

**3. Attachments**

Attachment #1: Monitoring Chart for the March 20, 2017 Meeting

Respectfully submitted,

Original signed by

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B.E. Bridgeman, MCIP, RPP  
Commissioner of Planning and  
Economic Development



## Monitoring of Land Division Committee Decisions for the Meeting Date of Monday, March 20, 2017

Appeal Deadline: Tuesday, April 18, 2017

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 041/2016	Risi, Tony	Part lot 35, Conc. 6 Twp. of Uxbridge (former Scott)	Consent to sever a vacant 2,130 square metre residential lot, retaining a vacant 9,029 square metre residential lot for future development in a hamlet.	Conforms	Approved unanimously
LD 111/2016	Perciasepe, John	Part lot 31, Conc. BF City of Pickering	Consent to sever a vacant 1,157.70 square metre residential lot, retaining a 881.90 square metre residential lot with an existing dwelling to be demolished. Application includes access easement.	Conforms	Approved unanimously
LD 006/2017	Beg, Absar	Part lot 31, Conc. BF City of Pickering	Consent to sever a vacant 716.30 square metre residential lot, retaining a 742.17 square metre residential lot with an existing dwelling.	Conforms	Approved unanimously
LD 022/2017	Leja, George	Part lot 32, Conc. 1 City of Pickering	Consent to grant a 330.6 square metre access easement for stormwater maintenance, retaining a 1.45 hectare environmentally protected parcel of land.	Conforms	Approved unanimously
LD 023/2017	Sameem, Fatima	Part lot 15, Conc. 2 City of Oshawa (former Whitby East)	Consent to sever a vacant 671.0 square metre residential parcel of land, retaining a 659.5 square metre residential parcel of land with an existing dwelling.	Conforms	Approved unanimously

<b>LD File Number</b>	<b>Owner</b>	<b>Location</b>	<b>Nature of Application</b>	<b>Regional Official Plan</b>	<b>LDC Decision</b>
LD 026/2017	Pickering Developments (Squires) Inc.	Part lot 27, Conc. 1 City of Pickering	Consent to sever a 998.9 square metre residential lot with an existing dwelling to be demolished, retaining a 1998.4 square metre residential lot for future development.	Conforms	Approved unanimously
LD 027/2017	Pickering Developments (Squires) Inc.	Part lot 27, Conc. 1 City of Pickering	Consent to sever a 999.2 square metre residential lot with an existing dwelling to be demolished, retaining a 999.4 square metre residential lot for future development.	Conforms	Approved unanimously
LD 028/2017	Merlin, Cynthia Harrison, Laurie	Part lot 31, Conc. 3 Municipality of Clarington (former Darlington)	Consent to sever a vacant 494.551 square metre residential parcel of land, retaining a 989.066 square metre residential parcel of land with an existing dwelling and garage to be demolished.	Conforms	Approved unanimously
LD 029/2017	Merlin, Cynthia Harrison, Laurie	Part lot 31, Conc. 3 Municipality of Clarington (former Darlington)	Consent to sever a 494.543 square metre residential parcel of land with an existing garage to be demolished, retaining a 494.523 square metre residential parcel of land with an existing dwelling to be demolished.	Conforms	Approved unanimously
LD 032/2017	Mulock Farms Ltd.	Part lot 8, Conc. 10 Twp. of Brock (former Thorah)	Consent to sever a 0.78 hectare farm related rural residential parcel of land with an existing dwelling, retaining a 50 hectare agricultural parcel of land.	Conforms	Approved unanimously
LD 033/2017	Shanmugarajah, Sudahar	Part lot 20, Conc. 1 City of Pickering	Consent to sever a 1,272.17 square metre residential parcel of land with an existing dwelling to be demolished, retaining a 1,272.17 square metre residential parcel of land.	Conforms	Approved unanimously

<b>LD File Number</b>	<b>Owner</b>	<b>Location</b>	<b>Nature of Application</b>	<b>Regional Official Plan</b>	<b>LDC Decision</b>
LD 034/2017	Smith, Kevin Smith, Colleen	Part lot 21, Conc. 10 Twp. of Scugog (former Cartwright)	Consent to grant a 138 square metre access easement in favour of an adjacent property.	Conforms	Approved unanimously
LD 035/2017	Baird, Derek	Part lot 21, Conc. 10 Twp. of Scugog (former Cartwright)	Consent to add 541 square metres of land to an adjacent property, retaining a 4,078 square metre shoreline residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 036/2017	Greig, Tracy	Part lot 15, Conc. 5 Twp. of Brock (former Thorah)	Consent to sever a 2,550.70 square metre vacant residential parcel of land, retaining a 9,958.6 square metre residential parcel of land with an existing structure, including an easement.	Conforms	Approved unanimously





## The Regional Municipality of Durham Information Report

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From: Commissioner of Planning and Economic Development  
Report: #2017-INFO-44  
Date: April 10, 2017

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**Subject:**

Film Durham Promotional Video

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

- 1.1 The purpose of this report is to provide Council Members with Film Durham's new promotional video that spotlights the filmmaking industry and locations in Durham Region.
- 1.2 The video was produced by the Economic Development and Tourism Division in collaboration with Central Counties Tourism and will be used to promote Durham Region as the choice location for film production.

**2. Background**

- 2.1 Durham Region plays an important role in all aspects of Ontario's film, television and digital media industry (production, creators, music videos, festivals, commercials, etc.).
- 2.2 Many of the production companies that come to Durham Region have established headquarters in Toronto, the second largest screen-based production centre in North America. In 2016, Toronto had its sixth consecutive year of total production spending exceeding \$1 billion, jumping to a record \$2 billion.

2.3 Due to the growing need for diverse settings as well as a decreasing availability of film locations in Toronto, the unique assets of Durham provides location managers with ideal sites for filming. Also, Durham's close proximity to Toronto's film industry provides a convenient choice for filming looking to be done outside of the City of Toronto.

2.4 For the past four years, film production activity in Durham Region has been growing steadily, increasing by 51 per cent from 2012 to 2015. During this period it was estimated that Durham was home to approximately \$80 million in production activity generated from 146 projects.

### **3. Financial**

3.1 The cost of producing this promotional video was \$9,040. Central Counties Tourism contributed \$6,027. The remainder of \$3,013 was funded through the Economic Development and Tourism budget.

### **4. Conclusion**

4.1 The video will be used to promote Durham Region to the film industry stakeholders and location scouts.

4.2 It will be shown at a variety of venues and events to market, enhance and grow film production in Durham. The video will also be available online at [www.durham.ca](http://www.durham.ca).

### **5. Attachments**

Attachment #1: <https://vimeo.com/208399933>

Respectfully submitted,

Original signed by

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B.E. Bridgeman, MCIP, RPP  
Commissioner of Planning and  
Economic Development



# Interoffice Memorandum

**Date:** April 13, 2017

**To:** Committee of the Whole

**From:** Dr. Robert Kyle

**Subject:** 2015 Chief Medical Officer of Health's Annual Report

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Health  
Department

On March 30, 2017, Dr. David Williams, Ontario's Chief Medical Officer of Health released his 2015 Annual Report (attached) entitled, *Mapping Wellness: Ontario's Route to Healthier Communities*.

*Mapping Wellness* makes the case for how good local data can be used to improve wellness for whole communities and certain groups and individuals within a community. It explains that if we know where the problems are and what the problems are, programs and services can be developed to suit a specific community's needs, and can be made more cost effective.

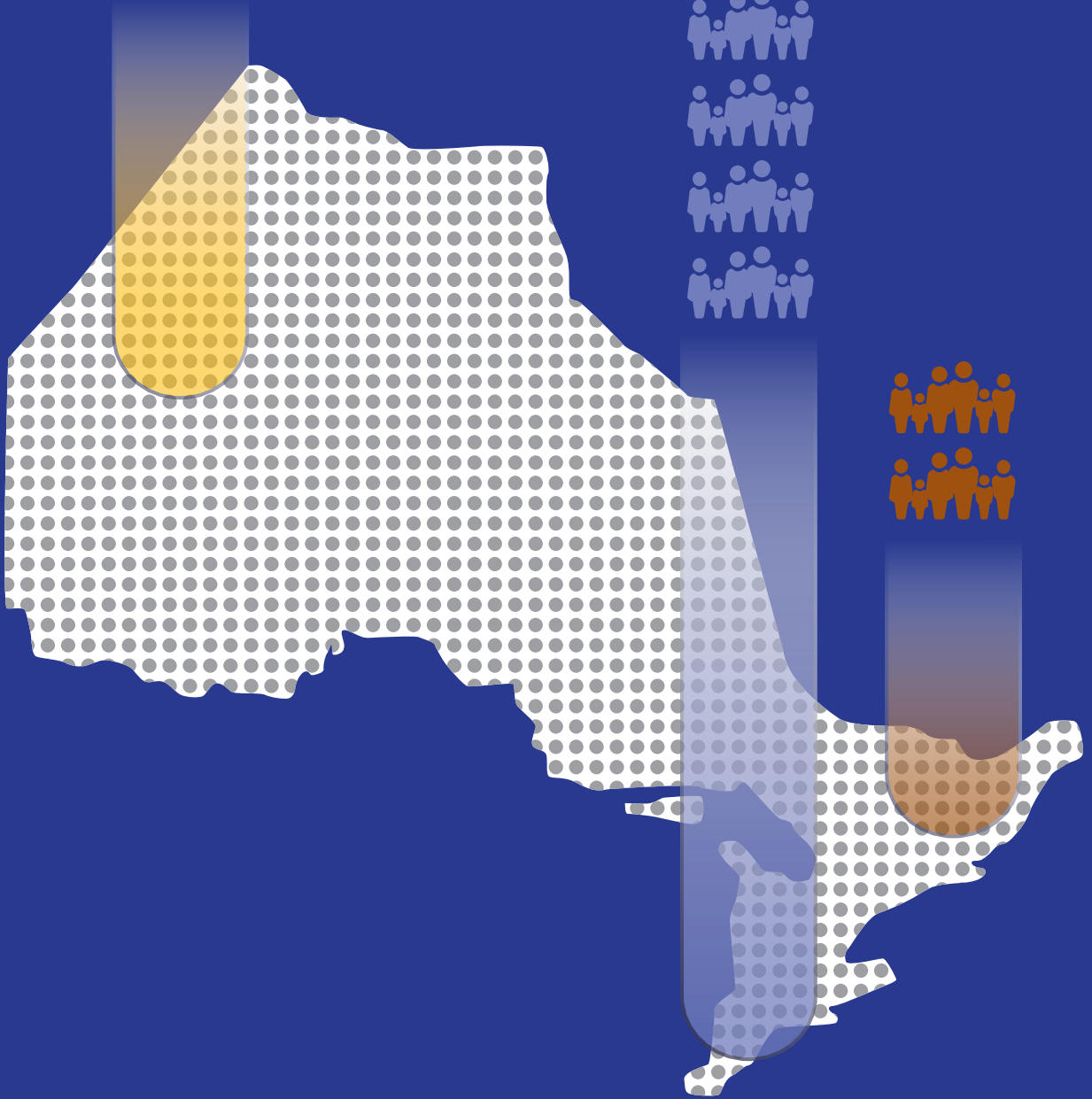
The report recommends investing in local data by implementing a provincial population health survey that collects data at the community and neighbourhoods levels. It further recommends increasing access to public health information, and using the information to address health disparities.

The report includes stories from Durham, Halton, Niagara, Peel, Sudbury and Toronto. In particular, I am pleased to report that our Health Neighbourhoods resource merits three pages (pp 15-17) of the report.

Respectfully submitted,

Original signed by

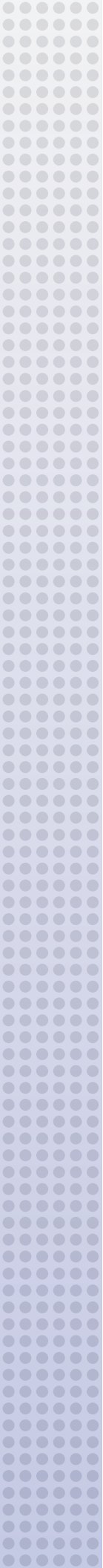
R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM  
Commissioner & Medical Officer of Health



**2015 ANNUAL REPORT**

Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario

**MAPPING WELLNESS:  
ONTARIO'S ROUTE TO  
HEALTHIER COMMUNITIES**



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## A Message from Ontario's Chief Medical Officer of Health

If I were to ask Ontarians what they could do to improve their health, most would talk about making personal changes. They could stop smoking, eat healthier foods, exercise more, drink less alcohol and sleep more. These personal lifestyle choices are important but they are often influenced by factors that are not necessarily in our control, such as income, education, our relationships with family and friends, where we live and work, our physical environment and access to health services.

For example, if you spend three hours commuting to and from work each day, you may not have the time to exercise. If you don't have a car and there are no supermarkets within walking distance of your home, you may find it harder to eat healthy meals. If you don't know your neighbours and have few friends or family nearby, you may become isolated and stressed.

On the other hand, Ontarians who live in communities with safe, clean water, clean air, affordable housing, healthy affordable food, education, good jobs, good incomes, supportive friends and neighbours, parks and green space, opportunities to be active and socialize, safe roads and good transportation, low crime rates and good health services will be healthier. In general, they will live longer and be less likely to become patients or need costly health services.

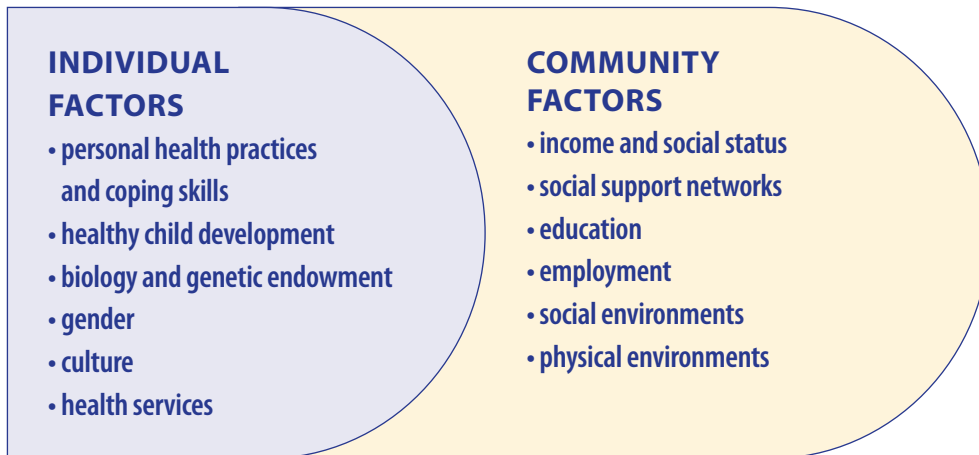
***Building our communities for health will keep Ontarians healthier and make them less likely to become patients or need costly health care services.***

By focusing on community wellness, we can improve the health of all Ontarians.

A handwritten signature in black ink that reads "D Williams". The signature is written in a cursive, flowing style.

David C. Williams, MD, MHSc, FRCPC  
Chief Medical Officer of Health

# Individual and community health factors that contribute to health:



## How healthy are Ontario's communities now? What can we do to make them healthier?

This report – the first in a series I am issuing on practical strategies to improve community wellness – talks about the importance of being able to monitor Ontario's health over time: community by community. It focuses on the information we need to collect to help us make informed evidence-based decisions about how to invest in wellness. To improve health, we need to **understand** the health of our communities, **share** that information with our communities, **invest** in community wellness and **strengthen** our communities by ensuring that everyone has the same opportunities for health and wellness.

Please join me in a province-wide effort to create healthier communities and healthier Ontarians.

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# I. THE CASE FOR MAPPING WELLNESS

## Mapping Personal Health

When you go for a check-up, your primary care provider will check your blood pressure and weight, and order any tests you may need.

You will be asked about your family history and about your diet, exercise, smoking and alcohol use. Your provider may ask questions about your social situation.

All this information is recorded in your chart and used to create a map of your personal health. Your primary care provider uses this information to treat any problems you have by prescribing medications, referring you to other services or suggesting steps you can take to stay healthy or improve your health – and then checking again with you over time to see whether the treatment and advice has helped.



## Mapping Community Health

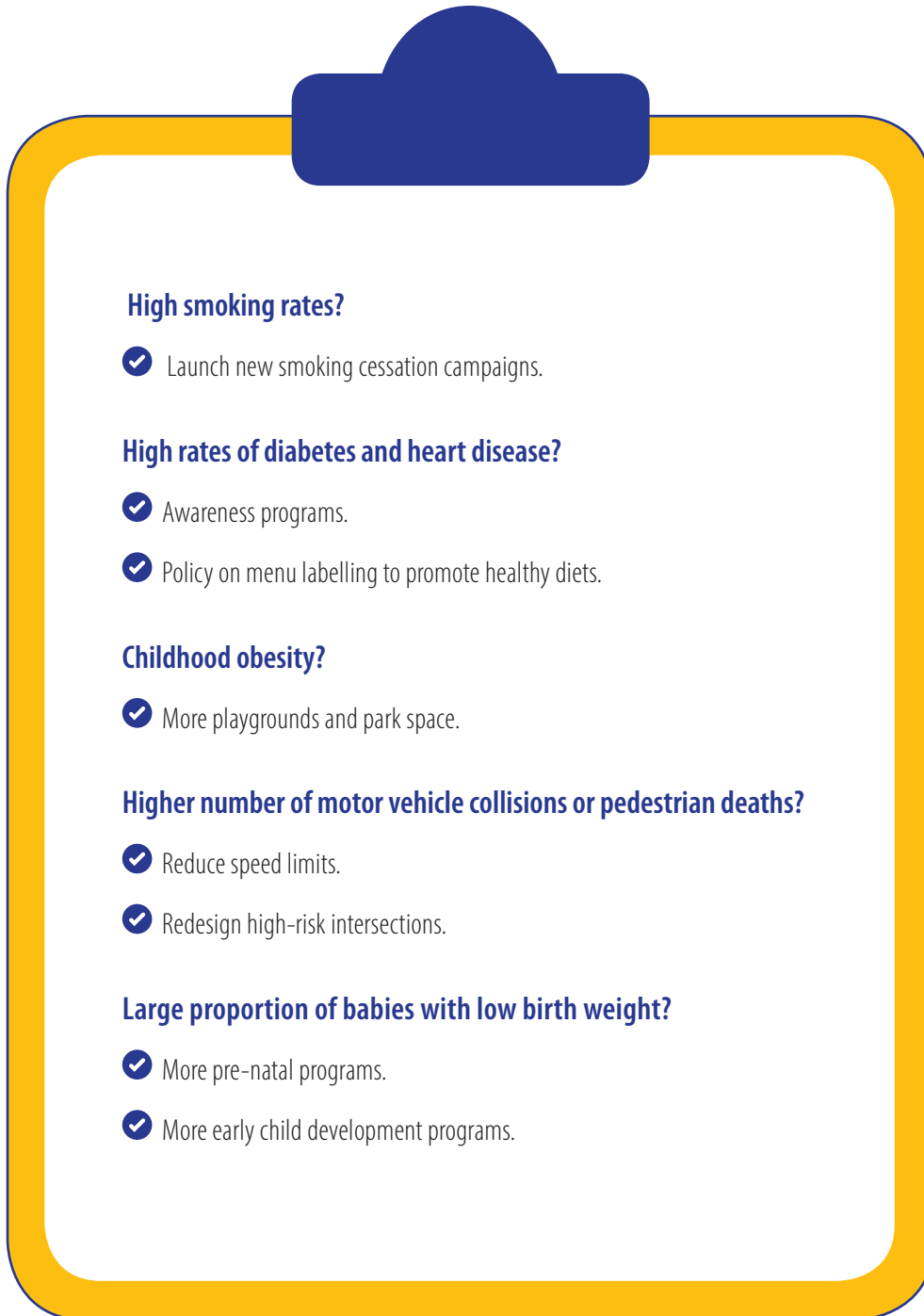
Public health professionals take a similar approach to mapping community health. They gather information to create a map of the wellness of their communities and of the neighbourhoods and populations within their communities.

Public health units track information on factors that influence both personal and community wellness, such as the birth weight of babies, family incomes and how ready five-year-olds are to start school. They monitor air quality and smoking rates. They track immunization rates in school children as well as the most common causes of preventable deaths, such as heart disease and motor vehicle collisions.

With this information, public health units can identify key threats to wellness in a community. They can identify neighbourhoods where people are thriving and the factors that contribute to their health as well as neighbourhoods or groups in the community whose health is at risk.

Public health units then use this information to decide how best to use their resources to improve wellness – for the whole community and for certain groups and individuals in the community.

For example:



# Who is Responsible for Mapping Community Wellness?

Ontario has 36 public health units that are responsible for mapping community wellness and working with community partners – service providers, community organizations, other municipal government departments, policy makers, program planners and researchers – to collect data, identify issues and priorities, and develop programs and services that improve health.

- A public health unit is an official health agency established by a group of municipalities in a geographic area.
- Health units administer health promotion and disease prevention programs, and communicable disease control programs.
- Each health unit is governed by a Board of Health, which is an autonomous corporation under the Health Protection and Promotion Act, and is administered by a Medical Officer of Health.
- Each Board is largely made up of elected representatives from the local municipal councils.
- The Ministry of Health and Long-Term Care cost-shares the expenses of each public health unit, including programs, with the municipalities.



This map depicts the geographic boundaries of Ontario's 36 public health units.

## II. THE CASE FOR STRONG LOCAL DATA

### Using Local Data to Map Community Wellness

To map community wellness, public health units need good local data.

Local data is important because health issues vary from community to community. Each Ontario community has a different mix of ages, ethnicities, work and education opportunities, and its own history, culture, strengths and needs. Within each community, neighbourhoods can also differ dramatically in terms of ethnic mix, income, access to schools, stores and other services, mix of commercial and industrial businesses, amount of parkland and open space, safety and health needs. Some neighbourhoods may have a high proportion of families and children living in poverty, while others might have high rates of teens with mental health problems. Some might be home to large numbers of newcomers while others have a growing number of seniors living on their own. One cannot assume, for example, that if one community has high rates of motor vehicle collisions or childhood obesity, a neighbouring community will have the same problems.

*A community's overall wellness is affected by the health of each neighbourhood.*

Health issues in a community or neighbourhood can also change over time. For example, if a major plant closes in a community and people lose jobs, incomes in some neighbourhoods may drop and residents may have more stress-related health problems. A neighbourhood that was once home to small industries and warehouses may gradually be converted to housing. To stay healthy, it may need more grocery stores and green space than in the past. As newcomer populations integrate into a community, they may gradually move out of one neighbourhood into another and a new ethnic group may move in. In a neighbourhood that was once home to young families, the children grow up and leave home, and there is gradually less need for children's services and more need for seniors' programs.

*In many cases, health units lack the high-quality local data they need to map community wellness. Without that data, public health units are flying blind.*

# Using Local Data to Target Health Problems

WITH GOOD LOCAL DATA GATHERED CONSISTENTLY OVER TIME, HEALTH UNITS CAN:

## ① Target programs and services to neighbourhoods and populations with the greatest needs

Some health risks are more concentrated in specific neighbourhoods or populations. When health units know where the problems are, they can work with local partners to develop targeted programs and help achieve the goal of Ontario's Patients First: Action Plan for Health Care<sup>1</sup>: *the right services for the right people in the right place at the right time*. For example, a community with high rates of smoking in certain neighbourhoods may introduce intense programs aimed at smokers in those areas.

Targeted and tailored programs are more cost effective because they direct resources to where they are needed most. They also have more impact on the health of the individuals involved, which leads to a healthier community.

### TARGETING NEIGHBOURHOODS WITH HIGH RATES OF DIABETES

Peel Region has one of the highest rates of diabetes in Ontario. If nothing changes, by 2022 one in every 10 adults will develop diabetes. Peel Public Health worked with researchers at the St. Michael's Hospital Centre for Research on Inner City Health to map the problem and publish a diabetes atlas for the region. The findings? Some census tracts, particularly those in Brampton, had rates of diabetes 1.4 times higher than the regional average. When they looked at other factors that could be adding to the risk, such as obesity, income and ethnicity, they found that diabetes rates were highest in neighbourhoods with:

- wide streets and high-traffic intersections, which discourage walking
- large populations of people from ethnicities that are more likely to develop diabetes, such as people from the Caribbean and South Asians. (South Asians are genetically susceptible to developing diabetes at a younger age and lower weight than Caucasians.)

Peel Public Health is now collaborating with the region's planning department to develop policies, such as modifying the layout of roads, which will create more walkable neighbourhoods.



## 2 Target health resources to the most important health problems in the community

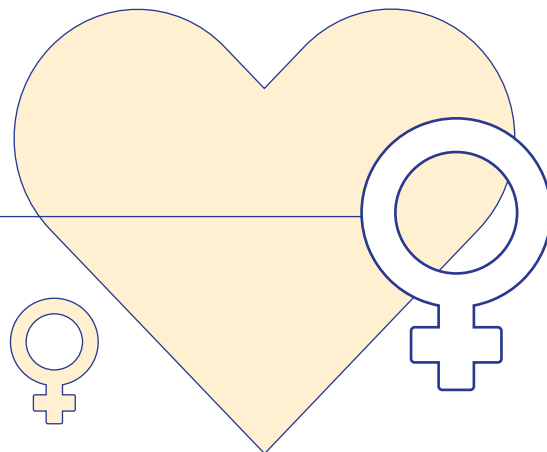
Using local data to map community wellness, health units can identify the most important health problems – both in terms of the number of people affected and their impact. Health problems that threaten a large number of people, cause significant harm or lead to preventable deaths become community priorities. Health problems that often move to the top of the list include high rates of teen suicide, domestic violence, high rates of smoking, increases in overdose deaths, issues related to road safety and any threats to water or air quality. In communities and neighbourhoods with a high proportion of young families, child health is a priority, while in those with an aging population, services for seniors might be the priority.

### ENHANCING HEALTH BY REDUCING INTIMATE PARTNER VIOLENCE

Intimate partner violence includes physical aggression, sexual coercion, psychological abuse and/or controlling behaviours that occur within an intimate relationship. It can occur between partners of all sexual orientations and gender identities. Intimate partner violence is a serious and preventable public health issue that can cause significant harm to those who experience the violence, their families and society. It also creates a large economic burden for Canadian society, costing about \$7.4 billion each year in medical care, mental health services, justice system services and lost productivity.

The problem is more common than we think. In Canada, one in three women has experienced physical or sexual intimate partner violence during their lifetime and on any given day, over 6,000 women and children are living in shelters to escape abuse. In 2013, 4,695 incidents of physical or sexual intimate partner violence were reported to the Toronto Police Service. There is currently a lack of local population survey data in Ontario that can examine the prevalence of intimate partner violence or the socio-demographic subgroups at increased risk. National research shows that although men can experience intimate partner violence, women are more likely to experience severe and chronic forms of abuse. In a Toronto population survey conducted between 2009 and 2011, 10 per cent of women and 6 per cent of men reported physical abuse by an intimate partner in the past 10 years.

To tackle this health problem, Toronto Public Health looked at research on both the factors associated with intimate partner violence and those that can reduce the likelihood of abuse, including positive parenting, school connectedness, social support, income security, gender equality and intolerance of violence. In November 2015, Toronto Public Health launched *Action on Intimate Partner Violence Against Women 2016–2019*, a comprehensive plan that includes program and policy interventions to educate children and adolescents about healthy relationships, address social and cultural norms that perpetuate violence, encourage the public to identify and help women affected by violence, provide more services to support and empower women, and address the unique and intersecting issues that affect Indigenous, LGBTQ2S and other vulnerable communities. It also recommends improving local surveillance and research on intimate partner violence to better inform practice and policy to address this important public health issue.



### 3 Respond quickly to health threats

The health of a community can change quickly. It can be affected by many factors, including the loss of a major employer, environmental threats and outbreaks of diseases.

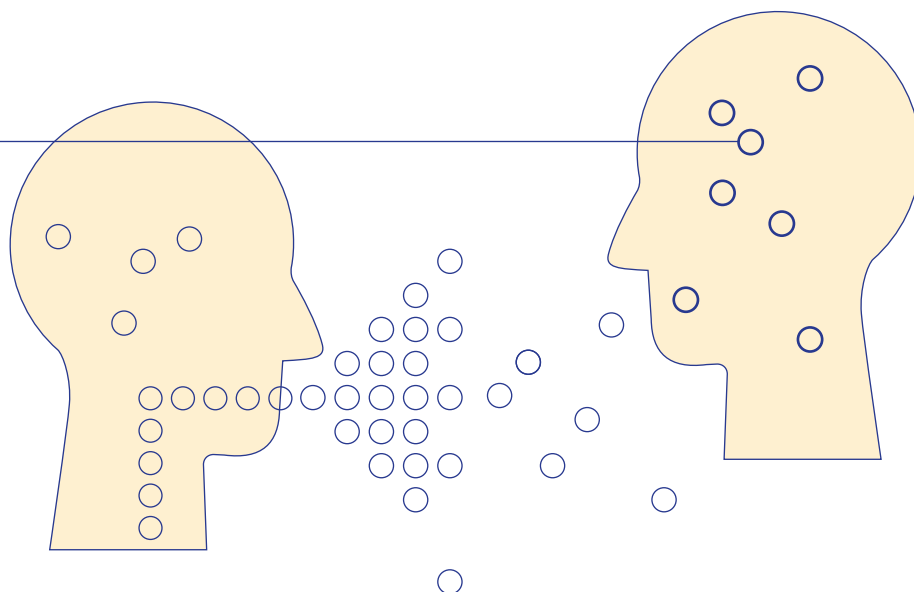
When health units have good local data, they can identify new health threats early and take steps to protect everyone. For example, if one doctor sees a patient with an E. coli infection, it may be an isolated problem. However, when doctors across a region are reporting people with similar symptoms, the public health system can act quickly to find the source of the infection and stop it.

#### RESPONDING TO A MEASLES OUTBREAK

Measles is a serious illness caused by a virus that spreads when people cough or sneeze. Ontario funds measles vaccination for all children; however, not all children are vaccinated. During a measles outbreak, people who haven't been vaccinated are at high risk of becoming infected. Once infected, a person can also spread the virus to infants who are too young to be immunized.

During a 2015 measles outbreak in the Niagara Region, public health nurses used Panorama, the province's immunization information system, to quickly identify 36 of 950 children in four schools who had not been vaccinated against measles. To keep them from being exposed, the children were excluded from school and their parents were encouraged to allow them to be vaccinated.

Instead of having to close the schools to stop the outbreak, which would mean taking children away from learning and parents away from work, the public health unit was able to target its efforts to the children who were vulnerable. In the process, public health nurses connected with the families, built trust and talked about the importance of immunization – for their children and for the community. As a result, 25 of the 36 children were vaccinated. The children and the community are now better protected against measles.



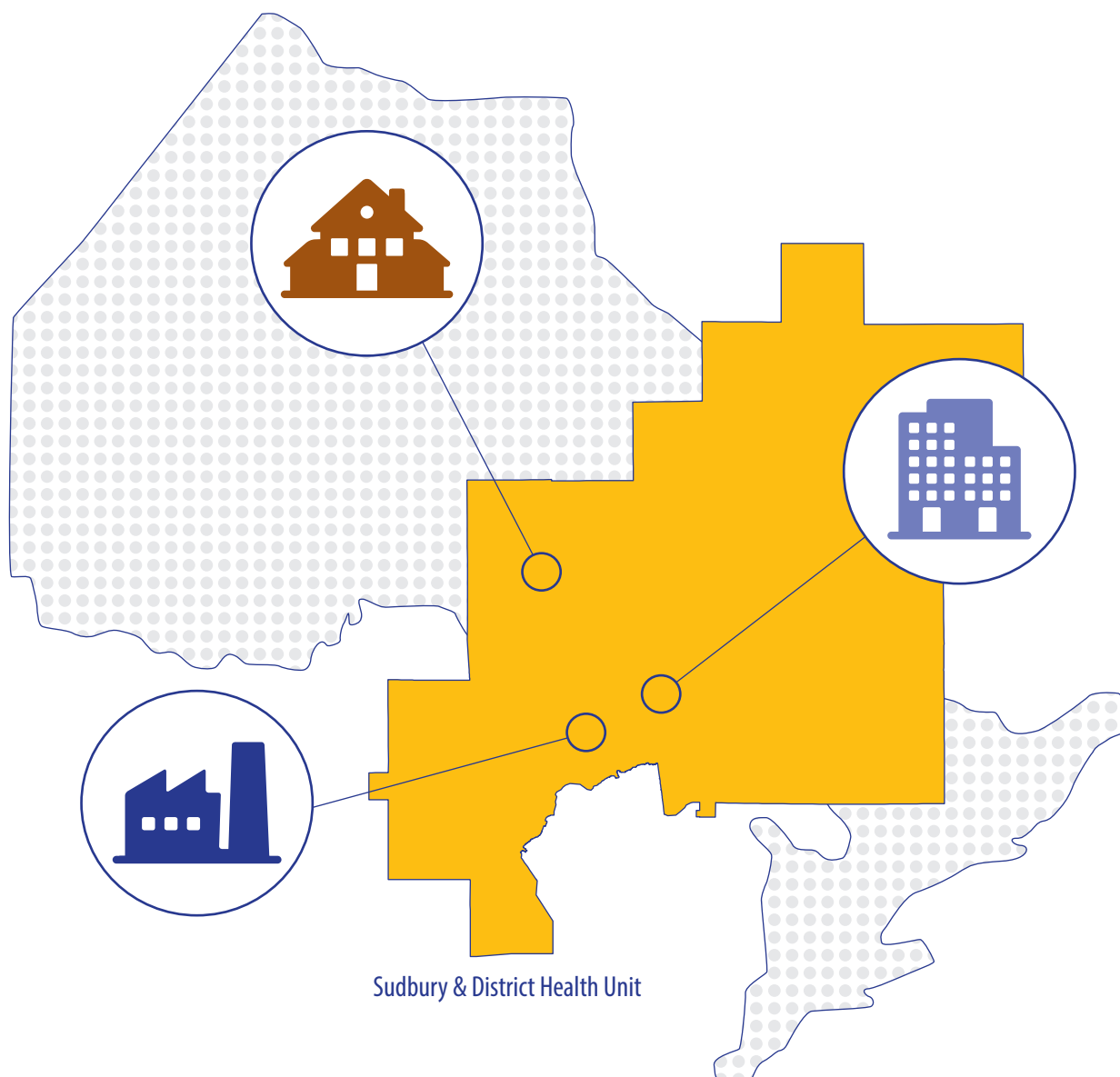
# Using Local Data to Engage Communities in Wellness

Good local data can drive change. The more people who know about their community's health, the more likely they are to do something to improve their own health and to support investments that improve wellness. The more communities that invest in wellness, the healthier they will be . . . and the people who live there will be less likely to become patients and need costly health and social services.

Public health units in Ontario are working hard to gather local data and use it to empower communities to invest in wellness.

## SUDBURY & DISTRICT HEALTH UNIT: Using data to tackle health inequities




In 2012, the Sudbury & District Health Unit used local data to classify neighbourhoods across the City of Greater Sudbury, based on their social and economic characteristics (e.g., household income, employment, education) as most or least deprived and then analyzed the wellness of people in those neighborhoods (e.g., self-rated health, emergency department visits, obesity).












## The findings?

When they compared the “most deprived” with the “least deprived” neighbourhoods, they found dramatic health differences:

- infant  mortality was **2.4** times higher
-  obesity was **2** times higher
-  emergency department visits for mental health episodes were **4.4** times higher

If the City of Greater Sudbury could improve wellness in the “most deprived” neighbourhoods, they could have a huge impact on health. If everyone in the city had the same opportunities for health as those living in the “least deprived” neighbourhoods, each year there would be:

- **1**  fewer infant deaths
- **17** fewer  teen births (a decrease of 39 per cent)
- **11,231** fewer  obese people
- **264** fewer hospitalizations  for mental health episodes
- **14,077** fewer  emergency department visits
- **9,706** more people  who rate their health as excellent or very good (seven per cent of the population)
- **131** more  residents living past the age of **75**

## The impact?

The Sudbury & District Health Unit developed a report, *Opportunity for All (2013)*, as well as health profiles for each ward within the city. The information, which was shared with city councillors, health organizations, schools and police, is now being used to drive new health initiatives designed to reduce disparities. For example:

- Community partners developed a community garden  on a school site to improve  food security
- Schools worked with community partners to develop care pathways and supports  for students with mental health issues
- School boards developed a strengths-based approach to help students  develop the skills they need to avoid  harmful alcohol and drug use

## DURHAM REGION: Using Data to Target Neighbourhood Health Issues

In 2015, the Durham Regional Health Unit's Health Neighbourhoods project compiled data and maps on the wellness of the 50 different neighbourhoods in the region. This information, along with reports, indicator summaries and dynamic neighbourhood profiles was publicly released online, to help inform members of the community.

*"It really is great information ... that's going to help us tremendously ... [in putting] our resources toward supporting people that need our support. I think it's one of the most positive programs I've seen in a long time and I hope that we'll be able to utilize it in a lot of different ways to meet the needs of those that are most vulnerable."*

— Councillor Dan Carter

### The findings?

In general, Durham residents enjoy good health but there are differences between neighbourhoods.



**Rural neighbourhoods** • Lower birth rates • Fewer young children • More seniors • More injuries  
• Fewer newcomers • More vegetables/fruit consumption • Less childhood asthma • Fewer adults with diabetes



**Urban neighbourhoods** • Higher birth rates • More young children • Less seniors • More newcomers  
• Less injuries • Less fruit/vegetable consumption • More childhood asthma • More adults with diabetes

Durham Region identified seven priority neighbourhoods that make up only 15 per cent of the region's population, but account for:

- **one-third** of all children  under age six living in low-income households
- over **one-quarter** of all teen  pregnancies • **4** of every **10** people with a  hepatitis C infection • **3** of every **10** ambulance calls  to residences

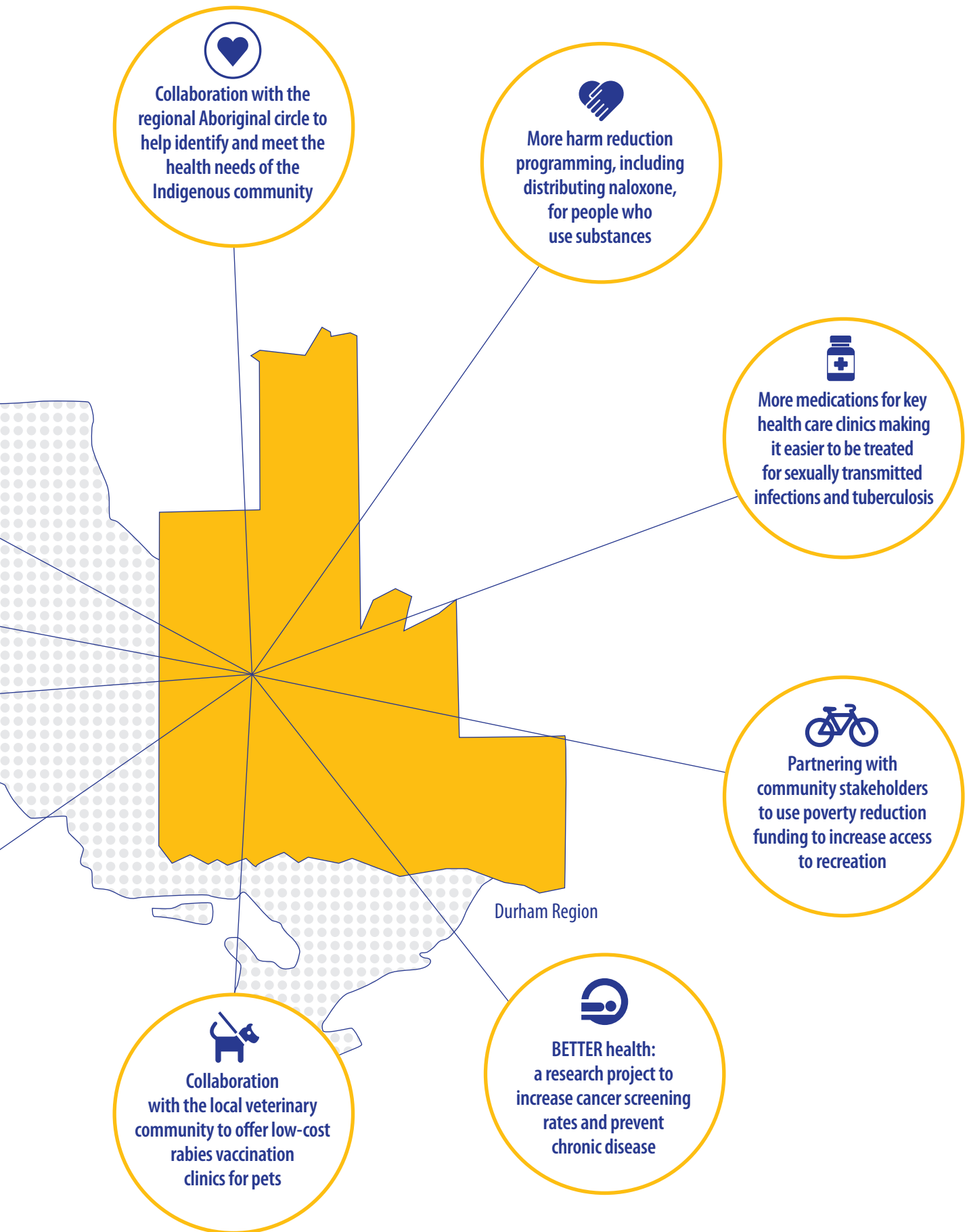
Each of these priority neighbourhoods is unique and has strengths as well as challenges, so portraying them as similar would be misleading. For example, breastfeeding rates are low in some priority neighbourhoods but high in others. Kindergarten children in one of the priority neighbourhoods are more likely to walk or bike to school than those in many other Durham neighbourhoods. Because each neighbourhood is different, each needs its own mix of targeted programs.

## The impact?

Community response to Health Neighbourhoods has been overwhelmingly positive. Local media have published articles that have helped engage the public and many community organizations are using the information to build partnerships and take action.

Durham Region, in collaboration with community partners, has used the data to target resources to priority neighbourhoods, including:





# III. CHALLENGES IN GETTING GOOD LOCAL DATA

Public health units work hard to gather the local data they need to map community wellness, but the process is not easy or consistent across the province. They rely mainly on a mix of national and provincial data sources (see examples in Table 1) – all of which have limitations. Health units also pull data from other local sources, such as police statistics and housing/shelter statistics. Both Sudbury & District Health Unit and Durham Regional Health Unit pulled data from more than 20 different sources to create their neighbourhood profiles. Some health units conduct local surveys to augment the data that is available.

It's also important to note that Sudbury and Durham are larger health units with more resources to invest in collecting data. Regardless of size, public health units face challenges getting good local data, including:

- 1 Relevance** Many health units rely on information from national sources such as the Census and Vital Statistics and the Canadian Community Health Survey (CCHS), which do not cover all health indicators of interest to Ontario and do not reach enough households in some areas to be relevant for some communities.
- 2 Timeliness** National data are helpful but they are not timely. Public health units have only just received vital statistics data and cancer incidence and mortality data for 2012. It is difficult to respond to communities' changing health needs when the information is more than five years old.
- 3 Consistency** To understand community wellness, it's important to gather consistent information over a long period of time. The most effective way to do that is to ask the same or similar questions every few years, and then compare the results. Ideally, all communities would be asking the same questions so it would be possible to compare health between health unit areas as well as between communities in a health unit and neighbourhoods within a community.
- 4 Inclusivity** Most data sources available to public health units are either specific to certain life stages/health indicators or have other limitations. For instance, Ontario has data on children at birth and when they enter school but not at other times in their lives.

The Association of Public Health Epidemiologists (APHEO) in collaboration with Public Health Ontario, recently published a detailed report on the gaps in current data sources, including the lack of consistent and inclusive information on:

- the eating habits and physical activities of children under age 12
- the health of pregnant women and their access to pre-natal and other health services
- alcohol use and factors that influence alcohol use (e.g., number of bars in a neighbourhood)
- the factors that threaten healthy families, such as violence, poverty, employment and housing, and their impact on health
- the impact of structural, social and socioeconomic factors on community and individual health

Many of these are data gaps that some health units cannot fill on their own. Ontario needs a more consistent approach to be able to collect more inclusive data.

*The Canadian Health Survey on Children and Youth (ages 1 to 17) being developed by Statistics Canada will help fill some data gaps.*

## GOOD DATA FOR THE PURPOSES OF MAPPING COMMUNITY WELLNESS IS:

- **Relevant to the community** – reflects the population's current health status and is detailed and granular enough to inform programs and services targeted to specific neighbourhoods or populations
- **Timely** – accessible to those who use it as quickly as possible
- **Consistent** – defined and interpreted in the same way, and collected at regular intervals to be able to measure changes over time
- **Inclusive** – represents all aspects of health and the entire population of a community or neighbourhood including vulnerable groups often missed in data collection (e.g., people who are homeless, people who use substances, refugees)
- **Affordable** – can be gathered at a reasonable cost

- 5 **Affordability** To get more consistent, comprehensive local data, a number of Ontario’s health units, including Sudbury and Durham, are currently part of the Rapid Risk Factor Surveillance System (RRFSS) (see Table 1 for description). This survey is more flexible than the Canadian Community Health Survey because it allows health units to select and add questions and to request that some areas or populations be over-sampled to provide enough detailed, granular information to map their wellness. However, the cost of participating puts the survey out of reach of some health units.

### STRATEGIES TO CLOSE DATA GAPS

Efforts are underway to close data gaps and integrate existing sources of data. Several health units are involved in Public Health Ontario’s **Locally Driven Collaborative Projects** grants to identify promising ways to collect, integrate, analyze and report health data on school-age children. For example, the Sudbury & District Health Unit and Durham Regional Health Unit are co-leading a project with other health units that involves working with primary care providers to develop an EMR (electronic medical record) based surveillance system to measure childhood weights. Providers will measure and record children’s height and weight in the EMR. They will also ask parents questions from the toddler and preschooler NutriSTEP® screening tool to identify any nutritional risk and protective factors. Health units will then have local-level data on overweight and obesity in young children (aged 18 months to six years) and the factors that are increasing risk.

**Table 1: Examples of Current Data Sources and Their Limitations**

NAME	DESCRIPTION	LIMITATIONS
Canada Census	A national household survey conducted every five years that collects demographic and statistical information (e.g., age, ethnicity, education, income, employment, housing, disabilities)	<ul style="list-style-type: none"> <li>• Long-form not used in 2011 so some data not available</li> </ul>
Vital Statistics Canada	A national database on births, marriages and deaths, including cause of death	<ul style="list-style-type: none"> <li>• Data not always complete</li> <li>• Time lag of ± five years to obtain data</li> </ul>
Canadian Community Health Survey	An annual telephone survey of about 108,000 households across Canada that gathers data on a number of health indicators and is able to link them with demographic and socio-economic data	<ul style="list-style-type: none"> <li>• Relies on self-reported data</li> <li>• Doesn’t reach enough households in some health unit areas to provide relevant, granular data at the neighbourhood level</li> <li>• Doesn’t provide data on children</li> <li>• Doesn’t include many indicators of interest to Ontario communities</li> </ul>
Ontario Health Survey	Conducted in 1990 and 1996/97 to provide consistent information about community health across the province	<ul style="list-style-type: none"> <li>• Information now more than 20 years old</li> <li>• Survey no longer done</li> </ul>
Rapid Risk Factor Surveillance System (RRFSS)	An annual telephone survey of about 18,000 Ontario households conducted through York University that collects information on risk behaviours, chronic health conditions and use of health services	<ul style="list-style-type: none"> <li>• Covers a limited number of topics</li> <li>• Self-reported data and reaches only some Ontarians (particularly those who have land lines – although it is starting to use cell phone numbers as well)</li> <li>• Health units have to pay to participate</li> </ul>
Better Outcomes Registry and Network (BORN)	Ontario database on births from hospitals, labs, midwifery practices and clinical programs	<ul style="list-style-type: none"> <li>• Reporting varies by public health unit and may lag by six to 15 months</li> <li>• Does not capture the small number of births each year in hospitals with no obstetrical services</li> <li>• Indigenous births are under-represented</li> </ul>
Early Development Instrument (EDI)	An Ontario assessment of school readiness completed by teachers on all five-year-olds in kindergarten	<ul style="list-style-type: none"> <li>• Does not provide data on developmental progress of children under age five</li> </ul>
Panorama	Ontario’s immunization registry/information system	<ul style="list-style-type: none"> <li>• Currently contains only immunizations for school-aged children</li> </ul>

# IV. RECOMMENDATIONS: ONTARIO'S ROUTE TO HEALTHIER COMMUNITIES

Ontario's public health units have the knowledge, skills and community partners to develop strong wellness programs and close health gaps. To deliver the right programs to the right people in their communities, they need better data. To identify new and changing needs and assess the impact of their programs and services, they need a better way to gather that information consistently over time.

To give public health units access to better data so they can invest in wellness based on evidence, we recommend a four-part strategy:



## UNDERSTAND OUR COMMUNITIES:

### Implement a provincial population health survey that collects data at the local community and neighbourhood levels

The goal is to be able to map and understand community wellness. The survey will provide comprehensive inclusive data on the health status of all neighbourhoods and populations, including vulnerable groups that are often missed in current surveys and databases. It will also be flexible enough that health units can select or add questions relevant to their communities' unique needs. The proposed province-wide Ontario population health survey would:

- fill current gaps
- create a level playing field, giving all health units and their community partners the data they need to improve wellness
- help the Local Health Integration Networks (LHINs) and the new sub-LHIN areas develop health services that achieve the goals of the Patients First: Action Plan for Health Care

Ontario should find the most cost-effective way to administer the survey – perhaps by leveraging the Statistics Canada infrastructure.



## SHARE WITH OUR COMMUNITIES

### Give the public and community partners access to more integrated and meaningful information

Once we have good local data on a community's wellness, it is important to share that information with the people who live there. In the past, community health data were accessible mainly to researchers and policy makers, and even these professionals faced barriers getting the information they needed. With new technologies, it's now possible – while still ensuring confidentiality and privacy – to:

- pull together data from a number of different sources
- look at data by important characteristics of interest
- map data so people within a community can understand both needs and strengths
- put that data online where people can see and use it.

As is the case in Durham, we want all residents in a community to have easy access to information on wellness and use it to set health priorities based on real-life needs. People working in health organizations and other community services will be able to act – individually and together – to improve community and individual wellness.

Consistent with the government's current efforts, we support integrating data from different sources to map community wellness and then sharing that data.



*It's important to make better use of existing data as well as fill the data gaps.*



### **INVEST IN OUR COMMUNITIES**

#### **Use the data to improve wellness and delay or avoid unnecessary health care spending**

With good local data, public health units and their partners can develop programs that meet the specific needs of a population, a neighbourhood or the whole community. They can also develop programs to address specific health issues – such as smoking, obesity or motor vehicle collisions – that affect a number of neighbourhoods. Equipped with the right data, communities can invest in programs and services that improve wellness and reduce health costs. As the Sudbury data showed, if all neighbourhoods had the same opportunities for health, there would be fewer accidental deaths, people would live longer and there would be fewer hospital visits.



### **STRENGTHEN OUR COMMUNITIES**

#### **Use the data to reduce health disparities and reinforce health equity**

Efforts to understand community health – like those in Sudbury and Durham – will identify health disparities. Some neighbourhoods and groups will be healthier or more advantaged than others. The proposed provincial population health survey, which will collect socio-economic as well as health data, will help health units identify these disparities. By targeting resources to those in greatest need, we will strengthen our communities and improve health and wellness for all.

*It should be as easy for people to find accurate information about the health of their neighbourhood as it is for people who are buying a home to find out about house prices and the location of schools and parks.*



# V. CONCLUSION

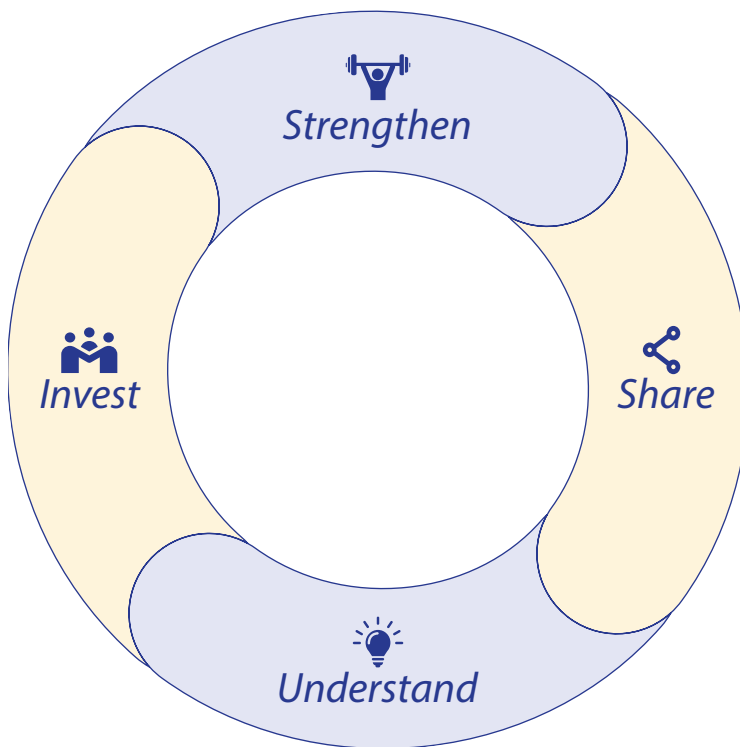
When we focus on community wellness, we improve the health of everyone who lives there.

The first step in improving wellness is to understand it. How healthy are our communities now? What are the most pressing health issues? Who is most affected? Communities across Ontario need relevant, timely, consistent, inclusive and affordable local data to be able to respond quickly to health threats and target health resources to their most important health problems and to the neighbourhoods and populations with the greatest needs.

To make the best use of its resources, Ontario needs to consistently map and analyze wellness, community by community. Good local data will help us **understand** community wellness, **share** that information with Ontarians, **invest** in wellness in our communities and **strengthen** our communities by ensuring that everyone has the same opportunity for wellness. It will also help us understand how investments in different community services – such as health or social programs, school-based initiatives, recreation programs, park space, changes in road safety or transportation systems – affect our health directly or indirectly.

Gathering the right data is only the first step. Then we must use it to reduce health disparities and benefit all Ontarians.

## STRENGTHEN OUR COMMUNITIES:



# VI. ACKNOWLEDGEMENTS

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Sarah Cox, Meghan Walker

## VII. APPENDIX

### Ontario Health Units' Vacant Medical Officer of Health (MOH) Positions\*

Filed by acting MOHs as of February 3, 2017

District of Algoma Health Unit\*\*

Haldimand-Norfolk Health Unit

Hastings & Prince Edward Counties Health Unit

Huron County Health Unit

Oxford County Health Unit

Porcupine Health Unit

Renfrew County & District Health Unit

Timiskaming Health Unit

City of Toronto Health Unit

**Total = 9 Health Units with MOH Vacancies**

*\*Under 62.(1)(a) of the Health Protection and Promotion Act, every board of health shall appoint a full-time medical officer of health.*

*\*\*Vacancies may include positions filled by qualified physicians awaiting appointment by boards of health and ministerial approval.*

# Ontario Public Health Units' Vacant Associate Medical Officer of Health (AMOH) Positions\*

As of February 3, 2017

District of Algoma Health Unit

Durham Regional Health Unit

Grey Bruce Health Unit

Halton Regional Health Unit\*\*

Thunder Bay District Health Unit

City of Toronto Health Unit

**Total = 6 Health Units with AMOH Vacancies**

*\*Under 62.(1)(b) of the Health Protection and Promotion Act, every board of health shall appoint one or more associate medical officers of health.*

*\*\*Vacancies may include less than or more than one FTE position per health unit and include positions filled by qualified physicians awaiting appointments by boards of health and ministerial approval.*

## VIII. BIBLIOGRAPHY

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- Durham Regional Health Unit. (2016). *Overview Report: Health Neighbourhoods in Durham Region*. Revised ed.
- Durham Regional Health Unit. (2017). Personal communication.
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- Halton Regional Health Unit. (2017). Personal communication.
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- Office of the Chief Medical Officer of Health. (2016). *Overview: Data Sources and Limitations of the 12 Life Trajectory Indicators*. Toronto, ON.
- Ontario Ministry of Health and Long-Term Care. (2015). *Patients First: Action Plan for Health Care*. Queen's Printer for Ontario. Toronto, ON.
- Peel Regional Health Unit. (2017). Personal communication.
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- Statistics Canada. (2015). *Analysis conducted by Statistics Canada for Toronto Public Health*. Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey. Data available on request from Toronto Public Health.
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# Interoffice Memorandum

**Date:** April 13, 2017

**To:** Committee of the Whole

**From:** Dr. Robert Kyle

**Subject:** Health Information Update – April 7, 2017

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Health  
Department

Please find attached the latest links to health information from the Health Department and other key sources that you may find of interest. Links may need to be copied and pasted directly in your web browser to open, including the link below.

You may also wish to browse the online Health Department Reference Manual available at [Health Department Reference Manual](#), which is continually updated.

Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA).

Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM  
Commissioner & Medical Officer of Health



**UPDATES FOR COMMITTEE OF THE WHOLE**  
**April 7, 2017**

**Health Department Media Releases/Advisories/Publications**

<https://goo.gl/h1S1ot>

- Durham Region Health Department encourages regular cancer screenings as a part of Colon Cancer Awareness Month (Mar 10)

<https://goo.gl/2U2FL3>

- Durham Health Check-Up 2016 (Mar 16)

<https://goo.gl/XD3Ef4>

- Health Department observes World Tuberculosis Day (Mar 24)

<https://goo.gl/zyy6UT>

- Health Department is raising oral cancer awareness for Oral Health Month (Mar 31)

<https://goo.gl/sOX0yL>

- Advancing Access to Affordable Recreation in Durham receives Award of Excellence (Apr 3)

<https://goo.gl/1JPpSz>

- “What’s in your bottle?” campaign informs residents of cancer risks associated with alcohol use (Apr 5)

**FAX Abouts (on DurhamMD.ca – UserID: drhd; Password: health)**

- It’s that time of year; Child care centre immunization notices are here! (Mar 7)
- Adult Immunization: Measles, Mumps and Rubella (Mar 13)
- Vaccine Fridge “Spring Cleaning”! (Mar 15)
- Health Professionals Infection Prevention and Control Resources (Mar 17)
- World TB Day – March 24, 2017 “Unite to End TB” (Mar 21)
- 5 Confirmed Cases of Measles in the GTA (Mar 31)

**GOVERNMENT OF CANADA**

**Employment and Social Development Canada**

<https://goo.gl/32HOLz>

- Budget 2017 gives young Canadians a real and fair chance at success (Mar 26)

<https://goo.gl/SMNQ0O>

- Budget 2017 supports lifelong learning for a changing job market (Mar 27)

**Environment and Climate Change Canada**

<https://goo.gl/uFptsV>

- Minister McKenna concludes successful visit to Washington, D.C. (Mar 16)

<https://goo.gl/yfdXoV>

- The Government of Canada ratifies the Minamata Convention on Mercury (Apr 7)

### **Finance Canada**

<https://goo.gl/vaQCKG>

- Budget 2017: Building a Strong Middle Class (Mar 22)

### **Health Canada**

<https://goo.gl/j9Xzs0>

- Statement from Health Canada on the publication of a white paper on *Public Release of Clinical Information in Drug Submissions and Medical Device Applications* (Mar 9)

<https://goo.gl/s1Fhsr>

- Clarification from Health Canada on myclobutanil and cannabis (Mar 9)

<https://goo.gl/FhVr64>

- Canada Reaches Health Funding Agreement with Ontario (Mar 10)

<https://goo.gl/zRn7II>

- Public reporting of drug shortages and discontinuances by industry now mandatory (Mar 14)

<https://goo.gl/G9bc1W>

- Health Canada publishes consultation feedback on the proposed Self-Care Framework (Mar 31)

<https://goo.gl/lk93Uo>

- Government of Canada finalizes ban on menthol in most tobacco products (Apr 5)

<https://goo.gl/D8YtaV>

- Minister Philpott highlights significant investments for better access to mental health services (Apr 7)

<https://goo.gl/5Irra6>

- Health Canada proposes to prohibit the main source of industrially produced trans fats in food (Apr 7)

### **Infrastructure Canada**

<https://goo.gl/5H1xiA>

- Over \$30.1 Million transferred to the federal Gas Tax Fund (Mar 31)

### **Innovation, Science and Economic Development Canada**

<https://goo.gl/NRVwPy>

- Growing Canada's economy through clean technology (Apr 5)

<https://goo.gl/GorfVK>

- Historic trade accord strengthens Canada's economic union (Apr 7)

### **Prime Minister's Office**

<https://goo.gl/JEj613>

- Prime Minister announces support for public transit in the Greater Golden Horseshoe Area (Mar 31)

### **Public Health Agency of Canada**

<https://goo.gl/3QzNQk>

- Chief Public Health Officer: Public Health Reminder Regarding Mumps (Mar 1)

<https://goo.gl/QbicjS>

- Statement from the Chief Public Health Officer: Pharmacists Help Address the Opioid Public Health Crisis in Canada (Mar 13)

<https://goo.gl/hbBpSt>

- Government of Canada invests in program to combat sedentary behaviour in the workplace (Mar 16)

<https://goo.gl/tBKr1w>

- Government of Canada Supports Latent Tuberculosis Study (Mar 24)

<https://goo.gl/7d5EVB>

- Government of Canada, Boys and Girls Club of Canada, and Corus Entertainment launch Kid Food Nation National Recipe Challenge (Apr 4)

### **Transport Canada**

<https://goo.gl/KY2iod>

- New safety rules for recreational drone use take immediate effect (Mar 16)

## **GOVERNMENT OF ONTARIO**

### **Anti-Racism Directorate**

<https://goo.gl/hJITtP>

- Ontario Combatting Systemic Racism and Breaking Down Barriers (Mar 7)

<https://goo.gl/Jfz1KK>

- Ontario Introduces Anti-Racism Legislation (Mar 29)

### **Office of the Premier**

<https://goo.gl/8wqaLG>

- Ontario and Québec Support Clean Water Initiatives in the Great Lakes-St. Lawrence Region (Mar 22)

<https://goo.gl/M699WD>

- Premier Committed to Supporting Ontario's Automotive Industry (Mar 24)

<https://goo.gl/E5puFI>

- Free Tuition for Hundreds of Thousands of Ontario Students (Mar 29)

<https://goo.gl/liWQ84>

- Federal investment in Transit to Help Continued Transformation of Ontario's GO Network (Mar 31)

### **Ontario Ministry of Advanced Education and Skills Development**

<https://goo.gl/JM20vV>

- Ontario Names First Chief Digital Officer (Mar 27)

<https://goo.gl/Mx7GEF>

- Ontario Marks 50<sup>th</sup> Anniversary of College System (Apr 3)

<https://goo.gl/F50Cwg>

- Ontario Partnering with Tech Leaders to Improve Public Services (Apr 5)

### **Ontario Ministry of Agriculture, Food and Rural Affairs**

<https://goo.gl/U3J8ue>

- Boosting Competitiveness for Greenhouses through Innovation (Mar 23)

<https://goo.gl/RQLcEd>

- Celebrating 40 Years of Foodland Ontario (Apr 6)

### **Ontario Ministry of the Attorney General**

<https://goo.gl/WdJ1YI>

- Ontario Providing Improved Access to Legal Services (Mar 27)

<https://goo.gl/2ayL6I>

- Ontario Improving Transparency and Accountability in Police Oversight (Apr 6)

### **Ontario Ministry of Community and Social Services**

<https://goo.gl/5iPlc5>

- Ontario Releases Basic Income Consultation Feedback (Mar 16)

### **Ontario Ministry of Economic Development and Growth**

<https://goo.gl/pb3UZm>

- Statement from Minister Duguid on Completion of the Canadian Free Trade Agreement (Apr 7)

### **Ontario Ministry of Education**

<https://goo.gl/kNsTas>

- Preparing Students to Thrive in Ontario's Innovative Economy (Mar 23)

### **Ontario Ministry of the Environment and Climate Change**

<https://goo.gl/B25qLD>

- Ontario Eliminating Drive Clean Test Free, Strengthening Program (Mar 31)

<https://goo.gl/6W0Efq>

- Ontario Announces Results of First Cap and Trade Program Auction (Apr 3)

### **Ontario Ministry of Finance**

<https://goo.gl/yHcVWu>

- Growing Small Cider and Spirits Producers' Businesses (Mar 7)

### **Ontario Ministry of Health and Long-Term Care**

<https://goo.gl/rbqTLT>

- New Health Technologies Coming to Ontario (Apr 3)

<https://goo.gl/zA1i4d>

- Statement from Minister of Health on National Family Caregiver Day (Apr 4)

### **Ontario Ministry of Indigenous Relations and Reconciliation**

<https://goo.gl/J7Qgfk>

- Canada, Ontario and Williams Treaties First Nations Take First Step Towards a Negotiated Resolution of Alderville Litigation (Mar 27)

### **Ontario Ministry of Labour**

<https://goo.gl/DhwbzP>

- Ontario Increasing Minimum Wage to Support Workers and Families (Mar 24)

### **Ontario Ministry of Research, Innovation and Science**

<https://goo.gl/byhsjb>

- Help Recruit Ontario's First Chief Science Officer (Mar 14)

### **Ontario Ministry of Tourism, Culture and Sport**

<https://goo.gl/VqFLX4>

- Ontario Increasing Opportunities for Women and Girls in Sport (Mar 8)

### **Treasury Board Secretariat**

<https://goo.gl/6qOEj3>

- 2016 Public Sector Salaries Disclosed (Mar 31)

## **OTHER ORGANIZATIONS**

### **Canada Health Infoway**

<https://goo.gl/N6AQAD>

- Federal Government Announces New Funding for Canada Health Infoway (Mar 23)

### **Canadian Environmental Assessment Agency**

<https://goo.gl/QUxGWd>

- Minister Launches Public Comment Period on Expert Panel Report (Apr 5)

### **Canadian Institute of Health Information**

<https://goo.gl/Fyo15l>

- Most Canadians receive priority procedures within medically acceptable wait times (Mar 28)

<https://goo.gl/b5H6Pw>

- Canadian have more than 1 million potentially unnecessary medical tests and treatments every year (Apr 6)

### **Canadian Institutes of Health Research**

<https://goo.gl/gggZzH>

- Canadian researchers join international fight against Zika (Mar 16)

<https://goo.gl/ybyBzW>

- Minister of Health announces Acting President of the Canadian Institutes of Health Research (Mar 31)

### **Canadian Nuclear Safety Commission**

<https://goo.gl/SUW4KQ>

- CNSC completes all actions of the 2016 audit report on nuclear power plant inspections (Mar 31)

### **Centre for Addiction and Mental Health**

<https://goo.gl/TKc2CG>

- Becoming tobacco-free is feasible, boosts safety in mental health hospital, CAMH study finds (Mar 6)

<https://goo.gl/E9lln7>

- Dietary kit reduces baby blues, a precursor to postpartum depression (Mar 13)

### **Conference Board of Canada**

<https://goo.gl/zLkS6c>

- Ontario Receives a “B” Grade on Conference Board of Canada’s Society Report Card (Apr 5)

### **Diabetes Canada**

<https://goo.gl/MxL2dr>

- Will a surgery drinks levy benefit Canadians? New research says yes. (Mar 16)

### **Institute for Clinical Evaluative Sciences**

<https://goo.gl/Xjp604>

- Poverty is a significant risk factor for premature death (Mar 15)

<https://goo.gl/ruY9km>

- A child or youth is injured by a firearm every day in Ontario (Mar 27)

### **Mental Health Commission of Canada**

<https://goo.gl/JKGTbC>

- Open Letter – Health Ministers Urged to Use New Mental Health Commission of Canada Report to Guide Smart Spending on Mental Health (Mar 7)

<https://goo.gl/Oobtr8>

- Mental Health Commission of Canada Releases Implementation Findings on National Standard for Psychological Health and Safety in the Workplace (Mar 16)

### **Office of the Provincial Advocate for Children and Youth**

<https://goo.gl/QexnlQ>

- Ontario's Provincial Advocate for Children and Youth urges legislative committee to seize historic opportunity to create fundamental change (Mar 30)

### **Ontario Medical Association**

<https://goo.gl/Pgtmkw>

- An open letter to patients in Ontario (Mar 6)

<https://goo.gl/te7ZqC>

- Ontario's doctors deliver strong messages to MPPs about improving health care (Mar 29)

### **Ontario Provincial Police**

<https://goo.gl/c4rYqk>

- Year-to-Date Deaths Linked to Inattentive Drivers Nearly Triple Over Last Year (Mar 21)

### **Ottawa Heart Institute**

<https://goo.gl/qczKIZ>

- \$3.5 Million to smoking cessation more affordable for Ontarians (Mar 14)

### **Parachute**

<https://goo.gl/YekCx7>

- Spring time change means 'sleepy' Canadians need to be extra alert on roadways (Mar 7)

**From:** Tania Wilson <twilson@porthope.ca>  
**Sent:** April-06-17 10:40 AM  
**Subject:** Resolution - Call on the Province to Ban Incineration  
**Attachments:** Resol 23-2017.pdf

Please find attached a Resolution passed by the Council of the Municipality of Port Hope on April 4, 2017 requesting the Ontario Minister of the Environment and Climate Change to revise existing legislation, to explicitly ban construction of incinerators, and phase out use of existing incinerators in Ontario.

Tania Wilson, Administrative Assistant  
 Corporate Services  
 Municipality of Port Hope  
 56 Queen St.  
 PORT HOPE ON L1A 3Z9  
 tel: 905.885.4544  
 fax: 905.885.7698  
[www.porthope.ca](http://www.porthope.ca)  
[twilson@porthope.ca](mailto:twilson@porthope.ca)

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**C.S. - LEGISLATIVE SERVICES**

Original
To: CIP
Copy & Anderson
To: G. Gubitt
S. Sapis
C.C. S.C.C. File
Take Appr. Action

SENT VIA EMAIL



MUNICIPALITY OF PORT HOPE  
RESOLUTION

Date: 04 Apr 2017

23/2017

MOVED BY:

 (Blecker)

SECONDED BY:



**WHEREAS all forms of incineration of waste, including Gasification, Plasma Arc, Pyrolysis, Energy-from Waste, Combustion and all other forms of burning of waste, produce very large quantities of deadly and/or health destroying substances that cause cancer, heart and circulatory disease, birth defects, mental disease and much more;**

**AND WHEREAS safe and environmentally friendly alternative means of waste-disposal management are available, including reduction, reuse, recycling, properly insulated landfill and other;**

**AND WHEREAS incineration is not banned in Bill 151;**

**AND WHEREAS incineration is explicitly condoned in the document "Strategy for a WASTE-FREE ONTARIO Building the CIRCULAR ECONOMY" released by the Government of Ontario in December 2016 (see page 10; emphasis added here: "Although energy from waste and alternative fuels are permitted as waste management options, these methods will not count towards diversion in Ontario");**

**AND WHEREAS with the latter statement, that energy-from-waste will nevertheless not count toward diversion, it is already acknowledged that incineration does not contribute to the circular economy; and in fact incineration is incompatible with a circular economy;**

**AND WHEREAS for the reasons given in paragraphs 1 and 2 above, incineration should not be performed in Ontario;**

**AND WHEREAS the Ontario Ministry of Energy announced on 27 September 2016 that it is suspending Energy-from-Waste projects (see [https://news.ontario.ca/mei/en/2016/09/ontario-suspends-large-renewable-energy-procurement.html?utm\\_source=ondemand&utm\\_medium=email&utm\\_campaign=p](https://news.ontario.ca/mei/en/2016/09/ontario-suspends-large-renewable-energy-procurement.html?utm_source=ondemand&utm_medium=email&utm_campaign=p)), therewith removing a major impediment to obtaining political agreement on an outright ban on incinerators;**

**NOW THEREFORE BE IT RESOLVED THAT** the Ontario Minister of the Environment and Climate Change be requested to revise existing legislation, to explicitly ban construction of incinerators, and phase out use of existing incinerators, in Ontario;

**AND BE IT FURTHER RESOLVED THAT** a copy of this Resolution be sent to the Premier of Ontario, the Minister of the Environment and Climate Change, the Minister of Energy, Lou Rinaldi, MPP for Northumberland-Quinte West, the Association of Municipalities of Ontario (AMO), the Chiefs of Ontario (COO) and all Ontario Municipalities.

  
\_\_\_\_\_  
Mayor R.J. Sanderson



The Corporation of the  
**City of Kawartha Lakes**  
P. O. Box 9000, 26 Francis St.,  
LINDSAY, ON K9V 5R8  
Tel. (705) 324-9411 Ext 1295, 1-888-822-2225  
Fax: (705) 324-8110

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**Judy Currins, City Clerk**

April 10, 2017

Lisa Thompson, MPP  
Room 425, Legislative Building  
Toronto, ON  
M7A 1A8

Dear Ms. Thompson:

**Re: Municipal Resolution on Supporting Certified Crop Advisors  
Correspondence from City of Belleville and MPP Lisa Thompson**

Your August 26, 2016 correspondence regarding the above referenced matter was on the December 13, 2016 Regular Council Meeting agenda for consideration. The following resolution was adopted at that meeting:

**CR2016-1241**

**RESOLVED THAT** the Memorandum from Kelly Maloney, Agriculture Development Officer, regarding Municipal Resolution on Supporting Certified Crop Advisors, Correspondence from City of Belleville and MPP Lisa Thompson, be received;

**WHEREAS**, Ontario-grown corn, soybean and wheat crops generate \$9 billion in economic output and are responsible for over 40,000 jobs;

**WHEREAS**, Ontario farmers are stewards of the land and understand the importance of pollinators to our environment and ecosystems;

**WHEREAS**, the Ontario government is implementing changes to ON Reg. 63109 that would prevent any Certified Crop Advisor (CCA) from carrying out a pest assessment if they receive financial compensation from a manufacturer or retailer of a Class 12 pesticide;

**WHEREAS**, Ontario's 538 Certified Crop Advisors are capable of and willing to conduct pest assessments and the number of CCA's eligible to service the Ontario industry will be reduced to only 80- should the proposed changes to the definition of professional pest advisor be implemented in August 2017;

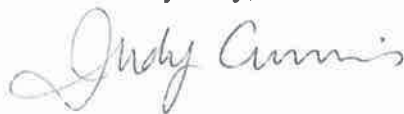
**WHEREAS**, the reduction in CCAs would force corn and soybean farmers to step aside from the relationships that they have built with experts that understand their unique crop requirements, soil types and field conditions, placing undue delays on planting crops;

**THAT** the Council of the City of Kawartha Lakes support the efforts of the Member of Provincial Parliament for Huron-Bruce to eliminate barriers to employment opportunities for CCA's and allow Ontario farmers the freedom to engage in business with the expert of their choice; and  
**THAT** a copy of this resolution be forwarded to all Members of Provincial Parliament and municipalities.

**CARRIED**

Please contact myself (705-324-9411, ext. 1295) if you have any questions with respect to this matter.

Yours very truly,

A handwritten signature in cursive script that reads "Judy Currins".

Judy Currins, CMO,  
City Clerk  
City of Kawartha Lakes

cc: All Ontario Municipalities, Members of Provincial Parliament

**From:** [Gord Geissberger](#)  
**To:** [Gord Geissberger](#)  
**Subject:** CLOCA News Release - RBC Earth Day Tree Planting - Sat. April 22  
**Date:** April-05-17 11:52:31 AM  
**Attachments:** [News Release Earth Day 2017.doc](#)

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**To: News Release List**

Hello, please find attached the above news release with regards to CLOCA's annual Earth Day tree planting event on April 22 at Enniskillen Conservation Area, 9:00 am to Noon.

If you cannot open the attachment contact me at the Conservation Office.

Have a great day!

*Gord*

Gord Geissberger  
Coordinator, Marketing & Communications  
Central Lake Ontario Conservation  
100 Whiting Avenue  
Oshawa, ON L1H 3T3  
Tel: 905-579-0411, ext. 142

\*\*\*\*\*

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## News Release

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100 Whiting Avenue, Oshawa, ON, L1H 3T3  
(905) 579-0411, fax (905) 579-0994

Release Date: Immediate

Give Nature A Helping Hand  
**RBC Earth Day Tree Planting**

Saturday, April 22 from 9:00am – Noon

The public is invited to give nature a helping hand at Central Lake Ontario Conservation's annual Earth Day is Every Day tree planting. This is a partnership with CN Railway, Tree Canada and RBC being held at the Carruthers Tract, a part of the Enniskillen Conservation Area in the Municipality of Clarington. The event is FREE and will run rain or shine, on Saturday April 22<sup>nd</sup> from 9:00am until noon. All wishing to participate are asked to register at [www.cloca.com](http://www.cloca.com) or call 905-579-0411, ext. 142.



**Volunteers of all ages** are needed to plant 1200 native trees that will eventually grow into 2 acres mixed forest habitat. The public is asked to dress for the weather, bring a hat, sunscreen, boots and a refillable water bottle. Central Lake Ontario Conservation's (CLOCA) Earth Day is Every Day event is a great opportunity for families, scout and guide groups, churches, businesses and students to assist and enjoy nature.

The property receiving the trees this year is located in the Greenbelt and the Oak Ridges Moraine and provides significant groundwater resources, open meadows, mature forests and wetland features in the headwaters of Clarington's Bowmanville Creek. It is a major migratory corridor for wildlife and offers a thriving cold water fishery. "This tree planting like the others, will begin transforming a regenerating meadow into forest habitat for wildlife and enhance water quality," says Jamie Davidson, Conservation Areas Planner for Central Lake Ontario Conservation. "One of the many benefits of these trees, as they grow and mature, is they will reduce topsoil erosion by catching precipitation with their leaf canopies. This lessens the force of storms and slows down water runoff which in turn ensures that groundwater supplies are continually being replenished."

For more information or directions please visit [www.cloca.com](http://www.cloca.com) or contact Gord Geissberger at the Authority office (905) 579-0411, ext. 142, email: [gord@cloca.com](mailto:gord@cloca.com).

**Directions:** From the intersection of Regional Rd. 57 and Taunton Road in Clarington, travel north on Regional Road 57 to Concession Rd 7. Turn left onto Con. Rd. 7 and travel to Holt Rd. Turn right and travel to the Enniskillen Conservation Area's main entrance and follow signs. **A Google Map is available at [www.cloca.com](http://www.cloca.com).**

*Healthy watersheds for today and tomorrow.*

**GANARASKA REGION CONSERVATION AUTHORITY**

**MINUTES OF THE FULL AUTHORITY**

**March 16, 2017**

**FA 01/17**

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1. Welcome and Call to Order

The Chair called the Full Authority meeting to order at 7:15 p.m.

**MEMBERS PRESENT:** Forrest Rowden, Chair - Town of Cobourg  
Wendy Partner, Vice-Chair - Municipality of Clarington  
Raymond Bennis - Township of Alnwick/Haldimand  
Mark Lovshin - Township of Hamilton  
John Fallis - Township of Cavan Monaghan  
Brian Darling, Town of Cobourg  
Louise Ferrie-Blecher - Municipality of Port Hope  
Jeff Lees - Municipality of Port Hope  
Heather Stauble - City of Kawartha Lakes  
Willie Woo - Municipality of Clarington

**ALSO PRESENT:** Linda Laliberte, CAO/Secretary-Treasurer  
Mark Peacock, Director, Watershed Services  
Pam Lancaster, Stewardship Technician  
Steve McMullen, Forest Recreation Technician  
Jessica Mueller, Hydrogeologist

**ABSENT WITH  
REGRETS:**

**ALSO ABSENT:**

2. Disclosure of Pecuniary Interest

None

3. Minutes of Last Meeting

**FA 01/17**

**MOVED BY:** Mark Lovshin

**SECONDED BY:** Willie Woo

**THAT** the Full Authority approve the minutes of the December 8, 2016 meeting.  
**CARRIED.**

#### 4. Adoption of the Agenda

**FA 02/17****MOVED BY:** Louise Ferrie-Blecher**SECONDED BY:** Wendy Partner**THAT** the Full Authority adopt the agenda as presented.**CARRIED.**

#### 5. Delegations

None

#### 6. Presentations

## a) PGMN Water Level Drought Response in 2016

Jessica Mueller, Hydrogeologist, gave a presentation to the board on the 2016 drought response.

**FA 03/17****MOVED BY:** Heather Stauble**SECONDED BY:** John Fallis**THAT** the Full Authority receive the groundwater staff report for information purposes.**CARRIED.**

#### 7. Business Arising from Minutes

## a) Penalization of Riders Using Non-Authorized Trails

Staff presented a report to the members for discussion. Members discussed the possibility of increasing fines. The Chair stated that he would bring this issue forward at the next Conservation Ontario meeting. A suggestion of using police cadets was also brought forward as well as the use of motion cameras at various sites in the forest. Discussion followed in regard to freedom of information, the quality of pictures gathered, and concerns of possible equipment failure or damage due to vandalism. There were also questions directed to the gathering of licence plate information and concerns that plate numbers are not being collected for day passes. Ray Benns suggested contacting Lower Trent Conservation as he believes their provincial offences officers are authorized to lay charges for incidents beyond what the Ganaraska currently enforces. It was further suggested that more funds be allocated to paid patrols in the forest to which the CAO stated that she would increase the draft budget for 2017 in this area. There were further concerns that the Forest Management Plan would not address motorized use in the Forest. Staff explained that this was not part of the terms of reference of the Forest Management Plan. The plan is being completed to satisfy the requirements of the Managed Forest Tax Incentive Program (MFTIP) however, GRCA had expanded the terms to include stakeholder consultation sessions. Staff further stated that the synopsis report shows the general forest community was supportive of a multi-use forest. There was further discussion in regards to a future review of the terms of reference of the Forest Recreational Users Committee next fall.



**FA 04/17**

**MOVED BY:** John Fallis  
**SECONDED BY:** Mark Lovshin

**THAT** the Full Authority receive the staff report for information.

**8. Correspondence**

FA 01 Roger Anderson, Regional Chair/CEO, Durham region re. Durham Community Climate change Adaptation Plan

**FA 05/17**

**MOVED BY:** Heather Stauble  
**SECONDED BY:** Brian Darling

**THAT** the Full Authority receive the correspondence for information.  
**CARRIED.**

**9. Applications under Ontario Regulation 168/06:**

Permits approved by Executive:

**FA 06/17**

**MOVED BY:** Wendy Partner  
**SECONDED BY:** Ray Bennis

**THAT** the Full Authority receive the permits for information.  
**CARRIED.**

Permit Application require Full Authority discussion:  
None

**10. Committee Reports:**

None

**11. New Business:**

a) Durham Community Climate Adaptation Plan 2016

**FA 07/17**

**MOVED BY:** Willie Woo  
**SECONDED BY:** Wendy Partner

**THAT** the Full Authority approve in principle the Durham Community Climate Adaptation Plan.  
**CARRIED.**

b) Port Hope Fishing Access Pass

**FA 08/17**

**MOVED BY:** Brian Darling  
**SECONDED BY:** Mark Lovshin

**THAT** the Full Authority receive the report entitled "Port Hope Fishing Access Pass" for information purposes.

**CARRIED.**

12. Other Business

a) Clean Water - Healthy Land Financial Assistance Program Guidelines Update

**FA 09/17**

**MOVED BY:** Wendy Partner  
**SECONDED BY:** Willie Woo

**THAT** the Full Authority approve the updates made to the Clean Water-Healthy Land Financial Assistance Program Guidelines.

**CARRIED.**

The Chair brought forward the idea of establishing a foundation. There was some discussion in regards to the skill set required of an individual to head up a foundation. The Chair suggested that if Board members knew of any potential candidates to assist in forming a foundation, perhaps they could bring those name forwards at a future date.

13. In Camera

None

14. Adjourn

The meeting adjourned at 8:10 p.m. on a motion by Wendy Partner.

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**CHAIR**

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**CAO/SECRETARY-TREASURER**

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

## **The Regional Municipality of Durham**

### **MINUTES**

#### **AFFORDABLE AND SENIORS' HOUSING TASK FORCE COMMITTEE**

**Wednesday, March 22, 2017**

A regular meeting of the Affordable and Seniors' Housing Task Force Committee was held on Wednesday, March 22, 2017 in Boardroom 1-A, Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby at 9:09 AM

Present: Councillor Ballinger, Township of Uxbridge  
Councillor Carter, City of Oshawa  
Councillor Chapman, Chair, City of Oshawa  
Councillor Drew, Township of Scugog  
Councillor Grant, Township of Brock  
Councillor Jordan, Town of Ajax  
Councillor Pickles, Vice-Chair, City of Pickering  
Regional Chair Anderson left the meeting at 11 AM

Absent: Councillor Foster, Municipality of Clarington  
Councillor Roy, Town of Whitby  
Councillor Ryan, City of Pickering

#### **Staff**

Present: A. Andrews, Manager, Strategic Partnerships, Income and Employment Support, Social Services  
M. Blake, Planner, Planning & Economic Development Department  
J. Connolly, Director, Housing Services, Social Services  
G.H. Cubitt, Chief Administrative Officer  
H. Drouin, Commissioner of Social Services  
R. Inacio, Systems Support Specialist, Corporate Services – Information Technology  
R. Jagoe, Policy Analyst, Housing Services, Social Services  
J. Kelly, Principal Planner, Strategic Planning, Planning and Economic Development  
C. McCreight, Administrative Assistant, Social Services  
M. Simpson, Director, Financial Planning and Purchasing, Finance Department  
A. Wakeford, Senior Solicitor, Corporate Services – Legal Services  
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

**1. Approval of Agenda**

Moved by Councillor Carter, Seconded by Councillor Drew,  
That the agenda for the March 22, 2017 Affordable and Seniors'  
Housing Task Force Committee meeting, be approved.  
CARRIED

**2. Declarations of Interest**

There were no declarations of interest.

**3. Adoption of Minutes**

Moved by Councillor Ballinger, Seconded by Regional Chair Anderson,  
That the minutes of the Affordable and Seniors' Housing Task  
Force meeting held on February 10, 2017 be adopted.  
CARRIED

**4. Opening Remarks, Purpose and Objectives**

J. Connolly, Director, Housing Services, introduced Karen Wianecki, Director of Practice at Planning Solutions Inc. K. Wianecki provided a brief history of her professional background. She stated that she is looking forward to working with committee members as well as staff in the preparation of the final report of the Task Force.

Chair Chapman advised that the following points will be discussed:

- Task Force Terms of Reference, Statement of Purpose, Work Plan, Project Process and Task Force Product
- Issues with respect to affordable housing and seniors housing demand in Durham Region
- Opportunities for Durham Region to address current demand challenges
- Next steps

Discussion ensued with regards to the importance of having a plan in place to vie for funding, should it be available, from the federal government's budget.

**A) Task Force – Statement of Purpose (Confirmation of Product)**

The Affordable and Seniors' Housing Task Force Statement of Purpose was provided as Attachment #2 to the Agenda. The Statement of Purpose states that the collective purpose of the Task Force is to provide information and advice to Regional Council on how to address affordable rental housing and seniors' housing issues in Durham Region.

Moved by Councillor Carter, Seconded by Councillor Jordan,  
That the Affordable Housing and Seniors' Housing Task Force  
Statement of Purpose be approved.

CARRIED

B) Task Force – The Recommended Process

The Recommended Process for the Affordable and Seniors' Housing Task Force was provided as Attachment #3 to the Agenda. The Recommended Approach states as follows: meaningful, managed and focused engagement with partners who are in the business of providing and/or managing affordable rental housing and/or seniors' housing. The document consisted of a breakdown of the monthly task force meetings and what those meetings will entail.

Discussion ensued with regards to:

- the details of the "Symposium" proposed for June;
- clarification regarding the partners as listed under July and August;
- the importance of having all partners present at the August meeting to have the final report presented to Regional Council in October;
- the importance of having other opportunities to obtain input with regards to housing;
- the importance of looking within each municipality with regards to their stock of affordable housing
- the importance of obtaining feedback with regards to solving the issues surrounding housing.

Discussion ensued with regards to the details of the monthly meetings. It was suggested that the details of the July meeting be changed to read: "Reminder to Partners – to provide additional insight & suggestions for Task Force consideration". It was also suggested that the details of the August meeting be changed to read: "Draft Task Force Report – determine whether proposed recommendations be shared with partners and interested community members".

Moved by Councillor Carter, Seconded by Councillor Jordan,  
That the Affordable and Seniors' Housing Task Force  
Recommended Process, as amended, be approved.

CARRIED

C) Task Force – Revised Work Plan

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A copy of the Affordable and Seniors' Housing Task Force revised and proposed Work Plan was provided as Attachment #4 to the Agenda.

Moved by Councillor Carter, Seconded by Councillor Jordan,

That the Affordable and Seniors' Housing Task Force revised and proposed Work Plan be approved.

CARRIED

**5. Presentations**

A) Understanding the Demand Side of Affordable and Seniors' Housing

---

J. Connolly provided a PowerPoint presentation with regards to Understanding the Demand Side of Affordable and Seniors' Housing. A copy of the presentation was provided to members via email.

Highlights of the presentation included:

- Overview
- Durham Region National Household Survey (NHS) – 2011
- Demand Side of Affordable Housing
  - What is considered affordable?
  - Definitions: Affordability – Ownership
  - Definitions: Affordability – Rental
  - Definitions: Affordability – Core Need
  - Affordable Home Ownership Threshold: Durham (2016)
  - Average Resale Price in Durham
  - Average Resale Price (All Types)
  - Ownership Prices in GTA
  - Affordable Rental Housing Threshold: Durham (2016)
  - Average Market Rents in Durham
- Current State of Housing Affordability
  - CMHC Core Housing Need – 1991 – 2011
  - Core Housing Need in Durham - 2011
- Demand Side of Seniors' Housing
  - Durham Population Forecasts
  - Incidence of Low-Income in Durham – 2011
  - Seniors in Durham – 2011
  - Durham Housing Review – 2012
  - At Home in Durham Consultations
- Current State of Seniors' Housing
  - Seniors' Choices
  - Seniors Living in Durham
- Summary – Key Messages

Detailed discussion and comments ensued with regards to:

- The Regional Official Plan (ROP) and Core Needs statistics of the Affordable Home Ownership Threshold Dwellings
- The repercussions of home ownership as interest rates increase
- The inaccuracy of the formula used by the federal and provincial government to calculate affordability
- Ontario Works (OW) and Ontario Disability Support Program (ODSB) recipients are unable to afford housing in today's market
- The statistics provided by Canada Mortgage and Housing Corporation (CMHC) are not accurately reflective of what is actually being paid for rental housing
- When interest rates increase, more people will fall into the rental class but there is a lack of rental housing
- More housing needs to be built
- Whether independent living is cheaper than assisted living or long term care
- The proportion that goes to the government for public long term care
- Should the region provide services for seniors to be able to live longer in their own houses
- How to facilitate seniors living in their own homes
- Many senior residents are "house rich, cash poor" and some residents don't want to cash in the value of their home
- Concerns that younger generations are unable to find permanent full time employment which will affect their chances at home ownership
- The possibility of looking at the average age of home owners and renters
- Many lone seniors are affected and whether the Region should advocate on their behalf
- Seniors dealing with housing issues are predominantly female and is also an issue that needs to be addressed
- Clarification with regards to the final recommendations that will be proposed and who will be affected by those recommendations

## **6. Discussion Items**

### **A) Facilitated Dialogue**

---

K. Wianecki asked the members of the Committee to consider the following questions during their discussions:

- What makes sense for Durham Region?
- Where could/should the Region be focusing its efforts?

- What is your one big idea to address the current demand challenges associated with affordable housing in Durham Region?
- What is your one big idea to address the current demand challenges associated with seniors' housing in Durham Region?

K. Wianecki stated that there is an increasing issue around housing and affordability in Durham Region. She stated that lines are blurred with respect to ownership and rentals because what happens in one sector affects other sectors. She stated that there are two sides to the housing equation: supply and demand. She further stated that the supply side will be discussed at a later meeting but wanted to address the demand side.

K. Wianecki stated that there are approximately 6,000 households on the waiting list for affordable housing and there needs to be strategies in place that will enable the Region to reduce those numbers. She stated that the focus needs to be on affordable rental housing and the range of choices available for seniors housing. She requested that Committee members provide feedback and comments with regards to her questions. She stated that when considering opportunities and possibilities, the Committee needs to look at what is reasonable, relevant, reflective, do-able and implementable.

With respect to addressing the demand for affordable housing, the following points were made:

- There needs to be more intergenerational homes where senior parents can live with their children and grandchildren; where grown children can purchase their parents' home to continue to promote independent living; in the case of farms, children can assume responsibility of the farms;
- Create community based affordable housing for seniors. Important to look at solutions for seniors to stay in their own communities with their social groups and systems;
- Need to look at obstacles with secondary and garden suites;
- Need to advise the Province that income received by an ODSP recipient is not enough to obtain rental apartments;
- More rental housing needs to be built;
- Look at recommendations that upper and lower tier municipalities can do and address barriers that upper and lower tier municipalities have;
- Look at options to have builders build homes with secondary units from the beginning stage instead of retro-fitting at a later time;



- Identify what the demand is and let builders know what those numbers are; create affordable housing where the demand is;
- Being accessible is a lower tier responsibility and needs to be in final recommendations;
- Create partnerships with building communities;
- Consult with experts that build communities to see what makes for a good community;
- Look at what happens to the market in a housing crisis and how that will change the affordability factor; and
- Establish a 10% holdback of capital reserves (capital reserve fund).

K. Wianecki addressed the committee and received the following highlights of the discussion:

- It is important to be application ready to capitalize on any available funding available from the federal government. The Region needs to be ready to respond so that any potential opportunities are not missed;
- Strategies need to be reasonable, practical and implementable;
- Need to align supply with demand;
- Need to service and serve people locally;
- Need to ensure that the draft report is shared with partners and those who participate in the symposium;
- Any changes in the economy will dramatically impact affordability for Durham Region;
- Need to find opportunities today that will benefit in the future;
- Need to explore density opportunities as identified by the province as well as density bonusing;
- The definition of "affordable" requires revision and review to reflect net values rather than gross values;
- There is a disconnect between policy and reality as the data provided by CMHC dates back to 2011;
- Important to look at affordability issues through the eyes of young people and lone parent families, as well as look at gender-based concerns with regards to female seniors;
- Important that the Committee's recommendations take into account the broad diversity that exists across the region;
- Focus on innovation, more collaboration;

- Need a suite of regionally focused actions;
- Need to look at generational ownership;
- Need to look at innovation with regards to accessory units;
- Important to look at the need for seniors to age in place and to provide appropriate opportunities to do so;
- Need to look at opportunities for integrated affordable rental housing;
- Need to look at integrated solutions for stacked townhouses with ground level accessible units;
- Important to look at development based incentives such as deferral of development charges, land donations, and density bonusing;
- Promote partnerships and facilitate access of funding through neighbourhood improvement programs;
- Capitalize on funds to allow new buildings;
- Create affordable, liveable communities; and
- Examine whether housing is unaffordable or are people spending too much money on other things.

K. Wianecki requested that the Committee provide her with any further ideas and innovations with regards to the discussions.

**7. Information Items**

There were no Information Items to consider.

**8. Follow-up Items**

There were no Follow-up Items to consider.

**9. Other Business**

There was no other business.

**10. Date of Next Meeting**

Wednesday, April 19, 2017 at 9 AM.

**11. Adjournment**

Moved by Councillor Ballinger, Seconded by Councillor Carter,  
That the meeting be adjourned.

CARRIED

The meeting adjourned at 11:41 AM

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Councillor Chapman, Chair,  
Affordable and Seniors' Housing Task  
Force Committee

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N. Prasad, Committee Clerk

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

## The Regional Municipality of Durham

### MINUTES

#### ACCESSIBILITY ADVISORY COMMITTEE

**Tuesday, March 28, 2017**

A meeting of the Accessibility Advisory Committee was held on Tuesday, March 28, 2017 in Meeting Room 1-A, Regional Headquarters Building, 605 Rossland Road East, Whitby at 1:05 PM.

Present: M. Sutherland, Oshawa, Chair  
S. Sones, Whitby, Vice-Chair  
R. Atkinson, Whitby left the meeting at 3 PM  
Councillor J. Drumm left the meeting at 2:19 PM  
D. McAllister, Executive Director, DREN  
P. Rundle, Clarington  
J. Stevenson, Ajax left the meeting at 2:20 PM

Absent: S. Barrie, Clarington  
M. Bell, DMHS  
M. Roche, Oshawa

#### Staff

Present: A. Gibson, Director of Corporate Policy and Strategic Initiatives  
J. Traer, Accessibility Coordinator, Office of the Chief Administrative Officer  
N. Prasad, Committee Clerk, Corporate Services – Legislative Services  
Dan D'Aliesio, Communications Coordinator, Durham Region Transit, attended for part of the meeting  
Liam Hatch, Marketing Assistant, Durham Region Transit, attended for part of the meeting

#### **1. Declarations of Interest**

Councillor Drumm made a declaration of interest under the *Municipal Conflict of Interest Act* with respect to any items pertaining to Durham Region Transit. He indicated that his son is employed by Durham Region Transit.

#### **2. Approval of Agenda**

Moved by R. Atkinson, Seconded by P. Rundle,  
That the agenda for the March 28, 2017 Accessibility Advisory Committee meeting, be approved.

CARRIED

**3. Adoption of Minutes**

Moved by S. Sones, Seconded by R. Atkinson,  
That the minutes of the February 27, 2017 Accessibility Advisory  
Committee meeting be adopted.  
CARRIED

**4. Presentation**

A) Accessibility in Housing, Thea Kurdi, Accessibility and Universal Design  
Specialist, Living In Place and Universal Design Housing

T. Kurdi was not present at this time. It was the consensus of the Committee that her presentation be heard later in the meeting. [See pages 2 to 3 of these minutes].

J. Traer introduced Angela Gibson, Director of Corporate Policy and Strategic Initiatives, to the Committee.

The Committee recessed at 1:13 PM and resumed at 1:17 PM, at which time T. Kurdi was present and proceeded with the presentation.

A) Accessibility in Housing, Thea Kurdi, Accessibility and Universal Design  
Specialist, Living In Place and Universal Design Housing

T. Kurdi, Accessibility and Universal Design Specialist, Living In Place and Universal Design Housing, provided a PowerPoint Presentation with regards to Accessibility in Housing. T. Kurdi stated that the presentation was made to the City of Toronto and as a result, was adopted as an initiative to be pursued.

T. Kurdi stated that approximately 1.85 million people in Ontario report having a disability, which represents 15.5% of the population. She stated that 70% of disabilities are 'invisible' and by 2017, Ontarians aged 65 plus will account for a larger share of the population than kids aged 0 to 14.

T. Kurdi stated that seniors are considering whether they should age in place or move. She stated that it's expensive to renovate traditional homes which lends to the topic of building housing that allows people to stay and age in their community. She stated that Universal Design helps with:

- Anthropometric requirements/needs for:
  - Children with disabilities
  - Mental disabilities
  - Temporary disabilities
  - Families – Dad with young daughter or baby
  - Women
  - Seniors/older persons
  - Short or little people
  - Do not speak English

T. Kurdi further stated that the following are the 7 Principals of Universal Design: Equitable Use; Flexibility in Use; Simple and Intuitive Use; Perceptible Information; Tolerance for Error; Low Physical Effort; and Size and Space for Approach and Use.

T. Kurdi stated that older persons have the highest disability rate of any group but there are many other forms of disabilities such as: homeless with disabilities; functional or other disabilities; overweight larger people; children with disabilities; accessibility and support services; and temporary disabilities.

T. Kurdi provided a brief overview of the Ontario Building Code, the Accessibility for Ontarians with Disabilities Act, the Canadian Charter of Rights and Freedom, the Ontario Human Rights Code, and Bill C-265. She stated that the Canadian Charter of Rights and Freedom and the Ontario Human Rights Code ban discrimination based on disability while Bill C-265 ensures secure, adequate, accessible and affordable housing for Canadians. She further stated that change is happening and builders are starting to offer: a diversity of prices, styles and locations; proximity to services; universal design principles that stress flexibility and adaptability to support different levels of need; and modification programs for residents who wish to remain in a home not suited to their future needs.

T. Kurdi further stated that visitable housing enables someone who has mobility limitations to easily visit and access the main level of the home. She stated that adaptable housing is visitable and has additional features so the home can be adapted to accommodate mobility needs and changes. She provided the following list of reasons with regards to the importance of visibility and adaptability:

- Statistics
- Demographics
- International agreements, Canadian and Ontario Laws
- Safer
- Makes homes easier to use by all family members and visitors
- Increases ability to live independently for longer
- Provides flexibility to adapt to the changing needs of family members as necessary and makes renovations less expensive
- Market advantage

T. Kurdi responded to questions of the committee.

B) Durham Region Transit regarding Bus Stop Signage Re-Design

Durham Region Transit was not present at this time. It was the consensus of the Committee that their presentation be heard later in the meeting. [See page 5 of these minutes].

**5. Business Arising from the Minutes**

A) New Development in South Whitby

Clarification was requested with regards to the proposal of a new development in south Whitby. Discussion ensued regarding whether Whitby's site plan committee will be reviewing the plan and whether Whitby's Council will review the accessibility requirements for the new development.

**6. Correspondence**

There were no items of correspondence.

**7. Reports**

A) Education Sub-committee Update

J. Traer advised of the following future presentation:

- META Vocational Services will be providing a presentation at the April meeting with regards to persons with disabilities in the employment industry.

B) Update on the Transit Advisory Committee (TAC)

M. Sutherland stated that there was no update on the Transit Advisory Committee (TAC) as the last meeting was cancelled. She advised that the questions from the Accessibility Advisory Committee was provided to TAC by email and she was advised that those questions will be addressed at the subsequent TAC meeting.

M. Sutherland advised that Transit has held a number of Public Information Sessions. She advised that the most recent one was held at the Oshawa Centre and showcased a number of billboards with proposed plans. She stated that the billboards were titled "What Guides the 5 Year Service Strategy" and has requested that Transit provide her with copies of the billboards by email which she will forward to committee members.

C) Update from the Accessibility Coordinator

- J. Traer thanked Committee members for attending and providing feedback at the Public Focus Group for the new Region of Durham website. She stated that the next stage is the Home Page Design Focus Group which is scheduled for April 12, 2017.

- J. Traer stated that Open Web Day is scheduled for April 11, 2017 from 9:30 AM to 4 PM at the Region. She stated that the workshop is another opportunity to provide feedback to the Region with regards to the redevelopment of the Region of Durham website and the focus of the workshop will be digital accessibility.
- J. Traer advised that the Accessibility Directorate of Ontario is hosting an Accessibility Forum on June 1, 2017 at the Intercontinental Hotel, Toronto. She stated that members of municipal Accessibility Advisory Committees, Ontarians interested in accessibility for people with disabilities, and community organizations and businesses that provide services to people with disabilities will be in attendance.
- J. Traer advised that National Accessibility Awareness Week is scheduled for May 29 to June 2, 2017. She advised that the Region's galleria will be booked for the week.
- J. Traer advised that the Annual Joint Forum of the Accessibility Advisory Committees is scheduled for September 26, 2017 from 5 to 8 PM. She requested that the committee provide her with any suggestions for speakers.

At this time quorum was lost but Durham Region Transit was in attendance and it was the consensus of the Committee to proceed with hearing their presentation.

#### **4. Presentation**

##### **B) Durham Region Transit regarding Bus Stop Signage Re-Design**

Dan D'Aliesio, Communications Coordinator, and Liam Hatch, Marketing Assistant, Durham Region Transit, attended the meeting to request the Committee's input with regards to the design of new bus stop signage.

It was stated that Durham Region Transit is doing an overhaul of their bus stops and bus stop signage. They stated that the goal is to have clear, concise and informative signs.

A copy of a sample sign in its preliminary stage was provided as a handout. Discussion ensued and feedback was provided in regards to: the use of appropriate colours on the signs to ensure visibility; the over-use of acronyms; whether brochures will be available at bus stops; the numbers should not be italicized; the removal of the email address; having a number to send texts to in the case of a missed or late bus; the possibility of having signs in braille to aid people with visual impairments; having advertisements on bus shelters to inform the public of the new signage.

#### **8. Administration Matters**

There were no administrative matters to be considered.



**9. Other Business**

There was no other business to consider.

**10. Date of Next Meeting**

The next regularly scheduled meeting of the Accessibility Advisory Committee will be held on Tuesday, April 25, 2017 in Room 1-A, Regional Headquarters Building, 605 Rossland Road East, Whitby, at 1:00 PM.

**11. Adjournment**

The meeting adjourned at 3:04 PM

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M. Sutherland, Chair  
Accessibility Advisory Committee

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N. Prasad, Committee Clerk

## Action Items Committee of the Whole and Regional Council

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
September 7, 2016 Committee of the Whole	Staff was requested to provide information on the possibility of an educational campaign designed to encourage people to sign up for subsidized housing at the next Committee of the Whole meeting. (Region of Durham's Program Delivery and Fiscal Plan for the 2016 Social Infrastructure Fund Program) (2016-COW-19)	Social Services / Economic Development	October 5, 2016
September 7, 2016 Committee of the Whole	Section 7 of Attachment #1 to Report #2016-COW-31, Draft Procedural By-law, as it relates to Appointment of Committees was referred back to staff to review the appointment process.	Legislative Services	First Quarter 2017
October 5, 2016 Committee of the Whole	That Correspondence (CC 65) from the Municipality of Clarington regarding the Durham York Energy Centre Stack Test Results be referred to staff for a report to Committee of the Whole	Works	
December 7, 2016 Committee of the Whole	Staff advised that an update on a policy regarding Public Art would be available by the Spring 2017.	Works	Spring 2017
January 11, 2017 Committee of the Whole	Discussion also ensued with respect to whether implementing a clear bag program will help to increase recycling and green bin program compliance at curbside. Staff was directed to bring an updated report on a clear bag program to an upcoming meeting of the Committee of the Whole.	Works	

<b>Meeting Date</b>	<b>Request</b>	<b>Assigned Department(s)</b>	<b>Anticipated Response Date</b>
January 11, 2017 Committee of the Whole	Inquiry regarding when the road rationalization plan would be considered by Council. Staff advised a report would be brought forward in June.	Works	June 2017
March 1, 2017 Committee of the Whole	Staff was directed to invite the staff of Durham Region and Covanta to present on the Durham York Energy Facility at a future meeting of the Council of the Municipality of Clarington.	Works	
March 1, 2017 Committee of the Whole	Staff was requested to advise Council on the number of Access Pass riders that use Specialized transit services.	Finance/DRT	March 8, 2017
March 1, 2017 Committee of the Whole	A request for a report/policy regarding sharing documents with Council members.	Corporate Services - Administration	Prior to July 2017