

# Health@Simcoe Muskoka

Play Together -  
Grow Together

Facebook  
likes

**564**



Health Connection queries

**33,362**

Chlamydia  
cases reported

**1,193**

The year

**2013**

in numbers

Healthy Babies Healthy  
Children home visits

**4,366**



Food premise inspections

**7,179**



Public beach  
advisories  
posted

**23**

Tobacco  
inspections

**4,445**



Dental screening for school children

**23,995**



## From the Medical Officer of Health

Much of what determines our health is directly related to government decisions. Government policy can influence how often, when and where we consume alcohol, whether our children start smoking, and whether we are able to safely cycle or walk to school or work.

The Simcoe Muskoka District Health Unit is mandated by law to protect and promote the health of the population, and to prevent disease. We do so through a wide range of programs, services and activities, some of which are outlined in this annual community report. Our effectiveness to a very large degree depends on the support of government policy. For this reason our Board of Health provides advice to local municipal councils, and to the provincial and federal government, carefully citing the evidence on the health impacts of current and proposed policies.

Such advocacy has been part of the mandate of local public health agencies since the mid-19<sup>th</sup> century. The health issues have changed much since then – from infectious and water-borne diseases 100 years ago to the chronic diseases associated with tobacco use, alcohol misuse, unhealthy eating and physical inactivity today. What remains true is that the health problems of the day are rooted in our living conditions. Healthy public policy remains the most effective solution.

The Board of Health has successfully advocated for:

increased tobacco control legislation (with local municipal bylaws),

healthy weights for children (with the launch of the province's Healthy Kids Community Challenge),

reducing the risk of skin cancer (with the prohibition of tanning salons for children), and

more opportunities for safer walking and cycling as a means of transportation (with active transportation supports within community design plans for many of our municipalities).

We continue to advocate at the municipal and provincial level for community water fluoridation to reduce dental cavities for all people regardless of age and income. More recently, the Board of Health has called on the province to pursue a culture of moderation for alcohol use by maintaining sufficient controls on its availability.

There is much more that we do to improve health through health education, the provision of health care services, enforcement of legislation, and monitoring of population health status. However, healthy public policy creates the foundation upon which much of the success of public health is built.

**Dr. Charles Gardner**

Simcoe Muskoka Medical Officer of Health

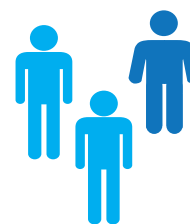


# Programs to improve lifelong health for children

The province created a pilot program in late 2013 to give municipalities, aboriginal health access centres and aboriginal community health centres funds to enhance existing recreational, health and fitness opportunities for children.

The Healthy Kids Community Challenge offers each successful applicant up to \$1.5 million over three years to implement activities that improve children's physical activity, nutrition and sleep patterns.

The health unit has assisted with four applications for the funding in Barrie, Midland and Collingwood. If successful, the health unit will help with research, engage partners in the projects, and help develop new initiatives. Later in the process the health unit will also assist in monitoring and evaluating the programs.

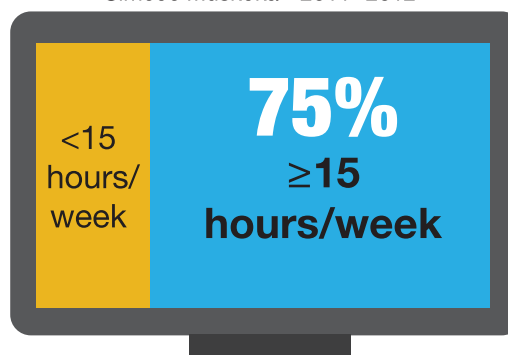


**Almost 1 in 3 youth (12-17 years) are overweight or obese**

**Simcoe Muskoka 2007 - 2012<sup>1</sup>**

## Weekly Screen Time of Youth (12-17) Per Week

Simcoe Muskoka - 2011- 2012<sup>2</sup>



# Alcohol— Access, Consumption and Harm

In Simcoe Muskoka, more than one-third of residents drink above the Low-Risk Drinking Guidelines, a rate that remains significantly higher than the rest of the province. In Ontario, alcohol is responsible for the highest rate of substance-related morbidity and mortality after tobacco.

The World Health Organization identifies alcohol consumption as a causal factor in more than 200 disease and injury conditions, making it one of the top five risk factors for disease, disability and death.

Medical Officer of Health Dr. Charles Gardner, participated in the consultation on the Regulatory Modernization in Ontario's Beverage Alcohol System, and last fall the Board of Health made two recommendations to the province:

- Y** That the mandate of the Alcohol and Gaming Commission of Ontario be broadened to explicitly include the protection of the public's health in addition to the protection of public interest; and
- Y** That a tri-ministerial council be struck to review future changes to policies or practices that involve the control of alcohol.



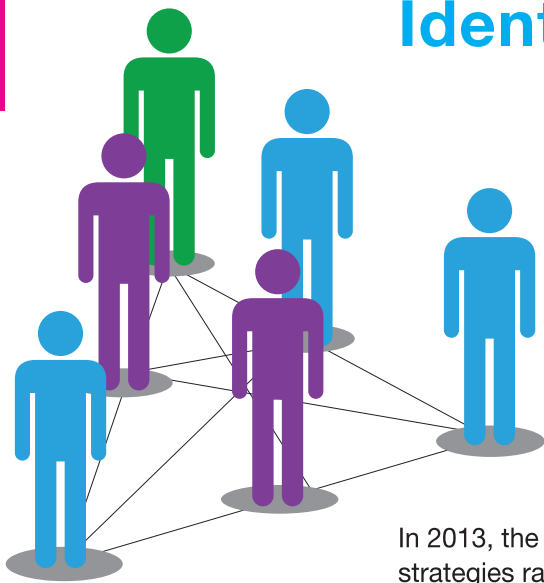
**One-third of adults (19+ years) consume more alcohol than recommended by the Canadian Low-Risk Drinking Guidelines**

**Simcoe Muskoka 2011 - 2012<sup>2</sup>**

On top of these recommendations, the health unit and its board continue to advocate provincially while also working with community and municipal partners to reduce alcohol consumption by maintaining the access controls in our current alcohol distribution system, which in turn will reduce associated harms.

<sup>1</sup> Canadian Community Health Survey, 2007-2012 combined, Statistics Canada. Share File, Ontario MOHLTC. Overweight and obesity was based on the sex-specific World Health Organization (WHO) Body Mass Index (BMI) for age cut-off values.

<sup>2</sup> Canadian Community Health Survey 2011/2012, Statistics Canada, Share File, Ontario MOHLTC.



## Identifying gaps in service

Vulnerable populations are the most likely to have poor health. Evaluating the health unit's programs through a health equity lens can help to identify gaps or unintended harms of our programming and approach to service delivery. It also helps us to recognize the influence that factors such as income, education, language, ethnicity and gender have on achieving good health.

In 2013, the agency conducted 24 health equity impact assessments (HEIAs) assessing strategies ranging from the way the health unit communicates during emergencies, to the reach of breastfeeding supports. Thirteen of the HEIAs pin-pointed potential for changes in our approach to better serve vulnerable clients. For example, the timing and location of our popular car seat safety clinics are not always a good fit for lower income families. Plans are now in the works to offer car seat advice to clients where they are already seeking health information.

The health unit will continue to expand our understanding of the needs and experiences of vulnerable populations in Simcoe and Muskoka and to use the results of HEIAs to provide more equitable public health services.

## Self-Reported Health as Excellent/Very Good Simcoe Muskoka and Vulnerable Populations, 2007-2012 combined

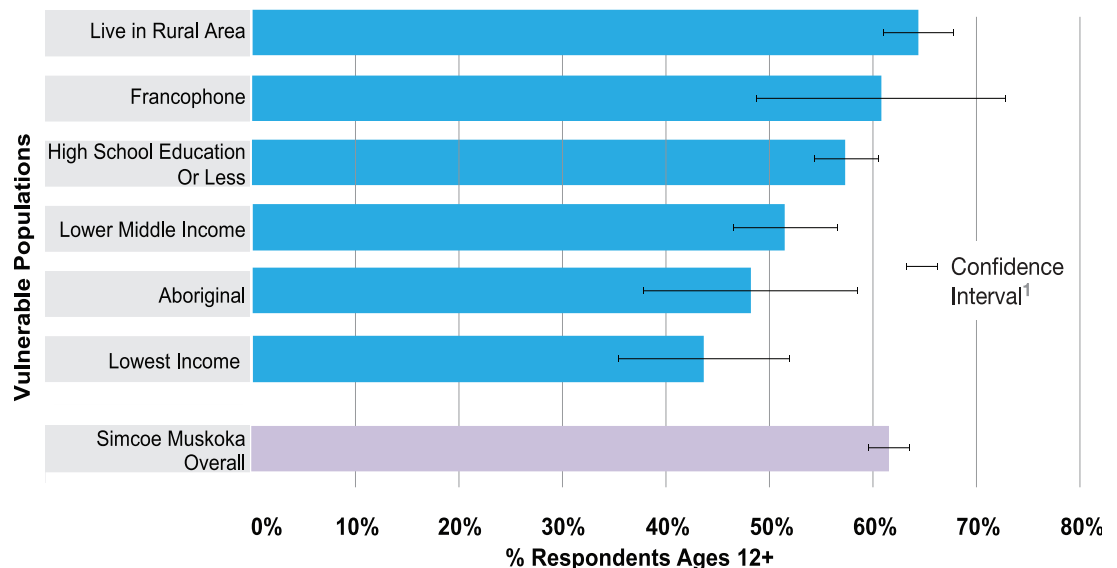


Figure 1: Those living in low income situations as well as those identifying as Aboriginal are significantly less likely to report their health status as excellent or very good.

<sup>1</sup> Our data comes from a sample that represents a population. The number (percent or rate) that we obtain from our sample is an estimate of the true (unknown) population value. We cannot know exactly how close our estimated number is to the true population value; however, we can calculate a confidence interval that gives a range of values that likely contains the true population value. The 95% confidence interval will include the true population value 19 times out of 20.

# Preventing opioid overdoses



Prescriptions for opioid pain management have steadily increased in Ontario in the last 20 years. Addiction and misuse of these, and other opioid-based drugs, is causing an increase in accidental deaths from overdose. In Simcoe Muskoka, the rate of deaths from overdose is 29% higher than the provincial rate.

Reducing addiction to opioids is a complex challenge that requires collaborative efforts from all levels of government, local service agencies and the community, as well as general awareness in the home. Meanwhile, there is an effective solution to prevent death from an opioid overdose: a drug called Naloxone.

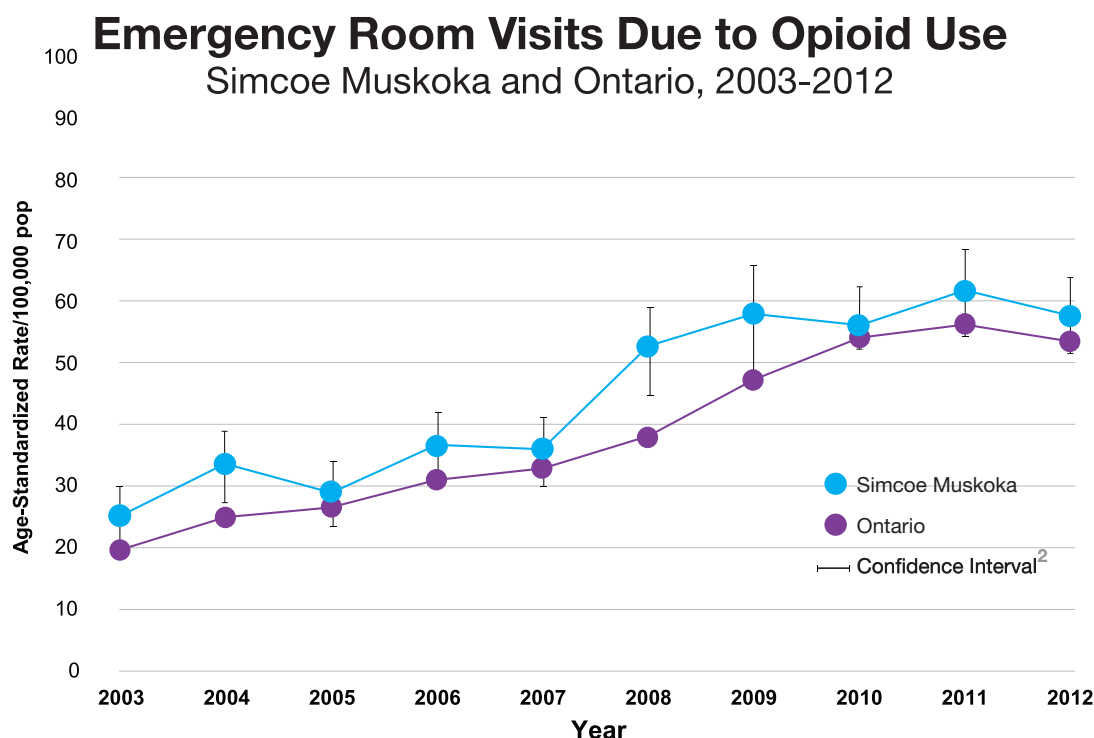
In an overdose, the opioid drug depresses the body's

automatic functions to the point where normal breathing and heartbeat slow to a near stop. Naloxone blocks the receptors in the brain that process opioid drugs, bringing the person almost immediately out of their life-threatening state.

People who use opioids will soon be able to receive a Naloxone kit and training for how to use it from public health nurses.

This confidential and free service provides a life-saving tool for people who may need it. For public health, it creates a new opportunity to meet with people who use opioids and work with them to reduce the harm associated with their addiction.

Figure 2: There has been a significant upward trend in emergency room visits related to opioid use in Simcoe Muskoka over the past 10 years, which is consistent with what has been observed in the province overall. Over this same 10 year period, the rate of emergency room visits related to opioid use in Simcoe Muskoka was significantly higher than the provincial average.



<sup>1</sup> Source: Ontario Mortality Data 2000-2009, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: August, 2012.

<sup>2</sup> Our data comes from a sample that represents a population. The number (per cent or rate) that we obtain from our sample is an estimate of the true (unknown) population value. We cannot know exactly how close our estimated number is to the true population value; however, we can calculate a confidence interval that gives a range of values that likely contains the true population value. The 95% confidence interval will include the true population value 19 times out of 20.

Figure 2 Source: Ambulatory Care 2003-2012, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: July, 2013.



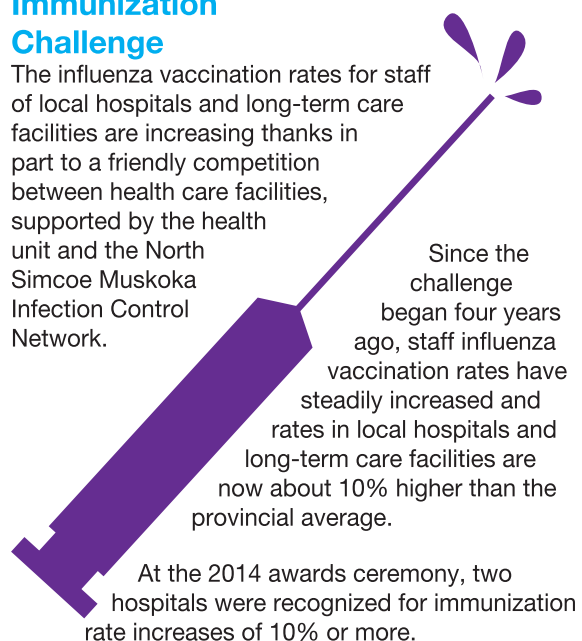


### Joint action to protect health when temperatures soar

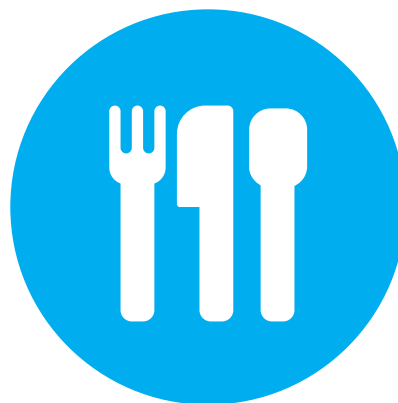
The health unit identified climate change as an important public health issue requiring a comprehensive strategy and multi-year plan. In 2014, the health unit will work with municipal and community partners across Simcoe and Muskoka to develop a strategy for responding to extreme heat events. During the summer, the health unit will be issuing alerts to the public and to our partners whenever a heat alert is issued by Environment Canada. This alert will go out through our website and other communications channels. Alerts will be accompanied by information about how to protect your health and stay cool when the temperature soars.

### Influenza Immunization Challenge

The influenza vaccination rates for staff of local hospitals and long-term care facilities are increasing thanks in part to a friendly competition between health care facilities, supported by the health unit and the North Simcoe Muskoka Infection Control Network.



In all, 26 of 29 long-term care facilities gained recognition. One long-term care facility achieved an unprecedented 100% staff immunization rate. Within the health unit consistently more than 90% of staff have been vaccinated against the flu each year.



### Restaurant inspection reports at your fingertips

The safety of the food you eat is important, whether you're cooking at home or dining out. Public health inspectors routinely inspect nearly 4,000 food premises in Simcoe and Muskoka, including more than 2,000 restaurants. They also teach safe food handling and respond to public complaints. The health unit is on target to launch a new online inspection report service later this year, making it easier for you to access information for any food premise across the region.



### Weight gain during pregnancy

Since 2009, Health Canada has promoted guidelines to help pregnant women gain a healthy amount of weight through exercise and proper eating. Following the guidelines can help reduce the risk of complications in pregnancy and during delivery, and may also reduce the child's lifetime risk of obesity. A health unit social marketing campaign offered a *Healthy Pregnancy Action Kit* based on the guidelines to all pregnant women across Simcoe and Muskoka. Staff also presented the guidelines and background research to prenatal health care providers throughout Simcoe Muskoka. The campaign ran through 2013 and continues this year.

# 2012 to 2016 Strategic Directions

## Important Public Health Issues

Identify and address priority public health issues that require a coordinated and comprehensive agency response.

## Determinants of Health

Address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes.

## Organizational Capacity

Enhance our knowledge, skills and practices to increase our ability to respond to community needs and optimize service delivery.

## Accountability and Performance Management

Demonstrate efficiency and effectiveness, and enhance systems that measure and communicate progress on our priorities, programs and services.

## Strategic Plan Balanced Scorecard



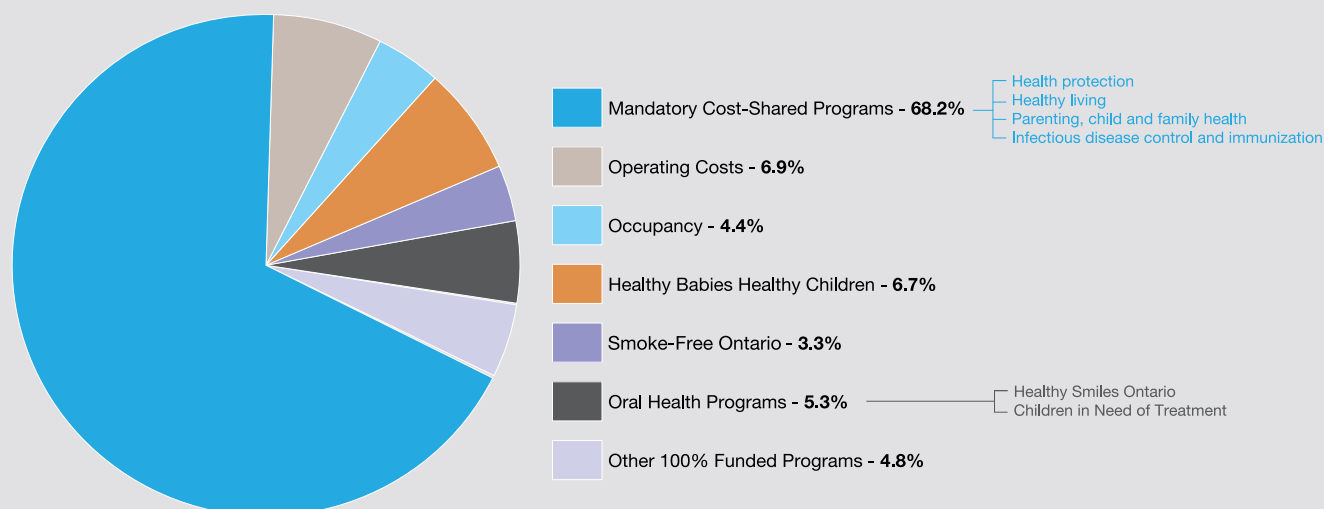
Excludes indicators with targets in the future

The balanced scorecard presents performance measures in quadrants to create a more “balanced” picture of progress towards the health unit’s strategic goals.

Green illustrates improvement; yellow suggests little or no change; red indicates a decline in performance and the need for further attention.

In 2013, progress was demonstrated with positive results in the areas of community engagement, and integration and responsiveness. Health status measures are not anticipated to change in the short term. Timelines have been adjusted in order to maintain an appropriate balance between strategic initiatives and the daily demands for resources and services.

## 2013 Health Unit Budget - \$36.1 Million





## Board Chair's Message

As I reflect on the highlights of the past year, I am struck by the breadth and depth of the public health mandate. It is easy to see how day to day program demands can draw on resources leaving little time or energy to address emerging health issues and strategic priorities.

To keep an eye on that bigger picture, the board and senior management use the balanced scorecard to measure and monitor progress on our strategic plan. Our plan must also be a living document with the flexibility to adjust target dates as necessary to reflect current pressures, resources and readiness.

As we enter the third year of our five year strategic plan, the picture is a positive one. We have made significant progress related to determinants of health, placing an initial focus on understanding the health needs of individuals and families with low income and adapting our programs and services to address health inequities. We have re-aligned resources to address important public health issues—advocating for community water fluoridation and enhancing our infection prevention and control practices in line with best practices.

A process to proactively identify and respond to emerging public health issues has been established and climate change has emerged as requiring a coordinated agency response over a period of many years to come. As a start, we are working with our partners to develop tools to protect the public from extreme heat and poor air quality events. Because our rapidly changing world is full of surprises, the health unit's Incident Management System (IMS) allows for a nimble deployment of the staff to respond to emergencies while ensuring continuity of operations. This system served the health unit well with this year's appearance of measles in order to minimize the spread of this highly infectious disease. So it's a balancing act—addressing the demands of the day while keeping our eyes on the horizon.

In closing, I'd like to take a moment to remember a valued board of health member, Mike Kennedy. A long-time politician and teacher in the Muskoka region, Mike was passionate about the value of public health in his own community and the community at large. His contribution to the board will be missed greatly.

### Barry Ward

Chair, Simcoe Muskoka District Board of Health



#### MEDICAL OFFICERS OF HEALTH

Dr. Charles Gardner  
(Medical Officer of Health)

Dr. Colin Lee (Associate MOH)

Dr. Jim Pfaff (Associate MOH)  
(retired February 2014)

Dr. Susan Surry (Associate MOH)

Dr. Lisa Simon (Associate MOH)

#### BOARD OF HEALTH

Barry Ward .....	Chair
Scott Warnock .....	Vice Chair
John Brassard .....	City of Barrie
Sandy Cairns .....	District of Muskoka
Fred Hamelink .....	Provincial Appointee
Mike Kennedy .....	District of Muskoka
Gord McKay .....	County of Simcoe
Gail Mullen .....	Provincial Appointee
Linda Murray .....	City of Orillia
Margaretta Papp-Belayneh .....	Provincial Appointee
Cal Patterson .....	County of Simcoe
Ben Rattelade .....	Provincial Appointee
Alicia Savage .....	County of Simcoe
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