

Health@Simcoe Muskoka

Guiding public health through turbulent times



Dr. Charles Gardner
Medical Officer of Health

This report emerges as a novel strain of influenza has swept around the world. In such times, the community turns to public health for leadership in mitigating the impact of disease. I am pleased at how readily staff of the Simcoe Muskoka District Health Unit has assumed the mantle of responsibility to protect local residents. Thanks to lessons learned from the past and planning for the future, we are prepared for pandemic H1N1 influenza. We have implemented our pandemic plan in partnership with all related agencies in the region in response to this disease and are well positioned to meet the challenges that may face us.

Meanwhile, our other public health work continues. I am happy to note that the new Ontario Public Health Standards are in place effective January 1, 2009. These standards embrace new approaches to public health and represent a major milestone in the process of public health renewal in Ontario.

We continue our work with municipalities to foster healthier community design. A number of communities have incorporated key principles into their draft official plans including active transportation, intensification, affordable housing and energy conservation.

This year we also begin to focus on the social determinants of health, recognizing that factors such as access to adequate income, education and supports for childhood development have a documented influence on health. These factors play a role in many areas of health, such as the poor oral health of children in our region, an issue compounded by limited access to municipally fluoridated water. While there is expanded funding for the Children in Need of Treatment program (CINOT) for families who cannot afford urgent dental care for their children, more support is needed for Ontarians living on low income. Similarly, chronic funding shortfalls in the Healthy Babies Healthy Children program impact on our most vulnerable populations, and as a result we have focused local and provincial advocacy efforts to secure necessary support.

As we look to the future, we recognize that addressing the determinants of health across our programming will be fundamental to achieving the potential inherent in the new Ontario Public Health Standards.

Sincerely,
Dr. Charles Gardner
Simcoe Muskoka District Medical Officer of Health

Social Determinants of Health.....	2
A New Influenza Strain.....	3
Building Healthy Communities.....	4
Community Partnerships.....	5
Bringing Public Health to You.....	6
Healthy Schools Programming.....	7
2008 In Review.....	8-11
The Last Word.....	12



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Your Health Connection

Addressing health inequalities



A **wide** range of seemingly unrelated factors in society can help or hinder people's health. They include access to education, rewarding employment, adequate income and housing, affordable nutrition, supports for childhood development and local neighbourhood supports. These factors are collectively known as the social determinants of health and they have been included in aspects of our programming for many years.

Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario.

Ontario Public Health Standards 2009

2009 Strategic Priority

A comprehensive and coordinated strategy is clearly important in tackling this complex web of factors that influence health.

Currently, the health unit is exploring options, identifying required resources and determining a clear role in addressing social determinants of health. It will also be important to have systems in place that will assist in measuring our success.

The Canadian Index of Wellbeing, of which the health unit is a local partner, is a tool that will help inform initiatives in this strategy. The index is described as a measurement tool to gauge how Canadians' lives are getting better—or worse—in areas that matter: health, standard of living,

quality of the environment, time use, education and skills, community vitality, civic engagement, and arts, culture and recreation.

Food security

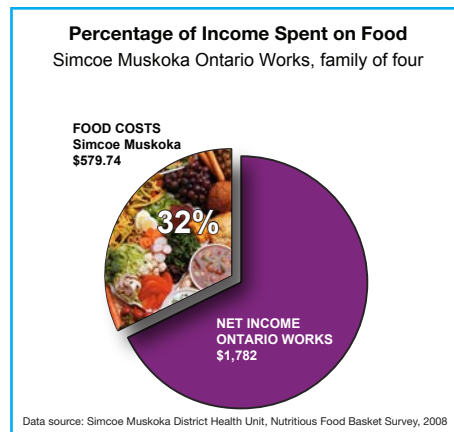
Price and accessibility can make healthy food choices difficult. The annual Nutritious Food Basket survey of food costs shows that in 2008 in

Simcoe Muskoka, a family of four on social assistance would use 81 to 91 per cent of their income on rent and healthy food.

The health unit is a partner in the Basic Needs Task Group of the Child, Youth and Family Services Coalition of Simcoe County, and the Poverty Reduction in Muskoka Planning Team (PROMPT).

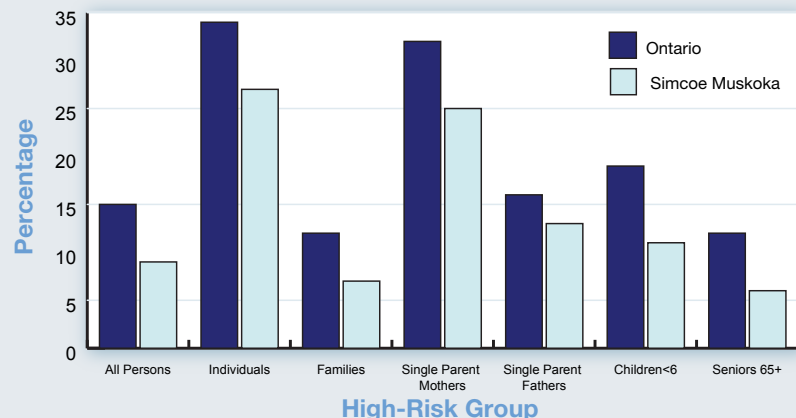
Together with community partners we are promoting farmers' markets and other buy-local initiatives such as the "Good Food Box" and "Fresh Food Box." These partnerships are increasing awareness and understanding of food security issues, with the ultimate goal to redesign the food system, improving access to healthy foods for all.

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Percentage of People Living in Poverty

Ontario and Simcoe Muskoka, 2005



Data Source: Statistics Canada, Beyond 20/20 Professional Browser, 2006 Census.

INCOME INFLUENCES HEALTH: Strategies to improve access to healthy food and affordable dental care can lower the barriers to health.



A new influenza strain

H1N1

Oral health

The 2008 report *Focus on Oral Health in Simcoe and Muskoka* provides evidence to show that the dental health of local children is among the poorest in the province. The report also highlights the fact that adults are avoiding getting the dental care they need, often because they can't afford it.

Public health is well positioned to provide greater access to screening and preventive services to pre-schoolers, school-aged children and teens. Public health can also work with community partners to increase access to services for adults and seniors with limited incomes. Support for low income families was increased last year through the Children in Need of Treatment program, but the full provincial plan for dental support for low income households has not yet been achieved.

Healthy Babies Healthy Children

A child's early development shapes their health and quality of life for the rest of their years.

The Healthy Babies Healthy Children program can address the social and economic barriers that some families face. The service offers home visits and assessments for families with children from birth to age six. In Simcoe Muskoka, minimal annual increases of provincial funding over the past four years have resulted in a reduction of six full-time permanent positions, creating wait lists for service. There has been no increase to the base budget for this program for 2009, putting further strain on the program resources.

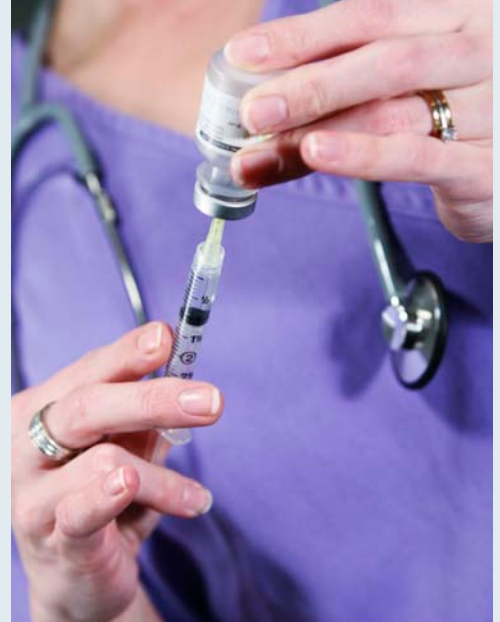
Flu Virus—Spring 2009

Emergency planning is a never-ending process. As new information and research come to light plans change.

Such has been the case with the health unit's pandemic plan. First unveiled in 2006, the plan was aligned with national, provincial and local health and emergency sector plans. Emergency exercises that followed helped identify areas for improvement. Through the late winter and spring this year, the health unit plan was being revised to reflect the incident management system, a new way of organizing ourselves to respond. Staff redeployment plans were also being developed.

Then word began to emerge from Mexico of a sustained outbreak of a type of influenza that had not been seen before. On April 22, the U.S. Centers for Disease Control identified an unknown strain of flu in California. By the following Monday, public health agencies around the world were being notified that a new strain of influenza was spreading internationally. The World Health Organization eventually stepped up its alert system to phase 6, indicating a pandemic, defined as a disease that has achieved sustained spread around the world.

Locally the health unit accelerated its own surveillance, infection prevention and control, and communication measures working in close partnership with health professionals and community partners.



Ontario's first four cases were recorded on April 28. The first case in Simcoe Muskoka was confirmed on May 4.

To date in Canada, this influenza virus has produced primarily mild illness. The situation remains fluid, however, as it is difficult to predict what may happen during the coming fall flu season. Public health remains vigilant, tracking the path of the virus through the southern hemisphere this summer. Our annual fall campaign will once again reinforce the messages about immunization, handwashing, properly covering sneezes and coughs and staying home if ill. As well, a new vaccine for the H1N1 virus is being developed and public health will have a new tool to help ease the impact of this threat.

A community designed for health



Many of the major chronic disease concerns in contemporary society—cancer, respiratory problems, diabetes, obesity and cardiovascular disease—are linked in part to the environment in which we live.

As Simcoe and Muskoka respond to the pressures of population growth, municipal land use planning and policy decisions must strive to maintain the unique nature of rural and agricultural areas while creating complete communities in which people live, work and play and where their daily needs are met.

Some impressive steps

The County of Simcoe, City of Orillia and City of Barrie have all incorporated key healthy design principles into their draft official plans, including active transportation, intensification,

affordable housing and energy conservation policies.

The District of Muskoka is currently reviewing an Active Transportation Discussion Paper to determine how it might be implemented in the future.

Input from municipal planners has assisted the health unit in promoting these concepts with our local municipalities and developing a resource that will help these officials consider the health implications of policy and/or development proposals.

“What’s really exciting is how quickly people have embraced the philosophy, and how they are turning to the health unit for support in making healthy community design a reality,” says Megan Williams, the building healthy communities specialist.

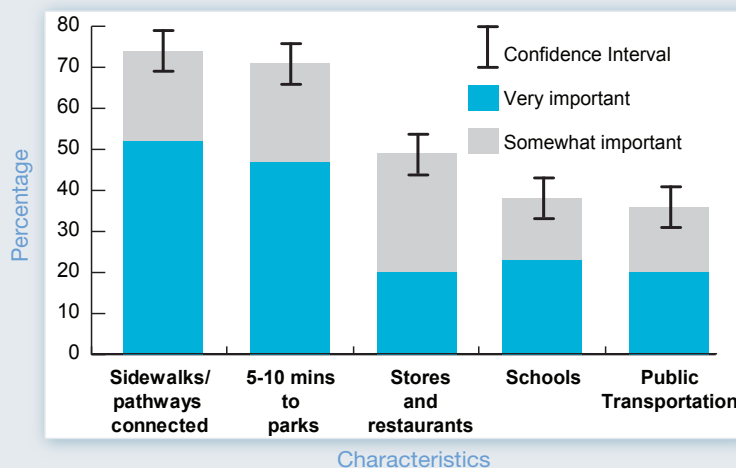
Part of how we do business

Many health unit programs incorporate the principles of healthy community design into their initiatives and activities.

- Dietitians with local poverty reduction groups are exploring ways to bring healthier foods choices closer to home, making them more accessible to people on low income.
- The tobacco team is encouraging municipalities to ban smoking in parks and playing fields—a move that sends a strong signal that tobacco use is not the norm in a healthy community. Bylaws controlling smoking in outdoor spaces have been passed in Barrie, Orillia, Clearview, Collingwood, Wasaga Beach, New Tecumseth, Bradford West Gwillimbury and Innisfil.
- In the City of Barrie the health unit, along with partners and other key stakeholders, worked with City Council to develop and implement an active transportation strategy, including a unique “Car-Free Sunday” pilot project along the city’s waterfront.
- In Bracebridge, a local road improvement will include 1.5-metre-wide paved shoulders, improving pedestrian and cyclist access to a new high school and recreation centre complex, residential areas and the downtown business core.

Evaluation will show whether these changes are making a difference in people’s health over the long term. The Simcoe Muskoka District Health Unit is one member of a provincial working group presently developing built environment indicators that will help to measure those changes.

Importance Placed on Neighbourhood Physical Characteristics
Simcoe Muskoka, 2008



Data source: Simcoe Muskoka District Health Unit, Walk On Survey Report, 2008

WALKABLE COMMUNITIES: Features that contribute to greater physical activity are highly valued by residents.



Community collaboration

A cornerstone of health unit success

The health unit works with scores of agencies and organizations in the region, from emergency first responders to homeless support services to municipal parks and recreation departments—and beyond. There is mutual benefit in these partnerships, permitting a two-way flow of resources, information and services.

Clearing the air

Phase 2 of the vehicle anti-idling “Turn It Off” campaign took place in Simcoe County in the spring. Students, parents and teachers were all involved. Idling behaviours at two schools—one where the campaign was held and one without—were measured. Idling decreased by 32%, cutting CO2 emissions by about 7.5 tonnes, where there had been promotion and by 13% at the school without the campaign. A third of people surveyed stated that the campaign, which included radio ads, had changed their idling behaviour.

Some municipalities have also taken the cause to heart. As of spring 2009, five municipalities (Collingwood, Orillia, Wasaga Beach, Huntsville and Bracebridge) had anti-idling bylaws in place. The health unit is working with municipalities to increase this number.

Linking to primary health care

Family Health Teams and Community Health Centres offer more than primary care. They address chronic disease management, disease prevention and health promotion with other community-based health services such as public health.

The health unit has assigned staff as point people or liaisons to work with the newly established family health teams. They will also enhance our links to existing community health centres. Each liaison acts as an ambassador, facilitator, coordinator and key contact for communications between the health unit and their assigned care team.

The flow of expertise and information has mutual benefits:

- the health unit can provide information and referral services to address patient needs,
- the health care providers are credible sources of key public health messages and they can earmark relevant issues for public health from the front lines of patient care.

The great influenza challenge

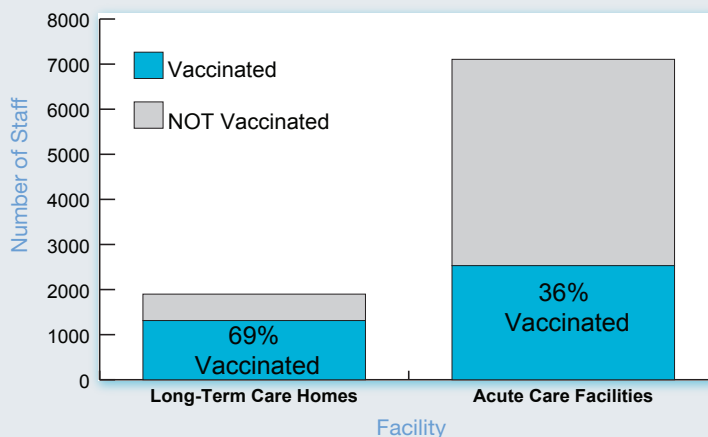
As many as 25 per cent of health care workers may become infected

with influenza yearly and even if they do not show symptoms, they can pass the virus on to others. Illness and absenteeism as a result of an influenza outbreak could seriously jeopardize the delivery of health care and public health services, when service demand may be at its peak. Included in this group are health unit staff members who may have regular direct or indirect contact with high-risk clients.

Since 2004, the health unit has worked with health sector partners including hospital occupational health departments and long-term care facilities to promote vaccination and administer the shots. This year an incentive and recognition program is under way to boost influenza immunization rates among staff and residents of all health care facilities in the region with leadership from Medical Officer of Health, Dr. Charles Gardner and Associate Medical Officer of Health, Dr. Colin Lee.

Staff Vaccinated for Influenza Long-Term Care and Acute Care Facilities

Simcoe Muskoka, 2007-2008



Data source: Simcoe Muskoka District Health Unit, Vaccine Preventable Disease program records, 2008

HIGHER RATES NEEDED: Low immunization rates among health care professionals could create staff shortages during community wide illness.

Responding to community needs

Public health that's client-centred, accessible



Health unit operations are regularly reviewed for opportunities to enhance services. Public input, community needs and the changing face of technology shape the way we do business.

Improving technology

Communication enhancements over the last three years make it easier and more energy efficient for staff to work in the field or from remote locations. The health unit's telephone system enables staff to be fully connected from any location with an internet connection—an effective strategy for emergency response. Student immunization records can be accessed and updated by public health nurses while working in schools.

Public health inspectors now have laptops and software that will allow them to create and update risk assessment and inspection reports in the field. New software has allowed all programs to convert from manual scheduling systems for group workshops, classes and client visits. Videoconferencing and teleconferencing bridge our challenging geographical distances, allowing staff to interact without the expense or time involved in travel.

While remote access and mobility create efficiencies, they also introduce potential vulnerabilities to the agency's network. The health unit places the highest priority on information privacy and systems security. Policies, processes, audit practices and staff training are in place to safeguard the personal information under our custody and control.

Improving public contact

The public connects with the health unit via phone, drop-ins, e-mail, online queries through our website and traditional mail. Parents and families are the primary users of these services.

Your Health Connection—the public's first point of contact—is reorganizing to shorten the time it takes to reach the right staff member. A new customer service position will respond to calls of a general nature, freeing up time for the specialists on the phone lines to deal with more detailed or complex queries on issues such as infectious disease, family health and more.

The website's redesign, launched in May this year, offers families an alphabetical guide to dozens of topics with information relevant to the age and stage of their child's development. Health care professionals, businesses, educators and others will find quick links to information tailored to their interests and needs. The health unit is also exploring creating online self-serve options, removing the barriers of both time and distance in the delivery of service.

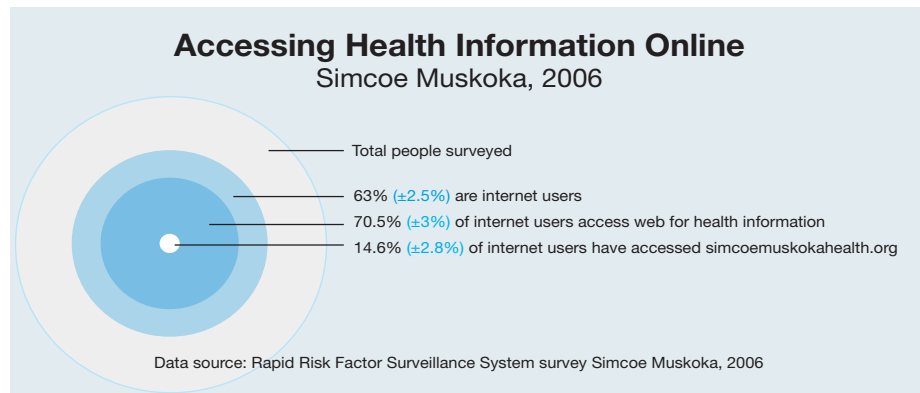
Improving client access

An internal review of infrastructure concluded with a five-year plan for office space, technology, and related issues.

Using concepts of healthy community design, the report concludes that client services should be located nearer clientele and public transit and where possible build upon partnerships with other health and social service agencies. In Barrie, a clinic will be opening in the downtown corridor that will offer immunization, oral health, sexual health and other services. Other changes in 2009 include:

- establishing the Bracebridge sexual health clinic in partnership with the South Muskoka Medical Centre for one day a week,
- offering sexual health counseling services in Bracebridge and Muskoka Lakes Secondary School two days a week,
- renovating the Huntsville office to enable the provision of sexual health clinical services two days per month.

These changes should enhance the effectiveness, efficiency and distribution of sexual health clinic services.



INTERNET ACCESS: Improved website design may increase public access to reliable information on the health unit website.

Innovation marks healthy schools program



The health unit continues to bring healthy schools theory into practice in Simcoe and Muskoka, building on existing health unit services for schools. School boards are eager to build on the success of the partnerships established through the dedicated health unit liaison positions and the initial 2007 pilot at a secondary school in Orillia. The program is now expanding to other secondary and elementary schools in Orillia as well as schools in Barrie and the Midland area.

In each participating school, a public health nurse (PHN) works within the school, in the local community and with the school board through the health unit liaison. The work involves researching the school's needs and building action plans.

Experience to date has shown that the Healthy Schools Program public health nurse becomes a hub for resources that can be brought to the school. The nurse's familiarity with the health unit allows them to tap into programs or services that match the school's identified needs. The nurse then collaborates with health unit staff and community partners to plan and implement initiatives. A key partner in the program is COMPASS (Community Partners with Schools), from the Child, Youth and Family Services Coalition of Simcoe County. The coalition has been indispensable in bringing expertise and resources to projects being developed.

Projects in progress

The Gay-Straight Student Alliance (GSA) at Twin Lakes Secondary

School, with support from the healthy schools PHN, had a very successful year, culminating in a week-long awareness campaign in the spring that featured a Market Day and guest speaker Marc Hall of Oshawa. Springing from the Twin Lakes initiative, the GSA Support Network for all Simcoe County high schools has been created.

Twin Lakes is continuing a unique quit-smoking program begun last year that's now become a student club with teacher-advisory support. The school also brought in the EatSmart! Cafeteria program, which recognizes cafeterias that offer healthier food choices and meet minimum food safety standards.

Notre Dame Catholic Elementary School is working on a bathroom cleanliness project with activities that support handwashing for infection control. A campaign includes posters, handwashing demonstrations and

announcements. Events culminate in the 'Golden Trash Can' contest, with boys' and girls' bathrooms judged.

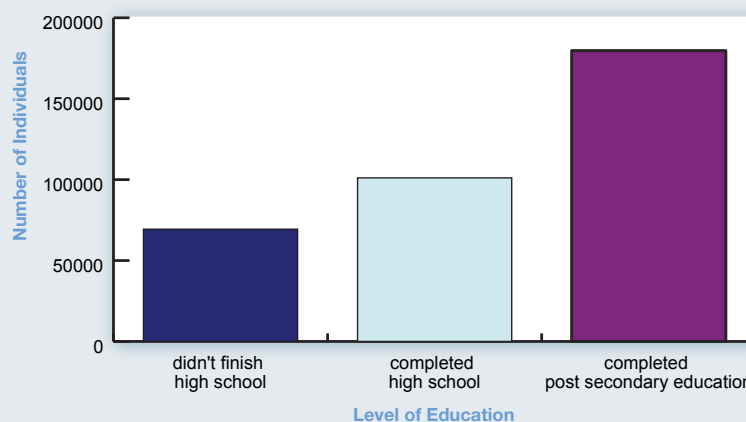
In the Barrie and Midland area schools, nurses are working on getting a broad picture of the schools' strengths and issues.

Research has shown that the up-front investment of time and energy in this comprehensive school health approach builds a healthy school community that over time becomes self-sustaining, allowing for the process to move to a new school setting.

"The program is still very young, so it's not yet possible to measure the impact," says Cathy Thomson, manager of the Healthy Schools Program. "But we are seeing wonderful signs—students are helping develop strategies to address identified issues and our partners are very enthused about engaging in strategies to promote health in our school communities."

Highest level of education achieved in individuals over 20

Simcoe and Muskoka, 2006



Data source: Statistics Canada, Beyond 2020 Professional Browser, 2006 Census.

LEARNING OPPORTUNITIES: As a determinant of health, level of education achieved is a significant positive influence on lifelong health.

PROMOTING HEALTH

High School Grants awarded 33

Students submitting videos for Youth Stomp Out Tobacco Project 112

Students participating in tobacco awareness game show 1,850

Simcoe Muskoka smokers registered in Driven to Quit Challenge 2,119

Births to resident families of Simcoe Muskoka 4,661

Families receiving postpartum home visits from public health nurses 1,106

Healthy pregnancy community presentations and drop-ins 283

Getting Ready for Baby classes 72

Getting Ready for Baby participants 740

Secondary school EatSmart! Awards for 2007—2008 school year 7

Meetings and presentations on Active Transportation 38

Two-minute healthy eating segments on A Channel 22

Community partners in Building Healthier Communities to Prevent Diabetes project 24

PREVENTING DISEASE & INJURY

Flu vaccines administered at health unit clinics 20,160

Doses of flu vaccine locally distributed by health unit 153,000

People receiving other publicly funded vaccines at health unit clinics 5,322

Grade 8 students receiving HPV vaccine 2,119

2008 *in*

The great carp caper

In the spring of 2008, a die-off of carp spread up the Trent watershed. In all, dying or dead carp were recorded in more than 10 different water bodies in the Peterborough, Lake Simcoe and north Simcoe County areas. It was understandably disconcerting to waterfront residents and vacationers alike, but the microbes responsible for the fish die-off did not present a health risk to humans. However, handling of dead and rotting fish did present some concerns, and the public was advised as to the safest means of disposal.

Dangerous puppies?

A flea market west of Toronto, where puppies for sale turned out to be rabid, became the focus of an intensive rabies investigation. The investigation spread to Simcoe Muskoka, and a public appeal went out to warn people of the risks, if they had handled or bought any of the puppies at the flea market. It came to light that one puppy had been purchased by a local family. In all, five local people who had been at the flea market received post-exposure treatment against rabies.

Emergency exercises

The County of Simcoe and other emergency response partners tested our mettle in mock disasters of varying scale. Operation Water-Blast was held in September 2008, a major exercise involving a mock explosion at a water treatment plant in the town of Alliston. The exercise involved airborne transport of toxic chemicals over a wide area. The exercise also involved a mock inquest held several months later. Operation Evacuation was a tabletop exercise conducted in June 2008 involving an extensive evacuation from Pickering area after a nuclear plant accident. Assistance to house evacuees in Ramara Township was a key component of the exercise. On a smaller scale, the health unit conducted a routine test of its fan-out call system which is used to notify staff when they are required after hours in major emergencies. Such exercises will continue in the future, providing ongoing opportunities to test and hone local emergency plans.

911 to report drunk driving

In the spring of 2008 the health unit joined in a ceremony to jointly launch the "Safe Roads... Your Call" program in Simcoe County. The program permits citizens to call the 911 emergency system to report suspected impaired driving. All six police services in the country signed onto the program. Simcoe's experience was good enough through 2008 that there are now efforts to bring it to Muskoka as well.

Review

Flu cases spike

A sudden surge in cases of influenza in April 2008 was sufficient for the Medical Officer of Health Dr. Charles Gardner to require the exclusion of health unit employees not vaccinated against the flu from office or community work in accordance with agency policy. The exclusions remained in place for 10 days. Before the activation of the policy, 96% of staff were vaccinated.

Goodbye to sticky buns at meetings

The health unit created an internal policy requiring healthy food and beverage choices whenever they are served during health unit related business. This applies to health unit-sponsored events, incentives, fundraising events or general meetings hosted by the health unit. The policy is ambitious: not only does it reinforce the use of foods recommended in *Canada's Food Guide*, it calls for other steps as well, including:

- adopting environmentally-friendly practices such as reducing the use of bottled water, disposable plates and cutlery,
- emphasizing Ontario-grown products,
- preparing foods and beverages following safe food handling practices,
- encouraging partners to adopt the same policy.

Safe water from the tap

Provincial regulations came into effect on December 1, 2008 placing new responsibilities on the shoulders of small water system operators to ensure that proper monitoring and sampling of the water is taking place, overseen by the health unit. An estimated 1,467 drinking water supplies—more than any other health unit in the province—in trailer parks, community centres, restaurants, churches, recreational parks and similar facilities in Simcoe and Muskoka fall under the new regulation.



Spring floods widespread

A rapid spring thaw following a winter of record snowfalls sparked the worst spring flooding in decades in both Muskoka and Simcoe. The health unit put a team together to work with municipalities, emergency services and social services to reduce the risks to those affected by the floods. Regular lines of communication were established with municipal emergency services and public utilities. At issue were health risks over the short term—food spoilage caused by power failures and contamination from flood waters—and long term—cleanup of mud and moulds from water damaged homes. Efforts were also encouraged to help ease the stress on flooded homeowners.

PREVENTING DISEASE & INJURY

Grade 7 students receiving Men. C vaccine	5,082
Grade 7 students receiving Hep B vaccine	5,244
High school boosters given	4,302
Number of children screened by dental hygienists	25,129
Number with urgent oral care needs	2,172
Students provided with pit and fissure sealants and/or fluoride treatment	3,364
CINOT expenditures for the calendar year 2008	\$55,1362
Institutional outbreaks of enteric or respiratory disease	140
Disease investigations conducted	956
Reportable diseases confirmed, after investigation	658
Lab-confirmed cases of influenza	264
Families receiving ongoing home visits by Family Home Visitors and Public Health Nurses	364
Number of home visits by Family Home Visitors	2,553
Grade 5 students participating in Racing Against Drugs	3,731
Grade 9 students participating in Truth and Consequences Drug Awareness day	1,081
Seniors at Staying Independent Fall prevention presentations	600
Car seats inspected	415
Number of Students participating in Choose Your Ride or Mock Crash Presentations	2,180
Health care providers at Staying Independent Falls-Prevention Workshop	160
Participants in North Simcoe Crack Cocaine Workshop	165

PROTECTING HEALTH

Tobacco vendor inspections regarding sales to minors 1,034

Six-month sales prohibitions for selling or supplying tobacco to minors 2

Display and promotion inspections of tobacco vendors 1,014

Inspections of public places and workplaces 477

Personal service setting inspections 555

Day nursery infection control inspections 283

Dead birds reported to the West Nile virus program 658

Birds testing positive with West Nile virus 4

Human West Nile virus cases 0

Mosquitoes collected for WNV testing 12,304

Mosquito pools tested positive for WNV 0

Food handler training certificates issued 1,418

Food premise inspections (and re-inspections) 6,600

Total food premises, including seasonal 3,869

Charges laid under Food Premises Regulation 16

Bathing beaches monitored 71

Beach water samples submitted for analysis ~4,260

Beach postings advising of higher bacteria levels 22

Beaches where postings occurred 15

Boil water advisories and boil water orders 17

Total pool & spa inspections 677

Pool and spa orders issued 13

2008 *in*

Tattoo you

In August 2008, the health unit launched an investigation into potential exposure to non-sterile equipment at a local tattoo and piercing establishment.

A public appeal was issued to those who might have received services at the establishment during a particular time frame, stressing that although the risk was low, they should call the health unit hotline to learn about the recommended follow-up tests required to help rule out any blood-borne diseases. Staff were pulled from a number of different program areas and trained to deal with calls from the public. In all, Health Connection fielded 139 calls from the public on the issue and 208 clients received counseling from the health unit.

A community-wide measles investigation

In April 2008, an individual at a basketball tournament in Orillia was later diagnosed with measles, sparking an intensive investigation to trace contacts in a measles outbreak. This local event was part of a provincial outbreak of measles. Messages through schools and the news media warned of the symptoms of measles. A policy suspending students without measles vaccine from school was activated until all risks had passed. There was no further spread outside the initial family, but the contact-tracing process took four and a half months to complete. It involved connecting with 485 families or individuals to ensure they were all protected.

Sun hats for day campers

Young day campers in Simcoe became hat-makers for a day in the summer. The kids received wide-brimmed hats and craft supplies so they could personalize their hats while at camp. It was part of a unique program called A Hat is Where It's At!, made possible by a grant from the Canadian Cancer Society (Ontario Division) through the Greater Toronto Area Cancer Prevention and Screening Network. In all 3,500 children at 44 YMCA and Environment Network camps sported their brightly decorated hats through the program, and received strong messages about the need for protection from the sun's harmful UV rays. The innovative program received widespread attention from other sun safety agencies across the country, including the Canadian Dermatology Association's Not-for-Profit Public Education Award.



Review



Tobacco displays a thing of the past

On May 31, 2008, the last section of the Smoke-Free Ontario Act came into law, and the tobacco displays known as “power walls” were removed from convenience stores across the province. John Niddery, supervisor of the tobacco team at the health unit, described this as the “jewel in the crown of the Smoke-Free Ontario Act”, adding that the removal of the displays will help prevent younger people from picking up the habit, and help those who want to quit.

Listeriosis and recalled meat

The listeriosis outbreak linked to processed meat kept staff at the health unit exceedingly busy in late summer. The Ministry of Health and Long-Term Care worked with its partners—health units, the Public Health Agency of Canada and the Canadian Food Inspection Agency—on managing the outbreak. Public health inspectors at the health unit contacted hospitals, nursing homes, health care facilities and day care centres to ensure that recalled products had not been served or consumed. Inspectors also contacted convenience stores and grocers to monitor the effectiveness of the recall. The communicable disease team was active too, advising health care providers and staff at health care and day care facilities to monitor their residents and patients for signs and symptoms of listeria.

Positive Parenting

Throughout the year Triple P, the Positive Parenting Program, promoted the options open to all parents to help manage the typical challenges faced in raising their children. The approach encourages ways of using positive reinforcement rather than punishment to deal with issues such as rudeness, or to encourage participation in family chores. The program has expanded into Muskoka where family, youth and child service professionals recently began to offer the service along with the health unit.

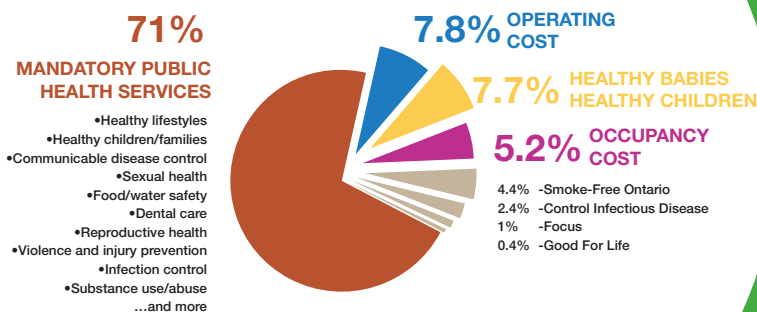
PROTECTING HEALTH

Communities with low cost clinics for pets	23
Dogs & cats vaccinated at low cost clinics	3,333
Animal bite investigations	1,049
People receiving PET vaccine for rabies	105
Animals verified with rabies in SMDHU (bats)	2

PUBLIC INQUIRIES

Calls to Health Connection, other programs	54,683
Requests for information/ interviews from news media	326
Stories published in mainstream newspapers	692

SIMCOE MUSKOKA DISTRICT HEALTH UNIT 2008 Approved Budget



TOTAL APPROVED BUDGET \$29,636,952

The Last Word...

Experience, efficiency and sound planning

Click www.simcoemuskokahealth.org for the web version of this report.



Dennis Roughley
Chair, Board of Health

The health unit's strategic plan is now into its third year. Within each of the plan's three main areas of focus—people, programs and partnerships—the health unit has met a number of key objectives and has launched sometimes unique initiatives.

Partnerships: The health unit is already recognized as a strong partner in the community. More partnerships are always being established and existing partnerships are being further developed in Simcoe and Muskoka. A highly effective new relationship is evolving between the health unit and family health teams throughout the region.

Programs: High profile program initiatives stem from the strategic plan. The healthy community design initiative has had impressive impact locally, and now we are beginning to see modifications in municipal official plans and policies that will make our communities healthier places to live. New evaluation and monitoring processes are helping the health unit continually improve its programs and services.

People: A comprehensive infrastructure review should ultimately help the health unit reach its clients more effectively. The health unit will soon share space with related agencies. Computer and telephone technology allow for a more mobile and efficient workforce. I congratulate the Workplace Wellness Committee for

the gold medal recognizing its efforts at the annual Simcoe County Workplace Wellness Network awards last November.

The board of health often works to secure the financial support these strategic initiatives require. The board continues to advocate at the local and provincial level for adequate funding for the Healthy Babies Healthy Children program. We have called on the Province to create a \$100 monthly food allowance within the social assistance program. We have pressed the Province to fulfill a 2008 budget commitment of \$45 million per year over three years for dental programs to help low-income residents.

While these efforts have taken place, the health unit has also had to manage unexpected health threats almost on a monthly basis. Spring flooding; a sudden emergence of measles; the Listeria outbreak; tattoo parlour sanitation issues—and now H1N1 flu virus. All have been and are being handled with calm professionalism, efficiency and skill while the routines of promoting and safeguarding the public's health have continued.

As board of health chair I never cease to be impressed at the ability of the health unit's professionals to respond to the immediate issues of the day, while continuing the work on the cogs that will keep the gears of public health running into the future.

Sincerely,
Dennis Roughley
Chair, Simcoe Muskoka District Board of Health

Our mission:
The Simcoe Muskoka District Health Unit is committed to excellence in promoting and protecting health, and preventing disease and injury. Our goal is to work with individuals, families, communities and agencies to achieve optimal health through the delivery of programs and services.

MEDICAL OFFICERS OF HEALTH

- Dr. Charles Gardner (Medical Officer of Health)
- Dr. Colin Lee (Associate MOH)
- Dr. Jim Pfaff (Associate MOH)
- Dr. Susan Surry (Associate MOH)

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