

# Health@Simcoe Muskoka

## New standards, new directions for public health



Dr. Charles Gardner  
Medical Officer of Health

At some point this year, the province will enact the Ontario Public Health Standards, replacing guidelines created in 1997. These standards set requirements for public health programs and services, including assessment and surveillance, health promotion and policy development, disease and injury prevention and health protection.

The creation of the Ontario Public Health Standards is part of a general renewal of public health in Ontario that included the birth of Ontario’s Agency for Health Protection and Promotion in June, 2007. This renewal follows the reports and recommendations regarding the SARS outbreak in 2003 – reports that underscored the value of public health in safeguarding the wellbeing of Ontario’s citizens.

The province cast a broad net in its consultations while developing the standards and Simcoe Muskoka District Health Unit provided input into both the standards and their supportive protocols.

The provincial standards will help guide the health unit down the path of its four-year strategic plan. Our strategic plan emerged from research identifying specific needs in our communities. Many of the priorities identified in it are echoed in the drafts of the Ontario Public Health Standards. In fact, our input into the standards was shaped by the strategic plan’s emphasis on priorities such as healthy community design, comprehensive school health and the social determinants of health.

We are beginning to fulfill some of the strategic plan’s objectives. Since 2007 we have begun focusing on comprehensive school health and building healthy communities. We have made significant headway on these fronts. An extensive literature review on the built environment’s impact on health has drawn recognition across the province and has played a role in workshops and conferences about healthy community design. As well, the healthy schools initiative is being well received at its initial site in Orillia. You will learn more about these initiatives elsewhere in this report.

We have also planned – and we believe the province will require – the development of tools and strategies to better measure our performance. It is not enough to know we are doing the work required of us; we must know that this work is producing the positive results we have planned for.

On a personal level I am excited by these developments. They bring new tools to bear in the efforts to protect and improve the health of the people of Ontario. They give us the chance to respond to the many new and emerging challenges that confront the people of Simcoe and Muskoka.

Sincerely,  
Dr. Charles Gardner  
Medical Officer of Health

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# The way we do business

Simcoe County's population grew by 12 per cent from 2001 to 2006. Barrie alone recorded one of the fastest growth rates in the country at nearly 24 per cent. The District of Muskoka's popularity as a retreat also prompted growth at better than 8 per cent. The growth means the region added 49,611 new residents in five years and is expected to surpass the half-million mark this year.

For public service agencies, dramatic growth creates real challenges in meeting demands while controlling the burden on the taxpayer. These challenges are compounded by the wide differences between communities: consider Barrie's urban nature, the rural communities of South Simcoe and the small towns and hamlets that dot the Canadian Shield in Muskoka and along Georgian Bay.

To that end, the health unit is taking time to critically look at the way we do business. A temporary position of infrastructure planner will lead the development of a sound strategy for office space, office location and the role of technology in the future delivery of public health services in Simcoe Muskoka.

The key is to be willing to respond and adapt to the changing landscape. Office locations were originally chosen for their proximity to population centres in order to facilitate access to services. It's time to review the role of the office in the delivery of public health services. Issues like office hours, accessibility, patterns of use by the public and staff all need to be studied.

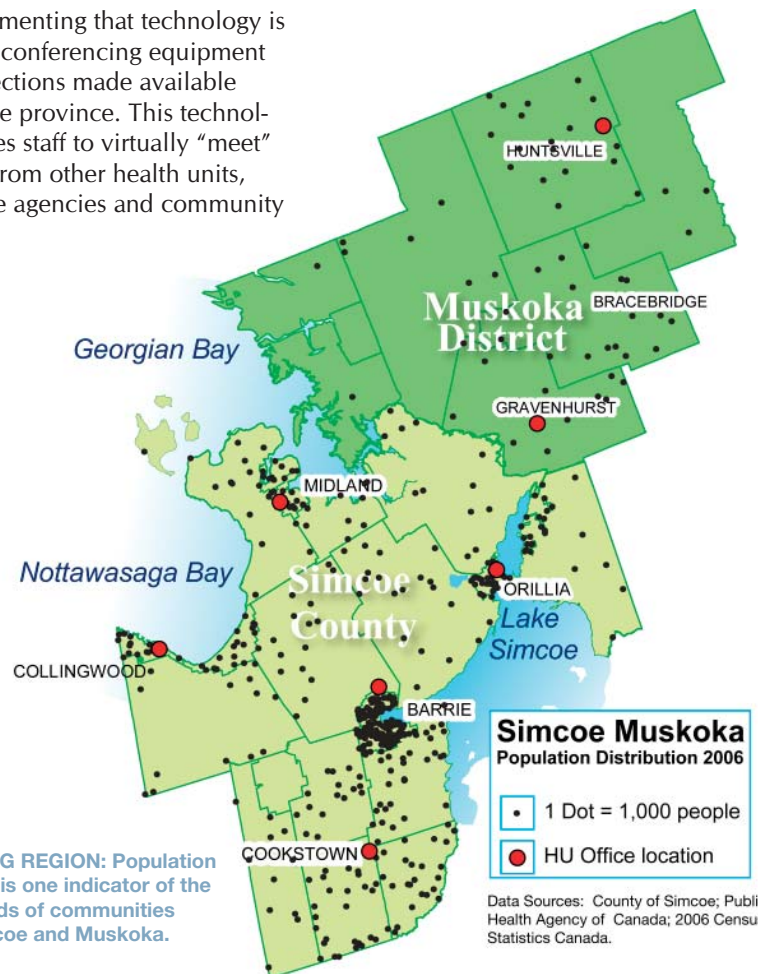
New technologies are changing the way the health unit runs its day-to-day operations. New computer applications are being introduced to streamline purchasing, human resource and records management functions.

The new voice-over-Internet telephone system has provided the health unit with much-needed flexibility and capacity. The system also allows the health unit to monitor call volumes and response in an effort to improve customer service.

## Adaptability the key

Supplementing that technology is new videoconferencing equipment and connections made available through the province. This technology enables staff to virtually "meet" with staff from other health units, health care agencies and community partners.

The health unit's website has become a credible resource for health information and a critical tool in the delivery of public health services. How this and other technologies can be used to expand and enhance the delivery of services is being carefully considered in a review of Your Health Connection – the first point of contact for all health unit services. In 2007, total calls to the various lines that make up Your Health Connection were 52,768. The results of the review will definitely shape the way we do business in the future.



# What makes a place worth living in?



It's now widely accepted that the towns and cities we live in play an important part in our wellbeing. A variety of factors can either benefit or harm people's health. A few include:

- Malls by highways force people to drive longer distances, contributing to air pollution.
- Grocery stores located in distant malls make it harder to access healthy foods.
- Efficient public transit encourages people to leave their cars at home, and good sidewalks encourage walking.
- Recreation centres, social services and parks near homes create a sense of community and belonging.

Such factors are known to influence, for better or worse, rates of obesity, lung conditions like asthma and other chronic diseases, as well as the health of the environment. And they can be changed through good land use planning and development.

## Major research project

Groundwork laid in 2006 allowed the health unit to make substantial progress in the emerging area of healthy community design. In 2007 an ambitious research project was undertaken involving the review of more than 100 studies and reports into the impact of community design on population health. A synthesis of the findings, titled *The Impact of the Built Environment on the Health of the Population*, was released in November, 2007. A few days later the report was one of the highlights at a conference held in Orillia during World Town Planning Day organized by the Ontario Professional Planners Institute and the health unit.

The report itself was blunt in its conclusions: where land use planning and community design have failed to take the population's health into consideration, the result has been "an epidemic of our own making." The report noted there are many considerations that are part of the built environment, such as the distribution of wealth within the community, quality of schooling, social isolation, employment opportunities and availability of social services.

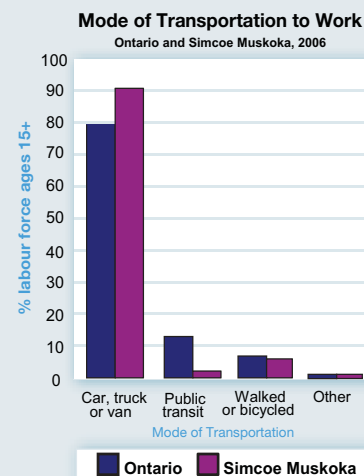
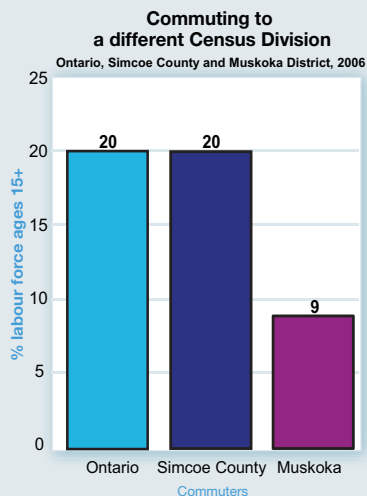
## Input at municipal level

It became clear that local municipalities had already begun to grasp the interrelationship of planning and public health and were casting a net for assistance in their long range plans. The health unit has been an active participant in the County of Simcoe's Inter-Governmental Action Plan, a long range strategy to deal with population growth and

development in Simcoe. Input has also been provided into the District of Muskoka's economic and growth strategies.

The health unit has since been called upon to deliver addresses at a variety of conferences and meetings, including: the Association of Local Public Health Agencies, Federation of Canadian Municipalities, North Bay and Peel health units, Greater Toronto Area's Clean Air Council, and several local municipal councils.

One of the health unit's roles in the issue is as a catalyst to bring together a variety of disciplines – road engineers, planners, elected officials, water quality experts, employers, housing developers, to name a few. Over the coming year the health unit will be implementing a plan encouraging continued partnerships to support healthy community development in Simcoe and Muskoka.



Data Source: Statistics Canada, 2006 Census. Place of Work Community Profile - 20% Sample Data.

**ROOM TO IMPROVE:** Commuting statistics show local dependence on motorized vehicles is higher than provincial averages, and in Simcoe County, many commuters head out of the region for daily work.



# Dental health – challenges ahead

Through the 2006-07 school year, the health unit conducted its annual dental screening of 26,557 primary-grade children across Simcoe and Muskoka. Screening pinpoints individual children who need special treatment and helps establish a picture of the broader community's oral health needs.

The results confirmed a trend established over a number of years: large numbers of children need urgent dental care. A total of 2,307 children had unmet urgent dental care needs – about nine per cent of the total school population screened. Little current provincial data on child dental health exists, but preliminary comparisons with other health units suggest that Simcoe Muskoka's children may have one of the poorest dental health track records in the province.

Childhood tooth decay is a serious problem, especially for low-income

families facing expensive dental surgery. Where income is lowest, the dental health problems in children are frequently the most serious. In cases of major dental surgery, anaesthetic services for children are scarce and waiting lists are long. This leaves young children to cope with serious pain for extended periods of time. In turn, the child's nutrition is affected and performance in school suffers.

Dental problems cross all age categories too. A 2003 health survey found close to half of Simcoe Muskoka residents over the age of 12 reported pain or discomfort in their mouths in the previous month.

Poor dental health carries risks for overall health. It has been associated with a wide array of illnesses from diabetes to low birth weight to heart conditions and respiratory disease in older people. It has a cosmetic impact

that reduces a person's employment opportunities, contributing to the poverty cycle.

This has prompted the health unit to consider new approaches to improve oral health in Simcoe and Muskoka.

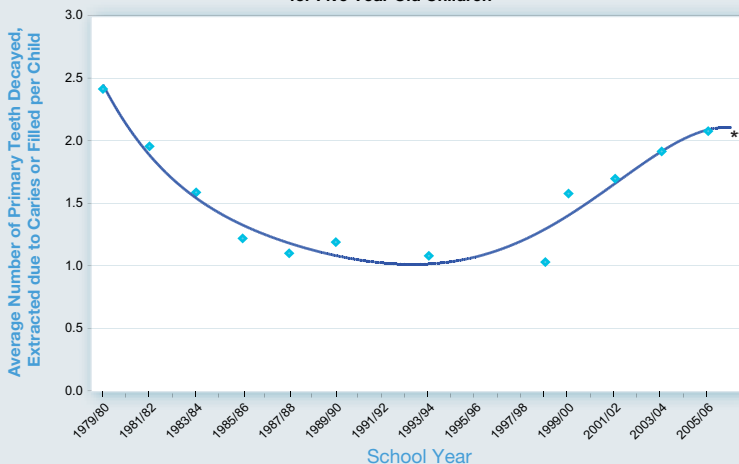
## Research needed

A better understanding is needed of the oral health of Simcoe Muskoka's younger population. A research project has begun comparing the oral health of 7-year-old children here to 7-year-olds in Peel Region. Factors that could influence dental health will be compared such as the household water source, types of water treatment or filtration, fluoride in the drinking supply, dental visits, dental plans, family income, nutrition habits and general awareness of dental hygiene.

The health unit is strengthening its ties to the dental community to cooperatively plan ways of meeting the urgent dental care needs of children and develop strategies for addressing other issues related to oral health.

Some support for oral health came through the provincial budget in spring 2008 when more dollars allowed the Children in Need of Treatment program to expand to include coverage of children up to the age of 18. New technological developments at the provincial and national level will also be bringing forward new data capturing systems. These electronic systems will make it much easier to assemble information locally and compare it with provincial data to gain a more rapid and comprehensive understanding of the oral health needs in Simcoe and Muskoka.

**Decayed Primary Teeth (Extracted or Filled Due to Caries) for Five Year Old Children \*\***



Data Source: Dental Indices Survey, extracted August 2007  
 \*\*Data for 2005-07 include Simcoe and Muskoka children. All previous years are for Simcoe County only.

**RISING RATES:** Research is needed to find which factors are contributing to the rise in childhood dental decay.

# Sexual health programs evolving



The health unit's role in sexual health is constantly evolving as needs change. The program currently offers seven sexual health clinics in Simcoe and Muskoka, phone and web access for inquiries, and a variety of other education and health care services. It's an important function, and one that requires a great deal of sensitivity to the needs of individuals and the community at large.

The program handled 3,073 confidential consultations at clinics in 2007. All ages are served, but the most important group includes those people 24 and under for whom access to services may be limited and whose need for information is immediate.

In recent years clinic visits related to concerns about sexually transmitted infections (STIs) have been on the rise. This coincides with an increase in sexually transmitted infections over a number of years. It's a local trend as well as one that's been noticed at the provincial level. Although in Simcoe and Muskoka the numbers are below the provincial average, the increases are still cause for concern. Special attention is being devoted to chlamydia because of its prevalence, especially in the 24-and-under age group.

Both the health unit and partner health professionals have responded to the trends. In collaboration with community health care providers and others, the health unit hopes to make care and counselling more accessible to young people.

## Training in community

The health unit has begun a series of workshops for educators and counsellors who work with youth and young adults to provide them with information about STIs and strategies to encourage preventive measures.

New systems are being set up to provide medications to health care providers and allow clinics and hospital emergency departments to store medications required for free treatment of STIs.

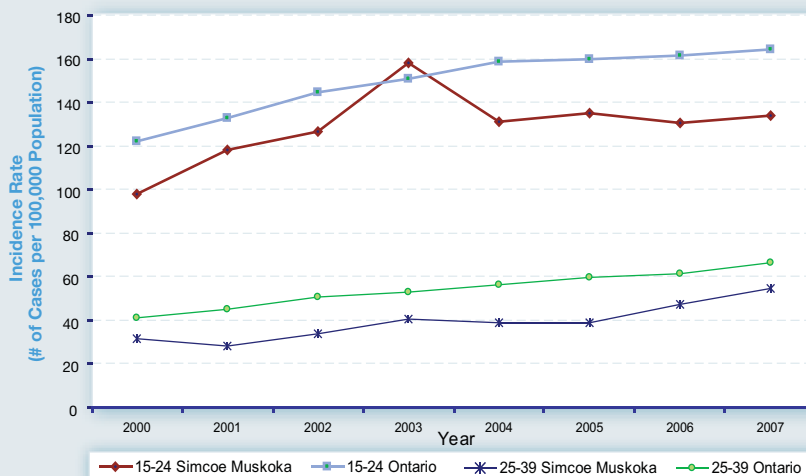
Streamlined systems for reporting STIs to the health unit are being implemented. A quick reference tool has been prepared and distributed for health professionals that will assist with diagnosis and treatment.

Last year the health unit continued an awareness campaign begun in 2006 aimed at young adults.

The rising rates of sexually transmitted infections show that young adults are not fully aware of the real risks of STIs, how to properly prevent them, or who to turn to when they think testing might be needed. The posters and display materials are geared to graphically get those messages out to that age group.

This year a long-term evaluation of sexual health programs and services will commence. The first phase of the evaluation will study how well the services are meeting the needs of those clients 24 years of age and under. It will also look at the accessibility of sexual health services and whether there are barriers that may be preventing people from accessing these services.

**Incidence Rates of Chlamydia by Age Category in Simcoe Muskoka and Ontario, 2000-2007**



Data Sources: Integrated Public Health Information System (IPHIS), extracted February 2008  
Reportable Disease Information System (RDIS), posted on PublicHealthOntario.ca e-portal  
Population Estimates, 2000-06, Ontario MOHLTC, Provincial Health Planning Database (PHPDB) Extracted July 2007

**STIs:** Incidence curves on sexually transmitted infections show the dramatically higher rates among young adults.



# Stronger families through partnerships

Partnerships have long been of great value to public health. New and emerging health concerns reinforce the need to continue close ties with community agencies. These partnerships result in better use of scarce resources and broader, more varied perspectives on health issues. This can lead to stronger and more sustainable programs.

In the Family Health Service, strong ties with partner agencies are helping cope with a rising birth rate. There were 4,726 births in the region in 2007. Several innovative partnered programs are helping families.

## Roots of Empathy

The Roots of Empathy program emerged in partnership with the Simcoe Muskoka Catholic District School Board. This program brings infants into classrooms so students can directly observe the babies' development. With the lessons from these very young "teachers", Roots of Empathy helps break the cycle of violence and inappropriate parenting habits that are passed from generation to generation. The program won its developer, Mary Gordon, the Order of Canada and international recognition.

To bring sufficient resources to the Roots of Empathy program, the Catholic school board teamed up with the health unit, Children's Aid, Kinark and other children's mental health services through the Child, Youth and Family Services Coalition of Simcoe County. Facilitators received training and the program was initially launched in 12 elementary schools in classes ranging from Kindergarten through Grade 8.

## Fathering initiatives

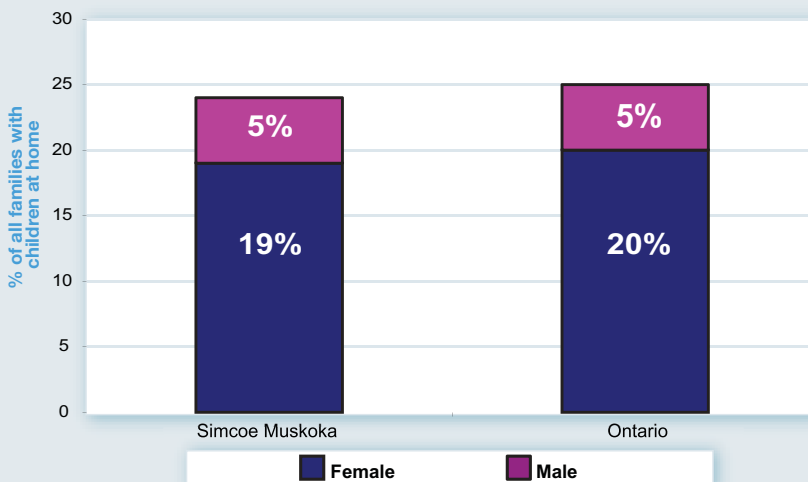
An array of projects is under way in Simcoe and Muskoka to support services in the community to become more father friendly. It has been recognized – not just locally but provincially and nationally – that services are sometimes set up in ways that subtly exclude or create barriers to fathers' participation.

New messages are being crafted that support more father-friendly language in agency literature. Programs have been adjusted so fathers feel more welcome in activities. It even extends to redecorating some agency offices so that fathers don't get the implied message that the rooms are for moms only. As work progresses, it is hoped these ideas can be shared with other sectors such as businesses.

In Simcoe the health unit has been working for several years with the Catholic Family Life Centre-Simcoe South, Ontario Early Years Centres and Children's Aid Society in The Fathering Group, with funding from the Father Involvement Ontario Network.

In Muskoka a survey was recently conducted into attitudes about fathering and family services available. The Muskoka Fathering Coalition is comprised of the Parry Sound-Muskoka Early Years System, Algonquin Child and Family Services, The District of Muskoka, RISK, Family Youth and Child Services Muskoka, Community Living Huntsville, Community Living South Muskoka and the health unit. Together the coalition has scheduled awareness events through the year including a second annual event for business and communities around Father's Day and hopes to start a group for fathers.

**Single Parent Families by Head of Household**  
Ontario and Simcoe Muskoka, 2006



Data Source: Statistics Canada, 2006 Census. Profile - 20% Sample Data.

**DETERMINANTS OF HEALTH:** The number of men leading single-parent families is significant enough to warrant study of how well services meet the needs of fathers.

# Health in schools— a lesson for life



In schools today, the concept of student health is gaining attention and ideally would be integrated into everything from the cafeteria to final exams. But the variety of programs and resources related to health has not always been coordinated or presented in a way that gave schools the chance to maximize their impact.

A new approach at the health unit – simply called healthy schools – is designed to help schools identify their own health needs and build on strengths in order to create a healthier school environment.

The model of healthy schools, or comprehensive school health, has existed for years at the national and international level. It views schools as an integral part of the surrounding community, and health within the school as a responsibility of the entire community. This involves participation from school staff, students, parents and community partners and uses multiple strategies to address health issues.

## First school in program

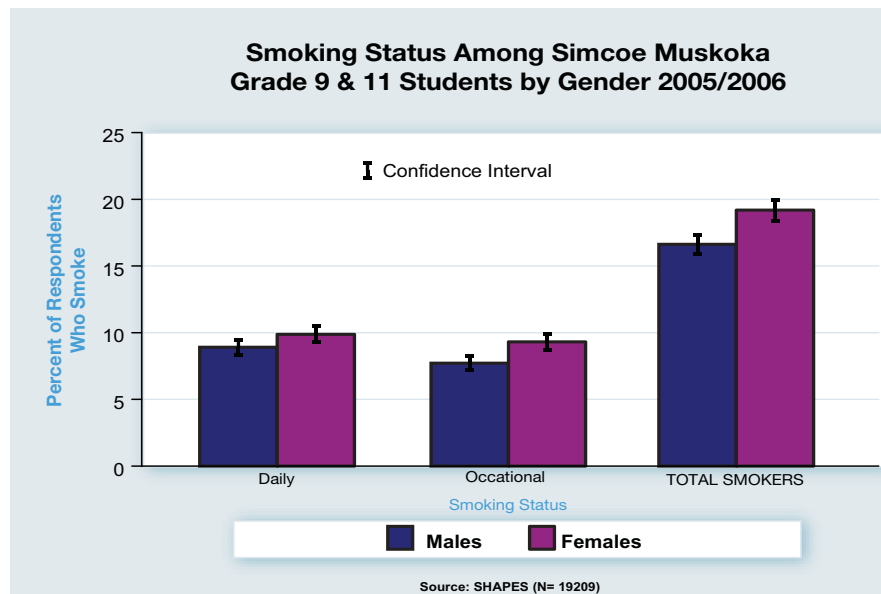
Locally a five-year plan has been created to bring the theory into practice in Simcoe and Muskoka. The concept has now been presented to most school boards in the district, and an initial project started at Twin Lakes Secondary School in Orillia. Twin Lakes was selected as it was already embracing much of the healthy schools philosophy.

To start, a single public health nurse was reassigned to act as a resource, facilitator, coach, planner and liaison for the school. She spent a number of weeks working with the school principal, immersing herself in the school culture, shadowing classes and students, attending student committee meetings and observing other health unit employees as they brought their programs to the school. The process helped the school get acquainted with the health unit staff person while she gained a better understanding of the school's specific needs.

## Boosting tobacco prevention efforts

Tobacco use was identified as a significant opportunity. Twin Lakes already had a number of student promotions planned to raise awareness and provide education around the dangers of tobacco. To complement what was already in place, the health unit and the school worked together on a novel idea – to bring a quit clinic on-site. Now, students who are motivated to quit can receive counselling and support right at school.

During the current year the program at Twin Lakes will continue, while members of the healthy schools team consult with school board officials to begin rolling the program out to schools in other areas. If all goes according to plan, two more public health professionals will start work at other schools next school year.



**NEED FOR PROGRAMS:** While numbers are declining, smoking rates among teens are still high enough to warrant response.

## PROMOTING HEALTH

Healthy pregnancy community presentations and drop-ins:	464
Families receiving postpartum contact by a public health nurse:	3,794
Families receiving postpartum home visits from public health nurses:	1,135
Families receiving ongoing home visits:	369
Number of home visits by family home visitors:	2,659
Getting Ready for Baby class participants:	2,237
Child car seats checked at clinics:	1,055
Two-minute healthy eating segments on A Channel, featuring health unit dietitians:	30
Secondary schools awarded Eat Smart! Award for 2006–2007 school year:	6
Presentations, meetings with municipal councillors and planners on Active Transportation:	18
Allied partners attending a workshop on crystal meth:	155
Licensed establishments attending Safer Bars Workshops:	10
High schools receiving \$1,000 Smoke-free Ontario grants for youth to do peer-to-peer tobacco use prevention work:	30
Video and radio ads submitted by local high school groups in Youth Stomp Out Tobacco media contest:	30

# 2007 in

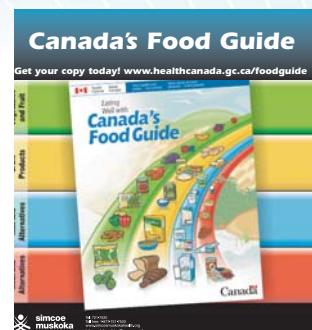
## Local health statistics online

Based on research on community use of the health unit's website, it was decided to showcase statistical and health data online with the HealthSTATS section. New research will continually be added to this site. Comprehensive reports on the health of children, and tobacco use among adults and youth were posted to the site in 2007. The site also contains detailed demographic information and graphs on the incidence of reportable diseases in Simcoe and Muskoka.

## Idling bad for the air – and the pocketbook

Cutting back on vehicle idling can make a big difference to air quality and the pocketbook. Residents of Gravenhurst became more aware of this in the fall of 2007 during a two-month anti-idling campaign implemented by the health unit. The Turn It Off campaign, supported by Enbridge Energy, Trillium Lakelands District School Board and the Town of Gravenhurst, encouraged drivers to reduce their idling time.

The program began at a public school, where the message was targeted at parents picking up children and then fanned out to the wider community. The message hit home. Results from the observations of drivers' idling behaviour before and after the campaign showed an increase in the proportion of drivers who chose not to idle their vehicle from 28% to 34%. As well, Town council passed a policy to cut idling in their municipal fleet. As a result, plans began to take the campaign to other communities with Orillia scheduled for the spring 2008.



## A new food guide

In February 2007, Health Canada unveiled the new Canada's Food Guide. The first revision of the guide in 15 years, it incorporated new research findings and added many foods to reflect the increasing diversity of Canada's ethnic mix. The nutrition staff provided training on the guide to 80 per cent of the health unit staff, and through presentations and inquiries, more than 37,000 copies of the guide were distributed in the community.

## New free vaccine to combat cervical cancer

While preparations were being made for the implementation of the annual flu vaccine and school immunization programs, the province announced it was going to provide HPV vaccine, which helps prevent cervical cancer, for all Grade 8 school girls in the province. This meant setting up and resourcing a three-shot schedule for Simcoe Muskoka's 3,350 Grade 8 girls. In spite of short timelines for promotion the health unit reached 2,107 students – 65 per cent of the potential population – a level of participation achieved in just one other health unit.

# Review



## Boosting trails

Simcoe County Museum was packed with fitness enthusiasts on April 14 when the health unit, Huronia Trails and Greenways, Ministry of Health Promotion and the County of Simcoe collaboratively ran a day-long summit on active trails.

As a means of promoting physical activity and healthy community design, the health unit's partnerships with various trails organizations has been an ideal fit. Smaller active transportation workshops have been held throughout Simcoe and Muskoka to identify priorities in improving human-powered transportation options for residents and visitors alike.

## Help for smokers trying to quit

A program offering free nicotine replacement therapy (NRT) and tutorials on quitting tobacco came back for a second year in 2007. The STOP program is part of a study by the Centre for Addiction and Mental Health into the best ways of providing NRT to adult smokers who need help to break their addiction. Three-hour-long workshops were held in Midland, Barrie, Orillia, Wasaga Beach, Gravenhurst and Alliston. At each session arrangements were made to provide the smokers with a 10-week supply of NRT.

The program had a modest start in 2006 but numbers grew last year. In all, 770 adults received cessation counselling and nicotine replacement therapies through the STOP program and other clinical services.

## PROMOTING HEALTH

Locals joining Driven to Quit challenge to attempt to quit smoking: 1,601

Grade 5-10 students participating in tobacco awareness events: 3,365

Newsprint stories published about the health unit: 525

## PROTECTING HEALTH

Tobacco vendor compliance inspections: 1,194

Vendors given six-month sales prohibitions for selling or supplying tobacco to minors: 3

Tobacco inspections of public places and workplaces: 1,551

Food handler training certificates issued: 1,380

Seasonal & non seasonal food premise inspections: 6,195

Charges laid under the Food Premise Regulation: 22

Dead birds reported to the West Nile virus program: 912

Birds testing positive with West Nile virus: 2

Human West Nile virus cases: 0

Beach postings advising of higher bacteria levels out of 74 monitored beaches: 18

Boil water advisories and orders issued: 29

Orders issued out of 350 inspected pools & spas: 66

# 2007 *in*

## PREVENTING DISEASE & INJURY

Students provided with pit and fissure sealants and/or fluoride treatment\*: 3,000  
(\*2006-2007 school year)

Number of children who completed care using the CINOT program: 1,223

Reportable diseases confirmed after 653 investigations: 546

Institutional outbreaks of enteric or respiratory disease: 97

Sexually transmitted infections confirmed after 760 investigations: 713

Inspections of personal service settings & day nurseries: 558

Doses of flu vaccine distributed by Health Unit (to agencies other than health unit): 122,520

Flu shots administered at 122 health unit clinics: 31,011

People attending other health unit vaccine clinics: 4,200

High school boosters given: 2,162

Hep B and Men C vaccines given to Grade 7 students: 10,106

Communities with low-cost rabies clinics for pets: 21

Dogs and cats vaccinated at low-cost clinics: 4,484

### Flu vaccine requirements for staff

In the fall the board of health approved a new policy within the health unit requiring all staff to receive the annual flu shot. The requirement will increase protection for other high-risk clients and health unit colleagues; will help the health unit maintain staffing capacity for critical public health and emergency services and will show leadership to partners and the community at large about the importance of the flu vaccine. Staff responded positively, with more than 97 per cent of employees receiving their flu shot.

### New to the board of health

Four new board members were welcomed to the board of health in 2007, to fill seats following the municipal elections of 2006. They included Wasaga Beach Mayor Cal Patterson, Terry Pilger, a councillor with the District of Muskoka, John Brassard of the City of Barrie and Michael Fogarty of the City of Orillia. Later in the year, the board said farewell to long-standing provincial appointee Karen Burgess who announced her resignation to take on a new teaching position.



### Trouble in Paradise

A campaign addressing alcohol use and recreational vehicles drew accolades in 2007. Research done as part of the Trouble in Paradise project found a large part of the population still feels it is acceptable to drink and drive or ride snowmobiles, boats or ATVs. Media advertising, posters and billboards formed a campaign that identified the laws and high costs of drinking while using these vehicles. The increase in awareness resulting from the campaign drew much attention outside Simcoe Muskoka. Those involved were invited to an international injury prevention conference in Mexico in February, 2008.

# Review

## When the lights go out...

One of the consequences of storms is power failures. This in turn causes urgent problems for the health unit with vaccines.

Refrigerators are maintained at exact temperatures to maintain viability of the vaccines stored within them. When the power goes out, emergency power supplies must kick in quickly. In 2007 there were 107 "cold chain" failures at health unit and other facilities – due to storms as well as human error – but thanks to good planning and quick response from the nursing team, more than \$16,000 worth of vaccine was saved from spoilage.



[www.thephakz.ca](http://www.thephakz.ca)

To reach younger audiences, the health unit spent six months building a new website specifically for the 14-to-21 age group. Strong on graphics and intuitive links, the website's design was completed with help from teens in the tobacco program's youth action alliance, *article 4*. They also came up with the website's name: The Phakz. It focuses mainly on issues of healthy eating, tobacco, drug and alcohol use and healthy sexuality. It also allows people with questions to arrange confidential consultations with health unit staff on relevant issues.



## Smoke-free grounds

The health unit marked World No Tobacco Day, May 31, by declaring two of its offices completely smoke-free. The policy meant smoking was prohibited on the grounds and parking lot of the buildings as well as inside. Medical Officer of Health Dr. Charles Gardner said "We are beginning to see institutions and other larger employers go a step further than is required by the Smoke-Free Ontario Act. Not only is this a measure that could improve employee health, it sends out a message that tobacco-free living is really becoming the norm."

## PREVENTING DISEASE & INJURY

Animal bite investigations: 1,176

Enforced 10-day quarantines of domestic animals: 750

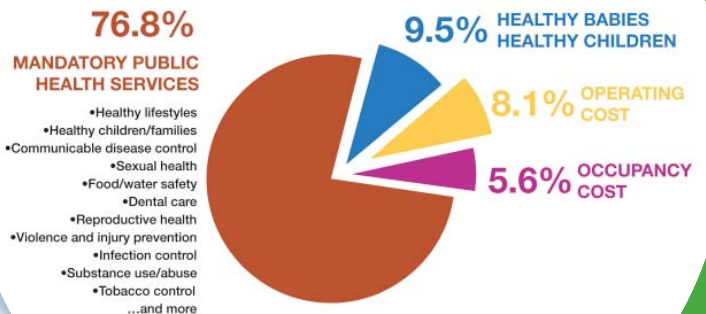
People receiving vaccine for rabies: 104

Animals verified with rabies: 7 (2 skunks, 5 bats)

## TOTAL CALLS TO HEALTH CONNECTION:

**52,768**

## SIMCOE MUSKOKA DISTRICT HEALTH UNIT 2007 Approved Budget



**TOTAL APPROVED BUDGET \$27,334,386**



# A spirit of cooperation in public health



Dennis Roughley  
Chair, Board of Health

I have been struck recently by the number of times the Board of Health has rolled up its sleeves to work with staff. This was literally the case on May 31, 2007, when board member Barry Ward and Medical

Officer of Health Dr. Charles Gardner together pulled a cigarette butt box from the office wall in Barrie, marking the new policy prohibiting smoking on the Barrie and Gravenhurst properties.

The gesture had symbolic significance as a demonstration of the board's resolve to support health unit services from concept to policy to action. As a long-time smoker who quit 13 years ago, I had deep personal commitment to the policy.

The board recognizes that the community turns to the health unit for leadership. We need to lead as much by example as by regulation. Just a few examples:

- We called upon the federal government to implement regulatory changes that would cut the amount of trans fats in foods. At the same time the health unit began developing an internal healthy eating policy. We are also encouraging the development of healthy eating policies in schools and bringing EatSmart! to recreation centres so healthier choices can be found in vending machines and concession stands.
- While the health unit attempts to increase public flu vaccination rates, we also approved a policy requiring staff to be

immunized against influenza. This measure protects both our clients and employees, assures business continuity during community flu outbreaks and sets an example for other workplaces and agencies.

The board has often collaborated with health unit staff to advocate for programs. Staff came to the board to help secure more dollars for the chronically underfunded Healthy Babies Healthy Children program, which brings much-needed services to children under 6 years of age. With pressure, a one-time grant came through in 2007, but we had to repeat the process again this year. We also urged retention of funding for heart health, early childhood development and alcohol awareness programs, where funding maintains strong partnerships with the community.

Citizens and municipalities alike have come to the board seeking guidance on the use of pesticides and herbicides. With the board's endorsement the health unit developed the position paper Non-Essential Use of Pesticides, advising use of the precautionary principle: when in doubt about the risks, avoid it.

This working relationship with staff has been deeply rewarding. We have been able to transform vision and strategy into tangible social and political change. We see data indicating measurable improvements in the health of the residents of Simcoe and Muskoka. Much work remains to be done. We remain ready and eager to roll up our sleeves when the call comes.

Sincerely,  
Dennis Roughley, Chair

**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. Susan Surry (Associate MOH)  
Dr. Jim Pfaff (Associate MOH)  
Dr. Colin Lee (Associate MOH)

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