

Public Health in Simcoe Muskoka



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Medical Officer of Health

PRESENTATION OVERVIEW

- Introduction – to the Health Unit and to Public Health
- What is Public Health?
- Role of the Board of Health
- Role of the MOH and AMOHs
- Overview of SMDHU
- Historic Key Health Unit Priorities
- SMDHU Strategic Issues and Goals



PUBLIC HEALTH IS....

- A 170 year old movement
- Strategies focused on populations
- To prevent disease, and protect and promote health

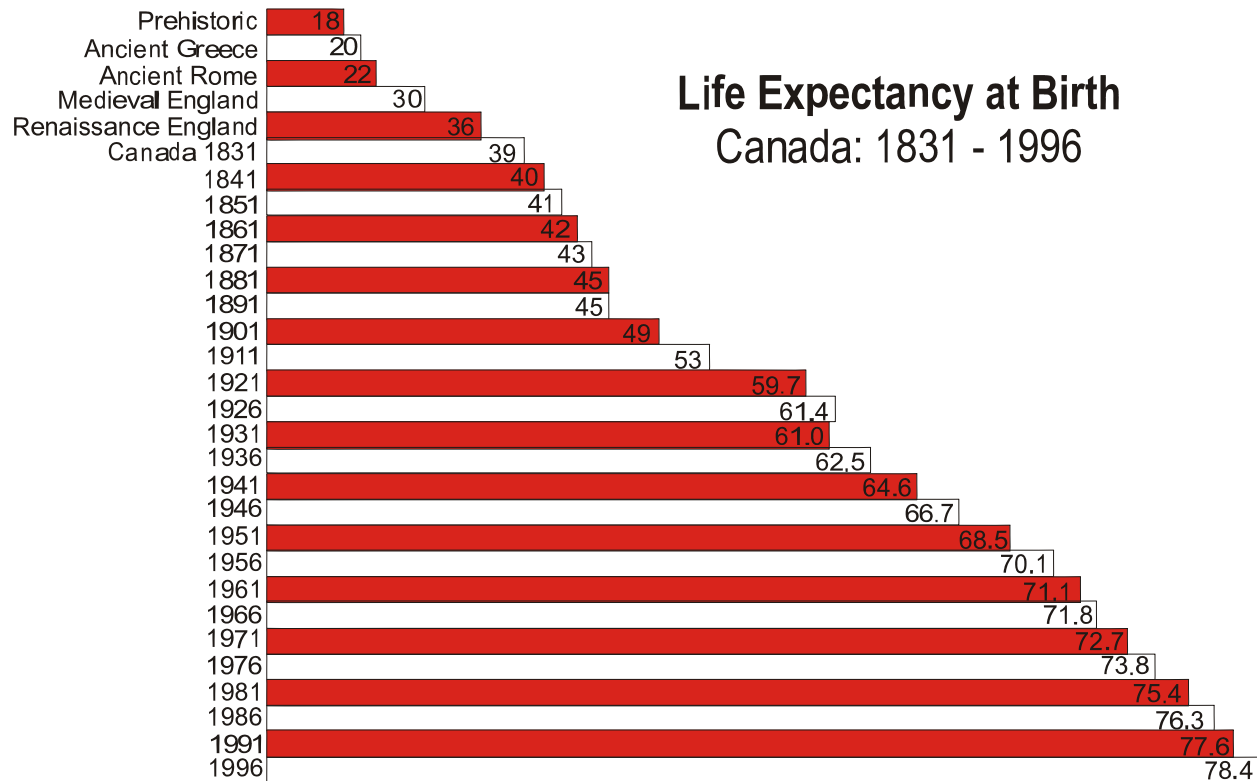


WHAT MAKES US HEALTHY?

- Environment
 - physical, social, political, economic
- Behaviour
 - smoking, diet, physical activity, injuries, sexual health
- Human Biology
 - age, gender, family history
- Health Care
 - prevention, treatment, rehabilitation



THE IMPACT OF PUBLIC HEALTH: LIFE EXPECTANCY TRENDS

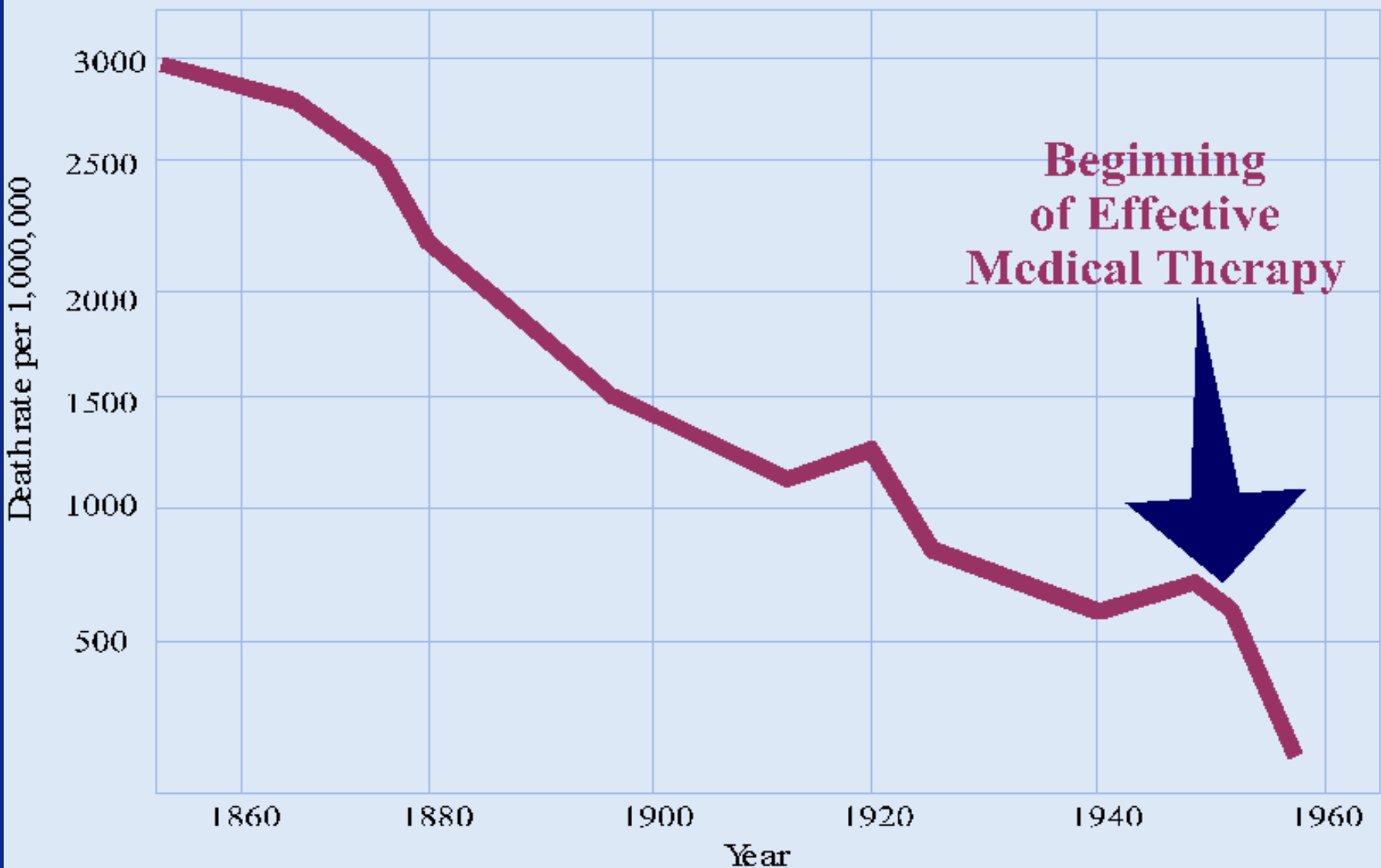


The Urban Futures Institute

Research on Population, Community Change and Land Use in British Columbia

Respiratory Tuberculosis

In the total population

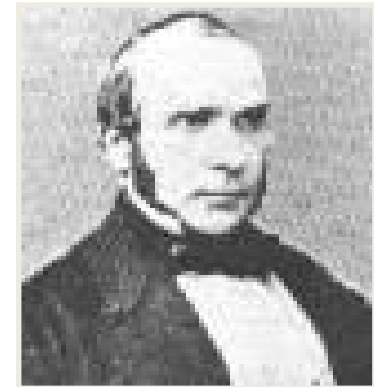


Source: Winikoff, B: *Nutrition and National Policy*. Cambridge, Massachusetts: MIT Press, 1978, pp 444-445.

THE IMPACT OF THE PUBLIC HEALTH MOVEMENT

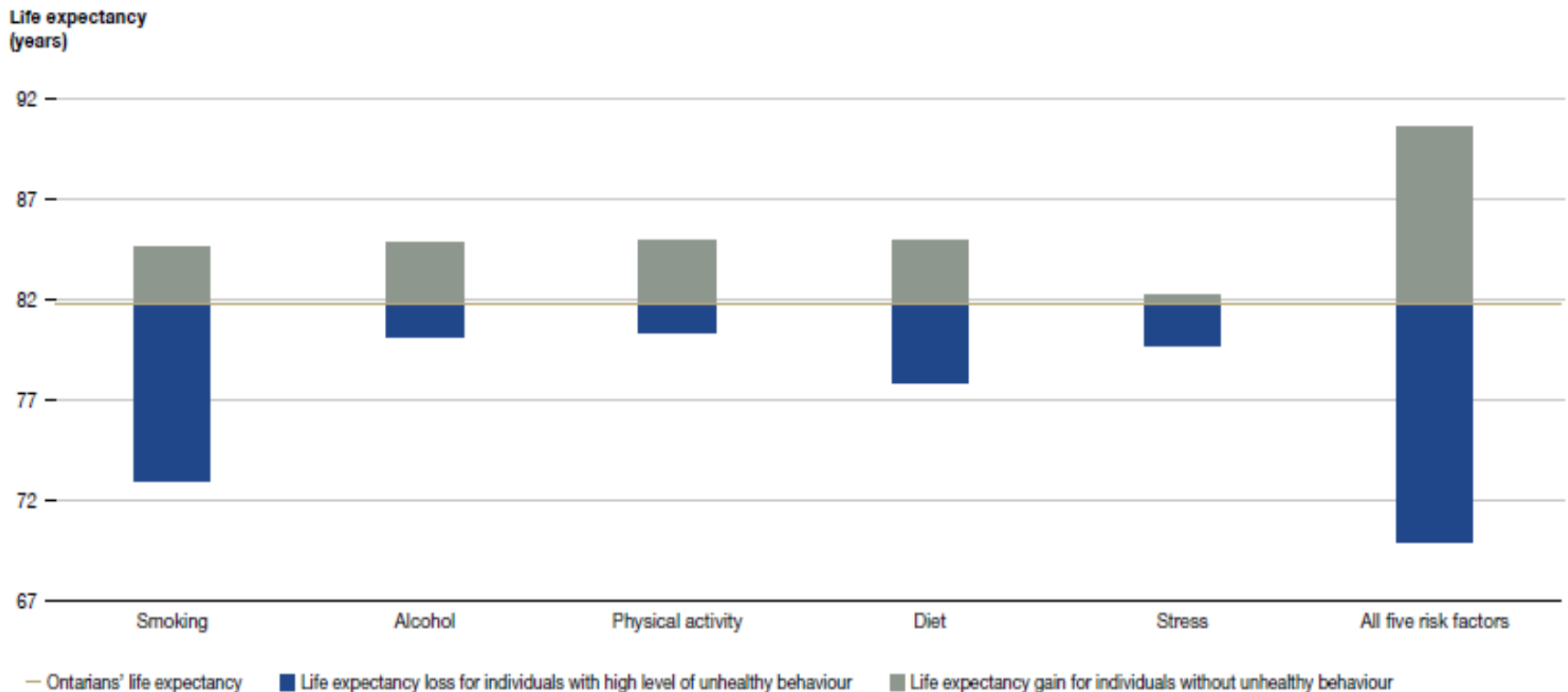
Beginnings of public sanitation movement in the 19th century

- Municipal water sanitation and sewage systems
- Child universal education
- Improving incomes, housing, nutrition, working conditions
- Infection control practices:
 - *Water and food safety*
 - *Health care*
- Vaccination (smallpox)



ROOM FOR IMPROVEMENT – 7 MORE YEARS

Gain or loss in life expectancy for Ontarians aged 20 and older with healthy versus high level of unhealthy exposure for selected behaviours, relative to average Ontario life expectancy, 2007



Source: SEVEN MORE YEARS: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. Institute for Clinical Evaluative Sciences, Public Health Ontario

HEALTH CARE COST REDUCTION

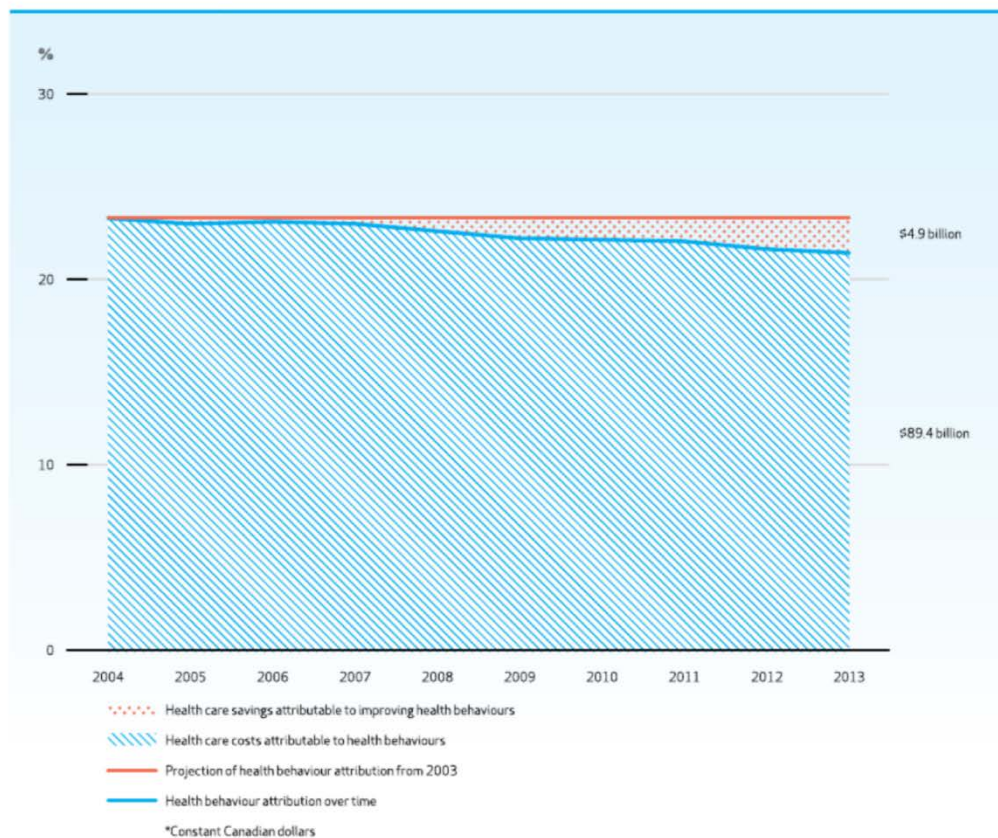
EXHIBITS

A \$4.9 BILLION DECREASE IN HEALTH CARE EXPENDITURE: THE TEN-YEAR IMPACT OF IMPROVING SMOKING, ALCOHOL, DIET AND PHYSICAL ACTIVITY IN ONTARIO

EXHIBIT 5 Burden of health behaviour risk factors on health care costs for Ontarians aged 25 and older, 2004 to 2013*

Key findings

- Overall, \$89.4 billion in health care costs from 2004 to 2013 could be attributed to health behaviours.
- Health behaviour-attributable use of health care improved over the 10-year period, declining from 23.3% to 21.4%. This improvement equates to a cumulative reduction in use that is equivalent to \$4.9 billion in health care costs.



HEALTH CARE COST REDUCTION

A \$4.9 BILLION DECREASE IN HEALTH CARE EXPENDITURE: THE TEN-YEAR IMPACT OF IMPROVING SMOKING, ALCOHOL, DIET AND PHYSICAL ACTIVITY IN ONTARIO

EXHIBITS

EXHIBIT 6 Health care attributable and avoided costs by health behaviour risk factor for Ontarians aged 25 and older, 2004 to 2013

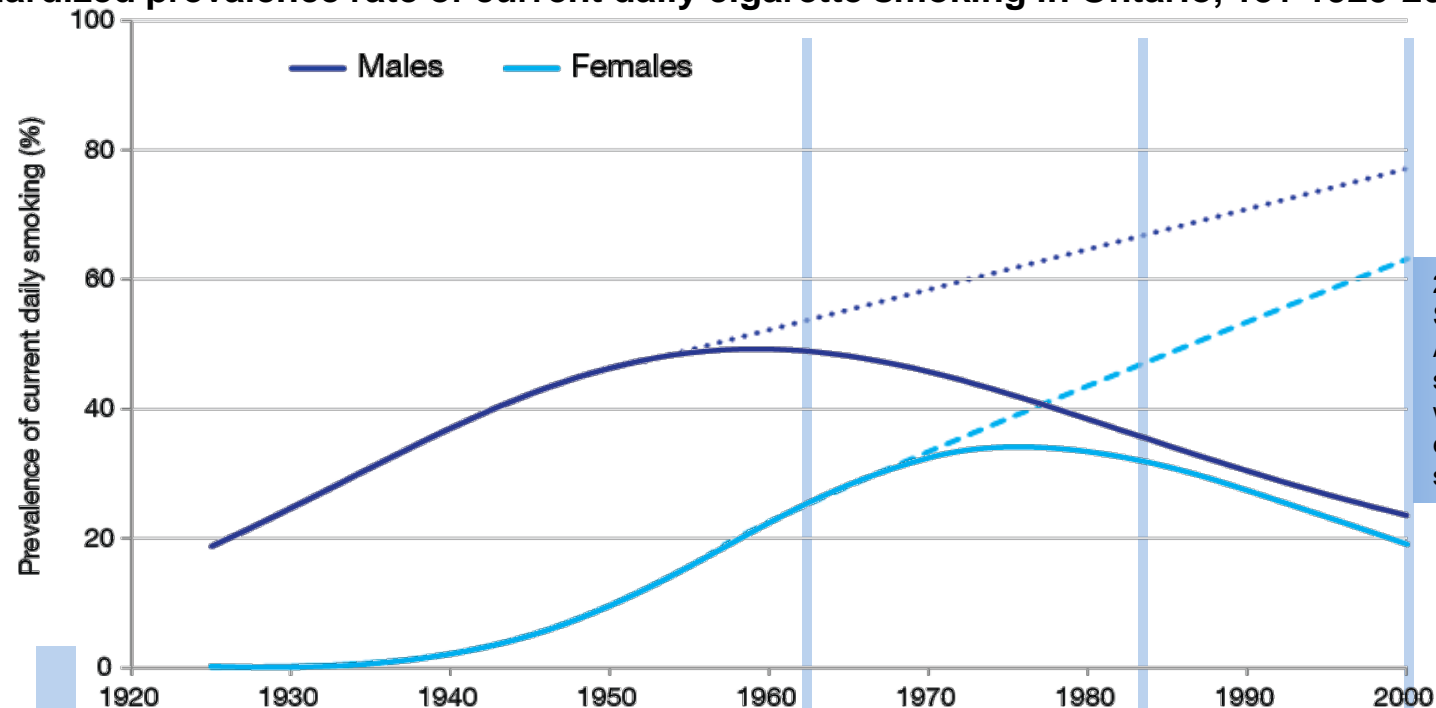
Key findings

- Physical activity and smoking were the leading health behaviours for attributable health care costs in Ontario between 2004 and 2013.
- The cost savings realized between 2004 and 2013 were primarily achieved through improvement in smoking-attributable costs.



LEARNING TO TAKE THE LONG VIEW...

Age-standardized prevalence rate of current daily cigarette smoking in Ontario, 15+ 1925-2000



2006
Smoke-Free Ontario Act prohibited smoking in all workplaces and enclosed public spaces.

1914-1918

WWI: Cigarettes sent overseas to soldiers as an act of patriotism

1964

US Surgeon General Report on Smoking

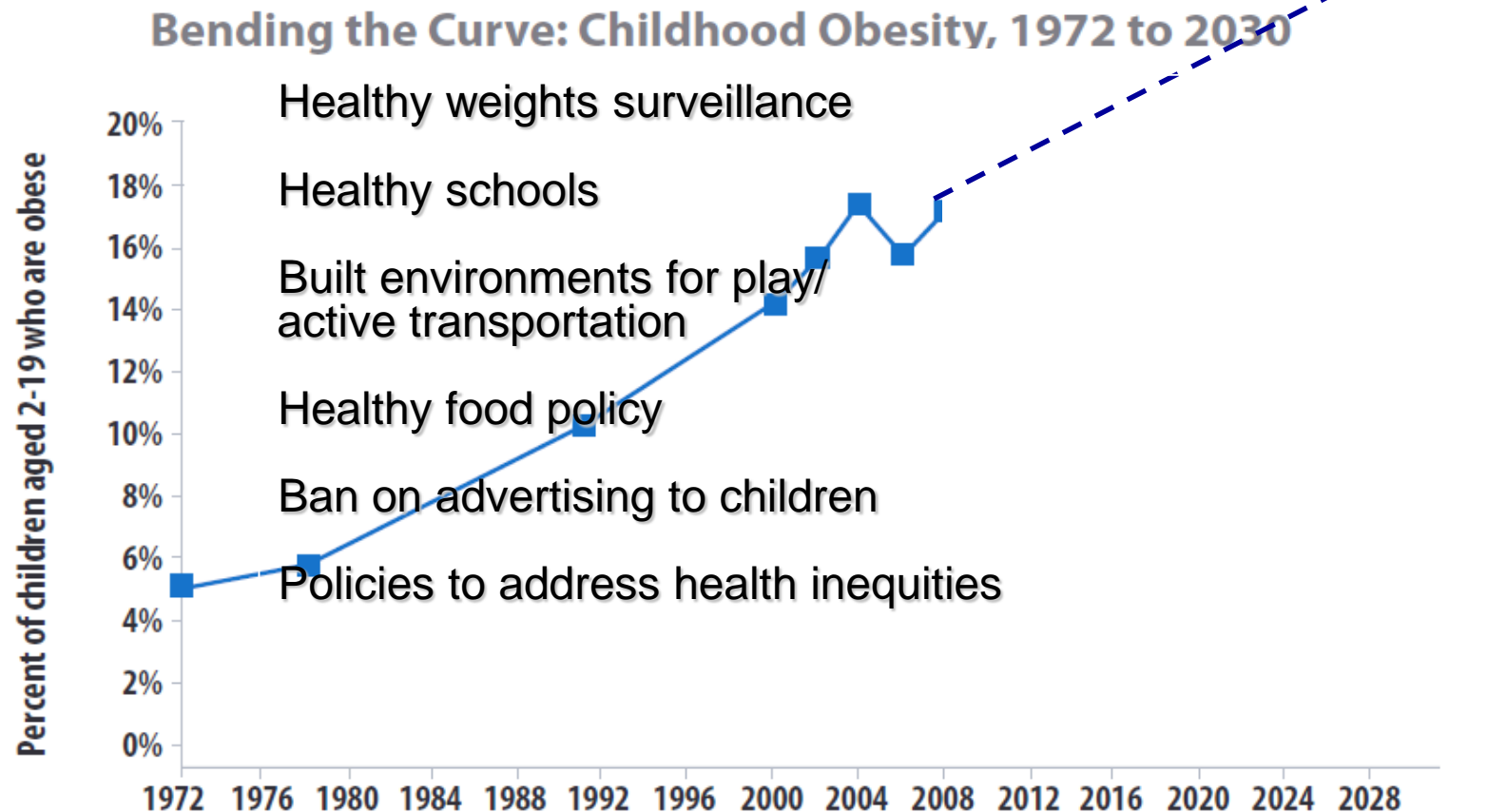
1984

Major tax increases on tobacco products

2000

Series of health warnings appear on cigarette packages

Recent problems will require more patience and persistence



Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Surveys.

Note: Obesity is defined as BMI \geq gender- and weight-specific 95th percentile from the 2000 CDC Growth Charts.

THE BUILT ENVIRONMENT AND HEALTH

- A Healthy Community Provides Opportunities
 - For people to walk and cycle to work.
 - For children to be able to walk and bike safely to school.
 - To be connected to parks, other neighbourhoods and trails.
 - To enjoy the natural environment such as water, farmland and green space.
 - To have access to healthy foods that are fresh and affordable in every neighbourhood.
 - To have sidewalks, pathways, trails and bike lanes that are inviting, accessible, safe and connected to amenities and public transit.
 - For connection to community gathering places.
 - Has sufficient density to support all of this.



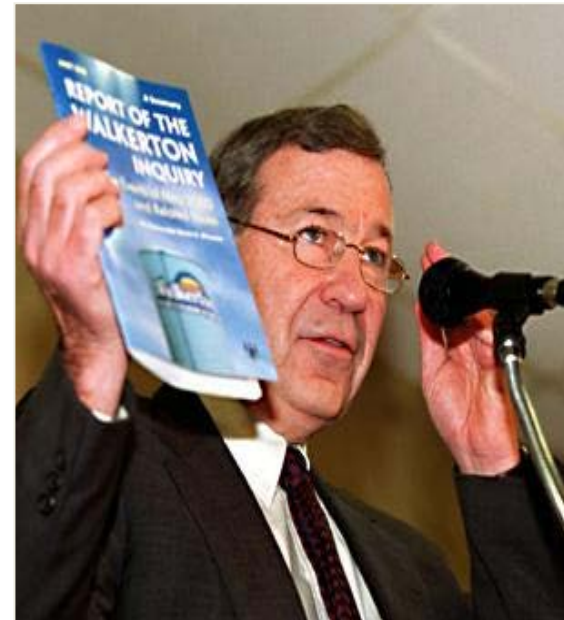


Whether you are 8 or 80...

OUR COMMUNITIES NEED TO BE DESIGNED FOR PEOPLE TO
ACTIVELY MEET THEIR NEEDS.

PUBLIC HEALTH CRISES IN RECENT YEARS

- Tainted blood
 - *Krever Commission, 1997*
- Contaminated municipal drinking water
 - *Walkerton Inquiry, 2000*
 - *North Battleford, Saskatchewan, 2001*
- SARS, 2003
 - *Naylor Report*
 - *Walker Report*
 - *Campbell Commission*
 - *Operation Health Protection*
- Food safety (meat dead stock)
 - *Haines Commission, 2004*
 - *Listeria, E. Coli outbreaks*
- H1N1 Influenza, 2009



RECENT PUBLIC HEALTH SYSTEM CHANGES

Public Health Changes:

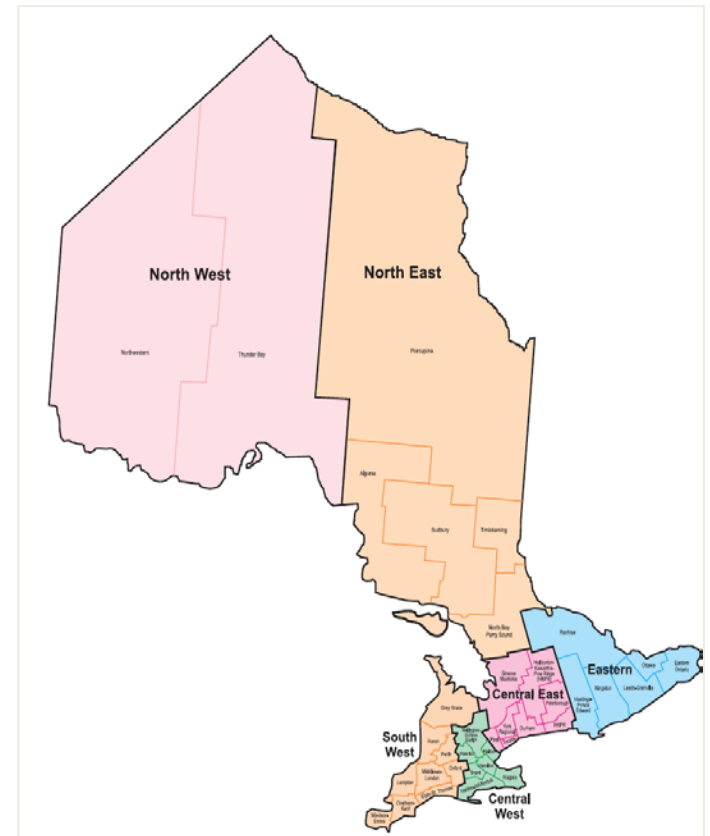
- Public Health Agency of Canada (PHAC), 2004
- Ontario Health Protection and Promotion Agency (OAHPP 2008),
 - name changed to Public Health Ontario (PHO) June 2011
- Funding Restrictions, 2015
- Ontario Public Health Standards (OPHS), 2009
 - **Modernization, 2016**

Health Care System Changes:

- Regional Infection Control Networks
- Local Health Integration Networks (LHINs) - 2 in Simcoe Muskoka
 - **Patients First, 2016**

OVERVIEW OF THE PUBLIC HEALTH SYSTEM

- 36 areas of the province called health units, each with a board of health (local accountability)
- Different types: 4 city or single-tier health departments, 6 regional or upper-tier health departments, 26 county/ district health units
- Funding relationship 75% provincial (two ministries), 25% municipal
- Accountable provincially to the Public Health Division of the Ministry of Health and Long-Term Care



THE PUBLIC HEALTH COMMUNITY IN ONTARIO

- Association of Local Public Health Agencies (aPHa)
 - Board of Health Section
 - Council of Ontario Medical Officers of Health (COMOH)
 - <http://www.alphaweb.org/>
- Ontario Public Health Association (OPHA)
 - <http://www.opha.on.ca/>



THE HEALTH PROTECTION AND PROMOTION ACT

- “The purpose of this Act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.”



THE HEALTH PROTECTION AND PROMOTION ACT

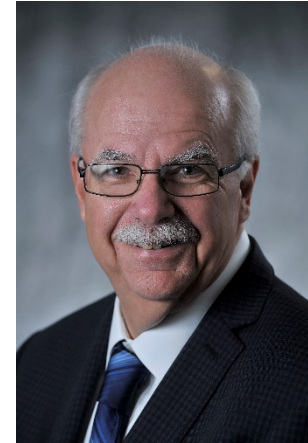
- Determines:
 - The existence of boards of health (and thus health units)
 - That boards:
 - *(a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and, (b) shall perform such other functions as are required by or under this or any other Act.*

OUR BOARD OF HEALTH IN 2016

Barry Ward,
City of Barrie
Chair



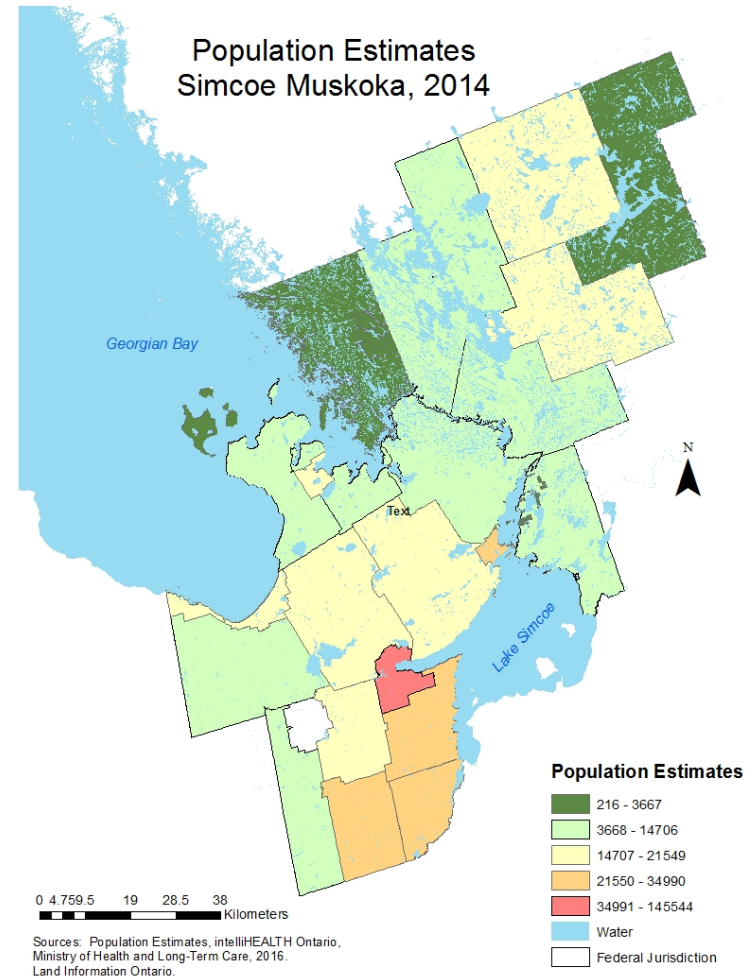
Scott Warnock
County of Simcoe
Vice Chair



- Thomas Ambeau, Provincial Appointee
- Sandy Cairns, District of Muskoka
- Ralph Cipolla, City of Orillia
- Lynn Dollin, County of Simcoe
- Anita Dubeau, County of Simcoe
- Fred Hamelink, Provincial Appointee
- Stephen Kinsella, Provincial Appointee
- Betty Jo McCabe, Provincial Appointee
- Sergio Morales, City of Barrie
- Gail Mullen, Provincial Appointee
- Margaretta Papp-Belayneh, Provincial Appointee
- Terry Pilger, District of Muskoka
- Ben Rattelade, Provincial Appointee
- Brian Saunderson, County of Simcoe
- Peter Willmott, Provincial Appointee

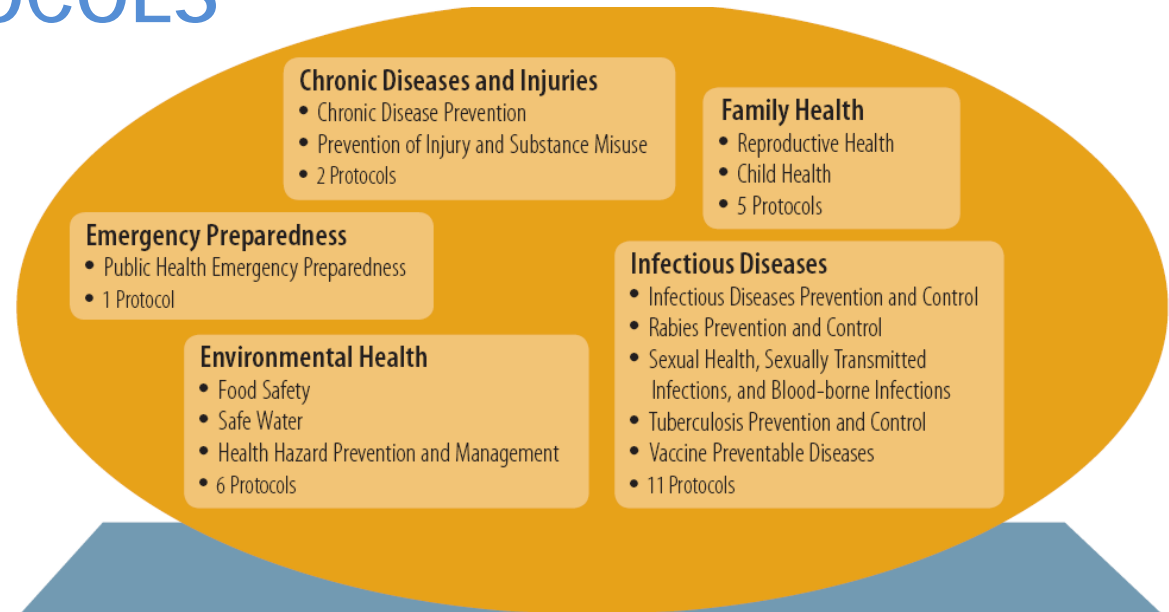
SIMCOE MUSKOKA

- Servicing 541,400 people (2014 Pop. Estimates)
- 8,797 square kilometers
- Population increase 7% from 2011 to 2014
- Four upper tier / single tier municipalities (26 municipal councils)

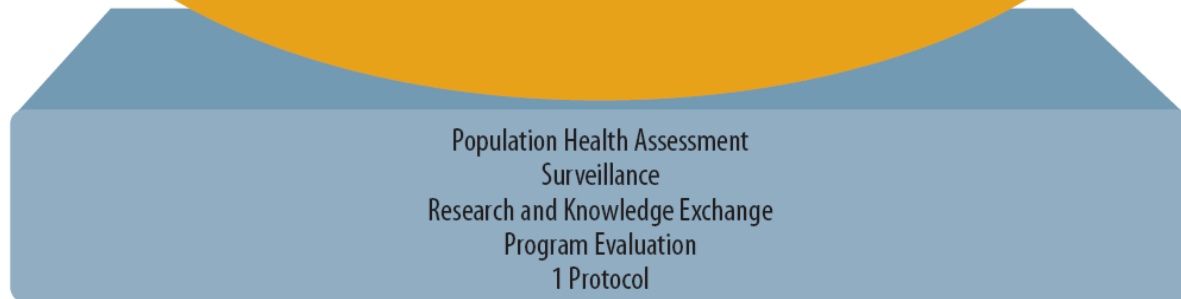


THE ONTARIO PUBLIC HEALTH STANDARDS & PROTOCOLS

Program Standards and Protocols



Foundational Standard and Protocol



Principles



Need



Impact



Capacity



Partnership and
Collaboration



2016 Simcoe Muskoka District Health Unit Board of Health

Medical Officer of Health
Dr. Charles Gardner

Office of the MOH
Dr. Lisa Simon
Dr. Colin Lee
Dr. Dick Ito
Karen Ellis-Scharfenberg

**Environmental
Health Department
Director**
Steven Rebellato

**Food Safety
Program**
Tony Makrotergios
(Acting)

**Safe Water
Program**
Brenda Armstrong

**Health Hazards and
Vector Borne
Disease Programs**
Marina Whelan

**Emergency
Management and
Rabies Programs**
Kelly Magnusson

**Tobacco-Free
Living Program**
Lee Zinkan-McKee
Martin Kuhn

**Central East
Tobacco Control
Area Network
(CETCAN)**
Cindy Baker-Barill

**Clinical Service
Department
Director**
Colleen Nisbet

**Communicable
Disease Program**
Ann Comer
Jillian Fenik

**Sexual Health
Program**
Yen Phan

**Vaccine
Preventable
Disease Program**
Rebecca Dupuis
Mary Ann Holmes

**Oral Health
Program**
Heather Murray
Isabel Graham
(Acting)

**Community and
Family Health
Department Director**
Carolyn Shoreman

**Chronic Disease
Prevention -
Healthy Lifestyle
Program**
Christine Bushey

**Injury & Substance
Misuse Prevention
Program**
Janice Greco

**Reproductive
Health Program**
Lori Webel-Edgar

**Child Health
Program**
Natalie Riewe

**Healthy Babies
Healthy Children
Program**
Mary Jean Watson

**Healthy Schools
Program**
Cathy Thomson

**Program
Foundations and
Finance Department
Director**
Sandra Horney

**Population Health
Assessment,
Surveillance &
Evaluation**
Brenda Guarda

**Health Promotion &
Communications**
Megan Williams

Finance

**Administrative
Support**
Norma Van Alstine

Health Connection
Reina Barker

**Human Resources
and Infrastructure
Department Director**
Bruce Parker

**Human
Resources and
Payroll**
Brenda Hadley

**Information
Technology and
Infrastructure**
Kevin Thomas
Kevin Pipher

MEDICAL OFFICER OF HEALTH

- Specialist physician who has a current license to practice medicine from the College of Physicians and Surgeons, and a Fellowship in Community Medicine or equivalent, including post graduate studies in public health comprising:
 - (i) *epidemiology,*
 - (ii) *quantitative methods,*
 - (iii) *management and administration, and*
 - (iv) *disease prevention and health promotion.*
- Reports directly to the board of health on issues relating to public health concerns and to public health programs and services.

MEDICAL OFFICER OF HEALTH

- Is responsible to the board for the management of the public health programs and services.
- Staff of the board of health are subject to the direction of, and are responsible to the medical officer of health if their duties relate to the delivery of public health programs or services.
- Orders under section 13, 22 or 22.1.
- Authority is limited to the health unit served by the board of health.

OFFICE OF THE MOH TEAM



Dr. Colin Lee,
Associate MOH
program lead for:

- ◆ Communicable Disease,
- ◆ Vaccine Preventable Diseases,
- ◆ Sexual Health



Dr. Lisa Simon,
Associate MOH
program lead for:

- ◆ Chronic Disease Prevention
- ◆ Substance Misuse & Injury Prevention
- ◆ Child and Reproductive Health
- ◆ Oral Health
- ◆ Social Determinants of Health



Dr. Susan Surry,
Physician
Consultant

- ◆ Child and Reproductive Health
- ◆ Vaccine Preventable Diseases

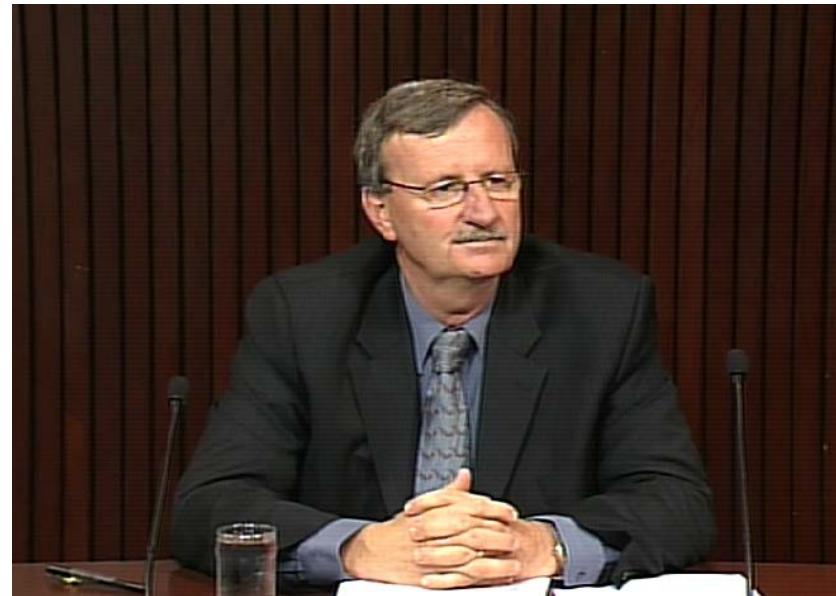


Dr. Charles Gardner,
MOH program lead for:

- ◆ Environmental Health Programs / Health Protection
- ◆ Tobacco Control
- ◆ Emergency Preparedness
- ◆ Built Environment

HPPA AND THE POWERS OF THE PROVINCE

- Chief MOH
 - Appointment process
 - Reporting to the legislature
 - Assessment of boards of health
 - Interventions into health units when necessary



Strategic Plan 2016-2017

We Value:

Excellence in promoting and protecting health, and providing quality programs and services.

Accountability for our individual and collective actions and outcomes, and for the responsible and effective use of public funds and resources.

Respect for all people and their right to be treated fairly and with dignity.

Working in Partnership and collaborating with governments, agencies, communities, families and individuals.

A Positive Working Environment where employees are engaged, and encouraged to exchange ideas, communicate openly, be innovative, and practice work life balance.

Equal Opportunity for health.



Vision:

The people who live, work and play in Simcoe Muskoka lead healthy, fulfilling and productive lives.

Mission:

As champions of health for all, the Simcoe Muskoka District Health Unit works with individuals, families, agencies and communities to promote and protect health, and to prevent disease and injury in our area.

Strategic Plan 2016-2017

DIRECTIONS

Urgent Public Health Issues

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

Organizational Capacity

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

OUTCOMES

- Respond to provincial public health funding changes, emerging public health mandate revisions and health system transformations.
- Implement the agency wide action plan to address climate change.
- Respond to unanticipated public health issues that have the potential to disrupt programs and services.

- Implement the human resources strategy.
- Implement the enhanced Client Health Record Information System (CHRIS) in at least two programs.
- Leverage partnerships to enhance human resource capacity.

- Implement the agency action plan to meet the public health needs of individuals and families living in low income.
- Assess populations at risk of health inequities and identify those that require an agency response.

- Demonstrate compliance with public health standards, progress towards key performance indicators and quality improvement actions using the Performance Management Framework.

DIRECTIONS

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.

Accountability and Performance Measurement

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

CLIMATE CHANGE- HUMAN HEALTH IMPACTS



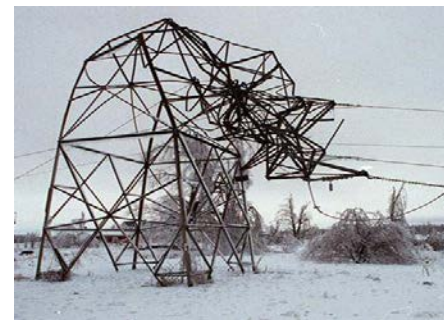
Flooding, wind damage and severe winter storm damage due to extreme weather events

More extremely hot days

Food safety & security

Reduced air quality

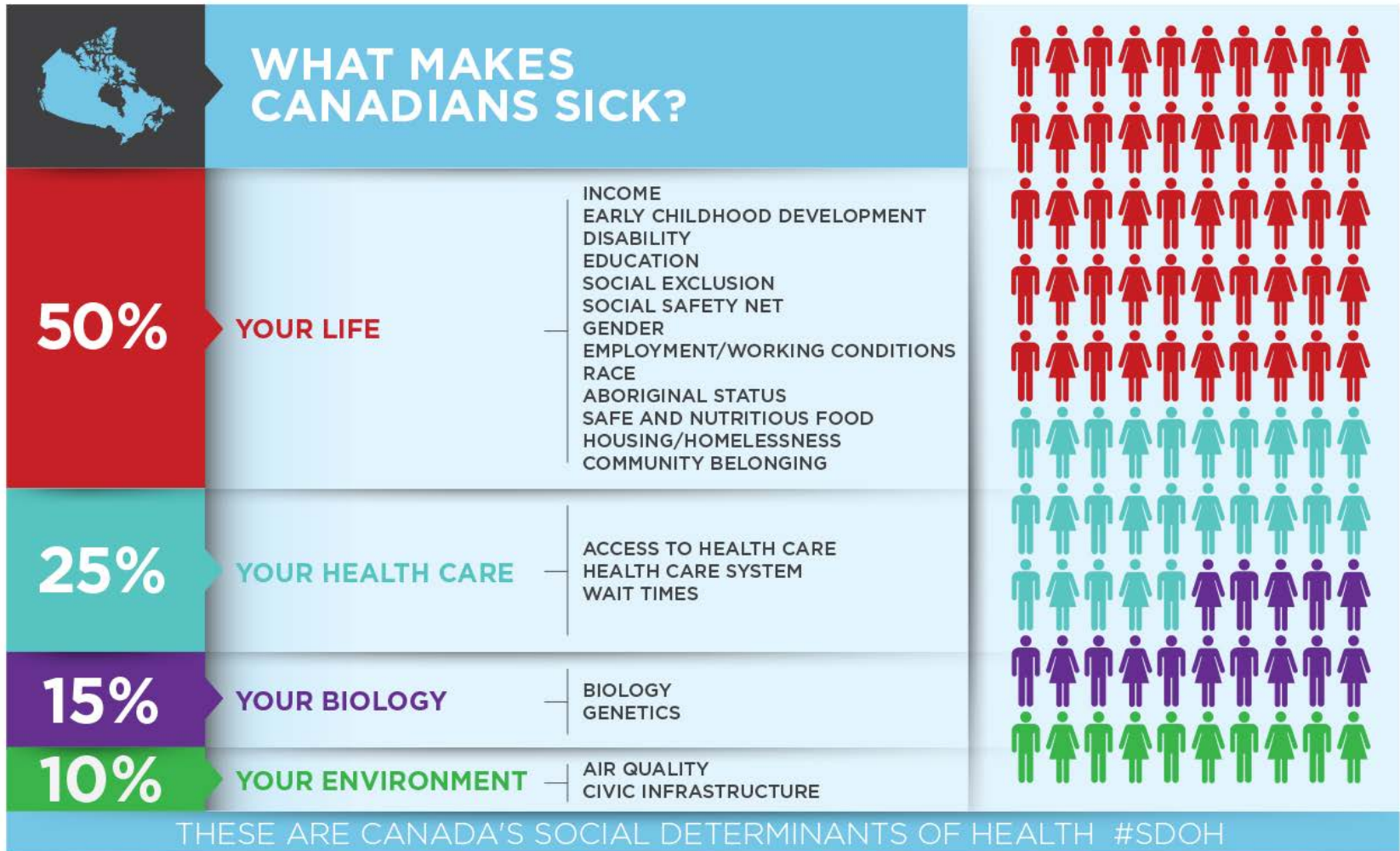
Increased risk of warm-climate diseases such as Lyme and West Nile diseases and malaria



VULNERABLE POPULATIONS

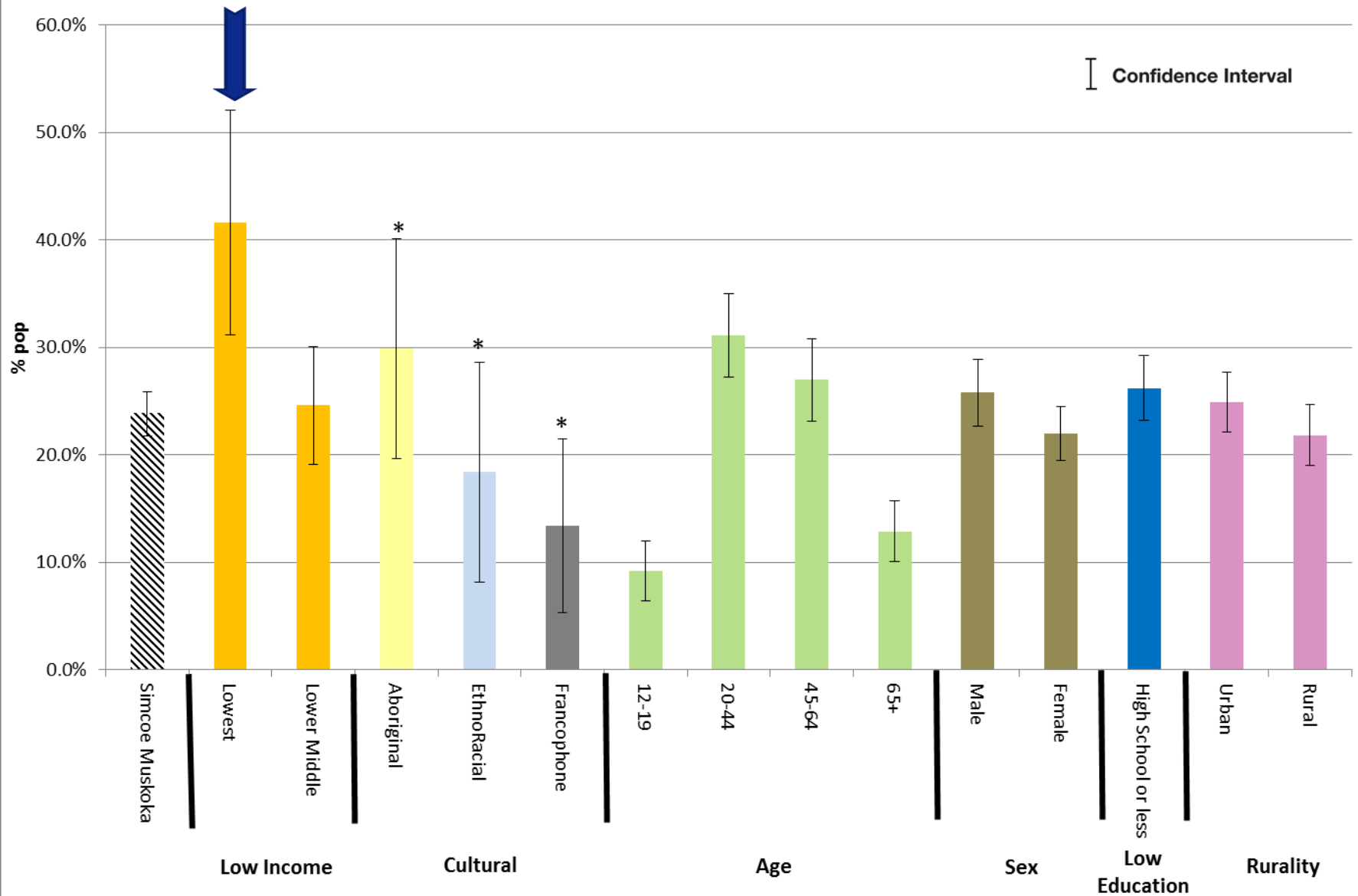


THE SOCIAL DETERMINANTS OF HEALTH



Current Smokers

Simcoe Muskoka and Vulnerable Populations, 2007-2010 combined



IMPROVING WITH PUBLIC ACCOUNTABILITY

Strategic Plan Balanced Scorecard, 2010-2015



FINAL THOUGHTS

- Public health will always be critically important to people's health.
- The Board of Health is the provider of public health services under provincial legislation.
- The Simcoe Muskoka District Health Unit is committed to excellence in public health.

