

Health@ Simcoe Muskoka

ANNUAL COMMUNITY REPORT

2017

2018



Scott Warnock
Board Chair

Board Chair Message

Governments play an important role in shaping policies that impact all aspects of our lives, including our health. Healthy people, active communities, a clean environment and health equity for all are key considerations in government policy making. Over the past year the Board of Health has been focused on developing strategies and practices that influence policy and assist decision makers at all levels to protect and promote the health of Simcoe Muskoka residents and visitors.

Through letters of advocacy and resolutions, the Board has signaled its support of the federal government's commitment to a target of less than five per cent tobacco use by 2035 and advocated provincially for the alignment of the provincial Smoke-Free Ontario Act with the federal "tobacco endgame for Canada". In response to the pending legalization of cannabis, the Board called on the provincial government to apply a public health framework to the regulation of the drug including restriction of access for youth, enhanced public education and harm reduction. With the expansion of access to the HPV vaccine for Grade 7 boys and high risk men, the Board highlighted the need for a one time catch up program for boys currently in high school. In response to the growing resource demands of infection prevention and control (IPAC) lapse investigations, the Board positioned the need for comprehensive IPAC training for regulated health care professionals and a robust response from professional colleges to IPAC complaints, as well as sufficient resources for IPAC investigations. The 2018 provincial and municipal elections provided an avenue to educate candidates and the public on important public health issues, to encourage government action on these issues and to highlight the strong return on investment for public health programming.

A key role of the Board of Health is to provide strategic direction to the agency in development of the Strategic Plan. The current plan, which sunsets at the end of 2018, focuses agency efforts in four key areas: addressing health equity and the determinants of health; enhancing organizational capacity; responding to urgent public health issues; and demonstrating program and operational effectiveness and efficiency. We are proud of the progress we have made to address these priorities over the past four years, balancing work on these strategic initiatives with day to day demands, changing mandates and requirements, and emerging public health issues.

This year the Board of Health began looking to the future, providing input into the development of a new strategic plan for 2019-2022 and seeking input from our stakeholders to guide our priorities. The planning process has also allowed for reflection on Board of Health operations and consideration of current best practices for board bylaws and board structure. Recognizing the key role public health units will play in health systems planning, efforts were made to strengthen our relationships with our two Local Health Integration Networks. The new Accountability Framework introduced as part of the modernization of the Ontario Public Health Standards broadens expectations that boards of health will ensure effective and efficient delivery of programs, exercise their fiduciary requirements and demonstrate good governance. I believe that Simcoe Muskoka District Health Unit is well positioned to meet these new expectations while defining a path for future success.



Dr. Charles Gardner
Medical Officer of Health

Message from the Medical Officer of Health

As in past years, our focus on establishing and strengthening partnerships has proved highly valuable in extending our reach into the community and participating in collective action to improve health.

In 2017, the Simcoe Muskoka District Health Unit was recognized for excellence in service with the designation as a Baby-Friendly Initiative (BFI) Community Health Organization. This decade long journey ensures policies, operations and programs reflect best practice in infant feeding. It required collective action across the agency and outreach to community partners and businesses to achieve the highest standards of child health promotion through the support of breastfeeding.

In the fall, our emergency response plan, and those of other emergency response agencies in Simcoe County, were put to the test with Operation Comp-Action, a mock disaster featuring an ice storm scenario. Preparation for the event and the lessons learned enhanced preparedness in our agency and coordination with community partners, strengthening our collective emergency response capacity across the region.

Another collaboration, with the Simcoe County District School Board, has facilitated the development of the unique arrangement to house a health unit office within the Midland Secondary School since 2010. Our office and clinic space will be incorporated into the new Georgian Bay Secondary School scheduled to open at the end of 2018.

Together with the North Simcoe Muskoka Local Health Integration Network and many other partners across Simcoe and Muskoka, we have co-led the development of a comprehensive opioid response strategy for our region. The opioid crisis was

identified in our strategic plan as an urgent public health issue. As such, achieving multi-sectoral cooperation in the Simcoe Muskoka Opioid Strategy has been a critically important accomplishment.

Managing the health risks of climate change will require cooperation throughout the region. The health unit has been developing tools to help our communities build understanding and resilience to climate change. One key step in this process was the completion of a study into the areas and populations at greatest health risk from climate change. The technical report, *A Changing Climate: Assessing health impacts & vulnerabilities due to climate change within Simcoe Muskoka*, was published in April 2017.

The modernization of the new Ontario Public Health Standards, released in January 2018, presents challenges and opportunities for the year to come. Notable new program duties include the provision of vision screening for children in senior kindergarten and mental health promotion for the general populace. As well, the province has introduced more thorough disclosure requirements for routine and complaint driven health unit inspections and investigations. Accountability standards and reporting requirements have also been strengthened. As Medical Officer of Health, I am fortunate to have the ongoing opportunity to work with excellent staff and a supportive and visionary Board of Health at Simcoe Muskoka District Health Unit. The public of Simcoe Muskoka can be assured of the highest level of commitment to our mandate.



“Baby-friendly”

A health unit foundation

It takes a village to raise a child. That simple axiom is the philosophy underlying the Baby-Friendly Initiative (BFI), a globally recognized population health promotion strategy. The initiative sets a minimum standard of care and support for all families and children, emphasizing the significance of breastfeeding in contributing to the health of children.

After an assessment by the Breastfeeding Committee for Canada in November, the health unit achieved designation as a Baby-Friendly Initiative Community Health Organization. We join 27 other public health units in Ontario that have reached this milestone.

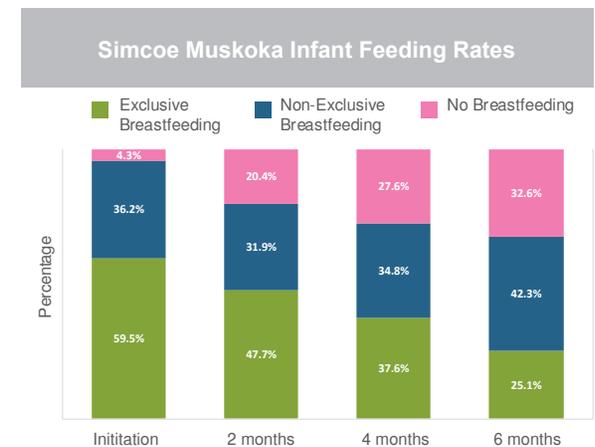
Achieving BFI designation took a full decade. There are more than 150 performance indicators that must be met, entrenching the philosophy in health unit policy, building staff knowledge and practice, designing and remodeling office space to ensure it is family-friendly, as well as outreach and advocacy for supportive policy for the public and in private agencies and businesses.

Ongoing surveillance of the status of infant feeding in Simcoe Muskoka is one of the BFI requirements, involving an annual survey of mothers. Our first annual survey took place in 2014 and

was used to establish the baseline. The 2016 survey was completed by 567 Simcoe Muskoka women whose babies were six months to two years of age. The survey helps us to understand the rates of exclusive and any breastfeeding at two, four and six months and the factors that are associated with these different rates. For example, the rates of any breastfeeding was higher for women who attended prenatal classes in the last five years, compared to those who did not attend.

In 2016, 96 per cent of those moms surveyed reported that they started breastfeeding after their child’s birth. Unfortunately mothers continue to meet challenges in their breastfeeding experiences, often in the early weeks and months after birth. Timely and accessible infant feeding support services are important to help families

meet their goals related to breastfeeding. As a public health unit with BFI designation, we collaborate with other agencies to meet the needs of families and work to provide consistent quality care.



Data Sources: SMDHU BFI Surveillance Survey 2016 (6 to 11 month survey).

Community and Family Health Department

- ◆ Healthy lifestyle programming to prevent chronic diseases through physical activity and healthy eating
- ◆ Healthy schools program to help create and maintain healthier school environments
- ◆ Prevention of injuries and substance misuse
- ◆ Healthy child development support from pre-conception to school transition
- ◆ Prenatal classes, breastfeeding clinics and support, and parenting education
- ◆ Home visits to new parents through the Healthy Babies Healthy Children program

78

schools engaged with public health nurses from the Healthy Schools program (2017-2018 school year)

1,008

expectant parents attended in-person prenatal classes

499

expectant parents registered for online prenatal classes

159

families received Triple P— Positive Parenting Program support

1,191

parent/caregiver visits to the Breastfeeding Place

4,141

home visits by public health nurses or family home visitors



Ticks and Lyme Disease

As risk areas for Lyme disease in Ontario continue to expand, the Simcoe Muskoka District Health Unit has added active surveillance of blacklegged ticks to its inventory of monitoring tools.

Active surveillance, also known as “tick dragging”, was conducted in collaboration with local municipalities by the health unit in the spring and fall of 2017 in an area near Midland and Penetanguishene. Sites in the Simcoe County forest were also dragged for ticks.

Criteria used to select locations as tick dragging sites included a review of historical tick submission data, consideration of local geography, presence of tick habitat and lab results showing blacklegged ticks positive for the bacteria that causes Lyme disease.

Surveillance activities provide data on tick populations in Simcoe and Muskoka. The data helps the health unit better understand the risk to the population of encountering blacklegged ticks, a known vector of *Borrelia burgdorferi*, the bacteria responsible for Lyme disease, within Simcoe Muskoka.

Following the results of the spring and fall dragging activities, communities within a 20-kilometre radius of the location where ticks were found were included in Public Health Ontario’s Ontario Lyme Disease Map – Estimated Risk Areas for 2018.

Blacklegged ticks, which are the only type of tick that can transmit Lyme disease, are found in multiple regions of Ontario, including Simcoe Muskoka. Total tick submissions to the health unit have increased substantially in the past decade. Of the 103 blacklegged ticks submitted by the health unit for Lyme disease testing in 2017, 15 were positive for the bacteria that causes Lyme disease; eight of which were believed to have been acquired locally.

There have been between zero and seven reported Lyme disease cases per year in humans in Simcoe Muskoka since 2002; in 2017 seven

cases of Lyme disease were reported in the region. It can, however, be difficult to determine where a person diagnosed with Lyme disease acquired the disease because of the delay between being bitten and showing symptoms, and the potential for multiple exposure locations.

With Lyme disease cases rising in Ontario, the health unit will continue to conduct surveillance and to remind people how they can protect against being bitten by ticks.

Environmental Health Department

- ◆ Food safety education and food premises inspections
- ◆ Safe water inspections and education
- ◆ Health hazard prevention and management, including vector-borne diseases
- ◆ Rabies prevention and control
- ◆ Tobacco-free living, including cessation, prevention, protection, education and enforcement
- ◆ Emergency management and response planning

6,346

Inspection
Connection
website page views

1,215

recreational water
facility inspections

7,039

food premises
inspections

1,242

rabies exposure
investigations

58

STOP smoking
community workshops held
(supporting 345 people
to quit smoking)

237

all tick submissions

3,201

inspections for
smoking and
tobacco / vape
sales to youth





Partnerships

Many hands create greater impact

Partnerships and collaboration are two of the key principles that help public health achieve its objectives and ultimately improve the health of our population.

There are long-standing relationships between the health unit and community agencies in Simcoe Muskoka. The health unit works with its partners to achieve common goals that will improve the health of people and communities.

EMERGENCY RESPONSE

When managing emergencies or large scale incidents, partnerships are necessary to ensure public health and safety. Large-scale emergencies are rare, but when they do occur resources and services within Simcoe and Muskoka are pooled to combine public health with first responder agencies, social services, municipalities and community organizations as required. In October, the County's Emergency Social Services Plan was tested through *Operation Comp-Action*, a full scale emergency exercise that involved a simulated ice storm that shut down several communities across Simcoe County. The simulation involved activation of the County's Emergency Social Services Plan along with the health unit's Evacuation Shelter Plan. The exercise provided valuable training in working with multiple partners and provided lessons in the coordination of emergency response processes.

LEVELLING THE PLAYING FIELD FOR HEALTH

Health equity is when all people can reach their full health potential and are not disadvantaged from reaching it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. The health unit is actively addressing the social determinants of health and incorporating health equity into its programs and services in a variety of ways, including applying a health equity impact assessment tool and placing a strategic focus on the low income population.

Addressing the social determinants of health is best achieved in collaboration with other organizations and individuals. Health unit staff participate in several coalitions in Simcoe Muskoka that work on issues such as income, poverty, housing and homelessness, and food insecurity. One such activity was the launch of a communi-



Social media ad campaign: "What Matters"

cations campaign, developed in collaboration with community partners, designed to shift societal attitudes, perceptions and beliefs about the social conditions contributing to health inequities for people living with low income. The *What Matters to Your Health* campaign focuses on income and social status as well as three other closely linked social determinants of health: employment/working conditions, housing (physical environments), and social support networks.

The campaign targets the general public in Simcoe Muskoka with information about these issues using different mediums such as social media, radio and a website presence.

HEALTHY BARRIE INITIATIVE

In Barrie, the health unit has teamed up with the Barrie and Community Family Health Team and the University of Toronto's Dalla Lana School of Public Health to work with the City of Barrie on an initiative with ambitious health-related goals. The Healthy Barrie Initiative will integrate city planning, public health policy and health care to create lasting positive change in the health of the city's residents.

A snapshot on the city's health, in the form of an interactive mapping tool, is being designed that will visually depict the health of the City of Barrie's diverse neighbourhoods according to a variety of health related indicators. Mapping these indicators will allow project partners to assess a range of targeted initiatives, including public health programs and services, city planning, research studies and health and wellness

interventions. The intention of this snapshot is to convert knowledge into action. The partners envision the tool could be used to help shape the City's Official Plan, and improve public transit, affordable housing and active transportation.

The health unit is providing data and epidemiological and evaluation expertise that will be applied to the mapping tool, while health promotion programs will be designed to encourage healthy lifestyles.

The second stream of this initiative is a project called Active People for a Healthy Barrie. This project has received an Ontario Trillium Foundation grant that will be used to engage agencies, community groups and individuals in providing input into what will make it easier for people to make the active choice the easy choice in Barrie.



THE OPIOID CRISIS

In response to the national opioid crisis affecting our local communities, community partners from many sectors across Simcoe Muskoka, including health, policing, social services, government and others, came together in May 2017 to form the Simcoe Muskoka Opioid Strategy (SMOS).

In large partnerships such as this the health unit contributes data, planning, prevention, harm reduction and communication expertise. The health unit assumed a co-chair role in SMOS, along with the North Simcoe Muskoka Local Health Integration Network.

In addition to being involved in coordinating the forum that founded SMOS, health unit staff members chair two subcommittees and actively participate on the SMOS steering committee and planning pillars, including: prevention, harm reduction, data and evaluation and emergency response. The health unit helped to author the *SMOS Action Plan for Our Communities*.

The report, released in July 2018, outlines a plan of action for the next three years. As part of that effort, the health unit has helped to create the Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks and provided support for individual projects, such as the distribution of naloxone through a range of community settings.



IPAC Lapses

When the risk of infection is not prevented

Infection prevention and control (IPAC) practices have a proven track record in preventing the spread of diseases. In hospitals, child care centres, long-term care facilities, tattoo and body parlours, spas and many other settings, the health unit promotes and advises on IPAC standards and best practices.

In 2015, revisions to the Ontario Public Health Standards expanded the health unit's IPAC role, with the intention of creating more transparency for the public. Health units are required to respond to IPAC-related complaints within 24 hours. They must also respond to complaints in settings in which regulated health professionals work, such as hearing and eye care centres, x-ray and ultrasound facilities, walk-in clinics and dental offices. The health unit develops working relationships with these organizations to reduce the spread of infection and contain disease outbreaks when they do occur.

When complaints of improper IPAC practices are received, trained public health professionals investigate and may recommend changes to improve the practices and correct any identified gaps in infection prevention protocols. Health units are responsible for notifying regulatory colleges if applicable that they are investigating a complaint. Health units may seek scientific and technical advice from Public Health Ontario to support complaint investi-

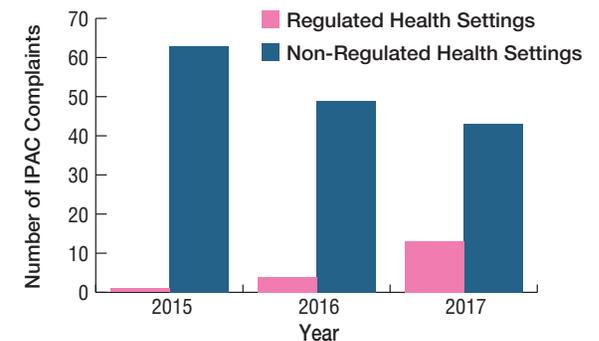
gations. An IPAC lapse occurs when failure to follow IPAC practice standards results in a risk of infectious disease transmission to clients, attendees or staff. Public health units are required to post these IPAC reports on their websites. On occasion, an investigation may reveal a risk sufficient enough to recommend that clients be contacted and tested for blood-borne infections.

Investigations of IPAC complaints are complex and staff time committed to the investigation and follow up of a single complaint can range from a few hours to many hundreds of hours.

This expanded role has increased demand on health unit resources. As a result, the health unit's Board of Health sent a resolution to the Association of Local Public Health Agencies asking the province to develop a comprehensive, provincially mandated approach to IPAC in regulated health professional settings. This would include enhanced IPAC training of regulated health professionals; an expanded role for regulatory colleges in continuous

quality improvement; and collaboration with local public health units in response to IPAC complaints. The resolution, which was passed, also asked for an enhancement of funding to boards of health to respond to the increasing demands of IPAC complaints and lapses.

Infection Prevention and Control (IPAC) Complaints
Simcoe Muskoka, 2015-2017



Data Source: CD Complaints Log, Simcoe Muskoka District Health Unit, 2018

Clinical Service Department

- ◆ Education and awareness to reduce the incidence and spread of infectious diseases
- ◆ Investigation and follow-up with clients with diseases of public health significance
- ◆ Conducting infectious diseases surveillance
- ◆ Immunization of children and adults, including distribution of publicly-funded vaccines to health care providers
- ◆ Sexual health clinic services, including sexually transmitted infection follow up
- ◆ Healthy Smiles Ontario dental services—both mobile and fixed clinic
- ◆ Infection prevention and control education, inspection and complaint investigation in health care, personal services and child care settings

6,956

vaccines given during public immunization clinics

228

community & institutional outbreak investigations

27,432

children screened for tooth decay

717

personal services settings inspections

3,521

diseases of public health significance investigations

56

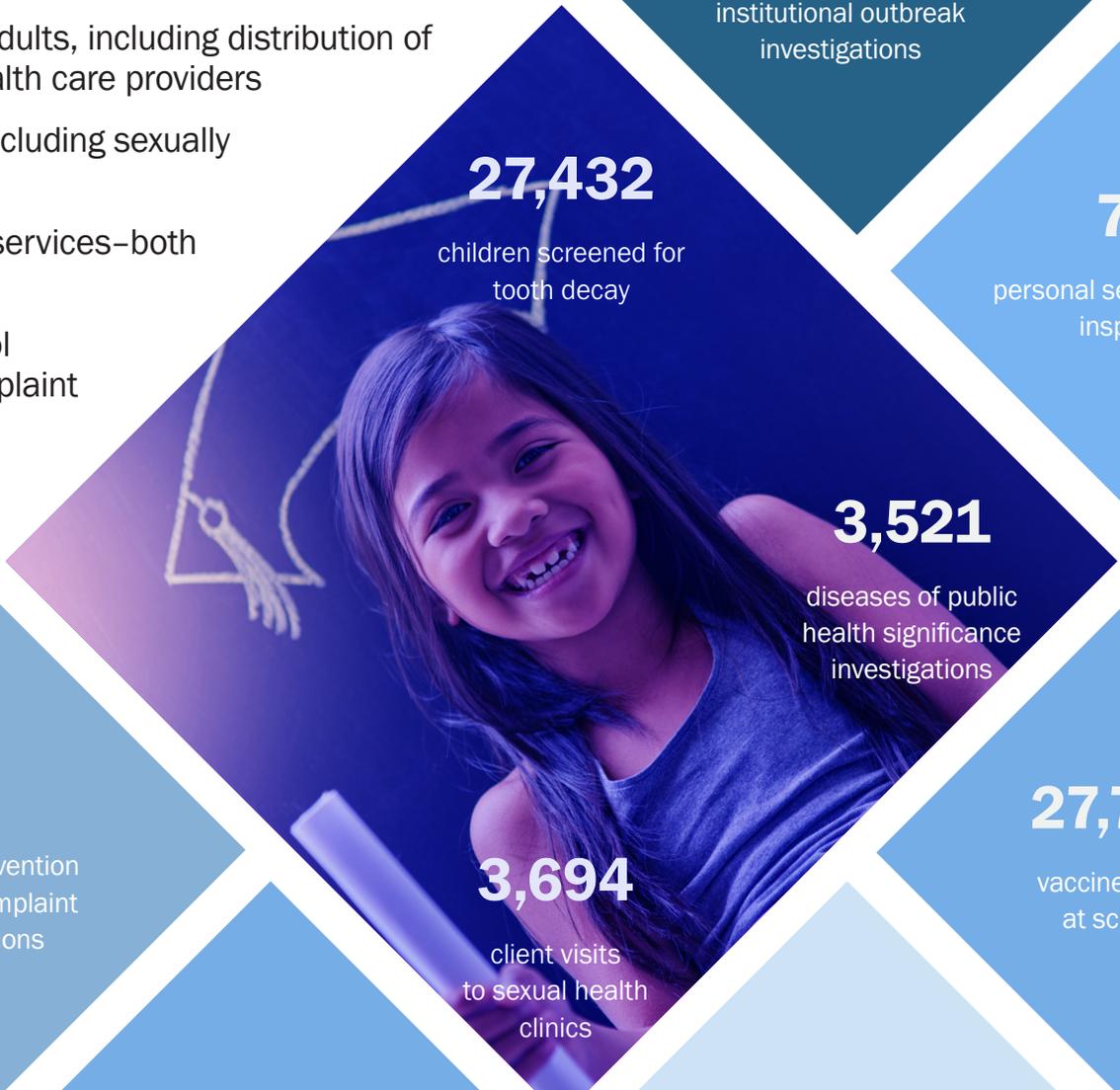
infection prevention & control complaint investigations

3,694

client visits to sexual health clinics

27,714

vaccines given at schools





Surveillance and Data

Critical tools for public health planning

Health statistics and information can paint a picture of the overall health status of people and communities in Simcoe Muskoka. It is a crucial tool for public health staff and community stakeholders to help them understand the needs and health of the people they are serving and how to best plan their services and programs.

Health units are required to engage in the systematic and ongoing collection, collation and analysis of health-related information. Without this data, health unit programs would not be able to respond to new and emerging issues or adapt programming to local community needs. However, the information collected is not just for the use of the health unit, but is shared with the broader community.

At the Simcoe Muskoka District Health Unit, population health assessment, surveillance and evaluation is supported by a team of epidemiologists, research analysts, an evaluation specialist and library professionals. Each contributes a unique set of skills and expertise to search the literature for evidence, to analyze data from over 70 different data sources, to design and implement new data collection opportunities

where data gaps exist and to synthesize these sources of information into knowledge that informs programs and services.

Local data collection efforts include the Rapid Risk Factor Surveillance System (RRFSS), a telephone survey conducted by the Institute for Social Research at York University for partnering health units across Ontario regarding health knowledge, attitudes and behaviours of our residents. RRFSS data have been used extensively for planning and evaluating health unit programs. The health unit also leverages surveys conducted at the provincial and national levels to include additional surveys of local residents (oversampling). For example, the *Ontario Student Drug Use and Health Survey*, the longest ongoing school survey in Canada led by the Centre for Addiction and Mental Health,

provides local data that is captured in a broad overview of the health status of youth in Simcoe Muskoka. Its findings have been widely cited by agencies working with youth.

Population health information is available to stakeholders and the public in a variety of formats including the health unit's website, simcoemuskokahealthstats.org. Reports on specific public health issues are published each year as *Focus on HealthSTATS*. In addition, surveillance reports are produced for specific audiences, such as the annual *Reportable Disease Report* for health care partners, and the weekly *Influenza Bulletin* produced during flu season.

Human Resources and Infrastructure Department

- ◆ Human resources management and implementation of human resources strategy, health and safety, and payroll
- ◆ Infrastructure, renovation and facilities management for eight office locations
- ◆ Information technology (IT) and telecommunications planning and implementation



8,800
square kilometers of land
area covered

serving more than
540,250
people

8
office locations

390
staff as of
December 31, 2017

Our Commitment

Quality and performance measurement

Simcoe Muskoka District Health Unit's approach to performance management is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, and a focus on risk management. Measures of performance are reported annually to the province, Board of Health and the community.

Provincial Accountability Measures

Accountability Agreements between Boards of Health and the Ministry of Health and Long-Term Care require regular reporting on provincially defined program indicators. For 2017, the suite of indicators included 15 Monitoring Indicators. The health unit's performance against those indicators is reflective of a combination of factors including but not limited to the complexity of the issue, community or sector readiness/compliance and staff capacity. The results are used by the Board and management to inform program planning and to set priorities.

With the introduction of modernized public health standards accountability requirements in 2018, we anticipate greater clarity from the province regarding performance measures for programs and operations. These new measures will be integrated into the health unit's performance monitoring and reporting processes for 2018.

Strategic Plan

Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established for each of the strategic outcomes. Colour is used to visually depict progress. Green represents success in meeting an indicator related to the strategic outcome, yellow represents work in progress and red reflects limited or no action initiated to date.

At the end of 2017, a total of 19 indicators were monitored across the four strategic directions. Fourteen targets were met, two showed work in progress and three indicated limited movement forward. These results have been used to inform 2018 plans and priorities in an effort to achieve our strategic outcomes. For more information, visit our website at www.smdhu.org.

Strategic Plan 2016-2018

Results for Indicators with 2017 Targets by Strategic Direction



Program Foundations and Finance Department

- ◆ First point of contact for the public through Health Connection service
- ◆ Health promotion and communications planning and implementation
- ◆ Media relations
- ◆ Integrating health equity and determinants of health into all programming
- ◆ Population health assessment, surveillance, evaluation and quality improvement
- ◆ Finance and administration

559,530

times SMDHU Facebook posts were seen

36,864

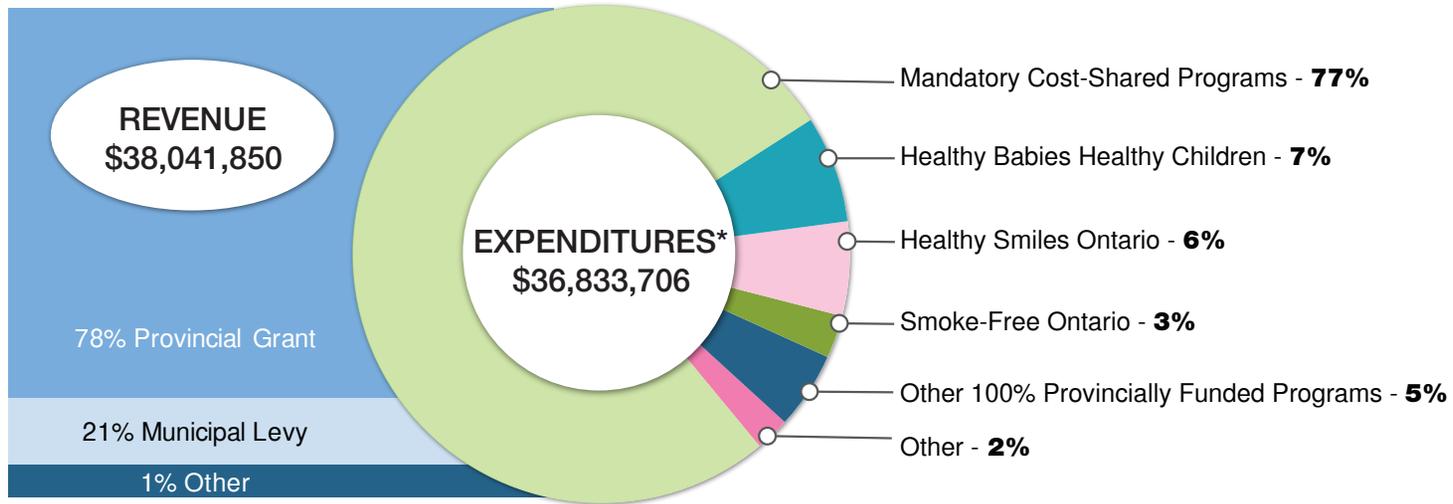
Health Connection inquiries

33,145

visits to the Simcoe Muskoka HealthSTATS website



2017 Health Unit Financials



* Capital purchases are funded at full value but expensed over the life of the asset



MEDICAL OFFICERS OF HEALTH

- Dr. Charles Gardner
Medical Officer of Health & Chief Executive Officer
- Dr. Colin Lee - Associate Medical Officer of Health
- Dr. Lisa Simon - Associate Medical Officer of Health

We would like to recognize the contribution of Board member Gail Mullen, whose term expired in 2018. We also welcome the following new member to the Board of Health—Elizabeth Saul.

BOARD OF HEALTH

- Scott Warnock – ChairCounty of Simcoe Appointee
- Barry Ward – Vice ChairCity of Barrie Appointee
- Thomas AmbeauProvincial Appointee
- Sandy Cairns District of Muskoka Appointee
- Ralph CipollaCity of Orillia Appointee
- Lynn Dollin County of Simcoe Appointee
- Anita Dubeau County of Simcoe Appointee
- Stephen KinsellaProvincial Appointee
- Betty Jo McCabeProvincial Appointee
- Sergio Morales City of Barrie Appointee
- Gail Mullen Provincial Appointee (Term Expired March 2018)
- Terry Pilger District of Muskoka Appointee
- Peter PreagerProvincial Appointee
- Elizabeth SaulProvincial Appointee
- Brian Saunderson County of Simcoe Appointee
- Peter WillmottProvincial Appointee