

# Health@Simcoe Muskoka October 2013



## Contents

MOH Message .....	2
Determinants of Health .....	3
Healthy Communities .....	6
A Welcoming Agency .....	8
2012-2013 In Review .....	10
Monitoring & Measuring.....	11
Strategic Priorities.....	11
Board of Health Report .....	12
2012 Budget .....	12

# A message from the Medical Officer of Health

*In recent years we have come to appreciate the importance of general living conditions. Our income, education, occupation, early life nurturing, and social support networks all have a powerful impact on our life expectancy and our likelihood of experiencing illness. Known as the social determinants of health, these factors determine 60 per cent of our health status.*

The Simcoe Muskoka District Health Unit is committed to working with our communities to address the social determinants of health. Through health status research and reports, program and service reviews, and community partnerships we are focusing on the factors that create inequities in overall health and are taking action on ways to improve the quality of life for populations at risk of poor health outcomes. This role has led us to assist our municipalities to develop affordable housing strategies, encourage smoke-free community housing and strengthen food security.

People of low income are particularly challenged. Their life expectancy is shorter than those with higher incomes. We are giving special attention to their needs in our program delivery, health assessments, partnership work and advocacy, balanced with our overall population health approach.

Social determinants also encompass populations that may potentially face other barriers because of bias against ethnicity, age, sexual orientation, language and physical abilities. We continue to build awareness of these groups' experiences and challenges, and deepen our understanding of human rights, diversity and resources. This has helped the health unit gain a new perspective on how we plan and deliver our programs and services.

Considering the importance of the physical environment (both natural and built) as another determinant of health, the health unit is looking at ways to reduce its carbon footprint and do our part to address climate change, an emerging major public health threat.

The health unit uses environmentally sustainable business practices—reduced office space, reduced travel, and environmentally friendly procurement practices. We also support changes in community design to improve health through safe physical activity and improved air quality. These healthy community initiatives are well aligned with the provincial public health strategic plan, Make No Little Plans.

By working closely with our communities and with the rest of the public health community across the province, we will continue to improve the health of the people of Simcoe Muskoka in 2013 and beyond.

Dr. Charles Gardner  
Medical Officer of Health



## 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)
- Dr. Lisa Simon (Associate MOH)

## BOARD OF HEALTH

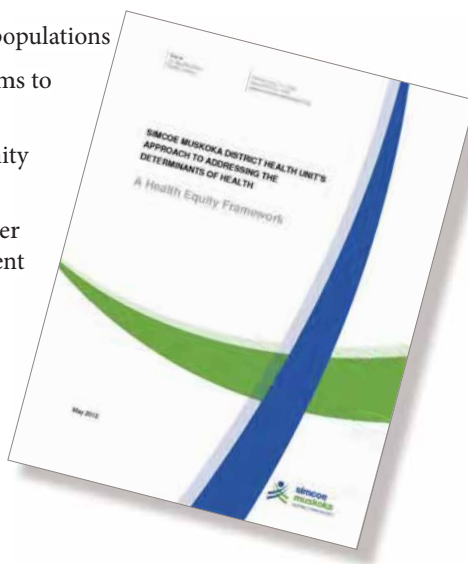
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- Sandy Cairns .....District of Muskoka
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- Cal Patterson..... County of Simcoe
- Ben Rattelade.....Provincial Appointee
- Alicia Savage..... County of Simcoe
- Doug Skeaff.....Provincial Appointee

## Taking action on the determinants of health

*Social and economic factors such as income, education and working conditions have a significant influence on people's health. Addressing these broader determinants of health and reducing the health inequities they cause are fundamental to the work of public health.*

The health unit's 2012-2016 Strategic Plan identifies determinants of health (DOH) as one of its four cornerstone directions for the coming five years. Over the past year, with the support of two public health nursing positions funded by the province, the health unit created a foundational document to guide our work in this area. The document reflects best practices from the literature, local community needs and organizational capacity, and defines the following key roles for the health unit:

- ✂ Assessing and reporting on the health of populations
- ✂ Modifying/orienting public health programs to reduce health inequities
- ✂ Engaging and collaborating with community partners
- ✂ Leading, participating and supporting other stakeholders in policy analysis, development and advocacy.



### **Planning with a health equity lens**

The video “Let’s Start a Conversation”, adapted from the Sudbury District Health Unit, positioned local data and information about what makes people healthy in Simcoe Muskoka and helped to engage staff in discussions of the factors that influence health and the role health unit programs can play. Before year end, each program will complete a health equity impact assessment (HEIA) for at least one of their initiatives. HEIA is a tool used to identify how a program, policy or initiative will impact different population groups. Over time the assessment will be expanded to a broader range of health unit policies, plans and programs to make sure the needs of our most vulnerable citizens are considered in our planning.

### **Advocating for affordable, healthy food and housing**

Safe, affordable housing and nutritious food is crucial to overall health and well-being. As the graph on the following page illustrates, the health unit’s Nutritious Food Basket Survey in 2013 found that for a family of four supported by a single, minimum wage salary, food and rent alone would eat up 72 per cent of their total funds each month. A family supported by Ontario Works would use up to 92 per cent of their money on food and rent.





Nutrition Food Basket Survey estimate of weekly cost of healthy foods for family of four in Simcoe Muskoka .....\$182.70

Students screened in schools through dental program .....26,523

Children and Teens receiving urgent dental care through the Children in Need of Treatment (CINOT) program .....1,101

Municipalities and community partners that worked with SMDHU to create policies and supportive environments related to active transportation and food security .....109

School boards supported with School Food and Beverage legislation implementation (2012-2013 school year).....3

Elementary schools assisted in the Nutritious Tools for Schools program .....6

Helmet give-aways with community partners .....1,500

Adult tobacco users who signed up to make quit attempts in March .....2,310

Pets vaccinated at 26 low-cost rabies clinics by 21 participating veterinary offices (in Simcoe County).....4,204

Schools participating in Healthy Schools program 2011-2012 school year / 2012-2013 school year .....23

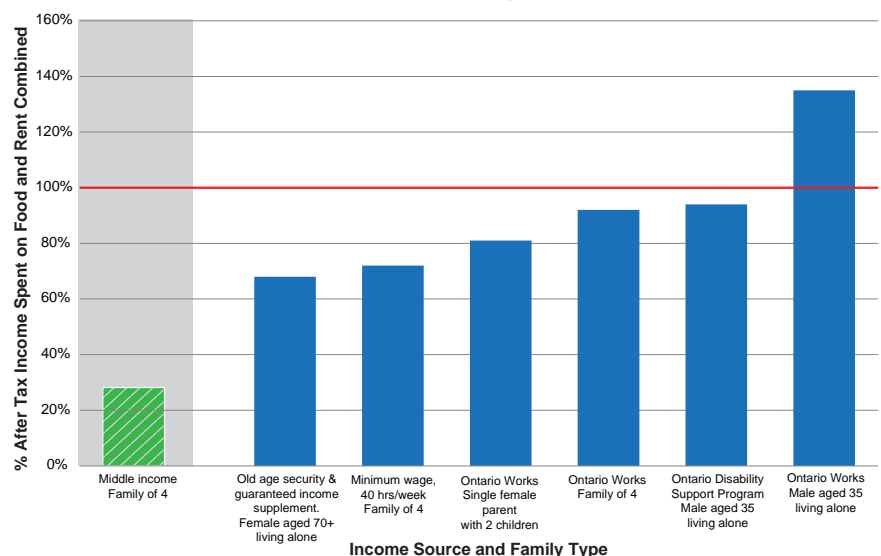
Number of schools contacted by a Healthy Schools public health nurse for outreach .....179



For these families, freeing up enough money to cover utilities, clothing, children's school needs and other necessities involves making difficult choices about food, adequate housing, or delaying other payments. Inadequate housing can contribute to negative health outcomes, such as respiratory and infectious diseases, injuries and mental illness.

According to the report "Social Determinants of Health: The Canadian Facts", the likelihood of early death among homeless people is 8 to 10 times greater than the general population. The health unit is working with community partners to raise awareness of the impact of housing on health and to include health as a consideration in local municipal affordable housing strategies. The health unit has also been working with community partners on initiatives to increase access to safe affordable nutritious food and on advocacy efforts to improve income supplements so that access to healthy food choices are within reach of low-income residents.

**The Cost of Food and Housing Among Low-Income Earners**  
Simcoe Muskoka, 2013



Data Sources: Nutritious Food Basket Survey, Simcoe Muskoka District Health Unit, 2013. Market Rental Report Fall 2012, Canadian Mortgage and Housing Corporation.

## Focusing on poverty and health

In Simcoe Muskoka, 6.4 per cent of the population is low income, as measured by the after-tax Low Income Cut-Off.

The impact on the health of those living in poverty is substantial. The lowest 20 per cent of income earners in Simcoe Muskoka have a 68 per cent higher premature mortality rate when compared to the 20 per cent with the highest income. As illustrated in the graph below, the lowest income earners also have significantly higher prevalence of poor health outcomes and risk factors on several other selected health indicators as compared to the highest income earners.

Poverty also contributes to:

- ✂ More limited social and cognitive development in the early years
- ✂ Social isolation
- ✂ Stress
- ✂ Lower levels of education and literacy
- ✂ Higher rates of obesity
- ✂ Income insecurity
- ✂ Difficulties accessing health care.

A goal of the SMDHU 2012-2016 Strategic Plan is to address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes. To reach this goal, the health unit has worked internally and with our community partners to enhance our understanding of the experience of those living in poverty. The health unit is now linking with partners in our communities to assess the strengths and needs of low-income individuals and families in our area and to explore opportunities to collectively address the factors that create health inequities.



## TAKING ACTION

**2012**  
in Numbers

Car seats inspected at clinics  
..... **approx. 450**

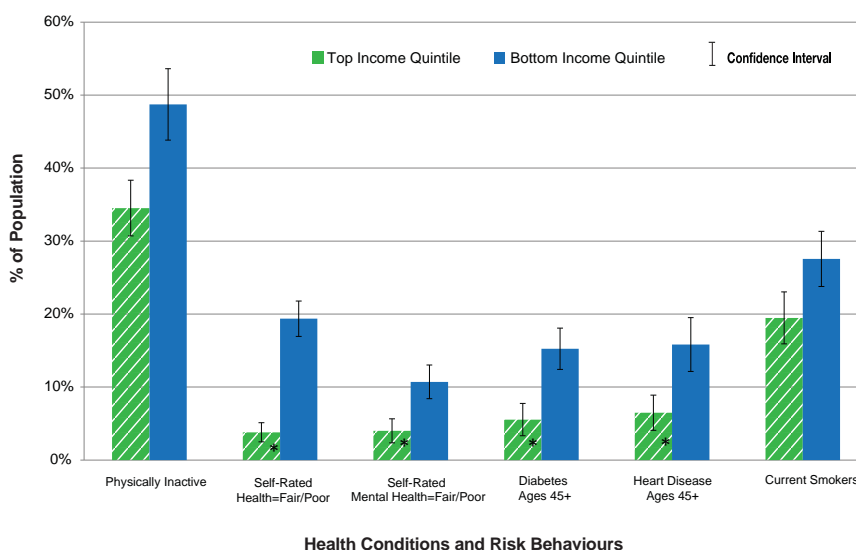
Seasonal flu vaccine administered  
by the health unit..... **8,430**

Seasonal flu vaccine doses  
distributed to other vaccine  
delivery agents ..... **122,508**

Total non-flu vaccines  
administered in schools ..... **20,586**

Total vaccines administered  
in regular public clinics ..... **7,939**

**Prevalence of Selected Health Conditions and Risk Behaviours Top Income Quintile vs. Bottom Income Quintile**  
Simcoe Muskoka, 2007-2012 combined



\* Interpret with caution, high variability  
Source: Statistics Canada, CCHS 2007-2012 Share File.

Pools and spas requiring inspection ..... 348

Orders against pools and spas.. 23

Assessments of small drinking water systems ..... 159

Boil water orders ..... 8

Beach postings..... 22

Food premise inspections .....6,110

Food handlers who successfully passed food safety certification course ..... 1,332

Tobacco vendor inspections ..... 1,890

Tobacco inspections of workplaces, public spaces ... 1,881

Municipalities with smoke-free outdoor spaces bylaws..... 13

Active transportation workshops ..... 5

Animal bite investigations ..... 972

Portion of mosquito pools testing positive for West Nile virus (WNV) ..... 0.4%

Human cases of WNV ..... 3

Communicable disease case investigations (excluding tuberculosis) ..... 1,289

Communicable disease case investigations resulting in confirmed cases (excluding TB)..... 1,132

## Keeping communities healthy in a warming world

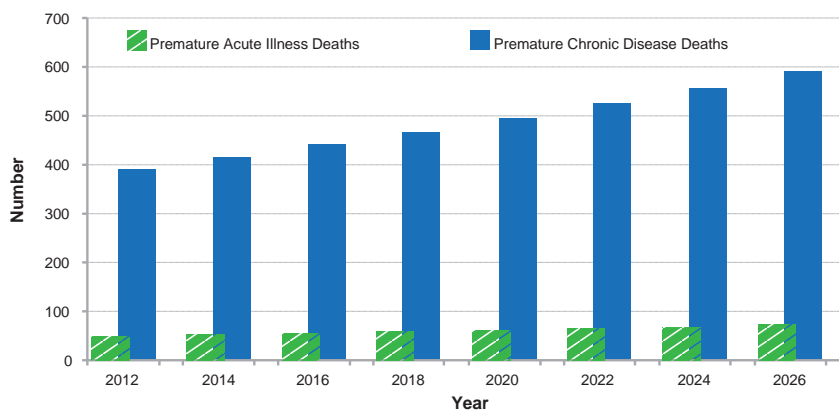
*In the last decade there have been noticeable changes to our weather and climate. The frequency and severity of weather events such as flooding, tornados and extreme heat days are increasing as a result of climate change, with a corresponding rise in the human health impacts and financial costs.*

In addition to extreme heat events, climate change is also expected to:

- ✂ Impact the quality and quantity of surface water and groundwater used for drinking, recreation and commerce
- ✂ Increase the incidence of water-borne and food-borne diseases
- ✂ Alter the range, intensity and seasonality of vector-borne diseases (e.g. West Nile virus, St. Louis encephalitis, Dengue fever, Hantavirus and Lyme Disease) as the natural habitat and range of insect and rodent vectors expands or changes.

Science confirms that the earth is warming. The Ontario Centre for Climate Impacts and Adaptation Resources reports that the average mean annual temperature for the Barrie area from 1978 to 2008 has increased 1.7 degrees Celsius. While this may not sound like a large increase, the impacts are significant. Climate change is closely connected to air quality. The same gases that pollute the air and create smog also trap heat and cause the earth to warm up. The formation of pollutants, such as ozone, is enhanced at high temperatures.

**Estimated Annual Number of Premature Deaths Attributable to Air Pollution (O<sub>3</sub>, PM<sub>2.5</sub>)**  
Simcoe Muskoka, 2012-2027



Data Source: ICAP, Version 3, 2008, Canadian Medical Association

It is estimated that in 2012, air pollution may have contributed to 390 premature deaths in Simcoe Muskoka. The majority of these premature deaths are from chronic exposure to air pollution over several years, or even decades. However, premature deaths can also result as an acute response to air pollution exposure. Over the next 25 years, the number of premature chronic disease deaths attributable to air pollution is expected to increase from an estimated 390 deaths in 2012 to around 610 deaths in 2027. The number of premature acute illness deaths attributable to air pollution is also expected to increase over the same time period from around 50 to 75.

## Emergency preparedness and health protection

Public health has a key role to play in addressing the harms caused by climate change. Emergency preparedness, health protection and adaptation are all aspects of our programming. Surveillance is ongoing to develop a deeper understanding of the implications of climate change, including in:

- ✂ Air and water quality
- ✂ Extreme heat
- ✂ Vector-borne and new emerging diseases.

Public health's response to emergencies ranges from managing water contamination and food spoilage hazards during power failures or as a result of flooding, promoting personal protection practices for avoiding West Nile virus and warning of environmental risks such as algae blooms in our watershed to working with community partners on emergency planning. A primary goal for public health, along with many other agencies, is to build resilience within our systems and our communities. For example, this year, the health unit's emergency response plans have been updated to include methods of working with community partners in Simcoe and Muskoka to ensure that vulnerable populations in our communities have the information and services they need to stay safe in an emergency.

## Designing healthy, sustainable communities

Climate related emergencies will only get worse unless there is a universal shift away from energy overconsumption and a reduction in the burning of hydrocarbon fuels. Healthy community design can support, protect and preserve people's health and well-being and reduce the impact we have on the environment. Public health plays a key role in advocating for design that supports physical activity, access to healthy foods, active transportation, injury prevention and healthy natural and built environments.

For example, when grocery stores are too far from residential areas it creates a significant barrier to healthy food choices for people without vehicles. The options narrow to the selection at a corner store, where it's less likely they will find affordable and nutritious food, such as fresh fruits and vegetables. The health unit's review of municipal official plans calls for recommendations that bring grocery outlets closer to residential neighbourhoods. The health unit is also promoting active transportation planning with Simcoe Muskoka municipalities. Cycling and walking provides opportunities for people to be more physically active, while not contributing to air pollution. Active transportation also provides healthy transportation options for those who cannot afford a vehicle or do not have access to public transit.

By mid-2013 the health unit addressed these and other considerations in their review and comments on 11 official plans and 19 other associated reviews. A resource to support local governments to incorporate healthy design policies and concepts into their community plans was created by the health unit and distributed to all Simcoe Muskoka municipalities.

## Taking local action

The health unit is committed to taking action on climate change by reducing the agency's environmental footprint. Guided by a blueprint for sustainable business practices that was adopted by the Board of Health in 2009, the health unit has made changes to conserve energy, reduce waste and divert waste from landfills. The changes run from modified purchasing practices to include environmental considerations in our product selection to reducing paper use and decreasing travel by using electronic technology more effectively.

Recognizing that everyone plays a part in our success, the health unit is stepping up its efforts to engage all staff in our "greening" efforts. A successful campaign could mean staff will introduce changes at home as well as at work, becoming agents of change in their own communities.



## TAKING ACTION

### 2012 in Numbers

Chlamydia tests offered ..... 1,580

Chlamydia cases investigated  
..... 1,299

Inspections at day nurseries  
..... 206

Inspections at personal service  
settings ..... 405



Calls to Health Connection  
phone lines ..... 28,459

Families receiving a postpartum  
phone contact after hospital  
discharge ..... 3,353

Home visits by public health  
nurses and/or family home  
visitors ..... 3,402

Parents offered Triple P  
– Positive Parenting Program  
..... 217

Children screened at Let's  
Grow Screening Centres across  
Simcoe and Muskoka..... 89

Family contacts through  
Getting Ready for Baby series  
..... approx. 1,028

Prenatal contacts at Canadian  
Prenatal Nutrition Program  
..... approx. 1,195

Family contacts at Breastfeeding  
Place (Barrie & Collingwood)  
..... 961

Students attending Grade 5  
drug awareness event the  
"RACE"..... 3,804

People attending falls prevention  
workshops in 2011/2012  
..... 1,100

Number of "likes" on How Many  
Drinks Facebook page ..... 490

Total calls from news media  
..... 224

## A welcoming community agency

*Public services are meant to be available to everyone. However, biases can exist that unintentionally create obstacles for people in need of service. Language, culture, age, gender, sexual orientation, physical ability, income or family status: none of these should be barriers to services that can help people achieve well-being.*

The health unit strives to achieve standards that make it an open, inclusive, welcoming agency. Training sessions for staff, revisions of visual material, and remodeling of office space have all been undertaken as the agency continues to review the way it presents itself to the public and makes its services available.

### Baby Friendly Initiative



For at least the last 50 years, public health advocates around the world have attempted to de-stigmatize breastfeeding in society and increase the duration of exclusive breastfeeding of babies to six months of age and continued breastfeeding for up to two years and beyond. The World Health Organization and UNICEF have created an international set of standards, called the Baby Friendly Initiative. A welcoming office atmosphere, general understanding of the value of breastfeeding, readily available supports for mothers, and training for health care workers are among the standards that allow an agency to be designated Baby Friendly.

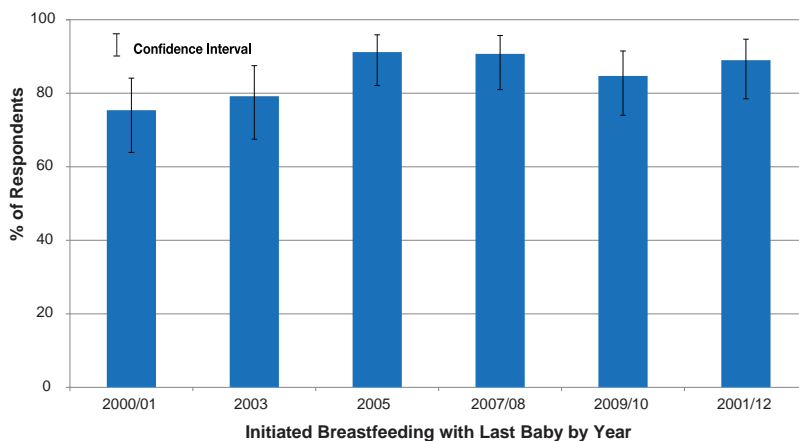
The Simcoe Muskoka District Health Unit promotes breastfeeding as the natural and healthy way to feed your child because of its important benefits for babies, mothers, families and communities. Local statistics indicate that while the majority of new mothers begin breastfeeding their babies, more can be done to increase families' acceptance of and supports for breastfeeding longer. As it works towards its Baby Friendly designation, the health unit is promoting greater understanding of the value of breastfeeding among all staff, providing advanced education supports for public health nurses, and ensuring public spaces in all health unit offices are "baby friendly".

Progress towards this goal is monitored by the Ministry of Health and Long-Term Care, as part of the Accountability Agreements.



## Percentage of Recent Mothers (15-55 Years) Who Reported Initiating Breastfeeding with Their Last Baby by Survey Year

Simcoe Muskoka, 2000/01-2011/12



Source: Canadian Community Health Survey (CCHS) 2000/01-2011/12, Statistics Canada, Ontario Share File, Distributed by the Ontario Ministry of Health and LongTerm Care.

### Connecting to youth: a unique challenge

Young adults and teenagers communicate among themselves and may not pay attention to health promotion messages created by adults. To reach this population the health unit is working with youth to design and convey health messages to their peers.

- ✂ The tobacco program's latest youth-inspired campaign, "Know What's In Your Mouth", had youth creating messages to raise awareness of the risks of chew tobacco products. Billboards, the health unit's the Phakz website, and other materials were used to reach more young people. Engaging youth in understanding and developing the health messages for their peers is critical to accessing this group and so this year youth engagement training has been provided to health unit staff across the agency.
- ✂ Four youth worked with staff to develop the "Just Drive Toolkit" which outlines how groups of young people in schools or the community can go about designing and implementing campaigns to address speeding, seatbelt use, and impaired and distracted driving. The "Just Drive" risky driving campaign has been added to the health unit's youth-oriented website [www.thephakz.ca](http://www.thephakz.ca).
- ✂ With eating habits a concern among youth, the health unit teamed up with community partners to research the triggers and barriers to healthy food choices that 13 to 20 year olds face. The project team will take that research and with students from Georgian College and local high schools, develop a response to one of the issues identified in the research survey.

### Language services

As Ontario's cultural diversity continues to grow, public health services are being challenged to meet the needs of people for whom English is a second language. First run as a trial in 2008 in three of the health unit's program areas, translation services are now available over the telephone in 170 languages for all programs.

The service provides translation within 30 seconds of a call being placed. In 2012, the health unit provided language line service 26 times to the public in several languages, including: Urdu, Mandarin, Thai, Vietnamese, Spanish, French, Portuguese, Hindi and Tagalog.



## 2012–2013 in brief

### ***A surprise flu season***

Influenza struck early throughout Ontario and much of North America including Simcoe Muskoka.

### ***Chief Nursing Officer joins staff***

The health unit welcomed Karen Ellis-Scharfenberg as the agency's first full-time Chief Nursing Officer. The position was made possible through funding from the Ministry of Health and Long-Term Care.

### ***Preventing infection***

The health unit researched and revised its own infection prevention and control guidelines and offered training on this topic to acute care, long-term care and personal service setting operators.

### ***Partnering for cost effective health promotion***

The health unit partnered with the Ministry of Health and Long-Term Care on a provincial promotion in the spring to increase testing for chlamydia.

### ***Awards as employer, community partner***

The Registered Practical Nurses' Association of Ontario presented the health unit with its Employer Award of Excellence. The health unit was also honoured in 2012 by the Catulpa Community Services Board with its Exceptional Partnership Award.



### ***Action on opioids, new tobacco products***

Alarmed by a report on the rise of the use of prescription opioids in Ontario, the Board of Health ratified new measures to help families dispose of unused prescription drugs. The board also called for controls on water pipes and hookahs.

### ***Social media connections for infant health***

The child health team at the health unit launched a new Facebook page, *Play together—Grow together* to engage with parents on infant development topics that are important to them.

### ***Researching with other health units***

Public Health Ontario is supporting collaborative research projects between health units. Simcoe Muskoka District Health Unit is involved with three projects on social media, breastfeeding and falls prevention.

### ***Library services for our neighbours***

In March 2012, Simcoe Muskoka District Health Unit became one of four “hub libraries” under Public Health Ontario's Shared Library Services Partnership. In this role, the health unit's library offers library resources and service to seven neighbouring health units.



### ***Co-hosting a national conference***

In 2012, the Simcoe Muskoka District Health Unit and Grey Bruce Health Unit co-hosted the 78th annual national conference of the Canadian Institute of Public Health Inspectors. More than 300 public health inspectors took part in workshops and presentations from a wide range of nationally respected speakers, including Dr. David Butler-Jones, Canada's Chief Medical Officer.

# Monitoring and measuring progress

*Since 2007, the health unit has used a balanced scorecard to monitor and communicate progress on our strategic priorities.*

This tool provides an effective means of distilling and presenting a wide range of indicators as they relate to the performance quadrants—Health Determinants and Status, Community Engagement, Resources and Services, and Integration and Responsiveness—in order to create a more “balanced” measure of success.

Graphics and colour are used to create a picture of progress. Shades of green illustrate improvement; shades of yellow suggest little or no change; and shades of red indicate a decline in performance and the need for further attention.

The Balanced Scorecard 2012 measures progress in the first year of the 2012-2016 Strategic Plan and represents over 80 indicators within the four quadrants. Overall the results are positive with the majority of indicators in two of the four quadrants showing some improvement.

Although still positive, the results for Community Engagement indicate that not all targets were met. Change in Health Determinants and Status indicators is more gradual and often is not measurable within a single year.



Slight Improvement in Health Status

Improvement in Resources and Services



Slight Decline in Community Engagement

Significant Improvement in Integration and Responsiveness

## Strategic Priorities, 2012-2016

### **Important Public Health Issues**

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

### **Determinants of Health**

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

### **Organizational Capacity**

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

### **Accountability and Performance Management**

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



## Report from the Board of Health



Barry Ward  
Chair, Board of Health

*The decisions made in municipal council chambers have a profound influence on people's lives. As chair of the Board of Health, I have learned that decisions about development, growth and building standards can also affect people's health.*

This impact extends well beyond the need to provide properly treated drinking water. Health can be improved when communities establish standards for housing quality and affordability; lay out streetscapes, parkland, industrial and commercial development in ways that improve air quality; provide adequate recreation facilities for all regardless of age, sex or income level; and ensure that unbroken active transportation routes connect home, school, retail, business and recreational sites.

Consequently, I am excited that the Board of Health of the Simcoe Muskoka District Health Unit has been able to assist in further cementing relations with our partner municipalities. With the health unit's input, Simcoe created a food and agriculture charter to help preserve and develop a food supply chain that sustains our local agricultural sector; another charter is in development in Muskoka. The health unit is now a regular commenting body when municipal Official Plans come up for review. The health unit is contributing to the affordable housing strategies taking shape in our municipalities.

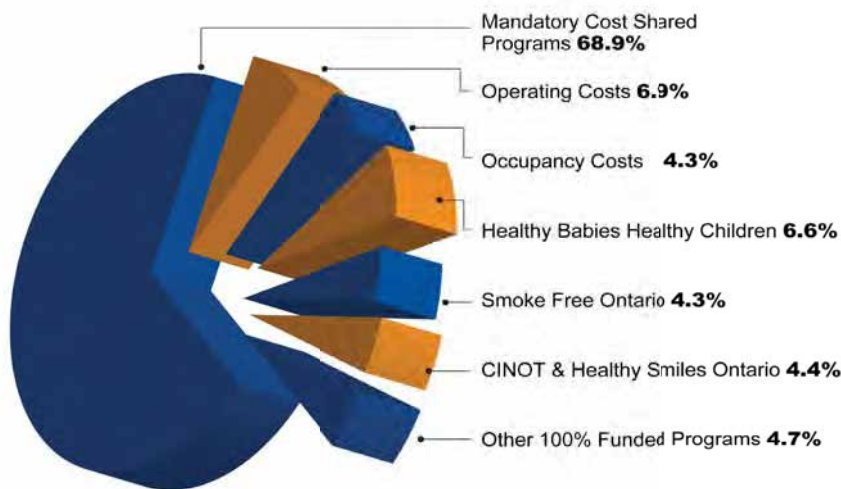
The Board of Health also continues to provide leadership in all the other valuable services the health unit delivers to Simcoe and Muskoka. The board worked with staff on developing a strategic plan to take the health unit into 2016. From that plan, new indicators have been incorporated into the agency's Balanced Scorecard. This process creates a seamless flow in operations from idea to execution and proof of success.

The board was also pleased to learn that the health unit has met or exceeded all the targets in the provincial Accountability Agreement. These targets are set by the Ministry of Health and Long-Term Care to achieve safe foods sold, safe small water systems, safe pools, less vaccine wastage, rapid response to communicable disease case reports, reduced tobacco sales to youth and increasing breastfeeding supports.

We were disappointed to learn that one other accountability tool – the Ontario Council on Community Health Accreditation – was forced to shut down this year, even as we were preparing for our accreditation review. We are searching for a means of replacing that valuable, peer-review organization.

Combined, these new directions and continuously improving services will ensure a firm foundation for the good health of the populations of Simcoe and Muskoka for years to come.

## 2012 Budget - \$35.7 Million



**simcoe  
muskoka**  
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