

# Health@Simcoe Muskoka

## A note from the Medical Officer of Health

Through 2011, the health unit laid the groundwork for a new strategic plan that will set our course for the next five years.

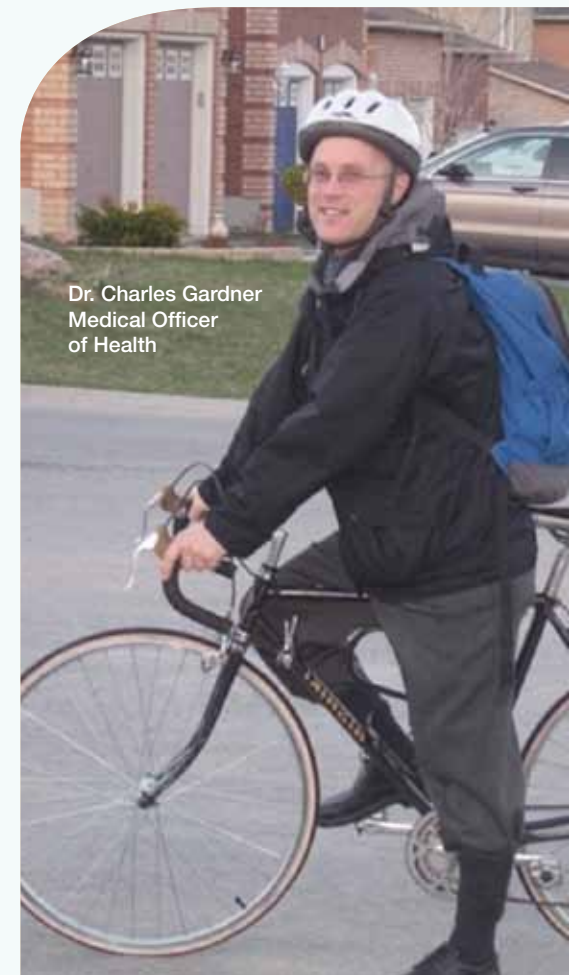
With the Board's guidance and input from our communities and staff, our plan has a shorter and more focused vision and a mission statement that captures our role as champions of health for all. Four strategic goals focus our energies on priority public health issues, demonstrating accountability, promoting health equity, and increasing our capacity through collaboration and partnership.

While developing our new strategic plan, we also continued to fulfill the previous plan. This included much joint work with partners, including developing policy on tobacco control (such as in social housing); healthy nutrition in schools; the provision of dental services to those who cannot afford it; the review of municipal water fluoridation; reviewing municipal official plans and active transportation plans (seeking community design that promotes safe physical activity and access to healthy food); developing a food and agriculture charter in Simcoe County; increasing influenza vaccination among health care facility workers; the launch of three new vaccines and the assessment of all small drinking water systems; beginning steps in creation of a comprehensive alcohol strategy for all Simcoe and Muskoka; and lobbying the province to step up with new regulations controlling the sale of and access to alcohol.

In mid-summer we also reached the end of the lengthy consultation into water fluoridation in the city of Orillia. While the outcome was not what we had hoped for, the discussions raised awareness of the serious issue of dental health and the challenges of access to care for many in our midst.

Staff restructuring, which began in 2011, continued this year. A director was hired to fill the new position of human resources and infrastructure. A retirement meant the hiring of a new director of clinical service, and we welcomed our first full-time Chief Nursing Officer, a position now mandated for all health units in Ontario.

We continue to measure what we do against standards and to report on the outcomes using our balanced scorecard. I am proud to say that our scores improved substantially over the previous year. The health units of the province also now have provincial accountability agreements with performance targets. As we move forward with our new strategic plan we will continue to measure and report on our progress.



Dr. Charles Gardner  
Medical Officer  
of Health

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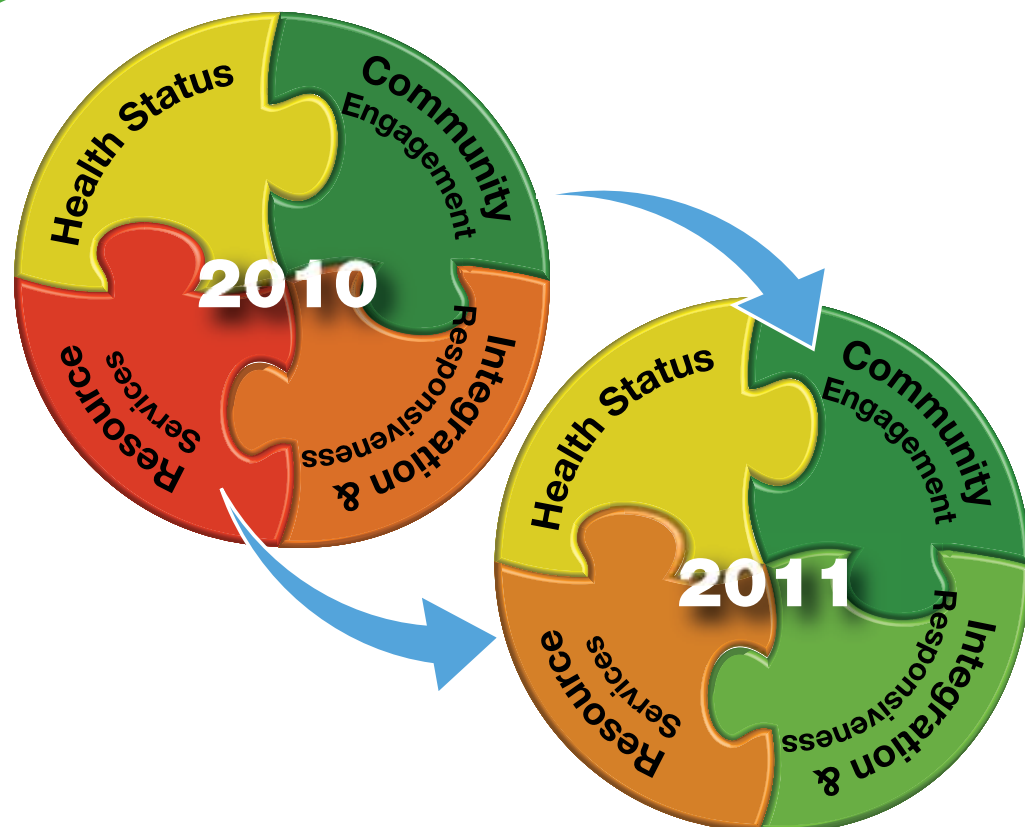
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# Strategic Plan 2007-2011

## People, Programs & Partnerships

The 2007-2011 strategic plan focused on our people, our programs and our partnerships establishing a strong foundation for the plan's successor.

The agency balanced scorecard tracks 35 indicators across four key aspects of performance in order to provide an overall picture of our progress each year.



## Balanced Scorecard

The following gains have been recorded in 2011.

-  **Health Determinants & Health Status:** No change (these indicators can take years to show improvement and can be influenced by broad societal factors beyond health unit interventions).
-  **Community Engagement:** Little change, after a steep increase from 2006-2010.
-  **Resources & Services:** Improvement.
-  **Integration & Responsiveness:** Significant improvement (how we work with partners to meet changing needs and address emerging issues).

See more detailed balanced scorecard at:

[www.simcoemuskokahealth.org/HealthUnit/About/StrategicPlan.aspx](http://www.simcoemuskokahealth.org/HealthUnit/About/StrategicPlan.aspx)

## Strategic Plan—into the future

The health unit's new strategic plan was created over the past year with input of staff, the board of health and external stakeholders. The 2012-2016 plan directs the health unit's focus on four priority areas.

### 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.

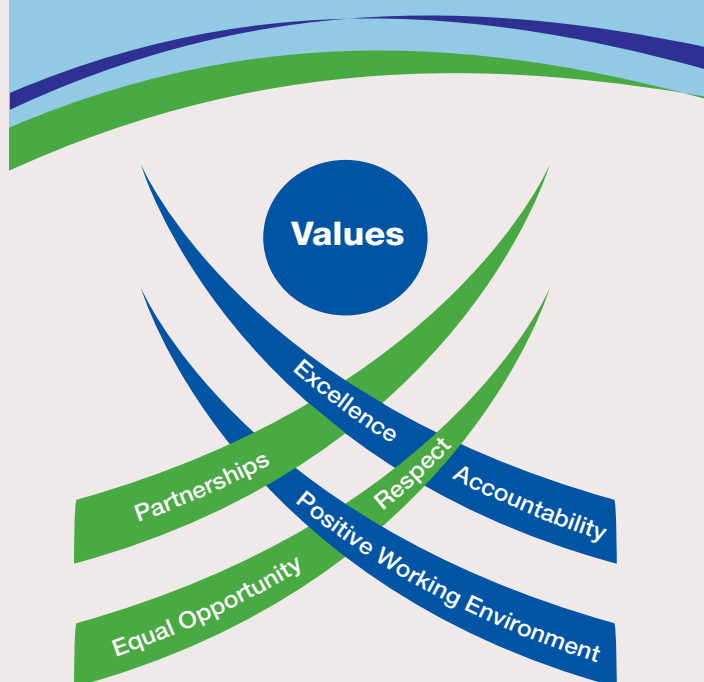
### Organizational Capacity

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

### Accountability and Performance Measurement

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

# Vision, Mission and Values



## 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.

## 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.

## Board of Health

It has been a year of transition for the Simcoe Muskoka District Health Unit with the departure of six members of the Board of Health, the arrival of five new members, and the return of one previous member. The Board continues to provide excellent leadership in its governance role.

The new Strategic Plan for 2012-2016 will guide agency decisions and reinforce the agency's mandate to protect health and to prevent disease and injury in our area. A special thanks to Scott Warnock, the Board's vice chair, Medical Officer of Health Dr. Charles Gardner, staff members and community partners who helped create this document.

Through the year, health unit staff continued to deliver valuable existing programs while stepping up efforts in such areas as the social determinants of health, the built environment and sustainable business practices (a green plan). A Healthy Smiles Ontario mobile dental office began as well. To improve access to our services and reduce our costs and our environmental footprint, we moved our offices in Midland (to be with the secondary school) and Orillia (with the Common Roof). Innovative office strategies including desk sharing, work from home and hoteling have been introduced to support a more mobile work force and reduce travel. Early in 2012 we reduced the total leased space at our head office in Barrie.

This year to come is sure to bring challenges in all sectors including public health in Ontario, with continued pressure on the public dollar and the Drummond Report's as yet unknown influence on policy. I am confident the combination of an enthusiastic board of health and dedicated staff means more great things are in store in Simcoe Muskoka.



Barry Ward  
Chair, Board of Health

## The Year in Numbers

### Your Health Connection

Total calls to Health Connection phone lines .....30,424

Total calls from news media .....267

### Healthy Communities

Municipal Official plans, planning documents reviewed for healthy community design principles.....9

Number of Active Transportation workshops .....4

Number of municipalities that worked with SMDHU to create policy and supportive environments .....19

Number of community partners who worked with SMDHU to create policy and supportive environments related to Food Security.....12

Municipalities that now have smoke-free outdoor spaces bylaws .....12

### Healthy Families

Families receiving a postpartum phone contact after hospital discharge .....3,794

Home visits by Public Health Nurses and/or Family Home Visitors .....3,523

Parents offered Triple P – Positive Parenting Program .....146

Children screened at Let's Grow Screening Centres across Simcoe and Muskoka .....116

Family contacts through Getting Ready for Baby series .....1,132

Family contacts at Canadian Prenatal Nutrition Program meetings .....5,002

Family contacts at Breastfeeding Place (Barrie and Collingwood). 463

People attending falls prevention workshops in 2011 .....1,530



# Online chat about casual drinking

The risks of over-drinking are well publicized. Less well-known, though, are the risks with even moderate levels of alcohol consumption: risks of chronic diseases like stroke, high blood pressure and a range of cancers.

The health unit launched a multi-year plan in 2011 to increase awareness of this issue and of Canada’s new Low-Risk Drinking Guidelines (LRDG). Several approaches were planned, including:

- ✂ working with health professionals,
- ✂ advocacy for workplace alcohol policies,
- ✂ developing strategies with local partners to address alcohol use, and
- ✂ a generic campaign to raise awareness of the LRDG.

The campaign includes social media, bringing the health unit into the realm of Twitter, blogs and Facebook.

Social media’s impact on communication is well documented. Seventy per cent of Canadians use social media for information, and perceive organizations using social media as reliable and trustworthy. Statistics Canada reports that roughly 70 per cent of Canadians use the Internet for health information.

With a large percentage of social media users in the campaign’s target age range of 30 to 45, social media is an ideal tool for the campaign.

Using a blog called howmanydrinks, Facebook and Twitter accounts, the health unit’s injury and substance misuse prevention team opened a dialogue to encourage a culture of moderation. People were drawn to the blog site through a contest. Blogs and vlogs (video-logs) were posted on the howmanydrinks Facebook page. Twitter was used to drive people to the blog and raise awareness. Advertising included Facebook, which allows for precise audience targeting. Traditional media, including newspapers, radio, posters and coasters, were also used extensively.

Staff contributors used applicable events and pop culture—music, movies, television shows—as a jumping-off point for discussions on drinking and health, the impact of alcohol on society and the marketing of alcohol.

The blog site howmanydrinks drew 12,312 views in the five-month campaign and is still seeing traffic today.

The Twitter page drew 703 followers and the Facebook page drew 18,217 post views.



## The Year in Numbers

### Healthy Living

Total students attending drug awareness events, mock crashes .....4,004

Adult tobacco users who signed up to make quit attempts in March..... 2,631

Nutritious Food Basket Survey estimate of weekly cost of healthy foods for family of four in Simcoe Muskoka .....\$172.16

### Healthy Schools

Schools participating in Healthy Schools program 2011-2012 school year .....20

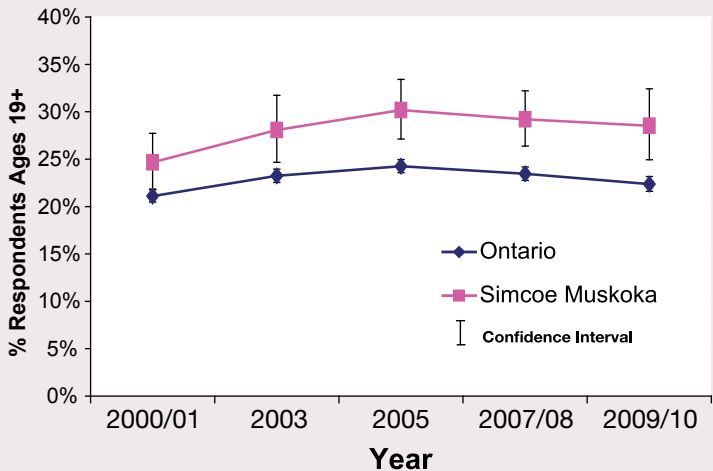
Number of schools that received an outreach visit from a Healthy Schools PHN.....120

Number of schools supported with School Food and Beverage legislation implementation .....12

Total students attending bike and helmet safety session .....2,312

## Adults Consuming More Alcohol Than Recommended in the Canadian Low-Risk Drinking Guidelines\*

Ontario and Simcoe Muskoka, 2000/2001 to 2009/2010



\*Guidelines for long-term health effects only.  
Source: Canadian Community Health Survey 2000/2001, 2003, 2005, 2007/2008, 2009/2010, Statistics Canada, Share File, Ontario MOHLTC.



## The Year in Numbers

### Preventing Disease

Number of seasonal flu vaccine clinics held in November.....	48
Seasonal flu vaccine administered by health unit .....	11,517
Percentage of available flu clinic appointments booked online ...	96%
Percentage of total flu shots given at clinics that were booked online.....	80%
Percentage of unbooked “drop-ins” at flu immunization clinics.....	20%
Seasonal flu vaccine doses distributed to other vaccine delivery agents .....	119,316
Total non-flu vaccines administered in schools.....	20,252
Total vaccines administered in regular public clinics .....	7,629

## Making immunization easier

Year to year, the immunization program is engaged in programs and campaigns that require enormous resources.

Through the school year in Simcoe and Muskoka there is an effort to update the immunization records of close to 100,000 students.

Each autumn the universal influenza immunization program involves distributing vaccine to hundreds of health care professionals and staging public vaccine clinics across Simcoe and Muskoka.

Year-round, the health unit offers regular clinics to ensure parents have access to services for their children to complete the childhood vaccine schedule, and to help adults update their own immunizations. Any innovation that can save time or expense is welcome.

In 2011 the health unit implemented an online appointment system, offering people the chance to book a specific time for their flu shot and successfully avoid lineups. It proved to be popular and made the process of being immunized much less time consuming for both clients and the staff at the clinics.

### New free vaccines available

In August 2011, the province announced it was expanding its free vaccine program. The expansion included new vaccines as well as a second dose of an existing vaccine.

- ✂ A newly-funded vaccine for infants protects against rotavirus, a gastrointestinal infection that causes vomiting and diarrhea and was responsible for the hospitalization of more than 1,500 children in Ontario between 2006 and 2010. This new vaccine is given orally, rather than by needle.
- ✂ A second dose of varicella (chickenpox) vaccine is now recommended for all children who have not had the disease.
- ✂ A booster vaccine against pertussis (whooping cough) is now funded for adults who didn’t get this vaccine in their teen years. Without immunization, adults can become sick themselves and pass the disease on to children who are much more vulnerable to serious side effects.

Communicating this expansion was a challenge, as it involved complex changes to the childhood immunization schedule. Parents of children who were partway through their schedules needed to connect with their health care professionals to learn which vaccines were recommended. Extra help was provided to parents through the health unit’s website and through information provided to doctors offices and community health centres.

Table 1: Number of Cases in Canada Before and After Vaccine Programs

BEFORE	Peak Number of Cases/Year Before Vaccine	DISEASES	Peak Number of Cases/Year Between 2000-2004	AFTER
	9,010	Diphtheria	1	
	61,370	Measles	199	
	43,671	Mumps	202	
	7,917	Rubella (German measles)	29	
	19,878	Pertussis (Whooping cough)	4,751	
	1,584	Polio	0	
	526	Haemophilus Influenzae b (Hib) (< 5 years old)	17	

Data Source: Canadian Immunization Guide 2006.

# Managing bed bugs

## Not so much a health risk as an indicator of health risks

Bed bugs do not transmit disease to humans and are not considered a health hazard, but they are a nuisance that can cause considerable anxiety. News coverage has raised their profile considerably.

Social determinants play a role in serious pest problems. Bed bugs can thrive:

- ✂ in high-density, poorly maintained buildings,
- ✂ where there are high occupant turnover rates,
- ✂ among those who purchase and use second-hand goods,
- ✂ among those who have limited resources to manage pest control.

These are all conditions familiar to low-income families. For low-income earners, the stresses associated with a bed bug infestation can so dominate daily life that other health needs may be set aside or forgotten.

In 2011 the Ministry of Health and Long-Term Care offered one-time funding to health units to develop programs to deal with bed bugs. Simcoe Muskoka District Health Unit received funding of \$172,112 under this program. The funding covered creation of education and awareness programs, and financial support for low-income residents confronted with bed bug infestations. As well as working with municipalities, the health unit engaged the United Way of Greater Simcoe County to act as the screening and flow-through body for financial assistance to vulnerable clients with bed bug problems.

## Results of provincial bed bug grant program

The health unit also collected local data on the number of infestations and where bed bugs were most prevalent. This local data will help the province assess the scope of the bed bug issue provincially and gauge the effectiveness of various responses by the province’s health units. Some of the results are shown in the column at right.



This particular project serves as an example of one strategy in dealing with social determinants of health. By focusing on providing support and assistance in one specific challenge, vulnerable individuals and families were freed to direct their attention to more important health issues.



## The Year in Numbers

Results of provincial bed bug grant program	
Calls to health unit related to bed bugs.....	150
On-site bed bug investigations.....	4
Vulnerable clients served .....	23
Extreme cleaning or unit preparations coordinated.....	12
Pest control treatments coordinated.....	19
Attendance at eight bed bug educational presentations .....	372
West Nile virus (WNV) monitoring	
Adult mosquitoes collected in West Nile virus surveillance.....	10,530
Portion of mosquito pools testing positive for WNV .....	0.5%
Human cases of WNV.....	2



# Social factors influence dental health

Early childhood tooth decay is an increasingly serious issue in Simcoe Muskoka. A scan of decay rates of 5, 7, 9, and 13-year-olds in most of Ontario’s 36 health units shows this region figured in the bottom 15 to 30 per cent between 2005 and 2007.

Factors such as income, age, nutrition, education, access to dental insurance and community design play a role in the risk of dental disease, and are key considerations in the design of many of the oral health program’s existing services.

- ✂ School screenings identify children who need dental care; when families cannot provide the care, other programs are brought into play.
- ✂ The Children in Need of Treatment program covers the cost of treatment for children with serious dental problems whose families cannot afford it.
- ✂ The recently introduced Healthy Smiles Ontario broadens the dental services for eligible children 17 and under, through a full-service clinic in Barrie and a mobile clinic that visits nine communities.
- ✂ The health unit promotes municipal water fluoridation as a means of providing low-cost, effective prevention to the entire population – regardless of age, income or education.

In spite of fluoridation’s long track record of reducing decay, only seven per cent of the population in Simcoe Muskoka has access to fluoridated water. In past years, the health unit has assisted in Tottenham and Muskoka when fluoridation was being reviewed. This year the City of Orillia concluded public consultations into a proposal for fluoridation, with the health unit providing local data on oral health, expert advice and scientific evidence of fluoridation’s efficacy. A comprehensive report from city staff recommended fluoridation, but council opted not to pursue it. Nonetheless, the consultations raised awareness of dental health in Orillia, and the role that social equity could play in improving it.

The Ontario Public Health Standards require public health units to work with their communities to ensure programs meet local needs and that residents are well-informed and have the tools to deal with health issues. The dental health program focuses on these objectives. The health unit’s intensified focus on social determinants could further contribute to improved oral health in Simcoe and Muskoka.



## The Year in Numbers

### Oral Health

- Students screened in schools through dental program .....25,856
- Children receiving urgent dental care through CINOT program .1,492
- Urgent dental care provided to teens through expanded CINOT program .....314

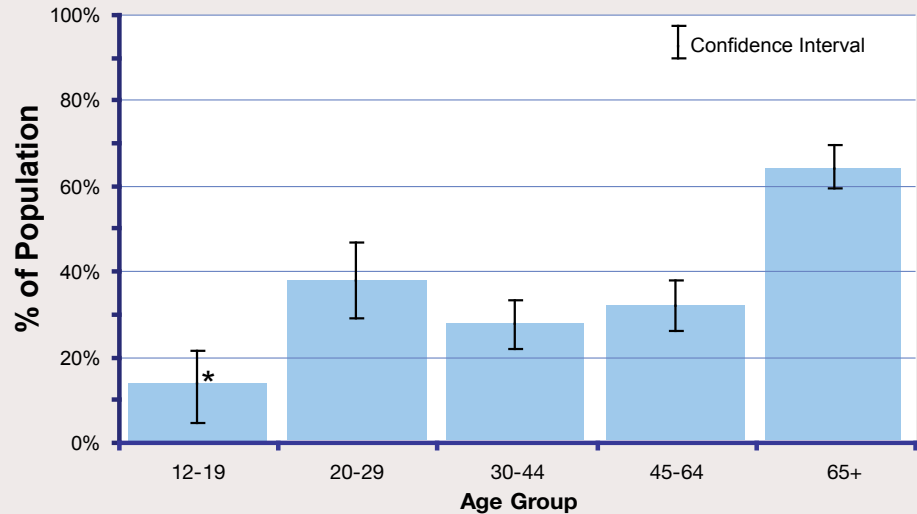
### Water Quality

- Beach postings.....6
- Private water consultations at Your Health Connection.....1,900
- Boil water orders ..... 18
- Orders against pools and spas....12

### Food Safety

- Food handlers who successfully passed food safety certification course .....1,549
- Food premise inspections..... 6,560

People Without Dental Insurance  
Simcoe Muskoka - 2005



\*Interpret with caution, high variability.  
Data Source: Canadian Community Health Survey (CCHS), Cycle 3.1 Share File Statistics Canada, 2005.

# 2011 in Review

The following is a synopsis of activities at the health unit in 2011.

More of the past year's programs and services can be reviewed in the Newsroom section of the website at [www.simcoemuskokahealth.org/JFY/Newsroom.aspx](http://www.simcoemuskokahealth.org/JFY/Newsroom.aspx)

## ***Smoke-free apartments***

Collier Place, a seniors' building in Barrie, announced the news that it is converting to a smoke-free space as new leases are signed. Simcoe County Housing Corporation also began a pilot smoke-free building for its social housing residents in January this year, following a survey of their residents indicating support for the move.

As attitudes change about smoking, the demand for smoke-free apartments, condos and co-op housing continues to rise. A Canadian Cancer Society survey conducted in November 2011 found 67 per cent of all Ontario residents support 100 per cent, smoke-free multi-unit housing. An earlier survey showed even stronger preference among those currently living in multi-unit dwellings.

## ***Pregnancy and weight gain***

Between March and April 2011, thanks to the participation of health care providers and more than 450 pregnant women, a survey assessed how well women are maintaining recommended weight gain during pregnancy. The results, which have been published on the health unit's website, indicated a need for guidance to support women to meet optimal nutrition and exercise goals during pregnancy. Efforts now are focusing on sharing the survey results with the health care sector, providing clinical practice supports and tools, advocating for change at the provincial level and planning for future action.

## ***New directors welcomed to executive team***

The health unit welcomed two new directors to its executive team this year. Colleen Nisbet returned as Director of Clinical Service effective May 14. Colleen previously worked at the

health unit as Communicable Disease Surveillance Supervisor, and as the Pandemic Influenza Planner. She has also worked with Public Health Ontario and the North Simcoe Muskoka Infection Control Network.

Bruce Parker came with 20 years in human resources experience to take on the HR role and, in an incremental fashion, will expand his leadership role to include the Facilities and Information Technology (IT) mandates.

## ***Hidden barriers to health***

Thanks to provincial funding, two public health nursing positions were added to staff to work specifically with populations hit hardest by social and economic barriers to their health. This is part of growing emphasis addressing social determinants of health.

Initially the PHNs worked on compiling evidence and demographic data to paint a local picture of the barriers people face. The work will expand from there to eventually fold responses to social determinants of health into all the health unit's programs and services.

## ***Staying Independent Falls Prevention Coalition***

The Staying Independent Falls Prevention Coalition (SIFPC) was founded in 2006 by a representative of the health unit and Osteoporosis Canada. They secured Aging at Home funding from the North Simcoe Muskoka Local Health Integration Network (LHIN) to provide an annual falls prevention conference for health care providers and to develop a falls prevention inventory of falls prevention programs, services and resources in Simcoe and Muskoka. To date four conferences on preventing falls has been held and the SIFPC is looking at further integration of falls prevention locally in conjunction with the LHIN.

## ***Enhancing the Healthy Babies Healthy Children program***

Program enhancements are coming to the Healthy Babies Healthy Children (HBHC) program, designed to more quickly and effectively identify and support vulnerable children and families so those who need help the most can reach services more quickly. They also include better screening tools and a streamlined screening process that will eliminate the need for the current multiple screens administered to families prior to receiving home visits from HBHC staff. The program provides services to ensure healthy growth and development of children from birth up to age 6.

## ***Diseases spread by bug bites***

**West Nile virus:** WNV has ranged from a high of 394 cases in 2002 in Ontario, to less than five. In Simcoe Muskoka, two human cases were confirmed in late 2011, the first since 2006.

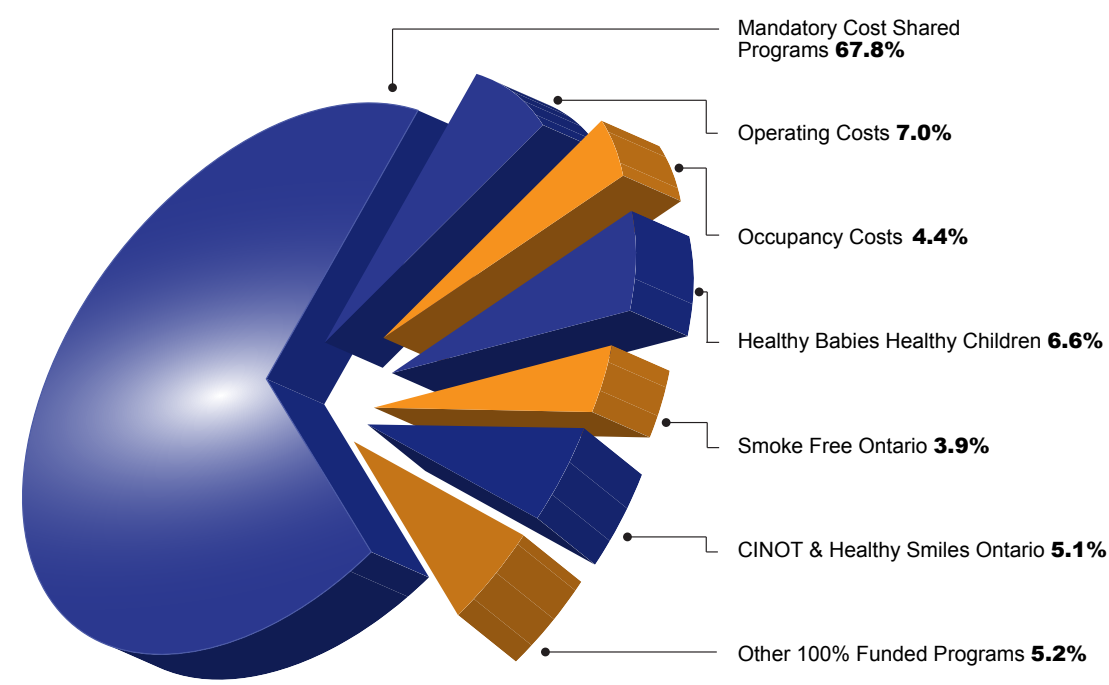
**Lyme disease:** Monitoring has revealed black-legged ticks carrying Lyme disease bacteria in an increasing number of areas, particularly in southern Ontario. Human cases in Ontario are sporadic and are often acquired outside the province.

**Eastern Equine Encephalitis virus (EEEV):** The virus for this disease has been identified in horses and mosquitoes locally but there has never been a human case reported in Ontario.



# 2011 Budget

Total Budget \$34.9 Million



### 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)

### BOARD OF HEALTH

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