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EPIDEMIOLOGIC DATA ON POTENTIAL IMPACTS OF THE COVID-19 COMMUNITY-BASED PUBLIC HEALTH MEASURES

*A component of: Mitigating Potential Harms of COVID-19 Public Health
Measures Situational Assessment*

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BACKGROUND

The COVID-19 pandemic has generated historic social upheaval at all levels from the global down to the interpersonal. To date, in Canada this social upheaval has largely been due to the interventions against COVID-19 themselves, in addition to the direct health impacts of the virus.

The success of interventions such as physical distancing is important in the fight against COVID-19, but it is clear that there will be significant risks to health and well-being in domains other than infectious disease control.

The purpose of this epidemiologic report is to summarize available data to describe the impact of community-based public health measures (i.e. stay-at-home physical distancing guidance/orders, childcare and school closures, decreased access to health/community/social services, non-essential workplace closures, closure of outdoor/community spaces, etc.), on the well-being of individuals in the community.

Indicator Selection

Given the immense scope of these societal disruptions, a wide selection of indicators have been included under the categories of:

- Mental health
- Substance use and addiction
- Domestic conflict and child welfare
- Prenatal/ Birth/ Parenting
- Physical health
- Employment
- Financial impact

These categories were chosen either because recent Canadian studies have found significant changes among indicators within these categories since the start of the pandemic, these categories are of significance to public health programming, or they reflect wellbeing during critical time periods in an individual's life (i.e. maternal and newborn health, child and adolescent health). These categories or the indicators within them may change as new information is released.

At the local level, timely data on these potential areas of impact of the pandemic are often unavailable. More often, indicators of service use (i.e. emergency room visits, calls to community health organizations, referrals to community services) are available in a timely

fashion. However, it is more difficult to attribute changes in these indicators to the impact of community-based public health measures as many factors may influence their change.

While often unavailable at the local level, psychosocial impacts of physical distancing measures during the pandemic are important to measure. This data has therefore been obtained from national and provincial surveys such as those produced by Statistics Canada or the Centre for Addiction and Mental Health. Statistics Canada is committed to providing reliable statistics on the social and economic impacts of the COVID-19 pandemic. Due to Statistics Canada's expertise in data collection, transparency in methodology and commitment to ongoing monitoring, indicators from Statistics Canada's surveys will be included in this summary and will take priority over similar indicators from other national surveys.

While employment and financial impact indicators are not direct indicators of health, they are key determinants of health, and recent research by Statistics Canada surveys have shown worsening mental health outcomes associated with those concerned for their employment or reporting moderate to major financial impacts.

Throughout this summary, data from Simcoe and Muskoka was included where possible; in several instances, data was only available for Simcoe or for Muskoka. When local data was unavailable, data for Ontario and/or Canada was used.

Data in this summary is reported for the general population (all ages, or adults where relevant) and, where possible, differences were reported by sub-populations, including age group, income level, immigrant status, and Indigenous identity. Access to local Indigenous-specific data was not available within the timeframe for this project, but will continue to be discussed with local Indigenous health partners.

KEY FINDINGS

Mental Health

Mental Health Service Use

- A significant decrease in the number of mental health-related and all-cause emergency department visits in Simcoe Muskoka beginning the week of March 8, 2020, corresponding to:
 - Declaration of a global pandemic by the World Health Organization (WHO) (March 11, 2020),
 - Hospitals ramping down elective surgeries and other non-emergent procedures (March 15, 2020),
 - State of emergency declaration in Ontario (March 17, 2020)
- There was no change between the pre-pandemic and the pandemic levels among:
 - the number of distress line calls received by staff at the Simcoe County Branch of the Canadian Mental Health Association (CMHA),
 - the number of mental health-related calls received by Muskoka paramedic services in the District of Muskoka,
 - the number referrals to “mental-health/ addictions” services through Ontario 211 in Simcoe Muskoka
- An increase in mental health-related calls reported by the Bracebridge, Huntsville and Southern Georgian Bay OPP detachments during the pandemic period (March 2020) compared to non-pandemic periods.

Psychosocial Impacts on Mental Health

- Overall, increasing impacts on mental health were reported, particularly among younger ages (ages 15-25), Indigenous people and those reporting a significant or moderate impact on their ability to meet financial obligations or essential needs:
 - 52% of Canadians responding to a Statistics Canada survey on mental health indicated their mental health was “somewhat worse” or “much worse” since physical distancing began. This was particularly high among those aged 15-24 (64%) and among First Nations, Métis and Inuit female respondents (64%).
 - 41% of Canadian youth aged 15-24, 48% of First Nations, Métis and Inuit female respondents, and 43% of Canadian respondents who reported significant impacts on their ability to meet financial obligations reported symptoms that were consistent with moderate or severe anxiety in the past two weeks during the COVID-19 period (April 24-May 11, 2020).

- 48% of the Canadian population (aged 15+) reported their mental health as “excellent” or “very good” in May 2020 compared to 54% earlier in the pandemic (March 29-April 3 2020) and 68% in 2018. All age groups except individuals aged 65 and older were less likely to report excellent or very good mental health during the COVID-19 period compared to 2018.
- 25% of Canadians reporting a moderate or major impact on their ability to meet financial obligations or essential needs reported fair or poor mental health compared to 13% reporting little to no financial impact.
- 38% of First Nations, Métis and Inuit respondents reported fair or poor mental health compared to 23% of non-Indigenous respondents.

Substance Use and Addiction

Drug-related deaths

- According to the Ontario Office of the Chief Coroner “An increase in suspect-drug related deaths have been reported in March, April and May 2020 (roughly about a 25% increase compared to 2019).”

Alcohol

- A significantly larger proportion of Canadians reported increasing their alcohol consumption later in the pandemic (May 4- May 10, 2020; 19%) compared to earlier in the pandemic (March 29 – April 3; 14%).
- A larger proportion of Canadians reported increasing rather than decreasing their alcohol consumption during the early COVID-19 period (14% vs 10%), particularly among younger age groups and those rating their mental health as fair or poor:
 - Increase in alcohol consumption was significantly lower among adults aged 55 compared to youth aged 15-34 (6% vs 19%).
 - Increase in alcohol consumption was significantly higher among those rating their mental health as fair or poor (28%) compared to those rating it as good, very good or excellent (11%).
- There was an 18% increase in Canada and 17% increase in Ontario in beer, wine, and liquor store sales between February and March 2020
- Corresponding to a decrease in all-cause emergency department visits for Simcoe Muskoka, there was a decrease in alcohol-related emergency department visits beginning in the week of March 8, 2020.

Cannabis

- A larger proportion of Canadians reported increasing their cannabis consumption rather than decreasing during the early COVID-19 period (6% vs 2%), particularly among younger age groups and those rating their mental health as fair or poor:
 - Consumption increase among ages 35-54 (7%) and 55+ (2%) were significantly lower compared to consumption among ages 15-34 (12%).
 - Consumption increase was significantly higher among those rating their mental health as fair or poor (17%) compared to those rating it as good, very good, or excellent (4%)
- While cannabis retail store sales have been increasing in Ontario and Canada since February 2019, the increase in sales between February and March 2020 was larger than expected (21% vs 16% and 19% vs 8%, respectively).

Tobacco

- The proportion of Canadians who reported increasing their tobacco consumption in the early pandemic period (3.1%) was nearly the same as those who reported decreasing their use (3.2%). There was no significant increase in tobacco product use between the early pandemic period (March 29 – April 3rd, 2020) and the later pandemic period (May 4- May 10, 2020).

Physical Health

Medical Maintenance Visits

- The Financial Accountability Office of Ontario estimates that between March 15, 2020 and April 22, up to 52,700 hospital procedures were cancelled or avoided in Ontario and, every week that the COVID-19 outbreak continues, up to 12,200 more procedures are delayed.

Physical Activity

- More Canadians reported that their physical health was excellent or very good – 69% of Canadians compared to 60% in 2018.
- About 6 in 10 reported doing physical exercise either outdoors or indoors for their physical and/or mental health during the pandemic period. This was significantly higher among those who had a better self-perception of their mental health compared to those with a fair or poor self-perception. However, those with fair or poor self-perceived mental health were significantly more likely to participate in meditation or changing their food choices for health reasons.

Nutrition

- A significantly larger proportion of Canadians reported increasing their consumption of junk food and sweets later in the pandemic (May 4- May 10, 2020; 35%) compared to earlier in the pandemic (March 29 – April 3; 27%).
- Food insecurity was significantly higher during COVID-19 (15%) when compared to the 2017/ 2018 Canadian Community Health Survey (11%).
 - Food insecurity was particularly high among Canadians who were employed during the week of April 26th to May 2nd, but absent from work due to business closure, layoff, or personal circumstances due to COVID-19 (28%), compared to those who were working during the same time period (11%).

Dental

- The number of dental-related emergency department visits decreased in March 2020, corresponding to the decrease in all-cause emergency department visits. The number of visits increased in May 2020, though it did not reach significance.

Domestic Conflict and Child Welfare

- 32% of Canadians were “very” or “extremely” concerned about family stress due to confinement and 8% were “very” or “extremely” concerned about violence in the home as impacts of COVID-19. Concern for violence in the home was significantly higher among Canadian immigrants (12%) compared to Canadian-born (7%).
- There has been a decrease in the number of referrals to Simcoe Muskoka Family Connexions since January 2019.
 - Of note, there was a 66% decrease in the number of referrals for new investigations due to physical force and/or maltreatment between March 2020 and April 2020. This may be related to the decreased presence of educational personnel (due to school closures), child care providers and legal personnel. Family Connexions notes that most recent referrals are received from police officers and law enforcement.
- Bracebridge, Huntsville and Southern Georgian Bay (Georgian Bay Township Only) OPP detachments reported a 24% increase in domestic violence- related calls between February and March 2020.
- There has been no change in the percentage of SMDHU Healthy Babies Health Children [HBHC] screens for which the client’s relationship with parenting partner is strained or in which the client or parenting partner has been involved with Child Protection Services compared to pre-pandemic periods.

Birth/ Parenting/ Prenatal

- There was no significant difference between the pre-pandemic and pandemic period among:
 - The percentage of SMDHU HBHC screens in which individuals expressed concern about their ability to parent baby/child
 - The percentage of SMDHU HBHC screens in which individuals expressed concern about their ability to care for baby/child
 - The exclusive breastfeeding initiation rate among all births to Simcoe Muskoka residents
- In May 2020, a significantly lower proportion of pregnant individuals residing in Simcoe Muskoka reported attending in-person only prenatal classes while a significantly higher proportion reported attending online-only courses compared to the pre-pandemic period.
- A higher proportion of pregnant individuals in Simcoe Muskoka reported not attending any prenatal classes in May 2020 compared to the pre-pandemic period, however, this was not statistically significant.

Employment

- Ontario employment declined by a record 1.1 million jobs (or -15 per cent) over March and April 2020. The Financial Accountability Office of Ontario estimates an additional 1.1 million jobs have had reduced hours, impacting 1 in 3 Ontario jobs.
 - Between February and May 2020, employment declined by 12,900 jobs or 10% in Barrie, Springwater, and Innisfil. The unemployment raised from 4.3 in February to 11.6 in May 2020.
- The rate of job loss and the unemployment rate was highest among those aged 15-24 and those with lower levels of educational attainment.

Financial Impact

- Nearly 3 in 10 (29%) Canadians reported that the COVID-19 situation is having a moderate or major impact on their ability to meet financial obligations or essential needs such as rent or mortgage payments, utilities and groceries.
 - This was particularly high among those who rated their mental health as fair or poor (41%) and among immigrant men (43%).

SUMMARY OF INDICATORS

Mental Health

MENTAL HEALTH SERVICE USE

Indicator	Data	Interpretation (PH measures period vs comparator period)
Number of Mental Health-Related Emergency Department (ED) Visits to hospitals located in Simcoe Muskoka reported by Acute Care Enhanced Surveillance (ACES)	Simcoe Muskoka: <ul style="list-style-type: none"> March-April 2020: 72 (median weekly # of visits) March-April 2019: 109 	<p>Decrease.</p> <p>In the week of March 8, 2020, there was a sharp decline in the number of mental health-related visits. This corresponds to the sharp drop in overall Emergency Visits.</p> <p>See Figure 1 for trends.</p>
Number of distress line calls received by staff at the Simcoe County CMHA Branch	Simcoe County CMHA: <ul style="list-style-type: none"> March-April 2020: 2,141 (total calls) March-April 2019: 2,214 	<p>No change.</p> <p>It is normal for the number of calls to fluctuate and we do not see an unusual trend.</p> <p>See Figure 2 for trends.</p>
Number of Ontario 211 clients identifying needs related to “mental health/ addictions”	Simcoe Muskoka <ul style="list-style-type: none"> March-April 2020: 195 (Total calls) March-April 2019: 158 	<p>No change.</p> <p>The number of calls fluctuate throughout the year without an obvious increasing or decreasing trend.</p> <p>See Figure 3 for trends.</p>
Mental Health-Related Calls to Paramedic Services	District of Muskoka <ul style="list-style-type: none"> 2020 (March 10-May 10): 40 calls 	<p>No change.</p> <p>The number of calls related to mental health between March 10 and May 10 2020 has not changed compared to the same time period in 2019.</p>

- 2019 (March 10-May 10): 44 calls

Mental Health-Related Calls To Police District of Muskoka OPP

- March 2020: 50 calls
- February 2020: 34
- March 2019: 31

Increase.

Calls made to Muskoka District OPP detachments related to mental health increased by 47% from February 2020 to March 2020.

Note: This includes Bracebridge, Huntsville and Southern Georgian Bay (Georgian Bay Township only) OPP detachments

PSYCHOSOCIAL IMPACTS ON MENTAL HEALTH

Indicator	Data	Interpretation
% Reporting their mental health has worsened since physical distancing began	<p>Canada (<u>Statistics Canada</u>): Overall</p> <ul style="list-style-type: none"> • 52% • Note: This is not generalizable to all Canadians, just those who participated in the survey. • (46,000 Canadians surveyed April 24 – May 11, 2020) 	<p>Canada (<u>Statistics Canada</u>): Overall</p> <p>Increase.</p> <p>52% of Canadian participants indicated that their mental health was either "somewhat worse" or "much worse" since physical distancing began.</p> <p>Those who reported that their mental health was worse since physical distancing began were more likely to report symptoms of moderate or severe anxiety (41%) according to the General Anxiety Disorder (GAD-7) scale (score ≥ 10) compared to those who reported no change or better mental health (8%).</p>
	<p>Canada (<u>Statistics Canada</u>): Ages Groups:</p> <ul style="list-style-type: none"> • Ages 15-24: 64% • Ages 65+: 35% 	

Indicator	Data	Interpretation
	<p>Canada (Statistics Canada): Indigenous people</p> <ul style="list-style-type: none"> • Overall: 60% • Women: 64% • Men: 54% • Non-Indigenous: 52% • Method: Crowdsourced online survey of 1,400 First Nations people (on or off reserve), Métis and Inuit aged 15 and older from April 24 to May 11, 2020. This is not generalizable to the overall Indigenous population, it only represents the responses of the participants. 	<p>and older reported a negative impact on their mental health since physical distancing began.</p> <p>Note: Participants were asked “Compared to before physical distancing began, how would you say your mental health is now?”</p> <ol style="list-style-type: none"> 1: Much better now 2: Somewhat better now 3: About the same 4: Somewhat worse now 5: Much worse now” <p>Canada (Statistics Canada): Indigenous people Increase, particularly among Indigenous women.</p> <p>When asked how their mental health has changed since physical distancing began, 60% of Indigenous participants indicated that their mental health has become “somewhat worse” or “much worse”. Higher percentages of Indigenous women than Indigenous men (64% compared to 54%) reported that their mental health was “somewhat worse” or “much worse” since the start of physical distancing.</p>
<p>% of the Population Reporting Moderate or Severe Symptoms of Anxiety</p>	<p>Canada (Statistics Canada): Overall</p> <ul style="list-style-type: none"> • 18% • Method: Online survey web panel May 4-May 10, 2020. Results are generalizable to the Canadian population. • GAD-7 scale (score ≥ 10) is used to classify those with moderate to severe symptoms of anxiety. 	<p>Canada (Statistics Canada): Age Groups Increase, particularly among ages 15-24.</p> <p>27% of Canadians aged 15-24 reported symptoms consistent with moderate or severe anxiety in the previous two weeks of participating in the survey (vs 10% of participants aged 65+).</p> <p>*Revised June 16, 2020 with new survey data. Old survey data accessible here.</p>

Indicator	Data	Interpretation
	<p>Canada (<u>Statistics Canada</u>):</p> <p>Ages Groups:</p> <ul style="list-style-type: none"> • Ages 15-24: 27% • Ages 25-64: 19% • Ages 65+: 10% 	
	<p>Canada (<u>Statistics Canada</u>): Ability to meet financial obligations</p> <ul style="list-style-type: none"> • Significant impacts: 43% • Little to no financial impact: 18% • Note: This is not generalizable to all Canadians, just those who participated in the survey. • 46,000 Canadians surveyed April 24 – May 11, 2020 • GAD-7 scale (score ≥ 10) is used to classify those with moderate to severe symptoms of anxiety 	<p>Canada (<u>Statistics Canada</u>): Ability to meet financial obligations</p> <p>Increase, particularly among significantly financially impacted.</p> <p>43% of participants who reported significant impacts on their ability to meet financial obligations reported symptoms that were consistent with moderate or severe anxiety.</p> <p>Note: Participants were asked questions on the GAD-7 scale with the reference being to feelings within the last 2 weeks of the survey.</p>
	<p>Canada (<u>Statistics Canada</u>): Indigenous people</p> <ul style="list-style-type: none"> • Overall: 41% • Women: 48% • Men: 31% • Non-Indigenous: 25% <p>Method: Crowdsourced online survey of 1,400 First Nations people (on or off reserve), Métis and Inuit aged 15 and older from April 24 to May 11, 2020. This is not generalizable to the overall</p>	<p>Canada (<u>Statistics Canada</u>): Indigenous people</p> <p>Increase, particularly among Indigenous women.</p> <p>Higher percentages of Indigenous women than men reported symptoms consistent with moderate or severe generalized anxiety as measured by the GAD-7 scale, with 48% of Indigenous women participants reporting such symptoms, compared to 31% of Indigenous men.</p>

Indicator	Data	Interpretation
	Indigenous population, it only represents the responses of the participants.	
<p>% Reporting Self-rated Mental Health as ‘Excellent’ or ‘Very Good’</p>	<p>(Statistics Canada – March 29-Apr 3) (Statistics Canada – May 4-10) Canada: Overall (Ages 15+)</p> <ul style="list-style-type: none"> • COVID-19 Period (May 4-May 10, 2020): 48% • COVID-19 Period (March 29-Apr 3, 2020): 54% • 2018 Canadian Community Health Survey (CCHS): 68% • Note: COVID-19 Period includes March 29-April 3, 2020 • Method: Web Panel Survey, March 29- April 3, 2020 on 4,600 people from 10 provinces. Results are representative of the Canadian population. Note: The web panel excludes those living on reserves and institutionalized populations. <p>Canada (Statistics Canada): Age Groups</p> <ul style="list-style-type: none"> • Ages 15-24: <ul style="list-style-type: none"> ○ COVID-19 period: 42% ○ 2018 CCHS: 62% • Ages 65+: <ul style="list-style-type: none"> ○ COVID-19 period: 71% ○ 2018 CCHS: 72% 	<p>Canada (Statistics Canada): Overall (Ages 15+)</p> <p>Decrease.</p> <p>According to the May 2020 Canadian Perspectives Survey Series (CPSS), 48% of Canadians aged 15 and older reported having excellent or very good mental health. This was 6 percentage points lower than it was at the end of March 2020 (54%) and 20 percentage points lower than the 2018 CCHS (68%).</p> <p>Canada (Statistics Canada): Overall (Ages 15+)</p> <p>Decrease, particularly among ages 15-24.</p> <p>No change – Ages 65+.</p> <p>All age groups except individuals aged 65 and older were less likely to report excellent or very good mental health during the COVID-19 period compared to the 2018 CCHS. Among those aged 15 to 24, 42% reported excellent or very good mental health during the pandemic compared to 62% in 2018. In contrast, among those aged 65 and older</p>

Indicator	Data	Interpretation
		<p>71% reported excellent or very good mental health during the pandemic period compared to 72% in 2018.</p> <p>Note: Both surveys, the CPSS and CCHS, exclude populations in institutions.</p>
<p>Canada (Statistics Canada): Ability to meet financial obligations:</p> <p>Reporting fair or poor mental health:</p> <ul style="list-style-type: none"> • Moderate or major impact: 25% • Little to no financial impact: 13% • Method: Web Panel Survey, March 29- April 3, 2020 on 4,600 people from 10 provinces. Results are representative of the Canadian population. 		<p>Canada (Statistics Canada): Ability to meet financial obligations (fair or poor mental health):</p> <p>Increase, particularly among those with moderate or major impact to meet obligations.</p> <p>The share of Canadians reporting fair or poor mental health (as opposed to good, very good, or excellent) was twice as high among Canadians for whom COVID-19 is having a moderate or major impact on their ability to meet financial obligations or essential needs (25%) than among those for whom there is little to no financial impact (13%).</p>
<p>Canada (Statistics Canada): Indigenous people</p> <ul style="list-style-type: none"> • Apr-May 2020: 31% • 2017 Aboriginal Peoples Survey: 53% • Method: Crowdsourced online survey of 1,400 First Nations people (on or off reserve), Métis and Inuit aged 15 and older from April 24 to May 11, 2020. This is not generalizable to the overall Indigenous population, it only represents the responses of the participants. 		<p>Canada (Statistics Canada): Indigenous people</p> <p>Decrease.</p> <p>Among Indigenous crowdsourced participants, 38% reported fair or poor mental health (compared to 23% of non-Indigenous participants), 32% reported good mental health, and 31% reported excellent or very good mental health. In comparison, in the 2017 Aboriginal Peoples Survey, 16% of the Indigenous adult population (First Nations people living off reserve, Métis and Inuit) reported fair or poor mental health, 31% reported good mental health and 53% reported excellent or very good mental health.</p>

Indicator	Data	Interpretation
% New parents reporting mental health concerns	<p>Simcoe Muskoka: (SMDHU Integrated Services for Children Information System [ISCIS])</p> <p>Pre-pandemic period (Mar 1, 2019 – Mar 14, 2020):</p> <ul style="list-style-type: none"> 16.7% (95%CI: 15.4%-17.9%), <p>Pandemic period: (Mar 15 – May 20):</p> <ul style="list-style-type: none"> 16.9% (95%CI: 14.0%-20.1%) 	<p>Simcoe Muskoka</p> <p>No Change.</p> <p>SMDHU ISCIS data show no difference between the percentage of HBHC screens that report client or partner has history of depression, anxiety or other mental illness during the pre-pandemic period and the pandemic period.</p>
Percentage of pregnant individuals reporting anxiety concerns during pregnancy	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 20.6% (95%CI: 18.4%, 23.0%) Apr 2020: 23.4% (95%CI: 19.5%, 27.7%) May 2020: 20.4% (95%CI: 16.6%, 24.6%) 	<p>Simcoe Muskoka (BORN):</p> <p>No change.</p> <p>The percentage of pregnant individuals reporting anxiety concerns during pregnancy during the pandemic period is not significantly different compared to the pre-pandemic period.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>
Percentage of pregnant individuals reporting depression concerns during pregnancy	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 12.9% (95%CI: 11.1%, 14.9%) Apr 2020: 14.0% (95%CI: 10.9%, 17.6%) May 2020: 11.8% (95%CI: 8.8%, 15.2%) 	<p>Simcoe Muskoka (BORN):</p> <p>No change.</p> <p>The percentage of pregnant individuals reporting depression concerns during pregnancy during the pandemic period is not significantly different compared to the pre-pandemic period.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>



Substance Use

GENERAL SUBSTANCE USE

Indicator	Data	Interpretation
Number of Drug-Related Deaths	<p>Ontario (Office of the Chief Coroner):</p> <ul style="list-style-type: none"> Data unavailable 	<p>Ontario (Office of the Chief Coroner):</p> <p>Increase.</p> <p>According to the Office of the Chief Coroner “An increase in suspect-drug related deaths have been reported in March, April and May 2020 (roughly about a 25% increase compared to 2019). Note this is based on preliminary information from investigations and includes all substances not just opioids”. Further questions should be directed to the Office of the Chief Coroner.</p>
Percentage of pregnant individuals reporting drug use	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 1.4% (95%CI: 0.8%, 2.2%) Apr 2020: 1.1% (95%CI: 0.4%, 2.6%) May 2020: 1.2% (95%CI: 0.4%, 2.7%) 	<p>Simcoe Muskoka (BORN):</p> <p>No change.</p> <p>The percentage of pregnant individuals reporting drug use is similar between the pre-pandemic and pandemic periods.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>

ALCOHOL

Indicator	Data	Interpretation
<p>Number of Alcohol-Related ED Visits to hospitals located in Simcoe Muskoka reported by ACES</p>	<p>Simcoe Muskoka:</p> <ul style="list-style-type: none"> March-April 2020: 10 (median weekly # of visits) March- April 2019: 18 	<p>Decrease.</p> <p>In the week of March 8, 2020, there was a decline in the number of alcohol-related visits. This corresponds to the sharp drop in overall Emergency Visits.</p> <p>See Figure 4 for trends.</p>
<p>Proportion of residents reporting that their alcohol consumption has increased since COVID-19</p>	<p><u>(Statistics Canada –Mar 29-Apr 3)</u> <u>(Statistics Canada - May4-10)</u> Canada: Overall (Ages 15+)</p> <ul style="list-style-type: none"> March 29-Apr 3: 13.6% May 4-10, 2020: 18.8% Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020. Second web panel survey surveyed between May 4-10, 2020) with mostly the same participants as the first. Results can be interpreted for the Canadian population. <p>Canada (Statistics Canada): Age Groups:</p> <ul style="list-style-type: none"> Ages 15-34: 18.7% Ages 35-54: 18.5% Ages 55+: 6.0% 	<p><u>(Statistics Canada –Mar 29-Apr 3, 2020)</u> <u>(Statistics Canada - May4-10, 2020)</u> Canada: Overall (Ages 15+)</p> <p>Increase.</p> <p>Among those reporting changes in their weekly habits since COVID-19, 18.8% of Canadians aged 15+ reported increasing their alcohol consumption in in the later pandemic period (May 2020). This was a significant increase compared to the earlier pandemic period (early April 2020; 13.6%).</p> <p>Canada (Statistics Canada): Age Groups Increase, particularly among those aged 15-54.</p> <p>Among those reporting changes in their weekly habits since COVID-19, a higher proportion of Canadians aged 15-54 reported increasing their alcohol consumption compared to decreasing their consumption (ages 15-34: 8.1%, ages 35-54: 11.1%). In comparison, 6.0% of Canadians aged 55+ reported increasing their alcohol consumption while 10.0% reported decreasing consumption.</p>

Indicator	Data	Interpretation
	<p>Canada (Statistics Canada): Self-perceived mental health:</p> <ul style="list-style-type: none"> Fair or poor: 27.6% Good, very good or excellent: 11.3% 	<p>The estimates for ages 55+ were significantly lower compared to ages 15-34 (p<0.05).</p> <p>Canada (Statistics Canada): Self-perceived mental health: Increase, particularly among those with fair or poor self-perceived health.</p> <p>28% of Canadians aged 15+ with fair or poor self-perceived mental health reported increasing their alcohol consumption during the early COVID-19 period compared to 11.3% of Canadians reporting 'excellent', 'very good' or 'good' self-perceived mental health (significantly different p<0.05).</p>
Percentage of pregnant individuals reporting alcohol exposure during pregnancy	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 4.1% (95%CI: 3.1%, 5.3%) Apr 2020: 2.1% (95%CI: 0.9%, 3.9%) May 2020: 3.1% (95%CI: 1.6%, 5.2%) 	<p>Simcoe Muskoka (BORN):</p> <p>No change.</p> <p>The percentage of pregnant individuals reporting alcohol exposure during pregnancy during the pandemic period is not significantly different from the pre-pandemic period.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>
Beer, Wine, and Liquor Store Sales	<p>Ontario (Statistics Canada):</p> <ul style="list-style-type: none"> Avg March 2015-2019: \$651,000,000 March 2020: \$728,000,000 April 2020: \$543,500,000 Note: This comparison was used because the data available for Ontario is not adjusted for seasonality which inhibits comparison of trends over time. <p>Canada (Statistics Canada):</p> <ul style="list-style-type: none"> February 2020: \$1.84 billion 	<p>Ontario</p> <p>Increase – in March 2020.</p> <p>Sales in March 2020 (\$728,000,000) were higher compared to the average of the same month for the previous 5 years (\$651,000,000)</p> <p>See Figure 5 for the seasonally unadjusted trend. The data shows the raw sale volumes over time.</p> <p>Canada</p> <p>Increase – in March 2020.</p>

Indicator	Data	Interpretation
	<ul style="list-style-type: none"> • March 2020: \$2.14 billion • April 2020: \$1.7 billion 	<p>Sales at beer, wine and liquor stores increased by 18% in March 2020 compared to February 2020</p> <p>See Figure 6 for the seasonally adjusted trend. The data shows the adjusted values rather than the raw sales volumes to allow for comparisons of underlying trends.</p>

CANNABIS

Indicator	Data	Interpretation
<p>Proportion of residents reporting that their cannabis consumption has increased while staying home</p>	<p>(Statistics Canada – Mar 29-Apr 3) (Statistics Canada – May 4-May 10) Canada: Overall (Ages 15+)</p> <ul style="list-style-type: none"> • Mar 29- Apr 3, 2020: 6.0% • May 4- May 10, 2020: 6.6% • Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020. A second web panel survey occurred May 4 – May 10, 2020 with mostly the same participants as the first. • Results can be interpreted for the Canadian population. <p>Canada (Statistics Canada): Age Groups:</p> <ul style="list-style-type: none"> • Ages 15-34: 11.6% • Ages 35-54: 6.5% • Ages 55+: 1.6% (interpret with caution, high variability) • Method: Web panel survey, 4,600 Canadians across 10 provinces, 	<p>Canada (Statistics Canada): Overall (Ages 15+) Increase.</p> <p>Among those reporting changes in their weekly habits since COVID-19, 6.6% of Canadians aged 15+ reported increasing their cannabis consumption in the later pandemic period (May 2020) compared to 6.0% in the early pandemic period (early April 2020). This increase was not significant. However, a higher proportion of Canadians reported increasing their cannabis consumption (6%) early in the pandemic period compared to decreasing their consumption (2%).</p> <p>Canada (Statistics Canada – Mar 29-Apr 3): Age Groups Increase, particularly among those aged 15-34.</p> <p>Among those reporting changes in their weekly habits since COVID-19, a higher proportion of Canadians aged 15-34 reported increasing their cannabis consumption compared to decreasing their consumption (ages 15-34: 2.0% [interpret with caution], ages 35-54: 1.8% [interpret with caution]). In comparison, 1.6% [interpret with caution] of</p>

Indicator	Data	Interpretation
	<p>surveyed between March 29 – April 3, 2020</p> <p>Canada (Statistics Canada): Self-perceived mental health:</p> <ul style="list-style-type: none"> • Fair or poor: 17% • Good, very good or excellent: 4% • Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020 • Results can be interpreted for the Canadian population. 	<p>Canadians aged 55+ reported increasing their cannabis consumption. The proportion that reported decreasing their consumption was too unreliable to report.</p> <p>The estimates for ages 35-54 and ages 55+ were significantly lower compared to ages 15-34 (p<0.05).</p> <p>Canada (Statistics Canada): Self-perceived mental health: Increase, particularly among those with fair or poor self-perceived health.</p> <p>17% of Canadians aged 15+ with fair or poor self-perceived mental health reported increasing their cannabis consumption during the early COVID-19 period compared to 4% of Canadians reporting ‘excellent’, ‘very good’ or ‘good’ self-perceived mental health (significantly different p<0.05).</p>
<p>Cannabis Store Sales</p>	<p>Ontario (Statistics Canada):</p> <ul style="list-style-type: none"> • February 2020: \$39.2 million • March 2020: \$47.3 million • April 2020: \$42.8 million • Note: Sales data for Cannabis has only been collected since November 2018, thus seasonal patterns are not yet available and the data presented is seasonally unadjusted – presenting raw sales volumes <p>Canada (Statistics Canada):</p> <ul style="list-style-type: none"> • February 2020: \$152 million • March 2020: \$181 million • April 2020: \$180 million 	<p>Ontario</p> <p>Increase – in March 2020.</p> <p>Cannabis retail sales increased by 21% between February 2020 and March 2020, larger than the average growth over the past 14 months (16%).</p> <p>See Figure 7 for the seasonally unadjusted trend. The data shows the raw sales volumes over time.</p> <p>Canada</p> <p>Increase – in March 2020.</p> <p>Cannabis retail sales increased by 19% between February 2020 and March 2020, larger than the average growth over the past 14 months (8%).</p>

Indicator	Data	Interpretation
	<ul style="list-style-type: none"> Note: Sales data for Cannabis has only been collected since November 2018, thus seasonal patterns are not yet available and the data presented is seasonally unadjusted – presenting raw sales volumes 	See Figure 8 for the seasonally unadjusted trend. The data shows the raw sales volumes over time.

TOBACCO

Indicator	Data	Interpretation
Proportion of residents reporting that their use of tobacco products has increased since COVID-19	<p>(Statistics Canada – Mar 29- Apr 3) (Statistics Canada – May 4– May 10) Canada: Overall (Ages 15+):</p> <ul style="list-style-type: none"> Mar 29- Apr 3, 2020: 3.1% May 4 – May 10, 2020: 4.9% Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020. A second web panel survey was conducted May 4 – May 10, 2020 with mostly the same participants as the first. Results can be interpreted for the Canadian population. <p>Canada (Statistics Canada): Age Groups:</p> <ul style="list-style-type: none"> Ages 15-34: 3.5% Ages 35-54: 4.8% Ages 55+: 1.7% 	<p>(Statistics Canada – Mar 29- Apr 3, 2020) (Statistics Canada – May 4– May 10, 2020) Canada Overall (Ages 15+) No change.</p> <p>Among those reporting changes in their weekly habits since COVID-19, 4.9% of Canadians aged 15+ reported increasing their use of tobacco products in the later pandemic period (May 2020) compared to 3.1% in the early pandemic period (early April 2020). This increase was not statistically significant. The proportion of Canadians who reported increasing their tobacco consumption in the early pandemic period was nearly the same as those who reported decreasing their use (3.2%).</p> <p>Canada (Statistics Canada): Age Groups No change.</p> <p>Among those reporting changes in their weekly habits since COVID-19, 3.5% of Canadians aged 15-34 reported increasing their use of tobacco products while 3.3% reported decreasing their use. In comparison 4.8% of Canadians aged 35-54 reported</p>

Indicator	Data	Interpretation
	<ul style="list-style-type: none"> Note: All estimates have high variability, interpret with caution. Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020 	<p>increasing their usage while 3.9% decreased their usage and 1.7% of Canadians aged 55 or older reported increasing their usage while 2.9% reported decreasing their usage. The estimates for ages 55+ were significantly lower compared to ages 15-34 (p<0.05).</p>



Physical Health

MEDICAL MAINTENANCE

Indicator	Data	Interpretation
<p>Number of hospital procedures cancelled or avoided during the pandemic period</p>	<p>Ontario (<u>Financial Accountability Office of Ontario</u>):</p> <ul style="list-style-type: none"> 52,700 (between March 15-April 22, 2020) <p>Ontario (<u>Ontario Health</u>): Surgery Type: March 16-April 26, 2020 compared to March 16-April 26, 2019:</p> <ul style="list-style-type: none"> 2,039 fewer adult cancer surgeries (-34%), 1,033 fewer adult vascular surgeries (-73%), 609 fewer cardiac surgeries (-44%), 62,614 fewer adult non-oncology surgeries (-93%), 6,097 fewer pediatric surgeries (-93%). 	<p>Ontario (<u>Financial Accountability Office of Ontario</u>): Increase.</p> <p>The Financial Accountability Office of Ontario estimates that between March 15, 2020 and April 22, up to 52,700 hospital procedures were cancelled or avoided in Ontario and, every week that the COVID-19 outbreak continues, up to 12,200 more procedures are delayed</p> <p>Ontario (<u>Ontario Health</u>): Surgery Type: Fewer surgeries were being performed between March 16 and April 26, 2020, as compared to the volumes in the same time period in 2019.</p>

PHYSICAL ACTIVITY

Indicator	Data	Interpretation
<p>Self-Reported Health as “Very Good” or “Excellent”</p>	<p>Canada (Statistics Canada): Overall</p> <ul style="list-style-type: none"> • COVID-19 period: 68.6% • 2018: 60.2% • Method: Web Panel Survey, 4,600 participants from 10 provinces, March 29-April 3, 2020. Compared to 2018 CCHS data • Results are representative of the Canadian population 	<p>Canada (Statistics Canada): Overall</p> <p>Increase.</p> <p>More Canadians reported that their physical health was excellent or very good – 69% of Canadians compared to 60% in 2018. It is possible that during a pandemic, people who are not ill are more apt to report relatively better health, that is, have a positive perception of their own health.</p>
<p>Percentage of the population participating in physical/lifestyle activities for their physical health and/or mental health</p>	<p>Canada (Statistics Canada): By Activity</p> <ul style="list-style-type: none"> • Exercise outdoors: 63.2% • Exercise indoors: 60.5% • Changing food choices: 37.7% • Meditation: 26.3% • Method: Web Panel Survey, 4,600 participants from 10 provinces, March 29-April 3, 2020. Compared to 2018 CCHS data • Results are representative of the Canadian population <p>Canada (Statistics Canada): By Self-Perceived Mental Health:</p> <p>Exercise outdoors (Men):</p> <ul style="list-style-type: none"> • Fair/poor: 50.5% • Good: 60.6% • Very good: 66.2% • Excellent: 65.1% <p>Exercise outdoors (Women):</p> <ul style="list-style-type: none"> • Fair/poor: 50.8% • Good: 64.5% 	<p>Canada (Statistics Canada): By Activity</p> <p>About 6 in 10 reported doing physical exercise either outdoors or indoors for their physical and/or mental health. Fewer Canadians were making changes to their food choices (37.7%) or practicing meditation (26.3%) for health reasons.</p> <p>Canada (Statistics Canada): By Self-Perceived Mental Health:</p> <p>Both men and women with better mental health (self-perceived as “excellent” or “very good”) were significantly more likely than their counterparts with fair/poor mental health to have exercised outdoors ($p < 0.05$).</p> <p>Similarly, men with very good or good mental health, and women with good mental health were significantly more likely than those in fair/poor health to have exercised indoors ($p < 0.05$).</p>

Indicator	Data	Interpretation
	<ul style="list-style-type: none"> • Very good: 70.7% • Excellent: 69.8% <p>Exercise indoors (Men):</p> <ul style="list-style-type: none"> • Fair/poor: 44.1% • Good: 62.0% • Very good: 55.6% • Excellent: 56.6% <p>Exercise indoors (Women):</p> <ul style="list-style-type: none"> • Fair/poor: 58.2% • Good: 64.2% • Very good: 68.5% • Excellent: 65.6% <p>Canada (<u>Statistics Canada</u>): Age Groups Youth (Ages 15-30):</p> <ul style="list-style-type: none"> • Exercise outdoors: 62.3% • Exercise indoors: 66.8% • Change food choices: 39.7% • Meditation: 22.7% 	<p>Additionally, men with fair or poor mental health were more likely than those in excellent mental health to have changed their food choices for health reasons (44.7% vs 29.7%).</p> <p>Men in fair or poor mental health were also more likely than men in excellent or very good mental health to have meditated during the survey period (32.4% vs 20.6%, 21.0%).</p> <p>Canada (<u>Statistics Canada</u>): Age Groups Youth (Ages 15-30): Just over two thirds of youth (aged 15-30) exercised indoors, and 62% exercised outdoors. A similar trend in the positive health behaviours were also observed for the Canadian population.</p> <p>Note: Participants were asked if they were doing any of the following activities for their health:</p> <ul style="list-style-type: none"> • Communication with friends and family • Meditation • Exercise outdoors • Exercise indoors • Changing food choices <p>With the following response options: 1: Yes, for my mental health 2: Yes, for my physical health 3: Yes, for both my mental and physical health 4: No</p>

DENTAL

Indicator	Data	Interpretation
Number of Dental-Related ED Visits to hospitals located in Simcoe Muskoka	SMDHU (ACES): Overall <ul style="list-style-type: none"> • Feb 2020: 212 (upper threshold: 210) • Mar 2020: 169 (upper threshold: 212) • Apr 2020: 148 (upper threshold: 218) • May 2020: 217 (upper threshold: 219) • June 2020: 193 (upper threshold: 218) 	SMDHU (ACES): Overall Decrease. The number of dental-related emergency department visits decreased in March 2020, corresponding to the decrease in all-cause emergency department visits. The number of visits in April 2020 was significantly lower than the threshold. The number of visits increased in May 2020, though it did not reach significance. Upper threshold is the four year three-month average + 1.96*Poisson standard deviation Lower threshold is the four year three-month average – 1.96&Poisson standard deviation. For weekly trends, see Figure 9 .

NUTRITION

Indicator	Data	Interpretation
Proportion of residents reporting that their consumption of junk food or sweets has increased since COVID-19	<p><u>(Statistics Canada – Mar 29- Apr 3)</u> <u>(Statistics Canada – May 4– May 10)</u> Canada: Overall (Ages 15+):</p> <ul style="list-style-type: none"> • Mar 29- Apr 3, 2020: 26.7% • May 4 – May 10, 2020: 35.2% • Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020. A second web panel survey was conducted May 4 – May 10, 2020 with mostly the same participants as the first. • Results can be interpreted for the Canadian population. <p>Canada (Statistics Canada – Mar 29- Apr 3): Age Groups:</p> <ul style="list-style-type: none"> • Ages 15-49: 37.1% • Ages 50+: 14.6% • Method: Web panel survey, 4,600 Canadians across 10 provinces, surveyed between March 29 – April 3, 2020 	<p><u>(Statistics Canada – Mar 29- Apr 3, 2020)</u> <u>(Statistics Canada – May 4– May 10, 2020)</u> Canada Overall (Ages 15+) Increase. Among those reporting changes in their weekly habits since COVID-19, 35.2% of Canadians aged 15+ reported increasing their consumption of junk food or sweets in the later pandemic period (May 2020) compared to 26.7% in the early pandemic period (early April 2020). This increase is statistically significant.</p> <p>Canada (Statistics Canada): Age Groups Increase, particularly among ages 15-49. Among those reporting changes in their weekly habits since COVID-19, 37.1% of Canadians aged 15-49 reported increasing their consumption of junk food or sweets while 15.9% reported decreasing their use. In comparison 14.6% of Canadians aged 50 years or older reported increasing their consumption while 13.2% decreased their consumption.</p>
Proportion of residents reporting food insecurity	<p>Canada (Statistics Canada):</p> <ul style="list-style-type: none"> • Overall: 14.6% • Households with children: 19.2% • Households without children: 12.2% 	<p>Canada (Statistics Canada): Increase, particularly among those absent from work due to closures, layoffs or personal circumstances. Food insecurity was significantly higher during COVID-19 (15%) when compared to the 2017/ 2018 Canadian Community Health Survey (11%).</p>

-
- **Absent from work April 26-May 2 due to closures, layoffs or personal circumstances:** 28.4%
 - **Unemployed during April 26-May 2:** 16.8%
 - **Working during April 26 – May 2:** 10.7%
 - **2017/2018 Comparison:** 10.5%

Method: A second web panel survey conducted May 4 – May 10, 2020 with 4,600 respondents. While results are weighed to be representative of the general population, the web panel sample is under representative of those known to be vulnerable to food insecurity (e.g. those who are renters, as well as those in the types of occupations in industries where working from home is less possible).

Food insecurity was particularly high among Canadians who were employed during the week of April 26th to May 2nd, but absent from work due to business closure, layoff, or personal circumstances due to COVID-19 (28%), compared to those who were working (11%).

Note: Food insecurity is defined as at least one negative experience on the short form (6-item) version of the Household Food Security Survey Module, an 18-item questionnaire used to measure household food security in Canada used by the Canadian Community Health Survey (CCHS). The short form questionnaire asks about past 30-day food insecurity experiences, while the full questionnaire on the CCHS asks about experiences based on the past 12 months.



Social Impacts

DOMESTIC CONFLICT AND CHILD WELFARE

Indicator	Data	Interpretation
Number of domestic violence-related calls received by local police	<p><u>District of Muskoka OPP</u></p> <ul style="list-style-type: none"> • March 2020: 57 calls • February 2020: 48 • March 2019: 46 <p>Note: This includes Bracebridge, Huntsville and Southern Georgian Bay (Georgian Bay Township only) OPP detachments</p>	<p>District of Muskoka</p> <p>Increase.</p> <p>Calls made to Muskoka District OPP detachments related to domestic violence increased by 24% from February 2020 to March 2020</p>
Number of referrals received by Simcoe Muskoka Family Connexions	<p><u>Simcoe Muskoka Family Connexions</u></p> <ul style="list-style-type: none"> • Apr 2020: 394 • Mar 2020: 497 • Feb 2020: 485 • Jan 2020: 579 	<p>Simcoe Muskoka</p> <p>Decrease – please see ‘Note’.</p> <p>On average, the number of referrals over March and April 2020 has declined by 9% compared to a decline of 3% over January and February 2020.</p> <p>The number of referrals to Simcoe Muskoka Family Connexions has declined over the past 16 months since January 2019 with a significant reduction of referrals in December 2019 due to referrals being transferred to Dnaagdawenmag Binnoojiiyag. This also limits the comparability prior to December 2019.</p> <p>Note: Family Connexions notes a decrease in “active” educational personnel (due to school closures), child care providers, and legal personnel which may influence the number of referrals.</p> <p>Family Connexions notes that as of May 2020, the majority of referrals are coming from police officers and law enforcement.</p>

Indicator	Data	Interpretation
<p># of referrals by reasons for new investigations by Simcoe Muskoka Family Connexions.</p>	<p>Simcoe Muskoka Family Connexions Below presents the top 3 reasons for new investigations:</p> <p>Caregiver with a condition impacting child caring ability:</p> <ul style="list-style-type: none"> • Apr 2020: 54 • Mar 2020: 56 • Feb 2020: 62 • Jan 2020: 77 <p>Child Exposure to partner violence:</p> <ul style="list-style-type: none"> • Apr 2020: 50 • Mar 2020: 41 • Feb 2020: 43 • Jan 2020: 55 <p>Physical Force and/or maltreatment:</p> <ul style="list-style-type: none"> • Apr 2020: 13 • Mar 2020: 38 • Feb 2020: 48 • Jan 2020: 50 	<p>Simcoe Muskoka No Change.</p> <p>When comparing the average number of referrals from Mar-Apr to Feb-Jan 2020, there is no change in the number of referrals for the ‘caregiver with a condition impacting child caring ability’ (55 vs 70) and ‘child exposure to partner violence’ (46 vs 49). Note: comparison of trends is difficult with the lack of comparable long term data. The fluctuation in number of referrals reported may be due to normal variation or normal seasonal variation.</p> <p>Note: An unpaired t test was used for guidance to compare if the change between the two means for the two time periods was large enough to be noted as a significant increase or decrease.</p> <p>There is a notable drop in reporting of physical force and maltreatment. Family Connexions notes this may be related to a decrease in “active” educational personnel (due to school closures), child care providers, and legal personnel.</p> <p>Family Connexions notes that as of May 2020, the majority of referrals are coming from police officers and law enforcement.</p> <p>Definitions: Caregiver with a condition impacting child caring ability: a physical, mental/emotional, or behavioral condition that threatens to interfere with their child-caring ability</p>

Indicator	Data	Interpretation
<p>Proportion of residents “very” or “extremely” concerned about “violence in the home”</p>	<p>Canada (Statistics Canada): Overall (Ages 15+)</p> <ul style="list-style-type: none"> 8% Method: Web Panel Survey, 4,600 participants from 10 provinces, March 29-April 3, 2020 Results are weighted to be representative of the Canadian population <p>Canada (Statistics Canada): Sex (Ages 15+)</p> <ul style="list-style-type: none"> Women: 10% Men: 6% <p>Canada (Statistics Canada): Immigration Status</p> <ul style="list-style-type: none"> Immigrant (Ages 15+): 12% Canadian-born (Ages 15+): 7% Method: Web Panel Survey, 4,600 participants from 10 provinces, March 29-April 3, 2020 	<p>Canada (Statistics Canada): Overall and by Sex Increase.</p> <p>When asked about how concerned participants were about each of the impacts of COVID-19 including “violence in the home”, 8% (10% for women, 6% for men) of Canadians reported that they were very or extremely concerned about the possibility of violence in the home</p> <p>Note: the question says “violence in the home”. This could be interpreted as the concern for violence in the participant’s home or concern for violence in others homes.</p> <p>Canada (Statistics Canada): Immigration Status Increase.</p> <p>11.6% of the Canadian immigrant population reported being concerned about violence in the home compared to 7% of the Canadian-born population. This is reported as significantly different (p<0.05) when compared to the Canadian-born population.</p> <p>Note: The data includes all immigrants and does not have a sub-analysis for recent immigrants (i.e. immigration with the past 5 years).</p>
<p>Proportion of residents reporting being “very” or “extremely” concerned about family stress due to confinement</p>	<p>Canada (Statistics Canada): Overall (Ages 15+)</p> <ul style="list-style-type: none"> 32.0% Method: Web Panel Survey, 4,600 participants from 10 provinces, March 29-April 3, 2020 Results are weighted to be representative of the Canadian population 	<p>Canada (Statistics Canada): Overall (Ages 15+) by Sex Increase</p> <p>When asked about how concerned participants were about each of the impacts of COVID-19 including “family stress from confinement”, nearly one-third (32.0% overall; 33% for women, 30% for men) of Canadians reported that they were very or extremely concerned about family stress from confinement compared to 27.0% who were not at all concerned.</p>

Indicator	Data	Interpretation
	<p>Canada (Statistics Canada): Sex (Ages 15+)</p> <ul style="list-style-type: none"> • Women: 33.4% • Men: 30.4% 	
<p>% of Healthy Babies Healthy Children (HBHC) screens (96% postpartum) for which client's relationship with parenting partner is strained (evidence of relationship stress observed)</p>	<p>Simcoe Mukoska (ISCIS):</p> <p>Pre-pandemic period</p> <ul style="list-style-type: none"> • (Mar 1, 2019 – Mar 14, 2020): • 2.9% (95%CI: 2.4%-3.5%) <p>Pandemic period:</p> <ul style="list-style-type: none"> • (Mar 15 – May 20): • 1.8% (95%CI: 0.9%-3.2%) 	<p>Simcoe Muskoka (ISCIS):</p> <p>No change.</p> <p>SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 2.9% (2.4%-3.5%)), and the pandemic period (Mar 15 – May 20: 1.8% (0.9%-3.2%)).</p> <p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen</p>
<p>% of HBHC screens (96% postpartum) for which client or parenting partner has been involved with Child Protection Services as a parent</p>	<p>Simcoe Mukoska (ISCIS):</p> <p>Pre-pandemic period</p> <ul style="list-style-type: none"> • (Mar 1, 2019 – Mar 14, 2020): • 4.2% (95%CI: 3.6%-4.9%) <p>Pandemic period:</p> <ul style="list-style-type: none"> • (Mar 15 – May 20): • 2.8% (95%CI: 1.6%-4.4%) 	<p>Simcoe Muskoka (ISCIS):</p> <p>No change.</p> <p>SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 4.2% (3.6%-4.9%)), and the pandemic period (Mar 15 – May 20: 2.8% (1.6%-4.4%)).</p> <p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen.</p>

SOCIAL DISORDER

Indicator	Data	Interpretation
Number of Assault-Related ED Visits to hospitals located in Simcoe Muskoka	SMDHU (ACES): Overall <ul style="list-style-type: none"> • Feb 2020: 30 (upper threshold: 34) • Mar 2020: 20 (upper threshold: 33) • Apr 2020: 10 (upper threshold: 31) • May 2020: 17 (upper threshold: 34) • June 2020: 16 (upper threshold: 37) 	SMDHU (ACES): Overall Decrease. The number of assault-related emergency department visits was significantly lower than expected in April 2020. The number of visits increased in May 2020, though it did not reach significance. Upper threshold is the four year three-month average + 1.96*Poisson standard deviation For weekly trends, see Figure 10.

BIRTH/ PARENTING

Indicator	Data	Interpretation
% of HBHC screens (96% postpartum) who report that client expresses concern about their ability to parent baby/child	<p>Simcoe Muskoka (ISCIS): Pre-pandemic period (Mar 1 2019-Mar 14, 2020):</p> <ul style="list-style-type: none"> 1.3% (95%CI: 0.9-1.7%) <p>Pandemic period (Mar 15-May 20, 2020):</p> <ul style="list-style-type: none"> 1.2% (95%CI: 0.5-2.3%) 	<p>Simcoe Muskoka (ISCIS): No change. SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 1.3% (0.9%-1.7%)), and the pandemic period (Mar 15 – May 20: 1.2% (0.5%-2.3%)).</p> <p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen.</p>
% of HBHC screens (96% postpartum) who report that client expresses concern about their ability to care for baby/child	<p>Simcoe Muskoka (ISCIS): Pre-pandemic period (Mar 1 2019-Mar 14, 2020):</p> <ul style="list-style-type: none"> 1.4% (95%CI: 1.0-1.8%) <p>Pandemic period (Mar 15-May 20, 2020):</p> <ul style="list-style-type: none"> 0.8% (95%CI: 0.3-1.9%) 	<p>Simcoe Muskoka (ISCIS): No change. SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 1.4% (1.0%-1.8%)), and the pandemic period (Mar 15 – May 20: 0.8% (0.3%-1.9%)).</p> <p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen.</p>
Percentage of live births that are exclusively breastfeeding at discharge	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 64.6% (95%CI: 61.7%, 67.4%) Apr 2020: 67.2% (95%CI: 62.3%, 71.8%) May 2020: 64.6% (95%CI: 59.4%, 69.5%) 	<p>Simcoe Muskoka (BORN): No change.</p> <p>The percentage of live births that are exclusively breastfeeding at discharge during the pandemic period is not significantly different compared to the pre-pandemic period.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital.</p>

Indicator	Data	Interpretation
		Includes home births. The data may be subject to change as more information is added.
Percentage of pregnant individuals having home birth	Simcoe Muskoka (BORN): <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 3.4% (95%CI: 2.5%, 4.6%) Apr 2020: 4.5% (95%CI: 2.8%, 6.9%) 	Simcoe Muskoka (BORN): No change. The percentage of pregnant individuals having a home birth during the pandemic period is not significantly different compared to the pre-pandemic period. Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.

PRENATAL

Indicator	Data	Interpretation
% of HBHC screens (96% postpartum) who report no prenatal care before sixth month	Simcoe Muskoka (ISCIS): Pre-pandemic period (Mar 1 2019-Mar 14, 2020): <ul style="list-style-type: none"> 1.1% (95%CI: 0.8-1.5%) Pandemic period (Mar 15-May 20, 2020): <ul style="list-style-type: none"> 1.1% (95%CI: 0.5-2.3%) 	Simcoe Muskoka (ISCIS): No change. SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 1.1% (0.8%-1.5%)), and the pandemic period (Mar 15 – May 20: 1.1% (0.5%-2.3%)).

Indicator	Data	Interpretation
		<p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen.</p>
<p>% of HBHC screens (96% postpartum) who report Mother and/or child do NOT have a designated primary care provider</p>	<p>Simcoe Muskoka (ISCIS): Pre-pandemic period (Mar 1 2019-Mar 14, 2020):</p> <ul style="list-style-type: none"> 2.7% (95%CI: 2.2-3.3%) <p>Pandemic period (Mar 15-May 20, 2020):</p> <ul style="list-style-type: none"> 3.0% (95%CI: 1.8-4.6%) 	<p>Simcoe Muskoka (ISCIS): No change. SMDHU ISCIS data show no difference between the pre-pandemic period (Mar 1, 2019 – Mar 14, 2020: 2.7% (2.2%-3.3%)), and the pandemic period (Mar 15 – May 20: 3.0% (1.8%-4.6%)).</p> <p>Note that ISCIS data represent approximately 60% of all live births among Simcoe Muskoka residents due to ~20% of births declining an HBHC screen and ~20% of births not being offered an HBHC screen.</p>
<p>Percentage of pregnant individuals reporting first trimester visit</p>	<p>Simcoe Muskoka (BORN):</p> <ul style="list-style-type: none"> Pre-pandemic (Jan-Mar 2020): 95.3% (95%CI: 94.0%, 96.4%) Apr 2020: 95.3% (95%CI: 92.9%, 97.1%) May 2020: 95.4% (95%CI: 92.9%, 97.2%) 	<p>Simcoe Muskoka (BORN): No change.</p> <p>The percentage of pregnant individuals reporting a first trimester visit during the pandemic period is not significantly different compared to the pre-pandemic period.</p> <p>Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>

Indicator	Data	Interpretation
<p>Percentage of pregnant individuals reporting attending prenatal classes</p>	<p>Simcoe Muskoka (BORN):</p> <p>“In person” only:</p> <ul style="list-style-type: none"> • Pre-pandemic (Jan-Mar 2020): 24.9% (95%CI: 22.4%, 27.5%) • Apr 2020: 19.2% (95%CI: 15.3%, 23.5%) • May 2020: 14.8% (95%CI: 11.3%, 18.8%) <p>“Online” only:</p> <ul style="list-style-type: none"> • Pre-pandemic (Jan-Mar 2020): 7.6% (95%CI: 6.1%, 9.3%) • Apr 2020: 12.6% (95%CI: 9.4%, 16.4%) • May 2020: 14.2% (95%CI: 10.8%, 18.2%) <p>None:</p> <ul style="list-style-type: none"> • Pre-pandemic (Jan-Mar 2020): 59.5% (95%CI: 56.5%, 62.4%) • Apr 2020: 61.2% (95%CI: 56.1%, 66.1%) • May 2020: 66.1% (95%CI: 61.0%, 71.0%) 	<p>Simcoe Muskoka (BORN):</p> <p>In-Person - Decrease. Online – Increase.</p> <p>In May 2020, a significantly lower proportion of pregnant individuals residing in Simcoe Muskoka reported attending in-person only prenatal classes compared to the pre-pandemic period.</p> <p>In comparison, a significantly higher proportion of pregnant individuals reported attending online-only prenatal classes in May 2020 compared to the pre-pandemic period.</p> <p>A higher proportion of pregnant individuals reported not attending any prenatal classes in May 2020 compared to the pre-pandemic period, however, this was not significantly different.</p> <p>Note: Data extracted June 18, 2020. Includes residents of Simcoe Muskoka, regardless of delivery hospital. Includes home births. The data may be subject to change as more information is added.</p>

IMPACT ON ACADEMICS

Indicator	Data	Interpretation
<p>Proportion of post-secondary students whose academic activities were impacted by COVID-19</p>	<p>Canada (<u>Statistics Canada</u>): Overall</p> <ul style="list-style-type: none"> • 57% • Method: Over 100,000 postsecondary students participating in online crowdsourcing survey, April 19 to May 1, 2020 • Due to non-probability based sampling, results cannot be interpreted to all post-secondary Canadian students, only those within this study. 	<p>Canada (<u>Statistics Canada</u>): Overall</p> <p>Increase.</p> <p>57% of post-secondary students responding to the survey reported some impact on their academic activities due to the pandemic (e.g. delay or cancellation of their work placement (35%), postponed or cancelled courses (26%), not able to complete credential as planned (11%), not able to complete some courses this term (10%).</p>



Economic Impacts

EMPLOYMENT

Indicator	Data	Interpretation
Change in number of employed persons (compared to prior month; % change)	<p>Barrie, Innisfil and Springwater (Financial Accountability Office of Ontario):</p> <ul style="list-style-type: none"> • Feb-May 2020: -10% <ul style="list-style-type: none"> ○ Mar 2020: -1,100 jobs ○ Apr 2020: -5,400 jobs ○ May 2020: -6,400 jobs • Feb-May 2020 Ontario: -11.7% <p>Ontario (Statistics Canada): Overall</p> <ul style="list-style-type: none"> • Mar 2020: -400,000 jobs (-5%) • Apr 2020: -690,000 jobs (-10%) • May 2020: -64,500 jobs (-1%) • June 2020: +377,900 (+6%) <p>Ontario (Statistics Canada): Age Groups:</p>	<p>Barrie, Innisfil and Springwater (Financial Accountability Office of Ontario): Decrease. During the February to May period, there was a 10 per cent decline in total employment among Barrie, Innisfil and Springwater residents, while the Ontario average was an 11.7 per cent decline. “Barrie’s hardest hit industry was unique compared to other Census Metropolitan Areas (CMA), with the business, building, and other support services sector representing more than one-third of the job losses.”</p> <p>Note: The Barrie CMA includes Barrie, Innisfil and Springwater.</p> <p>Ontario (Statistics Canada): Overall Decrease. Ontario employment declined by a record 1.1 million jobs (or -15 per cent) over March and April 2020. The Financial Accountability Office of Ontario estimates an additional 1.1million jobs have had reduced hours, impacting 1 in 3 Ontario jobs.</p> <p>Please see Figure 11 for trends.</p> <p>Ontario (Statistics Canada): Age Groups: Decrease, particularly among ages 15-24.</p>

Indicator	Data	Interpretation
	<p>Ages 15-24:</p> <ul style="list-style-type: none"> • Mar 2020: -158,800 jobs (-16%) • Apr 2020: -166,800 jobs (-20%) • May 2020: -30,100 jobs (-4%) • June 2020: +78,700 jobs (+12%) <p>Ages 55+:</p> <ul style="list-style-type: none"> • Mar 2020: -64,800 jobs (-4%) • Apr 2020: -144,000 jobs (-9%) • May 2020: -10,800 jobs (-1%) • June 2020: +50,800 jobs (+3%) <p>Ontario (Statistics Canada): Highest Educational Attainment (25 Years or older):</p> <p>Below high school:</p> <ul style="list-style-type: none"> • Mar 2020: -30,100 jobs (-9%) • Apr 2020: -31,200 jobs (-11%) • May 2020: -16,800 jobs (-6%) <p>High school graduate:</p> <ul style="list-style-type: none"> • Mar 2020: -55,100 jobs (-5%) • Apr 2020: -102,800 jobs (-10%) • May 2020: 5,800 jobs (1%) <p>Above high school:</p> <ul style="list-style-type: none"> • Mar 2020: -201,800 jobs (-4%) • Apr 2020: -339,600 jobs (-7%) • May 2020: 15,700 jobs (0.3%) <p>Ontario (Financial Accountability Office of Ontario): Occupation type:</p> <ul style="list-style-type: none"> • Largest jobs losses occurred in the Accommodation and Food Services industry (-119,600 jobs or 	<p>From February to May 2020, there was a drop in employment of 355,700 among ages 15-24 (-35.4%) and 219,600 among ages 55+ (-12.9%).</p> <p>Ontario (Statistics Canada): Highest Educational Attainment (25 Years or older):</p> <p>Decrease.</p> <p>The rate of job loss is highest among those with lower levels of educational attainment. From February to May 2020, there was a drop in employment of 78,100 among those without a high school diploma or a 24.1% drop in employment; 152,100 among those with only a high school diploma (-13.7%); and 525,700 among those with further education beyond high school (-10.3%).</p> <p>Note: According to Statistics Canada, a number of individuals have remained employed, but lost more than half of their usual hours. Most of the data here only reflects those that have lost employment.</p>

Indicator	Data	Interpretation
	-26.7% from February to March 2020).	
Unemployment Rate	<p>Barrie, Innisfil and Springwater (Financial Accountability Office of Ontario):</p> <ul style="list-style-type: none"> • Feb 2020: 4.3 • Mar 2020: 5.7 • Apr 2020: 9.1 • May 2020: 11.6 <p>Ontario (Statistics Canada): Overall</p> <ul style="list-style-type: none"> • Feb 2020: 5.5 • Mar 2020: 7.6 • Apr 2020: 11.3 • May 2020: 13.6 • June 2020: 12.2 <p>Ontario (Statistics Canada): Age Groups:</p> <p>Ages 15-24:</p> <ul style="list-style-type: none"> • Feb 2020: 11.0 • Mar 2020: 15.8 • Apr 2020: 24.0 • May 2020: 30 • June 2020: 30 <p>Ages 25-54:</p>	<p>Barrie, Innisfil and Springwater (Financial Accountability Office of Ontario): Over the February to May period, Barrie, Innisfil and Springwater's unemployment rate nearly tripled (11.6%).</p> <p>Note: The Barrie CMA includes Barrie, Innisfil and Springwater.</p> <p>Ontario (Statistics Canada): Overall Increase. From February to May 2020, the unemployment rate has more than doubled in Ontario.</p> <p>Ontario (Statistics Canada): Age Groups: Increase, particularly among ages 15-24. From February to May 2020, the unemployment rate has tripled for those aged 15-24 and more than doubled for those aged 25-54 and those aged 55 years or older.</p> <p>Please see Figure 12 for trends.</p>

Indicator	Data	Interpretation
	<ul style="list-style-type: none"> • Feb 2020: 4.8 • Mar 2020: 6.7 • Apr 2020: 9.5 • May 2020: 11.4 • June 2020: 9.8 <p>Ages 55+:</p> <ul style="list-style-type: none"> • Feb 2020: 3.9 • Mar 2020: 5.4 • Apr 2020: 9.5 • May 2020: 10.7 • June 2020: 8.3 <p>Ontario (Statistics Canada): Highest Educational Attainment (25 Years or older):</p> <p>Below high school:</p> <ul style="list-style-type: none"> • Feb 2020: 6.0 • Mar 2020: 9.3 • Apr 2020: 12.5 • May 2020: 16.6 • June 2020: 12.5 <p>High school graduate:</p> <ul style="list-style-type: none"> • Feb: 2020: 5.1 • Mar 2020: 7.6 • Apr 2020: 12.1 • May 2020: 13.3 • June 2020: 9.9 <p>Above high school:</p> <ul style="list-style-type: none"> • Feb 2020: 4.5 • Mar 2020: 6.5 • Apr 2020: 8.9 • May 2020: 10.0 • June 2020: 8.8 	<p>Ontario (Statistics Canada): Highest Educational Attainment (25 Years or older): Increase, particularly among those with less than high school diploma.</p> <p>From February to May 2020, the unemployment rate has increased by 2.8 times among those with less than a high school diploma, 2.6 times among those with a high school diploma, and 2.2 times among those with additional education beyond high school.</p> <p>Please see Figure 13 for trends.</p>

FINANCIAL IMPACT

Indicator	Data	Interpretation
<p>Proportion of the population reporting moderate or major impacts in their ability to meet financial obligations or essential needs from COVID-19</p>	<p>Canada (Statistics Canada): Overall</p> <ul style="list-style-type: none"> • 29% • Method: Web panel survey, 4,600 Canadians across 10 provinces, March 29-Apr 3, 2020. • Note: The results can be applied to the Canadian population <p>Canada (Statistics Canada): Ages Groups:</p> <ul style="list-style-type: none"> • Ages 15-24: 31.0% • Ages 25-54: 35.9% • Ages 55+: 19.3% <p>Canada (Statistics Canada): Self-Reported Mental Health:</p> <ul style="list-style-type: none"> • Fair or poor: 41% • Excellent or very good: 25% 	<p>Canada (Statistics Canada): Overall Increase.</p> <p>Nearly 3 in 10 (29.0%) Canadians reported that the COVID-19 situation is having a moderate or major impact on their ability to meet financial obligations or essential needs such as rent or mortgage payments, utilities and groceries. A further 23.8% said it was too soon to tell, while just under one-half (47.2%) reported minor or no impact.</p> <p>Canada (Statistics Canada): Self-Reported Mental Health: Increase, particularly among those reporting fair or poor mental health.</p> <p>Among those that rated their mental health as fair or poor, 41% reported moderate or major impacts in their ability to meet financial obligations and essential needs due to the COVID-19 situation, while 34% reported minor/no impact and 25% said it was too soon to tell.</p> <p>In contrast, those who rated their mental health as excellent or very good, 25% reported moderate or major impacts in their ability to meet financial obligations and essential needs, while 55% reported minor or no impact and 21% said it was too soon to tell.</p>

Indicator	Data	Interpretation
	<p>Canada (Statistics Canada): Immigrant status:</p> <ul style="list-style-type: none"> • Immigrant population: 36.4% <ul style="list-style-type: none"> ○ Men: 42.9% ○ Women: 30.7% • Canadian-born population: 26.7% <ul style="list-style-type: none"> ○ Men: 26.7% ○ Women: 26.8% 	<p>Canada (Statistics Canada): Immigrant status:</p> <p>Increase, particularly among immigrants.</p> <p>Immigrants were significantly more likely than Canadian-born individuals to report that the crisis had a “major” or “moderate” impact on their finances ($p < 0.05$). In particular, immigrant men were more likely than Canadian-born men to report that the crisis had an impact on their ability to meet financial obligations (43% vs. 27%) ($p < 0.05$).</p> <p>Note: In the survey, Canadians were asked “Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries?”</p> <p>1: Major impact 2: Moderate impact 3: Minor impact 4: No impact 5: Too soon to tell”</p>
	<p>Canada (Statistics Canada): Racialized Groups:</p> <ul style="list-style-type: none"> • Arab: 44.0% • Filipino: 42.9% • West Asian: 42.0% • White: 23.2% <p>Note: This information is based on an online crowdsourcing questionnaire of 36,000 Canadians between May 26-June 8, 2020. These estimates do not represent the entirety of these</p>	<p>Canada (Statistics Canada): Racialized Groups:</p> <p>Increase, particularly among self-identified Arab, Filipino and West Asian respondents.</p> <p>Most visible minority groups had higher shares reporting a strong or moderate negative financial impact of COVID-19 than White participants (23%). The share was particularly high among Arabs, West Asians, and Filipinos (42% or higher).</p>

Indicator	Data	Interpretation
	<p>populations. These estimates only represent survey respondents. Note: For estimates from other racialized groups, please see Statistics Canada.</p>	
<p>Number of needs identified related to income support/ financial support among those that have called Ontario211</p>	<p>Simcoe Muskoka:</p> <ul style="list-style-type: none"> • 2020 March-April median calls: 282 • 2019 March-April median calls: 74 	<p>Simcoe Muskoka: Increase.</p> <p>In April 2020 – There were 320 needs identified for “Income Support/ Financial Assistance” among recorded Ontario 211 callers in Simcoe Muskoka. Among these, two-thirds (65%) were asking about social assistance programs such as employment insurance, disability benefits or Canada Emergency Response Benefit (CERB).</p> <p>In May 2020, the number of needs identified for “Income Support/ Financial Assistance” decreased from 320 to 204.</p> <p>For trends, see Figure 14.</p>
<p>Number of Ontario 211 clients identifying “emergency food” as a need in Simcoe and Muskoka</p>	<p>Simcoe Muskoka:</p> <ul style="list-style-type: none"> • 2020 March-April median calls: 94 • 2019 March-April median calls: 26 	<p>Simcoe Muskoka: Increase.</p> <p>In April, 2020 – among the 215 total needs for food:</p> <ul style="list-style-type: none"> • 95 were for food outlets such as grocery ordering/ delivery, good food boxes (prior to March 2020, there were only 1 or 2 calls related to grocery ordering per month) • 93 were for emergency food services such as food banks or food vouchers <p>In May 2020, the number of needs identified for “emergency food” decreased from 93 to 54.</p>

Indicator	Data	Interpretation
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For trends, see **Figure 15**.

NEXT STEPS

Given the information presented above, the following are next steps for SMDHU's Population Health Assessment, Surveillance and Evaluation (PHASE) team:

#1: Continue to monitor service use data post-pandemic

While the number of emergency department visits decreased during the pandemic period, particularly between March to May 2020, it is unclear as to whether service levels will increase or return to pre-pandemic levels after physical distancing restrictions are reduced.

#2: Develop a long-term surveillance framework

Emerging information indicates negative trends among certain indicators that impact health and wellbeing such as self-rated mental health, alcohol and cannabis consumption, nutrition, and prenatal class attendance. Indicators that have shown significant trends should continue to be monitored after physical distancing restrictions are reduced to determine how these indicators differ compared to pre-pandemic levels.

#3: Consider giving special attention to particularly impacted sub-populations such as young adults, those with difficulty meeting financial obligations, and those reporting their mental health as fair or poor

The information presented above shows greater risk among certain sub-populations. For example, Canadian youth aged 15-24 were more likely to indicate that their mental health was somewhat worse or much worse than those aged 55 years or older. Youth ages 15-24 also had the highest rate of job loss and unemployment rate. Youth aged 15-34 were also more likely to report increased alcohol and cannabis consumption compared to those aged 55 years or older.

Those Canadians reporting difficulty meeting financial obligations were more likely to report fair or poor mental health compared to those who reported little or no financial impact. Those who reported fair or poor mental health were more likely to report increased alcohol and cannabis consumption compared to those reporting good, very good or excellent mental health.

Limited information available on Indigenous populations and immigrant populations at the Canadian level also suggested increased impacts in certain regards. This could be explored further by SMDHU and/or community partners working with these populations.

Sub-populations with limited reported information, such as those with a disability, should continue to be monitored for emerging information as to how they have been impacted by physical distancing measures during the COVID-19 pandemic.

TABLES & FIGURES

Key Dates

- March 11, 2020 – Declared as global pandemic by WHO¹
- March 12, 2020 – ordered closure of all publicly funded schools to be shut down
- March 15, 2020 – Requested hospitals ramp down elective surgeries and other non-emergent clinical procedures
- March 17, 2020 – Declared state of Emergency in Ontario
- March 18, 2020 - Recommended that licensed retirement homes only allow essential visitors
- March 25, 2020 – Mandatory closure of non-essential businesses (see [news release](#))
- March 28, 2020 – Announced limiting social gatherings to no more than 5 people (see [news release](#))
- March 30, 2020 - Recommending that individuals aged 70 and over as well as those people with compromised immune systems or underlying health conditions self-isolate.
- April 3, 2020 - Pared down the list of “essential” workplaces from 74 to 44, now including non-essential construction (see [news release](#)).
- Friday May 8, 2020 – garden centers and nurseries open for in-store payment
- Saturday May 9, 2020 - Hardware stores and safety supply stores open for in-store payment
- Sunday May 10, 2020 – Non-essential retail stores with street entrances open for curbside pick-up and delivery
- Monday May 11, 2020– opening provincial parks and conservation reserves for limited day-use (all to be opened Friday May 15, 2020)
- Friday June 12, 2020 – Permitting social gatherings of 10 people (up from 5)
 - Certain public health regions permitted to move to phase 2, including SMDHU (see [news release](#))
- Friday June 12, 2020 - The Ontario government is investing \$1 million to improve access to healthy meals and snacks for school-age children and youth during the COVID-19 outbreak (see [news release](#))
- Friday June 12, 2020 - People throughout Ontario are being encouraged to establish a social "circle" of no more than 10 people who can interact and come into close contact with one another without physical distancing (see [news release](#))
- Saturday June 13, 2020 – Ease restrictions on weddings and funerals (see [news release](#))
- Friday June 19, 2020 – Seven more public health units move into phase 2 (see [news release](#))

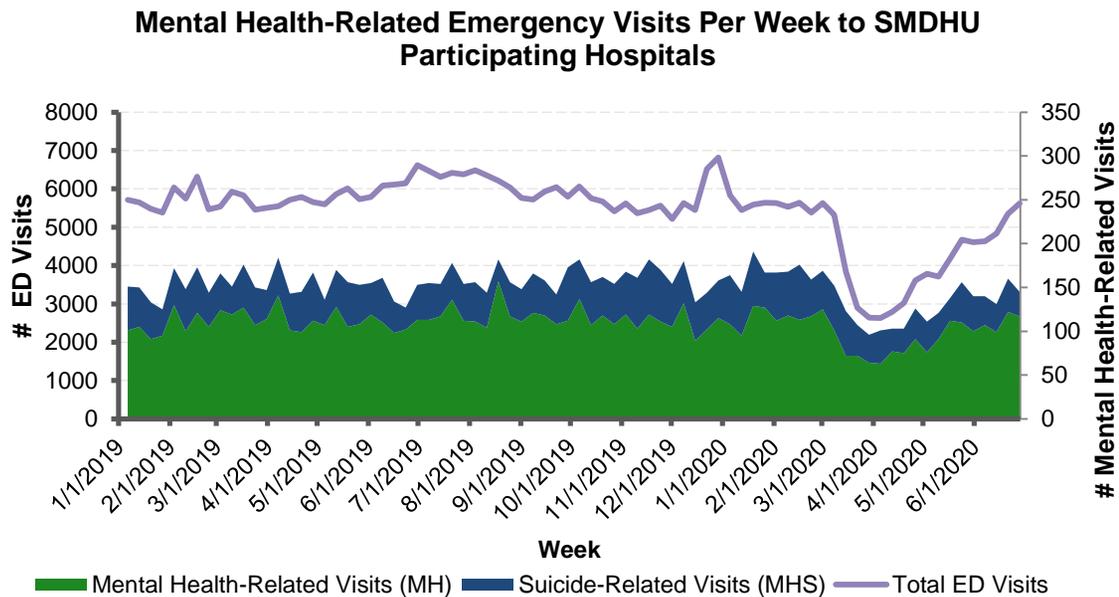
¹ <http://ofl.ca/covid-19-policy-timeline/>

- Friday July 17, 2020 – Several health units, including SMDHU, move into stage 3 (see [news release](#))

Mental Health

Mental health service use

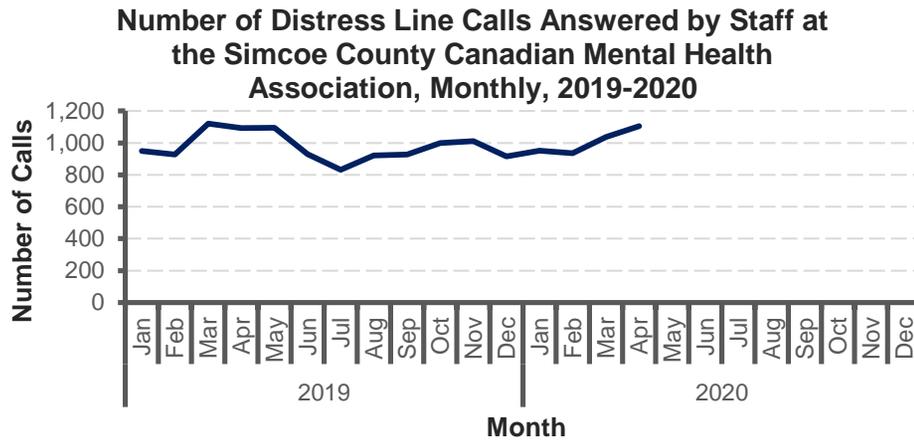
Figure 1 Mental Health-Related Emergency Department Visits, SMDHU



Data Source: Acute Care Enhanced Surveillance (ACES) System, extracted July 6, 2020

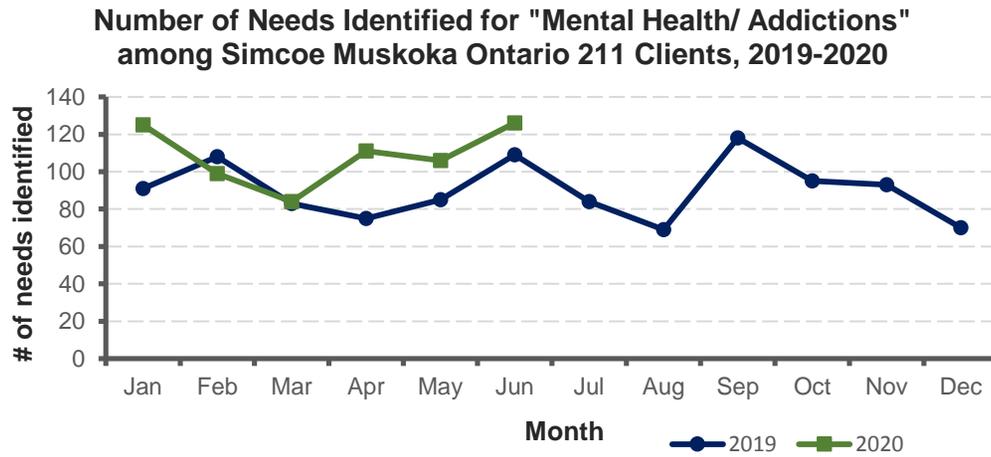
Mental Health-Related Visits. Includes visits in the MH and MHS syndromes. An ACES algorithm assigns visits to meaningful syndrome categories based on the free text chief complaint. The MH syndrome contains complaints such as anxiety, depression, situational crisis. The MHS syndrome contains complaints such as suicidal ideation, attempt, or overdose.

Figure 2 Distress Line Calls to Simcoe County Canadian Mental Health Association



Data Source: Simcoe County CMHA. Data extracted May 5, 2020
The number of calls are influenced by many variables such as funding, the number of staff available to receive calls, and the amount of support available in the community for clients, among other factors.

Figure 3 Needs for "Mental Health/ Addictions" Identified Among Simcoe Muskoka Ontario 211 Clients



Data Source: Ontario211 Dashboard

Needs identified refers to the types of services callers are look for or are assessed as needing when the caller calls Ontario211 and speaks with a representative. Not all calls are entered into the database.

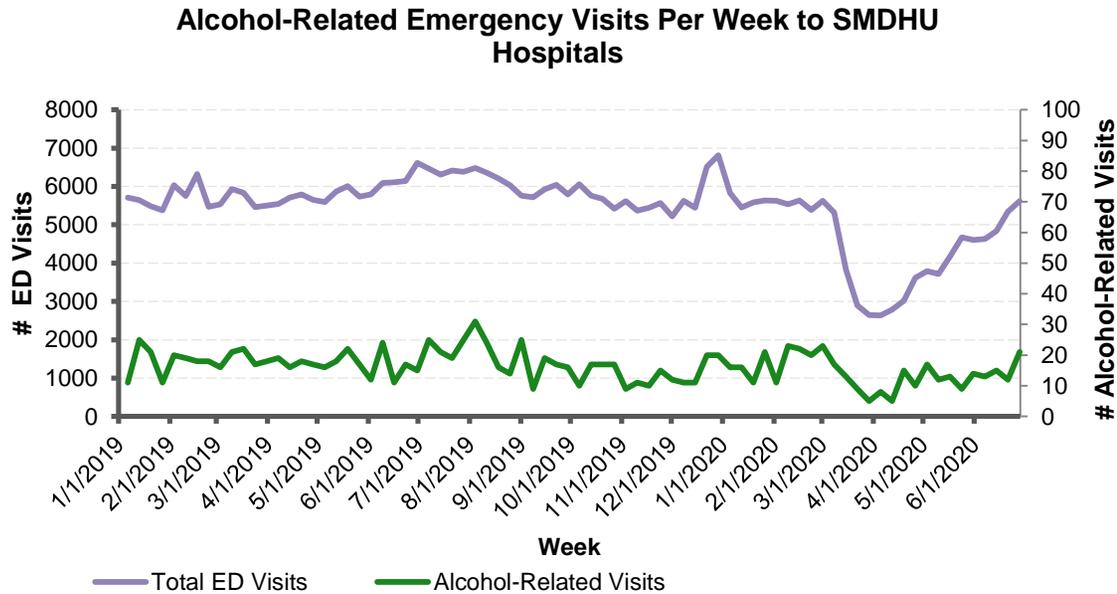
Mental Health/ Addictions includes needs identified as related to crisis intervention, counselling services, psychiatric services, outpatient mental health facilities, substance use disorder treatment, and detoxification.

Extracted: July 6, 2020

Substance Use and Addiction

Alcohol

Figure 4 Alcohol-Related Emergency Department Visits per Week to SMDHU Hospitals

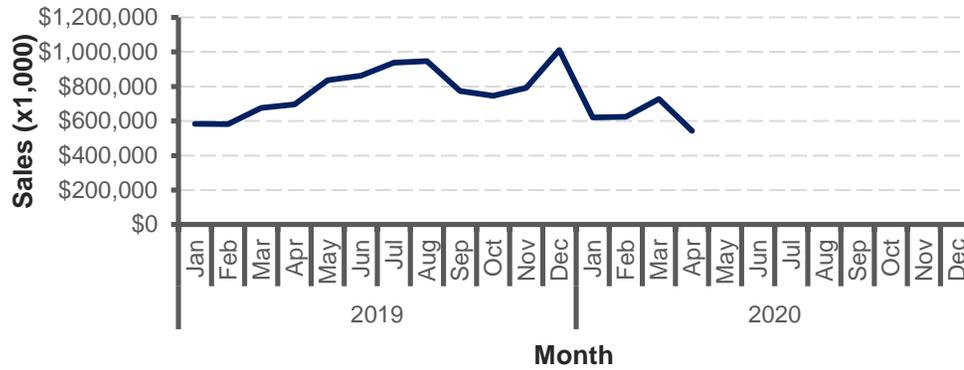


Data Source: Acute Care Enhanced Surveillance (ACES) System, extracted July 6, 2020

Alcohol-Related Visits. Includes visits assigned to the EOH syndrome. An ACES algorithm assigns visits to meaningful syndrome categories based on the free text chief complaint. It contains complaints such as alcohol intoxication, addiction, withdrawal or end organ damage.

Figure 5 Beer, Wine, and Liquor Store Sales (x1,000), Seasonally unadjusted, Ontario

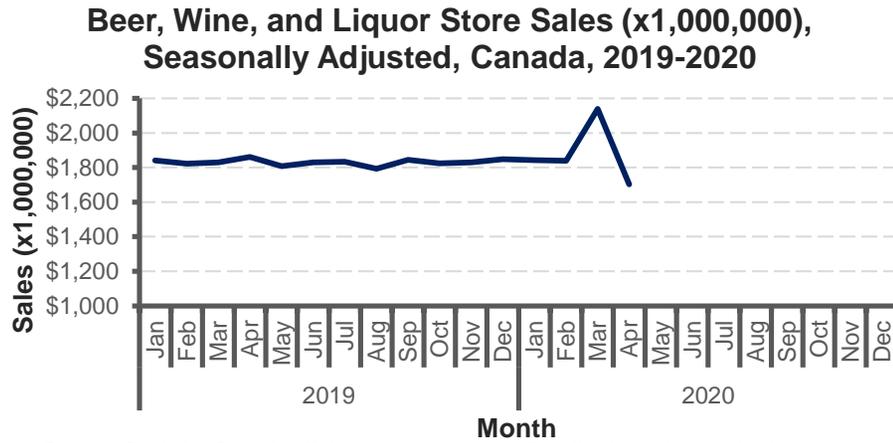
Beer, Wine, and Liquor Store Sales (x1,000), Unadjusted for Seasonality, Ontario, 2019-2020



Data Source: Statistics Canada. Table 20-10-0008-01 Retail trade sales by province and territory (x 1,000).

Note: Only seasonally unadjusted data is available. Seasonal impacts occur at the same time and same magnitude every year. Adjusting for seasonal trends can help identify underlying movements in the data series

Figure 6 Beer, Wine and Liquor Store Sales (x1,000,000), Canada

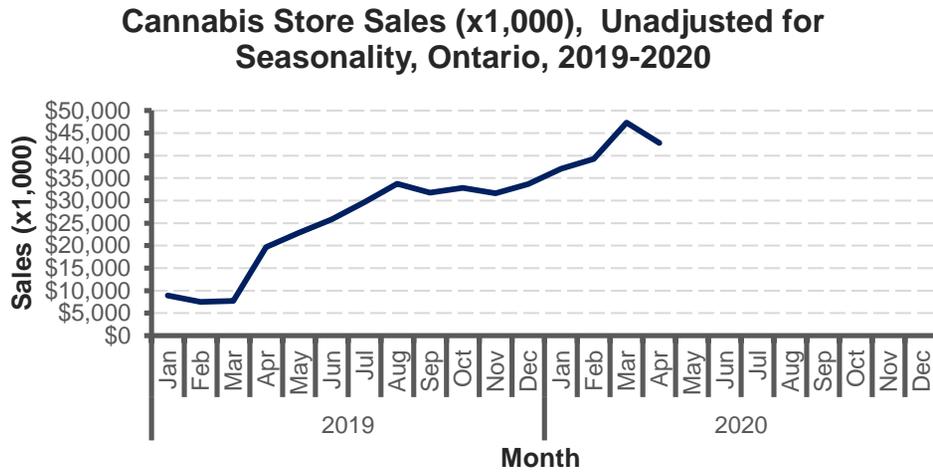


Data Source: Statistics Canada. Table 20-10-0078-01 Retail sales, price, and volume, seasonally adjusted (x 1,000,000)

Note: Uses retail sales at 2012 constant dollars for comparison. Seasonal adjustment accounts for normal fluctuations in buying patterns throughout the year.

Cannabis

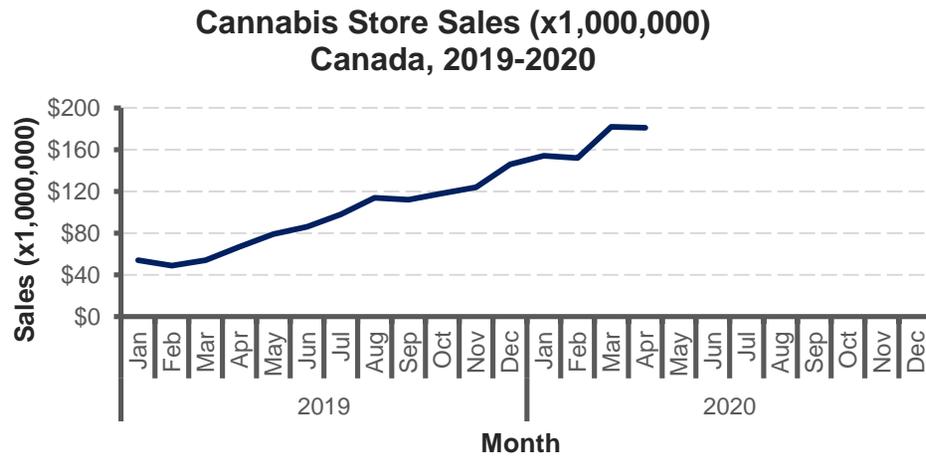
Figure 7 Cannabis Store Sales (x1,000), Seasonally unadjusted, Ontario



Data Source: Statistics Canada. Table 20-10-0008-01 Retail trade sales by province and territory (x 1,000)

Note: Only seasonally unadjusted data is available. Seasonal impacts occur at the same time and same magnitude every year. Adjusting for seasonal trends can help identify underlying movements in the data series

Figure 8 Cannabis Store Sales (x1,000,000), Seasonally unadjusted, Canada

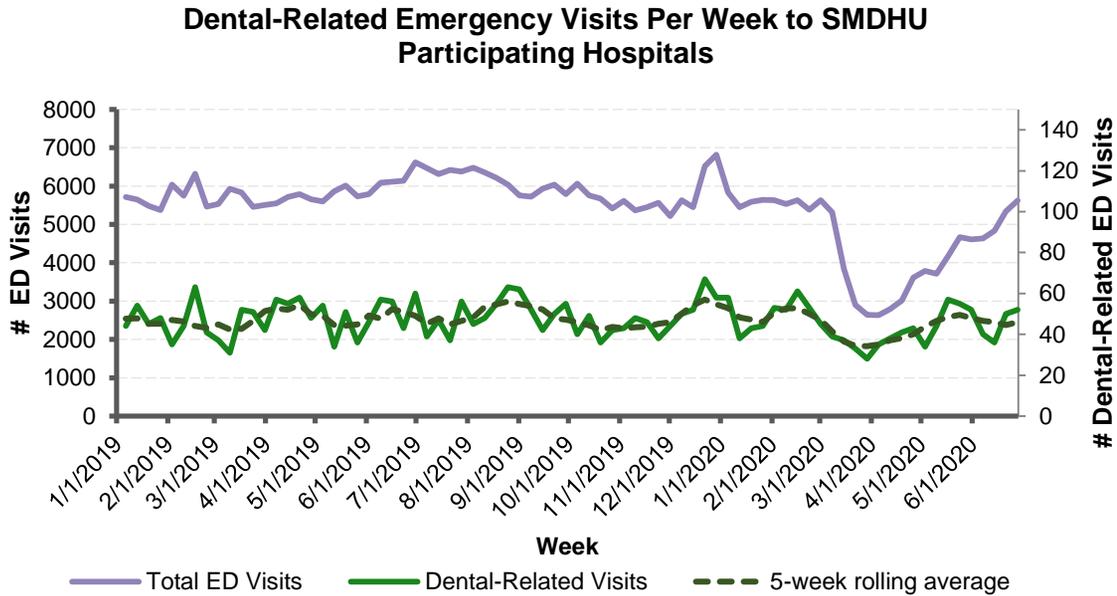


Data Source: Statistics Canada. Table 20-10-0078-01 Retail sales, price, and volume, seasonally adjusted (x 1,000,000)

Note: Only seasonally unadjusted data is available. Seasonal impacts occur at the same time and same magnitude every year. Adjusting for seasonal trends can help identify underlying movements in the data series

Physical Health

Figure 9 Dental-Related Emergency Department Visits Per Week to SMDHU Hospitals

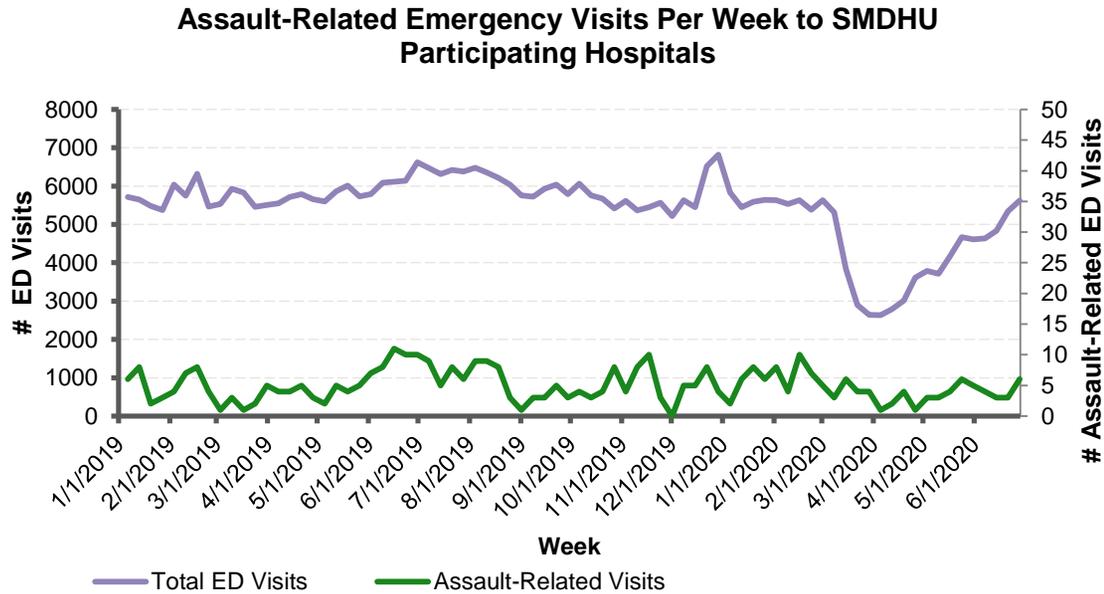


Data Source: Acute Care Enhanced Surveillance (ACES) System, extracted July 6, 2020

Dental-Related Visits. Includes visits in the DENT syndromes. An ACES algorithm assigns visits to meaningful syndrome categories based on the free text chief complaint. The DENT syndrome contains complaints such as dental pain, infection, trauma to tooth, etc.

Domestic Conflict

Figure 10 Assault-Related Emergency Department Visits Per Week to SMDHU Hospitals

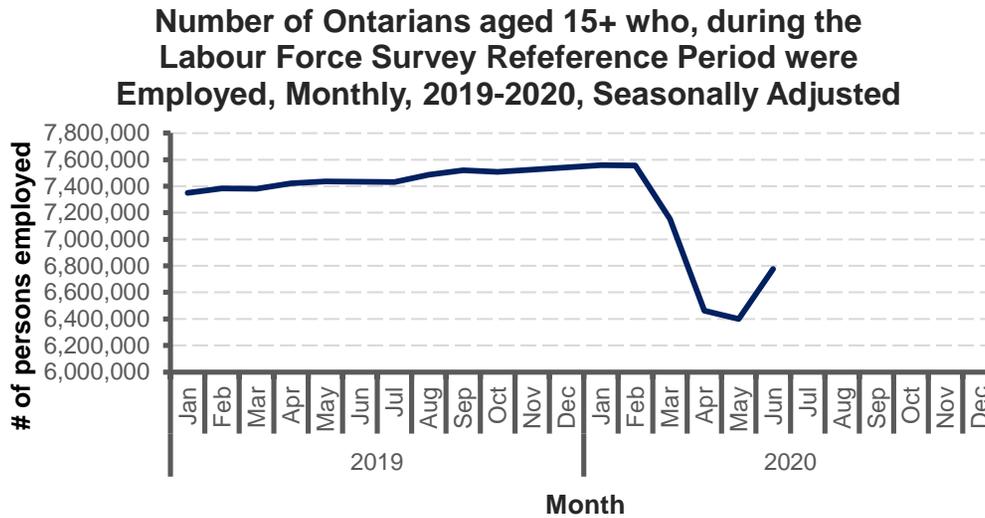


Data Source: Acute Care Enhanced Surveillance (ACES) System, extracted July 6, 2020

Assault-Related Visits. Includes visits in the TRW and TRS syndromes. An ACES algorithm assigns visits to meaningful syndrome categories based on the free text chief complaint. The TRW syndrome contains complaints such as gunshot or stab, violence, assault, etc. The TRS syndrome contains complaints such as sexual assault and rape.

Employment

Figure 11 Employment, Ontario, Ages 15+

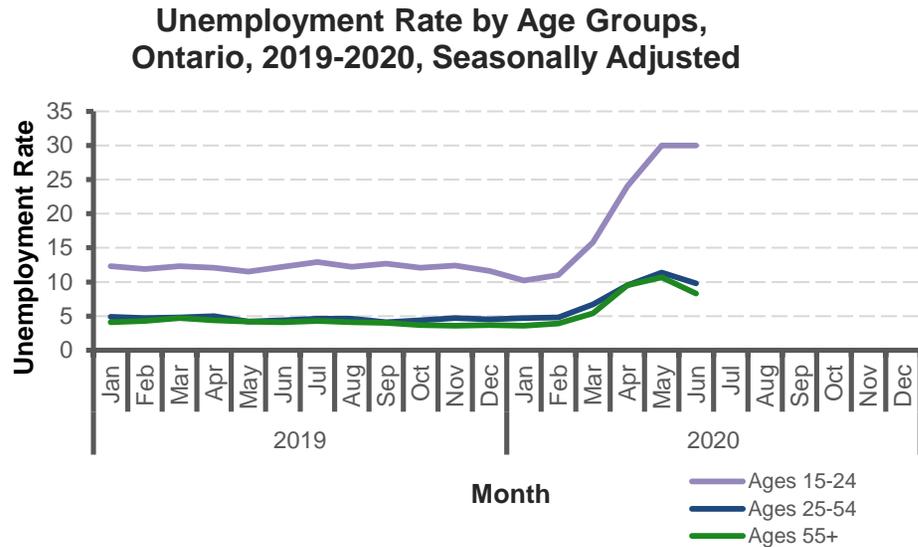


Data Source: Statistics Canada. Table 14-10-0287-03 Labour force characteristics by province, monthly, seasonally adjusted. Labour Force Survey.

Employed: Number of persons who, during the reference week, worked for pay or profit, or performed unpaid family work or had a job but were not at work due to own illness or disability, personal or family responsibilities, labour dispute, vacation, or other reason. Those persons on layoff and persons without work but who had a job to start at a definite date in the future are not considered employed.

Reference week: March 15 - 21, 2020. April 12-18, 2020. May 10-16, 2020, June 14-20, 2020.

Figure 12 Unemployment Rate by Age Groups, Ontario



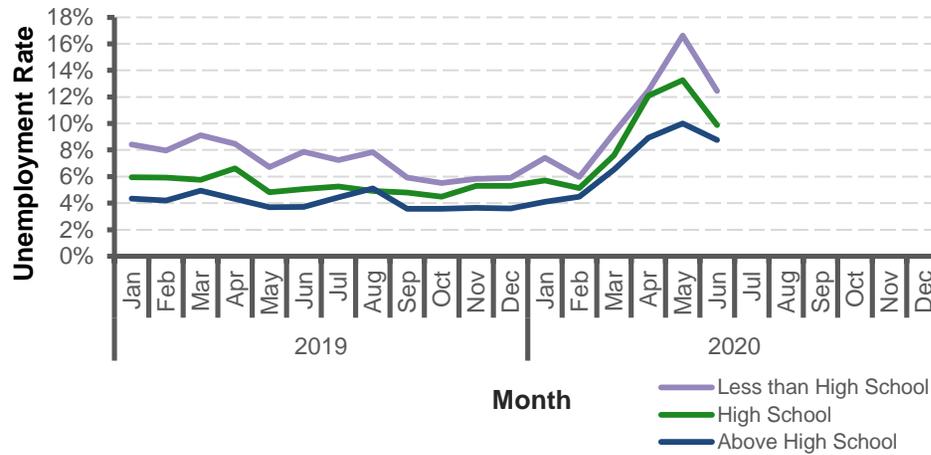
Data Source: Statistics Canada. Table 14-10-0287-01 Labour force characteristics, monthly, seasonally adjusted and trend-cycle, last 5 months (x 1,000)

Unemployment Rate: Calculated as # Unemployed / (# Unemployed + # Employed). The unemployment rate includes those looking for a job. Those unemployed and not looking for a job are considered not part of the labour force and are not included in the unemployment rate.

Reference week: March 15 - 21, 2020. April 12-18, 2020. May 10-16, 2020, June 14-20, 2020

Figure 13 Unemployment Rate by Highest Educational Attainment, Ages 25+, Ontario

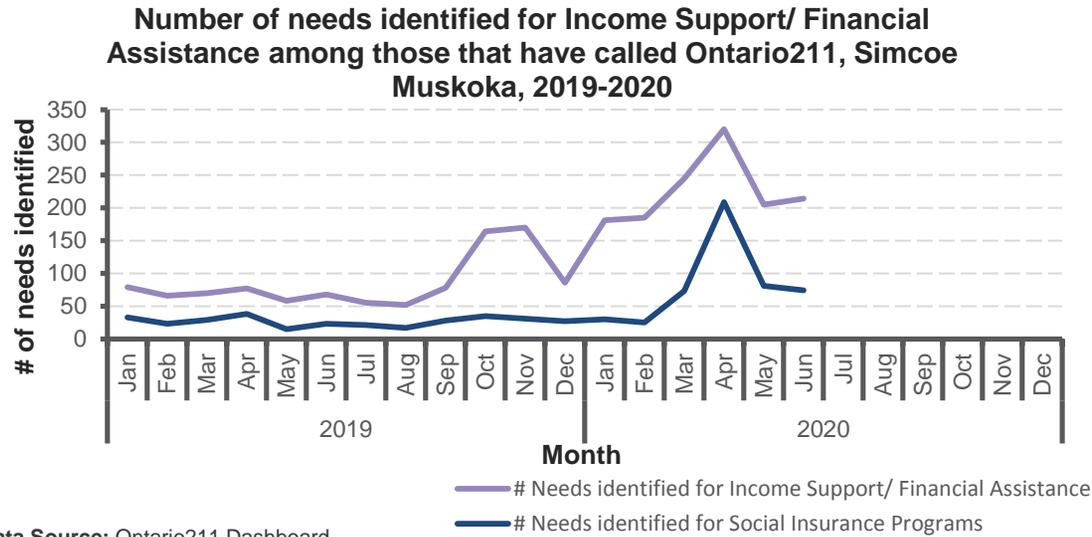
Unemployment Rate by Highest Educational Attainment, Ontario, Ages 25 and Over, 2019-2020



Data Source: Statistics Canada. Table 14-10-0019-01 Labour force characteristics by educational attainment, monthly, unadjusted for seasonality (x 1,000)
Unemployment Rate: Calculated as # Unemployed / (# Unemployed + # Employed). The unemployment rate includes those looking for a job. Those unemployed and not looking for a job are considered not part of the labour force and are not included in the unemployment rate.
Reference week: March 15 - 21, 2020. April 12-18, 2020. May 10-16, 2020, June 14-20, 2020.

Financial Impacts

Figure 14 Number of Needs Identified for Income Support/ Financial Assistance among Ontario 211 Clients, Simcoe Muskoka



Data Source: Ontario211 Dashboard

Needs identified refers to the types of services callers are look for or are assessed as needing when the caller calls Ontario211 and speaks with a representative. Not all calls are entered into the database.

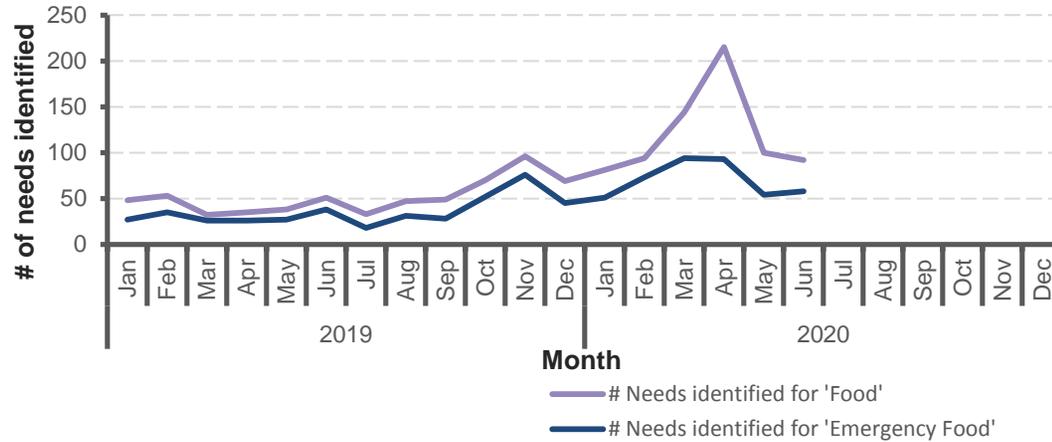
Income Support/ Financial Assistance includes calls related to temporary financial assistance, basic income, and social insurance programs.

Social Insurance Program is a subset of the "Income Support/ Financial Assistance" category which includes: employment insurance, disability benefits, Canada Emergency Response Benefit.

Extracted: July 6, 2020

Figure 15 Number of needs identified for Emergency Food among Ontario 211 clients, Simcoe Muskoka

Number of needs identified for Emergency Food among those that have called Ontario211, Simcoe Muskoka, 2019-2020



Data Source: Ontario211 Dashboard

Needs identified refers to the types of services callers are look for or are assessed as needing when the caller calls Ontario211 and speaks with a representative. Not all calls are entered into the database.

Food includes calls related to grocery delivery/ ordering, community meals, homeless meals, home delivered meals, **Emergency food** is a subset of the "Food" category which includes: food banks, food vouchers and speciality food providers (such as locating fresh food, or baby food/formula)

Extracted: July 6, 2020