

COMMUNITY AND FAMILY HEALTH DEPARTMENT

Board of Health Orientation
October 31, 2016

Carolyn Shoreman,
Program Director

CFH - GOALS

- To reduce the burden of preventable chronic diseases of public health importance (OPHS, 2008).
- To reduce the frequency, severity, and impact of preventable injury and of substance misuse (OPHS, 2008).
- To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood (OPHS, 2008).
- To enable all children to attain and sustain optimal health and developmental potential (OPHS, 2008).

Ontario Public Health Standards 2008

Revised October, 2015

The Ontario Public Health Standards are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.



ONTARIO PUBLIC HEALTH STANDARDS

- Ministry of Health and Long-Term Care

- Chronic Diseases and Injuries
 - *Chronic Disease Prevention*
 - *Injury and Substance Misuse Prevention*
- Family Health
 - *Reproductive Health*
 - *Child Health*
- Healthy Schools Program

- Ministry of Children and Youth Services

- Healthy Babies Healthy Children Program

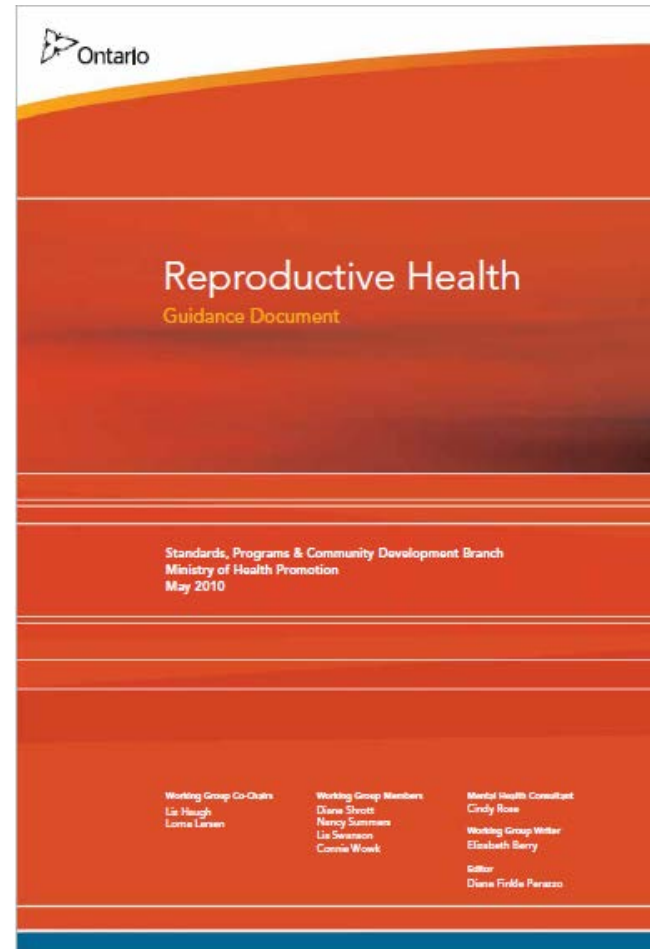
94 EMPLOYEES/83.8 FTE



REPRODUCTIVE HEALTH PROGRAM

- Preconception Health
- Healthy Pregnancies & Birth Outcomes
- Preparation For Parenthood
- “Investing in expectant mothers and their young children is a powerful equalizer and a key tool for economic and social stability.”

(Mustard, Early Years Study 3 2011, p. 7)



REPRODUCTIVE HEALTH STAFFING

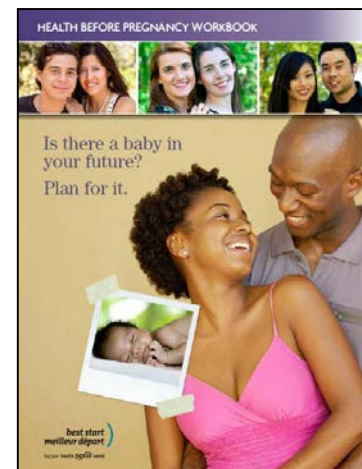
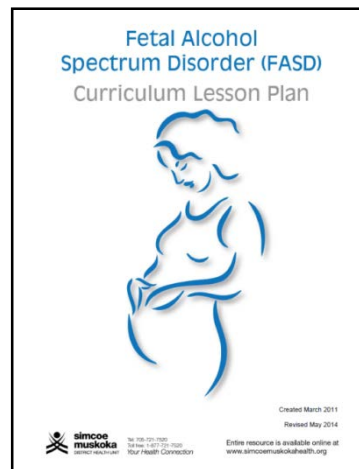
Total of 9.7 FTE in Reproductive Health Program

- 1.0 FTE Program Manager-Lori Webel-Edgar
- 7.1 FTE Public Health Nurses (9 individuals)
- 1.0 FTE Program Assistant



PRECONCEPTION HEALTH

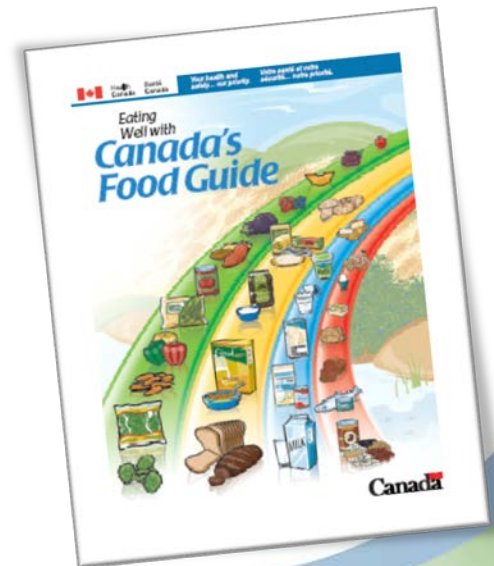
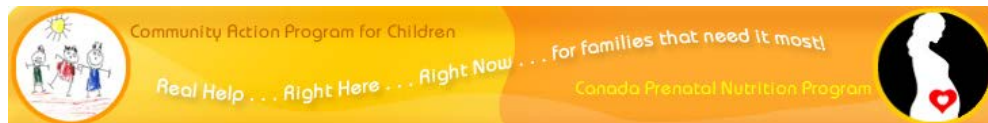
- Preconception Health Resources –women and men
- FASD Lesson Plan
 - Provided to SCDSB, SMCDSB & Trillium Lakelands District School Boards
- Cross program collaboration



HEALTHY PREGNANCIES & BIRTH OUTCOMES

Canada Prenatal Nutrition Projects:

- Weekly program for pregnant women and their infants
 - 12 different locations
- Come together for education, support and nutritious food
 - PHN focus on healthy pregnancy, breastfeeding, smoking cessation, preparation for parenthood
 - *Mothercare-Simcoe*
 - *Great Beginnings-Muskoka*



HEALTHY PREGNANCIES & BIRTH OUTCOMES

Alcohol

- No safe amount, no safe time and no safe kind
- Simcoe County Fetal Alcohol Spectrum Disorder Prevention Committee
- Simcoe County Fetal Alcohol Spectrum Disorder Advisory Committee

Tobacco

- More than 4,000 chemicals pass from mother to fetus
- Causes oxygen level in blood to fall
- Cessation counselling

Healthy Weights

- Help to reduce the risk of babies being born “large for gestational age” or being born by cesarean section.
- Help women to achieve a healthy weight after birth.

Simcoe County's FASD PREVENTION COMMITTEE presents...
In Recognition of INTERNATIONAL FETAL ALCOHOL SPECTRUM DISORDER AWARENESS DAY

A NIGHT AT THE MOVIES

FEATURING

"REALITIES & POSSIBILITIES"

WITH MYLES HIMMELREICH

POPCORN! DOOR PRIZES! FREE ADMISSION!

COLLINGWOOD
Monday Sept. 8, 2014 | Erie Street Community Church
200 Erie Street | 7:00pm

MIDLAND
Tuesday Sept. 9, 2014 | Midland Cultural Centre
333 King Street | 7:00pm

BRADFORD
Wednesday Sept. 10, 2014 | Bradford West Gwillimbury Public Library | 425 Holland Street W. | 7:00pm

For more information contact
Kathryn at 705-326-6502 ext. 3106

► Myles Himmelreich, 30 years of age and living with Fetal Alcohol Spectrum Disorder, shares his story, with his family, by revealing both his struggles and his triumphs. Myles' story is a powerful message for all individuals living with FASD.





Weight Gain During Pregnancy

Did you know that gaining a healthy amount of weight during your pregnancy can help you and your baby stay healthy?

- reduce the risk of complications in pregnancy and during delivery
- make it easier for you to return to the weight you were before you became pregnant
- give your baby a better chance of being born at a healthy weight
- reduce your baby's risk of obesity, diabetes and cardiovascular disease later in life

Many women wonder how much weight they should gain to stay healthy and happy. The answer to these questions depends on your Body Mass Index (BMI) before you became pregnant. Find out how to find out your BMI [Click Here](#) or see below for more information.

Canadian Gestational Weight Gain Recommendations

Pregnancy BMI	Recommended Weight Gain
Below 18.5	12.5 - 18 kg (28 - 40 lbs)
Between 18.5 and 24.9	11.5 - 16 kg (25 - 35 lbs)
Between 25.0 - 29.9	7 - 11.5 kg (15 - 25 lbs)
30 or more	5 - 9 kg (11 - 20 lbs)

As part of a healthy pregnancy, every woman should talk to their health care provider about:

- How much healthy pregnancy weight gain is right for you based on your pregnancy BMI [Click Here](#)
- How to gain a healthy amount of weight during pregnancy [Click Here](#)
- How to reduce the risk of complications in pregnancy [Click Here](#)
- How to reduce the risk of complications in pregnancy [Click Here](#)

For more information, please visit [www.simcoe.ca/healthy-pregnancy](#) or call 1-800-387-5828.

Healthy Pregnancy Action Plan

Simcoe Health Unit

CITY HALL
70 COLLIER STREET
TEL. (705) 755-7900
FAX. (705) 739-4355



THE CORPORATION OF THE CITY OF BARRIE
Mayor's Office

P.O. BOX 400
BARRIE, ONTARIO
L4M 4T5

PROCLAMATION

I, JEFF LEHMAN, Mayor of the City of BARRIE,
do hereby proclaim

September 9, 2016

as

Fetal Alcohol Spectrum Disorder Awareness Day

City of



Office of the Mayor

Brillia

PROCLAMATION

Fetal Alcohol Spectrum Disorder Awareness Day

September 9, 2016



Proclamations

**Fetal Alcohol Spectrum Disorder (FASD) Awareness
Day - September 9, 2016**



PROCLAMATION

To designate September 9, 2016

as

**Fetal Alcohol Spectrum Disorder
(FASD) Awareness Day**



Proclamation

September 9, 2016

as

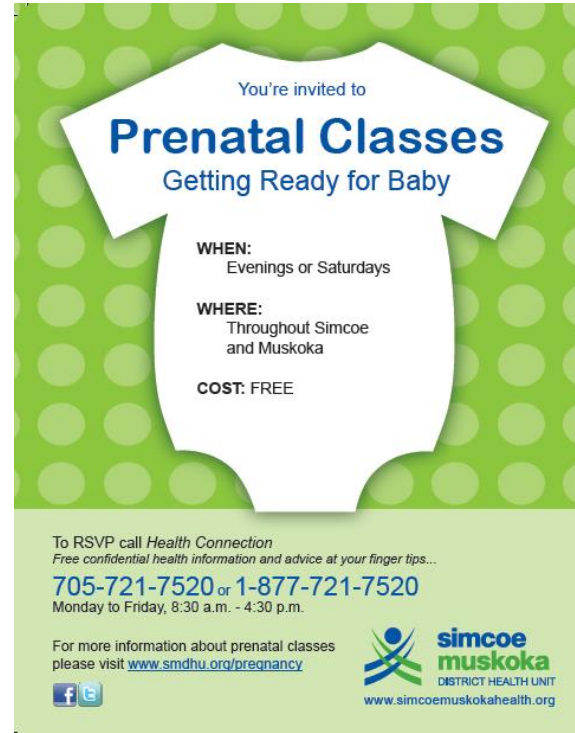
International FASD Awareness Day

PREPARATION FOR PARENTHOOD

Prenatal Classes: delivered to expectant parents by Public Health Nurses

Topics include:

- Nurturing your baby
- Keeping your baby safe
- Feeding your baby
- Becoming a parent
- What life will be like with baby in the first few weeks

A flyer for Prenatal Classes designed to look like a white t-shirt with a green polka-dot background. The text on the t-shirt reads: "You're invited to Prenatal Classes Getting Ready for Baby". Below this, it lists "WHEN: Evenings or Saturdays", "WHERE: Throughout Simcoe and Muskoka", and "COST: FREE". At the bottom of the flyer, outside the t-shirt shape, it says: "To RSVP call Health Connection Free confidential health information and advice at your finger tips... 705-721-7520 or 1-877-721-7520 Monday to Friday, 8:30 a.m. - 4:30 p.m." It also includes the Simcoe Muskoka District Health Unit logo and website: "For more information about prenatal classes please visit www.smdhu.org/pregnancy" and "www.simcoemuskokahealth.org".

You're invited to

Prenatal Classes

Getting Ready for Baby




WHEN:
Evenings or Saturdays

WHERE:
Throughout Simcoe
and Muskoka

COST: FREE

To RSVP call Health Connection
Free confidential health information and advice at your finger tips...
705-721-7520 or 1-877-721-7520
Monday to Friday, 8:30 a.m. - 4:30 p.m.

For more information about prenatal classes
please visit www.smdhu.org/pregnancy

   **simcoe muskoka**
DISTRICT HEALTH UNIT
www.simcoemuskokahealth.org

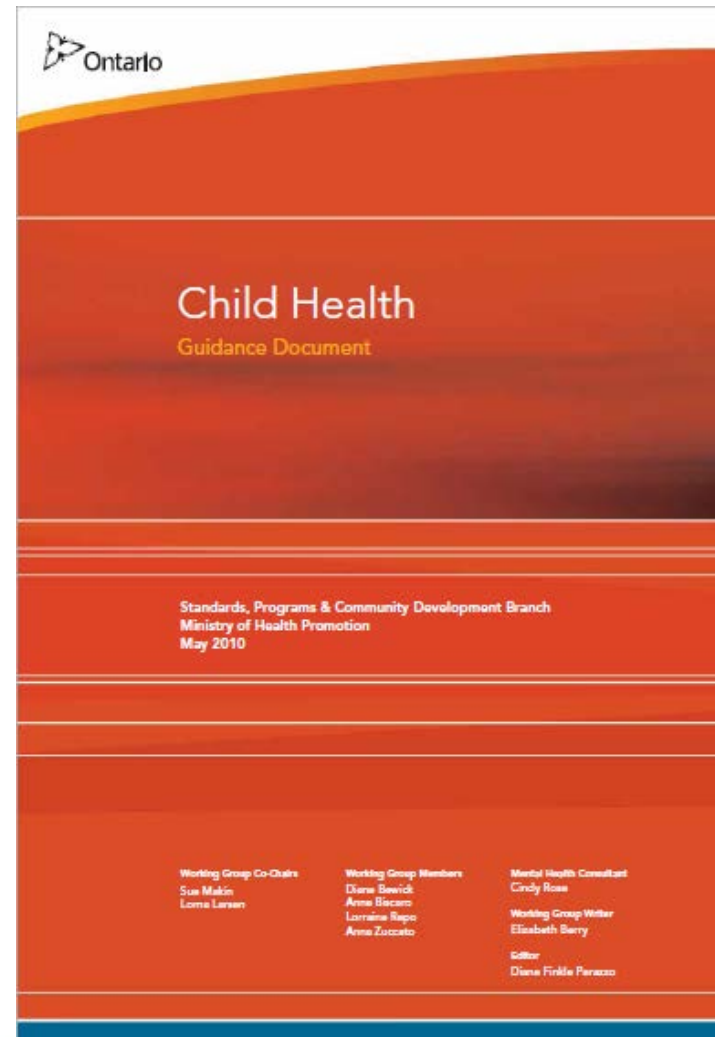
WE'RE EXPECTING!

As of November 2016 we will be adding an online prenatal education option.



CHILD HEALTH PROGRAM

- Breastfeeding and Healthy Infant/Child Nutrition
- Positive Parenting and Healthy Family Dynamics
- Healthy Growth and Development



CHILD HEALTH PROGRAM STAFFING

Total of 11.0 FTE in Child Health Program

- 1.0 FTE Program Manager-Natalie Riewe
- 7.0 FTE Public Health Nurses (9 individuals)
- 1.0 FTE Public Health Nutritionist
- 1.0 FTE Public Health Dietitian
- 1.0 FTE Program Assistant



BREASTFEEDING AND INFANT/CHILD NUTRITION

KEY MESSAGES

Breastfeeding is important because:

- it lowers risk of disease/illness in children and for the breastfeeding parent.
- It's free, environmentally friendly, and safe and secure food source in emergencies.

Children need only breastmilk until 6 months of age and can continue breastfeeding 2 or more years and should start eating other foods at 6 months.



SMDHU

Implement best practices to protect, promote and support breastfeeding and support all families and their babies no matter how they are feeding by:

- Working toward and achieving **Baby Friendly Initiative Designation** (MOHLTC Accountability Agreement)
- Offer clinical support (BCFHT, Breastfeeding Place)
- Health promotion to increase community support (public, businesses, organizations and municipalities)
- Health system planning, health care provider outreach, (primary care and hospitals), education events, primary care portal.
- Following the International Code to reduce marketing pressure for families to use formula and reduce conflicts of interest for health care staff

POSITIVE PARENTING AND HEALTHY FAMILY DYNAMICS

- Triple P[®] - Positive Parenting Program, Select Seminar Series and Tip Sheet Sessions

- *Triple P Ontario website*
<http://www.triplepontario.com/en/home.asp>
X

- Cross-sectoral implementation planning at multiple levels including local, county/district wide, provincial and national
- Part of a system of service delivered within the community including program partners like OEYCs, Children's Mental Health providers, Early Intervention Services and children's aid
- Fathering Initiative



Triple P Professional Development Opportunity

Hosted by the Simcoe County Triple P Implementation Task Group

Monday
May 30, 2016

9 am-Noon

Being a Triple P practitioner

- Common problems
- Why problems occur
- How to prevent problems
- How to improve your practice

- Discussions
- Networking
- Peer Support

9-10 introductions, networking and review

10-12 Julie London -York Triple P Coordinator will present

"Being a Triple P Practitioner"

Simcoe Muskoka Family Connexion Office

BARRIE 60 Bell Farm Rd, Unit 7 L4M 5G6

Or Via conferencing equipment at Simcoe Muskoka Family Connexion offices in the following locations:

157 Holland Street E. Bradford, ON L3Z 2B2	186 Hurontario St. Unit 105 Collingwood, ON L9Y 4T4	81 Main St W Huntsville, ON P1H 1X1	741 Yonge St. Units 7 & 8 Midland, ON L4R 2E1	94 Colborne St. Orillia, ON L3V 2Y9
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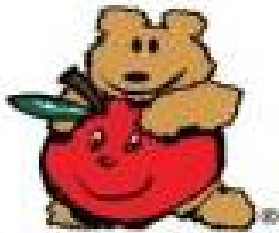
Refreshments will not be provided please feel free to bring your own

Register by email to: Teri.Kay@smdu.org by May 24 . Please indicate your name, role, organization and the location you plan to attend in as there is limited seating in some locations

HEALTHY GROWTH AND DEVELOPMENT

- NutriSTEP:

- A nutrition risk screening tool for the early years
- Accountability Indicator



NutriSTEP®

Nutrition Screening Tool
for Every Preschooler

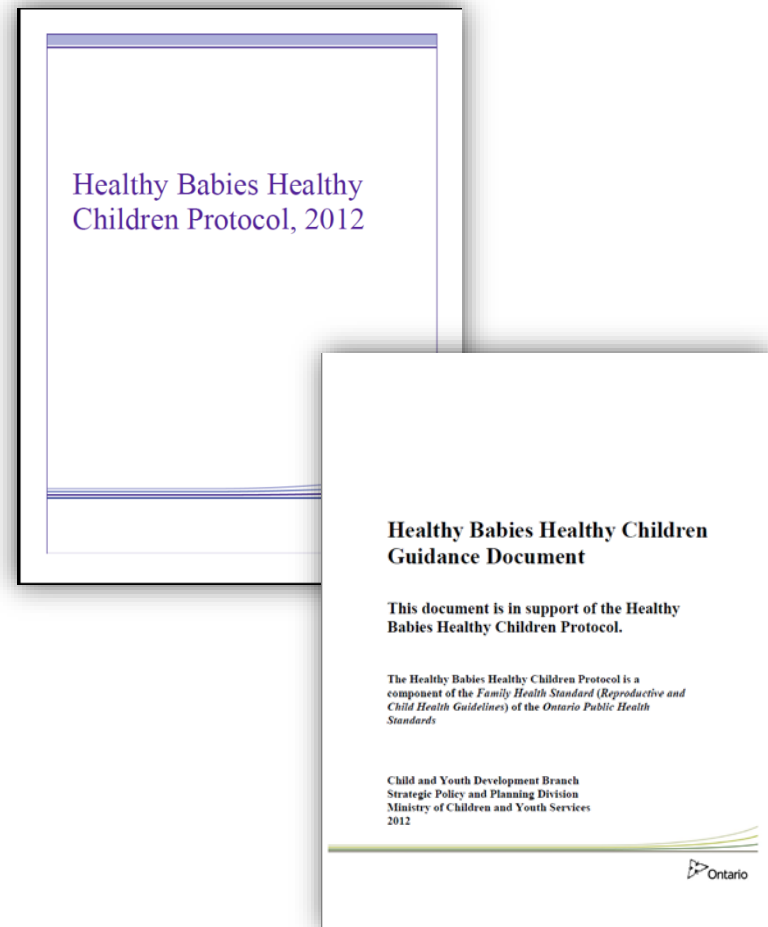
Évaluation de l'alimentation
des enfants d'âge préscolaire

- Promotion of the Enhanced 18-month Well Baby visit
 - Support for primary care providers to access provincial supports and tools
 - www.18monthvisit.ca



HEALTHY BABIES HEALTHY CHILDREN PROGRAM

- Women and their families in the prenatal period and families with children from birth until their transition to school, identified with risk will be provided with opportunities to achieve their potential.
- Every child and parent identified with risk in Ontario will have access to evidence-informed programs and services that support healthy child development and effective parenting.



HBHC PROGRAM STAFFING

Total of 25.4 FTE in HBHC Program

- 2.0 FTE Program Managers-Chantelle Reid and Mary Jean Watson
- 15.0 FTE Public Health Nurses (16 individuals)
- 7.4 FTE Family Home Visitors (10 individuals)
- 1.0 FTE Program Assistant



HBHC PROGRAM COMPONENTS

These components can occur, with client consent, during the prenatal, postpartum and early childhood periods:

- Screening
- Assessment
- Support services
- Blended home visiting
- Service planning and coordination
- Referrals and/or recommendations
- Participation in service and system integration
- Evaluation and Research

ISCIS Family ID Number: _____

Healthy Babies Healthy Children Screen

Mother's Name: _____ Infant/Child's Name: _____

Mother's Maiden Name: _____ Infant/Child's DOB/EDD & Time (m/d/yyyy): _____

Mother's DOB: (m/d/yyyy) _____ Telephone: _____ Telephone (Alt): _____

Father's/Partner Name: _____ Email Address: _____

Full Address: _____ Language Preferred: _____

ABHC Screening Stage: Prenatal ☐ Postnatal ☐ Early Childhood (greater than 6 wks of age) ☐

Sex: _____ Parity: _____ Gravidity: _____ Age at 1st Birth: _____ Age at Screen: _____

Birth Weight: _____ Birth Type: _____ Feeding: _____
☐ Vaginal ☐ C-section ☐ Breastfeeding ☐ Formula ☐ Both

Discharge Weight: _____ Gestation: _____ Discharge Date Mother: _____ Discharge Date Baby: _____

Referral (if applicable):
☐ Child Protection Services ☐ Lactation Consultant/Breastfeeding support ☐ AH-BHC
☐ Other (Please Specify): _____

Reason for left blank: _____ A requires further assessment, B client declined to answer, C unable to access

Section A: Pregnancy & Birth

	Yes/No	Reason for left blank
1) Multiple birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*2) Premature? (born at less than 37 weeks gestation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*3) Was the birth weight less than 1500g?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*4) Was the birth weight more than 4000g?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*5) Apgar score of less than 5 at five minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
6) Health conditions/medical complications during pregnancy that impact infant? e.g. diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Please List: _____
*7) Complications during labour and delivery? e.g. emergency cesarean, infant trauma or illness such as respiratory distress syndrome, difficult vaginal birth including forceps or vacuum, scheduled cesarean due to complications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Please List: _____
8) Maternal smoking of cigarettes during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
9) Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
10) Maternal alcohol use during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
11) Maternal drug use during pregnancy? Include information on illegal drug use and prescription drugs that impact on activities of daily living or are teratogenic	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Please List: _____
12) No prenatal care before sixth month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Section B: Family

Mother

13) Is less than 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
14) Was less than 18 years old when first child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
15) Experienced a previous loss? (pregnancy or baby)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
16) Is a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
17) Mother and/or child do NOT have a designated primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
18) Does NOT have an OHIP number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
19) Did NOT complete high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Infant/Child

20) Congenital or acquired health challenge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Please List: _____	
*21) Maternal separation from infant greater than 5 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Please specify reason: _____	

Partner/Father/Support Person

22) Father/partner/support person is NOT involved with care of baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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Section C: Parenting

	Yes/No	Reason for left blank
23) Client cannot identify support person to assist with parenting of the baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
24) Client cannot identify support person to assist with care of the baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
25) Client or family in need of newborn support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
27) Client or parenting partner has a history of depression, anxiety, or other mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
28) Client or parenting partner has a disability that may impact parenting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
29) Client expresses concern about their ability to parent baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
30) Client expresses concern about their ability to care for baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
31) Client's relationship with parenting partner is strained? (evidence of relationship stress observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
32) Client or parenting partner has been involved with Child Protection Services as a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*33) Client expresses that baby/child is difficult to manage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
*34) Client's response patterns are inconsistent or inappropriate to the baby/child's cues? (evidence of inappropriate responses observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Section D: Infant/Child Development

*35) Parent(s) identified a risk factor? e.g., hearing, speech and language, communication skills, social development, emotional development behaviour, motor skills, vision, cognitive development, self help skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Please List: _____	

Section E: Health Care Professional Observations

36) Health care professional has concerns about the wellbeing of client and/or baby/child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Additional Comments: _____	
Client consents to release of information and participation in the HBHC program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature(s) of health care professional(s) completing screen with client: _____ Date: _____	
Please print name: _____	
Professional Title: <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> Midwife <input type="checkbox"/> MD <input type="checkbox"/> Other (Specify) _____	

HBHC Screen: Version 3.0

HBHC BLENDED HOME VISITING SERVICES

Home visits provided by a public health nurse (PHN) and lay home visitor (FHV) to consenting families following an in-depth assessment.

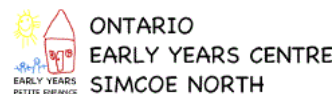
- Optimal growth and development
- Optimal prenatal health/parental health
- Breastfeeding
- Attachment, relationships
- Positive parenting
- Addiction/dependency management
- Education/employment
- Settlement/cultural adaptation
- Financial stability
- Housing stability
- Life skills
- Nutrition, food security
- Self- care
- Safe environment

REFERRALS

- Referrals and/or recommendations to community services for families with children



Hands
TheFamilyHelpNetwork.ca

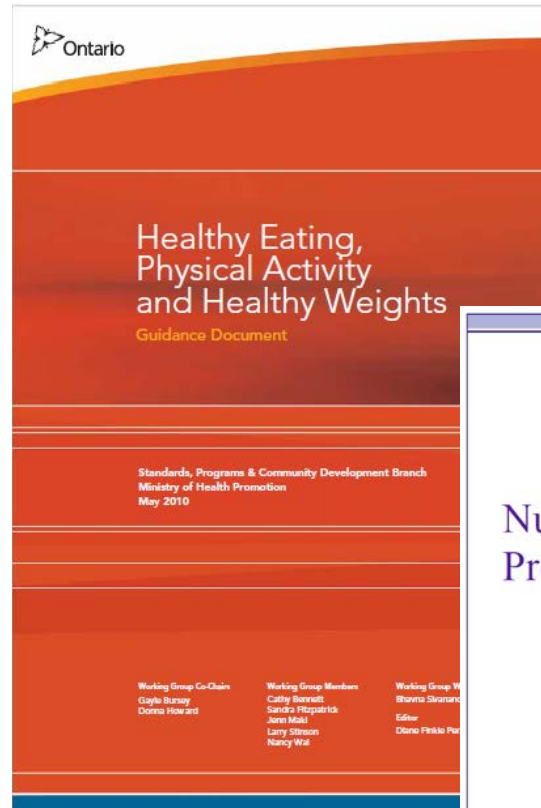


CHRONIC DISEASE PREVENTION- HEALTHY LIFESTYLE PROGRAM

Program Goal

To reduce the burden of preventable chronic diseases of public health importance.

- Cardiovascular Disease
 - Heart Disease
 - Stroke
- Type 2 Diabetes
- Cancer
- Respiratory Disease



Nutritious Food Basket Protocol, 2014

CHRONIC DISEASE PREVENTION- HEALTHY LIFESTYLE PROGRAM STAFFING

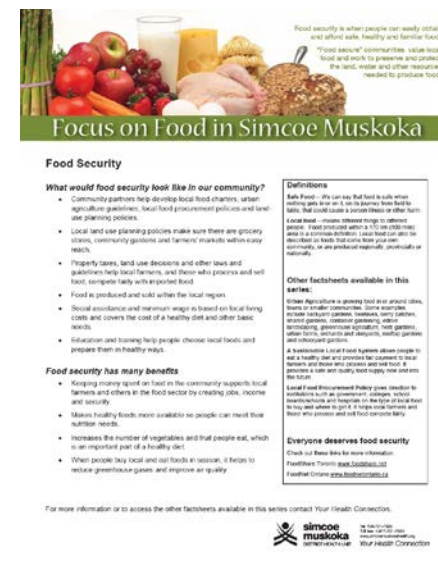
Total of 12.5 FTE in CDP-HL Program

- 1.0 FTE Program Manager-Christine Bushey
- 9.5 FTE Public Health Nurses (10 individuals)
- 1.0 FTE Public Health Nutritionist
- 1.0 FTE Public Health Dietitian
- Program Assistant – shared with ISMP

CDP-HL PROGRAM COMPONENTS

Primary Prevention Priorities

- Physical Activity
 - ☐ Increase physical activity (PA)
 - ☐ Decrease sedentary behaviour (SB)
- Healthy Eating & Food Security
 - ☐ Increase consumption of plant-based foods
 - ☐ Decrease consumption of processed foods
- Healthy Weights
 - ☐ Achieve and maintain healthy weights by the 4 goals above



PHYSICAL ACTIVITY

- Official Plan Reviews
- Active Transportation/Built Environment
- Access to Recreation
- Naturalized Outdoor Play Environments
- Physical Literacy - Schools / Community
- School Travel Planning
- PA/SB Workplace Pilot Project
- Local and Provincial Involvement



NEWS LOCAL

Grading Orillia's walkability



By [Patrick Bales](#), The Orillia Packet & Times

Saturday, September 17, 2016 1:53:33 EDT PM



Lori Hunter, a public health nurse with the Simcoe Muskoka District Health Unit, shows off the questionnaire participants of the Four Ward Walk were being asked to fill out, Saturday morning in Orillia.

HEALTHY EATING AND FOOD SECURITY

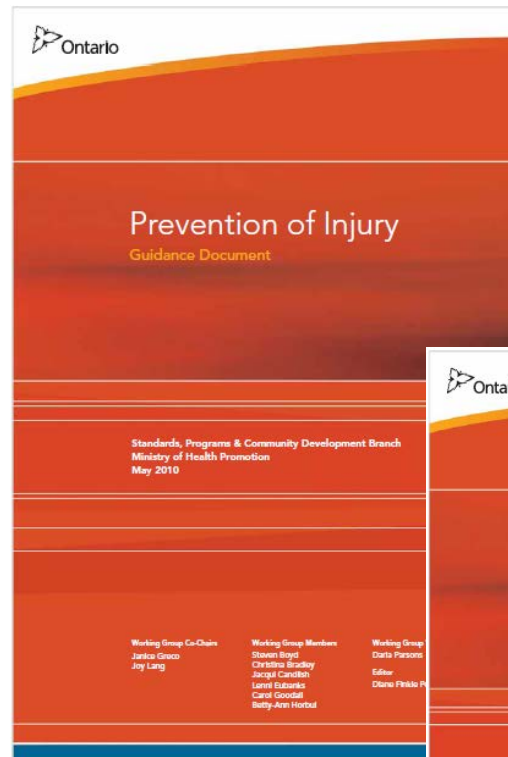
- Official Plan Reviews
- Nutritious Food Basket Survey
- Provincial Advocacy
- Food Charters
- Household Food Insecurity
- Community Food Security Coalitions
- Community Gardens
- Food Skills



INJURY AND SUBSTANCE MISUSE PREVENTION PROGRAM

Goal is to decrease the frequency, severity, and impact of preventable injury and substance misuse in Simcoe Muskoka

- Fall prevention across the lifespan
- Road and off road safety
- Alcohol and other drug misuse prevention



INJURY AND SUBSTANCE MISUSE PREVENTION PROGRAM STAFFING

Total of 11.8 FTE in Injury and Substance Misuse Prevention Program

- 1.0 FTE Program Manager-Janice Greco
- 9.8 FTE Public Health Nurses (11 individuals)
- 1.0 FTE Program Assistant (shared with CDP-HL)



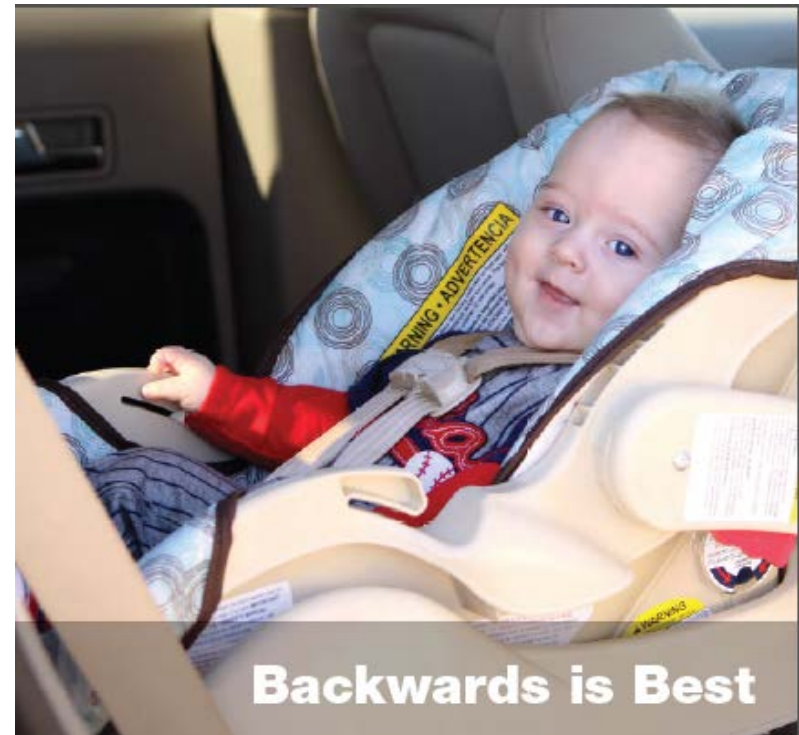
FALL PREVENTION



Falls
85% of all injury-related hospitalizations are due to falls in those over 65



ROAD AND OFF ROAD SAFETY



SUBSTANCE MISUSE PREVENTION

- Promote LRDGs
- Screening Brief Intervention and Referral
- Education and awareness of health harms
- Healthy alcohol and cannabis policy advocacy

Beer and wine in a grocery store near you, and five other possible reforms to Ontario's liquor distribution system



ASHLEY CSANADY | March 13, 2015 | Last Updated: Mar 13 9:59 AM ET
More from Ashley Csanady | @AshleyCsanady



Ontario's liquor-store monopoly could soon open up beer and wine sales to g



OPIOID USE IN SIMCOE AND MUSKOKA

- Medicine cabinet cleanout initiatives
- Waste management calendar messages to return unused medications
- National Addiction Awareness Week anti-stigma/education campaign with partners
- *Patch for Patch* return programs initiated with partners in Muskoka, Barrie and coming soon to Orillia

Medicine Clean Out



Instead of flushing or throwing out your medication...

Take them to your local pharmacy for safe disposal



HARM REDUCTION- NEEDLE EXCHANGE PROGRAM

"Far from enabling addiction, needle exchange can serve as small but indispensable first step toward recovery."

(Dr. Gabor Mate)

- Reduce transmission of HIV, hepatitis B and C
- Educate drug users of risks involved in sharing needles, smoking and other drug paraphernalia
- Provide a supportive, safe environment that encourages clients to access health, counselling and social services



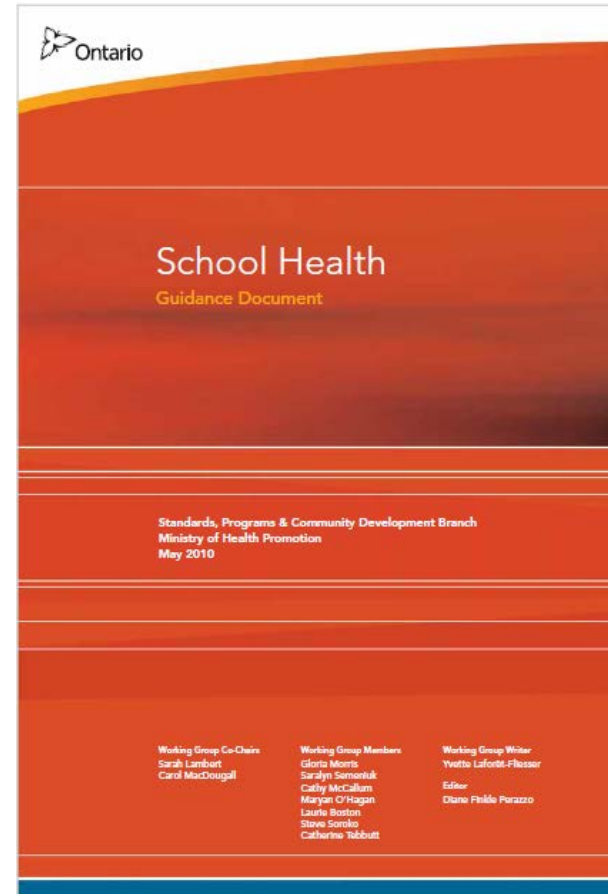
PREVENT OPIOID DEATH (POD) KIT PROGRAM

A harm reduction initiative that puts Naloxone into the hands of opioid users in Simcoe Muskoka so they can use it in the event of an overdose.



HEALTHY SCHOOLS PROGRAM

Working with elementary and high schools, school boards and community partners in Simcoe Muskoka to support the physical, emotional, mental, social and spiritual health of whole school communities.



HEALTHY SCHOOLS PROGRAM STAFFING

Total of 11.4 FTE in Healthy Schools Program

- 1.0 FTE Program Manager-Cathy Thomson
- 7.8 FTE Public Health Nurses (8 individuals)
- 1.0 FTE Public Health Nutritionist
- 1.0 FTE Public Health Dietitian
- 0.6 FTE Program Assistant



HEALTHY SCHOOLS TEAM

School PHNs

- Foster relationship building with school partners: Meet with schools to discuss health related strengths, priorities and issues – support with needs assessments as indicated
- Assist schools in identifying and engaging key stakeholders, ensuring student voice
- Support creation and implementation of comprehensive action plans to address school health related priorities in collaboration with the school community
- Promote health unit resources / services and assist schools with linkages to community resources

School Board Liaison PHNs

- Communicate and collaborate with school board partners related to mutual priorities
- Facilitate health unit programs and services through school boards and into schools
- Support program teams with comprehensive strategies to address health in schools, curriculum links and communication with school boards

Public Health Nutritionist / Dietitian

- Support healthy eating policies and supportive environments in schools, including School Food and Beverage Policy, School Nutrition Programs and BrightBites

All team members support community partnerships with schools/school boards and other community agencies through networks such as COMPASS (Community Partners with Schools)

PROMOTING POSITIVE MENTAL HEALTH

Healthy Schools PHNs also support student positive mental health and well-being through the implementation of the following initiatives:

- Playground Activity Leaders in Schools (P.A.L.S.)
- Triple P in Schools
- Roots of Empathy
- Can You Feel It?
- Youth Asset Development
- And more...



JFY SCHOOLS / HEALTHY SCHOOLS TWITTER



- [JFY Schools](#) – resources for Administrators and Educators related to school health
- [Écoles Francophone](#) – resources in French related to school health
- Twitter: @SMHealthySchool – reaching out to schools to support health

CONTACT

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