



Message from the Medical Officer of Health



Dr Charles Gardner, MOH

Times of transition

The past year has certainly been one of transition. In follow-up to the municipal elections, the health unit took the opportunity to reach out to new municipal councils and engage in their strategic planning efforts. We were also required to make changes to adapt to a new provincial funding environment. Proposed changes to legislation opened the door to discussions regarding enhanced ties with health care partners and the Local Health Integration Networks (LHINs). I am happy to report that despite the challenges, there have been positive outcomes.

A number of municipal strategic plans now include a focus on healthy communities with content that will help to improve the health of our citizens. For example, three communities have been successful in applying for provincial cycling infrastructure grants. Together with our municipal partners, the health unit successfully responded to the public health challenges inherent to mass gatherings such as the concerts at Burl's Creek and the Pan American Games.

The sexual health team is working with health care partners to ensure client needs are addressed while expanding efforts to raise awareness of the growing risks of sexually transmitted infections. The child health team has implemented an innovative approach to increase public acceptance of breastfeeding. New partnerships and strategies are being explored in an effort to respond to the public health challenges of climate change. A health equity lens has been applied to all of our programming with a focus on addressing the barriers to health for individuals and families living in low income. The health unit's Human Resource Strategy will guide us to ensure the organization's capacity to fulfil its mandate. By the year end, the health unit was able to demonstrate movement forward on our strategic priorities and improved compliance with program delivery targets set out in our accountability agreement with the province.

In September 2015, the health unit received notice that the provincial grant for our cost-shared programs would be held to 2014 funding levels; it

Introducing a new program delivery structure

appears likely that this funding freeze will continue for a number of years. In response to the budgetary shortfall the Board of Health approved the following changes to our operations:

- An agency reorganization, reducing the number of departments by one
- The revision of the health unit's strategic plan—now slimmer in its content and limited in its duration (2016-2017)
- A reduction in our staff complement by over 11 full-time positions
- A reduction of our operating budget
- The closure of our sexual health clinic in Alliston on April 1, 2016.

Through these changes we have sought to mitigate the impacts on our people and our programs to the best of our ability.

Looking ahead there is more change on the horizon as the province engages in a review of the Ontario Public Health Standards. These standards form the basis for public health programs and services. We anticipate the changes will encourage greater integration with our primary care providers and the Local Health Integration Networks. As always we will respond to new challenges, seeking out opportunities to improve our service and to better the health and well-being of the public.

Dr. Charles Gardner

Medical Officer of Health





STI prevention

Rising cases, rising concern

The rise in some sexually transmitted infections (STI) in Simcoe Muskoka is also being experienced across Ontario.

In our area, the most dramatic increase has been in gonorrhea, where the rate has tripled in recent years. From 2010 to 2015, there has been a sharp increase in the incidence of gonorrhea, particularly among men.

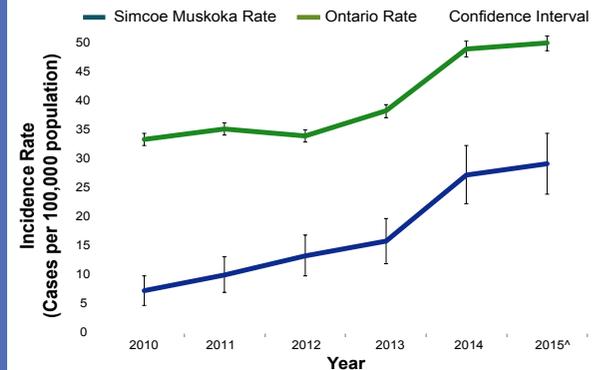
In 2015, the gonorrhea incidence rate among Simcoe Muskoka males was 28.6 cases/100,000 population compared to 17.4 cases/100,000 population for females.

Chlamydia is also on the rise in Simcoe Muskoka. The number of confirmed cases has risen from 364 in 2000 to more than 1,200 in 2015. The incidence is highest among women in their teen and young adult years.

STI prevention and control is an area of focus for the health unit's sexual health program. In 2015, the health unit recorded 4,593 client visits to its eight clinic sites where services including counselling on pregnancy, birth control and STIs, emergency contraception, and STI testing are provided. In partnership with local health care providers, SMDHU provides free STI medication to treat their clients.

Greater awareness and education are key to preventing disease. Along with some modifications that have been made to our clinic services, the health unit is focusing more resources on education and awareness to respond to requests from community partners, such as high schools, for presentations on STIs. A workshop was held in June for health and social service providers. Through avenues such as wellness fairs and community events, public health nurses will reach out to those most at risk of contracting STIs to offer education and promote testing.

Age Standardized Incidence Rate of Gonorrhea* in Simcoe Muskoka and Ontario, 2000-2015

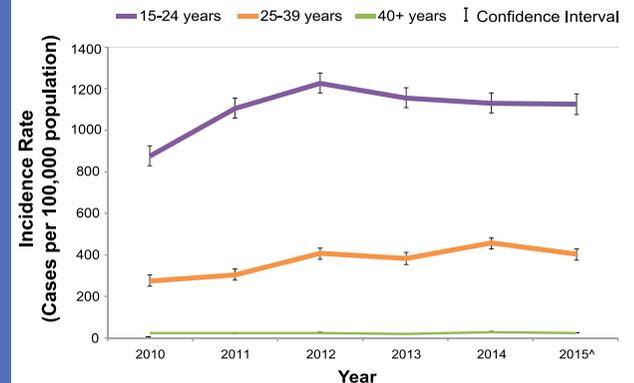


Data Sources: Integrated Public Health Information System (iPHIS), extracted September 2016
iPHIS data posted on PublicHealthOntario.ca e-portal and Query@PHOPopulation Estimates & Projections, IntelliHEALTH Ontario, extracted August 2016.

* Confirmed Cases

^ The 2013-2015 rates are based on the projected population rather than the estimated population.

Age-Specific Incidence Rates of Chlamydia* in Simcoe Muskoka 2010-2015



Data Source: Integrated Public Health Information System (iPHIS), extracted September 2016
Population Estimates & Projections, IntelliHEALTH Ontario, extracted August 2016.

* Confirmed Cases

^ The 2013-2015 rates are based on the projected population rather than the estimated population.

Clinical Service Department

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

20,269

vaccines given to Grade 7s & 8s
in schools



601

personal service
setting inspections

6,395

vaccines given during
public immunization
clinics

4,593

client visits
to sexual health
clinics



26,524

dental screenings
completed



145

community &
institutional outbreak
investigations



Reducing the health impact of low income

In Simcoe Muskoka approximately 60,000 people, or 12 per cent of the population, live in low income.

Those living in low income have higher rates of chronic diseases and are more likely to die younger than those who are better off financially. Growing up and living in low income can contribute to chronic stress and create barriers to education, healthy food, proper housing, employment, and quality health care, which in turn contributes to poorer health.

The health unit is working in partnership with agencies and groups to help change the conditions that create barriers to health for people of low income. In addition, the health unit has created an action plan that will be implemented by all programs to help people of low income in Simcoe Muskoka achieve greater health equity.

Bringing healthy food choices within reach

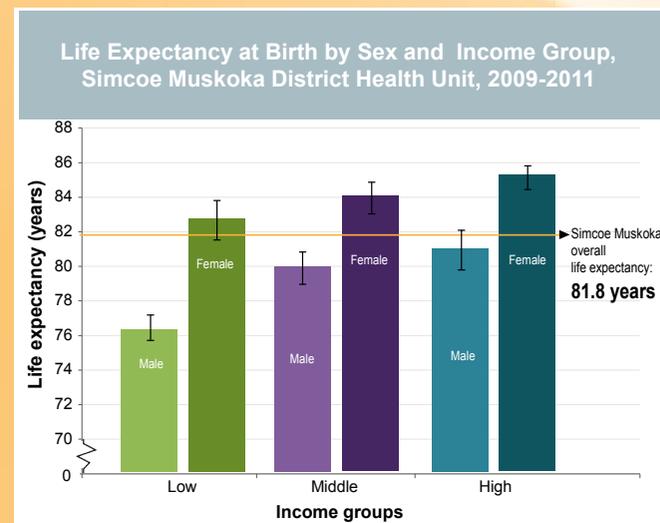
Many factors can limit a family's ability to make healthy food choices—location of home, lack of available healthy foods, poor food skills—but low income has a great impact.

The annual Nutritious Food Basket Survey conducted by the health unit compares the combined cost of nutritious food and rent to income from social assistance or minimum wage work. The results underscore how difficult it can be for low income individuals and families in Simcoe Muskoka to afford enough healthy food. In Simcoe Muskoka a family with two adults and two children on Ontario Works would spend 94 per cent of their income meeting the minimum requirements of a healthy diet and monthly rent payments. With little money left after food and rent are paid, these families may opt for cheaper, less healthy processed foods—or even go

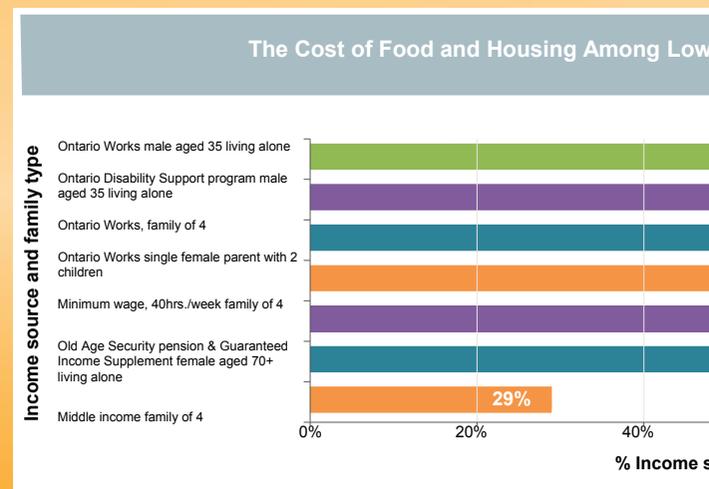
without—so they can pay phone and other bills, bus fares or buy clothing.

The Canadian Community Health Survey (2013/2014) found that seven per cent of Simcoe Muskoka households reported experiencing some degree of food insecurity (inadequate or insufficient access to food due to financial constraints). Children living in food insecure households experience poorer physical and mental health, and youth are at increased risk of depression, social anxiety and suicide. Food insecure adults experience poorer physical and mental health, as well as higher rates of depression, diabetes, high blood pressure and heart disease.

The health unit uses Nutritious Food Basket information to inform strategies such as calls at the provincial and federal level for a basic income guarantee to ensure that all Canadians are able to meet their basic needs including food, and live with dignity.



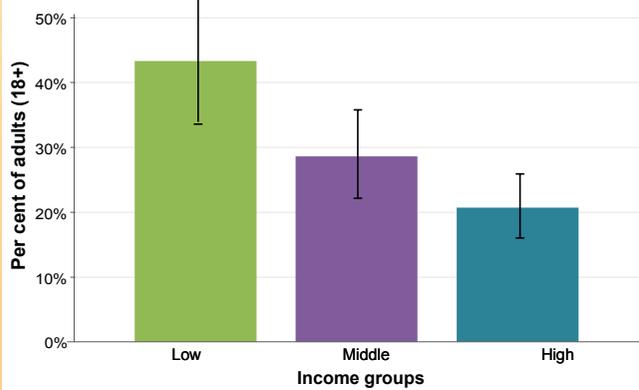
Data Source: Ontario Mortality Data 2009-2011, Ontario Ministry of Health and Long-Term Care; IntelliHEALTH Ontario, data extracted May 2015.



Data Sources: Nutritious Food Basket Survey, Simcoe Muskoka District Health Unit, 2015. Market Rental Report Fall 2015.

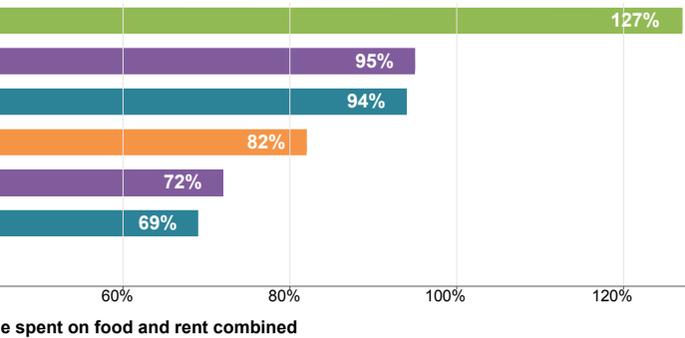


Missing Teeth Due to Decay or Gum Disease, Simcoe Muskoka Adults (18 years +), 2012



Data Source: Rapid Risk Factor Surveillance System (RRFSS), Jan. 2012 - Dec. 2012, Simcoe Muskoka District Health Unit. Percentages were age standardized to the 1991 Canadian standard population.

Low Income Earners Simcoe Muskoka, 2015



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Pressing for better dental care funding

Roughly two-thirds of adults 65 years and over in Simcoe Muskoka are without dental insurance. And approximately one-quarter of seniors report it has been three years or more since they visited a dentist.

Often, adults and seniors living in low income eat poorly because of serious dental health issues. Their social lives may be affected, and they may develop secondary health problems. It can even affect their employment opportunities. Some seek relief of dental pain and infection at hospital emergency departments, but the relief is temporary and at a high cost to the health care system.

As part of its oral health program, the health unit provides existing publicly funded dental services to eligible low income adults. It also provides emergency and essential dental services to children and youth of low income families, as well as dental screening for children and youth up to age 18. Dental screening is provided in schools and at health unit offices in Simcoe Muskoka by appointment.

However, these programs are not able to meet the oral health needs of all adults and seniors living in low income who require coverage. In response to this situation, the health unit has joined a growing provincial and national call for increased government supported dental programs for this population.

Supporting a basic income guarantee

The concept of a basic income guarantee (BIG), also referred to as a guaranteed annual income, makes public health sense. It proposes adoption of mechanisms that could increase low incomes to a uniform minimum. Such measures could go a long way to improving health generally.

In May 2015, the Board of Health demonstrated leadership by sending a resolution to the Association of Local Public Health Agencies, endorsing the concept of a BIG. The resolution, passed by the association, called for the federal and provincial governments to explore a basic income guarantee as a policy to reduce poverty and income insecurity and to provide opportunities for those living in low income.

Members of the Board of Health also met last August with Community and Social Services Minister Helena Jaczek to position the concept of a BIG, and Associate Medical Officer of Health Dr. Lisa Simon presented on basic income guarantee at several provincial and national forums.

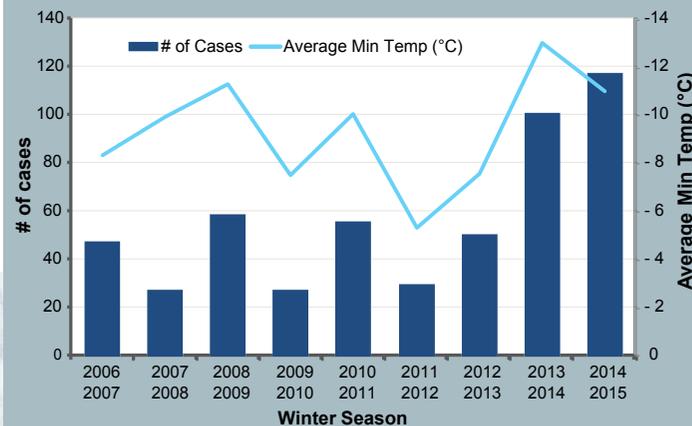
In its 2016 budget, the Ontario government committed to further study of the BIG concept. The federal government has cited the issue as well.

When temperature threatens health

Municipalities, community agencies, school boards, childcare centres and others may look to the health unit for guidance when the thermometer hits extremes of cold or heat. Cold extremes can cause hypothermia that is potentially life threatening or other health effects such as frostbite. The harms associated with heat include heat rash, muscle cramps, fainting, dehydration or heat stroke.

The weather often has its greatest impact on those of low income, with addictions, or with mental health issues. An evaluation of the impacts of extreme cold events between 2003/2004 and 2014/2015 found that an estimated 11 per cent of the emergency department visits, hospitalizations and deaths from cold exposure were associated with mental health disorders or substance abuse, and one per cent were associated with homelessness.

Number of Cases* of Extreme Cold Exposure per Season Among Simcoe Muskoka Residents, and Number of Cold Weather Days, 2006/07 - 2014/15 Season



* Case Definition: Emergency Department Visit or Hospitalization for Hypothermia, Frostbite or Exposure to Natural Cold, of a Simcoe Muskoka Resident, where the cold exposure incident occurred was treated in a hospital in or near Simcoe/Muskoka during the months of November to March of a given Winter Season.
Data Sources: Hospital In-Patient Discharges Data, 2003-2015; National Ambulatory Care Reporting System Data 2003-2015; IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Extracted August 19, 2016.

For several years the health unit has had an extreme heat warning system in place and participated in a provincial pilot in 2015. This year the health unit has modified its heat warning and information system in keeping with changes to the provincial, national and international models. Heat warnings are triggered at specific temperature and/or humidex thresholds. At these thresholds there has been an association with heat-related illness.

In 2015, the system expanded to include alerts related to extreme cold events. In Simcoe Muskoka, more than 700 emergency department visits, hospitalizations or deaths resulted from extreme cold exposure between the winters of 2003-2004 and 2014-2015. These effects are seen more often below -18 C and increase as the mercury drops, and almost twice as frequently among men as women.

The notification system to local partners and the public is based on Environment Canada forecasts with messaging tailored to the forecasted temperature. At -15 C, the health unit posted precautionary messages through social media. If Environment Canada issued an extreme cold warning (temperatures dropping to -30 C in Simcoe, -35 C in Muskoka), the health unit followed up with its own alerts on its website and social media, and notified partners through an email distribution that includes more than 300 agencies, many of whom serve the most vulnerable.

The health unit will continue to assess how effective this system is in reaching the most vulnerable populations.

Environmental Health Department

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

7,031

food premises inspections



143

tick submissions

28

STOP smoking
community workshops held
(supporting 200 people
to quit smoking)

66,506

Inspection Connection
website page views



1,171

rabies exposure
investigations

More than
2,700

inspections for
smoking and tobacco
sales to youth

1,288

recreational water
facility inspections



Breastfeeding awareness

This is real life

When the health unit launched its breastfeeding in public campaign with a pilot project in Midland, it had no idea the campaign would catch the public's imagination to such an extent that it would be shared around the world.

With the help of Best Start funding the health unit was able to enhance its collaborative work with community partners across Simcoe and Muskoka towards a goal of increasing the rates of breastfeeding intention, initiation, duration and exclusivity.

Featuring life-size photographic cut-outs of local women breastfeeding, a beautiful billboard of the same, and the tag line "because this is real life", the campaign aimed to raise awareness and encourage business, community and municipal organizations to create supportive environments for breastfeeding parents. A step-by-step guide was created to help businesses and municipalities become breastfeeding-friendly places and to feature signs showing they openly welcome breastfeeding. Building support for breastfeeding in public is critical for new parents, especially given that one in four people in Simcoe Muskoka say it is not acceptable for a parent to breastfeed at a restaurant or shopping mall.

Response to the campaign was overwhelmingly positive. Ninety-six community organizations and businesses and one municipality displayed the cut-outs. Businesses showed their support by posting photos of the "real life" images on their Facebook pages. The campaign went viral with more than 5,500 likes, 700 shares and reinforcing posts from as far away as France, Spain, the United Kingdom, the Philippines and Australia.

This project included two other components designed to enhance breastfeeding support for parents recognizing that women without a partner or with less social support are at risk of not breastfeeding, and breastfeeding for shorter periods of time. The health unit worked with local health care providers to build their knowledge and skills, as a means of replacing social supports some women lack. As strong influencers in the family unit, grandmothers also received information on the importance of breastfeeding and how they can help support the breastfeeding parent in their families and circle of care.



Excerpts from social media comments made about the campaign:

"I love this! I poked around on their website, and they have an excellent package for retailers to become Breastfeeding Friendly."

"...just another reason to move to Canada!!!! My list is growing longer and longer!!!"

"Because this is real life. I think that says it all, go Canada!"

Community and Family Health Department

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

72

schools engaged with public health nurses from the Healthy Schools program (2015-2016 school year)



1,053

expectant parents attended Getting Ready for Baby prenatal classes



521

parents participated in our Infant Feeding Survey

5,063

home visits by public health nurses and/or family home visitors

133,128

Ready 2B Thirsty Facebook page views over three months



Sober second thoughts



A reminder about how much we drink

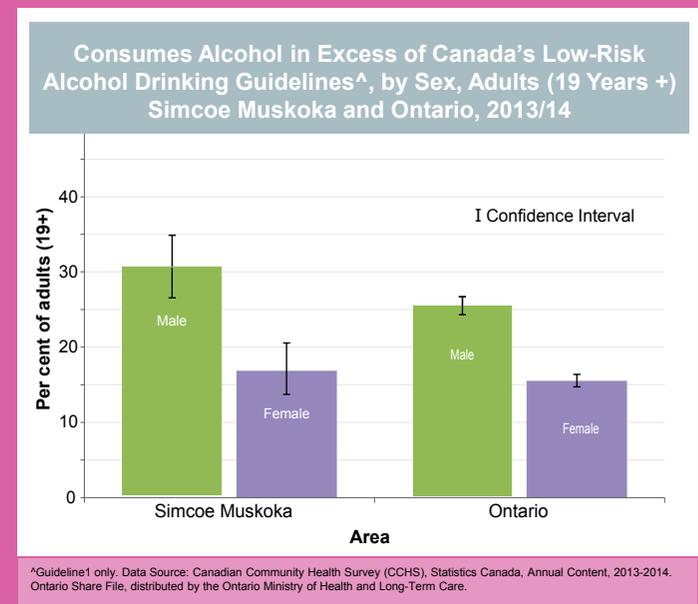
Advertising portrays alcohol as central to fun. Television programs and movies reinforce it. Professional sports are awash in alcohol. The alcohol industry lobbies relaxing the rules that control sales of its products.

Little wonder that few people are hearing the message about Canada's Low-Risk Alcohol Drinking Guidelines. In fact, the 2013-14 Canadian Community Health Survey indicates that about one-quarter of Simcoe and Muskoka adults (19+) consume alcohol above Canada's Low-Risk Alcohol Drinking Guidelines (for long-term health effects).

Many people are generally unaware of how much they drink from week to week and may not realize the possible long-term health effects of drinking. Even moderate drinking can cause liver disease, cancers, high blood pressure and heart disease.

The Ready to Be Thirsty (RTBT) campaign, now in its second year, uses regular and social media channels to raise self-awareness of drinking behaviours in the face of broad social acceptance of alcohol. People in Simcoe and Muskoka were challenged to cut back or quit drinking alcohol for the month of February and were invited to comment on their experience. Facebook was used as the main tool to share people's stories and engage them in the conversation.

The campaign successfully raised the issue in a non-threatening way, helping many of the participants take the first steps to moderate their drinking.



Our commitment to quality

Simcoe Muskoka District Health Unit's approach to performance improvement is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, and a focus on risk management.

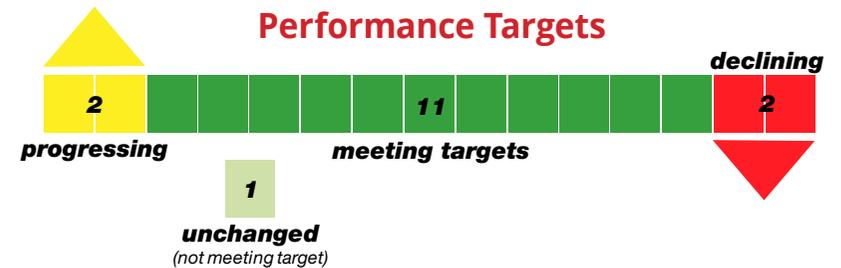
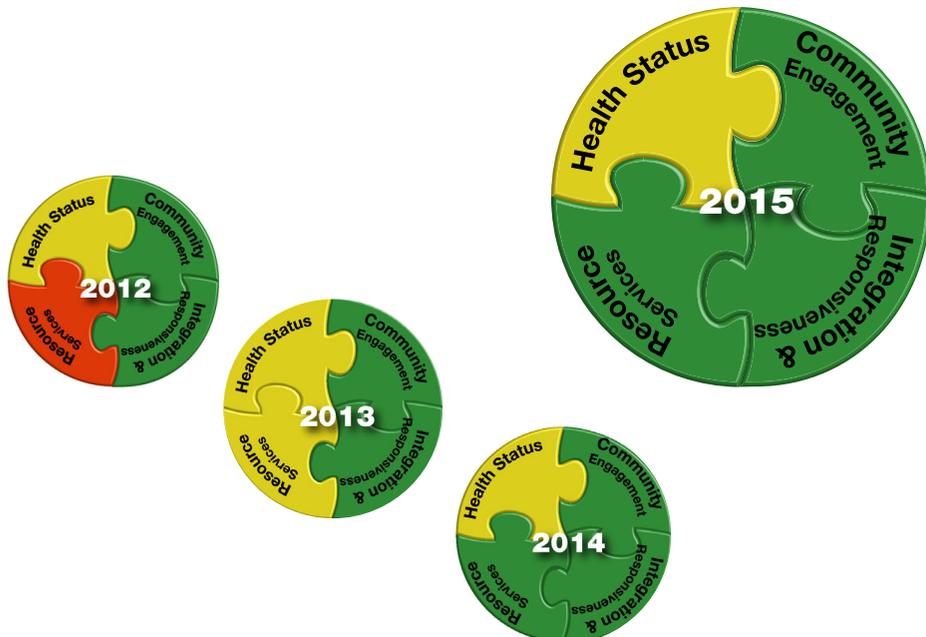
The health unit uses scorecards to monitor progress on its strategic plan.

The Balanced Scorecard for 2015 reflects the outcome of a multi-year effort to achieve the goals of the strategic plan set in 2012. As of December 2015, action has been taken on 12 of the 15 identified strategic outcomes. A renewed strategic plan for 2016/2017 is more refined and focussed in recognition of our resource constraints and limited timeframes for action.

Accountability agreements between Boards of Health and the Ministry of Health and Long-Term Care require regular reporting on performance indicators. Program performance is measured against health unit-specific targets negotiated annually with the province.

In 2015, Simcoe Muskoka District Health Unit met 11 program performance targets and demonstrated progress towards target achievement for two indicators. Performance remained unchanged from 2014 to 2015 against one indicator and declined for two others. The results are used to guide performance improvement plans.

Strategic Plan Scorecard



For more information, visit our website at www.smdhu.org.

Program Foundations and Finance Department

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

43,628

Health Connection
inquiries

802

new
twitter@SMDhealthunit
followers



8,736

square kilometers
of land area
covered

8

office locations



362

SMDHU staff

Serving
540,000
people

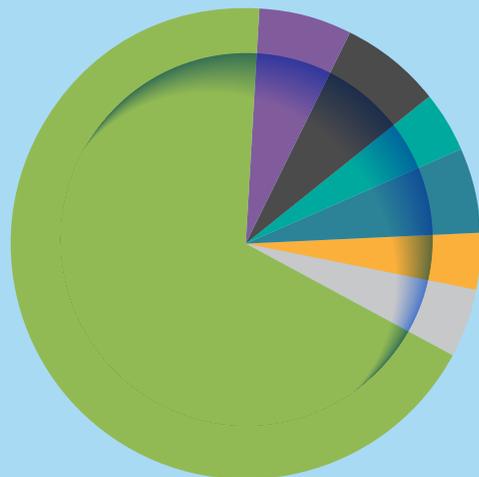
2,650

visits to the
Simcoe Muskoka
HealthSTATS
website

Human Resources and Infrastructure Department

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

2015 Health Unit Budget \$37.1 Million



MEDICAL OFFICERS OF HEALTH

Dr. Charles Gardner
 Medical Officer of Health & Chief Executive Officer

Dr. Colin Lee - Associate Medical Officer of Health

Dr. Lisa Simon - Associate Medical Officer of Health

BOARD OF HEALTH

Barry Ward Chair

Scott Warnock Vice-Chair

Sandy Cairns District of Muskoka

Ralph Cipolla City of Orillia

Lynn Dollin County of Simcoe

Anita Dubeau County of Simcoe

Fred Hamelink Provincial Appointee

Stephen Kinsella Provincial Appointee

Sergio Morales City of Barrie

Gail Mullen Provincial Appointee

Margaretta Papp-Belayneh Provincial Appointee

Terry Pilger District of Muskoka

Ben Rattelade Provincial Appointee

Brian Saunderson County of Simcoe

Peter Willmott Provincial Appointee

Board of Health Chair remarks



Barry Ward, Board Chair

Our Board of Health has welcomed a number of new faces in 2015 and 2016. In addition to newly elected municipal representatives, two provincial members joined the Board while we said goodbye to one provincial appointee whose term had concluded.

This new board has shown itself to be eager to take on the role of public health advocate. At the inaugural meeting in January 2015 the Board of Health communicated its disappointment with the federal government's decision to discontinue the long-form census. The census provides information valuable to public health planning. It was very gratifying this spring to see the revival of the long-form census.

Poverty takes a heavy toll on the health of many of our residents. The health unit has explored the role it can play in reducing health inequities linked to income and set out a plan of action. Our agency has demonstrated leadership by encouraging various levels of government to explore ways to supplement the lowest incomes, to give people the finances they need to make healthier choices in their lives. We have also joined others in advocating for increased financial support for dental treatment for low income adults, seniors and institutionalized seniors.

Recognizing that community support is a key factor that can influence a family's decision about whether or not to breastfeed and about how long to breastfeed, the Board of Health encouraged local municipalities to develop breastfeeding-friendly policies that support both the public and their employees. The Board of Health also joined others calling upon the Ministry of Education to create the necessary policies and programs in education and childcare settings that will enable children and youth to develop the skills required to participate with

confidence and competence in recreation, sports and physical activity.

Health Minister Hoskins' *Patients First* report, released in December 2015, set the stage for greater integration of public health into the Ontario health care system and stronger ties to the Local Health Integration Networks. While these relationships are critical to the work of public health, our connections to school boards, municipalities, non-government organizations, service providers and private businesses also serve in the fulfillment of the health unit's health protection, health promotion and disease prevention programs. The Board of Health voiced its concerns regarding potential impact of the proposed changes on provincial funding, the health unit's relationship with other stakeholders and our autonomy to act as advocates for public health. These concerns have been addressed in the draft legislation, tabled in June 2016.

The Board of Health continues to advocate for the funding necessary to maintain and enhance public health programming, clearly communicating the impact of the provincial freeze on the cost shared grant on local programming. In 2016, recognizing that the provincial grant would likely be held to 2014 levels, the Board of Health approved a two per cent increase in the municipal levy, shifting the municipal funding share to greater than 25 per cent in order to reduce the impact of the freeze on public health programs.

While the road ahead will present more change and challenge, it will also create opportunities. The Board of Health will continue to speak out in support of healthy public policy and provide oversight of the fulfillment of the health unit's mandate.

Barry Ward

Chair, Simcoe Muskoka District Board of Health