The governance of the Simcoe Muskoka District Health Unit comes with the reward of being involved in work that has great value and meaningful impact on our communities.

In the years I have served with the Simcoe Muskoka District Health Unit Board of Health we have offered support for emergency responses such as tornadoes and flooding. We have presided over decisions that make dining experiences safer; that offer parenting resources from before birth through children’s teen years; that reduce the threat of infectious diseases; and respond to emerging public health threats. In assuming the chair of the Board this year, I am thrilled to be able to take the lead in supporting the staff of the health unit as they continue to devote themselves to the public’s well-being, even as resources become scarcer.

In 2018, the Board of Health declared opioids as an issue of urgent public health concern in order to focus health unit resources to address the growing crisis of overdoses and drug use in our communities. We also pressed the province to develop a comprehensive provincial child care strategy to increase the number of licensed, affordable child care spaces available to working parents. The Board acted as a vital liaison to help local municipalities understand the complex rules around cannabis legalization. For the 2018 provincial and municipal elections we supported an awareness campaign urging the public and candidates to consider issues such as food insecurity, housing, legalization of cannabis, the opioids crisis and climate change, and suggested actions.

While it is the front-line work of the health unit that draws the attention of the public, the Board’s efforts in the background are of equal importance. Last year a new set of Board by-laws was developed and enacted. By-laws ensure the effective and ethical operation of the Board of Health. They also serve as a guarantee to the public that public revenues are directed toward issues that matter to the long-term health of our communities.

The Board of Health has always played a role in providing vision, creative thinking, and influential support for public health programs and services. Following the municipal elections in the fall of 2018, we bade farewell to several elected and appointed members of the Board, including several whose service extended beyond a decade. I offer my thanks to them all for their contributions to the public’s health. I also look forward to working with the fresh ideas and enthusiasm of a new Board of Health in 2019.

This will be particularly important while the Board works through a challenging period of transition ahead as the provincial government implements its plan to transform the public health system in Ontario. As announced in the April 11, 2019 budget, Ontario’s 35 health units will be replaced by 10 new regional public health entities on April 1, 2020. With our new strategic transition plan in place, and an outstanding record of public health achievements over the past 14 years behind us, I am confident we will carry forward into these new entities our legacy of unique and excellent public health programs and services to the people and communities of Simcoe and Muskoka.
Public health in Ontario is in a period of transition as the Ontario government moves forward with transforming the public health sector.

As details of the transition have emerged, it is clear that for the coming year substantial administrative effort will be diverted to the transition into one or two of 10 new provincially defined regional public health entities. While the future is not clear, I can certainly look back on 2018 as a year of achievements garnered through the valuable programs and services we deliver and the close community partnerships we have developed that have strengthened our ability to protect and promote the health of the population of Simcoe Muskoka into 2019.

As of January 2018, health units across the province began implementing the updated Ontario Public Health Standards and its associated guidelines and protocols. Stated simply, these documents set goals for the priorities in health unit operations and programs, and establish new standards for transparency.

Two new mandates have been added to the public health standards: vision screening for young children and mental health promotion. We now have staff trained to conduct vision screening at the Senior Kindergarten level, to identify existing vision problems or those at high risk of visual impairments. This is a service that will help parents give their children a strong start in school and socially. In the spring of 2019, we completed a situational assessment of mental health promotion needs in Simcoe and Muskoka, and how the health unit would be best positioned to address those needs. A mental health promotion strategy, building from that assessment, was completed in May this year.

In December 2018, we came to the end of our agency’s 2016-18 Strategic Plan and a new plan was being completed to continue into the next four years. The provincial restructuring changes leave the health unit unable to commit to strategic tasks beyond 2020. As a result, the four-year strategic plan has been streamlined to a more focused one-year work plan, capturing the elements of the strategic plan that can be managed through the coming year. The overarching principles of the original plan remain: maintaining strong relationships among staff and with external partners; meeting the Ontario Public Health Standards through evidence-informed decision making; and ensuring accountability and good governance. Into these principles we have included activities that will not only ensure the continued excellent services we provide to our communities, but also help the agency make a successful transition into a new public health entity or entities by 2020.

Climate change, Lyme disease, legalization of cannabis, the opioid crisis: we live in times of new and emerging public health challenges. Along with those will be the challenge of reorganization according to the plans of the provincial government. The work of the past year has prepared us to meet the public health challenges. The skill and experience of our staff will be invaluable in ensuring we continue to provide our services while we work through the disruptions ahead.
CLINICAL SERVICES DEPARTMENT

• Education and awareness to reduce the incidence and spread of infectious diseases
• Investigation and follow-up with clients with diseases of public health significance
• Conducting infectious diseases 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 up
• Healthy Smiles Ontario dental services – both mobile and fixed clinics
• Infection prevention and control education, inspection and complaint investigation in health care, personal services and child care settings

<table>
<thead>
<tr>
<th>216</th>
<th>25,501</th>
<th>81</th>
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<tr>
<td>216</td>
<td>25,501</td>
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<tr>
<td>community &amp; institutional outbreak investigations</td>
<td>children screened for tooth decay</td>
<td>infection prevention &amp; control complaint investigations</td>
<td>vaccines given during public immunization clinics</td>
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<tr>
<td>1,423</td>
<td>3,072</td>
<td>21,010</td>
<td>4,081</td>
</tr>
<tr>
<td>1,423</td>
<td>3,072</td>
<td>21,010</td>
<td>4,081</td>
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<tr>
<td>personal services settings &amp; child care inspections</td>
<td>client visits to sexual health clinics</td>
<td>vaccines given at schools</td>
<td>diseases of public health significance investigations</td>
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</table>
**HPV VACCINE**

**Effective cancer prevention**

Human Papillomavirus (HPV) is a sexually transmitted virus that causes genital warts and virtually all cervical cancers. It is also responsible for a number of other cancers, including mouth and throat, anal, penile, and vaginal and vulvar cancers. It is so common that 75 per cent of sexually active people will get HPV at least once in their lifetime.

HPV can be prevented through vaccination. In Ontario, a free vaccine for HPV is offered to every Grade 7 student. In Simcoe Muskoka the vaccine is provided at school clinics by health unit nurses. Despite the HPV vaccine being safe and effective cancer prevention, only 68 per cent of local kids were vaccinated against HPV-related cancers in 2017/18. This rate has remained unchanged since 2014/15.

Recent research shows that the incidence of HPV infections in nine high-income countries, including Canada, decreased by 64 per cent after the introduction of HPV vaccination programs to girls younger than 20 years of age. The vaccine is also highly effective against genital warts.

Because a recommendation from a health provider is the biggest influence in convincing parents to vaccinate their children, in 2018 the health unit partnered with a local doctor and gynecologic oncologist to improve HPV vaccination rates. The result was an ongoing awareness campaign to inform parents, as well as health care providers, that the vaccine is about preventing cancer. In addition, using local infectious diseases data, the health unit continues to encourage health care providers to discuss the effectiveness and importance of HPV vaccination with their patients. The campaign continues in 2019 with further direct outreach to health care practitioners.

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Data Source: Ministry of Health and Long-Term Care, Digital Health Immunization Repository, extracted by Simcoe Muskoka District Health Unit [2018/09/13].

Notes: 2017/18 was the first school year where HPV-9 was provided to students. 2016/17 school year was the first cohort to offer the vaccine to Grade 7 students and was a double cohort with Grade 8 females also receiving HPV. 2015/16 school year only provided HPV to Grade 8 female students.

Immunization data are presented by location of the school the student attends.
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

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<th>1,171</th>
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<th>533</th>
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<tr>
<td>Parent/caregiver visits</td>
<td>The Breastfeeding Place</td>
<td>expectant parents registered for online prenatal classes</td>
<td>families received Triple P (Positive Parenting Program) support from SMDHU</td>
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<tr>
<td>Home visits</td>
<td>4,618</td>
<td>70</td>
<td>1,061 expectant parents who registered for in-person prenatal classes</td>
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<tr>
<td>by public health nurses and family home visitors</td>
<td>schools engaged with public health nurses from the School Health program (2018/2019 school year)</td>
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</table>
Coordinated strategy is helping to save lives

Opioid misuse is an urgent and complicated issue that continues to impact families, individuals and communities in Simcoe Muskoka. It’s also an issue that shows few signs of abating any time soon.

In 2018, there were 78 opioid-related deaths or 13 deaths per 100,000 residents in our region. This was significantly higher than the provincial rate of 10 deaths per 100,000 and part of an ongoing upward trend that has seen local opioid-related death rates triple over the past 10 years. Equally as disturbing, in 2018 there were 600 emergency department (ED) visits or 103 ED visits per 100,000 population for opioid poisonings among Simcoe Muskoka residents (see graph). This represents more than a 30 per cent increase over the previous year.

The health unit has been working with community partners on a multi-pronged, coordinated and comprehensive response to reduce opioid harms in our communities since 2017 when the Simcoe Muskoka Opioid Strategy (SMOS) was created. The strategy consists of five action pillars including prevention, treatment/clinical practice, harm reduction, enforcement and emergency management, with two foundational pillars, data and evaluation, and lived experience.

As part of the strategy, the health unit provides active surveillance, including monitoring the number of emergency department visits for suspected unintentional opioid overdoses. At a certain threshold these numbers can act as a trigger to the health unit to issue a public alert that anyone using street drugs should be cautious about their supplies, and how and when they are using drugs. In 2018 the health unit issued two public alerts about increased overdoses in Simcoe Muskoka.

Under the SMOS prevention pillar, the health unit also launched an anti-stigma campaign, “People who use drugs are real people”, to educate the public that addictions are an illness, not a choice. Short videos of local families who have been affected by opioid use were produced and shared on the health unit’s website and on social media to help increase the understanding – and reduce stigma – around substance use.

Harm reduction is an important strategy to address the opioid crisis. The health unit, along with the Gilbert Centre and the Canadian Mental Health Association - Simcoe Branch, are working together to submit an application for a supervised consumption site (SCS) within the City of Barrie. The application process has included consultation with the community and key stakeholders, and the identification of a proposed site in downtown Barrie. Barrie has been particularly hard hit by opioids. In 2017, among the 26 Ontario cities with populations over 100,000, Barrie ranked third highest for emergency department visits for opioid overdose. Data for 2018 moves Barrie into second place among large cities for opioid overdose emergency department visits.

Denominators for 2006-2018 were taken from Statistics Canada; Table 17-10-0139-01;
Population estimates, July 1, by census division, 2016 boundaries
PROGRAM FOUNDATIONS AND FINANCE DEPARTMENT

• First point of contact for the public 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

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<td>times our Facebook posts seen</td>
<td>Health Connection inquiries</td>
<td>visits to the Simcoe Muskoka HealthSTATS website</td>
<td>times SMDHU mentioned in local news</td>
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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 and telecommunications planning and implementation

<table>
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<tr>
<th>311</th>
<th>8</th>
<th>8,800</th>
<th>540,249</th>
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<tr>
<td>staff as of December 31</td>
<td>office locations</td>
<td>square kilometers of land area covered</td>
<td>Simcoe Muskoka population served</td>
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</tbody>
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QUALITY AND PERFORMANCE MEASUREMENT

Our commitment to continuous quality improvement

Simcoe Muskoka District Health Unit’s approach to performance management is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, achieving value for money, and a focus on risk management. Measures of performance are reported annually to the province, Board of Health and the community.

Program Budgeting and Marginal Analysis

Since 2016, public health funding has been somewhat tenuous. Given continuing fiscal constraints, the health unit identified the need to use a practical evidence-based method for resource allocation. Program budgeting and marginal analysis (PBMA) is used to assess the net impact of different ways of providing services in relation to an organization’s ability to meet strategic objectives and priorities. PBMA helps ensure that we are delivering the right mix of programs and services that are responsive to the needs of our local communities.

Strategic Plan

Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established for each of the strategic outcomes. Colour is used to visually depict progress. Green represents success in meeting an indicator related to the strategic outcome, yellow represents work in progress and red reflects limited or no action initiated to date.

At the end of 2018, a total of 21 indicators were monitored across the four strategic directions. Sixteen targets were met, two showed work in progress and three indicated limited movement forward. These results have been used to inform 2019 plans and priorities in an effort to achieve our strategic outcomes.

The 2016-2018 Strategic Plan has come to an end. Reflection on this plan – our successes and areas requiring improvement – have been used to create SMDHU’s 2019-2020 Strategic Transition Plan. This plan focuses on key components that will be positioned as health unit priorities for possible adoption in the changing public health landscape. The plan also allows the health unit to manage the impacts of Ontario’s public health restructuring and transition.
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

181 people received counseling and got free nicotine replacement therapy

37 STOP smoking workshops held to support people to quit smoking

8,406 food premises inspections

2,678 Smoke-Free Ontario Act inspections for smoking and vaping including retail compliance and test shopping with youth

1,332 recreational water facility inspections

1,434 rabies exposure investigations

184 tick submissions

72,512 Inspection Connection page views
Inspection results at your fingertips

Public health inspectors (PHIs) check a variety of businesses and settings in Simcoe Muskoka, including restaurants, child care centres and beaches, to ensure they are meeting requirements and standards that help keep people healthy, safe and injury free. Routine inspections help to prevent and reduce the risk of injuries and the spread of illnesses and diseases, including food-borne illness, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Depending upon the facility or setting, PHIs may be checking that foods are stored at proper temperatures so that dangerous bacteria can’t grow, that equipment is clean and that sanitizing procedures are followed. PHIs also test water at public beaches. If weekly testing results are unacceptable, public health inspectors assist municipalities in posting notices to the public about water quality for those beaches. Tobacco enforcement officers make sure retailers comply with the Smoke-Free Ontario Act, 2017 to not sell tobacco or vapour products to minors.

Inspection and investigation results must be made available to the public in accordance with the Ontario Public Health Standards. Disclosing results provides transparency to the inspection process and gives people information they can use when making decisions about visiting a particular premises or setting.

The health unit began posting inspection results on our website in 2014, starting with the health unit’s food safety disclosure program. Infection prevention and control lapses were added in 2016, followed by the status of beach water quality. Most recently, inspections for recreational water, including public swimming pools, wading pools, spas and splash pads; recreational camps; and small drinking water systems were added to the website.

Residents and visitors can go online to our Inspection Connection web page to look at the most recent inspection report of a favourite restaurant, or to see which retailer has been convicted under the Smoke-Free Ontario Act, 2017. The beach water testing section has been enhanced to include testing results and a map link, and new images that make it easy for people to know which beaches are open, posted with a swimming advisory or closed. Inspection results for licensed child care settings and tobacco and electronic cigarette retailer convictions were added in 2018, making Inspection Connection an easily accessible one-stop shop for inspection results.

Inspection results for personal services settings, which includes aesthetics, hair styling, tattooing and nail salons, are set to become available in 2020.

Simcoe Muskoka District Health Unit’s Inspection Connection Website Pageviews, 2016-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Pageviews</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>66,506</td>
</tr>
<tr>
<td>2017</td>
<td>58,698</td>
</tr>
<tr>
<td>2018</td>
<td>72,512</td>
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</tbody>
</table>

Data source: Google Analytics, 2019
2018 HEALTH UNIT FINANCIALS

REVENUE
$39,181,676

- Provincial Grant 78%
- Municipal Levy 20%
- Other 2%

EXPENDITURES*
$38,657,467

- Mandatory Cost-Shared Programs 76%
- Healthy Babies Healthy Children 7%
- Healthy Smiles Ontario 6%
- Smoke-Free Ontario 3%
- Other 100% Provincially Funded Programs 5%
- Other 3%

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

We would like to recognize the contributions of those Board members whose terms expired in 2018:

Sergio Morales, Terry Pilger, Elizabeth Saul, Brian Saunderson and Barry Ward.

BOARD OF HEALTH

Anita Dubeau – Chair ..............County of Simcoe Appointee
(Voted in Feb 6, 2019)

Ralph Cipolla – Vice Chair ..........County of Orillia Appointee
(Voted in Feb 6, 2019)

Thomas Ambeau............................... Provincial Appointee
(Term expired June 2019)

Sandy Cairns................................. District of Muskoka

Lynn Dollin ...............................County of Simcoe Appointee

Gary Harvey ...............................City of Barrie Appointee
(Appointed Jan 2019)

Stephen Kinsella.......................... Provincial Appointee
(Reappointed Sep 2019)

Peter Koetsier .........................District of Muskoka Appointee
(Appointed Jan 2019)

Betty Jo McCabe .......................... Provincial Appointee
(Term expired June 2019)

Micheal McCann .......................City of Barrie Appointee
(Appointed Jan 2019)

Rick Milne ..............................County of Simcoe Appointee
(Appointed Jan 2019)

Larry Oehm .............................. Provincial Appointee
(Appointed Aug 2019)

Floyd Pinto .............................County of Simcoe Appointee
(Appointed Jan 2019)

Peter Preager ......................... Provincial Appointee

Scott Warnock ......................... Provincial Appointee
(Reappointed May 2019)

Peter Willmott ................................. Provincial Appointee
(Reappointed Aug 2019)