

Appendix A: Community Consultation Summary of Findings

Simcoe Muskoka Healthy Communities Partnership

Community Consultation Summary of Findings

Hosted by Simcoe Muskoka District Health Unit

Facilitated by Dillon Consulting Limited

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Introduction

This document presents the summary of findings for the Simcoe Muskoka District Health Unit's community engagement process under the Simcoe Muskoka Healthy Communities Partnership. In January 2011, the Simcoe Muskoka District Health Unit embarked on a vigorous community engagement process across Simcoe County and the District of Muskoka to inform the development of the *Simcoe Muskoka Community Picture*. The community engagement approach reflected a two-way, open and proactive process for providing information to stakeholders, which includes key decision makers, service providers, volunteers and representatives from municipal government.

Workshop participants reviewed the draft Community Engagement Summary of Findings and provided further feedback and additional comments through an on-line survey. These additional comments are identified throughout this report, in a subsection titled "Additional Comments from On-line Survey".

Background Information

In May 2009, the Ontario Ministry of Health Promotion and Sport (MHPS) launched the Healthy Communities initiative, an integrated approach to improving the health of Ontarians. In 2010, the MHPS released the Healthy Communities Framework, which provides partnership opportunities for public health units, municipalities and community partners to work together to build healthy public policies and programs that make it easier for Ontarians to be healthy and promote a culture of health and well-being. The strategic framework to support Healthy Communities focuses on six priority areas: Physical Activity, Sport and Recreation; Injury Prevention; Healthy Eating; Tobacco Use and Exposure; Substance and Alcohol Misuse; and Mental Health Promotion. The Simcoe Muskoka Healthy Communities Partnership (HCP) is one of 36 across Ontario that promotes coordinated planning and action, to create healthy public policies.

The Ministry of Health Promotion and Sport requires Partnerships across the province to develop a Community Picture. The *Simcoe Muskoka Community Picture* will form the foundation from which local priorities and recommended actions across the six MHPS Healthy Communities priority areas will be identified.

The priority areas for consideration are:

- Physical Activity, Sport, Recreation;
- Injury Prevention;
- Healthy Eating;
- Tobacco Use/Exposure;
- Substance and Alcohol Misuse; and
- Mental Health Promotion.

The *Simcoe Muskoka Community Picture* is a very important project that will provide an in-depth understanding of the strengths, capacities, initiatives, opportunities and policies that have an impact on health and well-being of residents in Simcoe County and the District of Muskoka. It will contain information on the broader social, economic, political and environmental context that affects the community's health needs and concerns and will assist community partners to mobilize around a common goal.

Additional Comments from On-line Survey

The Ministry of Health Promotion led the Community Use of Schools (CUSP) program. The purpose of the program was to encourage greater and more affordable access to school facilities for community not-for-profit groups. The initiative transferred to the Ministry of Education in April 2006.

Purpose of the Community Engagement

Community engagement was undertaken in a community consultation format, which provided participants with an approach to ensure that their thoughts and concerns were consistently heard, understood, and also enabled them to raise issues, needs and priorities that are reflective of their communities.

The community consultation provided a forum for public health, community groups, agencies, local government and human services delivery professionals to learn about the Healthy Communities Partnership and to provide local knowledge about the issues facing their communities. The community consultations provided an overview of the strengths, capacities, initiatives, opportunities and policies that have an impact on health and well-being in Simcoe Muskoka.

Seven community consultations were undertaken between January 10 and January 13, 2011. Recognizing Simcoe Muskoka's diversity in terms of its geographical, cultural and socio-demographic characteristics, community consultations were held in Midland, Orillia, Gravenhurst, Huntsville, Barrie, Cookstown (reflecting South Simcoe), and Collingwood.

A diverse group of stakeholders and decision makers representing a wide range of sectors and organizations were invited to the community consultations. An email was sent to 236 organization, agency and municipal representatives on December 8, 2010 to inform them of the community consultations. The 236 invited participants represented a wide cross-section of sectors and disciplines including members of community groups and non-governmental organizations, local, and regional government representatives. Formal invitations were sent to participants between December 20 and 22, 2010. A reminder invitation was sent to invited participants on January 4, 2011, followed by a newsletter on January 7, 2011.

The community consultations were well attended with over 190 participants in total, including volunteers of community organizations. Among the 190 participants, seven attended more than one community consultation. The participants represented 92 separate organizations, municipalities and agencies. Please see the a complete list of organizations that attended the community consultations found at the end of this report. Table 1 identifies the number of participants by location.

Table 1: Number of Participants by Location

Community consultation Location	Number of Participants
Barrie	41
Collingwood	33
Gravenhurst	24
Huntsville	13
Midland	34
Orillia	23
South Simcoe	22
(meeting location in Cookstown)	

Community Consultation Format

The community consultations were facilitated by Dillon Consulting Limited. The community consultations commenced with an ice breaker activity where participants were involved as part of a large group discussion to develop a vision for a healthy community and to identify the required characteristics that are necessary to achieve it. The exercise was followed by a presentation that informed participants about the Ministry of Health Promotion Healthy Communities Framework and provided a high level overview of the information contributing to the development of the community assessment.

During the remainder of the community consultation, participants worked in groups and were invited to review the Geographic Information Systems (GIS) maps of community assets and infrastructure, and the results of the Ontario Heart Health Network (OHHN) Collaborative Policy Scan Project Results for Simcoe Muskoka.

For each priority area, participants were asked five questions:

1. What do you see as a priority population for this priority area? Why?
2. What are the health issues for this priority areas?
3. What needs to be done (or what could/can be done) to address the issues raised (e.g.: policies, programs, etc.)?
4. Are there policy scan changes (if applicable)?
5. Are there other networks and organizations in your municipality or in Simcoe County or the District of Muskoka that are working in this priority area?

Community Consultation Findings

While common themes were presented, issues and priorities emerged from across Simcoe County and the District of Muskoka to support a unified goal. The expressed views from the consultations were illustrative of the opinions of adults who live and/or work in Simcoe County and/or the District of Muskoka (some may live and/or work in both or one of the two areas).

When participants were asked to identify who the priority populations are and why, they also identified issues, challenges or barriers in the community.

When participants were asked what needs to be done to address the issues raised, some identified existing strengths, capacities and assets in their communities that allowed residents to live a healthy active lifestyle. These additional responses have been recorded and included under Section 4.2 Priority Area Discussions.

This document is designed to summarize and report on the results of the community engagement for the *Simcoe Muskoka Community Picture* and provides local examples, based on the input that was received.

What We Heard From Participants

What is a Healthy Community?

The first step on the path towards developing a healthy Simcoe Muskoka was the development of a common vision. Visioning provides an excellent framework for supporting health strategies in individual communities, and describes what a community would look like if it were optimally supporting health and well being for its residents. Visioning-inspired action encourages participatory decision making, provides participants with a common purpose, supports sustained commitment, and provides a benchmark to guide the development of action steps. Visioning also recognizes that there is no single approach to creating a healthy community. Each community is different, with its own unique characteristics, challenges and assets.

The Simcoe Muskoka HCPP Community Picture process began with a group exercise to explore a broad vision for a “healthy community,” as well as to identify key factors that are required to achieve this vision.

Participants were asked to **envision** that it is the year 2030, that ...

85% of residents are engaged in a healthy lifestyle that includes physical activity, healthy eating, are free from injury, positive mental health and well-being, live tobacco-free lives and limit their alcohol intake. In this ideal community, residents are enjoying a fulfilling and healthy lifestyle. Less than 15% of the population suffers from chronic diseases that are preventable through healthy eating, physical activity, limited alcohol consumption and tobacco-free living...

... and were asked to **describe what that community would look like.**

Based on the above scenario, participants discussed what an ideal healthy community would look like and identified the characteristics, or principles that are integral to achieving these results. The following illustrates the depth of the feedback and the inter-relationships that are required to achieve a healthy community.

Figure 2-1: Vision for an Ideal Healthy Community



Principles and Characteristics of an Ideal Healthy Community

Leadership and Innovation

In an ideal healthy community, leadership is innovative and forward-thinking and political will ensures that health is a top priority. To achieve a healthy community, a holistic and comprehensive approach is used to provide balanced priorities and equal consideration between environmental, economic, social and cultural needs. In this community, policies are established to support healthy lifestyles and decision making supports financial, environmental and community well-being over the long term. Sustainable funding is sufficiently available to meet community priorities and focuses on health promotion and chronic disease prevention. In this community, political will changes social norms and allows the healthy choice to become the easy choice. Key decision makers are influential and can get things done.

Accessible

In the ideal community, healthy and nutritious food, clean water, clean air, shelter and safety are accessible to every individual. Income levels are sufficient to allow people to access basic needs. In a healthy community, people live in safe neighbourhoods and have access to safe places to exercise and play. In an ideal healthy community, personal and professional development is available for all residents through quality and diverse educational opportunities that support lifelong learning and achieve healthy lifestyles. Additionally, diverse employment opportunities are accessible and available within the community.

Inclusive

In an ideal healthy community, residents experience strong community connections, inclusiveness and a sense of belonging. People work together and are empowered to make decisions. Differences are celebrated and diversity is recognized. To achieve a healthy community, social programs are available to achieve positive mental health and well-being for people of all ages. A healthy community offers a safe and secure environment with available social services and people live without fear of discrimination or social stigmatization.

Affordable

In an ideal healthy community, affordability is not an option, it is a requirement. Affordable housing is sufficiently available and accessible, and includes a continuum of appropriate housing choices. People of all ages and abilities have access to a range of affordable transportation options and feel healthy, supported and connected to their community. Similarly, all people have equitable and affordable access to recreation programs and healthy, nutritious food.

Integrated

In an ideal healthy community, the needs of a community are considered in a wholistic manner. To achieve a healthy community groups, institutions, businesses, volunteer agencies, governments and individuals work together to ensure that services and resources are planned, implemented and executed effectively. People are aware of the health care options that are available to them and service delivery is seamless.

Planned

In an ideal healthy community, growth is centrally focused and planning for the built environment is innovative, inclusive, diverse and aesthetically pleasing. Development is integrated to meet the needs of a neighbourhood. Healthy communities are planned to provide people of all ages and physical abilities with transportation options. Neighbourhoods are safe, walkable and connected to incorporate physical activity into a person's daily routines. Active and healthy year-around lifestyles are supported by a diversity of smoke-free parks and open spaces, recreation facilities, affordable programs, cultural and social events and public gathering places.

Priority Area Discussions

Participants were also very engaged to provide their thoughts to the questions asked during the group discussions. The findings are presented below by priority area and are organized by themes. We recognize that the communities consulted have their individual qualities, issues, needs and priorities. Differences in lifestyles can vary from one municipality to another, which affects the feedback and experiences that are captured in the discussions. These differences are captured, where possible, to highlight the issues and priorities reflective of the community that was being discussed. For each priority area, policies and actions are identified based on feedback and discussions from participants.

The potential policies or actions identified support the goals of the MHPS's Healthy Communities Framework and facilitate a culture of health and well-being (supports the healthy choice as the easy choice); coordinated action to build healthier communities; or increases the capacity of leaders to work together to support healthy living. Though policy and actions are identified by priority area, we recognize that priorities are interrelated and some policy requirements cut across a variety of areas.

Physical Activity, Recreation and Sport

Priority Population Groups

Participants identified priority populations that may experience barriers affecting their abilities to undertake physical activity or who may experience inequitable access to health services. Across Simcoe and Muskoka, commonly identified priority population groups include persons with disabilities, seniors, children, youth, low income individuals and families. In Midland, participants identified the aboriginal population and rural residents as additional priority populations, reflective of the community's location and cultural characteristics. In Barrie, commuters were identified as a priority population group, reflective of the large proportion of residents who commute to work outside their community.

Additional Comments from On-line Survey

Current research suggests that the impact of pre-pregnancy body mass index and prenatal weight gain have long-term effects on mom and baby.

Children, especially young children, need to be provided with the opportunities to practice basic motor skills in early childhood. If they get this exercise they are more likely to enjoy and do well in physical education class and continue to be active in their lifetimes. Prevention and health promotion must start earlier than school age – by the time programs start habits are already engrained and it is too late.

Health Outcomes

Participants told us that physical activity is important in achieving healthy lifestyles, maintaining a high quality of life, attaining mental well-being and should be a priority in our daily lives. Participants were asked to identify adverse health outcomes resulting from low physical activity levels. Identified health outcomes include diabetes, heart disease/increased blood pressure, poor mental health (self-image, stress, and social isolation), obesity, osteoporosis, respiratory illnesses, cardiovascular diseases, arthritis, and injuries (among the ageing population).

Issues, Challenges and Barriers

Participants identified issues, challenges or barriers in the community that influence a person's abilities to participate in physical activity. What we heard was that there is a distinct rural and urban divide within Simcoe and Muskoka, and a further divide between east and west Simcoe; i.e., people do not have equal access to physical activities and recreational amenities that promote wellness and fitness. We also heard that existing communities are not designed to support walking or cycling, and that schools have a large role in supporting physical activity, not only for students but for the community as a whole.

- Participants across Simcoe and Muskoka identified that demands in our daily lives and competing interests hinder our ability to participate in daily activity. Participants also commonly identified the importance of incorporating physical activity as part of our daily lives, which can be accomplished by using our existing environment, open spaces, resources and facilities. However, people are not well informed about the benefits of living a healthy lifestyle where recreation and sports are important and should not be seen as soft services.
- Participants expressed that many communities throughout Simcoe Muskoka are automobile dependent and are not well designed to support transit, walking or cycling. Some towns do not have sidewalks or bike lanes, safe environments, or adequate lighting which makes walking and cycling difficult. For example, participants in South Simcoe have expressed that new subdivisions do not have paths or bike lanes to support utilitarian uses. Participants also expressed concern regarding the lack of snow removal in winter environments to support walking.
- Participants in Simcoe and Muskoka expressed a lack of standardization in the spatial distribution of recreation facilities and services. New facilities are often built in a municipality with a larger population and a greater tax base.
- Participants also expressed issues that affect children and youth's ability and willingness to walk to school. Comments were received that in South Simcoe, schools are built on main roads, which poses difficulties for students to walk or bike to school. Furthermore, there is lack of clear paths and marked bike lanes for children to walk or bike to school and many schools do not have bike

racks. Policies need to be inclusive to all populations. This is compounded by a perceived lack of safety among parents that affects children's opportunities to walk, bike or play.

- The elderly, persons with disabilities, developmental delays would require other unstructured community recreation supports such as trails and paths. However, design and maintenance needs to be conscious of sidewalks and curbs to ensure that people with mobility issues and disabilities can access these assets safely.
- In Midland and Muskoka participants expressed that rural residents experience a lack of transportation, lack of options in accessing sports and recreation opportunities and fewer resources to support active living. Rural children have particularly less opportunity to ride their bikes or walk to school due to safety concerns about bicycling on rural roads. In addition, the majority of children are bussed to school, limiting opportunities to engage in physical activity.
- We heard that affordability is a particular issue in Muskoka, which affects a person's ability to participate in organized recreation programs.
- Participants identified lack of programs and facilities as a barrier to maintaining physical activity. Some participants expressed that programs are not available for parents and young children to use facilities concurrently. It was noted that the Town of Collingwood offers few recreation programs at this time.

*Additional
Comments from
On-line Survey*

- The cost of activities is too high. For example the cost of soccer is \$150.
- Sixty-six percent of Simcoe County District School Board students are bussed.
- There are service challenges in areas. Schools are located where municipalities and developers designate sites. Need more connections between communities and public transit, for example, in southern Georgian Bay and Collingwood-Wasaga.

**Capacities,
Strengths and
Assets**

Participants identified the strengths, capacities and assets in their communities that allow them to live a healthy active lifestyle. Simcoe Muskoka has a rich culture and offers a wealth of outdoor spaces that support physical activity throughout the year. We heard that it is important and necessary to use the resources that are available within the community, to capture our strengths and to build on them. Participants also provided feedback regarding other noted capacities found within the community, which are covered below.

- Breaking Down Barriers is a program that provides youth and young adults with accessible sports and leisure opportunities in South Georgian Bay. Such a program should serve all parts of Simcoe County and Muskoka District to increase recreation opportunities for people with disabilities.

*Additional
Comments from
On-line Survey*

- Copies of the Healthy Communities Framework should be made available to participants. Active2010 Community Roundtable Reports for Barrie, Lakeland, Collingwood and area, Midland and Penetanguishene should be made available on-line.

**Actions and
Policies**

- The Township of Clearview has a policy that encourages cooperative sharing of facilities between schools and organizations at the municipal level. Participants expressed that community use of schools is implemented differently across the District's municipalities. Resources such as schools and churches are available in the community to provide space for recreational programs. However these are not well utilized.
- Participants in Collingwood identified that their community offers a range of natural areas and opportunities for people to be active, such as trails for hiking, biking, snow shoeing, and cross country skiing.
- Practices are in place in parts of Simcoe and Muskoka that make it affordable for families to access recreation facilities and programs, including the "YMCA Access Card," "Take Heart" pass, and "Be Active Barrie" pass. However, it was noted that some of these practices are no longer in

place.

- The Children's Foundation of Muskoka provides funds for recreational, cultural, medical and emotional needs and opportunities.

Participants identified policies, programs or actions to address the issues raised.

Policies

- Develop policies and collaborative opportunities between School Boards and non-profit organizations to allow the public to use school playing fields or gymnasiums for after school activities.
- Increase physical activity course (credit) requirements to facilitate more physical education in high school.
- Develop policies that improve the safety of recreation users in parks and trails for people to use these spaces at night.
- Develop municipal policies that increase access to recreation facilities and physical activity resources and programs close to residential areas.
- Increase street connectivity to facilitate walkability and support active transportation.
- Provide a diversity of parks, open spaces and recreation programs for residents of all ages and abilities (trails, playgrounds, bike paths, community centres, swimming pools).
- Develop policies and standards of provision for parks and open space and support open space

linkages.

- Develop guidelines for infrastructure to support pedestrians and cyclists.
- Integrate land uses to provide recreation opportunities for unstructured play and reduce commuting time.

Programs

- Develop “Safe Routes to School” programs to provide a safe way for children and youth to walk to school. Further collaboration can be undertaken among municipal planning departments, public health and the School Boards to identify and establish safe routes to provide children with opportunities to walk to school, in all schools.
- Develop programs that facilitate physical activity in school gymnasiums if outdoor activities can’t be undertaken.
- Establish physical activity policies and programs in the workplace. Build awareness of the importance of being physically active in the workplace and develop creative ways of undertaking physical activity in the workplace.
- Incorporate physical activity in our daily lives (park farther away / use stairs) and increase opportunities to be active. Walking and cycling needs to be supported not only as a recreation activity, but as a universal mode of transportation to get from one place to another.
- Develop affordable, integrated and accessible recreation programs. This can be undertaken by developing a policy framework that identifies community needs, existing resources, and short-term and long-term priorities. This process can facilitate the development of recreation programs in the Town of Collingwood.

- Provide greater diversity of programs for the elderly, people with mobility issues, and people with disabilities or developmental delays.
- Participants in Orillia expressed the need to develop a municipal aquatics facility.

*Additional
Comments from
On-line Survey*

- Simcoe County District School Board has a Community Use of Schools Policy (CUSP) in accordance with Ministry of Education directives. The Health Unit should not coordinate priorities for physical activity, sports and recreation. There should be an increase for physical activities course (credit) requirements. CUSP rates, procedures and policies should be the same across the Province. Currently, every school board has different policies.
- Require more coordination and collaboration with primary health care.
- After school programs to support more physical activities are needed. The YMCA has such programs although they are not implemented in Simcoe or Muskoka.
- There is a need for Municipal after school programs.
- Simcoe County District School Board has a Community Use Manager. There is a need for reciprocal agreements in all Simcoe communities.

**Networks and
Organizations
in the
Community
Working in the
Priority Area**

Participants identified other networks or organizations in their community who are working in the priority area. The following list identifies the feedback that was received from participants.

- Breaking Down Barriers (Collingwood)
- Alzheimer Society of Greater Simcoe County

- Children's Treatment Network of Simcoe York
- YMCA
- Community Health Centre Falls Prevention (Collingwood)
- Community Recreation Improvement Corporations [also known as Economic Development Corporations]
- Service Clubs
- Churches and Faith Organizations
- Legions
- Family Health Teams

*Additional
Comments from
On-line Survey*

- Additional networks/organizations could include intramural team, school sports teams for softball, volleyball, soccer, rugby, badminton, cross-country and downhill skiing, baseball and dance. We could participate in COSSA and OFSSA, Swim to Survive, Jump Rope for Health and the Terry Fox run.

Injury Prevention

Priority Population Groups	Participants identified priority populations that may be at risk in sustaining injuries. People with disabilities and people of all age groups were identified by participants across Simcoe and Muskoka. Young children were specifically identified due to their lack of awareness of their surroundings, while youth were identified related to winter sports injuries. Concerns regarding young adults relate to road safety while seniors were identified because of isolation and medication administration. In Midland, attention focused on issues and injuries in urban and rural residents, while in Gravenhurst, a priority population group includes tourists.
<i>Additional Comments from On-line Survey</i>	The GLBT (gay, lesbian, bisexual, transgendered) youth population is at known greater risk of suicide, and should be identified as a priority population. There are virtually no community supports or services for GLBT youth in Simcoe Muskoka.
Health Outcomes	Participants identified adverse health outcomes resulting from injuries. Participants identified chronic diseases, low and high trauma fractures, head injuries, chronic disabilities, mental illnesses such as depression and anxiety, and poor vision and hearing.
Issues, Challenges and Barriers	<p>Participants identified issues, challenges or barriers in the community that can affect injury prevention. Participants across our consultations expressed that injury prevention is important but should not affect a person's decision to not participate in physical activities. We also heard that the built environment, particularly in rural communities, does not provide a safe environment for people to walk or bicycle. Participants also informed us that outdoor sports related injuries are of particular concern.</p> <ul style="list-style-type: none"> Overwhelmingly, we heard that the built environment does not provide a safe environment for people to walk or bicycle. We heard that there is a lack of sidewalks within our community that provide a safe walking environment. The lack of curb cuts does not allow people with mobility issues the ability to get around in their community. Rural residents were particularly concerned,

as roads and physical infrastructure do not support walking.

- Concerns were also raised, particularly in Simcoe, regarding snow removal and maintenance of roads and sidewalks in the winter months.
- Lack of awareness regarding the consequences of injuries was cited as an issue among youth, seniors and blue collar workers. Risk prevention needs to be linked with injury prevention. Increased awareness is required to understand the lifestyle consequences resulting from injuries, particularly traffic related injuries.
- Participants expressed that road traffic injuries should not be accepted as normal. There is a lack of awareness regarding the causes, outcomes and costs related to traffic injuries. Collisions are often preventable and could be averted with proper road infrastructure and design.
- Helmet use is not enforced among children and youth and is not a mandatory requirement for adults in outdoor sports related activities.
- Injuries are particularly a concern among seniors, who experience decreased strength, balance and flexibility. Issues are compounded for seniors who live in isolation and are unable to access services, or in rural communities where physical infrastructure is not available.
- Participants expressed concern regarding injuries, violence and intentional self-harm among people with mental illnesses.
- Mixed feedback was received regarding issues of affordability. Some participants across our consultations identified that affordability affects the ability for individuals to buy helmets. Others identified that affordability to buy a helmet is not an issue if they are already paying fees to play certain sports.
- In Muskoka, we heard that alcohol related injuries are a concern, particularly for motor vehicle

collisions involving snowmobiles and boating. In Huntsville, a participant raised concerns regarding the location of snowmobile trails in proximity to alcohol outlets and identified that collisions may be result of impaired driving.

- In Muskoka, concerns were raised regarding injuries sustained by tourists and residents related to recreation activities. Drowning and injuries related to boating, ATV and snowmobile accidents were particularly concerning.
- Participants in Gravenhurst highlighted the importance of promoting Muskoka as a safe tourism destination.
- Injuries at outdoor workplaces, related to lengthy work hours in the logging and construction industries were also identified as issues in Muskoka.

*Additional
Comments from
On-line Survey*

- The SCDSB requires all students and volunteers to wear protective helmets when participating in a variety of physical activities including skating, skiing, snowboarding.
- SCDSB staff has all been educated on Bill 168 - Violence in the Workplace. All SCDSB staff who work with students with the potential for violent behaviour receive BMS training. These staff wear protective equipment on an as-needed basis.
- Swim to Survive should be considered. Offered to primary SCDSB students.

**Capacities,
Strengths and
Assets**

Participants identified strengths, capacities and assets in their communities that support injury prevention. Across Simcoe and Muskoka, participants identified that role models, whether they are parents, caregivers, or community leaders, are strengths within the community that can influence behaviour and safe practices. Participants also provided feedback regarding other noted capacities found within the community, which are covered below.

- In 2009, the Town of Midland was designated a “Safe Community” by Safe Communities Canada.
- Ontario’s Local Health Integrated Networks (LHIN) Aging at Home Strategy promotes the health and safety of seniors through education and self-management.
- Participants in Gravenhurst identified the development of a new wellness centre in Muskoka that will provide care for seniors.
- A regional falls program provides local falls clinics and support services for seniors in the North Simcoe LHIN coverage area.
- Participants in Huntsville identified a Rookie Mistakes program that provides risk reduction education to youth engaging in alcohol consumption at parties.

*Additional
Comments from
On-line Survey*

- Safe food handling.
- Fall and ladder and other training a component of many Specialist High Skills Majors in SCDSB secondary schools.
- School vaccination program.

**Policies and
Programs**

Participants identified policies and programs that support injury prevention.

Policies

- Enhance the built environment as it plays an important role to support community safety and prevent injuries. Visibility, streetscaping, safety design features, road design and sidewalks create a safer environment.

- Develop Official Plan policies to address accessibility for persons with disabilities by preventing land use barriers. A review of municipal public works service standards can also be undertaken and re-evaluated to accommodate lower mobility and facilitate equitable service delivery.
- Develop Official Plan policies that orient development patterns to increase sun exposure during winter months, allowing residents the opportunity to safely walk without risk of falling on icy paths and sidewalks.
- Develop Official Plan policies to support a diverse range of housing forms that allow seniors to age in place. Policies could also include changes in the building code to ensure that appropriate stair risers, tread length and grab bars are provided.
- Develop a policy that addresses residential use of trampolines.
- Enforce by-laws to ensure helmets are worn in outdoor sports.

Programs

- Enforce mandatory wearing of helmets for organized sports at recreation facilities, arenas and ski or snowmobile trails. Entry should only be given to individuals wearing helmets.
- Invest in funding for injury prevention programs.
- Provide funding programs for families to ensure affordability of helmets and car seats.
- Increase the frequency of driver testing.
- Develop better screening programs, increase support and funding of injury prevention programs for older adults.

- Provide funding opportunities to facilitate home safety modifications.
- Provide injury prevention education in schools through SMARTRISK.
- Develop parent education programs to provide the necessary tools to create safe environments for children.

Develop policies in Huntsville to restrict hunting licenses (people with dementia are allowed to obtain a permit to hunt).

*Additional
Comments from
On-line Survey*

- Ensure municipal policies require new subdivisions to have not only sidewalks but also green space/parks and if possible trail connectivity.
- Require driver training programs.
- Require SCDSB Ontario Safety Guidelines education or the Healthy Initiatives Program, which is currently in over 40 schools in the SCDSB.

**Networks and
Organizations
in the
Community
Working in the
Priority Area**

Participants identified networks or organizations in their community that are working in the priority area. The following list identifies the feedback that was received from participants:

- North Simcoe Muskoka Falls Coalition
- Community Living Huronia-Midland
- Municipalities (Planning, Parks and Recreation)

- Severn Sound Environmental Services
- Hospitals
- Ministry of Transportation
- Ministry of Youth Services
- School Boards
- Senior / Youth Groups

*Additional
Comments from
On-line Survey*

- Additional networks or organizations to include are school boards (SCDSB) YMCA and the Heart and Stroke Foundation.

Healthy Eating

Priority Population Groups

Participants identified priority populations that may experience barriers affecting their abilities to eat healthy, nutritious food or that may experience inequitable access to healthy food. What we heard is that healthy eating is a priority for people of all socio-economic backgrounds. Participants throughout Simcoe and Muskoka identified a wide range of population groups, including infants, children, youth, adults, seniors, low income populations, people with mental illnesses, single parents, people with eating disorders, and pregnant women. We also heard that a priority includes children, who cannot make their own choices and rely on parents to receive adequate and proper nutrition. In Midland, participants identified the homeless population and the aboriginal population residing in urban areas and on Christian Island. In Orillia, participants identified rural residents, and identified potential inequities regarding the urban and rural populations.

Additional Comments from On-line Survey

Infants are a priority. More information is required with respect to breastfeeding and baby-friendly foods.

Health Outcomes

Participants identified adverse health outcomes resulting from unhealthy eating. Participants told us that healthy eating is very important and affects our body, mind, and soul. The foods we eat shape our bodies and minds. Identified health outcomes include obesity, diabetes, high blood pressure, cardiovascular diseases, distorted eating, faster admission to long-term care (for seniors), learning disabilities and behaviour issues (for children), and mental health issues. Participants in Barrie noted that health outcomes related to unhealthy eating are well documented.

Issues, Challenges and Barriers

- Participants identified issues, challenges or barriers in the community that influence a person's ability to make healthy eating decisions. Healthy eating requires an individual's personal decision to make changes in his/her daily eating habits. However, consistently across Simcoe and Muskoka, we heard that political will plays an important role in changing social norms and encouraging people to adopt healthy eating habits, and that insufficient work is being done. We

also learned that affordability, cultural barriers, and physical barriers affect communities across Simcoe and Muskoka. However, these challenges are greater in small and rural communities.

- We heard that affordability is an issue in Simcoe and Muskoka. Financial barriers facing low income population groups, seniors, people living on social assistance, the aboriginal community and the homeless population, affect their abilities to eat healthy nutritious food. We also learned that healthy food options such as organic food may lead to a two-tier system that only higher income individuals can afford. Particular concern was raised regarding the availability of farmer's markets in wealthier areas. Affordability is particularly an issue where segments of the population work at seasonal employment and may work for only six months of the year.
- Across Simcoe and Muskoka, we heard that seniors are facing a multi-faceted problem that affects their abilities to eat healthy. Seniors are dependent, face financial barriers and physical barriers such as limited transportation, and isolation. This is particularly concerning in the rural communities.
- Participants informed us that people with mental health illnesses, regardless of age or sex, require more education about the benefits of healthy foods and the necessary skills to cook healthy meals. Patients leaving mental health centres particularly need support as they transition into the community.
- Our hectic lifestyles make it difficult for us to eat healthy. Lack of time to purchase, prepare and eat healthy foods has resulted in a greater consumption of convenient, processed foods that are often unhealthy, which affects people across multiple socio-economic groups.
- We heard that people generally lack knowledge about nutrition, and lack skills about how to purchase and prepare healthy food, even on a budget. We also heard that there is disconnect between the food that we eat and where it comes from.
- Physical barriers were specifically identified in small or rural communities (Orillia, Huntsville

consultation) and in Aboriginal communities (Midland consultation).

- Participants identified scarcity of healthy foods, unequal distribution of healthy food choices, and limited transportation options that affect accessibility. Furthermore, access in these communities is especially difficult as the built environment does not easily allow residents to walk to grocery stores. Scarcity of fresh produce is of particular concern in Muskoka and fresh produce during the winter months is often expensive.
- Participants provided diverse feedback regarding the need of a food terminal. Participants in Orillia and Barrie identified limitations in the distribution system and supported the development of a food terminal while participants in Gravenhurst were unsupportive, as it would take business away from local farmers.
- Participants expressed that the media has a profound role in influencing healthy eating behaviours and needs to encourage healthy eating practices. Policies addressing advertisements on television and in stores influence children's eating habits. Among children and youth, there is a lack of demand for healthy food, and aggressive marketing of unhealthy foods.
- We heard that food banks face institutional barriers that affect their ability to provide healthy food to those in need. Food banks are not readily available and do not have equal access to funding, which affects the programs that are provided. For instance, participants in Huntsville identified that food banks are well located in Huntsville but not in Bracebridge. There is also a lack of fresh produce and meats.

Capacities, Strengths and Assets

Participants identified the strengths, capacities and assets in their communities that allow them to adopt healthy eating habits. Overall, we heard that there are a many programs and services in parts of Simcoe and Muskoka that help residents access healthy foods. We heard that Muskoka is also identified as a culinary tourism destination, which draws visitors from across Ontario. However, we also heard that existing supports need to be captured and expanded to ensure that they are readily available for all residents who need them. Participants provided feedback regarding other noted capacities found within the community, which are covered below.

- Our communities have underutilized cooking facilities in churches, recreation centres and apartments that provide opportunities for people to cook and eat together.
- In 2010, the Simcoe County Food Charter was developed.
- The Eat Smart Program offers recognition to Ontario schools, workplaces and recreation centres that meet exceptional standards in nutrition, food safety and support a smoke-free environment.
- In Midland, Orillia Helping Hands provides seniors with healthy food on wheels. This program could be expanded to service seniors in other townships.
- The Simcoe County Good Food Box and the Fresh Food Box in Muskoka provide fresh produce that is picked up in depots. Expansion to more locations will facilitate access by individuals who cannot get to the depots.
- Community gardens are present in some communities including Bracebridge, Gravenhurst, Barrie, Spring Water, Penetanguishene and Tiny. Community gardens should be expanded throughout Simcoe and Muskoka.
- Savour Muskoka promotes Muskoka as a culinary tourism destination. It supports local farmers and food producers.

- Rise Program provides education on healthy eating for people with physical and developmental disabilities.
- YWCA – Girls Unplugged provides an awareness of healthy eating habits in Muskoka.
- Great Beginnings Program provides a weekly program for pregnant women and new mothers, free nutritious foods and supervised play area for young children.
- Ontario Early Years centres have a Supper Program that educates parents about nutrition and healthy cooking. Expansion of such a program would benefit parents and students in elementary and secondary schools.
- The Healthy High School Grant Program for all priority areas. Participarily, it was noted that the program promotes student nutrition in secondary schools. It is administered by the SMDHU and funded by the Ministry of Health Promotion and Sport. These grants are operating until March 2011.
- In the fall of 2010, The Ministry of Education will implement a School Food and Beverage Policy (Memorandum 150), which requires all food and beverages in Ontario's public schools to meet nutrition standards.

*Additional
Comments from
On-line Survey*

- In September 2008 a trans-fat policy was implemented in all schools.
- Additional capacities could include an "Eat Well to Excel" program, grant programs to provide schools with healthy, nutritious food daily, school breakfast and snack programs, and nutrition education in the elementary and secondary Healthy Living Curriculum, JK-Grade 12 milk programs.
- Strengthening Families Muskoka Program, which has 14 sessions for families, focuses on youth ages 7-11 and parents. The program builds protective factors and resiliency. There is also a family change and healthy eating component. Muskoka has a cold dinner and family focus dinner program.
- The Georgian Good Food Box operates in the South Georgian Bay area of Simcoe County.

**Policies and
Programs**

Participants identified policies, programs or actions to address the issues raised. Policies and programs to facilitate healthy eating have a role in creating awareness, and promoting an enabling and facilitating environment.

Policies

- Establish school nutrition policies at the School Board that support healthy eating and facilitate access to healthy foods. Policies should be compliant with Ontario's PPM 150 School Food and Beverage Policy. Policies can address pricing to ensure healthier food choices are affordable; healthy foods are incorporated in fundraising and school programs; eliminate advertising and availability of unhealthy foods in school vending machines; and provide nutrition education for teachers, food service staff, parents and students.
- Develop policies that support the development of community gardens and urban agriculture within

our communities, i.e., on institutional lands such as schools or parks. Awareness is needed to recognize the importance of agriculture, community gardens and their ability to address food security issues. Agriculture needs to be incorporated throughout our daily lives and we need to understand where our food comes from.

- Increase access to healthy food choices throughout a community. Policies in Official Plans can support the provision of grocery stores, farmer's markets, urban agriculture or community gardens within existing land uses. Future community developments, secondary plans or subdivision plans can require the identification of healthy food choices.
- Improve farmland preservation policies to support agriculture.
- Establish policies at the provincial level to cut down the amount of sodium and fat in processed foods or in food served by the hospitality industry.
- Develop supportive breastfeeding policies so that all environments are breastfeeding friendly.
- Develop a national school nutrition program policy.
- Develop planning policies that protect children and youth-oriented land uses from fast food outlets. This may include changes in the zoning by-law that prohibits fast food outlets within a specific distance of a school or recreation facility.
- Need policies to reduce or maintain costs of fruits and vegetables.

Programs

- Develop programs to educate people about nutrition, where to purchase healthy food, what to purchase and how to feed their families.

- Bring back home economics courses as a mandatory requirement in schools; for students in junior high school and in secondary school. Courses can be taught by aspiring chefs. Hospitality schools have a role in providing community education on nutrition, healthy cooking and safe food handling. Programs can facilitate partnership between the hospitality schools and the school.
- Establish a program to support local sustainable food procurement practices for local consumption.
- Promote local farms, the farming industry and agriculture as a vocation.
- Programs are needed to ensure sustainable core funding to support community gardens and urban agriculture may be required to facilitate communal meal preparation programs.
- Support community kitchen programs to facilitate communal cooking opportunities in underutilized cooking facilities in recreation centres, churches or apartments. Changes in building code and food safety
- Improve marketing to expand fruit markets so they are accessible for a variety of income groups.

*Additional
Comments from
On-line Survey*

- Partnerships between child care centres/schools and farmer's markets could be made to keep costs of local, healthy and fresh food lower.
- The Simcoe County District School Board passed its Nutrition Policy (School Food & Beverage Policy May 26, 2010). The policy bans the sale of foods high in sugar (soft drinks), fat and salt in all schools and sets clear guidelines around food and beverages that are permissible for sale. There is a provincial School Food and Beverage Policy. There should also be a federal policy.
- Home economics should be mandatory in all schools.

Networks and Organizations in the Community Working in the Priority Area

Participants identified networks or organizations in their community that are working in the priority area. The following list identifies the feedback that was received from participants:

- Chambers of Commerce
- Municipality
- Food Producers
- Hospitality Schools
- Simcoe County Farm Fresh
- Simcoe County Nutrition Network

Additional Comments from On-line Survey

- Eat Well to Excel

Tobacco Use and Exposure

Priority Population Groups

Identified priority populations for tobacco use and exposure were almost uniform across Simcoe Muskoka. There were strong voices for the need for prevention efforts with youth and young adults and aboriginal communities. Cessation was listed as the focus for people living on low incomes and blue collar workers where smoking is associated with a social activity regularly shared during work breaks, a coping mechanism and on work sites where typically there are not any no smoking policies such as workers who work outdoors. It was noted that protection from exposure to second hand smoke is an issue for all.

Women and pregnant women were mentioned in both Gravenhurst and Orillia. The participants in Gravenhurst also raised concerns about young women's relationship with body image and the use of tobacco as a means of weight loss.

Additional Comments from On-line Surveys

The GLBT (gay, lesbian, bisexual, transgendered) population is at known greater risk of tobacco use, both youth and adults, and should be identified as a priority population. There are virtually no community supports or services for GLBT individuals in Simcoe Muskoka, despite constituting an estimated 10% of the general population.

Health Outcomes

There were a number of negatively associated health outcomes indicated in relation to tobacco use and exposure. These included respiratory problems, cardiovascular problems, cancer, infectious diseases with co-morbid conditions, HIV/AIDS and diabetes. In addition, conditions were identified related to second hand smoke, including ear infections, learning disabilities and asthma.

Concerns about prenatal tobacco use and exposure included low birth rates, miscarriage, spontaneous abortion and sudden infant death syndrome (SIDS). Participants in Cookstown noted the correlation with mental health, physical activity, healthy foods and risk behaviours such as tobacco use.

Issues, Challenges and Barriers

During the community consultations an interesting point was raised about the irony surrounding measures to restrict tobacco use and exposure. It was noted that government imposes policy against smoking, e.g., Smoke-free Ontario, but makes money from the behaviour and from taxes on cigarettes. Issues, challenges and barriers related to tobacco use and exposure exist in many forms across the region. There is a continued need for efforts to de-normalize tobacco use. There is a clear understanding of the negative affect on long-term health and the cost to public health. There is evidence about lower general productivity in smokers (non-smoking employees are more productive) and the cost this has on society. The presence of contraband and smoke shacks across Simcoe Muskoka pose new and difficult issues. These are particularly prevalent in Midland and Bala. The presence of contraband is giving aboriginal youth and others access to free or low cost tobacco products.

Issues

- Smoking is a stress relieving coping mechanism. People use tobacco to reduce stress.
- In schools, tobacco use is connected to a sense of belonging and community. Prevention efforts are needed in high schools.
- Smoking is often first undertaken among post-secondary school students. The effect of helicopter parents is that when young adults are away from home they use this time to “experiment”.
- Education is needed on hookahs/shishas, as their use is becoming an accepted social norm.
- Enforcement and implementation of policies is a challenge.
- There is a gap in current legislation for smoke-free grounds. For example, there is a need to create mandatory tobacco-free sports and recreation areas, workplaces and bars.

- Tobacco use is a social norm in some industries (such as hospitality; retail/business).
- Participants in Huntsville identified that exposure to second hand smoke among seniors in retirement homes or long-term care facilities are an issue. Behavioural issues may result if addictions are not recognized. Supports are required to assist smokers cope with withdrawal. Conflicting policies are present in long-term care facilities.
- Participants in Muskoka identified that chewing tobacco is a concern and highly used among teens.

*Additional
Comments from
On-line Survey*

- Prevention efforts could include: SCDSB to have clear non-smoking policies in place and teach students about the harmful effects of tobacco use. SCDSB secondary schools' Communication Technology Departments to work with the Health Unit to create anti-smoking videos annually. Schools should work collaboratively with the Tobacco Enforcement Officers to ensure that students do not smoke on school property.

**Capacities,
Strengths and
Assets**

Participants identified the strengths, capacities and assets in their communities that allow them to have a positive impact on the prevention of tobacco use.

- CAPC community action program for children in South Simcoe.
- The DARE program.
- Tobacco-free sports initiatives (soccer clubs) in Gravenhurst.
- Municipalities have made great strides in developing smoke-free recreation space policies. However, these are still limited with no enforcement. Policies can be strengthened to further limit tobacco use on recreational areas. Midland has tobacco-free recreation, but more work is needed in other areas. In Huntsville, tobacco-free beaches are an area of focus yet they are

difficult to enforce. Better signage and enforcement are needed. Additional awareness and enforcement are required in order to better ensure that policies are followed.

*Additional
Comments from
On-line Survey*

- The Ontario Provincial Police DARE program.

**Policies and
Programs**

There are multiple actions and priorities that can be applied to Simcoe Muskoka addressing the issues surrounding tobacco use and exposure. There is a need to de-normalize tobacco use and exposure affecting current change social norms. Collaboration among community groups and organizations including colleges/universities and workplaces would be an asset. There is overall concern about contraband cigarettes in local communities where products can be sold as they are without any type of regulation. Smoke shacks are available across the district and advertised on the radio.

Policies

There needs to be a change in provincial laws in order to make possession and consumption prohibited, reduce the placement of smoking areas, maintain active enforcement, mandate that tobacco companies reduce nicotine levels in cigarettes and limit/eliminate tobacco stores near educational locations.

- Add “smoke-free” spaces to local by-laws.
- Increase municipal smoke-free outdoor areas to include trails, parks, beaches and playgrounds.
- Create smoke-free events.

- Increase all smoke-free outdoor places; hospitals, workplaces, places of faith and schools: universities and colleges.
- Develop policies and by-laws to prohibit operation of hookah bars.
- Initiate policies that limit other tobacco products such as chew.
- Add policies to ban the sale of at home cigarette making machines.
- Develop a provincial or national policy requiring that tobacco-related taxes return to health promotion efforts.
- Eliminate policies that restrict advertising of tobacco products where children can hear and/or see them.
- Implement policies that decrease the density of convenience stores around schools.
- Develop mandatory workplace policies that make workplaces smoke-free.

Programs

Programs are effective in the continued tobacco prevention efforts in Simcoe Muskoka. Increased signage can help with enforcement and makes it easier for citizens to be part of enforcement. Increased public awareness and universal cessation programs are needed across Simcoe Muskoka.

- Work needs to be done with sport clubs to broaden to tobacco-free sports and recreation.
- Protection of second hand smoke in housing units is needed.

- Prevention programs are needed to engage students at high schools.
- Policies can be strengthened to prohibit smoking in forests. Participants in Gravenhurst identified tobacco policies that govern forest workers or anyone smoking in forests owned by the Ministry of Natural Resources. However, the policy allows smoking as long as the individual sits down.
- Provide greater support to facilitate smoking cessation partnerships/ need for intensive support.
- Awareness and education activities are needed to create a better understanding of the Smoke-free Ontario Act. People need to have a better understanding of where and when it is applied.

*Additional
Comments from
On-line Survey*

- Need a Health Unit policy to contact all pregnant moms who are identified smokers on a prenatal screen.
- Prevention Programs are needed to engage students at high schools. The hazards of smoking are taught in all SCDSB schools through the Healthy Active Living Curriculum. Many schools have developed their own initiatives to reinforce the non-smoking message.
- Support smoke-free events and promote smoke-free physical education events at schools. Sponsorship of events such as Thursday Night Lights by the Smoke Prevention Unit of the SMDHU.

**Networks and
Organizations
in the
Community
Working in the**

Networks and organizations working in the priority area are important to ensure success in prevention and cessation efforts for tobacco use and exposure. Each municipality in the area has the benefit of local municipal by-laws. A number of networks and organizations may cover Simcoe, Muskoka or both Simcoe and Muskoka.

Priority Area

- Simcoe Muskoka Tobacco Cessation Coalition
- Simcoe Muskoka Action on Smoking/Health
- Canadian Cancer Society / Smokers' Helpline
- Simcoe Muskoka District Health Unit
- North Simcoe Tobacco Team Network
- Georgian Bay Hospital
- Georgian Wood Hospital, Family Health Teams Cessation program, Saint Elizabeth Health Care and the Red Cross contribute to positive outcomes.
- "Leave the Pack Behind"
- Network on Tobacco Cessation Coalition in Collingwood
- Georgian Bay Family Health Centre
- Alliston Family Health Team
- CAPC (STARSS) Fall 2010
- March 2011 Stevenson Memorial Hospital

Substance and Alcohol Misuse

Priority Population Groups

Participants identified priority populations that may be of concern when addressing substance and alcohol misuse. The most common primary populations identified across Simcoe Muskoka related to substance and alcohol misuse were youth and young adults. It was noted that the young adult category was possibly self-medicating in order to deal with pressures most likely related to post-secondary education. Huntsville participants specified the substances of popular choice among this age group to include opiates, alcohol and marijuana. An additional commonly reported group was elementary school students for marijuana and tobacco use. Low income and blue collar workers were identified, but conversely, high income earners and white collar workers were also noted as high income and money to spend can enable these choices. Residents of rural and isolated areas were also of common concern.

Orillia, Barrie and Gravenhurst reported seniors, seniors with chronic pain and isolated seniors as self-medicating for undiagnosed conditions and not using prescribed medication properly. Collingwood alone felt people living with disabilities/pain/injury and mentally ill individuals of all ages were of particular concern. Substance use goes hand in hand with mental health as it is a coping mechanism for those who have poor mental health. In Barrie, an additional priority population group listed was aboriginals. In Collingwood, participants stated that mental health, alcohol and substance misuse are interrelated.

Additional Comments from On-line Survey

The GLBT (gay, lesbian, bisexual, transgendered) population is at known greater risk of substance and alcohol misuse, both youth and adults, and should be identified as a priority population. There are virtually no community supports or services for GLBT individuals in Simcoe Muskoka, despite constituting an estimated 10% of the general population.

Health Outcomes

Participants reported many possible adverse health outcomes related to substance and alcohol misuse. The identified health outcomes included chronic pain, social isolation (lack of supports, housing issues/homelessness, relationships/family and parenting issues), mental illness (emotional

trauma, violence, suicide), poor physical health (nutrition, physical activity, injury) and transference of responsibility to the community. In Collingwood, participants specified additional adverse health outcomes such as dental hygiene, infectious diseases, prenatal care, less use of preventative services and support groups.

Issues, Challenges and Barriers

There seemed to be an overwhelming sense among participants that mental health and addictions are concurrent issues. It was noted that substances are used by people who feel isolated, both socially and environmentally, as an escape mechanism. Stress, the lack of housing, employment and basic needs contribute to mental health and therefore could lead to substance and alcohol misuse. It was also noted that use can be industry-based (service industry, construction industry, hospitality industry): different groups of workers like different drugs or groups of drugs.

- Participants identified that addiction and alcohol use is an issue within the aboriginal community, and is reflected by history and culture.
- Alcohol in sport and recreation was a common issue across Simcoe Muskoka. Advertising of alcohol and sports seems to be a challenge faced when tackling this issue.
- There is prevalent use of marijuana in school (as is tobacco). Children, youth and young adults face peer influence.
- Public education is needed on the use of prescription medication, such as opiates, and storage and return of unused opiates. Specifically, there is an increase in the amount of inappropriate use of prescription medication. We also heard that palliative patients who have access to opiates are at high risk of violence. Palliative care in homes creates a concern regarding break-ins to secure unused opiates.
- The media has a negative impact in glorifying substance use and advertising alcohol use as a social norm. For example, participants in Huntsville reported that a local taxi company accepts

advertising of dial-a-bottle service on cabs.

- Income impacts a person's ability to access supports and services; higher income earners can pay for private practice care.
- There is an information gap on the number of substance users as many people do not self-identify as substance users.
- Increased accessibility such as reliable and consistent transportation and mobility affect people's ability to access treatment and services.
- In Orillia and in Muskoka, we heard there is a sense of an acceptable social norm for substance use and alcohol due to a "vacation" mentality as the area serves a large tourist population. "Pit parties" and "bush parties" are issues that lead to extreme drinking and related risk behaviours. We heard from participants that Muskoka is known to have the highest alcohol consumption rate (LCBO sales) in Ontario.
- In Huntsville, participants identified that marijuana is seen as a gateway drug among youth. Decriminalizing marijuana gives the impression to youth that it is acceptable and normalizes marijuana use/substance use (decriminalization is being misunderstood as de-legalization).
- In Huntsville, it was identified that there is a need for parents of emotionally abused children to be aware that these students may be at risk of being threatened if they do not sell drugs.
- Participants in Midland shared that there appears to be lower alcohol use and higher drug use, particularly Oxycontin. Midland participants also shared that it was easier to get cocaine than marijuana and that age impacts illegal drugs in the community.
- There is no withdrawal management in the Midland area. It has been transferred to another

community (Barrie) and there are wait lists.

- We also heard that in Midland there is an increasing problem in gambling including scratch tickets and on-line gambling (e.g., advertising for poker on-line is enticing). Gambling also appears to be increasing among youth. Problem gambling appears to be on the rise and the nearest services for inpatient care are in Windsor where there is a long waiting list. The casino has had an impact on the community.
- We heard that people go into treatment programs but cannot transfer skills into the community.
- Participants in Orillia identified an increase in substance misuse (cocaine/crack, oxycontin) among youth. We also heard there is a strong tourism environment which impacts community behaviour. There is no methadone clinic in Orillia. There are harm reduction approaches that need to be engaged; (e.g., a needle program is available in the community and this is seen as a harm reduction measure).
- Participants in Collingwood identified a need for a detoxification centre.
- Marijuana use is a concern amongst children, youth and young adults.

*Additional
Comments from
On-line Survey*

**Capacities,
Strengths and
Assets**

Participants identified the strengths, capacities and assets in their communities that allow them to have a positive impact on the prevention of substance and alcohol misuse. Overall it was believed schools have an opportunity to make a difference if they get the kids early.

- Cookstown participants shared information about the work of the Fetal Alcohol Spectrum Disorder Committee in raising awareness, providing diagnosis, prevention and treatment programs.

- Strengths in Gravenhurst include the Rookie Mistakes/Party Fouls and the Risk program [Note: Risk was part of the FOCUS Community Programs funded until the end of March, 2010]. Partners included the Centre for Addiction and Mental Health (CAMH) and the Catholic School Board (SMCDSB).
- In Midland, the health unit operates a needle exchange program that experiences high demand. The new Community Health Centre is considering offering this service in partnership with the health unit. The new Community Health Centre serves Francophone's in Penetanguishene.

*Additional
Comments from
On-line Survey*

- Schools address issues of substance abuse through the Healthy Active Living Curriculum.
- We are missing the Muskoka Prescription Opioid Prevention Strategy Team.

**Policies and
Programs**

Participants identified policies and programs for the prevention of substance and alcohol misuse. It was felt there is a need for more positive role modelling. There is also a district-wide need for more services and increased accessibility through reliable and consistent public transportation and mobility. There was also a need for increased prevention efforts through additional education in schools. We also heard that the built environment has a strong role in fostering a sense of place, through the development of public spaces. For example, Orillia has a goal to develop a healthy downtown core to create common public space and a sense of place.

Policies

- Policy development can play a strong role in supporting social responsibility. Similar to what we heard among participants under "Mental Health Promotion," policy development requires an overarching government approach to support health and well being. All decisions need to be examined through a health lens as part of the standard practice at the municipal or provincial level. This allows us to identify conflicting or supportive policies.

- Develop by-laws preventing the operation of dial-a-bottle services.
- Develop by-laws to make bars more accountable to ensure the safety of their patrons. This can include policies that stagger closing times for bars. Bar staff can also have a role in keeping an eye open for patrons who may become intoxicated and they should not serve them beyond the legal limit.
- Create policies to reduce the density of licensed bars in a given area. For example, develop land use restrictions to reduce LCBO locations in residential areas and eliminate private distributors to stop sales in corner stores.
- Provincial policies are needed to restrict and reduce advertisements promoting alcohol consumption.
- Develop policies to monitor the use of substances in sports.
- Establish workplace policies to create supportive environments, harm reduction and employee assistance programs.
- Develop and enforce policies banning alcohol consumption on recreation premises.

Programs

- Create programs to educate the public, develop self-esteem and resiliency and successful community outreach. Foster community partnership and collaboration. This can include collaboration between establishments, police, schools, or addiction services to ensure a continuum of care and ensure that multiple addictions are treated.
- Engage in public and physician awareness activities. Reduce the current data gap by investing in

more data collection related to what need is being filled by engaging in harm activities.

- Close the gap in knowledge regarding the number of high risk drinkers who self-report data. Increase knowledge of the number of drinking and driving charges.
- Know the number of cabs with local dial-a-bottle services.
- Have municipal recreation departments create signage and print materials that make the connection to “clean living” messages and sport and recreation and create websites for more information.

*Additional
Comments from
On-line Survey*

- An additional program could be a youth gambling awareness program in schools.
- Develop and enforce policies banning alcohol consumption on recreation premises. SCDSB schools need to enforce policies that address student use of alcohol or drugs and work collaboratively with law enforcement agencies including police and the court system.

**Networks and
Organizations
in the
Community
Working in the
Priority Area**

Participants identified networks or organizations in their community that are working in the priority areas. The following list identifies the feedback that was received from participants.

- Simcoe Outreach Service
- Simcoe County Homeless Alliance
- Drug Awareness Week Planning Committee
- Safe and Sober Awareness Committee

- North Simcoe Mental Health Network
- North Simcoe LHIN Local Leadership
- Mental Health Service Committee
- Fetal Alcohol Spectrum Disorder Committee

*Additional
Comments From
On-line Survey*

- Additional organizations to include: YMCA Youth Gambling Awareness Simcoe Muskoka District Health Unit.

Mental Health Promotion

Priority Population Groups

Overwhelmingly, we heard that mental health is a community issue; a connecting and overarching issue that affects everyone. Mental health and well-being is a priority for people of all ages and socio-economic status. However, particular attention was given to the need to promote mental health and well-being among seniors and youth. We also heard that poor mental health is also more common among people with disabilities. In Barrie, additional priority population groups include commuters, and adults and youth going through the judicial system. In Orillia, discussions emerged that identified “dysfunctional” families as a priority group. However, the definition of “dysfunctional” was left unresolved.

*Additional
Comments from
On-line Survey*

GLBT (gay, lesbian, bisexual, and transgendered) youth are being left out of mental health discussions. GLBT youth are at higher risk of suicide, depression, homelessness, violence and bullying, family conflict, and tobacco, substance and alcohol misuse. They also often face a hostile community. There are virtually no community or school-based supports for GLBT youth in Simcoe Muskoka, or adults for that matter. The GLBT population needs to come out of the closet and be identified as a priority population for many aspects of health care, health services and access, and

health planning.

The development of self-regulation in early childhood is the basis not only for strong mental health but also for all health in later years. If we want to talk about real mental health promotion we need to look at infants and young children.

Health Outcomes

Positive mental health results in social inclusion, a sense of well-being and allows us to enjoy life. Health outcomes resulting from poor mental health include depression, anxiety, chronic illnesses, post-partum depression (for new mothers), eating disorders, suicide, substance misuse and violence. We also heard that stress amongst parents can also impact stress levels in children.

Issues, Challenges and Barriers

Participants identified issues, challenges or barriers in the community that can affect our mental well-being. Overwhelmingly, we heard that access to services, long waiting lists, lack of appropriate community follow up, rural isolation and transportation barriers affect people's ability to receive help or access services.

- Across Simcoe and Muskoka, we heard that socio-economic conditions affect mental well-being. Inabilities to access housing and jobs, can lead to depression, anxiety, and perpetuate the cycle of poverty. In Muskoka, low income and challenges finding and obtaining affordable housing are issues, especially when many residents are seasonally employed.
- Transportation and lack of public transit were cited as issued among participants in Huntsville, Midland and Orillia. Limited transportation options affect people's ability to access services and supports. Furthermore, physical infrastructure has a profound impact on mental health if people have difficulties walking within their community. Participants noted that a 5 km walk can feel like a 50 km walk due to the lack of sidewalks in the community. Transportation is also unavailable for people receiving services and recreation programs.
- Poor work-life balance is a significant issue, as more people are working longer hours. Use of technology compounds the issue and will further impact lives. Use of technology at all hours,

even at night, affects mental well-being and impacts one's ability to sleep. Flexible work weeks may not improve lives if we are more dependent upon technology.

- Social stigma is an issue that affects people's ability to seek help. Social stigma can delay people from receiving the care they need. In addition, discrimination and stigma also affect people who are released into the community.
- The system is fragmented and there is a need for better communication and connections between institutions/Ministries/community agencies. Organizations need to share resources with each other (cross-agency collaboration) and partnering. There is a lack of integration between service providers. For example, youth face difficulties when transitioning to adults. Separate systems are available for youth and adults, but continuum of care is not available to help youth transition.
- There is a lack of sustainable funding to provide mental health services. Sustainable funding is required to help the community over the long term. We also heard that funding to provide preventative care to children's mental health providers has not been increased in the last 10 years. Participants also expressed difficulties applying for grants.
- In Muskoka, an organization does not exist with a mandate for mental health promotion.
- In Orillia, funding has resulted in the closing of institutions and the community is not sure how to cope with the release of patients.
- In Orillia and Midland, issues were raised regarding limited services and supports and the lack of mental health services for youth. There is limited access to services and supports.
- In Orillia, particular concern was raised regarding the casino and the impacts of gambling. Specifically, there is limited knowledge about the mental health impacts of a casino.
- In Gravenhurst, we heard that support for people with mental illness is particularly limited,

especially for those with fixed incomes. There are few diagnosis and treatment services. There is no support for mothers experiencing post-partum depression, and creative outlets such as arts and culture are limited. There is also a lack of mental health promotion among men.

- In Huntsville, issues were raised regarding high rates of tobacco use among those with mental illness.

Capacities, Strengths and Assets

Participants identified strengths, capacities and assets in their communities that support mental health and well-being.

- We heard that faith-based organizations and places of worship have a strong role in providing a healthy and safe environment that supports belonging, inclusion and well-being.
- Participants expressed that the child-parent attachment is a foundation that achieves positive mental health.
- People are resilient. People need to be more educated to a holistic approach to wellness that includes physical, mental and social aspects. There is much that people can do on their own to care for themselves.
- We heard that employers are starting to develop workplace policies that support a healthy work-life balance. However, more can be done by supporting a shorter work week; providing daycare and benefits for all employees.

Additional Comments from On-line Survey

- SCDSB works with community agencies to support students who have mental health challenges. SCDSB has child and youth workers, school attendance counsellors, psychologists, speech and language pathologists, student success teachers and First Nation, Métis and Inuit student advisors specifically to support students' social-emotional needs.

- An additional strength, capacity and asset would be the Simcoe County Coalition for Youth who are active in many areas.
- A strengthening families program is required and should include the Talking About Mental Illness program for high schools, an anti-stigma/awareness education program run by a CAMH consultant in Muskoka.
- Simcoe County Fetal Alcohol and Fetal Alcohol Spectrum Disorders Initiative has different committees working on awareness/prevention, screening, diagnosis, intervention, family support and youth justice.

Policies and Programs

Participants identified policies and programs that support mental health and well-being. Positive mental health and well-being are influenced by our built environment and our ability to access healthy food, recreation opportunities, transportation infrastructure, child care services, community services and affordable housing. Mental health and well-being can be achieved through the development of policies in the other priority areas to facilitate access to assets, services and infrastructure.

Policies

- Develop policies to provide services for people suffering from emotional breakdown. There is a need for increased coverage and funding for therapy. This could include education during the younger years. Developing a healthy self-care plan requires one to be aware of the assets that enable one to achieve good mental health.
- Participants overwhelmingly told us that if policies are in place to ensure the provision of accessible and affordable child care, housing, food, recreation programs and recreational opportunities, people are more likely to experience positive mental health and well-being.

- We heard that policies are required to support an integrated wait list to facilitate smoother service delivery.
- Policy improvements are needed to support better discharge planning and connections between institutions and the community.
- Policy development requires an overarching government approach to support health and well-being. All decisions need to be examined through a health lens as part of standard practice at the municipal or provincial level. This allows us to identify conflicting or supportive policies.

Programs

- Across Simcoe and Muskoka, participants told us that more mental health promotion and prevention programs are needed, specifically on how people feel about themselves and how connected are they to their community. We also heard that health promotion has a role in and raising awareness and redefining mental illness as “Brain Illness” or “Health and Wellness Promotion” to reduce social stigmatization and discrimination.
- Our natural environment has a positive impact on our lives. We heard that opportunities should be developed to incorporate “green exercise” and get people back to nature.
- Participants across Simcoe and Muskoka told us that employers need to develop programs at the workplace that encourage work-life balance.
- Develop a “No Wrong Door” approach to provide people with the appropriate service, regardless of where they enter the system of care. This ensures that services are accessible from multiple points of entry, and that needs are met through direct service or linkage to appropriate programs.
- Programs are needed to ensure educators and childcare providers are educated in mental health

and ways of helping students.

- Consider harm reduction models across organizations to facilitate integration.
- Increase mental health promotion, such as raising awareness and reducing stigma for people who experience mental illness. Funding should also be provided for cognitive/behavioural psychotherapy for those who need it.
- In Midland, participants told us that culturally appropriate services are needed, particularly for the Francophone population (French language services) and the aboriginal population. In Midland, we heard the need to develop prevention practices in schools.
- Poverty reduction strategies are needed in Orillia.
- Networking opportunities need to be developed to ensure that initiatives are being aligned and that there is continued collaboration between service providers.
- .Increase youth mental health services in Simcoe County. This can be offered in schools. An example was shared about “student success program” at the local high school Recruit more psychiatrists to the area.
- Increase services in many settings that are free and physically accessible.

Increase employment and career programs.

*Additional
Comments from
On-line Survey*

- The CYFSC of Simcoe County signed a Children’s Charter - we haven’t seen any change on the ground.
- Policies related to working at home support increased connectivity to the community, increase

time for physical activity, decrease air pollution and the possibility of injury while commuting. We need more policies to support this.

- Programs such as SCDSB's Character Education and Restorative Practice Programs build empathy, respect and support children's well-being. The SCDSB has Student Success Teachers at all secondary schools.
- An additional policy or program could be the Community Partners for Schools (COMPASS) and Workers (CYWs) responding to needs in schools to increase youth mental health services in Simcoe County.

Networks and Organizations in the Community Working in the Priority Area

Participants identified other networks or organizations in their community who are working in the priority area. The following list identifies the feedback that was received from participants.

- 211
- Simcoe County Alliance for the Homeless
- Child, Family Youth Services Coalition of Simcoe County
- North Simcoe Muskoka Community Service Coalition
- NSM LHIN Leadership Council
- Simcoe County Committee for Dual Diagnosis
- Consumer Survivor Project of Simcoe County

- Fetal Alcohol Spectrum Disorder Committees
- Dementia Network
- North Simcoe Compass Team
- Canadian Diabetes Association
- Huronia Visually Impaired
- Municipal Accessibility Advisory Committee
- Midland Senior Centre
- Midland and Penetanguishene Diabetes Support Group
- The Karma Project
- Penetanguishene Community Garden
- Penetanguishene Community Kitchen
- Transition Town Huronia
- In Muskoka, it was noted that an organization does not exist with a mandate for mental health promotion.

*Additional
Comments from*

- Additional Networks could include Triple P Parenting Program, Barrie Native Friendship Centre, 7th Fire Alternative Program at the Barrie Native Friendship Centre and Midland Secondary

On-line Survey School.

- Should include COMPASS through Simcoe County.
- The Ministry of Education regards its principal objectives as academic achievement and "well being" ... as such; mental health outcomes are, by way of policy, one of our greatest priorities.

Feedback on the Community Assessment

Participants were asked to provide comments regarding additional data sources for consideration in the development of the Socio-Demographic Profile, Health Profile and the Community Capacity Review. Comments were also received for consideration regarding the Geographic Information Systems mapping. The following overview outlines the feedback that was provided by participants at the community consultations.

Additional Data Sources for Consideration in the Socio-Demographic Profile or Health Profile

- Trouble In Paradise (Report)
- Statistics for Women Crisis Centres and Shelters
- St. Mike's University Health Network Power Study (gender lens)
- Statistics on gender and substance misuse from the Centre for Addiction and Mental Health (CAMH)
- Local Health Integrated Network Community Care Study
- Canadian Index of Well-being

Additional Data Sources for Consideration in the Community Capacity Review

- Consumer Survivor Organization Initiatives
- Meals on Wheels
- La Leche
- North Simcoe Fall Prevention
- Staying Independent Falls Coalition of Simcoe Muskoka
- CHATS – Community and Home Assistance to Seniors
 - Linked to Meals on Wheels, VON, Alzheimer’s Society of Simcoe and York, HAL (Home at Last, hospital transportation)
- www.211.ca
- South Simcoe West Association of Cyclists
- Simcoe Muskoka Tobacco Cessation Network
- Muskoka Tobacco Cessation Network
- Matthew’s House Hospice – Youth Bereavement Services (Alliston)
- Child Youth Coalition of Simcoe County
 - 40 member groups

- basic needs, mental health
- aboriginal/francophone
- Community Living Huronia
- Early Years Programs x 4
- Great Beginnings Programs x 5
- PROMPT – Poverty Reduction of Muskoka Planning Team

Comments Regarding the Geographic Information Systems Mapping

Physical Activity

- Include Bruce Trail
- No trail between New Tecumseh, Adjala-Tosorontio, Bradford West Gwillimbury
- Take away non-public access pools/facilities (*response: these facilities were not included in the maps presented*)
- Include Muskoka recreation trails – see www.muskokatrailscouncil.com (*response: these features were included in the maps presented*)
- Include Muskoka municipal parks (*response: these features were included in the maps presented*)
- Include outdoor gyms
- Include private mountain biking trails

- Include indoor fitness facilities
- Include trails of Wasaga Beach (*response: these features were included in the maps presented*)

Healthy Eating

- Include food banks (*response: these features were included in the maps presented*)
- Include farms
- Include farm gate sales points
- Include Eat Smart Recreation Centres
- Include small private food vendors (*response: these features were included in the maps presented*)
- Include convenience stores near schools (*response: these features were included in the maps presented*)

Tobacco Exposure

- Include locations of tobacco-free events, e.g., fun fair
- Include locations of tobacco-free sport and recreation practices
- Include locations of smoke-free multi-unit dwellings

Injury Prevention

- Develop injury prevention map

- Identify locations of collisions, falls
- Evaluate locations of high risk intersections against pedestrian fatalities

Mental Health

- Include Seniors Day Programs, Seniors Centres
- Include Public Libraries
- Include Social clubs
- Include Post-partum Depression Groups
- Include Grief and Bereavement Support

Other

- No public transit for Alcona youth to get to YMCA
- Include thrift stores
- Include emergency shelters
- Include social housing scan
- Include child care centres (licensed)
- Include settlement centres

- Include health centres
- Evaluate density of alcohol outlets in vacation destinations
- Include breastfeeding clinics
- Include community kitchens
- Include youth centres in Gravenhurst (*response: youth drop in centres were included in the maps presented*)

Additional Comments from On-line Surveys

- Please add the Simcoe Muskoka Regional Cancer Program as a participating organization.

Conclusion

The *Simcoe Muskoka Community Picture* will form the foundation to develop priorities and recommended actions for Simcoe Muskoka. In addition, these community sessions created a foundation to establish and maintain positive working relationships with Healthy Communities stakeholders and facilitated an information exchange that will continue to foster/support additional partnership development activities in the near future. This will result in a greater understanding of the requirements needed to generate interest and initiate or develop and support a consistent and concerted approach to achieving a healthy Simcoe Muskoka.

PARTICIPATING ORGANIZATIONS

211

Alan McNair Consulting (Planning Consultant)

Barrie Green Party

Barrie Municipal Non-Profit Housing

Bayshore Home Healthcare

Big Brothers Big Sisters of Muskoka

Blue Mountains Bruce Trail Club

Boys and Girls Club

Breaking Down Barriers

CAMH

Canadian Cancer Society

Catholic Family Services

Catulpa Community Services

CDA

Central North Correctional Centre

Chigamik CHC

Chippewas of Rama First Nation

City of Barrie

CMHA

Community Diabetes Education Centre

Community Home Assistance to Seniors (CHATS)

Community Living Huntsville

Community Living Huronia

Couchiching Conservancy

County of Simcoe

E3 Community Services

Georgian Bay General Hospital
Georgian College
Georgian Nurse Practitioner-Led Clinic
Go Figure Fitness
Gravenhurst Public Library
Green Haven Shelter for Women
Hands The Family Help Network
HCP Regional Advisor
Heart & Stroke Foundation
Helping Hands
Hospice Muskoka
Housing Resource Centre
Huron Trails & Greenways
Independent Living Services
Innisfil Good Food Box
Innisfil Public Library
Krasman Centre
Matthews House Hospice
Mental Health Centre Penetanguishene
Midland Police Service
Midwives of Muskoka
Muskoka Algonquin Healthcare
Muskoka Parry Sound Community Mental Health Services
Muskoka Trails Council
NSM ABI Collaborative
NSM Integrated Regional Falls Program
NSM LHIN
OPP

Orillia & Area Good Food Box
Orillia Common Roof
Orillia Community Kitchen Resource Group
Osteoporosis Canada
Peace Bye Peace
Rogers Television
RVH
Safe Communities Midland
Salvation Army
Savour Muskoka
Simcoe County District School Board
Simcoe County Alliance to End Homelessness
Simcoe South West Association of Cyclists
Simcoe County District Health Unit
Simcoe Muskoka District Health Unit
South Georgian Bay CHC
South Simcoe Police Service
St. Elizabeth Healthcare
Town of Bracebridge
Town of Collingwood
Town of Gravenhurst
Town of Innisfil
Town of Midland
Town of Penetanguishene
Township of Georgian Bay
Township of Oro-Medonte
Township of Severn
Township of Springwater

Township of Tay
Transition Barrie
Transition Town Orillia
Volunteer
VON
Wasaga Beach Active Transportation
Wendat
YMCA
Youth & Child Services of Muskoka
Youth Justice Services
YWCA Muskoka