

SIMCOE MUSKOKA COMMUNITY PICTURE

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Prepared for the Simcoe Muskoka District Health Unit

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Community Picture Report

Executive Summary

Introduction

In May 2009, the Ontario Ministry of Health Promotion and Sport (MHPS) launched the Healthy Communities Fund (HCF) 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 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 Healthy Communities Partnership Program (HCPP) will form the foundation from which local priorities and recommended actions across the six MHPS Healthy Communities priority areas will be identified.

The purpose of the Community Picture is to inform the work of the HCP. It provides an in-depth understanding of the strengths, capacities, initiatives, opportunities and policies that have an impact on the health and well-being of residents in Simcoe County and the District of Muskoka. The Community Picture provides information on the Simcoe Muskoka District Health Unit's area of coverage, including Simcoe County, the Cities of Barrie and Orillia, and the District of Muskoka. The County is comprised of 16 towns and townships and 2 First Nations reserves. The towns within the County are Bradford West Gwillimbury, Collingwood, Innisfil, Midland, New Tecumseth, Penetanguishene, and Wasaga Beach, and the Townships are Adjala-Tosorontio, Clearview, Essa, Oro-Medonte, Ramara, Severn, Springwater, Tay, and Tiny. The First Nations communities include Beausoleil Island (Chippewa) First Nation (located on Christian Island) and Chippewas of Rama First Nation (formerly known as Mnjikaning First Nation) who make their home in Ramara Township. The District of Muskoka is comprised of six municipalities which include the towns of Bracebridge, Huntsville and Gravenhurst and the townships of Georgian Bay, Lake of Bays and Muskoka Lakes. First Nations communities include Wahta Mohawk First Nations and Moose Point 79 First Nation Reserve.

Stakeholders

Community consultation and engagement is an important component that contributes to the development of the community assessment. Consultation was undertaken with a wide range of stakeholders as part of the development of the community assessment. The

community consultation provided a forum for public health, community groups, agencies, local government and human services delivery professionals to learn about the HCPP and to provide local knowledge about the issues facing their communities. The community consultations provided a brief 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, and Collingwood. The community consultations were well attended with over 190 participants in total, including several volunteers of community organizations. Among the 190 participants, seven attended more than one community consultation. The participants represented 92 separate organizations, municipalities and agencies.

Community Profile

Physical Activity, Sport and Recreation

- Fewer people aged 12 years and older in Simcoe Muskoka were physically inactive in 2007-2008 compared to the provincial average (44.6% in Simcoe Muskoka compared to 50.3% in Ontario). Physical inactivity is highest (59.1%) among people ages 65 or older.
- Physical activity is a priority for people of all ages and socio-economic backgrounds. Based on the data, priority groups at a higher risk of being physically inactive are people with low socio-economic status, children, youth (aged 12 to 19) and seniors.
- Consultation with stakeholders identified the following perceived social and environmental factors contributing to physical inactivity: insufficient time, financial constraints and lack of access to recreational resources.
- Some efforts are underway to support and expand policies that promote physical activity. There appears to be support by municipal decision-makers and community organizations such as the SMDHU, to move towards policies that support the development of active transportation and walkable communities' opportunities for residents.

Injury Prevention

- Motor vehicle collisions and falls are leading causes of death among Simcoe Muskoka residents 44 years of age and under. From 2000 to 2005, 17.8% of all injury-related deaths were caused by falls. The majority of deaths due to falls occurred among seniors aged 75 and over (79%). Injuries are a concern among seniors, who experience decreased strength, balance and flexibility and face additional challenges in recovering from injuries.
- Between 2000 and 2005, motor vehicle collisions (MVCs) were of particular concern and the leading cause of injury-related death among children aged 1-9 and young

Injury Prevention

adults aged 15 to 29 in Simcoe Muskoka. In 2005, 30% of driver fatalities and 25% of passenger fatalities occurring in Simcoe Muskoka were the result of victims not using seat belts.

- Based on the data, priority groups that are at higher risk of injuries are children, youth, young adults, and seniors. Stakeholders, including youth, identified the built environment as playing an important role in injury prevention. MVCs are often preventable and some could be averted with better road infrastructure and design. Stakeholders identified that many communities throughout Simcoe Muskoka are automobile dependent and are not well designed to support transit, walking or cycling. However, spatial data are needed to document design and built form around the high risk intersections to determine whether engineering and development (visibility, poor sight lines, lighting) may have an impact on frequency or severity of collisions.
- Policy changes to improve injury prevention outcomes are strongly linked to improvements in the physical activity priority area. Collaboration between interested organizations may further catalyze policy development in this area.

Healthy Eating

- The percentage of individuals aged 12 and over in Simcoe Muskoka reporting daily fruit and vegetable intake greater than five servings per day decreased from 41.9% in 2003 to 38.4% in 2007-2008. In 2007-2008 fewer individuals aged 12 and over in Simcoe Muskoka consumed more than five servings of fruits and vegetables per day compared to the provincial level (38.4% in Simcoe Muskoka compared to 41.3% in Ontario). Fruit and vegetable consumption tends to be highest amongst young adults and seniors.
- In Simcoe Muskoka, higher rates of fruit and vegetable consumption are associated with higher socio-economic status. For example in 2007-2008, among Simcoe Muskoka residents with a high school education or less, 35.0% reported daily fruit and vegetable consumption of greater than five servings per day compared to 48.6% of residents with a university degree or higher. In 2007-2008, among Simcoe Muskoka's lowest income earners, 26.7% reported daily fruit and vegetable consumption of greater than five servings per day compared to 39.5% of high income earners.
- Healthy eating is a priority for people of all ages and socio-economic backgrounds, particularly children and youth who rely heavily on parents/caregivers and the school system to provide adequate and proper nutrition. Based on the data, priority groups who are at higher risk of unhealthy eating are people with low socio-economic status.
- Consultation with stakeholders identified the following perceived social and environmental factors which contribute to unhealthy eating: higher prices for healthy food options; limited produce and meat sources in rural communities; general lack of knowledge and skills related to nutrition and healthy eating; lack of time to prepare and consume healthy food; convenience and proximity of less healthy choices both in the grocery store and at "fast food" outlets.

- Local and provincial partners are actively advocating for and developing healthy eating policies to create environments which support individuals and families in making healthy choices. There is much room for local government decision-makers to create environments where access to healthy food choices is more broadly available.

Tobacco Use and Exposure

- Tobacco use contributed to approximately 730 deaths in Simcoe Muskoka each year from 2003 to 2007 (approximately 3650 deaths over the five year period).
- The smoking rate in 2007-2008 remains significantly higher in Simcoe Muskoka than at the provincial level (25.5% in Simcoe Muskoka compared to 21.1% in Ontario). Smoking rates tend to be highest amongst adults aged 20 to 34.
- Based on the data, priority groups who are at higher risk of tobacco use and/or the effects of second hand smoke exposure are people with lower socio-economic status, youth (aged 12 to 19) and young adults (aged 20 to 34).
- Consultation with stakeholders identified the following social factors perceived to contribute to tobacco use: access to free or low cost tobacco products; presence of contraband tobacco; use of tobacco products as a coping mechanism to relieve stress; and normalization of tobacco use among youths.
- The creation of smoke-free environments and restrictions on tobacco sales are helping to create a comprehensive tobacco control approach. The percentage of individuals aged 20 and over who self-report as current smokers has decreased from 30% in 2001 to 25% in 2007. Political readiness to create outdoor smoke-free public spaces has been demonstrated by a significant number of municipalities in Simcoe Muskoka; however, smoke-free by-laws do not yet exist for all municipalities.

Substance and Alcohol Misuse

- Between 2000 and 2005 (combined) there were an estimated 105 chronic disease deaths and 130 injury-related deaths attributable to alcohol among Simcoe Muskoka residents aged 15 to 69 years. From 2003 to 2009 (combined) there were an estimated 1,256 chronic disease hospitalizations and 6,840 injury-related hospitalizations attributable to alcohol among Simcoe Muskoka residents aged 15 to 69 years.
- The percentage of individuals aged 20 or older in Simcoe Muskoka who self-reported as low-risk drinking decreased from 47.1% in 2000-2001 to 43.7% in 2007-2008. Low-risk drinking among adults aged 20 and older is lower in Simcoe Muskoka than in Ontario. Low-risk drinking behaviours tend to be more common among older adults.
- According to the 2009 Ontario Student Drug Use and Health Survey 18% of students in grades 7 to 12 reported non-medicinal use of prescription opioid pain relievers, such as Percocet, Percodan, Demerol, codeine, Tylenol #3 or Oxycontin at least once in the past year. This is the third highest class of drugs used by students

following alcohol (58.2%) and cannabis (25.5%).

- Stakeholders identified that mental health and substance and alcohol misuse were concurrent issues, affecting youth, young adults and seniors.
- Consultation with stakeholders identified a number of perceived social factors contributing to substance and alcohol misuse. Key informants identified that young adults were self-medicating to cope with academic and/or job-related pressure while prescription medication abuse was an issue among youth, seniors and people with chronic pain.
- The majority of municipalities in Simcoe Muskoka have a Municipal Alcohol Policy (MAP) in effect. Barrie and Bracebridge have working draft MAPs currently under consideration. The Townships of Muskoka Lakes and Clearview, and the District of Muskoka have no MAP at this time.

Mental Health Promotion

- In 2007, 72.5% of individuals aged 12 or older in Simcoe Muskoka reported their mental health as excellent or very good. This is consistent with the Ontario average (72.9%).
- Suicide is considered a leading cause of injury-related death in Simcoe Muskoka among young adults aged 20 to 44. From 2000-2005, 25.2% of injury-related deaths were attributable to suicide.
- Poor socio-economic conditions can contribute to poor mental health and mental illnesses including depression and anxiety. It can perpetuate the cycle of poverty.
- Community trends reveal high levels of mobility to work; 92% of people 15 years or older drive a private vehicle to work and only 6% walk or cycle to work.
- Mental health and well-being is a priority for people of all ages and socio-economic status. However, based on the data provided, particular attention was given to the need to promote mental health and well-being among seniors and youth.
- SMDHU has developed a checklist which addresses the design of the built environment to promote high quality of life, accessibility, complete neighbourhoods, green spaces and public space to ensure social cohesion and well being. Most municipal planning departments have incorporated some of the recommended policy changes to support transit and improve access to community facilities.

Policy and Program Recommended Actions

Physical Activity, Recreation and Sport

**MHPS Outcome: Increase access to physical activity, sport and recreation
Support active transportation and improve the built environment**

Policies

- Develop short-term and long-term policies for Simcoe Muskoka that support planning and development of physical activity resources and facilities, including active

Physical Activity, Recreation and Sport

**MHPS Outcome: Increase access to physical activity, sport and recreation
Support active transportation and improve the built environment**

transportation infrastructure. This should be based on an assessment of existing resources and community needs and could include policy statements in key county, district and municipal directional documents such as Strategic Plans, Official Plans, Transportation Master Plans, Recreation Master Plans and Active Transportation Plans.

- Develop policies to reduce financial barriers to participation in physical activity, sport and recreation programs (i.e., fee assistance or subsidy programs for low-income participants, free programs such as drop-in swim or supervised playground program for all residents, equipment trade-in programs, and free transportation for youth travelling to programs.)
- Develop local policies that facilitate collaborative opportunities between school boards and non-profit organizations to allow public use of school playing fields or gymnasiums for after school activities.

Programs

- Develop affordable, integrated and accessible recreation programs that enable parents and young children to use recreation facilities concurrently.
- Develop programs to facilitate access to existing community facilities to support physical activity, particularly in the rural areas where transit is limited or not available.
- Develop programs and events that are affordable for families to access (i.e., low fee, no fee, subsidized, free physical activity community events such as Try it Days, Mayors Walks and free skating or swimming time)
- Develop community awareness programs to increase the knowledge of the importance of physical activity in daily life, including physical activity during leisure time, at school and in the workplace.

Injury Prevention

**MHPS Outcomes: Promote safe environments that prevent injury
Increase public awareness of the predictable and preventable nature of most injuries**

Policies

- Establish policies to support a diverse range of housing options that allow seniors to age in place. Policies could also include changes in the building code for residential and multi-use buildings to ensure that appropriate stair risers, tread length and grab bars are provided.
- Establish policies to support age-friendly communities (for example increasing traffic signal time to cross streets, align crosswalks with curb cuts, etc.).
- Collaborate with municipal staff (decision makers, planners, and engineers) to

Injury Prevention

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develop policies to modify road designs and development applications to promote safe road function for all road users (i.e., improved visibility, streetscaping, safety design features [curb cuts, traffic calming], continuous sidewalks, and median barriers.)

- Develop Official Plan, Transportation Master Plan and Active Transportation 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 those with limited mobility in order to facilitate equitable service delivery.
- Develop/strengthen policies requiring mandatory helmet wearing for organized sports at recreation facilities, arenas, ski hills and snowmobile/ATV trails (i.e., entry should only be given to individuals wearing helmets.)
- Establish policies to support safe environments where sports and recreational activities take place such as community parks and fields (i.e., lighting, maintenance standards, risk management policies)

Programs

- Develop committees and programs to raise awareness about the importance of the Accessibility for Ontarians with Disabilities Act
- Establish programs to increase awareness about sport-specific risks and provide safe practice alternatives.

Healthy Eating

**MHPS Outcome: Increase access to healthier food
Develop food skills and healthy eating practices**

Policies

- Develop policies which ensure healthier food choices are affordable (i.e., support local partners in advocacy activities aimed at reducing household poverty, planning policies that ensure grocery stores located in residential areas)
- Develop pricing policies in schools and municipal facilities that make the healthy choice more affordable than the unhealthy choice.
- Develop policies to eliminate advertising and marketing of food and beverages of low nutritional value within school and municipal facilities (e.g., on menu boards, vending machines, scoreboards, pool floor, gym)
- Develop policies that preserve farm land in order to ensure a sustainable local food system.
- Develop policies that support community gardens and urban agriculture within communities (i.e., on institutional lands such as schools or parks or vacant municipal

Healthy Eating

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property.)

- Develop policies that protect children and youth-oriented land uses from fast food outlets (i.e., zoning by-laws that prohibit fast food outlets within specified distances of a school.)
- Establish local food procurement policies for municipalities, school boards, institutions and work places.

Programs

- Create partnership programs between childcare centres, schools and farmer's markets to increase access to local, healthy and fresh foods.
- Further develop farmer's markets and roadside stalls to provide greater access to locally produced foods
- Further develop community kitchen programs by increasing access to underutilized cooking facilities in recreation centres, churches or common rooms in apartment building/housing complexes.
- Establish programs to ensure sustainable core funding to support community gardens and urban agriculture which in turn would support communal meal preparation programs
- Establish nutrition education programs in schools for all students, teachers, foodservice staff, and parents
- Establish nutrition education as part of employee wellness programs.
- Develop community awareness programs to increase the knowledge of the importance of a local sustainable food system, including urban agriculture and community gardens to address food security issues.

Tobacco Use and Exposure

MHPS Outcomes: Increase access to tobacco free environments

Policies

- Implement smoke-free rental and multi-unit dwelling policies to ban smoking in condominiums, apartment buildings and public housing.
- Establish tobacco sales-free zones around schools or develop policies to limit the number of tobacco retail outlets through zoning and licensing in areas that are in close proximity to schools.
- Increase municipal smoke-free spaces by developing and/or amending local by-laws to protect residents from social and physical exposure to tobacco use in outdoor areas including trails, parks, beaches, playgrounds, on hospital, workplace and places of worship grounds, post-secondary institutions, outdoor events and festivals.

Programs

- Leverage existing cessation services to expand programs to priority groups (youth, young adults, people with low socio-economic status) and under-served populations, for example women, immigrants and/or Francophone populations.

Substance and Alcohol Misuse

**MHPS Outcomes: Support the reduction of binge drinking
Build resiliency and engage youth in substance misuse prevention strategies**

Policies

- Establish policies to ban alcohol advertisements/signage at university and college grounds, beaches, parks, playgrounds, parade grounds and sporting venues.
- Establish policies to ban sponsorship from organizations associated with the production and/or sale of alcohol at public venues and schools.
- Strengthen policies that focus on creating safer environments for motorized recreation (ATV, boat, snowmobile, PWC) users (i.e., revocation of user permits, liability for costs associated with emergency or rescue services)
- Support local advocacy addressing regulatory interventions related to service and distribution of alcohol, i.e., alcohol outlet density, raise minimum alcohol prices, maintain government control of alcohol retailing, enhance enforcement, etc.

Programs

- Advocate for comprehensive national and provincial strategies to reduce harms associated with alcohol consumption. Such strategies need to be inclusive and find ways to actively engage youth in order to shift the culture around alcohol consumption to encourage healthier choices.
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Mental Health Promotion

MHPS Outcomes: Reduce stigma and discrimination
Improve knowledge and awareness of mental health issues
Foster environments that support resiliency

Policies

- Develop municipal policies to support the development of community hubs, improving the built environment which in turn enhances social cohesion and sense of belonging.
- Support municipal policies that reduce poverty and increase access to affordable and safe housing, which are essential components of a mental health promotion strategy.

Mental Health Promotion

MHPS Outcomes: Reduce stigma and discrimination

Improve knowledge and awareness of mental health issues
Foster environments that support resiliency

Programs

- Develop comprehensive education campaigns for professionals and others who work with youth (including teachers, school guidance counselors, community workers, faith-based groups and other services groups) to reduce stigma associated with mental health issues. This can be achieved through the use of consistent and continuous messaging and/or through the establishment of networking opportunities that help to build relevant skills.
- Develop campaigns/programs to create supportive environments in work places to encourage work-life balance (i.e., flexible hours, innovative workplace options, etc.)