

Health@Simcoe Muskoka

ANNUAL COMMUNITY REPORT

2016/2017



Board Chair Message



Scott Warnock
Board Chair

It was a great honour to be acclaimed as the Chair of the Simcoe Muskoka District Board of Health this year. In my years serving on the Board, it has been a thrill to work with the committed volunteers who serve as Board of Health members and the dedicated staff of the health unit; their knowledge and passion for the health of Simcoe Muskoka's residents is inspiring. As a member of the Board of Health I find the role we play as an advocate and a voice for public health especially rewarding. Highlights from the past year include:

- The Board wholeheartedly supported the efforts to raise awareness of the benefits of a basic income guarantee, now being piloted in several locations in Ontario.
- After hearing a report on the limited number of vulnerable people who are eligible for financial support for dental care, the board pressed for more funds for institutionalized seniors, low income adults and seniors, and the working poor.
- The Board recommended that the federal government take an *end-game* approach to tobacco control, putting in place progressive strategies to reduce smoking to less than 5% of the population by 2035. It has also recommended that the provincial government align its efforts with this approach.

The freeze on the provincial base grant for cost-shared programs continued for a second year in 2016. The Board of Health continued to support modest levy increases and actively pursued additional funding through one-time provincial grants to mitigate program and staffing losses. We have had to be very nimble in our efforts to maintain acceptable levels of service for a growing population while achieving compliance with accountability targets set by the province and moving forward on our Strategic Plan. The organization reported progress on all four Strategic Directions; tackling urgent public health issues such as climate change and

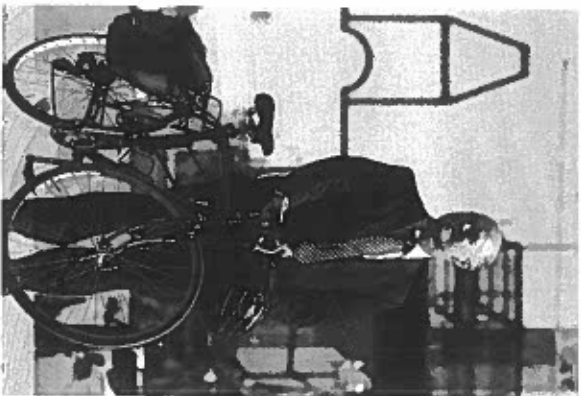
fiscal constraints, leveraging partnerships to enhance organizational knowledge and skill, addressing the factors that create inequities in overall health such as low income and demonstrating efficiency and effectiveness in the delivery of public health services.

While the current Strategic Plan will continue to guide our actions through December 2018, the Board of Health has started to talk about the next strategic plan and the changing face of public health. The past year has seen the provincial government focus its attention on the role of public health in Ontario's health system as part of the broader health system transformation. The Patients First Act mandates formal linkages between Boards of Health and the Local Health Integration Networks (LHIN) with a greater role in system planning – a partnership that is already well established in Simcoe Muskoka. The modernization of minimum standards for public health programs and a more clearly defined framework for reporting and accountability will play a critical role in shaping our agency in the future. Our strategic priorities for 2019 and beyond will take into account this changing policy environment. The planning process will also engage Board of Health members, staff and stakeholders to ensure that the agency continues to be responsive to local perspectives and needs in the future.

Over the past year we said goodbye to some long-serving Board of Health members whose contributions helped to shape this agency. We are grateful for their willingness to serve the residents of Simcoe and Muskoka. While we will miss those familiar faces, I am excited by the introduction of new talents and perspectives as a result of new membership. Our deliberations promise to be lively and infused with innovative thinking.

I look forward to continuing with our initiatives, and to the many new challenges that are sure to arise. I have every confidence in the Board and the staff of the health unit to manage them with the knowledge, passion and innovative thinking I have already witnessed.

Message from the Medical Officer of Health



Dr. Charles Gardner
Medical Officer of Health

Recent policy direction from the provincial government has called for a closer working relationship between public health and the Local Health Integration Networks (LHIN). This has been reflected both in the Patients First Act (passed in December 2016), and in the recently released Ontario Standards for Public Health Programs and Services (draft, as of the writing of this message). The legislation confirms and expands on the strong local ties the Simcoe Muskoka District Health Unit has already established with the two LHINs in our area. It is important to note that much public health work has always been done with the rest of the health care system, including with primary care providers (e.g. vaccination) and within health care facilities (e.g. infection control and outbreak response). The Simcoe Muskoka District Health Unit remains dedicated to excellence in this type of collaborative work and committed to expanding these connections to address new and emerging issues. The collaborative efforts to address the growing misuse and addiction to opioids in our communities are a perfect example. The implementation of a comprehensive local Opioid Strategy that integrates prevention, harm reduction, treatment, surveillance and enforcement will draw on the skills, expertise and resources across many sectors, including health care, if we are to be successful.

It is also critical that we continue to focus energies and efforts on the determinants of health beyond the health care system. Factors such as income, education, occupation, and community design, including housing and walkable and cycleable neighbourhoods, are known to have a powerful influence on health. As an agency we have identified the determinants of health as a strategic priority with an initial focus on the public health needs of individuals and families living with low income. Individuals living with low income have higher rates of chronic diseases and are more likely to die earlier than individuals

who are better off financially. Growing up and living with low income can also contribute to food and employment insecurity, lower levels of education, being poorly housed or homeless, social isolation, stress and difficulty accessing quality health care. We continue to strengthen our existing partnerships with municipalities, school boards, health and social service agencies and those with lived experience to create supportive and fair systems, structures and policies that can impact a person's income and earning potential. Through the latter part of 2016 we were encouraged by the news that the provincial government would be announcing a basic income pilot project. The pilot sites were named this spring and include Thunder Bay, Hamilton and Lindsay.

Climate change has been declared by the World Health Organization to be the most important public health issue of our era and identified as a Strategic Priority by the Board of Health. A climate change vulnerability assessment for Simcoe and Muskoka was completed this spring. The report documents a range of public health challenges in our communities - now and into the future. Listed among them are the physical harms from extreme weather events and fluctuations in temperature, the effects of poor air quality, impacts on food production, and the risk of increased vector borne diseases (Lyme disease and West Nile virus). Over the months to come we will work with municipalities, community groups and others to safeguard the public's health from the impacts of climate change.

We look forward to continued collaboration with all of our community partners and the residents and visitors to Simcoe and Muskoka to meet the challenges and pursue the opportunities for health in the year to come.

Clinical Service Department

7,642

vaccines given during public immunization clinics

175

community & institutional outbreak investigations

3,882

client visits to sexual health clinics

23,348

children screened for tooth decay

824

personal services setting inspections

55

infection prevention & control complaint investigations

21,244

vaccines given to Grade 7s & 8s in schools

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

Improving dental health services for those in need

Good oral health is an important part of overall health. Without treatment, dental problems can lead to pain, difficulty chewing and serious infection.

In 2015, local hospital emergency departments managed 4,125 visits of people with dental disease. In 2014, Simcoe Muskoka physician offices saw close to 7,700 patient visits for similar problems. Most often, people were dealing with abscesses and dental pain from cavities. This is an expensive way of treating dental pain, when the real solution is preventive dental care and early identification and treatment. However, people living in low income have difficulty affording dental services that can prevent problems from becoming serious.

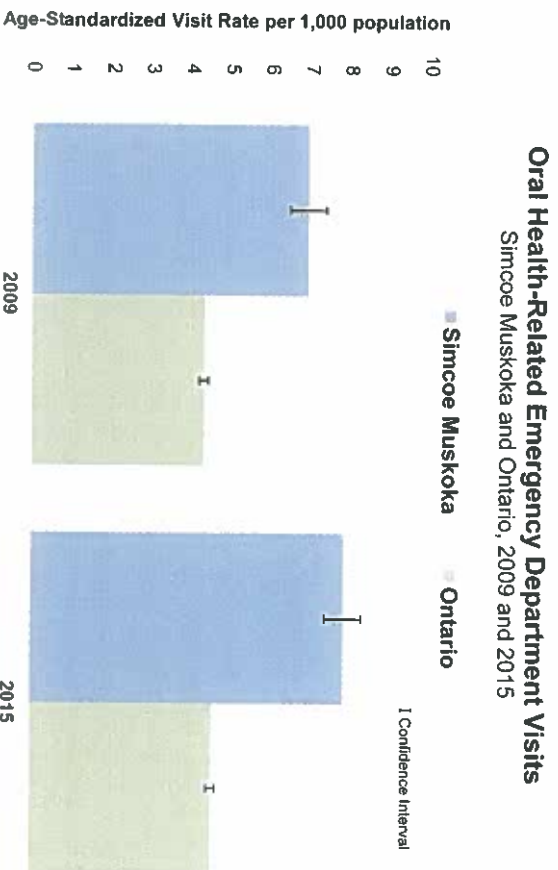
Eligible children and youth age 17 or younger living in low income are able to get dental care through the Healthy Smiles Ontario (HSO) program. The health unit's Oral Health team provides dental screening for children and youth at schools and health unit offices. Screening can help to determine whether children need emergency, essential and preventive care and are eligible for the HSO program. Emergency dental care is also available for adults on publicly funded programs.

In 2016, the Ministry of Health and Long-Term Care integrated six publicly funded oral health programs and benefits into the existing Healthy Smiles Ontario program. The program is simplified now, and refocuses the public health role on oral health promotion, prevention, screening and surveillance and access to care for clients, rather than program administration.

In 2016, the Oral Health team provided care to more than 1,150 HSO clients at its clinic in Barrie and on its Healthy Smiles Ontario mobile dental bus, which visits communities throughout Simcoe and Muskoka. The team also saw almost 700 adults on publicly funded programs who otherwise may not have been able to access service.

The health unit's Board of Health has a strong history of advocating for improved oral health and access

to dental care for residents. As part of its continued efforts and with the support of the province, the Board established a fixed dental clinic in the health unit's Gravenhurst office to augment the service provided by the HSO bus. The new clinic also offers improved accessibility for clients with physical limitations and families with small children. Open since February 2017, the clinic had booked 136 appointments by the end of May.



Data Sources: Ambulatory Visits & Population Estimates [2015], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Date Extracted: 05 April 2017. All OH visits (ICD-10 code: K00-K14).

Outreach to community expands through new and traditional channels

People looking for health information have more options to choose from than ever. From the telephone and traditional media, to social media sites like Facebook, people are using a variety of channels to access and share information, to look for programs and advice, and to get answers to questions. In order to be more accessible, the health unit continues to expand upon the ways it provides informa-

tion and service to the public. In addition to growing the health unit's Health Connection telephone service which fields thousands of calls a year, the agency is enhancing its use of the web and social media. These tools allow the health unit to deliver information and programming outside of regular office hours.

Connecting people to health information

With more than 46,000 calls in 2016, Health Connection, SMDHU's free confidential health information and referral service is one of the first ways the public contacts the health unit.

Staffed by public health nurses, public health inspectors and customer service representatives, Health Connection provides support by linking individuals to health unit services, including Healthy Babies Healthy Children, prenatal classes, immunization, dental, and sexual health clinics, as well as courses such as food handler certification. Staff also connect individuals with local community services, resources and programs that can further assist them with their needs.

Beginning as a telephone service about 25 years ago, Health Connection has expanded with technology and the increasing use of mobile devices.

Email, Twitter and Facebook are additional ways in which residents of Simcoe Muskoka can contact Health Connection.

Recognizing the changing face of Simcoe Muskoka, Health Connection's telephone interpretation service is available in 170 languages, allowing residents to speak to a public health professional in the language they prefer.

Social Media

Tobacco-Free Chatter

Smoking among adults in Simcoe Muskoka has significantly declined over the past decade; in 2013/14 one in five adults reported smoking cigarettes daily or occasionally, compared with one in three in 2000/01.

However, tobacco use remains the number one cause of preventable death and disease in Canada, killing 13,000 Ontario residents every year. Looking to motivate local residents to try quitting, the Tobacco-Free Living team launched a social media campaign, using testimonials from local former smokers who are suffering from the negative health effects from smoking.

The campaign, #tobaccotradeoff, used the health unit's website, a new Facebook page and Twitter account, as well as traditional media to share the message that when people smoke, they make tradeoffs that include living with poor health.

The campaign emphasized quit support and help, driving people to the health unit's quit smoking webpages that detail how people can get free quit smoking counselling and nicotine replacement therapy.

During the four-month campaign, views of the quit tobacco pages on SMDHU's website more than tripled and 170 cessation calls were made to Health Connection.

Life with Kids is Messy and That's Ok!

Knowing that many parents use social media to share their stories and struggles, the health unit's Child Health team used Facebook and blogs to reach out to parents for its Life with Kids is Messy campaign.

The campaign used gentle humour to normalize the challenges and successes all parents experience. Its aim was to create a supportive place for parents to talk about their experiences, to raise awareness of positive parenting strategies, and to make parents feel comfortable attending parenting classes.

Life With Kids is Messy included radio and Facebook advertising as well as "Messy Mommies" videos and a series of blogs. Six video interviews with a public health nurse looked at solutions for common parenting concerns and the supports that Health Connection provides to parents.

The three-month campaign, which was the first health unit promotion to rely on social media almost exclusively, generated more than 4,000 reactions (such as like, love, haha) on Facebook, 1350 views of the blogs, and more than 2000 visits to the health unit's website.

Tuberculosis (TB) is not a common disease in Simcoe Muskoka – there have been between zero and eight confirmed cases of TB in our area every year since 2000. Treating TB takes between six and nine months, and the client must take their medication consistently to avoid developing a drug-resistant strain of the bacteria.

Provincial protocols recommend and support directly observed therapy (DOT), where a public health nurse watches the client take their medication on a daily basis to ensure that they complete their treatment. DOT also allows the nurse to make sure the client is able to tolerate the medication, and that they are coping with the home isolation requirements while they are infectious.

In 2014 the health unit introduced DOT by video conferencing. DOT by video allows the nurse to watch the client take their medication via video. It is implemented once a client is no longer infectious and isolated, usually somewhere between two and eight weeks after the start of medication.

Time efficient and economical, DOT by video permits the client and nurse to meet at a time conducive to both schedules, allows the client to resume normal daily activities, and significantly reduces nurse travel time.

Online prenatal classes

Attendance at free prenatal classes offered by the health unit's Reproductive Health team has more than doubled in the last five years. To meet the demands of clients and ensure program accessibility, the health unit introduced online prenatal classes early in 2017. The online classes offer availability for parents-to-be who aren't able to get to in-person classes or prefer to learn at their own pace and at a more convenient time. The online class information has all of the same topics as the in-person classes.

The online classes were launched at the beginning of February, an average of 28 people enrolled each month during February and March. In April, following Facebook advertising, more than a 100 people signed up for the classes.

Community and Family Health Department

82

schools engaged with public health nurses from the Healthy Schools program (2016-2017 school year)

210

families received Triple P—Positive Parenting Program support

1,270

expectant parents attended in-person prenatal classes

1,168

visits to the Breastfeeding Place

4,770

home visits by public health nurses or family home visitors

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

Opioid crisis sparks need for local strategy

The headlines tell a harrowing story: “Canada’s deadly opioid crisis”, “deadly addiction”, “an epidemic of opioid use and abuse”. Unfortunately the headlines are not an exaggeration. The total number of opioid-related deaths in 2014 exceeded the number of people killed in motor vehicle collisions in Ontario. Locally we are not immune from painkiller misuse and addiction. The death rate from opioids in Simcoe Muskoka is higher than the Ontario rate—in 2015, there were 43 opioid deaths in Simcoe Muskoka, including eight that were related to fentanyl.

While all age groups are affected, the issue is more concentrated among young males. Between 2011 and 2015, the opioid poisoning death rate among adult males between the ages of 25 and 44 years was 19.2 deaths per 100,000 population, which was significantly higher than any other age group for both males and females.

There has also been a significant upward trend in the opioid poisoning emergency department visit rates in Simcoe Muskoka, which has been higher than the provincial rates since 2004. Emergency department visits for opioid poisonings is highest among younger adults aged 20 to 44 years. Local residents living in the bottom 20% of household income experienced double the rate of opioid poisoning emergency department visits when compared with those living in the top 20% of household income.

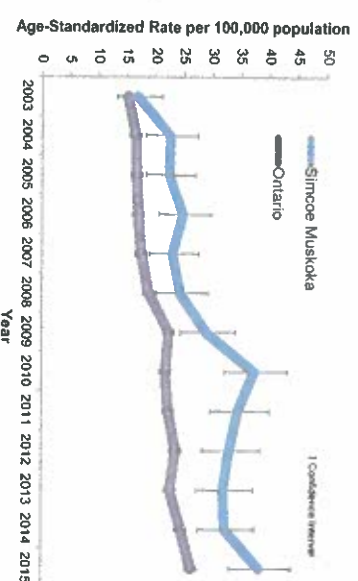
There is a lot of work to be done. *Towards an Opioid Strategy for Simcoe Muskoka: A Gap Analysis*’ compiled by the health unit’s Injury and Substance Misuse Prevention team with input from community partners, identifies numerous areas to be addressed. Some of those current needs include better access to naloxone (a life-saving drug that reverses the effects of overdoses) when and where most appropriate, rapid access to treatment for those wanting to tackle addiction, alternatives to medication for pain management, updated prescribing guidelines for physicians, training for first responders and real-time data on all overdoses in communities in Simcoe Muskoka.

The tragic misuse and addiction to opioids, both prescription and illicit, in our communities has brought together numerous partners to collaborate strategically to reduce the harm related to opioids through the development of a local response to the issue. The Simcoe Muskoka Opioid Strategy integrates prevention, harm reduction, treatment, surveillance and enforcement to address this growing regional problem. Partners in this initiative include the health unit, the North Simcoe Muskoka Local Health Integration Network, the Simcoe Muskoka Alcohol and Other Drug Strategy (a group of community partners working on a comprehensive alcohol and other drug strategy for the region), the police, local hospitals, emergency response providers, education, mental health and addiction services and other members of the community.

There was a significant upward trend in the opioid poisoning emergency department visit rates in both Simcoe Muskoka and Ontario over the 13-year period from 2003 to 2015. The opioid poisoning emergency department visit rates in Simcoe Muskoka have been significantly higher than the provincial rates since 2004.

Opioid Poisoning Emergency Department Visits

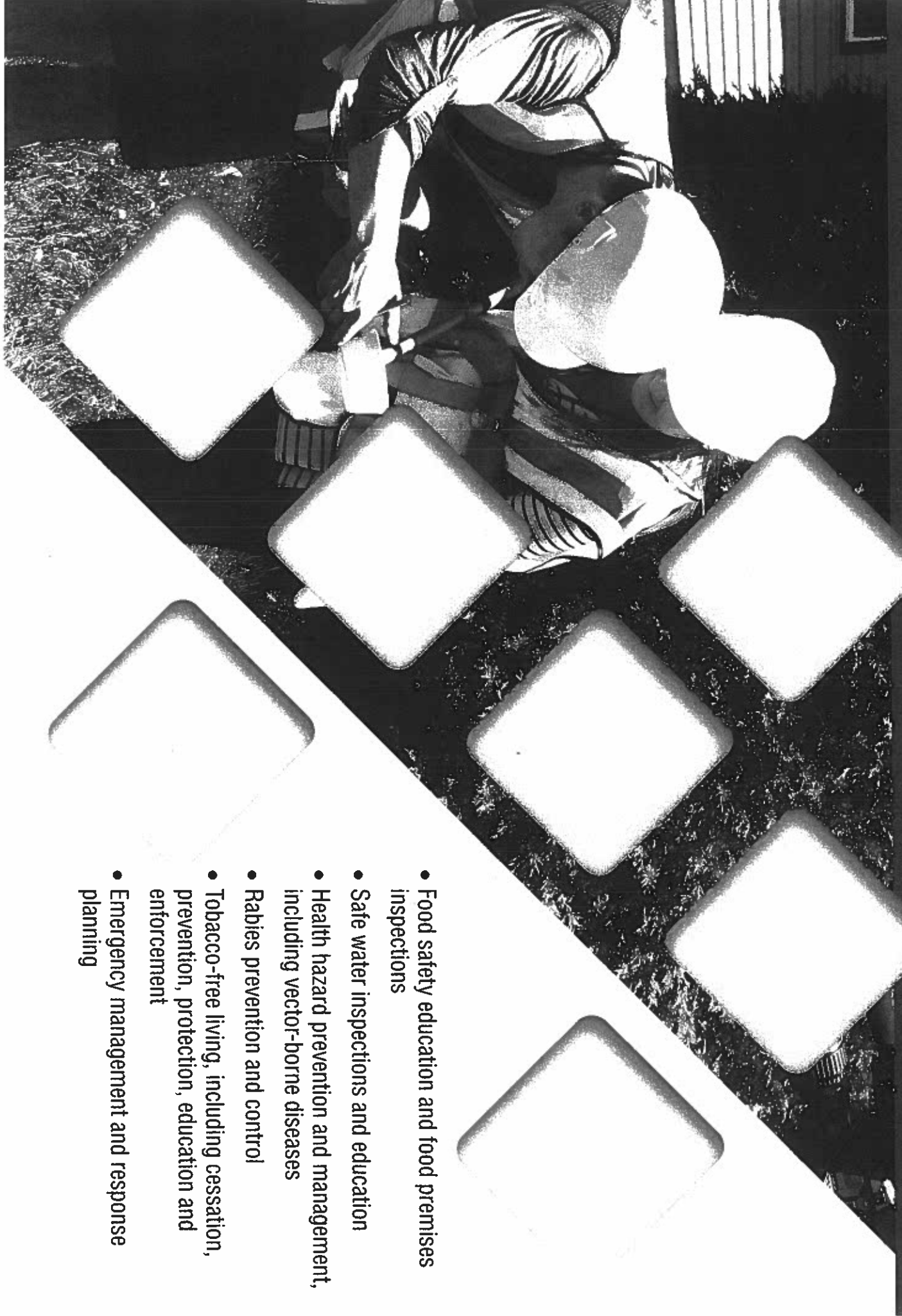
Simcoe Muskoka and Ontario, 2003-2015



Data source: Ambulatory Visits & Population Estimates (2003-2015), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Data Extracted: (April 28, 2017), ICD-10 Codes (Any Dx - Excluding Query/Suspect Dx): T400-T404; T406; Age-standardized using the 2011 Canadian Standard Population.

Important strides are being made. Naloxone, which until recently was only accessible from the health unit, is now more widely available. Pharmacies now provide naloxone to those at risk of overdose as well as their families. Some emergency response organizations now carry naloxone, and provincial prisons also have naloxone to give to those at risk upon release. The health unit also continues to build awareness and understanding of this complex problem with public communication and education.

Environmental Health Department

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

Assessment looks at health impacts of climate change on the most vulnerable

Climate change is having a significant impact on ecosystems, economies and communities. Extreme weather events, such as flooding, are becoming a common news event as communities struggle to deal with their damaging effects.

While the effects of climate change on our environment are more obvious, less well understood are the health impacts, and in particular who will be most affected. The health unit has been planning for the long-term health impacts of climate change since 2014 when it identified climate change as an issue of public health importance for the organization. In 2017, a vulnerability assessment—*'A Changing Climate: Assessing health impacts and vulnerabilities due to climate change within Simcoe Muskoka'*—was completed as a key component of the health unit's climate change action plan.

Those most sensitive to the health effects of climate change are children, seniors (a group that is expected to increase in number by 30% in Simcoe Muskoka by 2041), those living in low income, the homeless and precariously housed, and individuals with pre-existing chronic conditions.

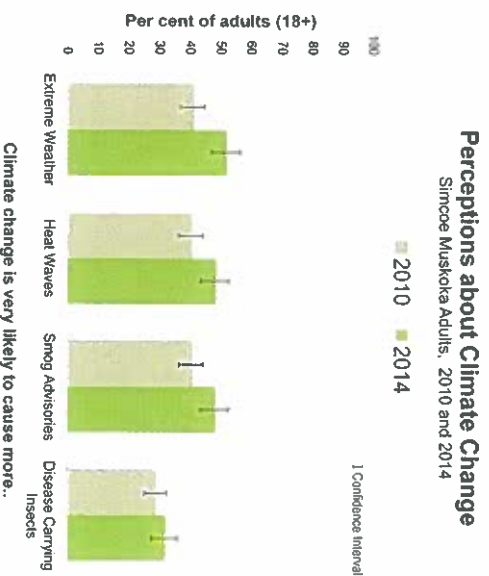
We can expect food production to be interrupted by periods of drought and extreme downpours, with subsequent increases in the price of food. Those who are already unable to afford healthy food will be most impacted.

Water quality will be impacted through the increased potential for contamination by bacteria as well as increases in blue-green algae blooms. Climate change also means an increased risk of disease spread by vectors such as blacklegged ticks (Lyme disease) and West Nile virus-carrying mosquitoes across all of Simcoe Muskoka. We can also expect impacts to air quality, more extreme hot temperatures, extreme weather events, and exposure to ultraviolet radiation.

The vulnerability assessment, created with engagement from municipal stakeholders, community members and conservation and environmental organizations, identifies climate change mitigation activities already underway or anticipated in our area. This includes the identification of barriers to and catalysts for action on climate change and the perceived role of the health unit. To ensure accuracy and thoroughness more than 15 external partners reviewed and provided comments on the vulnerability assessment.

Next steps include engagement with local municipalities and agencies to support planning and mitigating for the anticipated effects of climate change. The health unit will also create tools and resources for community members to increase the knowledge of local climate change impacts on health.

In 2014, approximately half of Simcoe Muskoka adults (ages 18+) said that climate change was very likely to cause more: extreme weather, heat waves and smog advisories in their community. These figures were all significantly higher than what was reported in 2010.



Data Sources: Rapid Risk Factor Surveillance System (RRFSS), Simcoe Muskoka District Health Unit, Cycle 6 (Sept-Dec, 2010); Cycles 17 & 18 (May-Dec, 2014). Data collected by the Institute for Social Research (ISR) at York University, Toronto, Canada.

Human Resources and Infrastructure Department

379

staff as of
December 31, 2016

8

office locations

serving more than
540,000

people

8,800

square kilometers of land
area covered

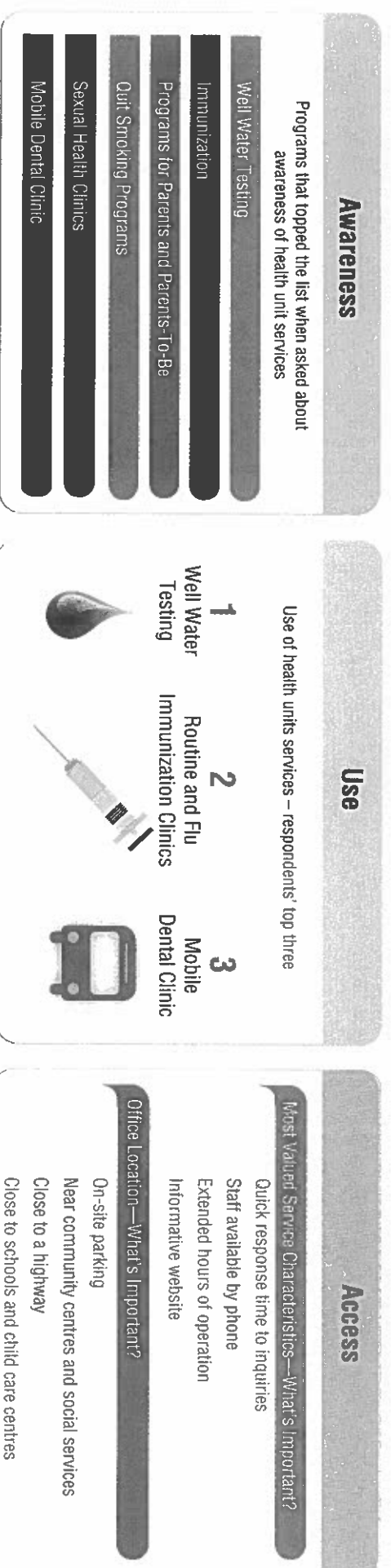
- Human resources management and implementation of human resources strategy, health and safety, and payroll
- Infrastructure, renovation and facilities management for eight office locations
- Information technology and telecommunications planning and implementation

Assessments reveal use and awareness of health unit services

Understanding and being responsive to the needs of Simcoe Muskoka residents is crucial to guiding the planning of services and programming for the health unit. With this in mind, the health unit leveraged the skills and resources of the Survey Skills Development Course of Statistics Canada to survey a random sample of Muskoka (Northern Service Area) and South Simcoe (Southern Service Area) residents in 2015 and 2016 respectively.

The purpose of the survey was to better understand residents' awareness and use of health unit programs, and the features they most value in the health unit's office settings and approach to service delivery. This information will be used to help shape public health services in the future.

Awareness, Use and Access of health unit programs and services



Our commitment to quality and performance measurement

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

Strategic Plan

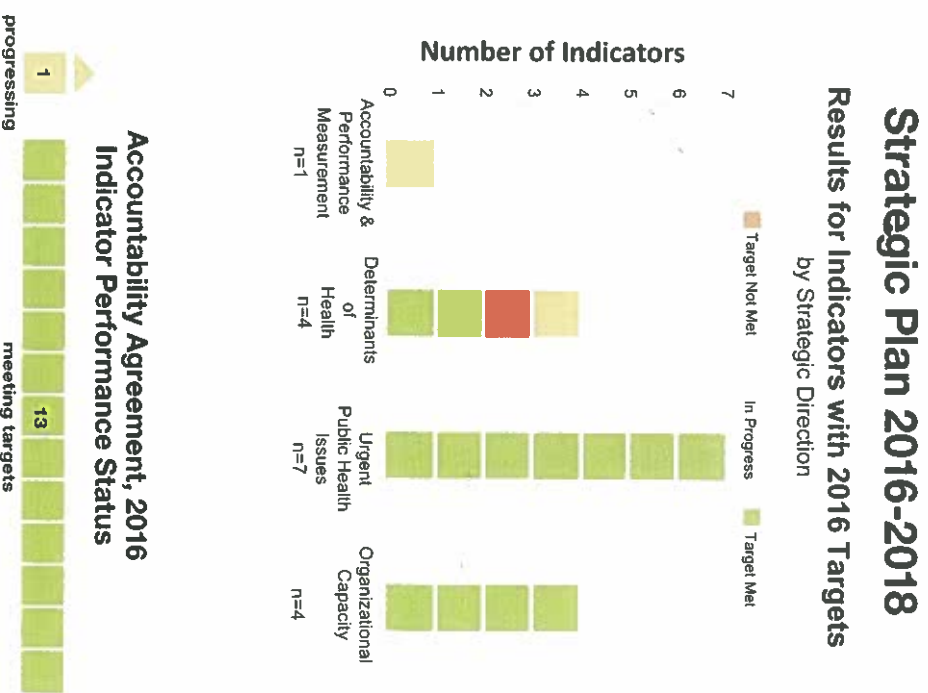
Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established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

As of December 2016, action has been taken on 15 of the 16 identified strategic outcome indicators.

Accountability

Accountability Agreements between Boards of Health and the Ministry of Health and Long-Term Care require regular reporting on performance indicators. The Board of Health is required to use best efforts to achieve program-related Performance Targets defined by the province and specified in the Public Health Funding and Accountability Agreement. In 2016, Since Muskoka District Health Unit met 13 program performance targets and demonstrated progress towards target achievement for one indicator. The results are used to guide performance improvement plans.

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



Program Foundations and Finance Department

499,015

times SMDHU Facebook
posts were seen

46,364

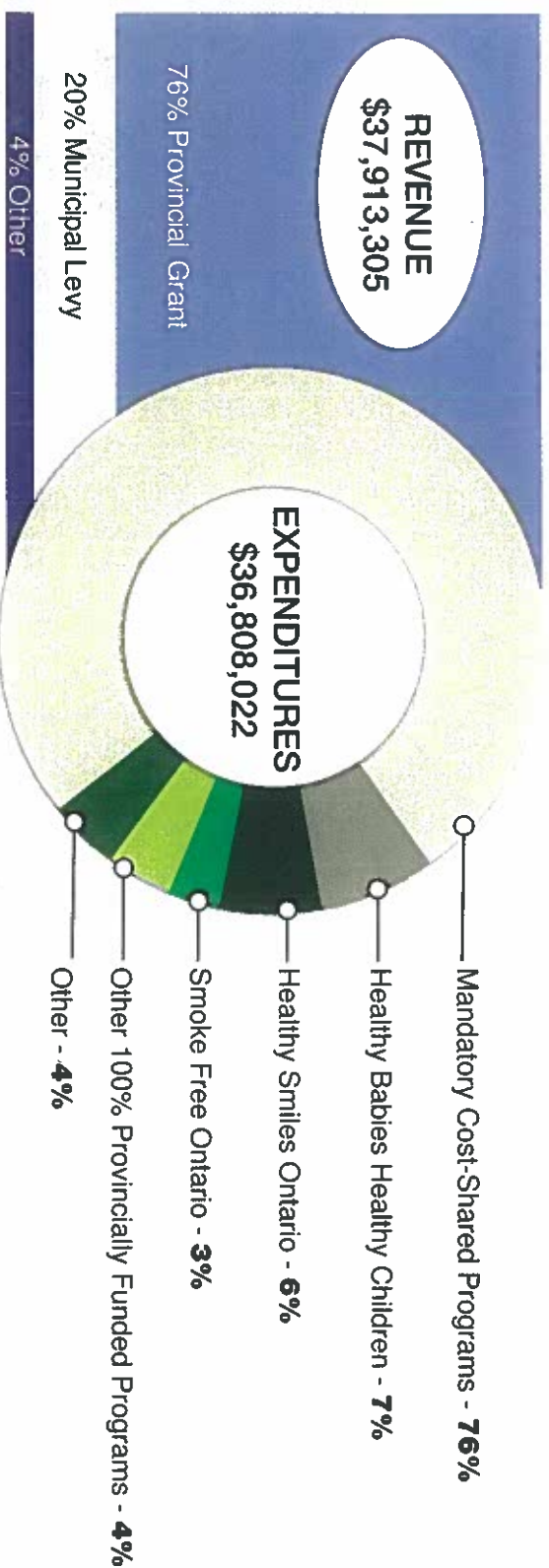
Health Connection
inquiries

24,843

visits to the
Simcoe Muskoka
HealthSTATS
website

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

2016 Health Unit Financials



MEDICAL OFFICERS OF HEALTH

Dr. Charles Gardner
 Medical Officer of Health & Chief Executive Officer
 Dr. Colin Lee - Associate Medical Officer of Health
 Dr. Lisa Simon - Associate Medical Officer of Health

BOARD OF HEALTH

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Barry Ward	Vice Chair
Thomas Ambeau	Provincial Appointee
Sandy Cairns	District of Muskoka Appointee
Ralph Cipolla	City of Orillia Appointee
Lynn Dollin	County of Simcoe Appointee
Anita Dubeau	County of Simcoe Appointee
Fred Hamelink	Provincial Appointee (term expired April 2017)
Steve Kinsella	Provincial Appointee
Betty Jo McCabe	Provincial Appointee
Sergio Morales	City of Barrie Appointee
Gail Mullen	Provincial Appointee
Margaretta Papp-Balayneh	Provincial Appointee (term expired April 2017)
Terry Pilger	District of Muskoka Appointee
Peter Praeger	Provincial Appointee
Ben Rattetade	Provincial Appointee (term expired April 2017)
Brian Sanderson	County of Simcoe Appointee
Peter Willmott	Provincial Appointee