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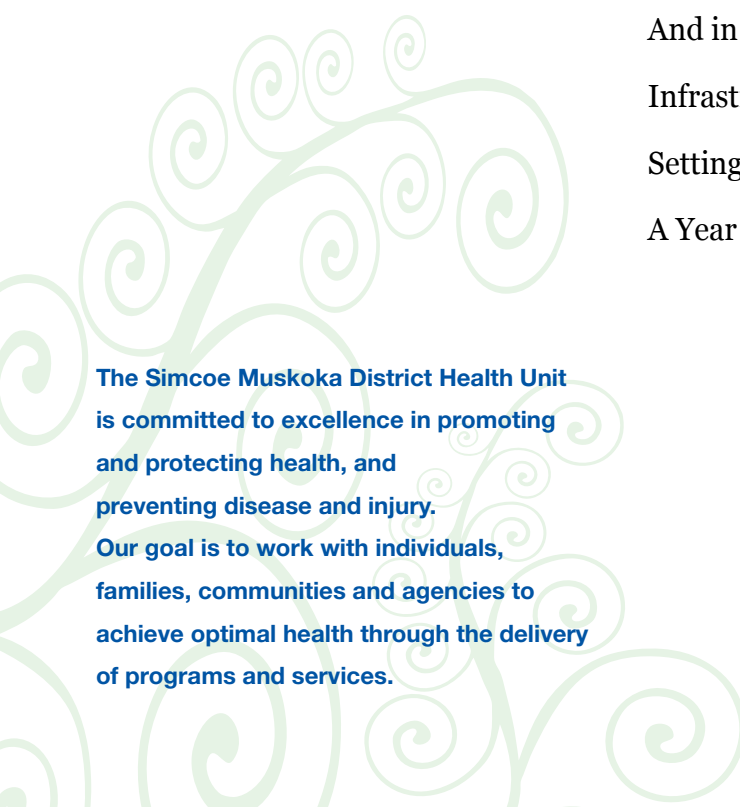
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Health@ Simcoe Muskoka

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**The Simcoe Muskoka District Health Unit
is committed to excellence in promoting
and protecting health, and
preventing disease and injury.**

**Our goal is to work with individuals,
families, communities and agencies to
achieve optimal health through the delivery
of programs and services.**

A year of collaboration, innovation and renewal

By Charles Gardner

2010 was another extraordinary year for public health in Simcoe Muskoka. We continued to experience the impact of the 2009 H1N1 influenza pandemic as we re-established our programs and services and updated our pandemic plan based on lessons learned. We collaborated with our community partners as well as our federal and provincial counterparts to successfully anticipate and manage the potential public health risks arising from the G8 Summit in June in Huntsville and contributed to the community response required for the tornado in Midland through the same period.

2010 also marked the sunset for the SMDHU Strategic Plan. Over a four-year period this plan has created a framework and foundation for action on the fundamental determinants of health:

- Community built environments that support walking, cycling and public transportation to increase physical activity and improve air quality.
- Social policies and local programs to improve health and wellbeing for lower income people, and healthy development for their children.
- Health-promoting school environments.
- Effective response to environmental health issues.

Service to the public has been enhanced through the renewal of our office infrastructure to ensure cost-effective, accessible programming and reduce our environmental footprint.



Dr. Charles Gardner
Medical Officer of Health



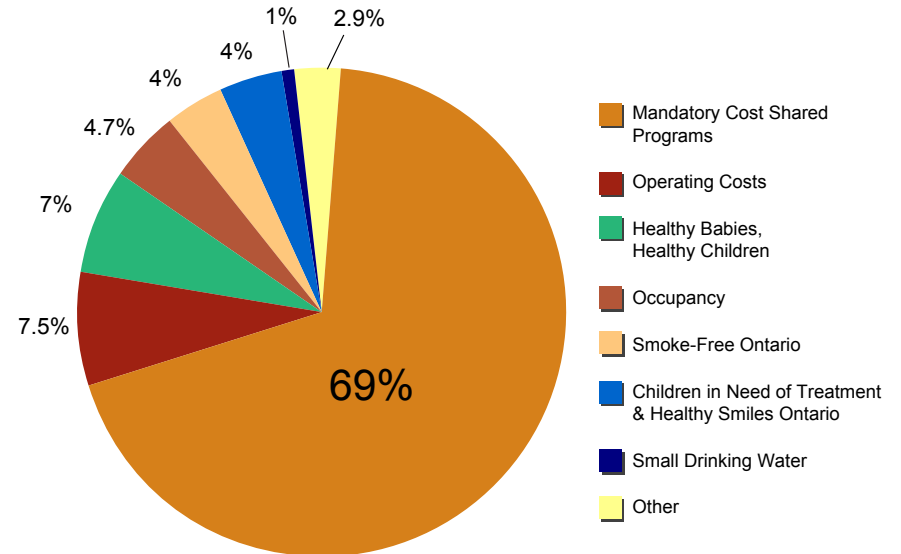
In this report you will find articles that speak to the progress made on these strategic priorities, tracked within our Balanced Scorecard. Late in 2010 we put our day-to-day programming and operations to the test against peer set standards and were awarded accreditation status for another three years. What is valued is measured, and what gets measured is implemented over time.

What's on the horizon for 2011?

- **Accountability** - This will be the first year that the province establishes accountability agreements with health units as another means of assuring quality in public health.
- **Creativity and innovation** - The faltering economy continues to present challenges for all public agencies to manage financial and staffing restraints while continuing to work together to provide excellent public service.
- **Renewal** - In this transition year we consider the future, and reset our compass through the review and renewal of our Strategic Plan.

2010 Budget

Total Budget \$32.9 Million



A legacy of strong links between public health and local communities –By Barry Ward

It is a great honour to be elected chair of an agency dedicated to improving the health and well-being of residents and visitors to our communities. Our successes to date are the result of engaged, committed individuals working together at all levels of the organization – a credit to the leadership of my predecessor, Dennis Roughley, who chaired the Board for the last five years. Also leaving the board in 2010 after much appreciated contributions are Gord Adams, Anita Dubeau, Joe Fecht, Tony Guergis and Terry Pilger. Their legacy includes stronger linkages between public health and our local communities through joint endeavours regarding the built environment, H1N1 response and G8 planning such that health impacts are a key consideration in plans for growth and municipal policy.

The five new faces around the board table in 2011 have demonstrated an interest and eagerness to move the public health agenda forward. Scott Warnock, Tay Township Mayor and County of Simcoe representative, returns to the board this year bringing a wealth of experience to the vice chair position.

Looking to the future, the opening of the no-cost dental clinic in downtown Barrie and the launch of a mobile dental clinic to serve low-income families illustrate how public health services are growing and changing. The relocation of the Midland and Orillia offices to shared space locations within the Midland Secondary School and the new Orillia Common Roof will enhance service integration and reduce operating costs. Healthy public policy deliberations regarding the built environment and community water fluoridation and the always challenging budget demands continue to be on the radar as we review our strategic plan and set directions for the next five years. I know we will continue to creatively work together to meet the challenge.



Barry Ward
Chair,
Simcoe Muskoka
Board of Health

The Year in Numbers



AGENCY

Total calls to *Your Health Connection* phone lines.....29,247

Total calls from news media220

Municipal Official plans, planning documents reviewed for healthy community design principles4

Bringing dental care to those in need

Dental health is an important part of overall health. However, for the more vulnerable in our communities, keeping teeth healthy can also be unaffordable and that can have serious health consequences in the future. Healthy Smiles Ontario, a new dental program for children of low-income families, can help change that.

The health unit received notice in 2010 that provincial funding was available to construct a full-service clinic in Barrie and to purchase a mobile dental clinic that will travel to communities throughout Simcoe Muskoka. The clinics, which have been serving clients since the spring of 2011, are staffed by two dentists, one dental hygienist and four dental assistants. Children can also access the program now by visiting a participating community dentist or dental hygienist.

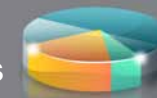
Healthy Smiles Ontario offers dental services at no cost for children to the age of 17 in families who qualify. The program covers regular visits to a licensed dental care provider, such as a dentist or dental hygienist, and a full range of dental services including checkups, cleaning, fillings, X-rays, scaling and more.

Preventive dental care is important, particularly as the health impacts of poor oral health for children can be serious. Early childhood cavities are a rapid and extensive form of dental decay. Children with early childhood cavities usually need treatment under a general anaesthetic in hospital—and waiting lists for treatment can be as long as a year. Children who are in pain or lose teeth at an early age because of tooth decay can be forced to limit their food choices. They also may have impaired speech development and tend to have more dental diseases for the rest of their lives.

Healthy smiles Ontario



Locally childhood tooth decay is a serious issue. In fact, oral health in local children is worse than in most other parts of Ontario. When decay rates from surveys conducted from 2005 to 2007 were compared across most of the 36 Ontario health units, the oral health of 5, 7, 9 and 13 year-olds in Simcoe Muskoka ranked in the bottom 15 to 30 per cent. Healthy Smiles Ontario has the potential to make positive changes by preventing disease and maintaining good oral health in local children.



The Year in Numbers

PROMOTING HEALTH

Families receiving a postpartum phone contact after hospital discharge..... 3,378

Home visits by Public Health Nurses and/or Family Home Visitors..... 3,676

Parents offered Triple P – Positive Parenting Program 144

Children screened at Let's Grow Screening Centres across Simcoe and Muskoka.... 163

People attending falls prevention workshops in 2010 1,100

Total students attending drug awareness events, mock crashes 4,511

Family contacts at Breastfeeding Place (Barrie and Collingwood) 474

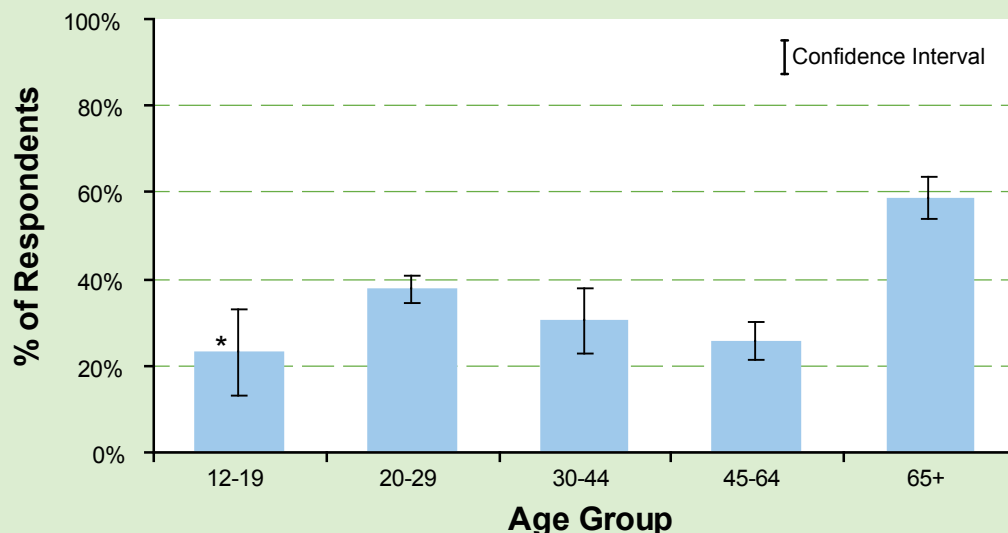
Family contacts through Getting Ready for Baby series 1,132

Family contacts at Canadian Prenatal Nutrition Program meetings..... 5,002

Schools participating in Healthy Schools program 2010-2011 school year 15

Portion of all Ontario registrations for Driven to Quit from Simcoe Muskoka7.5%

Percentage of Simcoe Muskoka Residents Without Dental Insurance by Age Group, 2009



Note that 8% (95% C.I.: 5%, 12%) of the 12-19 year old age group did not know their dental insurance status. Less than 2% of the other age groups did not know.
* = interpret with caution, high variability

Data Source: Canadian Community Health Survey [2009], Statistics Canada

G8: Planning and preparation are essential for effective response

The G8 and G20 Summits held in Huntsville and Toronto in June 2010 were international events attracting substantial numbers of visitors, security personnel, protestors and activists, as well as media attention.

The health unit and its many partners spent more than a year preparing for the G8 Summit to ensure the continuation of essential public health services while building capacity to respond to unexpected extraordinary events. The experience will be used to inform the public health response to mass gatherings in the future.

Planning began with a hazard identification and risk assessment (HIRA), a risk prioritization based on the likelihood of occurrence and the extent of consequences. Eight potential public health hazards emerged (in order of risk):

- Infectious and contagious diseases
- Food-related hazards
- Environmental or weather-related hazards
- Injury-related and health and safety hazards
- Drinking water hazards
- Technological and critical infrastructure incidents
- Hazardous material incidents
- Bioterrorist events.



Action plans were developed to address each potential hazard including:

Building Capacity:

The health unit established mutual assistance agreements with four health units and outlined a G8 staff redeployment plan so that if an extraordinary event occurred the health unit would have the resources and skills to respond while maintaining essential public health services.

Collaborate and Coordinate:

Partnerships were fostered and strengthened between the health unit and all levels of government, health and social service partners, and local businesses to determine roles and responsibilities, and to integrate and test plans. Health unit staff participated in two provincially led exercises prior to the G8 Summit and fine-tuned response protocols based on lessons learned.

Enhance Incident Management Systems:

An incident management system (IMS) specific to the G8 was implemented through the planning and response stages. The command and control structure, as it is often referred to, enables better coordination and communication in response to an emergency within an organization and between organizations who are jointly responding to an emergency.

Enhance Surveillance and Reporting Systems:

A tangible and lasting legacy of the G8 in Simcoe Muskoka is the use of the emergency department syndromic surveillance system (EDSS). Developed by the Queen’s University Emergency Syndromic Surveillance Team, the EDSS allows for real time reporting of trends and patterns of communicable diseases through the tracking of disease symptoms. Four local hospitals are now participating in the EDSS system, which is monitored daily by the health unit.



The Year in Numbers

PROMOTING HEALTH

Those reached by eight Tobacco-Free Sports and Recreation events promoting adoption of policies that encourage youth and community members to play, live, be tobacco-free 15,000

Nutritious Food Basket Survey estimate of weekly cost of healthy foods for family of four in Simcoe Muskoka \$160.39

Number of Active Transportation Workshops 3

PREVENTING DISEASE & INJURY

Disease/outbreak investigations conducted 506

Reportable diseases confirmed after investigations..... 399

Seasonal flu vaccine administered by health unit 12,080

Seasonal flu vaccine distributed to other vaccine delivery agents..... 121,940

Total non-flu vaccines administered in schools..... 27,917

PREVENTING DISEASE & INJURY

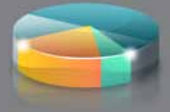
Students screened in schools through dental program 25,925

Our Experience and What We Learned

The health unit experienced four identified HIRA hazards during the Summit: a suspect food-borne outbreak, the Midland tornado, a technological and infrastructure failure (power outage), and a hazardous material incident. The health unit's G8 preparations resulted in an effective and coordinated response. The planning template and lessons learned have been shared with other agencies preparing to respond to mass gathering events. In summary:

- Understand local risks and hazards from a public health perspective
- Develop strategies to mitigate the known risks and follow action plans
- Build internal agency capacity through training and redeployment
- Create a safety net through the development of mutual aide agreements
- Collaborate, coordinate and integrate activities with planning partners at all levels
- Enhance and test communication systems, emergency management structures and protocols
- Establish real-time surveillance and reporting systems
- Understand and clearly communicate the agency's mandate, expectations and resource limitations.

The Year in Numbers



PREVENTING DISEASE & INJURY

Children receiving urgent dental care through CINOT program1,403

Urgent dental care provided to teens through expanded CINOT program.....272

Inspections at day nurseries and personal service settings453

Workplaces or public spaces complaints followed up on21

Portion of known personal service settings that were inspected..... 25.5%

Car seats inspected at clinics.....549

Total number of chlamydia tests offered1659

Total number of chlamydia cases investigated938

PROTECTING HEALTH

Total tobacco vendor inspections1,327

Tobacco inspections of workplaces, public spaces1,579

Beach postings.....18

And in the middle of G8—the Midland tornado

On June 23, 2010 at approximately 6:20 p.m., an F2 tornado touched down in Midland causing extensive property damage, minor injuries and a widespread power outage that impacted the operations of the SMDHU office in Midland.

The Town of Midland declared an emergency and the County of Simcoe activated its Emergency Response Plan and Emergency Operations Centre (EOC) calling on the health unit and other health and social services to attend at the EOC and assist in a coordinated response.

- A generator was provided to the health unit's Midland Office by the Georgian Bay General Hospital to maintain the operation of the health unit vaccine fridges. Midland and area physician offices dropped supplies of vaccine off to the health unit office for proper storage in our fridge. As a result, more than \$47,500 of publicly funded vaccine was saved.
- Public Health Inspectors visited food premises in the area to do assessments and deliver food and water safety fact sheets while public service announcements were issued to media to promote safe food and water choices for residents and businesses.
- A Public Health Nurse was deployed to the North Simcoe Recreation Centre to assist families and individuals who had the option of using the evacuation site while a Public Health Inspector was deployed to assess the food and accommodation facilities.

While the Midland Tornado did not impact the G8 Summit area, the health unit response to this event was certainly facilitated by G8 preparedness activities. Severe weather emergencies and infrastructure emergencies were on the list of most likely events and resulted in the agency's heightened level of alert and after-hours resourcing preparedness.



Infrastructure needs lead to new ways of connecting with community

The changing infrastructure needs of the health unit are offering opportunities to be closer to the community we serve; to establish office space in less traditional, shared locations; and to explore innovative office options that will reduce the overall physical space needs of the health unit and address considerations of accessibility and “greening.”

In the spring of this year, Midland office held a grand opening for the public and community partners in its new location within the Midland Secondary School building. Our intent in moving to this site is to provide a highly visible location where the public can walk, take transit or bicycle to the health unit office. A vestibule in the entranceway has been set up as a water bottle pickup and drop-off point, providing extended hours for people to bring in private well water samples to be transported to the Public Health Lab in Orillia for testing. The site is also one of the stop points for the health unit’s new mobile dental van under the Healthy Smiles Ontario program, which provides free dental treatment for eligible children 17 years of age and under.

By the fall of 2011, the Orillia office will co-locate with a number of other health and social service agencies within the new Common Roof on Front Street. Located closer to downtown and the community, the partnership offers the opportunity for greater awareness of services provided by complementary agencies and an opportunity for clients to have multiple needs met under one roof. The facility offers a shared lunch room and meeting rooms, which will translate into savings for all partners. In addition, the building is being renovated to Leadership in Energy and Environmental Design (LEED) standards resulting in energy savings, water efficiency, CO2 emissions reduction, and improved indoor environmental quality.





Barry Ward, board of health chair, Dr. Charles Gardner, medical officer of health and Debra Edwards, chair of the Simcoe County District School Board, are joined with local dignitaries at the official opening of the new health unit offices in the Midland Secondary School.

These moves follow recent changes that saw the Barrie office open clinic space at 80 Bradford Street. This space has been renovated to house new dental clinics to service Healthy Smiles Ontario clientele.

The office model encourages new ways of working and provides opportunities for desk sharing, hotelling and working from home that translate into greater flexibility for program delivery and cost savings on space. One exciting example of this work anywhere anytime concept is the beach nursing program that was piloted in Barrie in 2010 and expanded into Muskoka in 2011.

A public health nurse is deployed to local beaches to introduce youth to the sexual health services offered by the health unit, bringing services to the people we serve.

Setting the stage for strategic plan renewal

For the past four years, the health unit strategic plan has helped to shape the agency's Programs, People and Partnerships. Progress towards the strategic outcomes has been monitored using a balanced scorecard, which evaluates performance through four different lenses in order to create a more "balanced" measure of success. Graphics and colour are used to create a picture of progress that can be easily communicated to staff and partners. Green illustrates improvement; Yellow no change; and Red suggests a decline in performance and the need for further attention.



Health Determinants and Status considers the impact health unit strategic actions have on health outcomes. While critical to measuring the long-term impact of health unit initiatives, these indicators have shown no change during the relatively short horizon of the current strategic plan.



Gains have been made through this period in the area of **Community Engagement**. This set of indicators measures the uptake of health unit programs and services in the community and the attitudes and perceptions of the community about those programs and services.



Forging common ground creates strong partnership relations
Modest gains have been realized in **Integration and Responsiveness** with stronger ties to Family Health Teams and Community Health Centres



The Year in Numbers



Boil water orders	20
PROTECTING HEALTH	
Orders against pools and spas.....	16
Inspections of small drinking water systems 412	
Number of food handlers who successfully passed food safety certification course	1,439
Food premise inspections.....	6,403
Animal bite investigations	972
Pets vaccinated at low-cost clinics in 23 communities	4,350
Adult mosquitoes collected in West Nile virus surveillance	12,500
Portion of mosquito pools testing positive for WNV	0%
Air quality alert days – Barrie/Orillia/Midland (North Simcoe)	4
Air quality alert days – Dufferin/Innisfil (South Simcoe)	5
Air quality alert days – Parry Sound/ Muskoka/Huntsville (Muskoka).....	4

and schools through dedicated liaison positions. The common ground forged between health and the built environment has created a foundation for stronger relations with our municipal partners in planning and municipalities have incorporated health unit-endorsed healthy community principles into municipal directional documents.



Resources and Services, which measures the health unit's capacity to deliver mandated and locally needed public health services, illustrates the strain of unanticipated events such as H1N1 and G8. The agency-wide response required for these initiatives severely hampered the health unit's ability to focus energies and resources on strategic goals and outcomes.

Tracking indicators to assess progress

Of the 35 indicators used to track our progress on the plan, six (17%) showed no significant change, 16 (46%) demonstrated declines and 13 (37%) indicated that improvements have been observed between 2006 and 2009, setting the stage for a renewal of the plan in 2011.

While there is still progress to be made on the strategic outcomes established four years ago, progress has been made and the landscape around us has changed. It is time to reflect with input from our staff, the Board of Health and our community partners in order to renew our directions for the next five years.

Beginning in 2012, the plan will provide a foundational reference for operational plans at the program, administrative and executive level and will guide priorities and resource allocation into the future.

PROGRAMS

GOAL:

Deliver evidence-based provincially mandated and locally determined programs and services that protect and promote the health of Simcoe Muskoka's population, and be recognized as a leader, innovator and credible voice of authority on significant public health issues.

PEOPLE

GOAL:

Provide a healthy working environment where skilled and dedicated people choose to work together to promote and protect health, and prevent disease and injury.

PARTNERSHIPS

GOAL:

Seek new partnerships and nurture existing partnerships to integrate services and enhance public health in Simcoe Muskoka.

Healthy foods for healthy students

In January, 2010, the Ministry of Education introduced new legislation requiring schools to comply with comprehensive nutrition standards by September 1, 2011. Chronic Disease Prevention Healthy Living staff supported implementation with local school boards by collaborating and providing training sessions for principals, teachers, and students. Local schools relied on the expertise of CDP HL staff to support school council volunteers, teachers, students and parents. All in all, 5 school boards were supported, 2 district-wide school board training sessions were attended, 16 principal/vice principal training, and 1 student training session were provided.

Support continues into 2011 with a regional foodservice operator training session planned for April, and consultation support on board policy development and foodservice contract renewals.

Immunization records now reportable online

The health unit has made it easier for parents to update their child's immunization records by adding a confidential online reporting form to its website.

Collecting and maintaining up-to-date records of immunization for every child registered in a school or day care in Simcoe Muskoka is a legal requirement of the health unit. Nurses at the health unit review the immunization records of students annually, to ensure that student's immunizations are up to date in order to provide them with the best protection. Parents are notified if their child is due for immunizations or if records are not complete. If the health unit does not receive this information, the student could be suspended from school.

Parents can now avoid this by completing the online reporting form, which resembles the yellow immunization card that children receive with their first immunizations, each time their child receives a vaccine from their health care provider. The website also includes a brief video lead by a public health nurse from the Vaccine Preventable Disease team that walks viewers through a "how to" for using the form.

Reducing risk alcohol-related chronic disease

Over the past several years there has been a growing body of evidence directly linking the risk of developing chronic diseases to the use of alcohol. Alcohol use, even in moderate amounts, increases the risk of stroke and high blood pressure as well as various types of cancers including: cancer of the mouth, pharynx, larynx, esophagus, liver, colon, rectum and breast.

With little public awareness of the connection between alcohol and chronic disease the health unit is embarking on a campaign that will give people the information they need to make informed decisions. In addition to traditional media, the agency will also be using social media to remind people that they can reduce their risk of developing alcohol-related chronic diseases by following the Low-Risk Drinking Guidelines (LRDG). The LRDG, which have been developed to help Ontarians understand the safer limits of alcohol consumption, suggest no more than two standard drinks on any one day, up to nine standard drinks in a week for women and up to 14 standard drinks a week for men.



Social media becoming part of agency's communications

Social media is pretty common in the lexicon these days and for good reason. From

Twitter and Facebook to Youtube and vlogs, the question is no longer who is using social media tools to communicate, network and organize, but who isn't. It's estimated that more than 70 per cent of Canadians are now using social media. And social media is not just the tool of youth – middle-aged adults and seniors are the fastest growing user groups.

Social media is an increasingly important and effective tool in reaching audiences, and a growing number of organizations, including those in the healthcare sector, are using it to communicate, share and engage with their audience. Recognizing that social media is an effective low-cost way to reach audiences with timely health information, the health unit has pursued a strategy and will begin incorporating social media into its communications this year. Watch for a social media campaign around the relationship between alcohol and chronic disease, and an agency blog.

Tobacco-free sports and playing grounds a winner

Tobacco, sports and recreation don't mix and an increasing number of local municipalities and sports organizations are stepping up to the plate to make "Play Live Be Tobacco Free" a reality. Playing grounds and recreation areas that have tobacco bylaws not only reduce the risk of drifting secondhand smoke, they bylaws have powerful prevention implications that will help keep youth from becoming tobacco users. Continuing advocacy by the health unit's tobacco program means that there are now have a total of 10 local councils in Simcoe Muskoka with No Smoking bylaws for outdoor spaces.

A number of prominent local sports organizations have also chosen to be positive role models to youth by publicly going tobacco free. This promise means that participants, spectators, coaches, and leaders commit to not using any tobacco products while participating in any organization-related activities, which includes keeping areas in and around the playing fields and activity areas tobacco free. Tobacco-free sport and recreation give everyone a chance to perform at their best and contribute to the healthy development of youth, families and our local communities.

