SIMCOE MUSKOKA COMMUNITY PICTURE

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simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

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

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

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

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

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-serviced 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.)

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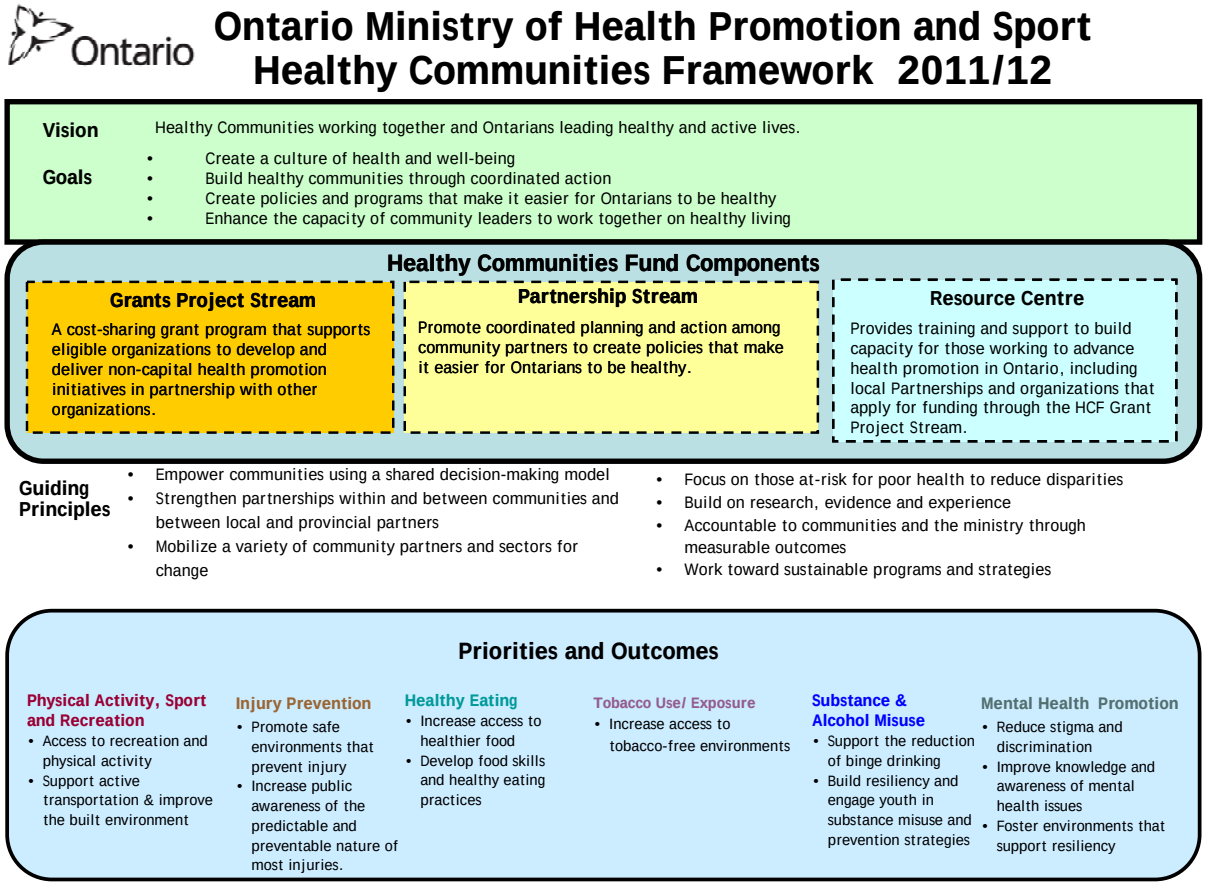
1.0 INTRODUCTION

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 Framework 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 (see **Figure 1-1**).

Figure 1-1: Healthy Communities Framework



One component of the HCF is the Partnership Stream, which supports intersectoral collaboration, engages community leadership, and develops partnerships that contribute to a health promotion planning, intervention, evaluation and investment. The Partnership Stream promotes coordinated planning and action among community partners **to create**

policies that facilitate healthy lifestyles to make it easier for Ontarians to be healthy.

Provincial objectives of Healthy Communities Partnerships are as follows:

1. To identify recommended actions across the six Healthy Communities priority areas supported by partners and individuals in the community.
2. To increase the number of networks, community leaders and decision-makers involved in identifying recommended actions across the six priority areas.
3. To increase the number of partnerships and sectors actively involved in the work of the Healthy Communities Partnership.
4. To increase the quantity and impact of local and regional policies that effectively support health.
5. To build capacity of networks, community leaders and decision-makers to create supportive environments and build healthy public policies.
6. To establish a functioning partnership and associated infrastructure that meets the mandate of the Healthy Communities Partnership Stream.[1]

The Ministry of Health Promotion and Sport has a vision to "*enable Ontarians to lead healthy, active lives and make the province a healthy, prosperous place to live, work, play, learn and visit."*

The fundamental goals of the Ministry of Health Promotion and Sport *are "to promote and encourage Ontarians to make healthier choices at all ages and stages of life, to create healthy and supportive environments, lead the development of healthy public policy, and assist with embedding behaviours that promote health."*

The Healthy Communities Partnerships focus on three key functions:

1. Engage community members to develop a community assessment and identify healthy living priorities that reflect local needs and align with provincial health promotion priorities.
2. Mobilize community leaders and their organizations to work together to develop, influence and build local healthy public policies, e.g., create easier and more affordable access to recreation for low income families.
3. Build partnerships and link with local networks to maximize resources, minimize duplication and create an environment that promotes community health.[1]

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.

1.1 PURPOSE OF THE COMMUNITY PICTURE

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.

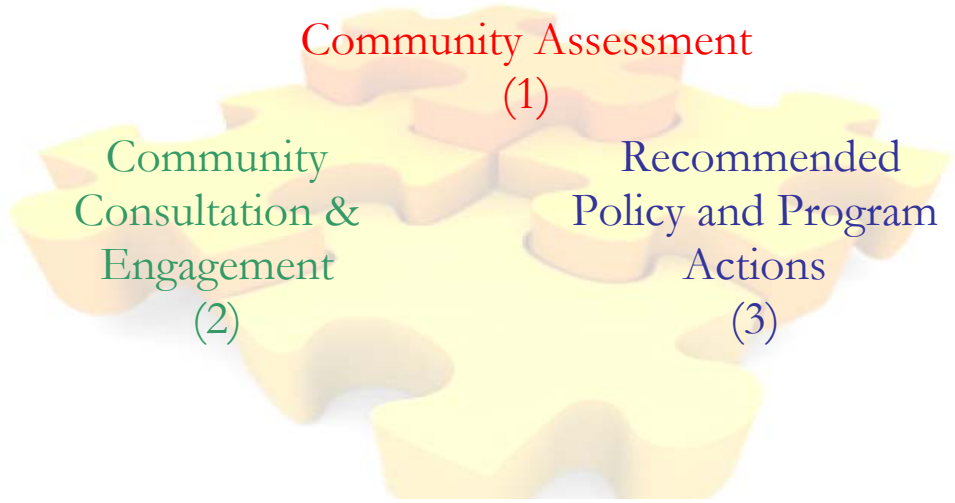
The purpose of the Community Picture is:

- To learn more about those who live in your community: their characteristics, the status of their health, and who in your community is most affected by poor health.
- To anticipate the trends and issues that may affect the implementation of Healthy Communities in your area.
- To identify the strengths, capacities and assets in your community, allowing for better future planning.
- To identify community wants and needs.
- To set priorities based on the needs, issues and capacities identified.[2]

The Community Picture will be a useful tool to engage partners, municipalities and others in improving the health of the community and its residents. It will provide recommendations for common goals around which community partners can mobilize; inform the Healthy Communities Fund Grants Project Stream; inform the allocation of other local funds or activities, and can be used by local organizations as a tool to help identify strategic and program priorities. The Community Picture reflects the broader social, economic, political and environmental context that affects the community's health needs and concerns with respect to the six Healthy Communities priority areas. [2]

There are three components of the Community Picture: 1) Community Assessment; 2) Community Consultation and Engagement; and 3) Recommended Policy and Program Actions (**Figure 1-2**). These three components, though separate, are intertwined and reflect the building blocks to formulate the development of the Simcoe Muskoka Community Picture.

Figure 1-2: Components of the Community Picture



1.2 COMMUNITY ASSESSMENT

As per the Healthy Communities Partnership Proposal Requirements the Community Assessment component of the Community Picture will include the following components:[(2)]

- **Geographic and Socio-demographic Profile** of Simcoe Muskoka, including a general description of the community location and geography/physical characteristics, population data, and determinants of health.
- **Health Profile** of residents in Simcoe Muskoka, including current health status, health behaviours and preventive health practices data.
- **Community Capacity** including policy context in Simcoe Muskoka, the local political environment, and community strategies/plans that relate to the Healthy Communities approach.
- **Community Assets, resources, services and supports.**

The community assessment provides a broad overview of the existing conditions, assets, socio-economic status and health status of the residents in Simcoe Muskoka. The assessment provides a base from which the HCP can identify broad recommended actions and strategic policy and program priorities across the six Healthy Communities priority areas. Methodologies and data limitations related to the development of the community assessment are presented in **Chapters 3 to 6** of this report.

1.3 COMMUNITY CONSULTATION AND ENGAGEMENT

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.

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. Formal invitations were sent to participants between December 20 and 22, 2010. A reminder invitation was sent 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 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. Refer to **Appendix A: Community Consultation Summary of Findings** for a complete list of organizations that attended the community consultations.

Consultation and facilitation approaches were not uniformly applied across Simcoe Muskoka and were adapted in response to the number of individuals who participated at the sessions. Consultations in Midland, Orillia, Gravenhurst and Huntsville were designed to allow all participants to provide input for all six priority areas. Participants were divided into two groups and each group was facilitated by a consultant who guided participants through a series of questions for three priority areas. Participants freely expressed their opinion and feedback was recorded on a flip chart. Participants alternated groups and provided additional input for the other three priority areas that were not previously identified by the first group. This forum allowed participants to provide input for all 6 priority areas.

In Barrie, Cookstown and Collingwood participants were given the choice to select the priority area they were most interested in addressing. Participants dispersed into six groups and discussions were self-facilitated for each priority area. A representative from

each group presented the findings. The plenary discussion followed to allow participants the opportunity to provide input for all six priority areas.

Following the consultations, a summary report of the findings was developed and distributed to participants for review. Feedback was collected through an on-line survey and provided respondents with additional opportunities to provide comments. Findings from the consultation process (which includes the consultation sessions and the on-line survey) are presented in **Appendix A: Community Consultation Summary of Findings.**

1.4 RECOMMENDED POLICY AND PROGRAM ACTIONS

The ultimate goal of the Community Picture process is to generate a list of recommended policy and program actions related to the six Healthy Communities priority areas. These recommended policies and program actions provide community stakeholders with direction to build healthy public policies and programs to create a healthier community. Moreover, these recommended actions can be used by stakeholders to mobilize around a common goal; apply for funds to move towards developing healthy public policy; as a tool to inform the allocation of other local funds and activities; and as a tool to identify strategic and program priorities within their own organizations.

The findings resulting from the demographic profile (Chapter 3), health status profile (Chapter 4), community capacity profile (Chapter 5), and Geographic Information Systems Mapping results (Chapter 6) were equally considered to determine the recommended actions for the six priority areas. Feedback from stakeholders was also incorporated to enhance the data findings and to provide input to the development of action recommendations. Involvement by stakeholders was an important step in confirming the preliminary community assessment, identifying additional issues and health priorities, and developing actions.

Considerations for recommended actions address:

(a) Priorities and outcomes identified in the 2011/2012 Healthy Communities Framework.
(b) Programs and policies that generate environments which can create higher standards of health for the population as a whole.
(c) Programs and policies that make it easier for Simcoe Muskoka residents to be healthy.
(d) Place-based actions. Programs and policies to reflect where people live, learn, work and play, to create health-enhancing physical and social environments in everyday life.

The recommended actions for the Simcoe Muskoka HCPP are presented in **Chapter 7**.

2.0 VISION FOR A HEALTHY COMMUNITY

2.1 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

2.2 PRINCIPLES & 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 an 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 an ideal 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 an ideal healthy community, social programs are available to achieve positive mental health and well-being for people of all ages. An ideal 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 holistic manner. In an ideal healthy community, 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-round 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.

3.0 GEOGRAPHIC & SOCIO - DEMOGRAPHIC PROFILE

The Geographic and Socio-Demographic Profile of Simcoe Muskoka includes a general description of the community's location and geography/physical characteristics, population data such as age groups, economic groups and education status, and determinants of health and health inequities (i.e., levels of education, employment rates). The information provides an understanding of the composition of the population in Simcoe County and the District of Muskoka and identifies variances between the community and Ontario as a whole.

This chapter provides the methodology, data limitations, and results related to the development of the geographic and demographic profile.

3.1 METHODOLOGY AND DATA LIMITATIONS

Published secondary source information formulated the development of Simcoe Muskoka's geographic profile, and includes information sources from Statistics Canada (community profiles), municipal and regional governments, and school boards. Demographic indicators (i.e., unemployment rate, income, household structure etc.,) were provided by the Simcoe Muskoka District Health Unit, and are reflective of data from the 2001 and 2006 Census, which is administered by Statistics Canada.

The census is conducted every five years in Canada and collects information on demographic, social and economic characteristics. Census data is considered free of sampling error as it involves the entire Canadian population. However, because the long-form census is sent to only a sample of the population, data obtained from the long-form census are subject to routine sources of error such as non-response and sampling errors.

The following provides a list of data gaps:

- A data gap exists for the Wahta Mohawk Territory. Statistics Canada has suppressed the data as the geographic area is an incomplete enumerated Indian reserve or Indian settlement. Therefore, Wahta Mohawk Territory has not been included in any of the data tables in this chapter.
- A data gap exists regarding 2006 Census data from Statistics Canada documenting the number of people with disabilities in Simcoe County and District of Muskoka.

3.2 GEOGRAPHIC PROFILE

The SMDHU serves residents in Simcoe County, the Cities of Barrie and Orillia, and the District of Muskoka (see **Figure 3-1**).

Simcoe County

Simcoe County is located in the central portion of southern Ontario and was originally established as Simcoe District in 1843. The County is located between Georgian Bay and Lake Simcoe and is approximately 4840.56 square kilometres in area.[3]

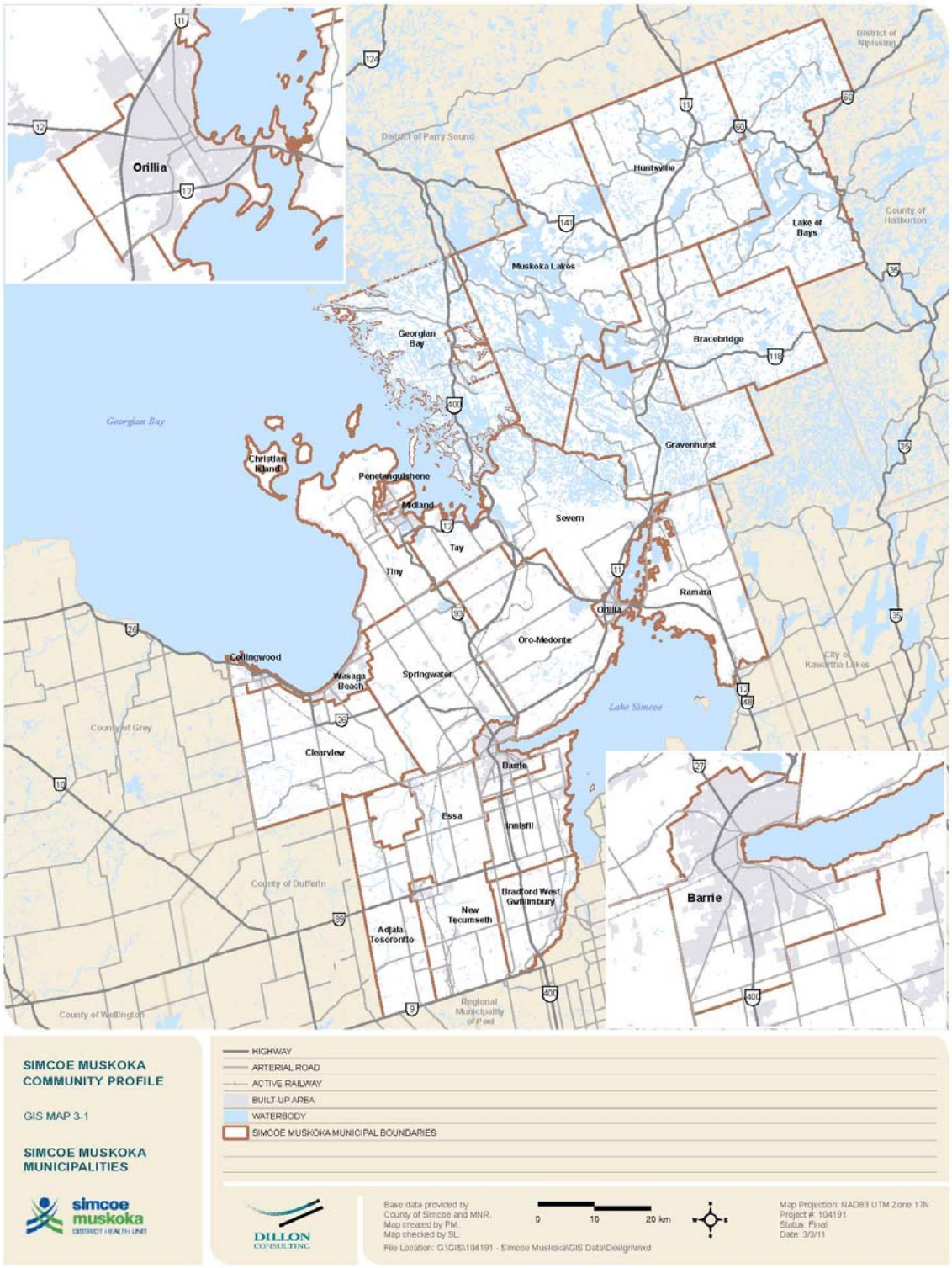
The County is comprised of 16 towns and townships and 2 First Nations reserves. The towns within the County are Bradford West Gwillimbury, Collingwood, Innisfil, Midland, New Tecumseth, Penetanguishene, and Wasaga Beach, and the Townships are Adjala-Tosorontio, Clearview, Essa, Oro-Medonte, Ramara, Severn, 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. While the cities of Barrie and Orillia are geographically part of Simcoe County, they are separate from the County's administration.

Simcoe County is home to a variety of cultural attractions including museums, theatres and historic sites, as well as many recreational facilities including hiking, mountain biking and snowmobiling trails, golf courses and downhill and cross-country ski resorts.[4] Midland, Collingwood and Wasaga Beach are popular tourist destinations within Simcoe County. [4]

Simcoe County has five hospitals and they are located in Barrie (299 beds), Collingwood (72 beds), [5] Orillia (230 beds), [6] Midland (122 beds), [7] and Alliston (32 beds).[8] The County is served by four public school boards: The Simcoe County District School Board has 88 elementary schools and 17 secondary schools; The Simcoe Muskoka Catholic District School Board operates a total of 40 elementary schools and eight secondary schools; Le Conseil Scolaire de District Catholique Centre-Sud operates five elementary schools and one secondary school; and Le Conseil Scolaire du District Centre-Sud-Ouest operates three elementary schools and two secondary schools. [9,10] Additionally, there are 22 private schools in Simcoe County. Access to post-secondary education opportunities has increased due to a partnership between Barrie-based Georgian College and a group of five universities (Laurentian, York, Central Michigan, Embry-Riddle, and Nipissing). There are 4 Georgian College campuses in the County (Barrie, Midland, Collingwood and Orillia). [11] Lakehead University has a campus in Orillia.

Simcoe County is served by GO Transit, PMCL Coachlines, Ontario Northland and Simcoe County Airport Service. It is accessible from both the south and north via Highway 400. There are three airports in Simcoe County, including the Lake Simcoe

Regional Airport in Barrie, the Collingwood Airport in Collingwood, and the Huronia Airport in Midland.



District of Muskoka

The District of Muskoka is located north of Simcoe County. The District includes a land area of approximately 3890.24 square kilometres. [3] The District 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.

Muskoka has over 400 lakes, museums, boating, cultural festivals and recreational activities and as such, attracts a large number of seasonal residents.[12] Due to the large proportion of seasonal residents, Muskoka is able to offer the amenities of a large metropolitan city and the attractive lifestyle of a small community.[12] Access to Muskoka is gained via Highway 11, linking the District with Barrie and Toronto to the south and North Bay to the north. Muskoka has its own full service airport (The Muskoka Airport) and several passenger rail stops in several communities.[13]

Muskoka has two hospitals; one in Bracebridge (92 beds) and one in Huntsville (71 beds). Residents are also served by hospitals in Parry Sound and Orillia. Three School Boards serve the residents of Muskoka: Trillium Lakelands District School Board operates 17 elementary schools and three secondary schools; Near North District School Board operates one elementary school; and Simcoe Muskoka Catholic District School Board operates 3 elementary schools and 1 secondary school. There are also five private schools in Muskoka.[12] The District has two post-secondary institutions (Georgian College and Nipissing University).

The District is served by Canadian National Railway, which provides both passenger and cargo service, and the Ontario Northland Railway. There are four bussing companies (PMCL Coachlines, Ontario Northland, Hammond Transportation and Northern Airport Service) serving the District of Muskoka.[13]

3.3 POPULATION

Information at a population level is an essential component of a geographic and socio-demographic profile and for assessing the health of a community.

Simcoe Muskoka had an estimated 479,767 residents in 2006, representing 3.9% of the population of Ontario. Between 2001 and 2006, Simcoe Muskoka's population grew by 49,611 persons (11.5%) from a population of 430,156 to 479,767. By comparison, Ontario grew 6.6% from a population of 11,410,046 people to 12,160,282. In 2006, Simcoe County's population was 422,204, while the population in the District of Muskoka was 57,563.[14]

The SMDHU boundary covers 8730.8 square kilometres of land area with an average density of 55.0 people per square kilometre (**Table 3-1**). In 2006, the population density

in Simcoe County was 87.2 residents per square kilometre compared to 14.8 people per square kilometre in the District of Muskoka. Between 1996 and 2006, population density increased by 28% (by 19 people per square kilometre) in Simcoe County. The District of Muskoka did not experience any change in the population density during the same period of time. The highest population density was in Barrie and Orillia 1,668.1 and 1,057.6 people per square kilometre, respectively.[14]

Population Distribution

Simcoe Muskoka's population are dispersed across a wide range of urban areas and rural settings. In 2006, census data showed that 40.1% of the population, or 192,279 people, lived in an urban area.[98] That same year, 59.9% of the population of Simcoe Muskoka, or 287,451 people, lived in rural settings.[98] In this context, 'urban' is defined as an area with a population of at least 1,000 and no fewer than 400 persons per square kilometre. All territory outside urban areas is considered rural.[99]

Population Growth

The population in Simcoe Muskoka increased by 26% from 1996 (380,328 residents) to 2006 (479,767 residents). Growth in Simcoe Muskoka was more rapid than in the province, which only experienced 13% growth from 1996 to 2006. Population growth was faster in Simcoe County (12%) compared to the growth of 8% in the District of Muskoka from 2001 to 2006. Barrie and Wasaga Beach were two of the fastest growing municipalities in Ontario. Barrie is the sixth fastest growing municipality in Ontario with a 24% increase in population between 2001 and 2006, while Wasaga Beach was in tenth place with 21% population growth. All Simcoe Muskoka municipalities had positive growth rates during 2001-2006. The lowest growth rate in Simcoe County was observed in Midland at 0.5%, while Gravenhurst experienced the slowest growth in Muskoka at 1.3 %.[14]

Population Projections

Population projections established by the Province of Ontario's *Growth Plan* forecast a growth target of 667,000 people and 254,000 jobs in Simcoe County by 2031.[15] Much of the population growth will come from young families as a result of local population growth or in-migration from other areas. However, there will also be a significant aging of the population during this time. Manufacturing and industrial employment will be driven by growth in strategic industrial employment areas and economic employment districts.[14] The Province's *Growth Plan* did not forecast a growth target for the District of Muskoka but the population has been projected to increase to 82,465 by 2031.[13,17]

In the fall of 2010, the Minister of Infrastructure released the Proposed Amendment pursuant to the Places to Grow Act, 2005, which provides more direction to the Simcoe Sub-area on the objectives, policies and targets previously established by the Province's Growth Plan. While the amendment does not change the forecasts previously established, it provides further instruction to direct intensification in urban nodes to curb sprawl, and allocates population and employment growth in these urban nodes as well as other settlement areas.[15] While growth is directed to urban areas, attention will need to

focus upon the impacts of planning and the built environment on community health to minimize health disparities and maintain adequate services to meet the needs.

Table 3-1: Population Density
Simcoe Muskoka, 2006

Region	Population Density
Simcoe Muskoka	*55*
Simcoe County	*87.2*
District of Muskoka	*14.8*
Adjala-Tosorontio	28.7
Barrie	1668.1
Bradford West Gwillimbury	119.6
Christian Island	11.2
Clearview	25.3
Collingwood	516.7
Essa	60.5
Innisfil	109.7
Midland	560.3
Mnjikaning First Nation	79.1
New Tecumseth	101
Orillia	1057.6
Oro-Medonte	34.1
Penetanguishene	368.6
Ramara	22.6
Severn	22.5
Springwater	32.5
Tay	70.2
Tiny	31.4
Wasaga Beach	257.2
Bracebridge	25.4
Georgian Bay	4.4
Gravenhurst	21.3
Huntsville	26
Lake of Bays	5.3
Moose Point	77.9
Muskoka Lakes	8.3
Wahta Mohawk Territory	-

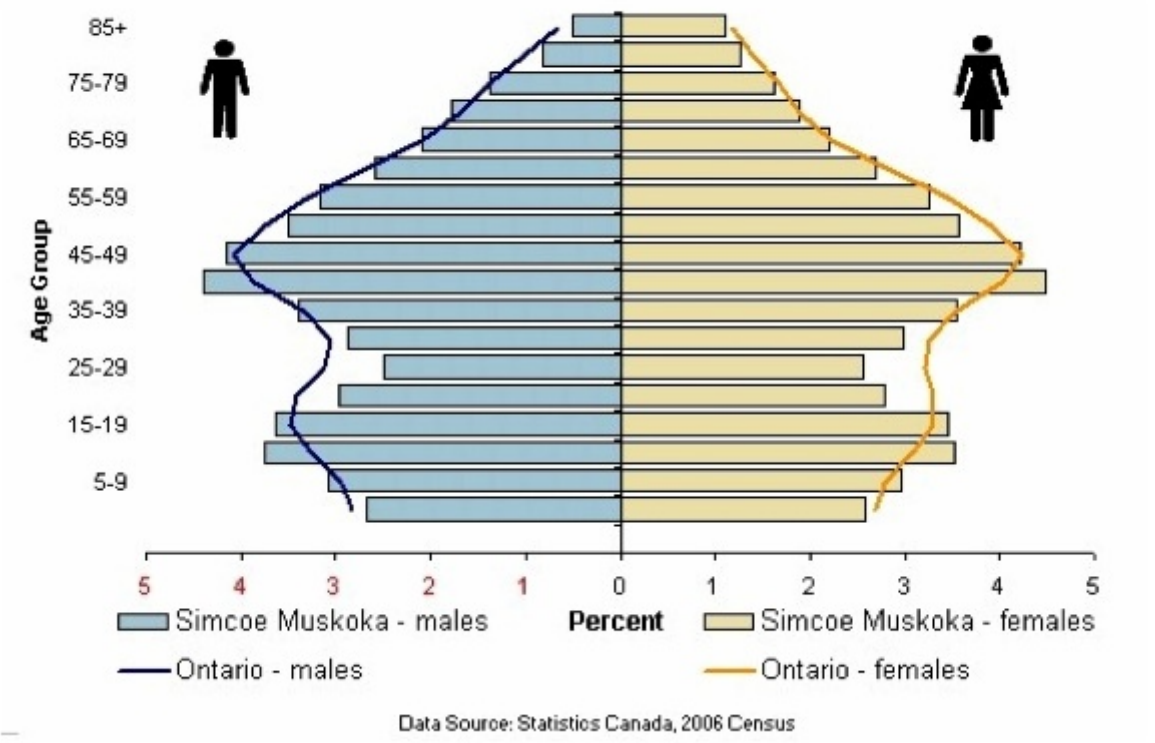
Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

The Ministry's population projections are mandated growth requirements. However, actual population growth may exceed the Province's growth targets. For instance, Barrie has already surpassed its projected population for 2011, at 128,430 people.[18] From 2009 to 2036, the population in the service area of SMDHU is expected to increase by 52%, from 513,904 in 2009 to 783,464 in 2036, surpassing expected provincial growth rates (37%).[19] Specifically, the Simcoe County population is projected to increase by 56% from 2009 to 2036 while the population in The District of Muskoka is projected to increase by 29% from 2009 to 2036.

Gender and Age Composition

The population pyramid is a useful tool for illustrating a population's age distribution. An ideal population pyramid is narrow on the top and wide on the bottom.

Figure 3-2: Population Pyramid
Simcoe Muskoka and Ontario, 2006



The age-sex distribution of the 2006 Simcoe Muskoka population was consistent with that of Ontario. However, in Simcoe Muskoka young adults ages 20 to 34 years represented a smaller proportion of the overall population as compared to that of the province. As a whole, Simcoe Muskoka's population is younger than the provincial average; Children and youth 5 to 19 years of age contributed a higher percentage to Simcoe Muskoka's total population than was evident at the provincial level.

The gender ratio in Simcoe Muskoka was 97:100 for male:female. There were more than 120,000 children and adolescents 19 years of age or younger living in Simcoe Muskoka in 2006, which made up 26% of the total population. There were also more than 70,000 seniors 65 years or older living in Simcoe Muskoka in 2006, which made up 15% of the total population.[14] The above trends for 2006 are consistent with trends exhibited in Ontario. In Ontario, the gender ratio was 95:100 for male:female. In Ontario, children and adolescents 19 years of age or younger made up 25% of the population while seniors 65 years or older made up 14% of the population. [14]

The median age in Ontario is 39, and this is consistent with Simcoe County's median age. The District of Muskoka as a whole is somewhat older with a median age of 45.3. Lake of Bays in Muskoka has the oldest population with a median age of 50.7 and 23.2 % of its population is over the age of 65.[14]

In Simcoe County there is considerable variation in the age distribution (see **Table 3-2)**. Municipalities in the north west areas of Simcoe County, such as Collingwood, Wasaga Beach, Penetanguishene and Midland have a higher proportion of their population 55 years and older, as many people are retiring to these locations or moving there for lifestyle reasons. The more southern municipalities in Simcoe County tend to have higher proportions of persons under 19 years of age, reflecting the attraction of this area for younger families.[14]

Table 3-2: Population Demographics of Municipalities and First Nations Simcoe Muskoka and Ontario, 2006

Region	2006 Population	Population Change '01-06	Median Age	Population under 15	Population over 65
Ontario	*12,160,282*	*6.60%*	*39*	*18.20%*	*13.60%*
Simcoe County	*422,204*	*12.00%*	*39.8*	*19.00%*	*14.00%*
District of Muskoka	*57,563*	*8.40%*	*45.3*	*15.30%*	*19.80%*
Adjala-Tosorontio	10,695	6.10%	39.7	20.30%	9.90%
Barrie	128,430	23.80%	35.4	21.30%	10.90%
Bracebridge	15,652	13.80%	44.5	15.90%	18.70%
Bradford West Gwillimbury	24,039	8.10%	36.7	20.80%	8.70%
Christian Island	584	13.40%	27.7	30.80%	2.60%
Clearview	14,088	2.10%	41.2	19.50%	14.80%
Collingwood	17,290	7.80%	44.4	15.60%	20.60%
Essa	16,901	0.60%	36.2	21.20%	7.70%
Georgian Bay	2,340	17.50%	49.3	13.00%	23.70%
Gravenhurst	11,046	1.30%	46.8	13.60%	21.90%
Huntsville	18,280	5.40%	43.4	16.50%	18.30%
Innisfil	31,175	8.80%	40.3	19.40%	13.60%
Lake of Bays	3,570	23.10%	50.7	12.20%	23.20%
Midland	16,300	0.50%	44.4	15.60%	15.60%
Mnjikaning First Nation	846	41.70%	32.3	29.00%	5.90%
Moose Point	208	12%	-	31.00%	5%
Muskoka Lakes	6,467	7.00%	47.4	15.20%	20.20%
New Tecumseth	27,701	6.00%	40	19.50%	14.80%
Orillia	30,259	3.90%	42.7	16.50%	19.20%
Oro-Medonte	20,301	9.40%	42.5	17.80%	13.30%
Penetanguishene	9,354	12.50%	42.9	15.40%	17.50%
Ramara	9,427	9.40%	45.9	15.40%	20.30%
Severn	12,030	8.00%	44.3	16.60%	16.60%
Springwater	17,456	8.40%	40.8	19.80%	11.90%
Tay	9,748	6.40%	43	17.30%	14.60%
Tiny	10,784	19.40%	46.9	14.40%	19.00%
Wahta Mohawk Territory	-	-	-	-	-
Wasaga Beach	15,029	21.00%	48.8	14.20%	24.90%

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

The First Nations communities in Simcoe County, by comparison, are the youngest. Christian Island has a median age of 27.7 and only 2.6 % of the population is over age 65 while Mnjikaning First Nation's median age is 32.3 with 5.9 % over the age of 65.(14)

The increasing proportion of the population over the age of 65 in Simcoe Muskoka mirrors the trend of an aging population in Canada. The population in Simcoe County and the District of Muskoka is expected to continue to age over the next 25 years. By 2031, seniors (65+) are expected to make up 26% of the population. In addition, the proportion of those 20 to 44 years of age will decrease to 29% by 2031 from 34% projected in 2007; and the proportion of children and youth 19 years of age and younger will also decline over the next 25 years. In 2031, those less than 10 years of age will make up 10% of the total population and youth ages 10 to 19 years will represent 11% of the population.(14)

This increase in the population of seniors will mean an increase in demand for acute care, institutional care, home support, as well as other social and community services. The impact will be felt not only in health services but also in such diverse areas as education, recreation, transportation, housing, social services and supports, and economic activity. As such, there is a need to ensure that Simcoe Muskoka can offer elements such as affordable housing for seniors and appropriate health care services and programming.

In Simcoe Muskoka, the proportion of the adult population aged 20-44 years decreased in 1996 to 37%, from 39% in 1991. The proportion of these adults continued to steadily decline to 33% in 2006. At the same time the proportion of older adults aged 45-64 years has increased from 19% in 1991 to 27% in 2006, while the proportion of the senior population aged 65 and older increased from 13% in 1991 to 15% in 2006. The baby boom generation (defined as those born between 1944 and 1964) as well as the inflow of immigrants to Canada following World War II are believed to be the main reasons for this trend. **Table 3-3** shows the distribution of the senior population within Simcoe County and the District of Muskoka with respect to families. Among the senior population, 31% were not living with a spouse or a child, i.e., they were living with relatives, non-relatives, or were alone. About 24% of seniors were living alone, a slightly lower percentage than the provincial figure of 26%. Simcoe County had slightly lower percentage of seniors living alone (24%) than the District of Muskoka (26%). This category of people aged 65 and older is vulnerable, as there is no readily available in-house help and support .(21)

Table 3-3: Distribution of Households with Senior People by Municipality Simcoe Muskoka and Ontario, 2006

Region	Number of Senior Persons not in Census Families**	Percentageof Senior Persons not in Census Families	Percentage of Senior Persons Living with Relatives	Percentage of Senior Persons Living with Non-Relatives	Percentage of Senior Persons Living Alone
Ontario	*513,470*	*33%*	*6%*	*2%*	*26%*
Simcoe Muskoka	*20,405*	*31%*	*5%*	*2%*	*24%*
Simcoe County	*17,185*	*31%*	*5%*	*2%*	*24%*
District of Muskoka	*3,220*	*31%*	*3%*	*1%*	*26%*
Adjala-Tosorontio	260	25%	9%	2%	13%
Barrie	4,450	35%	7%	2%	26%
Bracebridge	855	32%	3%	1%	28%
Bradford West Gwillimbury	520	27%	7%	2%	18%
Christian Island	10	67%	0%	0%	67%
Clearview	470	25%	4%	1%	20%
Collingwood	1,185	37%	4%	2%	30%
Essa	410	32%	6%	5%	21%
Georgian Bay	185	34%	2%	0%	32%
Gravenhurst	690	32%	4%	0%	28%
Huntsville	925	31%	4%	2%	25%
Innisfil	1,255	30%	6%	1%	23%
Lake of Bays	200	24%	1%	2%	21%
Midland	1,120	39%	4%	2%	32%
Mnjikaning First Nation	15	33%	0%	0%	44%
Moose Point	0	0%	0%	0%	0%
Muskoka Lakes	355	27%	3%	2%	23%
New Tecumseth	1,175	31%	6%	3%	22%
Orillia	2,000	40%	4%	3%	33%
Oro-Medonte	640	24%	6%	3%	15%
Penetanguishene	415	28%	3%	1%	25%
Ramara	435	23%	4%	1%	18%
Severn	510	26%	4%	2%	20%
Springwater	495	24%	6%	1%	17%
Tay	420	30%	4%	4%	22%
Tiny	580	29%	6%	1%	22%
Wahta Mohawk First Nation	-	-	-	-	-
Wasaga Beach	805	22%	2%	2%	17%

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

**Statistics Canada defines a census family composing of a married couple or two persons living common-law, with or without children, or of a lone parent living with at least one child (regardless of the age of the child) in the same dwelling. A person can be a spouse, a common-law partner, a lone parent, a child or a person not in a census family

3.4 ETHNO-CULTURAL DIVERSITY

Information about visible minorities, immigration and languages give us an understanding of the cultural richness and diversity of Simcoe Muskoka. Ethno-cultural diversity is also an indicator of potential barriers to health, and to social and economic services. Difficulty accessing any of these key services can lead to a decrease in an individual's health status.

Visible Minorities

According to the Census of Canada 2006, 4% of Simcoe Muskoka's population or 17,485 people identified themselves as visible minorities. An increase of 48% was observed compared to 2001 (11,810 people). The proportion of visible minorities in Simcoe Muskoka was much smaller compared to Ontario, where 23% of the population identified themselves as visible minorities, an increase from 19% in 2001.[22]

Visible minorities comprised 4% of the population or 16,665 people in Simcoe County, while in the District of Muskoka they comprised only 1% of the population or 820 people in 2006. Visible minority groups were more concentrated in South Simcoe areas such as Barrie (7%), Bradford West Gwillimbury (6%), Innisfil (4%), as well as in Orillia to the north (4%). The two largest visible minority groups were Black (0.8%) and South Asian (0.7%), followed by Chinese and Latin American (0.4% each).[22]

The most rapid growth in the visible minority population was observed in the Township of Clearview, where it increased almost seven times (567%) from 45 to 300 people. Clearview experienced a notable increase among census respondents who identified themselves as South Asians (East Indian, Pakistani, Sri Lankan populations), Black, Latin American, and those identifying themselves in the "Not Included Elsewhere", i.e., 'Guyanese', 'West Indian', 'Kurd', 'Tibetan', 'Polynesian', 'Pacific Islander', etc.[22]

A decrease in the population of visible minorities was observed in Georgian Bay, Midland, and Township of Tiny as shown in **Table 3-4**.

Table 3-4: Visible Minority Population
Simcoe Muskoka and Ontario, 2001 - 2006

Region	Number of Visible Minority Population (2001)	Percentage of Visible Minority Population (2001)	Number of Visible Minority (2006)	Percentage of Visible Minority Population (2006)	Growth Rate (2001-2006)
Ontario	*2,153,045*	*19%*	*2,745,205*	*23%*	*28%*
Simcoe Muskoka	*11,810*	*3%*	*17,485*	*4%*	*48%*
Simcoe County	*11,365*	*3%*	*16,665*	*4%*	*47%*
District of Muskoka	*445*	*1%*	*820*	*1%*	*84%*
Adjala-Tosorontio	120	1%	320	3%	167%
Barrie	4,965	5%	8,520	7%	72%
Bracebridge	145	1%	210	1%	45%
Bradford West Gwillimbury	1,445	7%	1,510	6%	4%
Christian Island	-	-	-	-	-
Clearview	45	0.30%	300	2%	567%
Collingwood	320	2%	375	2%	17%
Essa	310	2%	405	2%	31%
Georgian Bay	25	1%	0	0%	-100%
Gravenhurst	145	1%	245	2%	69%
Huntsville	85	0.50%	270	2%	218%
Innisfil	745	3%	1,170	4%	57%
Lake of Bays	25	1%	25	1%	0%
Midland	315	2%	305	2%	-3%
Mnjikaning First Nation	-	-	-	-	-
Moose Point	-	-	-	-	-
Muskoka Lakes	25	0.40%	65	1%	160%
New Tecumseth	875	3%	875	3%	0%
Orillia	1,000	4%	1,225	4%	23%
Oro-Medonte	215	1%	265	1%	23%
Penetanguishene	100	1%	115	1%	15%
Ramara	90	1%	200	2%	122%
Severn	90	1%	230	2%	156%
Springwater	300	2%	440	3%	47%
Tay	65	1%	80	1%	23%
Tiny	100	1%	75	1%	-25%
Wasaga Beach	255	2%	255	2%	0%
Wahta Mohawk First Nation	-	-	-	-	-

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

Immigration

The service area of the SMDHU was home to 56,080 new Canadians in 2006, which was 12% of the total area's population, an increase of 18% from 2001 but lower than the provincial average of 28%. Immigration numbers vary by municipality and township. The highest proportions of immigrants were concentrated in Bradford West Gwillimbury (20%) and Wasaga Beach (20%) within Simcoe County, while Lake of Bays (10%) and Georgian Bay (10%) were home to the highest proportion of immigrants within the District of Muskoka. The fastest immigrant growth occurred in Midland, where the number increased more that 3.5 times from 410 in 2001 to 1,450 new Canadians in 2006. The Townships of Muskoka Lakes and Clearview were the only two municipalities that experienced a decline in the number of new Canadians. Immigration growth rates for the Simcoe County and the District of Muskoka are shown in **Table 3-5**.[22]

The majority of the immigrants came from Northern Europe (18,395), the United Kingdom (16,885) and Western Europe (9,515). Only 15% of the immigrant population 15 years of age and older were first generation immigrants. The rest were reported as second and third generations as 32% of the immigrants came to Canada before 1961 and only 7% were recent newcomers arriving between 2001 and 2006 (compared to 17% in Ontario). The majority (97%) of Simcoe Muskoka residents were Canadian citizens.[22]

Languages

The majority (89%) of Simcoe Muskoka's residents reported English as their mother tongue, which is higher than the provincial rate of 70%. Francophones comprised 3% of the total area population in 2006. As shown in **Table 3-6** the highest percentage of people with French as mother tongue live in Penetanguishene (14%, 1,190 residents), Tiny, (13%, 1,375 residents), Essa (8%, 1,335 residents), and Midland (5%, 805 residents). Despite having French as a mother tongue, only 1% of the residents spoke French most often or on a regular basis at home. About 7% (750 residents) of the residents in Tiny spoke French at home, 3% (300 residents) in Penetanguishene, 5% (845 residents) in Essa, and only 1% (110 residents) in Midland. In Simcoe Muskoka in 2006, the most common non-official languages spoken at home were Polish, Italian, German, Portuguese and Spanish.[23]

Table 3-5: Immigrant Population
Simcoe Muskoka and Ontario, 2001 - 2006

Region	Number of Immigrant Population (2001)	Percentage of Immigrant Population (2001)	Number of Immigrant Population (2006)	Percentage of Immigrant Population (2006)	Growth Rate (2001-2006)
Ontario	*3,030,075*	*27%*	*3,398,725*	*28%*	*12%*
Simcoe Muskoka	*47,530*	*11%*	*56,080*	*12%*	*18%*
Simcoe County	*43,455*	*12%*	*51,335*	*12%*	*18%*
District of Muskoka	*4,075*	*8%*	*4,745*	*8%*	*16%*
Adjala-Tosorontio	1,335	13%	1,330	12%	0%
Barrie	12,165	12%	16,735	13%	38%
Bracebridge	850	6%	1,295	8%	52%
Bradford West Gwillimbury	4,590	21%	4,885	20%	6%
Christian Island	-	-	-	-	-
Clearview	1,175	9%	1,050	8%	-11%
Collingwood	1,580	10%	2,065	12%	31%
Essa	1,395	8%	1,440	9%	3%
Georgian Bay	125	7%	225	10%	80%
Gravenhurst	960	10%	915	9%	-5%
Huntsville	1,270	7%	1,515	8%	19%
Innisfil	3,430	12%	4,060	13%	18%
Lake of Bays	345	12%	370	10%	7%
Midland	410	3%	1,450	9%	254%
Mnjikaning First Nation	-	-	-	-	-
Moose Point	-	-	-	-	-
Muskoka Lakes	510	8%	410	6%	-20%
New Tecumseth	3,245	13%	3,455	13%	6%
Orillia	2,875	10%	2,960	10%	3%
Oro-Medonte	1,925	11%	2,050	10%	6%
Penetanguishene	385	5%	525	6%	36%
Ramara	1,060	12%	1,085	12%	2%
Severn	1,055	10%	1,180	10%	12%
Springwater	1,475	9%	1,715	10%	16%
Tay	695	8%	835	9%	20%
Tiny	1,190	13%	1,415	13%	19%
Wahta Mohawk First Nation	-	-	-	-	-
Wasaga Beach	2,460	20%	3,040	20%	24%

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

Table 3-6: Population with French as a Mother Tongue, Simcoe Muskoka and Ontario, 2001 – 2006

Region	Number Population with French as a Mother Tongue (2001)	Percentage Population with French as a Mother Tongue (2001)	Number Population with French as a Mother Tongue (2006)	Percentage Population with French as a Mother Tongue (2006)	Growth Rate (2001-2006)
Ontario	*533,970*	*5%*	*532,855*	*4%*	*0%*
Simcoe Muskoka	*12,005*	*3%*	*12,805*	*3%*	*7%*
Simcoe County	*11,180*	*3%*	*11,970*	*3%*	*7%*
District of Muskoka	*825*	*2%*	*835*	*1%*	*1%*
Adjala-Tosorontio	205	2%	135	1%	-34%
Barrie	2,705	3%	3,345	3%	24%
Bracebridge	165	1%	195	1%	18%
Bradford West Gwillimbury	430	2%	310	1%	-28%
Christian Island	-	-	-	-	-
Clearview	140	1%	225	2%	61%
Collingwood	220	1%	140	1%	-36%
Essa	1,125	7%	1,335	8%	19%
Georgian Bay	60	3%	55	2%	-8%
Gravenhurst	150	1%	135	1%	-10%
Huntsville	305	2%	335	2%	10%
Innisfil	435	2%	480	2%	10%
Lake of Bays	40	1%	60	2%	50%
Midland	930	6%	805	5%	-13%
Mnjikaning First Nation	-	-	-	-	-
Moose Point	-	-	-	-	-
Muskoka Lakes	110	2%	40	1%	-64%
New Tecumseth	445	2%	510	2%	15%
Orillia	480	2%	580	2%	21%
Oro-Medonte	295	2%	270	1%	-8%
Penetanguishene	1,405	18%	1,190	14%	-15%
Ramara	120	1%	75	1%	-38%
Severn	255	2%	205	2%	-20%
Springwater	260	2%	360	2%	38%
Tay	260	3%	300	3%	15%
Tiny	1,190	13%	1,375	13%	16%
Wahta Mohawk First Nation	-	-	-	-	-
Wasaga Beach	280	2%	295	2%	5%

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

Aboriginal Population

In 2006, 14,450 aboriginal people resided in Simcoe Muskoka: 3% of the total area's population. This figure was slightly higher than in the province as a whole, where 2% of the population identified themselves as aboriginal. North-western areas of Simcoe County had higher proportions of aboriginal people compared to the rest of the County, including Penetanguishene (15%), Tay (10%), Midland (9%), and Tiny (8%), as can be seen in

Table 3-7. Georgian Bay had the highest percentage of aboriginal people in the District of Muskoka at 11%.[24]

More than 9% (1,315 residents) of Simcoe Muskoka's aboriginal population were living in the First Nations communities of Christian Island and Mnjikaning, where they comprised the majority of the population at 97% and 89%, respectively. The number of aboriginals in both First Nation communities was similar in 2001, with 505 and 535 residents in Christian Island and Mnjikaning First Nation, respectively. During the 2001-2006 period the Mnjikaning First Nation community grew three times faster than Christian Island and in 2006, the aboriginal population reached 745 residents, while in Christian Island it increased only to 570 people. First Nation communities experienced one of the highest unemployment rates in Simcoe County, which did not change significantly with the increase in population. In fact, the unemployment rate decreased slightly (2%) in the Christian Island community. For more details on unemployment, refer to the section on *Income*.[24]

Table 3-7: Aboriginal Population
Simcoe Muskoka and Ontario, 2001 – 2006

Region	Number of Aboriginal Population (2001)	Percentage of Aboriginal Population (2001)	Number of Aboriginal Population (2006)	Percentage of Aboriginal Population (2006)	Growth Rate (2001-2006)
Ontario	*188,315*	*2%*	*242,495*	*2%*	*29%*
Simcoe Muskoka	*10,570*	*2%*	*14,450*	*3%*	*37%*
Simcoe County	*9,520*	*3%*	*13,040*	*3%*	*37%*
Muskoka	*1,050*	*2%*	*1,410*	*3%*	*34%*
Christian Island	505	98%	570	97%	39%
Mnjikaning First Nation	535	90%	745	89%	13%
Moose Point	145	78%	170	81%	17%
Wahta Mohawk Territory	-	-	-	-	-
Adjala-Tosorontio	90	1%	95	1%	6%
Barrie	1,520	1%	2,660	2%	75%
Bracebridge	195	1%	235	2%	21%
Bradford West Gwillimbury	120	1%	240	1%	100%
Clearview	120	1%	150	1%	25%
Collingwood	190	1%	250	1%	32%
Essa	230	1%	305	2%	33%
Georgian Bay	230	12%	255	11%	11%
Gravenhurst	160	2%	210	2%	31%
Huntsville	215	1%	335	2%	56%
Innisfil	290	1%	425	1%	47%
Lake of Bays	25	1%	35	1%	40%
Midland	1,155	7%	1,415	9%	23%
Muskoka Lakes	95	2%	175	3%	84%
New Tecumseth	225	1%	325	1%	44%
Orillia	860	3%	1,325	5%	54%
Oro-Medonte	220	1%	390	2%	77%
Penetanguishene	1,110	14%	1,285	15%	16%
Ramara	190	2%	305	3%	61%
Severn	360	3%	265	2%	-26%
Springwater	225	1%	305	2%	36%
Tay	570	6%	990	10%	74%
Tiny	850	9%	820	8%	-4%
Wasaga Beach	125	1%	120	1%	-4%

Data Source: Statistics Canada, Census 2001; Statistics Canada, Census 2006
Regions are identified according to the Standard Geographical Classification (SGC) by Statistics Canada.
Data was not collected or were suppressed by Statistics Canada for cells marked with a -

From 2001 to 2006, the aboriginal population in Simcoe Muskoka increased by 37%, while the aboriginal population in Ontario rose by 29%. In Simcoe, the fastest growth was in Bradford West Gwillimbury, where the aboriginal population doubled between 2001 (120 residents) and 2006 (240 residents). Negative growth was observed in Severn, Tiny, and Wasaga Beach.[24]

In Muskoka, the fastest growth was in Muskoka Lakes, where the aboriginal population increased by 84% between 2001 (95 residents) and 2006 (175 residents). Huntsville also experienced modest growth of 56% between 2001 (215 residents) and 2006 (335 residents).[24]

3.5 PERSONS WITH DISABILITIES

People with disabilities experience systemic and structural unequal access to resources, such as housing, nutrition and other basic services.[25] This economic and social segregation, and political and cultural marginalization, limits their ability to fully participate in Canadian life.[25] It creates a sense of isolation, vulnerability and powerlessness which leads to poorer health outcomes.[25] Disabled populations typically fall into other dependent categories such as children and the aging population.[25]

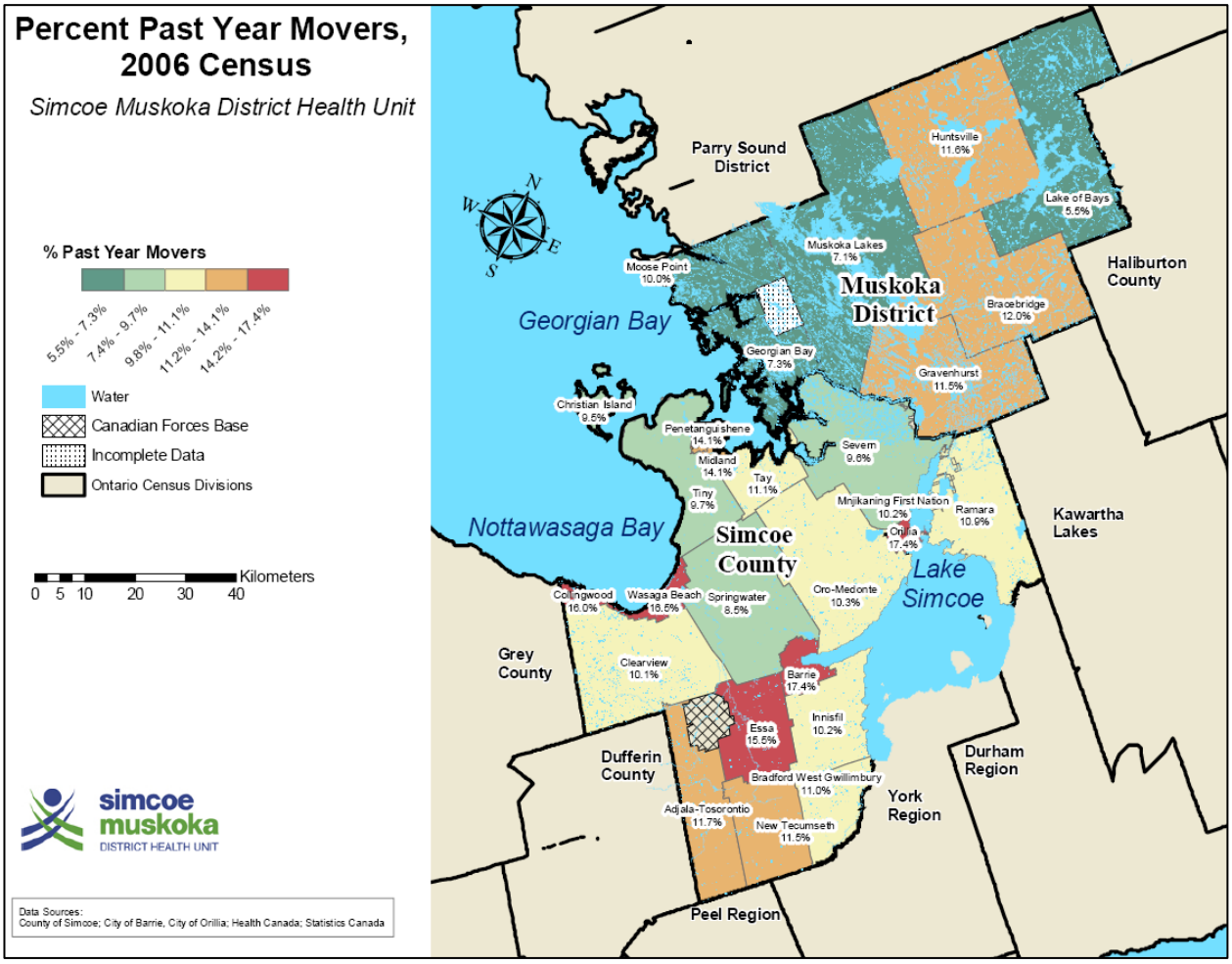
According to the 2001 Census, households in Simcoe County with disabled children between five and 14 years of age have lower annual incomes than households with non-disabled children.[18] The Census also found that 53% of households in Simcoe County with disabled children earn $50,000 or more compared to 61% of households with non-disabled children; 23% earned $30,000 to $49,000 compared to 21%; and 24% earned $29,000 or less compared to 18%.[18]

3.6 MOBILITY STATUS

Mobility status provides information on whether a person lived in the same residence on Census Day compared to the previous year. Residential mobility is often the result of lifecycle and lifestyle alterations and adjustments such as family break-ups and changed employment status, which may have significant personal and familial impacts. Mobility can also create a sense of detachment and alienation from the broader community.[18] According to the 2006 Census, 63,210 Simcoe Muskoka residents, or 13.5% of the population, moved within the year prior to the Census. This included 29,175 people, or 6.2% of the population, that moved to a residence within the same city or town and 30,030, or 6.4% of the population, that moved from another city or town within Ontario. Approximately 4,000 people, or 1% of the population, lived outside of Ontario the year prior to the 2006 Census.

The distribution map of the people who moved within the year prior to the 2006 Census is shown in **Figure 3-3**. Barrie and Orillia had the highest number (21,745 and 5,015 respectively) and percentage (17.4% for both) of movers within the year prior to the 2006 Census. Essa Township had the highest number (760) and percentage (4.6%) of inter-provincial migrants in Simcoe Muskoka, most likely due to its proximity to the Canadian Forces Base Borden.

Figure 3-3: Distribution of People who moved within 1 Year (Simcoe Muskoka 2005)

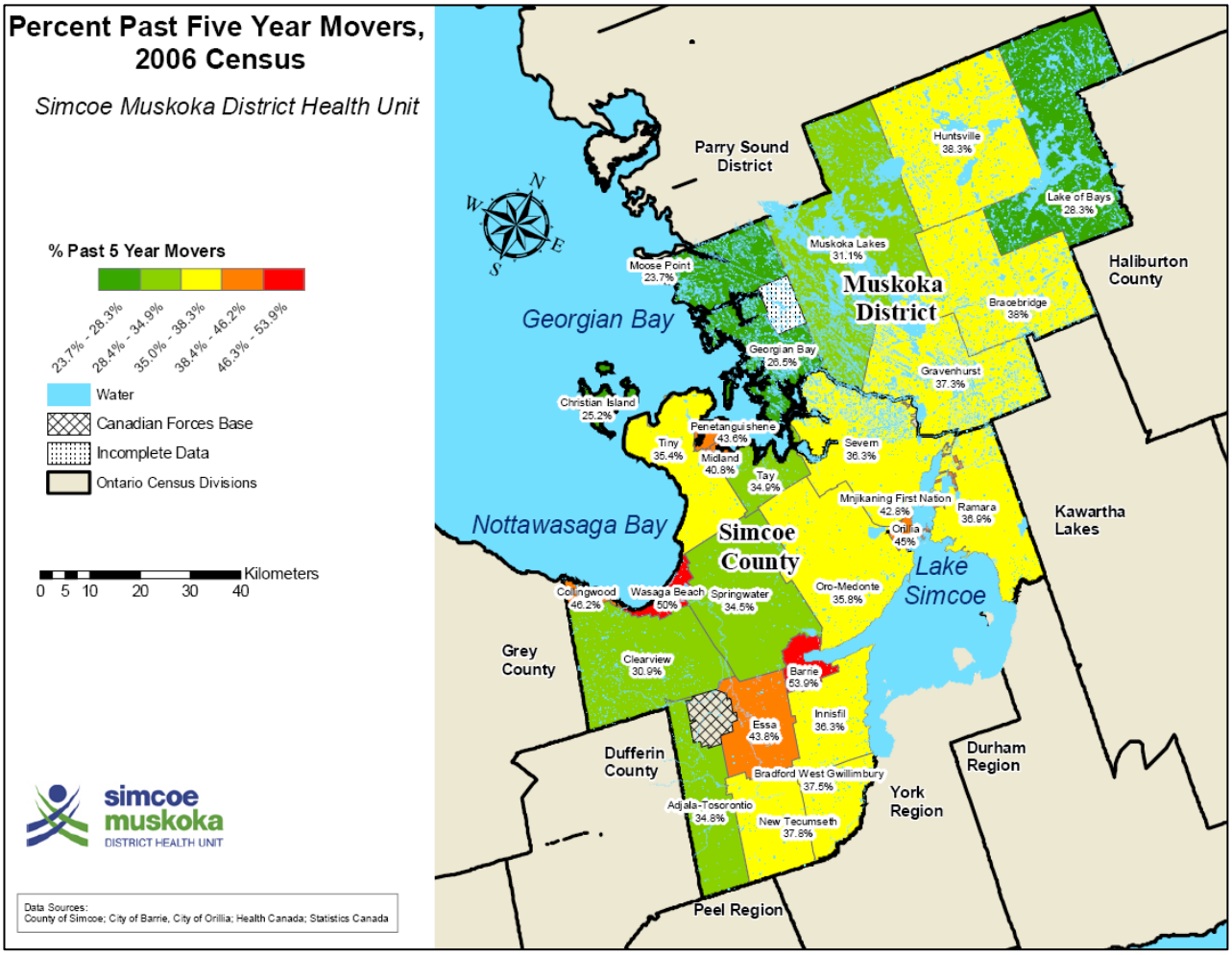


About 257,040 of Simcoe Muskoka's residents, or 42.6% of the population, moved within the five year period prior to the 2006 Census. This included 78,825 people, or 17.6% of the population, that moved to a residence within the same city or town and 99,830, or 22.3% of the population, that moved from another city or town within Ontario. Just over 12,000 people, or 3.5% of the population, lived outside of Ontario in the five year period prior to the 2006 Census.[14]

The distribution map of people who moved within the last 5 years before the 2006 Census is shown in **Figure 3-4**. Barrie and Orillia had the highest number (63,900 and 12,435 respectively) of movers within the five year period prior to the 2006 Census. Barrie and Wasaga Beach were the only municipalities in Simcoe Muskoka where at least half of the population (53.9% and 50.0% respectively) had moved within the five year period prior to the 2006 Census. Nearly one-third (32.9%) of Wasaga Beach residents in 2006 had moved from another city or town within Ontario in the five years prior to the 2006 Census, the highest in all of Simcoe Muskoka. Barrie had the highest number

(2,220) and percentage (1.9%) of residents that had lived outside of Canada in the five years prior to the 2006 Census.[14]

Figure 3-4: Distribution of People who moved within 5 Years (Simcoe Muskoka, 2001-2005)



3.7 DETERMINANTS OF HEALTH

There are many factors beyond biology that influence the health of individuals and communities. Determinants of Health are defined as, "any factor that influences the health of individuals, communities and jurisdictions as a whole. Factors include, but are not limited to age, ethnicity, occupation, income, education level and risk factor behaviours (e.g. smoking, alcohol misuse, etc.)." [26]

The Public Health Agency of Canada identifies 12 key determinants of health, including:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Source: Public Health Agency of Canada. What is the Population Health Approach. [updated December 8, 2001; accessed February 27, 2011]. Available from: http://www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#key_elements

A number of these determinants of health are relevant to the discussion here as the roots of poor health are frequently grounded in the socio-economic conditions in which individuals live. The association between health and socio-economic determinants has been known for a long time. A lower socio-economic status directly affects an individual's ability to maintain a healthy and secure lifestyle and, not surprisingly, as socio-economic status increases, so does overall health status.

Social Support Networks

Strong social networks, such as family, shared heritages and neighbourhood have a significant effect on health and well-being. These networks provide not only financial, emotional and physical support but also an increased information base that may in turn help to increase an individual's well being and health status.

Family structure is an important consideration as it plays a leading role in social, psychological and economic well-being. Families are also a strong base for social support. Strong social support has been linked to higher levels of self-rated health and quality of life.

In 2006, 83,575 families in the service area of the SMDHU had children at home. Among them, lone parent families comprised 23% of families (19,595) compared to 25% of Ontario families. Single parent families headed by females outnumbered those led by males by a ratio of 4:1. The number of female single parent families increased by 19%, from 13,305 families in 2001 to 15,585 families in 2006. Single male parent families increased by 5%, from 3,415 in 2001 to 4,005 families in 2006. The highest percentage of

lone parent families resided in Midland (38%), Orillia (35%), and Collingwood (33%). Lake of Bays had the lowest percentage of lone parent families at 10% (see **Table 3-8**).[27]

Of particular concern is the disparity in income levels between male headed households and female headed households. In Simcoe, the 2005 median incomes for female-headed households was $39,241 compared to $52,719 for males.[27] In Muskoka, the 2005 median incomes for female-headed households was $36,500 compared to $46,840 for males.[27]

The above identified median 2005 incomes for lone parent households was substantially lower than the median income for dual parent households, which were $77,547 in Simcoe and $65,822 in Muskoka.[27]

Table 3-8: Distribution of Families with Children
Simcoe Muskoka and Ontario, 2006

Region	Number of Families with Children (2001)	Percentage of Lone Families with Children (2001)			Number of Families with Children (2006)	Percentage of Lone Families with Children (2006)		
		Total	*Female Parent*	*Male Parent*		*Total*	*Female Parent*	*Male Parent*
Ontario	*2,080,890*	*23%*	*19%*	*4%*	*2,204,470*	*25%*	*20%*	*5%*
Simcoe Muskoka	*76,365*	*22%*	*17%*	*4%*	*83,575*	*23%*	*19%*	*5%*
Simcoe County	*67,965*	*22%*	*17%*	*4%*	*74,770*	*23%*	*19%*	*5%*
District of Muskoka	*8,400*	*21%*	*17%*	*4%*	*8,805*	*23%*	*19%*	*4%*
Adjala-Tosorontio	1,915	14%	10%	4%	1,960	16%	11%	5%
Barrie	19,525	24%	20%	5%	23,780	25%	20%	5%
Bracebridge	2,340	22%	17%	4%	2,510	23%	18%	4%
Bradford West Gwillimbury	4,475	15%	11%	4%	4,775	17%	13%	4%
Christian Island	-	-	-	-	-	-	-	-
Clearview	2,400	14%	11%	3%	2,475	21%	15%	5%
Collingwood	2,630	30%	26%	4%	2,745	33%	28%	4%
Essa	3,225	16%	12%	5%	3,115	16%	12%	4%
Georgian Bay	250	20%	14%	4%	320	20%	17%	3%
Gravenhurst	1,500	25%	19%	6%	1,545	31%	26%	5%
Huntsville	2,945	21%	17%	4%	2,945	22%	17%	5%
Innisfil	5,190	18%	14%	4%	5,685	20%	15%	6%
Lake of Bays	375	17%	13%	4%	455	10%	9%	2%
Midland	2,780	33%	27%	6%	2,820	38%	31%	7%
Mnjikaning First Nation	125	44%	36%	12%	180	36%	28%	6%
Moose Point	-	-	-	-	-	-	-	-
Muskoka Lakes	960	20%	16%	4%	985	22%	18%	4%
New Tecumseth	4,870	21%	16%	5%	4,990	20%	15%	5%
Orillia	5,005	33%	27%	5%	5,070	35%	28%	7%
Oro-Medonte	3,180	14%	11%	3%	3,395	14%	11%	3%
Penetanguishene	1,445	28%	24%	3%	1,490	29%	23%	5%
Ramara	1,320	21%	14%	6%	1,400	23%	19%	4%
Severn	1,885	22%	18%	4%	2,040	21%	17%	4%
Springwater	2,925	14%	11%	3%	3,230	15%	12%	3%
Tay	1,640	25%	17%	7%	1,630	28%	22%	5%
Tiny	1,435	20%	14%	6%	1,725	19%	15%	4%
Wahta Mohawk Territory	-	-	-	-	-	-	-	-
Wasaga Beach	1,830	21%	17%	4%	2,110	25%	20%	5%

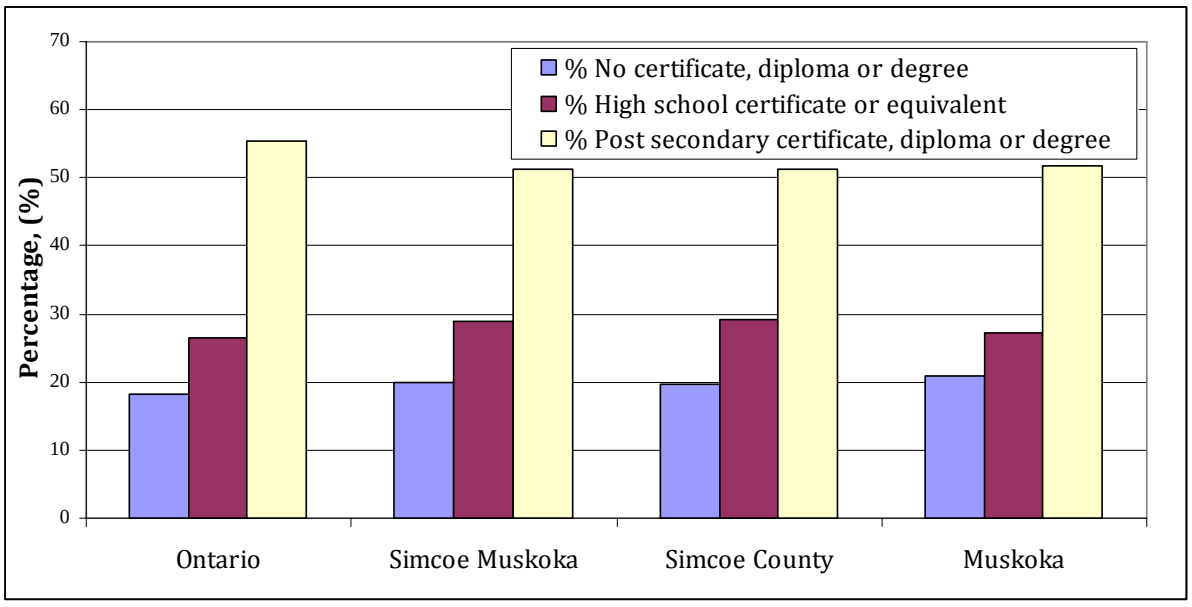
Education

Education is an important determinant of health as it has a direct relation to employment options and levels of income. In 2006, 20% or 69,385 Simcoe Muskoka residents aged 20 years and older had not obtained a certificate, diploma or degree, higher than the provincial average of 18%. Twenty-nine percent (101,090) of Simcoe Muskoka residents aged 20 years and older had a high school certificate or equivalent, higher than the provincial average of 27%; and 51% (179,730) of Simcoe Muskoka residents aged 20 years and older had a post-secondary certificate, diploma or degree, less than the provincial average of 55% (**Figure 4-5**).[28]

The level of education varies by municipality and township. The Census subdivisions with the highest proportion of people who had not obtained a certificate, diploma or degree in Simcoe County were Penetanguishene (26%), Midland (25%) and Tay (24%), while Moose Point (43%) and Georgian Bay (39%) had the highest percentages in Muskoka.[28]

The Census subdivisions in Simcoe County with the lowest proportions of their populations aged 20 years and older completing a post-secondary education were Midland (46%), Tay (46%) and Penetanguishene (47%), while Moose Point (36%), Georgian Bay (36%) and Gravenhurst (47%) had the lowest percentages in Muskoka.[28]

Figure 3-5: Education Profile
Simcoe Muskoka and Ontario, 2006



Source: Statistics Canada - 2006 Census. Catalogue Number 97-560-XCB2006008.

Employment/Working Conditions

Employment is a significant determinant of health. It is associated with all aspects of a person's well-being: social, emotional and physical. In recent years, the loss of manufacturing jobs has increased the number of people employed in the services sector of the economy which creates a gap in the amount of high paying jobs in business and financial services and low paying jobs in consumer services, drawing concern to a decrease in the middle class.[18]

In 2006, 384,240 people aged 15 years and older in Simcoe Muskoka were participating in the labour force. The unemployment rate for Simcoe Muskoka in 2006 was 4% which represents a 1% decrease from 2001. This figure was equal to the provincial unemployment rate. Muskoka had an unemployment rate of 3% in 2006 compared to 4% in Simcoe County. Particularly, among youth aged 15 to 24 years, the unemployment rate was 9%, the highest of any age group. In Muskoka, women tend to be more vulnerable to unemployment than men for all age groups.

In Simcoe County, the highest unemployment rates (among those aged 15 and older) were in Christian Island (15%), Mnjikaning First Nation (10%) and Essa (5%), while the highest in the District of Muskoka were Moose Point (7%) and Lake of Bays (4%). Approximately 120 residents aged 15 years and older were unemployed in First Nation communities in 2006. While the Mnjikaning population grew by 42% between 2001 and 2006, the unemployment rate remained unchanged. The situation in Christian Island was slightly different. The population increased by 13% and the unemployment rate decreased from 17% to 15%, although it was still higher than in Mnjikaning.[14]

High commuter rates pose a potential health concern as it poses a major impediment to physical activity. [18] Although the population 15 years of age and older working in the service area of the SMDHU used a variety of transportation modes to reach their places of work, the majority of the population in Simcoe Muskoka drove to work. The following provides a breakdown of commuting trends in Simcoe Muskoka:

- 92% drove by car, truck or van.
- 2% used public transportation.
- 6% Simcoe either walked or biked to work.
- 1% traveled to work using other modes of travel

Distribution of the transportation modes varied by municipalities and townships, because accessibility to different modes of transportation differs significantly from municipality to municipality. In Simcoe County, Adjala-Tosorontio (97%), Oro-Medonte (96%), Springwater (96%) and Tay (96%) had the most people who took a car, truck or van to get to work, while Moose Point (94%) and Lake of Bays (93%) had the most in Muskoka. Barrie (5%), Bradford West Gwillimbury (3%) and

Orillia (3%) had the most people who used public transit to travel to work in Simcoe County.

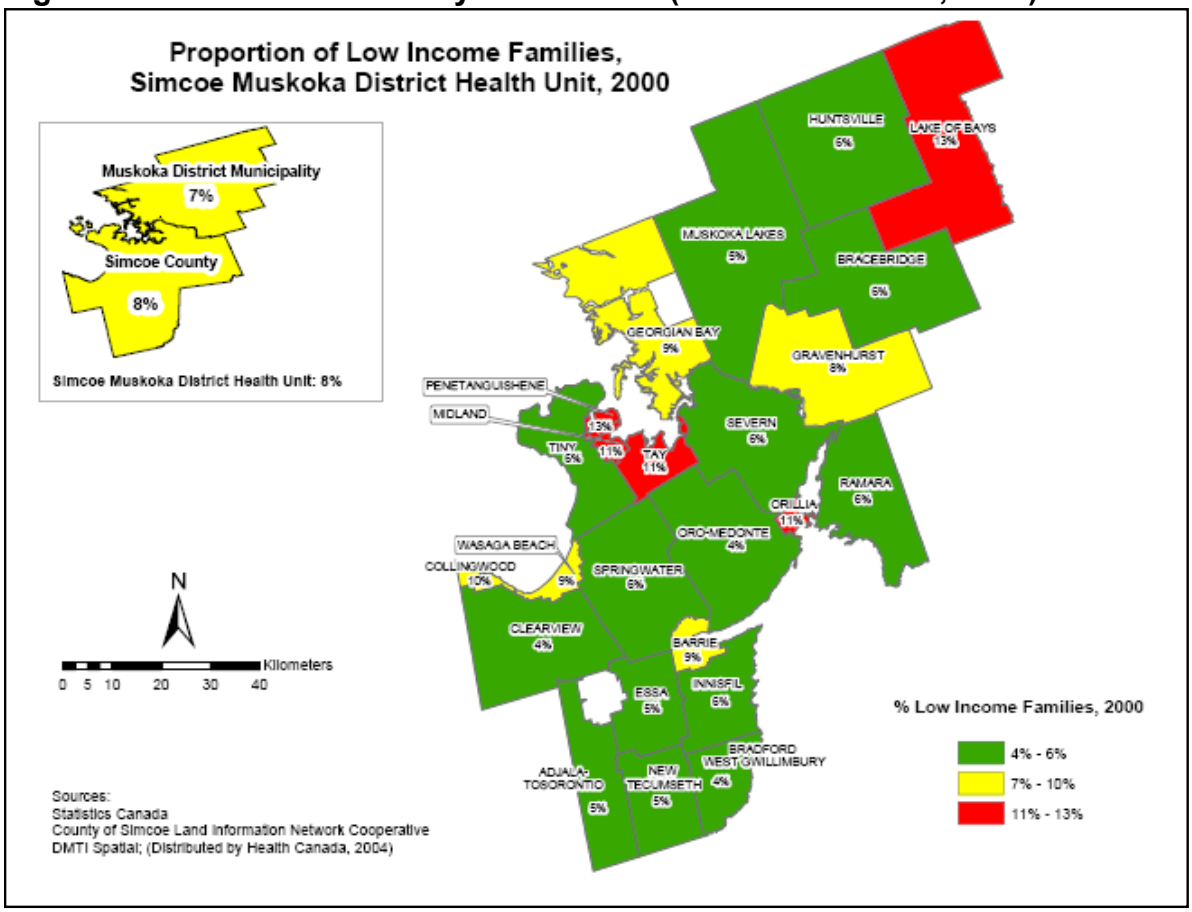
First Nation communities, Christian Island (28%) and Mnjikaning First Nation (24%) had the most people travelling to work by either walking or biking in Simcoe County, while Georgian Bay (13%) and Moose Point (12%) had the most traveling by walking or biking in Muskoka District. The highest percentage of the people traveling to work using other means of transportation in Simcoe County were living in Penetanguishene (4%), Midland (3%) and Orillia (3%), while Moose Point (12%) had the most in Muskoka District.[14]

Income and Social Status

Income, like education and employment, has a strong association with many other health determinants and overall health status. In particular, low income as an indicator of decreased socio-economic status is associated with poorer health status.[29]

In 2000, 8% of the economic families, 28% of unattached individuals 15 years and older and 9% of the population living in private households were below the Low Income Cut Offs (LICOs) in Simcoe Muskoka.[30] These figures were lower than the provincial averages of 12% of economic families, 34% of unattached individuals 15 years and older, and 14% of the population living in private households in Ontario. Low income profiles were similar in Simcoe County and the District of Muskoka. The low income incidence decreased between 1995 and 2000 for both areas. The proportion of low income families decreased from 11% in 1995 to 8% in 2000 in Simcoe County. At the same time the percentage decreased from 11% to 7% in the District of Muskoka. The distribution of low income families within the Simcoe Muskoka Health District Unit service area is shown in **Figure 3-6**. The percentage of unattached low income individuals decreased from 32% to 28% and 29% to 26% in Simcoe County and the District of Muskoka, respectively. The low income population living in private households has decreased from 13% and 14% in Simcoe County and the District of Muskoka respectively to 9% in both areas.

Figure 3-6: Low Income Family Distribution (Simcoe Muskoka, 2000)



Penetanguishene was home to the highest proportion of low income families (13%), low income unattached individuals 15 years and older (38%), and low income population living in private households (15%) in Simcoe County. In the District of Muskoka, Lake of Bays had the highest proportion of low income families (13%) and the largest low income population living in private households (13%), while Georgian Bay had the highest proportion of low income unattached individuals 15 years and older (37%).[30]

A statistical profile of low income residents helps to paint a more nuanced picture of poverty and health. Statistics Canada defines low income individuals as earning a before tax income below the Statistics Canada low-income cut-off. “The cut-offs represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing. LICOs are based on family size as well as the size of the urban area”.[31] LICOs are regularly updated to reflect changes in the cost of living and purchasing power.[31] For the first time in 2006, the census collected information on the after-tax income of Canadians, that is, total income from all sources minus income tax.

After-tax income more accurately depicts what families have available to spend. The median after-tax income of all economic families in Simcoe County in 2005 was $61,319, compared with the median before-tax income of $71,935. The median after-tax income of all economic families in the District of Muskoka in 2005 was $54,293, compared with the median before-tax income of $62,662. According to the 2006 Census, in 2005, the prevalence of low income (after taxes) economic families in Simcoe County was 5%, and 4% in the District of Muskoka. In comparison, 9% of Ontario's economic families were classified as low income.

In a recent report, the Chief Public Health Officer of Canada noted that children who live in low income families scored lower for school readiness in areas such as knowledge, skills, maturity, language and cognitive development. Reducing child poverty and investing in a healthy start in the early years will reduce the long-term costs associated with health care, addictions, crime, unemployment and welfare.[32] Researchers note that children and youth who live in poverty are at greater risk of poor health, poor performance in school, having to cope with a dangerous or unhealthy physical environment, failing to graduate from secondary school and, as adults, suffering from job insecurity, underemployment, and poor working conditions.[32]

Poverty also has a significant impact on the risk of disease and other health indicators. For many chronic conditions such as heart disease, cancer and diabetes, both the disease and risk factors for the disease are more prevalent in those of lesser economic means.[33] Notable as well is that for each indicator there is a distinct income gradient as one moves from the lowest health to the highest health status – each successive improvement in income provides an incremental improvement in health status. [32]

Physical Environments

One of the fundamental conditions and resources for health is shelter. The Ottawa Charter for Health Promotion states improvement in health requires a secure foundation in this basic prerequisite. Inadequate or absent permanent shelter decreases one's ability to cope with health problems resulting in an overall decrease in health status.[33]

In 2006, the average value of a dwelling in Simcoe County was $273,992, an increase of 55% from $177,070 in 2001, and an increase of 74% from $157,670 in 1996. In 2006, the average value of a dwelling in the District of Muskoka was $295,728, an increase of 73% from the average of $170,490 in 2001. From 1996 to 2006 there was an increase of 102% from the 1996 average value of $146,365. Tay had the lowest average value of a dwelling ($189,915) in Simcoe County in 2006, while the lowest one in the District of Muskoka was Georgian Bay ($256,668.).

In 2006, renters in Simcoe County paid an average monthly gross rent of $844 (i.e., rent, utilities, water, heating fuel) while renters in the District of Muskoka paid an average monthly gross rent of $743. There are significant numbers of families and individuals who are spending more than 30% of their income on household and shelter costs. In Simcoe County, 46% of renters spent more than 30% of their household income on gross rent in 2006, while 41% of renters in the District of Muskoka spent more than 30% of their household income on gross rent. The highest proportion of renters spending more than 30% of their income on gross rent in Simcoe County were living in Tay (57%), while Huntsville (46%) led in the District of Muskoka.

Homeowners in Simcoe County paid an average $1,142 per month on major expenses (i.e., mortgage, utilities, water, property taxes), and 22% of them spent more than 30% of their income on these major payments in 2006. The highest percentage of homeowners spending more than 30% of their income on major expenses in Simcoe County were living in Collingwood (27%), while the highest one in the District of Muskoka was Georgian Bay (25%).[14] The 30% spending level has long been used as a measure of housing affordability.

A report undertaken by the United Way of Greater Simcoe County (2008) finds that affordability is an issue in many parts of Simcoe County. Specifically, the average family cannot afford the median rent in Barrie, Bradford, Innisfil or Ramara and would have to devote an additional 3% to 8% of their income to rent. In other municipalities, single parent families are spending over 90% of their Ontario Works shelter allowance to obtain accommodation except in Springwater (86%) and Adjala (79%).[18]

Conclusion

The geographic and socio-demographic profile has provided an investigation of the trends affecting Simcoe Muskoka, which provides an understanding of potential health inequities and disparities.

Growth in Simcoe Muskoka was more rapid than in the province, which experienced 13% growth from 1996 to 2006 compared to 6.6% in Ontario. Much of this growth has occurred in Simcoe Muskoka's urban areas, which will require greater attention to the impacts of planning and the built environment on community health. Commuting to work by private automobile is common in Simcoe Muskoka (92%), and only 6% of the population takes active transportation (walk or bike to work).

The age-sex distribution of the 2006 Simcoe Muskoka population was consistent with that of Ontario. However, in Simcoe Muskoka young adults ages 20 to 34 years represented a smaller proportion of the overall population as compared to that of the province. While the population in Simcoe and Muskoka is expected to

continue to age over the next 25 years, it mirrors the trend of an aging population in Canada. This increase in the population of seniors will mean an increase in demand for acute care, institutional care, home support, as well as other social and community services.

The proportion of visible minorities in Simcoe Muskoka was much smaller compared to Ontario. Simcoe Muskoka's aboriginal population represents 3% of the total area's population. This figure was slightly higher than in the province as a whole. However, from 2001 to 2006, the aboriginal population in Simcoe Muskoka increased by 37%, while the aboriginal population in Ontario rose by 29%.

The population in Simcoe Muskoka is less educated than the provincial average, where 51% of Simcoe Muskoka residents aged 20 years and older had a post-secondary certificate, diploma or degree, less than the provincial average of 55%.

The unemployment rate for Simcoe Muskoka is consistent with the provincial unemployment rate. The proportion of lower income families is less than the provincial average. In Simcoe County and the District Municipality of Muskoka, lone parent families were the lowest income group in all municipalities.

4.0 HEALTH PROFILE

4.1 METHODOLOGY AND DATA LIMITATIONS

The SMDHU provided the indicators and the data to create a picture of the health status of residents of Simcoe Muskoka. Various data were also assessed in order to find the most reliable measure of health inequities in Simcoe Muskoka. Data sources included the Canadian Community Healthy Survey, the Rapid Risk Factor Surveillance System, the Simcoe County Child Health Survey and Vital Statistics.

Canadian Community Health Survey

The Canadian Community Health Survey (CCHS) is conducted by Statistics Canada. The survey provides cross-sectional (at one point in time) estimates of the factors related to health status, health care utilization and health determinants for the Canadian population. The survey contains questions on a wide range of health topics, including: physical activity, height and weight, smoking, exposure to second-hand smoke, alcohol consumption, general health, chronic health conditions, injuries, use of health care services and related socio-demographic information. The target population of the CCHS includes household residents in all provinces and territories, with the exclusion of populations on Indian Reserves, Canadian Forces Bases, and some remote areas.

CCHS data reported in this section were obtained using the Ontario Share File provided to health units by the Ministry of Health and Long-Term Care. Data is reflective of Cycle 4.1 (2007-2008) of the Ontario Share File.

Rapid Risk Factor Surveillance System

The Rapid Risk Factor Surveillance System (RRFSS) is a monthly telephone survey that occurs in various public health units areas across Ontario. All information reported from this survey is for the complete survey year (January to December), unless otherwise specified.

Every month, a random sample of 100 adults aged 18 years and older in each participating health unit area is interviewed regarding awareness, knowledge, attitudes and behaviours about topics and issues of importance to public health. These can include: smoking, sun safety, use of bike helmets, water testing in private wells, air quality, etc.

The telephone survey is conducted by the Institute for Social Research (ISR) at York University on behalf of all participating health units, including the SMDHU. SMDHU has been participating in RRFSS since 2001.

Simcoe County Child Health Survey

In 2003, the SMDHU conducted the Simcoe County Child Health survey in collaboration with the Simcoe County District School Board (SCDSB) and the Simcoe Muskoka Catholic District School Board (SMCDSB). The purpose of the survey was to understand the eating and physical activity patterns of children and their families and to investigate the weight pattern of Grade 1 children in Simcoe County. The final sample included 1,172 children.

Vital Statistics

Mortality data are derived from death certificates completed by physicians, which are collected by the Office of the Registrar General (ORG) using the Ministry of Health and Long Term Care IntelliHEALTH database. The cause of death reported is the occurrence that starts the sequence of events leading to death. Consequently, there may be some uncertainty in classifying deaths when there are multiple causes. Determining true cause of death may be influenced by the social or legal conditions surrounding the death and by the level of medical investigation, e.g. AIDS and suicide.

Data are analyzed by the residence of the deceased, not where the death occurred. Records for Ontario residents who die outside of the province are not available and are therefore excluded. Otherwise, due to legal reporting requirements, registration of deaths is considered to be virtually complete.

Limitations

Self-report data may be subject to errors in recall, over or under-reporting due to social desirability, and errors from proxy reporting. **The following provides a list of specific data gaps:**

- **Data documenting the health profile of aboriginals and people living in First Nations communities.**
- **Data documenting the health profile of Francophone population.**
- **Heavy drinking / binge drinking rates for youth and adults**
- **Local area substance misuse rates for all ages and genders**

Mortality and Morbidity

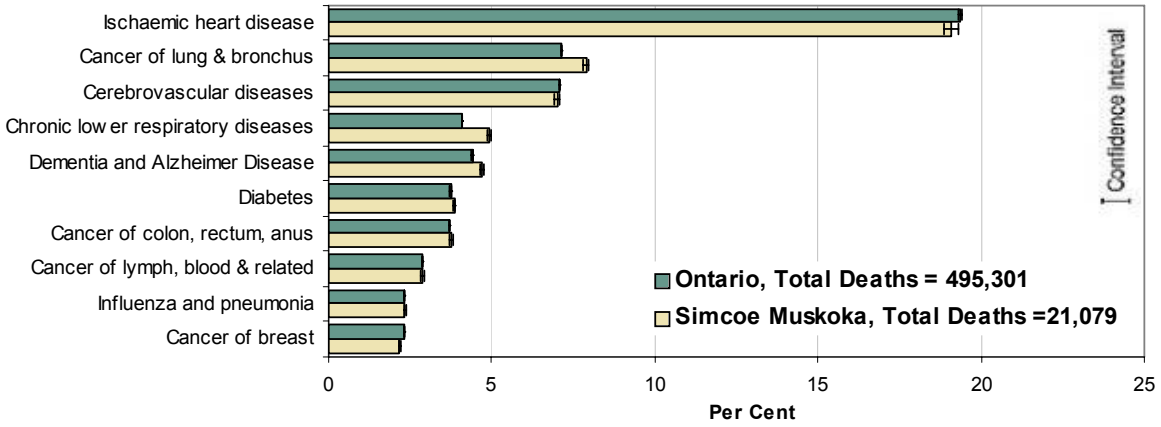
Leading Causes of Death

Over the six years from 2000 to 2005, there were 21,079 deaths from all causes among residents of Simcoe Muskoka. The number one cause of death in Simcoe Muskoka during that time period was ischaemic heart disease (IHD), which was listed as the primary cause for 4,022 deaths and accounted for 19.1% of all deaths. IHD was responsible for more than twice the number of deaths than any other single cause between 2000 and 2005 in Simcoe Muskoka. Other leading causes of death included cancer of lungs and bronchus, cerebrovascular diseases, chronic lower respiratory diseases, dementia and Alzheimer's disease, female breast

cancer, diabetes, cancer of the colon, rectum and anus, male prostate cancer, lymph and blood related cancers, and influenza and pneumonia.[34, 35]

The leading causes of death for Ontario as a whole over this same time period were quite similar to what was observed in Simcoe Muskoka as depicted in **Figure 4-1** below.

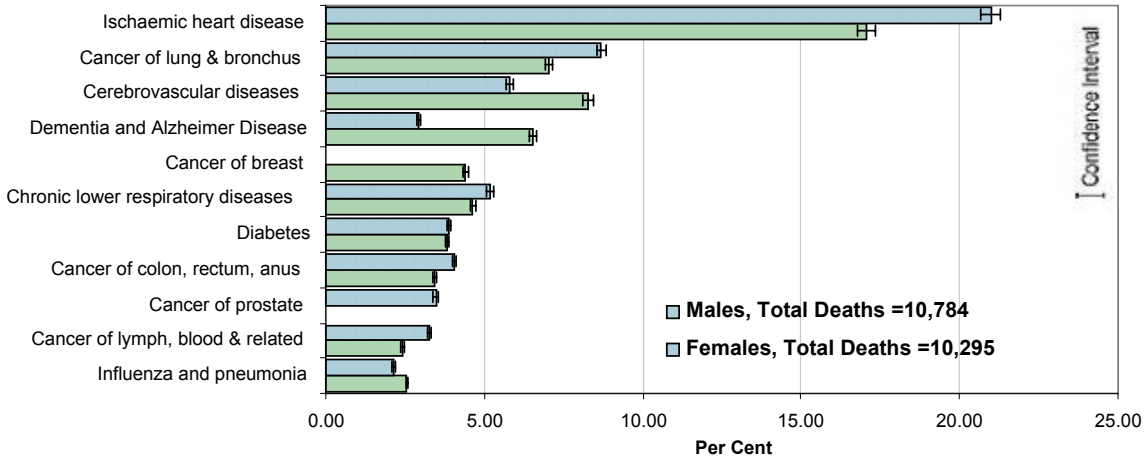
Figure 4-1: Leading Causes of Death, Both Sexes and All Ages Simcoe Muskoka & Ontario, 2000 to 2005 (Combined)



Data source: Ontario Mortality Data [2000 to 2005], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [May 28, 2010].

In Simcoe Muskoka from 2000 to 2005, the leading cause of death for both males and females was ischaemic heart disease. However, the proportion of deaths due to IHD was slightly higher for males (21.0%) than females (17.1%). The second leading cause of death in males for the same time period was cancer of the lung and bronchus, accounting for 8.7% of all deaths. The second leading cause of death among women for this time period was cerebrovascular diseases, which accounted for 8.3% of deaths. Cancer of the lung and bronchus and cerebrovascular diseases were the third leading cause of death for women and men, respectively. Dementia and Alzheimer's disease was the fourth leading cause of death among females, but the ninth leading cause of death among males. Other leading causes of death among females include: breast cancer, chronic lower respiratory diseases, diabetes and cancer of the colon, rectum and anus. Other leading causes of death for males include chronic lower respiratory diseases, diabetes and cancer of the colon, rectum and anus. Prostate cancer was the seventh leading cause of death among males. **Figure 4-2** compares the leading causes of deaths for males and females in Simcoe Muskoka from 2000 to 2005.[34,35]

Figure 4-2: Leading Causes of Death, by Sex (All Ages)
Simcoe Muskoka, 2000 to 2005 (Combined)



Data source: Ontario Mortality Data [2000 to 2005], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [May 28, 2010].

In Simcoe Muskoka from 2000 to 2005, there were 115 deaths among infants less than one year of age. The leading causes of death among infants less than one year were perinatal conditions and congenital anomalies, which accounted for more than three-quarters of all deaths. During the same six year time interval there were 138 deaths among Simcoe Muskoka children between the ages of one and nineteen. The leading cause of deaths among these children was transport collisions, which were responsible for nearly 40% of all deaths in this age group. Transport collisions and suicides were the leading cause of death among young adults (20 to 44 years of age), which accounted for 13% and 12% of the 814 deaths in this age group, respectively. The leading causes of death among older adults (45 to 74 years of age) were ischaemic heart disease and cancer of the lung and bronchus, which respectively accounted for 17% and 14% of the 7,443 deaths that occurred in this age group over the six year interval. Seniors aged 75 years and older in Simcoe Muskoka experienced the most deaths from 2000 to 2005 at 12,569. The leading cause of deaths among these seniors was IHD, which was responsible for 21% of all deaths. **Table 4-1** below provides a summary of the leading causes of death, by age group, for Simcoe Muskoka from 2000 to 2005.[34,35]

**Table 4-1: Leading Causes of Death of Residents, by Age Group
Simcoe Muskoka, 2000 to 2005 (Combined)**

Age Group	Number of Deaths	Leading Causes of Death (%)
<1 year	115	Perinatal conditions (56%) Congenital anomalies (23%)
1 – 19 years	138	Transport crashes(40%) Cancer of lymph, blood & related (7%) Suicide (6%)
20 – 44 years	814	Transport crashes (13%) Suicide (12%) Ischaemic heart disease (8%)
45 – 74 years	7,443	Ischaemic heart disease (17%) Cancer of lung and bronchus (14%) Cancer of the colon, rectum & anus (5%)
75+ years	12,569	Ischaemic heart disease (21%) Cerebrovascular diseases (9%) Dementia & Alzheimer's disease (7%) Chronic lower respiratory disease (6%)

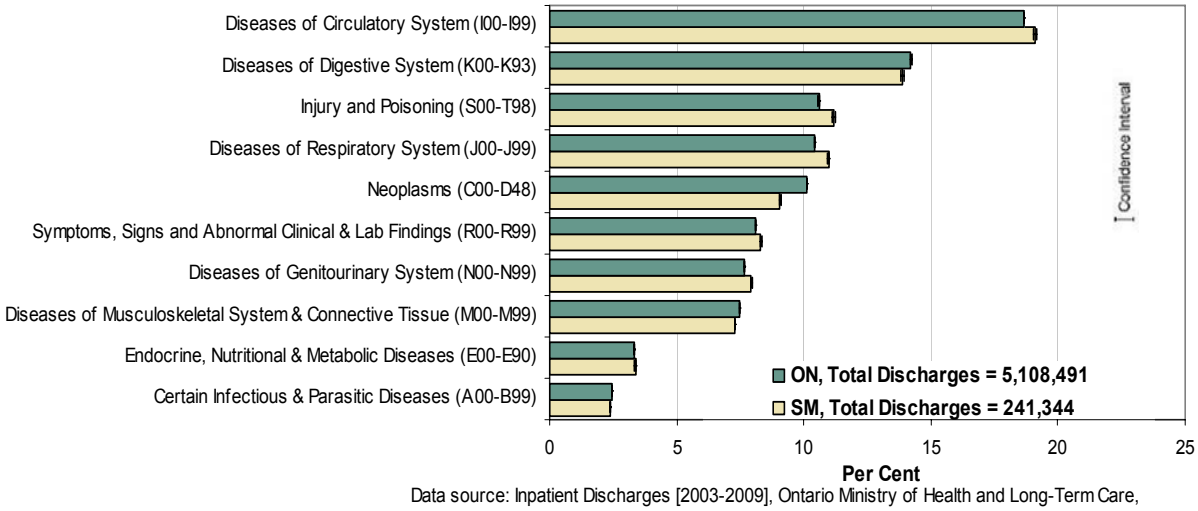
Data source: Ontario Mortality Data [2000 to 2005], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [May 28, 2010].

4.2 LEADING CAUSES OF HOSPITALIZATION

Over the seven years from 2003 to 2009, there were nearly one-quarter of a million (241,344) hospitalizations among residents of Simcoe Muskoka. The number one cause of hospitalization, by International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10-CA), in Simcoe Muskoka during this time period was diseases of the circulatory system, which accounted for 19% of all hospital stays. The other leading causes of hospitalizations, by ICD-10-CA chapter, in Simcoe Muskoka during this time period were: diseases of the digestive system (14%), injury & poisoning (11%), diseases of the respiratory system (11%) and neoplasms (9%).[34,36]

The leading causes of hospitalization for Ontario as a whole over this same time period were quite similar to what was observed in Simcoe Muskoka as depicted in **Figure 4-3** below.

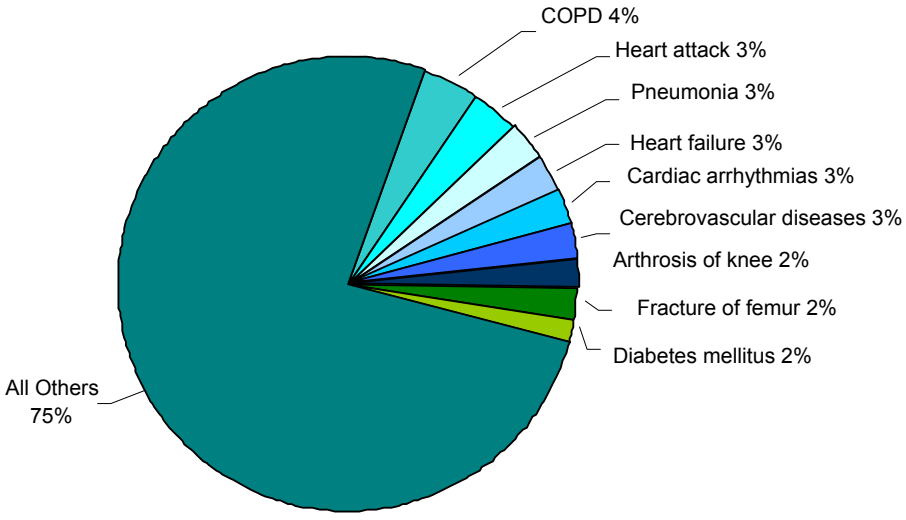
Figure 4-3: Leading Causes of Hospitalization, by ICD-10 Chapter, Both Sexes and All Ages, Simcoe Muskoka & Ontario, 2003 to 2009 (Combined)



Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

When looking at the International Shortlist for Hospital Morbidity Tabulation (ISHMT) causes of hospitalization in Simcoe Muskoka from 2003 to 2009 (combined), chronic obstructive pulmonary disease (COPD) was the leading cause at 4% of all hospitalizations.[37] Other leading causes were: acute myocardial infarction (heart attack), pneumonia, heart failure, cardiac arrhythmias and cerebrovascular diseases (including stroke), each accounting for approximately 3% of all hospitalizations (see **Figure 4-4**).[36,37]

Figure 4-4: Leading Causes of Hospitalization, ISHMT Groupings, Both Sexes and All Ages Simcoe Muskoka, 2003 to 2009 (Combined)



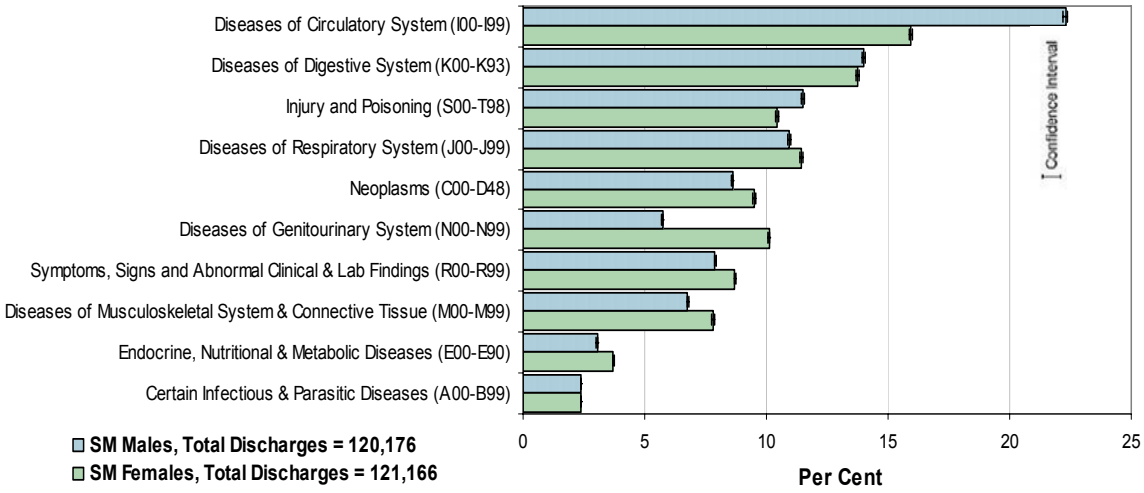
Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

By Sex

In Simcoe Muskoka from 2003 to 2009, the leading cause of hospitalization, by ICD-10 chapter, for both males and females was diseases of the circulatory system. However, the proportion of hospitalizations for diseases of the circulatory system was higher for males (22%) than females (16%). Diseases of the digestive system, injuries and poisoning, diseases of the respiratory system, and neoplasms were other leading causes of hospitalization for both sexes. Hospitalizations for diseases of the genitourinary system (e.g. kidney, bladder, internal reproductive organs and external genitalia) were nearly twice as high for females (10%) than for males (6%) during this time period.[34,36]

Figure 4-5 compares the leading causes of hospitalization, by ICD-10 chapter, for males and females in Simcoe Muskoka from 2003 to 2009 (combined).

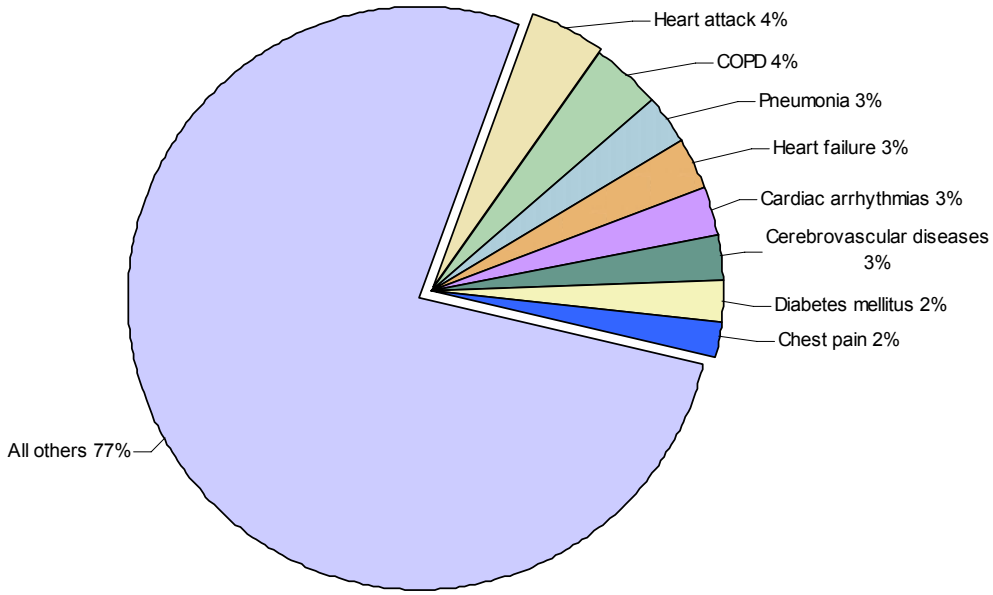
Figure 4-5: Leading Causes of Hospitalization, by ICD-10 Chapter, by Sex
Simcoe Muskoka, 2003 to 2009 (Combined)



Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

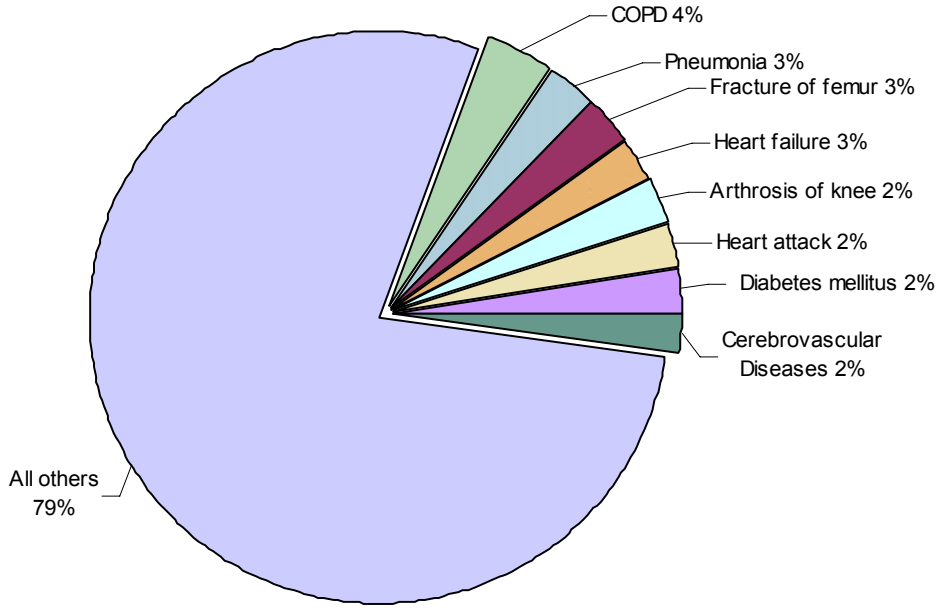
The leading causes of hospitalization, according to the ISHMT groupings, for males in Simcoe Muskoka from 2003 to 2009 (combined) were heart attack and COPD, each of which accounted for 4% of all hospitalizations. Pneumonia, heart failure, cardiac arrhythmias and cerebrovascular diseases were also among the leading causes of hospitalizations for Simcoe Muskoka males. The leading cause of hospitalization among Simcoe Muskoka females during this time period was COPD, which accounted for 4% of all hospital stays. Pneumonia, fracture of the femur and heart failure were also among the leading causes of hospitalizations for females during this time period. **Figures 4-6** and **4-7** depict the leading causes of hospitalizations for both males and females.[34,36]

Figure 4-6: Leading Causes of Hospitalization, ISHMT Groupings, Simcoe Muskoka, Males and All Ages, 2003 to 2009 (Combined)



Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

Figure 4-7: Leading Causes of Hospitalization, ISHMT Groupings, Females and All Ages Simcoe Muskoka, 2003 to 2009 (Combined)



Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

By Age Group

In Simcoe Muskoka from 2003 to 2009, the leading causes of hospitalization, by ICD-10 chapter, among infants less than one year were perinatal conditions, diseases of the respiratory system and congenital anomalies, which accounted for more than two-thirds of all hospitalizations. During the same time period, among children one to nine years of age, diseases of the respiratory system were the leading cause of hospitalization. The most common forms of respiratory illness among children one to nine years were: pneumonia, asthma and chronic infection of the tonsils or adenoids. Injuries and poisonings was the leading cause of hospitalization among youth and adolescents (between 10 and 19 years of age) in Simcoe Muskoka, accounting for nearly one-quarter of all hospitalizations from 2003 to 2009.[34]

During this same time period, among younger adults (between 20 and 44 years) diseases of the digestive system, and injuries and poisonings were the leading causes of hospitalization. Diseases of the circulatory system were the leading cause of hospitalization for older adults and seniors during this time period.[34]

Table 4-2 below provides age-specific leading causes of hospitalization using both ICD-10 chapters and ISHMT groupings for Simcoe Muskoka from 2003 to 2009.

Table 4-2: Leading Causes of Hospitalization of Residents, by Age Group
Simcoe Muskoka, 2003 to 2009 (Combined)

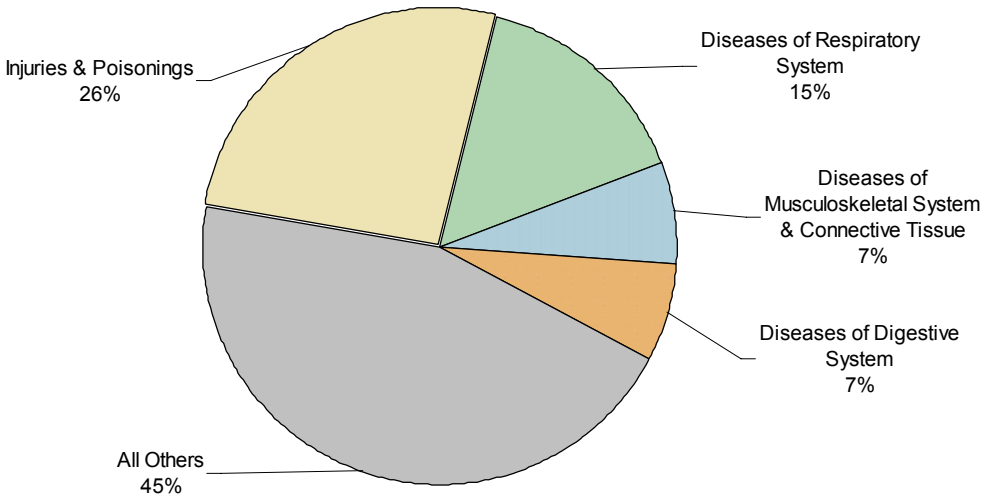
Age Group	Number of Hospitalizations	Leading Causes of Hospitalization (%)	
		ICD-10 Chapter	ISHMT Grouping 1
<1 year	5,383	Perinatal Conditions (33%)	Congenital anomalies (10%)
		Diseases of Respiratory System (25%)	Disorders related to short gestation (9%)
		Congenital Anomalies (10%)	Acute upper respiratory infections/ flu (3%)
			Pneumonia (3%)
1 – 9 years	9,116	Diseases of Respiratory System (36%)	Pneumonia (9%)
		Diseases of Digestive System (12%)	Asthma (9%)
		Injuries & Poisonings (11%)	Chronic infection of tonsils/adenoids (6%)
			Acute upper respiratory infections/ flu (5%)
10 – 19 years	8,711	Injuries & Poisonings (24%)	Diseases of appendix (11%)
		Diseases of Digestive System (21%)	Diabetes (5%)
		Diseases of Respiratory System (11%)	Poisonings (4%)
20 – 44 years	35,905	Diseases of Digestive System (21%)	Diseases of appendix (4%)
		Injuries & Poisonings (16%)	Poisonings (4%)
		Diseases of Genitourinary System (15%)	Menstruation/menopause (4%)
45 – 64 years	65,926	Diseases of Circulatory System (20%)	Heart attack (4%)
		Diseases of Digestive System (15%)	Pain in throat/chest (3%)
		Neoplasms (12%)	COPD (3%)
		Injuries & Poisonings (10%)	Arthrosis of knee (3%)
65 – 74 years	45,431	Diseases of Circulatory System (25%)	COPD (6%)
		Neoplasms (12%)	Arthrosis of knee (4%)
		Diseases of Digestive System (11%)	Heart attack (4%)
		Diseases of Respiratory System (10%)	Heart failure (3%)
75+ years	70,872	Diseases of Circulatory System (26%)	COPD (7%)
		Diseases of Respiratory System (13%)	Heart failure (6%)
		Injuries & Poisonings (11%)	Fracture of femur (5%)
		Diseases of Digestive System (11%)	Heart attack (4%)
			Cerebrovascular disease (4%)
			Pneumonia (4%)

Data source: Inpatient Discharges [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [September 10, 2010].

4.3 LEADING CAUSES OF EMERGENCY ROOM VISITS

In 2009, there were nearly one-quarter of a million (241,286) unscheduled emergency visits among residents of Simcoe Muskoka. The number one cause of emergency visits, as defined by ICD-10, in Simcoe Muskoka in 2009 was injuries and poisonings, which accounted for 25% of all visits. The other leading causes of emergency visits in Simcoe Muskoka in 2009 were diseases of the respiratory system (14%), diseases of the musculoskeletal system & connective tissue (7%) and diseases of the digestive system (6%) (see **Figure 4-8**).[34,38]

Figure 4-8: Leading Causes of Emergency Visits, by ICD-10 Chapter, Both Sexes and All Ages
Simcoe Muskoka, 2009



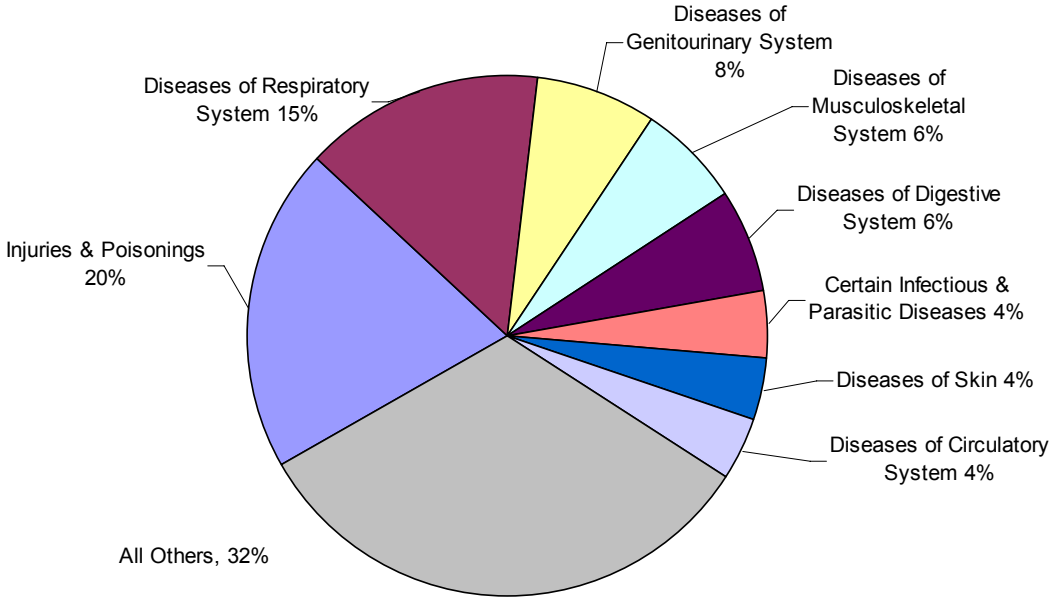
Data source: Ambulatory Visits [2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [December 2010].

By Sex

In Simcoe Muskoka in 2009, the leading cause of emergency visits, by ICD-10 chapter, for both males and females was injuries and poisonings. However, the proportion of hospitalizations for injuries and poisonings was higher for males (29%) that females (20%). Diseases of the respiratory system, diseases of the musculoskeletal system and diseases of the digestive system were other leading causes of emergency visits for both sexes. Emergency visits for diseases of the genitourinary system (e.g. kidney, bladder, internal reproductive organs and external genitalia) were more than double for females (8%) than for males (3%) during this time period.[34,38]

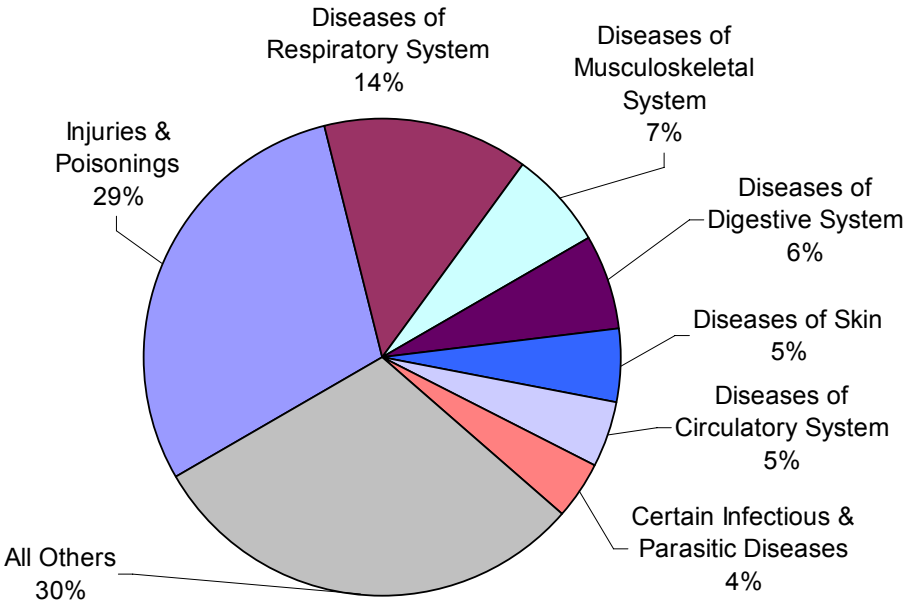
Figures 4-9 and **4-10** show the leading causes of emergency visits, by ICD-10 chapter, for females and males in Simcoe Muskoka for 2009.

Figure 4-9: Leading Causes of Emgency Visits, Simcoe Muskoka, Females, 2009



Data source: Ambulatory Visits [2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [October 6, 2010].

Figure 4-10: Leading Causes of Emgency Visits, Males Simcoe Muskoka, 2009



~~Data source: Ambulatory Visits [2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO,~~ Date Extracted: [October 6, 2010].

By Age Group

In Simcoe Muskoka from 2003 to 2009, the leading causes of emergency visit, by ICD-10 chapter, for children under ten years of age was respiratory diseases, accounting for nearly one-third of all visits.[34,38]

Four out of every ten emergency visits among youth and adolescents (between ten and 19 years of age) in Simcoe Muskoka from 2003 to 2009 was due to injuries and poisonings, making it the leading cause of emergency visits among this age group.[34,38] Injuries and poisonings was the leading cause of emergency visits among all other age groups over this same time period; however, the proportions of visits from injuries and poisonings decreases with increasing age (see **Table 4-3**).[34]

Table 4-3: Leading Causes of Emergency Visits of Residents, by Age Group Simcoe Muskoka, 2003 to 2009 (Combined)

Age Group	Number of Emergency Visits	Leading Causes *ICD-10 Chapter*
<1 year	4,577	Diseases of Respiratory System (34%) Certain Infectious Diseases (12%) Injuries & Poisonings (9%) Diseases of Digestive System (7%)
1 – 9 years	25,699	Diseases of Respiratory System (30%) Injuries & Poisonings (23%) Diseases of the Ear (10%) Certain Infectious Diseases (10%)
10 – 19 years	31,379	Injuries & Poisonings (38%) Diseases of Respiratory System (17%) Certain Infectious Diseases (5%)
20 – 44 years	76,161	Injuries & Poisonings (26%) Diseases of Respiratory System (12%) Diseases of Musculoskeletal System (7%) Diseases of Digestive System (7%)
45 – 64 years	57,090	Injuries & Poisonings (23%) Diseases of Respiratory System (11%) Diseases of Musculoskeletal System (9%) Diseases of Digestive System (7%)
65 – 74 years	19,748	Injuries & Poisonings (18%) Diseases of Respiratory System (11%) Diseases of Circulatory System (10%) Diseases of Musculoskeletal System (8%)
75+ years	26,632	Injuries & Poisonings (17%) Diseases of Circulatory System (13%) Diseases of Respiratory System (10%) Diseases of Digestive System (7%)

Data source: Ambulatory Visits [2003-2009], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [December 2010].

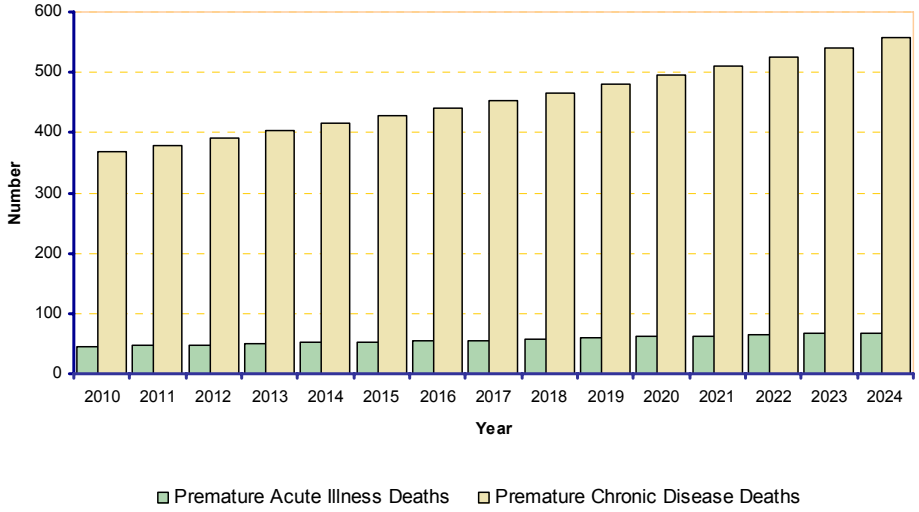
Premature Deaths and Hospital Admissions Attributable to Air Pollution

Air pollution is linked to many illnesses, including asthma, heart disease, various cancers, high blood pressure, stroke and premature death.[39] In 2010, air pollution may have contributed to as many as 9,500 premature deaths in Ontario and 350 premature deaths in Simcoe Muskoka. The majority of these premature deaths are from chronic exposure to air pollution over an extended period, even decades. However, premature deaths can also result from an acute response to air pollution exposure. [39]

It is expected that air pollution-related illness and premature death will continue to increase, not because of increasing pollution levels but from population growth and the aging of the population. Seniors (ages 65+) currently make up 16 % of the population; however, this figure is projected to reach 22% by 2024.[39]

Figure 4-11 shows the projected increases in premature mortality over the next 15 years in Simcoe Muskoka. The number of premature chronic disease deaths attributable to air pollution from Ozone (O_3) and fine particulate matter ($PM_{2.5}$) is expected to increase from an estimated 320 deaths in 2010 to around 550 deaths in 2024. The number of premature acute illness deaths attributable to air pollution is also expected to increase over the same 15 year time period, from around 50 in 2010 to 70 in 2024. [39]

Figure 4-11: Estimated Annual Number of Premature Deaths Attributable to Air Pollution (O_3, $PM_{2.5}$)
Simcoe Muskoka, 2010-2024



Source: Simcoe Muskoka District Health Unit. Premature Deaths and Hospital Admissions Attributable to Air Pollution [Internet]. [accessed: February 1, 2011]. Available from: http://www.simcoemuskokahealthstats.org/Topics/Environment/OutdoorAir/AirPollutionICAP.aspx

In 2010, it is estimated that acute illness from air pollution exposure in Simcoe Muskoka will have resulted in about 175 hospital admissions and 1,500 emergency department visits.[39]

4.4 THE SIX HEALTHY COMMUNITIES PRIORITY AREAS

Physical Activity, Sport and Recreation

Being physically active is important for overall health and well-being. According to the new Canadian Physical Activity Guidelines (January 2011), adults (18-64 years) and older adults (65 years and older) need to accumulate at least 150 minutes of moderate to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week. Children (5-11 years) and youth (12-17 years) need to accumulate at least 60 minutes of moderate to vigorous-intensity physical activity daily. This should include vigorous-intensity activities at least 3 days per week and activities that strengthen muscle and bone at least 3 days per week.[40]

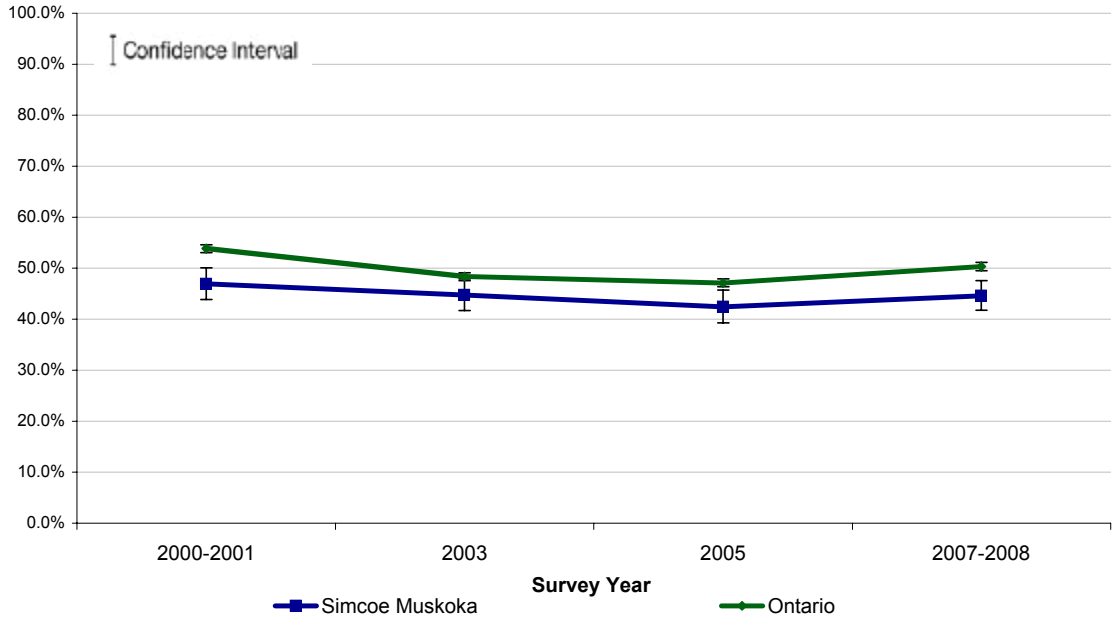
Furthermore, physical activity has been shown to reduce chronic disease rates. In Canada, it is estimated that 35.8% of coronary artery disease; 19.9% of stroke; 19.9% of hypertension; 19.9% of colon cancer; 11.0% of breast cancer; 19.9% of type 2 diabetes; and 27.1% of osteoporosis is attributable to physical inactivity.[41] Physical activity, even at moderate levels, reduces the risk of becoming overweight or developing obesity and/or other chronic diseases, and can reduce cardiovascular disease by as much as 50%.[41] However, many Canadian adults do not engage in regular physical activity and this is poses a significant risk to their health and quality of life.

The percentage of residents aged 12 years and older in Simcoe Muskoka who reported being physically inactive in 2007-2008 was 44.6% (41.2%, 48.1%), significantly lower than the provincial average of 50.3% (49.5%, 51.1%).[42]

Figure 4-12 reflects the trend of physical inactivity for Simcoe Muskoka and Ontario over the period from 2000-2001 to 2007-2008. The rates of inactivity in Simcoe Muskoka are consistent with those in Ontario and have remained relatively stable over this time period. However, as previously mentioned, the 2007/2008 physical inactivity rate in Simcoe Muskoka is significantly lower than the Ontario rate.

In 2007-2008, the percentage of Simcoe Muskoka females aged 12 years and older who reported being physically inactive was 47.4% (43.5%, 51.4%) (see **Figure 4-13**), which was higher than the male percentage of 41.7% (37.5%, 46.0%) (see **Figure 4-14**) (see **Table 4-4)**. These figures were significantly lower than the female Ontario average of 54.4% (53.3%, 55.5%) and higher than the Ontario average of 46.0% (44.8%, 47.3%) of males.[42]

Figure 4-12: Leisure Time Physical Activity Status of Inactive (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



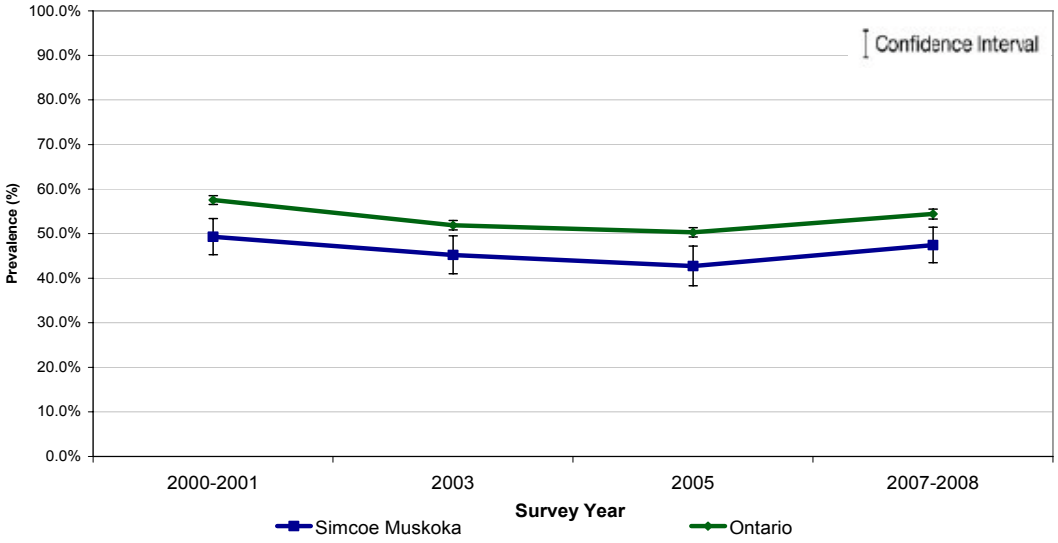
Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Table 4-4: Self-Reported Physical Inactivity (12+), By Gender Simcoe Muskoka & Ontario, 2000 to 2008

Physically Inactive	Simcoe Muskoka					
	Both Sexes		Males		Females	
Survey Year	*%*	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2000-2001	47.00%	(43.9%, 50.1%)	44.40%	(39.8%, 49.2%)	49.30%	(45.3%, 53.4%)
2003	44.80%	(41.7%, 47.9%)	44.30%	(39.9%, 48.8%)	45.20%	(41.0%, 49.5%)
2005	42.40%	(39.3%, 45.7%)	42.20%	(37.6%, 46.9%)	42.70%	(38.3%, 47.2%)
2007-2008	44.60%	(41.7%, 47.6%)	41.70%	(37.5%, 46.0%)	47.40%	(43.5%, 51.4%)

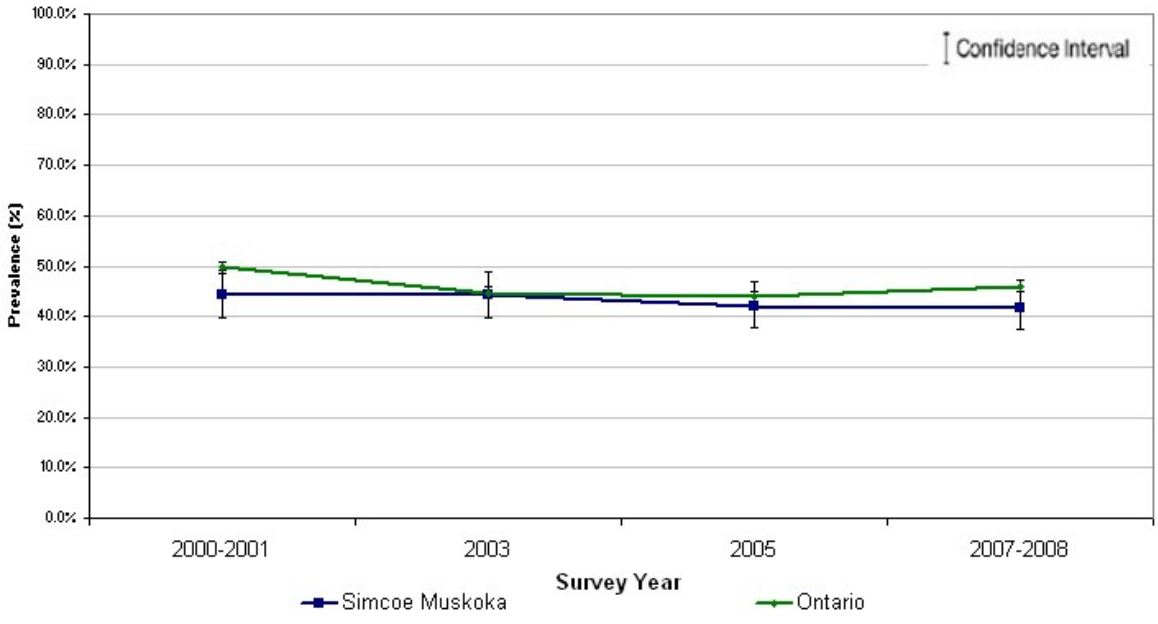
Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Figure 4-13: Leisure Time Physical Activity Status of Inactive among Females (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Figure 4-14: Leisure Time Physical Activity Status of Inactive among Males (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

There is a positive relationship between income level and physical activity status in Ontario. In 2007-2008, lower middle income individuals aged 12 and over self-reported the greatest prevalence of physical inactivity, at 57.8% (55.4%, 60.1%) while the province's highest income individuals self-reported the greatest prevalence of physical activity, at 30.0% (29.0%, 31.1%) (see **Table 4-5**) (see **Figure 4-15**).[42]

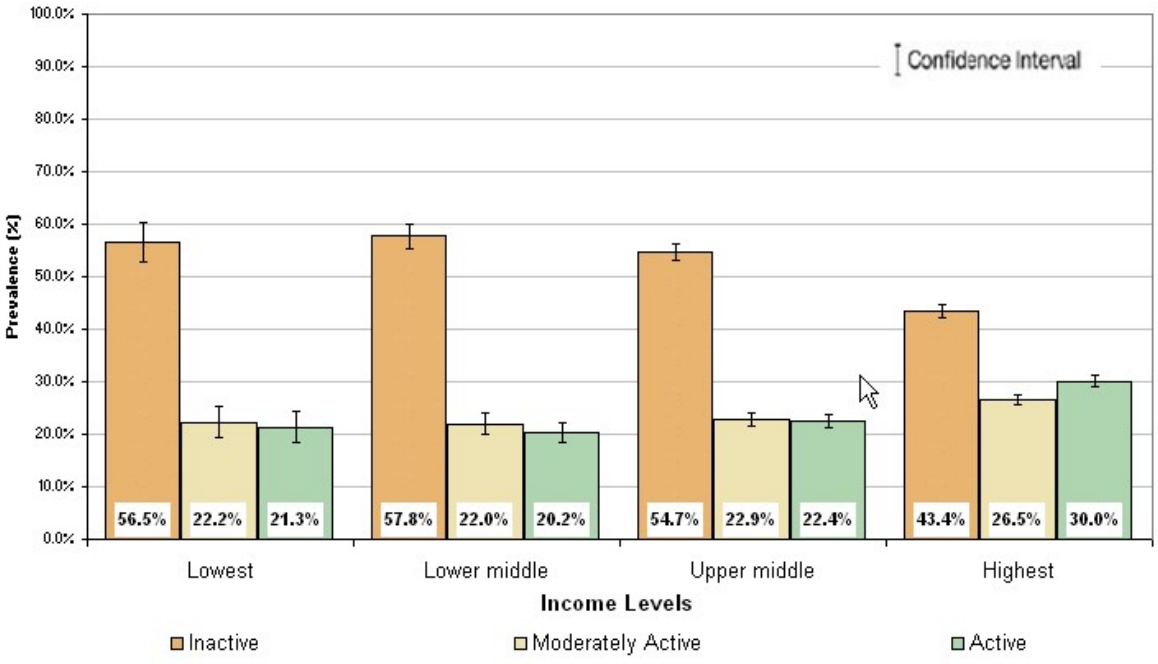
Table 4-5: Self-reported Physical Activity Status among population (12+), by Household Income Category Ontario, 2007-2008

Income Level	Ontario					
	Inactive [1]		Moderately Active [2]		Active [3]	
	%	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*
Lowest	56.50%	(52.7%, 60.2%)	22.20%	(19.5%, 25.2%)	21.30%	(18.5%, 24.5%)
Lower middle	57.80%	(55.4%, 60.1%)	22.00%	(20.1%, 24.1%)	20.20%	(18.5%, 22.0%)
Upper middle	54.70%	(53.1%, 56.3%)	22.90%	(21.7%, 24.2%)	22.40%	(21.2%, 23.7%)
Highest	43.40%	(42.2%, 44.6%)	26.50%	(25.5%, 27.6%)	30.00%	(29.0%, 31.1%)

Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

[1] Statistics Canada calculates activity on the basis of total daily Energy Expenditure values (kcal/kg/day). Energy Expenditure (EE) is calculated using the frequency and duration per session of the physical activity as well as the metabolic energy costs expressed as a multiple of the resting metabolic rate. Inactive EE values fall between zero and 1.4.8
[2] Moderately active EE values fall between 1.5 and 2.9.8
[3] Active EE values fall above 3.0.8

Figure 4-15: Leisure Time Physical Activity Status (12+), by Income Level, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

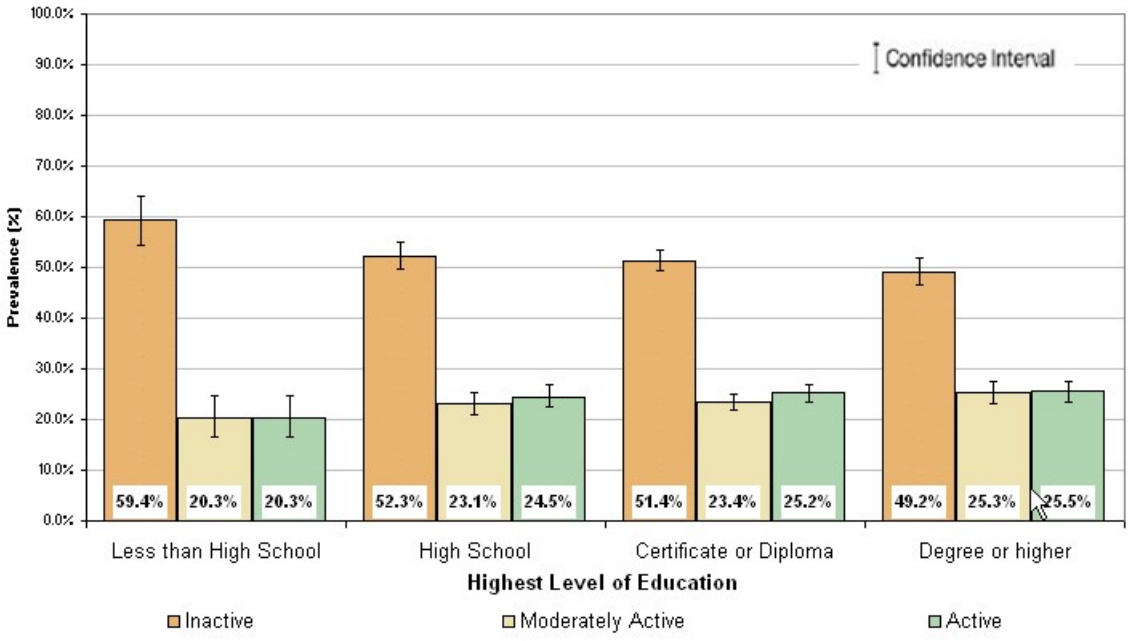
In 2007-2008, individuals with less than a high school education self-reported the greatest prevalence of physical inactivity, at 59.4% (54.4%, 64.1%) while individuals with a degree or higher self-reported the greatest prevalence of physical activity, at 25.5% (23.6%, 27.6%) (see **Table 4-6**) (see **Figure 4-16**).[42]

Table 4-6: Physical Activity Status by Education Level
Ontario, 2007-2008

Ontario						
Education Level	*Inactive %*	*Confidence Interval*	*Moderately Active %*	*Confidence Interval*	*Active %*	*Confidence Interval*
Less than High School	59.40%	(54.4%, 64.1%)	20.30%	(16.6%, 24.6%)	20.30%	(16.6%, 24.7%)
High School	52.30%	(49.7%, 55.0%)	23.10%	(21.0%, 25.4%)	24.50%	(22.4%, 26.7%)
Certificate or Diploma	51.40%	(49.4%, 53.4%)	23.40%	(21.7%, 25.1%)	25.20%	(23.6%, 27.0%)
Degree or higher	49.20%	(46.7%, 51.7%)	25.30%	(23.2%, 27.4%)	25.50%	(23.6%, 27.6%)

Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Figure 4-16: Leisure Time Physical Activity Status among Adult (20-44), by Highest Level of Education, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Inactive Children and Youth

It is important to develop active living habits early in childhood as physically inactive children tend to become inactive teenagers and then inactive adults.[43]

National data suggests that half of children and youth aged five to 12 are not active enough for optimal growth and development and activity levels decrease significantly for adolescents aged 13 to 17. Canadian girls are less active than boys at all ages, with only 44.0% of girls aged five to 12 considered active compared to 53.0% of boys.(43)

According to the 2003 Simcoe County Child Health Survey, only half, 52% (49%, 55%) of Simcoe County Grade 1 children were meeting the 90 minutes per day national guideline for total physical activity (note: this refers to the old Physical Activity Guidelines for Children. As noted above, new Guidelines were released in January 2011); 46.0% (43.0%, 49.0%) of children walked, biked, skateboarded or used similar methods to go to or from home and school at least once in the week before the survey.

Survey results highlight the importance of physical environments as children are more likely to meet recommended physical activity levels when there are physical environments like school grounds and neighbourhood parks. Children are also more likely to meet recommended physical activity levels when their parents meet the adult national guideline for physical activity.(43)

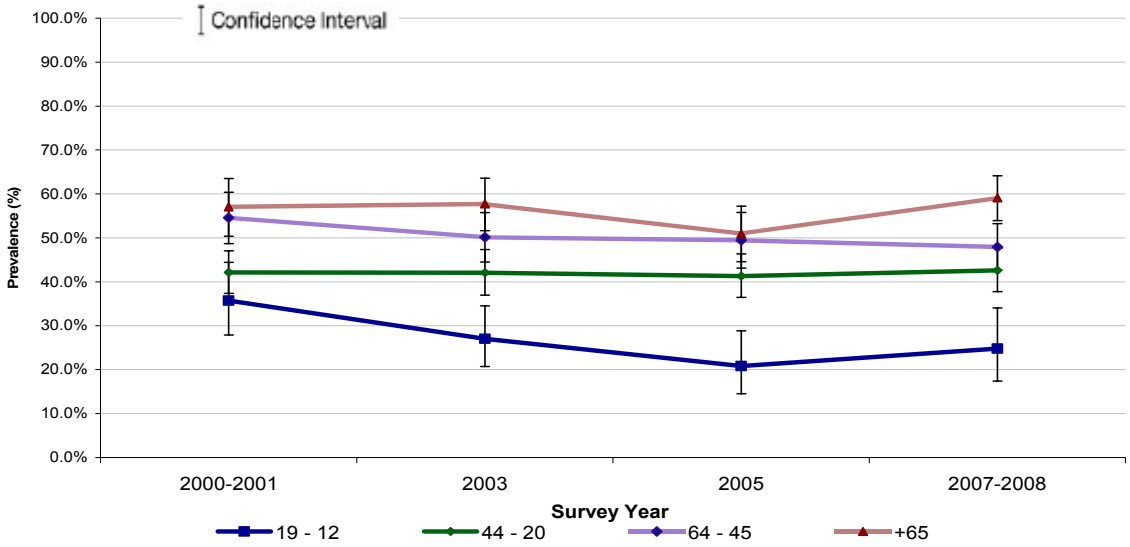
In Simcoe Muskoka and Ontario, there is a positive relationship between age and physical inactivity. In 2007-2008, residents in Simcoe Muskoka in the 12-19 age category self-reported the lowest prevalence of physical inactivity, at 24.8% (17.4%, 34.0%), while residents age 65 and older self-reported the highest prevalence of physical inactivity, at 59.1% (53.9%, 64.2%) (see **Table 4-7** and **Figure 4-17**). With the exception of individuals age 65 or older, all other age categories self-reported a lower prevalence of physical inactivity than the provincial averages.(41)

Table 4-7: Self-reported Physical Inactivity (12+), By Age
Simcoe Muskoka, 2000-2001, 2003, 2005 & 2007-2008

Physically Inactive	Simcoe-Muskoka							
	12-19		*20 – 44*		*45 - 64*		*65+*	
	%	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2000-2001	35.70%	(27.9%, 44.4%)	42.10%	(37.4%, 47.1%)	54.60%	(48.7%, 60.4%)	57.10%	(50.4%, 63.5%)
2003	27.00%	(20.7%, 34.5%)	42.10%	(36.9%, 47.4%)	50.10%	(44.5%, 55.7%)	57.70%	(51.7%, 63.6%)
2005	20.80%	(14.5%, 28.9%)	41.30%	(36.4%, 46.4%)	49.40%	(43.1%, 55.8%)	50.90%	(44.6%, 57.2%)
2007-2008	24.80%	(17.4%, 34.0%)	42.60%	(37.8%, 47.6%)	48.00%	(42.7%, 53.3%)	59.10%	(53.9%, 64.2%)

Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

**Figure 4-17: Leisure Time Physical Activity Status of Inactive (12+), by Age Group,
Simcoe Muskoka, 2000-2001, 2003, 2005 & 2007-2008**



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Healthy Eating

Nutritious food is essential for good health. Access to a safe, dependable and affordable supply of healthy food improves individual and community health and reduces the risk of many chronic diseases.(44) According to Canada's Food Guide (2007), adults (19-50 years) and older adults (51 years and older) need to consume 7-10 servings of vegetables and fruits per day, 6-8 servings of grain products, 2-3 servings of milk and alternatives, and 2-3 servings of meat and alternatives per day.

Over the past several decades, dietary patterns have shifted toward a diet dominated by a higher intake of animal and partially hydrogenated fats and a lower intake of fiber. An increase in the number of jobs requiring little physical activity and the proliferation of mechanization have paralleled this transition and an overall shift toward more sedentary lifestyles has occurred, for a variety of reasons. Obesity and associated disabling chronic diseases have flourished on a global scale, and modern populations find it difficult, if not impossible, to maintain a healthy body weight while living in an environment of fast-food restaurants, automobiles, and remote controls.(45) Fruits and vegetables are important items for a healthy diet and contain essential vitamins, minerals, and fiber that may help protect people from chronic diseases.

Research has shown that diets containing substantial and varied amounts of vegetables and fruit:

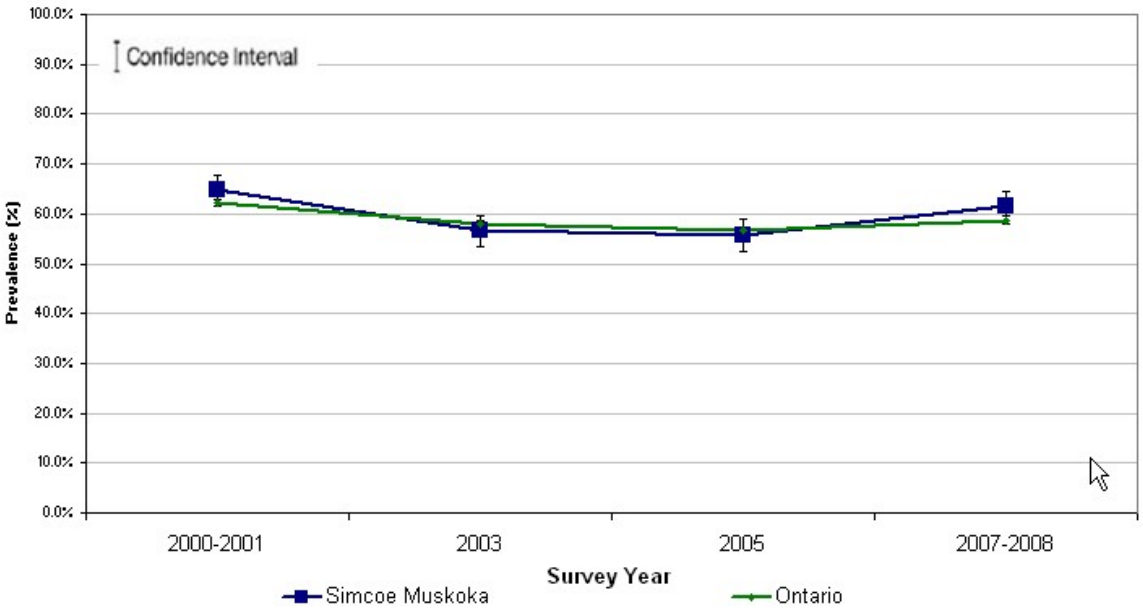
- may prevent certain types of cancer [46]
- are associated with reduced risk of cardiovascular disease
- are associated with healthy weights and decreased risk of obesity

Fruit and Vegetable Consumption

The percentage of individuals in Simcoe Muskoka reporting daily fruit and vegetable intake greater than five servings per day decreased from 41.9% (38.9%, 44.8%) in 2003 to 38.4% (35.6%, 41.4%) in 2007-2008. In Ontario, the percentage of individuals reporting daily fruit and vegetable intake greater than five servings per day increased from 40.2% (39.4%, 40.9%) in 2003 to 41.3% (40.4%, 42.1%) in 2007-2008.[42]

Figure 4-18 and **Table 4-8** show the trend in the consumption of less than five daily servings of fruits and vegetables amongst residents over the age of 12 for Simcoe Muskoka and Ontario over the period between 2000-2001 and 2007-2008. The trend in Simcoe Muskoka was consistent with that of the province as a whole.

Figure 4-18: Population (12+) that report daily fruit and vegetable intake of less than 5 per day, Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Table 4-8: Self-reported Daily Fruit and Vegetable Intake (12+), Simcoe Muskoka 2007-2008

<5 Daily Servings of Fruit & Vegetables	Simcoe Muskoka					
	Both Sexes		*Males*		*Females*	
Survey Year	*%*	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2000-2001	64.70%	(61.6%, 67.6%)	69.30%	(64.7%, 73.5%)	60.30%	(56.2%, 64.3%)
2003	56.60%	(53.4%, 59.7%)	64.60%	(60.2%, 68.7%)	48.60%	(44.3%, 53.0%)
2005	55.80%	(52.5%, 59.0%)	67.10%	(62.4%, 71.4%)	45.10%	(40.7%, 49.6%)
2007-2008	61.60%	(58.6%, 64.4%)	68.00%	(63.7%, 72.0%)	55.50%	(51.5%, 59.4%)
<5 Daily Servings of Fruit & Vegetables	**Ontario**					
	Both Sexes		*Males*		*Females*	
Survey Year	*%*	*Confidence Interval*	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2000-2001	62.20%	(61.4%, 62.9%)	67.30%	(66.3%, 68.3%)	57.20%	(56.2%, 58.3%)
2003	57.90%	(57.2%, 58.7%)	64.10%	(63.0%, 65.2%)	52.10%	(51.0%, 53.1%)
2005	56.60%	(55.8%, 57.4%)	63.30%	(62.2%, 64.4%)	50.20%	(49.2%, 51.3%)
2007-2008	58.80%	(57.9%, 59.6%)	65.10%	(63.9%, 66.2%)	52.70%	(51.6%, 53.9%)

Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the percentage of males in Simcoe Muskoka who reported daily fruit and vegetable intake of greater than five servings per day was 32.0% (28.0%, 36.3%), significantly lower than the percentage of females, 44.5% (40.6%, 48.5%).[42]

Fruit and vegetable consumption tends to be highest amongst young adults and seniors. In 2007-2008, among Simcoe Muskoka residents age 12 to 19, 43.1% (34.8%, 51.7%) report daily fruit and vegetable consumption of greater than five serving per day while 45.4% (40.0%, 51.0%) of individuals age 65 and older report daily fruit and vegetable consumption of greater than five serving per day.[42]

Fruit and vegetable consumption is positively related to education levels, as consumption increases with education. In 2007-2008, among Simcoe Muskoka residents with a high school education or less, 35.0% (31.1%, 39.2%) report daily fruit and vegetable consumption of greater than five servings per day as compared with 48.6% (41.2%, 56.0%) of residents with a university degree of higher.[42]

Fruit and vegetable consumption is also positively related with income levels, as consumption increases with income. In 2007-2008, among Simcoe Muskoka's lowest income earners, 26.7%¥ (17.3%, 38.8%) report daily fruit and vegetable

¥ Interpret with caution, high variability

consumption of greater than five servings per day as compared with 39.5% (35.1%, 44.2%) of high income earners.[42]

The results indicate that residents who are of a higher socio-economic status are more health conscious and have greater preferences for fruits and vegetables than residents of a lower socio-economic status.

Food Security

Food security is an important contributor to healthy eating. The definition of food security endorsed by the Canadian Government as defined by the World Food Summit 2008 states: [47] "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." The opposite situation, in which food is limited or uncertain, is referred to as food insecurity.

Although food costs are on the rise, food is still reasonably priced in Canada relative to what people pay in many other countries. Even so, not everyone can afford a basic, healthy diet. This usually isn't because food prices are too high, but because people with limited incomes are unable to stretch their food dollars far enough – no matter how good their food knowledge and budgeting skills.

The links between poverty, food security and health are clear. People living in poverty spend less money on food and buy more foods that are higher in calories, fat, sugars and processed grains, which are often more affordable. Low-income families tend to eat fewer nutrient-rich foods such as vegetables, fruit and milk products than higher income families do. They also report more health problems and chronic diseases like heart disease, diabetes and high blood pressure.

Young children in food-insecure families are also affected – they tend to suffer from stomach upsets and headaches more often and make more visits to the hospital than do children from homes where food security is not an issue. Some evidence shows that children from food-insecure families tend to have poorer social skills and do less well at school.[48]

Each year, the SMDHU conducts the *Nutritious Food Basket* survey. In May 2010, Health Unit staff visited a sample of eight grocery stores from different parts of the Simcoe Muskoka to record the price of 67 specific food items. This information provides up-to-date local figures for how much it costs to eat a nutritious diet. The results of the survey are used to assess whether or not a healthy diet based on snacks and meals prepared at home is affordable for lower income Simcoe Muskoka residents.[48]

According to the 2010 survey results, a "reference" family of four living in Simcoe Muskoka would need to spend $160.39 each week ($694.49 per month) for a nutritious basket of foods that could be used to prepare meals and snacks

consistent with healthy eating patterns recommended in *Canada's Food Guide*. In comparison, the provincial average cost of the Nutritious Food Basket was $169.17 per week.[48]

Weekly costs of eating healthy vary by sex and age. It costs $51.15 per week ($221.48 per month - based on $51.15 x 4.33 weeks/month) to feed a Simcoe Muskoka male between the ages of 14 to 18 years compared to $21.04 per week ($91.10 per month) for a girl aged 2 to 3 years. Any deviations from the reference family, which includes: a man and a woman each aged 31-50 years; a boy aged 14-18 years; and a girl aged 4-8 years, would change the cost of eating. Costs would also be expected to increase if a female family member was pregnant or breastfeeding. For males and females across all age groups, the average weekly cost of the Nutritious Food Basket in Simcoe Muskoka is a little less than the provincial average (see **Table 4-9**).[48]

Table 4-9: Weekly Cost of a Nutritious Food Basket by Sex and Age Groups Ontario and Simcoe Muskoka, 2010

Total Weekly Cost by Age and Sex (in YEARS)	Ontario Average Year 2010	Simcoe Muskoka Average Year 2010	Difference
MALE			
40577	$22.46	$21.46	$1.00
40641	$28.95	$27.60	$1.35
FEMALE			
40577	$22.03	$21.04	$0.99
40641	$28.09	$26.77	$1.32
MALE			
40799	$38.36	$36.51	$1.85
14-18	$54.00	$51.15	$2.85
19-30	$52.13	$49.31	$2.82
31-50	$47.14	$44.63	$2.51
51-70	$45.57	$43.18	$2.39
Over 70	$45.11	$42.75	$2.36
FEMALE			
40799	$32.88	$31.32	$1.56
14-18	$39.26	$37.31	$1.95
19-30	$40.40	$38.25	$2.15
31-50	$39.95	$37.85	$2.10
51-70	$35.46	$33.70	$1.76
Over 70	$34.83	$33.11	$1.72
PREGNANCY			
18 and younger	43.74	41.51	2.23
19-30	44.13	41.85	2.28
31-50	43.05	40.84	2.21
LACTATION			
18 and younger	$45.55	$43.25	$2.30
19-30	$46.76	$44.30	$2.46
31-50	$45.68	$43.29	$2.39
Reference Family	**$169.17**	**$160.39**	**$8.78**

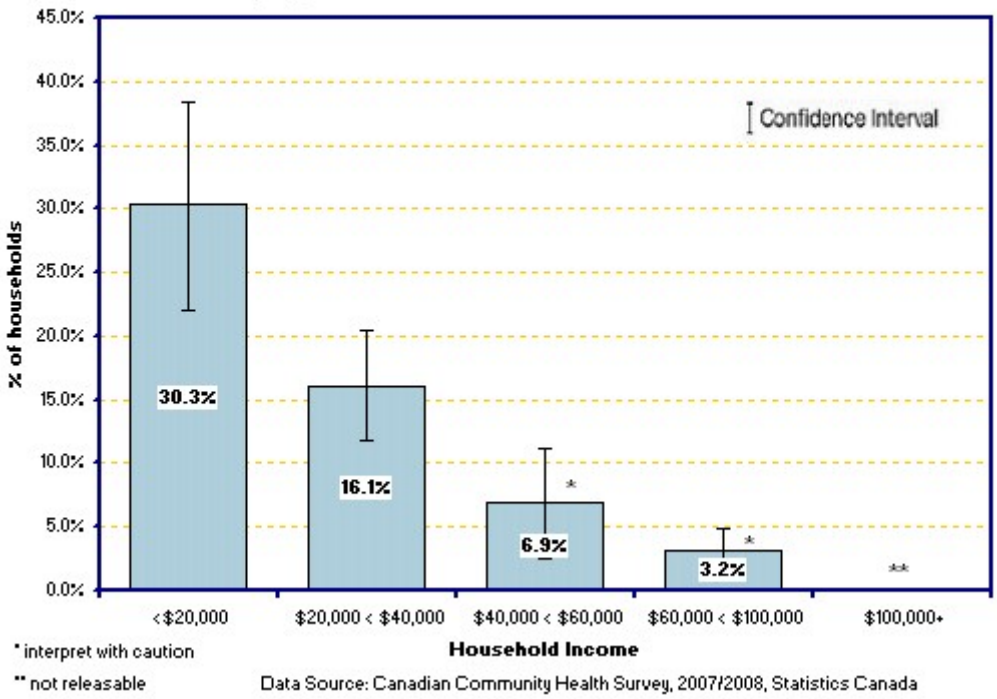
Source: Nutritious Food Basket, 2010. Simcoe Muskoka District Health Unit and Ontario Ministry of Health Promotion and Sport

Note: A reference family of four includes: a man and a woman each aged 31-50 years; a boy aged 14-18 years; and a girl aged 4-8 years.

Nutritious Food Basket survey results and apartment rents for Simcoe Muskoka (from the Canadian Mortgage and Housing Corporation) clearly show that income from social assistance, pensions or minimum wage employment is not adequate to cover the cost of healthy food, housing and other basic expenses for individuals and families who live in Simcoe Muskoka.[48]

The difference between a family's food plus housing cost and their income can be a useful indicator of food security. There are 179,810 private households in Simcoe Muskoka and 8.4% (6.9%, 10.0%) reported experiencing moderate to severe food insecurity at least once in previous 12 months, according to the Canadian Community Health Survey 2007/2008. The relationship between income and food security is clear – the less money available, the more food insecure household members feel. **Figure 4-19** shows the percentage of Simcoe Muskoka households with moderate to severe food insecurity by income levels. Nearly one-third (30.3%, 95% confidence interval 22.1%, 38.4%) of households earning less than $20,000 per year reported being unable to afford the food they needed in the last 12 months compared to 3.2%¥ (95% confidence interval 1.5%, 4.9%) of households that earned between $60,000 and $99,999 per year.[48]

Figure 4-19: Households with Moderate to Severe Food Insecurity by Income Levels, Simcoe Muskoka, 2007/2008



¥ Interpret with caution, high variability

Based on local 2010 Nutritious Food Basket survey results and average apartment rents, a middle-income family of four living in Simcoe Muskoka area would need to spend 29.9% of their monthly income on food and rent.[48] By comparison, residents of Simcoe and Muskoka receiving social assistance, pension income or a minimum wage would need to use much more of their income to cover basic food and housing costs. For example, when income from one full time minimum wage job ($10.25 per hour) is the income source for a Simcoe Muskoka family of four, 68.7% of the family's income would be needed to pay for the basic necessities of food and rent (see **Table 4-10**). Clearly, to the working poor "having a job" does not automatically mean having enough money to cover basic needs.[48]

Table 4-10: Income/Expense Scenarios, Households on Fixed Incomes
Simcoe Muskoka, 2010

	Ontario Works Reference Family of Four	**Ontario Works** Single mother age 31-50 with girl age 8, boy age 14	**Ontario Works** Single man, age 31-50	**Ontario Disability Support Program** Single man age 31-50	**Old Age Security & Guaranteed Income Supplement** Single woman age 70+	**Minimum Wage** Reference Family of Four
Income	$1,112.00	$961.00	$585.00	$1,042.00	$1,170.00	$1,777.00
Additional benefits & credits	$796.00	$796.00	$21.00	$29.00	$31.00	$737.00 (after EI & CPP deductions)
Total monthly income (after tax)	**$1,908.00**	**$1,757.00**	**$606.00**	**$1,071.00**	**$1,201.00**	**$2,514.00**
Apartment rent* (may or may not include hydro)	$1033.14 (3 bedroom)	$906.04 (2 bedroom)	$646.53 (bachelor apt.)	$646.53 (bachelor apt.)	$772.67 (1 bedroom)	$1033.14 (3 bedroom)
Monthly cost of healthy food	$694.49/mo	$526.35/mo	$231.90/mo	$231.90/mo	$170.04/mo	$694.49/mo
Basic necessities (rent and food)	**$1,727.63**	**$1,432.39**	**$878.43**	**$878.43**	**$942.71**	**$1,727.63**
% of income (after tax) spent on rent and food	**90.50%**	**81.50%**	**145.00%**	**82.10%**	**78.50%**	**68.70%**
What's left for other basic needs? (e.g. household and personal care items, clothing	**$180.37/mo**	**$324.61/mo**	**-$272.43 per month**	**$192.57/mo**	**$258.29/mo**	**$786.37/mo**

Source: Simcoe Muskoka District Health Unit. How affordable is Healthy Eating in Simcoe and Muskoka? 2010 Edition.

Health Impacts Resulting from Physical Inactivity and Unhealthy Eating

Physical activity reduces the risk of chronic diseases such as coronary heart disease, stroke, hypertension, breast cancer, colon cancer, Type 2 diabetes and osteoporosis among adults. Similarly, regular physical activity is important for the healthy growth and development of children. The incidence of certain conditions in children and youth, such as Type 2 diabetes and obesity, has increased substantially in recent years. As well, since both physical inactivity and overweight tend to extend into adulthood, many of today's children will continue to be at an increased risk for a wide range of chronic diseases as they mature.(43)

Unhealthy eating and lower economic status also contribute to the development of chronic diseases such as hypertension, heart disease, stroke, certain types of cancer, type 2 diabetes and associated illnesses.(49) People are more likely to meet their nutrition needs when healthy, affordable food suppliers are easily accessible. In neighbourhoods that do not have grocery stores, residents often resort to more expensive, less healthy options such as processed and "fast food".(49) Communities that have ready access to a sustainable supply of healthy, locally grown and produced foods are less vulnerable to external factors that can affect the nutritional quality and/or quantity of foods available.

There is evidence to suggest that residents of lower income neighbourhoods have less access to healthy food choices than those in wealthier neighbourhoods.(50) Communities must promote healthy eating through planning and land use decisions that take into consideration the needs of all residents and ensure those less fortunate have access to nutritional options.

Obesity

Obesity is a strong risk factor for various chronic diseases. Obesity has been historically viewed as a personal or individual problem; however, rapidly rising rates among Canadians have brought the issue to the forefront as a public health concern of epidemic proportions. In Canada, between 1970 and 2004, the prevalence of obesity increased dramatically in all age groups. During that same period, the proportion of major chronic diseases (like hypertension, diabetes, heart disease, and stroke earlier in life) attributable to obesity more than doubled for men and increased almost 40% for women. Approximately 65% of Canadian men and 53% of Canadian women are overweight or obese.(51) During the last few decades the prevalence of overweight and obesity has increased dramatically in adults and it is affecting our children as well.(43) In 2004, 26%, more than one quarter of Canadian children and adolescents aged 2 - 17 were overweight or obese; 8% of which were obese.(43)

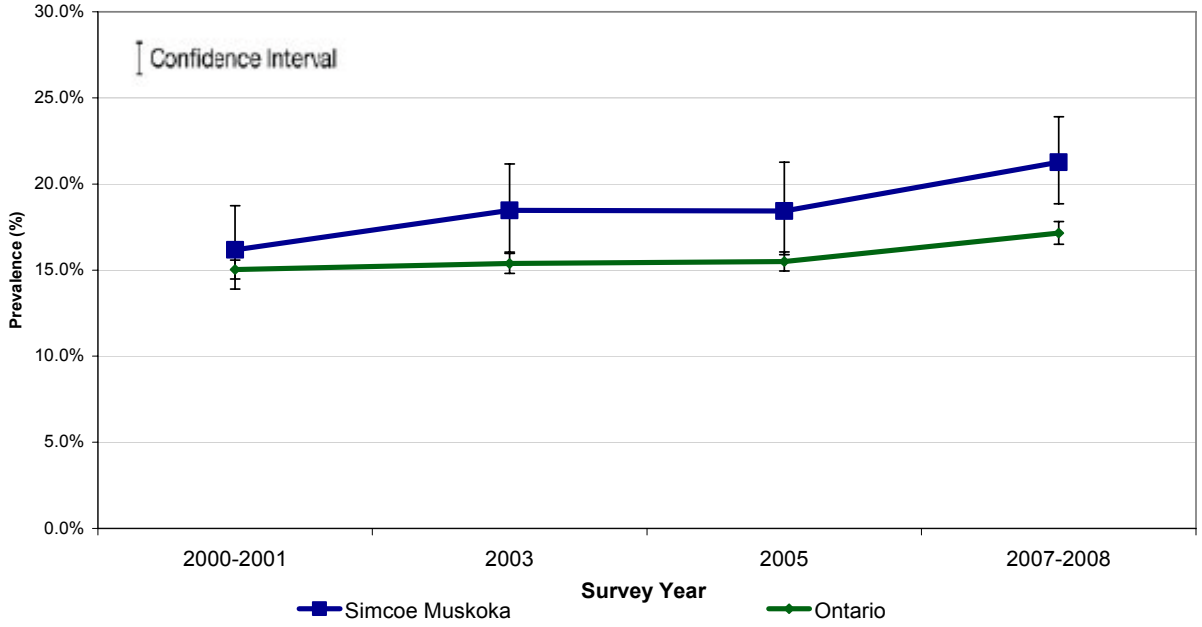
The percentage of individuals in Simcoe Muskoka aged 18+ who self-report as obese* increased from 16.2% (13.9%, 18.7%) in 2000-2001 to 21.3% (18.8%, 23.9%) in 2007-

* Body Mass Index (BMI) > 30

2008. In Ontario, the percentage of individuals aged 18+ who self-report as obese also increased from 15.0% (14.5%, 15.6%) to 17.1% (16.5%, 17.8%).[42]

Figure 4-20 shows the trend in obesity for Simcoe Muskoka and Ontario over the period from 2000-2001 to 2007-2008. While the trend in Simcoe Muskoka was consistent with that of the province as a whole, obesity rates in the two jurisdictions were statistically significantly different in 2007-2008.[42]

Figure 4-20: Prevalence of Obesity (BMI 30+) among Adults (18+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the percentage of Simcoe Muskoka males ages 18+ who self-reported as obese was 24.1% (20.4%, 28.4%), compared to 18.4% (15.6%, 21.6%) of females. The percentage of self-reported obesity among Simcoe Muskoka males is significantly higher than the Ontario percentage (see **Table 4-11**).[42]

Table 4-11: Self-Reported BMI >30, By Gender among Adults Ages 18+ in Simcoe Muskoka and Ontario
Simcoe Muskoka, 2007-2008

Obese (BMI ≥ 30)	Simcoe Muskoka *Males*		*Females*	
Survey Year	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2007-2008	24.10%	(20.4%, 28.4%)	18.40%	(15.6%, 21.6%)
Obese (BMI ≥ 30)	**Ontario** *Males*		*Females*	
Survey Year	*%*	*Confidence Interval*	*%*	*Confidence Interval*
2007-2008	18.40%	(17.4%, 19.5%)	15.90%	(15.1%, 16.7%)

Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Obesity is negatively related with income levels, as rates decrease with income. In 2007-2008, among Ontario's lowest income earners, 20.1% (16.0%, 25.0%) self-reported as obese as compared with 16.1% (15.2%, 17.0%) of the highest income earners.[42]

In 2007-2008 in Ontario, obesity was more prevalent among men in the lowest income level at 21.0%[¥] (12.9%, 32.4%) than among men in the highest income level, at 18.2% (16.9%, 19.5%) (see **Figure 4-21**). However, when comparing overweight men with a BMI of 25 to 30, there was an inverse relationship - the percentage of overweight men was significantly higher among those in the highest income level, at 45.2% (43.5%, 47.0%) as compared to the percentage of men in the lowest income category, at 30.6% (24.5%, 37.5%).[42] The data does not provide reasons why there is a higher percentage of obese men in the lowest income level but there is a higher percentage of overweight men are in the highest income level.

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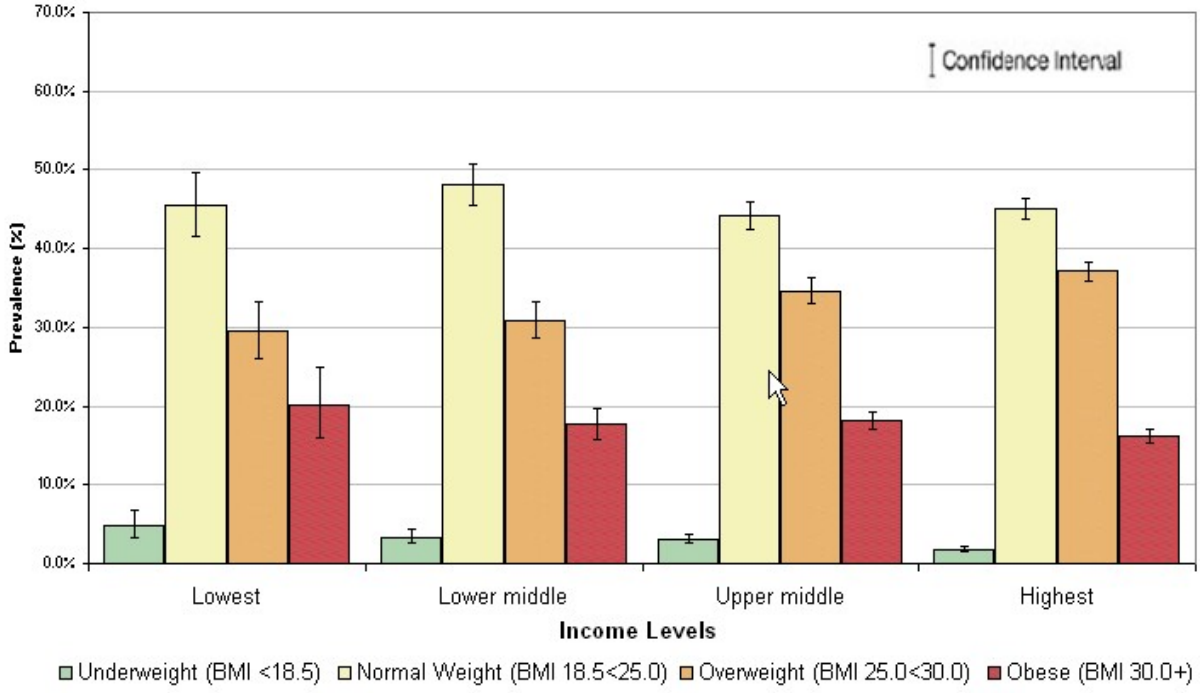
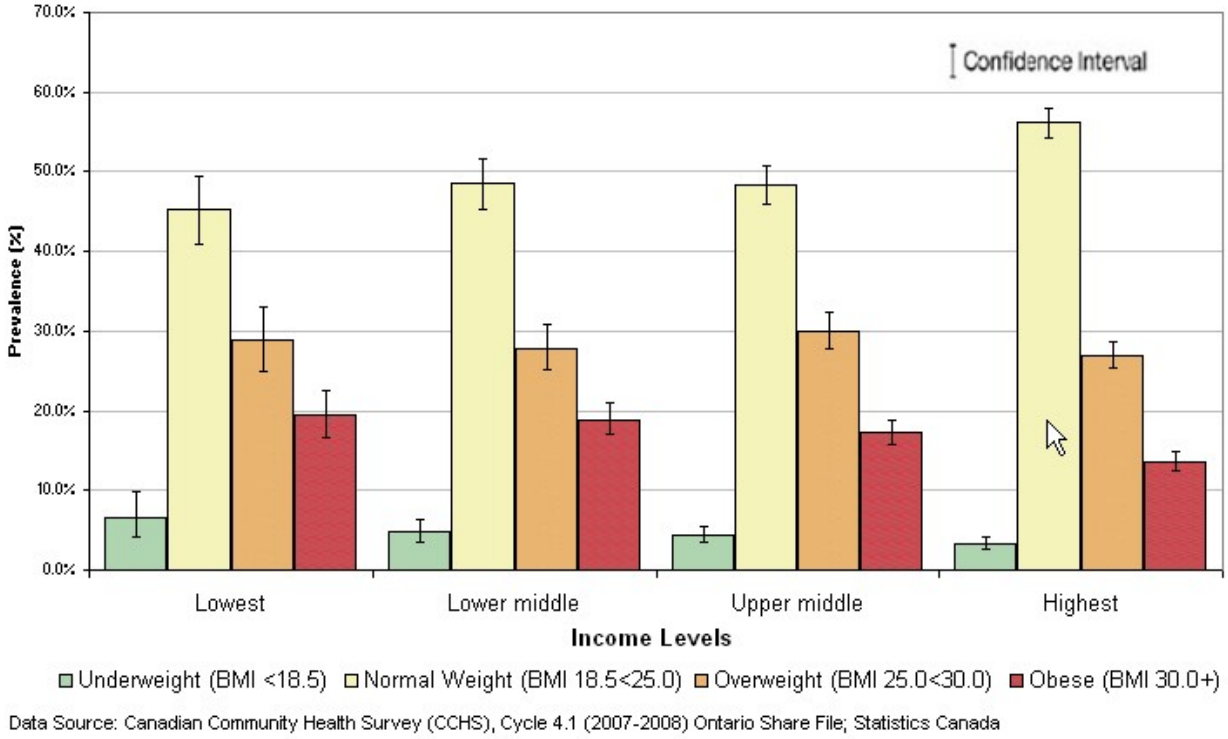
Figure 4-21: Self-reported BMI Classification among Adults (18+), by Income Level, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008 in Ontario, obesity was significantly more prevalent among females in the lowest income level, at 19.5% (16.7%, 22.6%) compared to those in the highest income level, at 13.6% (12.4%, 14.8%) (see **Figure 4-22**). The percentage of overweight women was fairly consistent between the lowest income level, at 28.8% (24.9%, 33.1%) and the highest income level, at 27.0% (25.3%, 28.7%).[42]

Figure 4-22: Self-reported BMI Classification among Adult Females (18+), by Income Level, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In recent years, the prevalence of overweight and obesity has increasingly become a concern among children as well. In the past two decades, prevalence rates of childhood overweight and obesity have doubled or tripled in developed countries, including Canada. The prevalence of overweight (BMI > 85th percentile) in female children aged seven to 13 years in Canada increased from 15% in 1981 to 29% in 1996. In male children of the same age, the prevalence of overweight increased from 15% in 1981 to 35% in 1996. The prevalence of obesity (BMI > 95th percentile) among Canadian children was 5% in 1981. This increased to 17% for boys and 15% for girls in 1996. Based on parent-reported body weights and heights, the National Longitudinal Survey of Children and Youth in 1998/1999 indicated that 37% of Canadian children aged two to 11 were either overweight or obese. This dramatic increase, which is recognized internationally, has been widely attributed to a combination of declining physical activity, increasing sedentary behaviour and increasing consumption of energy-dense, nutrient-poor foods.[43]

The 2003 Simcoe County Child Health Survey found that overall, 26% of Grade 1 children are overweight or are at-risk of becoming overweight (Body Mass Index for age >85th percentile). This was significantly higher than the Center for Disease Control and Prevention reference for comparable-age children.[43]

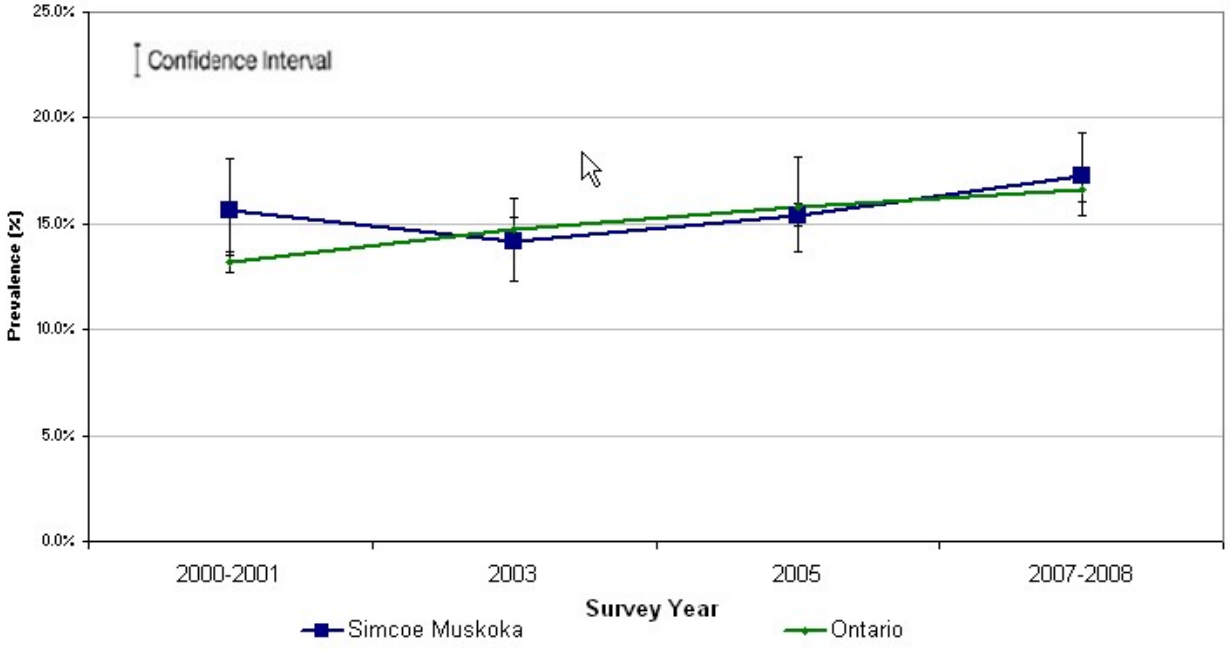
Overweight and obesity in children and youth is a concern because it can increase the risk of developing serious chronic diseases like Type 2 diabetes, heart disease, high blood pressure and stroke earlier in life. It can cause psychological stress, depression and lower self esteem due to the widespread social prejudice against larger body size. It can also lead to unhealthy weight-loss behaviours, such as anorexia nervosa, bulimia nervosa, and binge eating, that can affect children's physical and mental health, and increase the likelihood of remaining overweight or obese in adulthood.(43)

Hypertension

The prevalence of hypertension in residents of Simcoe Muskoka age 12 and older increased from 15.7% (13.5%, 18.1%) in 2000-2001 to 17.3% (15.4%, 19.3%) in 2007-2008. Similarly, in Ontario, the prevalence of hypertension in residents age 12 and older increased from 13.2% (12.7%, 13.7%) in 2000-2001 to 16.6% (16.0%, 17.2%) in 2007-2008.(42)

Figure 4-23 shows the trend in the prevalence of hypertension amongst residents over the age of 12 for Simcoe Muskoka and Ontario over the period of 2000-2001 to 2007-2008. The rates in Simcoe Muskoka were greater than those in Ontario until 2003 when Simcoe Muskoka experienced a decline in the prevalence of hypertension. Since then, both the province and Simcoe Muskoka experienced an increase in the prevalence of hypertension, with rates in Simcoe Muskoka again overtaking the province in 2007-2008. (42)

Figure 4-23: Prevalence of Hypertension (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008

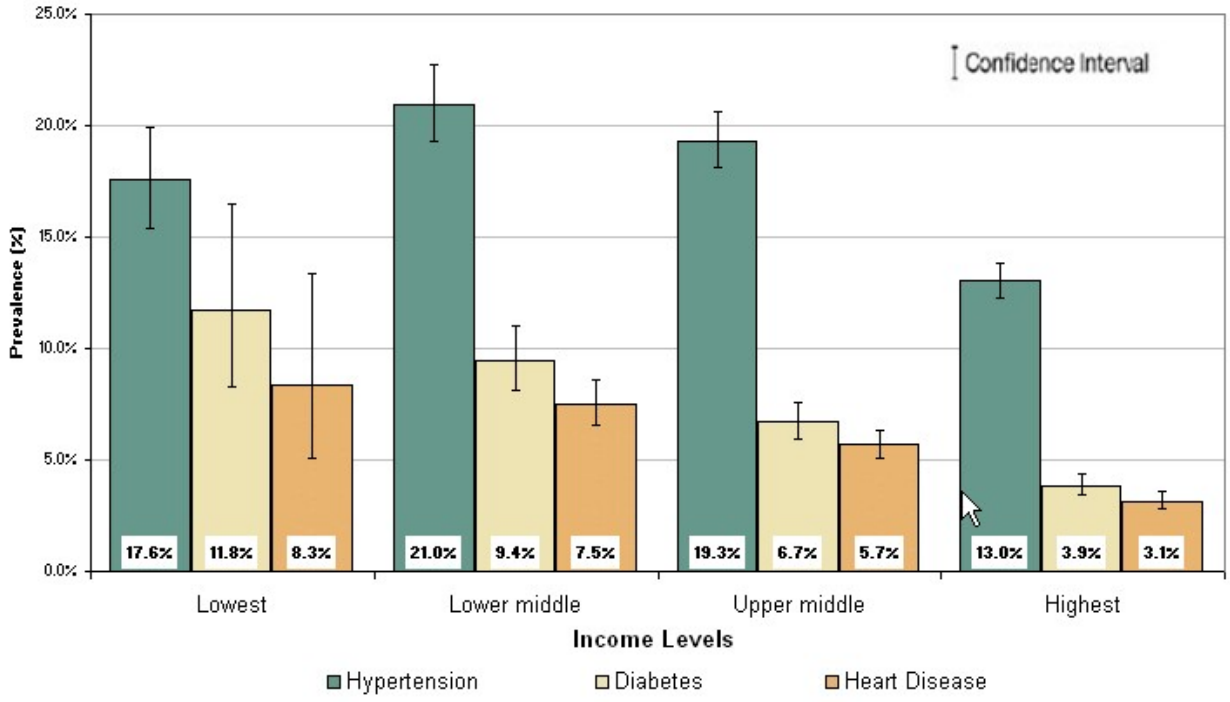


Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the prevalence of hypertension among Simcoe Muskoka males was 17.6% (14.8%, 20.9%), slightly higher than the prevalence among females, 16.9% (14.6%, 19.5%). In 2007-2008, the prevalence of hypertension among Ontario males was 15.9% (15.2%, 16.7%), lower than the prevalence among females, 17.2% (16.4%, 18.0%).[42]

Hypertension is negatively related to income levels, as rates decrease while income increases. Among the lowest income earners, 17.6% (15.4%, 19.9%) of Ontarians reported living with hypertension in 2007-2008 compared to 13.0% (12.3%, 13.8%) of the highest income earners (see **Figure 4-24**).[42]

Figure 4-24: Prevalence of Hypertension, Diabetes and Heart Disease (12+), by Income Level, Ontario 2007-2008



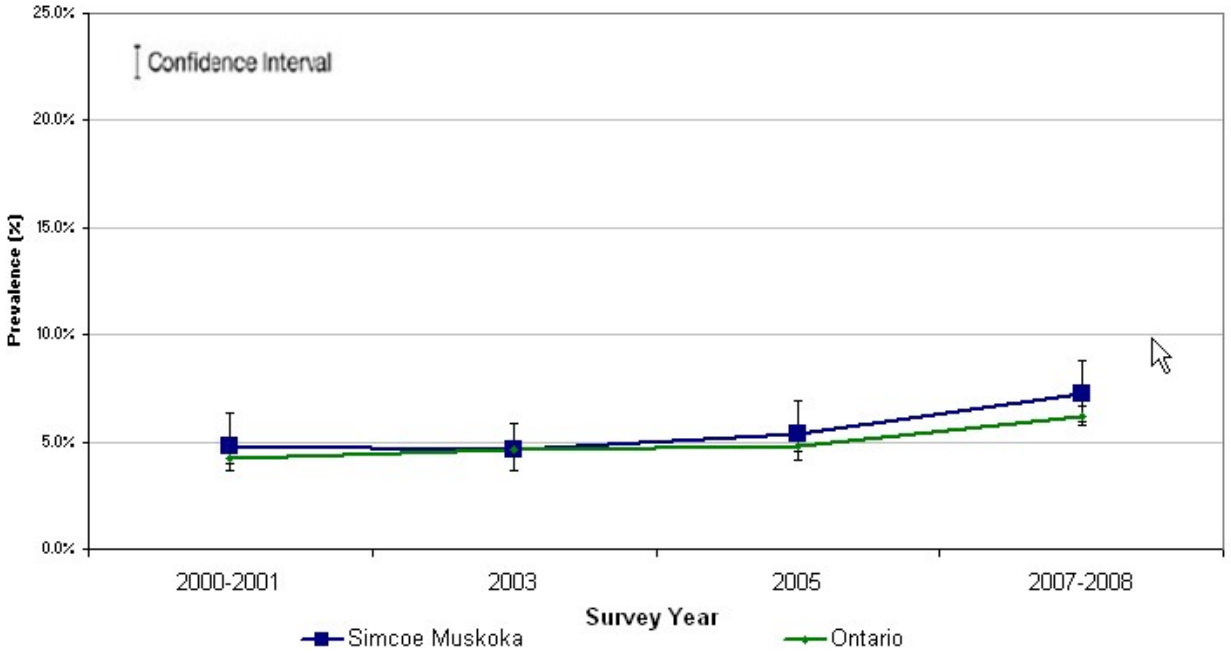
Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Diabetes

The prevalence of diabetes in residents of Simcoe Muskoka age 12 and older increased from 4.8% (3.6%, 6.3%) in 2000-2001 to 7.2% (5.9%, 8.8%) in 2007-2008. Similarly, in Ontario, the prevalence of diabetes in residents age 12 and older increased from 4.3% (4.0%, 4.5%) in 2000-2001 to 6.2% (5.8%, 6.7%) in 2007-2008.[42]

Figure 4-25 shows the trend in the prevalence of diabetes amongst residents over the age of 12 for Simcoe Muskoka and Ontario over the period of 2000-2001 to 2007-2008. The trend in Simcoe Muskoka is consistent with that of the rest of Ontario.

Figure 4-25: Prevalence of Diabetes (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the prevalence of diabetes among Simcoe Muskoka males was 8.2% (6.2%, 10.7%), higher than the prevalence among females, 6.3% (4.7%, 8.4%). In 2007-2008, the prevalence of diabetes among Ontario males was 6.8% (6.1%, 7.5%), similarly higher than the prevalence among females, 5.6% (5.1%, 6.2%).[42]

Diabetes is negatively related to income levels, as rates decrease as income increases. Among the lowest income earners, 11.8%[¥] (8.3%, 16.5%) of Ontarians reported living with diabetes in 2007-2008 as compared with 3.9% (3.4%, 4.3%) of high income earners (see **Figure 4-24**).[42]

Heart Disease

The prevalence of heart disease in residents of Simcoe Muskoka age 12 and older decreased from 6.1% (4.8%, 7.7%) in 2000-2001 to 5.3% (4.3%, 6.4%) in 2007-2008. Similarly, in Ontario, the prevalence of heart disease in residents age 12 and older decreased from 5.3% (5.0%, 5.6%) in 2000-2001 to 5.0% (4.7%, 5.4%) in 2007-2008.[42]

Figure 4-26 shows the trend in the prevalence of heart disease amongst residents 12 years of age and over for Simcoe Muskoka and Ontario over the period from 2000-2001 to 2007-2008. While in Ontario the prevalence of heart disease remained relatively

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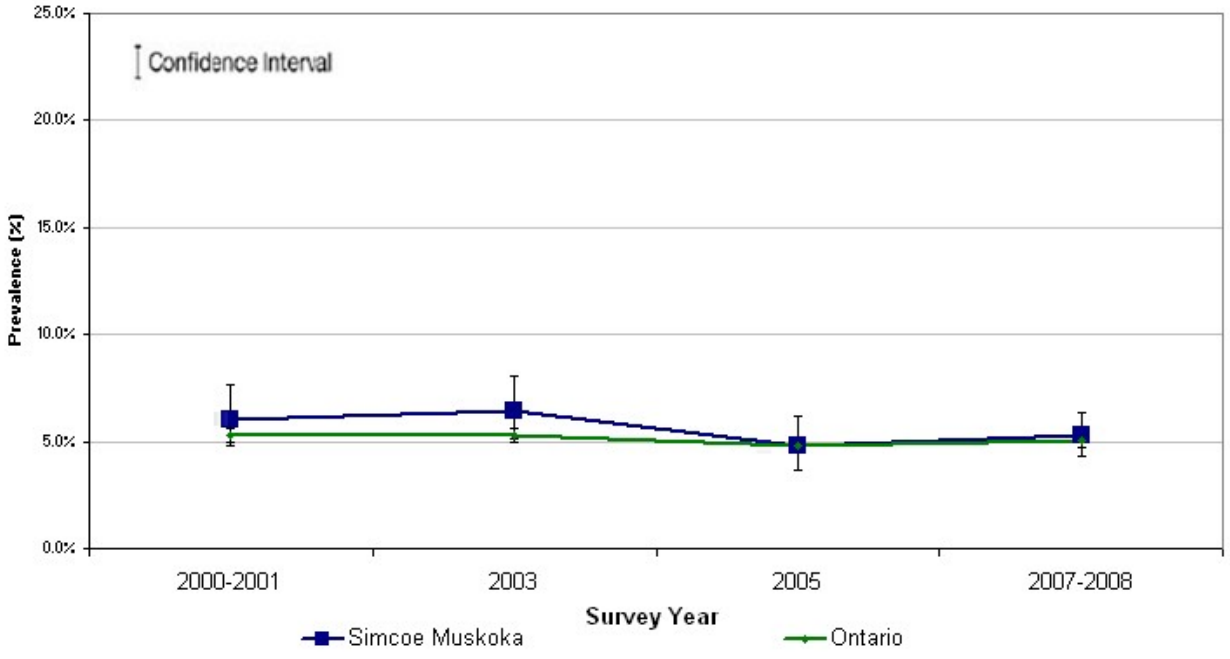
stable over this time period, Simcoe Muskoka experienced a slight increase in the prevalence of heart disease in 2003 before falling to provincial levels in 2005 and 2007-2008.(42)

Figure 4-26: Prevalence of Heart Disease (12+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the prevalence of heart disease among Simcoe Muskoka males and females was comparable at 5.4% (4.1%, 7.1%) and 5.1% (3.9%, 6.7%), respectively. That same year, Ontario rates were identical for both males, at 5.4% (4.8%, 6.0%)] and females, at 5.1% (3.9%, 6.7%)].(42)

Heart disease is negatively related to income levels, as rates decrease while income increases. Among the lowest income earners, 8.3%¥ (5.1%, 13.3%) of Ontarians reported living with heart disease in 2007-2008 as compared with 3.1%¥ (2.8%, 3.6%) of high income earners (see **Figure 4-24**).(42)

Injury Prevention

Injuries are among the top ranking causes of morbidity and mortality among Canadians in most age groups. Injuries cause the most significant Potential Years of Life Lost (PYLL) and financial burden on the health care system.(52) In 2004, injuries cost Canadians $19.8 billion and 13,667 lives. Direct costs, those arising from health care,

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represent 54% of total injury costs or $10.72 billion in 2004. Indirect costs, those related to reduced productivity from hospitalization, disability, and premature death, represent 46% of total injury costs or $9.06 billion. Unintentional injuries, such as those resulting from crashes, falls, drowning, fire/burns, unintentional poisoning, sport, and other unintentional causes, represent 81% of injury costs or $16.0 billion in 2004. Intentional injuries, such as those resulting from suicide/self-harm and violence, accounted for 17% of total costs or $3.3 billion in 2004.(52)

Falls were the leading cause of overall injury costs in Canada in 2004, accounting for $6.2 billion or 31% of total costs, followed by other unintentional injuries at $4.8 billion (24%), transport incidents at $3.7 billion (19%), and suicide/self-harm at $2.4 billion (12%).(52) Evidently, there is a large financial incentive to prevent injuries.

Unintentional Injuries

Falls

Unintentional injuries are a leading cause of death in Simcoe Muskoka under the age of 44 years. From 2000 to 2005, 17.8% of all injury-related deaths in the area were caused by falls. The majority of deaths due to falls occur among those 75 years of age and over (79%). In 2008, 7.2% (5.7%, 8.6%) of adults ages 18 years of age and older in Simcoe Muskoka reported having sustained a serious fall within the past 12 months, a rate consistent with the figures from 2006, at 7.3%, (5.8%, 8.8%).(54)

In 2008, the prevalence of serious falls among Simcoe Muskoka males was 4.9% (3.0%, 6.7%)¥, less than the prevalence among females, 8.9%¥ (6.76%, 11.04%).(54)

Serious falls are negatively related to age, as rates decrease as age increases. Residents ages 18 to 44 reported the highest prevalence of serious falls in 2008, 7.5% (5.0%, 10.0%) as compared to 6.7%¥ (3.5%, 9.9%) among residents ages 65 and older.(54)

Motor Vehicle Collisions

Motor vehicle collisions (MVC) are the leading cause of injury-related deaths in Simcoe Muskoka and the leading cause of death and injury to teens and young adults, both in Simcoe Muskoka and Canada-wide. MVC related deaths, injuries and hospitalizations are caused by driver error, drinking and driving, drugged driving, speeding, fatigued and distracted driving, nonuse or misuse of seat belts and child restraints, road design and conditions.(35)

From 2000 through 2005, 265 Simcoe Muskoka residents died in MVCs. Although the death rate declined over these years, the combined rate (9.6 deaths per 100,000 population) was significantly higher than the provincial combined rate (6.6 deaths per

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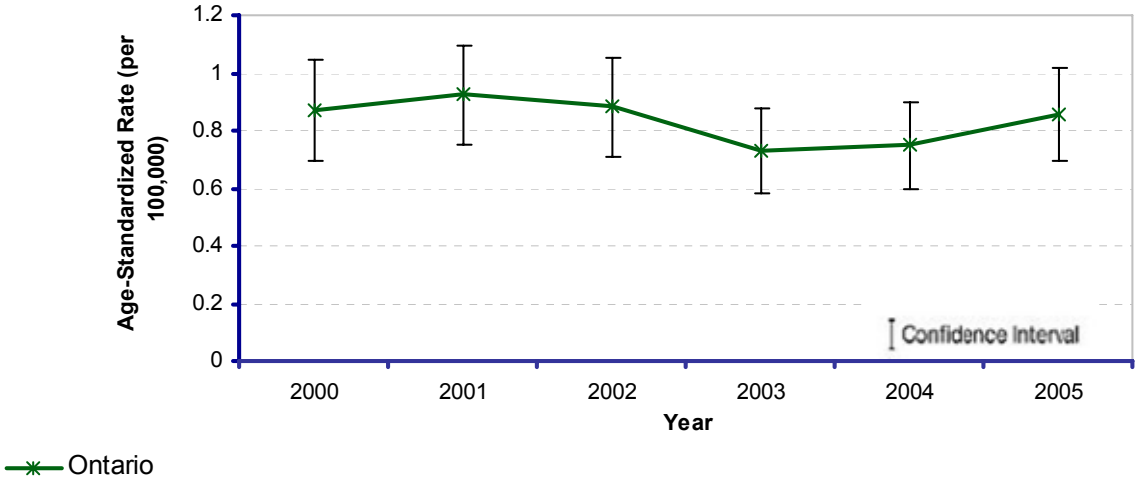
100,000 population). More than two-thirds (68%) of MVC-related deaths occurred among males.[35]

Drownings

Drownings have not been identified as a leading cause of death in Simcoe Muskoka. In 2005, the age-standardized† drowning mortality rate in Ontario was 0.85 deaths per 100,000 (0.69, 1.02), a two per cent decrease from 2000 figures (see **Figure 4-27**).[35]

Figure 4-27: Age-Standardized Drowning Mortality Rate (per 100,000), by Year
Ontario, 2000-2005



Data source: Ontario Mortality Data [2000 to 2005], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [May 28, 2010].

In 2005, the age-standardized drowning mortality rate among Ontario males was 1.42 deaths per 100,000 (1.12, 1.72), higher than the prevalence among females, 0.31 deaths per 100,000 (0.17, 0.45).[35]

Injury Prevention Practices

Injury prevention practices can reduce the risk of death and injury. These practices include, but are not limited to, the use of car seats, seatbelts and helmets to name a few.

Car Seat Use

Many motor vehicle injuries and deaths are directly related to the lack of use or improper use of child restraints (booster seats and car seats). Booster seats are required for children under the age of eight, weighing more than 18 kg but less than 36

† Age standardized mortality rate is defined as the number of deaths due to a specific cause per 100,000 population that would occur if the population had the same age distribution as the 1991 Canadian population. Age-standardization allows for comparisons of mortality rates between populations with different age distributions.

kg (40-80 lbs) or who stand less than 145 cm (4 feet 9 inches) tall. When used correctly, car seats reduce the risk of death by 71% and the risk of injury by 67%.[53]

In 2007, 92.6% (87.2%, 97.9%) of Simcoe Muskoka households with children (four to seven years of age) reported that the child always travels in the back of their vehicle n a booster seat or car seat, an increase from 85.4% (78.6%, 92.1%) in 2006.[54]

Seat Belt Use

Seatbelt use is an important factor in preventing deaths and injuries resulting from motor vehicle collisions. In 2005, 30% of driver fatalities and 25% of passenger fatalities occurring in Simcoe Muskoka were the result of not using seat belts,[55] while 16% of drivers and 25% of passengers suffering serious injuries in collisions were not wearing their seat belts[55], suggesting that failure to wear a seatbelt contributes to MVC injury and death.

In 2006, 93.4% (91.9%, 94.8%) of Simcoe Muskoka drivers age 18 and older reported always wearing a seatbelt. A higher percentage of female drivers, 95.6% (94.0%, 97.3%) reported always wearing their seatbelt than male drivers, 90.6% (88.0%, 93.1%). Seatbelt use tended to increase with age, with drivers age 65 or older reporting the highest level of compliance: 95.4% (92.3%, 98.4%) always wear a seatbelt as compared with 90.0% (84.0%, 96.1%).of drivers age 18 to 24.[54]

In 2006, 91.3% (89.7%, 92.9%) of Simcoe Muskoka passengers age 18 and older reported always wearing a seatbelt. A higher percentage of female passengers, 94.0% (92.3%, 95.8%) reported always wearing their seatbelt than male passengers, 87.7% (84.9%, 90.5%). Seatbelt use among passengers tended to increase with age, with passengers age 45 to 64 reporting the highest level of compliance: 93.7% (91.4%, 95.9%) always wear a seatbelt as compared with 81.6% (74.1%, 89.2%) of passengers age 18 to 24.[54]

Bicycle Helmet Use

Head injuries could be prevented if every cyclist wore a helmet. In 2008, 72.0% (66.6%, 77.4%) of Simcoe Muskoka children age five to 17 reported wearing a bike helmet every time they ride a bike.[42]

In 2005, 54.6 % (43.2%, 65.6%) of Simcoe Muskoka teenagers age 12 to 19 report always or mostly wearing a helmet when riding a bicycle and 45.4% (34.4%, 56.8%) report rarely or never wearing a bike helmet. This pattern reflects the trend observed among Ontario teens.[42]

Built Environment

“The incidence of fatal and non-fatal injuries as result of motor vehicle collisions is closely related to vehicle miles travelled, automobile speed and traffic volumes. These characteristics of travel have been linked in the research to the design of the roadway

and street network and the distribution of land uses." [56] "As people spend ever more time in their cars, their risk of being in a motor vehicle collision increases. The design of communities influences how reliant the residents are on the use of automobiles for transportation and in turn increased automobile use contributes to an increased likelihood of motor vehicle collisions and pedestrian injuries." [56] For example, "a study comparing low and higher density neighbourhoods [in one region] found that per capita traffic casualties are about four times higher for residents in low-density suburbs than for residents in higher density urban neighbourhoods." [56] Provision for neighbourhoods with mixed land uses‡ and infrastructure to support walking and cycling, play a role in preventing injuries. Poor design and maintenance also contribute to injuries, motor vehicle collisions, pedestrian fatalities, and crime.

Tobacco Use and Exposure

Impacts of Tobacco Use on Health

Tobacco use is the number one cause of preventable disease and death in Ontario, killing over 13,000 Ontarians every year.[57] Tobacco users will suffer from years of reduced quality of life by developing some form of chronic disease. The primary forms of tobacco used are cigarettes, cigars, cigarillos, pipes, and smokeless, or chew, tobacco. Exposure to second-hand smoke is also a significant health hazard.[58,59]

The consequences of tobacco use have been documented for more than a half century. In addition to causing cardiovascular disease and 80 to 90% of lung cancer deaths, tobacco use can lead to a range of other cancers, respiratory diseases, poor wound healing, cataracts and infertility.[57] Babies born to mothers who smoke throughout pregnancy are at an increased risk of premature birth, sudden infant death syndrome and respiratory problems, such as asthma and reduced lung function.[57] The types of diseases causally associated with tobacco use continue to increase. For example, researchers recently established that active smoking can be causally linked to breast cancer in both pre- and post-menopausal women and second-hand smoke (SHS) can be linked to breast cancer in pre-menopausal women.[57] Evidence is also emerging that active smoking may be associated with Type 2 Diabetes.[57]

Exposure to second-hand smoke is also a health hazard associated with heart disease, lung cancer, nasal sinus cancer, middle ear infections, asthma and respiratory illnesses, and premature death in non-smoking adults.[35,57,60]

Smoking is responsible for about 30% of all cancer deaths in Canada.[60] It is estimated that tobacco use contributes to approximately 730 deaths in Simcoe Muskoka each year.[61] Lung cancer is the most common cause of cancer death in both men and women and is mainly caused by smoking tobacco.[61] Tobacco use is also a risk factor for strokes and fatal heart attacks.[62] Moreover, 16% of all ischaemic heart disease

‡ "A mixed-use neighbourhood includes homes as well as offices, stores, restaurants and other services and amenities." [56]

deaths and 76% of chronic obstructive pulmonary disease deaths are caused by smoking.[58] Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD and other chronic lower respiratory diseases were responsible for more than 1,000 deaths in Simcoe Muskoka between 2000 and 2005 and were the fourth leading cause of death during that time period.[63]

Statistics for diseases and health conditions related to tobacco use illustrate the significant impacts of tobacco use on health and wellness. The age-standardized mortality rate for COPD in Simcoe Muskoka for all ages and sexes in 2005 was 32.7 deaths per 100,000 population, which was significantly higher than the Ontario rate of 21.8 deaths per 100,000 population.[63]

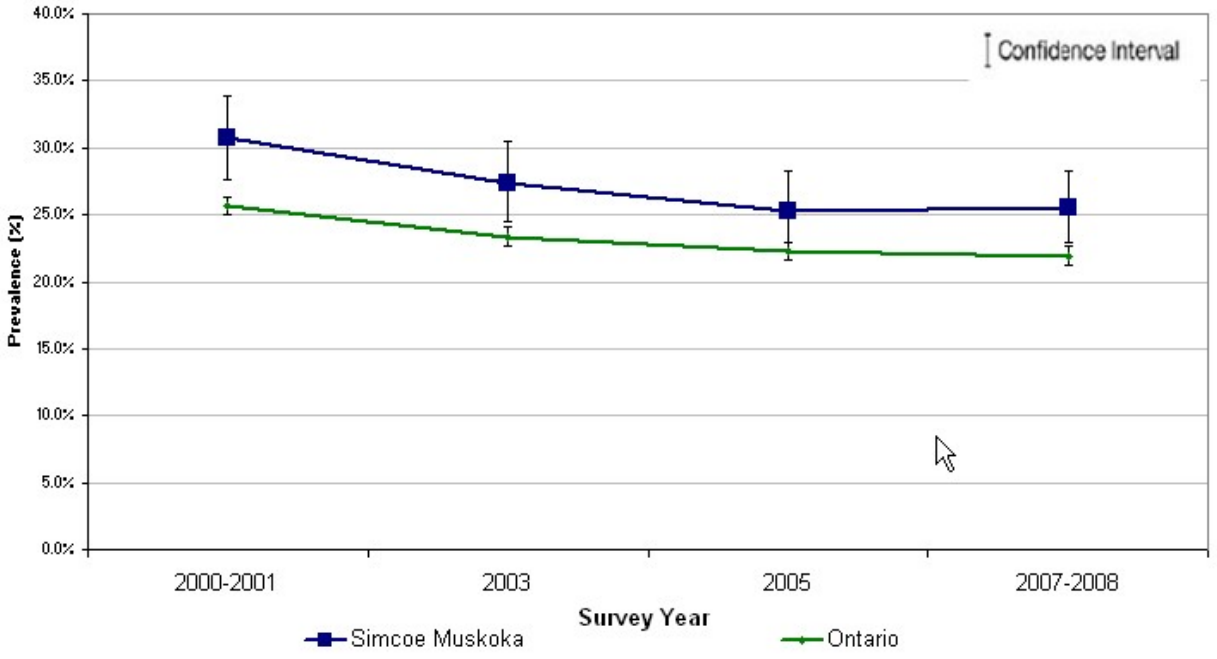
For the years 2006 and 2007 combined, the lung cancer incidence rate in Simcoe Muskoka (59.7 cases/100,000 population) was significantly higher than the provincial rate (51.5 cases/100,000 population). The same holds true for lung cancer mortality. From 2003 to 2007, 1,496 Simcoe Muskoka residents died from lung cancer. The mortality rate for this 5-year time period in Simcoe Muskoka (48.6 deaths/100,000 population) was significantly higher than the provincial rate (41.2 deaths/100,000 population).[63]

Tobacco Use Trends

The percentage of individuals age 20 or older in Simcoe Muskoka who self-report as current smokers decreased from 30.7% (27.7%, 33.9%) in 2000-2001 to 25.5% (22.9%, 28.3%) in 2007-2008.[42] In Ontario, the percentage of individuals age 20 or older who self-report as current smokers also decreased from 25.7% (25.0%, 26.4%) in 2000-2001 to 21.9% (21.2%, 22.6%) in 2007-2008.[42]

Figure 4-28 shows the trend in the prevalence of current smokers for Simcoe Muskoka and Ontario over the period from 2000-2001 to 2007-2008. The trend in Simcoe Muskoka was consistent with that of the province as a whole, though the current smoking rate remains significantly higher in Simcoe Muskoka than at the provincial level.[42]

Figure 4-28: Current Daily or Occasional Smokers among Adults (20+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008

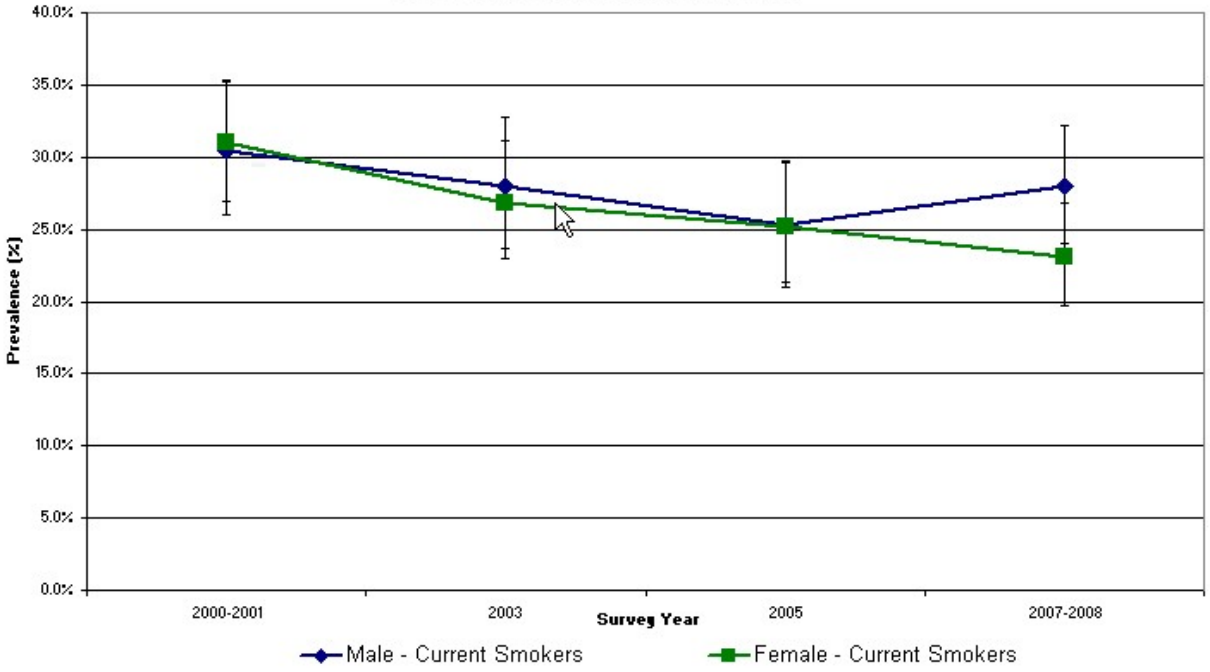


Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the percentage of Simcoe Muskoka males self-reporting as current smokers was 27.9% (24.0%, 32.2%), greater than the percentage of females, 23.1% (19.7%, 26.8%) (see **Figure 4-29**).[42]

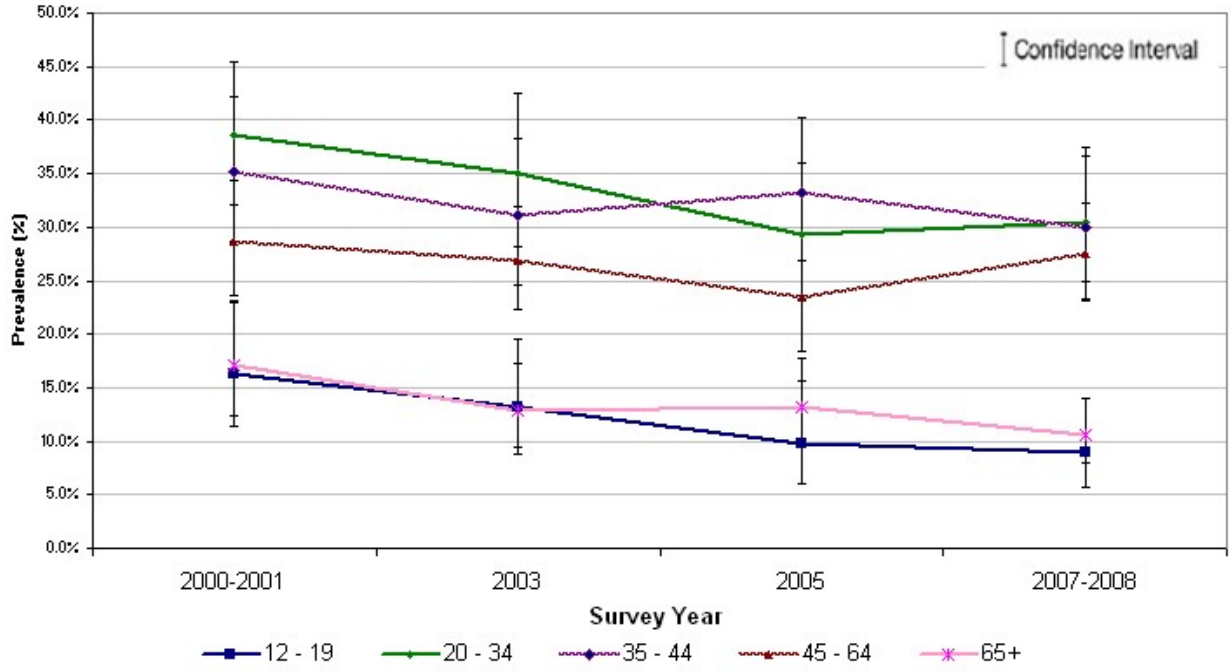
Smoking rates tend to be highest amongst adults ages 20 to 34. Among Simcoe Muskoka residents age 20 to 34, 30.4% (24.9%, 36.6%) self-reported as smokers (see **Figure 4-30**).[39] Smoking rates tend to be lower for people under the age of 20, but are still prevalent for younger populations. Although there is a lack of local data for Simcoe Muskoka, in Ontario in 2009, 11.7% (10.6%, 13.0%) of students in grades seven to twelve report smoking cigarettes during the past year.[64]

Figure 4-29: Current Daily or Occasional Smokers among Adults (20+), by Sex, Simcoe Muskoka, 2000/01-2007/08



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

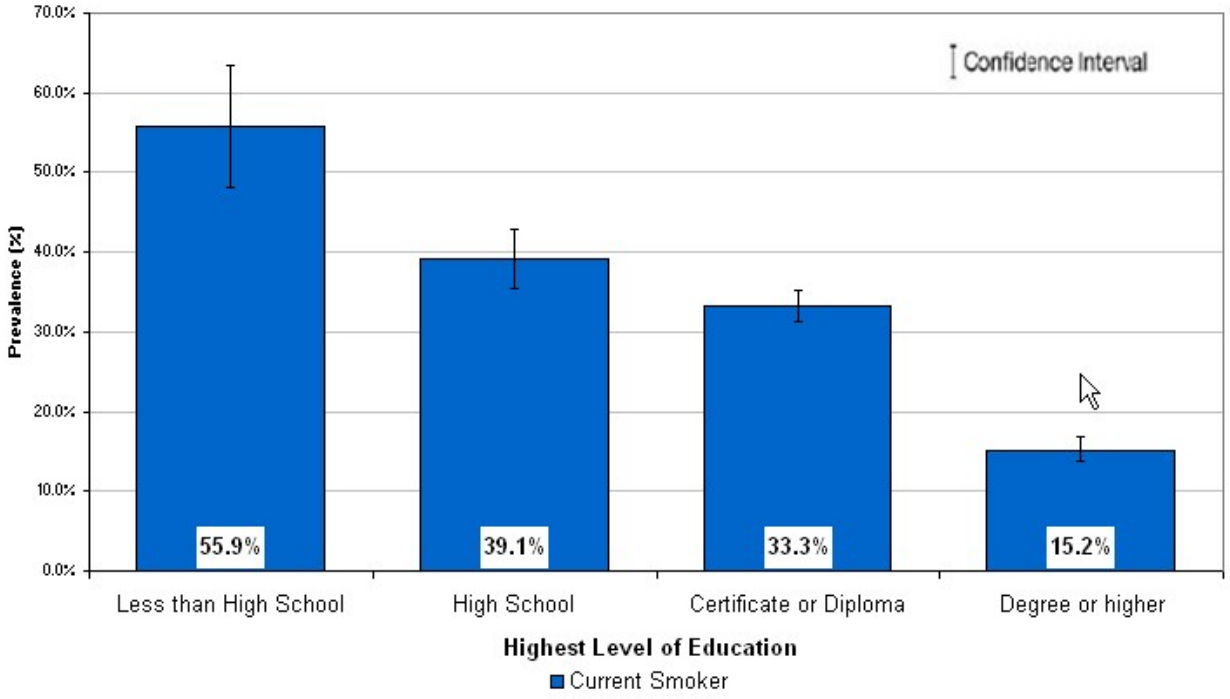
Figure 4-30: Current Daily or Occasional Smokers (12+), by Age Group, Simcoe Muskoka, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Smoking is negatively related with education levels, as smoking becomes less prevalent as education levels rise. Among Ontario residents with a high school education or less, 55.9% (48.1%, 63.4%) self-report as current smokers while 15.2% (13.7%, 16.8%) of individuals with a university degree or higher self-report as current smokers (see **Figure 4-31**).[42]

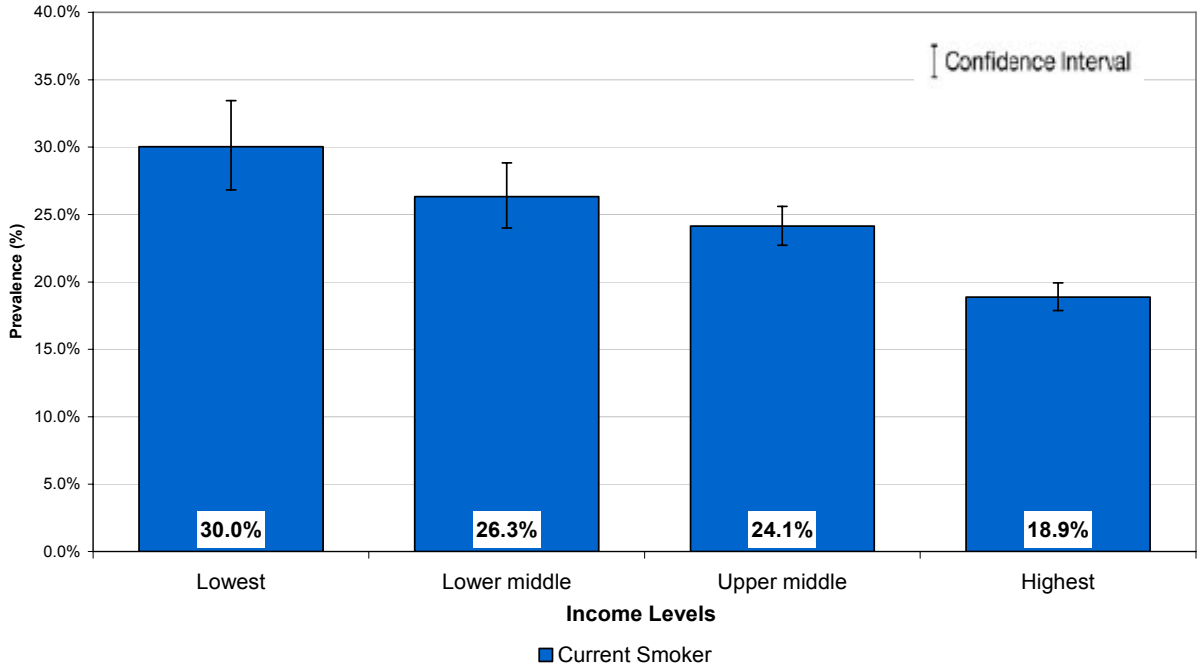
Figure 4-31: Current Daily or Occasional Smoker among Adults (20-44), by Highest Level of Education, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Smoking is also negatively related with income levels, as smoking becomes less prevalent as income levels rise. As indicated in **Figure 4-32**, among Ontario's lowest income earners, 30.0% (26.8%, 33.5%) self-report as current smokers while 18.9% (17.9%, 19.9%) of high income earners self-report as current smokers.[42] Smoking may be a coping mechanism for people of lower socio-economic status experiencing stress. Social inequalities in tobacco use are "likely to persist or even widen," despite overall declines in the prevalence of smoking.[57]

Figure 4-32: Current Daily or Occasional Smoker among Adults (20+), by Income Level
Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Tobacco Use in Homes

Approximately four in five households in Simcoe Muskoka are completely free of secondhand smoke. The 2009 Rapid Risk Factor Surveillance System results showed that 82.1% (79.9%, 84.3%) of Simcoe Muskoka households reported that smoking was never allowed in their homes.(54)

Among households with children zero to six years of age, the percentage of smoke-free homes was 93.3% (89.3%, 97.3%) in 2009.(54) The trend in smoke-free homes has been increasing in Simcoe Muskoka over the past several years; however, the trend among households with children 0 to 9 years has plateaued near 90% since 2007.(54)

Tobacco Use in Vehicles

In 2007, 10.7% (8.0%, 14.1%) of Simcoe Muskoka non-smokers age 12 and older reported that in the past month they were exposed to secondhand smoke either daily or almost everyday in a car or other private vehicle. Regular exposure to secondhand smoke in vehicles was highest among non-smoking youth, age 12 to 19, (32.4%) (21.6%, 45.0%) and males, at 11.9% (8.1%, 17.2%). (42)

In 2009, 82.2% (80.0%, 84.5%) of Simcoe Muskoka adult drivers, age 18 or older, reported that smoking is never allowed in the vehicle they drive the most. However, the

proportion of adult drivers, age 18 to 24 years (55.7% (44.1%, 67.4%), with 100% smoke-free vehicles was significantly lower than all other age groups.[54]

Substance and Alcohol Misuse

Alcohol and illicit drugs present significant health risks and economic burden for Ontarians. In Ontario, the cost of alcohol misuse in 2002 was estimated at $5.3 billion. Through the use of effective interventions, the significant toll of death, injury and illness related to substance misuse could be reduced.[65]

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 ages 15 to 69 years; of these, 176 deaths occurred among men, 59 deaths among women.[35] The main causes of alcohol-attributable death were unintentional injuries (98 deaths) and malignant cancers (35 deaths).

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 ages 15 to 69 years. Main causes of alcohol-attributable hospitalizations were unintentional injuries (6,345 hospitalizations), cardiac arrhythmias (523 hospitalizations) and malignant cancers (353 hospitalizations). 4,804 hospitalizations occurred among men, 3,292 hospitalizations among women.[36]

Alcohol Use Trends

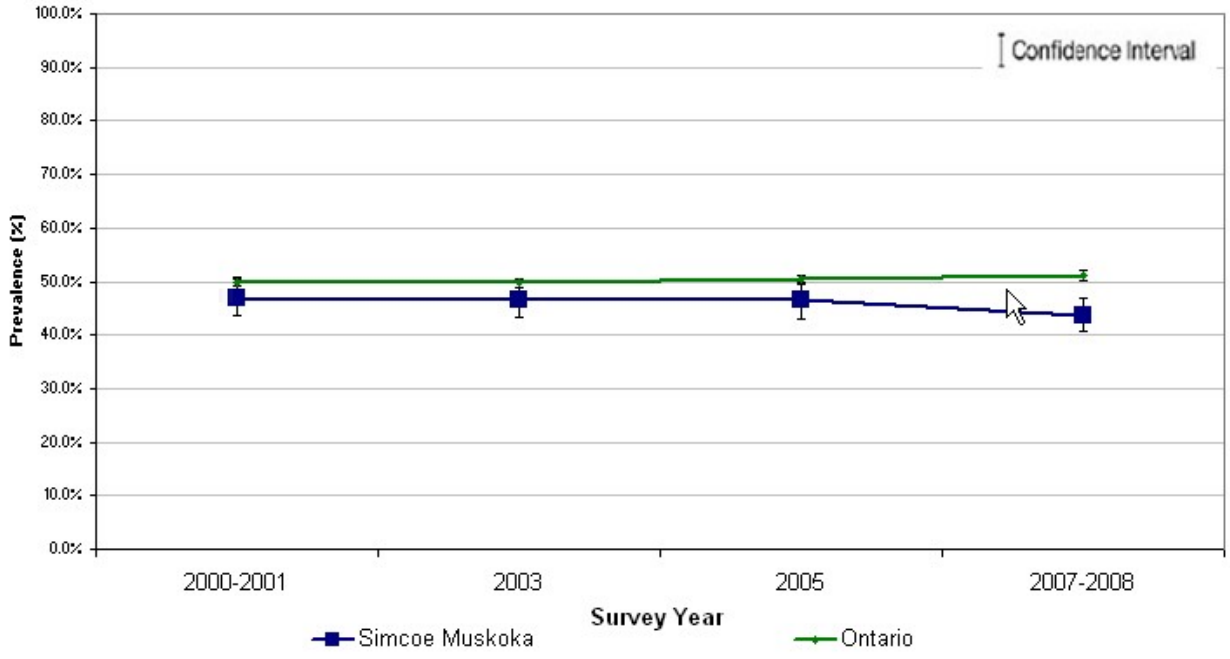
Among Canadians over age 15, alcohol consumption rose 13% between 1997 and 2005, on a per capita basis; the percentage of people reporting having five or more drinks[§] on one occasion has also increased.[42] The percentage of individuals age 20 or older in Simcoe Muskoka who self-report as low-risk drinking[**] adults decreased from 47.1% (43.7%, 50.4%) in 2000-2001 to 43.7% (40.6%, 46.8%) in 2007-2008. In Ontario, the percentage of individuals age 20 or older who self-report as low-risk drinkers increased from 50.0% (49.2%, 50.8%) in 2000-2001 to 51.1% (50.2%, 52.0%) in 2007-2008.[42]

Figure 4-33 shows the trend in prevalence of low-risk drinking among adults age 20 or older for Simcoe Muskoka and Ontario over the period from 2000-2001 to 2007-2008. While low-risk drinking behaviours declined in Simcoe Muskoka, they remained relatively constant at the provincial level.[42]

[§] "Five or more drinks" is a measure used by Statistics Canada to define "heavy drinking". Heavy drinking is defined as consuming 5 or more drinks on one occasion, 12 or more times over the past year.

[**] Low-risk drinking is based on the *Low-Risk Drinking Guidelines* established by the Centre for Addiction and Mental Health. The Low-Risk Drinking Guidelines state that daily alcohol intake does not exceed more than 2 standard drinks; weekly alcohol intake does not exceed 14 standard drinks for males and 9 standard drinks for females. One standard drink is considered to have a total of 13.6 grams of alcohol (size of container and alcohol content are considered)

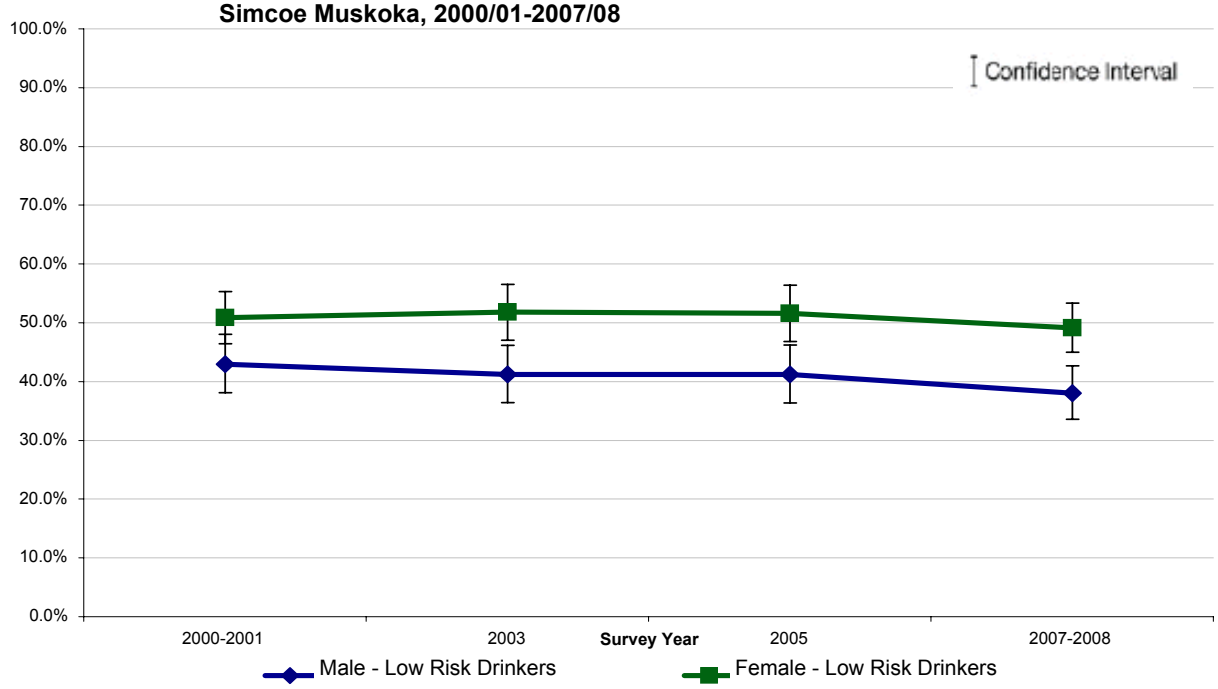
Figure 4-33: Low Risk Drinkers among Adults (20+), Simcoe Muskoka & Ontario, 2000-2001, 2003, 2005 & 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In 2007-2008, the percentage of Simcoe Muskoka males self-reporting as low-risk drinkers was 38.0% (33.6%, 42.7%), significantly less than the percentage of females, 49.2 % (45.0%, 53.3%) (see **Figure 4-34**).[42]

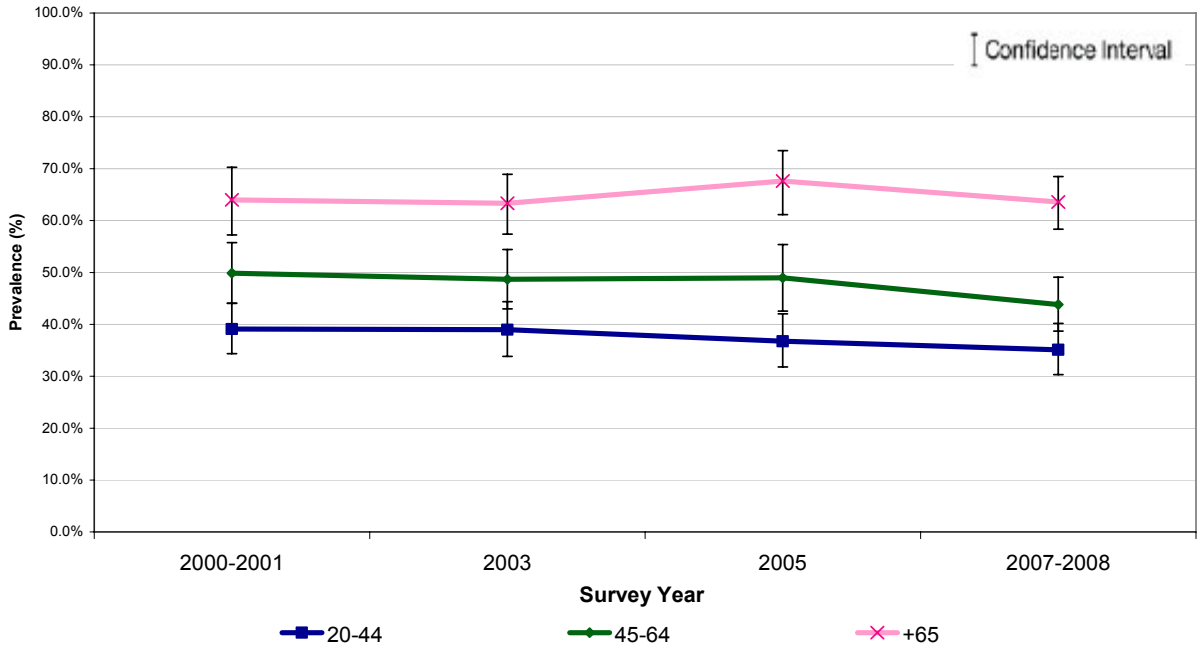
Figure 4-34: Low Risk Drinkers among Adults (20+), by Sex, Simcoe Muskoka, 2000/01-2007/08



Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

Low-risk drinking behaviours tend to be more common among older adults. Among Simcoe Muskoka residents age 65 and older, 63.6% (58.3%, 68.5%) self-reported as low risk drinkers, while 35.1% (30.3%, 40.2%) of adults age 20 to 44 self-reported as low risk drinkers (see **Figure 4-35**).[(42)]

Figure 4-35: Low Risk Drinkers (20+) by Age Group, Simcoe Muskoka, 2000-2001, 2003, 2005 & 2007-2008

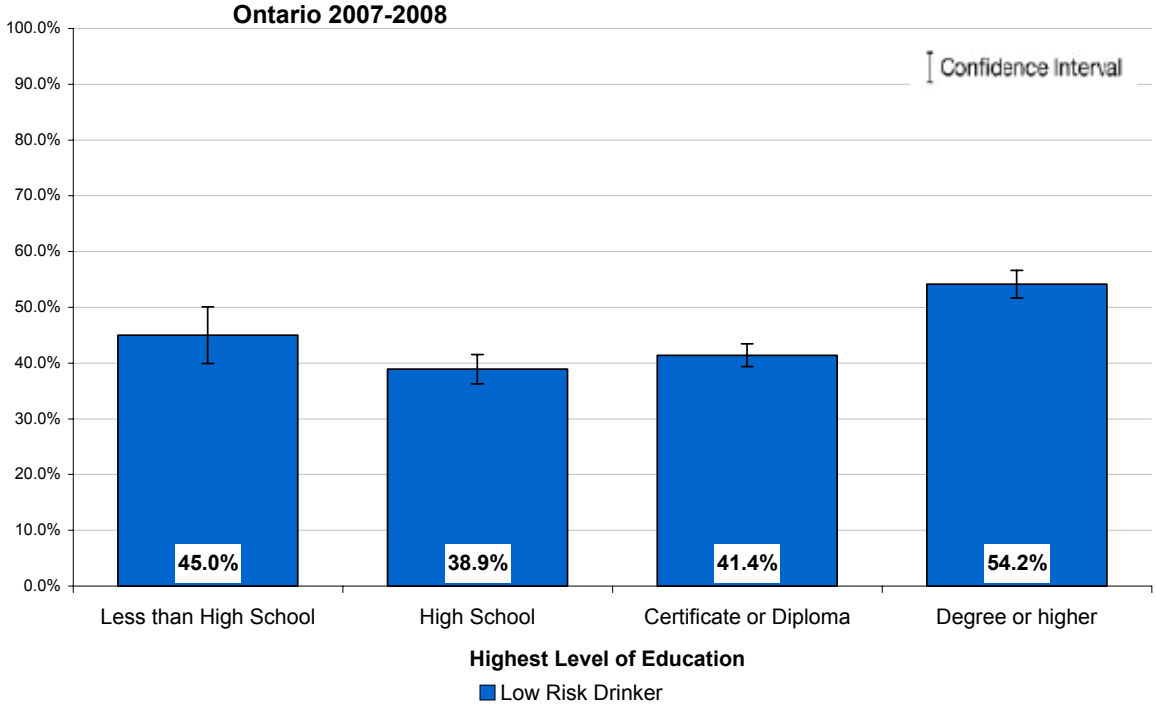


Data Source: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000-2001), Cycle 2.1 (2003), Cycle 3.1 (2005) & Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

The Ontario Student Drug Use and Health Survey has measured a decrease in the use of alcohol amongst Ontario students in grades seven through twelve between 1999 and 2009. In 2009, 58.2% (55.7%, 60.6%) of Ontario students reported using alcohol in the past year, compared to 66.0% (63.6-68.3) in 1999. One-quarter of respondents, 24.7% (22.8%, 26.7%) reported binge drinking (5+ drinks on one occasion) at least once during the past month. The overall percentage of students reporting binge drinking during the past 4 weeks did not significantly change compared to 1999.[64]

Low-risk drinking is positively related with education levels, as low-risk drinking becomes more prevalent as education levels rise. Among Ontario residents ages 20 to 44 years with a high school education or less, 45.0% (39.9%, 50.1%) self-report as low risk drinkers while 54.2% (51.7%, 56.6%) of individuals with a university degree or higher self-report as low risk drinkers.[42] See **Figure 4-36.** Studies have shown that communities with high rates of poverty and unemployment, and limited access to health, recreational and other services are particularly vulnerable to alcohol-related social problems.[66] A report by the United Way of Greater Simcoe, 2008 suggests that problem drinking is of critical concern among adults in north Simcoe.[18]

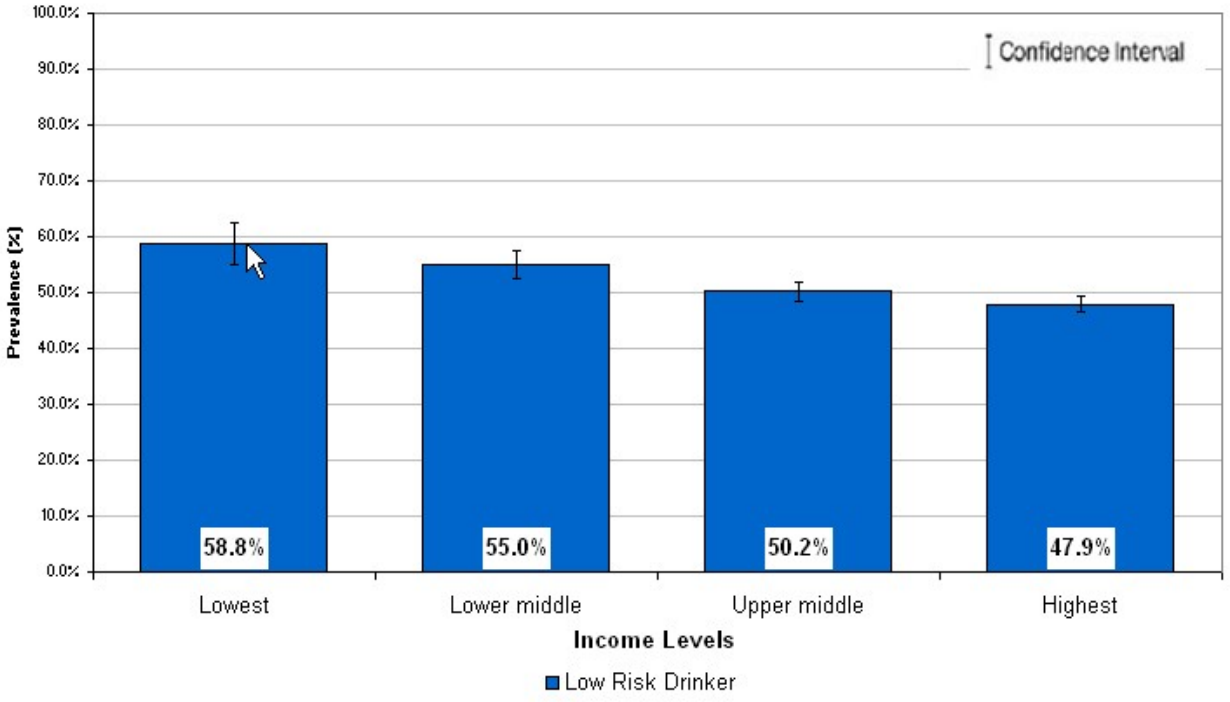
Figure 4-36: Low Risk Drinkers among Adults (20-44), by Highest Level of Education, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

In contrast to the previous trend regarding low risk drinking and education, low risk drinking is negatively related with income levels, as low risk drinking becomes less prevalent as income levels rise. Among Ontario's lowest income earners (ages 20+), 58.8% (54.9%, 62.6%) self-report as low risk drinkers while 47.9% (46.6%, 49.2%) of high income earners self-report as low risk drinkers (see **Figure 4-37**).[42]

Figure 4-37: Low Risk Drinkers among Adults (20+), by Income Level, Ontario 2007-2008



Data Source: Canadian Community Health Survey (CCHS), Cycle 4.1 (2007-2008) Ontario Share File; Statistics Canada

During the development of the community assessment, data was unavailable documenting substance misuse trends in Simcoe Muskoka. A study was undertaken in 2009 documenting drug use among students across Ontario, which identified those students in grades seven through 12 reported use of cannabis, at 25.6% (24.0%, 27.3%) and opioid pain relievers, at 17.8% (16.6%, 18.9%) in the past year.[64] Findings from the community consultation process will provide an identification of local anecdotal issues and trends regarding substance misuse. These findings are documented in **Appendix A: Community Consultation Summary of Findings**.

Impacts of Substance and Alcohol Misuse on Health

The misuse of alcohol and other substances has an enormous impact on health and wellbeing.[67] Alcohol misuse is associated with over 60 chronic conditions, cancers, and types of trauma. High risk alcohol consumption not only adversely affects health, but also contributes to damage within society.[68] Substance use has an impact on injuries such as falls, drownings, motor vehicle collisions, and related disabilities. Other health risks include poisoning, respiratory damage, liver damage, increased rates of cancer, heart disease and stroke, contraction of HIV or Hepatitis C, and premature death.[69] Illicit drug use also contributes to damage to society; costs include law enforcment for illegal use, property crime and damages, and crimes of violence.[69]

Drinking and Driving

In 2003, the percentage of individuals age 16 or older in Simcoe Muskoka who reported driving after drinking two or more drinks in the hour before they drove in the past year was 7.3% (5.5%, 9.1%). In Ontario, the percentage of individuals age 16 or older who report driving after drinking two or more drinks in the hour before they drove in the past year was 6.1% (5.6%, 6.5.%) in 2003.[42]

In 2003, the percentage of Simcoe Muskoka males age 16 or older who reported driving after drinking two or more drinks in the hour before they drove in the past year was 11.4% (8.1%, 14.6%), considerably higher than the percentage of females, 2.8% (1.1%, 4.4%).[42]

Drinking and driving behaviours were similar between adults ages 20 to 40 and ages 45 to 65. Among Simcoe Muskoka residents age 20 to 44, 8.4% (5.5%, 11.2%) reported driving after drinking two or more drinks in the hour before they drove in the past year, while 8.6% (4.9%, 12.4%) of adults age 45 to 64 reported driving after drinking two or more drinks in the same time period.[42]

In 2003, the percentage of individuals age 12 or older in Simcoe Muskoka who reported driving a recreational vehicle after drinking two or more drinks in the hour before they drove in the past year was 5.3% (2.9%, 7.7%). In Ontario, the percentage of individuals age 12 or older who reported driving a recreational vehicle after drinking two or more drinks in the hour before they drove in the past year was 3.4% (3.0%, 3.9%) in 2003.[42]

In 2003, the percentage of Simcoe Muskoka males age 12 or older who reported driving a recreational vehicle after drinking two or more drinks in the hour before they drove in the past year was 8.2% (4.4%, 12.0%); no figure was available for females.[42]

Data regarding drinking and driving of recreational vehicles in Simcoe Muskoka was only available for individuals age 20 to 44, 7.5% (3.3%, 11.8%) of whom reported driving a recreational vehicle after drinking two or more drinks in the hour before they drove in the past year.[42]

Mental Health

Positive mental health is more than the absence of a mental illness.[70] The Public Health Agency of Canada defines mental health as:

> *"the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is the positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.*[70]

Positive mental health is often referred to as "flourishing," that is having positive emotional, psychological and social wellbeing.[71]

Mental and physical health share similar risk factors and symptoms, and are similarly affected by the social determinants of health, social isolation, and lack of social support.[72,73] Mental and physical health are closely associated: people with poor mental health are more likely to develop or experience a worsening of a wide range of chronic physical illnesses such as diabetes, heart disease or respiratory problems, and vice versa.[73,74] Conversely, positive mental health is a protective factor against chronic physical conditions. People with high levels of positive mental health tend to experience lower rates of physical health problems than those with moderate or poor mental health or mental illness.[71]

Positive mental health can be fostered through mental health promotion, defined as "the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity".[75] Mental health promotion explicitly focuses on mental health outcomes such as increased sense of personal control, empowerment, resilience, positive coping strategies and the widening of informal social support networks in the whole range of populations. [76]

Self-Rated Mental Health

In 2007, the percentage of individuals age 12 or older in Simcoe Muskoka who reported their mental health as excellent or very good, at 72.5% (68.8%, 75.9%), which was relatively consistent with the levels reported in 2003, at 72.8% (70.2%, 75.4%). Similar consistency was observed in Ontario, where the percentage of individuals age 12 or older who reported their mental health as excellent or very good in 2007, at 72.8% (71.8%, 73.8%) which was similar to the percentage reported in 2003, at 71.0% (70.3%, 71.8%).[42]

In 2007, the percentage of Simcoe Muskoka males who reported their mental health as excellent or very good was 73.0% (67.6%, 77.7%), similar to the percentage of females, 72.1% (66.7%, 76.9%).[42] Among Simcoe Muskoka residents aged 20 to 44, 74.6% reported their mental health as excellent or very good, compared to 74.7% of residents in Ontario. In Simcoe Muskoka, 72.6% of residents aged 45-64 reported their mental health as excellent or very good, compared to 73.6% of residents in Ontario. More seniors in Simcoe Muskoka reported their mental health as excellent or very good (68.6%), compared to seniors in Ontario (63.5% reported their mental health as excellent or very good). The data does not provide a reason why fewer seniors reported their mental health to be excellent or very good. According to the Canadian Mental Health Association, mental health can be affected by physical and cognitive challenges, physical ailments, and social and emotional isolation. [77]

According to the Ontario Student Drug Use and Health Survey (2009), 11.7% (10.3%, 13.2%) of Ontario students grade seven to 12 reported suffering from poor mental health. Females, at 15.8% (13.7%, 18.2%) were more likely to report poor mental health than males, at 7.1% (5.7%, 8.8%). Low self-esteem was identified by 8.3% (7.3%,

9.5%) of students, with higher representation among females, at 10.1% (8.7%, 11.8%) than among males, at 6.5% (5.3%, 8.1%).[77]

Consultation with Mental Health Professionals

The percentage of individuals age 12 or older in Simcoe Muskoka in 2007 who report consulting with a health professional in the past 12 months about mental or emotional health increased from 6.6% (5.1%, 8.2%) in 2003 to 9.8% (7.9%, 12.1%) in 2007. A similar pattern was observed in Ontario, where the percentage of individuals age 12 or older who report consulting with a health professional in the past 12 months about mental or emotional health increased from 6.8% (6.5%, 7.2%) in 2003 to 10.3 % (9.7%, 11.0%) in 2007.[42]

The percentage of individuals age 65 or older in Simcoe Muskoka in 2007 who report consulting with a health professional in the past 12 months about mental or emotional health slightly increased from 5.2% (4.1%, 6.5%) in 2003 to 5.4% (3.0%, 9.5%) in 2007. A similar pattern was observed in Ontario, where the percentage of individuals age 65 or older who report consulting with a health professional in the past 12 months about mental or emotional health increased from 2.5% (2.1%, 3.1%) in 2005 to 5.2% (4.4%, 6.1%) in 2007.[42]

In 2007, the percentage of Simcoe Muskoka males who report consulting with a health professional in the past 12 months about mental or emotional health was 6.5%[¥] (4.6%, 9.1%), considerably less than the percentage of females, 13.0%[¥] (9.9%, 16.7%). [42]

Consultation with health professionals about mental or emotional health tends to decrease with age. Among Simcoe Muskoka residents age 20 to 44, 13.7% (10.2%, 18.2%) reported consulting with a health professional in the past 12 months about mental or emotional health, while 5.4% (3.0%, 9.5%) of adults age 65 and older reported consulting with a health professional in the past 12 months about mental or emotional health.[42]

Life Satisfaction

The percentage of individuals age 12 or older in Simcoe Muskoka in 2007 who report being very satisfied with their life increased from 38.0% (34.9%, 41.1%) in 2003 to 41.0% (37.2%, 45.0%) in 2007. A similar pattern was observed in Ontario, where the percentage of individuals age 12 or older who report being very satisfied with their life increased from 35.5% (34.8%, 36.2%) in 2003 to 36.5% (35.5%, 37.5%) in 2007.[42]

In 2007, the percentage of Simcoe Muskoka males who report being very satisfied with their life was 38.6% (33.4%, 44.1%), less than the percentage of females, 43.4% (38.0%, 49.0%).[42]

¥ Interpret with caution, high variability
¥ Interpret with caution, high variability

Life satisfaction tends to increase with age until individuals reach age 65. Among Simcoe Muskoka residents age 45 to 64, 45.4% (38.2%, 52.9%) reported being very satisfied with their life as compared with 35.2% (28.7%, 42.2%) of adults age 65 and older.[42] The data does not provide reasons why life satisfaction levels are lower among adults age 65 and older. Findings from the community consultation process will provide an identification of local anecdotal issues and trends regarding the mental health of seniors. These findings are documented in **Appendix A: Community Consultation Summary of Findings**.

Stress

The percentage of individuals age 12 or older in Simcoe Muskoka in 2007 (33.0%) (29.4%, 36.8%) who report being not very or not at all stressed was consistent with 2003 figures, at 33.3% (30.3%, 36.3%). A similar pattern was observed in Ontario, where the percentage of individuals age 12 or older who report being not very or not at all stressed in 2007 was 32.9% (31.9%, 33.9%), which was consistent with 2003 figures, at 33.3% (32.6%, 34.0%).[42]

In 2007, the percentage of Simcoe Muskoka males who report being not very or not at all stressed was 34.8% (29.5%, 40.4%), greater than the percentage of females, 31.3% (26.5%, 36.6%).[42]

Stress levels tend to peak among individuals age 20 to 44 before decreasing with age. Among Simcoe Muskoka residents age 20 to 44, 30.5% (25.0%, 36.8%) reported being quite a bit or extremely stressed, while 9.9%¥ (6.5%, 14.8%) of adults age 65 and older reported being quite a bit or extremely stressed.[42]

According to the Ontario Student Drug Use and Health Survey (2009), 31.0% (29.1%, 32.9%) of students reported elevated psychological distress, with females, at 38.8% (36.0%, 41.6%) more likely than males, at 23.4% (21.0%, 25.9%) to report psychological distress.[78]

Community Belonging

The percentage of individuals age 12 or older in Simcoe Muskoka who report a very strong sense of community belonging decreased from 16.3% (14.0%, 18.6%) in 2003 to 14.6% (12.3%, 17.3%) in 2007. The inverse pattern was observed in Ontario, where the percentage of individuals age 12 or older who report a very strong sense of community belonging increased from 14.9% (14.4%, 15.4%) in 2003 to 17.5% (16.7%, 18.3%) in 2007.[42]

In 2007, the percentage of Simcoe Muskoka males who report a very strong sense of community belonging was 14.2% (11.0%, 18.3%), less than the percentage of females, 15.0% (12.0%, 18.7%).[42]

¥ Interpret with caution, high variability

Sense of community belonging tends to be less strong among younger individuals and higher among older individuals. Among Simcoe Muskoka residents age 65 or older, 20.5% (15.6%, 26.3%) reported a very strong sense of community belonging, while 8.7%¥ (6.1%, 12.4%) of residents age 20 to 44 reported a very strong sense of community belonging.(42)

Bullying

According to the Ontario Student Drug Use and Health Survey (2009), 28.9% of Ontario students in Ontario report being bullied at school in the past year, with females, at 31.4% (29.1%, 33.8%) more likely than males, at 26.5% (23.7%, 29.5%) to report being bullied.(78)

Mental Illness

Mood Disorders

In 2007-2008, the percentage of the population over age 12 diagnosed with a mood disorder (including depression and bipolar disorder) was 8.6% (7.0%, 10.2%), slightly higher than the provincial figure of 7.2% (6.8%, 7.6%).(42)

In 2007-2008, the percentage of Simcoe Muskoka males diagnosed with a mood disorder was 6.0% (7.0%, 7.8%), less than the percentage of females, at 11.1% (8.3%, 13.9%).(42)

Diagnosis of a mood disorder tends to increase with age but declines among adults age 65 or older. Among Simcoe Muskoka residents age 45 to 64, 11.1% (7.6%, 14.6%) have been diagnosed with a mood disorder, as compared with 6.5%¥ (4.2%, 8.7%) of residents age 65 or older.(42)

According to the Ontario Student Drug Use and Health Survey (OSDUHS) 2009, 5.4% (4.4%, 6.6%) of students reported depressive symptoms, with females, at 8.1% (6.7%, 9.8%) more likely than males, at 2.8% (1.9%, 4.0%) to report depressive symptoms.(78)

Suicide

In the percentage of population age 15 or older in Simcoe Muskoka that report ever seriously considering suicide in their lifetime decreased from 8.7% (7.1%, 10.8%) in 2005 to 7.4% (5.6%, 9.7%) in 2007. In Ontario, the percentage of the population age 15 and older that reported ever seriously considering suicide in their lifetime was relatively consistent, 7.7% (7.2%, 9.2%) in 2007 as compared with 7.9% (7.5%, 8.3%) in 2005.(42)

¥ Interpret with caution, high variability
¥ Interpret with caution, high variability

In 2007, the percentage of Simcoe Muskoka males that report ever seriously considering suicide in their lifetime was 6.2%¥ (4.0%, 9.5%), less than the percentage of females, 8.5% (5.9%, 12.0%).(42)

According to the Ontario Student Drug Use and Health Survey, 2009, 9.5% of students in Ontario reported thoughts of suicide, with females (11.4%) more likely than males, at 7.6% (6.1%, 9.4%) to report thoughts of suicide.(78)

Suicide is considered a leading cause of injury-related death in Simcoe Muskoka. From 2000-2005, 25.2% of injury-related deaths were attributable to suicide.(35)

4.5 CONCLUSION

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.

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.

Motor vehicle collisions and falls are leading causes of death in Simcoe Muskoka in 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

¥ Interpret with caution, high variability

from injuries. Between 2000 and 2005, motor vehicle collisions (MVCs) were of particular concern and the leading cause of injury-related deaths among children aged 1-9 and young adults aged 15 to 29 in Simcoe Muskoka. In 2005, 30% of driver fatalities and 25% of passenger fatalities in Simcoe Muskoka occurred when victims were not using seat belts. Based on the data, priority groups that are at higher risk of injuries are children, young adults, and seniors.

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).

From 2000 to 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.

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. 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 is needed to promote mental health and well-being among seniors and youth.

The health assessment has provided a base from which the HCP can identify broad recommended actions and strategic policy and program priorities across the six Healthy Communities priority areas.

5.0 COMMUNITY CAPACITY

This chapter provides a picture of Simcoe Muskoka's community capacity; that is, the community's collective abilities to undertake work that would further contribute to the HCPP. Assessing community capacity involves identifying networks and organizations that could potentially contribute to partnership activities; identifying existing services and supports, strategies and plans that are supportive of the six priority areas; and understanding the local political environment that could further or impede the work of the HCP.

A triangulation method was undertaken to develop the community capacity assessment, which includes a secondary source review of three components: (1) environmental scan of organizations, networks and programs; (2) The Ontario Heart Health Network Collaborative Policy Scan Project; and (3) a document review of policies and strategies related to the six priority areas that can advance policy development. This assessment of community capacity is reflective of a snapshot in time, using the resources that were available during its development, and presents a preliminary iteration of what will hopefully be a dynamic and continually evolving work as the partnership is established and strengthened.

5.1 METHODOLOGY AND DATA LIMITATIONS

Environmental Scan of Organizations and Networks

The purpose of the environmental scan was to review and assess community organizations and networks whose mandates and policy work are related to the six Healthy Communities Priority Areas, and to identify their mission, vision, mandate, programs and/or policy/advocacy work related to the six factors within the Healthy Communities Ontario Framework.

In addition to program service offerings, an understanding of the organizations' goals (as expressed in mission and vision statements) was considered an important indicator of community capacity. According to the David Thompson Health Region and Four Worlds Centre for Development, [79] when the goal is to build a healthier community, a shared vision is essential. In order for a vision statement to be effective, it needs to be realistic, inspire action, facilitate collaboration, identify shared values, motivate community members to make their community a healthier place to live and be easily understandable.

Underdeveloped or infrequent use of organizational goals is indicative of challenges in addressing systemic health promotion issues and of the need for further capacity building and enhanced networks within the priority area. Similarly, well-defined goals which align with and complement the direction of other organizations in the priority area indicate strong community capacity.

The HCPP team identified 52 organizations servicing Simcoe Muskoka whose **websites** were to be **scanned** to identify mission, vision, mandate, programs and policy/advocacy work related to the six priority areas. Organizations that provide service to all of Simcoe Muskoka were given priority followed by organizations that provide service in Simcoe or Muskoka and are mirrored by a similarly mandated organization in Muskoka or Simcoe, respectively. Additional organizations were selected to afford as broad a representation of the services offered in Simcoe Muskoka as possible. The following 52 organizations were scanned during the months of November 2010 and January 2011.

1. Addiction Outreach Muskoka Parry Sound
2. AIDS Committee of Simcoe County (ACSC)
3. Anishinabek Police Service
4. Barrie Area Native Advisory Circle (BANAC)
5. Barrie Police Services
6. Basic Needs Task Group [of the Child Youth and Family Services Coalition of Simcoe County]
7. Blue Mountains Bruce Trail Club
8. Canadian Cancer Society – Barrie & District and Muskoka-North Simcoe Units
9. Catulpa Community Support Services
10. Central Local Health Integration Network (Central LHIN)
11. Centre for Addiction and Mental Health (CAMH)
12. Children's Aid Society of Simcoe County
13. Children's Treatment Network of Simcoe-York (CTN)
14. Chippewas of Rama First Nation
15. E3 Community Services
16. Enaahtig Healing Lodge & Learning Centre
17. Family, Youth & Child Services of Muskoka
18. Food Partners Alliance of Simcoe County
19. Georgian College – Barrie Campus
20. Georgian Triangle Transition Town
21. Hands - The Family Help Network
22. Heart & Stroke Foundation
23. Huronia Trails & Greenways
24. Kinark Child and Family Services
25. La Clé d'la Baie
26. Lakehead University
27. Mental Health & Addiction Services – Simcoe County
28. Mental Health Centre Penetanguishene
29. Midland Police Service
30. Muskoka Family Focus and Children's Place
31. Muskoka Parry Sound Community Mental Health Services (MPSMHS)
32. Muskoka Trails Council
33. New Path Youth & Family Services

34. North Simcoe-Muskoka Local Health Integration Network
35. Ontario Ministry of Transportation
36. Ontario Provincial Police
37. Poverty Reduction of Muskoka – Planning Team (PROMPT)
38. Safe Communities Midland
39. Simcoe County Nutrition Network
40. Simcoe County Resilience Collaborative
41. South Simcoe Police Service
42. South Simcoe Services Committee
43. Staying Independent Falls Prevention Coalition
44. The Environment Network
45. Transition Barrie
46. Transition Town Orillia
47. United Way of Greater Simcoe County
48. Wahta First Nations
49. Wasaga Beach Healthy Community Network
50. Wendat
51. YMCA of Simcoe Muskoka
52. YWCA

When conducting the scan, the following steps were engaged by the consultant:

- The Healthy Communities Framework was reviewed to gain an understanding of this new approach and the six priority areas of interest;
- Each organization's website was scanned for relevant information;
- Information found was recorded in a data collection tool, including web-links to documents if available (see **Appendix B: Environmental Scan Report**).

The results of the environmental scan were dependent upon information that was available online during the months of November 2010 and January 2011. The environmental scan of organizations, programs and services was limited by the data that is publicly available on websites. Information about organizations, programs and services that are not online were not included in the environmental scan. An assessment of the quality of the programs and services was not undertaken as part of the environmental scan.

The number of organizations included in the environmental scan was determined by the human and financial resources available at the time the scan was conducted. The organizations, programs, and services identified does not reflect a comprehensive list of resources in Simcoe Muskoka. Rather, it represents a sample listing of community organizations that can be updated and enhanced in the future. Accordingly, feedback was requested from stakeholders during the community consultation process to identify additional organizations, programs and services in Simcoe Muskoka. The findings from

the community consultation process are included as part of the results of the environmental scan, under **Section 5.2**.

Ontario Heart Health Network Collaborative Policy Scan Project Report

The MHPS directed that all Community Pictures were to include local results from the Ontario Heart Health Network (OHHN) Collaborative Policy Scan Project Report. In 2009, the OHHN initiated a policy scan of projects across 36 Heart Health project jurisdictions in Ontario in five areas[††]: 1) access to nutritious foods; 2) access to recreation and physical activity; 3) active transportation and the built environment; 4) prevention of alcohol misuse and 5) prevention of tobacco use and exposure.[(80)]

Policies for these five areas were scanned across three sectors a) government (district/region; county; municipality; township); b) school boards and c) hospitals (as a proxy for workplace health policies).[(80)] The purpose of this scan was to create a provincial baseline inventory of policies that exist based on local data. [(80)]

Information for Simcoe County and the District of Muskoka was collected as two separate geographic areas. Therefore, some of the results for local government are grouped as Simcoe County and District of Muskoka. The OHHN Collaborative Policy Scan Report also scanned for workplace health policies using hospitals as a proxy for a workplace. The results of the workplace health policies for hospitals have not been included in this report as they were specific to workplace policies within a hospital setting and were not presented as relevant to all workplaces.

The OHHN policy scan was limited in a number of ways: It did not evaluate whether municipal policies are appropriate for an urban setting, rural setting or both; was undertaken by reviewing websites and was therefore dependent upon the type of information available at the time of the review; and the scan was conducted by a number of different data collectors which may have introduced variation into the results. In addition, the scan had a low response rate and use of the word “policy” varied across sectors.[(80)] These limitations may have affected the accuracy and/or quality of information that was gathered through the scan. New policies have been developed since the completion of the OHHN policy scan, which have been included in this report, as part of the document review.

Document Review

A review of documents provided by the HCPP team was undertaken to develop an understanding of resources, services, and supports available in Simcoe Muskoka. This document review focused on key factors influencing health and well-being related to the six priority areas.

The document review also took into consideration political and community readiness, and identifies, where possible, support from the community or decision makers to

[††] Mental health and injury prevention policies were not scanned as part of the OHHN project.

improve health outcomes. The intent of this review was to complement the information found in the environmental scan of organizations, programs and services (see **Section 5.1** above) and to augment the findings found in the OHHN policy scan (see **Section 5.1** above). Where key findings do not adequately address potential policy improvements, the document review identified the existence of policies or strategies that would provide support for additional policy development work.

The HCPP team generated the following list of documents for review by Dillon Consulting Limited:

1. Association of Local Public Health Agencies and the Ontario Public Health Association. Understanding the Role of Public Health in Chronic Disease Prevention in Ontario
2. Bergeron, Kim (2010). OHHN - Ontario Heart Health Network Collaborative Policy Scan Project: Implications for Practice through Interactive Discussions
3. Browne, Gina, Cheglin Ye, Rachel Cameron (2010). Collaboration and Integration Among Agencies in the Muskoka Planning Coalition for Children and Youth – Baseline Integration Study for the Student Support Leadership Initiative Ministry of Education.
4. College of Physicians and Surgeons of Ontario (2010). Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis.
5. County of Simcoe (2009). Simcoe County Best Start Report Card.
6. Garcia, J., J. Beyers, C. Uetrecht, E. Kennedy, J. Mangles, L. Rodrigues, R.Truscott, and the Expert Steering Committee of the Project in Evidence-based Primary Prevention (2010). Healthy Eating, Healthy Weights and Physical Activity Guidelines for Public Health in Ontario.
7. Government of Ontario (2007). Ontario's Injury Prevention Strategy: Working Together for a Safer, Healthier Ontario.
8. Government of Ontario (2008) .Ontario Public Health Standards.
9. Government of Ontario (2009). Every Door is the Right Door: Towards a 10-year Mental Health and Addictions Strategy A Discussion Paper
10. Joint Consortium for School Health (2010). Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives.
11. Ministry of Health Promotion and Sport (2010). Healthy Communities Fund Partnership Stream Support Materials and Templates
12. National Alcohol Strategy Working Group (2007). Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation
13. Ontario Chronic Disease Prevention Alliance (2010). Evidence Informed Messages: Comprehensive Tobacco Control Programs
14. Ontario Chronic Disease Prevention Alliance (2010). Evidence Informed Messages: High-Risk Alcohol Consumption

15. Ontario Chronic Disease Prevention Alliance (2010). Evidence Informed Messages: High-Risk Alcohol Consumption.
16. Ontario Chronic Disease Prevention Alliance (2010). Evidence-Informed Messages: Active Living and Physical Activity
17. Ontario Chronic Disease Prevention Alliance (2010). Evidence-Informed Messages: Healthy Eating
18. Ontario Heart Health Network (2010). OHHN - Collaborative Policy Scan Project – Summary Report
19. Ontario Ministry of Health Promotion and Sport (2007). Smoke-Free Ontario Act – How the Act Affects – Employers and Employees. Available at: http://www.mhp.gov.on.ca/en/smoke-free/factsheets/Employers&Employees.pdf
20. Safe and Sober Awareness Committee (2008). Trouble in Paradise: Preventing Alcohol Related Injuries and Death Among Recreational Transportation Users.
21. Shewfelt, Velma, Marilynn Prokopich, Tara Johnston, Carol Yandreski, Michelle Morrison, Susan Lalonde Rankin (2004). A Survey of Municipal Alcohol Policies in Simcoe County.
22. Simcoe Muskoka District Health Unit (2002). Comments to Offficial Plan of the Town of Bradford West Gwillimbury.
23. Simcoe Muskoka District Health Unit (2004). A Call to Action: Community Organizations and Businesses.
24. Simcoe Muskoka District Health Unit (2004). A Call to Action: Health Professionals.
25. Simcoe Muskoka District Health Unit (2004). A Call to Action: Parents
26. Simcoe Muskoka District Health Unit (2004). A Call to Action: School Communities.
27. Simcoe Muskoka District Health Unit (2004). A Call to Action: Workplaces.
28. Simcoe Muskoka District Health Unit (2008). SMDHU Injury Prevention Priority Setting Exercise 2008.
29. Simcoe Muskoka District Health Unit (2009). Simcoe Muskoka District Health Unit Feedback to First Draft - City of Orillia Official Plan Review & Update
30. Simcoe Muskoka District Health Unit (2010). 2010 SMDHU HEFS Work Plan.
31. Simcoe Muskoka District Health Unit (2010). CDP-HL Physical Activity Planning Group 2010-2011 Work Plan.
32. Simcoe Muskoka District Health Unit (2010). SMDHU ISMP – Injury Prevention Logic Model 2010.
33. Simcoe Muskoka District Health Unit (2010). Employers/Workplaces. Available at: http://www.simcoemuskokahealth.org/JFY/EmployersWorkplaces.aspx
34. Simcoe Muskoka District Health Unit (2010). Food Security 2010 Module 1 – Introduction to Food Security.
35. Simcoe Muskoka District Health Unit (2010). Healthy Communities Partnership Program Community Picture Workplan

36. Simcoe Muskoka District Health Unit (2010). Healthy Eating. Available at: http://www.simcoemuskokahealth.org/Topics/HealthyEating.aspx
37. Simcoe Muskoka District Health Unit (2010). How Affordable is Healthy Eating in Simcoe and Muskoka?
38. Simcoe Muskoka District Health Unit (2010). Hunstville Unity Plan - Feedback from Simcoe Muskoka District Health Unit.
39. Simcoe Muskoka District Health Unit (2010). Injury and Substance Misuse Prevention Logic Model 2010
40. Simcoe Muskoka District Health Unit (2010). Local Bylaws Designate Smoke-free Outdoor Spaces. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco/LawsonTobaccoUse/LocalBylawsBanSmokingOutdoors.aspx
41. Simcoe Muskoka District Health Unit (2010). Physical Activity. Available at: http://www.simcoemuskokahealth.org/Topics/PhysicalActivity.aspx
42. Simcoe Muskoka District Health Unit (2010). Rental and Multi-unit Dwellings. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco/SecondhandSmoke/RentalandMultiunitDwellings.aspx
43. Simcoe Muskoka District Health Unit (2010). Simcoe Muskoka District Health Unit Services for Elementary Schools, 2010-2011 School Year.
44. Simcoe Muskoka District Health Unit (2010). Simcoe Muskoka Healthy Community Design – Policy Statements for Official Plans.
45. Simcoe Muskoka District Health Unit (2010). SMDHU Feedback for Wasaga Beach's Official Plan Documents.
46. Simcoe Muskoka District Health Unit (2010). Smoke-Free Ontario Act. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco/LawsonTobaccoUse/SmokeFreeOntarioAct.aspx
47. Simcoe Muskoka District Health Unit (2010). Tobacco-Free Sports and Recreation. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco/TobaccoUsePrevention/TobaccoFreeSportsandRecreation.aspx
48. Simcoe Muskoka District Health Unit (2011). Tobacco. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco.aspx
49. Simcoe Muskoka District Health Unit. Appendix A: SMDHU Healthy Eating Policy – Healthy Food Choices Checklist
50. Simcoe Muskoka District Health Unit. Appendix B: Safe Food Handling Guidelines.
51. Simcoe Muskoka District Health Unit. Appendix C: SMDHU Healthy Eating Policy – Decision-Making Tool Working with External Partners
52. Simcoe Muskoka District Health Unit. Appendix D: SMDHU Healthy Eating Policy – Questions and Answers

53. SmartRisk (2009). The Economic Burden of Injury in Canada: Executive Summary
54. Think Clear (2009). Telling the Story of Drugs and Alcohol in Our Communities – Photovoice Project DVD & Final Report
55. Think Clear (2010). Photovoice: Telling the Story of Drug & Alcohol Use in Simcoe County.
56. Williams, Megan and Myrna Wright (2007). The Impact of the Built Environment on the Health of the Population: A Review of the Review Literature
57. Wright, Myrna G. (2008). Walkon 2008 Survey Report.

Dillon Consulting identified additional documents to be considered for review based on the Simcoe Muskoka Environmental Scan findings, identified below:

1. CAMH (2010). Health Service Providers across North Simcoe Muskoka "Make the Connection" About Stigma
2. CAMH (2010). Publications Database. Available at: http://www.camh.net/Publications/CAMH_Publications/index.html
3. Leger Marketing (2008). Depression and Youths.
4. North Simcoe Muskoka Local Health Integration Network (2006). Aboriginal Community Engagement.
5. North Simcoe Muskoka Local Health Integration Network (2009). North Simcoe Muskoka LHIN - Integrated Health Service Plan 2010-2013.
6. Simcoe County Alliance to End Homelessness (2009). Report Card on Homelessness.
7. United Way of Greater Simcoe County (date unknown). The Truth About Poverty in Simcoe County

During the community consultation process, stakeholders were asked to identify additional policies and strategies related to the six priority areas. The findings from the community consultation process are included as part of the results, under **Section 5.2** of this chapter. The range of policies and strategies included in the review was dependent upon the information provided during the development of the community assessment, and the feedback provided by stakeholders.

5.2 ENVIRONMENTAL SCAN OF ORGANIZATIONS, NETWORKS & PROGRAMS

This section provides an overview of the findings from the environmental scan of organizations, networks and programs. **Table 5-1** illustrates the service areas covered by the organizations in the environmental scan. Detailed results by organization are presented in **Appendix B: Environmental Scan Report**.

Table 5-1: Services Provided by District

Organizations	Simcoe	Muskoka	Both
1. Addiction Outreach Muskoka Parry Sound		X	
2. AIDS Committee of Simcoe County (ACSC)	X		
3. Anishinabek Police Service			X
4. Barrie Area Native Advisory Circle (BANAC)	X		
5. Barrie Police Service	X		
6. Basic Needs Task Group [of the Child Youth & Family Services Coalition of Simcoe County]	X		
7. Blue Mountains Bruce Trail Club	X		
8. Canadian Cancer Society – Barrie & District and Muskoka-North Simcoe Units			X
9. Catulpa Community Support Services	X		
10. Central Local Health Integration Network	X		
11. Centre for Addiction and Mental Health (CAMH)			X
12. Children's Aid Society of Simcoe County	X		
13. Children's Treatment Network of Simcoe-York	X		
14. Chippewas of Rama First Nation	X		
15. E3 Community Services	X		
16. Enaahtig Healing Lodge & Learning Centre	X		
17. Family, Youth & Child Services of Muskoka		X	
18. Food Partners Alliance of Simcoe County	X		
19. Georgian College – Barrie Campus	X		
20. Georgian Triangle Transition Town	X		
21. Hands - The Family Help Network		X	
22. Heart & Stroke Foundation			X
23. Huronia Trails & Greenways	X		
24. Kinark Child and Family Services	X		
25. La Clé d'la Baie	X		
26. Lakehead University	X		
27. Mental Health & Addiction Services – Simcoe	X		

Organizations	Simcoe	Muskoka	Both
County			
28. Mental Health Centre Penetanguishene	X		
29. Midland Police Service	X		
30. Muskoka Family Focus and Children's Place		X	
31. Muskoka Parry Sound Community Mental Health Services (MPSMHS)		X	
32. Muskoka Trails Council		X	
33. New Path Youth & Family Services	X		
34. North Simcoe-Muskoka Local Health Integration Network			X
35. Ontario Ministry of Transportation			X
36. Ontario Provincial Police			X
37. Poverty Reduction of Muskoka – Planning Team (PROMPT)		X	
38. Safe Communities Midland	X		
39. Simcoe County Nutrition Network	X		
40. Simcoe County Resilience Collaborative	X		
41. South Simcoe Police Service	X		
42. South Simcoe Services Committee	X		
43. Staying Independent Falls Prevention Coalition			X
44. The Environment Network	X		
45. Transition Barrie	X		
46. Transition Town Orillia	X		
47. United Way of Greater Simcoe County	X		
48. Wahta First Nations		X	
49. Wasaga Beach Healthy Community Network	X		
50. Wendat			X
51. YMCA of Simcoe-Muskoka			X
52. YWCA			X
Percentage of Organizations in each Jurisdiction	63.4%	15.4%	21.1%

The results were also reviewed to identify the number of organizations that provide services relevant to the six factors of interest. **Table 5-2** provides an overview.

Table 5-2: Number of Organizations that Provide Services Relevant to the Six Factors of Interest

Organization	Healthy Eating	Physical Activity	Tobacco Use / Exposure	Injury Prevention	Mental Health	Substance and Alcohol Misuse
1. Addiction Outreach Muskoka Parry Sound					X	X
2. AIDS Committee of Simcoe County (ACSC)					X	
3. Anishinabek Police Service				X	X	X
4. Barrie Area Native Advisory Circle (BANAC)	X	X		X	X	
5. Barrie Police Service		X	X	X	X	X
6. Basic Needs Task Group [of the Child Youth & Family Services Coalition of Simcoe County]						
7. Blue Mountains Bruce Trail Club		X				
8. Canadian Cancer Society – Barrie & District and Muskoka-North Simcoe Units			X		X	
9. Catulpa Community Support Services	X	X	X		X	X
10. Central Local Health Integration Network	X	X		X	X	X
11. Centre for Addiction and Mental Health (CAMH)	X		X		X	X
12. Children's Aid Society of Simcoe County				X	X	
13. Children's Treatment Network of Simcoe-York (CTN)	X	X		X	X	
14. Chippewas of Rama First Nation	X	X	X	X	X	X
15. E3 Community Services				X	X	
16. Enaahtig Healing Lodge & Learning Centre	X	X	X	X	X	
17. Family, Youth & Child Services of Muskoka					X	

Organization	Healthy Eating	Physical Activity	Tobacco Use / Exposure	Injury Prevention	Mental Health	Substance and Alcohol Misuse
18. Food Partners Alliance of Simcoe County	X					
19. Georgian College – Barrie Campus	X	X	X		X	X
20. Georgian Triangle Transition Town		X				
21. Hands - The Family Help Network	X	X			X	X
22. Heart & Stroke Foundation	X	X	X		X	
23. Huronia Trails & Greenways		X				
24. Kinark Child and Family Services	X	X			X	
25. La Clé d'la Baie		X			X	
26. Lakehead University		X			X	X
27. Mental Health & Addiction Services – Simcoe County					X	X
28. Mental Health Centre Penetanguishene					X	
29. Midland Police Service			X	X	X	X
30. Muskoka Family Focus and Children's Place	X	X	X	X	X	X
31. Muskoka Parry Sound Community Mental Health Services (MPSMHS)				X	X	
32. Muskoka Trails Council		X				
33. New Path Youth & Family Services	X			X	X	X
34. North Simcoe-Muskoka Local Health Integration Network	X	X		X	X	X
35. Ontario Ministry of Transportation				X		X

Organization	Healthy Eating	Physical Activity	Tobacco Use / Exposure	Injury Prevention	Mental Health	Substance and Alcohol Misuse
36. Ontario Provincial Police			X	X	X	X
37. Poverty Reduction of Muskoka – Planning Team (PROMPT)	X					
38. Safe Communities Midland		X		X		
39. Simcoe County Nutrition Network	X	X	X		X	
40. Simcoe County Resilience Collaborative	X	X	X	X	X	X
41. South Simcoe Police Service				X	X	X
42. South Simcoe Services Committee			X	X	X	X
43. Staying Independent Falls Prevention Coalition		X		X		
44. The Environment Network		X		X	X	
45. Transition Barrie	X	X			X	
46. Transition Town Orillia	X	X			X	
47. United Way of Greater Simcoe County	X	X			X	
48. Wahta First Nations	X	X			X	X
49. Wasaga Beach Healthy Community Network		X				
50. Wendat				X	X	
51. YMCA of Simcoe-Muskoka		X			X	X
52. YWCA	X	X			X	X
TOTAL	23	31	14	23	41	23
PERCENTAGE OF TOTAL SCANNED ORGANIZATIONS	44%	60%	27%	44%	79%	44%

The following provides the summary results of the environmental scan, by the six Healthy Communities priority areas. Results are first presented documenting the findings from the environmental scan of websites. Further feedback is presented which reflects comments provided by stakeholders during the community consultation process.

Physical Activity, Sport and Recreation

Thirty-one organizations scanned in Simcoe Muskoka were identified as having programs and services promoting physical activity (see **Table 5-2** for the list of organizations). Sixty percent of scanned organizations are addressing physical activity issues. Twenty-one organizations worked in Simcoe County, four organizations in the District of Muskoka and five organizations worked in both. Where published, the organizational vision/mission statements focused on improving individual health through education, access to services, and improving community well-being through infrastructure, all of which support active living.

Physical activity programs and services tended to focus on these key areas:

- Chronic disease management and prevention (related to diabetes, stroke, heart disease, obesity, weight control, high blood pressure, cancer survivors, holistic healthy living strategies)
- Programming for children and youth (related to physical activity in schools, walking to school, after school programs, early childhood care, youth leadership, teams, sports)
- Programming for families (related to aquatic programs, teams, information on active family living)
- Physical activity as a tobacco cessation strategy
- Physical activity as a mental health promotion strategy (related to school-based mental health programming and mentorship)
- Outdoor activities (related to guided hikes and events, bike rides, day and residential camps, outdoor education centres, equestrian programs, mapping and wayfinding, ecotourism)
- Accessibility of physical activities (related to inclusive recreation services, recreation for seniors)
- Built environment (related to recreation facilities, trails and pathways, active transportation, active community design).

The intended audiences of these physical activity programs included families, children of all ages and (dis)abilities, youth, teenage girls, university students, cancer survivors, diabetics, drivers, policy makers, aboriginals, Francophones, and various other cultural groups. Detailed results by organization are presented in **Appendix B: Environmental Scan Report**.

Based on the organizations reviewed in the environmental scan, partnerships between organizations promoting physical activity focused on issues of common

concern. The Southern Ontario Aboriginal Diabetes Initiative brings together the Barrie Area Native Advisory Circle and Wahta First Nation to address diabetes in the aboriginal population. The former Good for Life program combined the efforts of the SMDHU, hospitals, municipalities and community agencies to promote healthy lifestyles which included physical activity. The Environment Network partners with schools in Simcoe County to encourage active and safe routes to school. The Muskoka Trails Council is promoting inter-regional sharing with the Near North initiative related to trails, which draws representatives from other districts together to discuss active transportation and trails management.

Umbrella groups encouraging collaboration between community partners were not common in the physical activity priority area. The United Way serves as an important financing partner for many member agencies providing physical activity programming including the YMCA of Simcoe-Muskoka, Big Brothers Big Sisters of North Simcoe and the Borden Family Resource Centre. Based on the organizations reviewed in the environmental scan, there are fewer organizations in Muskoka supporting physical activity, with just two of the scanned organizations providing recreational programming for the general population.

Community organizations in Simcoe and Muskoka address physical activity as an important element of a healthy lifestyle. Their focus on physical accessibility and the built environment will influence systemic changes in the physical activity levels of residents in the future. Currently, a lack of facilities and services, particularly in Muskoka and rural communities in both Simcoe and Muskoka, acts as a barrier to physical activity.

Comments provided by stakeholders during the community consultations are consistent with the findings of the environmental scan. For example, stakeholders identified differences in the range of programs which support physical activity in both Simcoe County and the District of Muskoka. Stakeholders identified a distinct urban-rural divide in physical activity resources which have an impact on the accessibility of these assets for the rural population. Moreover, they noted that while the distribution of physical activity resources is a function of the size of the local population, the programs and services that are offered do not meet the needs of the rural population.

Stakeholders identified that schools have a strong role in supporting physical activity, and that accessibility of recreational services could be improved for parents with young children by organizing concurrent programming. Stakeholders also identified that a greater diversity of programs is needed to engage the elderly, people with mobility issues, people with disabilities or developmental delays, women and immigrants.

Based on the findings of the environmental scan and the feedback from community consultations, it was highlighted that there is a variety of physical

activity resources in Simcoe Muskoka however access, particulary in rural areas is an issue. Greater collaboration and strategic visioning within organizations in this priority may serve as an important avenue for further developing community capacity.

Injury Prevention

Twenty-three organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing injury prevention (see **Table 5-2** for the list of organizations). Forty-four percent of the scanned organizations are addressing injury prevention issues. Fifteen organizations worked in Simcoe, two organizations worked in Muskoka and six organizations worked in both Simcoe and Muskoka. Where published, the organizational vision/mission statements focused on improving quality of life for individuals and families, and supporting safe and accessible communities and services.

Injury prevention- related programs and services tended to focus on the following key areas:

- Abuse prevention (related to domestic violence, elder abuse, sexual assault, violence against women, partner abuse)
- Senior care (related to elder abuse, long-term care, aging at home, driving skills for seniors, supportive housing, falls prevention)
- Community safety (related to crime prevention, community policing, community education, workplace safety, first aid training)
- Road safety (related to drinking and driving, winter driving, driving skills for seniors, car seats, driver testing, cycling skills, pedestrian safety, street racing, seatbelts, motor vehicle collisions)
- Marine safety (related to safe boating, impaired boating)
- Parenting and child care (related to physical punishment, child care services, car seats, after school programs, block parents)
- Schools (related to bullying, youth violence, school bus safety, safe routes to school)
- Injury prevention and treatment for individuals with disabilities (related to physiotherapy, mobility)
- Access to care (related to emergency room access, service coordination)
- Injury prevention and mental health (related to intentional self-harm).

Based on the organizations reviewed in the environmental scan, the intended audiences of injury prevention programs included the general public, tourists, seniors, seniors and others living in rural areas, health care providers, children, children with developmental needs, youth, students, parents, victims of abuse, employers, Aboriginals generally and Aboriginal elders and men specifically.

Based on the information publicly available online for the organizations scanned, specific partnerships were not identified between organizations working on injury

prevention. Many such partnerships are known to exist, however, and local police services, the Ministry of Transportation and Simcoe Muskoka District Health Unit are part of many of those injury prevention partnerships. Umbrella groups encouraging collaboration between community partners were uncommon in the injury prevention priority area. Safe Communities Midland, the South Simcoe Service Coordination Committee and the Staying Independent Falls Prevention Coalition are each developing resource inventories featuring injury prevention programs in their service areas. Detailed findings listed by organization name are presented in the Environmental Scan report in **Appendix B: Environmental Scan Report**. However, during the consultations, participants identified the North Simcoe Muskoka Integrated Regional Falls Program as an important partner and service provider in falls prevention.

Existing program offerings among the organizations scanned strongly target the aging population. However, there was a gap in the range of services addressing injury prevention among seniors living in rural communities. In addition, very few organizations are addressing the built environment as a mechanism for injury prevention. Injury prevention programs effectively target related issues such as skill development and training but do not cohesively address neighbourhood design for safety, accessibility or physical activity. The SMDHU has done extensive work in this area and has undertaken to collaborate with other community organizations to improve existing program offerings. According to the findings of the environmental scan, many organizations in Simcoe County and the District of Muskoka provide services which build awareness around and develop skills to prevent motor vehicle collisions and injuries. Consultation participants identified the need for additional programs and services which drive the prevention message home by exposing participants to the physical and emotional consequences of motor vehicle collisions.

Finally, while the environmental scan identified extensive programs and services to prevent recreational related injuries, programs which target the tourist population are limited. From a general injury prevention perspective greater networking and priority area capacity building could help to guide the efforts of constituent organizations.

Healthy Eating

Twenty-three organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies promoting Healthy Eating (see **Table 5-2** for the list of organizations). Forty-four percent of the scanned organizations address healthy eating issues. Fifteen organizations worked in Simcoe, four organizations worked in Muskoka and three organizations worked in both Simcoe and Muskoka. Where published, the organizational vision/mission statements focused on improving individual health and well-being through the promotion of healthy lifestyles and access to services.

According to the findings of the environmental scan, several organizations recognized the underlying determinants of health which contribute to poor eating habits and health. Many organizations provided skills-based services and education to improve their target population's understanding of nutrition, diet and meal preparation. Skills development focused on preparing healthy foods was common, especially for parents. Many organizations identified poverty as an important barrier to healthy eating; poverty reduction was therefore a key focus for several organizations.

Healthy eating services tended to focus on the following key areas:

- Education and support (related to food preparation, nutrition, pre-natal nutrition, baby food making, diabetes prevention and management)
- Food provision (related to meal and snack programs, school-based nutrition, food banks, surplus fresh/frozen food distribution programs, fresh produce delivery and farmer's markets)
- Local agriculture (related to community gardens and kitchens, festivals and cultural celebrations)
- Advocacy (related to food security, regulation and promotion of the local food system)

Healthy eating programs were targeted towards a variety of populations including: the general public, children, children with developmental disabilities, children in schools, parents, parents to be, young parents, women, students, low income individuals, policy makers, Aboriginals, Francophones and various other cultural groups.

Based on the findings of the environmental scan, partnerships between organizations promoting healthy eating tended to focus on issues of common concern. For example, the southern Ontario Aboriginal Diabetes Initiative brings together the Barrie Area Native Advisory Circle and Wahta First Nation to address diabetes in the aboriginal population. Healthy eating was often promoted as part of a "whole person" health strategy with relevance to the broad spectrum of health care sectors and organizations.

Several umbrella groups addressing different aspects of healthy eating were identified through the environmental scan. Simcoe County Nutrition Network was identified as a strong umbrella group for coordinating organizations addressing food security and food access issues. Catulpa, Children's Treatment Network of Simcoe-York, Central Local Health Integration Network and the North Simcoe-Muskoka Local Health Integration Network were identified as important organizations for coordinating and integrating clinical healthy eating services. Policies and programs supporting healthy eating are in place with most of the school boards. Food Partners Alliance of Simcoe County and PROMPT in the District of Muskoka were identified as important conveners of individuals and

organizations addressing issues related to local agriculture and a sustainable local food system. Additionally, consultation survey respondents identified the United Way as a key financing partner for many food provision organizations. Detailed findings listed by organization name are presented in the Environmental Scan report in **Appendix B: Environmental Scan Report**.

The organizations reviewed in the environmental scan revealed no information documenting healthy eating programs and services targeting seniors and immigrants. Services promoting breastfeeding were also not identified by the scanned organizations in Simcoe County or the District of Muskoka. Services for individuals with diabetes were not well distributed across Simcoe County or the District of Muskoka.

A rural-urban divide exists in service provision related to healthy eating programs and access to fresh produce. Of the seven organizations offering healthy eating services in Muskoka, only two were actively working on issues of fresh food provision and their efforts were largely targeted in urban centres. Ensuring that healthy eating assets and services are accessible to rural populations as well as seniors and individuals with disabilities can help to improve healthy eating outcomes in the region.

Based on the findings of the environmental scan and the feedback from community consultations, it was highlighted that there is a variety of healthy eating programs in Simcoe Muskoka. However, greater collaboration and visioning amongst organizations working in this priority area may be helpful.

Tobacco Use and Exposure

Fourteen organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing tobacco use and exposure (see **Table 5-2** for the list of organizations). Nine organizations worked in Simcoe County, one organization worked in the District of Muskoka and four organizations worked in both. Where published, organizational mission/vision statements focused on improving individual health and quality of life through healthy lifestyle choices.

Tobacco related programs and services tended to focus on the following key areas:

- Smoking Cessation Programs and Related Smoking Prevention Information (related to literature and services, health centres, action plans for related illnesses including blood pressure, weight, heart disease and stroke)
- Smoke-free environments (related to child care, tips on how to live smoke-free)

- Tobacco free advocacy (related to anti-tobacco campaigns, impact awareness, second and third hand smoke awareness, non-smoking policies)
- Tobacco research (related to addictions, nicotine dependence).

Additional cessation support programs offered in person and by phone by the Canadian Cancer Society, Family Health Teams and SMDHU were identified subsequent to the environmental scan. The intended audiences of tobacco programs addressing topics such as cessation, prevention and protection included the general public, parents, individuals who are misusing substances, teenagers, students, aboriginals, and various cultural groups.

Based on the findings of the environmental scan, partnerships between organizations working on tobacco issues were uncommon. The only example of a partnership identified in this area was the former Good for Life/Take Heart programs which combined the efforts of the SMDHU and various community agencies to promote healthy lifestyles which included tobacco free living. However, stakeholders identified other partnership efforts, including the Simcoe Muskoka Tobacco Cessation Coalition, and local community Tobacco networks and partnerships between Simcoe Muskoka schools and SMDHU Tobacco Program as important collaborative efforts in this priority area. The Canadian Cancer Society provides some service coordination for tobacco cessation programs while the South Simcoe Service Coordination Committee is developing a common resource list which will feature tobacco cessation and prevention programs in their service area.

Consultation participants identified the need for increased partnerships and networking to improve program offerings, i.e., tobacco cessation with implications for exposure; these service gaps were supported by the findings of the environmental scan. For example, the environmental scan did not identify smoking cessation programs for women, immigrants, employers and Francophones. Muskoka has a deficiency of tobacco use services with few organizations offering cessation programming to residents located inside the District.

Programs and policies which seek to shift social norms related to tobacco use and exposure are needed. By creating supportive tobacco-free environments, such as tobacco-free schools, recreation opportunities, community leaders can help to influence individual choices, especially among young people. Feedback from community consultation participants suggests that Aboriginal youth and high school students would benefit from additional services in this area.

Additional networking and capacity building within existing organizations could help to improve tobacco use and exposure program offerings.

Substance and Alcohol Misuse

Twenty-three organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing Substance Misuse (see **Table 5-2** for the list of organizations). Forty-four percent of scanned organizations are addressing substance and alcohol misuse issues. Twelve organizations worked in Simcoe County, four organizations worked in the District of Muskoka and seven organizations worked in both. Where published, organizational mission/vision statements focused on improving and transforming lives and ensuring safe communities. A large percentage of these organizations had published mission and vision statements, which suggests that the direction of program development in this priority area is likely to be well defined.

Substance and alcohol misuse programs and services are focused on the following key areas:

- Aboriginal services (related to alcohol and drug abuse prevention and treatment programs)
- Service integration (related to case management, referral, service planning and integration)
- Addiction and criminal justice (related to community policing, court diversion, drug enforcement, drug recognition)
- Impaired driving (related to enforcement, prevention)
- Impaired boating (related to enforcement, prevention)
- Education/Prevention (related to drug facilitated sexual assault, crime prevention, school-based awareness and education programs)
- Research (related to clinical research, neuroscience research, positron emission tomography research).

The intended audiences of substance and alcohol misuse related programs included youth and students, parents, women, aboriginals, drivers, boaters, individuals impacted by addiction and mental illness and individuals involved with the criminal justice system.
The organizations scanned gave no evidence of active partnerships, although a number of strong partnerships with long histories of effective collaboration do exist within Simcoe Muskoka.

Consultation participants identified the North Simcoe Mental Health Network and the Mental Health Service Committee as key coordinating groups in the substance and alcohol misuse priority area. During the consultations, several issues and population groups were identified as lacking appropriate services related to substance misuse; these service gaps were consistent with the

findings of the environmental scan. For example, stakeholders identified that alcohol in sport and recreation was a key service and policy gap. A culture of alcohol use has become associated with many recreational activities. This has implications both for the health and well-being of those consuming alcohol and those who may be injured in subsequent motor or recreational vehicle accidents as a result of impairment. Programs are needed to help separate the association of excessive alcohol consumption from recreation activities including pre- and post-games as well as during recreation activities such as baseball games.

Stakeholders also identified that greater public education and awareness of the appropriate use of substances and the consequences of excessive alcohol consumption is also needed. One participant in the community consultation process shared that their understanding was that when these programs are tied to issues of personal resilience and well-being, they are an important component of a multi-pronged harm reduction approach. While Simcoe Muskoka has well developed community policing and education programs related to general substance misuse prevention, programming specific to the appropriate use and disposal of prescription medication is needed.

Mental Health Promotion

Forty-one organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing Mental Health (see **Table 5-2** for the list of organizations). Seventy-nine percent of the scanned organizations address Mental Health issues. Twenty-six organizations worked in Simcoe County, five organizations worked in the District of Muskoka and nine organizations worked in both. Where published, organizational mission/vision statements focused on creating strong and supportive communities which enable all residents to be full and active participants.

Mental health promotion programs and services tended to focus on the following key areas:

- Aboriginal services (related to elder connection, education planning, peer mentoring, cultural ceremonies)
- Children and families (related to early childhood care, early learning, positive parenting, after school programs, day and residential camps, outdoor education, leadership training, school-based mental health, bullying, self-harm, peer mediation, family services, foster care, pre- and post-natal support, young parent outreach, coping with divorce and loss)
- Seniors (related to dementia and Alzheimer's disease, transition services, elder abuse prevention and long-term care)
- Youth and teens (related to mentorship, self-harm, youth groups and court diversion)
- Economic development (related to job training, job applications, housing, social enterprise)

- Mental health promotion (related to meditation, stress reduction, stress in the workplace, anger management, spiritual care, support groups)
- Services outside the home (related to retreats, respite care and residential accommodation)
- Service integration (related to case management and consultation, intake, referrals and funding supports)
- Research (related to mental health and addiction)
- Training and education (related to mental health awareness, life skills development, community education).

The environmental scan showed that the intended audiences of mental health and related programs spanned all ages and stages of development. These included infants, children and youth (with and without specific physical, emotional or developmental needs), parents and families, adults with compounding risk factors such as homelessness, mental or physical illness, legal issues and addictions, rural residents and members of various ethnic communities.

The Child, Youth and Family Services Coalition of Simcoe County (CYFSC) has done much to promote partnerships in service delivery, enhancing those services and reducing duplication and redundancy. COMPASS is a network of Community School Teams across Simcoe County which serve to link schools with local providers of community supports and services; the partnership is significant and includes representation from more than 15 community service providers whose goal is to collaboratively respond to identified issues for children, youth and their families. The AIDS Committee of Simcoe County, Barrie Area Native Advisory Circle and Hands – The Family Help Network all noted partnership or collaborative efforts but did not specify the details of these initiatives.

As indicated in the environmental scan, several umbrella groups facilitate collaboration between community partners in the mental health priority area. The Centre for Addiction and Mental Health serves as a national voice for the mental health services community, providing policy, advocacy and research resources. in addition to a variety of treatment options. The Canadian Mental Health Association is active in Simcoe Muskoka and provides both treatment and health promotion services. The Mental Health Centre Penetanguishene advocates to several levels of government on behalf of the mental health services community in Simcoe. The North Simcoe Muskoka and Central Local Health Integration Networks provide integration and gap analysis of mental health services in their respective areas, particularly as they relate to clinical (treatment) services. The South Simcoe Service Coordination Committee is developing a common resource list which will feature mental health related programs in their service area; similar resource lists have been developed by COMPASS partnerships and CYFSC Student Support Leadership Initiative. Finally, the United Way serves as an important financing partner for many member agencies providing mental

health programming including Simcoe Community Services, Canadian Mental Health Association, Big Brothers Big Sisters of North Simcoe, Borden Family Resource Centre and YMCA of Simcoe-Muskoka. Detailed findings listed by organization name are presented in the Environmental Scan report in **Appendix B: Environmental Scan Report**.

The environmental scan identified very few mental health promotion programs (programs that promote positive mental health) specifically targeting individuals of low socio-economic status, in spite of a strong link between issues of poverty and mental health. Such programs do exist, however, and include Canadian Action Program for Children (CAPC) and Canadian Prenatal Nutrition Program (CPNP) and their related programs like MotherCare and MotherCare Next Step. Stakeholders echoed concern about the affordability of mental health promotion programs and services not covered by the Ontario Health Insurance Plan. Particularly, while some employment and career programs targeting individuals of low socio-economic status exist, very few organizations in Simcoe Muskoka are addressing poverty reduction as a mental health promotion strategy.

Physical accessibility to some of the mental health services scanned is limited. The majority of mental health services scanned are heavily concentrated in Simcoe County. Moreover, the lack of public transit assets, particularly in rural areas, limits access. Consultation participants identified this as a key concern. Without proper access to resources, the benefits of mental health assets cannot be fully realized by the folks who need them. Services are addressing the issue as best they can with limited resources by providing service opportunities in schools, and through satellite offices in outlying communities.

While the link between employment and mental health is strong, the findings of the environmental scan and community consultations identify a gap in services which promote a healthy approach to work-life balance. While early learning and child care programs are a strong asset which enable parents to work, other workplace policies and programs which promote good mental health such as work-life balance training and mental health sick time are limited. At the same time, community resources to improve mental health within and beyond the workplace, such as the Simcoe County Workplace Wellness Network, do exist.

The environmental scan identified few stigma reduction and awareness programs related to mental health. The majority of those that do exist are provided in the school environment and target the student population. Consultation participants identified a need for more widespread, cohesive and comprehensive programming in this area. Greater awareness of mental health issues can reduce the stigma surrounding mental illness and treatment and may also improve self-care and personal resilience practices in the wider population.

While there are a wide variety of mental health promotion services offered in Simcoe County and the District of Muskoka, gaps in service integration and planning were identified in the environmental scan and echoed by consultation participants. Promotion of mental health requires a spectrum of services which support a wide range of mental health needs from promotion to prevention and treatment. Consultation participants identified a lack of programs which bridge the gaps between services along the mental health continuum. Service delivery gaps were identified particularly in Muskoka. Consultation participants also identified the need for additional services addressing arts and culture and mental health promotion for men. Continued enhancement of communication and coordination between service providers can only serve to strengthen Simcoe Muskoka's approach to mental health promotion.

Finally, mental health promotion services for children and youth were identified inconsistently across the region. Existing services are concentrated in the school environment and focus on school-based mental health awareness, leadership training and mentorship, bullying and peer mediation. According to consultation participants, greater mental health promotion and mental illness prevention training is needed for educators and other professionals working with young people.

5.3 ONTARIO HEART HEALTH NETWORK POLICY SCAN

The following provides a summary of the policies identified in the Ontario Heart Health Network (OHHN) Collaborative Policy Scan Project, by the six Healthy Communities priority areas. It should be noted that Injury Prevention and Mental Health Promotion policies were not included as part of the OHHN Collaborative Policy Scan Project.

Physical Activity, Sport and Recreation

Local government decision-makers have the opportunity to create environments in municipally-owned buildings and outdoor spaces that enhance access to recreational and physical activity opportunities. Municipalities were scanned for the existence of policies that support access to recreational and physical activity opportunities.

Simcoe County:

- Springwater was the only municipality found to have local government policies related to intramurals and sports programs to ensure opportunity for everyone.
- Collingwood and Severn were found to have interim land use policies to address the lack of open spaces for recreation in apartment complexes and other multi-unit dwellings.

- Parks and Recreation Master Plans[7] were found in the Towns of Collingwood, Innisfil, Wasaga Beach, and New Tecumseth.
- Collingwood also has a Leisure Services Master Plan
- Springwater was found to have a Parks Master Plan
- Midland, Penetanguishene, Clearview, Ramara and Severn were found to have Recreation Master Plans **(Table 5-3).**

Table 5-3: Access to Recreation and Physical Activity Policies by Municipality

Local Government	Local government recreation policies (related to intramurals and sport programs to ensure opportunity for everyone)	Interim land use policies *(to address the lack of open space for recreation in apartment complexes and other multi-unit dwellings)*	Parks Master Plan	Recreation Master Plan
Town of Collingwood		X	X	X
Town of Innisfil			X	X
Town of Midland				X
Town of Penetanguishene				X
Town of Wasaga Beach			X	X
Township of Clearview				X
Township of New Tecumseth			X	X
Township of Ramara				X
Township of Severn		X		X
Township of Springwater	X		X	

District of Muskoka:

[7] Master Plans outline strategic directions. A municipality can have several Master Plans such as Recreation, Parks, and Leisure Services.

- Muskoka Lakes was the only municipality found to have policies regarding vacant lots to establish guidelines for public use of private land and city-owned vacant lots.
- Parks and Recreation Master Plans were found for all six municipalities in the District.
- Hunstville, Gravenhurst and Lake of Bays were also found to have Recreation Master Plans.

Active Transportation and the Built Environment

The OHHN Collaborative Policy Scan Project looked for infrastructure that provides opportunity for residents to engage in active transportation (e.g., transit system; Transportation Demand Management Plan) and directional documents that contain policy statements that support active transporation (e.g., Official Plans with policy statements that support physical activity).

- Public transit systems exist in Barrie, Orillia, Collingwood, Midland, Wasaga Beach, and Huntsville.
- All municipalities in Simcoe Muskoka have an Official Plan. Barrie, Orillia, Collingwood, Midland, Huntsville and Gravenhurst had incorporated active transportation policies into their Official Plans.
- Barrie, Orillia, Collingwood, Innisfil, New Tecumseth, Severn, and Hunstville had identified plans for infrastructure that support active transportation in their Official Plans.

There are existing policies that support physical activity and recreation opportunities in Simcoe Muskoka. There is also opportunities to create additional policies to increase physical activity and recreation opportunities.

Healthy Eating

Local government decision-makers have the opportunity to create nutritious food environments in municipally-owned buildings. Municipalities were scanned for the existence of policies that support access to healthy food choices.

- In 2009 and 2010, the Simcoe County Food Proclamation was initiated by the Food Partners Alliance of Simcoe County and was endorsed by the County of Simcoe.
- Policies to support the availability of a broader variety of foods available from street vendors were found in the Townships of Oro-Medonte, Springwater, Muskoka Lakes and Georgian Bay.
- Oro-Medonte and Tay were the only municipalities found to have policies to promote or sponsor healthy food access maps.
- The City of Barrie was the only municipality that had a vacant lots policy to establish guidelines for public use of private land and city-owned vacant lots for gardening.

- Several farmer's markets exist throughout Simcoe County and the District of Muskoka, however Huntsville was the only municipality to have policies that support the establishment of farmer's markets.

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

There are a number of municipalities in Simcoe Muskoka that limit exposure to the harmful effects of second-hand smoke by prohibiting smoking in municipal-owned outdoor spaces and policies that ban smoking within designated distance of public entrances and exits to municipal buildings.

The following local municipal councils in Simcoe Muskoka have passed No Smoking by-laws for outdoor spaces:

- City of Barrie - No smoking on any owned property including parks, playing fields, beaches and municipal building properties, except in designated areas in some parking lots (2009);
- City of Orillia - No smoking within 10 meters of a beach area, playground area or a sports activity area except during special events approved by the Parks and Recreation Department (2008);
- Clearview Township - (By-law not yet posted to website). No smoking on or within 9 metres of playgrounds, playing fields, municipal building entrances, and at any municipal park when there is entertainment (2009);
- Town of Collingwood - No smoking within 25 metres of all playgrounds and playing fields (2005); This bylaw was amended in 2010 to include no smoking within nine (9) metres of any entrance or exit of any municipally owned or operated facility, excluding the area located within a municipal highway and on outdoor sidewalk patios/cafés located on the municipal sidewalk within the downtown core that is operated as part of or in conjunction with or in affiliation with a restaurant, café and/or bar.
- Town of Wasaga Beach - No smoking within 9 metres of playground areas, playing fields, and entrances to municipal buildings (2008);
- Town of New Tecumseth - No smoking within 10 metres in a playground area defined as an outdoor area established and fitted with equipment such as slides, swings, etc. (2002);
- Town of Bradford West Gwillimbury - Smoking is prohibited within 5 metres of the entrances or exits to any municipally-owned or operated facilities including such places as arenas and recreation facilities (2009);
- Town of Innisfil - Smoking is prohibited within 9 metres of the entrances or exits of all municipal facilities such as arenas and libraries (2009);
- Town of Midland – By-law prohibits smoking outdoors within 10 metres of municipally-owned playgrounds or sports fields. (2009);

- Town of Huntsville – By-law prohibits smoking outdoors on any property owned or occupied by the town including parkland, playgrounds, sports fields, spectator seating areas, and ice surfaces (2010)

The 10 municipalities that have passed No Smoking by-laws demonstrate to the other municipalities that creating smoke-free outdoor spaces is possible through the implementation of policy.

At the time of the OHHN Collaborative Policy Scan Project Report, policies that ban smoking within a designated distance of public entrances and exits to municipal buildings providing local government services were found in the Town of Bradford West Gwillimbury, Town of Innisfil and the Town of Wasaga Beach. Since the publication of this report, Clearview Township and the Town of Hunstville have enacted these policies.

At the time of the OHHN Collaborative Policy Scan Project Report, policies that limit exposure to the harmful effects of second-hand smoke by prohibiting smoking in municipal owned outdoor spaces were found in the City of Barrie, Town of Collingwood, Town of Midland, Town of Wasaga Beach and the Town of Adjala-Tosorontio. Since the publication of this report, the Town of Huntsville, City of Orillia, Clearview Township, Town of New Tecumseth, Town of Bradford West Gwillimbury, and Town of Innisful have enacted this policy.

Substance and Alcohol Misuse

Municipal alcohol policies (or Alcohol Risk Management policies as they are sometimes called) offer communities an effective strategy for preventing problems related to alcohol service on municipally-owned properties and at municipal events. At the time of the OHHN Scan, ten municipalities in Simcoe Muskoka had Municipal Alcohol Policies (MAPs). Recently, the municipalities were scanned again for MAPs and found that 21 of 25 municipalities have adopted MAP and related policies. Of the remaining four, two have draft policies in place and are working toward adoption. With the majority (92%) of municipalities having MAPs in place, or working toward that, Simcoe Muskoka is unique among other regions in Ontario.

While MAPs can and do vary from municipality to municipality, generally speaking they will address: properties, facilities and events which are alcohol-free and those at which alcohol is allowed and under what circumstances; prevention strategies; alcohol service management strategies; penalties and enforcement procedures; required signs; and ongoing supports. [81]

School Board Policies

Trillium Lakelands District School Board, Simcoe Muskoka Catholic District School Board and the Simcoe County District School Board were scanned for policies related to access to physical activity, access to healthy foods, tobacco use and exposure and alcohol prevention. Le Conseil Scolaire du District

Catholique Centre-Sud, Le Conseil Scolaire du District Centre-Sud-Quest and the Near North District School Board (Mactier) were not scanned. While the number of policies found through the scan is limited, it should be noted that policy direction would more likely be listed as guidelines for schools than as policies per se.

Simcoe County District School Board:

- Passed its Nutrition Policy (School Food & Beverage Policy) on May 26, 2010, banning the sale of foods high in sugar, fat and salt in all schools and sets clear guidelines around food and beverages that are permissible for sale.

Trillium Lakelands District School Board:

- Has policies that support the availability of healthy foods in vending machines, snack bars and cafeterias, at meetings, for fundraising, and at breakfast, lunch and snack programs.

Simcoe Muskoka Catholic District School Board:

- A recently adopted Fundraising policy identifies that cafeteria "food and beverages must be nutritious and conducive to the physical growth and development of children" [80]

Simcoe County District School Board's Community Use of Schools Policy 2340 and Administrative Procedures Memorandum A1220 is implemented in some schools, but is not consistent across the various school boards in Simcoe Muskoka. The community consultation process highlighted that the Simcoe County District School Board has a community use manager and that there is a need for reciprocal agreements in all schools in this school board.

More can be done by the local school boards to set policies that create and support healthy living opportunities for local children and youth. Moreover, the types of policies scanned for could have an impact on the working population as school board employees could be working in environments that support healthy choices.

5.4 DOCUMENT REVIEW FOR POLICIES AND RELATED STRATEGIES

A triangulation of methods was undertaken to review policies and strategies including document review, input from the HCPP team, and feedback from stakeholders during the community consultation process.

Of the documents provided by the HCPP team, 19 were identified as relevant to local community capacity and eight documents were identified as relevant to

provincial and/or national capacity. The remaining documents were identified as information resources, and although they provide background information related to the six priority areas, they do not drive policy development.

Documents Relevant to Local Community Capacity in Simcoe Muskoka

1. CAMH (2010). Health Service Providers across North Simcoe Muskoka "Make the Connection" About Stigma
2. North Simcoe Muskoka Local Health Integration Network (2006). Aboriginal Community Engagement.
3. North Simcoe Muskoka Local Health Integration Network (2009). North Simcoe Muskoka LHIN - Integrated Health Service Plan 2010-2013.
4. Ontario Heart Health Network (2010). OHHN - Collaborative Policy Scan Project – Summary Report
5. Simcoe Muskoka District Health Unit (2010). 2010 SMDHU Physical Activity Work Plan.
6. Simcoe Muskoka District Health Unit (2010). Food Security 2010 Module 1 – Introduction to Food Security.
7. Simcoe Muskoka District Health Unit (2010). Healthy Community Design- Policy Statements for Official Plans.
8. Simcoe Muskoka District Health Unit (2010). Local Bylaws Designate Smoke-free Outdoor Spaces. Available at: http://www.simcoemuskokahealth.org/Topics/Tobacco/LawsonTobaccoUse/LocalBylawsBanSmokingOutdoors.aspx
9. Simcoe Muskoka District Health Unit (2010). Poverty & Health. Available at: http://www.simcoemuskokahealth.org/Topics/HealthyEating/FoodSecurity/PovertyAndHealth.aspx
10. Simcoe Muskoka District Health Unit (2010). Rental and Multi-unit Dwellings.
11. Wright, Myrna G. (2008). WalkOn 2008 Survey Report.

Simcoe County

1. Browne, Gina, Cheglin Ye, Rachel Cameron (2006). The Comparative Effect and Expense of More and Less Integration of Services that Provide Treatment and Rehabilitation for Children with Multiple Disabilities
2. Child, Youth and Family Services Coalition (2009). Simcoe County Youth Justice System Map.
3. Simcoe County Alliance to End Homelessness (2009). Report Card on Homelessness.

4. Think Clear (2010). Photovoice: Telling the Story of Drug & Alcohol Use in Simcoe County.
5. United Way of Greater Simcoe County (2008). Supporting the Communities of Simcoe County
6. United Way of Greater Simcoe County. The Truth About Poverty in Simcoe County

Muskoka District

1. Browne, Gina, Cheglin Ye, Rachel Cameron (2010). Collaboration and Integration Among Agencies in the Muskoka Planning Coalition for Children and Youth – Baseline Integration Study for the Student Support Leadership Initiative Ministry of Education.
2. Ontario Early Years Centre – Simcoe North (2009). Ontario Early Years Centre – Simcoe North Workplan 2010-2011.

Documents Relevant to Provincial and National Capacity

1. College of Physicians and Surgeons of Ontario (2010). Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis.
2. Government of Ontario (2007). Ontario's Injury Prevention Strategy: Working Together for a Safer, Healthier Ontario.
3. Government of Ontario (2008) .Ontario Public Health Standards.
4. Government of Ontario (2009). Every Door is the Right Door: Towards a 10-year Mental Health and Addictions Strategy A Discussion Paper
5. Joint Consortium for School Health (2010). Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives.
6. National Alcohol Strategy Working Group (2007). Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation
7. SmartRisk (2009). The Economic Burden of Injury in Canada: Executive Summary

The findings of the document review are outlined below by Healthy Communities priority area.

Physical Activity, Sport and Recreation

Local and provincial partners are actively advocating for and developing policies to increase access to physical activity, sports and recreation. **Table 5-4** identifies physical activity, sport and recreation policies, studies and strategies reviewed during the creation of the Simcoe Muskoka Community Picture.

TABLE 5-4: Policies, Studies and Strategies Addressing Physical Activity, Sport and Recreation

Author/ Organization	Policy/Strategy /Documents	Year	Subject
Government of Ontario - Ministry of Health Promotion and Sport	Healthy Communities Framework	2010	This framework outlines a vision, goals, guiding principles and priorities to ensure that Ontarians lead healthy and active lives.
Ontario Chronic Disease Prevention Alliance	Evidence-informed Messages Physical Inactivity	2010	This document offers evidence informed messages outlining strategies for partners to foster action that supports and encourages active living and physical activity. It is suggested that this document be used to focus attention and promote collective action on chronic disease prevention issues and to improve the health of Ontarians.
Simcoe Muskoka District Health Unit	WalkON 2008 Survey Report	2008	The walkON survey was conducted in order to understand the current levels of awareness, knowledge, attitudes and practices of Simcoe Muskoka residents regarding walkable communities. Survey results will be used to direct future priorities of the Chronic Disease Prevention-Healthy Lifestyle program of the SMDHU related to physical activity.
Simcoe	Health	2010	This resource offers a series of

Author/ Organization	Policy/Strategy /Documents	Year	Subject
Muskoka District Health Unit	Community Design: Policy Statements for Official Plans		suggested policy statements and implementation activities related to land use, community design and public health. This resource will assist municipalities in creating healthy and complete communities while also meeting the provincial policies requirement. The physical and social context of the community will be impacted as local physical activity opportunities increase.
Simcoe Muskoka District Health Unit Physical Activity Working Group	Physical Activity Workplan	2010	This workplan outlines strategies and activities that the Chronic Disease Prevention-Healthy Lifestyle program of the SMDHU will undertake in order to engage and mobilize community partners and municipalities to develop policies that support physical activity and active transporation.

These policies, strategies and documents identified the following key findings:

- Physical activity is an essential component of a healthy lifestyle and contributes to positive lifestyle decisions in other priority areas such as mental health.
- The walkON partnership identifies walkable communities as an important aspect of a healthy and vibrant community. The environment in which citizens live, work, learn and play must support walking as a form of everyday transportation to encourage citizens to rely on their cars less and choose walking more often. Well-designed, compact communities where people can walk to school and work, to stores, parks and restaurants significantly reduce the need to drive. Therefore, changes in the policy framework related to the built environment can be a powerful tool for influencing physical activity outcomes.
- There is support from the community (through the WalkON survey) to establish policies that facilitate an equitable distribution of parks and recreational facilities to accommodate a range of needs, i.e., including persons with disabilities, children and the elderly.

- There is support from the community (through the WalkON survey) to establish policies that improve access to infrastructure to create safe environments for pedestrians and cyclists.

In addition to the findings from the document review, stakeholders attending the community consultations expressed that joint use agreements can improve access to community resources, thereby increasing opportunities for people to participate in physical activity. The Ministry of Education's Community Use of Schools Policy 2340 & Administrative Procedure Memorandum A1220 is implemented in some schools, but is not consistent across the various school boards in Simcoe Muskoka. There are opportunities to ensure that policies are consistently applied across all school boards.

The findings identify that some existing 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. Also, it appears that stakeholders would like policy efforts to focus on developing equitable, cooperative sharing of facilities between the community, schools and municipalities.

Building on the existing policy framework, the strong political readiness amongst local and provincial partners and the robust network of local organizations, these policy improvements will continue to enhance physical activity outcomes in this priority area.

Injury Prevention

Initiatives at the provincial and local levels provide a strong early foundation for future enhancements. Policies, studies and strategies reviewed in the development of the Community Picture are detailed in the table below:

Table 5-5: Policies, Studies and Strategies Addressing Injury Prevention

Author /Organization	Policy/Strategy /Documents	Year	Subject
Government of Ontario	Ontario's Injury Prevention Strategy	2007	This strategy provided a comprehensive, coordinated plan which aims to reduce the frequency, severity and impact of preventable injury in Ontario. Although funding for this strategy is no longer available, there may be opportunities to continue

Author /Organization	Policy/Strategy /Documents	Year	Subject
			efforts at a later date.[8]
Government of Ontario	Accessibility for Ontarians with Disabilities Act	2005	This legislation includes rigorous requirements for the public and private sectors to improve the built environment for people with disabilities. These improvements have the potential to make communities safer for everyone.
Simcoe Muskoka District Health Unit	School Transportation Planning	2010	This initiative involves collaboration between the health unit and local schools to develop active and safe routes to school. This would increase safe physical activity opportunities not just for the students, but also for area residents.
Simcoe Muskoka District Health Unit	Healthy Community Design Policy Statements for Official Plans	2010	This resource offers policy statements to address injury prevention and increase safety through the development of Official Plans.

These policies, strategies and studies identified the following key findings:

- Changes which improve the accessibility of the built environment for persons with disabilities can also help to improve the safety of the wider population.
- Active transportation strategies must also address safety concerns, especially for priority populations like children , youth and older adults, in order to be successful.
- Official Plan amendments are a strong mechanism for reducing injuries through improved design of built infrastructure.

In addition to these policy efforts, other relevant initiatives related to the injury prevention priority area were identified by stakeholders at the community consultations:

- Local Health Integration Networks (LHINs) Aging At Home Strategy - The strategy addresses services needed for seniors to stay healthy in their

[8] Document was provided in the list of community capacity reports by the Simcoe Muskoka District Health Unit for review.

homes, such as community support services, assistive devices, assisted living and supportive housing.
- The Safe & Sober Awareness Committee's "Vehicle for Sale" Campaign, which came out of the "Trouble in Paradise" project.
- The SMDHU's ongoing work on child passenger restraint safety.
- The SMDHU is working on raising awareness of alcohol-related risks and driving.

Participants in the community consultations highlighted that the Staying Independent Falls Prevention Coalition is interested in pursuing advocacy for policy changes to the Ontario building codes around the need for grab bars and standardized stairs. It was further identified that there are opportunities to build upon the National Strategy on Childhood Injury Prevention at the local level through collaborative efforts.

There appears to be political readiness to address injury prevention by changing the built environment, both outside and inside buildings through policy efforts. For example, municipal planning departments and front-line staff are politically ready to support safe active transportation and walkable communities, and have already incorporated some of the recommended policy changes regarding physical activity into their Official Plans. Although specifically intended to address physical activity, these pieces also support injury prevention efforts. Further work is needed to continue mobilizing support and action from municipalities (through the Simcoe Muskoka District Health Unit Physical Activity Planning Group and Injury and Substance Misuse Prevention team input into Official Plan Reviews).

Support to develop School Transportation Planning is being undertaken by the Physical Activity Working Group. Schools may be politically ready to support this initiative. Opportunities to build upon this initiative need to continue and the Working Group will play a significant role in moving that work forward.

The following avenues have been identified as areas for future policy development:

- Create supportive environments for populations most vulnerable to injury such as seniors and children.
- Continue to advocate for a national injury prevention strategy.
- Implement existing recommendations for safer design of the built environment.
- Address recreational injuries through stronger legislation and enforcement of injury prevention devices, i.e., helmets.

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

Local and provincial partners are actively advocating for and developing healthy eating policy to create environments which support individuals and families in making healthy choices. **Table 5-6** identifies healthy eating policies, strategies and documents reviewed during the creation of the Simcoe Muskoka Community Picture.

Table 5-6: Policies, Studies and Strategies Addressing Healthy Eating

Author/ Organization	Policy/Strategy /Documents	Year	Subject
Government of Ontario - Ministry of Education	Healthy Foods for Schools Act (PPM 135 and PPM 150)	2008 and 2010	This policy seeks to create healthy food environments in schools. The first phase required schools to comply with trans fat standards (PPM 135) by September 2008. The next phase requires schools to comply with school food and beverage standards (PPM 150) by September 2011.
Ontario Chronic Disease Prevention Alliance	Evidence-informed Messages: Unhealthy Eating	2010	This document offers evidence informed messages outlining strategies for partners to advocate for system level changes to ensure access to adequate, nutritious, safe, and culturally appropriate foods for all Ontarians. It is suggested that this document be used to focus attention and promote collective action on chronic diease prevention issues and to improve the health of Ontarians.
Simcoe Muskoka District Health Unit	Healthy Communities Design: Policy Statements for Official Plans	2010	This document identifies policy recommendations that address the design of the built environment to promote access to food and local food production.
Government of Ontario - Ministry	Nutritious Food Basket	2010	Local data is collected to determine how much it costs residents of Simcoe

Author/ Organization	Policy/Strategy /Documents	Year	Subject
of Health Promotion and Sport Simcoe Muskoka District Health Unit	Survey of Food Prices in Grocery Stores		and Muskoka to eat a nutritious diet when that diet is based on meals and snacks prepared at home. This local data is then sent to the Ministry of Health Promotion and Sport, who then prepares a report that compares the cost of healthy food in Simcoe Muskoka to other regions across Ontario. The document also highlights the dilemmas faced by families making tough choices between essential expenditures such as food and rent.

These policies, strategies and documents identified the following key findings:

- Schools are an important venue for teaching, practicing and developing skills related to healthy food choices. Influencing early food decisions can shape the health and well-being of students and their families in the future.
- There are strong linkages between poverty, food insecurity and poor nutrition. Ensuring affordable access to food is an essential strategy to promote healthy eating.

Through the community consultations, it was highlighted that local policy efforts include:

- World Food Day Proclamation endorsed by the Simcoe County Council in 2009 and 2010.
- SMDHU's Role Modeling Healthy Eating While Conducting Health Unit Business policy which outlines the requirements of healthy food choices when conducting health unit business.

The SMDHU has demonstrated strong leadership in developing policies to support access to healthy foods. For example, SMDHU's Food Security priorities were identified as influencing local policy efforts. There is some leadership by the Simcoe County council to address the issue of the need for residents to access healthy foods with the approval of a local food procurement policy and with a recent announcement to support the development of a Food Charter for Simcoe County.

Further work is required to:

- Address access to and affordability of fresh produce in all communities and throughout the year.

- Advocate for the consideration of the local cost of healthy eating in determining minimum wage rates and in the formulation of ODSP/Social Assistance payouts.
- Change the land use planning policy framework to support healthy eating infrastructure including community gardens, kitchens, farmer's markets and grocery stores.
- Improve access to healthy eating assets via public transportation.
- Guide food choices made at public events, venues and by employers.
- Encourage local food procurement

Tobacco Use and Exposure

Local and provincial authorities have made great strides in recent years to augment the tobacco use and exposure policy framework. Policies, strategies and studies reviewed in the development of the Community Picture are detailed in the table below.

Table 5-7: Policies, Studies and Strategies Addressing Tobacco Use and Exposure

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
Government of Ontario - Ministry of Health Promotion and Sport	Smoke-Free Ontario Act/Smoke Free Ontario Strategy	2006	This legislation bans smoking in indoor public places, work vehicles, vehicles carrying children under the age of 16 and indoor workplaces, and effects changes in tobacco retail marketing and sales. These changes are part of a Smoke-Free Ontario Strategy to create a more comprehensive tobacco control program (MHPS, 2010, tobacco guidance document).

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
Ontario Chronic Disease Prevention Alliance	Evidence-informed Messages: Tobacco Use/Exposure	2010	This document offers evidence informed messages outlining strategies for partners to sustain the provision of comprehensive tobacco control programs that include protection, prevention, and cessation activities through adequate financial investment within a coherent provincial structure. It is suggested that this document be used to focus attention and promote collective action on chronic disease prevention issues and to improve the health of Ontarians.
Simcoe Muskoka District Health Unit	Healthy Communities Design Policy Statements for Official Plans	2010	This document includes policy statements to create additional smoke-free environments in order to limit residents' exposure to second-hand smoke.

These studies and strategies identify the following key findings:

- The creation of smoke-free environments and restrictions on tobacco sales are helping to create a comprehensive tobacco control program.

- Official plans provide an additional avenue to limit exposure to second-hand smoke, promote positive role modeling for children and denormalize the use of tobacco products.

Locally, political readiness to create outdoor smoke-free public places has been demonstrated by a significant number of municipalities in Simcoe Muskoka As consultation participants identified, enforcement of smoke-free and tobacco-free policies is a challenge but essential to ensure compliance.

Substance and Alcohol Misuse

The policies, strategies and documents addressing substance and alcohol misuse reviewed in the development of the Community Picture report are detailed in the table below.

Table 5-8: Policies, Studies and Strategies Addressing Substance and Alcohol Misuse

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
Canadian Centre on Substance Abuse (CCSA), Health Canada and the Alberta Alcohol and Drug Abuse Commission	Towards a Culture of Moderation: Recommendations for a National Alcohol Strategy	2010	This strategy provides the groundwork for the development of a National Alcohol Strategy.
College of Physicians and Surgeons of Ontario	Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis	2010	This position paper summarizes and integrates the major findings and recommendations from a wide spectrum of partners to identify issues and potential solutions to the inappropriate prescribing, dispensing and illicit use of opioids.
Ontario Chronic Disease Prevention Alliance	Evidence-Informed Messages: High Risk Alcohol Consumption	2010	This document offers evidence informed messages outlining strategies for partners to address high-risk alcohol consumption It is suggested that this document be used to focus attention and promote collective action on chronic disease prevention issues and

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
			to improve the health of Ontarians.
Minister's Advisory Group	Every Door is the Right Door - Towards a 10-year Mental Health and Addictions Strategy	2009	This document identifies the Government of Ontario's commitment to strengthen mental health and addiction services, with an emphasis on service integration opportunities.
North Simcoe Muskoka Local Health Integration Network	Integrated Health Service Plan 2010-2013	2010	This plan spanning 2010-2013 will improve delivery of addiction services in North Simcoe and Muskoka.
North Simcoe Muskoka Local Health Integration Network	Aboriginal Community Engagement	2006	This publication, in part, documents the need to increase addictions resources including prevention through training and education for aboriginal peoples.
THINKCLEAR/ Simcoe Muskoka District Health Unit	Photovoice: Telling the Story of Drug & Alcohol Use in Simcoe County	2010	This research was undertaken to inform planning and decision-making. The findings identified the need for health promotion strategies, including awareness, skill building, community mobilization, policy development and education among youth. The report includes recommendations for programming priorities.

These policies, strategies and documents identify the following key findings:

- There is a need for comprehensive national policies which identify actions to reduce harms associated with alcohol consumption. Such strategies should find ways to actively engage all populations including youth and aboriginals.
- Policies must address the connection between mental health issues and substance abuse.
- Alcohol harm reduction strategies must engage youth in order to shift the culture around alcohol consumption to encourage healthier choices.

- SMDHU and Centre for Addiction and Mental Health (CAMH), along with THINK CLEAR (the former Simcoe County FOCUS Community Project) have worked to promote the adoption/revision of Municipal Alcohol Policies (MAP), or Alcohol Risk Management Policies in Simcoe County since 2001. Similar work was undertaken by the former Muskoka FOCUS Community Project, RiSK. These policies address alcohol consumption at events held at municipally owned properties and facilities. Only two municipalities in Simcoe Muskoka are currently without a policy or draft in place. Efforts by the MAP workgroup to promote MAP development also had an influence on the choice of some municipalities to revise existing policies. Most often municipal parks and recreation staff develop the MAP with some support from others, particularly the Health Unit and CAMH.

Additional existing policy efforts were identified by stakeholders at the community consultations:

- SMARTRISK/Safe and Sober Awareness Committee/ SMDHU conducted research on attitudes towards drinking and driving ATVs, boats, snowmobiles, personal watercraft. This research supports policy efforts regarding alcohol consumption and the operation of recreational transportation vehicles.
- Using the findings of the Trouble in Paradise study (as mentioned above), the Safe & Sober Awareness Committee developed an effective ad campaign that has been used extensively to educate people on the costs associated with drinking and driving all vehicles, particularly those commonly associated with recreational pursuits.

There appears to be both political and community commitment to developing policies to reduce substance and alcohol misuse in the community.

Mental Health Promotion

Local, regional, provincial and federal partners are enhancing and developing their mental health promotion policy frameworks. While the policy work conducted to date provides a strong basis for future work, the current policy framework is inadequate to promote positive mental health for all in Simcoe Muskoka.

Table 5-9 identifies key mental health policies, strategies and documents reviewed during the creation of the Simcoe Muskoka Community Picture.

Table 5-9: Policies, Studies and Strategies Addressing Mental Health Promotion

Author/ Organization	Policy/Strategy/ Documents	Year	Subject

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
Mental Health Commission of Canada	10-year Anti-stigma / Anti-discrimination Initiative, Opening Minds	2009	The initiative is the largest systematic effort to reduce the stigma of mental illness in Canadian history. This strategy seeks to eliminate stigma which surrounds mental health issues and treatment in Canada. The strategy is multi-faceted and there may be opportunities to build on and apply the recommendations of the Commission. The strategy is currently in development.
Joint Consortium for School Health	Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives	2010	This strategy promotes the use of schools as community hubs to promote positive mental health
Ontario Seniors' Secretariat	Ontario Strategy to Combat Elder Abuse	2008	This strategy seeks to create an Ontario that is free from abuse for all seniors, through awareness, education, training, collaboration, service coordination and advocacy.
Canadian Mental Health Association	Health Service Providers Across North Simcoe Muskoka Making the Connection About Stigma	2010	This document details the strategies of local service providers in Simcoe in reducing stigma for those with mental health issues. This document provides a supportive policy framework, which includes housing, employment, accessibility and treatments.
Simcoe Muskoka District Health Unit	Healthy Community Design: Policy Statements for Official Plan	2010	SMDHU has developed a checklist which addresses 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.

Author/ Organization	Policy/Strategy/ Documents	Year	Subject
Simcoe County Alliance to End Homelessness	Report on Homelessness - Working Together to End Homelessness	2009	This report provided a call to action on the current homeless situation in Simcoe County and on a rental market that has some of the most unaffordable rents in all of Ontario.

These policies, strategies and documents identify the following key findings:

- Policies and strategies which address poverty reduction and affordable housing are essential components of a mental health promotion strategy. There are significant health care, shelter and imprisonment costs which result from inaction on these issues.
- Stigma around mental health issues serves as a barrier to accessing treatment services and contributes to a lack of understanding of the concepts of mental health promotion. Reducing discrimination and changing the behaviours of health care professionals and the community as a whole is essential.
- Mental health benefits associated with the reduction of elder abuse in Ontario will require policies and strategies which coordinate community services, train front-line staff on mental health issues for the senior population and raise public awareness.
- Schools are an essential location for promoting positive mental health and coping strategies amongst children and youth. Schools are also useful community hubs for promoting mental well-being amongst the community as a whole.
- The SMDHU has developed a checklist for municipal Official Plans which addresses 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.

Through the community consultations, stakeholders identified the following existing policies which address mental health promotion:

- The County of Simcoe has developed recommendations for housing policies and programs such as the Housing Retention Fund, which is in progress and will serve as a basis for improving housing and by extension mental health outcomes in Simcoe.

- The Child, Youth and Family Services Coalition's Simcoe County Children's Charter seeks to improve mental health outcomes for children.

There appears to be community support and political readiness to develop policies to increase mental health promotion in Simcoe Muskoka. Further policy work is required to:

- Mobilize support and action from municipalities to support the development of community hubs and mental health promotion facilities.
- Improve access to the resources that promote good mental health (addressing poverty, unemployment and affordability of programs not covered by OHIP).
- Improve the accessibility of community mental health assets (addressing transit accessibility and resource access for rural populations).
- Promote work-life balance for all (addressing the need for flexibility, awareness and support from employers).
- Reduce stigma and improve understanding of mental health issues.

While there are national and provincial strategies that support policy efforts related to mental health promotion, further policy development in the areas identified above is needed.

5.5 CONCLUSION

This chapter provided an assessment of the existing strengths, capacities, and assets in Simcoe Muskoka. It documents program and policy efforts being undertaken in Simcoe Muskoka to address the priority areas and outlines opportunities for current programs and policies to build capacity.

The environmental scan identified thirty-one organizations as having programs and services promoting physical activity. Twenty-three organizations were identified as having programs, services and/or policies addressing injury prevention. Twenty-three organizations were identified as having programs, services and/or policies promoting Healthy Eating. Fourteen organizations were identified as having programs, services and/or policies addressing tobacco use and exposure. Twenty-three organizations were identified as having programs, services and/or policies addressing Substance Misuse. Forty-one organizations were identified as having programs, services and/or policies addressing Mental Health.
The review of the OHHN Scan Project identified that while efforts are being undertaken by area municipalities, further policies are required to create safe environments to address all the priority areas.

The document review of policies and strategies identify that some existing efforts are underway to support policies to address all priority areas. However, further

efforts are needed to leverage existing efforts. There appears to be support to move towards policies that support the development of active transportation and walkable communities' opportunities for residents. There is strong political readiness to enhance physical activity outcomes in this priority area. Policy changes are required to improve injury prevention outcomes. Collaboration between interested organizations may further catalyze policy development in this area. The SMDHU has demonstrated strong leadership in developing policies to support access to healthy food. Local and provincial authorities have made great strides in recent years to augment the tobacco use and exposure policy framework. There also appears to be both political and community commitment to developing policies to reduce substance and alcohol misuse in the community. While there are national and provincial strategies that support policy efforts related to mental health promotion, further policy development is required to create supportive environments.

6.0 GEOGRAPHIC INFORMATION SYSTEMS

The purpose of the Geographic Information Systems (GIS) mapping is to document the location of community features and to identify patterns in the distribution of resources. It is not within the scope of the community picture to investigate the factors contributing to the location and spatial distribution of community features.

6.1 METHODOLOGY AND DATA LIMITATIONS

Data Collection

A detailed inventory of community features was compiled to document the location and analyze the distribution of community features in Simcoe County and the District of Muskoka. Various data sources were used, including mapping layers and address lists provided by the HCPP team. In addition, a number of on-line sources were utilized, including retail directories and organizational websites (see **Table 6-1**).

GIS Mapping

Geographic Information System (GIS) software was leveraged to standardize all community features data into a common and consistent mapping format. Most data sources existed in an address list or tabular format. These were subsequently converted into mapping format by assigning latitude/longitude coordinates to each address, through a process known as Geocoding. This involves inputting addresses directly into Google Earth Professional and visually verifying the location using Google Streetview. For larger lists, the process was automated by matching each address to a record in a property parcel mapping layer. This process provides a highly accurate methodology of identifying specific locations.

Matches were not found for all address points. However, features mapping retained a fairly high success rate of matching 88-89% of all locations. **Table 6-1** describes the geocoding process that was used for each data layer and their respective match rates. Once standardized, the mapping layers were grouped by theme and plotted on a series of community features maps.

Table 6-1 summarizes the data sources and collection process for each community feature.

Table 6-1: Data Sources and References (Simcoe Muskoka, 2010)

Data Layer	Information Source	Date Accessed	Verification	Method	Percentage of Geocoded Features
LCBO Outlets	LCBO Store Search: lcbo.ca	11/17/2010	Google Streetview	Manual Geocoding	100%
Beer Store Outlets	The Beer Store Search: thebeerstore.ca	11/18/2010	Google Streetview	Manual Geocoding	100%
Retail Partner Outlets (Agency Stores)	The Beer Store Search: thebeerstore.ca	11/18/2010	Google Streetview	Manual Geocoding	100%
Wine Rack Outlets	Wine Rack Store Search: Winerack.com	11/24/2010	Google Streetview	Manual Geocoding	100%
Municipal Alcohol Risk Management Policies	SMDHU	2/7/2011	GIS Base Map	Map digitizing/ tracing	100%
Farmer's Markets	Simcoe County: Farm Fresh Marketing Association simcoecountyfarmfresh.ca Muskoka doitinmuskoka.com, visitmuskoka.com, buyfromthefarm.ca, baysvillefarmersmarket.com, thebracebridgefarmersmarket.com, gravenhurstfarmersmarket.com, rosseaumarket.com	11/22/2010	Google Streetview, Multiple Website Verification	Manual Geocoding	100%
Food Banks	Ontario Association of Food Banks oafb.ca	11/22/2010	Google Streetview, Multiple Website	Manual Geocoding	100%

Data Layer	Information Source	Date Accessed	Verification	Method	Percentage of Geocoded Features
	Online community directories: centraleastontario.cioc.ca, 211simcoecounty.ca, 211muskoka.ca		Verification		
Community Kitchens	Community directory sources: centraleastontario.cioc.ca, 211simcoecounty.ca, 211muskoka.ca	11/23/2010	Google Streetview, Multiple Website Verification	Manual Geocoding	100%
Food Bank & Community Kitchen (Combined)	On-line community directories: centraleastontario.cioc.ca, 211simcoecounty.ca, 211muskoka.ca	11/23/2010	Google Streetview, Multiple Website Verification	Manual Geocoding	100%
Good Food Boxes (Simcoe)/ Fresh Food Box (Muskoka)	On-line community directory: 211simcoecounty.ca FoodShare foodshare.net Michelle McIlravey, Community Link North Simcoe	11/23/2010, 11/30/2010, 12/01/2010	Google Streetview, Multiple Website Verification	Manual Geocoding	100%
Community Gardens	Community Link North Simcoe communitylink.cioc.ca Cottage Country Now cottagecountrynow.ca	11/23/2010	Google Streetview	Manual Geocoding	100%

Data Layer	Information Source	Date Accessed	Verification	Method	Percentage of Geocoded Features
	City of Barrie barrie.ca				
Variety Stores, Fast Food/Take Out, and Supermarkets	SMDHU	12/15/2010	GIS Parcel Data	Automated Geocoding	88% (893/1016)
Restaurants & Cocktail Bars	SMDHU	12/15/2010	GIS Parcel Data	Automated Geocoding	88% (1310/1480)
Publicly Funded Day Nurseries	SMDHU	12/15/2010	GIS Parcel Data	Automated Geocoding	93% (147/157)
Youth Centres	SMDHU	12/1/2010	Google Streetview	Manual Geocoding	100%
Places of Worship	SMDHU	12/1/2010	GIS Parcel Data	Manual Geocoding	90% (316/349)
Schools with No Nutrition Program	SMDHU	12/1/2010	Google Streetview	Manual Geocoding	100%
Schools (excl. Private)	SMDHU	12/1/2010	GIS Parcel Data, XY Coordinates	Automated and Manual Geocoding	100%
Arenas	SMDHU	12/15/2010	GIS Parcel Data	Automated Geocoding	100%
Public Access Pools Inspected by SMDHU	SMDHU	12/15/2010	GIS Parcel Data	Automated Geocoding	80% (202/253)

Data Layer	Information Source	Date Accessed	Verification	Method	Percentage of Geocoded Features
Golf Courses	SMDHU	12/1/2010	Google Streetview	Manual Geocoding	86% (66/77)
Transit	Transit Maps (City of Barrie, Collingwood Transit, Town of Huntsville, Midland Transit Service, City of Orillia, Town of Wasaga Beach)	12/15/2010	GIS Base Map	Map digitizing/ tracing	100%
Snowmobile Trails	OFSC Trail Network - Simcoe County & District of Muskoka (Map Sherpa)	12/15/2010	GIS Base Map	Map digitizing/ tracing	100%
Beaches	SMDHU	12/15/2010	Shapefile	Loaded map layer	100%
Municipal Parks	SMDHU	12/15/2010	Shapefile	Loaded map layer	100% Simcoe 0% Muskoka (no shapefiles)
Other Recreation Facilities (Amphitheatre, Ball Park, Boat Launch, Dock, Playground, Running Track, Rowing Club, Soccer Field, Shuffle Board Court, Skate Park, Splash Pad, Tennis Court)	SMDHU	12/15/2010	Shapefile	Loaded map layer	100%Simcoe 0% Muskoka (no shapefiles)
Recreation Trails	SMDHU	12/15/2010	Shapefile	Combined multiple map layers	100%
Tobacco Vendors	SMDHU	12/1/2010	GIS Parcel Map	Automated Geocoding	88% (472/537)

Data Layer	Information Source	Date Accessed	Verification	Method	Percentage of Geocoded Features
Municipalities with Outdoor Smoke Free Policies	SMDHU	2/7/2011	Website Verification	Map digitizing/ tracing	100%
Hospitals and Urgent Care Facilities	SMDHU	2/7/2011	Google Streetview	Manual Geocoding	100%
Police Detachments	SMDHU	2/7/2011	Google Streetview	Manual Geocoding	100%
Fire Stations	SMDHU	2/7/2011	Google Streetview	Manual Geocoding	100%
Ambulance, Paramedic Bases	SMDHU	2/7/2011	Google Streetview	Manual Geocoding	100%
% Low Income Families, 2000[9]	Health Canada, 2004	2/7/2011	GIS Base Map	Map digitizing/ tracing	100%

[9] Reflects most recent data provided by SMDHU.

Spatial Analysis Methodology

To gain insight into the distribution and interaction of community features, the data was processed through a number of spatial analysis techniques. Each analysis method is described below:

Radial Buffer Analysis: Used to measure the number of features that are in walking distance of another feature. The process involves creating a 400 metre buffer around one layer and counting the number of features in another layer that intersect it. Four hundred metres was chosen to reflect a five minute walking distance, or "pedestrian shed," a commonly acceptable standard used in planning and development practices. (82)

Point Density Analysis: Used to measure where point features are concentrated by creating a surface layer showing the predicted distribution of a phenomenon over a region, such as the density of tobacco vendors. The analysis uses a geoprocessing tool that converts the regional area into a series of grid cells and calculates the density of point features around each cell. The process outputs a surface layer that ranks each cell according to a relative density or magnitude value. For illustration purposes, the density values are grouped into five classes, ranging from low density to high density.

Service Area Analysis: Used to measure the service or coverage area of facilities, such as travel distance from nearest emergency facility. The analysis uses a network analyst tool that creates a series of polygons representing the distance that can be reached from/to a facility within a specified distance.

Data Limitations

The accuracy of the maps and analysis is ultimately dependent on the quality and availability of the data. For the most part, the available spatial data provides a good general overview of the distribution of socio-demographic facilities and services across Simcoe Muskoka. Some accuracy issues did arise when automating the Geocoding process, resulting in approximately 88-89% locations being matched to a property parcel. This limitation is due to conflicting address information between the source data and property parcel data, which results in an inability to identify a specific location.

Statistical summaries are presented in tables to supplement spatial analysis. All statistical summaries, presented as features tables, provide the full list of community features in Simcoe Muskoka.

Data Gaps

- A data gap exists illustrating spatial socio-economic trends at the census tract level. Socio-economic data at the census tract level provides location-specific analysis to identify health disparities. Census tract level data provides the ability to identify and visualize the spatial location of various indicators such as: health outcomes, demographics, socio-economic status.
- A data gap exists documenting tabular and spatial information for other Recreational Facilities in the District of Muskoka (Amphitheatre, Ball Park, Boating Launch, Dock, Playground, Running Track, Rowing Facilities, Soccer Field, Shuffle Board Court, Skate Park, Splash Pad, Tennis Court)A data gap exists documenting the location of sidewalks in Simcoe and Muskoka.
- A data gap exists documenting the location of sidewalks throughout Simcoe County and the District of Muskoka.
- A data gap exists documenting the length of recreational trails in the Town of Innisfil.
- A data gap exists documenting the location of recreational related injuries.
- For a proper comparison of community features amongst those being evaluated for the purposes of this assessment, the mapping of community features was normalized based on community population. This provides an assessment of the distribution of community features by population (number of people per facility). It should be noted that the data for the features is for 2010 while the population data is for 2006. Although for comparative analysis this normalization is appropriate, the actual values may not necessarily be representative of the current community-based features distribution. These values can be updated at a later date, when more recent enumeration becomes available from Statistics Canada.

Definitions

“Urban” areas are reflective of provincially identified “urban nodes” in Simcoe, the Cities of Barrie and Orillia, and “urban centres” in the District of Muskoka. Urban nodes contain a mix of uses and are serviced by municipal water and wastewater, have the potential to attract a range of housing types and job opportunities, can accommodate growth through intensification, and have the potential to support high levels of transit use over the long term.[83] Urban Centres are the focus of development as they can accommodate the mixed-use development necessary to provide the employment needed to support the projected population for Muskoka. [84]

Urban areas (urban centres and urban nodes) include:

- Barrie
- Orillia
- Collingwood
- Bradford West Gwillimbury
- Midland
- New Tecumseth
- Penetanguishene
- Bracebridge
- Gravenhurst
- Huntsville
- Hidden Valley
- Bala
- Port Carling
- MacTier
- Port Severn
- Baysville

6.2 THE SIX PRIORITY AREA RESULTS

Physical Activity, Recreation and Sport

There are many contributing factors to a healthy lifestyle including elements in the built environment and proximity to recreation features to support an active lifestyle. Physical activity/recreation infrastructure such as recreation centres, arenas, pools, golf courses, parks, playgrounds and trails support daily physical activity, reducing the heath risks associated with obesity and inactivity [85].

GIS mapping has been completed to visually identify the locations of physical activity/recreational features that offer residents an opportunity to participate in physical activity in Simcoe Muskoka. To complete this work, the following features were mapped:

- Arenas
- Golf Courses
- Publicly Accessible Pools Inspected by SMDHU
- Beaches
- Other Recreational Facilities in Simcoe (Amphitheatre, Ball Park, Boating Launch, Dock, Playground, Running Track, Rowing Facilities, Soccer Field, Shuffle Board Court, Skate Park, Splash Pad, Tennis Court)
- Recreational Trails
- Snowmobile Trails

The presence of greenspace and trails is important in relation to recreational or leisure walking. For example, having parks and play spaces within walking distance is related to higher levels of childhood physical activity and reduces parents' need to drive children to recreational opportunities [86]. The built environment can support active transportation through the provision of sidewalks, safe walking and cycling trails, public transit, and mixed land uses. Active transportation is a form of human-powered, non-motorized transportation that includes walking, cycling or wheeling. Active transportation can be part of a person's daily routine for getting to work, school, shopping and visiting friends. In Simcoe County there are 1,059 km of recreation trails. There is a data gap documenting the length of recreational trails in the District of Muskoka. Data is unavailable documenting the location of sidewalks across Simcoe Muskoka.

The availability and accessibility of recreation programs and facilities has been found to be correlated with physical activity levels.[86,87,88] Mapping was undertaken to show the spatial distribution of a variety of community features that promote physical activity in Simcoe Muskoka. **GIS Map 1** illustrates the locations of all such establishments. A review of applicable mapping revealed that the distribution of recreational facilities is mostly concentrated in urban areas including Barrie, Orillia and Midland, which are all within Simcoe County. Overall, Simcoe County has approximately 90% of all recreational facilities (840), with the remaining 10% (90) in the District of Muskoka. This is likely based on population variance, as the population in Muskoka is approximately 10% of the entire population for Simcoe Muskoka as a whole.

The rural areas of Simcoe Muskoka also contain some recreational facilities although they appear to be more disproportionately located along major highways including highways 11 and 60 in the District of Muskoka. The location of these facilities close to major transportation corridors may be due to the desire to cater towards mobile populations including tourists, but without additional data documenting user trends, the factors contributing to this correlation can not be confirmed. Stakeholder consultations confirmed the findings from the GIS mapping as stakeholders identified a distinct rural and urban divide in access to recreation opportunities.

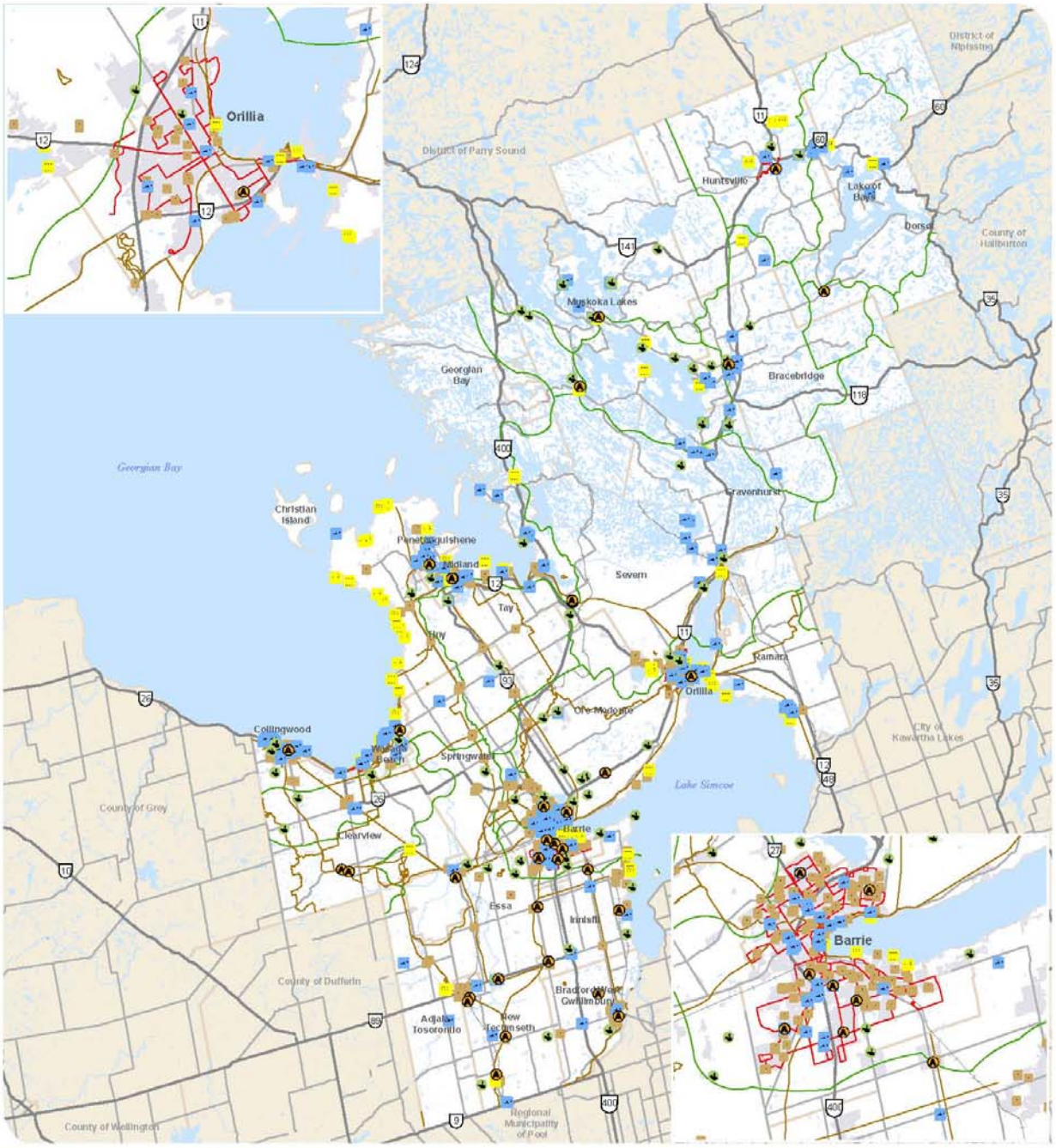
Table 6-2 outlines the community recreational features per municipality. In order to properly compare the density of these features as a function of the population, the number of such features was normalized based on population (i.e., number of people per facility). It should be noted that recreational facilities such as golf courses and snowmobile trails are not commonly used by a wide sector of the general population, therefore, they were excluded from per capita calculations.

The most common recreational facility in both Simcoe County and the District of Muskoka are features identified as "other recreational features" by the SMDHU, which includes amphitheatres, ball parks, boating launches, docks, playgrounds,

running tracks, rowing facilities, soccer fields, shuffle board courts, skate parks, splash pads, and tennis courts. The second most common recreation facility is swimming pools, which includes all publicly accessible pools inspected by the SMDHU, including pools in hotels, motels and camp grounds. In Simcoe County and the District of Muskoka, there are a total of 253 swimming pools and 521 recreation facilities.

The number of persons per facility comparison of recreational facilities for the top three municipalities is summarized below:

- Collingwood: One (1) recreational facilities (arenas, pools, other recreation) for every 303 persons; and,
- Springwater: One (1) recreational facilities (arenas, pools, other recreation) for every 317 persons;
- Penetanguishine: One (1) recreational facility (arenas, pools, other recreation) for every 374 persons.



SIMCOE MUSKOKA COMMUNITY PROFILE

GIS MAP 6-1

PHYSICAL ACTIVITY

- ARENAS
- GOLF COURSES
- POOLS
- BEACHES
- OTHER RECREATION FACILITIES
- RECREATION TRAILS
- SNOWMOBILE TRAILS
- BUS ROUTES
- HIGHWAY
- ARTERIAL ROAD
- ACTIVE RAILWAY
- BUILT-UP AREA
- WATERBODY
- SIMCOE MUSKOKA REGION

simcoe muskoka DISTRICT HEALTH UNIT

DILLON CONSULTING

Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd

0 10 20 km

Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-2: Physical Activity Community Asset Summary, Simcoe Muskoka

Lower/Single-Tier Municipality	2006 Population	Arenas	Golf Courses	Pools	Parks	Beaches	Other Recreation Facilities	Total Recreational Facilities	Population/ Recreational Facilities	Recreation Trails (km)	Snowmobile Trails (km)
SIMCOE COUNTY											
Adjala-Tosorontio	10695	0	0	3	12	2	3	**8**	**1783**	44	8
Barrie	128430	7	1	39	114	5	178	**230**	**573**	29	11
Bradford West Gwillimbury	24039	2	1	3	16	0	28	**34**	**728**	30	0
Clearview	14088	1	3	2	13	1	14	**21**	**829**	191	69
Collingwood	17290	1	2	28	19	0	28	**59**	**303**	52	0
Essa	16901	2	5	3	13	0	16	**26**	**805**	59	7
Innisfil	31175	3	6	6	24	3	28	**46**	**843**	No Data	0
Midland	16300	3	2	7	18	3	29	**44**	**418**	33	7
New Tecumseth	27701	5	2	9	27	1	31	**48**	**616**	48	0
Orillia	30259	1	1	18	35	3	43	**66**	**488**	40	3
Oro-Medonte	20301	1	8	2	15	3	6	**20**	**2256**	107	37
Penetanguishene	9354	2	0	9	10	3	14	**28**	**374**	12	0
Ramara	9427	0	4	5	6	6	1	**16**	**1571**	66	32
Severn	12030	4	0	18	6	1	12	**35**	**354**	51	35
Springwater	17456	0	4	10	26	0	45	**59**	**317**	132	98
Tay	9748	0	0	4	19	2	13	**19**	**573**	41	14
Tiny	10784	0	1	1	16	18	19	**39**	**539**	64	16
Wasaga Beach	15029	1	2	23	10	3	13	**42**	**406**	60	10
Total Simcoe	**421007**	**33**	**42**	**190**		**54**	**521**	**840**	**566**	**1059**	**346**
DISTRICT OF MUSKOKA											
Bracebridge	15652	1	4	13	No Data	1	0	**19**	**1118**	No Data	67
Georgian Bay	2340	0	1	0	No Data	2	0	**3**	Not Applicable	No Data	49
Gravenhurst	11046	0	4	15	No Data	1	0	**20**	**736**	7	61
Huntsville	18280	2	2	22	No Data	5	0	**31**	**762**	No Data	81
Lake of Bays	3570	1	0	2	No Data	2	0	**5**	**1190**	No Data	77
Muskoka Lakes	6467	2	10	11	No Data	5	0	**28**	**497**	No Data	76
Total Muskoka	**57355**	**6**	**21**	**63**		**0**	**0**	**90**	**831**	**7**	**411**
TOTAL SIMCOE MUSKOKA	**478362**	**39**	**63**	**253**		**54**	**521**	**930**	**588**	**1067**	**757**

GIS Map 2 illustrates the spatial distribution of recreational facilities in Simcoe Muskoka. The highest concentration of recreational resources is located in Barrie. Moderate concentrations of recreational facilities are located in Orillia, Penetanguishine, Midland, Wasaga Beach and Collingwood.

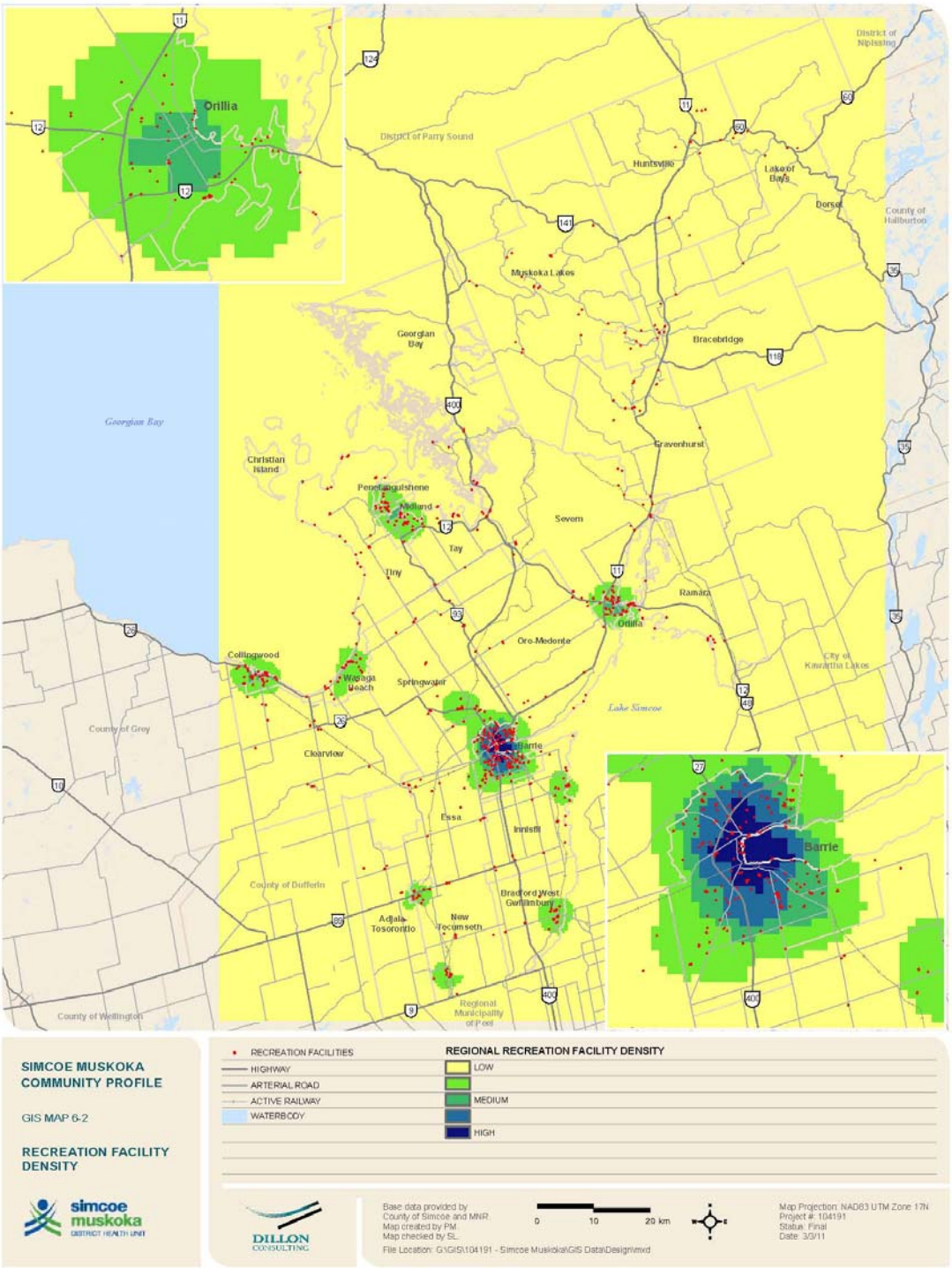
There are also variations in the number of beach access points between the Simcoe and Muskoka. The largest number of public beaches is located in the Wasaga Beach area, which borders Georgian Bay in Simcoe County. Beaches in the District of Muskoka are primarily located near Bracebridge, as well as to the north near Huntsville. Based on the mapping data provided, there are no public beaches located along the east coast of Georgian Bay in Muskoka, which could be a result of geography.

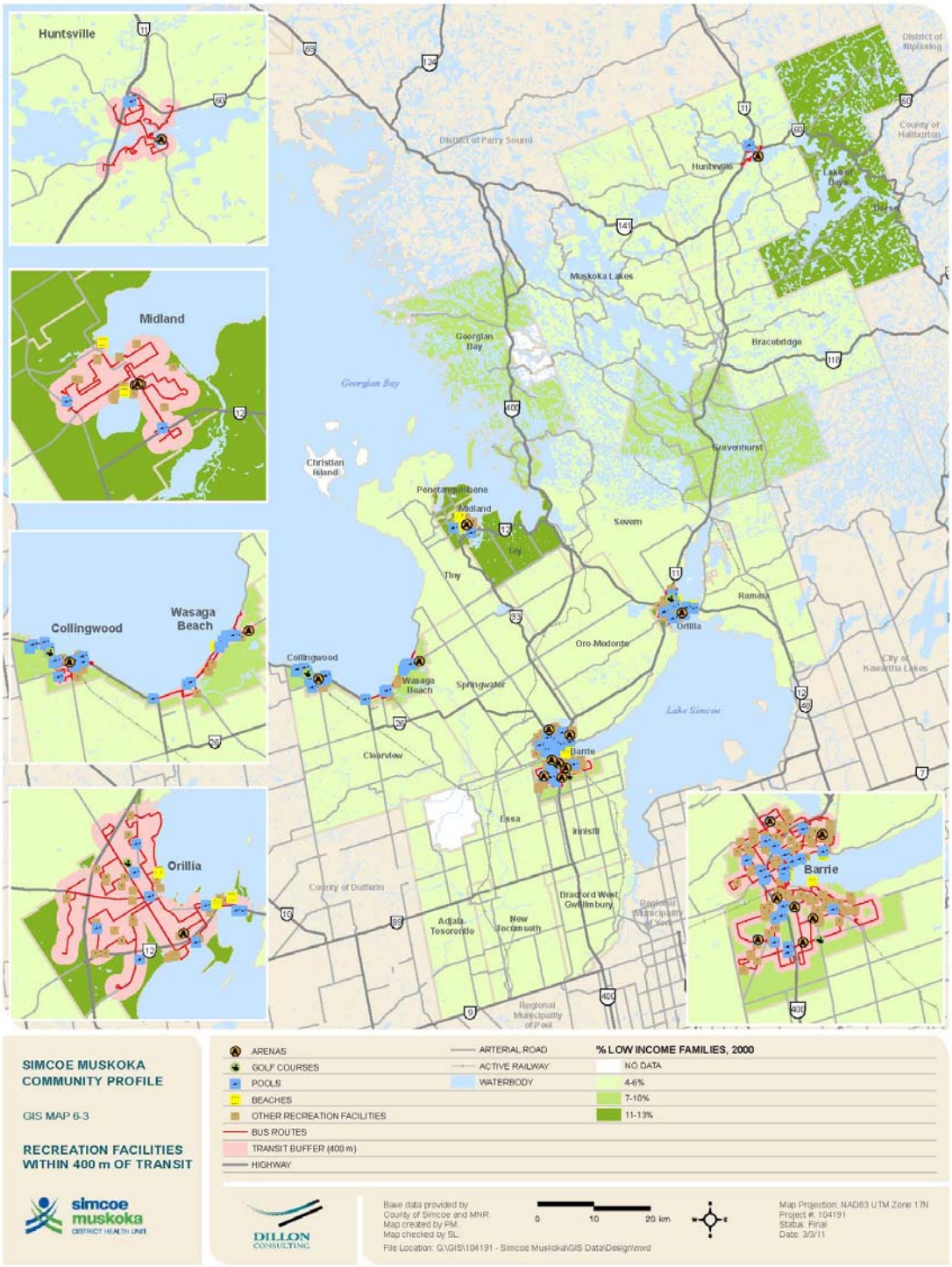
When considering the importance of physical activity, the availability of municipal parks and recreational facilities for priority populations including persons with disabilities, seniors, children, youth, low income individuals and families is essential to consider. Using municipal level socio-economic data, there is no relationship between low income and recreational resource densities. Municipalities with a high percentage of low income families (Lake of Bays and Penetanguishine 13%, Tay and Midland 11%), have low recreational facility densities (within 2.5 km radius). However, the municipalities of Orillia (13% low income) and Barrie (9% low income) also have moderate proportion of low income families, but have higher recreational facility densities (within 2.5 km radius). Socio-economic data at the census tract level would provide sufficient analysis and conclusion to assess if there is a relationship between income and recreational resource densities.

Analysis was also undertaken to explore the relationship between transit and recreational features. In order to evaluate access to recreational features for the priority populations, the proximity of schools and public transit to these facilities was assessed. Recreational facilities that are easily accessible from schools and/or by public transportation (e.g., on municipal transit routes) can help promote physical activities through ease of access. This is especially the case for populations that rely on public transit (e.g., senior, youth, etc.). **GIS Map 3** and **Table 6-3** outline the recreational facilities in proximity to transit, while **GIS Map 4** and **Table 6-4** outline the recreational facilities in proximity to schools.

Overall, it appears that approximately 38% of all arenas, golf courses, pools, beaches and other recreational features are located within 400 metres of transit in Simcoe County. Barrie has the highest percentage of facilities (86%) with close proximity to transit. Closely following, Orillia has approximately 85% of all recreational facilities located within 400 metres of transit, with 71% in Collingwood, 64% in Midland and 55% in Wasaga Beach. In Muskoka, transit is only available in Huntsville. Approximately 29% of recreational facilities in Huntsville are within 400 metres of transit. Standards do not currently exist

documenting acceptable percentages of recreational features that should be accessable by transit. The analysis, rather, provides an opportunity for the SMDHU to track changes over time and advocate for improved access to recreational features for the population.




Huntsville
Midland
Collingwood
Wasaga Beach
Orillia
Barrie
Georgian Bay
Lake Simcoe
Muskoka Lakes
Bracebridge
Gravenhurst
Severn
Ramara
Oro-Medonte
Springwater
Clearview
Essa
Innisfil
Adjala-Tosorontio
New Tecumseth
Bradford West Gwillimbury
County of Dufferin
Tiny
Christian Island
Penetanguishene
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-3
RECREATION FACILITIES WITHIN 400 m OF TRANSIT
ARENAS
GOLF COURSES
POOLS
BEACHES
OTHER RECREATION FACILITIES
BUS ROUTES
TRANSIT BUFFER (400 m)
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
% LOW INCOME FAMILIES, 2000
NO DATA
4-6%
7-10%
11-13%
DILLON CONSULTING
0 10 20 km

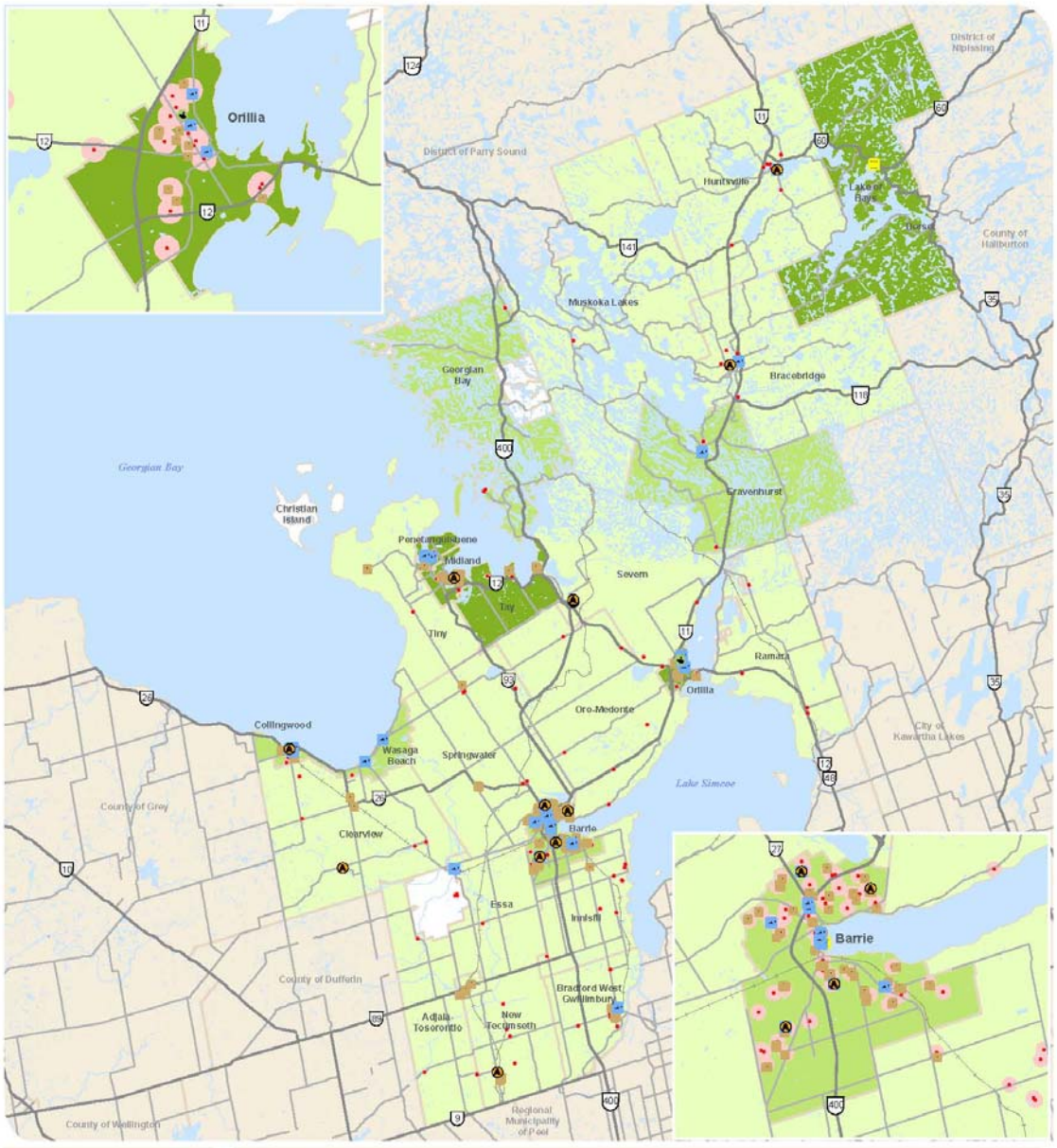

Orillia
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
Adjala-Tosorontio
New Tecumseth
Regional Municipality of Peel
County of Wellington
Barrie
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-4
RECREATION FACILITIES WITHIN 400 m OF SCHOOLS
ARENAS
GOLF COURSES
POOL
BEACHES
OTHER RECREATION FACILITIES
SCHOOLS
SCHOOL BUFFER (400 m)
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
% LOW INCOME FAMILIES, 2000
NO DATA
4-6%
7-10%
11-13%
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-3: Recreational Facilities in Proximity toTransit, Simcoe Muskoka

Lower/Single-Tier Municipality	2006 Population	Total Recreational Facilities	Facilities within 400m of Transit					Total Recreational Facilities within 400m of Transit	Percent of Total Recreational Facilities near Transit
			Arenas	Golf Courses	Pools	Beaches	Other Recreation Facilities		
SIMCOE COUNTY									
Adjala-Tosorontio	10,695	8	0	0	0	0	0	0	0%
Barrie	128,430	230	7	1	31	3	155	197	86%
Bradford West Gwillimbury	24,039	34	0	0	0	0	0	0	0%
Clearview	14,088	21	0	0	0	0	0	0	0%
Collingwood	17,290	59	1	1	22	0	18	42	71%
Essa	16,901	26	0	0	0	0	0	0	0%
Innisfil	31,175	46	0	0	0	0	0	0	0%
Midland	16,300	44	3	0	2	2	21	28	64%
New Tecumseth	27,701	48	0	0	0	0	0	0	0%
Orillia	30,259	66	1	1	9	3	42	56	85%
Oro-Medonte	20,301	20	0	0	0	0	0	0	0%
Penetanguishene	9,354	28	0	0	0	0	0	0	0%
Ramara	9,427	16	0	0	0	0	0	0	0%
Severn	12,030	35	0	0	0	0	0	0	0%
Springwater	17,456	59	0	0	0	0	0	0	0%
Tay	9,748	19	0	0	0	0	0	0	0%
Tiny	10,784	39	0	0	0	0	0	0	0%
Wasaga Beach	15,029	42	1	0	14	1	7	23	55%
Total Simcoe	**421,007**	**840**	**13**	**3**	**78**	**9**	**243**	**346**	**41%**
DISTRICT OF MUSKOKA									
Bracebridge	15,652	19	0	0	0	0	0	0	0%
Georgian Bay	2,340	3	0	0	0	0	0	0	0%
Gravenhurst	11,046	20	0	0	0	0	0	0	0%
Huntsville	18,280	31	2	0	7	0	0	9	29%
Lake of Bays	3,570	5	0	0	0	0	0	0	0%
Muskoka Lakes	6,467	28	0	0	0	0	0	0	0%
Total Muskoka	**57,355**	**106**	**2**	**0**	**7**	**0**	**0**	**9**	**8%**
TOTAL SIMCOE MUSKOKA	**478,362**	**946**	**15**	**3**	**85**	**9**	**243**	**355**	**38%**

Table 6-4: Recreational Facilities in Proximity to Schools

Lower/Single-Tier Municipality	Total Recreational Facilities	Facilities within 400m of Schools					Total Recreational Facilities within 400m of Schools	Percent of Total Recreational Facilities near Schools
		Arenas	Golf Courses	Pools	Beaches	Other Recreation Facilities		
SIMCOE COUNTY								
Adjala-Tosorontio	8	0	0	0	0	0	0	0%
Barrie	230	4	0	14	1	92	111	48%
Bradford West Gwillimbury	34	0	0	1	0	10	11	32%
Clearview	21	1	0	0	0	3	4	19%
Collingwood	59	1	0	3	0	7	11	19%
Essa	26	0	0	2	0	4	6	23%
Innisfil	46	0	0	0	0	2	2	4%
Midland	44	1	0	0	0	8	9	20%
New Tecumseth	48	1	0	0	0	19	20	42%
Orillia	66	0	1	3	0	14	18	27%
Oro-Medonte	20	0	0	0	0	0	0	0%
Penetanguishene	28	0	0	2	0	6	8	29%
Ramara	16	0	0	0	0	0	0	0%
Severn	35	3	0	0	0	3	6	17%
Springwater	59	0	0	0	0	7	7	12%
Tay	19	0	0	0	0	5	5	26%
Tiny	39	0	0	0	0	3	3	8%
Wasaga Beach	42	0	0	2	0	0	2	5%
Total Simcoe	**840**	**11**	**1**	**27**	**1**	**183**	**223**	**27%**
DISTRICT OF MUSKOKA								
Bracebridge	19	1	0	1	0	0	2	11%
Georgian Bay	3	0	0	0	0	0	0	0%
Gravenhurst	20	0	0	1	0	0	1	5%
Huntsville	31	2	0	4	0	0	6	19%
Lake of Bays	5	0	0	0	1	0	1	20%
Muskoka Lakes	28	0	0	0	0	0	0	0%
Total Muskoka	**106**	**3**	**0**	**6**	**1**	**0**	**10**	**9%**
TOTAL SIMCOE MUSKOKA	**946**	**14**	**1**	**33**	**2**	**183**	**233**	**36%**

Schools can support physical activity among students by using local community facilities such as community centres, arenas, and pools. [90] The spatial distribution of schools and recreational features is much more uniform, with the highest correlation in Barrie, with 48% of the facilities within 400 metres of schools, New Tecumseth with 42%, Bradford West Gwillimbury with 32%, and Penetanguishene with 29%.

Spatial analysis suggests that recreation facilities tend to be concentrated in large municipalities, and are more heavily concentrated in Simcoe County than in the District of Muskoka. Less than half of recreation facilities are accessible by public transit or located in proximity to a school in Simcoe Muskoka.

Injury Prevention

While injuries have been shown to be for the most part predictable and preventable, injuries remain a leading cause of death for Canadians from ages one to 44. [91] Injuries have both personal implications, as lives are lost or altered by injury, and financial implications, including loss of productivity, medical care, rehabilitation, and home care. GIS mapping has been completed to visually identify the locations of emergency response facilities that support injury prevention and successful recoveries.

To complete this work, the following features were mapped:

- High risk intersections
- Hospitals and Urgent Care Facilities;
- Ambulance/Paramedic Bases;
- Fire Stations; and,
- Police Detachments.

Health care facilities such as hospitals and urgent care facilities, and emergency responders such as ambulance/paramedic bases, fire stations and police detachments all provide support services for responding once injuries have occurred. Emergency responders are provincially-mandated to adhere to emergency response times under the Emergency Measures Ontario Act. For the purposes of the analysis, an assumption was made that all emergency responders have the ability to abide by these standards. Mapping was undertaken to show the location and spatial distribution of health care facilities and emergency responders that support first response to injury and successful recoveries in Simcoe Muskoka. **GIS Map 5** illustrates the locations of all such services.

A review of applicable mapping revealed that the distribution of emergency response facilities is much more concentrated in Simcoe County than in the District of Muskoka, however, this is related to the difference in population

between the two areas. Simcoe County has 88% of the population and 76% of the first responder facilities; the District of Muskoka has 12% of the population and 24% of the first responder facilities.

Table 6-5 outlines the community features and population for each municipality. In order to properly compare the density of community features supporting first response to injury as a function of the population, the number of emergency response facilities was normalized based on population (i.e. number of people served per facility).

The number of persons per facility comparison of hospital/urgent care centres for Simcoe County and the District Municipality of Muskoka is summarized below:

- Simcoe County: One (1) hospital/urgent care centre for every 60,315 persons; and
- District of Muskoka: One (1) hospital/urgent care centre for every 28,782 persons.

The number of persons per facility comparison of ambulance/ paramedic bases for Simcoe County and the District Municipality of Muskoka is summarized below:

- Simcoe County: One (1) ambulance/ paramedic bases for every 24,836 persons; and
- District of Muskoka: One (1) ambulance/ paramedic bases for every 11,513 persons.

Most hospitals, urgent care facilities, ambulance/paramedic bases, and police stations are located in larger urban areas including Barrie and Orillia. However the locations of fire stations are fairly balanced throughout both urban and rural areas and tend to cluster along major highways and roadways including Highways 11, 26 and 400. This is likely due to their need to quickly access major transportation roadways. Fire Stations are the most prevalent facilities located in Simcoe Muskoka, with a total of 73. The least common are hospital and urgent care facilities with a total of nine, in which only two are located in the District of Muskoka (Bracebridge and Hunstville). These two hospitals service a very large geographical area, however, this could be due to smaller population base and lower population densities in comparison to Simcoe County.

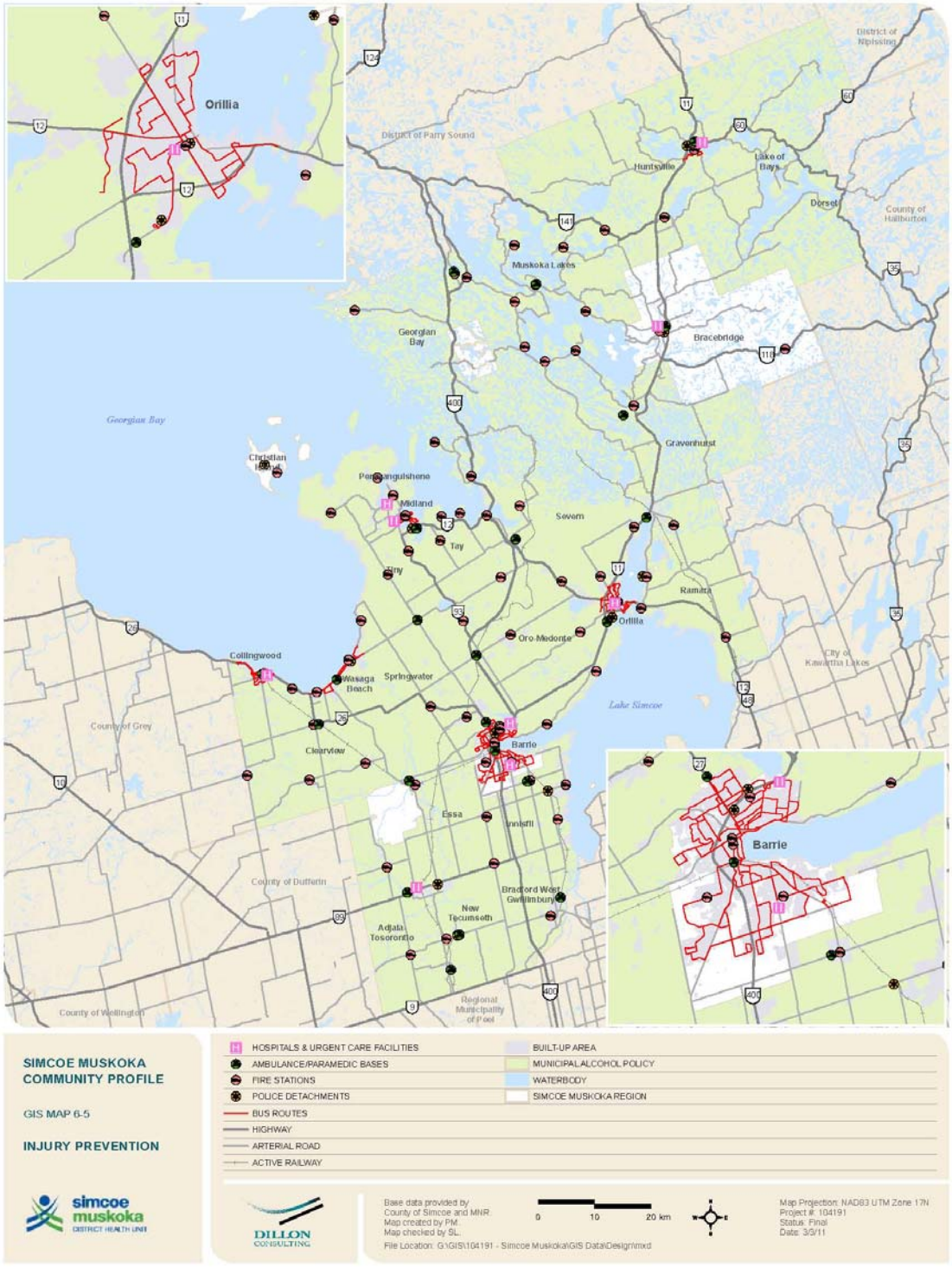
Within Simcoe County, there are also a far greater number of police detachments. Simcoe County has 12 detachments compared to two in the District of Muskoka. Detachments in both Simcoe and Muskoka tend to be clustered in their respective urban centres including Barrie, Midland, Orillia, Bracebridge and Huntsville.

In Simcoe County, the municipality with the greatest number of emergency response facilities is Barrie (10). In the District of Muskoka, Muskoka Lakes has the highest number of emergency response facilities (11). However, despite that apparent concentration of services, it should be noted that 10 of these emergency response facilities are fire stations and one is a paramedic base. Borden has its own fire department, military police, and health centre, and is serviced by local hospitals in Barrie and Alliston. Lake of Bays has four firehalls within the township and is serviced by both Huntsville District Memorial and South Muskoka Memorial Hospitals. EMS services are provided from bases in Huntsville and Bracebridge. The OPP services all of Ontario, and the Huntsville detachment provides service to Lake of Bays specifically.

With the distribution of these facilities, some areas have ample options for facility access, where other areas have to travel 25 km or over to access emergency support services. **GIS Map 6** outlines the travel distance from the nearest emergency facility for Simcoe Muskoka. The north portion of Severn, far north and south portions of Muskoka Lakes, and many portions of Georgian Bay, Gravenhurst and Lake of Bays emergency response facilities are located over 25km apart. Alternatively, the urban areas such as Barrie, Orillia, Midland and Huntsville have many facilities in close proximity, and require less than two kilometers travel distance to access the closest facility.

An attempt was made to identify intersections in Simcoe Muskoka that are considered “high risk,” as defined by local traffic officers, with respect to automobile collisions, see **Table 6-6**. Twenty-seven (27) intersection locations were provided to the HCPP team, including 25 in Simcoe County and two in the District Municipality of Muskoka. Overall, approximately 37% of all high risk areas identified are located in Barrie, 15% in New Tecumseth and Midland each and 11% in Innisfil. The remaining 22% of identified high risk intersections are located in Bracebridge, Essa, Bradford West Gwillimbury, Huntsville and Oro-Medonte.

The distribution of injury responder assets mirrors population distribution between Simcoe and Muskoka. First responder facilities, hospital/urgent care facilities and high risk intersections are more heavily concentrated in Simcoe County than in the District Municipality of Muskoka.


Orillia
Barrie
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Regional Municipality of Peel
County of Wellington
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-5
INJURY PREVENTION
HOSPITALS & URGENT CARE FACILITIES
AMBULANCE/PARAMEDIC BASES
FIRE STATIONS
POLICE DETACHMENTS
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
MUNICIPAL ALCOHOL POLICY
WATERBODY
SIMCOE MUSKOKA REGION
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

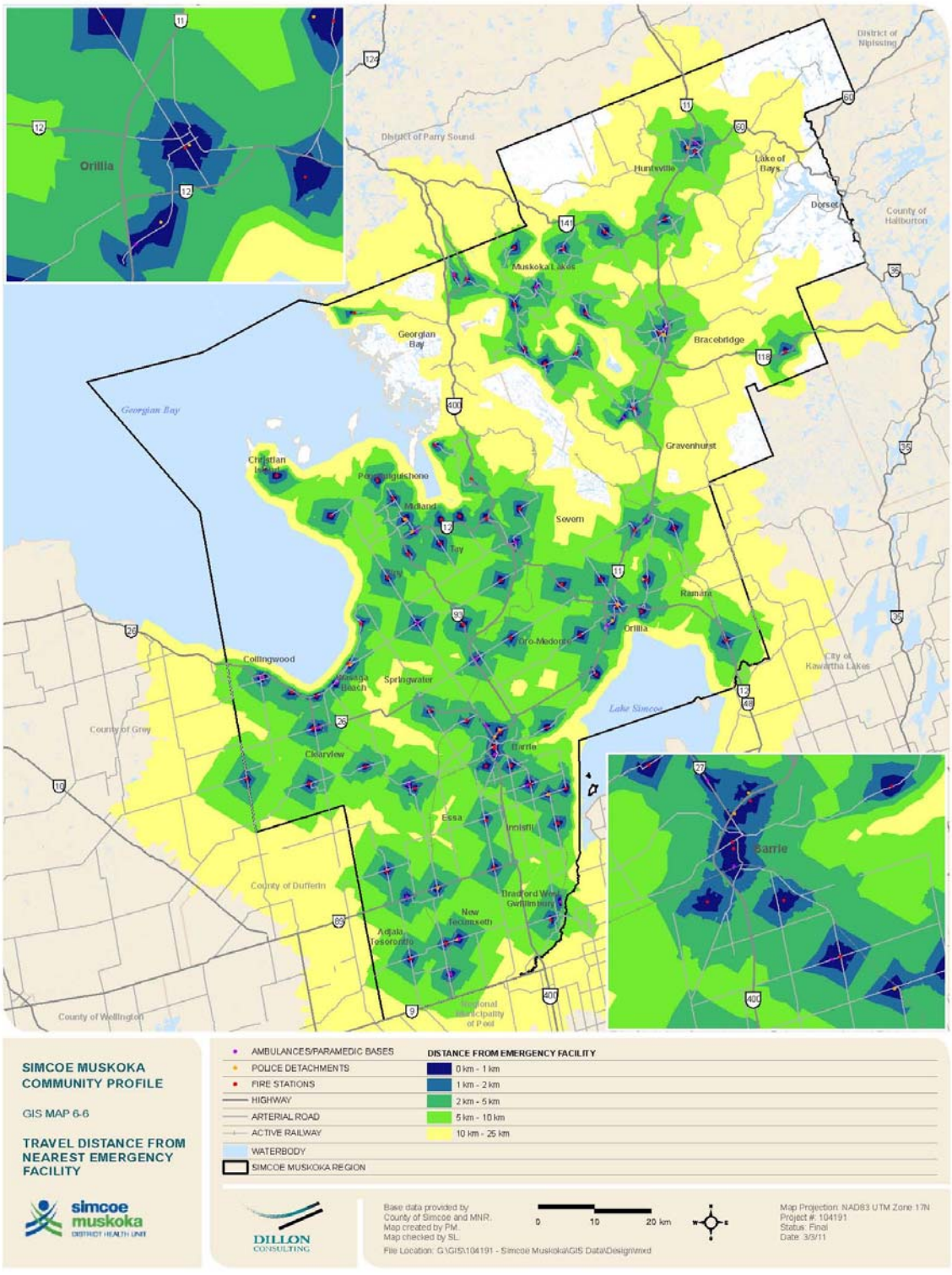

Orillia
Barrie
Georgian Bay
Lake Simcoe
Huntsville
Bracebridge
Gravenhurst
Muskoka Lakes
Lake of Bays
Dorset
County of Haliburton
District of Parry Sound
District of Nipissing
Midland
Penetanguishene
Severn
Ramara
Orillia
Collingwood
Wasaga Beach
Springwater
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
County of Wellington
County of Grey
City of Kawartha Lakes
Tay
Oro-Medonte
Christian Island
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-6
TRAVEL DISTANCE FROM NEAREST EMERGENCY FACILITY
AMBULANCES/PARAMEDIC BASES
POLICE DETACHMENTS
FIRE STATIONS
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
SIMCOE MUSKOKA REGION
DISTANCE FROM EMERGENCY FACILITY
0 km - 1 km
1 km - 2 km
2 km - 5 km
5 km - 10 km
10 km - 25 km
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd

Table 6-5: Injury Prevention Community Asset Table, Simcoe Muskoka

Lower/Single-Tier Municipality	2006 Population	Hospitals & Urgent Care Facilities	Population/ Hospitals & Urgent Care	Ambulance / Paramedic Bases	Population / Ambulance & Paramedic Bases	Fire Stations	Police Detachments	Total Facilities	Population/ Facilities
SIMCOE COUNTY									
Adjala-Tosorontio	10,695	0	N/A	1	10,695	2	0	**3**	**3,565**
Barrie	128,430	2	64,215	1	128,430	5	2	**10**	**12,843**
Bradford West Gwillimbury	24,039	0	N/A	1	24,039	1	0	**2**	**12,020**
Clearview	14,088	0	N/A	1	14,088	4	0	**5**	**2,818**
Collingwood	17,290	1	17,290	1	17,290	2	1	**5**	**3,458**
Essa	16,901	0	N/A	1	16,901	2	0	**3**	**5,634**
Innisfil	31,175	0	N/A	1	31,175	4	1	**6**	**5,196**
Midland	16,300	1	16,300	1	16,300	1	2	**5**	**3,260**
New Tecumseth	27,701	1	27,701	2	13,851	1	2	**6**	**4,617**
Orillia	30,259	1	30,259	1	30,259	1	2	**5**	**6,052**
Oro-Medonte	20,301	0	N/A	1	20,301	6	0	**7**	**2,900**
Penetanguishene	9,354	1	9,354	0	N/A	1	0	**2**	**4,677**
Ramara	9,427	0	N/A	0	N/A	4	1	**5**	**1,885**
Severn	12,030	0	N/A	2	6,015	4	0	**6**	**2,005**
Springwater	17,456	0	N/A	2	8,728	4	0	**6**	**2,909**
Tay	9,748	0	N/A	0	N/A	4	0	**4**	**2,437**
Tiny	10,784	0	N/A	0	N/A	5	0	**5**	**2,157**
Wasaga Beach	15,029	0	N/A	1	15,029	2	1	**4**	**3,757**
Total Simcoe	***422,204***	**7**	**60,315**	**17**	**24,836**	**53**	**12**	**89**	**4,744**
DISTRICT OF MUSKOKA									
Bracebridge	15,652	1	15,652	1	15,652	2	1	**5**	**3,130**
Gravenhurst	2,340	0	N/A	1	2,340	1	0	**2**	**1,170**
Huntsville	11,046	1	11,046	1	11,046	2	1	**5**	**2,209**
Georgian Bay	18,280	0	N/A	1	18,280	4	0	**5**	**3,656**
Lake of Bays	3,570	0	N/A	0	N/A	4	0	**4**	**3,570**
Muskoka Lakes	6,467	0	N/A	1	6,467	10	0	**11**	**588**
Total Muskoka	***57,563***	**2**	**28,782**	**5**	**11,513**	**23**	**2**	**32**	**1,799**
TOTAL SIMCOE MUSKOKA	***479,767***	**9**	**53,307**	**22**	**21,808**	**76**	**14**	**121**	**3,965**

Table 6-6: High Risk Intersections by Municipality

Lower/Single-Tier Municipality	High Risk Intersections
SIMCOE COUNTY	
Adjala-Tosorontio	Data Not Available
Barrie	Essa Road and Fairview Road
	Mapleview and Bryne Drive
	Bayfield Street and Ferris Lane
	Huronia Road and Mapleview Drive E
	Bayfield Street and Coulter Street
	Bayfield Street and Livingstone Street E
	Duckworth Street and Georgian Drive
	Bayfield Street and Cundles Road E
	Cedar Pointe Drive and Dunlop Street W
	Anne Street North and Dunlop Street W
Bradford West Gwillimbury	Holland Street West @ Toronto Street
Clearview	Data Not Available
Collingwood	Data Not Available
Essa	Mill St & Roth St
Innisfil	Innisfil Beach Road @ 10th Side Road
	Innisfil Beach Road @ Yonge Street
	Highway 89/5th Side Rd.
	Data Not Available
Midland	Yonge Street and King Street
	Heritage Drive and King Street
	Hugel Avenue and Penetanguishene Road
	William Street and Highway 12
New Tecumseth	Highway 89/County Rd. 10
	Industrial Parkway/Church
	Victoria St & Church St
	Young St & 8th Ave
Orillia	Data Not Available
Oro-Medonte	County Road 93 and Old Barrie Road
Penetanguishene	Data Not Available
Ramara	Data Not Available
Severn	Data Not Available
Springwater	Data Not Available
Tay	Highway 12 at Pine Street
Tiny	Data Not Available
Wasaga Beach	Data Not Available
Total Simcoe County	**25**
DISTRICT OF MUSKOKA	
Bracebridge	Cedar Lane and Taylor Road
Gravenhurst	Data Not Available
Huntsville	South Mary Lake Road and Highway 11
Georgian Bay	Data Not Available
Lake of Bays	Data Not Available
Muskoka Lakes	Data Not Available
Total District of Muskoka	**2**
TOTAL SIMCOE MUSKOKA	**27**

Healthy Eating

There are many contributing factors to a healthy lifestyle including access to healthy foods, farmers' markets and food banks, the availability of fresh produce and healthy eating programs in schools. Sometimes, the availability and convenience of fast food outlets can impact one's ability to make healthy choices.

People are more likely to meet their nutrition needs when healthy, affordable food is easily accessible. In neighbourhoods that do not have access to grocery stores, residents often resort to more expensive, less healthy options such as processed and "fast food" [(9)]. Alternatively, communities that have ready access to a sustainable supply of healthy, locally grown and produced foods are less vulnerable to external influences that can affect the nutritional quality and/or quantity of foods available. There is evidence to suggest that residents of lower income neighbourhoods have less access to healthy food choices then those in wealthier neighbourhoods.[(50)] Communities must plan for and promote healthy eating through planning and land use decisions that take into consideration the needs of all residents and ensure those less fortunate have access to nutritional options.

GIS mapping has been completed to visually identify the locations of a variety of community features related to healthy eating in Simcoe Muskoka. To complete this work, the following features were mapped:

- Schools with no Nutrition Programs;
- Good/Fresh Food Box/Basket Sites;
- Farmers' markets;
- Food Banks;
- Community Kitchens[†††];
- Community Gardens;
- Supermarkets[‡‡‡];
- Variety Stores[§§§];
- Fast Food / Takeout Establishments[****];
- Cocktail Bars; and,
- Licensed restaurants.

[†††] A community kitchen is a publicly accessible environment where anyone can cook meals for themselves and/or their families.
[‡‡‡] Includes all supermarkets inspected by SMDHU.
[§§§] Includes all variety stores inspected by SMDHU.
[****] Includes all fast food and takeout establishments inspected by SMDHU.

While a person's eating habits are important to their health, to improve their health it is necessary to look beyond personal healthy eating choices to the broader context within which their food choices are made. The food that is grown, distributed, and sold within Simcoe Muskoka plays a major role in how well the population eats. [92] Mapping was undertaken to show the spatial distribution of a variety of healthy eating community features in Simcoe Muskoka. **GIS Map 7** illustrates the locations of all such features and **Table 6-7** outlines this numerically.

A review of applicable mapping revealed that the distribution of healthy eating features is fairly dispersed throughout both Simcoe County and the District of Muskoka. Although Simcoe County has more healthy eating features in total, when this is broken down on a per capita basis, Muskoka appears to have more healthy eating features per capita basis. Each geographical area differs significantly when looking at the specific features. For example, there are higher numbers of healthy eating features in the City of Barrie, Midland and in the Penetanguishene area. Availability of healthy eating features is also concentrated in specific areas of the District of Muskoka including Gravenhurst, Bracebridge and Huntsville, primarily along Highway 11. It should also be noted that the majority of healthy eating establishments in this area are accompanied by traditional fast food / takeouts outlets and restaurants.

With respect to trends on a wider geographical scale, when comparing Simcoe County with the District of Muskoka's access to restaurants, there appears to be a larger concentration of restaurants located in Simcoe County. In order to properly compare the density of restaurants as a function of the population, the number of facilities was normalized based on population (i.e. number of people per facility). The spatial review of restaurants in the regions show a more even distribution of restaurants throughout the Muskoka area with small clusters along Highway 11 near Bracebridge and further north in Huntsville, with more clusters in larger centres throughout Simcoe.

To consider less formal healthy food distribution systems, Good/Fresh Food Box/Basket programs, farmers' markets, food banks and community gardens were reviewed. The Good Food Box program is run from various organizations across Simcoe County and distributes an assortment of fresh fruits and vegetables to participating households. There are approximately six Good Food Box sites in Simcoe County. The District of Muskoka has a similar program called the Fresh Food Basket with five sites available there. Simcoe County also has 10 farmers' markets, compared with five in the District of Muskoka and seven food banks, compared with five in the District of Muskoka. The majority of these features tend to be clustered around urban areas. Also, with respect to community kitchens, there are nine located in Simcoe County compared with two located in the District of Muskoka. There are approximately 10 community gardens in Simcoe County compared with four located in the District of Muskoka. It is important to highlight

that Muskoka has half the amount of the farmers' markets than Simcoe, but much less of a population. In order to properly compare the density of farmers' markets as a function of the population, the number of facilities was normalized based on population (i.e. number of people per facility).

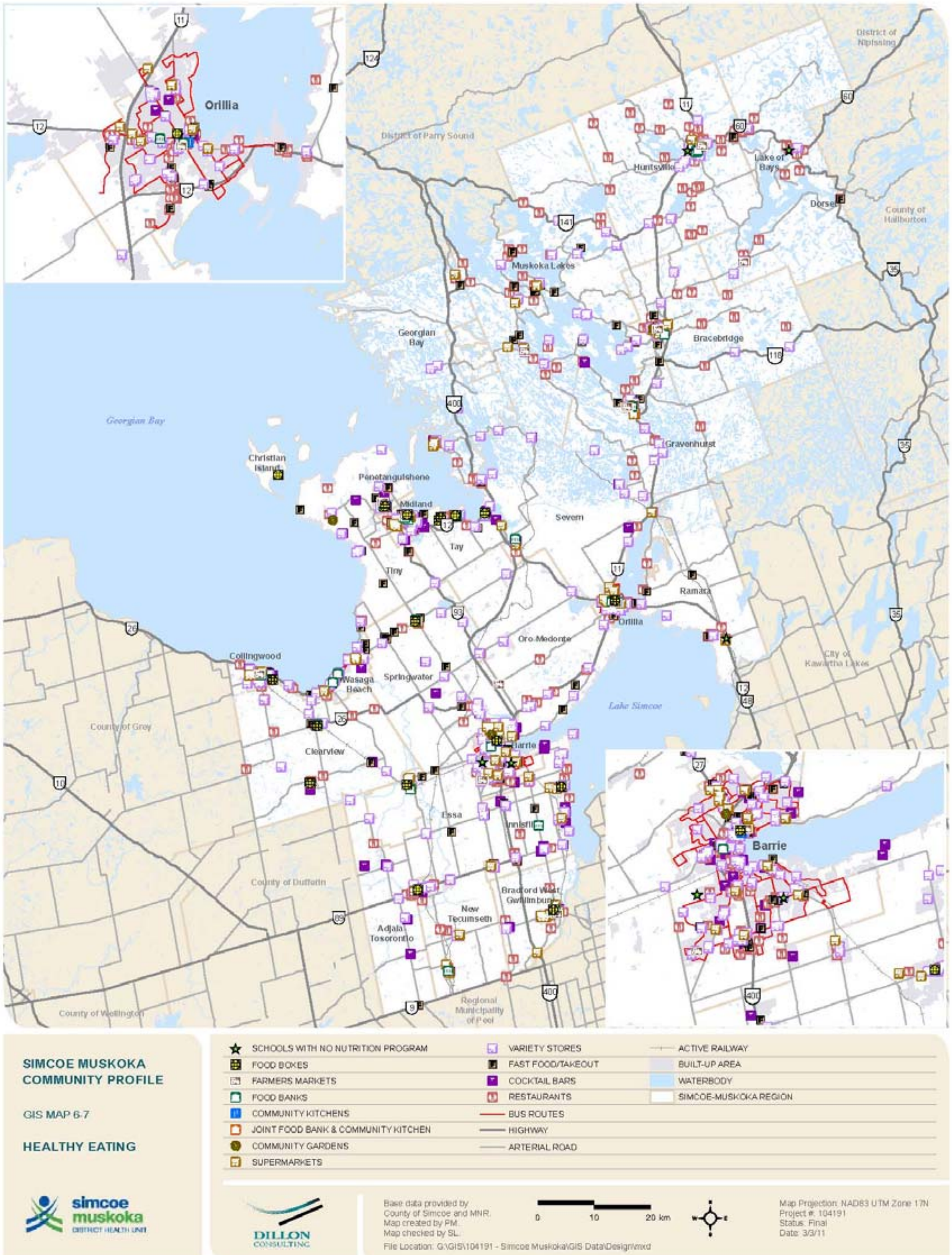

Orillia
Huntsville
Lake of Bays
Dorset
Muskoka Lakes
Bracebridge
Georgian Bay
Gravenhurst
Christian Island
Penetanguishene
Midland
Tay
Tiny
Severn
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
Lake Simcoe
Clearview
Barrie
Essa
Innisfil
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Barrie
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-7
HEALTHY EATING
SCHOOLS WITH NO NUTRITION PROGRAM
FOOD BOXES
FARMERS MARKETS
FOOD BANKS
COMMUNITY KITCHENS
JOINT FOOD BANK & COMMUNITY KITCHEN
COMMUNITY GARDENS
SUPERMARKETS
VARIETY STORES
FAST FOOD/TAKEOUT
COCKTAIL BARS
RESTAURANTS
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
WATERBODY
SIMCOE-MUSKOKA REGION
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-7: Healthy Eating Community Asset Table, Simcoe Muskoka, 2006

Lower/Single-Tier Municipality	2006 Population	Schools with No Nutrition Program	Food Boxes	Farmers Markets	Population / Farmers Markets	Food Banks	Community Kitchens	Community Gardens	Supermarkets	Variety Stores	Fast Food / Takeout	Cocktail Bars	Restaurants	Total Eating Establishments
SIMCOE COUNTY														
Adjala-Tosorontio	10,695	0	0	0	N/A	0	0	0	0	5	3	4	3	15
Barrie	128,430	2	1	2	64,215	1	1	1	15	113	113	87	299	64850
Bradford West Gwillimbury	24,039	0	1	1	24,039	1	0	0	10	17	9	15	48	24141
Clearview	14,088	0	2	1	14,088	1	0	0	3	15	6	5	34	14155
Collingwood	17,290	0	1	1	17,290	3	1	0	7	13	27	17	77	17437
Essa	16,901	0	1	0	N/A	0	0	0	5	16	8	5	24	59
Innisfil	31,175	0	1	0	N/A	1	0	0	6	30	26	13	51	128
Midland	16,300	0	1	1	16,300	3	1	0	7	26	28	26	68	16461
New Tecumseth	27,701	0	1	0	N/A	2	0	0	6	21	15	10	71	126
Orillia	30,259	0	1	1	30,259	3	1	0	9	36	32	13	105	30460
Oro-Medonte	20,301	0	0	0	N/A	0	0	0	1	14	6	0	14	35
Penetanguishene	9,354	0	1	1	9,354	1	1	1	1	11	16	11	19	9417
Ramara	9,427	1	0	0	N/A	0	0	0	1	4	5	0	8	19
Severn	12,030	0	0	0	N/A	1	0	0	3	16	8	13	37	78
Springwater	17,456	0	1	2	8,728	1	0	1	5	26	24	4	22	8814
Tay	9,748	0	0	0	N/A	0	0	0	1	9	4	4	14	32
Tiny	10,784	0	4	0	N/A	1	0	1	0	7	6	2	11	32
Wasaga Beach	15,029	0	0	0	N/A	2	0	0	3	18	21	9	45	98
Total Simcoe	***422,204***	**3**	**16**	**10**	**42,220**	**21**	**5**	**4**	**83**	**397**	**357**	**238**	**950**	**44304**
DISTRICT OF MUSKOKA														
Bracebridge	15,652	0	0	1	15,652	1	0	1	4	22	14	0	61	15756
Georgian Bay	2,340	0	0	0	N/A	0	0	0	0	0	0	0	0	0
Gravenhurst	11,046	0	0	1	11,046	1	0	1	3	20	19	7	53	11151
Huntsville	18,280	1	0	1	18,280	3	2	0	3	28	18	0	99	18435
Lake of Bays	3,570	1	0	1	3,570	0	0	0	0	4	3	0	21	3600
Muskoka Lakes	6,467	0	0	1	6,467	0	0	0	5	19	17	0	51	6560
Total Muskoka	***57,563***	**2**	**0**	**5**	**11,513**	**5**	**2**	**2**	**15**	**93**	**71**	**7**	**285**	**12000**
TOTAL SIMCOE MUSKOKA	**479,767**	**5**	**16**	**15**	**31,984**	**26**	**7**	**6**	**98**	**490**	**428**	**245**	**1235**	**34555**

The number of persons per feature comparison of farmers' markets for Simcoe County and the District of Muskoka is summarized below:

- Simcoe County: One (1) farmers market for every 42,220 persons; and
- District of Muskoka: One (1) farmers market for every 11,513 persons.

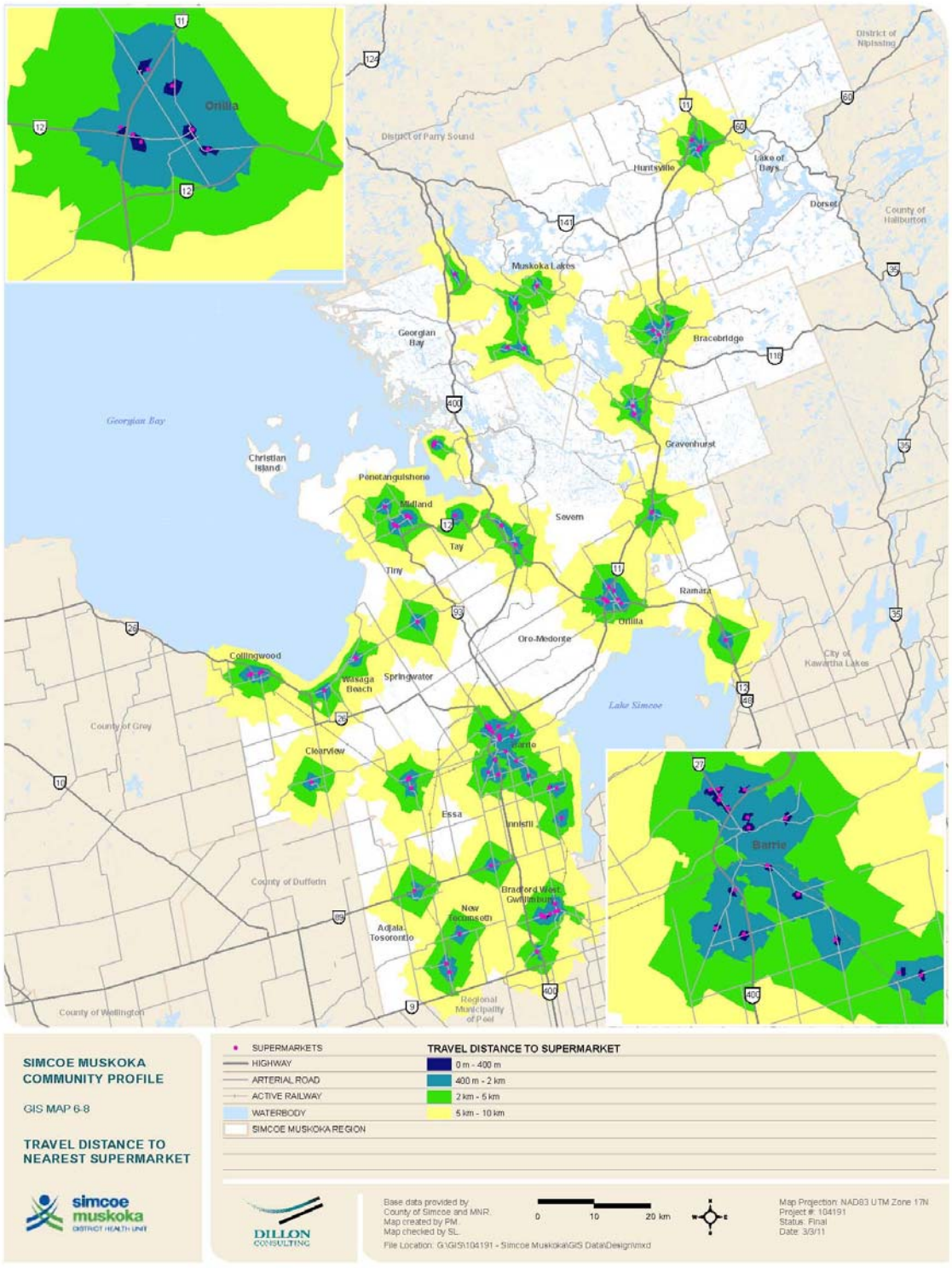
These results identify a far greater number of farmers' markets per person in the District of Muskoka.

When considering the breakdown of eating establishments in Simcoe Muskoka,, the number of eating establishments offering less healthy eating options is greater than those offering healthier eating options. Barrie has a total of approximately 635 eating establishments with approximately 96% being variety stores, fast food outlets, cocktail bars or restaurants, which may not tend to be particularly supportive of healthier eating options. The remaining four percent (4%) is comprised of food boxes, farmers' markets, food banks, community kitchens/gardens and supermarkets, which is often where healthier food choices are available. In comparison, Huntsville has the greatest number of eating establishments in the District of Muskoka with approximately 155. Of this number, approximately 93% are variety stores, fast food outlets, cocktail bars and restaurants.

Although variety stores and fast food establishments may be less supportive to making healthy eating choices, the access and availability of supermarkets is linked to one's ability to make healthy choices. **GIS Map 8** demonstrates the spatial distribution of supermarkets within Simcoe Muskoka. This map outlines the areas with good access to grocery stores (0-0.4km typically being walkable), and those areas that are under-serviced with limited to no access to grocery stores. Those areas well serviced by supermarkets include downtown Barrie, downtown Orillia, Midland, Collingwood and Muskoka Lakes. It is also interesting to consider the number of supermarkets when normalized based on population (i.e. number of people per feature). **Table 6-8** outlines the population (2006) compared to the number of supermarkets in each local municipality.

The top three municipalities with the lowest number of persons per supermarkets are summarized below:

- Muskoka Lakes: One (1) supermarket for every 1,293 persons;
- Midland: One (1) supermarket for every 2,329 persons;
- Bradford West Gwillimbury: One (1) supermarket for every 2,404 persons.


Orillia
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Regional Municipality of Peel
County of Wellington
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-8
TRAVEL DISTANCE TO NEAREST SUPERMARKET
SUPERMARKETS
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
SIMCOE MUSKOKA REGION
TRAVEL DISTANCE TO SUPERMARKET
0 m - 400 m
400 m - 2 km
2 km - 5 km
5 km - 10 km
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0
10
20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Alternatively, the three municipalities with the highest number of persons per supermarket comparison is summarized below:

- Oro-Medonte: One (1) supermarket for every 20,301 persons;
- Tay Township: One (1) supermarket for every 9,427 persons;
- Penetanguishene: One (1) supermarket for every 9,354 persons;

Various municipalities had no supermarket data available, including Adjala-Tosorontio, Tiny Township, Georgian Bay and Lake of Bays. This may be due to data gaps in classification of supermarkets, or lack of supermarkets in the municipality.

Table 6-8: Supermarkets per Capita, Simcoe County

Lower/Single-Tier Municipality	2006 Population	Supermarkets	Population/ Supermarkets
SIMCOE COUNTY			
Adjala-Tosorontio	10,695	-	
Barrie	128,430	15	8,562
Bradford West Gwillimbury	24,039	10	2,404
Clearview	14,088	3	4,696
Collingwood	17,290	7	2,470
Essa	16,901	5	3,380
Innisfil	31,175	6	5,196
Midland	16,300	7	2,329
New Tecumseth	27,701	6	4,617
Orillia	30,259	9	3,362
Oro-Medonte	20,301	1	20,301
Penetanguishene	9,354	1	9,354
Ramara	9,427	1	9,427
Severn	12,030	3	4,010
Springwater	17,456	5	3,491
Tay	9,748	1	9,748
Tiny	10,784	-	
Wasaga Beach	15,029	3	5,010
Total Simcoe County	***422,204***	***83***	***5,087***
DISTRICT OF MUSKOKA			
Bracebridge	15,652	4	3,913
Georgian Bay	2,340	-	
Gravenhurst	11,046	3	3,682
Huntsville	18,280	3	6,093
Lake of Bays	3,570	-	
Muskoka Lakes	6,467	5	1,293
Total District of Muskoka	***57,563***	***15***	**3,838**
Total	***479,767***	***98***	**4,896**

A common consideration for healthy eating is priority populations, and the availability of healthy eating options for them. Children, youth and low income populations are often considered priority groups. Children and youth are considered as they cannot always make their own choices and rely heavily on parents/caregivers and the school system to receive adequate and proper nutrition,

while low income families are considered a priority population as there have been trends in other geographic regions that demonstrate inequitable access to healthy food options.

GIS Map 9 demonstrates the spatial distribution of variety stores and fast food establishments in relation to schools and low income families, and **Table 6-9** outlines this numerically. This map outlines a cluster of variety stores and fast food establishments near school locations, which is a barrier to promoting healthy eating in youth. The availability of inexpensive, convenient, less nutritious food items can influence youth in purchasing these as opposed to bringing bagged lunches (which may be healthier choices). In Simcoe Muskoka, there are a total of 204 variety and fast food stores within walking distance from schools (which is 20% of the total variety stores and fast food stores in Simcoe Muskoka). The majority of these are in Barrie, where 58 of these establishments are within walking distance of schools. Midland and Orillia both have over 20, and New Tecumseth, Collingwood, Bracebridge, Bradford West Gwillimbury and Gravenhurst all have 10 or more within walking distance of schools.

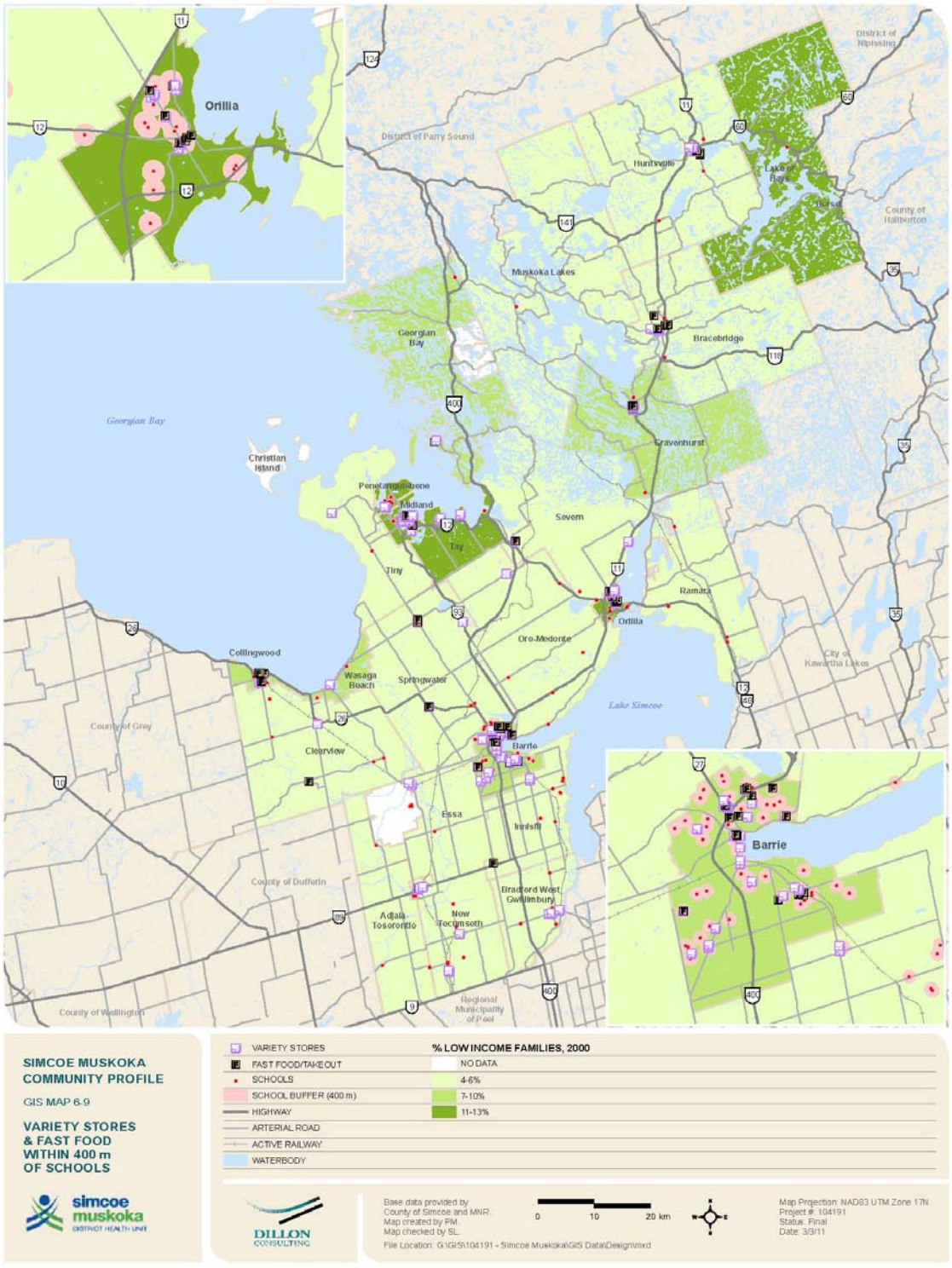

Orillia
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Haliburton
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
Adjala-Tosorontio
New Tecumseth
County of Wellington
Regional Municipality of Peel
Barrie
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-9
VARIETY STORES & FAST FOOD WITHIN 400 m OF SCHOOLS
simcoe muskoka DISTRICT HEALTH UNIT
VARIETY STORES
FAST FOOD/TAKEOUT
SCHOOLS
SCHOOL BUFFER (400 m)
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
% LOW INCOME FAMILIES, 2000
NO DATA
4-6%
7-10%
11-13%
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0
10
20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-9: Supermarkets, Variety Stores and Fast Food Establishments Within 400m of Schools, Simcoe Muskoka

Lower/Single-Tier Municipality	Variety Stores & Fast Food within 400m of Schools	Supermarkets within 400m of Schools
SIMCOE COUNTY		
Adjala-Tosorontio	0	0
Barrie	58	14
Bradford West Gwillimbury	11	0
Clearview	2	0
Collingwood	12	7
Essa	2	0
Innisfil	3	0
Midland	27	7
New Tecumseth	16	0
Orillia	21	8
Oro-Medonte	1	0
Penetanguishene	5	0
Ramara	0	0
Severn	3	0
Springwater	9	0
Tay	0	0
Tiny	3	0
Wasaga Beach	1	3
Total Simcoe	**174**	**39**
DISTRICT OF MUSKOKA		
Bracebridge	11	0
Gravenhurst	10	0
Huntsville	9	3
Georgian Bay	0	0
Lake of Bays	0	0
Muskoka Lakes	0	0
Total Muskoka	**30**	**3**
TOTAL SIMCOE MUSKOKA	**204**	**42**

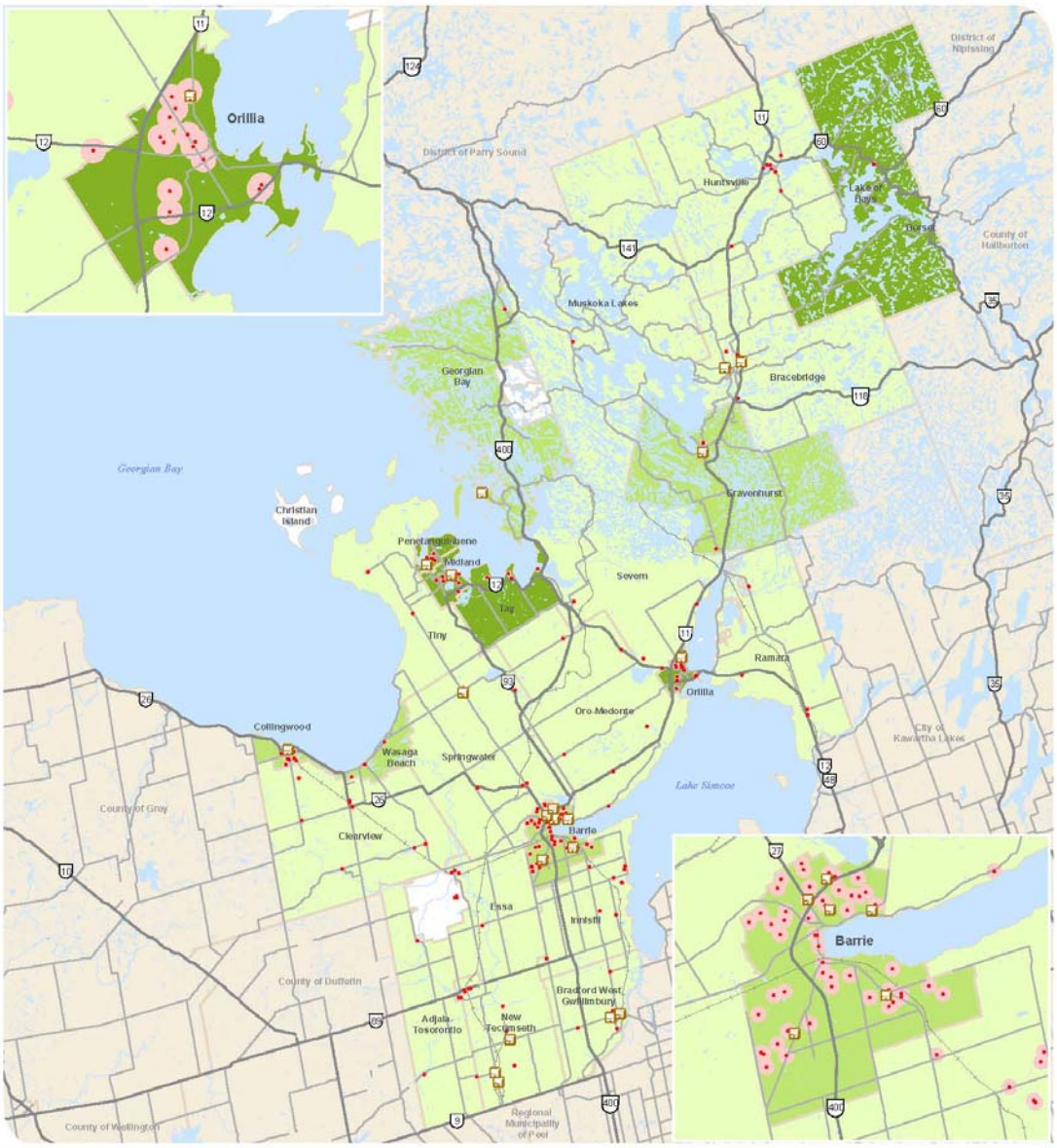
Alternatively, supermarkets and other stores that provide fresh, healthier food options should be located near schools so that youth have options to purchase healthier food during lunch or after school. **GIS Map 10**, which outlines the supermarkets that are within 400m of schools, demonstrates that less than a quarter of the supermarkets are within 400m of schools and they are in the larger urban centres. A total of 42 supermarkets are within 400m of schools, 14 of which are in Barrie, eight in Orillia and seven in both Collingwood and Midland.

When considering those areas with a higher incidence of low income families, there seems to be some correlation between these areas and a lack of supermarket access. One municipality that notably fits this correlation is Lake of Bays, which has 11-13% of the families falling within the low income bracket and

no supermarkets. Most of the residents in this area have to travel over 10 km to access the nearest grocery store, which is in Huntsville. Another area of concern is Georgian Bay, which has 7-10% of the families falling within the low income bracket, and no supermarkets. Residents have to travel over 10 km to Muskoka Lakes to access the healthier food options of a supermarket. Locating supermarkets on public transit routes is also an important contributing factor to promoting healthy eating amongst lower income families. **GIS Map 11** outlines the supermarkets within 400m of public transit.

Another opportunity to promote healthy eating with lower income families is through community gardens. There are a total of six community gardens within Simcoe Muskoka, four of which are in Simcoe and two in Muskoka. Of the six community gardens, five are located within urban areas, where they may be accessible to more people. Only one community garden is located within the rural area.

Spatial analysis revealed dispersion of healthy eating assets throughout Simcoe Muskoka with a higher number of healthy eating features per capita in the District of Muskoka. Access to healthy eating features differed between asset types such as farmers' markets, restaurants, community gardens and supermarkets. The analysis also yielded evidence of a negative correlation between low income populations and healthy eating assets.



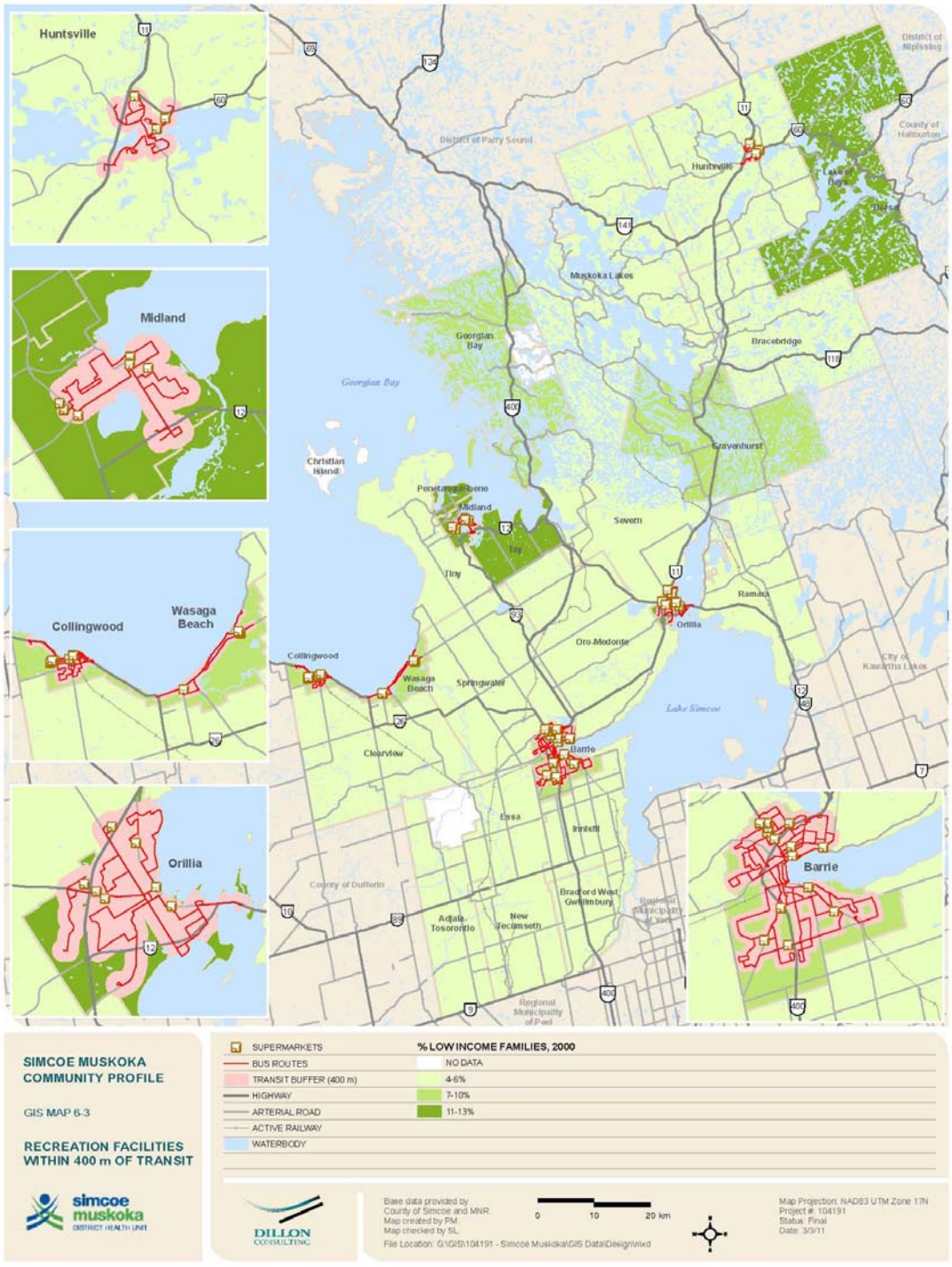
SIMCOE MUSKOKA COMMUNITY PROFILE

GIS MAP 6-10

SUPERMARKETS WITHIN 400 m OF SCHOOLS

simcoe muskoka DISTRICT HEALTH UNIT

DILLON CONSULTING


Huntsville
Midland
Collingwood
Wasaga Beach
Orillia
Barrie
Georgian Bay
Lake Simcoe
Muskoka Lakes
Bracebridge
Gravenhurst
Severn
Ramara
Oro-Medonte
Springwater
Clearview
Essa
Innisfil
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Tiny
Christian Island
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-3
RECREATION FACILITIES WITHIN 400 m OF TRANSIT
SUPERMARKETS
BUS ROUTES
TRANSIT BUFFER (400 m)
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
% LOW INCOME FAMILIES, 2000
NO DATA
4-6%
7-10%
11-13%
simcoe muskoka
DILLON CONSULTING
0 10 20 km

Tobacco Use and Exposure

Tobacco use is the single most significant cause of preventable disease and death in Canada, resulting in 13,000 deaths per year in Ontario alone.[57] Tobacco use also contributes to the development of many chronic health problems including cancers, diabetes, respiratory conditions and cardiovascular disease.[93] GIS mapping has been completed to demonstrate the distribution of tobacco availability across the Simcoe Muskoka area.

To complete this work, the following features were mapped:

- Tobacco Vendors

The availability of tobacco has shown to have a positive correlation with use trends.[93] Mapping was undertaken to show the spatial distribution of tobacco vendors in Simcoe Muskoka, across the various municipalities. **GIS Map 12** illustrates the locations of all such establishments and **GIS Map 13** illustrates the tobacco vendor density across Simcoe Muskoka. A review of applicable mapping revealed that the spatial distribution of tobacco vendors in Simcoe Muskoka is largely based on population distribution and population density (using 2006 data). With around 27% of the Simcoe Muskoka population living in Barrie, the City houses over 20% of the tobacco vendors in the region (114 vendors). This is followed by the next three municipalities with the largest populations: Orillia which has 42 vendors, Innisfil which has 37 vendors, and New Tecumseth which has 34 vendors.

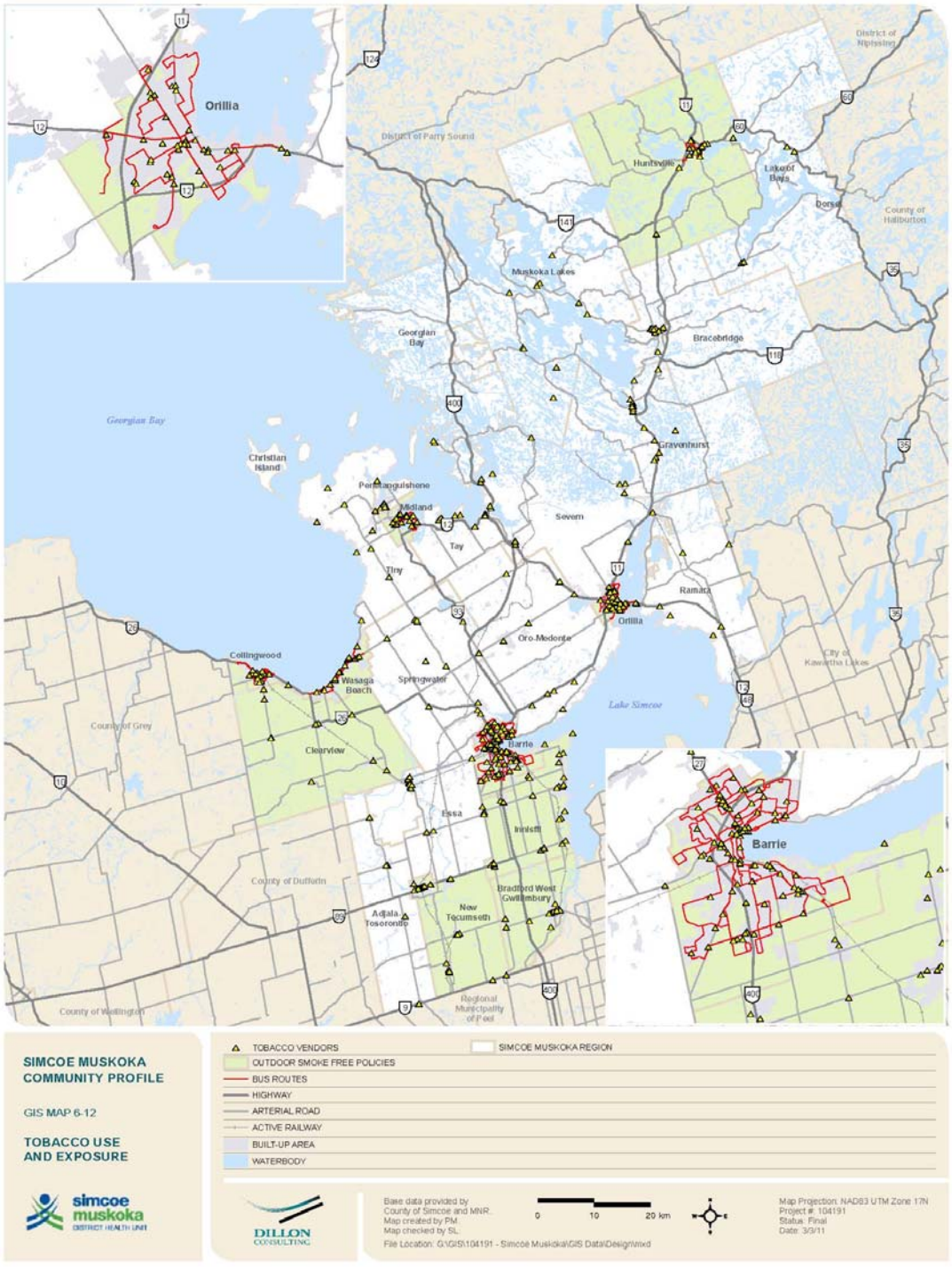
Some exceptions to this trend become evident when analysing the number of people per individual tobacco vendor in each municipality, see **Table 6-10.** In order to properly compare the density of tobacco vendors as a function of the population, the number of vendors was normalized based on population (i.e. number of people per vendor).

The number of persons per tobacco vendor comparison for the top three municipalities with the least number of vendors is summarized below:

- Oro-Medonte: One (1) tobacco vendor for every 1,353 persons;
- Bracebridge: One (1) tobacco vendor for every 1,204 persons; and
- Georgian Bay: One (1) tobacco vendor for every 1,170 persons.

Table 6-10: Tobacco Vendors in Simcoe Muskoka

Lower/Single-Tier Municipality	Tobacco Vendors	Population (2006)	% of Total Simcoe Muskoka Population	People/ Vendor
SIMCOE COUNTY				
Adjala-Tosorontio	9	10,695	2%	N/A
Barrie	114	128,430	21%	1,127
Bradford West Gwillimbury	23	24,039	4%	1,045
Clearview	19	14,088	4%	741
Collingwood	19	17,290	4%	910
Essa	16	16,901	3%	1,056
Innisfil	37	31,175	7%	843
Midland	26	16,300	5%	627
New Tecumseth	34	27,701	6%	815
Orillia	42	30,259	8%	720
Oro-Medonte	15	20,301	3%	1,353
Penetanguishene	11	9,354	2%	850
Ramara	9	9,427	2%	1,047
Severn	23	12,030	4%	523
Springwater	16	17,456	3%	1,091
Tay	11	9,748	2%	886
Tiny	10	10,784	2%	1,078
Wasaga Beach	29	15,029	5%	518
Total Simcoe	**463**	**421,007**	**87%**	**Average: 876**
DISTRICT OF MUSKOKA				
Bracebridge	13	15,652	2%	1,204
Georgian Bay	2	2,340	0%	1,170
Gravenhurst	22	11,046	4%	502
Huntsville	20	18,280	4%	914
Lake of Bays	4	3,570	1%	893
Muskoka Lakes	13	6,467	2%	497
Total Muskoka	**74**	**57355**	**13%**	**Average: 863**
TOTAL SIMCOE MUSKOKA	**537**	**478362**	**100%**	**Average: 887**


Orillia
Georgian Bay
Christian Island
Penetanguishene
Midland
Tay
Tiny
Severn
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Huntsville
Lake of Bays
Dorset
District of Parry Sound
District of Nipissing
County of Haliburton
Ramara
Orillia
Oro-Medonte
City of Kawartha Lakes
Collingwood
Wasaga Beach
Springwater
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Regional Municipality of Peel
County of Wellington
Barrie
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-12
TOBACCO USE AND EXPOSURE
TOBACCO VENDORS
OUTDOOR SMOKE FREE POLICIES
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
WATERBODY
SIMCOE MUSKOKA REGION
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
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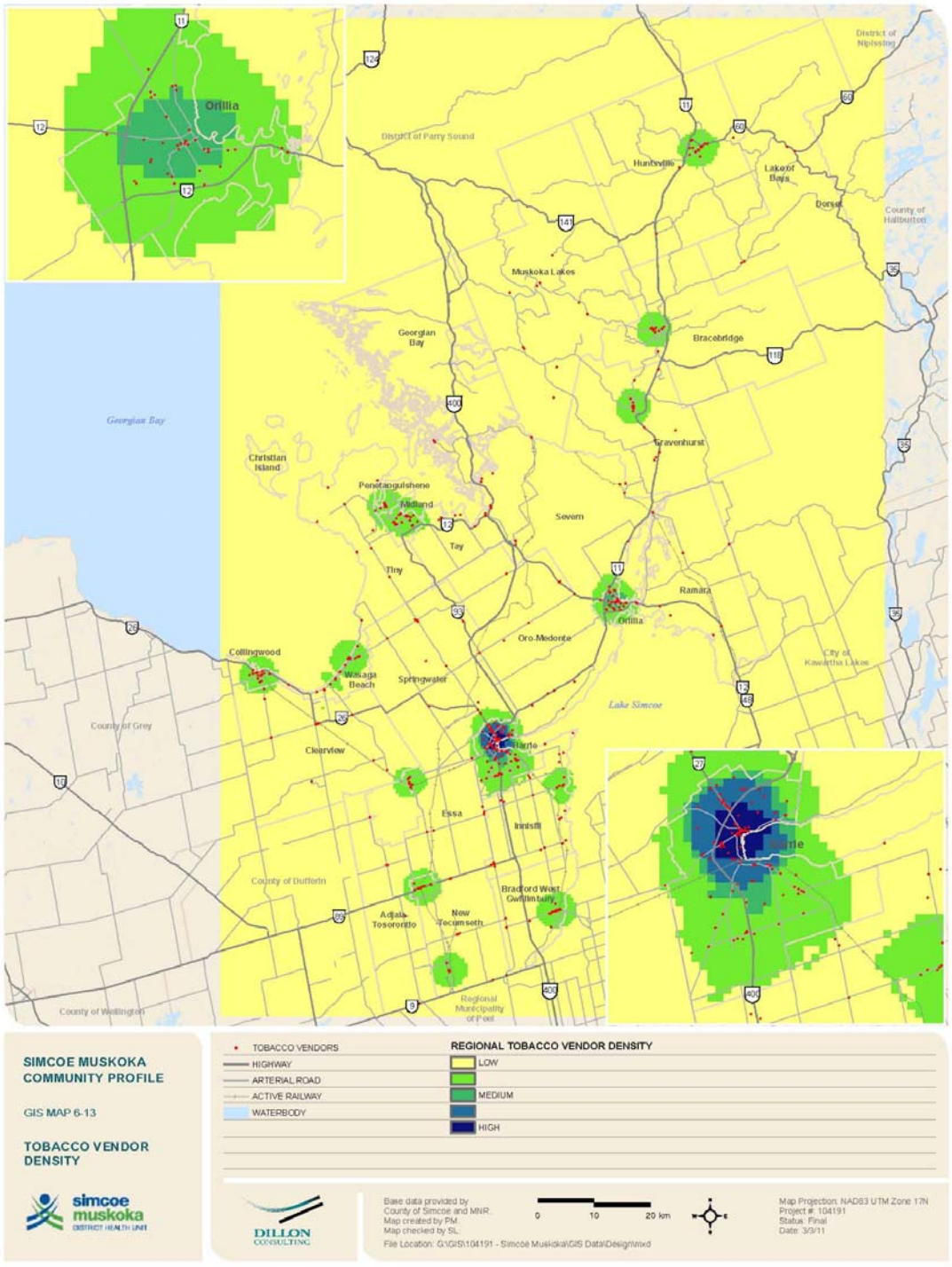
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11


Orillia
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
City of Kawartha Lakes
Collingwood
Wasaga Beach
Springwater
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
Adjala-Tosorontio
New Tecumseth
Regional Municipality of Peel
County of Wellington
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-13
TOBACCO VENDOR DENSITY
TOBACCO VENDORS
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
REGIONAL TOBACCO VENDOR DENSITY
LOW
MEDIUM
HIGH
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
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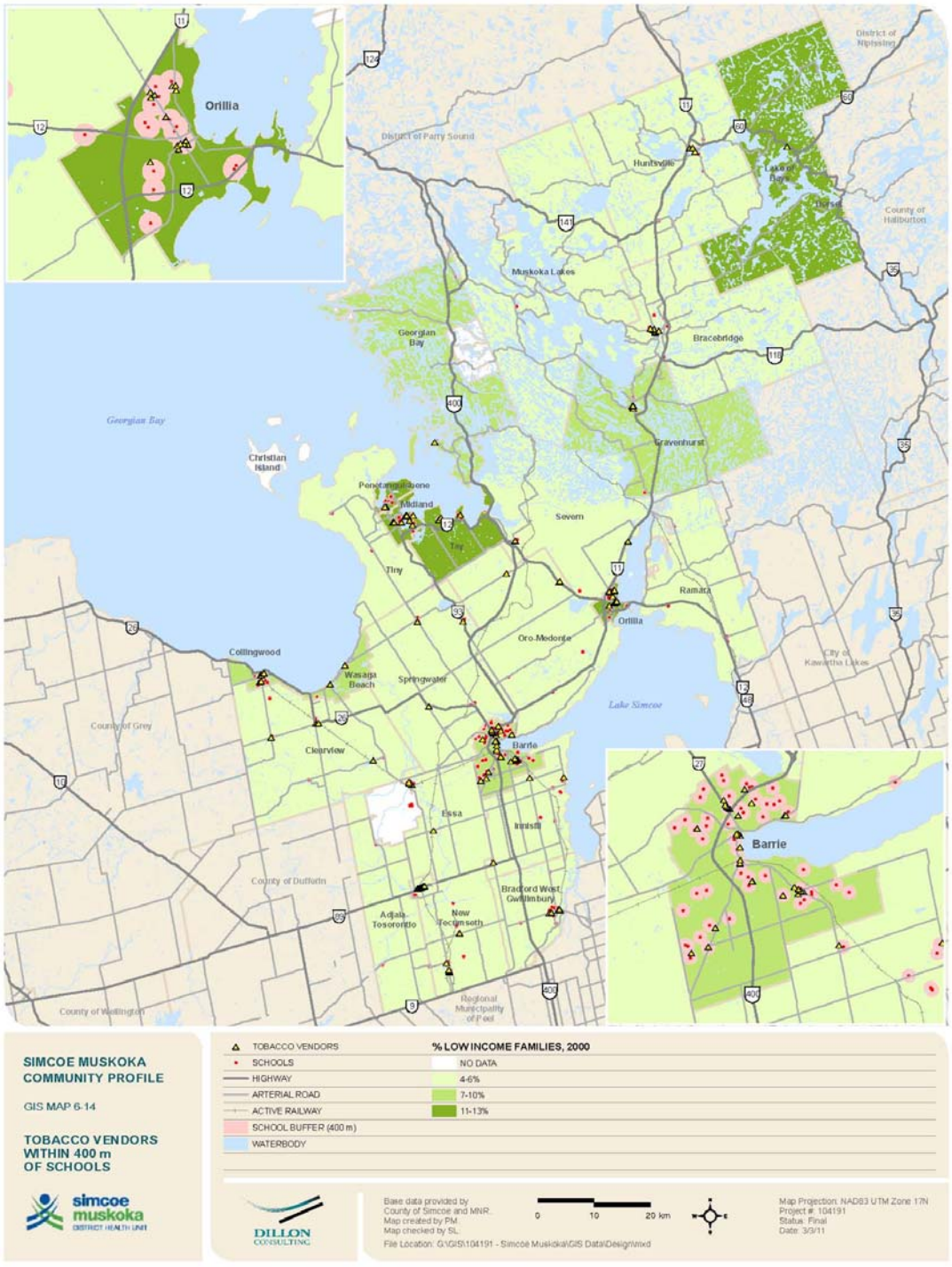
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

In relation to these listed, there are some municipalities which have approximately twice the number of vendors per population. The number of persons per tobacco vendor comparison of the three municipalities with the highest number of vendors is summarized below:

- Muskoka Lakes: One (1) tobacco vendor for every 497 persons;
- Gravenhurst: One (1) tobacco vendor for every 502 persons; and
- Wasaga Beach: One (1) tobacco vendor for every 518 persons.

These results identify a strong concentration of tobacco vendors per population in the rural communities of Muskoka Lakes, Gravenhurst and Wasaga Beach, which could be related to the large tourism traffic these municipalities experience (as tourists would not be part of the total population and may draw additional market for tobacco vendors). Without additional data on socio-economic and market trends for these vendors, we cannot confirm the factors contributing to the correlation.

Youth are often considered a priority population when it comes to tobacco use, and exposure to tobacco often has a positive correlation with tobacco use.[93] Mapping was undertaken to review tobacco vendors within 400m of schools, **GIS Map 14.** There are a total of 148 tobacco vendors near schools in Simcoe Muskoka (just under 30% of the total tobacco vendors). Of this, 128 are in Simcoe County and 20 are in the District of Muskoka. **Table 6-11** outlines the municipal locations of the tobacco vendors which are near schools. The largest concentration of tobacco vendors near schools are in Barrie (33), New Tecumseth (20), Orillia (16), Midland (13) and Bradford New Gwillimbury (10). Of the municipalities in the District of Muskoka, Bracebridge has the most tobacco vendors near schools (eight).


Orillia
Georgian Bay
Christian Island
Penetanguishene
Midland
Tiny
Severn
Muskoka Lakes
Bracebridge
Gravenhurst
Huntsville
Lake of Bays
District of Parry Sound
District of Nipissing
County of Haliburton
Ramara
Orillia
Oro-Medonte
City of Kawartha Lakes
Lake Simcoe
Collingwood
Wasaga Beach
Springwater
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Regional Municipality of Peel
County of Wellington
Barrie
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-14
TOBACCO VENDORS WITHIN 400 m OF SCHOOLS
simcoe muskoka
DISTRICT HEALTH UNIT
TOBACCO VENDORS
SCHOOLS
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
SCHOOL BUFFER (400 m)
WATERBODY
% LOW INCOME FAMILIES, 2000
NO DATA
4-6%
7-10%
11-13%
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0
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20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-11: Tobacco Vendors within 400m of Schools

Lower/Single-Tier Municipality	Tobacco Vendors within 400m of Schools
SIMCOE COUNTY	
Adjala-Tosorontio	0
Barrie	33
Bradford West Gwillimbury	10
Clearview	7
Collingwood	5
Essa	4
Innisfil	3
Midland	13
New Tecumseth	20
Orillia	16
Oro-Medonte	2
Penetanguishene	4
Ramara	0
Severn	2
Springwater	3
Tay	4
Tiny	0
Wasaga Beach	2
Total Simcoe	**128**
DISTRICT OF MUSKOKA	
Bracebridge	8
Gravenhurst	6
Huntsville	4
Georgian Bay	1
Lake of Bays	1
Muskoka Lakes	0
Total Muskoka	**20**
TOTAL SIMCOE MUSKOKA	**148**

Spatial analysis demonstrates strong concentrations of tobacco vendors on a per capita basis in several rural communities in Simcoe Muskoka. Several concentrations of tobacco vendors located near schools were found in Simcoe County municipalities, while this pattern was less prevalent in the District of Muskoka.

Substance and Alcohol Misuse

Substance and alcohol misuse can lead to physical and/or mental health problems, as well as physical and/or psychological dependence.[95] According to a study conducted by the Canadian Centre of Substance Abuse, the total cost of harmful alcohol use in Ontario in 2002 was $5.3 billion, while the total cost of illegal drugs was $2.8 billion.[96] There are many contributing factors to substance and alcohol misuse, one of which is the access and availability of alcohol and other substances. GIS mapping has been completed to visually identify the locations of alcohol outlets located in Simcoe Muskoka. In addition, the mapping also highlights the geographical areas in which Municipal Alcohol Policy (MAP) and Alcohol Risk Management Policy (ARMP) is currently in effect.

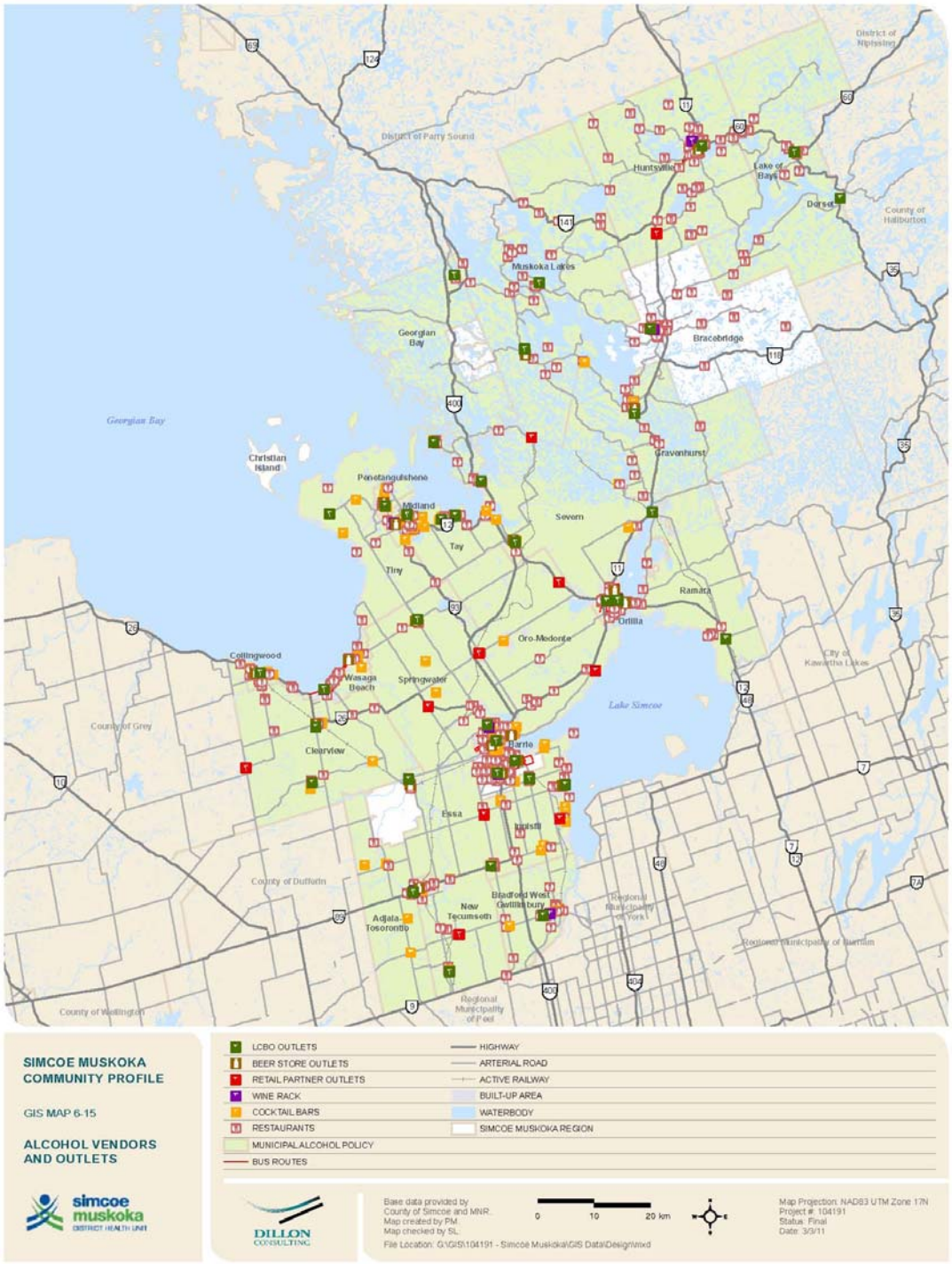
To complete this work, the following features were mapped:

- Liquor Control Board of Ontario (LCBO) Outlets;
- The Beer Store Outlets;
- Retail Partner Outlets ('Agency Stores');
- Wine Rack Outlets;
- Cocktail Bars;
- Restaurants; and,
- Municipalities having Municipal Alcohol Policy.

The access and availability of alcohol outlets and licensed establishments can have an impact on the trends in alcohol use. [97] Mapping was undertaken to show the spatial distribution of alcohol vendors. **GIS Map 15** illustrates the locations of all such establishments and their densities within the regions while **GIS Map 16** identifies their locations in Barrie, Orillia, Huntsville and Collingwood, four popular tourist destinations with large populations and a high density of alcohol outlets. **Table 6-12** outlines this information numerically. A review of applicable mapping revealed that the distribution of alcohol outlets is dispersed fairly evenly throughout the Simcoe Muskoka area with slightly higher numbers in urban areas of Simcoe County including Barrie, Orillia and Midland. In order to properly compare the density of alcohol outlets as a function of the population, the number of outlets was normalized based on population (i.e. number of people per outlet).

The number of persons per alcohol outlet for Simcoe Muskoka is summarized below:

- Simcoe County: One (1) alcohol outlet for every 6,397 persons; and
- District of Muskoka: One (1) alcohol outlet for every 3,597 persons.


District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Georgian Bay
Gravenhurst
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Barrie
Clearview
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Regional Municipality of York
Regional Municipality of Peel
County of Wellington
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-15
ALCOHOL VENDORS AND OUTLETS
LCBO OUTLETS
BEER STORE OUTLETS
RETAIL PARTNER OUTLETS
WINE RACK
COCKTAIL BARS
RESTAURANTS
MUNICIPAL ALCOHOL POLICY
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
WATERBODY
SIMCOE MUSKOKA REGION
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
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20 km
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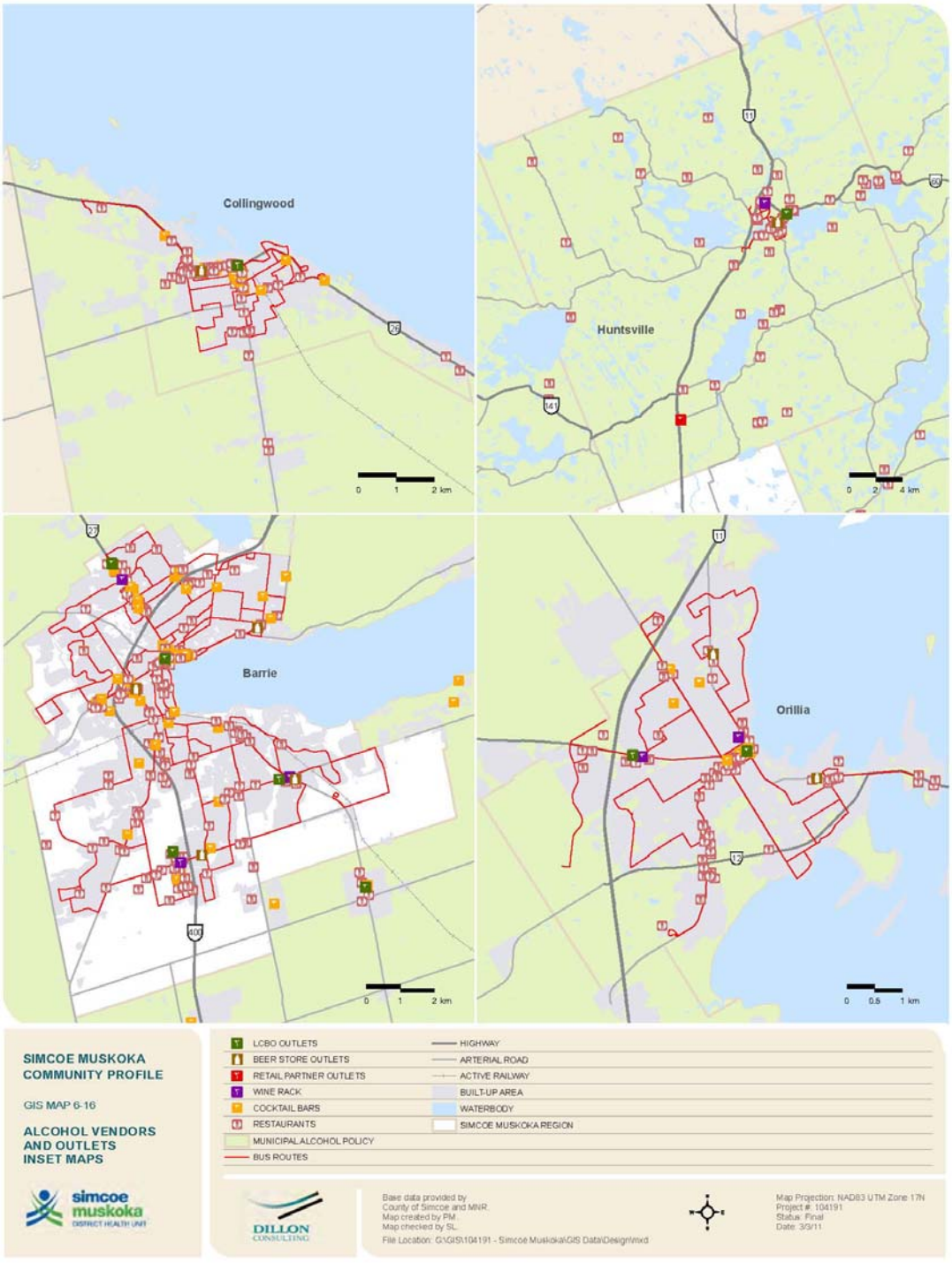
Status: Final
Date: 3/3/11


Collingwood
Huntsville
Barrie
Orillia
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-16
ALCOHOL VENDORS AND OUTLETS INSET MAPS
LCBO OUTLETS
BEER STORE OUTLETS
RETAIL PARTNER OUTLETS
WINE RACK
COCKTAIL BARS
RESTAURANTS
MUNICIPAL ALCOHOL POLICY
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
WATERBODY
SIMCOE MUSKOKA REGION
simcoe muskoka
DILLON CONSULTING
Base data provided by County of Simcoe and MNR
Map created by PM
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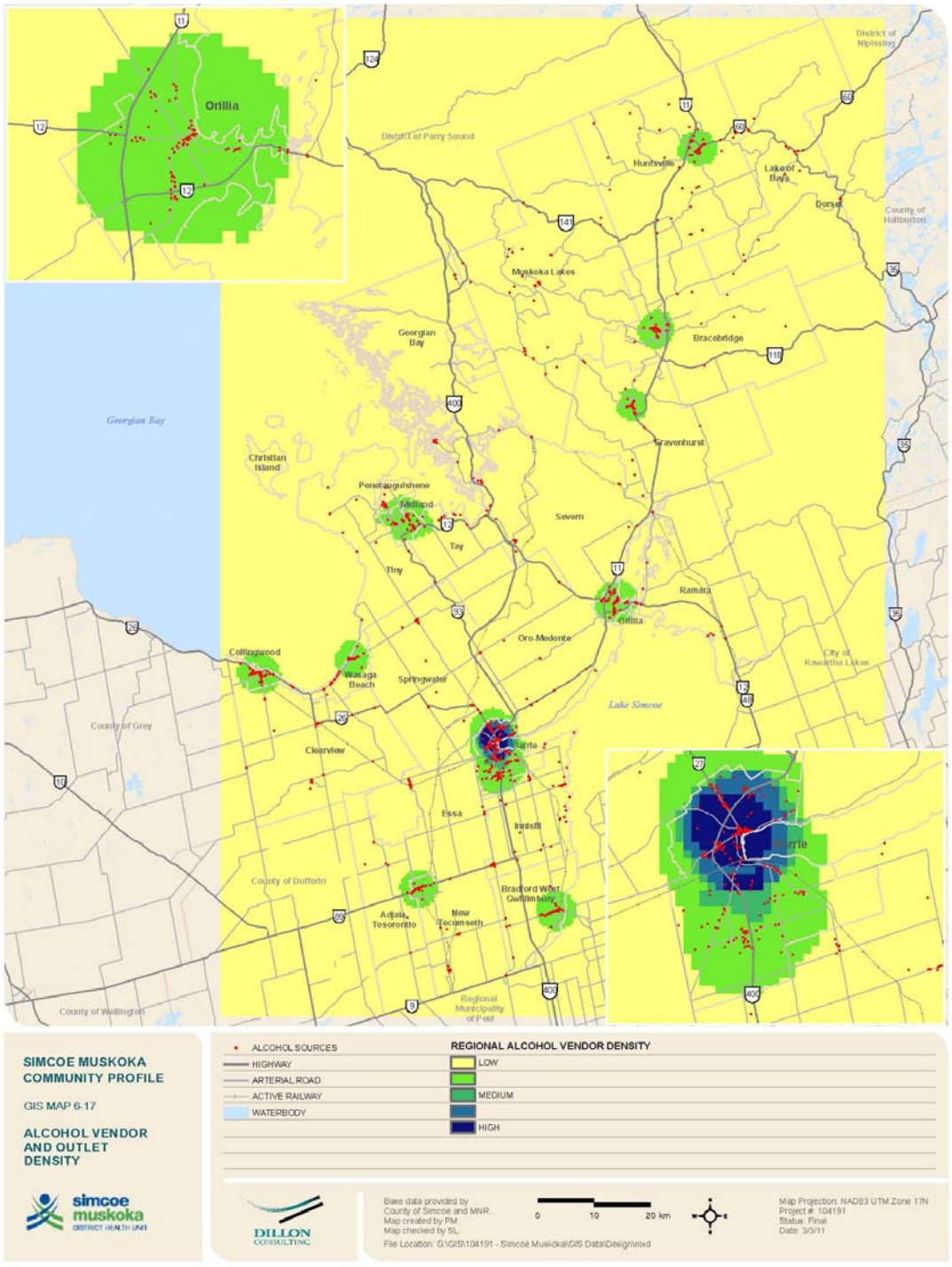
Orillia
District of Nipissing
District of Parry Sound
Huntsville
Lake of Bays
Dorset
County of Haliburton
Muskoka Lakes
Georgian Bay
Bracebridge
Gravenhurst
Georgian Bay
Christian Island
Penetanguishene
Midland
Severn
Tay
Tiny
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
City of Kawartha Lakes
Lake Simcoe
County of Grey
Clearview
Barrie
Essa
Innisfil
County of Dufferin
Bradford West Gwillimbury
Adjala-Tosorontio
New Tecumseth
Regional Municipality of Peel
County of Wellington
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-17
ALCOHOL VENDOR AND OUTLET DENSITY
ALCOHOL SOURCES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
WATERBODY
REGIONAL ALCOHOL VENDOR DENSITY
LOW
MEDIUM
HIGH
simcoe muskoka
DISTRICT HEALTH UNIT
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

The most common alcohol outlet is the LCBO with at least one located in every municipality except Adjala-Tosorontio and Oro-Medonte (although Oro-Medonte does have three agency stores as shown in **Table 6-12**).
The majority of municipalities in Simcoe Muskoka have a Municipal Alcohol Policy 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.

With respect to trends on a wider geographical scale, there appears to be several more alcohol outlets located in Simcoe County, with the majority located in the Barrie area. This is likely due to Simcoe County having a higher number of permanent residents compared to the District of Muskoka where the population varies seasonally, fluctuating during the winter and summer months. Without additional information on socio-economic and market trends of alcohol outlet customers, we cannot confirm the factors contributing to the correlation. Within Simcoe County, outlets are located closer together and appear to be more evenly spread out. This contrasts with the District of Muskoka in which liquor outlets are more widely dispersed, with concentrations in particular communities including Gravenhurst, Bracebridge and Huntsville.

Table 6-12: Alcohol and Substance Barriers, Simcoe Muskoka

	Alcohol Vendor Outlets									
Lower/Single-Tier Municipalit	LCBO	The Beer Store	Retail Partner	Wine Rack	Total Alcohol Vendor Outlets	Cocktail Bars	Licensed Restaurants	Total Alcohol Outlets	2006 Population	Population/ Alcohol Outlets
SIMCOE COUNTY										
Adjala-Tosorontio	0	0	0	0	**0**	4	3	**7**	10,695	1,528
Barrie	4	5	0	3	**12**	87	299	**398**	128,430	323
Bradford West Gwillimbury	1	0	0	1	**2**	15	48	**65**	24,039	370
Clearview	2	1	1	0	**4**	5	34	**43**	14,088	328
Collingwood	1	1	0	0	**2**	17	77	**96**	17,290	180
Essa	1	1	1	0	**3**	5	24	**32**	16,901	528
Innisfil	3	2	1	0	**6**	13	51	**70**	31,175	445
Midland	1	2	0	2	**5**	26	68	**99**	16,300	165
New Tecumseth	2	2	1	1	**6**	10	71	**87**	27,701	318
Orillia	2	2	0	2	**6**	13	105	**124**	30,259	244
Oro-Medonte	0	0	3	0	**3**	0	14	**17**	20,301	1,194
Penetanguishene	1	1	0	0	**2**	11	19	**32**	9,354	292
Ramara	1	0	0	0	**1**	0	8	**9**	9,427	1,047
Severn	3	1	1	0	**5**	13	37	**55**	12,030	219
Springwater	1	1	1	0	**3**	4	22	**29**	17,456	602
Tay	2	0	0	0	**2**	4	14	**20**	9,748	487
Tiny	1	0	0	0	**1**	2	11	**14**	10,784	770
Wasaga Beach	1	1	0	1	**3**	9	45	**57**	15,029	264
Total Simcoe	**27**	**20**	**9**	**10**	**66**	**238**	**950**	**1254**	***422,204***	**337**
DISTRICT OF MUSKOKA										
Bracebridge	1	1	0	1	**3**	0	61	**64**	15,652	245
Gravenhurst	1	1	0	0	**2**	7	53	**62**	2,340	38
Huntsville	1	1	1	1	**4**	0	99	**103**	11,046	107
Georgian Bay	2	0	0	0	**2**	0	0	**2**	18,280	9,140
Lake of Bays	2	0	0	0	**2**	0	21	**23**	3,570	155
Muskoka Lakes	2	1	0	0	**3**	0	51	**54**	6,467	120
Total Muskoka	**9**	**4**	**1**	**2**	**16**	**7**	**285**	**308**	***57,563***	**187**
TOTAL SIMCOE MUSKOKA	**36**	**24**	**10**	**12**	**82**	**245**	**1235**	**1562**	**479767**	**307**

In Simcoe County, there are approximately 50 LCBO, Beer Store, Retail Partner and Wine Rack outlets. Barrie has the highest number of alcohol outlets (12). Orillia, Innisfil and New Tecumseth follow with approximately six alcohol outlets each. Adjala-Tosorontio appears to have no alcohol outlets.

In comparison, the District of Muskoka has approximately 15 alcohol outlets. Bracebridge and Huntsville have the most alcohol outlets within the District, with three and four, respectively. The communities with the least number of alcohol outlets include Georgian Bay and Lake of Bays, with approximately two each.

The majority of golf courses located in Simcoe Muskoka serve alcohol. Our review revealed approximately 37 golf courses in Simcoe and 20 in the Muskoka area that have Alcohol Risk Management Policy in effect (see **Table 6-13**).

Table 6-13: Golf Courses with Alcohol Risk Management Policies (ARMP)

DISTRICT OF MUSKOKA Golf Courses with ARMP in Place:	SIMCOE COUNTY Golf Courses with ARMP in Place: Note: "Golf & Country Club" has been abbreviated to G&CC in the interests of space	
Beaver Run Golf Course	Allandale Golf Course	Lake St. George G&CC
Bigwin Island Golf Club	Balm Beachway Golf Club	Marlwood G&CC
Bracebridge Golf Club	Barrie Country Club	Midland G&CC
Deerhurst - Highlands & Lakeside	Batteaux Creek Golf Club	Monterra Golf
Grandview Golf Club	Bear Creek Golf Club	National Pines Golf Club
Huntsville Downs Golf Ltd	Big Bay Point Golf Club	Nottawasaga Inn Golf Club
Maple Hills Golf Club	Big Cedar G&CC	Orillia Golf Club
Muskoka Highlands Golf Course	Blue Mountain G&CC	Orr Lake Golf Club
Muskoka Lakes G&CC	Bonaire G&CC	Oslerbrook G&CC
Muskoka Woodlands Golf Course	Brooklea G&CC	Settler's Ghost Golf Club
North Granite Ridge Golf Club	Cedar Valley Golf Course	Shanty Bay Golf Club
Oviinbyrd	Couchiching Golf Club	Simoro Golf Links
Port Carling G&CC	Duntroon Highlands Golf Club	Springwater Golf Course Ltd.
Rocky Crest Golf Club	Evergreen Golf Centre	Tangle Creek Golf Club
South Muskoka Curling & Golf Club	Green Acres Golf Centre	Trehaven G&CC

DISTRICT OF MUSKOKA Golf Courses with ARMP in Place:	SIMCOE COUNTY Golf Courses with ARMP in Place: Note: "Golf & Country Club" has been abbreviated to G&CC in the interests of space	
Taboo Golf Club	Hawk Ridge G&CC	Wasaga Sands G&CC
The Diamond 'in the Ruff'	Heritage Hills Golf Club	Woodington Lake Golf Club
The Rock Golf Club	Horseshoe Valley G&CC	
Whispering Pines	Innisbrook Golf Course	
Windermere G&CC	Innisfil Creek Golf Course	

Spatial analysis suggests even dispersion of alcohol outlets throughout Simcoe Muskoka. A greater proportion of alcohol outlets are located in Simcoe County, which may be attributable to the County's larger permanent population. Alcohol outlets in Muskoka tend to be more widely dispersed than in Simcoe.

Mental Health Promotion

Positive mental health is shaped by the individual's physical, social, environmental, cultural and socio-economic characteristics. Promoting positive mental health through supportive environments, creating a sense of community and inclusion, teaching personal resilience and addressing negative influences can foster improvements in mental health conditions and improve our ability to enjoy life. GIS mapping has been completed to illustrate institutions that support their communities in promoting positive mental health in Simcoe Muskoka.

To complete this work, the following features were mapped:

- Public Schools (elementary and secondary)
- Separate Schools (elementary and secondary)
- French Public Schools (elementary and secondary)
- French Separate Schools (elementary and secondary)
- Adult Learning Centres
- Georgian College Campuses
- Youth Centres
- (Publicly Funded) Day Nurseries
- Places of Worship

Our institutions play an essential role in the promotion of positive mental health. Mapping was undertaken to show the spatial distribution of schools in Simcoe Muskoka, as schools educate our youth and function as a core component of our communities. **GIS Map 18** illustrates the locations of all such features and **Table 6-14** outlines it numerically. A review of applicable mapping revealed that the spatial distribution of schools is largely based on population, with some distribution differences between the District of Muskoka and Simcoe County. By

far, the largest concentration of schools is in Barrie (55 schools) and the population of Barrie suggests the largest need for schools. Orillia, Bradford West Gwillimbury, Midland and New Tecumseth all have over 10 schools. Alternatively the entire Muskoka area only has 31 schools (which is reflective of 15% of the total schools for 10% of the total school-age population††††). In order to properly compare the density of schools as a function of the population, the number of schools was normalized based on population (i.e. number of people per school).

The number of people per school comparison for Simcoe Muskoka is summarized below:

- Simcoe County: One (1) school for every 2,440 persons; and
- District of Muskoka: One (1) school for every 1,857 persons.

Simcoe County has more than seven times the population of the District of Muskoka, but there are overall more schools per resident in Muskoka than in Simcoe County.

This difference in community features between the District of Muskoka and Simcoe County is also evident in the spatial distribution of places of worship, see **Table 6-15**. Places of worship can promote positive mental health through creating a sense of belonging and community, serving as a support system and helping people connect with one another. The largest concentration of places of worship is in Barrie (63), which has double the next highest concentration, which is Orillia with 32. Alternatively, the communities in Muskoka have 31 places of worship (which is less than 10% of the total places of worship in Simcoe Muskoka). Again, a large portion of the difference can be contributed to population and demographic differences between the areas.

When considering (publicly funded) day nurseries, which can contribute to positive mental health through providing support service to families with young children, Barrie has the most (44) with 30% of the total (147), and Orillia follows with 11% (17). Alternatively, the District of Muskoka (which has almost double the amount of people as the Orillia) has 13 day nurseries in total. Density would be the likely cause of this variance.

Finally, youth centres were mapped for their ability to support young people and provide services to promote positive mental health. There are a total of 11 youth centres across Simcoe Muskoka. There are two youth centres in both Barrie and New Tecumseth, with one in Orillia, Bradford West Gwillimbury, Collingwood, Gravenhurst, Midland, Wasaga Beech, and Clearview. There are no youth centres in the remaining municipalities. It should be noted, however, that several of these

†††† School-age population is defined as ages 5-14

youth centres were opened in recent years, marking significant growth in their numbers. Sponsorship of youth centres seems to be provided by municipalities and faith-based programs.

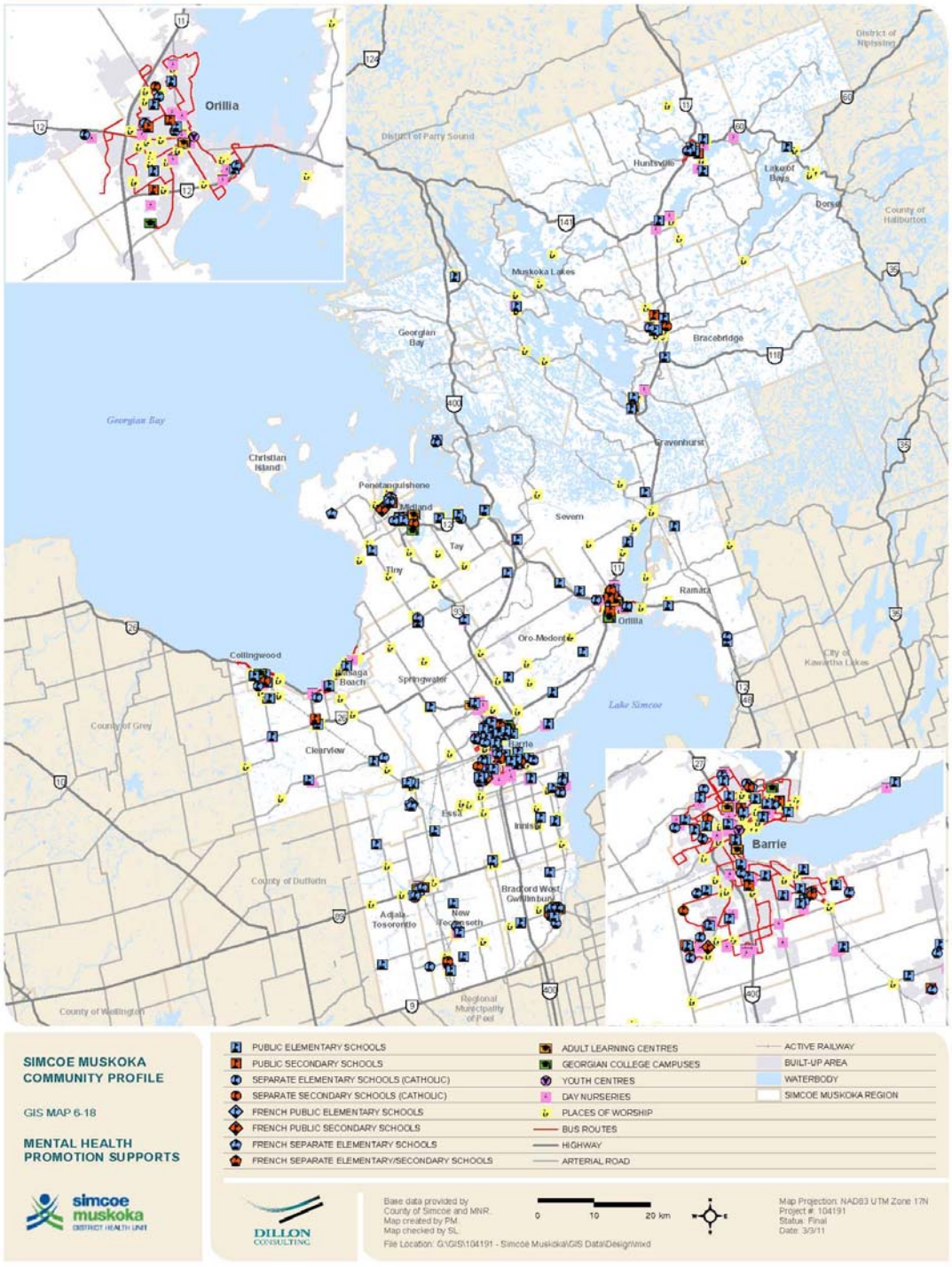
Orillia
Barrie
Georgian Bay
Lake Simcoe
Muskoka Lakes
Bracebridge
Gravenhurst
Huntsville
Penetanguishene
Midland
Severn
Ramara
Orillia
Oro-Medonte
Collingwood
Wasaga Beach
Springwater
Clearview
Essa
Innisfil
Bradford West Gwillimbury
New Tecumseth
Adjala-Tosorontio
Christian Island
County of Grey
County of Dufferin
County of Wellington
Regional Municipality of Peel
District of Parry Sound
District of Nipissing
County of Haliburton
City of Kawartha Lakes
SIMCOE MUSKOKA COMMUNITY PROFILE
GIS MAP 6-18
MENTAL HEALTH PROMOTION SUPPORTS
simcoe muskoka
DISTRICT HEALTH UNIT
PUBLIC ELEMENTARY SCHOOLS
PUBLIC SECONDARY SCHOOLS
SEPARATE ELEMENTARY SCHOOLS (CATHOLIC)
SEPARATE SECONDARY SCHOOLS (CATHOLIC)
FRENCH PUBLIC ELEMENTARY SCHOOLS
FRENCH PUBLIC SECONDARY SCHOOLS
FRENCH SEPARATE ELEMENTARY SCHOOLS
FRENCH SEPARATE ELEMENTARY/SECONDARY SCHOOLS
ADULT LEARNING CENTRES
GEORGIAN COLLEGE CAMPUSES
YOUTH CENTRES
DAY NURSERIES
PLACES OF WORSHIP
BUS ROUTES
HIGHWAY
ARTERIAL ROAD
ACTIVE RAILWAY
BUILT-UP AREA
WATERBODY
SIMCOE MUSKOKA REGION
DILLON CONSULTING
Base data provided by County of Simcoe and MNR.
Map created by PM.
Map checked by SL.
File Location: G:\GIS\104191 - Simcoe Muskoka\GIS Data\Design\mxd
0 10 20 km
Map Projection: NAD83 UTM Zone 17N
Project #: 104191
Status: Final
Date: 3/3/11

Table 6-14: Mental Health Community Asset Schools, Simcoe Muskoka

Lower/Single-Tier Municipality	Public Schools		Separate Schools (Catholic)		French Public Schools		French Separate Schools		Adult Learning Centres	Georgian College Campuses	Total	2006 Population	Population/ Schools
	Elementary	Secondary	Elementary	Secondary	Elementary	Secondary	Elementary	Secondary					
SIMCOE COUNTY													
Adjala-Tosorontio	2	0	1	0	0	0	0	0	0	0	**3**	10,695	3,565
Barrie	26	5	13	3	1	1	1	1	3	1	**55**	128,430	2,335
Bradford West Gwillimbury	6	1	4	1	0	0	0	0	1	0	**13**	24,039	1,849
Clearview	6	1	1	0	0	0	0	0	0	0	**8**	14,088	1,761
Collingwood	4	1	1	1	0	0	0	0	1	1	**9**	17,290	1,921
Essa	3	0	1	0	0	0	0	0	0	0	**4**	16,901	4,225
Gravenhurst	3	1	0	0	0	0	0	0	1	0	**5**	31,175	6,235
Midland	3	1	2	1	0	0	0	0	3	1	**11**	16,300	1,482
New Tecumseth	6	1	4	1	0	0	0	0	1	0	**13**	27,701	2,131
Orillia	5	3	3	1	0	0	1	0	1	1	**15**	30,259	2,017
Oro-Medonte	6	0	1	0	0	0	0	0	0	0	**7**	20,301	2,900
Penetanguishene	1	1	2	0	1	1	1	0	0	0	**7**	9,354	1,336
Ramara	3	0	1	0	0	0	0	0	0	0	**4**	9,427	2,357
Severn	3	0	0	0	0	0	0	0	0	0	**3**	12,030	4,010
Springwater	4	1	1	0	0	0	0	0	1	0	**7**	17,456	2,494
Tay	3	0	1	0	0	0	0	0	0	0	**4**	9,748	2,437
Tiny	1	0	0	0	0	0	1	0	0	0	**2**	10,784	5,392
Wasaga Beach	2	0	1	0	0	0	0	0	0	0	**3**	15,029	5,010
Total Simcoe	**87**	**16**	**37**	**8**	**2**	**2**	**4**	**1**	**12**	**4**	**173**	***422,204***	**2,440**
DISTRICT OF MUSKOKA													
Bracebridge	4	1	1	1	0	0	0	0	1	0	**8**	15,652	1,957
Huntsville	5	1	1	0	0	0	0	0	1	0	**8**	2,340	293
Innisfil	6	1	2	0	0	0	0	0	0	0	**9**	11,046	1,227
Georgian Bay	2	0	1	0	0	0	0	0	0	0	**3**	18,280	6,093
Lake of Bays	1	0	0	0	0	0	0	0	0	0	**1**	3,570	3,570
Muskoka Lakes	2	0	0	0	0	0	0	0	0	0	**2**	6,467	3,234
Total Muskoka	**20**	**3**	**5**	**1**	**0**	**0**	**0**	**0**	**2**	**0**	**31**	***57,563***	**1,857**
TOTAL SIMCOE MUSKOKA	**107**	**19**	**42**	**9**	**2**	**2**	**4**	**1**	**14**	**4**	**204**	***479,767***	**2,352**

Table 6-15: Mental Health Community Assets, Youth Centres, Day Nurseries and Places of Worship, Simcoe Muskoka

Lower/Single-Tier Municipality	Youth Centres	Day Nurseries	Places of Worship
SIMCOE COUNTY			
Adjala-tosorontio	0	0	3
Barrie	2	44	63
Bradford West Gwillimbury	1	6	6
Clearview	1	5	20
Collingwood	1	9	16
Essa	0	1	10
Innisfil	0	5	11
Midland	1	6	11
New Tecumseth	2	13	17
Orillia	1	17	34
Oro-Medonte	0	1	8
Penetanguishene	0	2	6
Ramara	0	0	5
Severn	0	1	10
Springwater	0	7	16
Tay	0	1	10
Tiny	0	0	5
Wasaga Beach	1	7	10
Total Simcoe	**10**	**125**	**261**
DUSTRICT OF MUSKOKA			
Bracebridge	0	9	13
Gravenhurst	1	3	10
Huntsville	0	8	18
Georgian Bay	0	0	2
Lake of Bays	0	1	4
Muskoka Lakes	0	1	8
Total Muskoka	**1**	**22**	**55**
TOTAL SIMCOE MUSKOKA	**11**	**147**	**316**

Spatial analysis suggests that mental health promotion assets including schools, places of worship, nurseries and youth centres reflect population distribution and are thus more heavily concentrated in Simcoe.

6.3 CONCLUSION

This chapter documents the spatial distributions of community features in Simcoe Muskoka and the potential environmental contributors that may contribute to adverse health outcomes. The spatial analysis provided a visual library of community assets and socio-economic information, illustrating complex relationships between people, places, and community features. Density analysis,

radial buffering, and travel distances were calculated for community features, providing an innovative way of visually presenting spatial data.

Spatial analysis suggests that recreation features tend to be concentrated in large municipalities, and are more heavily concentrated in Simcoe County than in the District Municipality of Muskoka and less than half of recreation features are accessible by public transit or located in proximity to a school in Simcoe Muskoka.

The distribution of injury prevention assets mirrors population distribution between Simcoe and Muskoka. First responder facilities, hospital/urgent care facilities and high risk intersections are more heavily concentrated in Simcoe County than in the District Municipality of Muskoka.

Spatial analysis revealed dispersion of healthy eating assets throughout Simcoe Muskoka with a higher number of healthy eating features per capita in the District Municipality of Muskoka. Access to healthy eating features differed between asset types such as farmers' markets, restaurants, community gardens and supermarkets. The analysis also yielded evidence of a negative correlation between low income populations and healthy eating assets.

Spatial analysis demonstrates strong concentrations of tobacco vendors on a per capita basis in several rural communities in Simcoe Muskoka. Several concentrations of tobacco vendors located near schools were found in Simcoe municipalities, while this pattern was less prevalent in the District Municipality of Muskoka. Spatial analysis suggests even dispersion of alcohol outlets throughout Simcoe Muskoka. A greater proportion of alcohol outlets are located in Simcoe County, which may be attributable to the County's larger permanent population. Liquor outlets in Muskoka tend to be more widely dispersed than in Simcoe.

Spatial analysis suggests that mental health promotion assets including schools, places of worship, nurseries and youth centres reflect population distribution and are thus more heavily concentrated in Simcoe.

7.0 SYNTHESIS AND RECOMMENDED ACTIONS

The findings resulting from the demographic profile (Chapter 3), health status profile (Chapter 4), community capacity profile (Chapter 5), and Geographic Information Systems Mapping results (Chapter 6) were equally considered to determine the action recommendations for the six priority areas. Feedback from stakeholders was also incorporated to enhance the data findings and to provide input to the development of recommended actions. Involvement by stakeholders was an important step in confirming the preliminary community assessment, identifying additional issues and health priorities, and developing actions.

7.1 METHODOLOGY

The data synthesis tables in this chapter provide a summary of the findings from chapters 3-6 to support the development of action recommendations for each priority area. Each data synthesis table documents the following information:

Health Status

- Identifies core issues based on health indicators relevant to the priority area (Chapter 4).
- Identifies relevant population and socio-demographic characteristics of individuals in Simcoe Muskoka (SM) that could affect their health and well-being related to the priority area (Chapters 3 and 4).
- Identifies priority groups based on the data presented.

Current Environment

- Identifies perceived social and environmental contributors, i.e., key drivers that may contribute to adverse health outcomes. Perceived contributors were identified through feedback provided by stakeholders in community consultations held in January 2011 (**Appendix A**: **Community Consultation Summary of Findings**).
- Identifies spatial inequalities or inequities resulting from GIS mapping (Chapter 6).
- Documents program efforts being undertaken in SM to address the priority area. Identifies the intended audiences of current programs and services resulting from the environmental scan of organizations (Chapter 5).
- Outlines opportunities for current programs and policies to build capacity (Chapter 5). Assesses the ability of existing policy or program efforts to effect change, i.e., identifies the current physical and political environment that can influence health inequities (chapter 5).

Development of Recommended Actions

- Recommends coordinated actions (i.e., policies and programs) that emerge from the data synthesis. The list of recommended actions incorporates suggestions from stakeholders.
- Considerations for recommended actions address:
    (e) Priorities and outcomes identified in the 2011/2012 Healthy Communities Framework.
    (f) Programs and policies that generate environments which can create higher standards of health for the population as a whole.
    (g) Programs and policies that make it easier for SM residents to be healthy.
    (h) Place-based actions. Programs and policies to reflect where people live, learn, work and play, to create health-enhancing physical and social environments in everyday life.

Limitations

The community assessment data reflects the best available information at the time the report was developed. Data were systematically selected and screened by the SMDHU HCPP team to minimize biases. Recommended policies and programs were developed based on documented findings.

Feedback from stakeholders was incorporated to supplement and enhance data findings. Consultation and facilitation approaches were not uniformly applied across Simcoe Muskoka and were adapted in response to the number of individuals who participated at the sessions. Consultations in Midland, Orillia, Gravenhurst and Huntsville were designed to allow all participants to provide input for all six priority areas. Participants were divided into two groups and each group was facilitated by a consultant who guided participants through a series of questions for three priority areas. Participants freely expressed their opinion and feedback was recorded on a flip chart. Participants alternated groups and provided additional input for the other three priority areas that were not previously identified by the first group. This forum allowed participants to provide input for all six priority areas.

In Barrie, Cookstown and Collingwood participants were given the choice to select the priority area they were most interested in addressing. Participants dispersed into six groups and discussions were self-facilitated for each priority area. A representative from each group presented the findings. The plenary discussion followed to allow participants the opportunity to provide input for all six priority areas.

7.2 RECOMMENDED ACTIONS

Physical Activity, Sport and Recreation

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

Data Component	Data Findings
Current Health Status What we know based on review of the Geographic and Socio-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• Physical inactivity increases the risk of becoming overweight or developing obesity and/or other chronic diseases, and can increase cardiovascular disease by as much as 50%. Physical activity is an essential component of a healthy lifestyle and contributes to positive lifestyle decisions in other priority areas such as mental health. • The percentage of men and women aged 18 and over in Simcoe Muskoka who self-report as obese‡‡‡‡ increased from 16.2% in 2000-2001 to 21.3% in 2007-2008. Self-reported obesity rates are higher among men and women aged 18 and over in Simcoe Muskoka (21.3%) compared to the provincial average (17.1%). In 2003, a survey found that 26% of Grade 1 children are overweight or are at-risk of becoming overweight. • Between 2000 and 2005, the leading cause of death in Simcoe Muskoka was ischaemic heart disease (IHD), which was listed as the primary cause for 4,022 deaths and accounted for 19.1% of all deaths. • The prevalence of hypertension in Simcoe Muskoka among people aged 12 and older increased from 2000-2001 and 2007-2008, and is higher than at the provincial level (17.3% in Simcoe Muskoka compared to 16.6% in Ontario). • The prevalence of diabetes in Simcoe Muskoka among people aged 12 and older has increased from 2000-2001 and 2007-2008, and is higher than at the provincial level (7.2% in Simcoe Muskoka compared to 6.2% in Ontario). • The prevalence of heart disease in Simcoe Muskoka among people ages 12 and older decreased from 2000-2001 to 2007-2008, however it is higher than at the provincial level (5.3% in Simcoe

‡‡‡‡ Body Mass Index (BMI) > 30

Data Component	Data Findings
	Muskoka compared to 5.0% in Ontario). Heart disease is associated with low economic status. Among the lowest income earners, 8.3%[§§§§] of Ontarians reported living with heart disease compared with 3.1 % of high income earners. • 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. • Higher rates of physical inactivity are associated with low socio-economic status (education and income) in that lower middle income individuals aged 12 and over and individuals with less than a high school education self-reported the greatest prevalence of physical inactivity (57.8% and 59.4%, respectively). • In 2003, a survey of Grade 1 students in Simcoe County found that only half (52%) of children were meeting the 90 minutes per day national guideline for physical activity. Among those surveyed, 46.0% of children walked, biked, skateboarded or used similar methods to go to or from home and school at least once in the week. 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.
Current Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	• 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. • There is a need to ensure that the built environment is supportive of active living. The suburban and rural environment in Simcoe Muskoka impacts the physical activity of residents and more opportunities are required to support unstructured play and unorganized activity. • There is a need to address physical activity as part of every day living. Ninety-two percent (92%) of Simcoe Muskoka residents commute to work by car, truck or van. Dependence upon the private automobile means more residents are spending longer periods of time commuting to work instead of walking or cycling. Incorporating physical activity as a means of reaching destinations such as

[§§§§] Interpret with caution, high variability

Data Component	Data Findings
	the workplace, schools and for running errands is an effective way to increase physical activity levels. • Recreation facilities are concentrated in urban areas, and are more heavily concentrated in Simcoe County than in the District of Muskoka. There is a distinct urban-rural divide in physical activity resources which has an impact on the accessibility of these assets for the rural population. Feedback from stakeholders echoes spatial analysis and further highlights concerns regarding differences in the range of programs in urban and rural areas which support physical activity. • There is a need to improve access to and from physical activity opportunities. Less than half of all recreation facilities are accessible by public transit, or are located in proximity to a school. • Thirty-one organizations scanned in Simcoe Muskoka were identified as having programs and services that promote physical activity (including chronic disease management and prevention), recreational programming for children, youth and families, support physical activity as a tobacco cessation strategy, support physical activity as a mental health promotion strategy, promote and coordinate outdoor physical activities, provide inclusive recreation services for seniors, and address changes to the built environment, i.e., to support active transportation, active community design. • The intended audiences of these physical activity programs included families, children of all ages and (dis)abilities, youth, teenage girls, university students, cancer survivors, diabetics, drivers, policy makers, Aboriginals, Francophones, and various other cultural groups. A greater diversity of programs is needed to engage the elderly, people with mobility issues, people with disabilities or developmental delays, women and immigrants. • Residents and stakeholders would like policy efforts to focus on establishing policies that facilitate an equitable distribution of parks and recreational facilities to accommodate a range of needs, i.e., including persons with disabilities, children and the elderly. There is support from the community to establish policies that improve access to infrastructure to create safe environments for pedestrians and cyclists. • Stakeholders would like policy efforts to focus on developing equitable, cooperative sharing of facilities between the community, schools and municipalities. Some efforts are underway to support and expand policies that promote physical activity. There

Data Component	Data Findings
	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.
Recommended Actions	**Policies** • Develop a policy framework and action plan that identifies community needs, existing resources, and short-term and long-term policy priorities to support facility planning, i.e., County, District and Municipal policy statements in Strategic Plans, Official Plans, Transportation Master Plans, Recreation Master Plans, Active Transportation Plans, etc, that support the development of physical activity resources. • Advocate for policies to reduce financial barriers to participation in physical activity and sport and recreation programs: fee assistance or subsidy programs for low-income participants; free; universal programs (i.e., drop-in swim, supervised playground program) for all residents; equipment trade-in programs; free transportation for youth travelling to programs). • Develop a county and district-wide collaborative and community-based policy to support facility planning, i.e., a framework that identifies community needs, existing resources, and short-term and long-term priorities. • Advocate for 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. • Dovetail efforts by the SMDHU to support the implementation of policies that encourage walking and cycling in the community and to support an equitable distribution of parks and recreational facilities throughout Simcoe Muskoka. **Programs** • Develop affordable, integrated and accessible recreation programs that specifically 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

Data Component	Data Findings
	skating or swimming time. • Develop community awareness programs to support physical activity in daily life. Build awareness of the importance of being physically active during leisure time, at school and in the workplace and develop creative ways of undertaking physical activity in the community, in schools and in workplaces.

Injury Prevention

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

Data Component	Data Findings
Current Health Status What we know based on review of the Geographic and Socio-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• Motor vehicle collisions and falls are leading causes of death in Simcoe Muskoka. 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. • In Simcoe County, seniors aged 65 and over represent 14% of the population. In the District of Muskoka, seniors aged 65 and over represent 19% of the population. By the year 2031, the seniors' population in Simcoe County will increase to 25%, while in the District of Muskoka it is expected to remain unchanged. As the population ages, injury prevention efforts must encourage safe environments for older individuals. Issues are compounded for seniors who live alone or in rural communities where the physical infrastructure which promotes injury prevention (i.e., graded sidewalks) is not available. • In 2008, residents in Simcoe Muskoka aged 18 to 44 reported the highest prevalence of serious falls[*****], which may be attributed to sports and recreation-related injuries. Stakeholders identified that adult sports-related injuries are of concern in various communities in Simcoe Muskoka, and that many of them can be prevented through proper helmet (and other equipment) use. • From 2000 to 2005, motor vehicle collisions (MVCs) were of particular concern and the leading cause of injury-related deaths among children aged 1-9 and young adults aged 15 to 29 in Simcoe Muskoka. In 2005, 30% of driver fatalities and 25% of passenger fatalities in Simcoe Muskoka occurred when victims were not using seat belts. Based on the data, priority groups that are at higher risk of injuries are children, youth, young adults,

***** The RRFSS defines serious falls as "falls that limit daily activities".

Data Component	Data Findings
	and seniors.
Current Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	• 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. • There are nine hospitals and urgent care facilities in Simcoe Muskoka, including two hospitals in Muskoka. The two hospitals in Muskoka service a large geographical area. • The distribution of emergency response facilities is more concentrated in Simcoe County than in the District of Muskoka, however, this is related to the difference in population between the two areas. Simcoe County has 88% of the population and 76% of the first responder facilities; the District of Muskoka has 12% of the population and 24% of the first responder facilities. The locations of fire stations are fairly balanced throughout Simcoe Muskoka. • There are 27 "high risk,"†††††† intersection locations reported to the SMDHU, including 25 in Simcoe County and two in the District of Muskoka. • There are many injury prevention programs being undertaken in Simcoe Muskoka. Twenty-three organizations were scanned in Simcoe Muskoka and identified as having programs, services and/or policies addressing injury prevention. These organizations provide programs and services related to abuse prevention; care for seniors (i.e., driving skills, supportive housing, falls prevention); community safety; road safety; marine, snowmobile, ATV and PWC safety; helmet use; child safety (i.e., after school programs, block parents); child passenger restraint safety; safety in school environments (i.e., related to bullying, youth violence, school bus safety, safe routes to school); injury prevention and injury prevention considerations for persons with disabilities; access to care (i.e., related to emergency room access, service coordination); and injury prevention and mental health (i.e., related to intentional self-harm). • The intended audiences of injury prevention programs include the general public, tourists, seniors,

†††††† "High risk intersections" were identified by local traffic officers, with respect to automobile collisions.

Data Component	Data Findings
	children (including those with developmental needs), youth, students, parents, victims of abuse, employers, and Aboriginals. • SMDHU is working on raising awareness of alcohol-related risks and driving, road safety, falls prevention and substance misuse prevention. • Very few of the scanned organizations are addressing the built environment as a mechanism for injury prevention. The SMDHU is working with municipalities to promote healthier and safer community planning and there appears to be political support to address injury prevention by addressing the built environment through policy efforts. Further work is needed to continue to mobilize support and action from municipalities. • The North Simcoe Muskoka Integrated Regional Falls Program was identified as an important partner and service provider in falls prevention. Through additional partnership and networking efforts, greater improvements to injury prevention services could be achieved. • The Accessibility for Ontarians with Disabilities Act (AODA) will have rigorous requirements for the public and private sectors to improve the built environment for people with disabilities with a series of milestones extending to 2025, which will result in potential opportunities to dovetail future partnership efforts. • There are opportunities to develop policies and additional programs addressing recreational-related injuries. • Support to develop School Transportation Planning is being undertaken by the Physical Activity Working Group of the SMDHU. Schools may be politically ready to support this initiative. Opportunities to build upon the safety component of this initiative need to continue and the Working Group will play a significant role in moving that work forward. • 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.
Recommended Actions	**Policies** • Establish 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 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

Data Component	Data Findings
	cross streets, align crosswalks with curb cuts, etc.). • Collaborate with municipal decision makers, planners, and engineers to modify road designs and development applications to promote safe road function for all road users: improved visibility, streetscaping, safety design features (curb cuts, traffic calming), continuous sidewalks, and median barriers (as per the SMDHU Healthy Communities Design – Policy Statements for Official Plans 2010). • 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 those with limited mobility and facilitate equitable service delivery. • Strengthen policies to enforce mandatory wearing of helmets for organized sports at recreation facilities, arenas and ski or snowmobile trails. For example, entry should only be given to individuals wearing helmets. • Establish policies to support safe environments where sports and recreational activities take place; community parks and fields. **Programs** • Develop committees and programs to ensure compliance with AODA legislation. • 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

Data Component	Data Findings
Current Health Status What we know based on review of the Geographic and Socio-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• Unhealthy eating increases the risk of becoming overweight or developing obesity and/or other chronic diseases such as Type 2 diabetes, heart disease, certain types of cancer and osteoporosis. Healthy eating is an essential component of a healthy lifestyle and contributes to overall health and vitality. • The percentage of men and women aged 18 and over in Simcoe Muskoka who self-report as obese (Body Mass Index ≥ 30) increased from 16.2% in 2000-2001 to 21.3% in 2007-2008. Self-reported obesity rates are higher among men and women aged 18 and over in Simcoe Muskoka (21.3%) compared to the provincial average (17.1%). In 2003, a survey found that 26% of Grade 1 children are overweight or are at-risk of becoming overweight. • Between 2000 and 2005, the leading cause of death in Simcoe Muskoka was ischaemic heart disease (IHD), which was listed as the primary cause for 4,022 deaths and accounted for 19.1% of all deaths. • The prevalence of hypertension in Simcoe Muskoka among people aged 12 and older increased from 2000-2001 to 2007-2008 and was higher than the provincial level (17.3% in Simcoe Muskoka compared to 16.6% in Ontario). • The prevalence of diabetes in Simcoe Muskoka among people aged 12 and older increased from 2000-2001 to 2007-2008 and was higher than the provincial level (7.2% in Simcoe Muskoka compared to 6.2% in Ontario). • The prevalence of heart disease in Simcoe Muskoka among people aged 12 and older decreased from 2000-2001 to 2007-2008, however it was higher than the provincial level (5.3% in Simcoe

Data Component	Data Findings
	Muskoka compared to 5.0% in Ontario). Heart disease is associated with low economic status. Among the lowest income earners, 8.3%[¥] of Ontarians reported living with heart disease compared with 3.1 % of high income earners. • 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. • The cost of a Nutritious Food Basket in 2010 is lower in Simcoe Muskoka compared to Ontario. A "reference"[‡‡‡‡‡] family of four living in Simcoe Muskoka would need to spend $160.39 each week ($694.49 per month) for a nutritious basket of foods that could be used to prepare meals and snacks consistent with healthy eating patterns recommended in *Canada's Food Guide,* compared to the provincial average of $169.17 per week. • In 2007-2008, there were 179,810 private households (8.4%) in Simcoe Muskoka that reported experiencing moderate to severe food insecurity at least once in the previous 12 months. Nearly one-third (30.3%) of households earning less than $20,000 per year reported being unable to afford the food they needed in the last 12 months compared to 3.2%[§§§§§] of households that earned between $60,000 and $99,999 per year.

[¥] Interpret with caution, high variability
[‡‡‡‡‡] Reference family: a man and a woman each aged 31-50 years; a boy aged 14-18 years; and a girl aged 4-8 years.
[§§§§§] Interpret with caution. High variability.

Data Component	Data Findings
	• In 2010, a middle-income family of four living in Simcoe Muskoka would need to spend 29.9% of their monthly income on food and rent. By comparison, a family of four with one income (based on one full-time minimum wage job at $10.25 per hour) would need to spend 68.7% of their monthly income on food and rent. 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.
Current Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	• 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. • In Simcoe Muskoka, there are more “unhealthy” eating establishments in comparison to “healthy” eating establishments. This distribution is not uniform. Spatial analysis identifies a higher number of healthy eating features per capita in Muskoka. There are a far greater number of farmer’s markets per person in the District of Muskoka. • In Simcoe Muskoka there are an overwhelming number of unhealthy food options located near schools. A total of 204 variety and fast food stores are within walking distance from schools, and a total of 42 supermarkets are within 400 m of schools. Supermarkets and other stores located near schools provide options for youth to purchase healthier food during lunch or after school. • In Barrie and Orillia, healthy food assets are largely accessible by local bus routes. Outside Barrie and Orillia, healthy food assets are not accessible by local bus routes. • Spatial analysis identified a negative correlation between low income populations and healthy eating assets. When considering municipalities with a higher incidence of low income families, there is a correlation between these areas and a lack of supermarket access. • In Simcoe Muskoka food provision programs currently offered include meal and snack programs, school-based nutrition, Good / Fresh Food Box programs, food banks, and farmer’s markets. Food banks were not readily available in all locations, especially in Muskoka. • Twenty-three organizations scanned in Simcoe Muskoka were identified as having programs,

Data Component	Data Findings
	services and/or policies promoting healthy eating, which focus on the following key areas: education and food skills development; food provision (i.e., related to meal and snack programs, school-based nutrition, food banks, surplus fresh/frozen food distribution programs, fresh produce delivery and farmer's markets); promotion of local agriculture; and advocacy (i.e., related to food security, regulation and promotion of the local food system). • A rural-urban divide exists in service provision related to healthy eating programs and access to fresh produce. Of the seven organizations scanned which offer healthy eating services in the District Municipality of Muskoka, two were actively working on fresh food provision and their efforts were largely targeted in urban centres. • 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. Public awareness initiatives are being undertaken by the Health Unit, including agency publications, website content and the availability of nutrition resources. • The SMDHU has demonstrated strong leadership in developing policies to support access to healthy foods. For example, SMDHU's Food Security priorities were identified as influencing local policy efforts. There is some leadership by the Simcoe County council to address the issue of the need for residents to access healthy foods with the approval of a local food procurement policy and with a recent announcement to support the development of a Food Charter for Simcoe County. • Nutrition education occurs in the elementary and secondary Healthy Living Curriculum for students from JK to Grade 12. In addition, the Ministry of Education introduced the Healthy Foods for Healthy Schools Act in 2008 to address healthy eating in Ontario schools. The first phase required schools to comply with trans fat standards (PPM 135) by September, 2008. The next phase requires schools to comply with school food and beverage standards (PPM 150) by September, 2011. • 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.
Recommended Actions	**Policies** • Establish policies which ensure healthier food choices are affordable. For example, the cost of the

Data Component	Data Findings
	"Nutritious Food Basket" (calculated annually by each Public Health Unit) can be considered in determining the rates for social assistance and the minimum wage and in the formulation of ODSP/Social Assistance payouts. • Establish policies to eliminate advertising and marketing of food and beverages of low nutritional value/low nutrient density within the school (e.g., on menu boards, vending machines, scoreboards, pool floor, gym, etc.). • Develop policies that protect 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 property. This can be implemented through changes in municipal zoning by-laws to ensure the provision of urban agriculture and healthy eating features in community developments, secondary plans or subdivision plans. • Develop planning policies that protect children and youth-oriented land uses from fast food outlets. This can be implemented through changes in zoning by-laws that prohibit fast food outlets within specified distances of a school. • Establish local sustainable food procurement policies for school boards, institutions and work places. **Programs** • Create partnership programs between childcare centres/schools and farmer's markets to maintain the costs of local, healthy, fresh foods. • Establish nutrition education programs for all teachers, foodservice staff, parents and students. • Establish nutrition education as part of employee wellness programs. • Establish programs which create awareness of the importance of urban agriculture, community gardens and their ability to address food security issues. Further develop farmer's markets and roadside stalls to provide greater access to locally produced foods. • Further develop community kitchen programs to facilitate communal cooking opportunities in underutilized cooking facilities in recreation centres, churches or apartments. • Establish programs to ensure sustainable core funding to support community gardens and urban agriculture which may be required to facilitate communal meal preparation programs.

Data Component	Data Findings

Tobacco Use and Exposure

MHPS Outcomes: Increase access to tobacco free environments

Data Component	Key Findings
Current Health Status What we know based on review of the Geographic and Socio-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• Tobacco use is linked to numerous health problems including heart disease, cancers of the lung and bronchus, and chronic obstructive pulmonary disease. • Tobacco use contributed to approximately 730 deaths in Simcoe Muskoka each year between 2003 and 2007 (approximately 3650 deaths over the five year period). • Between 2000 and 2005: the leading cause of death in Simcoe Muskoka was heart disease (19.1%) for both men and women and people of all ages. The second leading cause of death in Simcoe Muskoka was cancer of the lung and bronchus (7.5%). Moreover, 16% of all ischaemic heart disease deaths and 76% of chronic obstructive pulmonary disease deaths are caused by smoking. Chronic obstructive pulmonary disease was the fourth leading cause of death between 2000 and 2005. • In Ontario, higher rates of smoking are associated with low socio-economic status (education and income) where 55% of self-reported smokers have a high school education or less (compared to 15% of self-reported smokers who have a university degree) and 30% of self-reported smokers are among the lowest income earners (compared to 17.9% of smokers who are high income earners) in 2007-2008 • 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. • The trend in smoke-free homes has been increasing in Simcoe Muskoka over the past several years; however, the trend among households with children 0 to 9 years has plateaued near 90% since 2007.Regular exposure to secondhand smoke in vehicles was highest among non-smoking youth aged 12 to 19. 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

Data Component	Key Findings
	adults (aged 20 to 34).
Current Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	• Consultation with stakeholders identifies 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. • There are 148 tobacco vendors near schools in Simcoe Muskoka (just under 30% of the total tobacco vendors). • Fourteen programs were scanned in Simcoe Muskoka that provide cessation services, advocate for and support tobacco-free environments and increase awareness of the effects of tobacco use. • The intended audiences of tobacco-related programs included the general public, parents, individuals who are using alcohol and drugs, current smokers, teenagers, students, Aboriginals, and various cultural groups. • The environmental scan did not identify smoking cessation programs specifically targeting women, immigrants, employers and Francophones, particularly in Muskoka. • 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. • Official Plans provide an additional avenue to limit exposure to second-hand smoke. • SMDHU's Tobacco Team is aware of policy resources and is willing to work with housing authorities and landlords to develop smoke-free policies to support smoke-free rental and multi-unit dwellings.
Recommended Actions	**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.

Data Component	Key Findings
	• 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 and playgrounds, hospitals, workplaces, places of worship, post-secondary school institutions and 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-serviced 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

Data Component	Data Findings
Current Health Status What we know based on review of the Geographic and Socio-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• 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. • In 2007-2008, 8.4% of Simcoe Muskoka residents aged 20 to 44 reported driving after drinking two or more drinks in the hour before they drove (in the past year) while 8.6% of adults aged 45 to 64 reported driving after drinking two or more drinks in the hour before they drove. • In 2003, the percentage of individuals aged 12 and over in Simcoe Muskoka who reported drinking within an hour of driving a recreational vehicle was 5.3%, compared to the provincial level of 3.4%. In 2008, the percentage of individuals aged 12 and over in Simcoe Muskoka who reported drinking within an hour of driving a recreational vehicle increased to 6.7%. • According to the 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.
Current	• Consultation with stakeholders identified a number of perceived social factors contributing to

Data Component	Data Findings
Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	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 seniors and people with chronic pain. • In Simcoe County, there are approximately 50 LCBO, Beer Store, Retail Partner ("Agency") and Wine Rack outlets. Barrie has the highest number of alcohol outlets (12). The District Municipality of Muskoka has approximately 15 alcohol outlets. Bracebridge and Huntsville have the most alcohol outlets within the District, with three and four, respectively. • Barrie, Orillia, Huntsville and Collingwood are four popular tourist destinations with large populations and a high density of alcohol outlets. • The majority of golf courses located in Simcoe Muskoka serve alcohol. Our review revealed approximately 37 golf courses in Simcoe and 20 in the Muskoka area that have an alcohol risk management policy in effect. • Twenty-three organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing alcohol and/or substance misuse, which include prevention programs related to impaired driving, impaired boating, education and awareness, and research. • The intended audiences of substance and alcohol misuse-related prevention programs included youth and students, parents, women, Aboriginals, drivers, boaters, individuals impacted by addiction and mental illness and individuals involved with the criminal justice system. • The majority of municipalities in Simcoe Muskoka have a municipal alcohol policy 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.
Recommended Actions	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 policy efforts to promote a healthy public policy that focuses on creating a healthy and safe environment for motorized recreation users (users of ATVs, boats, snowmobiles, personal watercrafts). • Advocate to support regulatory interventions to address taxation and access to alcohol, i.e., raise

Data Component	Data Findings
	minimum alcohol prices, increase government control of alcohol retailing, enhance enforcement of on-premise laws and legal requirements, increase legal liability of alcoholic beverage servers, and enhance liquor license act enforcement of on-premise laws and legal requirements. Programs • Advocate for the development of a comprehensive national alcohol strategy to reduce harms associated with alcohol consumption. Advocacy efforts should find ways to actively engage youth in order to shift the culture around alcohol consumption to encourage healthier choices. • Develop an awareness campaign to address prescription medication misuse, particularly for youth, seniors and people with chronic illnesses. Campaign could support collaboration between physicians and pharmacists to minimize prescription drug misuse.

Mental Health Promotion

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

Data Component	
Current Health Status What we know based on review of the Geographic and Socia-demographic Profile (Chapter 3) and Health Profile (Chapter 4)	• 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%). • Self-reported mental health is consistent between Simcoe Muskoka and Ontario for most age groups. Among residents aged 20 to 44, 74.6% in Simcoe Muskoka reported their mental health as excellent or very good, compared to 74.7% in Ontario. In Simcoe Muskoka, 72.6% of residents aged 45-64 reported their mental health as excellent or very good, compared to 73.6% in Ontario. More seniors in Simcoe Muskoka reported their mental health as excellent or very good (68.6%), compared to seniors in Ontario (63.5%). • The percentage of individuals aged 12 or older in Simcoe Muskoka in 2007 who report consulting with a health professional in the past 12 months about mental or emotional health increased from 6.6% in 2003 to 9.8% in 2007. Consultation with health professionals about mental or emotional health tends to decrease with age. • The percentage of individuals aged 12 or older in Simcoe Muskoka who reported a very strong sense of community belonging decreased from 16.3% in 2003 to 14.6% in 2007. Sense of community belonging tends to be less strong among younger individuals and higher among older individuals. • In 2007-2008, the percentage of Simcoe Muskoka's population over the age of 12 diagnosed with a mood disorder (including depression and bipolar disorder) was 8.6%, slightly higher than the provincial average 7.2%. Females were more likely to be diagnosed with a mood disorder (11.1%) than were males (6.0%). Diagnosis of a mood disorder tends to increase with age but declines among adults aged 65 or older. • 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.

Data Component	
	• 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.
Current Environment What we know based on Community Capacity (Chapter 5); GIS Mapping (Chapter 6); and the Community Consultations	• The social stigma associated with mental illness or seeking assistance are issues that affect people's ability to seek help in both Simcoe and Muskoka. • Spatial analysis suggests that settings that contribute to mental health promotion including schools, places of worship, nurseries and youth centres reflect population distribution and are thus more heavily concentrated in Simcoe. • Forty-one organizations scanned in Simcoe Muskoka were identified as having programs, services and/or policies addressing mental health promotion. Mental health promotion programs and services tended to focus on the following key areas: Aboriginal services; services for children and youth that address early childhood care and learning; positive parenting; after school programs; day and residential camps; outdoor education; leadership training; school-based mental health; anti-bullying; anti-self-harm; peer mediation; family services; foster care; pre- and post-natal support; young parent outreach; services coping with divorce and loss. Programs for seniors address elder abuse prevention and long-term care. Programs addressing the social determinants of health address economic development (i.e., job training, life skills development, housing, social enterprise) while mental health promotion programs support stress reduction, stress in the workplace, anger management, spiritual care, support groups. Organizations also provided retreats, respite care and residential accommodation, research supports (i.e., related to mental health and addiction, neuroscience). • Existing services for youth are concentrated in the school environment and focus on school-based mental health awareness, leadership training and mentorship, bullying and peer mediation. According to consultation participants, greater mental health promotion and mental illness prevention training is needed for educators and other professionals working with young people. • The County of Simcoe has developed recommendations for housing policies and programs such

Data Component	
	as the Housing Retention Fund, which is in progress and will serve as a basis for improving housing and by extension mental health outcomes in Simcoe. • The Child, Youth and Family Services Coalition's Simcoe County Children's Charter seeks to improve mental health outcomes for children, as do collaborative efforts such as COMPASS, who work to improve outcomes for children, youth and their families through earlier and more comprehensive intervention. • 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.
Recommended Actions	**Policies** • Mobilize support and action from municipalities to support the development of community hubs, such as greenspaces and public spaces, which allow opportunities for social integration within the community. Efforts can dovetail existing work with municipalities to encourage all municipalities in Simcoe Muskoka to adopt municipal Official Plan policy statements as per the *Healthy Community Design: Policy Statements for Official Plan* and to achieve implementation through zoning by-laws. • Support for policies and strategies which address poverty reduction and affordable housing are essential components of a mental health promotion strategy. Advocacy efforts should support municipal policies that increase access to affordable and safe housing. **Programs** • Develop comprehensive education campaigns for 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 to create supportive environments in work places to encourage work-life balance.