

# Public Health in Simcoe Muskoka



**Charles Gardner, MD, CCFP, MHSc, FRCPC**  
**Medical Officer of Health**  
**March 2023**



**simcoe**  
**muskoka**  
DISTRICT HEALTH UNIT

# Presentation Overview

- Introduction – to the Health Unit and to Public Health
- What is Public Health?
- Role of the Board of Health
- Role of the MOH and AMOHs
- Overview of Simcoe Muskoka District Health Unit (SMDHU)
- Recent and Ongoing Health Unit Challenges and Priorities



# Public Health Is....

- A 170-year-old movement
- Strategies focused on populations
- To prevent disease, and protect and promote health

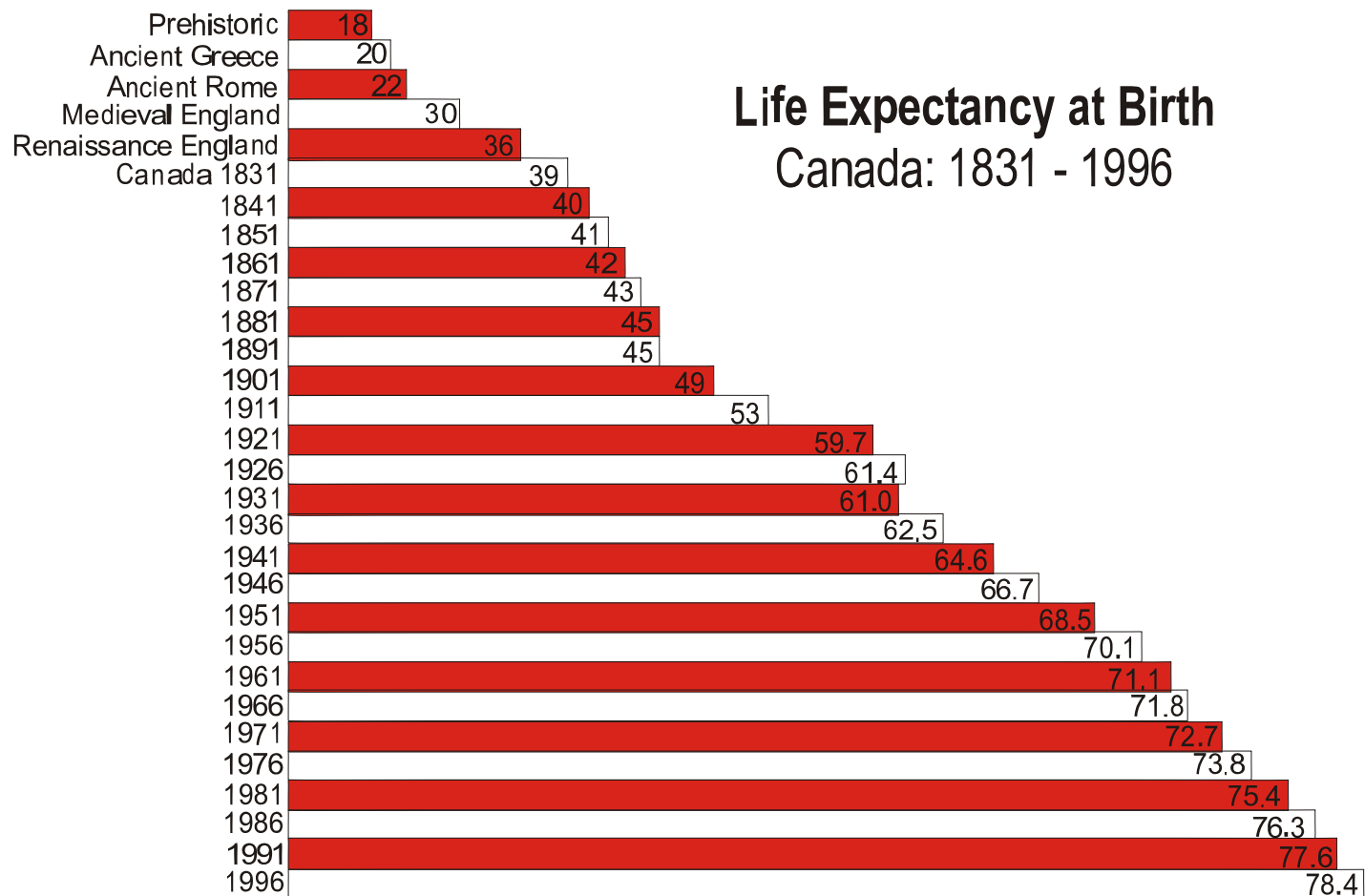


# What makes us Healthy?

- Environment
  - physical, social, political, economic
- Behaviour
  - smoking, diet, physical activity, injuries, sexual health
- Human Biology
  - age, gender, family history
- Health Care
  - prevention, treatment, rehabilitation



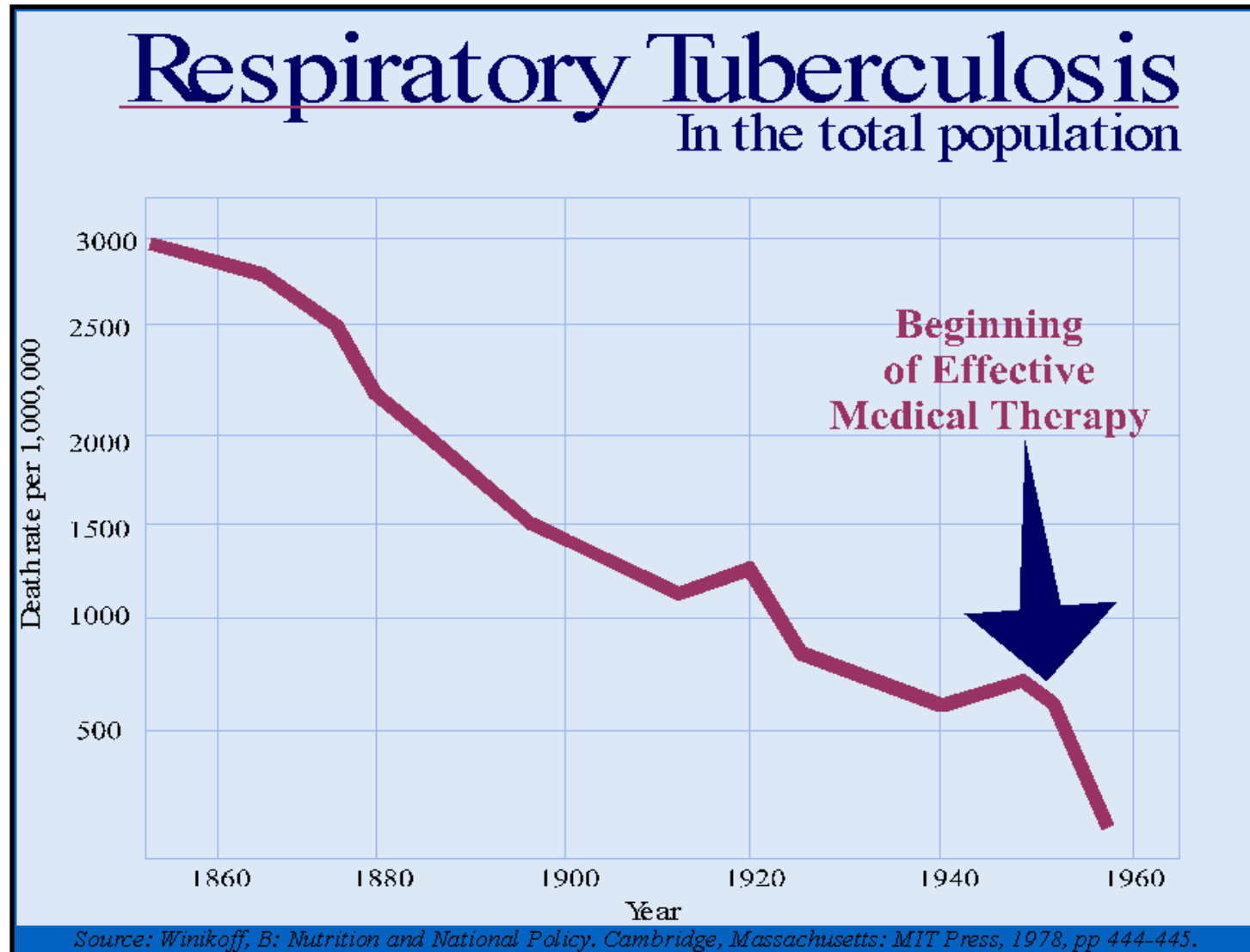
# The Impact of Public Health: Life Expectancy Trends



## The Urban Futures Institute

Research on Population, Community Change and Land Use in British Columbia

# Declining Mortality over time



Source: Winikoff, B: Nutrition and National Policy. Cambridge, Massachusetts: MIT Press, 1978, pp 444-445.

# The Impact of the Public Health Movement

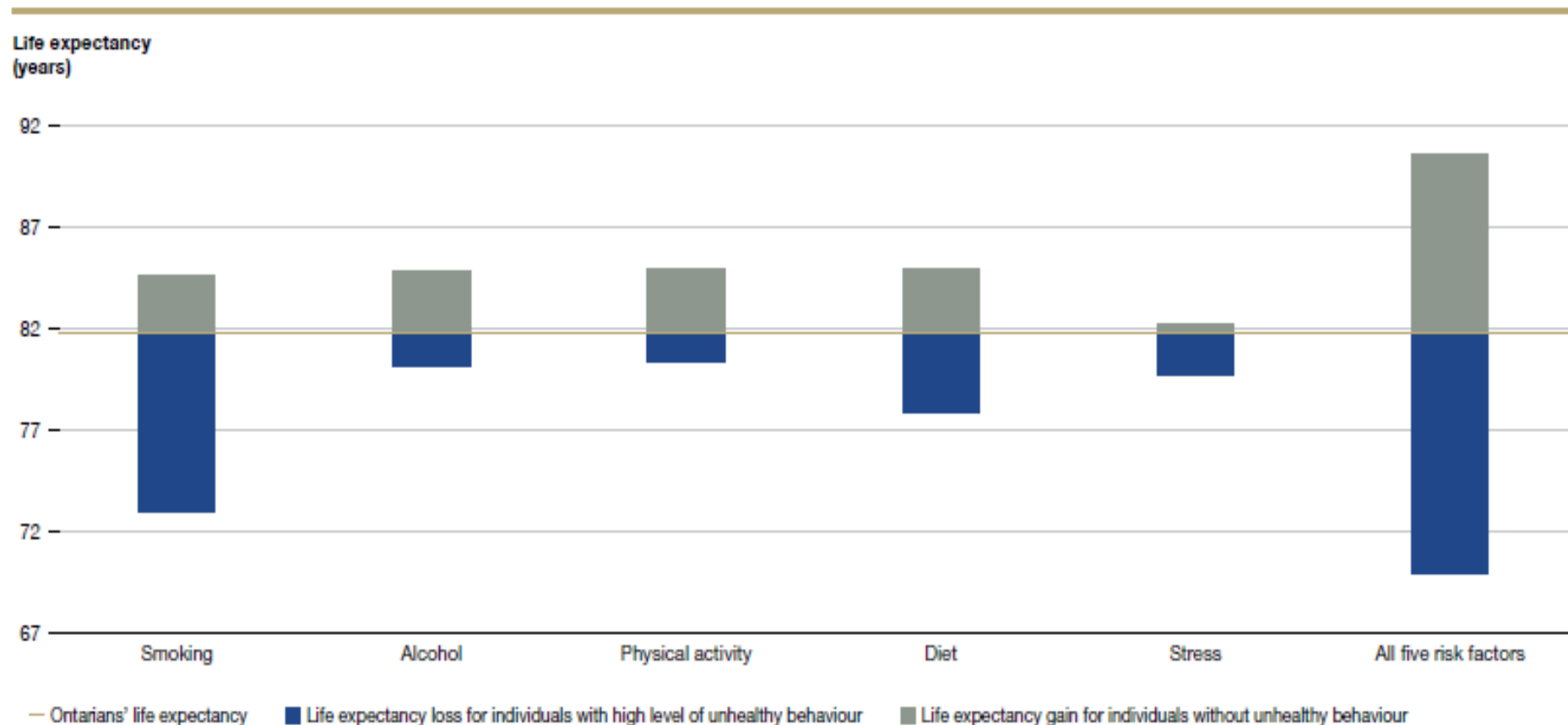
## Beginnings of public sanitation movement in the 19th century

- Municipal water sanitation and sewage systems
- Improving incomes, housing, nutrition, working conditions
- Infection control practices:
  - Water and food safety
  - Health care
- Vaccination (smallpox)



# Room for Improvement – 7 more years

Gain or loss in life expectancy for Ontarians aged 20 and older with healthy versus high level of unhealthy exposure for selected behaviours, relative to average Ontario life expectancy, 2007



Source: **SEVEN MORE YEARS**: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. Institute for Clinical Evaluative Sciences, Public Health Ontario



# Health Care Cost reduction

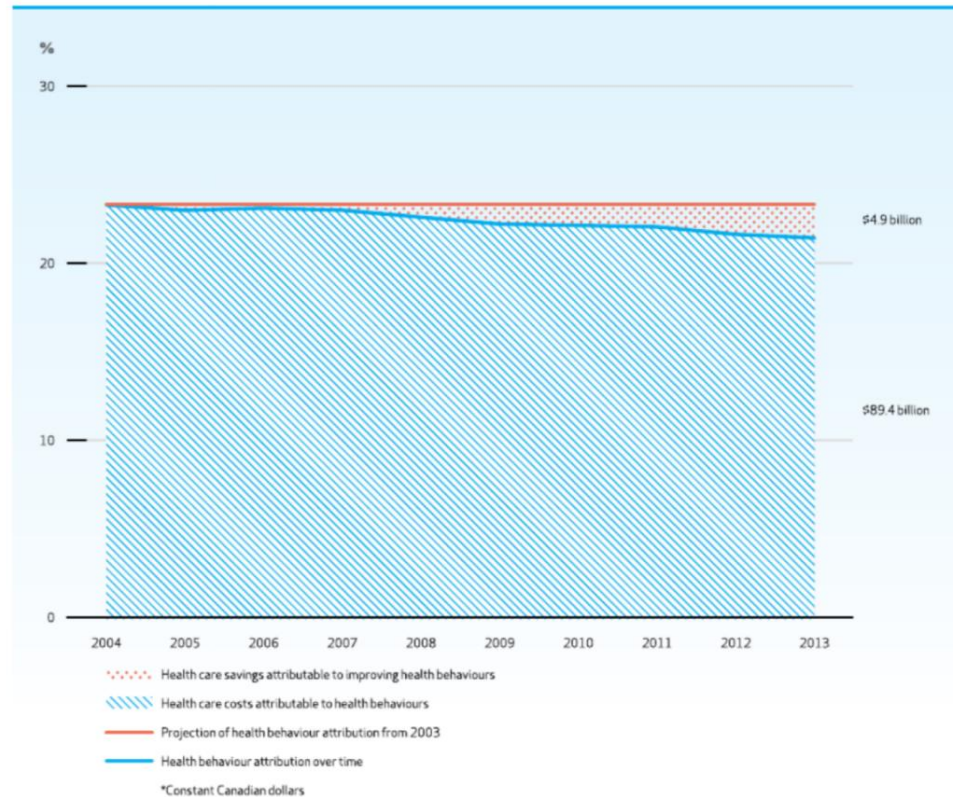
EXHIBITS

A \$4.9 BILLION DECREASE IN HEALTH CARE EXPENDITURE: THE TEN-YEAR IMPACT OF IMPROVING SMOKING, ALCOHOL, DIET AND PHYSICAL ACTIVITY IN ONTARIO

**EXHIBIT 5** Burden of health behaviour risk factors on health care costs for Ontarians aged 25 and older, 2004 to 2013\*

## Key findings

- Overall, \$89.4 billion in health care costs from 2004 to 2013 could be attributed to health behaviours.
- Health behaviour-attributable use of health care improved over the 10-year period, declining from 23.3% to 21.4%. This improvement equates to a cumulative reduction in use that is equivalent to \$4.9 billion in health care costs.



# Health Care Cost reduction

A \$4.9 BILLION DECREASE IN HEALTH CARE EXPENDITURE: THE TEN-YEAR IMPACT OF IMPROVING SMOKING, ALCOHOL, DIET AND PHYSICAL ACTIVITY IN ONTARIO

EXHIBITS

**EXHIBIT 6** Health care attributable and avoided costs by health behaviour risk factor for Ontarians aged 25 and older, 2004 to 2013

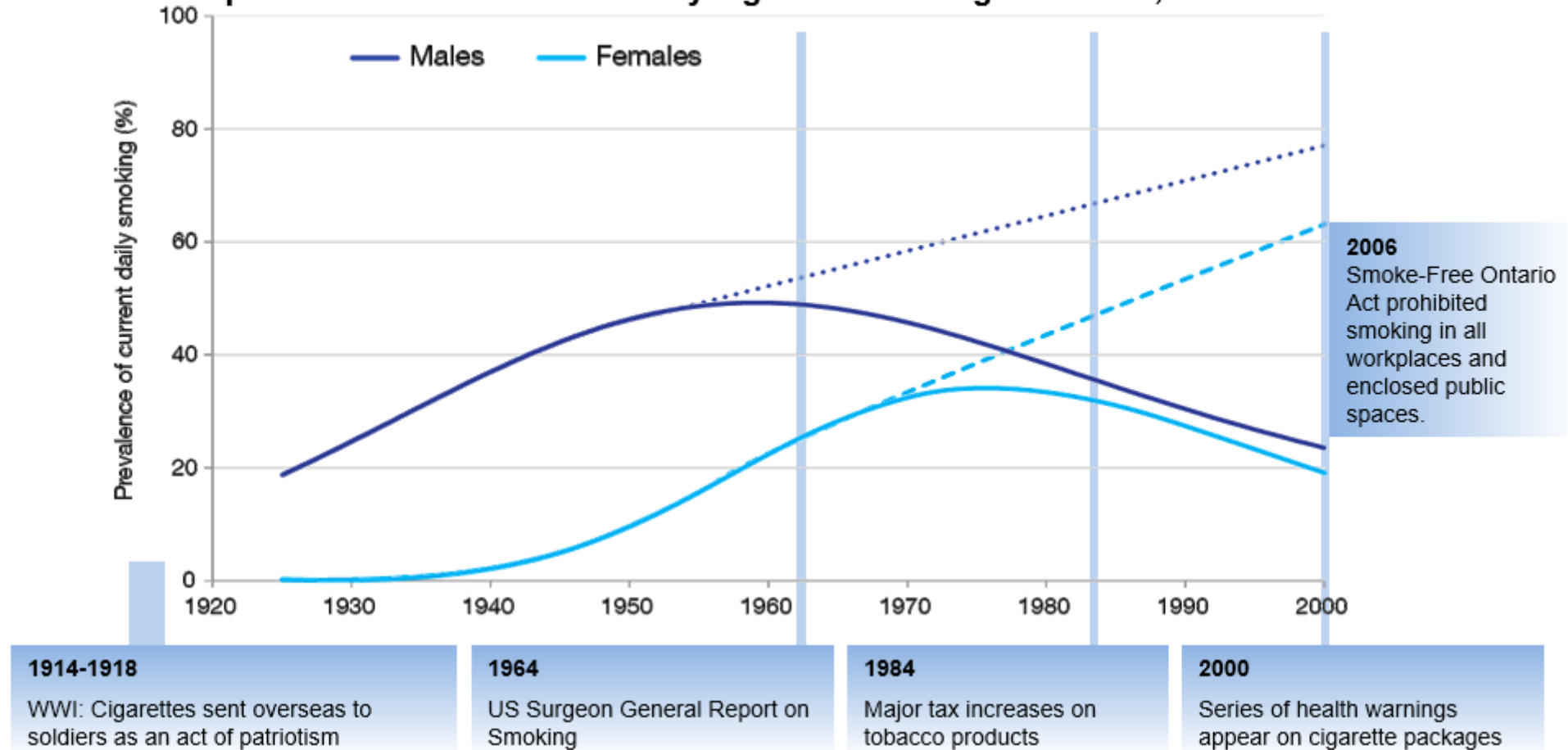
## Key findings

- Physical activity and smoking were the leading health behaviours for attributable health care costs in Ontario between 2004 and 2013.
- The cost savings realized between 2004 and 2013 were primarily achieved through improvement in smoking-attributable costs.



# Learning to take the long view...

Age-standardized prevalence rate of current daily cigarette smoking in Ontario, 15+ 1925-2000

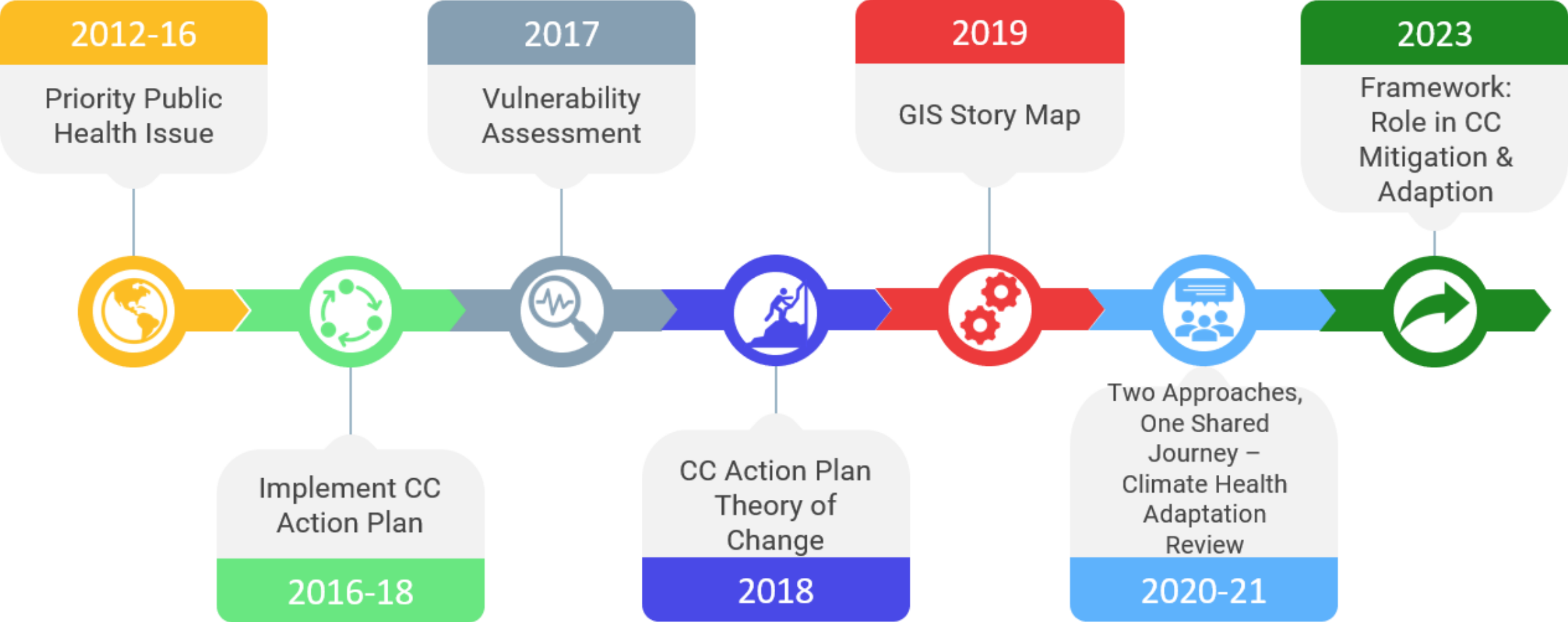


# The Built Environment and Health

- A Healthy Community Provides Opportunities
  - For people to walk and cycle to work.
  - For children to be able to walk and bike safely to school.
  - To be connected to parks, other neighbourhoods and trails.
  - To enjoy the natural environment such as water, farmland and green space.
  - To have access to healthy foods that are fresh and affordable in every neighbourhood.
  - To have sidewalks, pathways, trails and bike lanes that are inviting, accessible, safe and connected to amenities and public transit.
  - For connection to community gathering places.
  - Has sufficient density to support all of this.

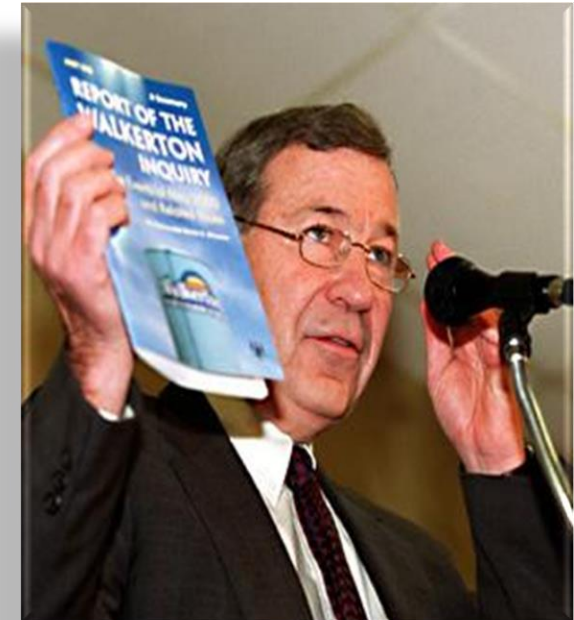


# Progress of Climate-Health Action at SMDHU



# Public Health Crises in Recent Years

- **Tainted blood**
  - Krever Commission, 1997
- **Contaminated municipal drinking water**
  - Walkerton Inquiry, 2000
  - North Battleford, Saskatchewan, 2001
- **SARS, 2003**
  - Naylor Report
  - Walker Report
  - Campbell Commission
  - Operation Health Protection
- **Food safety (meat dead stock)**
  - Haines Commission, 2004
  - Listeria, E. Coli outbreaks
- **H1N1 Influenza, 2009**
- **COVID-19, 2020 and ongoing (as of 2023)**



# Recent Public Health System Changes

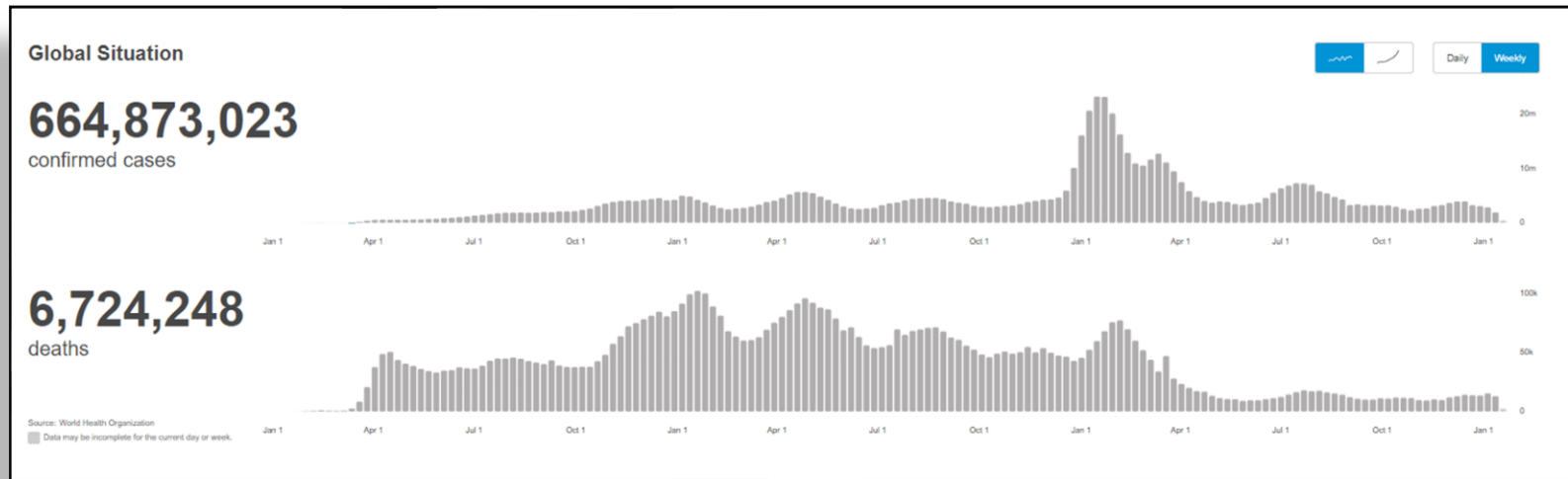
## Public Health Changes:

- Public Health Agency of Canada (PHAC), 2004
- Ontario Health Protection and Promotion Agency (OAHPP 2008),
  - name changed to Public Health Ontario (PHO) June 2011
- Funding Restrictions, 2015
- Ontario Public Health Standards (OPHS), 2009 and 2018
- Modernization, 2019

## Health Care System Changes:

- Regional Infection Control Networks
- Local Health Integration Networks (LHINs) - 2 in Simcoe Muskoka  
**Patients First, 2016**
- Ontario Health / Ontario Health Teams - 2019

# COVID-19: the most severe pandemic in a century



- Ontario: some 1.6 million cases and over 16,000 deaths to date
- Simcoe Muskoka: over 57,000 cases and over 700 deaths reported to date
  - Presently in the 8<sup>th</sup> wave
  - More deaths occurred in 2022 than in 2020 and 2021 combined
  - Continue to have between 2 to 11 deaths per week in Simcoe Muskoka



# SMDHU pandemic response roles

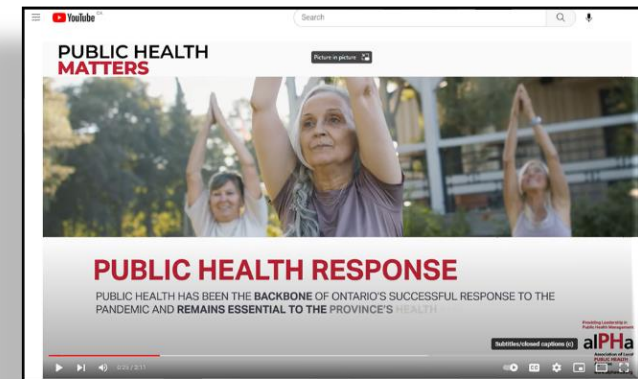
- **COVID-19 case and contact management, and outbreak response** (including over 68 hospital and over 345 long term care and retirement home outbreaks to date)
- **Vaccination** – the provision of vaccination to over 80% of the population of Simcoe Muskoka, with over 1.5 million doses administered (the majority by SMDHU)
- **Public Health Measures** – communication, education and enforcement of health directives through the course of the pandemic (including masking, and capacity limits in public places via the Reopening Ontario Act)
- **Communication** – public / media / social media messaging
  - A **COVID-19 phone line**, responding to over 1500 calls per week during COVID-19 peaks and throughout the provision of COVID-19 vaccination mass clinics
- **Partner engagement** – health care agencies, Ontario Health Central Region, Ontario Health Teams, municipalities (CAOs), MPPs, and engagement with other community groups and venues
- **Priority public health programs and services** that could not be put on hold due to their timely impact on health were systematically identified employing our Business Continuity Plan, and maintained

# Massive human resource changes

- SMDHU, like all local public health units, had to **redirect the vast majority of our resources** to the pandemic response, and to greatly augment (at times, more than double) our complement of staffing (with temporary positions supported by additional funding from the province and with hundreds of volunteers).
- **Agency staff and management have been heroic** in their response to the pandemic:
  - Many redeployed to the pandemic response from their base-programs in some cases for almost three years
  - They have all endured after-hour, weekend, and overtime work, and have had to forgo vacation throughout the pandemic
  - They have had to be resilient in a workplace experiencing constant change in structure, management supervision, program direction, technology and employment policy
  - IT staff have had to work very hard to enable work from home for staff as a means of safety from COVID-19 transmission in the workplace
  - The unprecedented number of additional temporary staff hired, and the numerous contractual arrangements and operational changes needed for the provision of vaccination made enormous demands on HR and facilities management and staff

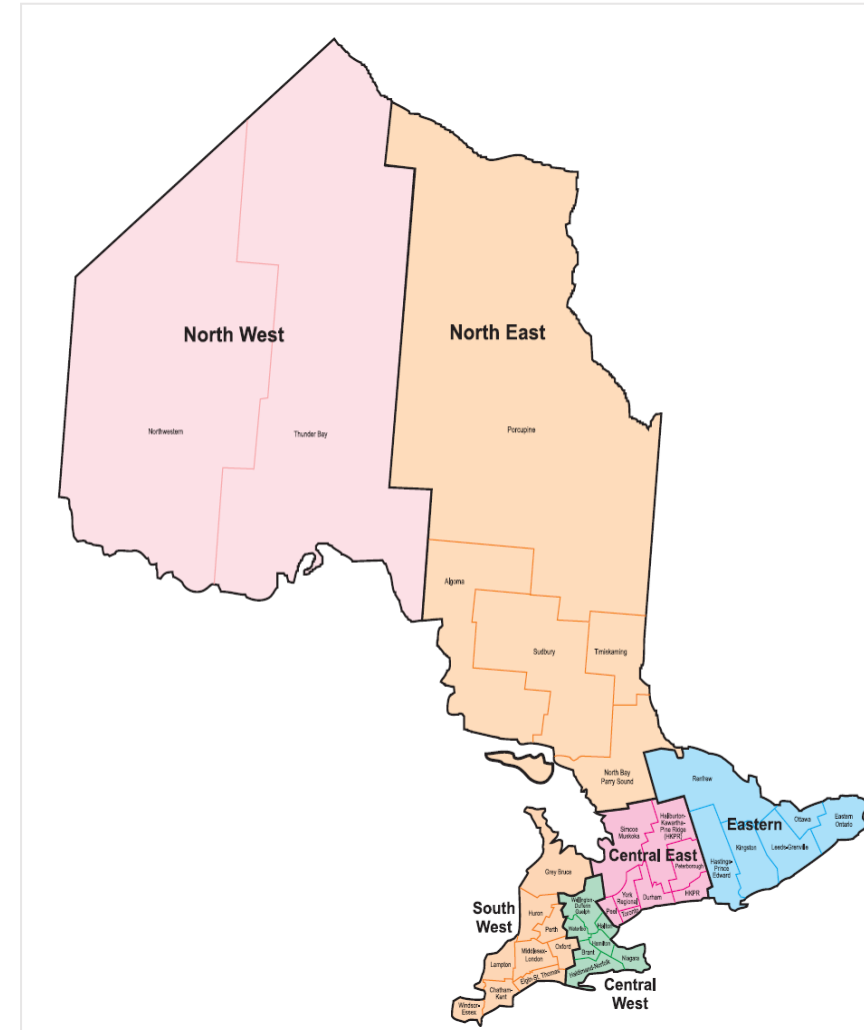
# The need to recover

- The need for **recovery for the public health system** was identified and documented by the Association of Local Public Health Agencies (aLPHa) in their [Public Health Resilience](#) report released in January 2022 – a report that was led by our Chief Nursing Officer Natalie Riewe and championed by Dr. Charles Gardner as the COMOH chair (and with an [aLPHa infographic](#) and [video](#) based on this).
- In the fall of 2021, the Board supported an agency pandemic **Recovery Plan** (Appendix A of the briefing note).
- Our work on this continues as we **bring our staff back** to their **base-programming**, and **back to our offices** with our **Hybrid Workplace Plan** implemented over the last summer into December.
- Staff are currently working diligently to **reengage with priority public health work** including those identified within our agency **Recovery Plan** as follows: responding to the opioid epidemic, immunization (childhood and adult immunization catch up), infectious diseases (outbreak management, sexually transmitted infections, vaccine preventable diseases), inspection catch up in Environmental Health and Clinical Service departments, and mental health promotion.



# Overview of the Public Health System

- 34 areas of the province called health units, each with a board of health (local accountability)
- Different types: 4 city or single-tier health departments, 6 regional or upper-tier health departments, 26 county/ district health units
- Funding relationship 70% provincial (two ministries), 30% municipal
- Accountable provincially to the Public Health Division of the Ministry of Health and Long-Term Care



# The Public Health Community in Ontario

- Association of Local Public Health Agencies (aPHa)
  - Board of Health Section
  - Council of Ontario Medical Officers of Health (COMOH)
  - <http://www.alphaweb.org/>
- Ontario Public Health Association (OPHA)
  - <http://www.opha.on.ca/>



# The Health Protection and Promotion Act

- “The purpose of this Act is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.”



# The Health Protection and Promotion Act

- Determines:
  - The existence of boards of health (and thus health units)
  - That boards:
    - (a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and, (b) shall perform such other functions as are required by or under this or any other Act.

# Our Board of Health in 2023

- Sandy Cairns, District of Muskoka
- Ralph Cipolla, City of Orillia
- Anita Dubeau, Provincial Appointee
- Bill Gordon, County of Simcoe
- Stephen Kinsella, Provincial Appointee
- Peter Koetsier, District of Muskoka
- **Ann-Marie Kungl (Chair), City of Barrie**
- James Leduc, County of Simcoe
- Nigussie Nigussie, City of Barrie
- Barry Norris, County of Simcoe
- Larry Oehm, Provincial Appointee
- Sondra Read, Provincial Appointee
- Ted Walker, County of Simcoe
- **Scott Warnock (Vice Chair), Provincial Appointee**
- Peter Willmott, Provincial Appointee



# Board of Health Bylaw and Policies

SMDHU Board of Health bylaw and policies ^

ByLaw Number	Name of ByLaw	Date of Approval / Most Recent Update
NO. 1	<a href="#">A bylaw relating to the transaction of the activities and affairs of Simcoe Muskoka District Health Unit (the "Corporation")</a>	September 19, 2018

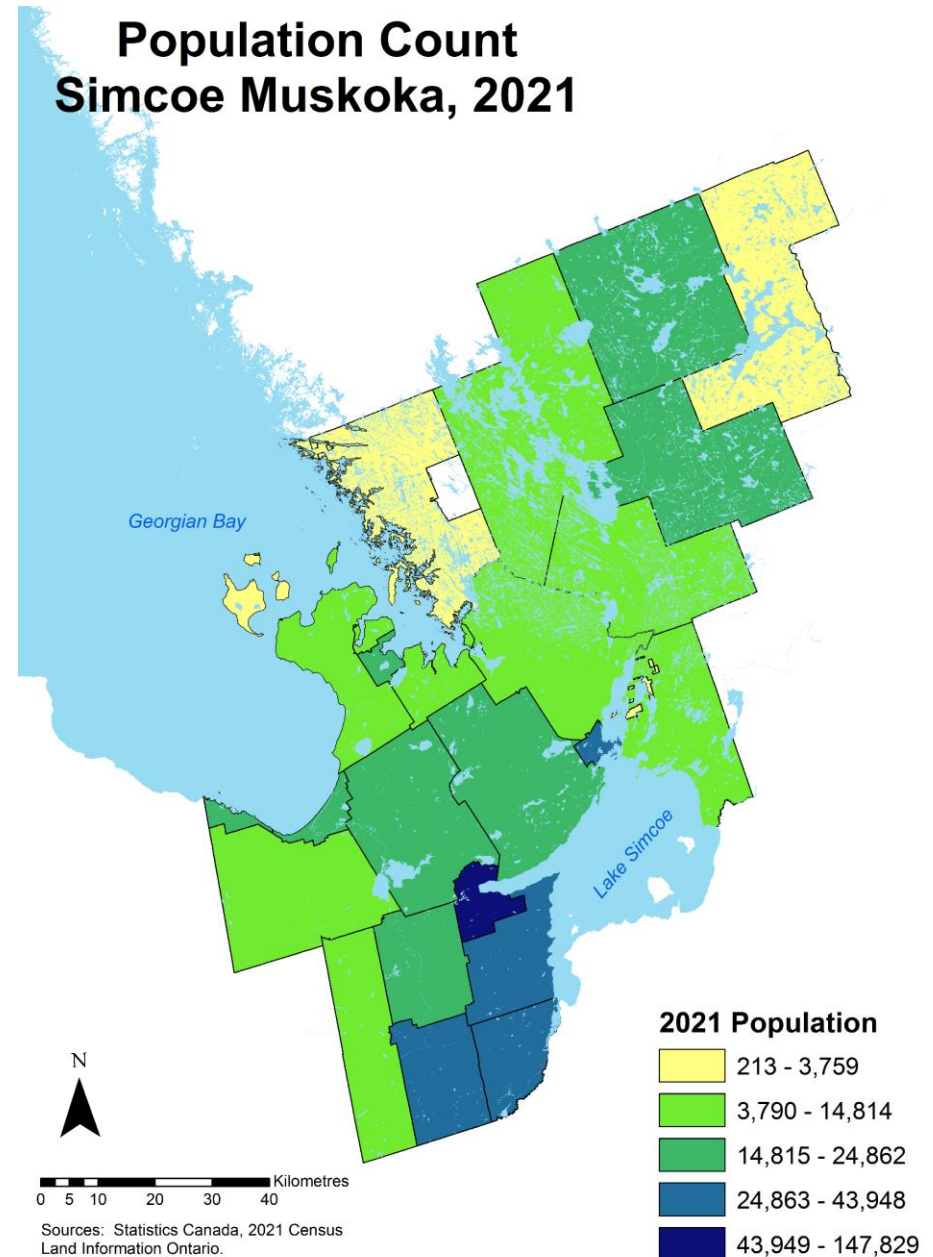
  

Policy Number	Name of Policy	Date of Approval-Most Recent Update
<b>Governance</b>		
BOH101	<a href="#">Meeting Transparency and Confidentiality</a>	February 20, 2019
BOH102	<a href="#">Remote Participation by Directors</a>	February 20, 2019
BOH103	<a href="#">Director Code of Conduct</a>	February 20, 2019
BOH104	<a href="#">Director Confidentiality</a>	February 20, 2019
BOH105	<a href="#">Conflicts of Interest</a>	February 20, 2019
BOH106	<a href="#">Position Description - Director of the Corporation</a>	February 20, 2019
BOH107	<a href="#">Board and Committee Meeting Attendance</a>	February 20, 2019
BOH108	<a href="#">Agenda Setting</a>	February 20, 2019
BOH109	<a href="#">Board Chair and Vice-Chair Selection, Role and Board Spokesperson</a>	February 20, 2019
BOH110	<a href="#">Strategic Planning and Stakeholder Relations</a>	February 20, 2019

BOH111	<u>Performance Policy</u>	February 20, 2019
BOH112	<u>Director Remuneration and Expenses</u>	February 20, 2019
BOH113	<u>Board Orientation and Continuing Education</u>	February 20, 2019
BOH114	<u>Local Health Integration Network Linkages</u>	February 20, 2019
BOH115	<u>Stakeholders Relations and Partnership Building</u>	February 20, 2019
BOH116	<u>Designation of Senior Leadership Positions</u>	February 20, 2019
BOH117	<u>Delegation of Duties of the Medical Officer of Health</u>	February 20, 2019
<b>Financial, Operational, Oversight and Statutory Policies</b>		
BOH118	<u>Budget and Expenditure</u>	February 20, 2019
BOH119	<u>Banking, Borrowing and Investment</u>	February 20, 2019
BOH120	<u>Sale of Other Disposition of Land</u>	February 20, 2019
BOH121	<u>Delegation of Authority and Execution of Agreements</u>	February 20, 2019
BOH122	<u>Delivery of Programs and Services</u>	February 20, 2019
BOH123	<u>Employee Hiring</u>	February 20, 2019
BOH124	<u>Client Service Standard</u>	February 20, 2019
BOH125	<u>Risk Management</u>	February 20, 2019
BOH126	<u>Privacy and Security, Data Collection and Records Management</u>	February 20, 2019
BOH127	<u>Preparation and Delivery Reports and Information</u>	February 20, 2019
BOH128	<u>Leasing Policy</u>	February 20, 2019

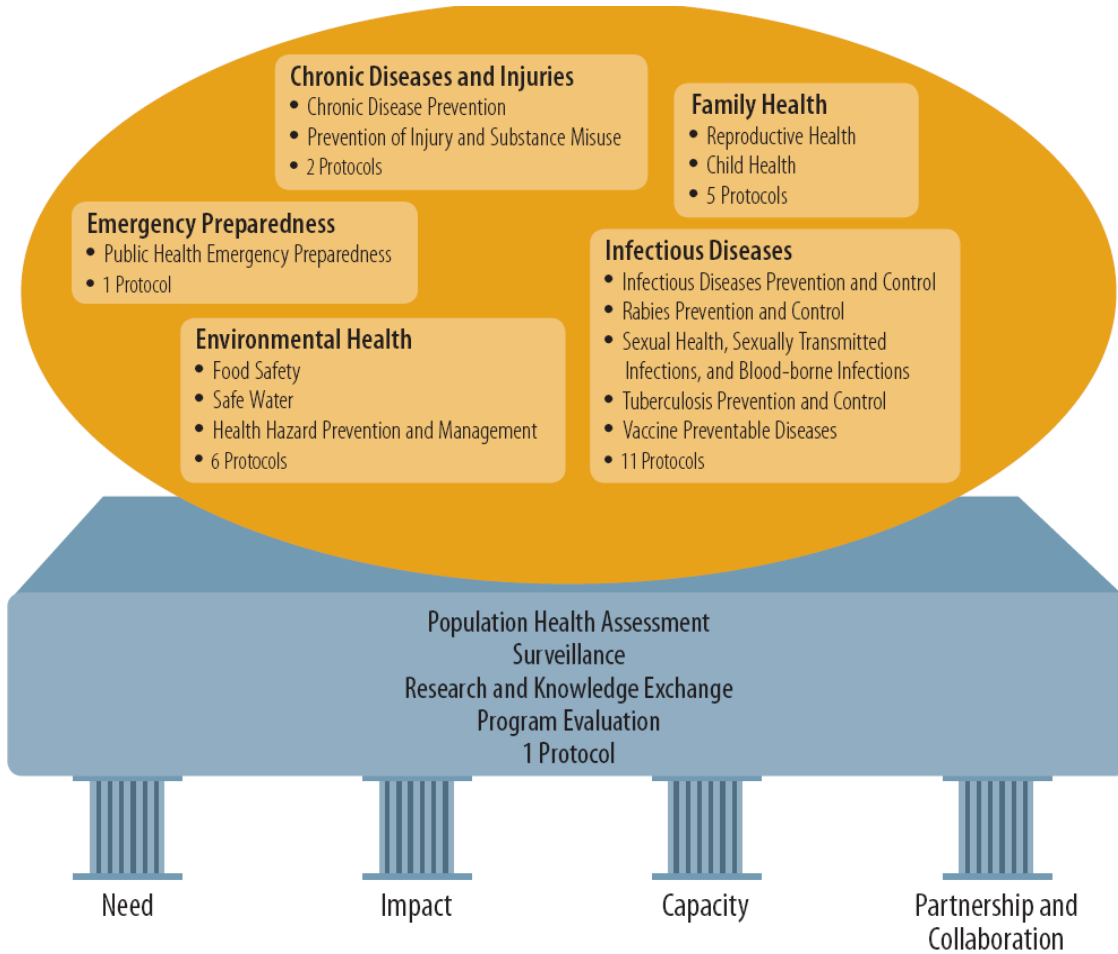
# Simcoe Muskoka

- Servicing 599,843 people (2021 Census)
- 8,658 square kilometres
- Population increase of 11.0% from 2016 to 2021
- Four upper tier / single tier (“obligated”) municipalities (26 municipal councils)



# The Ontario Public Health Standards & Protocols

Program Standards and Protocols



Ministry of Health and Long-Term Care

## Protecting and Promoting the Health of Ontarians

### Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

**Effective: January 1, 2018**



**Simcoe Muskoka District Health Unit  
Board of Health**

**Medical Officer of Health and  
Chief Executive Officer**  
Dr. Charles Gardner

**Office of the MOH**  
Dr. Lisa Simon, Associate MOH  
Dr. Colin Lee, Associate MOH  
Natalie Riewe, Chief Nursing Officer

**Vice President  
Environmental Health  
Department**  
Steven Rebellato

**Vice President  
Clinical Service  
Department**  
Colleen Nisbet

**Vice President Community  
and Family Health  
Department**  
Carolyn Shoreman

**Vice President Program  
Foundations and Finance  
Department/Chief Financial  
Officer**  
Karen Ellis-Scharfenberg

**Vice President Human  
Resources and  
Infrastructure/Chief Human  
Resources Officer**  
Bruce Parker

**Safe Water  
Program**  
Karen Kivilahti

**Food Safety and  
Enforcement  
Programs**  
Tony Makrostergios

**Healthy  
Environments and  
Vector-Borne  
Disease Programs**  
Brenda Armstrong

**Emergency  
Management and  
Rabies Programs**  
Kelly Magnusson

**Smoke-Free  
Program and  
Tobacco Control  
Area Network –  
Central East**  
Cindy Baker-Barill

**Infectious Diseases  
Program  
(Includes COVID-19  
Infectious Diseases)**  
Jillian Fenik  
Heidi Pitfield  
Jennifer Bent (Acting)  
Donna Bowen (Acting)

**Immunization Program  
(Includes COVID-19  
Immunization)**  
Deanna Thomson  
Mary Ann Holmes  
Linda Quennell (Acting)  
Michelle Phillips (Acting)

**Oral Health and Vision  
Screening Programs**  
Simone Guenette  
Cheryl Kowalewski

**Sexual Health Program**  
Yen Phan

**Substance Use and  
Injury Prevention  
Program**  
Mia Brown

**Healthy Babies  
Healthy Children  
Program**  
Chantelle Reid  
Kiersta Hazlett

**Chronic Disease  
Prevention  
Program**  
Christine Bushey

**Healthy Growth and  
Development  
Program**  
Rebecca Mann  
Rachelle Phillips

**School Health  
Program**  
Stephanie Ross

**Population Health  
Assessment,  
Surveillance &  
Evaluation**  
Brenda Guarda

**Health Equity, Health  
Promotion &  
Communications**  
Megan Williams

**Finance and  
Administration**  
Jon Van Donkelaar

**Health Connection**  
Reina Barker

**Human  
Resources and  
Payroll**  
Brenda Hadley

**Facilities and  
Infrastructure**  
Kevin Thomas

**Information  
Technology**  
Kevin Pipher

**Branch Office  
Leads \***

January 2023

# Medical Officer of Health

- Specialist physician who has a current license to practice medicine from the College of Physicians and Surgeons, and a Fellowship in Community Medicine or equivalent, including post graduate studies in public health comprising:
  - (i) epidemiology,
  - (ii) quantitative methods,
  - (iii) management and administration, and
  - (iv) disease prevention and health promotion.
- Reports directly to the board of health on issues relating to public health concerns and to public health programs and services.

# Medical Officer of Health

- Is responsible to the board for the management of the public health programs and services.
- Staff of the Board of Health are subject to the direction of and are responsible to the medical officer of health if their duties relate to the delivery of public health programs or services.
- Orders under section 13, 22 or 22.1.
- Authority is limited to the health unit served by the board of health.



# Office of the MOH Team



Dr. Colin Lee,  
Associate MOH  
program lead for:

- ◆ Communicable Disease,
- ◆ Vaccine Preventable Diseases,
- ◆ Sexual Health



Dr. Lisa Simon,  
Associate MOH  
program lead for:

- ◆ Chronic Disease Prevention
- ◆ Substance Misuse & Injury Prevention
- ◆ Child and Reproductive Health
- ◆ Oral Health
- ◆ Social Determinants of Health



Dr. Susan Surry,  
Physician  
Consultant

- ◆ Child and Reproductive Health
- ◆ Vaccine Preventable Diseases



Dr. Charles Gardner,  
MOH program lead for:

- ◆ Environmental Health Programs / Health Protection
- ◆ Tobacco Control
- ◆ Emergency Preparedness
- ◆ Built Environment

# Public health practice domain - CNO

OPHS - BOH is accountable for a high standard & quality of practice in the delivery of public health programs & services.

## Requirement:

2. The board of health shall designate a Chief Nursing Officer (CNO).

The CNO:

- Leads Excellence in Nursing (Nursing Practice Council, Agency Electronic Documentation Committee and more);
- Provides expert advice, leadership and consultation to Management and nurses;
- Represents the agency at the local, regional & provincial level (NSM LHIN CNE, OPHNL, RNAO, Georgian College Nursing Advisory Committee).
- Provides organization leadership and project management in collaboration with MOH on behalf of the Executive Committee in areas related to strategic planning
- Approximately 170 nurses at SMDHU – 65% are Public Health Nurses, 25% are Registered Practical Nurses (RPNs) working only in Health Connection (phone-line service) and the Immunization Program, 10% are Registered Nurses (RNs) (BScN prepared) working in almost all health unit programs



Natalie Riewe,  
SMDHU CNO

# HPPA and the Powers of the Province

- Chief MOH
  - Appointment process
  - Reporting to the legislature
  - Assessment of boards of health
  - Interventions into health units when necessary



# OUR VISION

*Healthy People. Healthy Places.*

# Our Mission

- With our communities, we prevent disease and injury, and promote and protect health for all in Simcoe Muskoka.



## Our Values

### RESPECT

We believe that respect for all people is embedded within our relationships with each other, and is reflected in our work.

### EQUITY

We believe that all people are entitled to achieve their full health potential.

### COLLABORATION

We believe that by working with others we can achieve the best health outcomes for all.

### EXCELLENCE

We believe in providing the highest quality programs and services to achieve our vision.

### ACCOUNTABILITY

We believe in being transparent and responsible to the public and our stakeholders by using ethical and sustainable organizational practices.

### POSITIVE WORKPLACE

We believe in a work environment where our employees are valued, communicate openly, and have work-life balance.

# COVID-19 Recovery Framework



PREVENT AND  
PROTECT



PEOPLE



PROGRAMS AND  
SERVICES



PARTNERSHIPS



PLAN



FINANCE

# FOCUS ON RECOVERY FRAMEWORK

## RECOVERY ASSUMPTIONS

- COVID-19 transmission will likely continue at stable and/or lower levels with occasional periods of increased transmission occurring as subsequent waves.
- The recovery process is not linear and will require ongoing flexibility to adapt as required.
- Learnings from our COVID-19 response will inform how SMDHU evolves.

## GOAL

Effectively recover from the COVID-19 pandemic as an adaptive and resilient public health unit. The six key focus areas of the recovery plan are: **prevent and protect, people, programs and services, partnerships, plan and finance.**



## PREVENT AND PROTECT

**Goal 1:** Keep the people who are living, working, and visiting in Simcoe Muskoka healthy by preventing illness and premature death from COVID-19.

**Objective 1a:** SMDHU will continue to mobilize resources that help protect residents and visitors of Simcoe Muskoka from COVID-19 transmission by ongoing:

- Surveillance
- Case, contact and outbreak management
- Communication
- Education
- Implementation and enforcement of COVID-19 pandemic public health measures
- COVID-19 immunization

**Objective 1b:** Adapt COVID-19 programs and services to address health inequities.



## PEOPLE

**Goal 2:** Support employees' health and wellbeing, so they are ready and able to participate in the renewal of our programs and services and regain work-life balance.

**Objective 2a:** Employees have necessary supports during the recovery from our COVID-19 pandemic response to rest and recuperate from their work during the COVID-19 pandemic.

**Objective 2b:** Employees will be recognized for their contributions to the pandemic response and other priority programming.

**Objective 2c:** Employees have an opportunity to renew relationships with colleagues and teams during recovery phases.

**Objective 2d:** Employees are provided time to develop and refresh knowledge, skills, and competencies for their roles during recovery.

**Objective 2e:** Employees are protected from COVID-19 transmission at work.





## PROGRAMS AND SERVICES

**Goal 3:** Allocate resources to efficiently and effectively deliver programs and services that provide an emphasis on addressing local priority population health issues.

**Objective 3a:** Gradually move forward during the recovery stage with a restart and renewal of priority public health programs and services guided by principles of health equity and recognizing the indirect impacts of the COVID-19 pandemic.

**Objective 3b:** Identify population health issues that have been exacerbated by, or are newly emerging due to, the indirect impacts of the COVID 19 pandemic and which require public health resources and action.



## PARTNERSHIPS

**Goal 4:** Continue to rebuild, foster and strengthen community relationships during recovery.

**Objective 4a:** At the organizational and program level SMDHU will work to identify opportunities to renew, continue, or enhance relationships with our community partners and stakeholders.

**Objective 4b:** Engage community partners as we plan for the future of public health in the post- pandemic context.

**Objective 4c:** Collaborate and engage with Ontario Health related to public health mandate.



## PLAN

**Goal 5:** Use the learnings from pandemic experiences to help determine SMDHU's future.

**Objective 5a:** Complete a final review of SMDHU COVID-19 pandemic response and provide recommendations that inform future pandemic response planning.

**Objective 5b:** Identify lessons learned regarding agency operations during the COVID-19 pandemic response and develop recommendations for a sustainable and efficient organization.

**Objective 5c:** Participate in post pandemic reviews at the local, regional, and provincial levels as opportunities present.

**Objective 5d:** Renew and refresh the organization of programs and services based on projected budget, public health priorities, Ministry of Health direction, and recommendations that come out of the review.

**Objective 5e:** Determine the necessary inputs for sustainable and efficient organizational supports including infrastructure for return to office, technology, and human resource processes.



## FINANCE

**Goal 6:** Plan and deliver efficient and effective programs based on Ministry of Health and municipal funding.

**Objective 6a:** Monitor the variance between 2021 actual and budgeted expenses and complete Ministry of Health submissions to access one-time funds to off-set deficits.

**Objective 6b:** Secure sources of credit to address temporary shortfalls with the support of local municipalities and the province.

**Objective 6c:** Communicate and advocate to the Ministry of Health for sufficient resources that allows for effective and efficient delivery of the Ontario Public Health Standards.

**Objective 6d:** Develop a 2022 budget based on information provided by the Ministry of Health related to cost-shared programming, municipal mitigation funding, and one-time COVID-19 funding options.

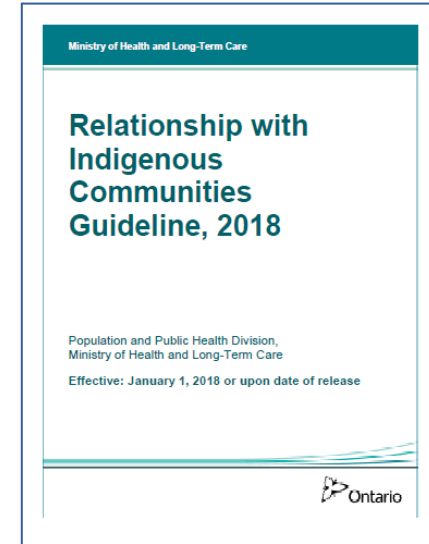
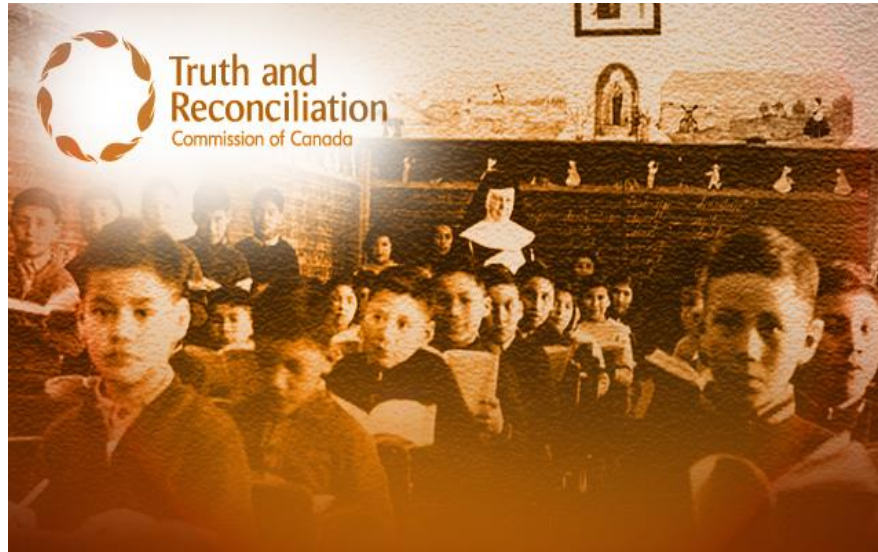
# The Need for an Opioid Strategy



# Mental Health Promotion

- Embedding mental health promotion strategies and approaches across public health programs and services
- Seeking opportunities to offer mental health promotion programs and services across the life course
- Seeking opportunities to implement whole-population and community-based interventions, particularly for cross-cutting issues

# Indigenous Engagement

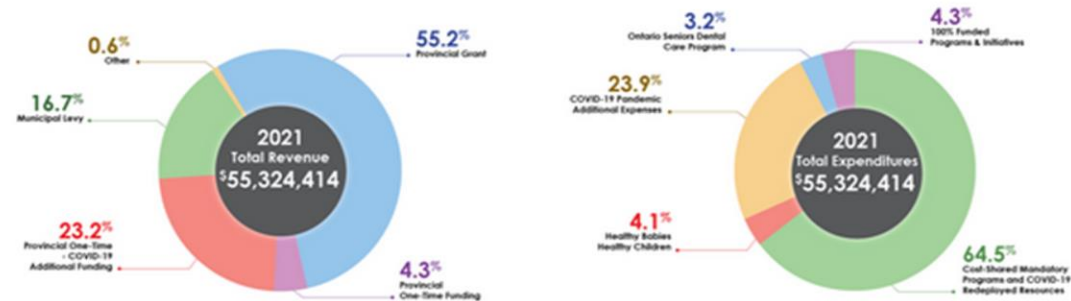


# Accountable to our Communities

## ANNUAL REPORT 2020 2021



### 2021 SMDHU Financials



# Final Thoughts

- Public health will always be critically important to people's health.
- The Board of Health is the provider of public health services under provincial legislation.
- We are presently recovering from the most severe pandemic of a century
- The Simcoe Muskoka District Health Unit is committed to excellence in public health.

