

# Annual Report 2025



North Bay Parry Sound District  
**Health Unit**



**Bureau de santé**  
du district de North Bay-Parry Sound

## Land Acknowledgement

The North Bay Parry Sound District Health Unit (Health Unit) operates on the traditional territory of Dokis First Nation, Henvey Inlet First Nation, Magnetawan First Nation, Nipissing First Nation, Shawanaga First Nation, and Wasauksing First Nation. The district also includes the unceded traditional territory of the Algonquin people. These lands and waters have been under stewardship of Indigenous Peoples since time immemorial and continue to be home to diverse Indigenous communities, including First Nations, Inuit, and Métis from across Turtle Island and around the world. The Health Unit is also situated on land covered by the Robinson Huron Treaty, and the Williams Treaties.




Photo taken on the shores of Georgian Bay in Parry Sound, Ontario.

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# Message from the Board Chair

On behalf of the Board of Health, I would like to begin by thanking the staff. Their hard work, care, teamwork, and dedication have helped to address health threats at their roots and create healthy communities for all.

This past year has been one of change and growth. The organization was restructured in 2025 to better align with strategic priorities and to meet the present-day public health and well-being needs of the people across our district. Our Vision, Mission, and Values (VMV) were our North Star, guiding us through every step of the restructuring process. We remain committed to helping people live healthier lives, supporting strong communities, and acting with respect, empathy, and integrity, while bringing equity and collaboration to the forefront of our work.

When we think about the future, technology often comes to mind. Understanding that technology is ever-changing, we made important improvements to enhance how staff complete work, collaborate, and serve our population.

The Immunization of School Pupils Act (ISPA) notification process for mandatory vaccinations was streamlined and automated. This reduced the manual work involved in generating ISPA letters for parents and guardians, allowing staff to focus on other priorities, such as promoting the HPV and Hepatitis B vaccines, which play an important role in protecting long-term health.



This year, a Data Collaborative, of which the Health Unit is a part, launched new community well-being dashboards, now accessible to the public on the Health Unit's website. These dashboards share clear, easy-to-understand data about a variety of health indicators across our area. They provide public awareness and support community partners and leaders in making informed decisions.

Health Unit staff also leveraged social media to expand The Basics Nipissing-Parry Sound text messaging program. These free messages support parents and caregivers in fostering children's early learning and development through simple, everyday interactions.

In an uncertain financial landscape, being strategic with our resources remains a priority. We aim to use our time and tools wisely so that every investment brings value to the communities we serve. Thank you to our staff, partners, and community members for your ongoing support. By working together, we will continue to build healthier, safer communities across our region.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rick Champagne', with a stylized flourish at the end.

Rick Champagne  
**BOARD OF HEALTH CHAIR**

# Message from the Medical Officer of Health

A healthy community doesn't happen by chance. It is built—through healthy public policy, evidence-based interventions, collaboration, and a commitment to improving the conditions that shape our health. Much of this work happens behind the scenes. Public health monitors local trends, responds to emerging issues, and takes action to improve population health through the five Ps: promotion, protection, prevention, preparedness, and partnership.

This work is becoming ever more important. In the next 15 years, we expect to see a doubling of the number of adults over age 30 living with a major illness requiring hospital care. While an aging population is one reason behind this trend—and aging itself is something we cannot change—other key contributors, such as poverty and physical inactivity, are within our influence. With the right interventions and community supports, these risk factors can be reduced.



Planet Youth Nipissing is a great example of chronic disease prevention in action. This collective impact initiative, piloted in North Bay and West Nipissing, is led by the Health Unit and mobilized in partnership with 27 local organizations. It provides both insight into the chronic disease projections and a pathway to improve them. Though data obtained from Grade 10 students who took the first Planet Youth survey showed quite a few strengths to build on regarding the family environments of teens,

it also highlighted areas for improvement. For instance, only 37% of the adults of our future reported good or very good mental health, and only half feel they have good or very good physical health. This data has informed community-led projects to increase opportunities for physical activity, and to foster safe spaces, supportive relationships, and a sense of belonging for youth.

Our 2024–2027 Strategic Plan also acts as an intervention tool, addressing some of the greatest public health needs identified by people in our communities, and finding ways to ensure efforts are sustained long-term. In our second year of the plan, we made strong progress advancing all 11 of our strategies. Strategies under **Priority 1, Organizational Well-being**, are focused on supporting staff engagement, learning, wellness, and professional development. Through **Priority 2, Health Equity**, we are drawing greater attention to the social determinants of health, and equitable access to care. We are also gaining an understanding of how we can best advance health equity within community. And finally, under **Priority 3, Communication, Connection, and Collaboration**, we are working to strengthen relationships with municipalities, community partners and other interest holders, creating opportunities to work more collaboratively and build awareness of the services we offer.

Aligned with Priority 3, we resumed publishing this Annual Report last year to share snapshots of the work we do. Alongside local partners and provincial colleagues, our work in public health is focused on addressing the conditions that lead to poor health and strengthening those that help people thrive. I am pleased to share some of that work with you through this year's report, and recap how we worked together in 2025 to build a healthy community for all.

Sincerely,



Dr. Carol Zimbalatti, CCFP, MPH  
**MEDICAL OFFICER OF HEALTH/EXECUTIVE OFFICER**

# Strategic Plan Update

In year two of the Health Unit's 2024-2027 Strategic Plan, 11 strategy workgroups moved their priorities forward, bringing the Health Unit closer to achieving its goals. Progress updates are presented by workgroups to the Board of Health twice a year and made available on the [Health Unit's YouTube channel](#).

## Priority 1: Organizational Well-being

### STRATEGY 1

Establish pathways alongside employees for their growth and development.

- Learned that staff need a standard orientation program.
- Began working with the other Priority 1 groups to make our work more efficient and effective.

### STRATEGY 2

Foster leadership through improved performance management and succession planning.

- Identified and began using a new performance management tool for the organization.



### **STRATEGY 3**

Nurture a psychologically healthy and safe workplace.

- Started several projects to help staff better understand psychological safety and how to access supports.
- Created a Supervisor's Guide to Psychological Health and Safety and completed training on low-impact debriefing and mutual support. This training will be shared with staff.

### **STRATEGY 4**

Strengthen communication, understanding, and cohesion within teams and between programs.

- Completed detailed literature reviews, environmental scans, and data analysis to help shape this strategy.
- Identified key themes from staff surveys about communication and teamwork to help guide next steps.

## *Priority 2:* **Health Equity**

### **STRATEGY 1**

Strengthen organizational and public understanding of discrimination, racism, and racial equity as public health issues.

- Completed a literature review, consulted with community partners, engaged public health colleagues, and analyzed insights to create clear outcomes, group priorities, and build a timeline for the group's work.



## STRATEGY 2

### Foster Mino-Bimaadiziwin (the good life) with Indigenous partners, communities, and individuals.

- Collaborated with Priority 1, Strategy 3 workgroup to host events for staff and management on Indigenous Foodways Teachings and Meal Sharing. Events were held in North Bay and Wasauksing First Nation, with guest speakers from the North Bay Indigenous Friendship Centre and Wasauksing First Nation Health Centre.
- Signed Letters of Partnership with the North Bay Indigenous Hub, affirming a shared vision of building safe, inclusive, and culturally respectful pathways for Indigenous community members.
- Committed to having all Health Unit staff complete Anishinaabe Mino' Ayaawin—People in Good Health training.
- Re-established the Indigenous Wellness Circle to help ensure Indigenous voices guide Indigenous public health initiatives in the region.

Through ceremony, reflection and hands-on learning, Health Unit staff explored Indigenous Foodways and the important role food plays in culture, connection, and collective wellness. Pictured here are staff with Trina Nikik of the North Bay Indigenous Friendship Centre (middle row, second from right).

### **STRATEGY 3**

Advance initiatives to address mental health, substance use prevention, and harm reduction.

- Led workshops with the Health Unit's Community Health program and Priority 2 members to help them use the Ontario Early Adversity and Resilience Framework in their health equity work.
- Worked with agencies in many communities to take shared action to prevent adverse childhood experiences and promote resilience.
- Created a plan to work toward having the right resources to meet harm reduction needs within public health's role.

### **STRATEGY 4**

Cultivate our role within systems-level efforts to reduce poverty and homelessness.

- Expanded food affordability reporting to include a stronger housing component with a market rental data collection project for North Bay and Parry Sound.
- Submitted a response to the 2025–2030 Ontario Poverty Reduction Strategy consultation with key recommendations for reducing poverty, homelessness and household food insecurity.
- Networked more often with community partners who are involved in responses to poverty and homelessness.



*Priority 3:*  
**Communication, Connection,  
and Collaboration**

**STRATEGY 1**

Ground actions and relationships  
in our vision, mission, and values.

- Developed and implemented internal initiatives to promote the Health Unit's Vision, Mission, and Values.
- Designed digital products and a manager's toolkit to guide discussions and actions connected to the VMV.

**STRATEGY 2**

Raise awareness about the needs  
addressed by the Health Unit.

- Conducted focus group sessions with Nipissing and Parry Sound district municipalities to inform the development of a municipal communication and outreach plan.
- Through strengthened communication and connection, the plan aims to increase awareness of public health and to more effectively action and advocate for public health initiatives that benefit our communities.

**STRATEGY 3**

Develop relationships with community partners  
to collectively advance shared goals.

- Explored a validated partnership assessment and evaluation tool that will be used to strengthen existing partnerships, and identify and create new ones to more effectively achieve outcomes associated with strategic plan initiatives.

# Realignment with Purpose

To help its teams work better together and to make programs and services more effective in serving the population, changes were made to the way the Health Unit is set up internally.

One key change is the establishment of a new branch called Organizational Effectiveness. This branch brings together teams (some new, some modified) whose diverse range of duties help to ensure health promotion, professional practice, surveillance, and equity-focused work are built into all programs. Teams under Organizational Effectiveness include:

- **Foundational Services** (population health assessment and monitoring; planning, quality improvement, and evaluation)
- **Quality, Practice, & Relations**
- **Indigenous Engagement & Development**

The new leadership role and community health promoter position for Indigenous Engagement and Development show the Health Unit's ongoing commitment to health equity and building meaningful partnerships with Indigenous communities.

Another change included bringing Finance and Human Resources teams together under the Corporate Services umbrella. Collectively, these changes are helping the Health Unit to focus its resources on required services and ensure they will make the greatest impact.



# Beyond the Walls of the Health Unit

## Early Detection for Clients

The Health Unit's Oral Health team plays an important role in promoting children's overall health and well-being.

During one young child's dental appointment, Health Unit staff saw signs that the child might need more support with eating and breathing. They shared this information with the child's caregiver and encouraged them to follow up with a primary care provider.

At the child's next dental visit, the caregiver shared that they had met with a healthcare provider. Further assessment showed that the child needed extra medical care, and a referral to a specialist was made.

This common client experience is a reminder of how early detection, supportive conversations, and strong teamwork can help families get timely care.

## Navigating the Health Care System

A child had relocated from an Indigenous community and was now living with a family member in the Health Unit region. When the child's caregiver connected with the Health Unit's Oral Health program, the child received a dental screening that identified several urgent needs.

A referral was arranged for an external dental provider; however, transportation challenges and unexpected costs made it difficult for the caregiver to access that service. To ensure the child received timely care, the Oral Health program coordinated an appointment with one of their dentists through a hospital-based clinic. Throughout this process, several systemic barriers came to light, for instance, the child did not have a health card or any form of personal identification, and the caregiver had been struggling to navigate the system on her own.

Recognizing how these barriers were affecting the child's ability to receive care, Oral Health program staff provided additional support by preparing documentation to help the caregiver apply for the necessary identification and health coverage. When progress remained slow, and with the caregiver's consent, Oral Health staff reached out to appropriate community support and local elected offices to help accelerate the process.

Through this coordinated effort, the required documents and coverage were secured within a few weeks. Earlier this year, the child received comprehensive dental treatment in a hospital setting, and all urgent concerns were addressed.

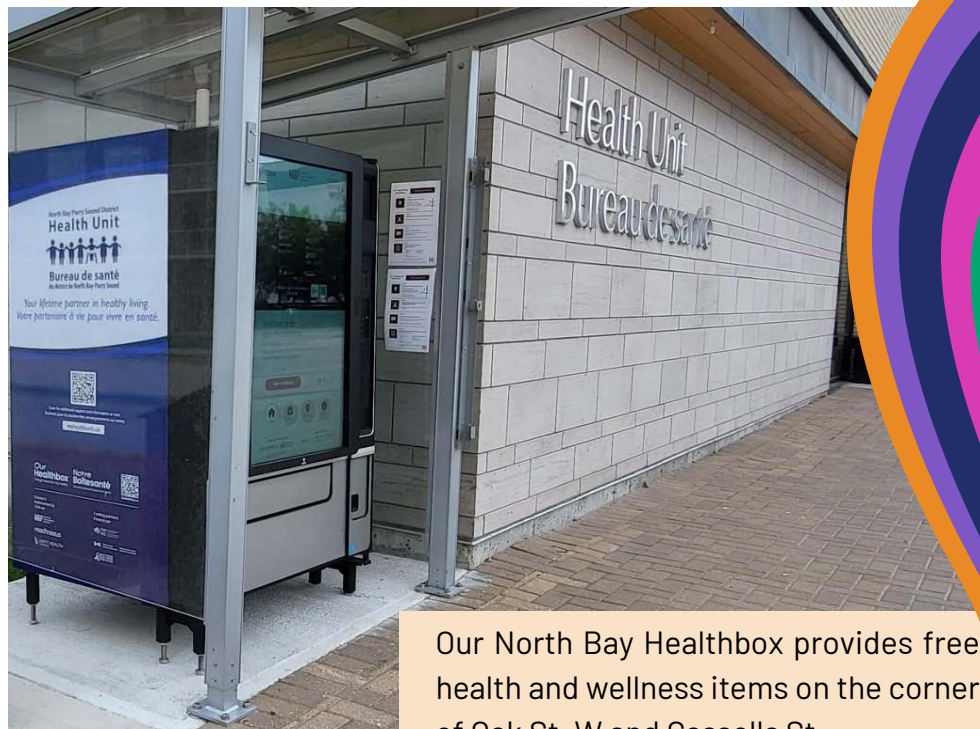
The nature of this experience is often repeated with many clients who come to the Health Unit, and reinforces the importance of advocacy, persistence, and culturally respectful support in helping families navigate complex systems and reducing barriers to essential care.

# Our North Bay Healthbox

Our North Bay Healthbox (Healthbox), located outside the Health Unit's North Bay office at 345 Oak Street West, was officially launched in June, in partnership with REACH Nexus. The Healthbox offers low-barrier, stigma-free access to a variety of health and wellness supplies, as well as information on community health and social services.

Individuals can anonymously obtain HIV self-testing kits, harm reduction supplies (such as Naloxone), hygiene items (including toothbrushes, soap and menstrual products), socks, and condoms. In addition to physical supplies, the machine functions as a platform for health promotion messages, drug alerts, and an interactive service navigation map to help connect individuals with local supports.

By the end of the year, a total of 9,627 items had been accessed through the Healthbox. Wellness supplies accounted for most of the items dispensed (4,709), with socks, shower kits and oral and hygiene kits being the most frequently accessed. Demand for harm reduction supplies (3,427) remains high, along with 927 sexual health items for safer sex, 387 naloxone kits and 175 HIV self-testing kits.



Our North Bay Healthbox provides free health and wellness items on the corner of Oak St. W and Cassells St.



Collaboration with True Self Debwewendizwin has been instrumental to the successful launch and continued operation of the Healthbox. Their support in restocking the machine helps ensure community members can get essential supplies at any time.

## Our Healthbox Numbers

Indicator	2024	2025
Number of unique client interactions in clinics	1,628*	1,390
Number of appointments (in-person or virtual)	2,585*	1,929
Number of client interactions	4,047*	3,375
Number of booked appointments within secondary schools	52	45
Number of drop-in appointments in secondary schools	467	260
Number of client interactions in HRS (walk-ins)	1,730	2,467
Community Drug Alerts		2

The Health Unit celebrated the launch of Our North Bay Healthbox with REACH Nexus, CMHA North Bay and True Self Debwewendizwin.

(L-R) Natalie Dupuis-Blanchfield, Dr. Carol Zimbalatti, Monique Duchesne, Darshanand Maraj, Lori St. Pierre, Brooke Sherratt, Donna Forget, Wendy Lariviere, Stuart Nichols, Shannon Mantha, Julie Pabillar and Tiffany Jouar.

# Measles Outbreak

Measles is a respiratory virus that can spread easily through the air when someone with measles breathes, coughs, sneezes or talks. Symptoms include fever, a red blotchy rash, red watery eyes, and cough. Since 1970, measles has been a rare disease in Ontario, largely due to high vaccination rates.

When the Health Unit became aware of measles cases re-emerging in the province in 2024, they brought together staff members from various public health disciplines to begin preparedness planning well before the disease made its way north of Toronto. This early coordination would prove necessary in early March, 2025 when the Health Unit confirmed its first case of measles since 1995.

Through their investigation, they learned the infected individual was an unvaccinated adult who had been exposed to a confirmed case outside the district. Their exposure was connected back to a travel-related case that had been confirmed in New Brunswick in late October 2024, sparking an outbreak that would gradually make its way across several provinces.

Public Health Nurses specializing in communicable disease control, vaccination, and family health worked together to safely provide information, guidance, vaccination opportunities and well-being support to the infected person and their family members, and used their connections with community partners to help ensure everyone impacted had access to the right supports.

In April, multiple public spaces in North Bay were identified as measles exposure sites; however, no residents of the Health Unit region were confirmed to be infected as a result.

The first outbreak associated case in Ontario was identified the week of October 28, 2024. The province declared the outbreak over on October 6, 2025. In this time, a total of 2,375 cases were identified in the province (2,060 confirmed, 315 probable), requiring the support of 26 of 29 public health units. The North Bay Parry Sound District Health Unit saw 38 cases (12 confirmed, 26 probable) over the course of the outbreak.

Vaccination is the best protection against measles. For children, and most adults born in or after 1970, this means receiving two doses of measles containing vaccine (e.g., MMR vaccine).



# Lyme Disease

Prior to 2019, the region saw very few Lyme disease cases (0-2 per year), and many would be due to exposures outside the Health Unit area. From 2005 to 2024, four was the highest number of Lyme disease cases that occurred in the region within one year.

Humans and pets can get Lyme disease if they are bitten by a blacklegged tick, an insect often found in wooded areas, or places with tall grass and bushes. Warming average temperatures are contributing to the spread of blacklegged ticks to new areas of Ontario, and making it possible for them to survive longer throughout the year. This could help to explain why in 2025, 14 Lyme disease cases occurred in the Health Unit region, indicating tick-borne diseases as a growing health concern for the present and future.

Seeing this increase in human cases, the Health Unit brought multiple programs together to begin developing a health promotion strategy that will help the public know how to reduce their risk of tick bites and Lyme disease.

The best prevention methods include, but are not limited to, wearing insect repellent, light-coloured clothing, long sleeves and pants, and tucking the pants into socks. Ticks found on humans or pets should be removed from the skin as soon as possible by using fine-tip tweezers to pull in a straight, upwards direction.

Early symptoms of Lyme disease may include fever, headache, muscle and joint pain, fatigue, and an expanding red rash often referred to as a bull's-eye rash. If not treated, symptoms may advance to include severe headaches, neck stiffness, severe joint pain and muscle aches, facial paralysis, spasms, numbness or tingling.

Other diseases spread to humans through infected ticks include anaplasmosis, babesiosis, and Powassan virus.

## Communicable Disease Control Stats

**942** reported cases of Diseases of Public Health Significance (DOPHS)

**96** outbreaks were reported in 2025

- 30 Enteric outbreaks in Congregate Living Settings (Long-term Care Homes, Retirement Homes and Group Homes), Hospitals and Licensed Childcare Settings.
- 62 Respiratory outbreaks in Congregate Living Settings (Long-term Care Homes, Retirement Homes and Group Homes), Hospitals and Licensed Childcare Settings.
- 4 Outbreaks in community settings.

**3** Infection Prevention and Control (IPAC) complaint investigations in private dental practices, resulting in 2 confirmed IPAC lapses.

**Over 350** children who attend childcare in 20 childcare centres received education about germs, how they are spread, and how to protect themselves and others by properly washing their hands.

# Accurate Information for Timely Vaccination

The Health Unit works to ensure school-aged children are offered the vaccines they need, when they need them, so children and communities are protected from disease and school suspensions are avoided. One way this is done is by sending letters to parents and guardians of school-aged children to notify them of the required vaccines their child is missing and provide instructions on how the child can get caught up.

The Health Unit shifted from a labour intensive way of generating these letters to an automated method that reduces room for error, helping make sure parents are receiving accurate information in a timelier fashion. In the last 2025 high school cycle, the system generated a total of 2,566 letters in both French and English.

These efforts led to higher participation and increased vaccination rates at clinics held in secondary schools, with 4,677 vaccines given by the Health Unit to 2,284 students aged 12-18. In addition to offering the vaccines required for school, the Health Unit also offered the Hepatitis B and HPV vaccines at these clinics, which are optional and free for eligible students to receive.

Overall, this new process raises the integrity of school-based vaccination programs helping more children and youth to continue learning, protecting them from serious infections and long-term health problems.

## Vaccinating Students at School

**27,292** student vaccine records assessed

**4,677** vaccines given

**2,284** students vaccinated

**103** clinics held in schools

## Vaccine Records Assessment in Childcare Centres

**1,329** child and staff vaccine records assessed at initial registration

**1,972** child and staff vaccine records assessed at Annual Assessment

**204** records assessed throughout the year

**48** childcare centres included in records assessment

# Seasonal Vaccine Clinics

Following the recent expansion of RSV vaccine eligibility in Ontario, the Health Unit began offering the RSV vaccine at community and in-house seasonal clinics, alongside flu and COVID-19 vaccines. More than 1,300 doses of RSV vaccine were administered by the Health Unit to eligible individuals, including those who are 75 years of age and older without a healthcare provider. The Health Unit works closely with family physicians, nurse practitioners, pharmacies, long-term care and retirement homes to ensure residents throughout the district have access to these important vaccines.

## Flu, COVID-19 and RSV Vaccines

**20** in-house clinics

**11** community clinics

### Flu Shots

**7,780** flu shots administered

**22,390** doses distributed to local healthcare providers and hospitals

### COVID-19 Vaccines

**3,924** doses administered

**3,768** doses distributed to community partners

## RSV Prevention Program

**61** antibody medication administered

**1,378** doses administered

**3,966** doses of RSV vaccines and antibody medication distributed to local healthcare providers and hospital

## Routine in-house clinics

**8,348** vaccines administered

**3,775** clients vaccinated

Al Bottomly was happy to receive his seasonal vaccines from nurse Ginette Rocheleau at the Health Unit's community clinic in Sundridge.



# Reducing Risk at Large Community Events

Large events like fairs and festivals are important for the community, but with them comes the potential for many people to become sick from unsafe commercial food handling practices or water quality issues. By focusing on the inspection of events that see upward of 500 people, the Health Unit's Environmental Health program was able to give proactive guidance to event organizers and reduce the risk of negative health outcomes for all who attend.

While reaching event organizers of every large gathering proved to be complex, the efforts were productive in strengthening relationships. Event organizers noted clearer expectations, better communication, and recognized the stronger public health presence as helpful in keeping their communities safe.

This initiative built on improvements introduced in 2024 that set a consistent and standard process for event organizers and vendors. With these foundations in place, 2025 became the first year that inspectors followed a coordinated, district-wide schedule specifically designed to support major events.



## Public Health Inspection Stats

**1,947** food facility inspections completed

**621** special event applications reviewed

**279** people certified in safe food handling

**214** personal service settings inspected

**128** recreational water inspections

**73** licensed childcare centres inspected

**28** municipal beaches monitored

# Climate Change and Health Symposium

Land use planning, water, and food insecurity were key topics of discussion for approximately 35 individuals who attended the Climate Change and Health Symposium, a day of knowledge sharing hosted by the Health Unit's Planetary Health Committee. Held at the North Bay Museum, the event brought together representatives from local municipalities, Indigenous communities, Georgian Bay Biosphere Mnidoo Gamii, the North Bay-Mattawa Conservation Authority, Nipissing-Parry Sound Catholic District School Board, post-secondary students and non-profits.

With lively conversations arising from presentations and panelists, the symposium highlighted relationships between community members' well-being and strategies such as managing septic tanks properly, protecting shorelines from erosion, and preserving wetlands that keep phosphorus from entering lakes. Partners expressed interest in continuing to share resources, tools, and opportunities to collaborate, along with ongoing dialogue on climate change and health across the region.



Gathered together after presenting at the Symposium are (L-R) Curtis Avery of Nipissing First Nation, Greg Mason of Georgian Bay Biosphere Mnidoo Gamii, Francis Gallo of Anishinabek Nation, and Dan Walters, James Murton and Monika Krzywania of Nipissing University.

# Together for Oral Health

The Health Unit is committed to improving access to oral health care for vulnerable clients. Sharing in that commitment are the District of Nipissing Social Services Administration Board (DNSSAB), and Low Income People Involvement of Nipissing (LIPI).

The Health Unit collaborated with these partners on the roll-out of the new Canadian Dental Care Plan (CDCP), which proved to be highly productive partnerships. Together, they built a more coordinated approach to helping community members who have complex needs, and supporting them to navigate access to oral health care.

This project serves as yet another example of how the Health Unit delivers on its mission of fostering healthy communities through partnership, preparedness, prevention, promotion, and protection.

# Small Drinking Water Systems

Many places rely on Small Drinking Water Systems (SDWS) in order to provide public access to drinking water or sanitation. Such places include trailer parks, campgrounds, restaurants, hotels, motels, places of worship, gas stations, and recreational facilities. As SDWS operators, these places are legally required to report any Adverse Water Quality Incidents (AWQI) to the Medical Officer of Health so that the Health Unit can take swift action to protect users from potential microbiological or chemical risks.

Public Health Inspectors reported fewer drinking water-related enforcement activities in the Health Unit region compared to 2024. A total of 137 AWQI investigations were done in 2025, down from 179 in 2024 (23.5% decrease). Boil Water Advisories decreased from 97 to 75 (22.7% decrease), and Drinking Water Advisories declined from 12 to 4 (66.7% decrease). These reductions can be attributed to timely communication and early corrective actions such as ongoing operator education, routine inspections, and consistent follow-up from Public Health Inspectors.

The Health Unit is better supporting SDWS operators to meet provincial requirements through an automated sampling non-compliance system. The system identifies when an operator misses a regulatory sample and will send an email to remind operators of their sampling obligations. By providing timely alerts and clear communication, the software helps operators stay aligned with their mandated sampling frequencies and lessens the potential for enforcement actions.

In addition to reporting AWQI to the Medical Officer of Health, SDWS operators are required to notify the Health Unit when they are **opening** or **closing** a SDWS. Historically, this was done by filling out a paper form. Discontinuing the printed form and making the form available electronically has streamlined the process and allows the Health Unit to more precisely monitor the number of operators complying with sampling of water prior to opening.

Residents and visitors can find real-time information about local Small Drinking Water Systems through **Check Then Go**. Available on the Health Unit's website, this disclosure program helps people make informed decisions to protect their health, such as inspection results, investigations and enforcement activities involving local businesses and services. This transparency also works to increase business compliance with provincial Small Drinking Water System regulations, and fosters trust in the Health Unit as a regulatory agency.

## Safe Drinking Water Stats

**7,990** private water samples submitted by residents to Ontario Public Health Lab

**1,293** safe drinking water inquiries logged

**302** SDWS inventories inspected

**137** reports of adverse water investigated

**94** SDWS risk assessments

**75** boil water advisories issued

**27** letters sent to SDWS operators for non-compliance

**14** newly identified SDWS

**4** drinking water advisories issued

**3** tickets issued to SDWS operators

**1** ticket addressed in court

Pictured here is an example of water treatment equipment typically seen during small drinking water system inspections



# Tobacco Enforcement

The Health Unit's Tobacco Enforcement team continued working together with local schools to address emerging trends around youth vaping. Through this collaborative approach, schools and Tobacco Enforcement Officers share information, identify concerns early, and support one another in promoting safer, healthier learning environments.

Their joint efforts addressed 43 students involved in tobacco or vaping violations this year. Of these students, more than 76% were under 16 years old, and nearly 61% were between ages 11 and 13, offering important insight into the age groups most affected.

As vaping has become more common among youth, the Health Unit and school boards have noticed shifts in the types of nicotine or cannabis-related behaviours on school property. Unlike traditional tobacco use, which was usually limited to outdoor areas, vaping incidents are occurring both outdoors and indoors, as vaping devices are smaller, easier to conceal, and more discreet to use. While most (approximately 88%) known vaping violations did happen indoors, 12% of incidents occurred outside. 12% of incidents involved cannabis.

The Health Unit and schools remain committed to adapting their approach as youth vaping evolves and ensuring that school environments remain supportive and smoke-free.

## Tobacco Enforcement Stats

### Display and Promotion of Tobacco Products

**101** inspections of tobacco vendors completed

**9** warnings issued

**1** charge issued

**1** conviction issued

### Selling Tobacco Products to Youth Under 19

**93** compliance checks completed

**18** warnings issued

**7** charges issued

**1** charge addressed in court

### Display and Promotion of Vape Products

**89** inspections of vapour vendors completed

**12** warnings issued

### Selling Vape Products to Youth Under 19

**77** compliance checks completed

**6** warnings issued

**1** charge issued

**1** conviction issued



# Community Resilience Learning Movement

When children face many difficult experiences without enough support, it can negatively affect their health and development over time; however, when they have caring adults, supportive relationships and places to turn to, they are better equipped to handle stress and more likely to experience positive health and well-being outcomes throughout their lifetime.

A key first step for making resilience a possibility for all children and families is building a shared understanding of what early adversity is, its health impacts, and how communities can best support children, youth and families to reach their full potential. The Community Resilience Learning Movement worked to do just that, bringing together organizations from Muskoka, Parry Sound and Nipissing Districts who are interested in reducing early adversity (trauma before age 18) and its impacts in their communities.

Fifty-one organizations from 13 sectors took part in Learning Movement events, including two in-person October sessions attended by 156 service providers. Most participants (84%) reported improved understanding of how early adversity affects behaviour and health, and nearly all (99%) expressed interest in continued collaboration. Interest continues to grow, with 261 staff from 29 organizations registered for online resilience training.

The Learning Movement was launched by the Adverse Childhood Experiences and Resilience Working Group, which is led by the Health Unit and includes 12 partner agencies. This work is a priority of the Muskoka, Nipissing, and Parry Sound Child and Youth Planning Table.

The Health Unit remains committed to strengthening the health and well-being of children, youth, and families.



(L-R) Julie Cull (ACER Working Group Member), Tawnia Healy (ACER Working Group Co-Chair), Dr. Jean Clinton (Keynote Speaker, Child Psychiatrist), Dr. Carol Zimbalatti (Medical Officer of Health), Lana Whetham (ACER Working Group Member), and Lana St. Louis (ACER Working Group Member).

# Community Well-Being Dashboards

The Muskoka, Nipissing, and Parry Sound Data Collaborative is a diverse group of community partners who have come together to support evidence-informed planning across the region. The group is chaired by two staff members from the Health Unit's Foundational Services team.

In partnership with the Muskoka, Nipissing, and Parry Sound Child and Youth Planning Table, the Data Collaborative worked on a new data framework to capture the many factors that influence mental health and wellbeing outcomes for children and youth, including developmental milestones, educational experiences, social determinants of health, and broader environmental and community contexts.

The Data Collaborative has released three interactive, online public data sets (dashboards) that align with this framework, providing insight on the proportions of Muskoka, Nipissing and Parry Sound district populations impacted by social determinants of health, adverse childhood experiences and resiliency, and learning and development factors. Available on the [Health Unit's website](#), these dashboards provide accessible, region-specific data that supports collaborative decision-making, service planning, and community action aimed at improving the health outcomes of children and youth across Muskoka, Nipissing, and Parry Sound districts.

The Data Collaborative and Child and Youth Planning Table are working to launch more dashboards to the public in 2026.

# The Basics Nipissing– Parry Sound

Everyday interactions, such as talking, playing, and responding to a child’s cues, foster serve-and-return relationships that strengthen brain development. This is the main idea behind The Basics™, a positive parenting initiative focused on strengthening early relationships and fostering healthy development in children from birth to age five.

At the core of The Basics™ strategy are the Five Basics Principles: simple concepts scientifically proven to nurture parent–child interactions. The Principles are free to do, and designed to be incorporated into families’ everyday routines without the need for fancy toys or extra hours in the day.

They include:

- Maximize Love, Manage Stress
- Talk, Sing and Point
- Count, Group and Compare
- Explore Through Movement and Play
- Read and Discuss Stories

The Health Unit made great strides in its efforts to advance healthy child development by becoming the backbone organization for The Basics Nipissing-Parry Sound. As lead, they onboarded three community partners to form a local Basics Coalition:

- Hands TheFamilyHelpNetwork.ca
- EarlyON Child & Family Centre (District of Parry Sound Social Services Administration Board)
- EarlyON Child & Family Centre (Community Living North Bay)



(L-R) Catharine Celebre, Manager, and Charla Sandula, Public Health Nurse of the Health Unit’s Healthy Families program, are proud to promote The Basics Nipissing-Parry Sound.

Together with the Health Unit, coalition members guide local planning and implementation, ensuring that The Basics is embedded across community programs and reaches families where they already live, learn, and play. This shared commitment will help to strengthen families and ensure every child has the opportunity to grow, learn, and thrive.



### Insights at your fingertips

Local parents and caregivers can sign up to be part of the Basics Insights program, and receive free weekly text messages with practical ways to implement The Basics Principles from their child’s birth to age five. More than 200 local families have enrolled, many of whom were inspired by the Health Unit’s social media channels and Healthy Families team. Families have shared positive feedback, noting the messages are helpful reminders to connect with their children in meaningful, creative ways during everyday routines.

### Healthy Families Program Stats

**1,721** encounters on the Family Health Information Line

**1,000** home visits to families at risk

**379** follow up calls with individuals postpartum

**204** breastfeeding clinic encounters

**158** families enrolled in online prenatal education

**106** children actively screened for developmental milestones

**11** families participated in the 16-week Families in the Kitchen Food Skills Program

# Planet Youth Nipissing

Youth in the Nipissing district have more opportunities to get involved in their communities, thanks to Planet Youth Nipissing's Youth Impact Fund. The fund provided \$166,248 to support 82 youth-focused initiatives delivered by local organizations.

The Youth Impact Fund is supported by a federal grant from the Public Health Agency of Canada and helps organizations offer programs that respond to local needs, build connections, and reduce barriers to participation. Projects that received funding in 2025 covered a wide range of focus areas, including arts and creativity, well-being and mental health, culture and inclusion, family engagement, outdoor and physical activity, and leadership and education.

Early results show positive impacts. Youth gained more chances to build skills and take on leadership roles, while new or improved spaces supported social connection and mental well-being. Initiatives also helped address barriers such as transportation and stigma, supported families in learning together, and provided training for adults who work with youth.

Planet Youth Nipissing is a collective impact initiative led by the North Bay Parry Sound District Health Unit in partnership with 27 local organizations. Focused on addressing the root causes of early substance use, its model aims to build environments where children and youth can engage and thrive. Planet Youth Nipissing continues to grow as more partners get involved.



A Public Health Agency of Canada funding announcement was celebrated at the Health Unit's North Bay office on September 5.

(L-R) Mayor Kathleen Thorne Rochon of West Nipissing; Alyssa Bedard, Community Development Coordinator; Dr. Carol Zimbalatti, Medical Officer of Health; MP Pauline Rochefort of Nipissing—Timiskaming; East Ferris Mayor Rick Champagne.

# Student Placements



The Health Unit supported 50 student placements across different disciplines including nursing, dietetics, education, social work, and graduate-level research. Graduate students focused on substance use in pregnancy and early parenting, and supported the Planet Youth Nipissing initiative. Third-year nursing students helped improve client-facing services by developing health promotion materials for the Sexual Health clinic, creating tools to help staff assess client resources, and delivering engaging infection prevention and control education directly to children and staff in childcare centres.

Another project involved a student group working with the Foundational Services program to look at how the Health Unit collects information about people, such as age, income, and background. The students talked with staff, reviewed best practice guidelines, and shared clear suggestions for improvement. This work helped support a larger Health Unit project focused on using this information to better understand and reduce health differences in programs and services.

“ We deeply value the work our students do and the fresh perspective they bring to our teams,” says Terry Smith, Professional Practice Manager. “Supporting students in their academic journeys is a privilege, and we are proud to help foster the next generation of health professionals. ”

The Health Unit remains committed to providing meaningful placement experiences that benefit both students and local communities. Student placements strengthen the organization’s programs, enhance service delivery, and contribute to healthier outcomes.

# 2025 Unaudited Expenses

Program & Service	Dollars (\$)
Foundational Standards	1,820,884
Chronic Disease Prevention and Well-Being	2,853,457
Substance Use and Injury Prevention	1,171,817
Food Safety	963,813
Healthy Environments	310,142
Healthy Growth and Development	1,146,469
Immunization	1,452,985
Infectious and Communicable Diseases Prevention and Control	2,918,740
Safe Water	810,578
School Health	1,978,514
Indirect Costs	5,158,250
Miscellaneous One Time Expenses	601,184
Other Programs	1,791,250
<b>Total Expense</b>	<b>22,978,083</b>

