

# Medical Officer of Health: Report to The Board of Health

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# Medical Officer of Health Update

In my update last month to the North Bay Parry Sound Board of Health, I described some of the Health Unit programs that promote health and prevent illness, thereby reducing health care costs. This month I would like to focus on why it is more important than ever to invest in public health.

In Canada, life expectancy has increased by more than 28 years between 1920 and 2020<sup>1</sup>. Most of these gains were achieved through public health measures such as vaccination programs and improved sanitation which decreased the spread of infectious diseases. Medical advances including antibiotics and improvements in maternal and infant care have also contributed to increases in the life span.

However, gains in life span have outpaced gains in health span. By 2040, the number of adults over the age of 30 with a major illness requiring significant hospital care, is expected to reach one in four, doubling from one in eight in 2002<sup>2</sup>. The number of people living with at least one chronic condition is also expected to increase by two million in the next 15 years. The aging population is the biggest factor influencing these trends, though **structural and social determinants of health**, and chronic disease risk factors shaped by these determinants will also play a significant role.

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*Social determinants of health refer to a specific group of social and economic factors that relate to an individual's place in society, such as income, education, employment, racism, social connections, and access to services.*

*The structural determinants of health are the written and unwritten rules that create, maintain, and eliminate the long-lasting patterns of advantage and disadvantage between socially constructed groups that impact health.*

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<sup>1</sup> Statista (website) [Canada: life expectancy 1800-2020 | Statista](#) Accessed Feb. 12, 2026.

<sup>2</sup> Rosella LC, Buajitti E, Daniel I, Alexander M, Brown A. (2024) *Projected patterns of illness in Ontario*. Toronto, ON: Dalla Lana School of Public Health.

The impacts of an aging population and increasing rates of chronic disease are already being felt by the health care system in Ontario. Challenges such as difficulty in accessing a family physician, emergency department wait times, and hallway medicine frequently make the headlines. Ontario’s Minister of Finance, Peter Bethlenfalvy has recently characterized health spending as “unsustainable”,<sup>3</sup> yet demand will continue to increase given the projected chronic disease trends.

We need to think differently about health spending. While efficiencies should be sought, we must also invest in increasing the population’s health span to reduce the demand on the health care system. Aging is historically associated with increased burden of chronic disease and a decline in quality of life, but research is indicating that this is not inevitable<sup>4</sup>. Chronic diseases are largely caused by modifiable risk factors such as smoking, drinking alcohol, poor nutrition, and being sedentary<sup>5</sup>.

Examining the health of young people can give us a glimpse into our future. National data indicates that in the past 15 years there has been a decrease in the use of alcohol and cigarettes by 12-17-year-olds<sup>6</sup>. However, fewer of these students (21%) met Canadian physical activity recommendations in 2022-2024 as compared to 2018-2019 (36%).<sup>7</sup> In 2023, 18% of Ontario Grade 7 to 12 students reported fair or poor physical health, among the highest reported since monitoring through the Ontario Student Drug Use and Health Survey began

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<sup>3</sup> [Ontario finance minister says rate of health-care spending is ‘unsustainable’ | Globalnews.ca](#) Accessed February 17, 2026.

<sup>4</sup>Chatterji S, Byles J, Cutler D, et al. (2015) Health, functioning, and disability in older adults – present status and future implications. *Lancet* 385(9967):563-575.

<sup>5</sup> Ng R, Sutradhar R, Yao Z, Wodchis WP, Rosella LC. (2020) Smoking, drinking, diet and physical activity – modifiable lifestyle risk factors and their associations with age to first chronic disease. *Int J Epidemiol.* 49(1):113-130.

<sup>6</sup> Health Canada (2025) Alcohol and drug use among students in Canada 2023-24. [Alcohol and Drug Use among Students in Canada, 2023–24](#) Accessed February 18, 2026.

<sup>7</sup> Statistics Canada. Directly measured physical activity and sedentary time in Canada: New results from the Canadian Health Measures Survey, 2022 to 2024. [The Daily — Directly measured physical activity and sedentary time in Canada: New results from the Canadian Health Measures Survey, 2022 to 2024](#) Accessed February 18, 2026.

decades ago.<sup>8</sup> Self-rated mental health has also significantly worsened since monitoring began in 2007. Local data from the 2024 Planet Youth Nipissing Survey found similarly low levels of physical activity and self-reported good or very good physical (50%) and mental (37%) health among Grade 10 students<sup>9</sup>.

These findings indicate an urgent need to change our population approach to health.

Public health plays a vital role in identifying and collaborating on provincial and community strategies that alter risk factors and strengthen protective factors on a population level.

Strategic investments in the social determinants of health and supportive physical, social, and economic environments are critical to promoting healthy aging<sup>10</sup> and to preserving the long-term sustainability of the health system.

Investing in population health is essential - it is one of the most effective levers we have to decrease the cost of health care. In Ontario, over 40% of the total budget is directed to health spending<sup>11</sup>, while less than 2% of health spending is invested in public health<sup>12</sup>. This imbalance limits our ability to prevent chronic disease and reduce avoidable demand on the health care system. Now more than ever, strategic investments in population-level prevention and the social determinants of health are required to shift this dynamic. Strengthening prevention today will reduce hospitalizations, improve quality of life, and help ensure the sustainability of Ontario's health system for future generations.

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<sup>8</sup> Boak, A., & Hamilton, H. A. (2024). The mental health and well-being of Ontario students, 1991–2023: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health.

<sup>9</sup> Planet Youth Nipissing. [Planet Youth Nipissing Homepage](#) – Accessed Feb. 18, 2026.

<sup>10</sup> Gianfredi V, Nucci D, Pennisi F, Maggi S, Veronese N, Soysal P. Aging, longevity, and healthy aging: the public health approach. *Aging Clin Exp Res.* 2025 Apr 17;37(1):125.

<sup>11</sup> Government of Ontario. [2025 Ontario Budget | In Brief](#) (accessed February 18, 2026)

<sup>12</sup> Ontario Ministry of Health. [Published plans and annual reports 2025–2026: Ministry of Health | ontario.ca](#) (accessed February 18, 2026)

# Programs and Services Updates

## Corporate Services

### *Facilities Operations*

- Preventive maintenance was completed on all critical building systems (HVAC, negative/positive pressure, electrical, emergency power).
- Newly installed vaccine refrigerators in North Bay and Parry Sound were tested and commissioned in partnership with the external temperature monitoring company. Validation confirmed temperature stability, continuous monitoring, alarm escalation, and data logging functionality. This mitigates the risk of temperature excursions, preventing vaccine spoilage, loss of inventory, and service disruption, while ensuring compliance with public health cold-chain requirements.

### *Information Technology*

- Laptop refresh completed for Managers, Foundational Services, and Communications Teams.

### *Human Resources*

#### **Compensation**

The Joint Benefits Committee with the Ontario Public Service Employees Union has resumed meetings. This committee provides a forum for ongoing communication and joint consideration of various concerns related to the benefit plan. Priorities include increasing employee awareness about the benefit plan parameters and claims submission process and criteria.

#### **Occupational Health, Safety, and Wellness**

As part of strategic priority work under Priority 1, Strategy 3: Nurture a Psychologically Healthy and Safe Workplace, a Supervisor's Guide to Psychological Health and Safety was developed to support leaders in fostering psychological health and safety within their programs and services.

The guide was introduced and presented to Managers and Executive Team members in January. New content was also created for the staff intranet pages to highlight and promote community mental health support and musculoskeletal disorder resources. In accordance with organizational immunization procedures, 100% of staff have either received the influenza vaccine or submitted a valid, approved exemption for the current influenza season, with 98% of staff receiving the vaccine.

## **Talent Management**

### ***Professional Development***

Recent compliance training offerings:

- Basic Life Support Instructor Certification – 1 participant

### ***Staffing***

In addition to filling temporary positions, the following permanent positions were recently filled:

- Program Manager, Vaccine Preventable Diseases (1.00 FTE), effective February 9, 2026
- Public Health Nurse, Sexual Health & Harm Reduction Services and Healthy Families (1.00 FTE), start date to be determined
- Registered Dental Hygienist, Oral Health (0.70 FTE), start date to be determined

There has been no net increase in permanent positions.

### ***Student Placements***

The Health Unit welcomed eight students from Canadore College and 11 from Nipissing University for placements in Communicable Disease Control, Vaccine Preventable Diseases, Foundational Services, Healthy Families, Community Health, and Oral Health.

## ***Finance***

The Finance Team has submitted the following documents:

- 2025 Q4 Ministry of Health Standards Activity Report
- 2025-26 Q3 Infection Prevention and Control Hub Report
- 2025-25 Q3 Planet Youth Report

## Clinical Services

### *Communicable Disease Control*

#### **Outbreak Activity**

In January 2026, the Communicable Disease Control program managed six outbreaks in long-term care homes and childcare settings. This included three outbreaks caused by an unknown enteric illness, two COVID-19 outbreaks, and one Influenza A outbreak.

#### **Influenza**

As of January 27, 2026, and since the beginning of the 2025-2026 season, a total of 387 influenza cases have been reported in the district. All cases were influenza A, no influenza B cases have been reported. Influenza activity in the district is sporadic (i.e., occasional, isolated cases with no sustained spread).

To date in the 2025-26 season, 11 influenza outbreaks have been declared in long-term care homes, retirement homes, and hospital settings.

### *Oral Health*

The Oral Health program continues to advance efforts that support community navigation of the Canadian Dental Care Plan, and Non-Insured Health Benefits, alongside provincially funded dental programs including the Ontario Seniors Dental Care Program, Healthy Smiles Ontario, and services for low-income adults.

A key focus has been strengthening communication and outreach with community partners who work closely with priority populations. Staff provided updated information on eligibility criteria, enrollment pathways, coverage details, and how partners can support clients identifying the most appropriate dental program. These activities aim to:

- Improve navigation of federal and provincial dental programs for clients and partners,
- strengthen community partnerships, and
- Reduce barriers to care through clearer referrals, better access, and more coordinated support.

### *Sexual Health*

As part of ongoing efforts to align Sexual Health clinical services with the Ontario Public Health Standards, the Health Unit continues to communicate recent service changes to community members. These changes are designed to better reach targeted and priority populations by ensuring our services remain within the scope of public health, while improving access for individuals without a primary care provider and those seeking care related to sexually transmitted and blood-borne infection or low-cost contraception.

In January, two nurses from the Sexual Health and Harm Reduction Services program delivered a lunchtime, CME-accredited educational session to 12 primary health care providers in the Parry Sound area. The session focused on sexually transmitted infections (STIs), including regional trends in chlamydia, gonorrhea, syphilis, and HIV, current screening and testing and updated management and treatment recommendations for uncomplicated gonococcal infections and HIV.

### *Harm Reduction Services*

Our North Bay Health Box (OHB) vending machine located at 345 Oak Street West continues to provide low-barrier, stigma-free access to essential health and wellness supplies. Since its launch in June 2025, a total of **11, 144 supplies** have been accessed by the community.

Wellness supplies, including socks, shower kits, and oral hygiene kits, were the most frequently accessed items, accounting for the majority of more than **5,000 wellness items** distributed. Harm reduction supplies, sexual health items, naloxone kits, and self-HIV test kits also remain in high demand.



In recent months, the OHB has experienced downtime due to technical issues with the touch screen and cold temperatures. To resolve these issues, staff are working with the lead researchers and the manufacturers to minimize downtime and disruptions to service.

### *Vaccine Preventable Diseases*

With the most recent expansion of the Respiratory Syncytial Virus (RSV) vaccine eligibility criteria, the Vaccine Preventable Diseases program included RSV vaccines in community and in-house clinics alongside influenza and COVID-19 vaccines. These clinics were well attended, with 3,924 COVID-19 doses, 7,780 influenza doses, and 1,378 RSV doses administered across the Nipissing and Parry Sound districts.

The Vaccine Preventable Diseases collaborated with Foundational Services and Community Health to improve awareness of requirements under the Immunization of School Pupils Act and to reinforce the shared role of school boards and school staff in implementing the school immunization program. To increase uptake of optional vaccines such as Hepatitis B and HPV-9,

Vaccine Preventable Diseases used the Panorama Enhanced Analytical Reporting tool to identify eligible secondary school students. Optional vaccine catch-up clinics were incorporated into the secondary school immunization process, and Immunization Notices were issued to the identified cohort, resulting in increased immunization uptake at secondary school clinics.

## **Community Services**

### *Environmental Health*

The start of the calendar year marks the annual reset point for all facility inspections. Each year, the Environmental Health program reviews more than 2,200 facilities across the district.

At the start of each inspection year, initial inspections of food premises include a standardized risk assessment that considers compliance history, outbreak history, operational complexity, and the number of food handling steps. Facilities are categorized as low, moderate or high risk, which determines whether they require one, two, or three annual inspections respectively.

Progress continues on enhancements to the enforcement disclosure system on the Health Unit's website. Under the Ontario Public Health Standards, public health units are required to disclose enforcement actions related to food safety, health hazards, infection prevention and control, safe drinking water, tanning beds, and tobacco, vapour, and smoke. Online disclosure for tobacco, vapour, and smoke enforcement actions has been completed, with additional program areas to follow. The [enforcement disclosure page](#) can be accessed by searching "Enforcement Actions" on the Health Unit's website.

### *Healthy Families*

#### **Infant Feeding Survey**

The World Health Organization, Health Canada, and the Canadian Pediatric Society recognize breastfeeding as providing optimal nutritional, immunological, and emotional support for infants and young children. Breastfeeding also provides benefits for parents, including reduced

incidence of breast and ovarian cancers, and contributes to several United Nations Sustainable Development goals, including no poverty, zero hunger, good health and well-being, no inequity, and responsible consumption and production. The Ontario Public Health Standards (2021) require breastfeeding to be addressed based on an assessment of local needs.

To better understand infant feeding practices across the Health Unit region, the Health Unit is conducting an Infant Feeding Survey to collect information from new parents about their experiences during their baby's first six months.

New parents are invited to participate in the Infant Feeding Survey during an initial support call from a public health nurse, conducted within 48 hours of hospital discharge following consent obtained at the hospital. During the call, parents are offered available services and supports and asked whether they would be willing to participate in the Infant Feeding Survey when their baby is six months old. For those who consent, contact information is collected and parents are contacted again when their infant reaches six months of age to complete the survey.

Recruitment began in September 2024, with participation beginning March 2025, six months after the initial babies' birth. Recruitment is ongoing. A total of 274 completed surveys are required to produce results generalizable to the Health Unit region. As of January 2026, 403 parents agreed to participate in the Infant Feeding Survey; 282 have been contacted and 157 surveys have been completed, representing a 56% response rate to date.

### *Community Health*

The HealthEdConnect e-Newsletter ([Edition 1](#), [Edition 2](#), [Edition 3](#)) is published quarterly to keep school boards and staff informed about Health Unit programs and services that support school communities.

Each edition includes updates on grant opportunities, curriculum-aligned [Lending Library](#) resources, and the roles of Public Health Nurses and Community Health Promoters in schools. The newsletter also highlights collaboration opportunities that strengthen partnerships between schools and the Health Unit.

The newsletter features emerging and ongoing public health topics relevant to school settings. Recent topics have included head lice, hand, foot and mouth disease, and sexual health education resources, with practical, evidence-informed guidance to support safe and healthy learning environments.

Content is developed by the multidisciplinary School Collaboration Group, with representation from Communicable Disease Control, Vaccine Preventable Diseases, Healthy Families, Sexual Health, Environmental Health, Oral Health, Indigenous Engagement, Foundational Services, and Community Health. Their collective expertise ensures each edition reflects current priorities, addresses school needs, and supports coordinated communication across public health programs.



## Emergency Management

The Health Unit continues to monitor the Ontario Vigilance Bulletins from Environment Canada for extreme cold weather events. In January 2025, 20 days met the criteria for an Extreme Cold Weather Alert.

## Organizational Effectiveness

### Quality, Practice, and Relations

### Quality Assurance

The Quality Assurance program has initiated a Continuous Quality Improvement (CQI) project and a formal evaluation of the Quality Assurance system. This work will examine the effectiveness, structure, and workflows involved in managing key control documents, including operational policies, procedures and directives, medical directives, and quality issue reporting mechanisms. The review will identify opportunities to improve consistency, clarity, and usability across the system. Findings from the CQI project and evaluation will inform future enhancements to strengthen overall performance.

### **Professional Practice**

Within Professional Practice, the student placement portfolio lead has transitioned to the Human Resources Department. Professional Practice will continue to provide support as needed during the transition period. The Manager will maintain a consultative role regarding practice issues involving students and will continue to serve as a resource to health unit preceptors.

Professional Practice is also collaborating with the local Children's Aid Society to deliver upcoming training for Health Unit staff. The session will focus on Duty to Report and is intended to strengthen staff understanding of legislative requirements and support consistent application of reporting responsibilities.

### **Communications**

Collaboration has continued to shape communications activities entering 2026. The Communications and Foundational Services Teams are using a two-lens approach, applying both a health equity lens and a public engagement lens, to guide and support annual messaging for programs such as Communicable Disease Control and Environmental Health.

Collaboration has also guided planning for the HPV vaccine campaign launching in March 2026. The campaign brought together six program areas to examine the impacts of low HPV vaccine uptake among youth and to determine strategies to reduce stigma while reframing the vaccine as an important cancer-prevention measure.

## **Priority 3 Strategy 2: Engagement Summary Report on Municipal – Health Unit Communications**

In late November and early December 2025, the Health Unit hosted a series of focus group sessions, facilitated by an external consultant, to better understand how to strengthen communication and connection with municipalities across the Health Unit region.

Two focus group sessions were held with Health Unit staff, and five sessions were held with municipal representatives. In addition, one-on-one interviews were conducted with individuals who were unable to attend a focus group session. In total, 59 individuals participated in the engagement process, including 17 Health Unit staff and 42 municipal representatives.

Thematic analysis of the detailed focus group and interview notes identified several key findings. Participants expressed a strong desire for more proactive and consistent communication from both the Health Unit and municipalities. There was interest in designating specific Health Unit staff to act as municipal liaisons and a need for tailored information sharing that recognizes regional differences across the district. Participants also identified examples of successful past collaborations, alongside gaps in awareness of Health Unit services, challenges with contact accessibility, and limited mutual understanding of respective priorities.

The findings of the thematic analysis are being used to inform the development of a municipal communication and outreach plan with measurable actions and outcomes. Through strengthened communication and connection, the plan aims to increase municipal awareness of public health roles and services and to support more effective action and advocacy for public health initiatives that benefit our communities across the region.

More information on the municipal communication and outreach plan will be shared with the Board of Health and municipalities in the spring.

### *Indigenous Engagement*

The Giiwedno Mshkikiiwgamig (North Bay Indigenous Hub) presented the Health Unit with a beautiful piece of artwork during a Letters of Relationship Celebration, where 15 community partners from the North Bay and Parry Sound District formally signed Letters of Partnership with the North Bay Indigenous Hub. These partnerships affirm a shared vision of building safe, inclusive, and culturally respectful pathways for Indigenous community members and represent a significant milestone in the Models of Care Project, which focuses on improving cultural safety and Indigenous health outcomes across the region.

The Health Unit also received a commemorative plaque to accompany the artwork, recognizing the organization's commitment to reconciliation efforts and culturally safe health care practices.

The Health Unit has committed to have all staff complete Anishinaabe Mino' Ayaawin - People in Good Health training; over 60% of staff have completed the training. This initiative supports staff learning and reflection and aligns with the Health Unit's strategic priorities and commitment to fostering Mino-Bimaadiziwin (the good life) in partnership with Indigenous partners, communities, and individuals.



## *Foundational Services*

### **Effective Public Health Practice**

- Foundational Services is supervising four 3<sup>rd</sup> year nursing students who are working on projects related to the internal Population Health Assessment and Surveillance committee and a Sociodemographic Data (SDD) collection project. Students are gathering a data inventory of Sociodemographic Data collection across client facing programs.
- An internal task group has been formed to refresh the Health Unit's organizational planning framework and held its first meeting in January.
- Foundational Services is supporting two new Quality Improvement projects:
  - **Finance Quality Improvement Project:** Focused on developing a consistent, reliable, and cost-effective process for transporting vaccines, supplies, water samples, and program materials between Parry Sound, North Bay, and Burk's Falls, addressing current inefficiencies such as fragmented staff-driven trips, irregular courier use, and risks to product integrity.
  - **Quality Assurance Quality Improvement Project:** Focused on understanding whether the current Quality Assurance process is clear, intuitive, and workable for staff, and identifying steps where confusion or barriers may exist.

### **Health Promotion**

- Multiple coordinated, cross-program health promotion initiatives and campaigns will be launched in 2026, including vector-borne disease prevention, extreme heat and air quality messaging, and the human papillomavirus (HPV) campaign. The Health Promotion Planner role provides a bird's-eye view of organizational health promotion activities to support more coordinated, efficient, and impactful strategies.

## **Health Equity**

- Twenty-one non-profit, charitable and government-funded organizations and groups serving priority populations received funding from the Health Unit to support health equity focused professional development for staff and volunteers. Training occurred between September and December 2025 and aligned with the Health Unit's strategic plan. Focus areas included racial equity, anti-racism, anti-discrimination and anti-oppression, Indigenous cultural safety and engagement, mental health, substance use prevention, and harm reduction, poverty and homelessness reduction, and trauma-informed practice.