

Medical Officer of Health: Report to The Board of Health

Prepared by Dr. Carol Zimbalatti
Medical Officer of Health/Executive Officer

September 23, 2026

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.

myhealthunit.ca

📍 345 Oak Street West,
North Bay, ON P1B 2T2

☎ 1-800-563-2808
705-474-1400

📠 705-474-8252

📍 90 Bowes Street, Suite 201,
Parry Sound, ON P2A 2L7

☎ 1-800-563-2808
705-746-5801

📠 705-746-2711

Table of Contents

Medical Officer of Health Update.....	3
Strengthening Partnerships and Community-Based Health Promotion.....	3
West Parry Sound OHT Work Assignment	3
North Bay Indigenous Hub Secondment	4
Programs and Services Updates	5
Corporate Services	5
Facilities Operations	5
Information Technology	5
Human Resources	5
Finance.....	6
Clinical Services	6
Communicable Disease Control.....	6
Oral Health.....	7
Sexual Health	8
Harm Reduction Services.....	9
Vaccine Preventable Diseases	10
Community Services.....	10
Environmental Health.....	11
Healthy Families	12
Community Health.....	12
Emergency Management	13
Organizational Effectiveness	13
Quality, Practice, and Relations.....	13
Indigenous Engagement	15
Foundational Services.....	17

Medical Officer of Health Update

Health and social service organizations across the districts are finding it harder to make ends meet. In this environment of fiscal restraint, the North Bay Parry Sound District Health Unit (Health Unit) is exploring how we might collaborate with partners to make public dollars go further while staying true to our mandate and strategic priorities.

Some of the ideas being explored with community partners include staff secondments to organizations whose work complements our own, as well as opportunities for community use of Health Unit spaces, such as meeting rooms or unused blocks of time in clinical areas. Below are two examples of recent collaborations:

Strengthening Partnerships and Community-Based Health Promotion

West Parry Sound OHT Work Assignment

The purpose of the Community Health Promoter (CHP) assignment with the West Parry Sound Ontario Health Team (WPS OHT) is to support WPS OHT priorities through a health promotion, community engagement, knowledge translation, and partnership approach.

The CHP assignment currently supports initiatives related to Alternate Level of Care (ALC) prevention and reduction, patient and community engagement, and knowledge translation of system and community partners.

This assignment has:

- Allowed for integration of Health Unit and OHT goals, including a focus on older adults, frailty and community service awareness.
- Offered the opportunity to support rapid literature reviews of evidence that will be of benefit to the Health Unit as well as the OHT, including how best to reach adults living in rural communities with health information.

- Built and strengthened relationships with community partners across sectors
- Allow for community engagement and relationship building among partners, municipalities, and primary care.
- Led to insights into planning for future program activities that could overlap between OHT and NBPSDHU goals.

North Bay Indigenous Hub Secondment

A Registered Dietitian (RD) secondment at the North Bay Indigenous Hub (NBIH) began in mid-May and has offered an opportunity to strengthen relationships between the NBIH and the Health Unit over the past months. Highlights of the role include the opportunity to connect internal staff at NBIH with internal staff at the Health Unit, as well as enhancing the seconded RD's knowledge of cultural safety practices. These learnings can be disseminated within the Health Unit as applicable. The opportunity to work with NBIH staff to co-create and deliver health promotion workshops for community members in a wholistic way has benefitted both Indigenous clients and the partnership between organizations.

Programs and Services Updates

Corporate Services

Facilities Operations

North Bay

- Installed public facing Anishinaabemowin language signage.
- One parking space has been designated for Indigenous Elders.
- Preventative maintenance conducted on the Uninterruptible Power Supply (UPS) system for the building.

Parry Sound

- Maintenance conducted on UPS system for the building.



Information Technology

- Wireless access points were upgraded at both the North Bay and Parry Sound offices, improving wireless network coverage, connectivity, and overall reliability for staff.
- Network Infrastructure Refresh Project. Replacing end of life system components to provide continued reliability and security of our network.

Human Resources

Safer Minds Monthly, a new staff engagement and awareness initiative, launched in September through a collaboration between Human Resources and the Strategic Planning Workgroup. The initiative is designed to increase employee awareness of the psychosocial factors that influence workplace mental health and psychological safety, while encouraging discussion about organizational strengths and opportunities for improvement. Over the next 12-15 months, each psychosocial factor will be highlighted to support ongoing learning, reflection, and engagement among staff.

Professional development sessions coordinated through Human Resources include:

- De-escalating Potentially Violent Situations - 80 participants
- Basic Life Support full certification – 6 participants
- Numerous Basic Life Support sessions scheduled for this fall.

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

- Family Home Visitor, Healthy Families (0.80 FTE), effective July 2, 2026
- Health Promotion Specialist, Foundational Services (1.00 FTE), effective July 6, 2026
- Accounting Clerk, Finance (1.00 FTE), effective July 20, 2026
- Public Health Nurse, Sexual Health & Harm Reduction Services (0.80 FTE), effective August 3, 2026
- Public Health Inspector, Environmental Health (1.00 FTE), start date to be determined

There has been a 0.20 FTE net increase in permanent positions.

Finance

The Finance Team has submitted the following documents:

- 2026 Q2 Ministry of Health Standards Activity Report
- 2026-27 Q1 Infection Prevention and Control Hub Report
- 2026-27 Q1 Planet Youth Report

Clinical Services

Communicable Disease Control

Viral Hemorrhagic Fevers - Ebola Disease

Viral hemorrhagic fevers (VHFs) are a group of viral illnesses caused by different virus families. Common symptoms include fever, headache, muscle and joint pain, fatigue, abdominal pain,

vomiting, and diarrhea. Illness severity can range from mild to severe, depending on the virus and the individual. Examples of VHF include Ebola disease, Marburg disease, and Lassa fever. To date, Ontario has never reported a confirmed VHF case.

Ebola disease is a serious illness that is spread through direct contact with the bodily fluids of a person who is sick with Ebola disease or who has died from it. The average case fatality rate for Ebola is around 50%. On May 16, 2026, the Africa Centres for Disease Control and Prevention reported a confirmed outbreak of Ebola disease caused by Bundibugyo virus in Ituri Province, Democratic Republic of the Congo (DRC). The outbreak was subsequently identified in Uganda following the travel of an infected individual from the DRC. On May 17, 2026, the World Health Organization (WHO) declared the ongoing Ebola disease outbreak in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern.

The Ebola outbreak in Uganda has since been declared over; however, the outbreak in the DRC remains active and continues to pose a significant public health concern, particularly in Ituri Province.

In response to the outbreak and the potential risk of importation, the Government of Canada implemented temporary border measures on May 30, 2026, and then a new federal Emergency Order under the Quarantine Act on August 30, 2026. The Order applies to travellers who have been in the DRC, Uganda, or South Sudan within the previous 21 days. Eligible travellers entering Canada are subject to a mandatory health assessment and, depending on their circumstances, specific public health measures including 21 days of quarantine. The traveller's information is provided to the public health unit where the traveller is quarantining.

The CDC program follows up with travellers referred by the Public Health Agency of Canada (PHAC). This includes completing a clinical assessment and providing education and instructions for symptom monitoring.

Oral Health

Community partnerships continue to strengthen and advance initiatives that improve equitable access to oral health services and preventive care. Planning with the District of Nipissing Paramedic Services CAMP Van continues in support of a shared vision of bringing preventive oral health services directly into communities. This collaborative approach leverages partnerships with local school boards to explore sustainable models for delivering preventive oral health services to children in school settings, helping reduce barriers to care and improve access for families.

Community outreach has also expanded through partnerships that promote oral health education across the district. Staff collaborated with Miigwansag Child Care in Parry Sound to provide engaging oral health education and preventive messaging to preschool-aged children, helping establish healthy oral hygiene habits at an early age.

Staff also collaborated with United Way at a Ready for School event in August, providing oral health education and interactive activities for children and families. The goal of this collaboration was to promote healthy oral hygiene habits, assist families in navigating publicly funded oral health programs and services, and to connect eligible children with available preventive and treatment services.

Sexual Health

In response to increasing rates of gonorrhea infections across the district, a public health bulletin was recently distributed to health care providers. The bulletin highlighted the rise in cases, encouraged testing of all relevant exposure sites, and raised awareness that gonorrhea treatment is available at no cost through the Health Unit. Public messaging has also been enhanced through social media and other communication channels to promote sexual health services and increase awareness of testing and treatment options.

Public health nurses are preparing to once again provide comprehensive sexual health services to students across the district during the 2026-2027 school year in partnership with secondary schools. At the post-secondary level, the Health Unit engaged students at Nipissing University

during Orientation Week. A key focus of this outreach was sexual health and harm reduction education, including promoting the importance of regular testing and reducing barriers to access through GetaKit, which offers mail-out HIV self-tests and online requisitions for sexually transmitted and blood-borne infection testing for eligible individuals.

Harm Reduction Services

The Health Unit continues to partner with community organizations to support infectious disease prevention, harm reduction, overdose awareness, and substance use recovery initiatives. On July 23, staff participated in World Hepatitis Day at the Kiwanis Bandshell, coordinated by the AIDS Committee of North Bay and Area (ACNBA). During the event, staff provided health promotion resources, naloxone training and kits, and information on Hepatitis prevention and sexual health services. The Health Unit also partnered with community organizations, with ACNBA serving as the lead organizer, to support International Overdose Awareness Day on August 31.



In addition, the Health Unit will play an active role in the Recovery Rocks initiative at the Shadfly House on September 25, led by the Canadian Mental Health Association (CMHA). Through these initiatives, the Health Unit enhances access to naloxone training, harm reduction resources, and community supports while strengthening awareness of available services. This work aligns with the Health Unit's mandate to promote health, prevent illness and injury, reduce health inequities, and support community well-being.

To further strengthen community harm reduction capacity, the District of Nipissing Social Services Administration Board (DNSSAB) Outreach Team was recently onboarded to the Ontario Naloxone Program through the Health Unit. Four outreach workers and the program manager received training on naloxone administration and safe sharps handling practices. Training also included overdose reporting requirements, safe disposal procedures, and key considerations for responding to suspected overdoses.

Vaccine Preventable Diseases

In preparation for the upcoming seasonal respiratory vaccine season, 120 refrigerator inspections were completed across the district this summer. These inspections are an essential part of the Ministry of Health approval process for healthcare providers and community partners, including pharmacies, that wish to participate in the seasonal vaccine program (Influenza, COVID-19, and RSV vaccines).

In addition to seasonal vaccines, the Health Unit has been supporting local pharmacies as they expand their role and start administering routine adult vaccines that protect against tetanus, pertussis, diphtheria, pneumococcal disease, RSV, and shingles.

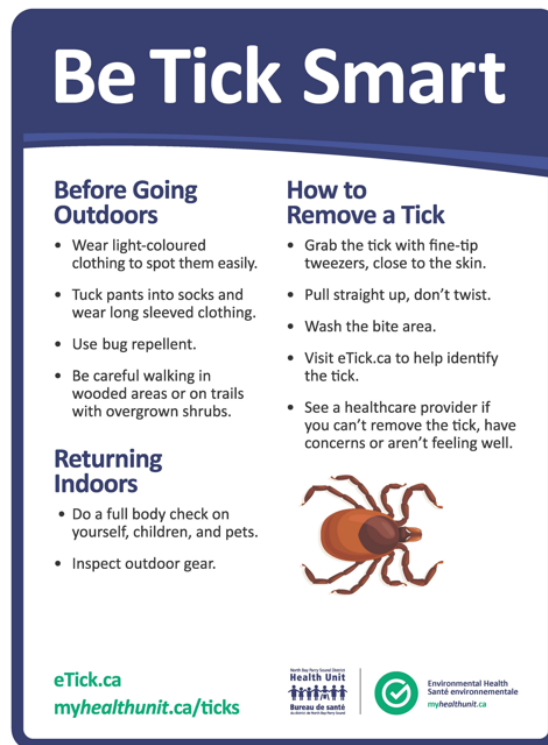
The Health Unit is also planning to offer seasonal immunization clinics for the general public and highest risk individuals across the district again this year, providing convenient opportunities for people of all ages to protect themselves against respiratory viruses. These clinics will also help improve access to immunization for individuals who may face barriers to receiving vaccines through primary care or pharmacy settings.

Together with community partners, the Health Unit continues to explore opportunities to make immunization services more accessible to individuals who may face barriers to accessing traditional vaccination services in the community.

Community Services

Environmental Health

New Tick Smart signs have been developed by the Environmental Health program to display information to the public on how to protect against ticks, check for ticks, and how to remove ticks. In partnership with Mattawa Conservation Authority the signs are being installed at Conservation Authority trails across our district.



Community event applications surged over the summer, with Environmental Health assessing 255 applications between June and September. Inspections of recreational camps, small drinking water systems (SDWS), pools, and seasonal and high-risk food premises also occurred throughout the summer. Within this period, Closure Orders (red signs) were issued to eight (8) food premises. A food premise is closed when it is assessed to pose a health hazard to the public (i.e., major insect/rodent infestation, no hot/cold running water, sewage back-up, fire, flood, and/or power outage).

No beach water quality complaints have been received as of September, however three lakes in our district have had reports of confirmed or possible Harmful Algal Blooms (HABs); all three having confirmed HABs in previous years.

A total of 73 adverse water quality incidents were reported to our office between June and September. During this period 39 boil water advisories and two (2) drinking water advisories were issued.

Healthy Families

The Healthy Families program continues to use digital health promotion strategies to increase awareness of evidence informed resources and services.

In February, a Healthy Babies Healthy Children (HBHC) social media campaign invited caregivers to share favourite books, songs, and everyday interactions with their children. The campaign generated strong engagement and created opportunities to reinforce key messages related to early literacy, language development, and positive parent-child relationships, while highlighting the meaningful connections already taking place within families. In May, internal collaboration with the Indigenous Engagement and Development program resulted in the creation of culturally relevant social media content on Indigenous perinatal mental health supports available within the region. The content reached audiences beyond the Health Unit's local community through partners within the Northern Maternal Child Network, extending awareness of available supports.

In addition, [monthly family activity calendars](#) based on [The Basics principles](#) have been developed and are now distributed through HBHC home visits, EarlyON Child and Family Centres, and social media channels, providing families with practical ways to support healthy child development through everyday interactions and routines.

Community Health

Community Health is advancing collective action on adverse childhood experiences (ACEs) and resilience, recognizing their significant influence on lifelong health and well-being. The ACEs

and Resilience Working Group, operates under the Muskoka, Nipissing, and Parry Sound Child and Youth Planning Table (MNPSCYPT) and is led by the Health Unit. With MNPSCYPT support, this work is evolving beyond knowledge translation and professional development to a comprehensive health promotion approach to address early adversity and build resilience. This shift builds on the [Community Resilience Learning Movement](#) which, since October 2025, has engaged more than 600 service providers from over 50 organizations across 13 sectors through events, presentations, and online training. Current priorities include: supporting MNPSCYPT to promote healthy public policies that reduce family stressors; leveraging data within the ACEs and Resiliency Dashboard to support decision-making and policy advocacy; and strengthening shared action through workshop-style events being held in North Bay, Parry Sound, and Huntsville this October, which will introduce [Ontario Early Adversity and Resilience Framework](#). This work aligns with Priority 2, Strategy 3 of the Health Unit's Strategic Plan and represents an upstream approach to improve population health and prevent mental illness, substance use, chronic disease, and premature mortality.

Emergency Management

Monitoring of emergency department visits to local hospitals for direct heat-related and air quality respiratory-related illness this summer identified two separate events where two or more exceedances of the 2024 seven-day moving average (plus two standard deviations) were generated within a five-day period.

For air quality, the exceedance occurred over July 14 and 15 consistent with yellow or orange air quality warnings issued for large parts of the Health Unit region. With respect to heat, the exceedance occurred August 5 and 6.

Information on the Health Unit's website and social media supported timely notifications and information being disseminated by Environment Canada.

Organizational Effectiveness

Quality, Practice, and Relations

Quality Assurance

Work on the evaluation of the Quality Assurance (QA) system remains a key area of focus. Analysis of organizational survey results has been completed, providing insight into staff experiences with policies, procedures, and directives. Findings have helped identify opportunities to strengthen the current framework, improve consistency across the organization, and enhance the overall usability of the QA system.

Survey results indicated that staff would benefit from additional supports to assist with the development, review, and approval of policies and procedures. Efforts are now underway to identify and implement improvements in several areas. This work will support a more accessible and user-friendly QA system while strengthening the organization's capacity to maintain current, consistent, and effective policies and procedures.

Professional Practice

Professional Practice has continued to advance the development of a documentation auditing process to support quality, consistency, and accountability in professional record keeping across programs with regulated staff. Following the completion of background research and the development of preliminary audit tools, Communicable Disease Control (CDC) is in the process of piloting a documentation audit process. The pilot is helping to test the proposed approach, identify opportunities for refinement, and gather practical feedback from users. This work will contribute to a consistent organizational approach to monitoring documentation quality and supporting professional practice standards.

Professional Practice also continues to participate in the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline development initiative focused on Intimate Partner Violence (IPV). This multi-year project has progressed to the Build phase, during which expert panel members review current research and evidence to develop practice recommendations. Participation in this work provides ongoing access to emerging evidence and leading practices that can help inform professional practice within the organization.

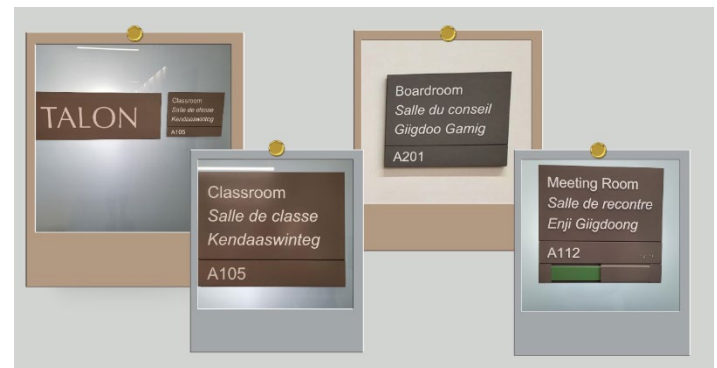
Communications

Communications continues to support organizational priorities through the development and coordination of public information and health promotion messaging. Work is currently underway with programs to develop and disseminate communications related to respiratory illness prevention, immunization, and other seasonal public health priorities. This includes supporting public awareness of recommended preventive measures and promoting access to vaccination services.

Communications have also collaborated with several program areas on the development of a municipal election primer for distribution to election nominees. The resource highlights key public health issues affecting communities and provides information on the role of public health, helping nominees better understand how public health priorities intersect with municipal policies and decision making.

Indigenous Engagement

The Health Unit continues to strengthen the cultural safety and inclusivity within its physical spaces. Anishinaabemowin has been incorporated into select public-facing signage at the North Bay and Parry Sound offices, reflecting and honouring the language and culture connected to the traditional territories on which our Health Unit



offices are situated. Translations were provided through the knowledge and guidance of Nipissing First Nation Elder June Commanda, Hector Copegog, and the Wasauksing Anishinaabemowin Group.

A new mural, inspired by guidance from the Indigenous Wellness Circle and created by Indigenous artist Tessa Pizzale, has also been installed in the North Bay office's indoor smudging space. The artwork reflects connections to land, water, culture, community, and wellness and strengthens the presence of Indigenous perspectives and cultural representation within the Health Unit.

Together, these initiatives contribute to culturally safer and more inclusive spaces while advancing the organization's ongoing commitments to relationship building, and reconciliation.



Culturally Relevant Health Promotion

The Indigenous Engagement Program continues to advance health promotion through collaborative and culturally relevant approaches. In partnership with the Indigenous Health Unit, a four-part diabetes prevention health promotion series for youth is currently being developed for delivery within First Nation communities.

The series integrates diabetes prevention and wellness education with culturally relevant, strengths-based approaches that recognize the interconnectedness of physical, mental, emotional, and spiritual wellness. The initiative is designed to be engaging, meaningful, and relevant to First Nation youth and communities, while recognizing culture, community, language and connection as important contributors to health and wellbeing.

This collaborative initiative will also be presented virtually in November at Public Health Ontario's TOPHC, with a focus on Northern priorities. The presentation will highlight culturally relevant and responsive health promotion materials and approaches to wellness and

prevention for Indigenous Peoples and communities, while sharing these learnings with a broader public health audience.

Foundational Services

Effective Public Health Practice

- The sociodemographic data (SDD) collection project team is moving forward with a pilot project to collect social determinants of health data as part of oral health service delivery and surveillance activities. The project is being submitted for ethics review, which is a key milestone in assessing the feasibility, acceptability, and value of collecting SDD information within oral health programs. The pilot aims to improve understanding of factors that influence oral health outcomes and access to care, helping to inform future program planning, health equity initiatives, and evidence-based decision-making.

Organizational Planning

- For the 2026 planning year (2027 implementation), staff from multiple teams will come together for two standards to review evidence, agree on shared priorities aligned with OPHS outcomes, and operationalize them through shared ownership at the team level. The two standards selected for this pilot project are Comprehensive Health Promotion and Infectious and Communicable Diseases Prevention and Control. A planning task group has been established for each standard, with three planning sessions taking place in the fall focusing on building shared understanding, identifying needs and priorities, and setting 2–3 shared priorities per standard. These priorities will guide alignment of existing activities and identify opportunities for new collaborative work. The approach emphasizes shared ownership of priorities across teams rather than working in silos, with an evaluation planned for early 2027 to inform future planning cycles.

Health Promotion

- The Health Promotion Specialist is currently leading and chairing the Northern Ontario Health Promotion Community of Practice (CoP). The goal of the CoP is to knowledge

share, problem solve, exchange resources, undertake collaborative projects, build capacity, align advocacy work, discuss ideas, network and relationship build. The CoP has representation from all Northern Ontario Public Health Units.

Health Equity

- The Operational Directive for Engaging People with Lived and Living Experience is nearing completion. Reviewer feedback is being incorporated and work with Finance is underway to finalize the associated compensation procedure. We are collaborating with other health units who are also developing policies related to engaging people with lived experience to share insights and resources. Next steps for this project include creating a knowledge translation plan to support the directive's implementation and developing an internal Community of Practice to build a shared understanding among relevant staff of meaningful lived experience engagement, support learning and alignment across projects, and provide opportunities for collaboration, feedback, problem-solving, mentorship, and peer support.