



# Public Health

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2025–2028 Business Plan  
and 2025 Budget

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# Executive Summary

**Mission:** To keep people healthy and reduce their risk of becoming ill.

## Services We Provide

- Population health assessment and surveillance.
- Infectious disease prevention, management, and immunization.
- Chronic disease and injury prevention.
- Promotion of children’s healthy growth and development.
- Protection from environmental health hazards and other health risks.
- Public health emergency management.
- Health promotion and healthy policy development.
- Community safety and well-being planning and support.

## Interesting Facts About This Service

- Peel Public Health service delivery is provincially and regionally mandated. The service is cost-shared with the Province. However, provincial per capita funding for Peel Public Health continues to be low, despite a growing population and increasingly complex public health issues.
- In Peel, major chronic diseases, such as cardiovascular disease, cancer, respiratory disease, and diabetes, place a significant burden on the daily living, productivity, health, and mortality of residents. In particular, the prevalence of diabetes in Peel has been consistently higher than the provincial rates.
- Due to the COVID-19 pandemic-related backlog in records screening, suspension enforcement, and administering vaccines, 50 per cent, or 115,000 students were missing the record of at least one dose of vaccine required to attend school. Although it will take multiple years to catch-up, Peel Public Health has already made significant efforts to tackle the pandemic-related backlog.
- In Peel, there is an increasing burden of communicable diseases including a high number of institutional outbreaks and increasing rates of some communicable diseases. For example, in 2023 HIV rates increased 154 per cent, and syphilis cases increased 61 per cent, compared to the five-year average from 2018 to 2022.
- There is an increasing demand for inspections due to population growth and the accompanying increased number of food premises, recreational water premises and childcare centres. From 2013 to 2023, there was a 234 per cent increase in high-risk food premises and a 23 per cent increase in childcare centres, all requiring inspections. This year alone, there has been a 5.1 per cent increase in the number of

childcare centres requiring inspection, due to new centres opening and many expanding their capacity.

## Highlights of the Business Plan

- Continue to catch-up and stabilize Peel Public Health’s programs and services post-pandemic to maximize our impact on the community, amid increasing service demands and ongoing Provincial funding shortfall.
- Advance the 2020–2029 Peel Public Health strategic priorities: practicing effective public health; enabling active living and healthy eating; promoting mental well-being; reducing health-related impacts of climate change; and advancing health equity.
- Enhance our approach to creating an inclusive workplace culture and promoting employee well-being.
- Continue to expand the reach and impact of Peel’s Community Safety and Well-being Plan through the Health Services' Strategy, Planning and Partnerships Division, as mandated by provincial legislation.

**Table 1. Budget Summary**

	2025	2026	2027	2028
Operating Net Investment (in \$ thousands)	43,063	53,740	66,083	73,848
Capital Net Investment (in \$ thousands)	550	2,350	1,560	550
Full Time Equivalent	766.1	796.8	811.1	824.8

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# Core Services

## Vision, Mission, Goals of Service and Service Delivery Model

### Vision

Supporting people in Peel in living their healthiest life possible and contributing to the community with public health programs that are dynamic, inclusive, and equitable.

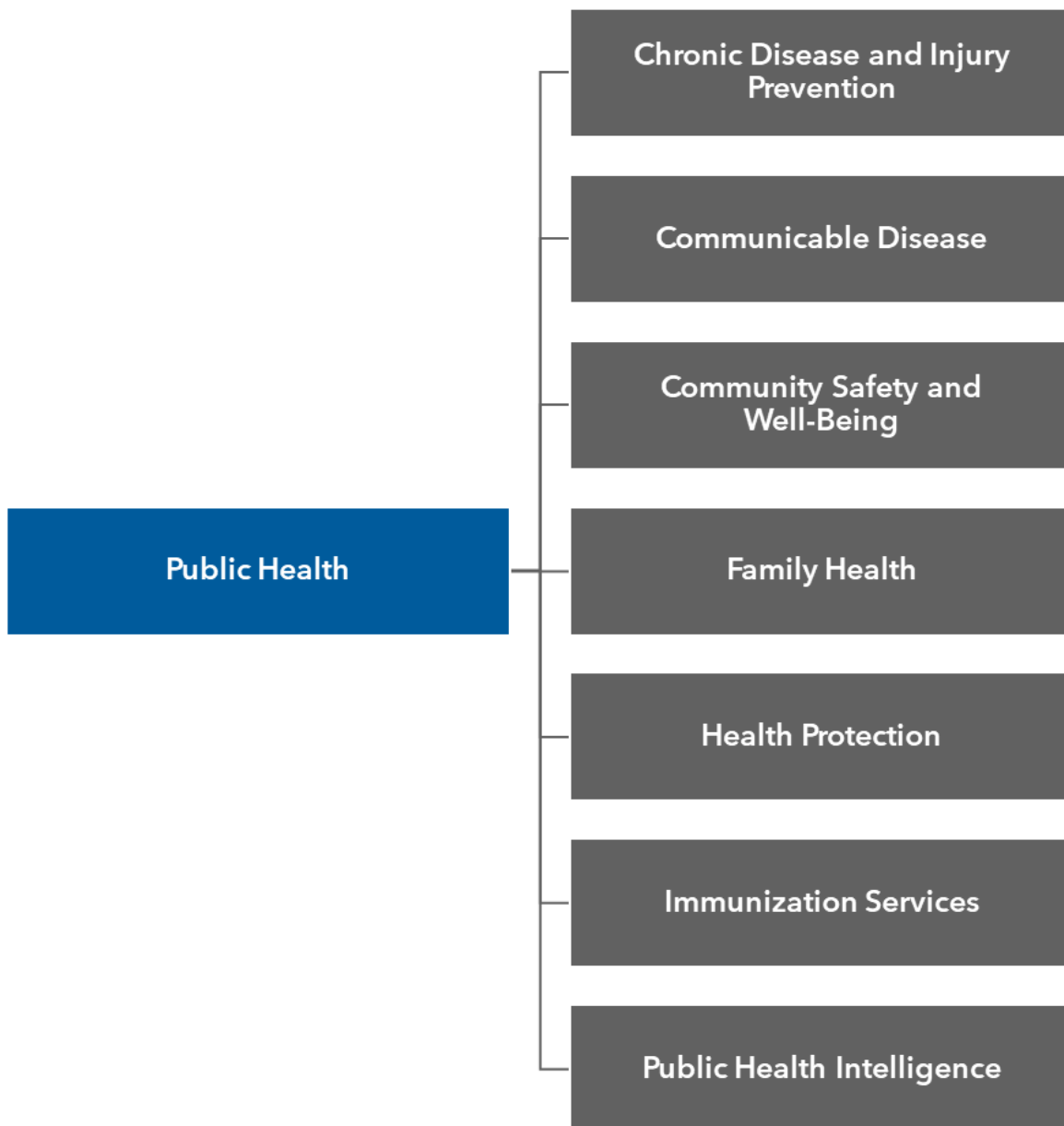
### Mission

To keep people healthy and reduce their risk of becoming ill. Core public health functions are population health assessment and surveillance, health promotion and healthy policy development, health protection, disease prevention, and emergency management.

### Goals of Service

1. Address and prioritize post-pandemic community needs by catching up and stabilizing Peel Public Health's programs and services amid increasing demands and ongoing Provincial funding shortfall.
2. Continue to advance the 2020–2029 Peel Public Health strategic priorities: practicing effective public health; enabling active living and healthy eating; promoting mental well-being; reducing health-related impacts of climate change; and advancing health equity.
3. Enhance the existing approach to create an inclusive and safe workplace culture and promote employee well-being. This includes a focus on leadership capacity building and opportunities for career growth and skill development for all employees.
4. Lead the implementation of Peel's Community Safety and Well-being Plan (2020–2024) and guide a renewal process in 2025 through the Health Services' Strategy, Planning and Partnerships Division. A roadmap will be developed to bolster cross-sector collaboration and advance the shared commitment of making Peel a safer, more inclusive, and connected community where all residents thrive.

## Service Delivery Model



# Service Levels and Trends

## Service Levels

Public health service levels are provincially mandated through the *Health Protection and Promotion Act, 1990*, and include the following:

**The Ontario Public Health Standards and Provincial Public Health Accountability Framework** sets out the provincial requirements for all public health programs and services. The following are some of the ways in which Peel Public Health works to make communities healthier:

- Preventing chronic diseases by creating supportive environments where healthy behaviours are an easy choice.
- Protecting individuals from negative health impacts of substance use through prevention and harm reduction programs, and tobacco and cannabis policies.
- Protecting the community through inspections of food, drinking and recreational water, personal service settings, and tobacco and vaping vendors.
- Improving oral health among children and senior residents.
- Promoting children’s mental and physical development from birth to school years.
- Proactively identifying community and population health needs.
- Enhancing Peel Public Health emergency management planning.
- Protecting the community from infectious diseases to prevent morbidity and mortality.

The Ontario Public Health Standards are currently under review by the Province and it is anticipated the revised Standards will be implemented in 2025.

## Peel Public Health 2020–2029 Strategic Plan

The Ontario Public Health Standards require all Boards of Health to identify their priorities through a multi-year strategic plan. Building on the Region of Peel’s Community for Life Strategic Plan, Peel Public Health’s Strategic Plan – ‘2020–2029 Strategic Priorities for the Future’ was endorsed by Regional Council on October 24, 2019. After focusing on COVID-19 as an emerging interim priority from 2020–2022, work has resumed on the five 10-year priorities, which are:

- Practicing effective public health.
- Enabling active living and healthy eating.
- Promoting mental well-being.
- Reducing health-related impacts of climate change.
- Advancing health equity.

## Community Safety and Well-Being Plan

As legislated by the *Community Safety and Policing Act, 2019*, municipalities must prepare and adopt a Community Safety and Well-being Plan, guided by the Ministry's Community Safety and Well-being Planning Framework. For Peel Region, the Health Services Department's Health Strategy, Planning and Partnerships Division and Peel Regional Police co-lead this work.

In October 2020, Regional Council adopted Peel's Community Safety and Well-being Plan (2020–2024), with a focus on family violence, mental health and addictions, and systemic discrimination. Based on emerging needs in the community and Regional Council recommendation, youth violence prevention and international students were recently added as additional focus areas.

The Plan is currently undergoing an extensive review and refresh which will be completed in 2025. Building on insights and suggestions from a wide breadth of Community Safety and Well-being partners and lessons learned from the past four years, the plan will adapt to meet the changing and current context in Peel. Furthermore, the evolution of Community Safety and Well-being and enhanced integration among internal and external initiatives will allow for the most efficient and effective use of essential resources over the long term.

## Trends

### Continued Provincial Underfunding

Peel Public Health has consistently been underfunded by the Province of Ontario relative to other health units and is one of the lowest per capita funded health units in Ontario. Provincial funding has not kept pace with Peel's population growth or inflationary costs. After having been frozen since 2018, the Province increased annual funding to one percent per year for 2022–2024. However, the Provincial increases have not been enough, as the funding shortfall for 2024 is \$23.5 million, which is expected to grow due to ongoing pressures.

Continued underfunding limits Peel Public Health's ability to meet community needs, mandates, and capacity to address both short term and long term priorities, including:

- Conducting prevention work to reduce rates of diabetes, which are higher in Peel region compared to Ontario.
- Managing increasing rates of communicable diseases.
- Meeting higher demand of mandatory public health inspections.
- Completing post-pandemic catch-up of routine school immunizations, and record screening and enforcement of the *Immunization of School Pupils Act, 1990*.



Although Peel Public Health is continuously finding and employing efficiencies, adequate, predictable, and sustainable funding is necessary to support the successful stabilization of a strong public health service.

### **Increasing Demand for Public Health Services**

As Peel continues to support the Province's efforts to build more homes faster, as well as support the influx of refugees and asylum seekers, demand continues to surge for Public Health services and in the overall health system. A strong local public health service is needed to address increasingly complex public health issues, continue post-pandemic stabilization, and keep the Peel community healthy. With an anticipated future growth in Peel region to just over 2.5 million residents by 2051, the pressure to meet increasing public health needs will continue. These needs are increasing in terms of absolute numbers as well as the complexity of the services required to meet individual and community needs. Examples of these pressures include:

- Increasing burden for communicable disease control in Peel region including a high number of institutional outbreaks and increasing rates of communicable diseases. Peel region's current invasive Group A Streptococcus rates are nearly double the five-year average and active tuberculosis rates have consistently been two times higher than the province. In 2023, HIV rates increased 154 per cent, and syphilis cases increased 61 per cent, compared to the five-year average from 2018 to 2022 for these diseases. The often-unknown needs of asylum seekers add an additional element of complexity to communicable disease control.
- As of April 2024, 19,000 seniors in Peel region are enrolled in the Ontario Seniors Dental Care Program. However, there are 8,500 low-income seniors waiting to receive routine dental care. Due to an aging population with increasingly complex dental needs, the program is experiencing greater uptake than what was forecasted by the Province.
- Demand for public health inspections continues to increase due to growth in Peel region and the accompanying increase in the number of food premises, recreational water premises, childcare centres, and other inspection settings. From 2013 to 2023, there was a 234 per cent increase in high-risk food premises and a 23 per cent increase in childcare centres, all requiring inspections. This year alone, there has been a 5.1 per cent increase in the number of childcare centres requiring inspection, due to new centres opening and many expanding their capacity.

### **Post-Pandemic Catch-up of Critical Services**

Significant staff redeployment during the COVID-19 pandemic disrupted service levels and generated a substantial backlog of work in critical Peel Public Health programs. With Regional Council's ongoing support, Peel Public Health has made substantial progress on post-pandemic catch-up.

However, this continues to affect many programs in areas ranging from need to update plans according to post-pandemic circumstance, reestablish relationships with partners, many of whom are also recovering, and address backlogs in some services. Examples include but are not limited to:

- **Backlog in records screening, enforcement, and vaccination.** Under the *Immunization of School Pupils Act, 1990*, all children ages 4 to 17 who attend school in Ontario are required to report immunizations against nine designated diseases to Public Health (or submit a valid exemption). However, as of April 2024:
  - 50 per cent, or 115,000, students were missing the record of at least one dose of vaccine required to attend school.
  - Coverage rates for routine school immunizations (Hepatitis B, Meningococcal, and Human Papillomavirus (HPV) vaccines) are 10 to 36 per cent below pre-pandemic benchmarks.
- **Children’s dental health.** Peel Public Health is required to conduct dental screening in all schools annually. This screening was paused during the pandemic. In order to catch-up on dental screening, all children in all grades were screened over a two-year period. Children in kindergarten and even grades were provided with screening in both the 2022/2023 and 2023/2024 school years. For the 2024/2025 school year, dental screening will be carried out using a health-equity approach based on risk level.
- **Backlog of immigration medical screening referrals to ensure timely identification of active tuberculosis.** Multiple years of pandemic-related backlog have strained existing resources, increasing the risk of community spread of active tuberculosis that is undetected. Current mitigation includes implementation of a prioritized follow-up of urgent referrals from the Province and for individuals with abnormal findings on their immigration medical report.

## **Understanding Health Inequities Across Peel Communities**

New commitments and initiatives are required to continue supporting health equity action in Peel as we deepen our knowledge of local health inequities and improve our understanding of communities through data and engagement. Peel Public Health is focusing on establishing strong data governance structures, implementing the collection of sociodemographic data, reporting routinely on health inequities, and engaging with community and health system partners in a way that is responsive to local needs. Once inequities are identified, robust program planning approaches will be used to modify and orient interventions and services based on the unique needs of populations that experience marginalization.

# Performance Measures and Results

## Quintuple Aim Framework

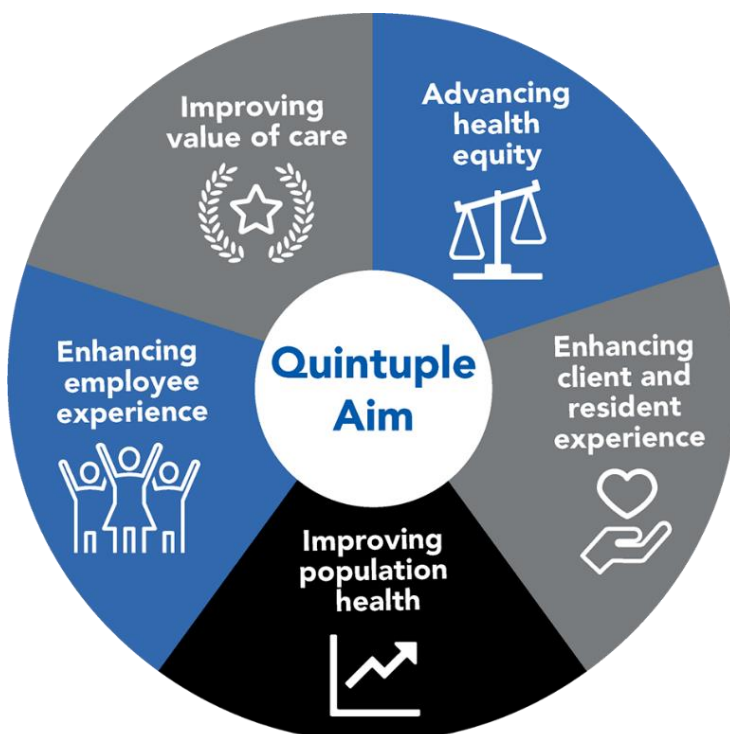
The Quintuple Aim is a framework for addressing system-level challenges. It is grounded in the belief that the simultaneous pursuit of these five aims is necessary for optimal health system functioning:

- Improving population health.
- Enhancing client and resident experience.
- Enhancing employee experience.
- Improving value of care.
- Advancing health equity.

The Quintuple Aim expands on the previous Quadruple Aim with the addition of an aim for health equity. Without an explicit aim for health equity, we miss the opportunity to build equity into all we do and how we work. At Peel Region, this means that health services, experiences and systems are equitable, just and work for everyone; no one is left out or behind regardless of social position or other socially determined circumstances.

The performance measures utilized by Peel Public Health are well-aligned with the Quintuple Aim framework (as shown in Exhibit 1). In addition, the Ontario Public Health Standards mandate Peel Public Health to provide annual service budget plans, quarterly financial reports, and year-end attestations to the Ministry of Health.

### Exhibit 1. Quintuple Aim



The following Peel Public Health initiatives are examples of building infrastructure to support the Quintuple Aim pillar to advance health equity:

- Collecting and applying sociodemographic data within Public Health.
- Developing more equitable service experiences for identified members of the 2SLGBTQ+ community in Healthy Sexuality Clinics.
- Inclusion of community insights and engagement within existing Effective Public Health Practice models.
- Enhancing routine school immunization practices through targeted community-based insights in partnership with Health Commons Solution Lab.

Under the pillar of enhancing employee experience, various initiatives have been implemented to support leadership capacity building and employee well-being, particularly for employees working in high stress and trauma-exposed work environments:

- Procurement of tailored resources and services from experts in workforce well-being, including trauma-informed care, to protect employees from psychological harm in the workplace. For example, over 200 Public Health employees completed Unconscious Bias training in 2023 to address the impact of bias, harassment, and other barriers to a positive workplace environment.
- Dedicated training and coaching sessions for leaders to ensure they are equipped to have challenging conversations about mental well-being and inclusive workplace culture with their team members.
- More than 35 Employee Ambassadors promote and share diversity, equity and inclusion programs, policies, events, and other team-level activities.

The following are examples of some Peel Public Health performance measures related to direct service delivery:

- **Number of children and seniors who received dental care.** This measures how many individuals received preventative services for dental conditions. The goal is to reduce risk of chronic diseases and other oral health conditions (e.g., tooth decay, pain) by reducing inequalities in access to dental care. In 2023, a total of 8,338 low-income seniors received free emergency or routine dental care. For the 2023/2024 school year, 75,186 children were screened for dental issues, of which 9,108 children were identified as having an urgent dental condition.
- **Number of vaccine doses administered through Peel Public Health.** Peel Public Health clinics support vaccine coverage, which is important for infection prevention in the community. The goal is to attain an adequate level of coverage based on population needs. In 2023, Peel Public Health administered 100,944 immunizations to the community, including in 278 schools, 15 community sites, and 205 long term care/retirement home/congregate setting locations. In

addition, Peel Public Health distributed 881,932 doses of vaccine to health care partners, meeting 100 per cent of requests.

- **Number of public health inspections completed.** The goal is to protect Peel residents from disease and injury by ensuring inspected settings are compliant with applicable legislation and regulations. In 2023, Peel Public Health completed a total of 18,037 public health inspections related to food safety, small drinking water systems, personal service settings, recreational water facilities, childcare centres, tanning facilities, health hazard investigations, and tobacco inspections including enforcement of the Region of Peel waterpipe by-law.
- **Number of cases of diseases having a public health significance investigated.** The goal is to protect Peel residents from risk of infectious diseases and outbreaks, preventing further spread. In 2023, Peel Public Health investigated 23,261 cases of diseases of public health significance by managing exposures and tracing contacts of reported cases to reduce transmission risk. It also investigated 369 confirmed outbreaks in community and institutional settings.
- **Number of client visits to healthy sexuality clinics.** Healthy sexuality clinics provide counselling, information and testing for sexually transmitted infections, birth control, and other sexual health services. In 2023, 5,274 clients visited Peel Public Health's healthy sexuality clinics.
- **Number of client contacts related to parenting.** Public Health Nurses provide parents and caregivers with credible health information and support, including answering telephone inquiries, and making referrals to Peel Region programs and community resources. In 2023, the Family Health Call Centre handled 3,985 contacts with parents and caregivers.
- **Increase awareness and public education of family and intimate partner violence.** In support of the Community Safety and Well-being Plan, during 2023, over 25 community, police and municipal partners and 13 Peel Region staff came together to co-design the fourth annual 'Break The Silence' campaign. The digital media strategy garnered over four million impressions and 15,000 webpage visits.



# Awards and Achievements

## Awards

Peel Public Health employees were recognized as part of Peel Celebrates, Peel Region's annual employee awards program:

- **Health Services Commissioner's Values in Action Award: Immunization services/communicable diseases contact centre team.** This work includes handling high call volumes and providing compassionate care through the community nursing platform and has significantly enhanced caller satisfaction and improved community health outcomes in communicable diseases, immunizations, outbreaks, birth control, and sexually transmitted infections.

## Achievements

### Program Remobilization

Peel Public Health remobilized most programs and services, a majority of which were paused or scaled down to respond to the COVID-19 pandemic. Further stabilization is expected in future years.

Examples of milestones achieved during remobilization include:

- During the 2023/2024 school year, 27,540 letters were sent to parents of children in prioritized grades to increase routine childhood vaccine coverage. School and community clinics administered 74,056 routine school immunization doses, including Human Papillomavirus (HPV), Hepatitis B, and Meningococcal vaccines.
- The Healthy Babies Healthy Children program, which promotes healthy growth and development of newborns and young children, fully remobilized in February 2023. The program completed 4,892 home visits by year-end 2023.
- 7,528 free doses of medications to treat sexually transmitted infections were distributed to community partners in 2023.
- 8,184 directly observed therapy appointments were completed in 2023 to support tuberculosis treatment success.

### Participant in World Health Organization Research Program

Peel Public Health was selected as the Canadian organization to participate in the Structured Operational Research and Training Initiative (SORT IT), a World Health Organization program aiming to build operational research capacity within health professionals from around the world. Peel Public Health joins international project teams from other countries to focus on various aspects of vaccine uptake and hesitancy.

## **Academic Publications**

Peel Public Health staff co-authored an article published in the *BMC Public Health* journal. The article describes the community engagement methodology developed to guide public health units in tailoring their strategies to promote COVID-19 vaccination uptake with ethnically and socioeconomically diverse populations.

## **Supervised Consumption Services**

- Responding to drug toxicity related harms is a priority for Peel Public Health and community partners. Peel region is facing a drug toxicity crisis, with 705 drug-related deaths in the last five years (2019–2023). In 2023, opioid toxicity deaths increased, after returning to pre-pandemic levels in 2022, with a 34 per cent increase in 2023 compared to the last five years (2019–2023).
- Peel’s first Supervised Consumption Services Clinic opened on March 4, 2024, as an Urgent Public Health Need Site under the Health Canada exemption to support people who use substances. It is operated by Moyo Health and Community Services with WellFort Community Health Services as the clinical lead. Health and substance-use professionals are available to reverse an overdose if it occurs after an individual consumes their own pre-obtained substances. In addition, the clinic offers basic health care and connections to other health and social services.
- In just the first 6 months of operation, the Supervised Consumption Services clinic has had 344 visits with 101 unique visitors accessing consumption services, drug checking services, and onsite clinical, primary care services, mental health services, addiction services, and housing services including referrals.

## **Peel Health Data Zones Information Tool**

Peel Public Health launched an interactive mapping dashboard that illustrates the geographic distribution of the social determinants of health in Peel. The tool also includes information on four chronic diseases – chronic obstructive pulmonary disease, diabetes, cerebrovascular disease, and ischemic heart disease. Health data will help visualize the differences in health issues and outcomes between geographical areas. The tool is meant to serve as one input into planning and prioritization processes that aim to improve the health of Peel’s residents.

## **Health Status Data Website**

During 2024, Peel Public Health continued an initiative to migrate public-facing core population health assessment reporting from static downloadable Excel files to interactive Power BI dashboards. Topics include labour and

birth, injuries, alcohol use, oral health, and physical activity, among many others.

## **Community Safety and Well-Being**

- Continued operation of the Mental Health and Addictions, Family and Intimate Partner Violence, and Systemic Discrimination action tables to drive collective action in support of the goals of the 2020–2024 Community Safety and Well-Being Plan.
- Establishment of the International Students Collaborative to action the Brampton Charter of Improving the International Student Experience based on the recommendation from Regional Council.
- Receipt of \$7.3 million from Public Safety Canada to mobilize funding for community sector initiatives and strategy development to build a Youth Violence Prevention Strategy for Peel.
- Coordinated promotion and advocacy efforts to raise awareness of mental health and addictions needs and gaps in Peel, including hosting a Minister’s Roundtable on Child and Youth Mental Health and Addictions with Provincial representation.
- Implementation of the 4<sup>th</sup> (November 2023) and 5<sup>th</sup> (November 2024) annual Family and Intimate Partner Violence campaign to increase public and bystander awareness and encourage residents to start the conversation about gender-based violence.
- The administration of funding to local agencies (Peel Newcomer Strategy Group, Family Services of Peel, and Roots Community Services) to support initiatives that contribute to collective action table goals and outcomes.





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# The 2025–2028 Business Plan Outlook

## Planning for the Future

### **Stabilizing Public Health Programs to Address Community Needs**

Further stabilization of Peel Public Health programs and services that were paused or scaled down to respond to the COVID-19 pandemic is expected to continue in future years. This is consistent with international experience of recovery after major disruptions like a pandemic.

Ongoing work includes efforts to better understand evolving community needs to further improve public health programs and services. For example, the collection and reporting of sociodemographic data will facilitate adapting programs and services to community changes since the pandemic, as well as addressing any disparities in access or health outcomes. In addition, efforts are ongoing to stabilize employee capacity through workforce development activities which will help build knowledge, and skills to practice effective public health. This includes rebuilding Peel Public Health’s employee onboarding and professional development programs.

Additional program planning will be required to ensure Peel Public Health’s program and services reflect the revised Ontario Public Health Standards, which are anticipated to be implemented in 2025.

Despite this work, Provincial underfunding continues to limit Peel Public Health’s ability to meet community needs, mandates, and capacity. Ongoing advocacy efforts continue to the Province to help secure adequate financial support to meet provincial mandates and growing community needs.

### **Addressing Capacity Needs in Critical Areas**

Peel Public Health will continue to focus efforts on addressing growth-related pressures and community needs by building capacity across programs, including communicable diseases, public health inspections and school immunizations. Efforts will consider the implications of the growing magnitude and increasing complexity of the services needed by the growing and changing community.

Increasing burden for communicable disease control in Peel region is driven by a high number of institutional outbreaks and increasing rates of communicable diseases such as respiratory tuberculosis, invasive Group A Streptococcus, HIV, syphilis, and gonorrhea. Additional resources are required to conduct necessary case and contact management of communicable diseases, restore healthy sexuality services, and strengthen infection prevention and outbreak management in institutional settings.

With population growth, and the accompanying increase in the number of food premises, recreational water premises and childcare centres, there is an increasing demand for public health inspections. Expanding inspection capacity will allow Peel Public Health to respond to the increased number of public complaints and mandatory inspection requirements.

With Regional Council's support, Peel Public Health has made significant efforts to address the pandemic-related backlog of routine school immunizations, records screening, and suspension enforcement. For example, several contract positions supporting immunization services are temporarily funded by the COVID-19 Recovery Reserve. Despite these efforts, it will take multiple years for Peel Public Health to catch-up on its pandemic-related backlog given the volume and resource-intensive nature of the work required. Sustained resources over multiple years are required to reduce catch-up time and stabilize core Peel Public Health immunization programs.



## 2020–2029 Peel Public Health Strategic Plan

Peel Public Health continues advancing the priorities identified in the 2020–2029 Peel Public Health Strategic Plan. These priorities are areas of work that require a level of attention, planning and additional resourcing to achieve significant gains in the health of the community. Work resumed on the strategic plan in 2023 after pausing during the pandemic. In 2024, Peel Public Health continues to implement and monitor progress of ongoing priority activities and community interventions that have been prioritized. Peel Public Health also continues to work collaboratively across divisions on planning for the priorities to identify interventions to implement as a collective to improve

health outcomes in the community. In 2025, progress on this work will continue and Peel Public Health will complete a mid-term update and identify if a refresh of the strategic plan is needed.

## **System Partnerships and Equity**

Health equity was identified as a strategic area of importance across Health Services, acknowledging key work to be done to meaningfully embed health equity approaches across the department. This work requires deepening relationships with communities and the institutions within those communities to build trust. Working collaboratively will promote a deeper understanding of the lived experiences of communities, and the intersections between those communities, and allow inequities to be exposed and solutions to be co-designed. Intentional collaboration is required to build relationships and ensure internal processes support flexible, community-driven approaches to improving health outcomes.

In addition, the Community Safety and Well-Being Plan is grounded on the understanding that “quick fixes” will not address the systemic discrimination, barriers and other root causes which undermine the Peel community’s overall safety and well-being. Priority must continue to be placed on building and sustaining effective cross-sectoral partnership, such as those built with Community Safety and Well-being partners and community organizations during the pandemic, to create system alignment and improvements that will address inequities and improve community well-being.

The mission of the Community Safety and Well-Being Plan is aligned with the strategic work across the Health and Human Services departments as well as several community tables led or supported by Peel Regional staff.

## **Supporting Employee Well-Being**

Capacity building for leaders and employee growth and development initiatives will be the focus for the years ahead. This work will include foundational learning, comprehensive onboarding, and assessment of areas still requiring tailored supports for psychological safety and employee well-being.

# Finding Efficiencies

## Continuous Improvement

Health Services is strongly committed to finding efficiencies through improvement initiatives across programs and services. Not only do improvements lead to efficiencies, but they also contribute to the achievement of each domain across the Quintuple Aim.

Given historical Provincial underfunding, Peel Public Health has a history of cautiously balancing service delivery requirements with the need to maintain capacity to flexibly respond to community needs.

Peel Public Health has identified various continuous improvement initiatives to focus on over the next four years, including:

- Redrawing the Healthy Babies Healthy Children Program's home visiting zones to reduce wait times and provide equitable access to services by matching staff resources to community need.
- Improving the operational efficiency of the Ontario Seniors Dental Care Program by streamlining administrative processes to optimize client flow and reduce program wait times.
- Enhancing Hepatitis B and C case management by streamlining processes to improve case management timelines and access to vaccines and/or treatment.
- Improving the operational efficiency of immunization clinics by reallocating staff resources and adjusting clinic hours to increase appointment uptake and doses administered each hour.
- Improving vaccine handling procedures among providers in Peel region to ensure vaccine viability and reduce wastage.

These improvements will be supported through Peel Region's Continuous Improvement Program, alongside Health Services targeted efforts to increase skill and competency in continuous quality improvement.

# Transforming Our Business with Technology

Technology plays a critical role in the delivery of programs and services offered by Peel Public Health. By upgrading existing technology systems and bringing new software online, Peel Public Health is enhancing the efficiency of our internal processes and improving services for residents.

## Leveraging Technology to Improve Service Delivery

### Electronic Medical Records

During 2024, Peel Public Health implemented an Electronic Medical Records software solution across multiple clinic services including immunization, oral health, healthy sexuality, and infant feeding. By the end of 2024, this initiative will be expanded beyond the clinic setting to support the Healthy Babies Healthy Children program, tuberculosis case and contact management, and communicable disease investigations.

The use of Electronic Medical Records is expected to improve efficiency in the capture and management of client and service delivery while ensuring that legislative requirements for access, security and privacy are met.

Electronic Medical Records will help to increase Peel Public Health's capacity for data collection, analysis and reporting to enhance communications, provide another channel for surveillance, and facilitate performance management and program evaluations for improvement.

### Electronic Nursing Documentation System Salesforce Solution

In 2024, Peel Public Health's Call Centre replaced the legacy Tier Two Electronic Documentation System with the Electronic Nursing Documentation System. The Electronic Documentation System Salesforce solution streamlines operations, elevates service delivery, and allows for future opportunities. This new technology provides call centre staff with enhanced features, such as:

- Enabling Public Health Nurses to use Salesforce to manage all inquiries from residents, healthcare professionals, and external partners.
- Improving records and file management.
- Facilitating the distribution of announcements among staff.
- Enhancing reporting.
- Integrating with Peel's existing Five9 call centre solution.

### Service Transformation

Peel Public Health's public website underwent revitalization to better meet our community's needs. Customer service has been improved by replacing printable forms with *Accessibility for Ontarians with Disabilities Act (AODA)* compliant web forms that can be submitted electronically. This includes web

forms to register for breastfeeding companion support, report changes to personal service businesses, and special event applications for event organizers and food vendors. Additionally, work will continue on a Provincially led initiative to replace the Provincial system that tracks infectious diseases with a modern, cloud-based software solution.

### **Online Vaccine and Medication Order Project**

In 2024, Peel Public Health introduced an online vaccine and medication portal providing a 'one stop shop' for community partners to place online vaccine orders for COVID-19 vaccines. Future project enhancements will support the ordering of other routine vaccines and medications, which, in turn, will build efficiencies with the ordering process, allowing facilities to receive orders in a timely manner and to provide excellent customer service.

# Proposed Operating Budget

This part of the Business Plan sets out the financial resources required to deliver the proposed 2025–2028 Business Plan. Information is provided by major expenditures and revenue. The costs to maintain existing service levels and operationalize prior decisions are identified in the base budget changes separately from proposed changes. The net cost for the service in 2024 was \$40.5 million and the proposed budget for 2025 is \$43.1 million.

**Net Expenditures:** \$43.1 million (**Total Expenditures:** \$136.2 million)

Description (in \$ thousands)	2023 Actuals	2024 Approved Budget	2025 Proposed Budget	\$ Change Over 2024	% Change Over 2024
Operating Costs	8,494	10,221	8,218	(2,004)	(19.6)%
Labour Costs	98,124	94,818	99,762	4,944	5.2%
Reserve Contributions	271	271	271	–	0.0%
Debt Charges	–	–	–	–	–
Grant Payments	4,551	10,470	9,702	(768)	(7.3)%
Facility, IT, HR and Other Support Costs	22,042	23,468	22,793	(676)	(2.9)%
Recoveries	(4,040)	(4,271)	(4,506)	(235)	5.5%
<b>Total Expenditures</b>	<b>129,442</b>	<b>134,978</b>	<b>136,239</b>	<b>1,261</b>	<b>0.9%</b>
Grants and Subsidies	(91,076)	(72,100)	(72,418)	(317)	0.4%
Supplementary Taxes	–	–	–	–	–
Fees and Services Charges	(702)	(906)	(968)	(62)	6.8%
Transfer from Development Charges	–	–	–	–	–
Contributions from Reserves	(245)	(21,515)	(19,791)	1,724	(8.0)%
<b>Total Revenues</b>	<b>(92,023)</b>	<b>(94,522)</b>	<b>(93,177)</b>	<b>1,345</b>	<b>(1.4)%</b>
<b>Total Net Expenditure</b>	<b>\$37,419</b>	<b>\$40,456</b>	<b>\$43,063</b>	<b>\$2,606</b>	<b>6.4%</b>

Note: May not add up due to rounding.

## 2025 Operating Budget Pressures

Service (in \$ thousands)	Total Expenditures	Total Revenue	Net Cost 2025 vs 2024	
<b>2024 Revised Cost of Service</b>	<b>\$134,978</b>	<b>\$94,522</b>	<b>\$40,456</b>	<b>%</b>
<b>Cost of Living/Inflation<sup>1</sup></b>				
Labour Costs	4,276	–	4,276	
Goods and Services	369	–	369	
<b>Base Subsidy/Recoveries</b>				
Increase in Provincial Funding	622	1,177	(555)	
Phase in 50 per cent of the impact of Provincial Funding gap from the Tax Rate Stabilization Reserve <sup>1</sup>	–	2,100	(2,100)	
<b>Other Pressures<sup>2</sup></b>	<b>(936)</b>	<b>(936)</b>	<b>–</b>	
<b>Base Budget Changes Subtotal</b>	<b>4,331</b>	<b>2,341</b>	<b>1,989</b>	
<b>Service Level Demand<sup>3</sup></b>				
Immunization Services Contract staff extended to March 2026 (2024–417)	8,648	8,648	–	
Communicable Disease Contract staff extended to March 2025 (2024–418)	474	474	–	
BR # 37 – Eleven Permanent and One Contract Staff – Communicable Disease Outbreak	1,106	156	950	
BR # 38 – Nine Permanent and Two Contract Staff – Tuberculosis Program Capacity Building	998	223	775	
BR # 39 – Four Permanent and Five Contract Staff – Healthy Sexuality Clinic and Community Health and Wellness	992	597	395	
BR# 42 – Four Permanent Staff – Public Health Inspections	408	–	408	
Ongoing Positions Funded from Reserves	5,170	5,170	–	
Reduction in contract positions	(20,866)	(18,953)	(1,913)	
<b>Service Level Changes Subtotal</b>	<b>(3,070)</b>	<b>(3,685)</b>	<b>615</b>	
<b>Total 2025 Budget Change</b>	<b>1,261</b>	<b>(1,345)</b>	<b>2,605</b>	
<b>2025 Proposed Budget</b>	<b>\$136,239</b>	<b>\$93,177</b>	<b>\$43,063</b>	<b>6.4%</b>

Note: may not add up due to rounding.



## Operating Budget Pressure Notes

### <sup>1</sup>Base Subsidy/Recoveries

- Peel base pressures increased \$4.65 million, however Provincial funding only increased by \$0.56 million, leaving a gap of \$4.1 million. As Public Health should be 70 per cent funded by the Province but funding increases over previous years have failed to maintain this 70/30 ratio, full funding of this gap is needed to prevent continued erosion of the funding base.
- Phase in approximately 50 per cent or \$2.1 million of the impact of funding shortfall from the Tax Rate Stabilization Reserve, to smooth in the tax impact of the funding shortfall and provide time for advocacy to the province.

### <sup>2</sup>Other Pressures

- Building Safer Communities ending, 100 per cent externally funded, reduction of \$0.92 million.
- Rat Control Subsidy Program ending 100 per cent reserve funded, reduction of \$21,000.

### <sup>3</sup>Service Level Demand

- **Budget Request # 37.** Request eleven permanent full-time and one contract staff to strengthen communicable disease and outbreak investigations to prevent disease transmission. One contract position funded by a \$0.16 million reserve draw.
- **Budget Request # 38.** Request 9 permanent full-time and 2 contract staff to strengthen tuberculosis program capacity to reduce transmission risk, morbidity, and mortality. Contract positions funded by a \$0.22 million reserve draw.
- **Budget Request # 39.** Request four permanent full-time and five contract staff to strengthen healthy sexuality clinics to improve community health and wellness. Contract positions funded by a \$0.60 million reserve draw.
- **Budget Request # 42.** Request four permanent full-time staff to build Public Health inspection capacity to keep Peel communities safe.
- **Ongoing positions funded by reserves.** See the Summary of 2025 Budget Rate Stabilization Reserve Draws in the Budget Overview for details on ongoing positions and contracts previously approved by Council to be funded by Reserves.
- **Reduction in contract positions.** A net reduction in positions, including a \$1.28 million reduction in corporate staff to support Immunization Services and \$0.72 million reduction 2024 Budget Requests contacts ending.

## Staffing Resources

Table 2 provides a summary of the staffing resources by Sub-Service (as identified in the Core Services) for the budget year, forecast years and the prior year. The prior year reflects FTE changes approved by Council during the prior year.

**Table 2. Staffing Resources to Achieve Level of Service**

Sub-Service	2024	2025	2026	2027	2028
Communicable Diseases	123.3	145.2	155.2	160.2	164.2
Immunization Services	96.0	96.1	113.8	117.1	120.8
Community Safety and Well-being <sup>1</sup>	10.9	10.9	10.9	10.9	10.9
Chronic Disease and Injury Prevention	202.6	202.8	203.8	205.8	207.8
Family Health	150.4	150.6	150.6	151.6	152.6
Health Protection	102.9	107.2	108.2	111.2	114.2
Public Health Intelligence	52.0	53.3	54.3	54.3	54.3
<b>Total</b>	<b>738.1</b>	<b>766.1</b>	<b>796.8</b>	<b>811.1</b>	<b>824.8</b>

Note: Staffing resources are regular positions (Full Time Equivalent, FTE).

<sup>1</sup> Peel's Community Safety and Well-Being Plan is led by the Health Services Department's Health, Strategy, Planning and Partnerships Division and appears under the Peel Public Health organizational structure for budgeting purposes.

# 2025 Total Expenditures and Funding Source

Figure 1. 2025 Total Expenditures (in \$ millions)

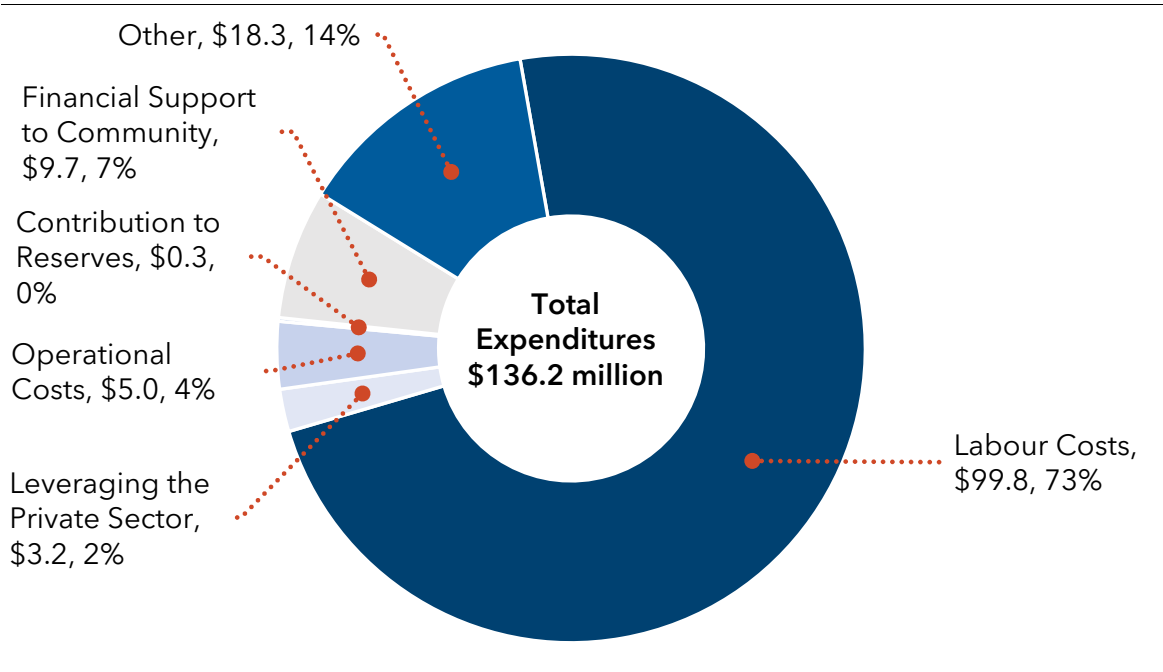
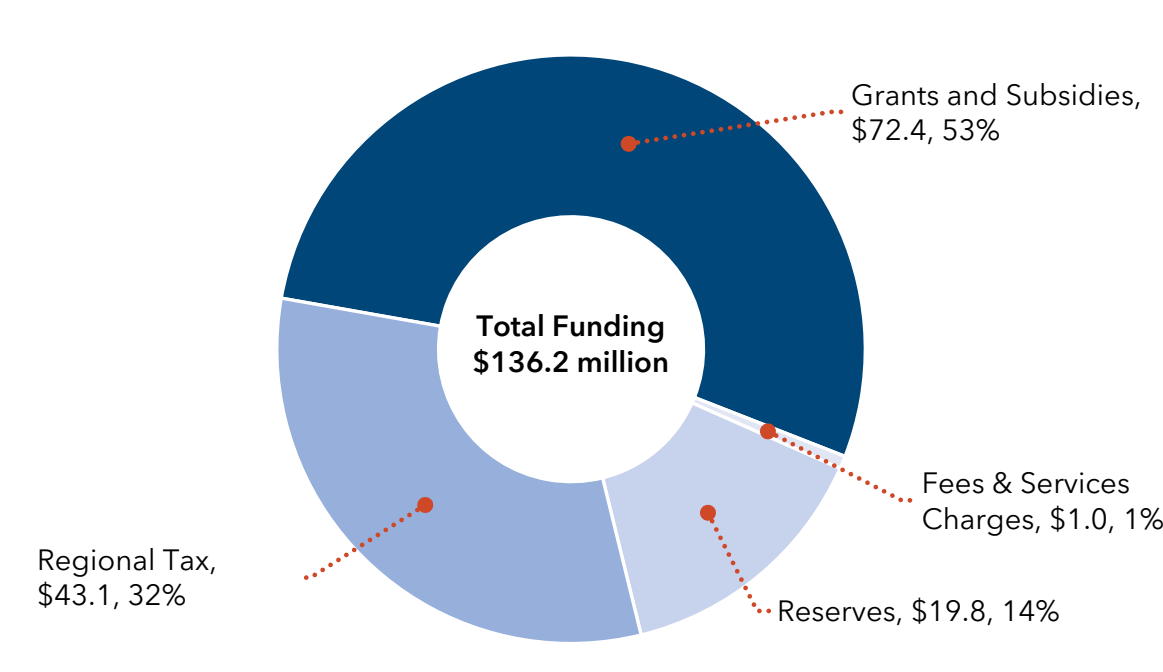


Figure 2. 2025 Total Funding Sources (in \$ millions)



## 2025 Budget Risks

- Risk of Provincial changes to Peel Public Health funding levels.
- Risk that Provincial funding will continue to fall below funds needed to account for population growth, new emerging needs in the community, inflationary costs, and increasingly complex care.
- Risk that Provincial updates to the Ontario Public Health Standards may include new requirements requiring additional resources.

## 2026–2028 Operating Forecast

**Table 3. Budget (in \$ thousands)**

	2024	2025	
Total Expenditure	134,978	136,239	0.9%
Total Revenue	(94,522)	(93,177)	(1.4)%
Net Expenditure	40,456	43,063	6.4%

**Table 4. Forecast (in \$ thousands)**

	2026		2027		2028	
Total Expenditure	142,825	4.8%	147,886	3.5%	153,148	3.6%
Total Revenue	(89,085)	(4.4)%	(81,803)	(8.2)%	(79,301)	(3.1)%
Net Expenditure	53,740	24.8%	66,083	23.0%	73,848	11.8%

Note: May not add up due to rounding.

- Forecast years' increases are related to maintaining base services levels.
- 2026 forecast includes:
  - 30.6 contract FTEs becoming permanent.
  - the phasing in of permanent funding for positions currently being funded through the COVID-19 reserves.
  - A reserve draw to continue support for Supervised Consumption Services in Peel region pending permanent funding being secured from Public Safety Canada (Council resolution #2022–693).
  - \$4.2 million Provincial funding shortfall funded through Tax Rate Stabilization reserve draw.
- 2027 forecasted increase includes 14.3 new FTEs to support increased demand due to growth and a further phasing in of permanent funding for positions currently being funded through the COVID-19 reserves.
- 2028 forecast increase is for 13.7 FTEs to support growth the final phase-in of permanent funding for positions currently being funded from the COVID-19 reserves.

- Based funding increases of 1 per cent each year 2024, 2025 and 2026, no announcement for 2027 or 2028 therefore funding assumed the same as 2026 at this time.

# Proposed Capital Budget

**Capital Budget:** \$0.6 million (**Ten Year Plan:** \$11.9 million)

## 2025 Capital Budget Overview

Table 5 provides a summary of Peel Public Health planned capital project activity for 2025, including funding sources for both new capital project requests in 2025 and projects carried forward to 2025.

**Table 5. Capital Plan by Funding Source (in \$ thousands)**

	Carry-forward from Prior Years (WIP)	2025 Capital Budget	Total Capital in 2025
DC Growth	–	–	–
Externally Funded	5,715	–	5,715
Non-DC Internal	1,675	550	2,225
<b>Total Expenditures</b>	<b>\$7,390</b>	<b>\$550</b>	<b>\$7,940</b>
<b># of Projects</b>	<b>9</b>	<b>2</b>	<b>11</b>

### Existing Capital Projects – \$7.4 million

Key Highlights:

- \$4.2 million Peel Public Health Ontario Seniors Dental Care Program Clinic new operatories in progress: East Mississauga, Mississauga Central, Mississauga West and Brampton West (four facilities).
- \$1.4 million Mobile Dental Clinic is for Ontario Seniors Dental Care Program funded by Ministry of Health was delayed in 2020 due to COVID-19; work started but was not completed by March 31, 2022. Budget increased \$0.52 million funded through internal services.
- \$1.2 million Electronic Medical Records is on-going in the implementation phase.
- \$0.5 million Peel Public Health Information Management Improvements; decommissioning of Two-Tier Electronic Documentation (TTED) and implementation of Salesforce Lighting, Strategic Technology Plan and Salesforce platforms for Communicable Diseases Outbreak funded by Peel Public Health and Information Technology.
- \$0.1 million for Public Health Clinics and Facilities Leasehold Improvements.

## **2025 Capital Budget – \$0.6 million**

Key Highlights:

- \$0.3 million Peel Public Health Information Management Improvements.
- \$0.3 million Peel Public Health clinics and facilities for leasehold Improvements.

See Appendix I for details.

## **2025 Budget Risks**

- None.

## **Operating Impact of 2025 Capital Budget**

- None.

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# Proposed Capital Plan

**2025–2034 10-Year Capital Plan:** \$11.9 million

## By Project Classification

State of Good Repair  
\$11.9 million

DC Funded Growth  
\$0.0 million

Non-DC Funded Growth  
and Other  
\$0.0 million

## Key Highlights

- \$5.4 million Peel Public Health clinics and facilities for larger leasehold improvements.
- \$3.0 million Peel Public Health clinics and facilities for leasehold improvements.
- \$2.5 million Peel Public Health Information Management Improvements.
- \$0.8 million Children’s dental bus replacement.
- \$0.2 million Needle exchange vans (two) replacement costs.

See Appendix II for details.



# Budget Requests

This table presents the costs by Budget Request for proposed new initiatives. Each budget request is numbered. Detailed descriptions of the budget requests can be found in the pages following Table 6.

**Table 6. Budget Request Listing**

Proposed Initiative	Division	Budget Req #	FTEs Req	Contract FTE Req	Net Operating Impact	Capital
Strengthening Capacity to Protect Peel Communities Against Communicable Diseases and Outbreaks	Communicable Disease	37	11.0	1.0	950,083	–
Strengthening Tuberculosis Program Capacity to Address Growing Population Needs	Communicable Disease	38	9.0	2.0	775,693	–
Strengthening Healthy Sexuality Clinics to Improve Community Health and Wellness	Communicable Disease	39	4.0	5.0	395,158	–
Building Public Health Inspection Capacity to Keep Peel Communities Safe	Health Protection	42	4.0	–	407,845	–
<b>Total</b>			<b>28.0</b>	<b>8.0</b>	<b>\$2,528,779</b>	<b>–</b>

## Budget Request #: 37

Proposed Initiative	Department	Division	Service Area
Strengthening Capacity to Protect Peel Communities Against Communicable Diseases and Outbreaks	Health Services	Communicable Disease	Public Health

### Description of Budget Request

A rising number of institutional outbreaks and increasingly complex communicable disease cases are putting Peel residents at risk of severe illness or death. New permanent and contract staff are required to maintain existing capacity for outbreak management, case and contact management of infectious diseases such as invasive Group A Streptococcus (iGAS), and highly infectious vaccine preventable diseases such as measles. These staff are expected to rapidly mobilize and respond to urgent disease reports received from laboratories, physician offices and/or hospitals through the 24/7 on-call program.

### Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	1,105,920	–	–	–
Less: Internal and Capital Recovery	–	–	–	–
<b>Total Expense</b>	<b>1,105,920</b>	<b>–</b>	<b>–</b>	<b>–</b>
Rate Stabilization Reserve	155,837	–	–	–
External Funding	–	–	–	–
Other Revenue	–	–	–	–
<b>Total Revenue</b>	<b>155,837</b>	<b>–</b>	<b>–</b>	<b>–</b>
Net Impact – Tax	950,083	–	–	–
Net Impact – Utility Rate	–	–	–	–
<b>FTEs</b>	<b>11.0</b>	<b>–</b>	<b>–</b>	<b>–</b>

### Required Capital Investment

	2025
<b>Total Expenditures</b>	<b>–</b>
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
<b>Total Funding</b>	<b>–</b>

## Why Staff Recommend this Initiative

In Peel region, there is an increasing burden of communicable diseases including a high number of institutional outbreaks and increasing rates of some communicable diseases. In 2023, institutional outbreaks were 6.6 times higher compared to the pre-pandemic average from 2015 to 2019, due to COVID-19 co-circulating alongside seasonal viruses such as flu. Population growth and low global vaccination rates have intensified these demands. Post-pandemic, there are also increased demands for public health Infection Prevention and Control (IPAC) expertise delivered through consultations and complaint investigations.

## Details of Service Change

Additional resources will allow Public Health to meet service demands by:

- Maintaining timely and comprehensive case and contact management of more than 25 communicable diseases and 24/7 on-call response to communicable disease cases and outbreaks.
- Sustaining partnerships and efficiencies established over the pandemic with Peel region's 28 long term care homes, 32 retirement homes, 42 priority congregate living settings and four acute care settings.
- Maintaining outbreak response readiness in institutions and investing strategically in proactive tactics to promote outbreak prevention.
- Retaining experienced core staff to respond to public health urgent and emergency responses.
- Investing in building public health staff expertise in Infection Prevention and Control (IPAC), including competence to conduct audits in settings experiencing uncontrolled outbreaks.
- Training staff to effectively manage increasing rates of highly infectious and clinical severe disease cases to mitigate the risk of community transmission.

## Service Impact

Requested staff will enable the program to continue meeting legislative requirements for timely control of over 25 communicable diseases of public health significance. This includes protecting vulnerable populations against the negative health impacts of highly infectious diseases through coordinated contact tracing and targeted public health counselling. Managing one highly infectious case is complex and may require contacting and counselling of up to hundreds of exposed people. Staff will also sustain efforts to protect residents/clients of Long Term Care Homes, Retirement Homes, and priority Congregate Living Settings (e.g., shelters, supportive living housing etc.) from infectious diseases via planned proactive outbreaks prevention initiatives, and the robust relationships and in-depth understanding of each of these settings and the people living in them through their roles as facility liaisons.

# Budget Request #: 38

Proposed Initiative	Department	Division	Service Area
Strengthening Tuberculosis Program Capacity to Address Growing Population Needs	Health Services	Communicable Disease	Public Health

## Description of Budget Request

Tuberculosis impacts vulnerable populations, with rates in Peel region twice that of Ontario. New permanent and contract staff are required to bolster a team that has been chronically underfunded. High caseloads impede meeting mandates and prohibit optimal care outlined by the Canadian Tuberculosis Standards. Subsequently, Peel residents with tuberculosis receive sub-optimal care and fewer services than residents in neighbouring jurisdictions, increasing individual morbidity, mortality, and transmission risk.

## Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	998,227	246,361	–	–
Less: Internal and Capital Recovery	–	–	–	–
<b>Total Expense</b>	<b>998,227</b>	<b>246,361</b>	<b>–</b>	<b>–</b>
Rate Stabilization Reserve	222,534	–	–	–
External Funding	–	–	–	–
Other Revenue	–	–	–	–
<b>Total Revenue</b>	<b>222,534</b>	<b>–</b>	<b>–</b>	<b>–</b>
Net Impact – Tax	775,693	246,361	–	–
Net Impact – Utility Rate	–	–	–	–
<b>FTEs</b>	<b>9.0</b>	<b>–</b>	<b>–</b>	<b>–</b>

## Required Capital Investment

	2025
<b>Total Expenditures</b>	<b>–</b>
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
<b>Total Funding</b>	<b>–</b>

## Why Staff Recommend this Initiative

Population growth and the rising global burden of tuberculosis have resulted in increased tuberculosis case counts and immigration medical surveillance workload. In 2023, tuberculosis case counts increased 29 per cent and medical surveillance workload increased 54 per cent, compared to the average from 2014–2018. Ninety-five per cent of active tuberculosis cases are foreign-born, reflecting Peel’s large immigrant population from high-burden countries. With high immigration from tuberculosis endemic countries, a continued and sustained increase in active tuberculosis cases and medical surveillance workload is expected in Peel region.

## Details of Service Change

Management of tuberculosis is highly complex, requiring a team of well-trained, expert staff, including Nurses, Program Assistants and Health Outreach Workers, working closely with specialists and community partners. One Public Health Nurse and one Health Outreach Worker are required to manage an additional 15 cases. In 2027, two contract positions will end and a request will be made for a permanent Social Worker. Permanent resources will prevent further spread of tuberculosis in Peel region through:

- Case management (including testing, treatment initiation and adherence, and side-effect monitoring).
- Comprehensive contact tracing (including tuberculosis skin testing for close and high-risk contacts, as well as increasing contact screening completion rates to identify early cases and provide preventative treatment to minimize development of disease).
- Facilitating mandated Immigration Medical Surveillance to ensure timely and early detection of active tuberculosis and latent tuberculosis infection.
- Restoring health promotion and physician outreach activities to increase latent tuberculosis infection screening and treatment.

## Service Impact

New staff will enable the program to conduct thorough case and contact management, provide direct screening of contacts, support isolation and completion of treatment. Public Health plays a critical role in preventing progression from inactive latent tuberculosis infection to active tuberculosis disease, identifying cases early, preventing transmission within the community and ensuring treatment success for individuals with active tuberculosis. Many clients (i.e., international students) face barriers to health coverage and health care due to precarious employment, housing, language, stigma, and lack of family or community supports. This creates complexities that the tuberculosis program must navigate to meet Ministry mandates now and in the future.

## Budget Request #: 39

Proposed Initiative	Department	Division	Service Area
Strengthening Healthy Sexuality Clinics to Improve Community Health and Wellness	Health Services	Communicable Disease	Public Health

### Description of Budget Request

With significant increases in sexually transmitted and blood-borne infections in Peel region, the Healthy Sexuality Program requires permanent and contract staffing resources to restore sexual health services in the Malton, Bolton and Meadowdale communities and ensure current service levels across Peel can be maintained. Staffing resources will be used to decrease barriers that vulnerable populations face in accessing sexual health services and maintain program capacity for time sensitive management of the increased volume of complex syphilis and HIV cases and contacts while building expertise of permanent staff and realizing process efficiencies.

### Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	991,769	104,477	–	–
Less: Internal and Capital Recovery	–	–	–	–
<b>Total Expense</b>	<b>991,769</b>	<b>104,477</b>	<b>–</b>	<b>–</b>
Rate Stabilization Reserve	596,611	–	–	–
External Funding	–	–	–	–
Other Revenue	–	–	–	–
<b>Total Revenue</b>	<b>596,611</b>	<b>–</b>	<b>–</b>	<b>–</b>
Net Impact – Tax	395,158	104,477	–	–
Net Impact – Utility Rate	–	–	–	–
<b>FTEs</b>	<b>4.0</b>	<b>–</b>	<b>–</b>	<b>–</b>

### Required Capital Investment

	2025
<b>Total Expenditures</b>	<b>–</b>
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
<b>Total Funding</b>	<b>–</b>

## Why Staff Recommend this Initiative

Sexually transmitted and blood-borne infection rates have increased significantly in Peel region. In 2023, HIV rates increased 154 per cent, and syphilis cases increased 61 per cent, compared to the five-year average from 2018–2022 for these diseases. These infections have a higher impact on vulnerable populations and require complex, individualized case management by Public Health Nurses. Additional program staff are required to maintain mandated service levels in the wake of increasing demand.

## Details of Service Change

The Healthy Sexuality Program will address increasing service pressures and incorporate health equity into practices by:

- Re-opening the Malton and Bolton clinics that were closed during the pandemic and restoring the operating hours of the clinics at Fairview, Brampton/Bramalea, and Meadowvale.
- Continuing efforts to decrease barriers for vulnerable populations (e.g., 2SLGBTQ+) seeking sexual health services by offering a safe environment with alternate appointment models and hours.
- Maintaining the breadth of case and contact management while supporting the increased volume of increasingly complex sexually transmitted and blood-borne infection cases (e.g., women of child-bearing age with syphilis, victims of sex trafficking diagnosed with sexually transmitted and blood-borne infections).
- Linking non-insured Peel residents (e.g., asylum seekers) to specialized care (e.g., HIV, prenatal care).
- Program planning work to address new and emerging communicable diseases (e.g., Mpox), work that requires significant time to prepare the program to meet new Provincial and Federal Guidance.

## Service Impact

Healthy sexuality clinics address increasing rates of sexually transmitted and blood-borne infections and resultant increased risk of community transmission by offering testing, treatment, health counselling, and access to birth control. Outcomes for each service level change will be achieved in the following ways:

- Re-opening closed clinics and restoring the hours of re-opened clinics will increase the number of clients receiving sexual health services and increase community visibility and access for residents.
- Maintaining the program's capacity for timely case and contact management in the face of rising rates of sexually transmitted and blood-borne infections will decrease community transmission by ensuring clients and their partners are counseled on testing and treatment methods before referral to community partners.

## Budget Request #: 42

Proposed Initiative	Department	Division	Service Area
Building Public Health Inspection Capacity to Keep Peel Communities Safe	Health Services	Health Protection	Public Health

### Description of Budget Request

Three permanent Public Health Inspectors (PHIs) and one permanent Supervisor are needed to keep up with growth in Peel region and ensure that services are effectively delivered to meet community needs and mandated inspection requirements. There has been a significant increase in the volume and complexity of work required due to growth. Public health inspections are mandated by the Province, but this increase in workload has not been matched by an increase in funds to hire new staff.

### Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	407,845	125,527	–	–
Less: Internal and Capital Recovery	–	–	–	–
<b>Total Expense</b>	<b>407,845</b>	<b>125,527</b>	<b>–</b>	<b>–</b>
Rate Stabilization Reserve	–	–	–	–
External Funding	–	–	–	–
Other Revenue	–	–	–	–
<b>Total Revenue</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
Net Impact – Tax	407,845	125,527	–	–
Net Impact – Utility Rate	–	–	–	–
<b>FTEs</b>	<b>4.0</b>	<b>–</b>	<b>–</b>	<b>–</b>

### Required Capital Investment

	2025
<b>Total Expenditures</b>	<b>–</b>
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
<b>Total Funding</b>	<b>–</b>



## Why Staff Recommend this Initiative

Population growth has increased workload, requiring three additional PHIs to complete the required work. In 2023, PHIs conducted 18,037 compliance, pre-operational, complaint-based and follow up inspections at various settings in Peel region. From 2019–2023, there has been a 9 per cent (+555) increase in food premises, a 10 per cent (+146) increase in personal service settings, a 12 per cent (+33) increase in childcare settings and a 1.5 per cent (+8) increase in recreational water facilities, all requiring inspections.

## Details of Service Change

Inspection settings include food premises, recreational water, small drinking water systems, special events in the community, personal service settings, childcare centres, tobacco and vaping vendors, waterpipe settings, as well as within the community for follow up on animal bites, and duties related to education and enforcement. Using Ministry of Health tools, each premise is risk-assessed by a PHI to determine the frequency of inspections.

The additional staff will carry out all aspects of work such as:

- Conducting education.
- Performing inspections and collecting samples.
- Following up on service requests and reports of illness.
- Enforcing the legal requirements of Public Health regulations.

New PHIs will help build capacity to complete mandated inspections and respond to service requests, reducing the risk of morbidity and mortality related to the inspected settings. The Supervisor position will address the large size of teams, the complexity of issues public health inspectors are facing and ensure a more equitable distribution of workload.

## Service Impact

Public Health is challenged to meet the mandatory requirements in the Ontario Public Health Standards. The three PHIs will assist with mandated inspections and service requests to keep up with work demand. Permanent staff are required as the work is not temporary, will not decrease with continued growth and hiring contracts creates staffing and recruitment challenges.

Additional staff will provide capacity to inspect, respond to complaints, follow-up on reported illnesses and address the increase in service requests from the community in a timely manner. A service request may require numerous site visits to resolve the issue. In 2023, there was a larger than usual change-over in business ownership, requiring additional inspections and education to help ensure the businesses operated in compliance with the regulations.

# Appendix I

Table 7. 2025 Financing Sources and Funding Status (in \$ thousands)

Project	Name	Description	Total Expense	Development Charges	Reserve Funds	External Funding	Debt Funding
245306	Public Health information management improvements	Public Health information improvements	250	–	250	–	–
245308	Public Health clinics and facilities – leasehold improvements	Fund for leasehold improvements for clinics	300	–	300	–	–
Public Health Total			\$550	–	\$550	–	–

# Appendix II

**Table 8. 2025 10-Year Combined Capital Program (in \$ thousands)**

Project	Name	Description	2025	2026	2027	2028	2029	Yrs 6-10	Gross
255306	Public Health information management improvement	Public Health information improvements	250	250	250	250	250	1,250	2,500
255308	Public Health clinics and facilities – leasehold improvements	Fund for leasehold improvements for clinics	300	300	300	300	300	1,500	3,000
265307	Public Health clinics and facilities	Fund for leasing public health clinics related to growth	–	1,800	–	–	–	3,600	5,400
275304	Children dental bus replacement	Children dental bus replacement	–	–	750	–	–	–	750
275305	Needle exchange vans	Needle exchange vans replacement	–	–	260	–	–	–	260
<b>Public Health Total</b>			<b>\$550</b>	<b>\$2,350</b>	<b>\$1,560</b>	<b>\$550</b>	<b>\$550</b>	<b>\$6,350</b>	<b>\$11,910</b>