



Public Health

2026–2029 Business Plan
and 2026 Budget

Table of Contents

Executive Summary.....	3
Services We Provide	3
Interesting Facts About this Service.....	3
Highlights of the Business Plan.....	4
Core Services	5
Vision, Mission, Goals of Service and Service Delivery Model.....	5
Service Levels and Trends	7
Performance Measures and Results.....	12
Awards and Achievements.....	16
The 2026–2029 Business Plan Outlook	20
Planning for the Future.....	20
Finding Efficiencies	23
Transforming Our Business with Technology	24
Proposed Operating Budget	26
2026 Operating Budget Pressures	27
Staffing Resources.....	29
2026 Total Expenditures and Funding Sources	30
2026 Budget Risks	31
2027–2029 Operating Forecast.....	31
Proposed Capital Budget	32
2026 Capital Budget Overview	32
Proposed Capital Plan	34
By Project Classification	34
Budget Requests	35
Appendix I	49
Appendix II	50

Executive Summary

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

Services We Provide

- Infectious disease prevention, management, and immunization.
- Chronic disease and injury prevention.
- Protection from environmental health hazards and other health risks.
- Promotion of children’s healthy growth and development.
- Public health emergency management.
- Health promotion and healthy policy development.
- Population health assessment and surveillance.
- In addition, the Health Services Department’s Health Strategy, Planning and Partnerships Division provides:
 - Community safety and well-being leadership, planning and implementation.
 - Operational and strategic health system coordination.

Interesting Facts About this Service

- Investing in upstream population-based prevention leads to significant cost savings and improved health outcomes:
 - On average, every dollar invested in public health saves eight dollars of avoided health and social service costs.¹
- Protecting our community against infectious diseases and health hazards:
 - 71,634 vaccination doses administered at 357 schools, 6 Peel flagship and community sites.
 - 15,725 cases of reportable diseases investigated and/or monitored to reduce transmission risk.
 - 20,565 inspections conducted for food safety, small drinking water systems, personal service settings, recreational water facilities, childcare centres, and tobacco, vaping and waterpipe by-law.
- Promoting mental and physical health across the lifespan:
 - 7,264 home visits completed by the Healthy Babies Healthy Children program to support families with young children.
 - 76,100 children screened for dental issues, identifying 44,000 children with preventive dental needs and 9,700 with urgent dental needs requiring treatment by a dentist.

¹ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on Investment of Public Health Interventions: A Systematic Review. *Journal of Epidemiology and Community Health*. 2017 Aug;71(8):827-834. Available from: <https://jech.bmj.com/content/71/8/827>

- 7,272 low-income seniors received free dental care.
- Approximately 250 community partners to be reached by the end of 2025 with updated Public Health data on the cost of healthy eating in Peel to strengthen advocacy efforts on food insecurity.
- Improving service delivery:
 - \$696,000 federal grant awarded to support harm reduction in Peel.
 - \$188,000 costs avoided from continuous improvement initiatives.
 - 100+ community partners collaborated on Peel’s Community Safety and Well-being Plan to improve health and social services access and reduce downstream costs like policing.

Highlights of the Business Plan

- Improve community health and well-being by addressing the determinants of health and reducing health inequities through programs and services that meet the requirements of the Ontario Public Health Standards.
- Adapt programs and services to meet the evolving health needs of Peel’s growing and diverse population, strengthen partnerships, and ensure local health system changes reflect the needs of all residents, especially the most vulnerable.
- Advance the 2020–2029 Public Health strategic priorities, which address the public health needs of Peel residents, now and in the future: practicing effective public health through evidence-informed and quality services; enabling active living and healthy eating; promoting mental well-being; reducing health-related impacts of climate change; and advancing health equity.
- Continue fostering a learning organization where employees continually adapt and improve through collaboration, innovation, knowledge sharing, planning, and continuous quality improvement.
- Implement the updated Community Safety and Well-being Plan, including Council-directed initiatives, by leveraging community partnerships and opportunities in alignment with Ontario government legislation.

Table 1. Budget Summary

	2026	2027	2028	2029
Operating Net Investment (in \$ thousands)	46,072	55,938	62,886	70,110
Capital Net Investment (in \$ thousands)	1,300	2,350	550	550
Full Time Equivalents	766.8	780.9	789.1	801.2

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.

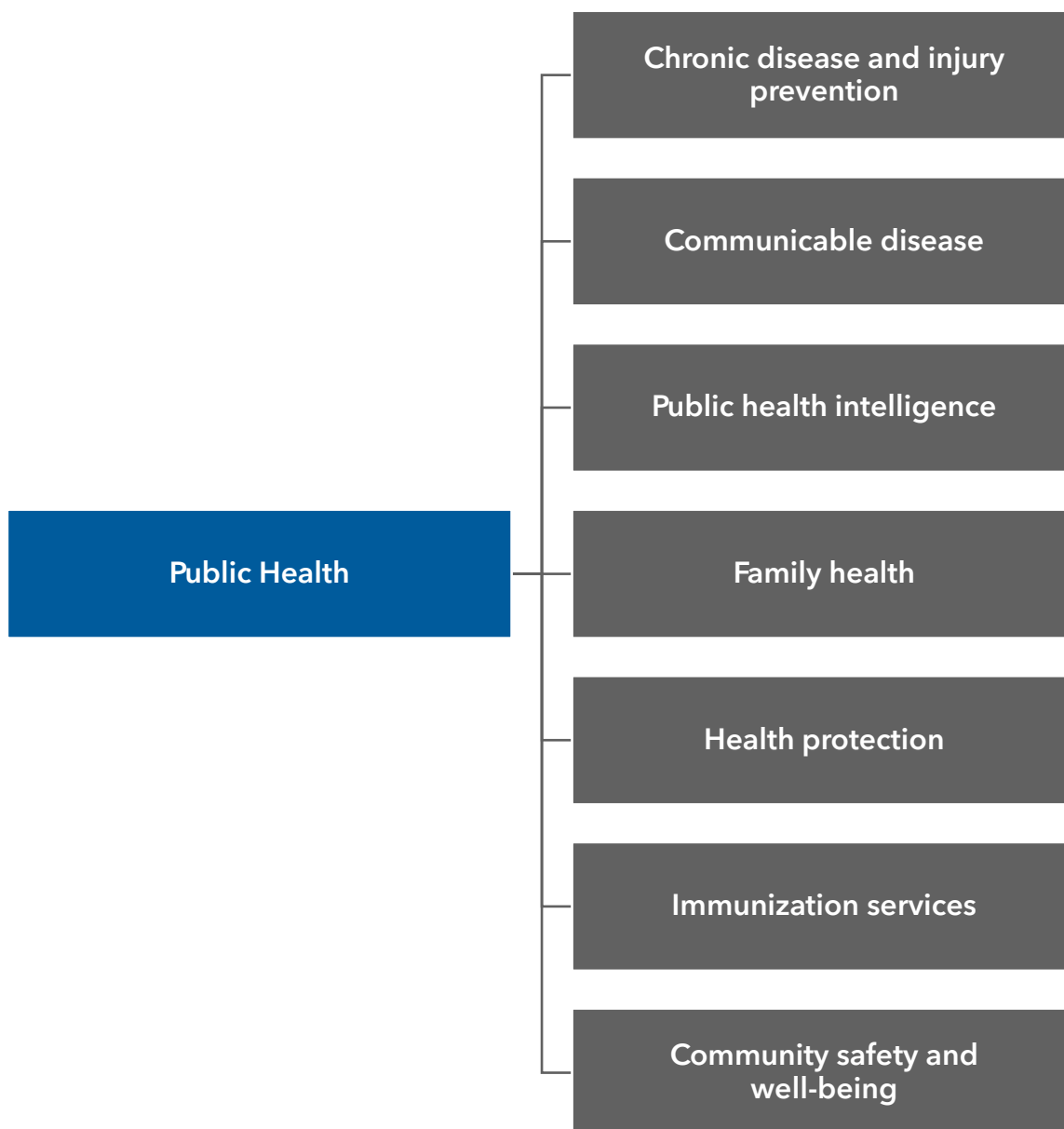
Mission

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. Build healthier communities for all of Peel by prioritizing and implementing effective and evidence-informed disease prevention and health promotion programs and services.
2. Improve the determinants of health for vulnerable populations by working with partners to address inequities, continually advancing our practices to reflect the evolving needs of Peel's communities.
3. Strengthen Public Health's preparedness for, and recovery from, emergencies, epidemics and pandemics, including communicable diseases such as measles.
4. Advance the 2020–2029 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.
5. Co-lead the implementation of Peel's updated Community Safety and Well-being Plan with Peel Regional Police and community partners, advancing cross-sector collaboration and action for a safer, more inclusive, and connected Peel.

Service Delivery Model



Note: 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.

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 set the provincial requirements for all public health programs and services. In addition, Regional Council, as the Board of Health, sets priorities within this mandate to address Peel’s unique needs. The following are some of the ways in which Public Health works to make communities healthier:

- Protecting the community from infectious diseases, including immunizations, case and contact management, and prevention control.
- Improving oral health among the children and senior residents who need it the most.
- Protecting the community through inspections of food, drinking and recreational water and personal service settings, and enforcement of tobacco and vaping legislation.
- 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 health risk-reduction policies.
- Promoting children’s mental and physical development from birth to school years.
- Proactively identifying emerging community and population health needs.
- Enhancing emergency management planning.

The Ontario Public Health Standards are currently under review by the Province and the revised Standards are anticipated to be implemented in 2026.

Public Health 2020–2029 Strategic Plan

The Ontario Public Health Standards require all Boards of Health to identify priorities through a multi-year strategic plan. Building on Peel Region’s Community for Life Strategic Plan, Public Health’s Strategic Plan - ‘2020–2029 Strategic Priorities for the Future’ was endorsed by Regional Council on October 24, 2019. The plan is also aligned with the Health Services Transformation Strategy, which is one of the initiatives under Peel Region’s 2024-2027 Strategic Agenda. The five priorities of the Strategic Plan are:

- Enabling active living and healthy eating.
- Promoting mental well-being.

- Reducing health-related impacts of climate change.
- Advancing health equity.
- Practicing effective public health through evidence-informed and quality services.

Community Safety and Well-Being Plan²

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 Province’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 June 2025, Regional Council endorsed the updated Community Safety and Well-being Plan following an extensive, community focused review and refresh process. Developed in collaboration with over 75 partners, the updated Plan introduces a new adaptive model that strengthens coordination, supports early detection of emerging issues, and improves the Region’s ability to respond to evolving safety and well-being priorities. This evolution supports deeper integration across internal and external initiatives, promotes equity and emphasizes upstream approaches, which result in better community outcomes and cost-efficient use of collective resources. The Community Safety and Well-being Plan serves as a transformative mechanism to actively respond to the evolving needs of the community through sustained, cross-sector and cross-system collaboration. This ensures that the Community Safety and Well-being Plan is positioned to advance provincial directions and is grounded in the realities of our role as a Regional government.

Trends

Increasing Risks to Population Health

Public Health’s assessment and surveillance activities have identified several increasing population health needs. Highlights include:

- **Infectious diseases.** Infectious disease activity in Peel is dynamic and constantly evolving. In the first half of 2025, compared to the five-year average (2020–2024) for the same period, Peel reported a:
 - **36% increase** in invasive Group A Streptococcus (“iGAS”).
 - **103% increase** in Invasive Streptococcus pneumoniae.
 - **104% increase** in Latent tuberculosis infection (“LTBI”) rates.

Measles activity has also increased significantly in Ontario this year, reflecting global trends and lower vaccination rates. In Peel, there were

² 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.

eight cases in 2025 that resulted in more than 1,400 contacts requiring follow-up.

- **Children’s health.** Of the 12,912 Kindergarten and Grade 2 students screened by Public Health in 2024, 38% had already experienced tooth decay. Additionally, student mental health rates have declined in recent years. The proportion of Peel students from grades 7–12 who rated their mental health as excellent, very good or good declined significantly from 2013 (87%) compared to 2023 (68%). Almost half of Peel students in this cohort report moderate-to-high psychological distress.
- **Family health.** In 2023, Peel recorded the highest birth rate (10.6 per 1,000 population) among all Ontario public health units, underscoring the growing demand for postpartum supports.
- **Chronic diseases.** For the past 25 years, the Peel diabetes prevalence rate has been increasing and is higher compared to Ontario, with the gap widening over time. Between 2020 and 2030, it is projected that over 100,000 new cases of diabetes will be diagnosed in Peel and associated health care costs will be nearly \$700 million.
- **Food insecurity.** In 2024, 28% of households in Peel experienced food insecurity. This has increased over the past five years, from 18% in 2019.
- **Health risks of environmental hazards.** As of September 2025, there have been six separate heat events in Peel resulting in a total of 20 days where Peel has been under heat warnings or extended heat warnings. Additionally, there have been five wildfire smoke events for a total of 11 days in 2025. Air pollution levels during these events were amongst the highest ever recorded in Ontario and pose a serious risk to human health.

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. Proactive upstream interventions, such as addressing risk factors for disease, health promotion and identifying intersections with social determinants of health help to reduce the burden of preventable illness on the healthcare system and improve population health outcomes. On average, every dollar invested in public health saves eight dollars in avoided health and social service costs. While outcomes of public health’s preventive programs may not be immediately visible due to their broad scope, their impact is measurable over time through improved population health indicators, reduced disease burden, and enhanced quality of life.

Addressing Health Inequities

Health outcomes and the opportunity to experience good health are not evenly distributed across Peel region. For instance, there is a 4.7-year gap in life expectancy at birth across Peel neighborhoods. Public Health aims to close the gap between those who are most and least healthy. Social determinants of health, including income, housing, education, employment, sense of belonging, and our early years experiences are linked to differences in health outcomes and lifespan.

In Peel, several population groups experience disproportionate health challenges:

- Low-income residents often face barriers to accessing primary care, dental services, and nutritious food. They are also more vulnerable to the health impacts of climate change.
- Males are more likely to engage in health-risk behaviours such as smoking, alcohol and cannabis use, and have lower fruit and vegetable consumption, compared to females. They also experience higher rates of chronic conditions compared to females including ischemic heart disease, lung and colorectal cancers, and diabetes.
- Youth and young adults are at increased risk for poor mental health and utilization of health care for mental health issues. They also experience higher rates of sexually transmitted infections.
- Racialized and ethnic communities, including those of South Asian and Caribbean descent, experience higher rates of chronic diseases such as diabetes. Residents who travel to disease-endemic countries may experience higher rates of hepatitis A, malaria, paratyphoid fever, and typhoid fever. Active tuberculosis rates are also higher among those with a history of living in tuberculosis endemic regions.

Addressing these disparities requires more than isolated interventions—it demands a coordinated, data-informed approach that brings together diverse sectors. Recognizing this, Public Health is actively strengthening partnerships and connections with community-based health and social services organizations and the three Ontario Health Teams within Peel region to better respond to the unique needs of vulnerable populations. For instance, by the end of 2025, Public Health will have shared data with approximately 250 community partners on the cost of healthy eating in Peel to support advocacy on food insecurity. In addition, Health Services is working with Toronto Metropolitan University's new School of Medicine to embed public health principles in their curriculum so that future primary care practitioners further support a coordinated approach for reduction of health inequities and disease prevention in Peel.

Continued Provincial Underfunding

Public Health has consistently been underfunded by the Province relative to other health units and is one of the lowest per capita funded health units in Ontario. Peel's public health needs are increasing amidst rapid population growth, and the rising complexity of resident needs. At the same time, provincial funding has not kept pace with these demands or inflationary pressures. Locally tailored public health programs and services are required to address the unique and complex needs of Peel residents.

Chronic underfunding has reduced Peel Region's ability to conduct timely inspections, manage communicable disease risks, and deliver critical services like student immunizations and chronic disease prevention. For example, over 5,900 low-income seniors on the Ontario Seniors Dental Care Program remain on a waitlist for routine dental care. Additionally, the Healthy Babies Healthy Children program, which faces 15 years of near stagnant funding, is struggling to meet the increasingly complex needs of Peel's growing population for the community's highest risk families.

Despite ongoing funding challenges from the Province, Public Health continues to deliver its mandated programs and high-quality services, thanks to the strong support of our Board of Health. While Public Health continues to advocate for provincial support and pursue efficiencies, stable, adequate, and sustainable funding is essential to maintain the vital public health services and programs that residents and community partners rely on every day.



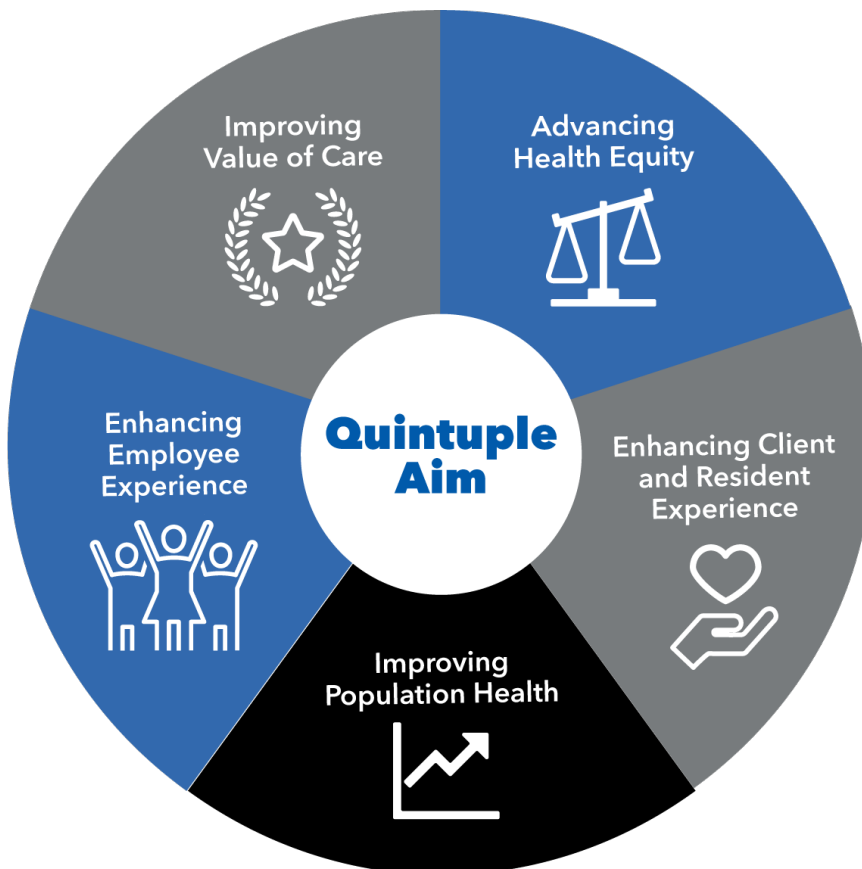
Performance Measures and Results

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 design and functioning:

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

Exhibit 1: Quintuple Aim Framework



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

Public Health is building infrastructure to advance health equity, by:

- Collecting sociodemographic data within Public Health programs through electronic medical records.
- Using the Climate Change and Health Vulnerability assessment to work with community agencies to support populations at-risk.

- Developing more equitable service experiences for identified members of the 2SLGBTQ+ community in multi-service clinics.

Under the pillar of enhancing employee experience, various initiatives have been implemented to support leadership capacity building and employee well-being. Employee survey data indicates that most staff feel a sense of belonging in the workplace (73%) and that they can talk to their people leader for support (77%). Opportunities still exist to provide more learning and growth opportunities for career development (34%).

In collaboration with the Human Resources division, recent Public Health initiatives to promote safe, inclusive and trauma-informed workplaces have included:

- Two-day workshops held yearly for Public Health employees working in high-risk roles to learn crisis intervention techniques to reduce the probability of behavioural crises (e.g., violent or aggressive behaviours) that may arise when working with community members.
- Trauma-informed leadership training in 2024, attended by over 25 leaders, as well as mentoring sessions attended by 49 leaders.
- Two workshops for diversity, equity and inclusion (“DEI”) and mental health champions to increase their understanding of psychological safety and workload management. More workshops will be offered to all leaders and staff in 2025–2026.
- Tools and resources created and promoted to support leaders and teams to build trust, acknowledge accomplishments, give respectful feedback and create a culture of connection.

The following are examples of some of the performance measures used in direct service delivery:

- **Number of children and seniors who accessed dental services** aims 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 2024:
 - 7,272 low-income seniors received help accessing free emergency or routine dental care.
 - 76,100 children screened for dental issues, identifying 44,000 children with preventive dental needs and 9,700 with urgent dental needs requiring treatment by a dentist.
- **Number of vaccine doses administered through Public Health** aims to attain an adequate level of vaccine coverage based on population needs. Public Health clinics support vaccine coverage, which is important for infection prevention in the community. In 2024:
 - 71,634 vaccine doses administered to the community, at 357 schools and 6 Peel flagship and community sites.
 - 908,300 doses of vaccine distributed to 600 external health care partners, including primary care clinics, long-term care homes,

retirement homes and hospitals, and public health school, community and flagship clinics meeting 100% of requests.

- **Number of public health inspections completed** aims to protect Peel residents from disease and injury by ensuring inspected settings comply with applicable legislation and regulations. In 2024:
 - 20,565 public health inspections completed for food safety, small drinking water systems, personal service settings, recreational water facilities, childcare centres, and tobacco, vaping, and waterpipe by-law enforcement.
- **Number of cases of reportable diseases investigated and/or monitored** aims to protect Peel residents from risk of infectious diseases and outbreaks, preventing further spread. In 2024:
 - 15,725 cases of reportable disease investigated and/or monitored by managing exposures and tracing contacts of reported cases to reduce transmission risk.
 - 367 investigations completed of confirmed outbreaks in community and institutional settings, such as hospitals and long-term care homes.
- **Number of clients accessing sexual health services through multi-service clinics** aims to provide access to counselling, information and testing for sexually transmitted infections, birth control, and other sexual health services. In 2024:
 - 5,368 individual clients accessed low barrier sexual health services.
- **Number of Family Health home visits** aims to provide timely and free in-person support to families for healthy pregnancies, births, baby feeding and child development. In 2024:
 - 1,056 home visits completed by the Infant Feeding Program.
 - 7,264 home visits completed by the Healthy Babies Healthy Children Program to support families in their time of need.
- **Increase awareness of family and intimate partner violence** aims to amplify awareness and foster collective action to end family and intimate partner violence. In 2024:
 - 30 community, police, and municipal partners co-designed the fifth annual 'Break The Silence' campaign.
 - Achieving over 28 million impressions through digital, social, and out-of-home advertising.
 - Receiving 15,000 visits to its webpage.
- **Strengthen cross-sector collaboration to address systemic risks and support vulnerable populations** aims to drive cross-system collaboration and greater collective impact to achieve a safe, inclusive and connected community. In 2024, this included:
 - Collaborating with over 100 community partners to implement the Community Safety and Well-being Plan and co-design a refreshed model.

- Engaging with 35 partners on the International Student Collaborative to co-design information sessions for international students, develop a central service repository to support service navigation and lead collective advocacy to speak with one voice for Peel, with the International Students Collaborative.
- Administering funding to 14 community-based organizations who have received multi-year funding from the Region through the Building Safer Communities Fund to deliver programs for at-risk youth in our community.
- Co-designing Peel’s first Youth Violence Prevention Strategy with 25 partners.
- **Advance equitable access to health and social services through targeted investments and partnerships** aims to address the needs of vulnerable and underserved populations and reduce health inequities through community initiatives and partnerships, such as:
 - The Black Health and Social Services Hub to bridge primary care and public health preventive services for asylum claimants at Peel’s Reception Centre.
 - Supporting Canadian Mental Health Association Peel Dufferin and health system partners with a successful proposal for a Homelessness and Addictions Recovery Treatment (“HART”) Hub.
 - Administering \$6 million to 27 agencies that reach over 3,000 youth.



Awards and Achievements

Awards

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

- **The Asylum Claimant Response Team received the CAO Award of Excellence**, which included representation from Public Health, and Health Strategy Planning and Partnerships. The asylum claimant response was crafted by Peel Region employees to meet an immediate need in our community - an unprecedented shelter crisis. Peel led the way on a national priority, forging partnerships involving the federal and provincial government so that asylum claimants receive compassionate services.
- **The Wastewater Surveillance Team received the Commissioner's Values in Action Award for Public Works**, a collaboration involving Public Health. This is another area where Peel showed national leadership by doing what was needed for Peel, enabling early detection of COVID-19 trends – information that helps strengthen response.
- **The Family and Intimate Partner Violence Campaign Team received the Community for Life Award**, a collaboration involving teams from Health Strategy Planning and Partnerships. Peel's 5th annual "Break the Silence" awareness campaign was co-designed with partners representing over 25 community groups, municipalities, police and people with lived experience. The campaign sent a powerful message challenging stigma and driving awareness to save lives and enhance community safety and well-being. This work is driven by our Community Safety and Well-being Plan.
- **The Carbapenamase–Producing Enterobacteriaceae ("CPE") Project Team received the Innovate Award**, which included several staff from Public Health. To address rising rates of CPE, the team streamlined investigations through LEAN processes. This collaborative approach reduced process lead time from 10.7 to 3.2 business days and produced about an estimated \$20,000 in annual cost avoidance.
- **Early Years Child Care Services Diversity, Equity, and Inclusion ("DEI") Planning Table received the We All Belong Award**, which included representation from staff in Health Strategy Planning and Partnerships. The team worked to embed equity and inclusion across all programs, fostering awareness, allyship, and accountability - and with 87% of staff reporting increased DEI knowledge.

Achievements

Expanding Services

During 2025, Public Health enhanced resident access to Public Health programs and services by:

- Opening the Baby Feeding Support Clinic at Meadowvale Town Centre in Mississauga to better serve families in need
- Expanding vaccine availability to newcomer, refugee and marginalized communities through after-hours and weekend clinics
- Offering extended hours and walk-ins for sexual health services at our multi-service clinics
- Offering a new sexual health clinic in partnership with Moyo Health and Community Services at their site in Brampton by fall 2025
- Expanding access to preventive dental care by increasing the number of portable dental clinics from 32–56 across schools, daycares, community agencies, and shelters between the 2023/2024 and 2024/2025 school years – resulting in 1,728 additional children receiving vital dental services
- Enhancing harm reduction outreach by extending mobile service hours to improve responsiveness to resident calls and support timely interventions
- Strengthening community action by actively supporting more agencies in creating health-promoting environments

Academic Publications

Public Health staff were among the co-authors of articles published in academic journals in late 2024 and 2025, including:

- **BioMed Central (“BMC”) Public Health Journal.**
 1. Article that studied the strategies and resources used by public health units to encourage COVID-19 vaccination among priority groups.
 2. Article that studied strategies and resources used by public health units to promote the uptake of the first and third doses of the COVID-19 vaccine among priority groups.
 3. Article that studied whether local public health efforts to implement community clinics reached different population groups and whether these community clinics contributed to an increase in uptake of the first dose of COVID-19 vaccines.
- **Journal of Dental Research.** an article that described the process used to develop Canada’s first National Oral Health Research Strategy.
- **International Journal of Public Health:** an article that explored the perceived effectiveness of public health unit partnerships with faith-

based and other community-based organizations to promote COVID-19 vaccination among ethno-racial communities.

- **International Journal for Equity in Health:** an article that explored the factors that facilitate and hinder engagement between public health units and faith-based organizations to promote COVID-19 vaccine confidence in Ontario.

Federal Harm Reduction Grant

- A proposal was submitted to Health Canada through the Substance Use and Addictions Program – Emergency Treatment Fund (“ETF”) on November 8, 2024, for harm reduction program enhancements, to help address the drug toxicity crisis. On January 3, 2025, \$695,755 from the ETF was awarded to bolster Public Health’s Harm Reduction Program which will result in the:
 - Purchase and retrofit of two vehicles for harm reduction outreach
 - Improvement in the availability and distribution of harm reduction supplies such as drug test strips, wound care kits, condoms, lighters, and educational materials.

First Nations Communities Evacuee Response

- As of September 2025, Peel Region has hosted and supported over 1,100 residents from three First Nations communities evacuated due to flooding and wildfires. Public Health supported displaced residents by attending to their health and well-being during these challenging times. Examples of services offered by Public Health include dental screening and referral, harm reduction supports, case and contact management, vaccination, coordination for invasive meningococcal disease (“IMD”) response, bed bug education and food premises inspection coordination.

Enhancing Access to Public Health Information

- **Peel health data zones information tool.** In 2025, Public Health continued to enhance the interactive mapping dashboard that illustrates the geographic distribution of the social determinants of health and key health indicators in Peel. The health data on the tool helps to visualize differences in outcomes across Peel and serves as one input into planning and prioritization processes for Peel health system partners to improve the health of Peel’s residents and serve as a foundation for an integrated system. This novel tool is accessible to all Peel residents. The geographic boundary used in the tool – the Peel Health Data Zone – was created by Public Health and has since been adopted in complementary regional planning tools including the Mississauga Health Ontario Health Team’s *Understanding Our Community Too*’.

- **Health status data website.** During 2025, Public Health completed an initiative to migrate public-facing core population health assessment reporting from static downloadable Excel files to interactive and user-friendly Power BI dashboards. Reports are routinely updated with new data as it becomes available.

Refreshed Community Safety and Well-Being Plan³

- Established the International Students Collaborative to action the Brampton Charter of Improving the International Student Experience based on the recommendation from Regional Council.
- Received \$8.1 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 fourth (November 2023) and fifth (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.

Commitment to Youth Wellness

- Public Health was recognized by the Registered Nurses’ Association of Ontario for our 10-year commitment to the Youth Wellness Champions Program, which is the foundation for the Youth Empowering Students for Mental Health (“Yes4MH”) initiative delivered in schools to positively affect student mental health.



³ 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.

The 2026–2029 Business Plan Outlook

Planning for the Future

Advancing Health Equity

Advancing health equity is a strategic priority across Peel Region’s Health Services department, Public Health playing a distinct and vital role. As part of this shared commitment Public Health works alongside other Health Service programs to deepen trust and relationships with diverse communities, and enhance understanding of lived experiences, barriers, assets, and inequities. Together, we also co-design evidence-informed, community-focused interventions that reflect local needs.

Reducing health inequities requires a combination of both population-level interventions and interventions tailored to the needs of the specific community and/or setting. To drive these efforts forward, Public Health will continue to focus on:

- Driving system collaboration and partnership with Ontario Health Teams and other community and system partners to advance health equity.
- Redistributing decision-making power by deepening engagement with community organizations, patients, families, and caregivers, ensuring that lived experiences and community priorities shape local health system transformation initiatives.
- Enhancing collection and use of sociodemographic data to better understand who is, and who is not, utilizing Peel’s programs, to support program evolution to meet community needs.
- Strengthening connections between health and social services to address gaps and improve equitable access to care.
- Improving and adapting our services to address Peel’s unique health equity needs, such as sociodemographic and population growth challenges.

Addressing Capacity Needs in Critical Areas

In response to Peel’s accelerating growth and evolving health challenges, Public Health is expanding its capacity across critical programs, including environmental hazards, quality assurance, quality improvement, communicable diseases, school immunizations, and children’s dental programs. To sustain impact, expand reach and remain aligned with the needs of Peel’s dynamic and diverse population, additional resources are required to:

- Mitigate health risks of environmental hazards through programs and urgent response plans that increase community resiliency and address health inequities.
- Enhance quality assurance processes for public health inspections, and capacity for urgent responses.
- Bolster Public Health’s ability to sustain ongoing infectious diseases, new and escalating infectious diseases (e.g., avian flu), and re-emerging infectious diseases (e.g. measles).
- Continue catching up on immunization record screening, enforcement and routine school immunizations. For example, extending resources for screening and enforcement of Immunization of School Pupils Act, 1990, (“ISPA”) will allow for nine cohorts of students to achieve compliance, instead of four cohorts the previous year. There will be targeted secondary school clinics to improve vaccination rates. Investment in training also allows the same staff to screen twice the cohorts they did in the previous year.
- Optimize service integration and efficiency through partnerships with Ontario Health, local Ontario Health Teams, and other system partners to centralize coordination and ensure person-centered integrated services.
- Lead work to bridge service gaps for vulnerable populations and underserved communities, by working with community and health system partners to co-design responsive and inclusive solutions.
- Drive collaboration with over 100+ community partners across the Community Safety and Well-Being Plan, Community Response Table, International Students Collaborative in the Youth Violence Prevention Strategy and ensuring that tailored local solutions can effectively address root causes of crime and exploitation.

In addition, Public Health’s mobile dental clinic bus, originally planned for replacement in 2027, is inoperable due to significant mechanical issues, reducing access for up to 1,500 children annually to prompt care. Investing in a replacement dental bus during 2026 will allow mobile dental services to reach underserved communities.

Improving Quality and Capacity as a Learning Organization

Peel Region's Health Services strategy includes a focus on creating the conditions for a learning organization and culture to flourish. This is aligned with Public Health’s strategic priority of practicing effective public health by ensuring employees have access to the best available evidence, and the necessary skills for program planning and evaluation, communication and knowledge exchange, and continuous quality improvement. Ongoing efforts include:

- Rebuilding Public Health’s core competency enrichment and new employee onboarding program.

- Delivering peer-to-peer professional development sessions.
- Supporting employees in using and applying research evidence and promoting a culture of quality improvement.

Supporting Employee Health and Well-being

Public Health regularly provides services to vulnerable community members who are coping with a multitude of high-risk issues. This includes employees and leaders who provide service to evacuees (e.g. due to flooding or forest fires), asylum seekers, as well as programs for our most vulnerable families, clients and community members. To support employees with this high-stress and trauma-exposed work, efforts are underway to ensure employees have access to specialized training and de-briefing opportunities to reduce compassion fatigue, moral distress and support overall mental wellbeing and resilience. In addition, an employee health and wellness strategy will be added to the Public Health Emergency Response Plan as mandated by the Ontario Public Health Standards guideline to support and protect staff wellbeing both during and after an emergency response.



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, Public Health has a history of cautiously balancing service delivery requirements with the need to maintain capacity to adjust to the evolving needs of the community.

During 2025, Public Health implemented continuous improvement initiatives that led to a cost avoidance of \$188,000, including:

- Improving scheduling for school immunization clinics.
- Improving student immunization consent process.
- Introducing online vaccine order form for Peel healthcare providers.
- Increasing legislative immunization clinic capacity for school age children.
- Improving low-risk animal exposure investigations.
- Implementing the Electronic Medical Records system.

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

- Improving the tuberculosis medical surveillance process by reducing manual data entry and addressing client backlogs.
- Reducing administrative burden by transitioning from processing printed faxes across divisions that support infectious disease surveillance to processing electronic faxes.
- Enhancing the special events program for public health inspectors and clients by digitizing the online application process, transitioning to cloud-based document storage, and integrating electronic inspection tools.
- Expanding quality assurance monitoring to all public health inspections processes.
- Improving access to multi-service clinics by optimizing client flow, increasing throughput, reducing client wait times, and overall time spent in the clinic.

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 Public Health. By upgrading existing technology systems and bringing new software online, Public Health is enhancing the efficiency of our internal processes and improving services for residents.

Leveraging Technology to Improve Service Delivery

Electronic Medical Records

The implementation of an Electronic Medical Records (“EMR”) system has advanced Peel Region's Digital Strategy, which is committed to providing engaging and seamless service experiences for residents and employees through sustainable and integrated business and technology modernization.

Since implementation, EMR has been expanded to support services across seven programs including immunization, oral health, healthy sexuality, infant feeding, Healthy Babies Healthy Children, tuberculosis, and communicable disease investigations and outbreaks. The EMR system has also been beneficial for the regional and family health contact centres.

The use of EMR helps to increase Public Health’s capacity for data collection, analysis and reporting to enhance communications, and facilitates performance management for program improvement. Since 2020, clients have self-booked 126,356 immunization related appointments using EMR.

As an example, the oral health program has implemented EMR with the following efficiencies:

- Eliminated approximately 57,000 hard copy client documents per year and decreased administrative burden by 50%.
- Eliminated the use of three internal databases and one scheduling software program.
- Allowed clients to book virtual at-home oral health screening appointments.
- Enabled faster access into free dental program by reducing client enrollment time.

The results of a 2025 user survey of the EMR system are being reviewed to identify opportunities for improvement. In 2026, Public Health will expand the use of the EMR system including developing in-depth analytics and reporting capabilities.

This work is essential to maintaining operational continuity, data integrity, and timely insights that support informed decision making and mitigate organizational risks linked to security and privacy.

Electronic Nursing Documentation System Salesforce Solution

In 2024, Public Health’s Call Centre replaced the legacy Tier Two Electronic Documentation System with the Electronic Nursing Documentation System (“ENDS”). A 2025 survey of users concerning usability, efficiency, performance, and overall satisfaction indicated 92% of users were satisfied with the ENDS system. The use of ENDS helps to improve Public Health's ability for data analysis and reporting for program planning purposes.

Online Vaccine and Medication Order Project

Public Health has introduced a Peel Health Professionals Portal, offering a ‘one stop shop’ for community partners to place online orders for routine vaccinations (e.g. influenza, Respiratory Syncytial Virus (“RSV”), and COVID-19). In September 2025, Hepatitis B and Human Papilloma Virus-9 vaccines became available for online orders. The portal streamlined the vaccine ordering processes, improving ordering experiences for physicians and reducing order processing time. In 2026, Public Health plans to expand the online vaccine ordering portal by adding the rabies vaccine and allow physicians to submit information related to its administration.

Immunization Services Technology Implementation

In 2026, Public Health will undertake a technology initiative to upgrade and implement technologies to help facilitate improved service delivery for the Immunization Services Division. Technology implementations will include the automation of the consent process for school aged children as well as other aspects of vaccine clinic operations.



Proposed Operating Budget

This section sets out the financial resources required to deliver the proposed 2026–2029 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 2025 was \$42.9 million and the proposed budget for 2026 is \$46.1 million.

Net Expenditures: \$46.1 million (**Total Expenditures:** \$133.1 million)

Description (in \$ thousands)	2024 Actuals	2025 Approved Budget	2026 Proposed Budget	\$ Change Over 2025	% Change Over 2025
Operating costs	9,191	8,110	8,360	250	3.1%
Labour costs	97,608	99,976	100,671	695	0.7%
Reserve contributions	271	271	271	–	–
Debt charges	–	–	–	–	–
Grant payments	9,782	9,702	6,170	(3,532)	(36.4)%
Facility, IT, HR and other support costs	22,188	22,783	23,707	924	4.1%
Recoveries	(4,439)	(4,495)	(6,112)	(1,617)	36.0%
Total Expenditures	134,601	136,347	133,066	(3,281)	(2.4)%
Grants and subsidies	(74,445)	(72,700)	(72,022)	678	(0.9)%
Supplementary taxes	–	–	–	–	–
Fees and services charges	(798)	(968)	(853)	115	(11.9)%
Transfer from development charges	–	–	–	–	–
Contributions from reserves	(18,883)	(19,793)	(14,119)	5,674	(28.7)%
Total Revenues	(94,126)	(93,461)	(86,994)	6,467	(6.9)%
Total Net Expenditure	\$40,475	\$42,886	\$46,072	\$3,186	7.4%

Note: May not add up due to rounding.

2026 Operating Budget Pressures

Service (in \$ thousands)	Total Expenditure	Total Revenue	Net Cost 2026 vs 2025	
2025 Revised Cost of Service	\$136,347	\$93,461	\$42,886	%
Cost of Living/Inflation¹				
Labour costs	3,124		3,124	
Goods and services	327		327	
Annualization				
Annualized costs from the 2025 Budget requests	455		455	
Base Subsidy/Recoveries				
Increase in Provincial funding		560	(560)	
Cost Containment ²	(1,330)		(1,330)	
Base Budget Changes Subtotal	2,576	560	2,016	
Service Level Demand³				
BR # 7. Quality Assurance and Quality Improvement (1 FTE)	137		137	
BR # 8. Case and Contact Management Supports (3 FTE)	210		210	
BR # 10. Children's Vaccine Preventable Diseases (23 contracts)	1,145	1,145		
BR # 12. Provincial Mandates on Health System Transformation and Integration (2 FTE)	267		267	
BR # 93. Community Health Solutions (1 FTE, 2 contracts)	676	236	440	
Hart Hub (CR #2025-468)	18	18	-	
Ongoing positions funded from reserves	2,724	2,724	-	
Removal of temporary positions	(8,282)	(8,282)	-	
Removal of federal funded bolstering harm reduction (CR #2025-154)	(211)	(211)	-	
Service Level Changes Subtotal	(3,316)	(4,370)	1,054	
Discontinued Services				
Discontinued food handler program (CR #2025-243)		(116)	116	
Closed safe consumption site 10 Peel Centre Drive (CR# 2025-129)	(2,541)	(2,541)	-	
New/Discontinued Services Subtotal	(2,541)	(2,657)	116	
Total 2026 Budget Change	(3,281)	(6,467)	3,186	
2026 Proposed Budget	\$133,066	\$86,994	\$46,072	7.4%

Note: may not add up due to rounding.

Operating Budget Pressure Notes

¹Base Subsidy/Recoveries

- Peel base pressures increased \$3.5 million, however Provincial funding only increased by \$0.56 million, leaving a gap of \$2.9 million. As Public Health should be 70% funded by the Province but funding increases over previous years have failed to maintain this 70/30 ratio and full funding of this gap is needed to prevent continued erosion of the funding base.

²Cost Containment

- Savings of \$347,500 from ongoing spending and operational reviews with no impact on the service levels.
- Reduction of \$653,762 (5.9 FTE) including administrative efficiencies, use of vacancies, and advancing implementation of Substance Use Strategy.
- Service level change:
 - Reduce in-person prenatal education program, \$150,000
 - Decrease oral health screening in the community for children and youth, \$113,000
 - Discontinue free delivery of respiratory vaccines to external healthcare providers, adopting instead of pick-up model and charging for extra delivery, \$30,000
 - Reduce frequency of immunization clinics at Meadowvale Community Health Center, \$10,000
 - Reduce level of support for Peel's Family and Intimate Partner Violence campaign, \$25,000

³Service Level Demand

- **BR # 7.** Request one permanent full-time staff to enhance quality assurance to front-line public health services.
- **BR # 8.** Request three permanent full-time staff to strengthen case and contact management supports to address case complexity pressures.
- **BR # 10.** Request seventeen contract staff for three months, five contract start for five months, and one contract staff for fifteen months to protect Peel's children from vaccine preventable diseases. 23 contract positions funded by \$1.15 million in reserves.
- **BR # 12.** Request two permanent full-time staff to continue implementation of provincial mandates on health system transformation and integration.
- **BR # 93.** Request one permanent full-time staff and two contracts for twelve months to drive community health solutions through ongoing partnerships and co-design. Two contract positions funded by \$0.24 million in reserves.
- **Ongoing positions funded by reserves.** See the Summary of 2026 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 reduction in positions, including a \$8.2 million reduction in 2025 Budget Requests contracts ending funded by reserves.

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	2025	2026	2027	2028	2029
Communicable diseases	145.7	149.3	153.1	155.3	157.2
Immunization services	96.7	93.8	96.0	97.2	100.1
Community safety and well-being ⁴	8.0	10.0	10.0	10.0	10.0
Chronic disease and injury prevention	203.3	203.8	204.6	205.8	207.7
Family health	151.1	146.1	146.9	148.1	150.0
Health protection	107.7	109.3	112.1	113.3	115.2
Public health intelligence	53.8	54.3	58.1	59.3	61.2
Total	766.5	766.7	780.9	789.1	801.2

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

- FTE projected to address population growth.
- May not add up due to rounding.

⁴ 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.

2026 Total Expenditures and Funding Sources

Figure 1. 2026 Total Expenditures (in \$ millions)

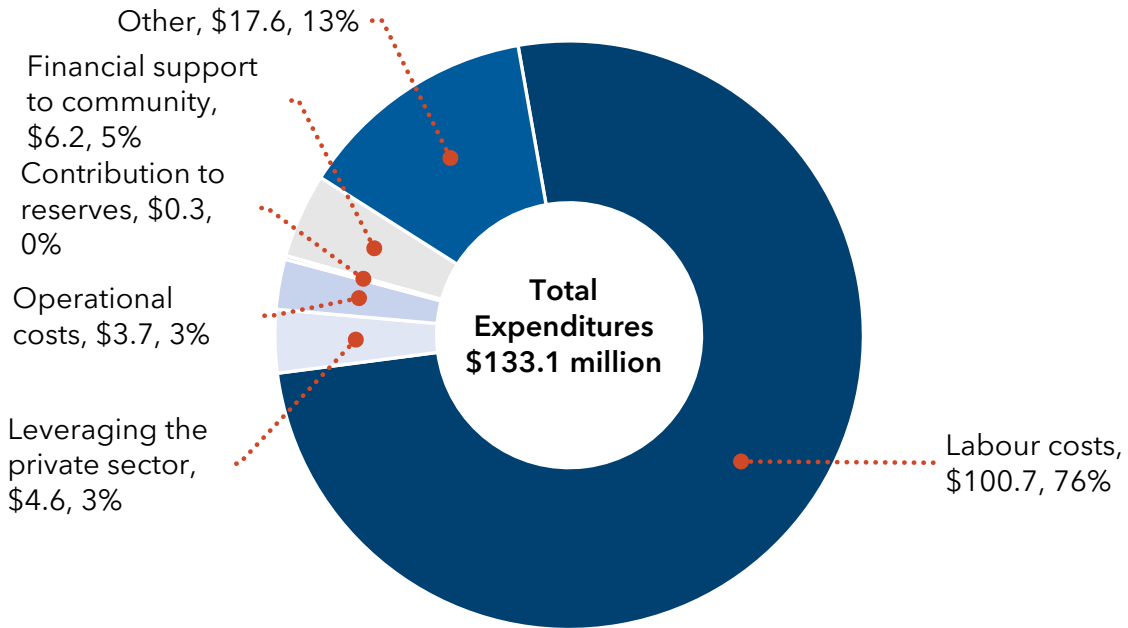
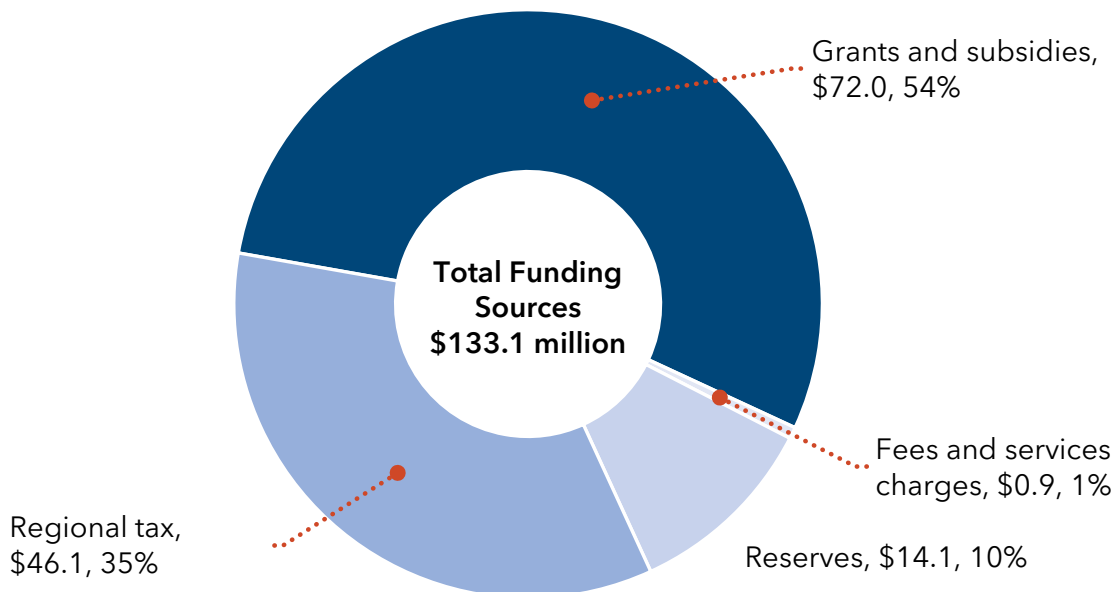


Figure 2. 2026 Total Funding Sources (in \$ millions)



2026 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.

2027–2029 Operating Forecast

Table 3. Budget (in \$ thousands)

	2025	2026	
Total Expenditure	136,347	133,066	(2.4)%
Total Revenue	(93,461)	(86,994)	(6.9)%
Net Expenditure	42,886	46,072	7.4%

Table 4. Forecast (in \$ thousands)

	2027		2028		2029	
Total Expenditure	133,944	0.7%	137,632	2.8%	142,191	3.3%
Total Revenue	(78,006)	(11.5)%	(74,746)	(4.2)%	(72,081)	(3.6)%
Net Expenditure	55,938	17.6%	62,886	12.4%	70,110	11.5%

Note: May not add up due to rounding.

- Forecast years' increases are related to maintaining base services levels.
- 2027 forecast includes:
 - Removal of 2025 \$2.1 million Provincial funding shortfall in the 2027 budget, with no further draws from the Tax Rate Stabilization reserve draw.
 - 14.1 FTEs to support increased demand due to growth.
 - First year of phasing in of permanent funding for positions currently being funded through the COVID-19 reserves.
- 2028 forecasted increase includes 8.2 FTEs to support increased demand due to growth and the second year of phasing in of permanent funding for positions currently being funded through the COVID-19 reserves.
- 2029 forecast increase is for 12.1 FTEs to support increased demand due to growth and the final year of phasing in of permanent funding for positions currently being funded through the COVID-19 reserves
- No base funding announcements for 2027, 2028 and 2029 therefore funding assumed the same as 2026 at this time.

Proposed Capital Budget

Capital Budget: \$1.3 million (**10-year Plan:** \$12.0 million)

2026 Capital Budget Overview

Table 5 provides a summary of Peel Public Health planned capital project activity for 2026, including funding sources for both new capital project requests in 2026 and projects carried forward to 2026.

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

	Carry Forward from Prior Years (WIP)	2026 Capital Budget	Total Capital in 2026
DC Growth	–	–	–
Externally Funded	5,235	–	5,235
Non-DC Internal	1,925	1,300	3,225
Total Expenditures	\$7,160	\$1,300	\$8,460
# of Projects	9	3	12

Existing Capital Projects – \$7.2 million

Key highlights:

- \$3.5 million Peel Public Health Ontario Seniors Dental Care Program Clinics: construction is complete and, the maintenance holdback is in progress: Mississauga Central, Mississauga West and Brampton West (3 clinics).
- \$1.4 million Mobile Dental Clinic is for Ontario Seniors Dental Care Program partially funded by Ministry of Health was delayed in 2020 due to COVID-19. The dental bus is scheduled for delivery in third quarter 2025.
- \$0.3 million for the replacement of two Harm Reduction Vehicles funded by Health Canada.
- \$1.2 million Electronic Medical Records is on-going in the implementation phase.
- \$0.8 million Peel Public Health Information Management Improvements; decommissioning of Two-Tier Electronic Documentation (“TTED”), implementation of Salesforce Lighting, and Strategic Technology Plan funded by Peel Public Health and Information Technology.

2026 Capital Budget – \$1.3 million

Key highlights:

- \$0.8 million to replace the children’s mobile dental vehicle.
- \$0.3 million Peel Public Health clinics and facilities for leasehold Improvements.
- \$0.2 million Peel Public Health Information Management Improvements.

See Appendix I for details.

2026 Budget Risks

- None.

Operating Impact of 2026 Capital Budget

- None.

Proposed Capital Plan

2026–2035 10-year Capital Plan: \$12.0 million

By Project Classification

State of Good Repair
\$12.0 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 (2) 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
Enhancing Quality Assurance to Improve Frontline Public Health Services	Health Protection	7	1.0	—	136,733	—
Strengthening Case and Contact Management Supports to Address Case Complexity Pressures	Communicable Disease	8	3.0	—	210,364	—
Protecting Peel's Children from Vaccine Preventable Diseases	Immunization Services Division	10	—	23.0	—	—
Continuing implementation of Provincial mandates on health system transformation and integration ⁵	Health Strategy, Planning and Partnerships	12	2.0	—	266,839	—
Preventing Dental Issues amongst Children in Underserved Communities	Chronic Disease and Injury Prevention	14	—	—	—	750,000

⁵ For budgeting purposes, these requests are reflected under Public Health but will be allocated across Health Services accordingly.

Proposed Initiative	Division	Budget Req #	FTEs Req	Contract FTE Req	Net Operating Impact	Capital
Driving Community Health Solutions Through Ongoing Partnership and Co-Design ⁵	Health Strategy, Planning and Partnerships	93	1.0	2.0	439,939	—
Total			7.0	25.0	\$1,053,875	\$750,000

Budget Request #: 7

Proposed Initiative	Department	Division	Service Area
Enhancing Quality Assurance to Improve Frontline Public Health Services	Health Services	Health Protection	Public Health

Description of Budget Request

The Board of Health is required under Ontario Public Health Standards to ensure a culture of continuous quality improvement. Aligned with the Regional Strategic Agenda (Service Excellence), this resource will support performance reporting, quality improvement, quality assurance, capacity and training and support functions for public health inspections. The risk of not filling this request is non-compliance with legislated Ministry requirements and reliance on existing Health Services resources.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	136,733	45,537	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	136,733	45,537	–	–
Rate stabilization reserve	–	–	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	–	–	–	–
Net impact – tax	136,733	45,537	–	–
Net impact – utility rate	–	–	–	–
FTEs	1.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Population growth, increasing volume and complexity of work, including lack of capacity for urgent issues and limited provincial funding increases, requires Public Health to find efficiencies in current funding and staffing levels. This requires staff skills and capacity related to problem identification; implementation and testing of solutions; monitoring and reporting of results, consistent and fair inspections of businesses and updated procedures to ensure health is protected.

Details of Service Change

One permanent resource in Health Protection (“HP”) will expand the quality assurance program from just food safety to all inspection processes, ensuring high quality, consistent, timely, fair and transparent inspections, maintaining trust, and ensuring metrics are collected to support appropriate service levels and staffing. Expanding the quality assurance program increases confidence for both the public and the business community we serve – maintaining the community's trust and ensuring metrics are collected to support appropriate service levels and staffing. The resource will ensure procedures reflect provincial changes, support urgent responses, and train staff. Without the position, HP will be in an unsustainable, reactive mode as current workloads are too high.

Service Impact

The resource will lead HP quality assurance processes, oversee the collection and analysis of provincial data requirements, and ensure staff are trained. The resource will ensure inspection software is current, data is accurate and available, urgent response situations are supported and that all policies and procedures are kept current and reflect provincial changes. The position will ensure that the business community will experience consistent, predictable and timely outcomes and the public have confidence in the inspection results.

Budget Request #: 8

Proposed Initiative	Department	Division	Service Area
Strengthening Case and Contact Management Supports to Address Case Complexity Pressures	Health Services	Communicable Disease	Public Health

Description of Budget Request

Public Health (“PH”) plays a critical role in controlling and preventing the spread of communicable diseases. However, controlling these diseases has become more challenging and complex because of the re-emergence of some communicable diseases along with a changing social context. Three permanent positions are needed to maintain current service levels of case and contact management for tuberculosis, sexually transmitted and blood borne infections, and clinical services.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	210,364	72,225	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	210,364	72,225	–	–
Rate stabilization reserve	–	–	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	–	–	–	–
Net impact – tax	210,364	72,225	–	–
Net impact – utility rate	–	–	–	–
FTEs	3.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Increasingly complex tuberculosis cases and sexually transmitted and blood borne infections continue to impact case management and clinical services. The requested resources will support Public Health in sustaining current service levels; however, they do not account for anticipated future growth.

Details of Service Change

Permanent resources will allow PH to meet increasing service demands and more effectively serve residents in their time of need by:

- Maintaining timely and comprehensive case and contact management of tuberculosis cases and sexually transmitted and blood borne infections.
- Enhancing clinical services and reducing barriers to sexual health services for target populations by shifting to a drop-in clinic format with evening hours.
- Facilitating mandated Immigration Medical Surveillance to ensure timely and early detection of active tuberculosis and latent tuberculosis infection.

Service Impact

Resources will maintain existing case and contact management and clinic services.

- PH multiservice walk-in and evening model clinics decrease barriers to care for priority populations who are disproportionately impacted by sexually transmitted and blood borne infections and increase access to testing and treatment preventing further spread in the community.
- Tuberculosis program support ensures medical surveillance client files are processed efficiently and effectively. Supports will also ensure efficient management of latent tuberculosis infection, mitigating poor health outcomes for clients and risk to the community.
- This request supports PH's 'Advancing Health Equity' strategic priority.

Budget Request #: 10

Proposed Initiative	Department	Division	Service Area
Protecting Peel's Children from Vaccine Preventable Diseases	Health Services	Immunization Services Division	Public Health

Description of Budget Request

Public Health delivers mandated immunization services protecting Peel residents from vaccine preventable diseases. Immunization Services seeks approval for continued funding for 23 contract positions, previously approved by Regional Council in 2024 for post-pandemic service backlog. These positions continue to support catch-up of immunization record screening and enforcement and routine school immunizations.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	1,144,725	364,665	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	1,144,725	364,665	–	–
Rate stabilization reserve	1,144,725	364,665	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	1,144,725	364,665	–	–
Net impact – tax	–	–	–	–
Net impact – utility rate	–	–	–	–
FTEs	–	1.0	–	–
Contracts	23.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Service backlogs, student population growth, chronic underfunding, and retaining skilled resources drive the need. Advancing Peel's Strategic Agenda, these resources will support the immunization records backlog. Investment in school immunizations provides timely access to required vaccines, reducing catch up for missed doses. Maintaining service levels mitigates population health risks associated with vaccine preventable diseases and enables Peel to meet provincially mandated requirements.

Details of Service Change

Since 2023, Immunization Services reduced contract resources from 137.5 to 45 in 2024, and now to 23, as part of continuous improvement and operational efficiency efforts. Extending these 23 resources will minimize service disruptions through 2025–2026 while retaining critical staff to expand screening, enforcement, and vaccine administration in schools. This addresses immunization gaps for secondary school students, children without primary care access and emergency response readiness. Expanding screening and enforcement to a total of nine school grade cohorts, five more than the previous school year, will address the backlog by the 2026–2027 school year. External partnerships enable tailored clinics for underserved/high-priority populations. Without appropriate staffing, we will not reach underserved populations resulting in increased health inequities and disease risks amongst these groups in Peel.

Service Impact

By strengthening relationships with school boards, community partners and driving targeted health promotion on the importance of vaccination, these resources will provide timely access to vaccines in schools, update student immunization records and support a return to pre-pandemic vaccine coverage rates. Without continued investment, there is a risk that PH will be unable to provide routinely administered vaccines for school-aged children or review immunization records required to attend school under provincial legislation. With the global resurgence of vaccine preventable diseases, such as measles, this sustained investment in providing vaccines to Peel children is a necessity.

Budget Request #: 12

Proposed Initiative	Department	Division	Service Area
Continuing implementation of Provincial mandates on health system transformation and integration	Health Services	Health Strategy, Planning and Partnerships	Public Health

Description of Budget Request

Peel Region plays a vital role in the local health system, advancing person-centered service delivery and supporting provincially directed health system transformation. As a trusted partner to ministries, Ontario Health, hospitals, and OHTs, dedicated resources are essential to fulfill legislated mandates, sustain priorities, and maintain critical partnerships through a coordinated, department-wide effort—ensuring alignment and avoiding duplication across service areas.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	266,839	—	—	—
Less: internal and capital recovery	—	—	—	—
Total Expense	266,839	—	—	—
Rate stabilization reserve	—	—	—	—
External funding	—	—	—	—
Other revenue	—	—	—	—
Total Revenue	—	—	—	—
Net impact – tax	266,839	—	—	—
Net Impact – utility rate	—	—	—	—
FTEs	2.0	—	—	—

Required Capital Investment

	2026
Total Expenditures	—
Capital reserve	—
Development charges	—
External funding	—
Debt	—
Total Funding	—

Why Staff Recommend this Initiative

Peel residents rely on integrated, person-centred care for better health outcomes. As a key health service provider, Peel Region drives strategic collaboration and advocacy to advance local health system transformation. Permanent resources are needed to coordinate planning, align strategic opportunities, and lead initiatives with Ontario Health, local Ontario Health teams, and community partners to streamline services, reduce wait times, and improve access.

Details of Service Change

Stable resources are critical to strengthening Peel Region's leadership in health system integration and enabling effective collaboration with Ontario Health, Ontario Health Teams, as well as health system and community partners. Permanent resources will support alignment of Regional priorities and enhance coordination on key initiatives serving vulnerable populations—including but not limited to individuals experiencing homelessness, addictions, and asylum claimants that are lacking responsive care. Continued advocacy, strategic influence, and active participation in system initiatives such as patient attachment to primary care, are essential to advancing integrated, person-centred care and improving access to services for Peel residents.

Service Impact

Peel Region is uniquely positioned to lead health system collaboration and integration, driving meaningful change for residents. Stable resources are essential to sustaining Peel Region's leadership in health system integration. They enable collaboration with Ontario Health, Ontario Health Teams, and community partners to align priorities and coordinate initiatives for vulnerable populations—including non-permanent residents, those facing homelessness, addictions, and other challenges. Peel plays a critical role in connecting residents to primary care and leading equity-focused, preventative solutions. Without permanent resources, the Region cannot advance integrated, person-centred care.

Budget Request #: 14

Proposed Initiative	Department	Division	Service Area
Preventing Dental Issues amongst Children in Underserved Communities	Health Services	Chronic Disease and Injury Prevention	Public Health

Description of Budget Request

Since 2006, Public Health (“PH”) has used a mobile dental vehicle to bring preventive services (teeth cleaning, fluoride treatment, dental sealants) to underserved children in schools with high dental needs. Mechanical issues have made the vehicle inoperable, reducing access for up to 1,500 children annually to prompt care. With replacement allotted for the 2027 budget, PH requests advancing the funds in 2026 to allow an immediate start to procurement and earlier resumption of services.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	–	–	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	–	–	–	–
Rate stabilization reserve	–	–	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	–	–	–	–
Net impact – tax	–	–	–	–
Net impact – utility rate	–	–	–	–
FTEs	–	–	–	–

Required Capital Investment

	2026
Total Expenditures	750,000
Capital reserve	750,000
Development charges	–
External funding	–
Debt	–
Total Funding	750,000

Why Staff Recommend this Initiative

A mobile dental vehicle allows preventive services to be provided in schools where there is not enough space for portable dental equipment set up or proper infection prevention and control measures. Without a mobile dental vehicle, schools with limited space will not receive services, putting children with access barriers at risk of not getting timely care. The vehicle also brings services to day cares, shelters, community agencies and outdoor events in underserved areas.

Details of Service Change

Based on dental screening data, there are over 100 Peel schools with high numbers of children requiring preventive care. Currently there is capacity for 26 schools to receive portable services. The dental vehicle increases flexibility by allowing more schools to receive prompt care, with each site having the vehicle for 1–2 weeks to support children screened for needing preventive care.

The vehicle also adds efficiencies to the program. Schools can also have both models (portable and mobile) running at the same time, reducing the number of days it spends at a school. On its own, a portable or mobile clinic can provide service to 6 children per day. When both models are onsite, this doubles to 12 children per day.

The vehicle can be used annually for 300 days (schools and community) with up to 1,500 children accessing care on it.

Service Impact

Schools with the highest dental preventive needs are typically in low socioeconomic areas. Some families in these areas experience more barriers to accessing care. The dental vehicle brings the service directly to children so they are able to receive timely care. This supports PH's Advancing Health Equity strategic priority and aligns with Diversity, Equity and Inclusion strategies.

The vehicle will have an AODA compliant accessibility lift, supporting the Region's Multi-Year Accessibility Plan. PH will also ensure the vehicle is refurbished to align with the Region's Green Fleet Strategy.

Budget Request #: 93

Proposed Initiative	Department	Division	Service Area
Driving Community Health Solutions Through Ongoing Partnership and Co-Design	Health Services	Health Strategy, Planning and Partnerships	Public Health

Description of Budget Request

To meet Council direction and provincial expectations, existing staff roles must be extended, with one transitioning to permanent to ensure stability and sustain vital community work. These staff lead high-impact initiatives—like the Community Response Table with 100+ partners—and support key priorities such as International Students and Youth Violence Prevention. Their roles are critical in addressing rising post-COVID needs through coordinated, community-led action.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	675,960	203,634	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	675,960	203,634	–	–
Rate stabilization reserve	236,021	80,611	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	236,021	80,611	–	–
Net impact – tax	439,939	123,023	–	–
Net impact – utility rate	–	–	–	–
FTEs	1.00	–	–	–
Contracts	2.00	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Three existing resources are leading work with community partners to address current and emerging health and social services issues. One permanent resource and two contract resources are critical to the Region's ability to drive the implementation of value-added, upstream initiatives that can impact cost-savings by reducing expensive downstream crisis response. Robust evaluation of the Community Safety and Well-being Plan and Community Response Table have demonstrated the value and need for these sustained roles.

Details of Service Change

Three existing temporary resources lead work directed by Council to align with Peel's Community Safety and Well-being Plan. This includes Region's collaboration with 100+ partners at the Community Response Table, 35+ partners on the International Students Collaborative, and 30+ partners co-designing a Youth Violence Prevention Strategy for Peel and delivering community-based programs for at-risk youth in Peel. Stable capacity is needed to continue this work with community partners and identify opportunities to reduce duplication across Peel, strengthen coordination across health and social services sectors, and implement tailored local solutions with our community that address the root causes of crime and exploitation. Dedicated support for Community Response Table is essential to ensure effective emergency preparedness and build community resilience to respond to future shocks that will impact our community.

Service Impact

As reported by the Solicitor General, one dollar of investment in upstream prevention can save up to seven dollars in costs related to downstream emergency services, like policing. The requested resources have already demonstrated value and will continue to drive impact. Examples include engagement with over 400 international students to ensure lived experience guides decision-making and the administration of \$6M to 27 agencies that reach over 3000 youth. The updated Community Safety and Well-being Plan model will provide a streamlined approach to design localized and targeted community initiatives, public awareness campaigns, collective advocacy, and practical tools to build a safer, more inclusive and thriving community.

Appendix I

Table 7. 2026 Financing Sources and Funding Status (in \$ thousands)

Project	Name	Description	Total Expense	Development Charges	Reserve Funds	External Funding	Debt Funding
265304	Children’s dental bus replacement	Mobile Dental Clinic (Bus)	750	—	750	—	—
265306	Public Health information management improvements	Public Health information improvements	250	—	250	—	—
265308	Public Health clinics and facilities – leasehold improvements	Fund for leasehold improvements for clinics	300	—	300	—	—
Public Health Total			\$1,300	—	\$1,300	—	—

Appendix II

Table 8. 2026 10-year Combined Capital Program (in \$ thousands)

Project	Name	Description	2026	2027	2028	2029	2030	Yrs 6-10	Gross
265304	Children's dental bus replacement	Mobile Dental Clinic (Bus)	750	—	—	—	—	—	750
265306	Public Health information management improvement	Public Health information improvements	250	250	250	250	250	1,250	2,500
265308	Public Health clinics and facilities – leasehold improvements	Fund for leasehold improvements for clinics	300	300	300	300	300	1,500	3,000
275307	Public Health clinics and facilities	Fund for leasing public health clinics related to growth	—	1,800	—	—	—	3,600	3,600
355301	Needle Exchange Vans	Needle Exchange Vans replacement	—	—	—	—	—	320	320
Public Health Total			\$1,300	\$2,350	\$550	\$550	\$550	\$6,670	\$11,970