

SOUTHWESTERN PUBLIC HEALTH'S

2026 BUDGET
FOR
GENERAL PROGRAMS & SERVICES

THE ROAD AHEAD
&
2026 BUDGET AND PRIORITIES

SUPPORTED BY THE
ONTARIO PUBLIC HEALTH STANDARDS,
PROTOCOLS, AND GUIDELINES

(Requirements for Programs, Services, and Accountability)

SWPH'S STRATEGIC VISION, MISSION, AND VALUES





THE ROAD AHEAD…

The 2026 budget for Southwestern Public Health (SWPH) marks the first complete fiscal alignment with our new Strategic Plan, setting the stage for fundamental improvements in the health of our communities. Grounded in our three areas of focus – Population Health, Service Excellence, and Organizational Resilience – this budget prioritizes emergency preparedness, fiscal responsibility, and a healthy workplace; strengthens partnerships and drives innovation; and targets key public health challenges including infectious diseases, health equity, and mental health and substance use. The 2026 budget also fulfils our obligations under the Ontario Public Health Standards (OPHS), ensuring that our programs and services remain evidence-based, accountable, and responsive to emerging needs.

The budget builds on our strengths, including a robust evidence-based approach to program planning, an effective monitoring and evaluation system, a skilled and dedicated workforce, and strong community partnerships, positioning us well to make measurable improvements in the health of our communities. It also considers areas for improvement, such as enhancing community understanding of the role of public health, readying our support of population growth and diversification, and identifying strategic investments tailored to specific needs. Additionally, it reflects opportunities to enhance services and strengthen effectiveness.

This budget aims to capitalize on our strengths and opportunities while addressing challenges, ensuring we continue to meet the needs of our community both effectively and sustainably.

KEY CONSIDERATIONS, OPPORTUNITIES, CHALLENGES, AND PRESSURES

At the time of this report, the Ministry of Health, through the Strengthening Public Health provincial strategy, has released working drafts of the revised Ontario Public Health Standards (OPHS) and 21 of the 27 associated protocols. The funding methodology component of the strategy, however, is still under development for implementation in 2026. SWPH remains prepared to review and adapt as needed. This coming year's programs, services, and budget take a "steady course" approach in light of potential changes in funding and mandate in 2026.

Two notable elements of the provincial strategy remain outstanding at the time of budget development:

1. Finalization of the remaining OPHS protocols and standards, including:
    - Substance Use Prevention Standard
    - Substance Use Prevention Protocol
    - Comprehensive Strategies and Systems to Address Substance Use Protocol
    - Tobacco, Vapour and Smoke Protocol
    - Health Hazard Management Protocol
    - Rabies Prevention and Control Protocol
    - Sexual Health and STBBI (Sexually Transmitted and Blood-Borne Infections) Prevention and Control Protocol

2. Clarification of the funding methodology for 2026 and beyond, noting that 1% provincial base budget increase has been confirmed for 2026.

The draft OPHS will take effect on January 2, 2026, with the understanding that 2026 will serve as a transition period. To support this transition, SWPH will continue to engage with the Ministry of Health and sector partners to provide insight into evolving standards and set clear expectations for implementation.

This context sets the stage for several key factors shaping SWPH's approach in 2026 and beyond:

1. **Strategic Plan Implementation**: Our five-year strategic plan guides the strengthening of our organization, enhancement of programs and services, and meaningful improvement in population health. The plan helps prioritize our efforts and resources where they will have the greatest impact and keeps us moving forward together as an organization.
2. **Population Growth**: The population of the SWPH region grew by more than 8% between the 2016 and 2021 Census. That is 2.5 times the growth of the previous 5 years. Growth is projected to continue at around 2% per year, with some of our smaller urban centres expected to expand even more rapidly.

3. **Diseases of Public Health Significance (DOPHs)**: SWPH has absorbed the management of clinical and outbreak support for newly designated illnesses, including COVID-19, without dedicated provincial funding for this added respiratory disease. While these costs have been factored into this budget, SWPH will continue to request additional funding from the Ministry of Health to offset the ongoing financial burden, particularly as COVID-19 remains a persistent public health concern.
4. **Emergency Preparedness**: Prioritizing emergency preparedness is essential and aligns with the revised OPHS and the newly released Emergency Management Protocol. There is a greater emphasis on ensuring that local public health agencies have emergency preparedness and response plans for various health hazards. At SWPH, we recognize that effective preparedness encompasses health-related risks as well as organizational risk mitigation (such as cybersecurity). By adopting this comprehensive approach, we are better positioned to safeguard public health while enhancing our operational resilience.
5. **Short to Mid-Term Outcomes**: Much of public health's impact is measured over decades. The Board and staff have emphasized the importance of including program work that achieves short to mid-term health improvements within a 3–5-year horizon.
6. **Collaboration with Partners**: Continued collaboration with municipalities and other community partners is essential, recognizing and respecting each organization's priorities and acknowledging that much of public health's work is not accomplished alone. This includes community mobilization efforts that engage residents and partners in health initiatives, fostering a collective approach to improving community well-being.
7. **Health Human Resources**: Workforce challenges persist across many sectors, and public health is no exception. It is vital that SWPH continues to focus on attracting top talent and retaining staff who align with our organization's values, culture, and strategic priorities. Doing so reduces service interruptions and supports high-quality program and service delivery.
8. **Expenditure Challenges:** This includes an approximate 8.5% increase in employee group benefit plans across all employee groups, driven by claim experience, utilization, rising service costs, and fee guide increases. This has been a recurring trend, and SWPH is not alone in facing this challenge. Preparation and planning for Collective Agreement negotiations will begin in 2026, as one of the agreements is set to expire on December 31, 2026.

The 2026 budget for Southwestern Public Health is more than just numbers; it reflects a commitment to the well-being of our communities and the dedication of the Board and staff to being wise stewards of resources. The choices made regarding program and service delivery have a lasting impact on the health and safety of those we serve. This budget was developed to uphold the direction set by the Board of Health, to maintain its program and service momentum, and to be ready for what may lie ahead for public health in Ontario in 2026 and beyond.

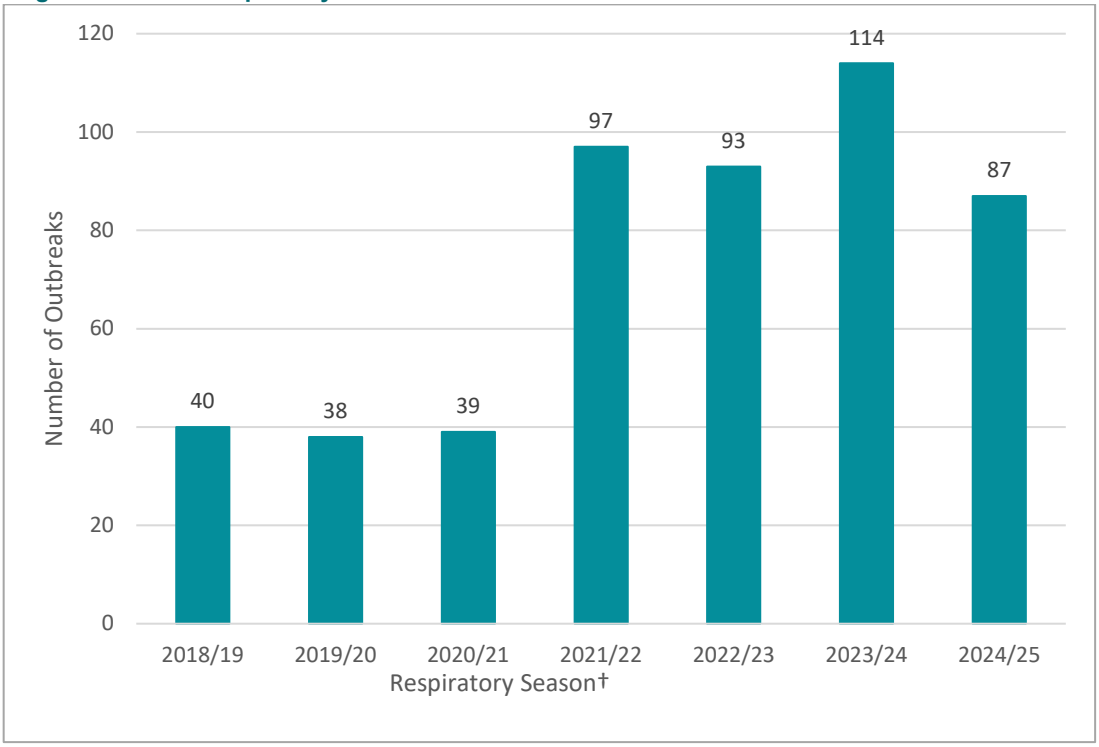
POPULATION HEALTH HIGHLIGHTS

This summary highlights some key public health issues in the Southwestern Public Health (SWPH) region. Understanding local needs is critical for informing the development and delivery of programs and services to improve population health.

RESPIRATORY OUTBREAKS

While the number of institutional* respiratory outbreaks decreased between the 2023/24 and 2024/25 respiratory seasons, the number per season remains high compared to earlier seasons. The COVID-19 virus was the pathogen responsible for the most outbreaks in 2024/25 (31.0%), followed by rhinovirus at 17.2%.

Figure 1: SWPH Respiratory Season Outbreaks



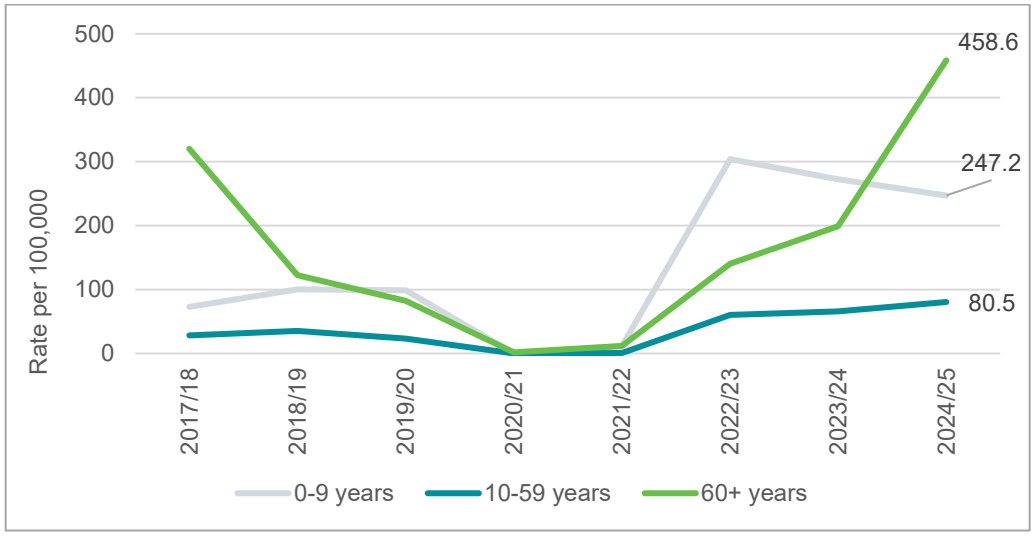
*Institutional outbreaks include outbreaks that occurred at a retirement home, hospital or long-term care home.

† A respiratory season begins on September 1st and ends on August 31st.

INFLUENZA

The overall rate of influenza cases in the SWPH region has increased significantly in the 2022/23 respiratory season (data not shown). The rate among residents aged 60 and older has more than doubled between the 2023/24 and 2024/25 respiratory seasons. The rate in 2024/25 (458.6 per 100,000) surpassed the previous peak that was in 2017/18 (320.0 per 100,000).

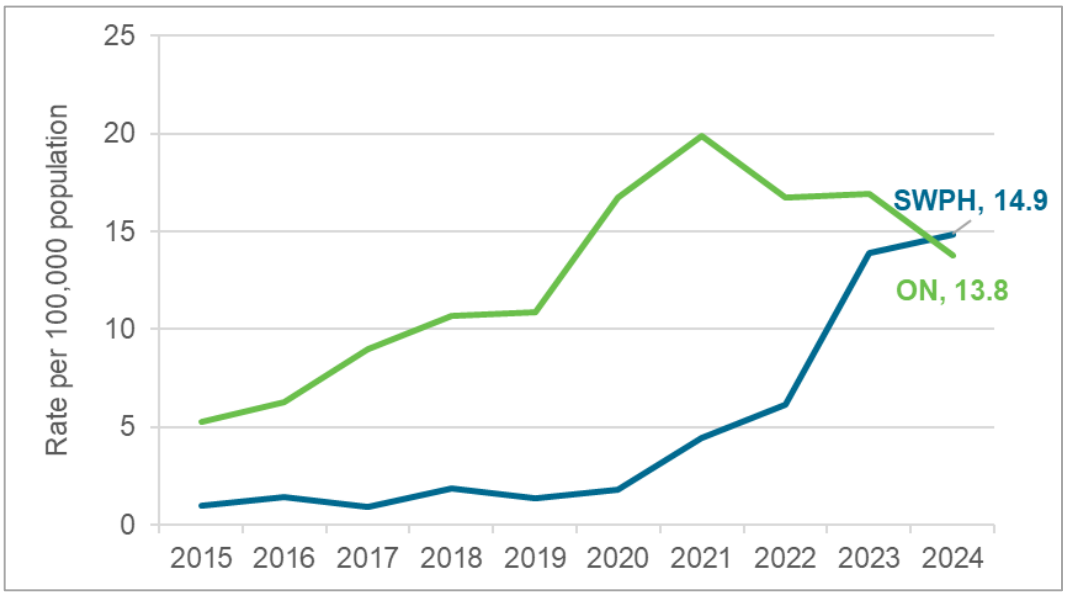
Figure 2: SWPH Influenza Rates



LYME DISEASE

The rate (per 100,000) of cases of Lyme disease in the SWPH region has increased since 2015, with significant increases since the onset of the COVID-19 pandemic in 2020. The local rate of Lyme disease was 14.9 cases per 100,000 in 2024, compared to 13.8 cases across Ontario. This is the first time the local rate has surpassed the provincial rate.

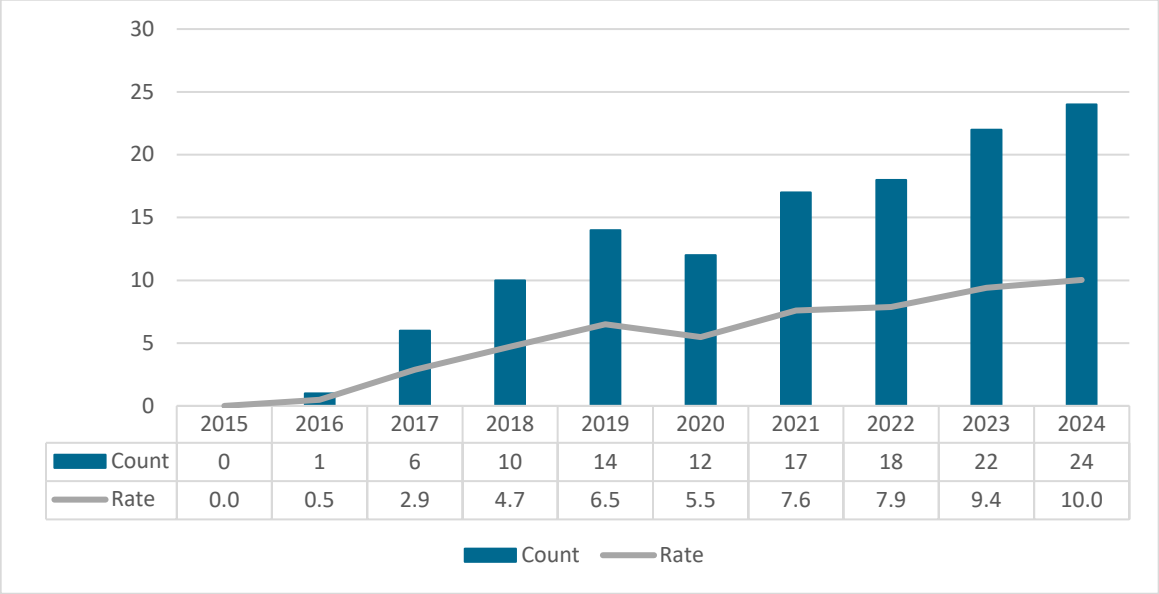
Figure 3: SWPH Lyme Disease Rates



SYPHILIS (INFECTIOUS)

Syphilis (infectious) cases and rates in the SWPH region have increased since 2017, continuing to rise over time and peaking in 2024 with 24 cases and a rate of 10 per 100,000. There was a slight decrease during the COVID-19 pandemic in 2020, but overall, cases have shown an upward trend.

Figure 4: SWPH Syphilis Rates

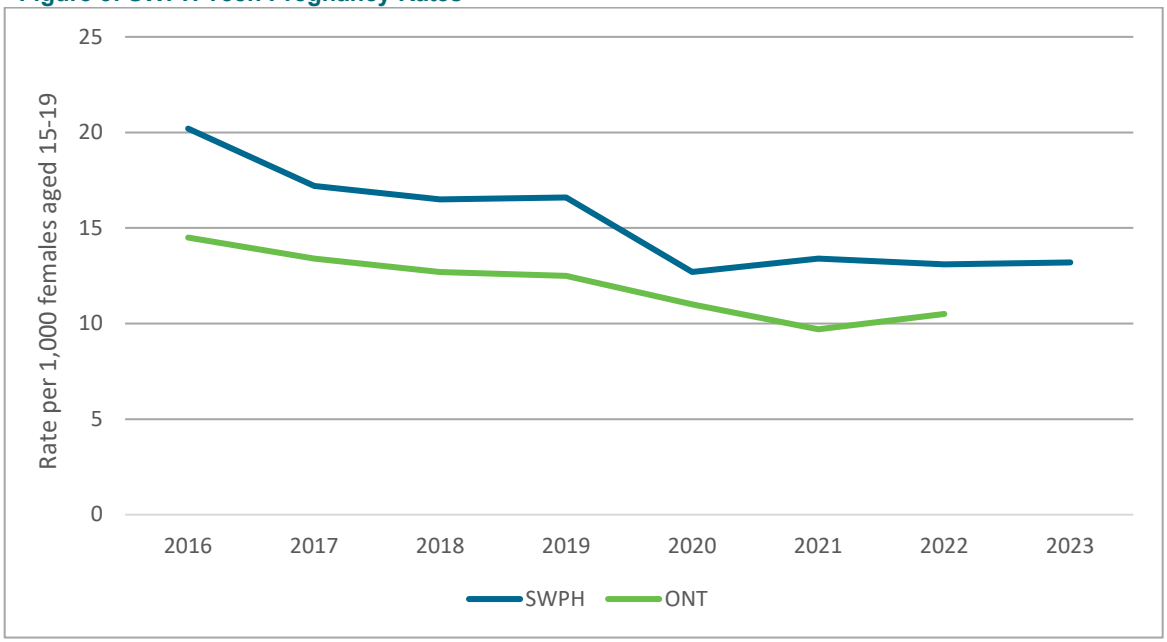


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Count	0	1	6	10	14	12	17	18	22	24
Rate	0.0	0.5	2.9	4.7	6.5	5.5	7.6	7.9	9.4	10.0

TEEN PREGNANCY

While the teen pregnancy rate decreased locally between 2016 and 2020, it has remained steady since 2021 and has been consistently higher than the provincial rate.

Figure 5: SWPH Teen Pregnancy Rates



MATERNAL MENTAL HEALTH

Anxiety during pregnancy increased locally by 8.5% between 2018 and 2024 and was higher compared to the province. In 2024, 27.2% of local pregnant women experienced anxiety compared to 16.8% provincially.

While depression was the second largest contributor to mental health concerns during pregnancy, there was only a slight increase in the proportion of pregnant women with depression from 2018 to 2024 in the SWPH region. In 2024, 17.9% of women experienced depression during pregnancy locally compared to 9.5% provincially.

Figure 6: Maternal Mental Health: Anxiety During Pregnancy

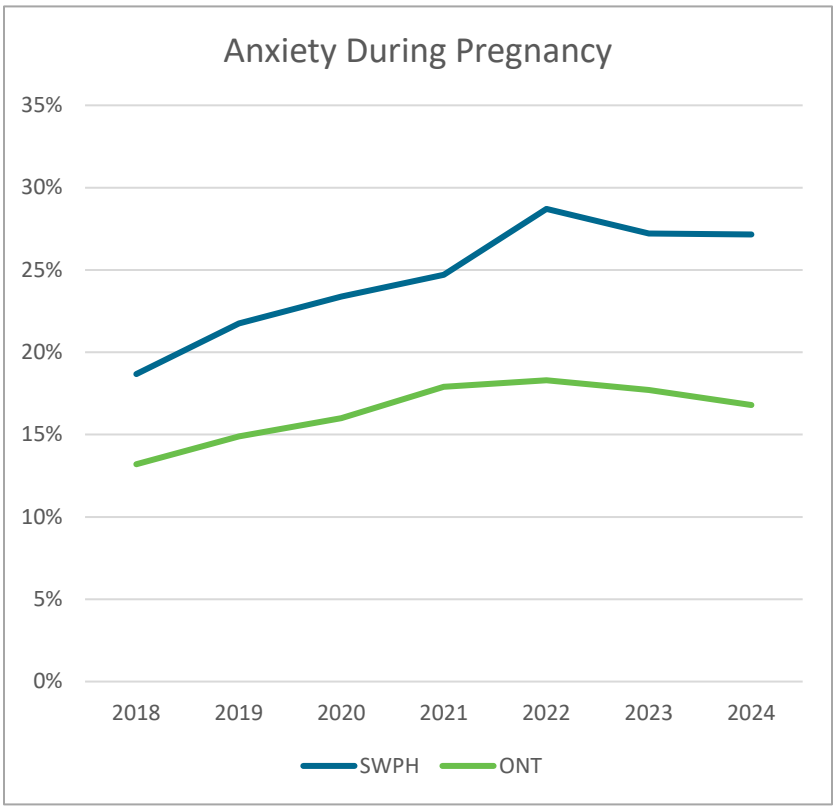
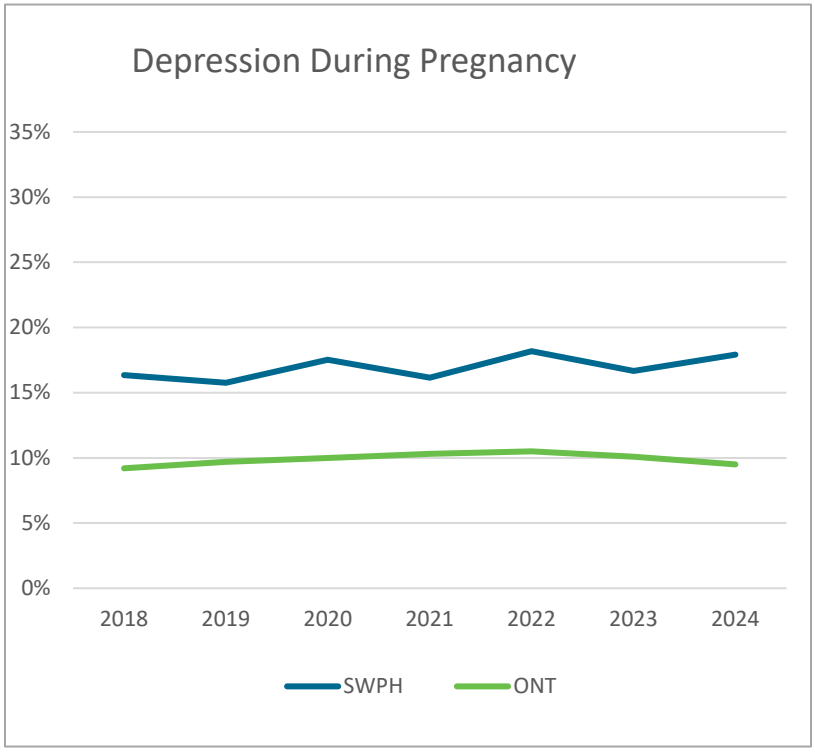


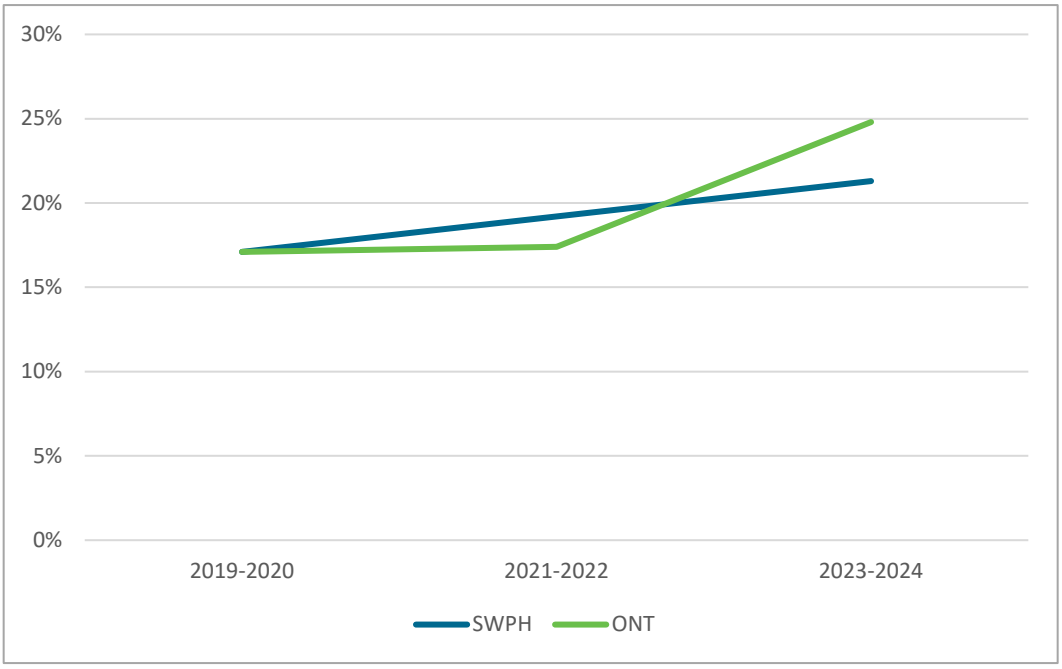
Figure 7: Maternal Mental Health: Depression During Pregnancy



HOUSEHOLD FOOD INSECURITY

Household food insecurity has been increasing, both locally and provincially. In the SWPH region, 21.3% of households were food insecure in 2023/24, compared to 17.1% in 2019/20. Household food insecurity is increasing faster provincially, rising by 7.4% between 2021/22 and 2023/24.

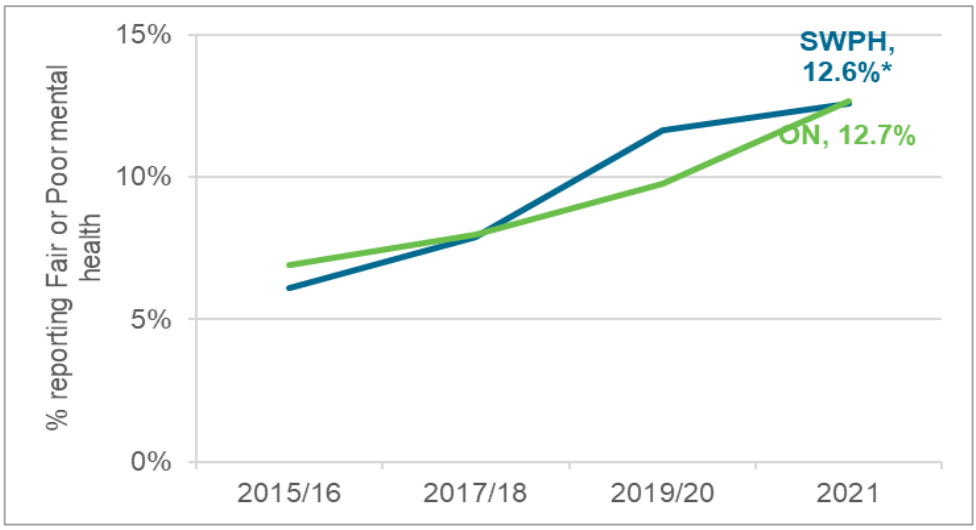
Figure 8: SWPH Household Food Insecurity Rates



GENERAL MENTAL HEALTH

According to the Canadian Community Health Survey (CCHS), the proportion of residents aged 12 and over in the SWPH region reporting either fair or poor mental health has increased over time. The proportion doubled between the 2015/16 and 2021 cycles, increasing from 6.1% to 12.6%. This is comparable to the proportion of all Ontario residents who report fair or poor mental health (12.7%).

Figure 9: SWPH General Mental Health Rates

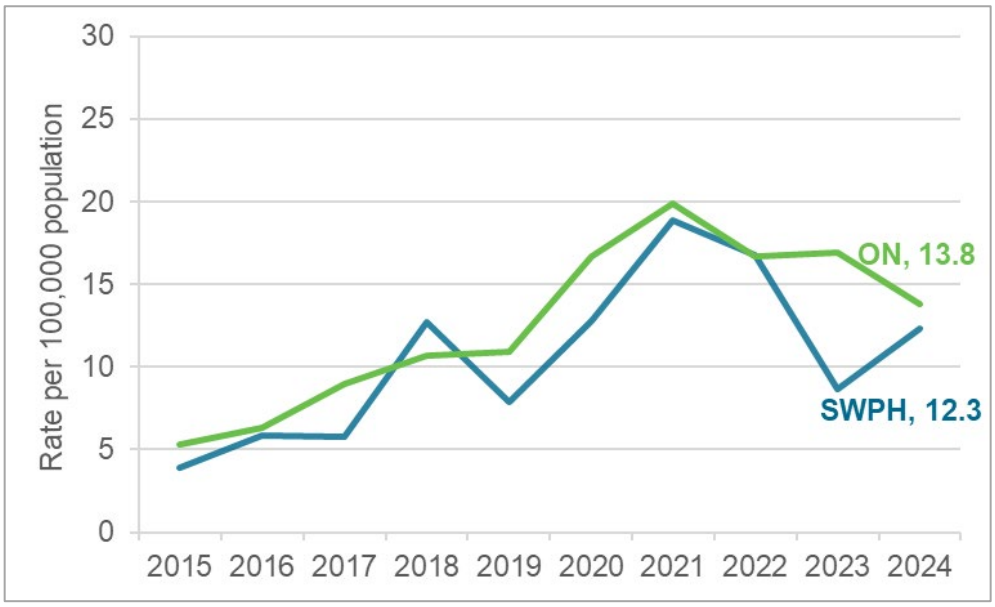


*Note: Interpret with caution due to small sample size

OPIOID TOXICITY DEATHS

The rate of deaths due to opioid toxicity has fluctuated over the last 10 years across Ontario. The local peak was in 2021, reaching 18.8 deaths per 100,000, and it was comparable to Ontario (19.9 deaths). Although the local rate decreased in 2022 and 2023, it increased again in 2024 (to 12.3 deaths per 100,000), even though the provincial rate continued to decrease.

Figure 10: SWPH Opioid Toxicity Death Rates



2026 GENERAL PROGRAM BUDGETS

STRATEGIC ALIGNMENTS

HIGHLIGHTS:

SWPH is committed to advancing health and well-being in Oxford County, Elgin County and the City of St. Thomas through strong, effective partnerships. Guided by our 2025-2029 Strategic Plan, we prioritize Service Excellence – continually enhancing the effectiveness of our key partnerships to improve program quality and efficiency.

To further strengthen collaborations, SWPH is developing a proactive municipal liaison framework. This initiative will provide a clear structure for engaging local municipalities, aligning priorities, and improving communication to deliver better public health outcomes.

Our partnerships support emergency readiness, healthy environments, and targeted interventions for equity-deserving groups. We mobilize and organize interest holders to address complex issues, provide guidance to businesses, and participate in coalitions tackling mental health, addictions, housing, poverty, and climate change.

By focusing on Service Excellence and enhancing the effectiveness of key partnerships, SWPH is driving sustainable, equitable improvements for public health and the communities we serve.

2026 GENERAL PROGRAM BUDGETS

SUPPORTING COSTS

HIGHLIGHTS:

Public health is expected to achieve compliance with the standards outlined in the Ontario Public Health Standards Accountability Framework in the following areas: grants and budget; delivery of programs and services; fiduciary requirements; good governance and management practices; and public health practice.

SWPH is required to comply with its accountability agreements with the applicable Ministries. Some requirements include:

- ✓ Delivery of all provincially mandated programs and services outlined in the current Ontario Public Health Standards
- ✓ Quarterly and annual financial reporting
- ✓ Asset inventory and office equipment maintenance
- ✓ Effective procurement practices
- ✓ Updating development of, and adherence to, policies and procedures
- ✓ Ensuring adequate board of health orientation and development
- ✓ Developing and maintaining strategies in the areas of communications, human resources, information technology, risk management, program evaluation, and stakeholder engagement

This involves leadership and support across the organization in the areas of:

- ✓ Board governance, including standing committees and ad hoc committees where applicable
- ✓ Accountability and performance target monitoring
- ✓ Fiscal due diligence and financial management
- ✓ Privacy of health information and personal information
- ✓ professional practice and continuous quality improvement
- ✓ Strategies to support internal and external communications to applicable audiences
- ✓ Staff committees/working groups to support program delivery and compliance
- ✓ Oversight of building and rental costs of three facilities, as well as maintenance
- ✓ Information technology management, including hardware/software licenses, and protection of data
- ✓ Emergency management and business continuity planning
- ✓ Insurance
- ✓ Legislative compliance, risk management, and legal matters

One-Time Funding Request, 100% Provincially Funded

PROJECT TITLE: PUBLIC HEALTH INSPECTOR (PHI) PRACTICUM PROGRAM

HIGHLIGHTS:

a. Providing a practicum for two students who are enrolled or who already have a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).

b. To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.

c. This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. SWPH staff coach and mentor student PHI candidates in preparation for their BOC exam throughout the 12-week practicum.

d. SWPH benefits from the public health inspector practicum program as the students support the completion of lower-risk inspection activities under the mentorship of certified public health inspectors. Additionally, students contribute by sharing ideas for innovation and health promotion/education for program delivery. Moreover, our staff who act as student preceptors gain leadership and staff development opportunities.

SOUTHWESTERN PUBLIC HEALTH

2026 BUDGET

STANDARD - SECTION/PROGRAM	2025 BUDGET Jan 1 - Dec 31	2026 BUDGET Jan 1 - Dec 31	DIFFERENCE
Direct Program and Services Costs			
Foundational Standards			
Emergency Management	179,465	165,690	
Effective Public Health Practice	339,835	339,113	
Population Health Assessment	416,655	420,581	
Foundational Standards Total	**935,955**	**925,384**	**(10,571)**
Chronic Disease and Injury Prevention			
Built Environment	429,220	304,368	(124,852)
Healthy Eating Behaviours	113,200	113,740	
Injury Prevention	233,965	235,403	
Mental Health Promotion	224,785	210,605	
Health Equity	250,640	248,870	
Chronic Disease and Injury Prevention	**1,251,810**	**1,112,985**	**(138,826)**
Food Safety			
Food Safety (Education, Promotion & Inspection)	499,010	473,955	
Food Safety Total	**499,010**	**473,955**	**(25,055)**
Healthy Environments			
Climate Change	248,025	244,105	
Healthy Environments (Health Hazard Investigation and Response)	582,495	596,060	
Healthy Environments Total	**830,520**	**840,165**	**9,645**
Healthy Growth and Development			
Breastfeeding	408,270	436,214	
Parenting	491,440	582,519	
Reproductive Health/Healthy Pregnancies	528,110	620,869	
Healthy Growth and Development Total	**1,427,820**	**1,639,603**	**211,783**
Immunization			
Vaccine Administration	164,480	164,590	
Vaccine Management	157,245	158,350	
Immunization Monitoring and Surveillance	138,375	139,460	
Covid-19 Vaccine Program	385,590	260,035	
Immunization Total	**845,690**	**722,435**	**(123,256)**

SOUTHWESTERN PUBLIC HEALTH

2026 BUDGET

STANDARD - SECTION/PROGRAM	2025 BUDGET Jan 1 - Dec 31	2026 BUDGET Jan 1 - Dec 31	DIFFERENCE
Infectious and Communicable Diseases Prevention and Control			
Infection Prevention & Control	2,063,035	2,312,679	
Rabies Prevention and Control and Zoonotics	155,535	155,294	
Sexual Health	1,201,455	1,192,298	
Tuberculosis Prevention and Control	103,325	153,142	
Sharps program	58,700	58,000	
Vector-Borne Diseases	227,990	289,858	
Infectious and Communicable Diseases Prevention and Control Total	**3,810,040**	**4,161,270**	**351,230**
Safe Water			
Safe Water	182,445	153,370	
Safe Water Total	**182,445**	**153,370**	**(29,075)**
School Health - Oral Health			
Healthy Smiles Ontario	929,895	925,031	
School Screening and Surveillance	389,615	385,794	
School Health - Oral Health Total	**1,319,510**	**1,310,825**	**(8,685)**
School Health - Immunization			
School Immunization	1,181,820	1,347,770	
School Health - Immunization Total	**1,181,820**	**1,347,770**	**165,950**
School Health - Other			
Comprehensive School Health	1,845,105	1,760,540	
School Health - Other Total	**1,845,105**	**1,760,540**	**(84,565)**
Substance Use and Injury Prevention			
Harm Reduction	198,315	179,655	
Smoke Free Ontario Strategy	278,900	327,570	
Substance Use	473,810	493,495	
Substance Use and Injury Prevention Total	**951,025**	**1,000,719**	**49,694**

SOUTHWESTERN PUBLIC HEALTH

2026 BUDGET

STANDARD - SECTION/PROGRAM	2025 BUDGET Jan 1 - Dec 31	2026 BUDGET Jan 1 - Dec 31	DIFFERENCE
Direct Program and Services Costs Total	**15,080,750**	**15,449,018**	**368,270**
Program and Services Support Salaries & Benefits	3,284,890	3,637,217	
Facilities & Office Management	1,761,280	1,763,780	
Corporate Services & HR, Communications, IT & Strategic Initiatives	1,187,140	1,320,210	
Board of Health (BOH)	46,475	57,550	
Program and Services Support Costs Total	**6,279,785**	**6,778,757**	**498,971**
Total Cost Shared	**21,360,535**	**22,227,775**	**867,240**
100% Provincially Funded Programs			
Medical Officer of Health Compensation Initiative	97,390	124,220	26,830
Ontario Seniors Dental Care Program	1,284,400	1,061,000	(223,400)
Infection Prevention and Control (IPAC) Hubs	445,360	412,450	(32,910)
Total 100% Provincially Funding	**1,827,150**	**1,597,670**	**-229,480**
Total General Cost-Shared Funding and 100% Provincially Funded	**23,187,685**	**23,825,445**	**637,760**

One-Time 100% Provincial Funding Requests (April 1 to March 31)	Apr 1 2025 to Mar 31 2026	Apr 1 2026 to Mar 31 2027	
Public Health Inspector Practicum	20,000	20,000	
Respiratory Syncytial Virus (RSV) Adult and Infant Prevention Programs	52,135	-	
Total	**72,135**	**20,000**	**-52,135**
Programs Funded by Other Entities			
PHAC Smoking Cessation Partnership	264,363	151,806	
HeatADAPT- Climate Change and Health Capacity Building Program	-	257,797	
iHEAL	-	472,711	
Total Programs Funded by Other Entities	**264,363**	**882,314**	**617,951**
Programs Funded by Other Ministries			
Healthy Babies Healthy Children	1,775,617	1,775,617	-
Pre and Post Natal Nurse Practitioner	139,000	139,000	-
Total Programs Funded by Other Ministries	**1,914,617**	**1,914,617**	**-**

2026 COST-SHARED BUDGET AMOUNTS

2026 BUDGET	MINISTRY	CITY OF ST. THOMAS	ELGIN COUNTY	OXFORD COUNTY	TOTAL
Population based on 2021 Census		42,840	51,912	121,781	216,533
		19.78%	23.97%	56.24%	100%
2025 levy established by BOH	$ 12,950,000	$ 1,663,829	$ 2,016,169	$ 4,730,538	$ 21,360,535
1% increase committed by the Ministry of Health	$ 129,500	$ 16,638	$ 20,162	$ 47,305	$ 213,605
Levy required to offset insufficient provincial increase and maintain existing services		$ 129,318	$ 156,703	$ 367,612	$ 653,634
2026 Levy Obligation	$ 13,079,500	$ 1,809,785	$ 2,193,034	$ 5,145,455	$ 22,227,775

Overall Total Budget Increase Over Prior Year %	4.1%
Overall Total Budget Increase Over Prior Year $	$ 867,239

Overall Total Municipal Increase Over Prior Year %	8.8%
Overall Total Municipal Increase Over Prior Year $	$ 737,739

November 27, 2025

Accessible Document