



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Communicable Disease Control Division

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	August 14, 2024
SUBJECT/REPORT NO:	Staffing Fall 2024 Immunization Programming (BOH24021) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jordan Walker (905) 546-2424 Ext. 7365
SUBMITTED BY:	Jordan Walker Director, Communicable Disease Control Division Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That Public Health Services be authorized to recruit 10.0 FTE permanent over complement positions to support the recruitment and retention of key staff to continue delivery of the COVID-19 vaccination program as well as the respiratory syncytial virus vaccination program;
- (b) That the Medical Officer of Health apply to the Ministry of Health under any provincial funding framework for funds to support these staff and associated vaccination delivery costs; and,
- (c) That, in the event the Ministry of Health does not provide Public Health Services with sufficient funding to cover the costs related to these vaccination programs, then funding to allow the continuation of the program while these positions are reduced through workforce attrition, be provided first from any Vaccine Program surplus, then from any Public Health Services surplus, then from any Healthy and Safe Communities Departmental Surplus and lastly from any Corporate surplus or any source deemed appropriate by the General Manager of Corporate Services.

EXECUTIVE SUMMARY

For the upcoming 2024 respiratory season, the Ministry of Health has directed public health units to continue as local leads for the COVID-19 vaccination program. This includes working with local partners to deliver vaccine, and ensuring access for those at

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highest risk of severe outcomes who have barriers to access through other delivery channels (such as pharmacy or primary care). Additionally, the publicly funded respiratory syncytial virus vaccination program, introduced in Fall 2023, will continue for older adults (60 years of age and older) in long-term care, retirement homes and other congregate living settings. Public health units are also responsible for management and distribution of this publicly funded vaccine and administration of this vaccine to eligible individuals in retirement homes and other high-risk settings with barriers to access. Both vaccination programs create operational and staffing resource pressures for Public Health Services.

As of December 31, 2023, one-time provincial funding for public health units for COVID-19 response and COVID-19 vaccination programs was ended, although the Province accepted requests for additional funding through March 31, 2024. Hamilton ultimately was successful in receiving additional funds for the period January 1, 2024 to March 31, 2024 which accordingly supported the extension of the wind-down of the program locally.

To support public health units with delivery of the COVID-19 and respiratory syncytial virus vaccine programs, the Ministry has recently indicated consideration for one-time funding requests for public health units for the period of April 1, 2024 to March 31, 2025. Details on the methodology for allocating this funding have not yet been shared. Given that the COVID-19 and respiratory syncytial virus vaccination programs are planned for Fall 2024, in order to have staff in place to do this programming, recruitment must begin as soon as possible.

Public Health Services is recommending the recruitment of 10.0 FTE permanent over complement positions to support the retention of key staff to continue delivery of these services. This will support recruitment and retention in a competitive market, allow Public Health Services to meet the demand in vaccination programs, and allow flexibility to meet surges in operational demands. Ongoing provincial direction for public health unit delivery of seasonal (Fall and Spring) vaccination programs for COVID-19 and the respiratory syncytial virus vaccination program is anticipated to require resources of similar size to this number of full-time equivalent positions. However, if the affiliated work and funding ends, a corresponding 10.0 FTE positions would be decreased in the future. It is anticipated that any reduction could be implemented through workforce attrition.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The Ministry of Health has indicated one-time funding is to be made available to support the work associated with administering the COVID-19 Vaccine Program and Respiratory Syncytial Virus Prevention Program for

2024-2025 season; for the period of April 1, 2024, to March 31, 2025. The annual salary, benefits and associated operating costs for the proposed 10.0 FTE equivalent positions is dependent upon composition of roles recruited and is estimated between \$886,974 to \$1,236,696.

Staffing: The 10.0 FTE positions to be recruited to permanent status will be comprised of the following job classifications, with the exact mix to be determined based on the operational need at the time of recruitment:

- Public Health Nurse;
- Registered Practical Nurse;
- Vaccine Inventory Clerk;
- Data Support Control Clerk;
- Reportable Disease Data Clerk; and,
- Supervisor.

Legal: Boards of health are accountable for meeting all requirements included in the Ontario Public Health Standards pursuant to the *Health Protection and Promotion Act*. Consistent with these standards, the Ministry of Health has directed boards of health to continue to support administration of COVID-19 and respiratory syncytial virus vaccination programs.

HISTORICAL BACKGROUND

While the COVID-19 pandemic has been declared over, COVID-19 continues to circulate, with increased activity aligning with the fall/winter respiratory virus season, creating operational demand for Public Health Services to:

- Respond to institutional outbreaks;
- Support infection prevention and control in such settings;
- Manage and distribute the local inventory of COVID-19 vaccine to community providers, except pharmacies which have their own distribution channels; and,
- Administer the fall and spring COVID-19 vaccination programs.

Additionally, in fall of 2023 the province of Ontario introduced a publicly funded respiratory syncytial virus vaccination program targeted for high-risk individuals and settings. As with the COVID-19 vaccination program, public health units are responsible for management and distribution of this publicly funded vaccine to eligible high-risk settings and providers in the community. Additionally, public health units are to ensure administration of the respiratory syncytial virus vaccine to eligible individuals in retirement homes and other high-risk settings with barriers to access.

As of December 31, 2023, one-time provincial funding for public health units for COVID-19 response and COVID-19 vaccination programs ended. In March of 2024, the Ministry of Health provided Public Health Services with \$581,900 in additional funding for

COVID-19 vaccination programs for the period of January 1, 2024 to March 31, 2024. This funding was utilized to offset COVID-19 vaccination program costs for Q1 of 2024.

For the upcoming 2024 respiratory season, the Ministry of Health has directed public health units to continue our work as local leads for the COVID-19 vaccination program. This includes working with local partners to deliver vaccine and ensuring access for those at highest risk of severe outcomes, and with barriers to access through other delivery channels (such as pharmacy or primary care). Additionally, the publicly funded respiratory syncytial virus vaccination program will continue for older adults (60 years of age and older) in long-term care, retirement homes and other congregate living settings.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Boards of health are legislated to deliver the programs and services outlined in the Ontario Public Health Standards pursuant to the Health Protection and Promotion Act. The Province has been clear that Public Health Units, as the local leads for vaccination programs, should continue to work with partners to deliver the COVID-19 vaccine with emphasis on those who are most at risk of severe outcomes and those with limited access through pharmacy and other health care provider delivery channels. Additionally, similar to 2023, publicly funded respiratory syncytial virus vaccination efforts will continue this season for older adults (60 years of age and older) in long-term care, retirement homes and other congregate care settings, with Public Health Units supporting vaccine inventory management, distribution and administration in some settings, such as retirement homes.

RELEVANT CONSULTATION

Staff have consulted with Human Resources, Talent & Diversity to discuss ongoing workforce pressures and strategies for recruitment and retention that are referenced within this report. Human Resources have provided their support for the approach and recommendations outlined in this report.

Public Health Services Finance and Administrative staff have also been consulted and have provided the financial information for this report. They have also indicated that Finance and Administration is supportive of the approach and recommendations in this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Ongoing Ministry of Health direction for public health units to support the seasonal COVID-19 vaccination programs, both administration of vaccinations and management and distribution of the vaccine, has resulted in annual operational and staffing pressures for Public Health Services. The launch of the Ontario publicly funded respiratory syncytial virus vaccination program in the fall of 2023 has further stretched Public

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Health Services resources, and the eligibility and scope for this program is anticipated to expand for this coming fall/winter respiratory season.

With the introduction of the Ontario publicly funded respiratory syncytial virus vaccination program in the fall of 2023, the Ministry of Health indicated public health units could submit for reimbursement for the costs associated with delivery of this program. However, the timing of the availability of funding coincided with the introduction and roll-out of the program. This presented a barrier to taking advantage of this funding stream as additional staff to support the respiratory syncytial virus vaccination program delivery would have needed to be recruited, onboarded and trained in advance of the launch of the program and in advance of the funding availability.

To support public health units with delivery of the fall 2024 COVID-19 and respiratory syncytial virus vaccine programs, the Ministry has indicated consideration for one-time funding requests for public health units for the period of April 1, 2024 to March 31, 2025. Details on the methodology for allocating this funding have not yet been shared.

In order to meet the staffing pressure and operational demands of the COVID-19 and respiratory syncytial virus vaccine programs, recruitment and training of staff must occur in advance of the launch of these programs. This will allow us to meet the increased resource and operational demand associated with these seasonal vaccination programs while continuing to meet our commitments to delivery of other Public Health Services programs without impact.

There continues to be a highly competitive landscape for certain skillsets and professional designations within the public health sector. Human Resources, Talent & Diversity supports posting permanent over complement positions as a strategy to support recruitment and retention of key public health staff roles. These permanent postings will attract a more extensive and diverse candidate pool. Successfully filling these permanent postings will yield multiple benefits including greater stability and versatility of resources within the team, and improved effectiveness and consistency of service delivery. The stability and security provided to staff hired into these roles will also result in greater staff engagement and improved morale. In alignment with the City of Hamilton's reputation of being an employer of choice, this approach permits more effective knowledge transfer prior to attrition, supporting development of skills and training and a career path that keeps skilled employees with the City.

This approach of utilizing permanent over complement staff to support retention and recruitment, providing resource flexibility to meet operational needs and take full advantage of provincial funding opportunities has been employed previously within Public Health Services. At the January 10, 2022 Board of Health meeting, Report BOH22002 regarding the Interim Plan to Improve Staff Recruitment and Retention was approved. This report authorized the conversion of 40.0 FTE temporary positions to permanent over complement positions to support the recruitment and retention of key

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staff to meet the demands of COVID-19 response and roll out of the COVID-19 vaccination program. These positions have been critical in providing the operational and resource flexibility to meet Ministry of Health direction and community need related to seasonal COVID-19 vaccination programming. Of the original 38 employees hired into permanent over complement positions through this staffing approach, 36 of those employees have remained with Public Health Services, indicating the success of the approach in supporting retention of skilled staff. With the end of provincial COVID-19 funding for public health units in December 31, 2023, Public Health Services has been managing reduction of these over complement positions through workforce attrition. As of August 2024, 24 of the over complement positions have been reduced through workforce attrition with those staff moving into permanent base budgeted positions as those became vacant. Twelve positions remain over complement. To date, Public Health Services has managed the cost for these positions through the extended funding provided by the Province for the COVID-19 vaccination through March 31, 2024, as well as existing surplus and no layoffs of persons hired into these positions have occurred.

Given the success of the previous initiative in hiring permanent employees into over complement positions, and the Ministry of Health indications of funding for COVID-19 vaccination and respiratory syncytial virus vaccination programs, Public Health Services is recommending the recruitment of 10.0 FTE permanent over complement positions to support the recruitment and retention of staff needed to deliver these services.

In addition to increasing permanent over complement full time equivalent, Public Health Services will continue and enhance the following strategies to address the workforce pressures:

- Building and maintaining a flexible and adaptable workforce through cross training, competency development and maintenance, and flexing staff across programs to meet operational surges;
- Extending temporary contracts based on anticipated operational needs;
- Utilizing periodic postings to maintain a pool of candidates and allow for timely recruitment as vacancies arise; and,
- Exploring utilization of nursing students in program service delivery.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH24021

Chief Medical Officer of Health Memo
2024 COVID-19 and Respiratory
Syncytial Virus (RSV) Vaccination
Programs (June 7, 2024)