



BC Care Providers

A S S O C I A T I O N

SITUATION CRITICAL:

A Made-In-BC Plan to Address
the Seniors Care Labour Shortage

June 2018



Message from the CEO

Like the rest of Canada, British Columbia is currently undergoing significant demographic changes. By 2031, approximately one in four people in BC will be over the age of 65, and the number of seniors 80 years old and over will double between 2011 and 2036. Demand for seniors care services – including long term care, assisted living, and home support – is expected to increase dramatically over the next ten years. In fact, between 2020 and 2025, the seniors care sector will be the fastest growing industry in BC.

The seniors care sector currently faces a critical shortage of continuing care workers. Continuing care employers across BC report that worker shortages, particularly for Health Care Assistants (HCAs), are making it increasingly challenging to provide quality care for BC's seniors.



These shortages are being driven by many factors, including a lack of awareness of the quality job opportunities and rewarding careers that await future care workers. Furthermore, because of the current labour shortages, HCAs are currently overworked, facing high levels of burnout and are injured on the job at unsustainable levels. Demand for HCAs is also increasing, as HCAs are increasingly being relied upon to provide services in acute care.

In light of these challenges, BC's continuing care sector needs a comprehensive health human resources strategy. Without such a strategy, fewer seniors will be able to age at home or in their own communities, thus placing increasing pressure on the already overburdened acute care sector.

The following report embodies countless hours of research and sector-wide consultation. I would like to personally thank the representatives from the Government of B.C., health sector labour unions, public and private college organizations, nursing associations, and our BCCPA membership for their valued input.

We have gone well past the point of talk. The time to act on the senior's care labour shortage crisis is now, and the priority actions outlined in this report can put us on the pathway to success.

Signed,

A handwritten signature in black ink, appearing to read 'Daniel Fontaine'.

Daniel Fontaine
CEO, BC Care Providers Association

Action Plan Summary

The following report outlines 10 key actions that the BC government can implement in collaboration with sector and federal stakeholders over the short term to address recruitment challenges in the continuing care sector. These key actions were identified in consultation with stakeholders across the continuing care sector through the 2018 BC Continuing Care Collaborative,¹ as well as in consultation with the BCCPA's Health Human Resource (HHR) Committee. The 10 priority actions include:

- 1. Promote Awareness of the Seniors Care Sector** by investing in an awareness building campaign focused on the rewarding career opportunities that are available for Health Care Assistants in BC's growing continuing care sector. Awareness building is a proven strategy that is effective at both increasing supply and improving public perceptions around this vital occupation.
- 2. Improve Access to Training and Education** by providing full or partial bursaries for Health Care Assistants enrolled in private and public in post-secondary institutions across BC. Providing bursaries will help address the financial and economic barriers that prevent qualified candidates from enrolling in HCA training.
- 3. Expand Eligibility for BC's Loan Forgiveness Program** to HCAs working in and relocating to underserved communities to address acute labour shortages in rural and remote communities in BC. Expanding this program will ensure that continuing care providers have an adequate supply of well-trained health care workers and will ensure that seniors are able to age in place in their own community.
- 4. Establish and Expand Dual Credit Programs** in school districts across BC in order to improve access to training for qualified high school students interested in studying to become HCAs. Expanding dual credit programs will provide students with relevant, purposeful learning and a smooth transition into industry after graduation.
- 5. Address Barriers for Healthcare Workers from Other Jurisdictions** by ensuring that internationally educated nurses and HCAs have timely and affordable access to credential recognition services through BC's Nursing Community Assessment Service. Improving access to NCAS services will enable internationally educated health care professionals to integrate into BC's health care sector.
- 6. Address Employment Barriers for International Students** by supporting the expansion of eligibility for Post-Graduate Work Permits to HCA and LPN graduates from private post-secondary institutions. This change to federal immigration policy will allow international students to gain valuable Canadian work experience as a pathway to permanent residency in Canada.

¹ BC Care Providers Association, 2018. The Perfect Storm: A Health Human Resources Crisis in Seniors Care. April 2018.

- 7. Reduce Delays in Criminal Record Checks** for healthcare workers by allowing continuing care employers the flexibility of meeting their requirements under the Criminal Records Review Act through the Criminal Records Review Program or their local police department, and/or creating an expedited process for health care workers. This will enable workers to seamlessly transition to employment after graduation from an HCA education program.
- 8. Address Wage Disparities** for Health Care Assistants and Community Health Workers by closing the wage gaps between the subsector collective agreements. Eliminating wage gaps will help attract and retain workers in BC's home care and support sector, which is facing critical worker shortages.
- 9. Invest in Occupational Health and Safety** to ensure that workers in the continuing care have the training and knowledge to stay safe at work. Addressing rates of workplace injury, particularly in relation to workplace violence, will address both significant recruitment and retention barriers.
- 10. Explore the feasibility of renaming Health Care Assistants** in order to better reflect the vital and important work that HCAs perform for their residents, patients, and clients. Promoting public understanding and respect for HCAs may improve retention and recruitment for this vocation.

Implementing these ten identified actions will significantly improve the ability of the continuing care sector to attract well trained healthcare workers. Investing in increasing the supply of continuing care workers will have many benefits for BC, including:

- ✓ Bringing the labour market back into balance by providing qualified candidates with access to secure, high quality jobs in a growing sector.
- ✓ Reducing health system costs by reducing overtime hours, sick days, and workplace injuries, as well as worker burnout and turnover.
- ✓ Ensuring that seniors are able to access high-quality continuing care services in their own communities, thus relieving pressure on BC's acute care system.
- ✓ Enhancing public confidence that the healthcare sector is prepared to meet the challenges of our aging population.

Conclusion

In light of our country's aging population, it is necessary more than ever to act now to secure the next generation of seniors care workers in light of our aging population. As outlined in this report, there are several actions that the BC Government can implement over the next three years in order to address recruitment challenges in the continuing care sector. All strategies identified within this document will be necessary to secure the next generation of seniors care workers.

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About BCCPA

Established in 1977, BC Care Providers Association (BCCPA) is the leading voice for non-government seniors care providers in British Columbia. We have over 300 residential care, home care, assisted living and commercial members across the province. Our members provide care for over 27,000 seniors annually and creates more than 18,000 direct and indirect jobs across the province.

Special Recognition

The BC Care Providers Association would like to acknowledge its Board of Directors and the Health Human Resource Committee, for agreeing to support the development of this report and dedicating the necessary resources to make it happen. The report's author is Lara Croll, BCCPA Health Human Resource Analyst.

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Background

A Rising Seniors Population and a Shortage of Continuing Care Workers

According to Statistics Canada, the number of Canadians aged 65 and older will rise to 25 percent by 2036, and the number of seniors 80 years old and over will double between 2011 and 2036.² These increases are compounded by a rising life expectancy and the reality that seniors are entering care more physically frail and requiring more complex care.

To meet this demand, the continuing care sector is anticipated to grow at an annual rate of 3.5%, creating 36,200 jobs by 2027.³ Growth is anticipated to be strong across the province, as seniors care will be among the occupations with the most job openings in all seven economic regions (see Figure 1).

Growth will be particularly strong for Health Care Assistants (HCAs) who provide up to 80% of care for seniors in the continuing care sector.

- Over the next ten years to 2027, WorkBC projects that **18,650 HCA jobs** will be created, three-quarters (75%) of which will be in the continuing care sector. This is more than double the job openings for early childhood educators (9,060).
- With an aging workforce, 49% of these positions will be needed to replace existing workers, while the remaining 51% will be new positions due to economic growth.



Figure 1

Despite strong anticipated demand for continuing care, British Columbia currently faces an acute shortage of workers. According to a recent SafeCare BC survey, **60%** of long-term care operators have identified staffing shortages as an issue, while **50%** of home health workers identified staffing shortages in their organizations. Shortages are most critical for HCAs and Licensed Practical Nurses (LPNs), and were most acute in rural and remote areas.⁴ While shortages appear to be chronic among non-government care providers, recently government care providers have also been reporting recruitment and retention challenges.⁵

Additional evidence indicates that current labour market shortages may continue over the next five to ten years:

- The Canadian Occupational Projection System (2015-2024) estimates that job openings will exceed job seekers for HCAs and LPNs by 3,100 and 4,400 positions respectively by 2024.⁶

² Statistics Canada, 2015. Population Projections for Canada, Provinces and Territories. 2015-11-27.

³ WorkBC (2017). Labour Market Outlook 2017 Edition.

⁴ SafeCare BC, 2017. New Strategy is Needed to Address Shortage of Continuing Care Workers. May 16, 2017.

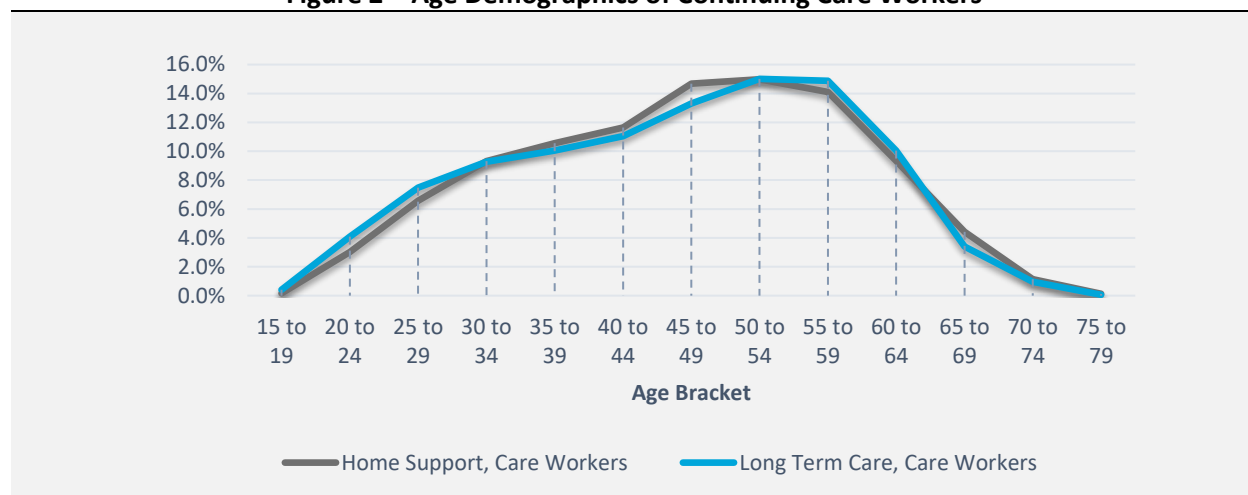
⁵ BCCAT, Health Care Assistant & Practical Nursing Committee, Fall 2017 Meeting. October 25, 2017.

⁶ Canadian Occupation Projection System, Employment and Social Development Canada. Accessed 03, 26, 2018.

- In BC, the number of graduates from provincial HCA programs has been declining steadily, with 514 fewer HCAs registrants in 2017 than in 2014.⁷
- The BC Ministry of Health estimates that in order to meet the 3.36 direct care hour target for long term care, there must be an increase of an additional **1,500 Full Time Equivalents (FTEs)**.⁸
- The Ministry of Health estimates that in order to meet the increasing demand for seniors care services, there needs to be a net gain of **2,849 HCA FTEs** over the next five years.⁹

These anticipated shortages are being exacerbated by additional contributing factors. According to the Health Employers Association of BC (HEABC), 40% of workers in the non-government continuing care sector are over the age of 50, indicating that many experienced workers will be retiring over the next five to ten years (see Figure 2 below). Worker shortages are also exacerbated by workplace injuries, which in the continuing care sector tend to become more likely as workers age. According to SafeCare BC, the equivalent of 265 FTE health care assistant employees are lost every year due to workplace injuries.¹⁰

Figure 2 – Age Demographics of Continuing Care Workers



Source: Health Employers Association of BC

Broader societal trends are also contributing to the sector’s labour shortages. As identified by stakeholders at the 2nd Annual Continuing Care Collaborative in Surrey, determinants such as low unemployment rates, the emergence of the private-pay seniors care market, affordability challenges in BC, and rural brain-drain are also contributing factors.^{11,12}

While the current health human resources crisis is most acute with respect to HCAs, worker shortages exists for many roles and occupations in the continuing care sector. Care providers report that recruitment

⁷ BC Care Aide and Community Health Worker Registry. Health Care Assistant Education Standards Committee. November 2017.
⁸ Ministry of Health (2017). Residential Care Staffing Review. March 2017.
⁹ Dix, Adrian. “Care Aides” *Edited Hansard*. British Columbia, Debates of the Legislative Assembly. 41st Parl., 3rd Sess. Thursday May 10, 2018, Afternoon Sitting at 1550.
¹⁰ SafeCare BC, 2018. Enhancing Worker Safety to Address Recruitment and Retention. Presentation January 26, 2018.
¹¹ BCCPA, 2018. “Twinning the Pipeline”: Why We Need More Seniors Care Workers in B.C. Youtube. March 5, 2018.
¹² BCCPA, 2018. The Perfect Storm: A Health Human Resources Crisis in Seniors Care. April 2018.

challenges exist for all nursing occupations (e.g. HCAs, LPNs, and RNs), allied health care professionals (e.g. recreation therapists and aides), as well as support services staff (e.g. cooks). Furthermore, with the aging of the workforce and the retiring baby boomer generation, continuing care is also facing an impending leadership vacuum.

In light of these challenging trends and demographics, it is clear that BC’s continuing care sector will require a comprehensive health human resource strategy. This paper outlines 10 critical actions that the BC government should take in order to address recruitment challenges in the continuing care sector. All strategies identified within this document will be necessary to secure the next generation of seniors care workers.

Addressing Shortages makes Financial Sense

Addressing worker shortages in the continuing care sector is not only important for ensuring high quality of care for seniors; it also makes good financial sense.

- **A health human resources strategy will reduce the number of overtime hours workers will need to work to make up for staffing shortages.** BC spent **\$181 million** in overtime for health workers in 2013, an issue which unions have raised as a concern for years.¹³ Overtime hours are on the rise in the continuing care sector, with the affiliate care sector alone spending over \$6.7 million in 2016 for HCAs, Community Health Workers, Licensed Practical Nurse (LPNs) and Registered Nurses (RNs) alone.¹⁴
- **Increased staffing and supports will reduce unnecessary hospitalization stays.** At approximately \$200 per day, the cost of treating a senior in long term care is substantially lower than in hospitals, where it costs an average of about \$1,800 per day.¹⁵ About 14% of hospital beds in Canada are occupied by alternate level of care (ALC) patients who are ready to be discharged but have no appropriate place to go. Approximately 85% of ALC patients are seniors. A 50% reduction in ALC days could generate over \$200 million to the health system.¹⁶ In order for these cost savings to be realized, the continuing care sector must have sufficient capacity bed capacity, as well as be appropriately staffed and resourced.
- **Hiring more staff will reduce organizational costs due to voluntary turnover and vacancies resulting from worker fatigue and burnout.** A conservative estimate of the cost of turnover per frontline worker is at least **\$2,500 USD** (approximately \$3,200 CAD). Indirect costs may be more substantial. For allied health personnel, the cost of lost productivity ranges from \$4,061 USD to \$10,709 USD (i.e. about \$5,200CAD – \$13,710CAD).¹⁷



¹³ Vancouver Sun, Province spent \$181 million on health workers’ overtime last year. October 2014.

¹⁴ Health Employers Association of BC (HEABC), 2016.

¹⁵ BC Care Providers Association, *Strengthening Seniors Care Delivery in BC*, September 2015.

¹⁶ *Ibid.*

¹⁷ Better Jobs Better Care (BJBC), *The Cost of Frontline Turnover in Long-Term Care*, October 2004.

- **Investing in increasing labour supply in the continuing care sector will help reduce the number of workplace injuries that result from low staffing levels and overtime hours.** In 2017, WorkSafeBC claim costs for the Community Health Support Services sector were **\$5.1 million** and **\$12.7 million** for the Long-Term Care sector.¹⁸ These claim costs have significant financial implications for both care providers and for government, representing funds that could otherwise be spent on delivering care.

¹⁸ WorkSafeBC, *Industry Safety Information Centre, Claims*, accessed February 2018.

Key Action #1: Promoting Awareness of the Seniors Care Sector

Despite current labour shortages and an increasing demand for seniors care services, the public lacks awareness of the current and future job opportunities that exist within the continuing care sector. The BCCPA believes that increasing awareness of the opportunities that exist within the sector must be a key component of any recruitment strategy.

Quality Job Opportunities Exist in the Continuing Care Sector

There are quality job opportunities waiting to be filled in the continuing care sector. Seniors care will be one of the fastest growing industries in the province over the next five to ten years, and over a third of these positions will be filled by Health Care Assistants (HCAs). There are many benefits to working as an HCA in continuing care, including:

✓ **Rewarding Career**

The HCA occupation is a rewarding and meaningful career. Job efficacy – the sense that their work is meaningful and has purpose – is high among HCAs.¹⁹

✓ **Competitive Wages and Benefits**

HCAs earn wages and benefits that compare favourably to other occupations of a similar skill level, such as early childhood educators, with a median wage of \$21.00 and \$16.00 per hour respectively.²⁰ HEABC reports that unionized HCAs earn wages and benefit packages valued at \$57,000 to \$65,000 per year on average.²¹

✓ **Job Stability**

Due to an aging population, job growth will be strong over the next ten years, with **18,650** HCA jobs created between 2017 and 2027. These positions are secure, as they are not subject to seasonality or economic boom / bust cycles.

✓ **Low Risk of Automation**

Most experts agree that occupations in the health care sector are at a low to modest risk of automation.²²

✓ **Options for Permanent or Flexible Employment**

Continuing care operators are able to accommodate a wide range of employment needs, including full-time, part-time and casual employment, as well as day, evening, weekend or overnight shifts.

¹⁹ Estabrooks, Carole et al (2015). Who is Looking After Mom and Dad? Unregulated Workers in Canadian Long-Term Care Homes. *Canadian Journal on Aging*. 34(1):47-59

²⁰ WorkBC, 2017. Labour Market Outlook 2017 Edition.

²¹ Open Information BC. FOI Request – HTH -2017-72410. Publication Date: 2018-03-13.

²² Frey and Osborne (2013). The Future of Employment: How Susceptible are Jobs to Computerization? *Technological Forecasting and Social Change*, 114, p. 254 -280.

✓ **Working locally**

HCA's can work locally within their own community, including in both urban and rural/remote regions of the province.

✓ **Career Advancement Opportunities**

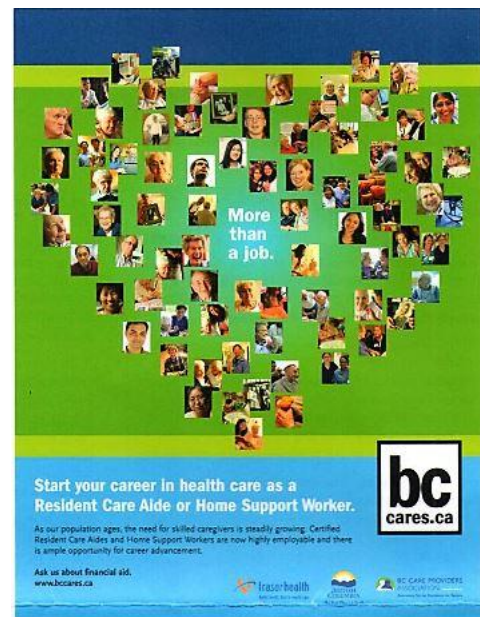
Career advancement opportunities exist for HCA's, who may choose to ladder up to become an LPN in as little as 13 months. As LPNs they will have the opportunity to take on additional medical tasks and earn higher wages.

Promoting Awareness is Effective at Increasing Supply

Despite the many identified benefits of working in the continuing care sector, experts in the industry have identified that the public lacks awareness of HCA's as an occupation. As identified by stakeholders across the sector, secondary school graduates have a high awareness of nursing as an occupation, and are being driven to apply for Practical Nursing programs as an entry way into healthcare, rather than starting as an HCA.²³

While the general public may be unfamiliar with the HCA occupation, awareness building campaigns are an effective solution to this challenge. One previous awareness building campaign that focused on HCA's in the continuing care sector was called the **BC Cares** initiative, which ran from 2007 to 2009.

The **BC Cares** program included a successful coalition of stakeholders, including health authorities, government departments, public and private post-secondary institutions, and continuing care employers. In addition to increasing the number of HCA training seats that were available across the province, the initiative included an awareness building campaign focused on HCA's.



The initiative resulted in hundreds of new health care assistants completing accredited education programs across the province, and supported BC's commitment to add 5,000 new long term care and assisted living spaces to the seniors care sector. For further information on the **BC Cares** initiative, see Appendix A.

More recently, the BCCPA launched a small radio ad campaign to promote awareness of job opportunities in the seniors' care sector.²⁴ The campaign, which ran for five weeks in early 2018, focused on the current job opportunities available for HCA's and other continuing care workers. The initiative produced in a 40% increase in web traffic to the BCCPA's website, with the BCCPA's Job Board being the third most visited page.

²³ BC Care Providers Association, 2018. The Perfect Storm: A Health Human Resources Crisis in Seniors Care. April 2018.

²⁴ BC Care Providers Association, 2018. BCCPA's #BecauseBCCares campaign receives strong community response. January 10, 2018.

Recommendation

In order to secure the next generation of seniors care workers, it will imperative to increase awareness of the quality employment opportunities that exist within the sector, particularly for HCAs. In order to achieve this, the BCCPA recommends that the Provincial Government invest in a comprehensive awareness building campaign focused on securing the next generation of continuing care workers. This awareness building campaign, while provincial in scope, should have a regional focus in order to highlight the quality opportunities that are available in workers own communities.

Recommendation 1

- *The BCCPA recommends that the BC Provincial Government invest in an awareness building campaign focused on securing the next generation of seniors care workers in the continuing care sector.*

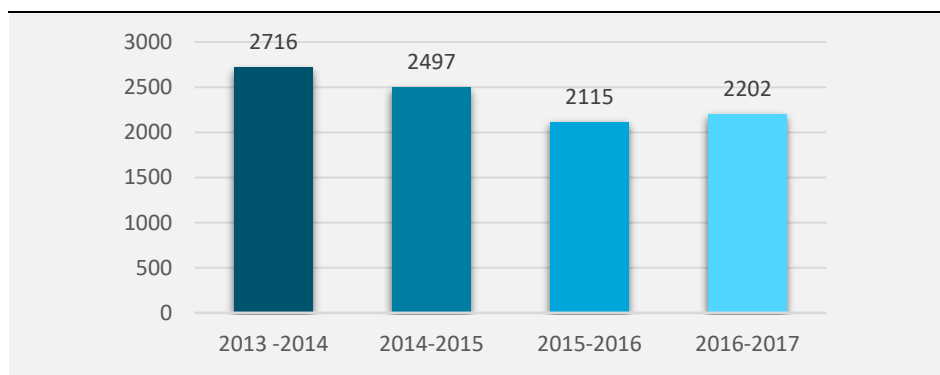
Key Action #2: Improving Access to Training and Education

Given the critical lack of HCAs in BC’s continuing care sector, there is an urgent need to increase the supply of HCA students and graduates in the province. It has been identified that financial and economic barriers are preventing the sufficient uptake of HCA training across the province. The BCCPA believes that the solution to this challenge is to provide bursaries for qualified students.

Training Seats are waiting to be filled by Qualified Candidates

Evidence demonstrates that BC’s training programs are not currently keeping up with demand for HCAs in the continuing care sector. While continuing care employers report critical labour shortages across the province, private and public post-secondary institutions report that they are facing challenges filling available HCA program seats. The BC Care Aide and Community Health Worker Registry reports that BC’s post-secondary institutions registered 514 fewer HCAs from BC training programs in 2017 than in 2014 (see Figure 3 below).

Figure 3 – Registrants Graduating from BC HCA Programs (2013-2017)



Source: BC Care Aide and Community Health Worker Registry, Health Care Assistant and Education Standards Committee. November 2017

HCA Training will be accessible in Underserved Communities

In April 2018, the BC Ministry of Advanced Education, Skills and Training (AEST) announced that it will invest \$3.3 million to create 383 new HCA program seats in BC. These seats will be allocated to 11 post-secondary institutions across the province, expanding training to rural and remote communities that were previously underserved or lacked access to training. However, without additional supports, economic barriers may still prevent qualified candidates from enrolling in HCA training, leaving these seats underutilized.

Financial Barriers exist for HCA Student Candidates

Despite the availability of HCA training, many program seats are going unfilled. This is due, in part, to the economic barriers that potential HCA students face. The cost of a 7-month HCA program in BC ranges from \$3,500 to \$4,500 for students at public colleges, and \$6,000 to \$11,000 for students at private colleges.²⁵

While HCA students will earn competitive wages after graduation, many potential candidates are younger workers employed in minimum wage jobs. This can make it challenging to afford tuition, as the cost can be up to half (48%) of the annual salary of someone employed full-time in a minimum wage job.



Other potential HCA candidates may be older workers looking to switch occupations. However, older workers may face barriers due to loss of income, having less opportunity for gainful employment while enrolled full-time in HCA training.

Combined with other economic barriers, such as child care responsibilities and the high cost of living in many urban centres, tuition fees can create significant financial barriers for potential students. As such, providing bursaries and income assistance will be critical for ensuring that the additional seats being created by AEST can be filled by qualified candidates.

Financial Support is Effective

Previous initiatives to promote employment in the continuing care sector were highly successful, in part, because these initiatives provided financial relief for students. In addition to creating an additional 1,130 HCA seats across the province, the *BC Cares* initiative provided students with up to \$2,500 in student loan relief. These funds were available for students of both public and private post-secondary institutions. At the end of the initiative, all post-secondary institutions reported that their HCA programs were full or nearly full, with enrollment boosted to 75 to 100% (see Appendix A).

In today's challenging economic market, financial relief should be provided up front to students to offset the high cost of living and other financial barriers.

²⁵ Note: fees are significantly higher for international students.

Recommendation

In order to secure the next generation of seniors care workers, it will be critical to improve access to HCA training at post-secondary institutions across BC. To address current training vacancies, the BCCPA recommends that the BC Government provide full or partial bursaries to qualified HCA students.

Recommendation 2

- *The BCCPA recommends that the BC Provincial Government invest in a bursary and income assistance program for HCA students in order to boost enrollment for much needed HCAs in communities across British Columbia.*

Key Action #3: Expand Eligibility for BC Loan Forgiveness Program

There is an urgent need for appropriately trained continuing care workers in rural and remote regions in BC. With an aging population, demand for continuing care services will be strong in rural and remote areas; however, employers in these regions face challenges attracting workers. The BCCPA believes that while the primary solution will be to train more health care workers locally, part of the solution to addressing this shortage is to expand eligibility for the BC Loan Forgiveness Program to include Health Care Assistants (HCAs).

Current Staffing Levels are not Meeting the Demands of Employers

A 2016 survey by SafeCare BC found 60% of long-term residential care homes surveyed identified staffing shortages as an issue, with HCAs position most often identified as having chronic shortages (66%). The challenge appeared to be particularly acute on Vancouver Island (78%) and the Interior (65%).²⁶

Recruitment is a Challenge in Rural & Remote Communities

Demand for HCAs is strong across the province. The Labour Market Outlook (2017-2027) projects that HCAs will be among the occupations with the most job openings in all seven economic regions in BC.²⁷



Employers in the continuing care sector face significant challenges recruiting and retaining workers in rural and remote areas of BC. With respect to HCAs, the BC Ministry of Health’s 2016/17 Priority Professions Action Plan outlines that a large percentage of difficult to fill vacancies among health authority owned and operated care homes are in rural communities.²⁸ Furthermore, non-government continuing care employers on the Island and in the

Interior report critical labour shortages.

²⁶ SafeCare BC, 2016. SafeCare BC HUR Survey Identifies Shortage of Workers. November 22, 2016.

²⁷ WorkBC 2017. British Columbia Labour Market Outlook: 2017 Edition.

²⁸ BC Ministry of Health, Health Sector Workforce Division. *Priority Professions Action Plan for 2016/17*. Victoria, 2016.

Healthcare worker shortages in rural and remote regions go beyond HCAs. As of April 2017, 15% of registered nurse positions and more than 25% of nurse practitioner positions were vacant in Northern Health Authority's rural and remote locations.²⁹

"We've gone well beyond being concerned about staffing shortages. It has reached a crisis point for our care home."

-Quote from Director of Care on Vancouver Island

Expand Access will Improve Access to Seniors Care in Underserved Communities

Expanding the BC Loan Forgiveness (LFP) program to include HCAs aligns with the program's mandate to expand the delivery of publicly-funded health care services in underserved communities. HCAs provide up to 80% of direct care to seniors in the continuing care sector. As such, securing a robust pool of HCAs is critical to ensuring that seniors can access continuing care services in their local communities rather than being forced to relocate to urban centres.

Expanding the LFP program to include HCAs is also consistent with the direction provided by the Ministry of Health. Professions included under the LFP are directed by the Ministry of Health's Top 10 Priority Professions list, which was updated in 2017 to include Health Care Assistants (NOC 3413). With respect to HCAs, the Ministry of Health's 2016-17 Priority Professions Action Plan outlines that reviewing the LFP will be a strategy to address recruitment and retention issues.

Recommendation

Expanding the eligibility of the BC Loan Forgiveness Program (LFP) to include HCAs will enable continuing care employers to recruit workers to rural and remote regions of BC. This expansion will enable the LFP program to meet its mandate to enhance access to health care services in designated underserved communities.

Recommendation 3

- *The BCCPA recommends that the Ministry of Advanced Education, Skills, and Training (AEST) expand eligibility for the BC Loan Forgiveness program to include HCAs relocating and working in publicly funded health care facilities in designated underserved communities.*

Key Action #4: Expand Dual Credit Programs for HCAs

With the urgent need for appropriately trained health care workers across the province, the BCCPA

²⁹ CBC News, *Patient safety at risk due to lack of nurses in northern B.C., auditor general finds*, February 2018.

believes that part of the solution to meeting this need will be expanding the number of dual credit seats for HCAs in school districts throughout BC. Dual credit programs allow students to earn credits towards high school and post-secondary studies at the same time, often in pursuit of occupational specific training.

Quality Job Opportunities Exist for Younger Workers

There are quality jobs that are waiting to be filled by new graduates. The Labour Market Outlook (2017-2027) predicts that there will be **18,650** job openings for HCAs in BC, which is more than double the number of job openings for a similar occupation like early childhood educators.³⁰

Students graduating from Dual Credit programs will have access to competitive entry level jobs, as they will graduate ready to work as a registered Health Care Assistant. HCAs earn competitive wages and benefits compared to other occupations with similar skill levels, such as early childhood educators.³¹ Students will also have an entryway into the health care sector, where they can leverage their studies to “ladder up” to a career as a licensed practical nurse (LPN) or registered nurse (RN).

Dual Credit Programs are Underutilized

Dual credit programs for HCAs are underutilized in BC, particularly in urban areas. Currently only two program seats are available for HCA students in the Vancouver School District (SD39), which is insufficient to meet the growing demand for HCAs in the city. The South Island region has a more robust program, with 10 program seats offered at Camosun College through the South Island Partnership (SIP). However, even this program may not be sufficiently large, as WorkBC projects that the Vancouver Island region will require an additional 360 HCA FTEs over the next ten years to meet demand.³²



According to their mandate letter, it is a priority for the Ministry of Advanced Education, Skills and Training (AEST) to “work with the Ministry of Education to support co-op, apprenticeship and work-experience programs for high school and undergraduate students.” Expanding the availability of dual credit programs would help both ministries to achieve their stated mandates.

Continuing Care Sector Workforce will be Revitalized

The workforce in the continuing care sector is aging; according to HEABC, the average age of HCAs is 45 years.³³ Nearly 30% of HCAs are expected to retire over the next ten years, which will result in **9140** jobs across BC³⁴ And unlike many other industries, younger workers in continuing care are *less* likely to be injured than older workers.³⁵ Recruiting younger workers into the continuing care sector will help ensure sustainability of the sector, as well as helping revitalize the workforce.

³⁰ WorkBC 2017. British Columbia Labour Market Outlook: 2017 Edition.

³¹ According to WorkBC, HCAs (NOC 3413) have a median wage of \$23.05 per hour as compared to Early Childhood Educators (4214) at \$16.00 per hour.

³² WorkBC 2017. British Columbia Labour Market Outlook: 2017 Edition.

³³ HEABC, 2014. Care Aides.

³⁴ WorkBC 2017. British Columbia Labour Market Outlook: 2017 Edition.

³⁵ WorkSafeBC, 2018. Industry Safety Information System, *Claims*. Accessed February 2018.

Recommendation

Expanding dual credit programs will allow more high school students to graduate ready to work in a growing industry. Students will earn competitive wages and benefits and enter an industry with career advancement opportunities. Continuing care employers will benefit from an increased labour pool that includes younger workers.

Recommendation 4

- *The BCCPA recommends that the BC Ministry of Education work with local School Boards to expand the delivery of dual credit programs, using the South Island Partnership as a model for delivery.*

Key Action #5: Address Barriers for Workers from Other Jurisdictions

There is an urgent need for appropriately trained workers in BC's continuing care sector. The BCCPA believes that part of the solution to meeting this need will be ensuring that health care workers educated in other jurisdictions are able to integrate in BC's health workforce in a timely manner. This will require the BC Government to improve access to the credential recognition services by expanding service locations, committing to processing speed targets, and providing subsidized assessment services.

Health Care Workers from Other Jurisdictions are required to meet Demand in BC

Internationally educated health care professionals (IEHCPs) are integral to meeting the increased demand in BC's continuing care sector. Over the next twenty years, it is estimated that the Canadian nursing workforce will need to increase by 3.4% to meet future demand for continuing care services, while the current workforce growth rate is approximately 1%.³⁶

Similarly, the Ministry of Health projects that British Columbia will need a total net gain of 2,849 HCAs over the next five years in order to meet the demands of our aging population.³⁷ At the same time, the BC Care Aide and Community Health Worker Registry reports that **514** fewer HCAs graduating from BC training programs registered to work in 2017 than in 2014.³⁸

The government of Canada projects that immigration will account for 24% and 17% of job seekers for HCAs and LPNs, respectively, over the period 2015 to 2024.³⁹ Supplementing our domestic supply with internationally trained health care workers will be essential to maintaining a competent and adequately resourced workforce in BC.

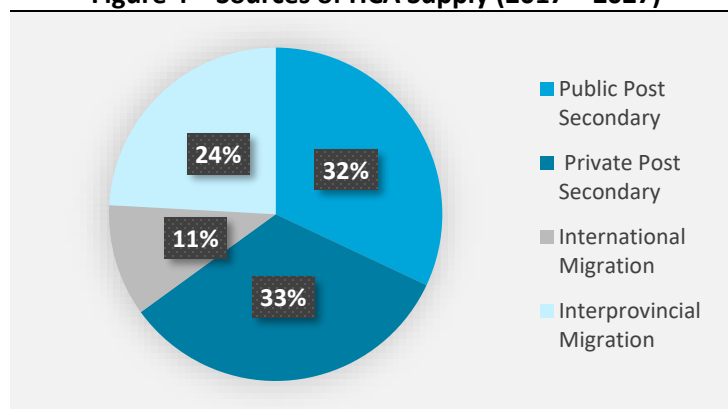
³⁶ Conference Board of Canada, 2017. Future Care for Canadian Seniors: A Primer on Nursing Supply and Demand.

³⁷ Dix, Adrian. "Care Aides" *Edited Hansard*. British Columbia, Debates of the Legislative Assembly. 41st Parl., 3rd Sess. Thursday May 10, 2018, Afternoon Sitting at 1550.

³⁸ BC Care Aide and Community Health Worker Registry. Health Care Assistant Education Standards Committee. November 2017.

³⁹ Canadian Occupation Projection System, Employment and Social Development Canada. Accessed 03, 26, 2018.

Figure 4 – Sources of HCA Supply (2017 – 2027)



Source: WorkBC, Labour Market Outlook 2017 Edition

Workers from other provinces will also be integral for meeting demand for seniors care services in BC. According to WorkBC, interprovincial migration is expected to be a major source of supply of HCAs over the next ten years (see Figure 4). Ensuring that these workers have equivalent credentials and are integrated into the workforce in a timely fashion will be of the utmost importance.

Barriers to Integration Exist for International Workers

HCAs, LPNs and RNs educated in other jurisdictions are integrated into the BC labour market through the Nursing Community Assessment Service (NCAS). NCAS is a competency-based assessment which ensures that healthcare workers are able to meet BC’s standards for education and training before entering the labour market.



While the NCAS provides a valuable service, this program is currently cost prohibitive for many, with fees ranging from \$800 to \$2000. Furthermore, the in-person assessment required by NCAS is only offered in Vancouver, which is prohibitive for those living outside of the Lower Mainland. Processing times are also a challenge, with applicant wait times in excess of 90 days for the complete assessment process.

This is not inclusive of the time or cost of remedial education, should the outcome of the NCAS indicate that it is necessary. The majority (46%) of HCAs referred to the NCAS are directed to take an HCA Upgrade program, which can cost up to an additional \$4,200 for a 3-month program.⁴⁰

Barriers created by the NCAS are exacerbating existing labour shortages. The number of graduates from domestic HCA programs registering with the BC Care Aide and Community Health Worker Registry has declined since 2015, while the number of new IEHCPs registering as Health Care Assistants has declined substantially since 2015 from **409** to **164** registrants in 2017.⁴¹

⁴⁰ BC Care Aide and Community Health Worker Registry, Health Care Assistant Education Standards Committee. May 2018.

⁴¹ BC Care Aide and Community Health Worker Registry, November 2017.

Enhancing the Labour Market Participation of Immigrants

Improving access to the NCAS will enhance the labour market participation of immigrants and Canadians from other jurisdictions. The Conference Board of Canada estimates that 524,000 immigrants are unemployed or underemployed because their credentials are not being fully recognized, while another 200,000 Canadians are underemployed due to out-of-province credentials.⁴²

Recommendation

Increasing access to the NCAS will allow internationally educated health care workers, as well as those from other Canadian jurisdictions, to have their credentials recognized in a timely manner. This will allow health care workers to work to their full scope of practice. Increasing the employment opportunities for immigrants will benefit the BC economy while filling critical labour shortages in the continuing care sector.

Recommendation 5

- *The BCCPA recommends that the BC Ministry of Health improve access to credential recognition services by subsidizing the cost of NCAS for health care workers trained in other jurisdictions, committing to processing speed targets, providing funding to expand access to regions outside of Metro Vancouver.*

Key Action #6: Address Employment Barriers for International Students

There is an urgent need for appropriately trained workers in BC's continuing care sector. The BCCPA believes that part of the solution to meeting this need will be supplementing the domestic workforce with international students trained in Canadian health care programs. This will require private post-secondary institutions to have equal access to post-graduate work permits (PGWPs) for HCAs and Licensed Practical Nurses (LPNs). As Post Graduate Work Permits are under federal jurisdiction within the Ministry of Immigration, Refugees and Citizenship Canada (IRCC), expanding eligibility will require a pan-Canadian approach.

Health Human Resource Shortages are a National Issue

According to Statistics Canada, the number of seniors will rise to 25 percent by 2036, and the number of seniors 80 years old and over will double between 2011 and 2036.⁴³ However, Canada faces a chronic shortage of domestic HCA and LPN students. The Canadian Occupational Projection System (2015-2024) estimates that job openings will exceed job seekers for HCAs and LPNs by 3,100 and 4,400 positions respectively.⁴⁴ This poses a significant challenge for providing care now, as well as an increasing challenge for meeting future needs.

⁴² Conference Board of Canada, 2015. Brain Gain 2015: The State of Canada's Learning Recognition System.

⁴³ Statistics Canada, 2015. Population Projections for Canada, Provinces and Territories. 2015-11-27.

⁴⁴ Canadian Occupation Projection System, Employment and Social Development Canada. Accessed 03, 26, 2018.

Private Post-Secondary Institutions are an Important Source of HCA Supply



In order to meet the needs of an aging population, private post-secondary institutions will play a fundamental role in training the next generation of continuing care workers. In 2015, private institutions in British Columbia graduated 1,849 HCAs and 439 LPNs.⁴⁵ Labour Market Outlook (2017 – 2027) projects that of the 18,650 job openings for HCAs in BC over the next ten years, **one third** (6,050) will be filled by graduates from BC’s private post-secondary institutions (see Figure 4 above).⁴⁶

Access to Post Graduate Work Permits is Unequal

Currently, there is no Provincial Immigration or Canada Immigration and Citizenship pathway to post graduation employment for any graduates of a private post-secondary institution in any province outside Quebec.⁴⁷ Public post-secondary graduates from any program longer than 8 months are eligible for a Post Graduate Work Permit (PGWP) but paradoxically, public institutions do not currently permit international seats to be filled by students wishing to study in HCA programs.

Extending the PGWP program to graduates from select private post-secondary institutions, will ensure the same regulations that currently apply to graduates of public institutions also apply to all post-secondary students. This policy change will benefit immigrants who will gain a clear pathway to employment after their studies, as well as assisting their efforts to achieve permanent residency through federal immigration programs.⁴⁸

Expanding the eligibility of PGWPs will not require any changes to the *Immigration and Refugee Protection Act* or the *Immigration and Refugee Protection Regulations*, only a change in IRCC policy.

Fast Facts: Economic Impact of International Students in British Columbia

British Columbia accepted 145,691 international students in 2016. The economic impact of international education includes:

- GDP contributions of \$2.8 billion
- Tax revenue contributions of \$559 million
- The creation of 40,499 direct and indirect jobs

Source: Roslyn Kunin and Associates, INC. 2017. *Economic Impact of International Education in Canada - An Update: Final Report*. Vancouver: Global Affairs Canada.

⁴⁵ Private Career Training Institution Agency Enrollment, 2015 Enrollment Report.

⁴⁶ WorkBC 2017. British Columbia Labour Market Outlook: 2017 Edition.

⁴⁷ Immigration, Refugees and Citizenship Canada, 2018. Study Permits: Post Graduation Work Permit Program. December 22, 2017.

⁴⁸ Immigration, Refugees and Citizenship Canada, 2018. Permanent residence through Caring for People with High Medical Needs Program. February 8, 2018.

Quality Systems are Already in Place

Ensuring that international graduates receive a high-quality education is essential for assuring their future success and employment in Canada's health care system. Private post-secondary institutions have several



avenues through which to demonstrate their high educational standards (e.g. BC's Education Quality Assurance Program),⁴⁹ and their suitability for accepting international students (Designated Learning Institutions).⁵⁰

Only those private post-secondary institutions that have met designated quality standards are certified as recognized educators to deliver the provincial HCA curriculum in British Columbia.⁵¹ Similar oversight exists for LPN programs through the College of Licensed Practical Nurses of BC (LPNBC) and their counterparts in

other provinces.⁵²

Through these institutions it will be possible to limit eligibility for PGWPs to only those private post secondary schools that have met rigorous quality standards and are adequately resourced to support international students.

Post Graduate Work Permits are a Consensus Solution

Expanding the eligibility for PGWPs to private post-secondary institutions is a consensus solution that has been endorsed by the Canadian Association for Long Term Care (CALTC), which is the national organization of provincial associations for long-term care providers that deliver publicly-funded health care services for seniors across Canada. This solution is also supported by the National Association of Career Colleges, and their provincial counterparts.⁵³

Recommendation

The BCCPA believes that internationally recruited HCA and LPN students offer a very real solution to the current supply crisis for trained health care staff in Canada. Extending eligibility for PGWPs to select private post-secondary institutions will address not only critical health human resource shortages in BC, but across Canada, while also ensuring that students graduate with advanced skills and recognized credentials. The BCCPA requests that the provincial government support CALTC's recommendation to the federal government to include students attending select private post-secondary education in their work permit program.

⁴⁹ Ministry of Advanced Education, Skills and Training (2018). Education Quality Assurance.

⁵⁰ Immigration and Citizenship Canada, Designated Learning Institutions List.

⁵¹ BC Care Aide and Community Health Worker Registry, 2018. Recognized BC Health Care Assistant Programs.

⁵² College of Licensed Practical Nurses BC. Recognized PN Education Programs.

⁵³ National Association of Career Colleges, 2015., *Regressive policy on work permits for foreign students means less jobs at career colleges*. March 6, 2015.

Recommendation 6

- *The BCCPA recommends that the Ministry of Advanced Education, Skills and Training (AEST) support the expansion of eligibility for Post-Graduate Work Permits to private post-secondary institutions delivering recognized Health Care Assistant and Licensed Practical Nursing programs, in order to increase the labour force participation of international caregivers and to provide them with a clear pathway to permanent residency.*

Key Action #7: Reduce Delays in Criminal Record Checks

With the urgent need for appropriately trained workers in BC's continuing care sector, there is a need to ensure that qualified workers are able to begin employment in a timely fashion. With the significant delays created by the Criminal Records Review Program (CRRP) in some regions of BC, there is a need for increased flexibility in how employers can meet their obligations under the *Criminal Records Review Act* (CRRA).

Criminal Record Checks are Exacerbating Existing Shortages

In British Columbia, health care workers must receive clearance from the CRRP before beginning employment. As prescribed by the CRRA, the CRRP clears health care workers for employment with vulnerable adults by checking for criminal convictions, outstanding criminal charges and warrants, as well as other judicial orders that may indicate that the worker might pose a risk to vulnerable adults, such as pardoned sexual offenses. As per the Residential Care Regulations, as well as licensing standards, workers must have a clear criminal record check before beginning to work with vulnerable adults.

Continuing care employers recognize the importance of a comprehensive criminal records review process for health care workers. To further ensure the safety of seniors and to maintain adequate staffing levels, necessity compels that criminal record checks be conducted in a timely manner.



Continuing care employers in BC, however, report that they are losing highly-qualified job candidates to other sectors due to long delays in the CRRP process. Providers in some regions of BC, for example, report delays of up to six weeks. This is highly problematic given that staffing shortages in the continuing care sector are already critical. Wait periods longer than two weeks represent significant financial losses for front-line workers, many of whom are caregivers themselves for children or aging relatives.

Police Information Checks are Comprehensive

BC is the only province which has created a separate government agency to manage criminal record checks for employment. All other provinces require that health care workers obtain a Police Information Check with Vulnerable Sector Screening (PIC-VS) through their local police department.⁵⁴ Though more expensive, the criminal record checks conducted by local police departments are highly rigorous and go above and beyond the queries undertaken by the CCRP (see Table1).

Table 1 – Criminal Record Check Requirements by Process

Police Information Check – Vulnerable Sector (PIC-VS)	BC Criminal Records Review Program (CRRP)
<p>Conducted by:</p> <ul style="list-style-type: none"> Local Police Department <p>Systems Queried:</p> <ul style="list-style-type: none"> CPIC – Canadian Police Information Centre PRIME Local indices – Police Records Information Management Environment PIP – Police Information Portal PROS (if available) JUSTIN – Justice Information (BC Courts information) 	<p>Conducted by:</p> <ul style="list-style-type: none"> Ministry of Public Safety and the Solicitor General <p>Systems Queried:</p> <ul style="list-style-type: none"> CPIC – Canadian Police Information Centre BC Corrections Database (includes JUSTIN information)

The RCMP reports that for most individuals where there is no match to a criminal record, the processing time is 3 business days or less.⁵⁵ In contrast, the CCRP program currently reports that it is processing applications with lag times of three weeks - though employers report that in practice the lag time can be up to six weeks.⁵⁶

It should also be noted that individuals who chose to volunteer with vulnerable adults currently have the flexibility to have their criminal records check undertaken by either the CRRP or their local police department.

Recommendation

The BCCPA believes that there is a need to ensure that qualified health care workers can begin employment in BC’s health care sector in a timely manner. This will require increased flexibility in how continuing care employers meet their obligations under the *Criminal Records Review Act* and the *Residential Care Regulations*. The BCCPA proposes that, similar to other provinces in Canada, continuing care employers be given the flexibility to have qualified workers undertake Police Information Checks with Vulnerable Sector Screening (PIC-VS) through their local police department *or* through the Criminal

⁵⁴ Royal Canadian Mounted Police. *Where do I get a criminal record check?* 2018-05-14.

⁵⁵ Royal Canadian Mounted Police, *Criminal Record Checks, Processing Times and Fees*. 2018-3-29.

⁵⁶ Ministry of Public Safety and Solicitor General, *Criminal Records Review Program*. Accessed on April 3, 2018.

Records Review Program. The BCCPA further recommends that the Ministry of Public Safety and the Solicitor General create an expedited process for health care workers under the CRRP.

Recommendation 7

- *The BCCPA recommends that the BC Provincial Government extend continuing care employers the flexibility to have qualified job candidates undertake criminal record checks through either their local police department or the Criminal Records Review Process.*
- *The BCCPA further recommends that the Criminal Records Review Program create an expedited process for health care workers.*

Key Action #8: Address Wage Disparities

With the urgent need for appropriately trained workers in BC's continuing care sector, attracting and retaining HCAs will require greater consistency in how HCAs are compensated. Disparities in compensation, including wages and benefits, are well recognized as contributing to recruitment and retention challenges. Ensuring that HCAs are compensated in a fair and equitable manner will help attract workers and reduce high rates of staff turnover within the continuing care sector.

Disparities in Compensation Exist within the Continuing Care Sector

The health care sector in British Columbia is a complex landscape of private and public funding and delivery of services, with both unionized and non-unionized employers, as well as a multitude of employer-specific and master collective agreements. This has produced a wide range of compensation levels for continuing care workers, contributing to recruitment and retention challenges, as workers will often leave employers for higher paying positions.^{57,58}

This challenge is particularly acute for the home health sector, as community health workers are generally paid less than their counterparts in long term care, despite completing a common curriculum.^{59,60} As a

“Home support is in such high demand, but we cannot keep up due to the lack of workers.”

-Quote from home health operator in Metro Vancouver

⁵⁷ Keefe, Janice M., et al (2011). Key issues in human resource planning for home support workers in Canada. *Work*. 40(1):21-8

⁵⁸ Elizabeth Anderson (2009). Working in Long-Term Residential Care: A Qualitative Metasummary Encompassing Roles, Working Environments, Work Satisfaction, and Factors Affecting Recruitment and Retention of Nurse Aides. *Global Journal of Health Science*. 1(2).

⁵⁹ Keefe, Janice M., et al (2011). Key issues in human resource planning for home support workers in Canada. *Work*. 40(1):21-8

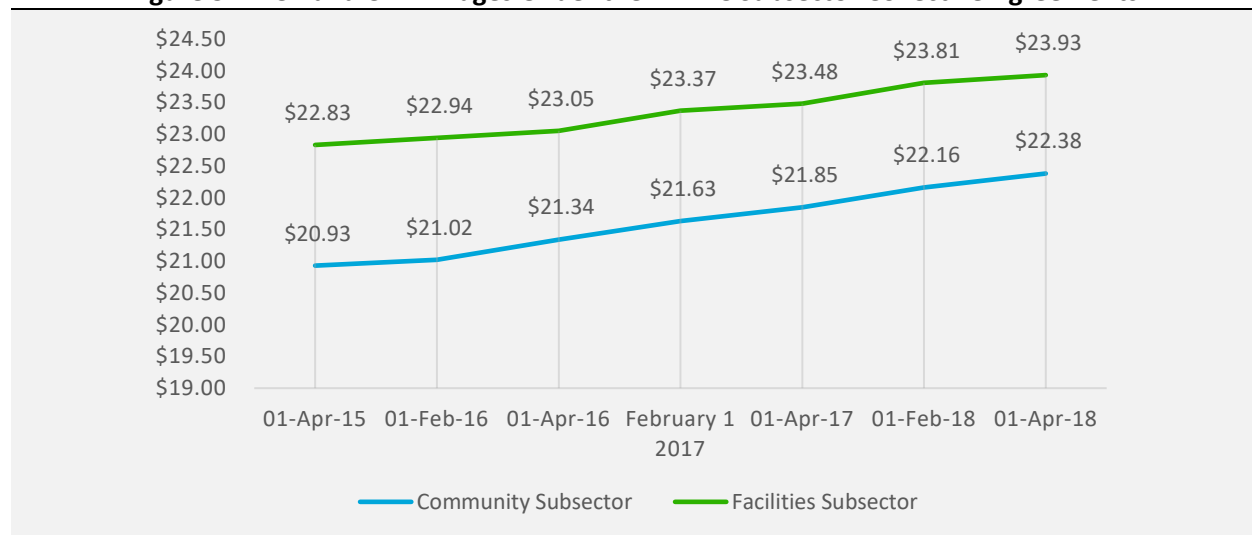
⁶⁰ Berta, Whitney, et al (2013). The evolving role of health care aides in the long-term care and home and community care sectors in Canada. *Human Resources for Health*. 11(25): 1-6

result, in the continuing care sector long term care is often viewed by HCAs as an ‘employer of choice’, leaving the home care and support sector chronically understaffed.⁶¹

Disparities Exist between Subsector Collecting Agreements

Approximately half of the publicly-subsidized care services in BC are provided by employers that are governed by the Community and Facility Subsector Collective Agreements. As outlined in Figure 5, HCAs that work in long term care under the Facilities Subsector Collective Agreement earn a wage of \$23.93 per hour (Grid 22),⁶² while HCAs working in home support under the Community Subsector Collective Agreement earn a wage of only \$22.38 per hour (Grid 8A, Step 4).⁶³ This imbalance exists for both straight time wages as well as benefits. HEABC reports that the annual cost of wages and benefits for an HCA is \$65,372 under the Facilities Subsector CA, as compared to only \$57,000 under the Community Subsector CA.⁶⁴

Figure 5 – HCA and CHW Wages Under the HEABC Subsector Collective Agreements



Source: HEABC Facilities Subsector Collective Agreement 2014-2019; HEABC Community Subsector Collective Agreement 2014 – 2019.

Recommendation

The BCCPA believes that in order to ensure that the continuing care sector is able to attract and retain qualified workers, disparities in compensation for HCAs will need to be addressed through greater equity in funding and compensation. The BCCPA supports efforts to reduce wage disparities between the Facilities and Community Subsector Collective Agreements through successive wages increases.

⁶¹ Ibid.

⁶² HEABC Facilities Subsector Collective Agreement Wage Schedule April 2018.

⁶³ HEABC Community Subsector Collective Agreement Wage Schedule April 2018.

⁶⁴ Open Information BC. FOI Request – HTH -2017-72410. Publication Date: 2018-03-13.

Recommendation 8

- *The BCCPA recommends that the wage and compensation gaps between Health Care Assistants in the Community Subsector and the Facilities Subsector Collective Agreements be reduced or eliminated through successive wages increases.*

Key Action #9: Invest in Occupational Health and Safety

With significant labour shortages facing BC's continuing care sector, attracting and retaining healthcare workers will require renewed investments into occupational health and safety. The risk of injury for continuing care workers,

“Our staff are becoming burned out as a result of our inability to hire more care aides.”

-Quote from care operator in Fraser Valley

particularly as it relates to workplace violence and safe handling, is a significant impediment to attracting new workers and qualified candidates into the sector. Reducing workplace injuries will require a comprehensive strategy, including investments in safety equipment, in violence prevention and safe handling training, and increased awareness of the goals of care for people living with dementia.

Workplace Violence affects Recruitment and Retention for Care Workers

British Columbia's continuing care sector has one of the highest workplace injury rates of all sectors in BC – up to four times the provincial average.⁶⁵ Every year, **4153** workers in the sector require time off work due to a work-related injury,⁶⁶ and the number of workdays lost every year for HCAs is equivalent to 265 FTEs.⁶⁷ Injuries due to acts of aggression are the second leading cause of injury in the continuing care sector (14%), second only to overexertion (46%).⁶⁸ Though more difficult to measure, psychological hazards, such as high levels of stress and understaffing, are major contributing factors to injuries in the healthcare sector.^{69,70}

⁶⁵ As per WorkSafe BC data, the injury rate is 8.5 and 4.4 per 100 worker for long term care and community health support services respectively, compared to the provincial average of 2.2 per 100 worker.

⁶⁶ WorkSafe BC, 2018. Industry Safety Information System, Classification Units 766011 and 766006. Accessed on May 25, 2018.

⁶⁷ SafeCare BC, 2018. Enhancing Worker Safety to Address Recruitment and Retention. Presentation January 26, 2018.

⁶⁸ WorkSafe BC, 2018. Industry Safety Information System, Classification Units 766011 and 766006. Accessed on May 25, 2018.

⁶⁹ HealthCareCAN. 2016. "Issue Brief: Workplace Mental Health." Ottawa : Mental Health Commission of Canada, June 3.

⁷⁰ College of Licensed Practical Nurses of Alberta. 2013. White Paper - Mental Injury in the Healthcare Workplace: Opening Dialogue on Abusive Behaviour Among Health Professionals as a Major Workplace Stressor and Source of Mental Injury in Healthcare. White Paper, Edmonton: College of Licensed Practical Nurses of Alberta.

Fast Facts: Occupational Health and Safety in BC's Continuing Care Sector⁷¹

- The continuing care sector has one of the highest injury rates of all industries in BC, at 6.8 per 100 workers.
- Health Care Assistants (HCAs) are the occupation most likely to be injured, accounting for 64% of claims.
- The most common types of accidents are Overexertion (43%) and Acts of Violence/ Force (14%).
- The most common source of injury is People (35%), largely due to interactions with residents and clients, such as lifting, turning, and transferring.
- The age group most likely to be injured is 45-54 (33%).

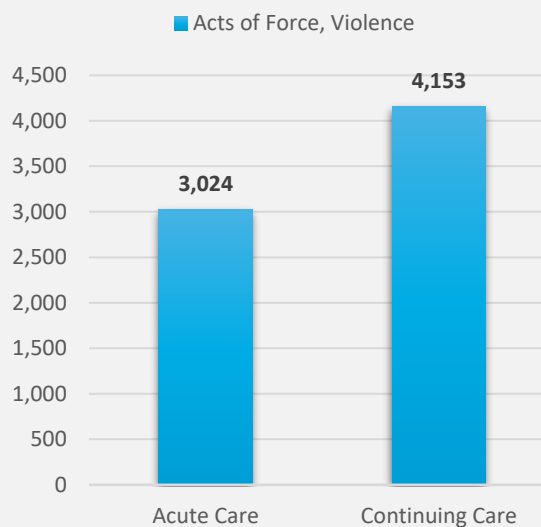
Source: WorkSafe BC, 2018. Industry Safety Information System, Classification Units 766011 and 766006. Accessed on May 25, 2018.

Media stories focused on workplace violence dominate media headlines about the healthcare sector, highlighting both the physical and psychological harm that violence can have on nurses and health care assistants. While these news stories provide much needed awareness around occupational health and safety risks, they also contribute to negative public perceptions of healthcare and nursing occupations, thus exacerbating recruitment and retention challenges in continuing care. Though less pervasive in the media, stories highlighting safety concerns due to overexertion and musculoskeletal injuries (MSI) also negatively impact worker recruitment.

Working with People with Dementia increases the risk of Workplace Injury

In British Columbia, **63.9%** of residents in long term care have Alzheimer's disease or other dementias.⁷² It is well-established that working with people dementia is associated with a higher risk of workplace violence, including physical, verbal and emotional aggression.⁷³ People living with dementia or other cognitive impairments often display responsive behaviours as a result of unmet physical and

Figure 6 – Workplace Injuries due to Violence (2013-2017)



Source: WorkSafe BC, 2018. Industry Safety Information System, Classification Units Acute Care (766001) and Continuing Care (766011 and 766006 combined). Accessed on June 05, 2018

⁷¹ WorkSafe BC, 2018. Industry Safety Information System, Classification Units 766011 and 766006. Accessed on May 25, 2018.

⁷² Canadian Institute for Health Information, 2017. Continuing Care Reporting System (CCRS), Quick Stats, 2016-2017.

⁷³ Bostrom, Anne-Marie, Janet E Squires, Agnes Mitchell, Anne E Sales, and Carole A. Estabooks. 2011. "Workplace aggression experienced by frontline staff in dementia care." *Journal of Clinical Nursing* 21 (9-10): 1453-1465.

emotional needs; though most of these behaviours are harmless, they can sometimes cause physical or emotional injury to workers.

Comprehensive Violence Prevention and Dementia Care Training is a Necessity

Preventing and de-escalating responsive behaviours due to dementia requires a proactive, team-based approach. The skills and knowledge required to prevent injuries includes violence prevention and de-escalation techniques, as well as comprehensive knowledge of dementia symptoms and disease progression, and the goals of care for people living with dementia.

To achieve this level of knowledge and competency, workers in the continuing care sector will require access to comprehensive violence prevention and dementia care training. Such training needs to be hands-on in order to ensure that workers have full comprehension of the required knowledge and skills. Furthermore, training should be inclusive of all workers, and fully-funded (including backfill) to support a team-based approach.

Violence Prevention training should also be fully integrated into educational programs for continuing care workers and health care managers. Ensuring that continuing care workers are up to date on leading practices to prevent injuries is best achieved through formal education, as workers have not yet had the opportunity to learn poor practices. Though health care managers may not perform care tasks themselves, preventing injuries requires leadership to prioritize staff safety and to be up to date on leading practices.

Current Violence Prevention Initiatives are focused on Acute Care

Current violence prevention initiatives funded by the BC Ministry of Health are largely focused on the acute care sector. In 2015 the BC Ministry of Health partnered with the BC Nurses Union (BCNU) to provide a \$2 million investment in preventing violence prevention at four priority acute care centres in BC serving complex patients⁷⁴ This commitment was renewed in 2016, with an additional \$4 million in investments.⁷⁵



While preventing violence in the acute care sector is important, reducing injuries due to violence is equally important for the continuing care sector. According to data from WorkSafeBC, BC's continuing care sector has accounted for nearly 37% more injuries due to acts of aggression over the last five years than the acute care sector (see Figure 6). Investments in Equipment and Safe Handling Training will reduce workplace injuries. Though less widely acknowledged by the media, injuries due to overexertion are the most common accident type in BC's continuing care sector. As such, investments in safe handling training (including backfill) will be required for frontline workers in the continuing care sector if worker recruitment and retention is to be improved.

However, training alone will not be sufficient. Investments in health and safety equipment, particularly resident lifts, will also be necessary for safe handling techniques to be applied appropriately. A recent needs analysis conducted by the BCCPA found that there is a significant need for investments in safety equipment in the sector. Though not limited

⁷⁴ BC Ministry of Health, 2015. Health-care sites improving safety for nurses and other staff. August 6, 2015. Accessed at:

⁷⁵ BC Ministry of Health, 2016. Nurses and health care employers ratify agreement. May 11, 2016. Accessed at:

to equipment for worker safety, the needs analysis found that the non-government long term care sector requires investments of about \$26.1 million over the next 5 years, including \$4.6 million for ceiling and sit-to-stand lifts alone.⁷⁶

Recommendation

The BCCPA believes that prevention of injuries due to workplace violence should be a priority in the continuing care sector. Preventing injuries will not only enhance the well-being of workers, but also promote worker recruitment and retention into the sector. As such, the BCCPA recommends that the BC Provincial Government, in collaboration with sector stakeholders such as WorkSafeBC and SafeCare BC, develop a comprehensive Violence Prevention initiative for the continuing care sector, that includes training for both continuing care workers and health care students across BC.

Recommendation 9a

- *The BCCPA recommends that the BC Provincial Government partner with WorkSafe BC, SafeCare BC and other sector stakeholders to develop, fund and deliver a comprehensive Occupational Health and Safety initiative for all workers in the continuing care sector, that delivers fully-funded violence prevention, safe handling and dementia care dementia care training for all direct care, allied and support workers in continuing care. This initiative should also provide additional funding for safety equipment.*

Recommendation 9b

- *The BCCPA further recommends that the BC Provincial Government work with post-secondary institutions to ensure that hands-on occupational health and safety training, including violence prevention, safe handling and dementia care, are fully integrated into the course curriculum for HCAs, LPNs, RNs, and health care managers.*

Key Action #10: Explore Feasibility of Renaming Health Care Assistants

In order to meet the strong anticipated demand for direct care workers over the next ten years, there is an urgent need to address the underlying factors suppressing worker supply. It has been identified that a lack of respect and appreciation for HCAs negatively impacts worker recruitment and retention. There is a need to improve understanding and respect for the HCA occupation, both among health care professionals and the public more broadly. As a preliminary step, BCCPA recommends that the Provincial

⁷⁶ BC Care Providers Association, 2017. SSQIP Needs Assessment Findings & Application Expectations. HoweGroup. December 2017.

Government explore developing a job title that clearly identifies HCAs as part of the nursing continuum, in order to better reflect the valuable contributions that HCAs play in caring for the frail and the elderly.

Health Care Assistants are a Valuable Occupation

Health Care Assistants are an integral component of the interdisciplinary care team, providing up to 80% of direct care for older Canadians living in long term care or their own homes. HCAs provide seniors with assistance with activities of daily living, as well as an increasing array of delegated nursing tasks. HCAs support frail and elderly seniors by promoting healthy lifestyle choices, preventing injuries, assisting with nutrition, and ensuring social and emotional well-being. HCAs have a strong sense of their work's worth, with reported high levels of job and vocational satisfaction.⁷⁷

Health Care Assistants are often Underappreciated

“There’s not really shame in it, but a lot of people – when you say what you do – they’re like, ‘Oh, you wipe butts for a living. You’re a professional butt wiper.’... That’s how people look at it”

- Quote from a Direct Care Worker from Mittal et al (2009)

Despite the fundamental role that HCAs play in the care of seniors, this caregiving occupation is not well-understood or respected, frequently viewed as an unskilled and low-paying job.⁷⁸ HCAs frequently report that they feel underappreciated by other healthcare professionals and their managers, as well as by society more broadly.^{79,80} In particular, HCAs report that they face many disrespectful misconceptions about their vocation, as they are viewed as “just a health care assistant” or worse.⁸¹

Demeaning attitudes may suggest that the public lacks awareness of the full scope of HCA’s role in caring for the elderly – in particular, that their core competencies extend beyond personal care to include delegated nursing tasks.

⁷⁷ Estabrooks, Carole A, Janet E Squires, Heather L Carleton, Greta G Cummings, and Peter G Norton. 2015. "Who is Looking after Mom and Dad? Unregulated Workers in Canadian Long-Term Care Homes." *Canadian Journal on Aging* 34 (1): 47-59.

⁷⁸ Global Coalition on Aging . 2018. *Relationship-Based Home Care: A Sustainable Solution for Europe's Elder Care Crisis*. Geneva: Global Coalition on Aging.

⁷⁹ Anderson, Elizabeth. 2009. "Working in Long-Term Residential Care: A Qualitative Metasummary Encompassing Roles, Working Environments, Work Satisfaction, and Factors Affecting Recruitment and Retention of Nurse Aides." *Global Journal of Health Sciences* 1 (2).

⁸⁰ Keefe, Janice M, Lucy Knight, Anne Martin-Matthews, and Jacques Legare. 2011. "Key issues in human resource planning for home support workers in Canada." *Work* 40 (1): 21-28.

⁸¹ Mittal, Vikas, Jules Rosen, and Carrie Leana. 2009. "A Dual-Driver Model of Retention and Turnover in the Direct Care Workforce." *The Gerontologist* 49 (5): 623-634.

Promoting Respect & Appreciation may Enhance Worker Recruitment and Retention

Addressing harmful misconceptions about HCAs may have a positive effect on worker recruitment and retention. Lack of respect and appreciation has been directly linked to turnover in the continuing care sector for health care assistants, resulting in workers leaving their employers or leaving the sector entirely.^{82,83} Conversely, feeling valued and respected by managers and co-workers is linked to greater retention among HCAs.

Furthermore, health care experts have identified that promoting respect and improving understanding of the HCA occupation may positively impact worker recruitment.⁸⁴ Health care assistants are known by many job titles, but none have the name recognition or societal prestige associated with nursing. A consistent job title that clearly identifies HCAs as part of the nursing continuum may improve public understanding of and respect for this vital occupation.

Typical Job Titles for Unregulated Care Workers

- Health Care Aide / Assistant
- Community Health Worker
- Home Support Workers
- Hospital Attendant
- Long-Term Care Aide
- Residential Care Aide
- Nurse Aide
- Nursing Attendant
- Personal Support Worker

Recommendation

With Canada's aging population, there is a need to recognize the vital role that health care assistants play in caring for the frail and the elderly. Currently, the public lacks a general understanding and appreciation for HCAs as a vocation. BCCPA believes that there is a need to rename the HCA occupation to better reflect its basis in nursing. The BCCPA recommends that the BC Provincial Government review options to rename this vital occupation, in consultation with industry stakeholders (such as the Canadian Association for Long Term Care) and frontline workers.

Recommendation 10

- *The BCCPA recommends that the BC Provincial Government, in collaboration with sector stakeholders and frontline workers, review options to rename the Health Care Assistant occupation to better align HCAs as part of the nursing continuum.*

⁸² Mittal, Vikas, Jules Rosen, and Carrie Leana. 2009. "A Dual-Driver Model of Retention and Turnover in the Direct Care Workforce." *The Gerontologist* 49 (5): 623-634.

⁸³ Bowers, B. J., Esmond, S., & Jacobson, N. (2003) Turnover reinterpreted: CNAs talk about why they leave. *Journal of Gerontological Nursing*, 29(3), 36-43.

⁸⁴ BC Care Providers Association, 2018. *The Perfect Storm: A Health Human Resources Crisis in Seniors Care*. April 2018.

Conclusion

With Canada's aging population and increasing demand for seniors care services, it is necessary more than ever to address the critical labour shortages that are afflicting BC's continuing care sector. This paper identifies 10 key priorities for the BC Government to address in the short term to address the labour shortage crisis. The BCCPA believes that if these recommendations are implemented in collaboration with sector and federal stakeholders that seniors care will be strengthened across the province.

- 1. Promote Awareness of the Seniors Care Sector** by investing in an awareness building campaign focused on the rewarding career opportunities that are available for Health Care Assistants in BC's growing continuing care sector. Awareness building is a proven strategy that is effective at both increasing supply and improving public perceptions around this vital occupation.
- 2. Improve Access to Training and Education** by providing full or partial bursaries for Health Care Assistants enrolled in private and public in post-secondary institutions across BC. Providing bursaries will help address the financial and economic barriers that prevent qualified candidates from enrolling in HCA training.
- 3. Expand Eligibility for BC's Loan Forgiveness Program** to HCAs working in and relocating to underserved communities to address acute labour shortages in rural and remote communities in BC. Expanding this program will ensure that continuing care providers have an adequate supply of well-trained health care workers and will ensure that seniors are able to age in place in their own community.
- 4. Establish and Expand Dual Credit Programs** in school districts across BC in order to improve access to training for qualified high school students interested in studying to become HCAs. Expanding dual credit programs will provide students with relevant, purposeful learning and a smooth transition into industry after graduation.
- 5. Address Barriers for Healthcare Workers from Other Jurisdictions** by ensuring that internationally educated nurses and HCAs have timely and affordable access to credential recognition services through BC's Nursing Community Assessment Service. Improving access to NCAS services will enable internationally educated health care professionals to integrate into BC's health care sector.
- 6. Address Employment Barriers for International Students** by supporting the expansion of eligibility for Post-Graduate Work Permits to HCA and LPN graduates from private post-secondary institutions. This change to federal immigration policy will allow international students to gain valuable Canadian work experience as a pathway to permanent residency in Canada.
- 7. Reduce Delays in Criminal Record Checks** for healthcare workers by allowing continuing care employers the flexibility of meeting their requirements under the Criminal Records Review Act through the Criminal Records Review Program or their local police

department, and/or creating an expedited process for health care workers. This will enable workers to seamlessly transition to employment after graduation from an HCA education program.

- 8. Address Wage Disparities** for Health Care Assistants and Community Health Workers by closing the wage gaps between the subsector collective agreements. Eliminating wage gaps will help attract and retain workers in BC's home care and support sector, which is facing critical worker shortages.
- 9. Invest in Occupational Health and Safety** to ensure that workers in the continuing have the training and knowledge to stay safe at work. Addressing rates of workplace injury, particularly in relation to workplace violence, will address both significant recruitment and retention barriers.
- 10. Explore the feasibility of renaming Health Care Assistants** in order to better reflect the vital and important work that HCAs perform for their residents, patients, and clients. Promoting public understanding and respect for HCAs may improve retention and recruitment for this vocation.

While this paper focuses on immediate priorities, BC's continuing care sector is also in dire need of a comprehensive long-term health human resources strategy that addresses both recruitment and retention challenges. The BCCPA urges the provincial government to work collaboratively with the BCCPA and other sector stakeholders, including industry, unions, post-secondary institutions and frontline workers, to develop a comprehensive strategy to secure the next generation of seniors care workers.

References

- Anderson, Elizabeth. 2009. "Working in Long-Term Residential Care: A Qualitative Metasummary Encompassing Roles, Working Environments, Work Satisfaction, and Factors Affecting Recruitment and Retention of Nurse Aides." *Global Journal of Health Sciences* 1 (2)
- BCCAT, Health Care Assistant & Practical Nursing Committee, Fall 2017 Meeting. October 25, 2017. Accessed at: <http://www.bccat.ca/pubs/HCA%20PN%20Shared%20Articulation%20fall%202017%20minutes%20draft.pdf>
- BC Care Aide and Community Health Worker Registry, Health Care Assistant Education Standards Committee. November 2017.
- BC Care Aide and Community Health Worker Registry, Health Care Assistant Education Standards Committee. May 2018.
- BC Care Aide and Community Health Worker Registry, 2018. Recognized BC Health Care Assistant Programs.
- BC Care Providers Association, 2018. BCCPA's #BecauseBCCares campaign receives strong community response. January 10, 2018. Accessed at: <http://bccare.ca/2018/01/bccpas-becausebccares-campaign-receives-strong-community-response/>
- BC Care Providers Association, 2018. *The Perfect Storm: A Health Human Resources Crisis in Seniors Care*. April 2018. Accessed at: http://bccare.ca/wp-content/uploads/2018/04/The-Perfect-Storm_BCC3-2018-Report-FINAL.pdf
- BC Care Providers Association, 2017. *SSQIP Needs Assessment Findings & Application Expectations*. HoweGroup. December 2017. Accessed at: <http://bccare.ca/wp-content/uploads/2017/12/Needs-Assessment-Findings-and-Applicaton-Expectations.pdf>
- BC Care Providers Association, *Strengthening Seniors Care Delivery in BC*, September 2015, <http://bccare.ca/wp-content/uploads/BCCPA-White-Paper-QuIC-FINAL-2015.pdf>.
- BC Ministry of Health, 2015. Health-care sites improving safety for nurses and other staff. August 6, 2015. Accessed at: <https://news.gov.bc.ca/releases/2015HLTH0055-001251>
- BC Ministry of Health, 2016. Nurses and health care employers ratify agreement. May 11, 2016. Accessed at: <https://news.gov.bc.ca/releases/2016HLTH0035-000760>
- Berta, Whitney, et al (2013). The evolving role of health care aides in the long-term care and home and community care sectors in Canada. *Human Resources for Health*. **11**(25): 1-6
- Better Jobs Better Care (BJBC), *The Cost of Frontline Turnover in Long-Term Care*, October 2004, <https://phinational.org/wp-content/uploads/legacy/clearinghouse/TOCostReport.pdf>.
- Bowers, B. J., Esmond, S., & Jacobson, N. (2003) Turnover reinterpreted: CNAs talk about why they leave. *Journal of Gerontological Nursing*, 29(3), 36-43.

Canadian Occupation Projection System, Employment and Social Development Canada. Accessed 03, 26, 2018.

CBC News, *Patient safety at risk due to lack of nurses in northern B.C., auditor general finds*, February 2018, <http://www.cbc.ca/news/canada/british-columbia/rural-hospital-northern-health-1.4547517>.

College of Licensed Practical Nurses BC. Recognized PN Education Programs.

College of Licensed Practical Nurses of Alberta. 2013. *White Paper - Mental Injury in the Healthcare Workplace: Opening Dialogue on Abusive Behaviour Among Health Professionals as a Major Workplace Stressor and Source of Mental Injury in Healthcare*. White Paper, Edmonton: College of Licensed Practical Nurses of Alberta.

Conference Board of Canada, 2015. *Brain Gain 2015: The State of Canada's Learning Recognition System*.

Conference Board of Canada, 2017. *Future Care for Canadian Seniors: A Primer on Nursing Supply and Demand*.

Dix, Adrian. "Care Aides" *Edited Hansard*. British Columbia, Debates of the Legislative Assembly. 41st Parl., 3rd Sess. Thursday May 10, 2018, Afternoon Sitting at 1550.

Elizabeth Anderson (2009). *Working in Long-Term Residential Care: A Qualitative Metasummary Encompassing Roles, Working Environments, Work Satisfaction, and Factors Affecting Recruitment and Retention of Nurse Aides*. *Global Journal of Health Science*. 1(2).

Estabrooks, Carole A, Janet E Squires, Heather L Carleton, Greta G Cummings, and Peter G Norton. 2015. "Who is Looking after Mom and Dad? Unregulated Workers in Canadian Long-Term Care Homes." *Canadian Journal on Aging* 34 (1): 47-59.

Frey and Osborne (2013). *The Future of Employment: How Susceptible are Jobs to Computerization? Technological Forecasting and Social Change*, 114, p. 254 -280. Accessed at: https://www.oxfordmartin.ox.ac.uk/downloads/academic/The_Future_of_Employment.pdf

HEABC, 2014. *Care Aides*. Accessed at: <http://www.heabc.bc.ca/Page4340.aspx#.Wutm34gvyUk>

HealthCareCAN. 2016. "Issue Brief: Workplace Mental Health." Ottawa : Mental Health Commission of Canada, June 3.

Health Employers Association of BC (HEABC), 2016.

HEABC Community Subsector Collective Agreement Wage Schedule April 2018.

HEABC Facilities Subsector Collective Agreement Wage Schedule April 2018.

Immigration and Citizenship Canada, Designated Learning Institutions List.

Immigration, Refugees and Citizenship Canada. Study Permits: Post Graduation Work Permit Program.

- Keefe, Janice M, Lucy Knight, Anne Martin-Matthews, and Jacques Legare. 2011. "Key issues in human resource planning for home support workers in Canada." *Work* 40 (1): 21-28.
- Ministry of Advanced Education, Skills and Training (2018). Education Quality Assurance.
- Ministry of Health, Health Sector Workforce Division (2016). *Priority Professions Action Plan for 2016/17*. Victoria, 2016.
- Ministry of Health (2017). Residential Care Staffing Review. March 2017.
- Ministry of Public Safety and Solicitor General, Criminal Records Review Program. Accessed on April 3, 2018. <https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check>
- Mittal, Vikas, Jules Rosen, and Carrie Leana. 2009. "A Dual-Driver Model of Retention and Turnover in the Direct Care Workforce." *The Gerontologist* 49 (5): 623-634.
- National Association of Career Colleges, 2015., *Regressive policy on work permits for foreign students means less jobs at career colleges*. March 6, 2015.
- Open Information BC. FOI Request – HTH -2017-72410. Publication Date: 2018-03-13.
- Private Career Training Institution Agency Enrollment, 2015 Enrollment Report.
- Roslyn Kunin and Associates, INC. 2017. *Economic Impact of International Education in Canada - An Update: Final Report*. Vancouver: Global Affairs Canada.
- Royal Canadian Mounted Police. *Criminal Record Checks, Processing Times and Fees*. 2018-3-29. Accessed at: <http://www.rcmp-grc.gc.ca/en/processing-times-and-fees>
- Royal Canadian Mounted Police. *Where do I get a criminal record check?* 2018-05-14. Accessed at: <http://www.rcmp.gc.ca/en/where-do-get-a-criminal-record-check>
- SafeCare BC, 2018. Enhancing Worker Safety to Address Recruitment and Retention. Presentation January 26, 2018. Accessed at: <http://bccare.ca/wp-content/uploads/2018/01/Dhalla-and-Subotin-ppt-Version-2.pdf>
- SafeCare BC, 2017. New Strategy is Needed to Address Shortage of Continuing Care Workers. May 16 2017. Accessed at: <http://safecarebc.ca/2017/05/16/media-release-new-strategy-needed-address-shortage-continuing-care-workers/>
- SafeCare BC, 2016. SafeCare BC HUR Survey Identifies Shortage of Workers. November 22, 2016. Accessed at: <http://safecarebc.ca/2016/11/22/safecare-bc-hr-survey-identifies-shortage-workers/>
- Statistics Canada, 2015. Population Projections for Canada, Provinces and Territories. 2015-11-27.
- Vancouver Sun, Province spent \$181 million on health workers' overtime last year, October 2014, <http://www.vancouversun.com/health/Province+spent+million+health+workers+overtime+last+year/10340001/story.html>.

WorkBC, 2017. Labour Market Outlook 2017 Edition. Accessed at: <https://www.workbc.ca/Labour-Market-Industry/B-C-s-Economy/Reports.aspx>

WorkBC, 2015. British Columbia 2025 Labour Market Outlook. Accessed at: https://www.welcomebc.ca/getmedia/84455037-46db-4189-a219-4d8b4eca0841/Report_2025-BC-Labour-Market-Outlook.pdf.aspx

WorkSafeBC, *Industry Safety Information Centre, Claims*, accessed February 2018, <https://online.worksafebc.com/anonymous/wcb.ISR.web/IndustryStatsPortal.aspx?c=6>.

Appendix A: About BC Cares

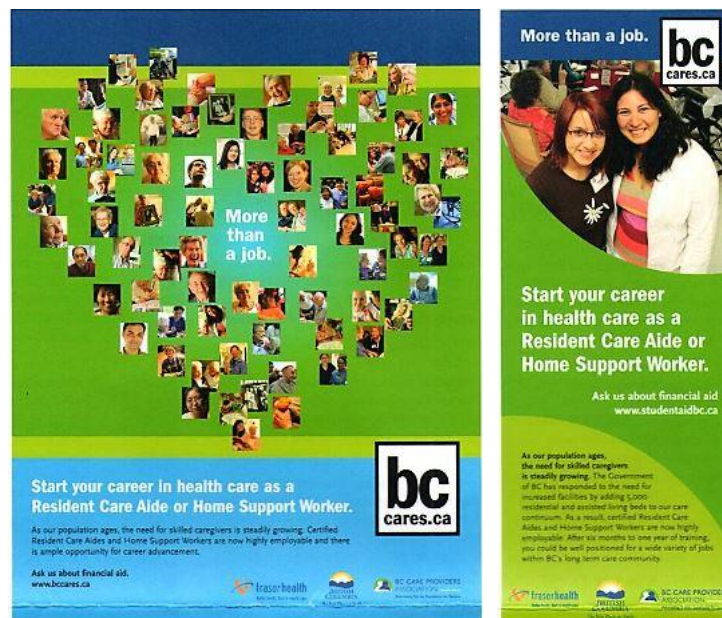
Launched in 2007, BC Cares was a successful coalition of government ministries, private and public post-secondary educators and private and public employers to increase awareness of and enrollment in post-secondary care aide programs. A focus was placed on increasing the enrollment rate of immigrants, youth and those living in Aboriginal or rural communities. The initiative included an enrollment campaign, which featured radio and print advertising, brochure distribution, a comprehensive website and social media marketing tactics.

The BC Cares initiative also included a comprehensive labour analysis of the non-profit and private residential seniors care and home support sector, as well as the development of a province-wide strategy that assessed future labour shortages in the seniors care sector and proposed informed strategies to address them.

“This is the fullest class we’ve had for the past two years...”
Nancy Graham, Coordinator for Kwantlen University College’s HS/ RCA program

The initiative helped boost enrollment for much-needed residential care aides (RCAs) and home support workers (HSWs). Almost all participating post-secondary institutions reported full, or near full classes for Fall 2008, with enrollment boosted to 75 to 100%. Some colleges reported having waitlists for future intakes.

Figure 6 – Advertising Materials from BC Cares



BC CARE PROVIDERS ASSOCIATION

Public-private coalition completes successful drive to enrol new students in health care education

Campaign Boosts Enrolment 75 to 100%



"Finding motivated, qualified people to fill these positions to support this growing population is one of our biggest challenges."

—Jac Kreut, Board Chair,
Vancouver Island Health Authority

A coalition of BC government ministries, private and public post-secondary educators and private and public employers have successfully helped boost enrolment by 75 to 100% for much-needed residential care aides (RCAs) and home support workers (HSWs). Almost all participating post-secondary institutions report full, or near full, classes for Fall 2008 and as many report having wait lists for future intakes.

The Ministries of Health Services and Advanced Education and Labour Market Development, Vancouver Island Health, Fraser Health, 20 public and private colleges, along with more than 150 public and private residential care facilities and home care agencies who are members with the BC Care Providers Association joined forces to support a province-wide marketing and awareness campaign to attract new students to the continuing care health care sector.



Advanced Education
Minister Murray Coell

"We are very pleased this campaign has resulted in increased enrolment for residential care aides and home support workers," said Advanced Education Minister Murray Coell. "This opportunity for B.C. students supports that we're providing better access, more choices, closer to home so students can get the education they need to succeed in our province."

The campaign featured radio and print advertising, brochure distribution, a comprehensive website and some social marketing tactics including YouTube videos.

"Increasing the number of certified health care workers will meet the needs of the province's growing seniors' population," said Health Minister George Abbott. "The campaign to boost enrollment supports our commitment to building 5,000 net new beds and units for seniors by the end of 2008."

Health organizations across Canada are facing critical staff shortages in the fields of RCAs and HSWs. In BC, 1,478 additional RCAs/HSWs are needed by Spring 2009 to staff new long term care and assisted living beds across the province. Existing beds in this sector also require additional RCAs and HSWs.

"Our association played a lead role in creating this campaign," said Christine Nidd, Board President with the BC Care Providers Association and Provincial Director with Revera, one of the largest residential care providers in Canada. "We are thrilled with the results and with how many partners came together to address one important issue which affects the lives of so many BC citizens."

The need for quality older care has increased in step with the Province's commitment to add 5,000 new residential care and assisted living beds. Quality concerns have dominated recent media reports which have subsequently led to provincial investigations of the sector by the BC Auditor General and the BC Ombudsman.

"As recent census data shows, BC has the fastest growing population of seniors in Canada and Vancouver Island remains a popular destination for retired and elderly citizens," said Jac Kreut, Board Chair, Vancouver Island Health Authority. "Finding motivated, qualified people to fill these positions to support this growing population is one of our biggest challenges."

Nigel Murray, CEO with Fraser Health, the fastest growing health authority in the province, agrees. "Fraser Health is committed to enhancing services and improving procedures to build greater capacity and efficiency. Having quality people on the front lines is essential for us to meet that commitment."

The BC CARES enrolment strategy was launched in last July 2007 with a pilot campaign in the Fraser Health region which successfully filled all public post-secondary seats and a majority of private post-secondary seats. Further information is available online at www.bccares.ca.

The most recent BC CARES campaign ran from May to October 2008. Training courses for residential care aides and community health workers are offered at both public and private colleges in BC. Graduates are paid between about \$17 and \$21 an hour.

In addition, new graduates from both accredited private and public post-secondary institutions who have BC student loans are eligible for \$2,500 in loan forgiveness.

BC CARES CONTINUED

Participating Colleges and their results

Total new beds: 5852

New staff needed: 1478

