2022 BUDGET CONSULTATION

Submission to the
Select Standing Committee
on Finance and Government Services

Hospital Employees' Union

September 2021

Introduction

The Hospital Employees' Union (HEU) welcomes the opportunity to share our views and recommendations on Budget 2020 with the Select Standing Committee on Finance and Government Services.

HEU is the oldest and largest health care union in British Columbia, representing more than 50,000 members working for public, non-profit and private employers.

Since 1944, HEU has been a strong and vocal advocate for better working conditions for our members and improved caring conditions for British Columbians who access health care services.

HEU members work in all areas of the health care system – acute care hospitals, residential care facilities, community group homes, outpatient clinics and medical labs, community social services agencies, and First Nations health agencies – providing both direct and non-direct care services.

Health care workers are now enduring the fourth wave of COVID-19. As the pandemic continues into its nineteenth month, more than 8,000 workers in B.C. have been infected with the virus[1]. They have remained on the front lines of this crisis, facing risk to themselves and their families, unwavering in their care and dedication to residents and patients throughout.

The crisis has elicited a well-coordinated and collaborative response among stakeholders in B.C.'s health care system. The pandemic has offered an opportunity to 'pilot' policy approaches to create desired impacts on staffing in seniors' care, in particular the single-site orders that guarantee hours and the 'levelling up' of wages for workers. Our union sees promising practices coming out of this crisis that we can build on beyond the pandemic.

We focus our recommendations in three areas:

1. Advance diversity, equity and inclusion in health care.
2. Stabilize seniors' care through standardized compensation, increased staffing, increased oversight and accountability, and an end to contracting out.
3. Implement a health human resources strategy that makes health care work more attractive, expands training opportunities, and adopts a more coordinated approach across health authorities and employer types.

1 Canadian Institute for Health Information. Retrieved on Sept 22, 2021, https://www.cihi.ca/en/covid-19-cases-and-deaths-in-health-care-workers-in-canada-infographic

ADVANCE DIVERSITY, EQUITY AND INCLUSION IN HEALTH CARE

The HEU supports the recommendations of recent provincial reports investigating the extent and impacts of racism against Indigenous peoples in health care, and promoting the collection and utilization of disaggregated data.

Growing dissatisfaction with the lack of race-based data on the impacts of COVID-19 spurred the 2020 report by the B.C. Human Rights Commissioner, *The Grandmother's Perspective.*[2] The Commissioner calls for careful approaches to creating both legislation and processes to work with marginalized groups to collect and utilize disaggregated data.

We are encouraged by the BC NDP's campaign commitment to work with "employers and unions to prioritize the hiring of a health care workforce that better represents the communities it serves." Our union is engaged with public health employers on this matter through a process established through collective bargaining and is well-positioned to work with government to achieve this. Government collaboration with this committee can enable the gathering of baseline data to identify how segments of Indigenous, Black and People of Colour (IBPOC) communities and other equity groups are represented within occupations, regions and how they may be stratified within the health care team. This data should be used to identify barriers for under-represented groups and create a framework and action plan for diversity, equity and inclusion in health care workplaces.

The *Addressing Racism* investigation shared findings of deeply entrenched racism that exists in B.C.'s health care system, including malevolent treatment of Indigenous peoples accessing health care, the discrimination against, and lack of representation of Indigenous health care workers, and the systemic under-serving of Indigenous peoples leading to poorer health outcomes than all other segments of B.C.'s population. Our union strongly urges this government to continue to work with Indigenous partners and bring more Indigenous people on staff to identify issues and assist with the implementation of all recommendations from Turpel-Lafond's report.[3]

Recommendations:

- Continue to work with Indigenous partners and bring on more Indigenous staff within government and health authorities to identify issues, and assist with implementation of all recommendations from Turpel-Lafond's report.
- Gather baseline data to identify how segments of IBPOC communities and other equity groups are represented within occupations, regions, and how they may be stratified within the health care team.
- Establish and adhere to a strategy to increase IBPOC representation in health care and in leadership positions.

2 Disaggregated demographic data collection in British Columbia: The Grandmother Perspective. Kasari Govender, B.C. Human Rights Commissioner, commissioned by the Government of B.C. Sept. 2020

3 In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. Addressing Racism Review Full Report. Mary Ellen Turpel-Lafond, commissioned by the Government of B.C. Nov. 2020

STABILIZE SENIORS' CARE

Standardize compensation across the sector

We would like to acknowledge and thank the Select Standing Committee for their recommendations on Budget 2021 to "sustain investments and continue to address gaps related to staffing and care standards in long-term care (LTC), including training, recruitment and retention of qualified staff."[4]

Seniors in care have suffered the most severe consequences of COVID-19. The pandemic alerted Canadians to the dire staffing shortages in long-term care homes across the country. B.C. faced the same crisis. The ensuing collaboration among stakeholders and coordinated approach adopted by our provincial government does, however, stand out from other provinces.

Policy measures at the onset of COVID-19, including the single-site staffing orders, and the levelling up of wages in LTC and Assisted Living (AL), helped address the public health risks that stem from a lack of standard compensation across the sector.

Prior to wage levelling, B.C. care aides experienced gaps in wages as great as $8 an hour depending on their respective LTC employer. All care aides working in LTC sites in B.C. currently earn $25.83/hour, the wage set in the sector's public sector collective agreement. Without the wage levelling, care aides doing the same work could be working for as low as $17.84/hour.[5]

There's no question that wage levelling prevented an exodus from lower wage employers had the single-site order been applied without it. It's also worth noting that wage levelling represents a significant subsidy of $165 million annually to low wage employers.

It became evident through the gathering of employee information to implement single-site orders that many staff held jobs at two or more care homes to piece together enough income and hours to support themselves and their families. One out of every five workers in the sector holds jobs at two or more sites.

Benefits are widely variable between work sites as well. Paid sick leave can be as low as five days a year. At best, employers outside of the public sector agreement offer employer-matched retirement savings plans (RSP). Low wages and inadequate retirement savings set a path to an impoverished retirement for a workforce of primarily women.

Wage and benefit disparity also characterize compensation in the AL sector. AL and LTC units sometimes co-exist within the same facility, sharing staff. Even where they operate independently of one another, they share a workforce. Work as a care aide in either setting requires the same education requirements and similar work experience. Closing the wage gap will help prevent the 'churn' of workers looking for better compensation.

The HEU applauds the provincial government's commitment to provide "workers in long-term care and assisted living with "levelled up wages" even after the pandemic ends" and to re-establish a common standard for wages and benefits.

Raising the bar to a provincial standard in compensation will improve staff retention, providing the continuity essential to quality care for seniors.

4 Report on the Budget 2021 Consultation. Select Standing Committee on Finance and Government Services. p 67

5 HEU LTC wages database, 2021

INCREASE STAFFING TO IMPROVE CARE

Prior to COVID-19, front-line care staff already described relentless workloads and the tension of trying to provide quality care with too few workers to deliver it. These workloads and tensions became crushing during the pandemic. Restrictions on visitors demonstrated the degree to which families are relied upon to help deliver basic care.

Compensation will not resolve the recruitment and retention issue alone. Staffing levels must be set to match residents' care needs in both long-term care and assisted living to attract workers, retain them, and deliver seniors the care they deserve.

Recommendations:

- Stabilize the seniors' care sector by re-establishing a common labour standard in the LTC sector, including working and caring conditions, wages and benefits.
- Increase staffing in LTC. Conduct a review including health policy, residential care experts and key stakeholders. Establish a minimum legislated staffing level appropriate for the B.C. context and a process for updating this regularly.
- Raise and standardize compensation for workers in assisted living.
- Increase staffing in assisted living.

ESTABLISH GREATER OVERSIGHT AND ACCOUNTABILITY

We are encouraged by the current government's commitments to improve and expand public and non-profit long-term care capacity and ensuring that private operators are more transparent and accountable for the public funding they get.

The share of funded LTC beds operated by private, for-profit operators grew by 42 per cent between 2001 and 2016, while beds operated by B.C. health authorities and non-profit organizations shrank by 11 per cent over the same period.[6]

A 2019 report from B.C.'s Seniors Advocate found that there had been a one per cent decrease in the number of subsidized assisted living units available over the previous year, yet demand for these units had increased by 14 per cent. The report notes that the trend of decreasing subsidized spaces extends back to at least 2015, while the number of private registered and private non-registered spaces grew by 19 per cent and 16 per cent, respectively.[7]

Assisted living, introduced by the same 'austerity-focused' government, is almost exclusively provided through public-private partnerships in B.C. with the assets being owned by private interests at the end of the agreement.[8]

6 Andrew Longhurst. 2017 "Privatization and Declining Access to B.C. Seniors Care: An Urgent Call for Policy Change" (Vancouver, B.C. CCPA 2017), p 5.
7 Monitoring Seniors Services 2019. Office of the Seniors Advocate British Columbia. p 19
8 Andrew Longhurst. 2020 "Assisted Living in British Columbia: Trends in access, affordability and ownership" (Vancouver, B.C. CCPA), p 20.

A lack of available, affordable AL units and long waitlists for LTC beds leaves seniors vulnerable to exhausting their savings in private pay units while waiting for an affordable space to open up. It has also led to the frequent placement of seniors in assisted living with care needs too complex for the design and staff capacity in these homes. Our members routinely experience the pressure of trying to meet residents' needs that exceed what they are able to provide as assisted living caregivers. Stories of calling paramedics to help a fallen resident and provide an assessment are common, as are management's instructions to our members to charge frivolous fees for staff assistance. When residents' needs exceed what is covered in the basic costs and contract agreed to upon moving in, these fees can become numerous, even for low-income residents living in subsidized units. The fee structure strengthens the incentive of for-profit operators to welcome and keep residents in assisted living even when it is not a suitable care option for them.

Evidence demonstrating the advantage of providing seniors' care in non-profit settings is mounting. B.C.'s Seniors Advocate's 2020 report found that for-profit providers shorted the system of more than 200,000 funded hours of care a year while not-for-profits delivered 80,000 hours a year more.[9] The same report found that in three of four B.C. health authorities, funding for LTC providers' labour costs was based on public sector collective agreement compensation.[10] However, as discussed earlier, significant discrepancies exist between employers, with the lowest wages being paid by for-profits. Those employers paying rates below public sector wages have received additional monies from the provincial government since the implementation of the single site orders and wage levelling despite having already been funded to support paying these wages. Minister of Health Adrian Dix estimates this added cost to the government to be $165 million annually.[11]

The shift to an increased reliance on the private sector to provide seniors' care has been accompanied by a reduction in accountability to health authorities, a staffing and care crisis, and deteriorating working and caring conditions for workers and seniors. A growing stock of privately owned LTC beds and assisted living units leaves our province and its seniors vulnerable to owner and operators' profit-motivated selling or re-purposing of existing homes. For-profit operators fail to deliver care, stability and fail to deliver value.

Recommendations:

- Establish accountability and enforcement measures in LTC, including a cap on profits of for-profit operators.
- Ensure money for wages goes into direct care with standardized reporting and the inspection and enforcement of staffing levels.
- Improve regulation and accountability measures in the assisted living sector. Increase the oversight of assisted living homes to align with the actual complexity of care needs of residents.
- Develop a comprehensive capital building plan for the seniors' care sector that includes easier access to capital funding for the development of long-term care and assisted living sites by health authorities and non-profit organizations.

9 A Billion Reasons to Care: A Funding Review of Contracted Long-Term Care in B.C. 2020. Office of the Seniors Advocate British Columbia p 6

10 P 24

11 Dix, A. (July 24, 2020) *Estimates: Ministry of Health* [Hansard]. Section C — Friday, July 24, 2020 a.m. — Number 15 (HTML) (leg.bc.ca)

END CONTRACTING OUT

At the end of August, the provincial government announced the repatriation of thousands of hospital cleaning and dietary staff to B.C.'s public health authorities. This move reverses nearly 20 years of privatization that pushed these workers to the margins of the health care workforce.

Contracting out has had an outsized impact on the economic security of women (more than four out of five of the impacted workforce) and racialized workers. It eroded a sectoral standard in wages and benefits. The mass terminations resulting from contracting out destabilized the sector and fractured care relationships between workers and residents.

We congratulate and thank all parties in the legislature for their unanimous support of Bill 47 – *The Health Sector Statutes Appeal Act* in 2018. That legislation cleared the way for this important moment and has set the stage to return many other contracted out services and workers to the public sector.

We are confident that bringing support workers back into the public sector will improve service delivery. Further steps remain to be taken to fully eliminate the option of sub-contracting for care home operators and make similar improvements in these health care facilities.

Recommendation:

- Continue to plan for the return of previously contracted out services to B.C.'s health authorities, and ban subcontracting of care and support services by contracted long-term care and assisted living operators.

HEALTH HUMAN RESOURCE STRATEGY

Staffing shortages and turnover within health care have received well-deserved attention and increased government investment since the onset of the COVID-19 pandemic. The provincial government's spending of $585 million on training new care aides through the Health Care Assistant Program (HCAP) over three years will help to address current shortages. However, sustained funding is needed to position B.C.'s health care system to meet the future needs of our provinces' aging population. The HCAP should be expanded through the creation of more seats in public post-secondary institutions.

Similarly, invest in education to support current employees and retain them. Utilize 'under-hire agreements,' where staff can express interest to undertake training and education to acquire skills to work in difficult-to-fill positions. These agreements have been successful in the Northern Health Authority, which faces increased challenges in recruitment.

Efforts to fill the immediate demand for health care workers with foreign-trained workers should include developing more bridging programs and the extension of the Provincial Nominee Program (PNP) to include high-demand health care occupations that are currently excluded. The PNP should be utilized to attract internationally-trained workers with an offer of permanent citizenship rather than relying on temporary work permits.

HEU members, including Medical Device Reprocessing Technicians (MDRT) and Medical Lab Assistants (MLAs), have faced extraordinary pressure since COVID-19, with impossible workloads and too much overtime. Many departments across the province cannot retain casuals or even regular staff. Excessive workloads, lack of permanent work, poor shift rotations and under-resourced training environments contribute to this. Workers routinely have requests for vacation and time off rejected due to staffing shortages. This situation existed well before the onset of COVID-19. Employers must reduce their reliance on casual, part-time and temporary positions and create more permanent full-time positions with improved rotations to make jobs more attractive to workers.

Staff turnover must be tracked among the whole health care sector and across all employer types. Currently, this data is known only for directly owned and operated health care workplaces. Tracking it across the sector and employer types will allow trends, issues and promising practices in recruitment and retention to be identified.

Treat the health care workforce as a whole. Standardize working conditions, including wages and benefits across employer types, to promote equity and reduce turnover. Offer career laddering opportunities to all workers across employer types without loss of service and corresponding benefits.

Ensure programming and training, including Occupational Health and Safety issues, are better coordinated across employer type and health authorities. Keep workers on the job. Develop a sector-wide strategy to reduce injuries by addressing workload through increased staffing.

A positive step has been the (re)establishment of a new organization focused on occupational health and safety in health care with broad participation from unions, employers and physician organizations.

A final comment: There is little question that burnout, fatigue, depression and moral distress experienced by many health care workers as a result of working through the pandemic has and will continue to take a huge toll on their mental health and well-being.

We must bolster our investment in programs that support health care workers as they cope with these stressors. We must also ensure that resources are available to address what could be a significant uptick in mental health related claims on health & welfare benefits, including long-term disability programs.

Recommendations:

- Expand the HCA program through sustained investment in the HCAP and the creation of more seats in public post-secondary institutions.
- Attract internationally-trained care aides with access to permanent residency through the PNP, and eliminate reliance on temporary migrant labour.
- Reduce reliance on casual, part-time and temporary positions and create more permanent full-time positions to make jobs more attractive to workers.
- Eliminate poor rotations and improve conditions for shift workers.
- Track staff turnover and retention among public and private employers to identify trends, issues and promising practices.
- Ensure that programming and training, including occupational health and safety issues, are better coordinated across employer type and health authorities.
- Provide increased mental health supports to health care workers and ensure resources are available to address an uptick in mental health related benefit claims.

CONCLUSION AND RECOMMENDATIONS

The Hospital Employees Union appreciates the opportunity to share our recommendations. We offer perspectives of health care staff who are tasked daily with delivering quality care in acute, residential and community services.

We also wish to lend our support to the BC Federation of Labour's recommendations in their report on sick leave, *An Equitable Recovery*. Access to adequate paid sick leave across B.C.'s entire workforce must become part of the *Employment Standards Act*. The majority of HEU care aides working in private care facilities lack the number of paid sick days required to self-isolate properly as per our Provincial Health Officer's advice and employers' policies.

The expansion of $10-a-day childcare spaces in addition to creating more licensed spaces demonstrates a clear prioritization of women in the economic recovery from the pandemic.

Our union supports this direction in social programming and other steps to make living more affordable for B.C. residents. Protections for renters, including protection from demovictions and displacement, must become part of the *Residential Tenancy Act*. Social housing and affordable housing for working people must be created to address the province's long-standing housing crisis.

In summary, we make the following recommendations in the areas of staffing and funding accountabilities in seniors' care, creating a capital plan and shift to publicly owned and operated infrastructure, a health human resources strategy and the advancement of diversity, equity and inclusion.

RECOMMENDATIONS

Advance Diversity, Equity and Inclusion

- Continue to work with Indigenous partners and bring on more Indigenous staff within government and health authorities to identify issues, and assist with implementation of all recommendations from Turpel-Lafond's report.
- Gather baseline data to identify how segments of IBPOC communities and other equity groups are represented within occupations, regions, and how they may be stratified within the health care team.
- Establish and adhere to a strategy to increase IBPOC representation in health care and in leadership positions.

Stabilize Seniors' Care

Standardize Compensation

- Stabilize the seniors' care sector by re-establishing a common labour standard in the LTC sector, including working and caring conditions, wages and benefits.
- Increase staffing in LTC. Conduct a review including health policy, residential care experts and key stakeholders. Establish a minimum legislated staffing level appropriate for the B.C. context and a process for updating this regularly.
- Raise and standardize compensation for workers in Assisted Living.
- Increase staffing in assisted living.

Establish greater oversight and accountability

- Establish accountability and enforcement measures in LTC, including a cap on profits of for-profit operators.
- Ensure money for wages goes into direct care with standardized reporting and the inspection and enforcement of staffing levels.
- Improve regulation and accountability measures in the assisted living sector. Increase the oversight of assisted living homes to align with the actual complexity of care needs of residents.
- Develop a comprehensive capital building plan for the seniors' care sector that includes easier access to capital funding for the development of long-term care and assisted living sites by health authorities and non-profit organizations.

End contracting out

- Continue to plan for the return of previously contracted out services to B.C.'s health authorities, and ban subcontracting of care and support services by contracted long-term care and assisted living operators.

Implement health human resources strategies

- Expand care aide education and training through sustained investment in the HCAP and the creation of more seats in public post-secondary institutions.
- Attract internationally-trained care aides with access to permanent residency through the PNP, and eliminate reliance on temporary migrant labour.
- Reduce reliance on casual, part-time and temporary positions and create more permanent full-time positions to make jobs more attractive to workers.
- Eliminate poor rotations and improve conditions for shift workers.
- Track staff turnover and retention among public and private employers to identify trends, issues and promising practices.
- Ensure that programming and training, including occupational health and safety issues, are better coordinated across employer type and health authorities.
- Provide increased mental health supports to health care workers and ensure resources are available to address an uptick in mental health related benefit claims.