House of Commons Standing Committee on Health

The Canadian Health Workforce Network on Canada's Health Workforce

March 7th, 2022

The Canadian Health Workforce Network (CHWN) is keenly interested in HESA's current deliberations on Canada's health workforce. We are a pan-Canadian knowledge exchange network of researchers, decision-makers and other knowledge users, dedicated to bringing the best evidence to health workforce policy and decision makers for over a decade.

The importance of Canada's health workforce

Health workers are essential to healthy and productive societies. Through prevention efforts and the care they provide, health workers save, extend and improve the quality of patients' lives. Properly staffed, well-functioning health-care systems make for healthy workers, high productivity, and a strong economy. In Canada, health workers account for more than 10 per cent of all employment and over two-thirds of all health-care spending, which amounted to $175 billion in 2019, or nearly eight per cent of Canada's total GDP.[1] Recognizing these facts, all levels of government play an important role in sound policy development, strategic health workforce planning, and health system stewardship.

Longstanding challenges exacerbated by the pandemic

Although COVID-19 has heightened our concerns, many health workforce challenges predate the pandemic. The pandemic has sharply exposed a lack of clear answers to the most basic questions about Canada's health workers. What do we know about the scope of their work and how they work together? How well do they reflect the diversity of Canada in terms of Indigenous or racial identity and language of service? How can they be recruited, trained, and retained where they are most needed? We do not even know how many health providers work in critical sectors such as home care, long-term care, and mental health care.

Indeed, Canada lags behind comparable OECD countries in terms of health workforce data, data infrastructure and digital analytics.[2] Whereas other OECD countries provide nation-wide support for evidence-based decisions, health workforce planning in Canada is ad hoc, sporadic, and siloed by profession and jurisdiction, generating significant costs, inefficiencies, and risks.[3] Moreover, Canada is not poised to tackle this situation and move forward based on sound research and evidence. Health workforce research receives less than three per cent of health services and policy research funds, and less than one per cent of all national health research funds.[4] The pandemic has exposed the consequences of this underfunding, revealing significant gaps in our knowledge, and causing critical risks for planners to manage during a health crisis.[5]

We are already seeing pandemic impacts on the sustainability of health-care services. The pandemic has exacerbated critical staffing shortages causing excessive workloads; these are a direct result of inadequate planning. According to Statistics Canada, the number of vacancies in health care and social services has increased dramatically during the pandemic to 112,000,[6] the highest vacancy rate of any sector. Burnout

and other mental health concerns, already prevalent among nurses and doctors before the pandemic, have increased due to health and safety concerns and unsustainable workloads.[7] Health workers have faced 16+hour days, cancelled vacations and forced redeployment. While they care for others, they have not received the support and care they need through proper staffing and supportive public policy. Without an indication to all health workers of their value through significant policy action, we can soon expect an exodus from the health workforce in Canada and a dramatic exacerbation of unacceptably long wait times and poor health outcomes as a result. We know that safe, high-quality care for patients is intricately tied to safe, high-quality work for health workers.[8]

The mental health and substance use impacts of the pandemic are already significant, and are expected to be delayed, complex and long-lasting.[9] Yet new research in Canada shows an overall decrease in the capacity of the mental health and substance use workforce, on top of pre-pandemic gaps and inequities in public funding.[10] In the US, robust mental health and substance use workforce data is being used to support system planning, and significant new federal investments in growing the mental health and substance use workforce were just announced.[11,12]

An additional and long-standing problem are the barriers internationally trained health workers face due to regulation and licensure requirements.[13] Internationally trained health professionals are routinely underutilized and deskilled and bridging programs to aid in integration are precariously funded.[14] Remarkably, 45% of recent immigrants working as care aides had bachelor's degrees or higher, with two-thirds of these workers having nursing degrees.[15] Yet here too we lack basic data on their numbers and availability.

Without essential health workforce data, we will continue to make decisions in the dark, with incomplete, misleading, and non-standardized information that is disconnected from the real-world experience of those at the point of care. Until barriers to effective health workforce planning are addressed through better and more accessible health workforce data, we will continue to have inadequate planning for population needs, inefficient deployment of health workers, persistent maldistribution of services, and a perpetuation of inequities. This entails a significant waste of both financial and human resources.

We can and should do better.

A set of promising solutions for consideration[16]

The time is now for the federal government to take the lead in supporting provinces, territories, regions and training programs with enhanced and inclusive data and decision-making tools. These tools are needed to make informed staffing decisions, optimize contributions of the available workforce, and enable safer workplaces. Efforts should centre on three key elements that will improve data infrastructure, bolster knowledge creation, and inform decision-making activities:

- A minimum data standard and enhanced health workforce data collection across all stakeholders;
- More timely, accessible, interactive and fit-for-purpose decision-support tools;
- Capacity building in health workforce data analytics, digital tool design, policy analysis and management science.

This vision requires leadership by the federal government and resources to create a coordinating body to support the collection of accurate, standardized and more complete data. This data will then support

analysis across occupations, sectors, and jurisdictions, with links to relevant patient information, health-care utilization and outcome data, for more strategic fit-for-purpose planning at all levels.

We propose two data infrastructure and capacity-building recommendations as immediate priorities:

1. The federal government should create an initiative dedicated to enhancing standardized health workforce data, purpose-built for strategic planning and associated decision-making tools for targeted planning, through a specially earmarked contribution agreement with the Canadian Institute for Health Information (CIHI).
2. The federal government should invest in a targeted Canadian Institutes of Health Research (CIHR) administered fund to create a strategic training investment in health workforce research and a complementary signature initiative to fund integrated research projects that cut across the existing scientific institutes. These funds would contribute to parallel need to build the human resources capacity for health workforce analytics.

Building on these two necessary but insufficient building blocks, a co-ordinating national health workforce organization could be created through one of the following three options:

3.1. The federal government could create a dedicated agency with a mandate to enhance existing data infrastructure and decision-support tools for strategic planning, policy, and management across Canada.
3.2. Through a contribution agreement, the federal government could support the creation of an arm's-length, not-for-profit organization — a partnership for health workforce — as a steward of a renewed strategy and to provide health labour market information, training, and management of human resources in the health sector, including support for recruitment and retention.
3.3. The federal government could support the creation of a robust, transparent, and accessible secretariat for a council on health workforce to improve data and decision-making infrastructures, and to bolster knowledge creation through dedicated funding to inform policy and decision-making and collaborate on topics of mutual interest across stakeholders.

Models for these kind of coordinating bodies already exist in Canada and are in place in nearly every OECD country to which Canada compares itself.

In addition to building a more robust health system for Canada's post-pandemic recovery, these actions would align with the World Health Organization's Global Strategy on Human Resources for Health (2016). This strategy encourages all countries to have institutional mechanisms in place by 2030 to effectively steer and co-ordinate an intersectoral health workforce agenda and established mechanisms for health workforce data sharing through national health workforce accounts. Current efforts to harmonize health practitioner regulation across Canadian jurisdictions, such as through pan-Canadian registration, would accelerate the ability to collect and share workforce data.[17,18]

Because of the importance of the health workforce to Canada's economy and pandemic recovery, building the necessary infrastructure requires a sizable and sustained investment for at least 10 years. Maintaining the status quo should be recognized as the most expensive option.

In conclusion, as we stated in an open Call to Action signed onto by over 60 health-care organizations and 300 health workforce experts, "Canada's health workers have been here for all of us throughout the COVID-19 pandemic. It is time for us to be there for them. We call on the Government of Canada to

support health workers by making significant and immediate investments to enhance the data infrastructure that provinces, territories, regions and training programs need to better plan for and support the health workforce."

Who is CHWN?

Established in 2011, CHWN seeks to be the Canadian source of health workforce information, making it accessible and valuable to support better health system decision-making. Our vision is: open, transparent, and evidence-informed health workforce decision-making supporting workers, patients, and health systems. We are organized by *sector* – primary, mental health, older adult and maternity care – and by *theme* – planning, equity, governance, mobility, interprofessionalism and healthy work environments. We value: collaborating in partnerships; supporting decision-making based on available evidence; fostering equity of access, a diversity of participants and inclusion of different perspectives; effective communication of high-quality health workforce knowledge to a range of users and building capacity for health workforce science.

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