HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

Submission to the Select Standing Committee on Finance and Government Services

Budget 2020 Consultation

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Introduction

The Health Sciences Association of BC (HSA) is a union that represents more than 18,000 health science and social service professionals who deliver specialized services at over 250 hospitals, residential care homes, child development centres, community health and social service agencies. The HSA was established in 1971 with nine health science professional disciplines at two Lower Mainland hospitals. Today, HSA members, working in over 60 disciplines, provide critical health care and social services that support the health and well-being of British Columbians.[1] The HSA is also the leading union in the child development sector, representing almost 1,000 members at more than 15 agencies across the province.

Traditionally, health care was just a doctor assisted by a nurse, but today, successful delivery of care depends on a multidisciplinary team approach involving many professionals working together. Patients who are dealing with a chronic disease, acute illness or serious injury may receive care from several different health science professionals in their journey to recovery and rehabilitation.

Our members are dedicated to better access, better outcomes and better health in an integrated public system that benefits all British Columbians. The HSA is a member-union of the BC Federation of Labour, the National Union of Public and General Employees, and the BC Health Coalition.

The HSA appreciates the opportunity to provide recommendations to the Select Standing Committee on Finance and Government Services as part of the Budget 2020 Consultation. We thank the Committee for considering the perspectives of frontline health science and social service professionals who are committed to improving health and social services for everyone.

[1] Health science and social service professional disciplines represented by HSA are listed in Appendix A.

Budget 2020 Context

Throughout 2019 the provincial government made substantial investments in primary care, education and training, children and families, [2] and provincial labour standards[3] – providing the first substantial update to the Employment Standards Act in over a decade. The HSA applauds the provincial government's proactive approach to improving living and working conditions, healthcare, and education and training for British Columbians.

While significant investments have been made much work remains to be done. Fortunately, BC is in a good position to make investments in essential services and programs. Based on BC's **2019/20 – 2021/22 Budget and Fiscal Plan**, the 2018/19 fiscal year includes a $374 million surplus.[4] The three-year fiscal plan (2019/20 to 2021/22) is projected to include significant surpluses, with up to a $585 million surplus projected for 2021/22 alone.[5]

In the health sector, spending is projected to increase from $19.8 billion in the 2018/19 fiscal year to $22.1 billion by 2021/22.[6] Despite annual increases, it is important that we examine BC's capacity for public spending, represented by program spending as a share of our Gross Domestic Product (GDP). In 2011/12, health spending as a share of GDP was 7.8 per cent, but by 2017/18 this had fallen to 7.5 per cent.[7] Economists predict a 3.9 per cent increase in BC's nominal GDP in 2019, with a 4.9 hike predicted for 2020.[8]

Budgets 2018 and 2019 took critical steps to address the social deficit that has emerged in our province over the last decade and half. This deficit continues to impact the lives of British Columbians today. Budget 2020 is an opportunity to continue to reinvest in BC's public health care system and to build a strong foundation that will improve the health and wellbeing of all British Columbians in communities across the province. It is important to provide adequate funding for prevention-oriented health care and social services, including early childhood intervention therapies, as prevention increases health equity and makes more cost-effective use of health care resources by reducing the use of acute and emergency services. Making upstream investments in preventative health and social care is smart public policy and makes good economic sense.[9,10] These investments can increase economic growth and tax revenues by reducing productivity losses resulting from physical and mental illness,[11] while also reducing costs to the public health care system that result from poverty and health inequalities.[12]

[2] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[3] Ministry of Labour (2019), Changes to Employment Standards will Better Protect Children, Support Workers.
[4] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[5] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[6] P. Fayerman (2019), B.C. Budget 2019: Health Care Spending Tops $21 Billion a Year.
[7] Ministry of Finance (2018), 2018/19 First Quarterly Report, Table A8, p. 60.
[8] W. McMartin, (2019), BC's Jobs Economy Is Red Hot and Getting Hotter.
[9] M. Cohen (2014), How Can We Create a Cost-Effective System of Primary and Community Care Built Around Interdisciplinary Teams?
[10] Conference Board of Canada (2013), Improving Primary Care Through Collaboration: Briefing 3—Measuring the Missed Opportunities.
[11] Mental Health Commission of Canada (2016), Making the Case for Investing in Mental Health in Canada.
[12] I. Ivanova (2011), The Cost of Poverty in BC.

The HSA was very pleased with the investments made in Budget 2019. Our 2020 submission makes additional recommendations for long-lasting service improvements, including measures to:

1. Address the current shortage of health science professionals;
2. Expand presumptive coverage to include health science and community social service professionals;
3. Improve access to multidisciplinary primary care and mental health services through community health centres;
4. Improve access to early intervention therapies and mental health services for children with disabilities through child development centres;
5. Invest in health sector capital funding; and
6. Implement a strong poverty reduction strategy.

1. Address the Current Shortage of Health Science Professionals

In 2019, the provincial government took many positive steps towards addressing health science professional shortages in BC. The recent announcement that 20 new seats will be created for physiotherapy students through a joint UNBC/UBC initiative will usher in the next generation of physical therapists in BC and help to reduce shortages.[13] 20 additional seats are earmarked for the Fraser Valley in 2020, further expanding the scope of local opportunities for physiotherapists.[14] Opportunities have also expanded for BC's occupational therapists and sonographers in the Northern Interior, with additional seats and training programs announced for Prince George.[15,16] Critically the provincial government has established a Director of Allied Health Workforce Development in the Ministry of Health. With dedicated staff, the Ministry of Health will be able to advance progress in the complex area of health human resource planning and focus attention on the distinct challenges facing over 60 different health science disciplines in BC. These developments represent the provincial government's serious commitment to addressing health science professional shortages in BC and the HSA recognizes the importance of these measures. For health system improvement and current reform efforts to be successful, however, it is critical that there are ongoing efforts to address shortages and recruitment and retention challenges facing BC's health science professionals.

BC's **Provincial Health Workforce Strategy: 2018/19 – 2020/21**,[17] indicates that the majority of current and future priority professions that have "labour market challenges that require provincial attention and monitoring" are health science professions (see Appendix B). The provincial government's promising and ambitious new directions in primary care, surgical and diagnostic services, mental health and addictions care, and seniors' care, will require health human resource planning and actions that focus on the entire health care team.

RECOMMENDATIONS

1.1 Continue to expand and support the activities of the Director of Allied Health Workforce Development in the Ministry of Health.

1.2 Continue to increase Ministry of Advanced Education funding to support the expansion of additional training capacity for priority health science professions, including: public practice physiotherapists, occupational therapists, speech language pathologists, sonographers, MRI technologists, medical laboratory technologists and perfusionists.

[13] Ministry of Advanced Education, Skills and Training (2019), Occupational and Physical Therapy Seats Coming to Northern B.C.
[14] Ministry of Advanced Education, Skills and Training (2019), Occupational and Physical Therapy Seats Coming to Northern B.C.
[15] Ministry of Advanced Education, Skills and Training (2019), Occupational and Physical Therapy Seats Coming to Northern B.C.
[16] Ministry of Advanced Education, Skills and Training (2019), Northern B.C.'s First Sonography Program Gets Underway.
[17] Province of British Columbia (2018), British Columbia Provincial Health Workforce Strategy 2018/19-2020/21.

2. Expand Presumptive Coverage to Include Health Science Professionals and Community Social Service Professionals

The HSA supports the provincial government's decision to grant presumptive coverage to nurses and health care aides. Like first responders and emergency dispatchers, when these workers receive a diagnosis of PTSD, or another mental health diagnosis, they will be able to access assistance without having to prove it was a workplace related injury.[18] This will reduce stress for workers, encourage them to get help when they need it and remove onerous bureaucratic steps.

However, there are a number of health care and community social service professionals currently not covered by the legislation who face ongoing workplace risks. In fact, workers in all sectors of work can experience work-related risk and trauma.

Statistics reveal that acts of violence or physical force are the second highest cause of workplace related injury for workers in BC's healthcare sector.[19] Exposure to violence, or the potential of violence, has been clearly linked to PTSD and related mental health diagnoses.[20] Building robust supports for health care and community social service workers means that we acknowledge the very real toll workplace stress and traumatic events can take on a person's mental health.

Respiratory therapists, for example, deal with cardiac arrest and death on a day-to-day basis.[21] Social workers in health care often provide support to patients who have experienced trauma and abuse. Statistically, they experience high rates of burnout[22] and PTSD associated with their work.[23] Research points to elevated risks for suicidal ideation and depression for psychologists on health care teams.[24]

A recent study documents that across health care professionals (including diagnostic professionals, physiotherapists, occupational therapists, and pharmacists), female health care workers were found to have higher suicide rates than women in other occupations. This points to the need for gendered workplace supports for health care teams.[25]

Ultimately, current presumptive coverage regulations fail to account for the needs of all health care and community social service professionals who face substantial mental health risks in the workplace.

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[18] A. McKeen (2019), B.C. Extends Presumptive PTSD Coverage to Dispatchers, Nurses, Health Care Aids.
[19] WorkSafeBC (2019), Claim Count by Incident Type.
[20] A. Browne (1993), Violence against Women by Male Partners: Prevalence, Outcomes, and Policy Implications." *American Psychologist* 48, no. 10: 1077–87.
[21] S. Johnson (2014), "Code Blue Calls: Role of Respiratory Therapist." *Journal of Pulmonary and Respiratory Medicine* 4, no. 4: 135.
[22] D. Siebert (2006), "Personal and Occupational Factors in Burnout among Practicing Social Workers: Implications for Researchers, Practitioners, and Managers." *Journal of Social Service Research* 32, no. 2: 25–44.
[23] H. MacDonald, V. Colotla, S. Flamer, and H. Karlinsky (2003), "Posttraumatic Stress Disorder (PTSD) in the Workplace: A Descriptive Study of Workers Experiencing PTSD Resulting from Work Injury." *Journal of Occupational Rehabilitation* 13, no. 2: 63–77.
[24] P. Kleespies, K. Van Orden, B. Bongar, D. Bridgeman, L. Bufka, D. Galper, M. Hillbrand, and R. Yufit (2011), "Psychologist Suicide: Incidence, Impact, and Suggestions for Prevention, Intervention, and Postvention." *Professional Psychology: Research and Practice* 42, no. 3: 244–251.
[25] A. Milner, H. Maheen, M. Bismark, and M. Spittal (2016), "Suicide by Health Professionals: A Retrospective Mortality Study in Australia, 2001-2012." *Medical Journal of Australia* 205, no. 6: 260–65.

"Mental Disorder" Claims for Related Occupations in Health and Community Social Services: WorkSafe BC [26]

Jan 1 2016 – Oct 30, 2018	Mental Disorder Claims
Nurses	579
Social and Community Service Workers	434
Nurse Aides, Orderlies and Patient Service Assoc.	217
Paramedical Occupations	330
Home Support Workers, Housekeepers and Related	93
Social Workers	62
RELATED OCCUPATIONS IN HEALTH AND COMMUNITY SOCIAL SERVICES - TOTAL:	1715
Fire Fighters	*163*
Police	*150*
POLICE AND FIRE FIGHTERS - TOTAL:	*313*

*Data excludes Bullying and Harassment Claims

BC now joins other provinces like Alberta, Ontario, New Brunswick, Manitoba and Saskatchewan in adopting presumptive coverage.[27] Other provinces have extended presumptive coverage to include a diversity of health science professionals, not just nurses and health care aides. For example, since 2016, the Workers Compensation Board of Manitoba does not limit PTSD presumption to a specific occupation.[28] This has helped to destigmatize PTSD and has resulted in more streamlined access to supports – essential given the links between recovery and early intervention.[29, 30]

[26] WorkSafeBC (2019), "Mental Illness Claims Data."
[27] A. Keefe, S. Bornstein, and B. Neis (2018), An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (Including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions.
[28] Workers Compensation Board of Manitoba (2019), PTSD Presumption." Presumption Details.
[29] A. Keefe, S. Bornstein, and B. Neis (2018), An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (Including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions.
[30] M. Kearns, K. Ressler, D. Zatzick, and B. Rothbaum (2012). "Early Interventions for PTSD: A Review." Depression and Anxiety 29, no. 10: 833–42.

How the Presumption is Applied in Each Jurisdiction [31]

Application of the Presumption			Jurisdiction							
		BC	AB	AB [32]	SK	MB	ON	NB	NS	PEI	YK
Description	Psychological Injury (includes PTSD, except in AB)	√	√		√					√	
	PTSD Specific			√		√	√	√	√		√
Occupation	All Workers		√		√	√				√	
	First Responders/ *or First Responders and Limited Professions*	√		√			√	√	√		√

Driving into work in the morning I never know what my day is going to be like. I take time during the drive to prepare myself for what may come. As a respiratory therapist my average work day includes being a part of the worst day of someone's life. Maybe today I am initiating life support on a person who may never again live without that machine or I am securing the airway and breathing of a premature baby who may or may not survive being born too early.

For the most part it is a tremendous honour to be a trusted care provider in such dire circumstances, but there are times when the armour wears thin and the case of the day hits a little too close to home. I go into work every day expecting psychological adversity and trying to provide the best care I can. When I leave my shift at the end of a hard day and head home I try to leave it all at work but I know that I haven't. And I know that even if I think it's not, it is still a part of me.

I make sure that I treat my mental health as something that needs maintenance and with that I feel pretty good about where I am at in my life. On the whole my experience has been more good than bad and I would NOT trade my career or life for any other. I also know that not everyone is so lucky.

- Trevor Whyte, Respiratory Therapist

RECOMMENDATION

2.1 Expand presumptive coverage to include health science professionals and community social service professionals.

[31] A. Keefe, S. Bornstein, and B. Neis (2018), An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (Including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions.
[32] Alberta is the only province that has introduced a presumption that covers PTSD (for select occupational groups) and psychological injury (for all workers).

3. Improve Access to Multidisciplinary Primary Care and Mental Health Services through Community Health Centres

BC is making good progress on significant primary care reforms, with a focus on: 1) urgent primary care centres, 2) community health centres, and 3) primary care networks.[33] Community health centres are distinct from other models because they are non-profit organizations that bring together health care and social services under one roof, including the provision of multidisciplinary team-based primary care, mental health services (e.g. clinical counselling), social services and supports (e.g. housing and income support worker), and often deliver public health functions that reflect community needs. Community health centres are noted for their multidisciplinary teams, the integration of health care and social services, providing care to vulnerable groups who may lack access to regular primary care, and a commitment to social determinants of health through advocacy and community development.[34]

Community health centre expansion is an essential part of the provincial government's new primary care strategy.[35] In 2018, the Ministry of Health undertook consultations on community health centre policy frameworks with stakeholders, including: health care practitioners, the BC Health Coalition, the BC Association of Community Health Centres, immigrant and newcomer-serving organizations, and the Rural Health Network.[36] Participants emphasized the value of community health centres and key opportunities for community health centre expansion in BC. The HSA looks forward to working with the government on a related implementation strategy.

RECOMMENDATION

3.1 As part of provincial primary care reforms, the Ministry of Health should establish a separate and dedicated community health centre funding stream to ensure the expansion of community health centres province-wide.

[33] PCNs are geographical groupings of multiple Patient Medical Homes.
[34] BC Association of Community Health Centres (2017), Community Health Centres: Advancing Primary Health Care to Improve the Health and Wellbeing of British Columbians.
[35] Office of the Premier (2018), BC Government's Primary Health-Care Strategy Focuses on Faster, Team-Based Care.
[36] Longhurst, A. and M. Cohen (2019), The Importance of Community Health Centres in BC's Primary Care Reforms: What the Research Tells Us.

4. Improve Access to Early Intervention Therapies for Children with Disabilities and Mental Health Services through Child Development Centres

Child development centres provide therapy and services to more than 15,000 children and youth and their families. Child development centres serve children with physical, behavioural, neurological and developmental disabilities, including cerebral palsy, Down syndrome, autism, fetal alcohol spectrum disorder, and other mental health and behavioural issues. Child development centres provide early intervention therapies for children with disabilities from birth to age five, enabling these children to participate in school and in their communities.

Early intervention therapies include speech and language therapies to help develop the ability to communicate, physiotherapy to improve mobility and coordination, and occupational therapy to enable children to manage a variety of daily living activities. Early intervention therapies also include the use of infant development consultants during the first three years of a child's life - they help parents develop the many skills needed to care for a child with a disability. Child development consultants work with child care centres and preschools so that children with disabilities are able to participate in these programs.

2019's budget included $74 million in funding distributed over the course of 2019-2022 for mental health and addictions services for children, youth and young adults.[37] $6 million has also been earmarked for respite services provided to parents who care for children with disabilities.[38] This will result in reductions to respite service waitlists and; furthermore, represents a respite benefit increase of 10%.[39] The 2019 budget also included the Child Opportunity Benefit,[40] which will go a long way in supporting BC families. There, however, continues to be an essential need for investments in child development centres in BC.

Most early intervention funding is provided by the Ministry of Children and Family Development (MCFD) through the children and youth with special needs funding stream, which includes early intervention therapies, infant development, supported child development and school age therapies. A lack of funding for early intervention therapists and supported child development consultants means that child development centres have long waits for children and families trying to access therapies. In one Northern child development centre, for example, there are nearly 250 children on the waitlist trying to access early intervention therapies, and as a result, children are going to school without ever receiving assessments. As the BC Association for Child Development and Intervention has noted, based on the input from child development centres across the province, the Early Intervention Therapies Program continues to receive very little new funding, despite new investments in the broader sector and the fact that wait times are often longest in this area.

[37] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[38] Ministry of Finance (2019), Budget News Release.
[39] Ministry of Finance (2019), Budget News Release.
[40] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.

- In the North region, the average wait time for speech services is 335 days.
- In the Vancouver-Coastal region, the average wait for occupational therapy is 180 days.
- In the Fraser region, the average wait time for physiotherapy is 151 days.[41]

Waitlists mean children don't always get the care they need when they need it. For example, clinical guidelines for children document the essential need for early interventions by rehabilitation professionals.[42] Failure to do so can result in additional health challenges for children as they attempt to navigate life in the community and at school. There is an urgent need to increase funding to child development centres, especially for early intervention therapies. There are simply not enough clinicians to ensure that children with disabilities will have access to publicly funded early intervention therapies.

The establishment of the Foundry Model in BC is an important step forward in serving youth with mental health issues (ages 12-24), and we applaud the provincial government for this work. Now is the time to expand mental health services into early years programing in order to meet the demonstrated need of young children (ages 1-5) and their families. As the Ministry of Mental Health and Addictions builds out mental health programming, we strongly advocate that sustained and enhanced mental health funding go child development centres.

RECOMMENDATIONS

4.1 Increase funding for MCFD's Early Intervention Therapy Program so that child development centres can ensure timely access to critical services, including: speech/language therapy, occupational therapy and physiotherapy.

4.2 Provide ongoing and appropriate funding to ensure that children and families in BC can access publically funded early years mental health services at their local child development centre.

[41] BC Association for Child Development and Intervention (2019), Select Standing Committee on Children and Youth.
[42] Royal College of Physicians (2004), Stroke in Childhood: Clinical Guidelines for Diagnosis, Management and Rehabilitation.

5. Invest in Health Sector Capital Funding

The **2019/20 – 2021/22 Budget and Fiscal Plan** identifies $7.5 billion in major capital investments in healthcare facilities over the next three years, including hospitals, mental health and addictions centres, surgical centres, and clinical and systems transformation.[43]

Considering that much of BC's health care facilities were built in the post-war era, it is critical that we see stable increases in capital spending in order to both maintain existing capital infrastructure and service levels and build new facilities to meet the needs of our growing population. As our debt to GDP ratio is very manageable, we have the fiscal room to make bold investments in maintaining and expanding our health sector capital infrastructure.

Unfortunately, due to the use of public-private partnerships (P3s) over the last 16 years, BC has not received the best value for money compared to traditional capital procurement and financing. A recent evaluation of P3s found that between "2003 to 2016, BC committed $18.2 billion in multi-decade contracts to finance 17 public infrastructure projects through P3s. The cost of the 17 P3s is at least $3.7 billion higher than it would have been if the projects had been carried out through more traditional forms of procurement."[44] P3s inflate costs to taxpayers. Building on the provincial government's current focus on enhancing public services and infrastructure, we urge all future capital infrastructure to be delivered through cost-effective traditional procurement.

In particular, we urge bold capital investments in the seniors' long-term residential care sector. A significant share of BC's health authority and non-profit-owned residential care homes are older and will require replacement. We also know from a large body of empirical health services research that staffing levels and mix are key predictors of care quality and resident outcomes. Local and international research demonstrates that health authority and non-profit-owned care homes provide generally superior care compared to care provided in facilities owned by for-profit companies.[45]

RECOMMENDATION

5.1 Continue to make bold investments in maintaining and expanding our health sector capital infrastructure using more cost-effective traditional procurement approaches, including health authority-owned seniors' residential care.

[43] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[44] K. Reynolds (2018), Public-Private Partnerships in British Columbia: Update 2018.
[45] A. Longhurst (2017), Privatization and Declining Access to BC Seniors' Care: A Urgent Call for Policy Change; M. McGregor and L. Ronald (2011), Residential Long-Term Care for Canadian Seniors: Non-Profit, For-Profit or Does It Matter?

6. Implement a Strong Poverty Reduction Strategy

More than 557,000 British Columbians live below the poverty line – the highest poverty rate in Canada. [46] The good news is that the provincial government has taken action, establishing the Poverty Reduction Strategy Act[47] in 2018, followed up by BC's first poverty reduction strategy announced in March of this year. [48] The HSA applauds the provincial government's commitment to fighting poverty and for establishing a far reaching agenda centred on: 1) affordability, 2) opportunity, 3) reconciliation, and 4) social inclusion. [49]

The HSA encourages the provincial government to build on this strategy, adopting an ongoing commitment to raising the minimum wage to $15 an hour, with regular and predictable increases. Approximately 40% of British Columbians living below the poverty line are currently in the workforce. [50] Exemptions from the minimum wage should also be removed to ensure more equitable working conditions and pay scales.

Furthermore, the provincial government should adopt increases to disability and income assistance rates – rates that match the economic realities of living in British Columbia today. For example, a single person receiving disability or income assistance can expect a maximum shelter rate of just $375.00 per month.[51] In Vancouver, the average cost of a one bedroom apartment is $2100.00.[52] While the provincial government has recently raised disability and income assistance rates by $50 per month, [53] the Disability Alliance of BC notes that this increase is not sufficient to meet the basic needs of many British Columbians receiving assistance.[54] Our frontline members in the health sciences and social services know well the difficulties many British Columbians face and urge the provincial government to continue to implement a strong poverty reduction strategy.

RECOMMENDATIONS

6.1 Continue to implement a strong poverty reduction strategy by raising the minimum wage to $15 an hour, with regular and predictable increases, and remove exceptions from the minimum wage.
6.2 Increase disability and income assistance rates to match the economic realities of living in British Columbia today.

[46] Ministry of Social Development and Poverty Reduction (2019), Together BC: British Columbia's Poverty Reduction Strategy.
[47] Government of British Columbia (2018), Poverty Reduction Strategy Act.
[48] Ministry of Social Development and Poverty Reduction (2019), Together BC: British Columbia's Poverty Reduction Strategy.
[49] Ministry of Social Development and Poverty Reduction (2019), Together BC: British Columbia's Poverty Reduction Strategy.
[50] Ministry of Social Development and Poverty Reduction (2019), Together BC: British Columbia's Poverty Reduction Strategy.
[51] Government of British Columbia (2019), BC Employment and Assistance Rates.
[52] Vancouver Sun (2018), Vancouver's Average Rental Price for One Bedroom Apartment Jumps to $2100
[53] Ministry of Finance (2019), Making Life Better: Budget 2019, Budget and Fiscal Plan 2019/20-2021/22.
[54] Disability Alliance of BC (2019), DABC Community Update Budget 2019: Changes Impacting People with Disabilities.

Conclusion

The Health Sciences Association of BC respectfully submits these recommendations to the Select Standing Committee on Finance and Government Services for consideration.

Our recommendations are based on the research evidence and the frontline knowledge of our 18,000 health science and social service professional members. Highly trained HSA members across rural and urban BC want to deliver the best care possible but resource constraints and staffing shortages create barriers to patient access to comprehensive, team-based care.

BC is a prosperous province and has the fiscal capacity to make significant investments in health and social care services. HSA's recommendations will move BC towards a more integrated, multidisciplinary and prevention-focused system that will improve the health and well-being of British Columbians and make the most effective use of public funding.

1.1 Continue to expand and support the activities of the Director of Allied Health Workforce Development in the Ministry of Health.

1.2 Continue to increase Ministry of Advanced Education funding to support the expansion of additional training capacity for current priority health science professions, including: public practice physiotherapists, occupational therapists, speech language pathologists, sonographers, MRI technologists, medical laboratory technologists and perfusionists.

2.1 Expand presumptive coverage to include health science professionals and community social service professionals.

3.1 As part of provincial primary care reforms, the Ministry of Health should establish a separate and dedicated community health centre funding stream to ensure the expansion of community health centres province-wide.

4.1 Increase funding for MCFD's Early Intervention Therapy Program so that child development centres can ensure timely access to critical services, including: speech/language therapy, occupational therapy and physiotherapy.

4.2 Provide ongoing and appropriate funding to ensure that children and families in BC can access publically funded early years mental health services at their local child development centre.

5.1 Continue to make bold investments in maintaining and expanding our health sector capital infrastructure using more cost-effective traditional procurement approaches, including health authority-owned seniors' residential care.

6.1 Continue to implement a strong poverty reduction strategy by raising the minimum wage to $15 an hour, with regular and predictable increases, and remove exceptions from the minimum wage.

6.2 Increase disability and income assistance rates to match the economic realities of living in British Columbia today.

Appendix A: Health Science and Social Service Professionals Represented by the HSA

Health science and social service professionals represented by the Health Sciences Association of BC include:

- Medical Imaging Technologists
- Medical radiation technologist (x-ray), including general radiography, mammography, angiography, fluoroscopy, CT scans
- Nuclear medicine technologists
- Radiation technologists
- Magnetic Resonance Technologists (MRI)
- Physiotherapists
- Social Workers
- Occupational Therapists
- Registered Psychiatric Nurses
- Pharmacists
- Respiratory Therapists
- Registered Dietitians
- Health Records Administrators
- Diagnostic Medical Sonographers
- Cardiology Technologists
- Speech Language Pathologists
- Biomedical Engineering Technologists
- Psychologists
- Clinical Perfusionists
- Clinical Counsellors
- Child Life Specialists
- Rehabilitation Counsellors
- Counselling Therapists
- Electroneurophysiology Technologists
- Social Program Officer
- Recreation Therapist
- Supported Child Development Consultant
- Music Therapist
- Early Childhood Educator
- Vocational Counsellor
- Infant Development Program Consultant
- Medical Laboratory Technologists
- Dental Hygienists

Appendix B: Ministry of Health Workforce Priority Professions[55]

Strategic Priority Areas	Priority Professions for 2018/2019	Future Priority Professions
I. Primary Care Services	Nurse Practitioner	Registered Nurse
	Family Physician	Psychologist[56]
	Licensed Practical Nurse (LPN)	Social Worker
	Occupational Therapist (OT)	
	Physiotherapist	
II. Adults with Complex Medical Conditions and /or Frailty	Health Care Assistant (HCA)	Registered Nurse
	Licensed Practical Nurse (LPN)	Rehabilitation Assistant
	Occupational Therapist (OT)	Dietitian
	Physiotherapist	Social Worker
		Medical Specialist
III. Surgical and Diagnostic Services[57]	Nurse (LPN and RN)	Anesthesiologist and GP Anesthesiologist
	Nurse Practitioner	Anesthesia Assistant
	Physiotherapist	Case Manager
	Perfusionist	Surgeon & GP with enhanced surgical skills
		Dietitian/Nutritionist
		Counsellor
		Home Nursing Support
		Surgical Services Team
		Clinical Surgical Subspecialists
IV. Mental Health and Substance Use	Psychiatrist	Psychologist
	RN in Mental Health (Specialty Nurse) [Registered Psychiatric Nurse RPN]	Social Worker
	Occupational Therapist (OT)	Clinical Counsellor
	Family Physician	Trained Peer Support
	Nurse Practitioner	Pharmacist
	Physiotherapist	Nutritionist [Dietitian]
		Naturopathic Medicine
		Recreation Therapist
		Music and Art Therapists
		Spiritual Services
		Traditional Chinese Medicine and Acupuncturist
		Cross-Cultural Liaison
		Vocational Expert
		Expert in Public Health
		Expert in Psychosocial Rehabilitation

[55] Priority professions from Ministry of Health's *British Columbia Provincial Health Workforce Strategy, 2018/19 – 2020/21*.
[56] Highlighted professions are health science professions.
[57] Although not identified in the Ministry of Health's Provincial Workforce Strategy as a priority professions, we recommend that Medical Laboratory Technologists, Speech-Language Pathologists, and MRI Technologists should be added to the current priority health science professions based on the current crisis in laboratory staffing and the Provincial government's recently announced surgical and diagnostic strategy (which requires increasing public MRI capacity) and the shortage of public-practice SLPs identified by employers, unions, families and disability advocates and affirmed in Recommendation 20 of the BC Legislature's Select Standing Committee on Finance and Government Services' Report on the Budget 2018 Consultation.

Strategic Priority Area	Priority Professions
V. Cross-System Priority Professions & Service Areas	Diagnostic Medical Sonographer
	Paramedic (Emergency Medical Assistant)
	Dermatologist
	Specialty Nursing
Indigenous Health	Remote Certified Practice Nurse
	Dentist
	Dental Therapist
	Dental Hygienist
	Midwife
	Doula
	Traditional Healer, Elder and Knowledge Deepers
	Cultural Support Worker
	Aboriginal Patient Liaison/Navigator
Palliative Care	Palliative Care Specialist
	Pain and Symptom Management Specialist
	Family Physician with palliative care skills training
	Community Health Nurse with palliative care experience