

ALGOMA'S

HEALTH CARE WORKFORCE

SPRING 2018

TABLE OF CONTENTS

ALGOMA'S HEALTH CARE WORKFORCE.....	3
SECTORS	3
DEMOGRAPHICS	5
METHODOLOGY	6
SURVEY RESULTS.....	7
STAFFING	7
HIRING	8
FORECASTING	8
IDENTIFYING ISSUES AND THEMES.....	9
RECRUITMENT ISSUES.....	9
TRAINING ISSUES	9
STAFFING ISSUES.....	9
SYSTEMIC ISSUES.....	9
RECOMMENDATIONS.....	10
PROMOTE AWARENESS OF CAREER OPPORTUNITIES IN ALGOMA'S HEALTH CARE SECTOR.....	10
TRAINING/DEVELOPMENT	10
SECTOR PARTNERSHIPS	10
CONCLUSION	11

ALGOMA'S HEALTH CARE WORKFORCE

SECTORS

Health Care and Social Assistance is the largest sector in Algoma, followed by sectors such as Retail, Manufacturing, Education and Accommodation & Food Services. It employs just under 8,000 people and represents 17% of all employment in the region. By comparison, Health Care and Social Assistance provincially represents 11% of all jobs in Ontario.¹

Since 2011, the sector has grown by more than 7% while overall job growth has declined by 5%.

Table 1: Employment by industry

	2016 Number	Change between 2011 & 2016		Percent distribution by industry	
		Number	Percent	2011	2016
All industries	47,135	-2,285	-5%	100%	100%
Goods-Producing Sector	9,760	-760	-8%	21%	21%
Manufacturing	4,515	-845	-16%	11%	10%
Construction	3,135	-85	-3%	7%	7%
Mining and oil & gas extraction	840	55	7%	2%	2%
Agriculture, forestry, fishing, hunting	800	155	24%	1%	2%
Utilities	470	-40	-8%	1%	1%
Services-Producing Sector	37,355	-1,510	-4%	79%	79%
Healthcare and social assistance	7,825	495	7%	15%	17%
Retail trade	5,940	-220	-4%	13%	13%
Accommodation and food services	3,875	455	13%	7%	8%
Educational services	3,720	-380	-9%	8%	8%
Public administrative	3,650	-905	-20%	9%	8%
Administrative and support	2,445	-80	-3%	5%	5%
Transportation and warehousing	2,060	110	6%	4%	4%
Other services	1,850	-370	-17%	5%	4%
Professional, scientific, technical	1,485	-295	-17%	4%	3%
Arts, entertainment and recreation	1,355	-110	-8%	3%	3%
Finance and insurance	1,110	-105	-9%	3%	2%
Wholesale trade	875	-65	-7%	2%	2%
Real estate and rental & leasing	595	-65	-10%	1%	1%
Information and cultural industries	570	25	5%	1%	1%

For the purposes of this research project, we focused on three subsectors of Health Care:

1. Ambulatory Health Care (NAICS 621): This subsector comprises establishments primarily engaged in providing health care services, directly or indirectly, to ambulatory patients. These are typically the offices of doctors or family health teams and have smaller numbers of employees. 92% have fewer than 20 employees, and 66% have fewer than 4.²
2. Hospitals (NAICS 622): Large employers with an organized medical staff of physicians, nurses and other health professionals, technologists and technicians. In Algoma, there are 4 hospitals and they are among the largest employers in each of their communities.
3. Nursing and residential care facilities (NAICS 623): This subsector comprises establishments primarily engaged in providing residential care including community care facilities for the elderly and nursing care facilities. These facilities vary widely in the number of employees they have: 62% have fewer than 20, but 29% have between 20-100 employees, and 9% have 100 or more employees.²

OCCUPATIONS

When considering the occupations associated with Health Care, over 30% of the jobs in Health Care are related to nursing and another 25% are nurse aides, orderlies and patient services associates.¹

It should be noted that the Personal Support Worker (PSW) role is not identified as a separate National Occupation Code (NOC) by Statistics Canada. These jobs are primarily tracked under the NOC for nurse aides, orderlies and patient service associates, but given the number of current PSW jobs and their growing demand, it would be beneficial to have them tracked separately.

Table 2: Employment by health care occupation

NOC	Description	% of Healthcare Workforce
3012	Registered nurses and registered psychiatric nurses	23%
3413	Nurse aides, orderlies and patient service associates	22%
3233	Licensed practical nurses	8%
3414	Other assisting occupations in support of health services	4%
3219	Other medical technologists and technicians (except dental health)	4%
3237	Other technical occupations in therapy and assessment	3%
3215	Medical radiation technologists	3%
3011	Nursing coordinators and supervisors	2%
3236	Massage therapists	2%
3142	Physiotherapists	2%
3211	Medical laboratory technologists	2%
3234	Paramedical occupations	1%
3144	Other professional occupations in therapy and assessment	1%
3124	Allied primary health practitioners	1%
3132	Dietitians and nutritionists	1%
3141	Audiologists and speech-language pathologists	1%
3143	Occupational therapists	1%
3214	Respiratory therapists, clinical perfusionists and cardiopulmonary technologists	1%
3212	Medical laboratory technicians and pathologists' assistants	1%
3216	Medical sonographers	1%
3217	Cardiology technologists and electrophysiological diagnostic technologists, n.e.c.	0%
3232	Practitioners of natural healing	0%

Although included in the total job counts, the research did not include physicians, dentists, pharmacists or psychologists. Additional research would be needed to include the length of training required, the degree of education, the differences between generalists and specialists, the array of specializations and the requirements of licensing and certification. These areas represent a unique set of factors that would require an elaborate methodology different from that of most other health care professions.



DEMOGRAPHICS

Algoma has an aging population. According to 2016 Census data, the median age in Algoma is 49, while the median age of Ontario is 41. As the population ages, it affects the Health Care sector in two ways:

- by increasing the demand for Health Care services.
- more people will be leaving the Health Care occupations as they retire.

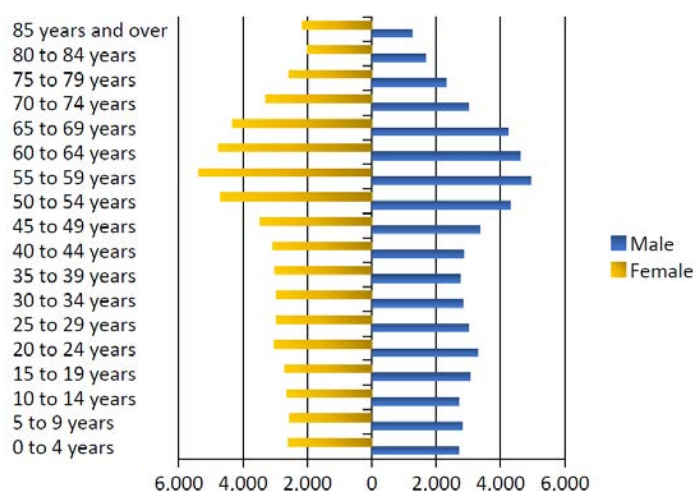
In 2015, Canadians over the age of 65 accounted for 16% of the total population but consumed roughly 44% of provincial and territorial health care budgets.³ This relationship between age and health care spending effectively shows the increase in demand for health care as the population ages.

Given that Algoma's population is older than the rest of the province and country as a whole, we can expect demand to continue to grow for health care services. In 2016, 24% of Algoma's population was over the age of 65.¹ By 2028, Ministry of Finance population projections show that those 65 years and above will represent 32% of Algoma's total population.⁴

As the demand for health care increases over the coming years, we will also see an increase the number of people leaving the health care workforce as they retire. In Algoma, 52% of the health care workforce is over the age of 45.

Breaking the ages down by the most common occupations in health care, almost a quarter of the people working in jobs related to nursing could retire in the next 10 years and half will retire in the next 10 to 15 years.

Algoma's Population 2016



Algoma Health Care Age Ranges

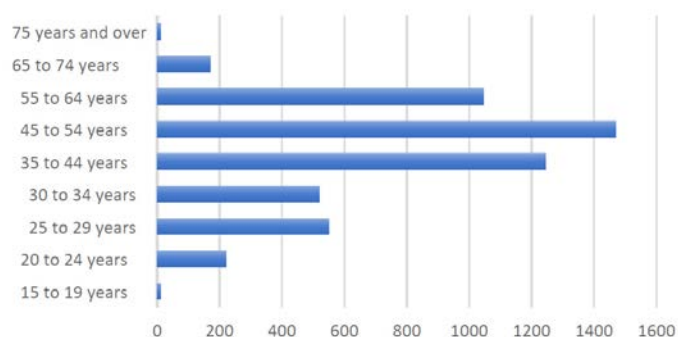


Table 3: Most common health care occupations in Algoma

NOC	Description	%45 +	%55 +
3011	Nursing coordinators and supervisors	64%	27%
3012	Registered nurses and registered psychiatric nurses	54%	22%
3413	Nurse aides, orderlies and patient service associates	46%	23%
3414	Other assisting occupations in support of health services	45%	28%
3142	Physiotherapists	45%	45%
3219	Other medical technologists and technicians (except dental health)	34%	7%
3233	Licensed practical nurses	32%	16%
3236	Massage therapists	29%	0%
3215	Medical radiation technologists	16%	16%
3237	Other technical occupations in therapy and assessment	15%	15%

METHODOLOGY

In the fall of 2017, AWIC contacted employers in the three health care subsectors across Algoma and asked them to complete an online survey. In total, 21 health care organizations completed the survey representing over 3,800 employees. This represents 54% of total employment in health care and 83% of employment in the Hospital and Nursing & Residential Care subsectors.

Once participants completed the survey, they were contacted for follow-up interviews to verify their online responses and to provide qualitative data for the research project.

Participants were then invited to a round table discussion held in Sault Ste. Marie on January 25, 2018 which included a summary of the online survey results and follow-up interviews. This discussion was followed by a facilitated session to validate and prioritize the issues identified in the conducted research. The session concluded by providing possible solutions and best practices for addressing these issues.

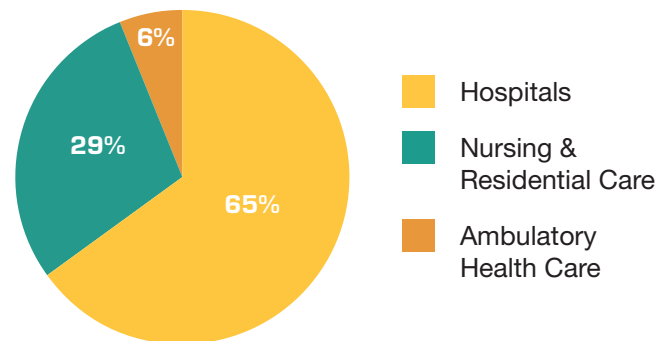
Table 4: Participating health care organizations

NAICS 621 Ambulatory Health Care Services	NAICS 622 Hospitals	NAICS 623 Nursing and Residential Care Facilities
<ul style="list-style-type: none"> Baawaating Family Health Team Elliot Lake Family Health Team Sault Ste Marie Fire Services EMS Huron Shores Family Health Team Maamwesying North Shore Community Health Services Porcupine Health Unit Back In Motion Township of White River/White River Medical Clinic St Joseph Island Medical Clinic Wawa Family Health Team 	<ul style="list-style-type: none"> Sault Area Hospital St. Joseph Hospital Lady Dunn Health Centre North Shore Health Network 	<ul style="list-style-type: none"> St. Joseph Manor Golden Birches Terrace Van Daele Manor FJ Davey Home Ontario Finnish Resthome Algoma Manor Lady Dunn Health Centre ARCH Elliot Lake Retirement Living

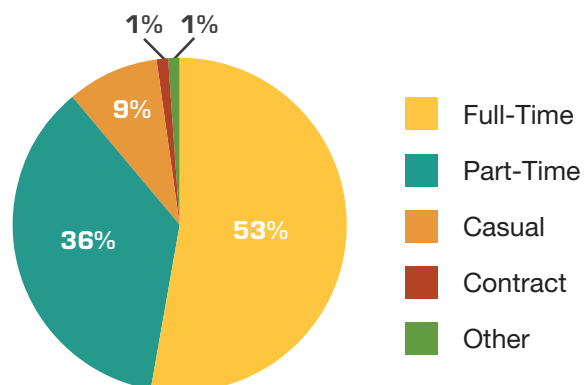


SURVEY RESULTS

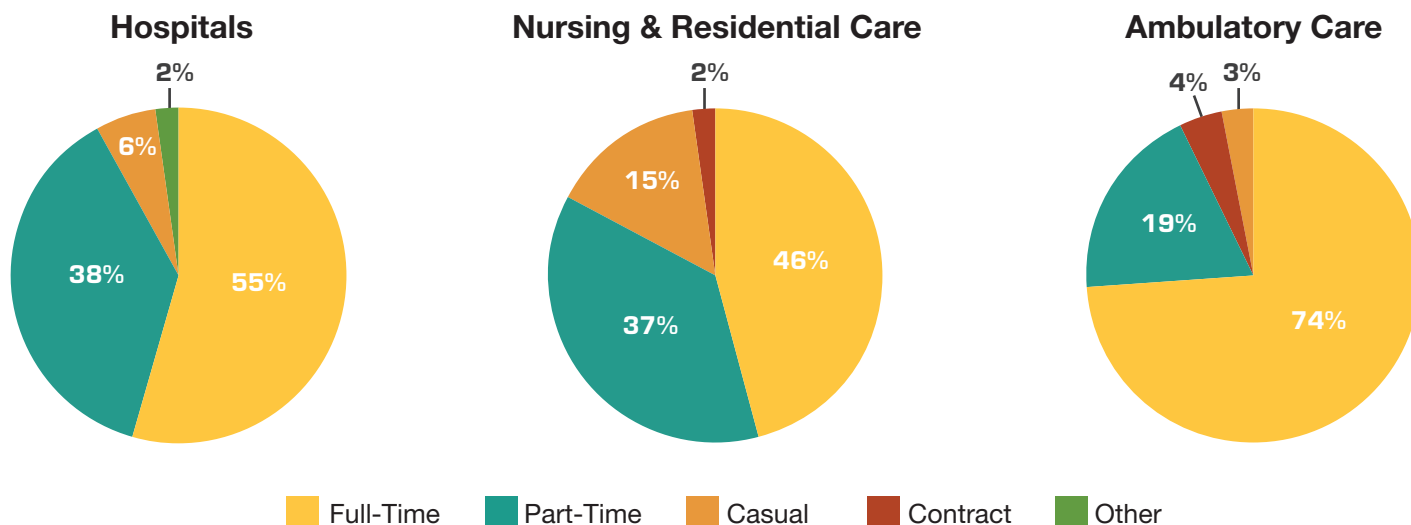
Hospitals represented the largest number of employees of those who completed the survey, followed by Nursing & Residential Care and Ambulatory Health Care facilities.



Overall, slightly more than half of employment at the organizations in the survey were full-time. Part-time employment made up 36% of overall employment and 8% was casual employment.



The type of employment did vary by health care subsector and Nursing & Residential Care facilities had a higher percentage of part-time and contract employment compared to the other sub-sectors and the industry as a whole.



STAFFING

Regarding their staffing, respondents stated the following:

- 40% of employers did not think that they have adequate human resources.
- Employers in long-term care have the highest overtime percentages, ranging from 20% to 30%.
- Registered Nurses are the most commonly referenced occupation requiring overtime.
- For employers who reported unfilled shifts in the past year, PSWs were the most commonly cited occupation.
- 40% of employers did not have a succession plan.

HIRING

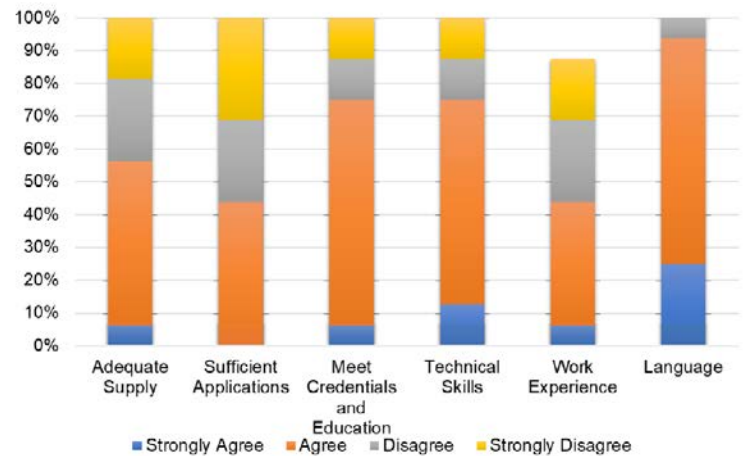
80% of the health care employers that were surveyed have hired in the last year representing 211 positions. The following information was gathered from these results:

- PSWs represented over half of all hires followed by Registered Nurses (RNs) and Registered Practical Nurses (RPNs).
- 70% of the positions filled were either part-time or contract positions.
- 63% of respondents found some of the positions hard to fill.
- Customer service, work ethic, dedication and dependability, and professionalism were cited as the top skills valued in new hires. These skills were placed ahead of technical skills.

In summary:

- 56% of employers agreed or strongly agreed that Algoma had an adequate supply of health care resources.
- 56% of employers disagreed or strongly disagreed that they receive sufficient applications for open jobs.
- 75% of employers agreed or strongly agreed that new hires have the credentials, education and technical skills for available jobs.
- 44% of employers agreed or strongly agreed that new hires have the work experience necessary for available jobs.

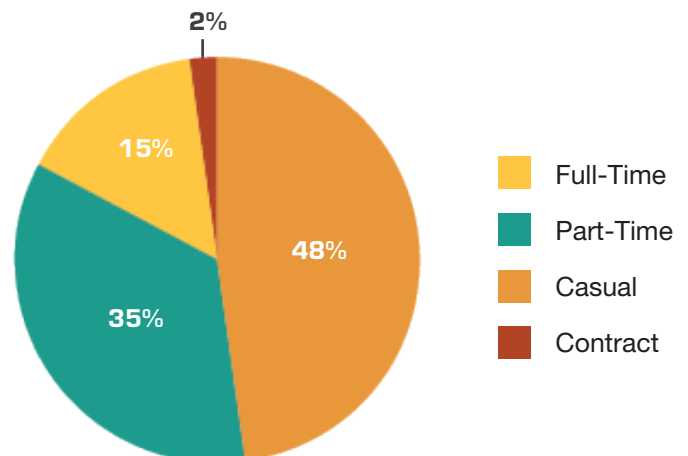
The following table summarizes the employers' responses regarding the "supply-side" attributes:



FORECASTING

55% of the employers surveyed are planning on hiring in 2018 and another 10% were uncertain.

- 168 hires were forecasted for the coming year (total numbers were not consistently identified in the survey results, so this is a conservative number).
- 83% of the positions will be part-time or casual.
- PSW was the most commonly cited occupation for future hires followed by RNs and RPNs.
- Retirement was the most commonly cited reason for hiring.



IDENTIFYING ISSUES AND THEMES

Overall, the top issues identified from the online survey, follow-up interviews and round table discussions can be summarized as:

1. The need for more people in the health care sector. (Recruitment)
2. The need to continuously develop those that are already working in health care occupations. (Training)
3. The determination of methods for the Health Care community as a system, to work together to develop and share the limited pool of resources. (System/Staffing)

These dominant themes arise from the fact that there is an increasing demand for all health care services while human resource budgets require organizations to 'do more with less.' This has meant that Algoma's Health Care sector organizations operate with lean staffing levels which can become a problem in regards to covering shifts and result in high rates of overtime and turnover of staff.

The respondents reported the following in regards to recruitment, training and system/staffing challenges:

STAFFING ISSUES

- Challenges in finding the appropriate staff mix (RN, RPN, PSW, etc.) and staff complement (full-time versus part-time and casual) to ensure that there is sufficient staffing to provide care. This then leads to high rates of overtime, unfilled shifts and reliance on placement agencies.

Other contributors are:

- High incidence of staff churn (staff turnover, aging workforce).
- High incidence of "book offs and medical leaves".
- Lack of succession planning.
- Lack of adequate managers to support programs.
- Challenges in adequately managing generational differences.

RECRUITMENT ISSUES

- Insufficient applicants in general for job postings.
- Insufficient PSW applicants to job postings.
- Competition for resources amongst Health Care providers.
- Challenges finding specialized resources (eg. gerontology, palliative care, mental health & addictions).
- Difficulty filling part-time skilled positions.
- Limited applicant work experience.
- Challenges recruiting in smaller communities.
- Reluctance to relocate and move as finding jobs for partners can be challenging.



TRAINING ISSUES

- Unavailability of relevant and locally available training programs.
- Unavailability of specialized training locally (eg. palliative care, gerontology, mental health).
- Prohibitive training costs.
- Lack of 'soft skills' development opportunities.
- Urgency in promoting individuals into leadership roles given the aging workforce.
- Insufficient effective mentorship and development of critical thinking skills.

SYSTEMIC ISSUES

- Working within restrictive funding models.
- Budget constraints around human resource spending.
- Algoma is spread out geographically which can create problems sharing and attracting resources.
- Competitive environment for talent; working in silos.

RECOMMENDATIONS

It is evident from the results of the survey and discussions with the respondents that several actions must be taken to resolve these issues. Overall, it is recommended that a strategy be developed to get more people into the Health Care field, that more applied training and development programs be developed and that the health care sector works together to resolve these systemic issues.

The following provides more details as to each of these recommendations:

PROMOTE AWARENESS OF CAREER OPPORTUNITIES IN ALGOMA'S HEALTH CARE SECTOR

A number of recommendations were identified as potential components to a larger strategy to address the need of getting more people into the Health Care field. These include:

- Develop a marketing strategy for health care professionals that could include videos, social media channels, and other materials that demonstrate the wide range of possibilities for careers in health care in Algoma.
- Encourage more students to consider careers in health care by participating in career fairs, school visits, etc. Ensure that parents/significant others are included as appropriate.
- Work with local school boards to ensure that Specialist High Skills Major (SHSM) in Health & Wellness matches the local demand for health care resources.
- Encourage more males to consider a career in health care.
- Bring in past students to talk to current students about their health care careers.
- Partner with Employment Ontario (EO) and other agencies including Local Immigration Partnerships to build the pipeline to health care employment for youth, aboriginals, francophones, refugees, new Canadians, etc.

SECTOR PARTNERSHIPS

A number of ideas were brought forward for health care organizations to work together as a sector to build a stronger system through partnerships. These ideas included:

- Resource and information sharing
- Joint promotion of the industry
- Plugging into community initiatives

TRAINING/DEVELOPMENT

A number of training and development programs were brought forward not only to address specific skills development, but also as a way for the health care sector to build stronger partnerships from within through shared training opportunities. Specifics include:

- Develop a mentorship program utilizing recently retired individuals to mentor those just entering the sector or those seeking advancement.
- Develop a 'soft-skills' for health care training course that can stand alone or be incorporated into existing training. The course would cover skills like communication, teamwork, reliability, interpersonal skills, problem-solving ability and customer service.
- Develop training programs for managers on managing different generations.
- Develop training programs on effective succession planning.
- Develop leadership training programs.



CONCLUSION

The demand for health care services shows no signs of slowing down in Algoma. Unfortunately, the data shows that the human resources will not be available to provide these services. With the rapid growth of the sector, there will be tremendous opportunities for individuals to enter the health care workforce.

This project and report was meant to highlight existing workforce issues that health care organizations around Algoma are currently experiencing and identify some possible solutions for addressing them. By means of this report, AWIC will share the information with community partners to communicate the growing needs of the health care sector.

In addition, it is hoped that this report will act as a catalyst to develop partnerships and projects that look to address workforce issues in Algoma's health care sector. To this end AWIC will act as a resource and active partner in any projects that may come to light.

At this time, AWIC would like to thank all of the participants from healthcare organizations around the region who took the time to complete the survey, partake in follow up calls and attend the round table discussion. Without their input, this project and report would not have been possible.



RESOURCES

1. Statistics Canada, 2016 Census
2. Statistics Canada, 2017 Canadian Business Counts
3. Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2017
4. Ontario Ministry of Finance, Ontario Population Projections Update, 2016-2041

NOTES

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Algoma Workforce Investment Corporation

672 Queen Street East
Sault Ste. Marie, ON P6A 2A4

Visit us at: www.awic.ca