

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

Ron McKinnon, MP
Chair
Standing Committee on Health
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Mr. McKinnon:

Pursuant to Standing Order 109 of the House of Commons, I am pleased to respond on behalf of the Government of Canada to the 29th Report of the Standing Committee on Health (Committee) entitled “Violence Facing Health Care Workers in Canada” which was re-tabled on April 12, 2021.

On behalf of the Government of Canada, I would like to thank the Committee for their diligent work, and for the thoughtfulness and sensitivity with which they explored the issue of violence facing health care workers in Canada. I commend the members of the Committee and the many witnesses who appeared before it for their valuable perspectives expressed in the Report.

In its Report, the Committee concluded that the safety and well-being of health care workers is intrinsic to the provision of high-quality care in health care settings across Canada. I wholeheartedly agree. The health workforce – the people who deliver care and those who support them – are the backbone of the Canadian health care system. As we all know, this past year the COVID-19 pandemic brought unprecedented challenges to Canadians, including significant pressures felt by front-line workers in our health care system. Despite difficult situations the health workforce worked tirelessly to deliver care to their patients and communities. For this, we are all grateful.

Throughout the pandemic, public health officials, health administrators, and health care workers have worked hard to protect Canadians and save lives. In response, since the start of the pandemic, the Government has been doing everything it can to protect and support health care workers, from procuring personal protective equipment, ensuring supply of vaccines, bolstering health human resources capacity, and investing in long-term care and mental health supports. While the Government has been focused on supporting a pandemic response, these investments also represent an important contribution to addressing some of the root causes in our health care system that can contribute to an environment where workplace violence can occur. All work

.../2

setting should be safe environments, and the risk of violence faced by front line health care workers is unacceptable. The Committee's Report examines the scope and impacts of workplace violence in health care settings. It also explores its causal factors such as complex patient needs, staffing shortages, aging health care infrastructure, and inadequate security personnel and response systems. While acknowledging that the health and safety of workers in health care settings is within provincial and territorial jurisdiction, the Report contains nine recommendations on how the Government of Canada may collaborate with provinces and territories and health care stakeholders to address this pressing issue. The Government supports the intent of the Report and its recommendations. As noted above, as the Government has been committed to responding to the pandemic, it has made significant investments in health care over the past year for the COVID response, and some of these investments will help address the causal factors identified by the Committee.

Supporting Pan-Canadian Dialogue, Information Sharing, and Awareness

The Committee heard that the federal government could support the dissemination and scaling up of best practices in workplace violence prevention in health care settings, with provincial and territorial cooperation and engagement with health care stakeholders as a key component of such work. The Government recognizes the critical importance of ongoing collaboration and engagement with provinces, territories, and stakeholders on factors contributing to workplace violence in Canada's health care system. That is why the federal government supports many fora that serve as avenues to discuss health workforce issues, such as experiences with violence, as well as sharing of information and best practices.

For example, measures to strengthen the health care system, including associated factors impacting the health workforce, has been a topic at numerous federal/provincial/territorial (FPT) fora, such as the FPT Conference of Deputy Ministers of Health (CDM) and the FPT Health Ministers' Meeting. Specifically, the FPT Committee on Health Workforce (CHW), established in 2002 and reporting to the CDM, is mandated to provide a national forum for strategic discussion, information sharing, and action on priority FPT issues. Through its work, CHW provides policy and strategic advice to CDM on health workforce issues, responds to requests for advice, and identifies emerging issues impacting the health workforce and health delivery. In the course of its work, CHW has ongoing discussions on numerous issues and interrelated factors impacting the health workforce, which has included sharing information, best practices, initiatives and strategies on improving the working conditions experienced by the health workforce, including prevention of workplace violence.

Provincial and territorial governments are also actively considering and addressing this issue. In addition to the existence of provincial and territorial occupational health and safety legislation that applies to health care settings, several jurisdictions are adopting new initiatives to address workplace safety in the health care sector. For example, in December 2019, British Columbia committed \$8.5 million for the creation of a new organization that will address workplace safety in the health care sector.

More broadly, the Committee noted that given the concentration of women in the health care sector, the violence perpetrated in this sector mostly affects women. While the violence experienced in this sector is due to a number of complicating factors that were explored by the Committee, it is important to note that the Government of Canada continues to make responding to gender-based violence a priority. To this end, in January 2021, the Federal, Provincial, and Territorial Ministers responsible for the Status of Women Endorsed a Joint Declaration for a Canada free of Gender-based Violence (GBV) which recognized that everyone has the right live free from violence.

Implicit in the Committee's findings is the need to highlight the valuable role that health care workers play in providing care to Canadians, and their need for sufficient supports, including to address the conditions that may give rise to workplace violence, as well as its associated impacts. While the Committee's Report was released in 2019, the COVID-19 pandemic has further highlighted the extraordinary contribution and sacrifice of health care workers in keeping Canadians safe. In turn, many health care workers have faced issues of burnout, workplace injury and stress.

In April 2020, the Government of Canada launched the Wellness Together Canada portal to provide Canadians with free access to live support, treatment, and credible mental health information. Individuals across the country can access supports ranging from self-assessment, self-guided programming, and peer support, to confidential sessions with social workers, psychologists and other professionals. The portal features a dedicated text line for frontline workers that provides immediate access to supports. In addition, frontline workers can also access free counselling and a range of self-guided programming on the portal anytime at their convenience. This includes resources tailored for healthcare workers. All services are available in both official languages, and phone counselling sessions are supported by instantaneous interpretation in 200 languages and dialects. To date, the Government of Canada has invested \$68 million in Wellness Together Canada. Through Budget 2021, the Government has allocated an additional \$62 million in 2021-22 towards this initiative.

Criminal Code

The Government of Canada agrees violence against health care workers acting in the course of their duties is particularly concerning and deserving of condemnation. Criminal Code offences, including all forms of assault and sexual assault can apply in this context. Strong penalties as well as carefully tailored sentencing objectives and principles permit courts to impose strong denunciatory sentences in appropriate cases. Canadian courts have recognized that the victim of an assault being a health care worker acting in the course of their duties can also be an aggravating factor at sentencing.

Promoting Research and Surveillance

The Canadian Institute for Health Information (CIHI) is responsible for collecting, sharing, and publicly reporting on health data and information on numerous facets of Canada's health care

system, including matters impacting the health workforce. In carrying out its work, CIHI works in collaboration with provincial and territorial health information organizations to collect, analyze and disseminate data needed to drive improvements to Canada's health care system.

Data is the foundation of robust research, and evidence-based decision-making, and further work is needed to better understand the scope and dynamics of issues facing the health workforce, including workplace violence. To this end, ongoing investments in CIHI allow it to continue its mandate to deliver comparable and actionable information to accelerate improvements in health care on a range of issues, reflecting federal, provincial and territorial shared priorities for health information, which include matters impacting the health workforce.

The Canadian Institutes of Health Research (CIHR) also plays a key role in advancing research on health human resources, including research on workplace violence prevention and gender-based violence prevention in health care settings. Between 2015-16 and 2019-20, CIHR invested over \$38 million to support research on health human resources. This included support for research on workplace violence prevention and gender-based violence prevention in health care settings. Additionally, between 2015-16 and 2019-20, CIHR invested \$13.9M in research on post-traumatic stress disorder (PTSD) and through its COVID-19 and Mental Health Initiative, CIHR supported research on PTSD among health care workers, as well as specifically among female health care workers.

For example, a CIHR supported research project has explored the impact of long term care residents' past and present psychological trauma on the quality of work life for frontline staff in long-term care. This research aimed to understand the unique challenges, including violence, that care workers experience and the support that they would find the most helpful, and offered recommendations on how to best support health care workers while also improving quality of care for nursing home residents with dementia and a history of past trauma. Research has also been advanced to better understand how gender influences working conditions and health in care settings, particularly in long-term care, and how working conditions contributes to the health outcomes of paid and unpaid workers.

Federal organizations such as the Canadian Centre for Occupational Health and Safety (CCOHS) have also recognized this issue. The CCOHS has a mandate to be a repository of health and safety statistics, data and resources and works to promote workplace health and safety through a wide range of products and services. In carrying out its work, the CCOHS enables sharing of good practices and resources that can serve as a foundation for providing information on violence prevention in health care settings. For example, the CCOHS initiative, Healthy Workplaces, brings together information, tools and resources to help employers, workers and practitioners participate in making their workplaces healthy and safe. It contains resources on issues that can have an impact on the physical and mental well-being of workers, including stress, harassment and violence, work-life balance, and organizational culture. The CCOHS also develops guides and e-learning courses about addressing workplace violence. Finally, the CCOHS has also collaborated with organizations like the Mental Health Commission of Canada to develop mental health assessment tools for the health care and paramedic communities to assess and promote workplace psychological health and safety.

Supporting the Health Workforce

As noted in the Report, many witnesses pointed to structural factors that can contribute to workplace violence in health care settings, such as staffing shortages and heavy workloads. An aging population, patients with more complex needs, and the shift to community-based care has also led to changing working environments for providers, which need to be taken into account. The Government is committed to working with provinces and territories to address these issues. The COVID-19 pandemic has also presented new pressures to Canada's health care system and its workers. In turn, the Government has responded with a broad array of supports to provinces and territories to address staffing shortages and bolster health human resources capacity.

For example, at the beginning of the pandemic, the Canadian Armed Forces and the Canadian Red Cross were deployed to long-term care homes to respond to urgent needs. The Canadian Red Cross continues to oversee the recruitment and training of workers to support infection prevention and control, basic care and facility management.

The Government recognizes that the quality and safety of care provided to Canadians, such as in long-term care, is intrinsically linked to the working conditions of the health care workers who provide that care, including lower-wage essential workers such as personal support workers. The COVID-19 pandemic has highlighted longstanding challenges in supportive care, including gaps in infection prevention and control and staffing. In response, the Government created the Safe Long Term Care Fund, with up to \$1 billion for provinces and territories to help provinces and territories protect people in long-term care and support infection prevention and control. Provinces and territories will be able to use this funding to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation and hiring additional staff or topping up wages. Through the COVID-19 Essential Workers Support Fund, the Government of Canada also committed to provide provinces and territories up to \$3 billion in support to cost-share a temporary top-up to the wages of essential workers. While provinces and territories were able to determine the design of their program, including recipient, eligibility, benefit type and amount, in many jurisdictions, recipients included front line workers in hospitals and long-term care facilities.

Budget 2021 proposed additional measures, with a \$3 billion investment over five years, starting in 2022-23, to support provinces and territories in ensuring standards for long-term care are applied and permanent changes are made. To keep seniors safe and improve their quality of life, the federal government will work collaboratively with provinces and territories, while respecting their jurisdiction over health care, including long-term care. This work will ensure seniors and those in care live in safe and dignified conditions. In this context, the Government also welcomes the news that the Health Standards Organization and CSA Group are launching a process to help address issues facing long-term care in Canada. Their work with governments, stakeholders, and Canadians to develop new national standards will help inform ongoing discussions with provinces and territories on improving the quality of life of seniors in long-term care and the long-term care workplace.

The Government also recognizes that there is an acute need for personal support workers in the country. Through the Fall Economic Statement, the Government provided \$38.5M over two years to Employment and Social Development Canada to support training of up to 4,000 personal support worker interns through an accelerated 6-week online training program combined with a 4-month work placement, to address acute labour shortages in long-term care and home care. Building on this work, Budget 2021 has proposed to establish a new Sectoral Workforce Solutions Program, led by ESDC, and funded by \$960M over three years. The purpose of the program is to help sectors design and deliver relevant training, and connect Canadians with the training they need to access good jobs. For the health sector, this would include the need for more skilled personal support workers.

Budget 2021 also proposes to provide funding of \$27.6 million over three years for my65+, a Group Tax-Free Savings Account offered by the Service Employees International Union Healthcare. The funding will support incentives for worker participation and support retirement saving for personal support workers.

Finally, it is important to note the unique challenges faced by health care workers, and particularly front line nurses, working in remote and isolated First Nations communities and nursing stations across the country. These health professionals play a critical role in providing public and primary health care and directing clients to advanced health care options when needed. Budget 2021 proposed \$354 million over five years, starting in 2021-22, to increase the number of nurses and other medical professionals at nursing stations to help ease the pressure on the current workforce and better meet the health care needs of First Nations communities.

Through a Memorandum of Understanding between Health Canada and Indigenous Services Canada, the Government also provides Occupational Critical Incident Stress Management Services, which seeks to protect the health and safety of nurses working in remote and/or isolated First Nations communities. This program provides direct employee assistance to nurses who work in First Nations communities, no matter the employer.

In addition, since the outset of the COVID-19 pandemic, the Government of Canada has allocated funding of approximately \$1.4 billion for the ongoing public health response to COVID-19 in Indigenous communities, including support to hire nurses, help at-risk people to isolate, and distribute personal protective equipment. As part of this response, Indigenous Services Canada is supporting vaccine rollout through the provision of additional human resources. The department is working with communities via its regional offices to assess surge immunizer needs to ensure that there are sufficient human resources available (locally, externally, or a combination) to administer vaccines when available. In addition to the funding for the ongoing public health response, approximately \$1.8 billion has been allocated in 2020-21 and 2021-22 for the distinctions-based Indigenous Community Support Fund, to help First Nations, Inuit, Métis Nation communities, and urban and off-reserve Indigenous organizations serving Indigenous peoples meet the unique needs of their populations during the COVID-19 pandemic. This provides funding to: prevent the spread of COVID-19; support elders and vulnerable community members; provide mental health assistance and emergency response services; address food insecurity; and support children.

Supporting Improvements to Health Care Infrastructure

The Committee recommended that the federal government provide targeted funding to support improvements to Canada's long-term care facilities and other health care infrastructure to better meet the needs of patients. Since the Report was first tabled in 2019, the Government has created a new temporary COVID Community Resilience stream under the *Investing in Canada Infrastructure Program* with over \$3 billion available to provide provinces and territories with added flexibility to fund quick-start, short-term projects, including in long-term care. For example, in a recent joint announcement, the Governments of Canada and Ontario noted that they will invest in 95 projects to make upgrades and improvements to long-term care homes across Ontario, improving the safety of these homes for both residents and long-term care workers. Canada is contributing over \$79.5 million and Ontario over \$19.8 million.

In 2021, Infrastructure Canada announced that new funding of \$120 million is being added to the COVID-19 Community Resilience Stream to support ventilation improvement projects in public buildings. This new money will support provincial, territorial, municipal and regional governments and Indigenous organizations to fund projects whose primary purpose is to increase outdoor air intake and/or increase air cleaning in order to help reduce the transmission of the virus that causes COVID-19. Eligible buildings include those that serve populations that are more susceptible to poor outcomes if they contract COVID-19, such as long-term care homes.

More broadly, through the Investing in Canada Plan, launched in 2016, the Government of Canada has committed \$1 billion for Home Care Infrastructure. This investment is being delivered to provinces and territories over four years, starting in 2018-19, through bilateral health agreements for home and community care and mental health and addiction services. In these agreements, each province and territory sets out details of how each jurisdiction is using federal funding to improve access to home and community care and mental health and addiction services, including enhancements to home care infrastructure. For example, in New Brunswick, under the Palliative Care Strategy, federal funds are being used to support the development of residential hospices.

The Government has also invested \$8.6 million in Healthcare Excellence Canada's LTC+ initiative to support more than 1,400 facilities across Canada. Participating teams receive seed funding to support needed improvements, access to training sessions and materials, and coaching on the implementation of the program's key components, including promising practices in relation to people in the workforce, such as improving working conditions, psychological health, and increasing capacity through training and recruitment.

Other initiatives

The COVID-19 pandemic has placed unprecedented pressure on Canada's health care system. A strong health care system begins with a strong health workforce that is well supported. Throughout the pandemic, the Government has prioritized protecting vulnerable Canadians, including those in long-term care and supported provinces and territories extensively. The

Government has invested billions of dollars to procure personal protective equipment (PPE) and continued to work with provinces and territories, and Indigenous communities to ensure that residents and workers in long-term care homes have access to the protection they need. The Government has also developed infection prevention and control guidance specific to long-term care, created volunteer inventories to support public health response, and invested \$740 million in the Safe Restart Agreements with provinces and territories to support vulnerable Canadians, including by addressing immediate needs in long-term care.

The Government also remains committed to supporting the mental health of Canadians, including the health workforce that has sacrificed so much. Through Budget 2021, the Government will provide \$45 million over two years to help develop mental health service standards, in collaboration with provinces and territories, health organizations and key stakeholders. Standards will be evidence-based, align with federal, provincial and territorial areas, and be informed by experts, providers, and individuals with lived and living experience. Investments will serve to improve and standardize access to timely, high quality mental health services across Canada while addressing areas of high need. Budget 2021 also proposes to provide \$50 million over two years, starting in 2021-22, to support a trauma and post-traumatic stress disorder (PTSD) stream of mental health programming for populations at high risk of experiencing COVID-19 trauma and those exposed to various trauma brought about by COVID-19. Finally, Budget 2021 proposes to provide \$100 million over three years, starting in 2021-22, to support projects for innovative mental health interventions for populations disproportionately impacted by COVID-19, including health care workers. Additionally, Budget 2021 proposes to provide \$597.6 million over three years, starting in 2021-22, for a distinctions-based mental health and wellness strategy with First Nations, Inuit, and the Métis Nation, which will include enhancements to community-based supports and capacity, as well as support for workforce development.

Finally, the Government recognizes that the pandemic has put health care under enormous strain. That is why the Government is making investments to shore up public health systems so that they can continue to provide world-class care to Canadians throughout the COVID-19 pandemic. Every year, the Government provides significant support to provincial and territorial health care systems through the Canada Health Transfer. For 2021-22, this amounts to \$43.1 billion. As announced in March 2021, the Government is proposing to provide provinces and territories with \$4 billion through a one-time top-up to the Canada Health Transfer. This will help health systems ensure Canadians get the procedures and treatments they need to stay healthy and clear through the backlog of delayed procedures. The Government has also been clear that it will be there to support provinces' increasing health care needs in the long term, once we get through the COVID crisis.

Conclusion

I would like to thank the Committee for its Report on an insightful and thoughtful study. The Government of Canada is appreciative of this work and the associated recommendations. I trust that this Response demonstrates the Government of Canada's ongoing commitment to strengthen health care in Canada through measures to support the health workforce, including for the prevention of violence.

Sincerely,

A handwritten signature in blue ink, appearing to read "P. Hajdu", with a stylized flourish at the end.

Patty Hajdu
Minister of Health