



Healthcare Human Resources Study for Huron and Perth

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Steering Committee

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Healthcare Human Resources Study for Huron and Perth

Executive Summary

Introduction

An aging healthcare workforce combined with the increased health service needs of aging communities present substantial challenges to healthcare human resources in rural communities. The inadequacy of quantitative and qualitative data on the state of healthcare human resources in rural communities impairs the ability of organizations to gauge the availability of appropriate healthcare services for local populations. It also hampers the ability of local healthcare providers to work together to address human resource challenges.

In response to this dilemma, the Huron Perth Providers Council initiated a study to develop a detailed profile of the current state and composition of healthcare human resources in Huron and Perth counties. A number of different data sources were examined to compile an inventory of healthcare human resources for Huron and Perth counties including various healthcare provider data bases and key informant interviews and surveys with representatives from hospitals, long term care homes / retirement homes, Family Health Teams, Public Health Units, EMS services, and others. The surveys and interviews along with discussion groups were also used to examine healthcare human resource recruitment and retention challenges in the Huron Perth area. The study also included a survey of participants in the Rural Healthcare Work Placement program as well graduates from the Practical Nursing program and the Food Service Worker program to better understand how students and graduates search for work in the healthcare sector, the challenges they experience in searching for work and the importance of working in the Huron Perth area.

Huron Perth Community Profile

Compared to the province as a whole, a significantly larger proportion of the population in Perth and Huron reside in rural areas and despite pockets of population decline across some areas, projections suggest that the total population in Perth and Huron will increase by 3.8% and 3.5% respectively by the year 2022. Among the different age groups, those aged 65 and over are projected to experience the greatest increase in Perth and Huron. This will increase the need for healthcare services relevant to an older population with chronic and acute conditions and a greater life expectancy.

Employment status, type of employment, income, and education are all factors that contribute to the health of individuals and communities. Although overall unemployment rates for Perth and Huron are below the provincial rate, manufacturing and agriculture continue to represent two of the most important industry sectors in Perth and Huron and are among the riskiest of jobs in terms of workplace injuries because of the physical labour involved.

Income can impact the health of families and individuals by affecting access to resources required for healthy lifestyles and Perth and Huron households on average have lower incomes than the Ontario average. However, it appears that Perth and Huron have a smaller proportion of households, families and individuals living in low-income situations when compared to the province.

Education is another important determinant of health given its impact on employment and Perth and Huron have a much higher proportion of individuals who have not obtained a certificate, diploma or degree relative to the province.

With respect to behavioural risk factors, the population in Perth and Huron has higher rates of alcohol consumption (especially among youth) and a smaller proportion of people with healthy body weights compared to the province. Huron County also has higher rates of tobacco use (especially among individuals with less formal education) compared to the province.

Changing demographics and health characteristics as well as economic factors are changing the demand for health services in Perth and Huron and will challenge the ability of the healthcare system to provide efficient and effective continuing care.

Huron Perth Healthcare Human Resource Inventory and Challenges

As noted above, this study followed multiple lines of inquiry in compiling an inventory of healthcare human resources in Huron and Perth counties. There is currently no single source that can provide details on all professions. However, in the case of the regulated professions, the HealthForce Ontario Health Professions Database is progressing to provide this service and its utility will increase as the data for nurses, physicians and the newly regulated professions are incorporated into the data base. The utility of the database will be further enhanced as more current data is made available and the turnaround time for data requests is reduced.

A considerable challenge remains in documenting the number and type of service providers from the non-regulated professions. The approach used in this study was to focus on a few select non-regulated professions as a starting point and surveying major employers in the area. Successive studies of the non-regulated professions can be enhanced by working with organizations that track/update health services in the area (e.g. thehealthline.ca) and strengthening their capacity to monitor the number of service providers by profession.

With respect to the regulated professions, the healthcare human resource inventory developed through this study identified a total of 2,489 positions across 26 different professions.

The largest regulated profession in the Huron Perth inventory is nursing which accounts for 57% of the positions of which the majority (64%) are Registered Nurses. Part-time, casual and temporary positions make up the majority of the nursing positions (59%) and the limited availability of full time positions in both hospital and long term care residence settings represents a recruitment and retention challenge in the area. Long term care / retirement residences face the additional challenge of competing with the higher wages offered to nurses in hospital settings and career opportunities in long term care / retirement residences are not seen to be sufficiently promoted in training institutions. Long term care / retirement residences also identified the need for training institutions to provide more leadership training to nurses as nurses tend to carry a high level of responsibility in long term care / retirement residence settings. A further complication facing the nursing sector in general is the large number of Registered Nurses and Registered Practical Nurses that are nearing retirement and the entry of the next generation of nurses who have different workplace expectations (e.g. scope of practice, working hours).

With respect to physicians, the inventory shows a total of 118 family doctors and 70 specialists in Huron and Perth with most of the specialists concentrated in the Perth area. Although progress has been made in increasing the number of family doctors in the region in recent years, a number of doctors are expected to retire soon and recruitment efforts will need to be maintained. This is an intergenerational workforce and younger physicians tend to work fewer hours and see fewer patients than older doctors. This means that a 1-1 physician recruitment strategy will not be sufficient to replace retiring doctors.

After nurses and doctors, the most numerous regulated healthcare providers practising in the Huron and Perth area include pharmacists (103), massage therapists (100), dental hygienists (82), and medical laboratory (69) and medical radiation (57) technologists. Compared to Perth County, Huron County has a higher proportion of part-time positions in many of the regulated professions (e.g. respiratory therapists, medical radiation technologists, medical laboratory, dentists, dietitians, optometrists). Some of these professions feature large segments that are nearing retirement (e.g. dentists, medical lab technologists, dietitians) while other professions are relatively young (e.g. massage therapists, dental hygienists).

With respect to the non-regulated professions, the partial inventory developed through this study identified a total of 1,361 positions across 7 different professions.

The largest non-regulated profession in the Huron Perth inventory is Personal Support Workers (PSW) which account for 61% of the positions. Almost all of the PSW positions are in long term care / retirement residence settings or with home care service agencies. The majority of PSW positions in long term care / retirement residences are part-time (48%) or full-time (32%) while the majority of PSW positions with home care service agencies are casual (81%). Long term care / retirement residences and home care service agencies are continuously recruiting to fill part-time positions and the limited availability of full time positions for PSWs represents a significant recruitment and retention challenge. PSW recruitment and retention challenges have been amplified by the recent introduction of the PSW certification requirement which has reduced the pool of talent these organizations can draw from and job security issues and the lack of job benefits pose additional recruitment and retention challenges for home care service agencies.

Food Service Workers (FSW) make up the next largest non-regulated profession in the Huron Perth inventory (223 positions). Most of the FSW positions in hospitals are part-time (69%) or full-time (28%) while FWS positions in long term care / retirement residences represent a mix of mostly part-time (52%), full-time (26%) and casual (20%) positions. Entry level positions in food preparation jobs are mostly part-time and the limited and inconsistent hours present a challenge in recruiting and retaining staff.

Paramedics represent the third largest non-regulated profession in the Huron Perth inventory (164 positions not including managers, supervisors and support staff). Most of the paramedic positions are full-time (62%) or part-time (30%). There are no serious challenges associated with recruiting paramedics but the limited availability of full-time positions and the level of pay can sometimes result in paramedics leaving the area to take positions in other jurisdictions.

A number of additional recruitment and retention challenges were identified with the following professions:

- Dietitians are growing in importance with the aging population but they are difficult to recruit. Dietitians may find it difficult to work in rural communities where they need to work with a wide demographic vs. an urban setting where they can be more specialized. Family Health Team budgets only allow for a part time Dietitian position and there is a wage gap compared to what hospitals can offer.
- The need for mental health services is likely greater than the existing capacity to respond as much of it goes undetected or people fear the stigma of disclosing their condition and asking for help. Staff turnover in mental health crisis services is high and it is difficult to recruit psychologists. There is considerable variation in the mental health human resources on Family Health Teams. There is a general gap in children's services and some teams have limited resources and have to refer to other agencies.

- It is difficult for some Family Health Teams to recruit pharmacists as most positions are part time and some pharmacists may require working in 3-4 different locations to maintain a full time position. Pharmacists also tend to make more income in the private sector.
- Activation workers are difficult to recruit. The recent introduction of the certification requirement has made it more difficult for organizations to draw Activation Workers from the local population.
- Hospitals typically only offer part time positions for Med Lab Technologists which makes it challenging to recruit good applicants.
- Social workers can be difficult to recruit. Social workers play an important role in helping to reduce the workload of physicians in the Family Health Team setting. Social/mental health problems often accompany physical problems and social workers can assist with helping patients manage depression, deal with family breakdown, live with chronic or debilitating health conditions, recover from trauma, face end of life issues, etc.
- Long term care residences are finding it very difficult to recruit for and retain Directors of Care. There is a very limited pool of qualified people to recruit from and the position has a high level of responsibility and stress and limited remuneration which contribute to turnover challenges.
- Executive Directors with Family Health Teams take on many roles and responsibilities. The position requires a passion for the work and an array of qualifications which can make the position difficult to recruit for.

Volunteers represent another key human resource for hospitals and long term care / retirement residences and it is becoming increasingly difficult to recruit younger volunteers which results in a heavy reliance on older volunteers, especially in long term care / retirement homes. There is a risk of programming being impacted (reduced / eliminated) as older volunteers are no longer able to offer their support. It is especially difficult to recruit volunteers to work with people who have mental health problems. Volunteering is generally recognized by students as a good way to gain experience in the healthcare sector but more services/resources are needed to help students find volunteer positions that match their occupation/career interests.

Many of the organizations that were contacted as part of this study offer some form of support for staff to participate in professional development activities. However, the ability of these organizations to provide support is often challenged by resource / budget constraints.

The region features several programs to help youth gain an introduction to and work experience in the local healthcare sector. The MedQUEST camp program plays an important role in introducing high school students in the area to healthcare career opportunities and past participants are starting to be seen as participants in the Rural Healthcare Work Placement program. Student interest in the Rural Healthcare Work Placement program continues to grow and more placements need to be found or developed to meet the demand. The placements represent an important recruitment tool for rural healthcare organizations but budget constraints can sometimes limit these opportunities. HealthKick in partnership with Georgian College is also providing local training opportunities in the region in response to the interests of students who want to upgrade their skills and need a local and affordable option.

Recommendations

The following recommendations are made in response to the findings that emerged from the development of Huron Perth healthcare human resource inventory.

1. Identify the professional development needs of different healthcare organizations and providers in the area and coordinate resources to make professional development more feasible and accessible.
2. Develop a rural retention strategy to promote the retention of healthcare human resources in Huron and Perth. The strategy could potentially include a combination of education and regulatory actions, monetary compensation (direct and indirect financial compensation), and management, supervision and social support.
3. Develop a rural volunteer strategy for healthcare in Huron and Perth (and rural Ontario in general). This could potentially include developing an overview of volunteers in healthcare settings in Huron and Perth in terms of their demography and the roles they carry out; an overview of the volunteer infrastructure and support in healthcare settings; an overview of volunteer training in healthcare settings; best practices in volunteer management, marketing, and communication in healthcare settings; and an overview of quality standards. There should also be an evaluation component to assess the volunteer strategy once it is implemented.
4. Develop a succession plan for senior management at Family Health Teams and other organizations to help develop new staff leaders, ease the departure of long term Executive Directors, and ensure the sustainability of the organizations.
5. Conduct a more in depth review of self employed healthcare professionals to better understand their needs and challenges and the service gaps that exist across the region.
6. Continue to support and expand the MedQuest program, the Rural Healthcare Work Placement program, and local training opportunities. Where possible, attempt to monitor the extent to which program participants enter or continue work in the healthcare sector and the extent to which they work in the Huron Perth area.

Huron and Perth have a number of organizations that could collaborate in developing a formal action plan to respond to the above recommendations including the Huron Perth Providers Council, HealthKick, Gateway Rural Health Research Institute, South West Local Health Integration Network (LHIN), Healthline.ca, Four County Labour Market Planning Board, the Huron Business Development Corporation, and others. With its established reputation in rural healthcare exploration, work placements, training programs, and community engagement, HealthKick should be considered as a potential lead agency to oversee the development, implementation and monitoring of the action plan with the support of a coordinating committee.

The following recommendations relate to the provincial government and training institutions.

7. The Ministry of Health and Long Term Care should adjust its policy and provide funding to support assistant positions for Directors of Care in Long Term Care residences.
8. The Ministry of Health and Long Term Care should review the role of RNs, RPNs, and PSWs to determine where scope of practice for PSWs can be expanded (e.g. administering medication).

9. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate to expand the number of PSWs in rural areas through increased promotion of PSW career opportunities, increased access to affordable training and greater employment incentives (e.g. increased wages, benefits).
10. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate in marketing / promoting nursing career opportunities in long term care / retirement home settings.
11. Training institutions need to ensure that their courses provide orientation to the practice of nursing in rural communities. Training institutions need to assist in facilitating access to clinical placements in rural communities.

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Healthcare Human Resources Study for Huron and Perth

1.0 Introduction

Aging populations, increased health service needs of the aging communities and the predicted aging of the healthcare workforce present substantial challenges to healthcare human resources in rural communities. The inadequacy of quantitative and qualitative data on the state of healthcare human resources in rural communities impairs the ability of organizations to gauge the availability of appropriate healthcare services for local populations. It also hampers the ability of local healthcare providers to work together to address human resource challenges.

In response to this dilemma, the Huron Perth Providers Council initiated a study to develop a detailed profile of the current state and composition of healthcare human resources in Huron and Perth counties.¹ The study also outlines a framework for the continued monitoring of this updated picture which features the development / encouragement of local collaborative efforts.

Section 2 of this report outlines the methodology that was developed and implemented for collecting the relevant quantitative and qualitative data for regulated and non-regulated health professions.

Section 3 of this report provides an overview of the trends and changes in the population demographics in Huron and Perth counties which will influence the demand for healthcare services in the coming years.

Section 4 presents the profile/inventory of healthcare human resources associated with the regulated professions and Section 5 presents the profile/inventory of healthcare human resources for a small selection of non-regulated professions.

Section 6 provides an overview of the strategies that employers are using to recruit healthcare providers and the challenges they experience in recruiting and retaining healthcare workers.

Section 7 and 8 present the findings from the discussion groups that were conducted with Huron Perth Family Health Team Administrators and the Huron Perth Providers Council.

Section 9 presents the summary findings from a survey of healthcare sector students/graduates. The survey was used with applicants and participants in the Rural Healthcare Work Placement program as well graduates from the Practical Nursing program and the Food Service Worker program to better understand how students and graduates search for work in the healthcare sector, the challenges they experience in searching for work and the importance of working in the Huron Perth area.

Section 10 presents the study conclusions and recommendations.

¹ The Huron Perth Providers Council was created by the Southwest Local Health Integration Network (LHIN) to represent all healthcare settings at the highest administrative level.

2.0 Research Approach and Methodology

The study approach and methodology was developed in consultation with the Huron Perth Providers Council Human Resource Sub Committee (HHR Study Steering Committee). The 15 member Committee has broad representation from hospitals, long term care / retirement homes, Family Health Teams, and economic and labour market development agencies. The complete list of Committee members is presented in Appendix A.

A number of different data sources were examined to compile an inventory of healthcare human resources for Huron and Perth counties including various healthcare provider data bases and key informant interviews and surveys with representatives from hospitals, long term care homes / retirement homes, Family Health Teams, Public Health Units, EMS services, and others. Additional details are provided below.

2.1 Regulated Professions

Information for many of the regulated healthcare professions was obtained through the HealthForce Ontario Health Professions Database (HPDB). The HPDB contains data on the number of health professionals who are actively registered with their College and can be broken down by a variety of variables including practice status, practice setting, number of work settings, work status (full-time/part-time/casual), primary role, age, gender, and level of education. HealthForce Ontario provided data for Huron and Perth counties for 2008 and 2009. The data for 2010 was not available at the time of this report but is scheduled to be available later in 2011.

Data for some of the regulated professions including physicians, nurses and newly regulated professions (Homeopath, Kinesiologist, Naturopath, Traditional Chinese Medicine) was not available through the HPDB at this time as HealthForce Ontario is still in the process of adding these professions to the HPDB. The data collection method for these professions is outlined below.

Physicians

Data for active physicians (family doctors and specialists) was obtained through the Ontario Physician Human Resources Data Centre (OPHRDC) for 2008 and 2009 (data for 2010 was not available at this time.)

Nurses

Data for nurses was obtained through two approaches. The Colleges of Nurses of Ontario (CNO) provided a tabulation of the total number of Registered Nurses (RN), Registered Practical Nurses (RPN), and Nurse Practitioners (NP) residing in Huron and Perth in 2010. The CNO data can be broken down by employment status (active vs. not active), work status (full-time/part-time/casual), and age. One of the limitations of the CNO data is that it represents the number of nurses living in Huron and Perth rather than the number working in Huron and Perth. Another limitation is that the CNO data for Huron and Perth is aggregated (i.e. the data for Huron and Perth is combined).

The second approach used to capture data for nurses involved a survey of employers in Huron and Perth counties. A variety of organizations were invited to participate in the survey including hospitals, long term care homes, retirement homes, Public Health Units, Family Health Teams, and home health care services. In addition to identifying the number and type of nurses employed, the survey also examined the number of vacancies for nursing positions, if/how

nursing training certification requirements are changing, nurse recruitment strategies/challenges, and nurse retention challenges.

Hospitals

All eight hospitals in Huron and Perth participated in the survey:

- Huron Perth Healthcare Alliance (HPHA)
 - Seaforth Community Hospital
 - Clinton Public Hospital
 - Stratford General Hospital
 - St. Marys Memorial Hospital
- Alexandra Marine & General Hospital (AMGH)
- Listowel Wingham Hospitals Alliance (LWHA)
 - Wingham & District Hospital
 - Listowel Memorial Hospital
- South Huron Hospital Association (SHHA)

Long Term Care (LTC) / Retirement Homes

All 27 of the LTCs and Retirement Homes in Huron and Perth were invited to participate in the survey.² Huron County has a total of 11 LTCs / Retirement Homes which collectively have 612 long term care beds and 300 retirement beds. Perth County has a total of 16 LTCs / Retirement Homes which collectively have 708 long term care beds and 497 retirement beds.

A total of nine LTCs / Retirement Homes in Huron and five LTCs / Retirement Homes in Perth responded to the survey. The nine Huron facilities represent 90% of the total long term care beds and 47% of the retirement beds in Huron while the five Perth facilities represent 55% of the total long term care beds and 13% of the retirement beds in Perth. Collectively, these 14 LTCs / Retirement Homes represent 71% of the total long term care beds and 26% of the retirement beds in the Huron / Perth area.

Table 1 shows the LTCs and Retirement Homes in Huron and Perth counties. The facilities in **bold** participated in the survey while the facilities in *italics* declined or did not respond to the request to participate in the survey.³

² Two versions of the survey were used with LTCs and Retirement Homes. The long format survey/interview included additional questions on job vacancies and the issues and challenges faced in recruiting and retaining nurses; and the short form survey which only requested information on the number of nurses at the facility and any general comments on challenges associated with recruiting and retaining these workers.

³ Of the 9 participating facilities from Huron, 5 facilities completed the long form survey while 3 facilities completed the short form survey and 1 facility provided some general details on the challenges and issues they face. Of the 5 participating facilities from Perth, 3 facilities completed the long form survey while 2 facilities completed the short form survey.

Table 1: Long Term Care / Retirement Home Facilities in Huron and Perth

	Long Term Care beds	Retirement beds
Huron County		
Blue Water Rest Home, Zurich	65	
Braemar Retirement Centre, Wingham	69	25
Exeter Villa, Exeter	47	66
Fordwich Village Nursing Home, Fordwich	33	
Huronlea Home for the Aged, Brussels	64	
Huronview Home for the Aged, Clinton	120	
Maitland Manor Nursing Home, Goderich	91	
Gilbert Hall Retirement, Wingham		14
Queensway Nursing / Retirement Residence, Hensall	60	35
<i>Seaforth Manor, Seaforth</i>	63	63
<i>Goderich Place Retirement Residence, Goderich</i>		97
Total	612	300
Perth County		
Spruce Lodge Home for the Aged, Stratford	128	
Caressant Care, Listowel	52	64
Knollcrest Lodge, Milverton	78	
Mitchell Nursing Home, Mitchell	48	
Ritz Lutheran Villa, Mitchell	85	
<i>Greenwood Court, Stratford</i>	45	85
<i>PeopleCare Stratford, Stratford</i>	60	
<i>Hillside Manor, Stratford</i>	90	
<i>Kingsway Lodge, St. Marys</i>	62	27
<i>Wildwood Care Centre, St. Marys</i>	60	24
<i>Anne Hathaway Residence, Stratford</i>		67
<i>Cedarcroft Place, Stratford</i>		100
<i>Country Meadows, Brunner</i>		50
<i>Countryview Retirement Home, Listowel</i>		10
<i>Hamilton Place, Listowel</i>		36
<i>Livingstone Manor Retirement Home, Listowel</i>		34
Total	708	497

Public Health Units

Both the Huron County Health Unit and the Perth District Health Unit participated in the survey.

Family Health Teams

Huron and Perth counties have a total of 9 Family Health Teams:

- Bluewater Area FHT, Zurich
- Clinton FHT, Clinton
- Happy Valley FHT, St Marys
- Huron Community FHT, Seaforth
- Maitland Valley FHT, Goderich
- North Huron FHT, Wingham
- North Perth FHT, Listowel
- STAR FHT, Stratford/Tavistock
- Stratford FHT, Stratford

Four of the Family Health Teams participated in the survey (Clinton, Bluewater Area, North Perth, Huron Community).⁴

Home Healthcare Services

A total of four home healthcare service agencies participated in the survey:

- Victorian Order of Nurses for Canada – Perth-Huron Branch
- Paramed
- Retire at Home
- One Care Home and Community Support Services.

Other Regulated Healthcare Professions

Data for newly regulated professions (Homeopath, Kinesiologist, Naturopath, Traditional Chinese Medicine) was obtained directly from the respective Colleges.

Data for Physiotherapists was not available in the HPDB due to data quality issues and was obtained directly from the College of Physiotherapists of Ontario.

Data for Social Support Workers and Social Workers was obtained from the Ontario College of Social Workers and Social Support Workers.

Table 2 presents an overview of the data source used for each regulated profession.

⁴ Family Health Teams are health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide health care for their community. Family Health Teams provide more service and a wide range of health options, especially for people who don't have a doctor. Family Health Teams ensure that people receive the care they need in their communities, as each team is set-up based on local health and community needs. They focus on chronic disease management, disease prevention and health promotion, and work with other health care organizations, such as public health units and Community Care Access Centres.

Table 2: Data Sources for Regulated Professions

Regulated Professions	Data Source			
	HealthForce Ontario	College	OPHRDC	HHR Survey
Audiologists	x			
Chiropodists	x			
Chiropractors	x			
Dental Hygienists	x			
Dental Technologist				
Dentists	x			
Denturist		x		
Dietitians	x			
Homeopath (newly regulated)		x		
Kinesiologist (newly regulated)		x		
Massage Therapists	x			
Medical Laboratory Technologists	x			
Medical Radiation Technologists	x			
Midwives	x			
Naturopath (newly regulated)		x		
Nurses		x		x
Registered Nurse		x		x
Registered Practical Nurse		x		x
Nurse Practitioner		x		x
Occupational Therapists	x			
Opticians	x			
Optometrists	x			
Pharmacists	x			
Physician			x	
Family			x	
Specialist			x	
Physiotherapists		x		
Psychologists	x			
Respiratory Therapists	x			
Social Support Workers and Social Workers		x		
Speech-Language Pathologists	x			
Traditional Chinese Medicine (newly regulated)		x		

Notes:

1. Pharmacy technicians officially became recognized as a new class of registrant with the Ontario College of Pharmacists in December 2010.
2. OPHRDC = Ontario Physician Human Resources Data Centre
3. HHR Survey = Healthcare Human Resource Survey

2.2 Non-regulated Professions

The list of non-regulated professions in the healthcare sector is long and the Healthcare Human Resources Steering Committee decided to focus on a select few professions as part of this study. Selection was based on the number of people employed in the profession and demand and recruitment/supply challenges.

- Personal Support Workers – A substantial number of PSWs are employed in Huron and Perth. The aging population will increase demand for PSWs in long term care services. PSW's now have to be certified which could impact supply/availability.
- Activation Workers – The aging population will increase demand for Activation Workers in long term care services. Activation Workers now have to be qualified which could impact supply/availability.
- Med Lab Technologists (lab technicians/assistants) – Difficult to recruit.
- Ambulance Attendants / Paramedics – A substantial number of paramedics are employed in Huron and Perth.
- Certified Cooks / Food Service Workers – The aging population will increase demand for cooks/FSWs in long term care services. Positions have to be certified which could impact supply/availability.
- Communicative Disorder Assistants (non-regulated services) – The aging population will increase demand for services. Difficult to recruit.

A survey of employers in Huron and Perth counties was used to capture data for the non-regulated professions. Hospitals, long term care homes, retirement homes, Public Health Units, Family Health Teams, and home health care services were invited to complete a survey to tabulate Personal Support Workers, Activation Workers, Communicative Disorder Assistants, and Cooks/Food Service Workers.⁵

A survey of Emergency Medical Services in Huron (County of Huron EMS) and Perth (Perth County EMS) was used to compile data on Paramedics.

Several organizations employing med lab assistants were invited to participate in a survey but the response was very limited.

All of the survey and questionnaire instruments used in this study are contained in a separate document: Healthcare Human Resources Study for Huron and Perth - Tool Package, Aug. 2011.

⁵ This survey was combined with the nurse survey.

2.3 Internet Survey of Students/Graduates

Internet based surveys were used with students in the Rural Healthcare Work Placement program and graduates from the Practical Nursing program and the Food Service Worker program to better understand how health sector job seekers search for work, the challenges they experience in searching for work and the importance of working in the Huron Perth area.

The Rural Healthcare Work Placement program is coordinated by HealthKick and is designed to give students a chance to gain hands-on work experience in a healthcare setting in Huron, Perth, Bruce and Grey counties.

- 21 students who received a placement in 2011 were invited to participate in the survey and a total of 17 students (81%) participated.
- 117 students who applied for but did not receive a placement were invited to participate in the survey and a total of 42 students (36%) participated.
- 37 students who received a placement in previous years (2005 and 2010) were invited to participate in the survey and a total of 12 students (32%) participated.

The Practical Nursing Program is a four year part-time practical nursing program offered in Seaforth at HealthKick in partnership with Georgian College.

- 19 students who graduated from the Practical Nursing Program were invited to participate in the survey and a total of 13 students (68%) participated.

The Food Service Worker Program is an eighteen month part-time program in offered in Seaforth at HealthKick in partnership with Georgian College. The program meets the Ministry of Health and Long-Term Care (MOHLTC) standard requirement for food service worker.

- 18 students who graduated from the Food Service Worker training program were invited to participate in the survey and a total of five students (28%) participated.

2.4 Family Health Teams and Providers Council Discussion Sessions

An early draft of the Healthcare Human Resource inventory was shared with the Huron Perth Providers Council for comment and feedback. The draft inventory was also shared with Huron Perth Family Health Team Administrators for comment and feedback.

The next section of the report provides an overview of the changing demographics in Huron and Perth counties.

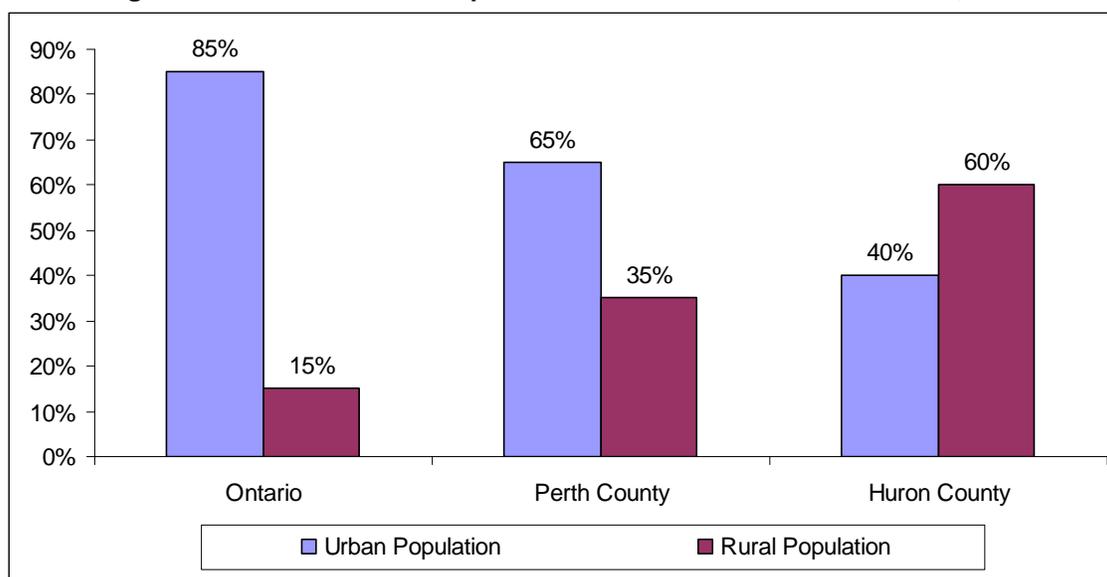
3.0 Community Profile

Healthcare human resources have been gaining popularity in light of changing demographics. With shifts in funding and policies, it is difficult to know whether or not community hospitals, family health teams, health units, walk-in clinics, and private health care providers will be ready and equipped to manage a diverse set of population needs. To better understand what these facilities need, it is important to take a closer look at the factors that are impacting the health and livelihood of the residents in Perth and Huron counties. Such factors include: smoking, drinking, physical activity, fruit and vegetable consumption, and population risks for cancer and disease. With this information, healthcare human resources can plan and implement effective strategies to tailor education, training and employment opportunities to reflect what is truly needed in our communities, along with successfully recruiting and retaining health care personnel to live and work in our rural neighbourhoods.

3.1 Population and Place of Residence

Compared to the province as a whole, a significantly larger proportion of the population in Perth and Huron reside in rural areas. As shown in Figure 1, 60% of the population in Huron and 35% of the population in Perth reside in rural areas compared to 15% of the total provincial population.⁶

Figure 1: Urban and Rural Population – Ontario vs. Perth and Huron, 2006



Source: Statistics Canada, 2006

Between 2001 and 2006, the population of Huron County declined by 0.6% from 59,701 to 59,325 (Table 3). Just over half of the municipalities in Huron County experienced a decline in population between 2001 and 2006 with the greatest rate of decline occurring in Huron East (-3.8%), Morris-Turnberry (-2.7%), and Central Huron (-2.1%). Factors associated with the decline include an aging population, a declining birth rate, and the migration of younger people

⁶ The rural population refers to persons living outside centres with a population of 1,000 and outside areas with 400 persons per square kilometre (Statistics Canada).

to larger cities outside the region (Huron County Health Unit: Community Health, 2009). During the same period the Huron municipalities of Bluewater and Howick experienced the greatest rate of growth at 2.9% and 2.7% respectively.

Between 2001 and 2006, the population of Perth County increased by 0.9% from 73,675 to 74,344 (Table 4). However, half of the municipalities in Perth County experienced a decline in population between 2001 and 2006 with the greatest rate of decline occurring in Perth South (-3.9%) and West Perth (-3.2%). There was also a small decline in population in Perth East (-0.6%) which is home to many Amish and Mennonite families. During the same period the Perth municipalities of St Marys and Stratford experienced the greatest rate of growth at 5.1% and 2.3% respectively.

Although the population increased in several municipalities in Perth and Huron between 2001 and 2006, it did not match the overall provincial growth rate which was 6.6%.

Table 3: Population and Population Change in Huron County, 2001-2006

	Population		Population Change, 2001 to 2006 (%)	Land Area 2006 (sq km)	Population Density 2006 (per sq km)
	2001	2006			
Huron County	59,701	59,325	-0.6	3,397	17
South Huron	10,019	9,982	-0.4	425	23
Bluewater	6,919	7,120	2.9	417	17
Central Huron	7,806	7,641	-2.1	448	17
Goderich	7,604	7,563	-0.5	8	956
Huron East	9,680	9,310	-3.8	669	14
Howick	3,779	3,882	2.7	287	14
Morris-Turnberry	3,499	3,403	-2.7	376	9
North Huron	4,984	5,015	0.6	179	28
Ashfield-Colborne-Wawanosh	5,411	5,409	0.0	587	9

Source: Statistics Canada, 2001, 2006

Table 4: Population and Population Change in Perth County, 2001-2006

	Population		Population Change, 2001 to 2006 (%)	Land Area 2006 (sq km)	Population Density 2006 (per sq km)
	2001	2006			
Perth County	73,675	74,344	0.9	2,218	34
Stratford	29,780	30,461	2.3	25	1,205
Perth South	4,299	4,132	-3.9	393	11
St. Marys	6,293	6,617	5.1	12	530
West Perth	9,129	8,839	-3.2	579	15
Perth East	12,119	12,041	-0.6	715	17
North Perth	12,055	12,254	1.7	493	25

Source: Statistics Canada, 2001, 2006

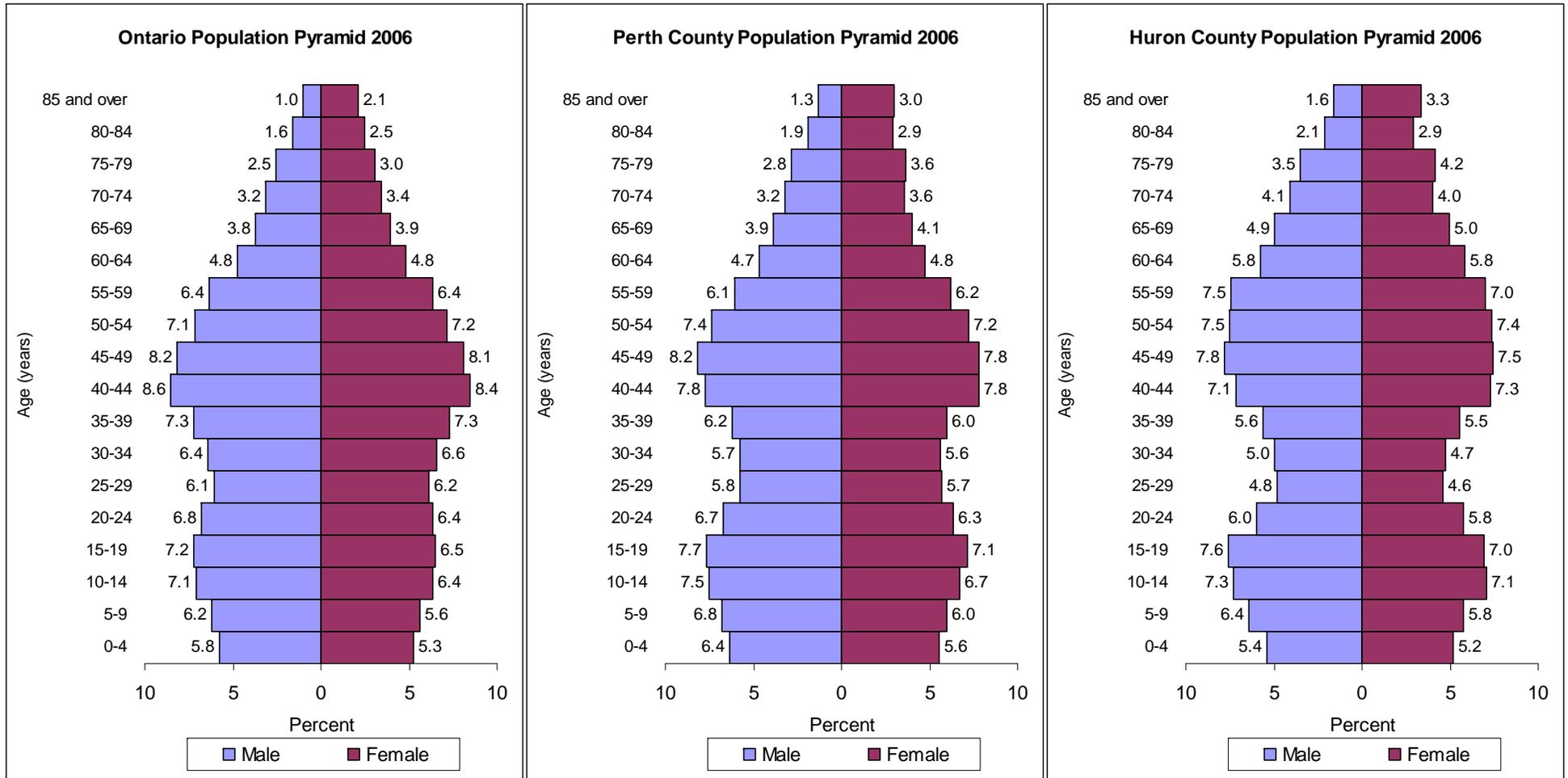
Perth County has a smaller land area compared to Huron County (2,218 sq km vs. 3,397 sq km) and a larger population which results in a greater overall population density (34 people per sq km vs. 17 people per sq km). However, several municipalities in Perth County feature population densities that are equivalent or lower than the average population density for Huron County including Perth East, West Perth, and Perth South (Table 3 and 4).

Despite pockets of population decline across some areas of Perth and Huron, Ministry of Finance projections suggest that the total population in Perth and Huron will increase by 3.8% and 3.5% respectively by the year 2022. Among the different age groups, those aged 65 and over are projected to experience the greatest increase in Perth and Huron which will increase the need for healthcare services relevant to an older population in the future. For example, between 2007 and 2022, the 65-75 year cohort will increase by 4.2% relative to the other age categories (South West Local Health Integration Network. Nov. 2009).

The population pyramid for Ontario shows the "leading edge" of the baby boomers is in the 55 to 59 age group and the bulge is in the 40 to 44 age group (Figure 2). Youth in the 0 to 14 age group account for a slightly higher proportion of the total population in Perth and Huron compared to the province as a whole (19% vs. 18% for Ontario). However, compared to the province, Perth and Huron have a smaller proportion of their population in the 25 to 44 age group (25% and 22% vs. 28% for Ontario) and a larger proportion of their population in the 65 year and over group (15% and 18% vs. 14% for Ontario).

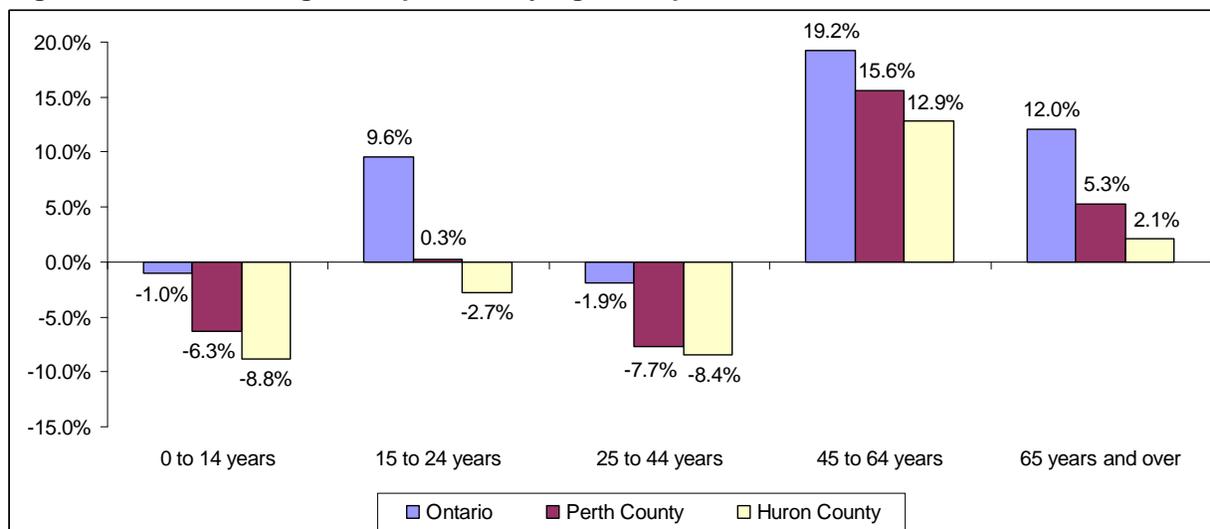
Between 2001 and 2006, the size of the Perth and Huron population in the 25 to 44 age group declined by approximately 8% compared to a 2% decline for the province as a whole (Figure 3). This change is partly linked to outmigration and the pursuit of employment opportunities elsewhere. During the same period the size of the Perth and Huron population in the 45 to 64 age group increased by 15% and 13% respectively compared to a 19% increase for the province as a whole while the size of the Perth and Huron population 65 years and over increased by 5% and 2% respectively compared to a 12% increase for the province.

Figure 2: Population Pyramids for Ontario, Perth and Huron, 2006



Source: Statistics Canada, 2006

Figure 3: Percent Change in Population by Age Group for Ontario, Perth and Huron, 2001 to 2006



Source: Statistics Canada, 2001, 2006

3.2 Socioeconomic Conditions

Employment status, type of employment, income, and education are all socioeconomic factors that contribute to the health of individuals and communities.

Employment insecurity and job quality are known to be associated with physical and mental health (Raphael D., 2004). In 2005, the unemployment rates for Perth and Huron Counties were 3.7% and 4.4% respectively which was below the provincial rate of 6.4% (Statistics Canada, 2006). With the onset of the general economic recession in 2008, unemployment rates have risen across the province. However, unemployment rates are beginning to decline again across the Perth, Huron, Bruce, Grey area and they remain lower than the rest of the province. In this economic region, employment increased by 4,300 from April 2010 to April 2011 (all part-time jobs) and the number of unemployed people fell by 2,300 from April 2010 to April 2011. As a result, the unemployment rate declined from 8.3% to 6.8%, the second lowest unemployment rate among all eleven economic regions in Ontario. Over this same period, the provincial unemployment rate fell from 9.1% to 8.2% (Service Canada, April 2011). In addition, Perth and Huron experience seasonal increases in unemployment because of strong reliance of resource-based industry (i.e. agriculture and agriculture related processing/manufacturing).

Manufacturing and agriculture continue to represent two of the most important industry sectors in Perth and Huron in terms of labour force concentration (Table 5). In 2006, the manufacturing sector accounted for 22% of the jobs in Perth and almost 16% of the jobs in Huron compared to 14% of the jobs at the provincial level. The agriculture sector in Perth and Huron is particularly significant and specialized compared to the province. In 2006, the agriculture sector accounted for 10% of the jobs in Perth and 14% of the jobs in Huron compared to 2% of the jobs at the provincial level. Compared to the province, Perth and Huron also have a higher proportion of jobs in the construction sector. Manufacturing, agriculture and construction jobs are considered among the riskiest of jobs in terms of workplace injuries because of the physical labour involved (Human Resources and Skills Development Canada, 2007). For example, fractures accounted for 19% of the injuries sustained by those working in primary industries such as agriculture and

forestry which is significantly higher than the 11% average for all workers (Statistics Canada, 2007).⁷

Table 5: Employment by Industry Sector for Ontario, Perth and Huron, 2006

Industry Sector	Ontario		Perth County		Huron County	
	#	%	#	%	#	%
Agriculture, forestry, fishing	114,340	1.8	4,100	9.7	4,570	14.4
Mining and oil and gas extraction	25,435	0.4	75	0.2	505	1.6
Utilities	50,215	0.8	115	0.3	255	0.8
Construction	384,780	5.9	2,705	6.4	2,420	7.6
Manufacturing	899,670	13.9	9,290	22.0	4,940	15.5
Wholesale trade	307,465	4.7	2,220	5.3	1,515	4.8
Retail trade	720,235	11.1	4,345	10.3	3,325	10.5
Transportation and warehousing	307,480	4.7	1,905	4.5	1,350	4.2
Information and cultural industries	172,800	2.7	425	1.0	340	1.1
Finance and insurance	316,170	4.9	1,505	3.6	770	2.4
Real estate and rental and leasing	126,440	2.0	480	1.1	325	1.0
Professional, scientific and technical services	471,625	7.3	1,280	3.0	915	2.9
Management of companies and enterprises	8,440	0.1	40	0.1	15	0.0
Administrative and support	314,005	4.9	1,035	2.5	855	2.7
Educational services	433,485	6.7	1,955	4.6	1,610	5.1
Health care and social assistance	611,745	9.4	3,985	9.4	3,185	10.0
Arts, entertainment and recreation	140,835	2.2	1,125	2.7	490	1.5
Accommodation and food services	414,970	6.4	2,830	6.7	2,070	6.5
Other services	303,515	4.7	1,840	4.4	1,485	4.7
Public administration	350,075	5.4	960	2.3	835	2.6
Total	6,473,725	100.0	42,215	100.0	31,775	100.0

Source: Statistics Canada, 2006

Income can impact the health of families and individuals by affecting access to resources required for healthy lifestyles. In 2005, the average household income in Perth and Huron was \$67,241 and \$63,011 respectively which is about \$10-\$15,000 lower than the Ontario average of \$77,967. The median household income in 2005 was \$57,225 and \$51,910 for Perth and Huron which is about \$3-\$8,000 lower than the Ontario average of \$60,455. Lower average and median income levels in Perth and Huron can primarily be attributed to the smaller proportion of households earning over \$100,000/year. In 2005, 18% of households in Perth and 15% of households in Huron earned over \$100,000/year compared to 24% for the province (Statistics Canada, 2006).

Perth and Huron have lower proportions of households, families and individuals living in low-income situations when compared to Ontario. As average income levels in Huron County are lower than Ontario, Perth and Huron may also experience a lower cost of living. As shown in Table 6, almost 4% of economic families in Perth and 3% of families in Huron were living in low income (after tax) in 2005 compared to almost 9% of economic families in Ontario (Statistics

⁷ The agriculture sector lost jobs in recent Census periods but recent data suggests that job growth is returning to agriculture. Between 2008 and 2010 the number of jobs in crop production in Perth increased by 87 jobs while the number of jobs in animal production in Huron increased by 260 jobs (Four County Labour Market Planning Board, TOP Update, March 2011). New jobs on the horizon include an additional 40 part-time jobs at Exeter Produce and Storage Company which is expanding annual bell pepper production from 3,700 to 5,000 tonnes by October 2011 (Service Canada, April 2011).

Canada, 2006).⁸ Almost 17% of unattached individuals (i.e. not in economic families) in Perth and 16% of individuals in Huron were living in low income (after tax) in 2005 compared to 27% of unattached individuals in Ontario (Statistics Canada, 2006). Approximately 5% of private households in Perth and Huron were living in low income (after tax) in 2005 compared to 11% of private households in Ontario (Statistics Canada, 2006).⁹

In both Perth and Huron, female-led lone-parent families continue to be more economically disadvantaged than male-led lone-parent families but to a lesser extent than the province as a whole. In 2005, approximately 13% of female-led lone-parent families in Perth and Huron were living in low income compared to 10% of male-led lone-parent families in Perth and 2% of male-led lone-parent families in Huron. At the provincial level 12% of male-led lone-parent families and 24% of female-led lone-parent families were living in low income in 2005.

Table 6: Incidence of Low Income by Economic Family, Unattached Individuals, and Private Household for Ontario, Perth and Huron, 2006

	Ontario	Perth County	Huron County
Total economic families	3,335,250	20,835	16,900
Prevalence of low income before tax in 2005 %	11.7	5.9	5.2
Prevalence of low income after tax in 2005 %	8.6	3.7	3.3
Couple economic families	2,786,985	18,215	15,120
Prevalence of low income before tax in 2005 %	8.6	4.0	3.7
Prevalence of low income after tax in 2005 %	6.2	2.4	2.5
Male lone-parent economic families	85,590	505	415
Prevalence of low income before tax in 2005 %	16.4	11.9	6.1
Prevalence of low income after tax in 2005 %	12.2	9.9	2.4
Female lone-parent economic families	396,210	1,900	1,235
Prevalence of low income before tax in 2005 %	31.6	21.3	22.4
Prevalence of low income after tax in 2005 %	23.9	13.4	13.0
Total persons 15 years and over not in economic families	1,432,705	8,500	6,555
Prevalence of low income before tax in 2005 %	34.1	24.2	23.3
Prevalence of low income after tax in 2005 %	27.0	16.7	15.5
Males 15 years and over not in economic families	659,535	3,950	2,950
Prevalence of low income before tax in 2005 %	32	21.8	21.5
Prevalence of low income after tax in 2005 %	27.3	17.3	16.1
Females 15 years and over not in economic families	773,165	4,550	3,605
Prevalence of low income before tax in 2005 %	35.8	26.2	24.7
Prevalence of low income after tax in 2005 %	26.8	16.2	15.0
Total persons in private households	1,1926,140	72,990	57,845
Prevalence of low income before tax in 2005 %	14.7	8.0	7.5
Prevalence of low income after tax in 2005 %	11.1	5.2	4.8

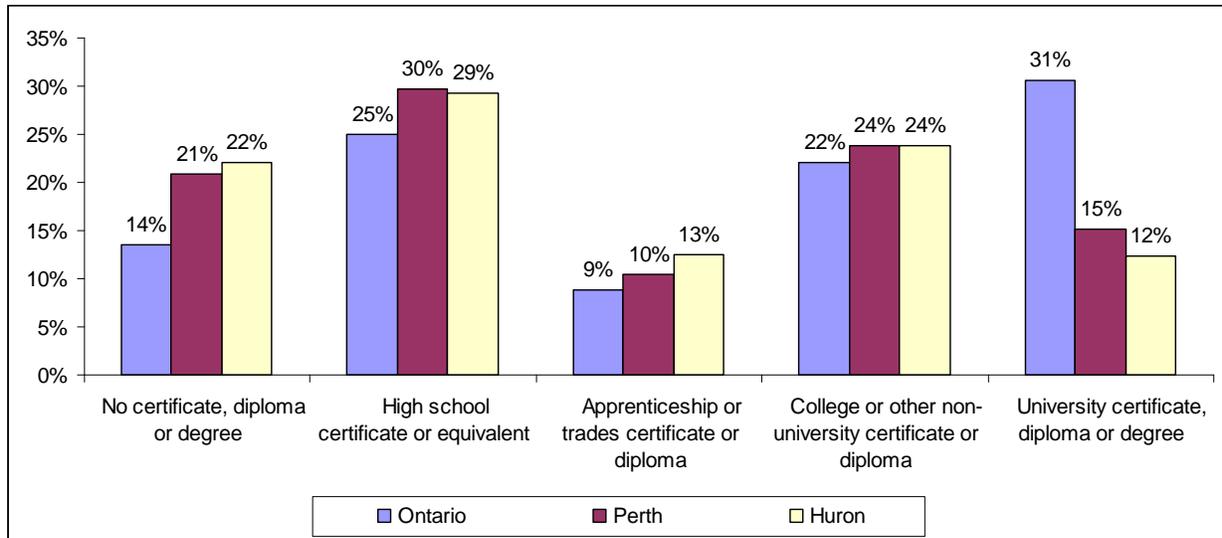
Source: Statistics Canada, 2006

⁸ An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption.

⁹ A private household is referred to as a person or a group of persons (other than foreign residents) who occupy the same private dwelling and do not have a usual place of residence elsewhere in Canada.

Education is an important determinant of health, given its impact on employment and income. Education contributes to health by providing people with knowledge and skills for problem solving. It also improves our ability to access and understand information needed to help make healthy choices (Huron County Health Unit: Community Health, 2009). Compared to the province of Ontario, Perth and Huron have a much higher percentage of individuals in the 25 to 64 age range who have not obtained a certificate, diploma or degree (14% vs. 21-22%) and a much lower percentage of individuals who have obtained a university certificate, diploma or degree (31% vs. 12-15%). Both Perth and Huron have a higher proportion of individuals with an apprenticeship or college diploma compared to the province (Figure 4).

Figure 4: Highest Level of Education (Population 25 to 64 Years) for Ontario, Perth and Huron, 2006



Source: Statistics Canada, 2006

3.3 Self-Reported Health

Self-reported health is one way of measuring an individual's current health status and has been found to be predictive of future mortality and of the development of chronic conditions. In 2005, 66% of Perth residents rated their health as very good or excellent which is higher than the provincial average (61%). Close to 58% of Huron residents rated their health as very good or excellent which is slightly under the provincial average. With respect to mental health, 75% of Perth residents and 74% of Huron residents rated their mental health as very good or excellent which is slightly higher than the provincial average (73%) (South West LHIN. CCHS Data, 2005). Strong social connections provide support and promote a sense of belonging and control in times of adversity. There is an established causal link between social relationships and health, with those who are strongly connected to the community being less likely to be involved in risky health behaviours (Huron County Health Unit: Community Health, 2009). In 2005, approximately 73% of the Perth population and 71% of the Huron population reported a strong sense of belonging to their local community which is significantly higher than the Ontario average (63%) (South West LHIN. CCHS Data, 2005).

3.4 Behavioural Risk Factors

The following section outlines the prevalence of various behavioural risk factors such as alcohol and tobacco use and physical activity in the Huron and Perth population.

Alcohol

Alcohol use is a significant risk factor for both injury and chronic disease. Heavy drinking puts a person at much higher risk of death or injuries from motor vehicle collisions; alcohol associated illness, falls, drowning and other hazards of poor judgement and reduced coordination. Longer term, heavy drinking can result in high blood pressure, stroke, liver disease, and neurological damage. Research also shows that young people, whose brains are still developing, may be at greater risk than mature adults of lasting brain damage from heavy alcohol consumption (Ministry of Health and Long Term Care, August 2009).

Alcohol misuse can also severely impact the amount of funds and resources that are available to the population. It is estimated that alcohol and substance abuse costs Ontario nearly \$9.2 billion in health care, law enforcement, and labour costs (Government of Ontario: Health Promotion, 2009). Alcohol alone, accounts for nearly half the cost. It is estimated that alcohol misuse accounts for 10% of deaths in Ontario and is involved in about 40% of all traffic collisions, which result in a large number of potential years of life lost because of the relatively young age of those killed in traffic collisions. Heavy drinking also increases the risk of violence, vandalism, sexual assault, and unprotected sexual encounters with the potential for unplanned pregnancy or infection from sexually transmitted diseases (Ministry of Health and Long Term Care, August 2009).

In 2007, 43% of Huron adults and 41% of Perth adults participated in heavy drinking, which is higher than the provincial average of 37% (Ministry of Health and Long Term Care, August 2009).¹⁰ Youth in both counties are significantly more likely to binge drink, compared to their Ontarian counterparts. Among youth aged 12-19 years, 49% of Huron youth and 30% of Perth youth reported having at least one drink over the past 12 months and of those, 79% and 70% had participated in binge drinking over the past 12 months which is significantly higher than the provincial average (Huron County Health Unit: Community Health; van Dorp & Liu).

Smoking

Tobacco use is the number one preventable cause of premature death and illness in Ontario. Reports indicate that those who are current smokers could cut their chances of dying in half if they quit smoking. Those who continue to smoke will die eight years earlier than the average person in Canada (Health Canada, 2007). Smoking accounts for approximately 13,000 deaths annually and results in a substantial burden on the health care system (Ministry of Health and Long Term Care, August 2009). There is strong evidence that suggests smoking is related to more than two dozen diseases, some of which include: coronary heart disease, high blood pressure, lung cancer, emphysema, and thyroid disease (Health Canada). There is also some evidence that suggests smoking is related to disease of the large intestine and leukemia. Smoking also puts females at increase risk for cervical cancer, fertility issues, and spontaneous abortions (Health Canada). Exposure to second hand smoke is associated with sudden infant death syndrome, reduced birth weight, middle ear disease, coughing, breathlessness and lower levels of lung function in children.

¹⁰ Heavy drinking is defined as consuming five or more drinks on at least one occasion during the previous 12 months.

Smoking not only severely impacts the health and safety of people, but it also drains our health care system of resources and funds. It is estimated that smoking costs the Ontario economy \$1.7 billion annually and results in \$2.6 billion in productivity losses (Government of Ontario: Health Update, 2009). Compounding the issue is the annual hospital visits, estimated at 500,000 visits a year, costing somewhere between 6-15% of our total health care costs (Government of Ontario: Health Update). There are even some estimates that suggest smoking is costing the Ontario health care system upwards of \$5 billion a year (Government of Ontario: Health Update). In keeping with those figures, it becomes clear that raising awareness about the ill-effects of smoking and the drain it has on our health care system should be paramount in Perth and Huron County.

In 2005, Huron County had a slightly higher proportion of individuals (12 years and older) who smoked daily or occasionally compared to the province. Close to 24% of the Huron population and 20% of the Perth population reported that they smoked daily or occasionally compared to the provincial average of 21% (South West LHIN. CCHS Data, 2005).

Further analysis for Huron County from 2006 reveals that a higher proportion of males are current smokers compared to females (24% vs. 17%) and that smoking status also varied by age and education level, with the proportion of current smokers decreasing with increasing age and education level. In 2006, the proportion of current smokers was more than doubled in individuals with less than a high school diploma when compared to individuals who were college or university graduates (13% vs. 29%) (Huron County Health Unit: Community Health, 2009). Further analysis for Perth County also reveals that smoking is more prevalent among males than females and that a smaller proportion of females (14%) are smoking compared to the provincial average (18%) (Perth County, March 2011).

Physical Activity and Obesity

Physical activity directly benefits a person's physical and mental health. People who exercise regularly are less susceptible to a number of chronic health conditions. Physical inactivity is among the leading contributors to a wide range of illnesses and conditions including coronary heart disease and stroke, type II diabetes, certain types of cancer, and osteoporosis (Ministry of Health and Long Term Care, August 2009).

In 2007, 52% of the Huron population and 48% of the Perth population (12 years and older) reported participating in physical activities in which they were active or moderately active. This is fairly comparable to the provincial average of 50% (Ministry of Health and Long Term Care, August 2009). Researchers in Perth County have taken note that physical inactivity increases with age and the largest inactive age group are those 65 years and older (60%) followed closely by those aged 45-64 years (56%) (van Dorp & Liu, 2011).

A healthy body weight is associated with good health while excess weight can lead to a variety of health problems including coronary artery disease, stroke, hypertension, colon cancer, post menopausal breast cancer, type II diabetes, gall bladder disease, and osteoarthritis. Chronic diseases such as these are the leading causes of death in Ontario (Ministry of Health and Long Term Care, August 2009). The healthy body mass index indicator estimates the age-standardized proportion of people age 18 years and older whose self reported height and weight denote a healthy body mass index (BMI).¹¹ In 2007, 38% of the population in Huron and Perth

¹¹ BMI is calculated using the person's weight in kilograms divided by their height in squared metres. The World Health Organization considers a BMI in the range of 18.5-24.9 to be healthy for most adults.

(18 years and older) had a healthy BMI which is considerably lower than the provincial average (47%) (Ministry of Health and Long Term Care, August 2009). Reports from Huron County indicate differences between males and females with men typically being more overweight and obese than women (Huron County Health Unit: Community Health).

The costs associated, directly and indirectly, with an overweight or obese population is estimated at \$2.1 billion annually across Canada and even a 10% improvement in physical activity could save \$150 million annually (Katzmarzyk, 2011). Childhood obesity is on the rise and higher healthcare related costs are noticeable in overweight and obese children, males, children from lower income homes, and children residing in urban areas (Kuhle, Kirk, Ohinmaa, Yasui, Allen, & Veugelers, 2010). The costs translate into 1.3% of our total healthcare expenses to care for overweight children and 2.1% for obese children (Kuhle et al., 2010). Furthermore, children who are not achieving a healthy weight are said to visit physicians more often starting as young as 5 years of age. Asthma is thought to be the top reason for doctor visits in children who are above a healthy weight. Obese children are also at a higher risk of developing mental disorders (Kuhle et al.). Most children do not outgrow their weight problem and many continue to gain weight as they age (Ministry of Health and Long Term Care, August 2009).

Fruit and Vegetable Consumption

As part of Canada's Food Guide to Healthy Eating, it is recommended that people aged 4 years and older eat 5 to 10 servings of fruits and vegetables each day. Research has shown that diets containing substantial and varied amounts of vegetables and fruit may prevent certain types of cancer and are associated with reduced risk of cardiovascular disease. These types of diets are also associated with healthy weights and decreased risk of obesity. Results from the Canadian Community Health Survey indicate that 59% of Canadian children 2-17 years of age consume fruit and vegetables less than five times a day and that these children are significantly more likely to be overweight or obese compared to those who consume fruit and vegetables more frequently (Ministry of Health and Long Term Care, August 2009).

In 2007, 48% of the population in Huron and 46% of the population in Perth (12 years and older) reported consuming fruits and vegetables five or more times per day which is higher than the provincial average (42%) (Ministry of Health and Long Term Care, August 2009). There are marked age differences, with youth (aged 12-19 years) being the least likely to get the recommended 5 servings compared to adults (Huron County Health Unit: Community Health). Gender differences are also noticeable as females in Huron and Perth tend to be consuming more fruits and vegetables compared to males (Huron County Health Unit: Community Health; Perth County, March 2011).

Stress

Stress can impact health in a variety of ways. In the short term it can result in negative health behaviours in the long term it can increase the risk for developing chronic conditions, such as arthritis, back problems, chronic bronchitis, ulcers and heart disease. In 2005, 18% of Huron residents and 20% of Perth residents reported that their life stress was "quite a lot" which was lower than the provincial average of 23% (South West LHIN. CCHS Data, 2005).

3.5 Access to Health Care Services

Access to some health care services remains a challenge in Huron and Perth and the severity and type of challenges can vary between the counties. For example, in 2005, approximately 20% of the Huron population reported that they did not have a regular medical doctor which is more than double the provincial average (9%) and significantly higher than the average for Perth

(3%) (South West LHIN. CCHS Data, 2005). These figures correspond with other indicators including doctor patient ratios and frequency of access to medical doctors. Huron County has approximately 72 physicians and 16 specialists per 100,000 people compared to 86 physicians and 66 specialists per 100,000 people in Perth County (Statistics Canada, 2011; Huron County Health Unit: Community Health). In 2005, 78% of the Huron population reported contact with a medical doctor in the past 12 months which is lower than the Perth average (84%) as well as the provincial average (82%) (South West LHIN. CCHS Data, 2005).

3.6 Life Expectancy, Disease, and Hospitalization Rates

Huron and Perth are similar in that they both are going through a demographic shift towards an aging population. Research indicates that the age group 45-64 years has increased by 13.6% and those who are 65 years and older has increased by 5% (Harry Cummings and Associates Inc., 2011). These numbers reveal a large percent of the population who are retiring or are close to retirement age. In the urban areas of Perth, 21.7% of the population are 60 years and older. This is slightly higher than the provincial average, which is at 19.3% (Harry Cummings and Associates Inc.).

There are many factors that can impact hospitalization rates and the overall death rate in Huron and Perth County. Around 18% of the population in Huron County is 65 years and older and just over 15% in Perth are in the same age bracket (Statistics Canada, 2011). This is thought to influence the crude death rate. The crude death rate in Huron County is 17% while Ontario's rate is at 13% for 2000 to 2003 (Huron County Health Unit: Community Health, 2009). The life expectancy from birth of Huron County residents is slightly lower than the provincial average, resting at 77.7 years for men and 82.3 years for women in 2011 (Statistics Canada). Similarly, the life expectancy for Perth County residents is not that different, with an average age of 78.2 years for men and 81.9 years for women (Statistics Canada). Studies indicate that the leading cause of death is ischemic heart disease, followed by cerebrovascular diseases and lung cancer (Huron County Health Unit: Community Health). Gender differences exist when it comes to the variances in the causes of death. Lung cancer and chronic lower respiratory diseases are among the top three causes of death for men. Men are also impacted by colorectal cancer, land transport occurrences, and suicide. For women, they are mostly affected by cerebrovascular diseases, dementia and Alzheimer disease, and heart failure (Huron County Health Unit: Community Health). Other leading causes of death are influenza and pneumonia (Huron County Health Unit: Community Health). According to Statistic Canada, roughly 40% of Huron County residents and 40.3% of Perth County residents received the flu vaccine (Statistics Canada).

Other factors that influence the death rate are the hospitalization rates and the reasons for hospital visits. Females are reported as having a higher rate of hospitalization than males. This is thought to be partially due to pregnancy and child birthing factors (Huron County Health Unit: Community Health, 2009). The hospitalization rate in Huron County is recorded as being higher than the provincial average. A main contributor influencing the rates is the higher proportion of senior citizens living in the county. Other dependent groups living in Huron County are children and youth (Huron County Health Unit: Community Health). When examining the hospitalization rate for children aged 1-9 years, diseases of the respiratory system are the leading cause among males and females. Male youth, aged 10-19 years, are more likely to be hospitalized due to injuries, poisonings, and other external causes, whereas females in the same age group and in the group aged 20-44 are mostly hospitalized for reasons relating to pregnancy, childbirth, and puerperium (Huron County Health Unit: Community Health). Males in the age group 20-44 years are more often hospitalized for mental and behavioural diseases. Finally, men 45 and over are predominately seeking treatment for diseases of the circulatory systems, along with women 65 and older and women aged 45-64 years, seeking treatment for diseases of the digestive system (Huron County Health Unit: Community Health). There are a variety of health

determinants that can affect the population. It is important that there is a substantial supply of trained health care personnel to care for and treat the diverse set of patients.

Huron County residents also report a variety of chronic illnesses. In 2008, 50% of Huron County residents reported having a chronic disease (Huron County Health Unit: Chronic Disease, 2009). Ninety-three percent of those who are 65 and older reported being inflicted with at least one chronic condition that they seek treatment for (Huron County Health Unit: Community Health, 2009). Thirty percent of respondents indicate they have high blood pressure. Of that 30%, 59% are 65 years and older. Ten percent of the population also reports having asthma. The biggest asthmatic group is 18-44 year olds, at 17.1%. Diabetes is also reported to be affecting 10% of the population, with the largest group being those 65 years and older (17.7%). Lastly, 20% of the population reports being inflicted with heart disease, thyroid disorder, and cancer (Huron County Health Unit: Community Health). Again, the age group that is predominately affected are those who are 65 years and older (39.3%). The Ontario Medical Association has highlighted chronic disease patterns as alarming, as it is growing at worrisome rates (Huron County Health Unit; Chronic Disease).

In addition to chronic illnesses, cancer also plays a large role in hospitalizations and death. The most common cancers diagnosed in Huron County are: breast, prostate, colorectal, and lung cancer (Huron County Health Unit: Community Health, 2009). Other diseases that send men and women to the hospital in Huron County are campylobacter enteritis among men and chlamydial infections among women. However, it should be noted that campylobacteriosis is the most commonly reported disease in the area, accounting for 19.5% of the disease that individuals seek treatment for (Huron County Health Unit: Community Health). Researchers predict that due to the abundance of agriculture and farms, a higher proportion of humans are coming into contact with animals; therefore, making Huron County residents more prone to food and waterborne infections (Huron County Health Unit: Community Health).

3.7 Health Detriments and the Impacts on the Community

There are marked differences that can significantly affect the health of males and females, across age groups in both Huron and Perth Counties. Because of these differences, it is crucial to have qualified, trained, and skilled health care personnel. It is also important to have a supply of these service providers to deal with the specialized cases associated with the population demographics. Without easy access to these service providers, the residents of Huron and Perth could be severely impacted. This could mean having to travel further distances to receive the care they require, or this could result in longer wait times in the emergency department, increasing wait times, creating backlogs, overworking the staff, and putting a strain on the entire system.

There is strong indication that there is a lack of family physicians available in Southwestern Ontario to cover emergency department shifts. Because of this, many hospitals must rely on, and pay a premium rate for, staffing emergency departments through Health Force Ontario, MedEmerg, and Locum placements (South West Local Health Integration Network, 2009). Hospitals in the Huron and Perth catchment area have had to heavily rely on this form of emergency department staffing. In total, the entirety of the Southwest LHIN used just about 40,000 hours of external coverage to help alleviate the demand on emergency departments. This number results in 28 Full-Time-Equivalents (FTEs), estimating at costing over \$6 million (South West Local Health Integration Network).

Health care personnel are co-dependent on one another. They work as a system to provide the utmost quality of care and services that should be expected with such a diverse population of health needs. The growing issue in healthcare are the wait times for individuals to gain access to

care. Wait times have been reported for the Huron Perth Healthcare Alliance in 2009, with the shortest wait times in Clinton and Seaforth (3.7 and 3.6 hours respectively). The longer wait times are seen in the larger hospitals, resulting in 9.4 hours in Stratford and 7.1 hours in St. Marys (South West Local Health Integration Network).

It becomes increasingly clear, that the health characteristics of a particular region play a tremendous role in the types of healthcare services provided by local hospitals, family health teams, health units, walk-in clinics, and other health related organizations. When examining the population statistics for smoking, drinking, exercise, eating habits, risk of disease, and other factors that can result in hospitalization, it becomes clear that something is missing in health human resources for Huron and Perth counties. In order to efficiently and effectively supply the county's population with superior, timely, and ample health care services, we must carefully scrutinize best practices put forth by human resource departments and align our goals to provide the best possible health care services a region can to its very dynamic population.

3.8 Training Initiatives

Local initiatives have been advantageous to our communities. HealthKick is one of those initiatives, working on innovative ways to encourage health care professionals to live and work in rural Ontario (HealthKick, 2009). HealthKick is a not-for-profit organization that runs training programs and events for local residents in Huron, Perth, Grey, and Bruce counties. HealthKick has teamed up with Georgian College, to deliver Food Service Worker and Practical Nursing programs, based out of Seaforth, Ontario. These programs offer training to those who may not be able to travel to major city-centers to gain the educational requirements needed to work in the field. HealthKick addresses the shortage of Healthcare Human Resources in Huron, Perth, Grey, and Bruce and responds to these shortages by subsidizing tuition costs in an effort to retain local talents (HealthKick). Furthermore, HealthKick understands the importance of encouraging the local post-secondary population to seek employment in the area after graduation. HealthKick works with various community organizations to provide these students with working experience in the rural community. This allows students to better understand how rural health care professionals engage with communities, and also sheds light on the unique challenges the rural health care field is faced with (HealthKick). HealthKick is also involved in creating events for secondary school students. In 2011, HealthKick sponsored an event called Spectrum. This event was designed to address the health care needs and demands in our communities and demonstrate to these students the wide range of health care employment opportunities that are available to them (HealthKick).

HealthKick also has a close working relationship with the South Western Ontario Medical Network (SWOMEN). SWOMEN is located at the University of Western Ontario and is a program run through the Schulich School of Medicine and Dentistry. SWOMEN offers programs to aspiring medical doctors would like to gain relevant work experience outside of the classroom in a rural setting. One of the programs offered is called Discovery Week. This is a mandatory week for undergraduate medical students, that allow them to shadow physicians in the emergency room, operating room, clinics, etc. (SWOMEN, 2011). Another program offered is a Pre-Clerk summer elective. This program introduces medical students to the practice of rural and regional medicine for four weeks. It should also be noted that the majority of these clerkships are spent with family physicians in the rural communities (SWOMEN). Another valuable program is the MedQuest program. This is a program that allows students to discover health careers. It is a 6 week program designed to introduce medical students to community-based, rural regional medicine. The students in this program are responsible for hosting a week long camp to local secondary school students on the various disciplines in health care (SWOMEN). Furthermore, SWOMEN offers Summer Research Electives, designed to develop

rural research interests, while participating at conferences on rural medicine and research (SWOMEN).

Rural regional medicine and research is a top priority. As outlined above, there are many training programs and initiatives put forth to address the needs of rural communities and there is a push to encourage students to take up practice in rural and remote communities. Considering the health status and community demographics of these rural communities, it is more important than ever to fund and support these initiatives, as they play such a critical role in developing and shaping our rural health human resource picture.

The next section of the report presents a profile (inventory) of the Healthcare Human Resources in Huron and Perth and an overview of the strategies and challenges that health organizations and agencies experience in recruiting and retaining healthcare service providers.

4.0 Inventory of Regulated Healthcare Human Resources in Huron and Perth

This section of the report presents an inventory of the healthcare human resources in Huron and Perth counties as compiled from a variety of primary and secondary sources (see Section 2.0 - Research Approach and Methodology for additional details).

4.1 Nurses

Nurses represent the largest single healthcare occupation in Huron and Perth in terms of the total number professionals employed. The Healthcare Human Resources survey of revealed the following profile of nurses practising in Huron and Perth.

Nurses Employed in Hospitals

The eight hospitals in Huron and Perth currently employ a total of:

- 541 RN positions of which 242 (45%) are full time positions, 204 (38%) are part time positions, 84 (15%) are casual positions and 11 (2%) are temporary positions.
- 255 RPN positions of which 106 (42%) are full time positions, 107 (42%) are part time positions, and 40 (16%) are casual positions. There are also two (0.7%) RPNs employed in a temporary position.
- Only two NPs are currently employed at the eight hospitals: one full-time and one part-time (Table 7).

Table 7: Number of Nurses Employed at Huron and Perth Hospitals

Number of employees	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total

Total: Huron and Perth Hospitals Combined

RN	242	204	11	84	541
RPN	106	107	2	40	255
NP	1	1	0	0	2

Nurses Employed in Long Term Care / Retirement Homes

The 13 LTCs / Retirement Homes that provided staffing data currently employ a total of:

- 128 RN positions of which 40 (31%) are full time positions, 54 (42%) are part time positions, and 32 (25%) are casual positions. There are also two (2%) RNs employed in temporary positions.
- 107 RPN positions of which 43 (40%) are full time positions, 40 (37%) are part time positions, and 24 (23%) are casual positions. There are no RPNs employed in temporary positions.
- There are no NPs employed at the 13 LTCs / Retirement Homes that provided staffing data (Table 8).

Table 8: Number of Nurses Employed at 13 Huron and Perth LTCs / Retirement Homes

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Huron ^a					
RN	23	35	2	23	83
RPN	29	23	0	15	67
NP	0	0	0	0	0
Perth ^b					
RN	17	19	0	9	45
RPN	14	17	0	9	40
NP	0	0	0	0	0
Total: Huron and Perth Combined					
RN	40	54	2	32	128
RPN	43	40	0	24	107
NP	0	0	0	0	0

^a 8 of the 9 participating Long Term Care Homes / Retirement Homes in Huron provided staffing data

^b 5 of the 5 participating Long Term Care Homes / Retirement Homes in Perth provided staffing data

The employment figures provided by the 13 participating LTCs / Retirement Homes reveal that there is approximately one RN or RPN for every five beds in these facilities. If we extrapolate these values across the remaining 14 LTCs / Retirement Homes we can estimate that the 27 LTCs / Retirement Homes in Huron and Perth employ a combined total of 240 RNs and 200 RPNs (Table 9).

Table 9: Estimated Number of Nurses Employed Across All 27 Huron and Perth LTCs / Retirement Homes

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Total: Huron and Perth Combined					
RN	75	101	4	60	240
RPN	81	75	0	45	200
NP	0	0	0	0	0

Nurses in Public Health Units

Collectively, the Huron County Health Unit and the Perth District Health Unit currently employ a total of:

- 72 RN positions of which 37 (51%) are full time positions, 16 (22%) are part time positions, and 18 (25%) are casual positions.
- Only one NP is currently employed by the Health Units and no RPNs are employed (Table 10).

Table 10: Number of Nurses Employed at Huron and Perth Public Health Units

Number of employees	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Huron County Health Unit					
RN	15	6	0	7	28
RPN	0	0	0	0	0
NP	0	0	0	0	0
Perth District Health Unit					
RN	22	10	1	11	44
RPN	0	0	0	0	0
NP	1	0	0	0	1
Total					
RN	37	16	0	18	72
RPN	0	0	0	0	0
NP	1	0	0	0	1

Nurses with Family Health Teams

The four Family Health Teams that provided staffing data currently have a total of:

- 13 RN positions of which five (38%) are full time positions, six (46%) are part time positions, and two (15%) are casual positions.
- Eight RPN positions of which three (38%) are full time positions, four (50%) are part time positions, and one (12%) is a casual position.
- Six NP positions of which 5 (83%) are full time positions and one (17%) is a part time position (Table 11).

Table 11: Number of Nurses with Four Family Health Teams in Huron and Perth

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
RN	5	6	0	2	13
RPN	3	4	0	1	8
NP	5	1	0	0	6

Nurses with Home Health Care Services

The four Home Health Care Service agencies that provided staffing data currently employ a total of:

- 30 RN positions of which 10 (33%) are full time positions, 4 (13%) are part time positions, and 16 (53%) are casual positions.
- 41 RPN positions of which 11 (27%) are full time positions, 8 (20%) are part time positions, and 21 (51%) are casual positions. There is also one temporary position (Table 12).

Table 12: Number of Nurses Employed with Four Home Health Care Service Agencies in Huron and Perth

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
RN	10	4	0	16	30
RPN	11	8	1	21	41

Total Nursing Positions Filled in Huron and Perth

The survey of employers in Huron and Perth included all of the major employers (i.e. Hospitals) and many of the smaller organizations and agencies that employ nurses (e.g. Long Term Care / Retirement Homes, Public Health Units, Family Health Teams, Home Health Care Services).

Collectively, these organizations employ nurses in at least 1,409 different positions consisting of 896 RN positions, 504 RPN positions and 9 NP positions (Table 13).

- Approximately 41% of the RN positions are full time, 37% are part time, 20% are casual, and 2% are temporary.
- Approximately 40% of the RPN positions are full time, 38% are part time, 21% are casual, and 1% is temporary.
- Approximately 78% of the NP positions are full time and 22% are part time.

Table 13: Number of Nurses Employed with Hospitals, Long Term Care / Retirement Homes, and other Organizations in Huron and Perth

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
RN	369	331	15	180	896
RPN	201	194	3	107	504
NP	7	2	0	0	9

It is important to emphasize that the survey made no attempt to document the number of nurses holding more than one part time and/or casual / temporary position. The absolute number of individuals employed in the part time, casual and temporary positions is likely smaller than the number of positions.

Huron and Perth data from the College of Nurses of Ontario is for place of residence rather than place of work and reveals that:

- 57% of the RNs are employed full time, 33% are employed part time and 11% are casual;
- 58% of the RPNs are employed full time, 37% are employed part time and 5% are casual; and
- 62% of the NPs are employed full time and 38% are employed part time (Table 14).

Table 14: Number of Nurses Residing in Huron and Perth by Work Status, 2010

Working Status Members employed in nursing	RN		RPN		NP	
	#	%	#	%	#	%
Full-time	464	57%	191	58%	8	62%
Part-time	268	33%	122	37%	5	38%
Casual	88	11%	17	5%	0	0%
Total	820	100%	330	100%	13	100%

Source: College of Nurses of Ontario, 2011.

The data from the College of Nurses of Ontario shows that a large proportion of nurses in Huron and Perth are approaching retirement age. Approximately 35% of the 922 active and non-active RNs and 34% of the 390 active and non-active RPNs residing in Huron and Perth are in the 55 to 64 year age group (Table 15).

Table 15: Active and Non-active Nurses Residing in Huron and Perth by Age Group, 2010

Age Groups	RN		RPN		NP	
	#	%	#	%	#	%
18 - 24	5	0.5	16	4.1	0	0
25 - 29	56	6.1	24	6.1	0	0
30 - 34	52	5.6	27	6.9	NA	NA
35 - 39	81	8.8	26	6.7	NA	NA
40 - 44	97	10.5	30	7.7	NA	NA
45 - 49	131	14.2	49	12.6	NA	NA
50 - 54	125	13.6	75	19.2	NA	NA
55 - 59	190	20.6	90	23.1	NA	NA
60 - 64	132	14.3	44	11.3	0	0
65+	53	5.8	9	2.3	0	0
Total	922	100	390	100	13	100

Source: College of Nurses of Ontario, 2011.

Additional data from CNO based on place of residence data is provided in Appendix B.

4.2 Physicians

In 2009, there were a total of 63 physicians practising in Huron County of which 50 were family doctors and 13 were specialists. Between 2008 and 2009, the overall number of family doctors practising in Huron County increased by two while the number of specialists increased by one. However, at the township/municipal level it appears that most rural areas of Huron County experienced a decline or no change in the number of physicians between 2008 and 2009 while most of the increase in physicians occurred in Goderich, the largest urban setting in Huron.

In 2009, there were a total of 125 physicians practising in Perth County of which 68 were family doctors and 57 were specialists. Between 2008 and 2009, the overall number of family doctors practising in Perth County increased by one while the number of specialists declined by two. The number of family doctors / specialists across townships/municipalities in Perth County remained largely unchanged between 2008 and 2009.

Additional details on the number of active physicians in Huron and Perth are provided in Table 16.

Table 16: Number of Active Physicians in Huron and Perth, 2008-2009

County and Municipality	Family Medicine		Specialist		Combined Physicians			
	2008	2009	2008	2009	2008	2009	Change 08-09	
							#	%
Huron County								
Ashfield-Colborne-Wawanosh	1	0	0	0	1	0	-1	-100%
Bluewater	2	2	0	0	2	2	0	0%
Central Huron	7	8	3	2	10	10	0	0%
Goderich	15	18	6	7	21	25	4	19%
Huron East	7	6	0	0	7	6	-1	-14%
North Huron	4	5	2	3	6	8	2	33%
South Huron	12	11	1	1	13	12	-1	-8%
Huron Total	48	50	12	13	60	63	3	5%
Perth County								
North Perth	10	10	1	1	11	11	0	0%
Perth East	2	2	0	0	2	2	0	0%
Perth South	0	0	0	0	0	0	0	0%
St. Marys	14	13	0	0	14	13	-1	-7%
Stratford	33	35	58	56	91	91	0	0%
West Perth	8	8	0	0	8	8	0	0%
Perth Total	67	68	59	57	126	125	-1	-1%

Source: Ontario Physician Human Resources Data Centre (OPHDRC), 2009 and 2010

4.3 Other Regulated Healthcare Professions

HealthForce Ontario Health Professions Database

Information for many of the other regulated healthcare professions was obtained through the HealthForce Ontario Health Professions Database (HPDB). In addition to providing a count on the number of health professionals who are actively registered with their College, the HPDB data can be broken down by a variety of variables including practice status, practice setting, number of work settings, work status (full-time/part-time/casual), primary role, age, gender, and level of education. HealthForce Ontario provided data for Huron and Perth counties for 2008 and 2009. The data for 2010 was not available at the time of this report but is scheduled to be available later in 2011. Although the data available through the College websites is more current (2010/11), it only provides information on the number of health professionals who are actively registered with each College.

Based on the information from the HPDB, the most numerous regulated healthcare providers practising in the Huron and Perth area after nurses and physicians are pharmacists (103), massage therapists (100), dental hygienists (82), and medical laboratory (69) and medical radiation (57) technologists.

The professions that grew in number in the Huron and Perth area between 2008 and 2009 include pharmacists (+10), dental hygienists (+9), optometrists (+5), respiratory therapists (+4), occupational therapists (+3), medical radiation technologists (+3), chiropractors (+1), and chiropodists (+1).

The professions that declined in number in the Huron and Perth area between 2008 and 2009 include dentists (-17), midwives (-11), psychologists (-6), massage therapists (-3), opticians (-1), and medical laboratory technologists (-1).

The data from the HPDB is presented in Table 17.

The HPDB data was shared with the Huron Perth Providers Council as part of a discussion session in June 2011. The Providers Council questioned the accuracy of some of the values for certain professions. For example, the HPDB shows the number of dentists in Huron and Perth declining by 32% from 53 to 36 between 2008 and 2009. The Council also suggested that there are likely more psychologists practising in Huron and Perth than the five shown by HPDB.

As a check on the HPDB values, the College websites were reviewed to identify any significant differences in the number of service providers by each profession. Most of the 2009 HPDB and 2010/11 College values are fairly close. However, the analysis revealed that there are 44 dentists and 12 psychologists practising in the Huron and Perth area in 2010/11.

Table 17: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession, 2008-2009

Profession	Huron County		Perth County		Combined Counties			
	2008	2009	2008	2009	2008	2009	Change 08-09	
							#	%
Audiologists	1	--	3	--	4	--	--	--
Chiropodists	2	3	2	2	4	5	1	25%
Chiropractors	19	19	20	21	39	40	1	3%
Dental Hygienists	32	37	41	45	73	82	9	12%
Dentists	26	17	27	19	53	36	-17	-32%
Dietitians	--	12	--	22	--	34	--	--
Massage Therapists	44	41	59	59	103	100	-3	-3%
Medical Laboratory Technologists	24	23	46	46	70	69	-1	-1%
Medical Radiation Technologists	13	15	41	42	54	57	3	6%
Midwives	2	1	17	7	19	8	-11	-58%
Occupational Therapists	11	13	25	26	36	39	3	8%
Opticians	2	1	5	5	7	6	-1	-14%
Optometrists	13	14	18	22	31	36	5	16%
Pharmacists	44	49	49	54	93	103	10	11%
Psychologists	6	2	5	3	11	5	-6	-55%
Respiratory Therapists	3	6	18	19	21	25	4	19%
Speech-Language Pathologists	4	--	16	--	20	--	--	--
Total	246	253	392	392	638	645		

Notes:

1. College of Dietitians of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2008.
 2. 2008 College of Physiotherapists of Ontario data was not included due to poor data quality.
 3. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009
 4. 2009 College of Physiotherapists of Ontario data was not included due to poor data quality.
 5. The HPDB collects information on up to three practice sites. The data above lists the number of health professionals who have one or more practice sites in Huron or Perth Counties
 6. HPDB data captures the number of 'active' health professionals who are licensed by their respective regulatory College to practice in their profession in full or any one capacity (clinical, research, teaching health promotion, etc). Members may or may not be working in the profession. This data does not include members who hold an educational license (i.e. students and interns).
- Source: Health Professions Database (HPDB), 2008 and 2009 Submission

A review of the other data variables from the HPDB reveals some interesting characteristics about the different healthcare professions and the differences between the healthcare human resources in Huron and Perth counties.

Many of the professions in Huron County have a higher proportion of services providers working in part-time positions compared to Perth County:

- 67% of the respiratory therapists in Huron vs. 15% in Perth
- 55% of the medical radiation technologists in Huron vs. 47% in Perth
- 53% of the medical laboratory technologists in Huron vs. 30% in Perth
- 46% of the dentists in Huron vs. 19% in Perth
- 40% of the dietitians in Huron vs. 28% in Perth
- 30% of the optometrists in Huron vs. 16% in Perth

However, for some professions Perth County has a higher proportion of services providers working in part-time positions compared to Huron County:

- 39% of the massage therapists in Perth vs. 32% in Huron
- 38% of the occupational therapists in Perth vs. 30% in Huron
- 14% of the pharmacists in Perth vs. 11% in Huron

An equal proportion of dental hygienists in Huron and Perth (60%) are working in part-time positions.

Additional details are presented in Table 18.

Table 18: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Full-time / Part-time / Casual Status – Site 1, 2009

Profession	Huron					Perth				
	Full-Time	Part-Time	Casual	Unknown	Total	Full-Time	Part-Time	Casual	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--	--	--
Chiropractors	0	0	0	1	1	0	0	0	1	1
Chiropractors	0	0	0	19	19	0	0	0	21	21
Dental Hygienists	9	22	0	6	37	11	27	0	7	45
Dentists	7	6	0	0	13	13	3	0	0	16
Dietitians	4	4	0	2	10	11	5	0	2	18
Massage Therapists	25	12	0	0	37	29	20	1	1	51
Medical Laboratory Technologists	9	11	0	1	21	29	13	1	1	44
Medical Radiation Technologists	4	6	1	0	11	17	17	2	0	36
Midwives	1	0	0	0	1	7	0	0	0	7
Occupational Therapists	6	3	1	0	10	13	8	0	0	21
Opticians	1	0	0	0	1	5	0	0	0	5
Optometrists	6	3	0	1	10	12	3	1	3	19
Pharmacists	31	4	0	0	35	36	6	0	2	44
Psychologists	1	0	1	0	2	2	0	0	0	2
Respiratory Therapists	1	2	0	0	3	11	2	0	0	13
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--	--
Total	105	73	3	30	211	196	104	5	38	343

Notes:

1. The HPDB collects information on up to three practice sites. The data above lists only those health professionals who listed their first practice site as being located in Huron county. This data represents the full-time/part-time/casual status of this first practice site.

2. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Some healthcare professions in Huron and Perth counties have a higher proportion of older service providers than others. For example:

- 39% of the dentists practising in Huron and Perth are 55 years of age or older and 64% are 45 years of age or older
- 20% of the medical lab technologists are 55 years of age or older and 68% are 45 years of age or older
- 21% of the dietitians are 55 years of age or older and 56% are 45 years of age or older.

In contrast, several professions in Huron and Perth are relatively young: 81% of massage therapists and 74% of dental hygienists are under 45 years of age.

Additional details are presented in Table 19.

The HPDB data also reveals striking gender imbalances within the healthcare professions.

More than 70% of the chiropractors, dentists, and opticians practising in Huron and Perth are male while more than 70% of the massage therapists, medical lab technologists, medical radiation technologists, and occupational therapists are female and 100% of the dental hygienists, dietitians and midwives are female.

Additional details are presented in Table 20.

Additional data for the regulated professions including practice setting, number of work settings, primary role, and level of education is provided in Appendix C.

Table 19: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Age, 2009

Profession	Less than 45		45 to 54		55 and over		Age (Total)	
	#	%	#	%	#	%	#	%
Audiologists	--	--	--	--	--	--	--	--
Chiropodists	NA	NA	NA	NA	NA	NA	5	100%
Chiropractors	23	58%	8	20%	9	23%	40	100%
Dental Hygienists	61	74%	16	20%	5	6%	82	100%
Dentists	13	36%	9	25%	14	39%	36	100%
Dietitians	15	44%	12	35%	7	21%	34	100%
Massage Therapists	81	81%	11	11%	8	8%	100	100%
Medical Laboratory Technologists	22	32%	33	48%	14	20%	69	100%
Medical Radiation Technologists	34	60%	12	21%	11	19%	57	100%
Midwives	NA	NA	NA	NA	NA	NA	8	100%
Occupational Therapists	NA	NA	NA	NA	NA	NA	39	100%
Opticians	NA	NA	NA	NA	NA	NA	6	100%
Optometrists	NA	NA	NA	NA	NA	NA	36	100%
Pharmacists	54	52%	23	22%	26	25%	103	100%
Psychologists	NA	NA	NA	NA	NA	NA	5	100%
Respiratory Therapists	NA	NA	NA	NA	NA	NA	25	100%
Speech-Language Pathologists	--	--	--	--	--	--	--	--
Total	366	57%	167	26%	112	17%	645	100%

Notes:

1. NA - Not Available - Cell Value Suppressed Due to Low Cell Count

2. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Table 20: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Sex, 2009

Profession	Huron County						Perth County					
	Male		Female		Sex (Total)		Male		Female		Sex (Total)	
	#	%	#	%	#	%	#	%	#	%	#	%
Audiologists	--	--	--	--	--	--	--	--	--	--	--	--
Chiroprodists	2	67%	1	33%	3	100%	1	50%	1	50%	2	100%
Chiropractors	14	74%	5	26%	19	100%	15	71%	6	29%	21	100%
Dental Hygienists	0	0%	37	100%	37	100%	0	0%	45	100%	45	100%
Dentists	15	88%	2	12%	17	100%	16	84%	3	16%	19	100%
Dietitians	0	0%	12	100%	12	100%	0	0%	22	100%	22	100%
Massage Therapists	2	5%	39	95%	41	100%	12	20%	47	80%	59	100%
Medical Laboratory Technologists	2	9%	21	91%	23	100%	9	20%	37	80%	46	100%
Medical Radiation Technologists	0	0%	15	100%	15	100%	3	7%	39	93%	42	100%
Midwives	0	0%	1	100%	1	100%	0	0%	7	100%	7	100%
Occupational Therapists	1	8%	12	92%	13	100%	3	12%	23	88%	26	100%
Opticians	1	100%	0	0%	1	100%	4	80%	1	20%	5	100%
Optometrists	8	57%	6	43%	14	100%	8	36%	14	64%	22	100%
Pharmacists	30	61%	19	39%	49	100%	25	46%	29	54%	54	100%
Psychologists	2	100%	0	0%	2	100%	2	67%	1	33%	3	100%
Respiratory Therapists	2	33%	4	67%	6	100%	12	63%	7	37%	19	100%
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--	--	--	--
Total	79	31%	174	69%	253	100%	110	28%	282	72%	392	100%

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Regulatory College Data

Data for some of the regulated professions was obtained directly from the Colleges. This includes data for the newly regulated professions (homeopath, kinesiologist, naturopath, Traditional Chinese Medicine) which currently is not available through HealthForce Ontario.

As well, information for physiotherapists was not available from HealthForce Ontario due to data quality issues and was obtained directly from the College of Physiotherapists of Ontario.

It was also decided to use the data from the Colleges for dentists and psychologists as the Huron Perth Providers Council raised concerns about the accuracy of the data from HealthForce Ontario.

Although social workers are not purely viewed as healthcare providers they often play a supportive role in accessing and/or delivering healthcare. Data for Social Support Workers and Social Workers was obtained from the Ontario College of Social Workers and Social Support Workers.

Table 21 presents the number of service providers from these professions in Huron and Perth counties.

Table 21: Number of Regulated Healthcare Providers and Social Workers Practising in Huron and Perth Based on College Data

Profession	Huron County	Perth County	Total
Dentists (Royal College of Dental Surgeons of Ontario)	17	27	44
Kinesiologist (Ontario Kinesiologist Association)	0	4	4
Naturopath (Registered Naturopathic Doctors in Ontario)	4	9	4
Homeopath (Canadian Society of Homeopaths)	2	1	4
TCM (The Chinese Medicine & Acupuncture Assoc. of Canada)	1	0	4
Physiotherapist (College of Physiotherapists of Ontario)	14	43	4
Psychologists (College of Psychologists of Ontario)	6	6	12
Social Support Workers (Ontario College of Social Workers / Social Support Workers)	9	12	21
Social Workers (Ontario College of Social Workers / Social Support Workers)	45	64	109

Notes:

1. Data from the Ontario College of Social Workers and Social Support Workers is for workers registered with the College and represents place of residence not place of practice

Source: All data was obtained through the web based member directories that each College maintains, 2010-2011

4.4 Summary Inventory of All Regulated Professions

Table 22 presents the inventory of healthcare human resources in Huron and Perth counties for all regulated professions.

Table 22: Number of Healthcare Workers Practising in Huron and Perth by Regulated Profession

Profession	Huron County	Perth County	Total
Audiologists - HFO (2008)	1	3	4
Chiropodists - HFO (2009)	3	2	5
Chiropractors - HFO (2009)	19	21	40
Dental Hygienists - HFO (2009)	37	45	82
Dentists - Royal College of Dental Surgeons of Ontario (2010/11)	17	27	44
Dietitians - HFO (2009)	12	22	34
Homeopath - Canadian Society of Homeopaths (2010/11)	2	1	3
Kinesiologist - Ontario Kinesiologist Association (2010/11)	0	4	4
Massage Therapists - HFO (2009)	41	59	100
Medical Laboratory Technologists - HFO (2009)	23	46	69
Medical Radiation Technologists - HFO (2009)	15	42	57
Midwives - HFO (2009)	1	7	8
Naturopath - Registered Naturopathic Doctors in Ontario (2010/11)	4	9	13
Nurses			
Registered Nurse - HHR Survey (2011)	896		896
Registered Practical Nurse - HHR Survey (2011)	504		504
Nurse Practitioner - HHR Survey (2011)	9		9
Occupational Therapists - HFO (2009)	13	26	39
Opticians - HFO (2009)	1	5	6
Optometrists - HFO (2009)	14	22	36
Pharmacists - HFO (2009)	49	54	103
Psychologists - College of Psychologists of Ontario (2010/11)	6	6	12
Physicians			
Family Doctor - OPHRDC (2009)	50	68	118
Specialist - OPHRDC (2009)	13	57	70
Physiotherapist - College of Physiotherapists of Ontario (2010/11)	14	43	57
Respiratory Therapists - HFO (2009)	6	19	25
Speech-Language Pathologists - HFO (2008)	4	16	20
Social Support Workers - OCSWSSW (2010/11)	9	12	21
Social Workers – OCSWSSW (2010/11)	45	64	109
TCM - Chinese Medicine & Acupuncture Assoc. of Canada (2010/11)	1	0	1
Total			2,489

Notes:

1. Data for Nurses represents the combined number of full-time, part-time, temporary and casual positions filled and not the actual number of individual workers in Huron and Perth.
2. Data for Social Workers and Social Support Workers represents the number of workers living in Huron and Perth and not the number working in Huron and Perth.
3. HFO = HealthForce Ontario Health Professions Database
4. OPHRDC = Ontario Physician Human Resource Data Centre
5. HHR = Healthcare Human Resources Survey
6. OCSWSSW = Ontario College of Social Workers and Social Support Workers
7. TCM = Traditional Chinese Medicine

5.0 Partial Inventory of Non-Regulated Professions

A select few non-regulated professions were chosen to be included as part of this study:

- Activation Workers
- Ambulance Attendants / Paramedics
- Communicative Disorder Assistants
- Cooks / Food Service Workers
- Med Lab Technologists (lab technicians/assistants)
- Personal Support Workers

A survey of employers in Huron and Perth counties was used to capture data for the non-regulated professions. Hospitals, long term care homes, retirement homes, Public Health Units, Family Health Teams, and home health care services were invited to complete a survey to tabulate Personal Support Workers, Activation Workers, Communicative Disorder Assistants, and Cooks/Food Service Workers.¹²

A survey of Emergency Medical Services in Huron (County of Huron EMS) and Perth (Perth County EMS) was used to compile data on Paramedics.

Several organizations employing med lab assistants were invited to participate in a survey but the response was very limited.

5.1 Personal Support Workers

Seven of the eight hospitals in Huron and Perth do not have PSWs on staff and they are not recruiting for PSWs. The remaining hospital has two full-time, four part-time, and six casual PSWs on staff.

The 13 LTCs / Retirement Homes that provided staffing data currently employ a total of 613 PSW positions of which 196 (32%) are full time positions, 297 (48%) are part time positions, 118 (19%) are casual positions, and two (<1%) are temporary positions (Table 23).

Table 23: Number of PSWs Employed at 13 Huron and Perth LTCs/Retirement Homes

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Huron ^a	97	187	2	68	354
Perth ^b	99	110	0	50	259
Total	196	297	2	118	613

^a 8 of the 9 participating Long Term Care Homes / Retirement Homes in Huron provided staffing data

^b 5 of the 5 participating Long Term Care Homes / Retirement Homes in Perth provided staffing data

¹² This survey was combined with the nurse survey.

The four home care service agencies that provided staffing data currently employ a total of 207 PSW positions of which 21 (10%) are full time positions, 10 (5%) are part time positions, 168 (81%) are casual positions, and eight (4%) are temporary positions.

5.2 Activation Workers

Collectively, the eight hospitals in Huron and Perth reported one full time Activation Worker and two part time Activation Workers.

The 13 LTCs / Retirement Homes that provided staffing data currently employ a total of 49 Activation Worker positions of which 23 (47%) are full time positions, 19 (39%) are part time positions, five (10%) are casual positions, and two (4%) are temporary positions (Table 24).

Table 24: Number of Activation Workers Employed at 13 Huron and Perth LTCs/Retirement Homes

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Huron ^a	15	11	2	3	31
Perth ^b	8	8	0	2	18
Total	23	19	2	5	49

^a 8 of the 9 participating Long Term Care Homes / Retirement Homes in Huron provided staffing data

^b 5 of the 5 participating Long Term Care Homes / Retirement Homes in Perth provided staffing data

The four home care service agencies that provided staffing data currently employ a total of eight PSW positions of which four are full time positions and four are part time positions.

5.3 Communicative Disorder Assistants

Collectively, the eight hospitals in Huron and Perth reported two full time Communicative Disorder Assistants and one part-time and two temporary Communicative Disorder Assistants.

None of the 13 participating LTCs / Retirement Homes have Communicative Disorder Assistants on staff and they are not recruiting.

5.4 Chefs / Cooks / Food Service Workers

Collectively, the eight hospitals in Huron and Perth employ a total of five chefs of which three are full time positions and two are part time positions. The eight hospitals also employ a total of 87 food service workers of which 24 are full time positions, 60 are part time positions, and three are casual positions. The eight hospitals also employ a total of two cooks in full time positions.

The 13 LTCs / Retirement Homes that provided staffing data currently employ a total of 50 cook positions of which 14 are full time positions, 28 are part time positions, and eight are casual positions. The 13 LTCs / Retirement Homes also employ a total of 132 food service workers of which 34 are full time positions, 68 are part time positions, 27 are casual positions, and three are

temporary positions. The 13 LTCs / Retirement Homes also employ one full time chef (Table 25).

Table 25: Number of Cooks / Food Service Workers Employed at 13 Huron and Perth LTCs / Retirement Homes

	A	B	C	D	A+B+C+D
	Full time (30 or more hours per week)	Part time (less than 30 hours per week)	Temporary	Casual	Total
Huron ^a					
Chefs	0	0	0	0	0
Cooks	11	17	0	8	36
Food Service Workers	28	34	3	21	86
Perth ^b					
Chefs	1	0	0	0	1
Cooks	3	11	0	0	14
Food Service Workers	6	34	0	6	46
Total: Huron and Perth Combined					
Chefs	1	0	0	0	1
Cooks	14	28	0	8	50
Food Service Workers	34	68	3	27	132

^a 8 of the 9 participating Long Term Care Homes / Retirement Homes in Huron provided staffing data

^b 5 of the 5 participating Long Term Care Homes / Retirement Homes in Perth provided staffing data

The four home care service agencies that provided staffing data currently employ one full time cook and one part time food service worker.

5.5 Paramedics, Supervisors and Support Staff at Emergency Medical Services

The County of Huron EMS and Perth County EMS provided staffing data.

County of Huron EMS

Paramedics

- 14 full time Advanced Care Paramedics
- 38 full time Primary Care Paramedics
- 9 part time Primary Care Paramedics
- 13 Primary Care Paramedics on contract to fill any leaves of absence

Supervisors

- 6 full time

Support Staff

- 2 full time Administrative Coordinators

Perth County EMS

Paramedics

- 50 full time Primary Care Paramedics
- 40 part time Primary Care Paramedics

Supervisors

- 1 full time Director
- 1 full time Operations Manager (Deputy Chief)
- 5 full time front line
- 1 quality assurance
- part time supervisors
- part time acting supervisors - training program

Support Staff

- 1 full time Administrative Clerk – Office Manager

5.6 Summary Partial Inventory of Select Non-Regulated Professions

Table 26: Number of Healthcare Workers Practising in Huron and Perth for Select Non-Regulated Professions

Profession and Setting	Full time	Part time	Temporary	Casual	Total
Personal Support Workers					
Hospitals (8)	2	4	0	6	12
Long Term Care / Retirement Home (13)	196	297	2	118	613
Home Care Service Agency (4)	21	10	8	168	207
Activation Workers					
Hospitals (8)	1	2	0	0	3
Long Term Care / Retirement Home (13)	23	19	2	5	49
Home Care Service Agency (4)	4	4	0	0	8
Communicative Disorder Assistants					
Hospitals (8)	2	1	1	0	4
Chef					
Hospitals (8)	3	2	0	0	5
Long Term Care / Retirement Home (13)	1	0	0	0	1
Cooks					
Hospitals (8)	2				2
Long Term Care / Retirement Home (13)	14	28	0	8	50
Home Care Service Agency (4)	1				1
Food Service Workers					
Hospitals (8)	24	60		3	87
Long Term Care / Retirement Home (13)	34	68	3	27	132
Home Care Service Agency (4)	1	1	1	1	4
Emergency Medical Services					
Paramedics	102	49	13	0	164
Managers/Supervisors	14	2	0	0	16
Support Staff	3	0	0	0	3
Total	448	547	30	336	1,361

6.0 Job Vacancies and Recruitment and Retention Challenges

This section of the report provides an overview of the human resource vacancies for select healthcare professions as well as the challenges that health organizations and agencies experience in recruiting and retaining healthcare service providers.

6.1 Hospitals

6.1.1 Nurses

Current Vacancies for Nursing Positions

Collectively, the four hospital associations reported the following vacancies for nursing positions:

- 3 full-time RNs (2 positions were posted about 2 months ago and 1 position was just recently posted)
- 7 part-time RNs (most of these positions are filled in 3 weeks or less but some are filled in 6 weeks)
- 2 temporary RNs (posted for four weeks)
- 1 casual RN (posted for 1 week)
- 2 part-time RPNs (posted for 1-2 weeks)
- 1 full-time NP position

One of the hospitals recently filled 4 part-time RN positions.

One hospital noted that the current situation is not as bad as it was two years ago. They usually have about 10 positions that are vacant on a rotating basis but these are mostly part-time and not too difficult to fill.

Another hospital reported that there is an ongoing occasional need to hire part time RNs and RPNs. In general, part-time and temporary RN/RPN positions are the most in need of filling and there is always interest in hiring a RN or RPN with mental health skills and experience. It was noted that there are very few full-time positions opening and the majority of the recent part-time and temporary positions are filled by new graduates as they leave school.

One of the hospitals reported that they experience a seasonal influx of patients during the summer months as a result of the tourism population. This coincides with full-time workers going on vacation and the hospital relies on existing part-time workers to cover these shifts. The summer positions are attractive to some of the older nurses who want to take their vacation over the winter months.

Training Requirements for Nurses and Challenges for Hospitals

RN graduates are required to complete a BScN and other certifications as required by the different nursing positions. One hospital tends to prefer nurses who have experience in areas such as ER or peri-operative. Another hospital recently introduced specialties requirements for hiring RNs (i.e. specific training / post diploma certificates to work in Mat/Child, Operating). This training is not offered in their normal course load. For example, Basic Cardiac is a post degree course which involves 6 weeks of intensive training. Another example is ECG Interpretation which is offered at Fanshawe (online course) or Conestoga. Sometimes an institution will be invited on site to conduct training if there are enough staff who want to participate.

The hospitals noted that RPNs need to have IV Starts training. Some school programs include this training while others do not. IV Starts training can be accessed through HealthKick. Hospitals are interested in making RPNs work up to their full scope of practice.

Professional Development

Hospitals are supporting professional development in a variety of ways including offering flexible scheduling to attend courses (e.g. upgrading to a BScN), offering no cost in house training (e.g. CPR), ‘Lunch and Learn’ information sessions, and inviting vendors come in to speak about their equipment,

Recruitment Methods

The most common nurse recruitment methods that hospitals in Huron and Perth use include advertising on the company website and advertising on various job search engines. Hospitals are also networking with colleges and universities. One hospital noted that new nursing graduates appear to be searching for job listings on the HealthForce Ontario website more so than older nurses. Additional methods are identified in Table 27. All of the methods with the exception of advertising in local newspapers are generally viewed as fair to very good in terms of their effectiveness.

Table 27: Nursing Recruitment Methods Used by Hospitals in Huron and Perth

# of Hospital Assoc.	Recruitment Methods
4	Company/business website
3	thehealthline.ca
2	Other online recruitment agency / organization
2	Network / relationship with college
2	Network / relationship with university
1	Local newspaper
1	Word of mouth (especially with new graduates)
1	Internet Search Engines (Eluta, Monster.ca, Workopolis)
1	HealthForce Ontario

Challenges Recruiting Nurses

In general, nurses working in a hospital setting are interested in full time positions or longer hours. The availability of these positions is limited and although nurses may take on part-time positions they will move to a full time position in another location as these opportunities emerge. As new nurses complete their training period, their hours may become more uncertain and this further motivates them to look for positions elsewhere. Some nurses want to work in specific areas where there are no open positions (e.g. ER).

There are few concerns about pay levels in a hospital setting. However, relocating to a rural area or commuting to the area can be an issue for some people who might otherwise consider taking a nursing position in Huron and Perth. Sometimes hospital budget constraints can limit hiring.

Sometimes there are challenges accommodating nurses who want to work more than one job which can result in scheduling conflicts. Hospitals prefer to be the priority place of work.

Finding work for the spouse of a nurse can sometimes be a problem.

Challenges Retaining Nurses

The most common challenge associated with retaining nurses in Huron and Perth is the lack of available full time positions. Nurses typically have to begin in a part time job in the area before they can move into a full time position. Part time nurses will often take full time positions when and where they become available which leads to turnover in the part time positions.

As noted above, it may be difficult for the spouse of a nurse to find local work and this can sometimes factor into the decision to leave the nursing position.

Hospitals are also aware that there is a large group of nurses who are approaching retirement.

Practice Setting Preferences

Hospitals identified a number of benefits that attract and retain nurses in a hospital setting. One of the main benefits for RNs is that they can work to their full scope of practice. Being part of a union is also attractive to some nurses who associate the union with security. Nurses also recognize that they have an attractive pension plan with a hospital which makes it difficult for them to leave the hospital setting.

6.1.2 Personal Support Workers

Only a small number of PSWs are employed in hospital settings in Huron and Perth. None of the hospitals are currently recruiting PSWs.

6.1.3 Activation Workers

Very few Activation Workers are employed in hospital settings in Huron and Perth. None of the hospitals are currently recruiting Activation Workers.

Activation Workers are required to have a diploma or degree in recreation and leisure or therapeutic recreation.

One hospital reported that they advertise positions on their own company website when they need to recruit. They have also tried accessing Activation Workers through Therapeutic Recreation of Ontario (TRO) but this approach is less than perfect as not all graduates may be registered with TRO. It is difficult to find local people with the proper qualifications. However, once hired there tends to be little turnover if enough hours are offered. It was also noted that a new part time position in the area is community based in that the worker visits the homes of clients.

6.1.4 Communicative Disorder Assistants

Very few Communicative Disorder Assistants (CDA) are employed in hospital settings in Huron and Perth. None of the hospitals are currently recruiting CDAs.

CDAs are required to have a diploma or degree in speech with CD program.

One hospital reported that they advertise positions on their own company website as well as thehealthline.ca when they need to recruit. They also network with colleges, universities and the

Ontario Association of Speech-Language Pathologists & Audiologists. It is difficult to find local people with the proper qualifications and challenging to retain CDAs due to the lack of full time positions. It was noted that CDAs enjoy working in a hospital setting where they work with patients of all ages and inpatients and outpatients.

6.1.5 Chefs / Cooks / Food Service Workers

Current Vacancies for Cooks/FSWs

None of the hospitals are currently recruiting Chefs, Cooks or FSWs.

Training Requirements for Cooks/FSWs and Challenges for Hospitals

Chefs are required to have their Red Seal chef certificate in addition to the safe food handling certificate. One hospital noted that the demand for cooks in hospital settings is less than it used to be now that hospitals are buying in more pre-cooked food (80% of food is pre-cooked) and more activity involves food portioning rather than food preparation. Hospitals are increasingly looking for food staff with the FSW certificate and not just the food handling certificate.

One hospital noted that food staff is the one occupation in the hospital setting where high school students can work (under 18 years of age). The hospital offers special shifts for students before and after school hours which enable the student to help with meal times – regarded as a win-win situation for the hospital and the students as the union rules normally require a minimum 4 hour shift but this is not a requirement for student workers so the hospital does not have to pay students 4 hours of pay for 2 hours of work and students get paid the union rate.

Recruitment Methods

The most common Cook/FWS recruitment methods that hospitals use in Huron and Perth include advertising on the company website and word of mouth. One hospital noted that they plan to start working more closely with HealthKick to promote these job opportunities in the future.

Challenges Recruiting Cooks/FSWs

The two main challenges hospitals face in recruiting Cooks/FSWs is the lack of full time positions and/or the lack of appropriate certification. At least one hospital reported that they do not usually have a problem recruiting food staff.

Challenges Retaining Cooks/FSWs

As with recruiting, the main challenge in retaining Cooks/FSWs is the lack of full time positions or expanded part time hours.

6.1.6 Additional Challenges

Collective agreements in hospitals require all unionized positions to be posted internally. One hospital suggested that this process can sometimes inhibit the ability of the hospital to recruit new expertise into the organization.

Other human resource staffing challenges that hospitals face include:

- Ultra sound technician - medical imaging... the position took a long time to fill
- Pharmacy... a significant problem for at least one hospital up until recently
- Mental health workers... crisis worker positions are hard to fill

One hospital noted that they expand their advertising and reach out directly to the professional bodies/organizations when they recruit for harder to fill positions.

6.2 Long Term Care / Retirement Homes

6.2.1 Nurses

Current Vacancies for Nursing Positions

Four of nine facilities in Huron County reported the following vacancies for nursing positions:

- 1 full time RN position which has been open for 1 week
- 1 part time RN position which has been open for a year
- 1 casual RN position which has been open for over a year
- 2 casual RPN positions which have been open for over a year

One of five facilities in Perth County reported the following vacancies for nursing positions:

- 1 full time RN position which has been open for 4 weeks
- 3 casual RN positions which have been open on an ongoing basis
- 2 part time RPN positions which have been open for 4 weeks
- 2 casual RPN positions which have been open for 4 weeks

One of the facilities noted that although they have no vacancies at the moment this will change over the next few years as a number of RNs will be retiring.

None of the LTCs / Retirement homes has NPs on staff and there are no vacancies for NPs.

Training Requirements for Nurses and Challenges for LTCs / Retirement Homes

RN:

- Since the required RN credential became a BScN, recruitment has become more difficult as some hospitals are providing tuition reimbursement as a recruitment incentive.
- New RN graduates tend to have a greater sense of entitlement and do not want to work shifts, weekends, part time.
- RNs are not adequately trained for the demands of the LTC workplace. RNs need to have leadership skills for the LTC setting where they will often be working on their own and in charge of others (regulated and non-regulated professions). At least one of facility has brought in external trainers to develop their capacity. RNs also need interpersonal skills in dealing with the residents and their families.
- There is a greater need for computer skills... particularly for the older staff who have a bigger learning curve. Computer skills are also linked to enhancing the collection and analysis of data and accurate record keeping and tracking treatment, meds, etc.

RPN:

- RPN roles and skills have expanded. Essentially the new PSW program is like the old RPN diploma and the new RPN program is like the old RN program. RPNs are getting more hands on experience in the LTC setting.

General:

- Training institutions are not promoting the opportunities / rewards associated with working in an LTC setting which makes it challenging to attract graduates.
- Training institutions need to devote more programming to geriatrics to ensure graduates have comprehensive skills to cope/deal with the senior clients.

Professional Development

In general, LTCs / Retirement homes offer or support professional development opportunities in a variety of ways including:

- Providing in house training and time off for courses staff want to participate in.
- Bringing in training programs that are beneficial (e.g. wound care specialist training) or provincially mandated.
- Providing on-site training related to new technology.
- Subsidizing certain professional development costs (sometimes conditional on covering their shifts and if the budget allows for it)
- Tuition refund program
- Paid orientation

Recruitment Methods

The most common nurse recruitment methods that LTC / Retirement homes in Huron and Perth use include advertising on the company website, advertising in local newspapers and word of mouth. Relatively few LTCs / Retirement homes are using other Internet based resources as part of their recruiting strategy. Additional methods are identified in Table 28. All of the methods are generally viewed as fair to good in terms of their effectiveness.

Table 28: Nursing Recruitment Methods Used by LTCs / Retirement Homes

# of LTC / Retirement Homes	Recruitment Methods
6	Company/business website
5	Local newspaper
5	Word of mouth
2	thehealthline.ca
2	Other online recruitment agency / organization
2	HealthForce Ontario website
1	Employment agencies – e.g. HRDC
1	Network / relationship with college
1	Network / relationship with university
1	Newsletters

Challenges Recruiting RNs and RPNs

The two most common RN and RPN recruitment challenges that LTC / Retirement homes in Huron and Perth face are disinterest in working in the Huron / Perth area and lack of full time positions. Additional challenges are identified in Table 29.

Table 29: Nursing Recruitment Challenges in LTCs / Retirement Homes

# of LTC / Retirement Homes		Type of Challenge
RN	RPN	
5	6	People don't want to work in the community / service area
3	4	Lack of full time positions
2	2	Not enough applicants for the positions
2	2	Overall RN / RPN / NP shortage
1	1	Pay too low
1	1	No interest / desire to do shift work
1	0	Budget constraints
2	1	LTC career opportunities not promoted by training institutions
1	0	Spouse of health care worker not able to find work
0	2	Lack of part time positions

- At least one facility noted that they are not experiencing any major challenges recruiting nursing staff. They noted that the pay level they offer is on parity with hospitals. They also noted that they market their facility as a learning facility as a way of increasing its appeal to new graduates. However, it can still be challenging at time to offer all the hours that some staff are looking for which results in some workers taking on 1 or 2 additional part time jobs. They try to provide some additional hours in other areas through the development of programming.
- One facility noted that recruiting for RNs is an ongoing problem and that the last 5 years have been particularly difficult. They have partially addressed the problem by hiring foreign trained RNs but they do not always want to stay in the area and/or their spouse may not be able to find work in their field of training in the area.
- One facility reported that they have been getting more RPN applicants in the last year which has provided some relief. However, they also noted that it's a challenge for some new workers who are unfamiliar with working/living in a rural setting. Some RPNs are only looking for part time positions as a way to cope with the heavy workload.
- It was noted that the provincial wage freeze makes it challenging to keep wages competitive.
- It was also noted that the high work load/responsibility in a LTC setting requires experienced candidates – which are hard to find. It is difficult for recent graduates to come into a supervisory position with no experience.

Challenges Retaining RNs and RPNs

The most common challenges associated with retaining RNs and RPNs in LTC / Retirement homes in Huron and Perth include the lack of full time hours, insufficient pay (relative to hospital setting) and unsatisfactory work schedule. The lack of full time positions can result in RNs and RPNs taking a full time position somewhere else as soon as it becomes available. Some RNs are turned off by the demanding workload in the LTC setting while some RPNs are only interested in a part time position and the work schedule sometimes has to accommodate their other job(s). Additional challenges are identified in Table 30.

Table 30: Nursing Retaining Challenges in LTCs / Retirement Homes

# of LTC / Retirement Homes		Type of Challenge
RN	RPN	
3	4	Lack of full time positions
3	0	Workload too demanding in LTC setting
2	1	Pay too low
2	2	Maintaining competitive wages and schedules
2	0	No interest / desire to do shift work
2	2	People don't want to work in the community / service area
2	2	Overall RN / RPN / NP shortage
1	1	Employees get tired of commuting
1	1	Budget constraints
0	3	Lack of part time positions

Practice Setting Preferences

RN:

- RNs generally prefer to work in a hospital setting.
- RNs that come into an LTC setting from a hospital setting are often overwhelmed by the high level of responsibility they have at the LTC.
- RNs at LTCs tend to be attracted to hospitals which can offer more pay.
- Some new nurse graduates leave LTCs to work in hospital settings to keep up certain skills.
- Some RNs prefer the LTC setting because they want to avoid the 'bureaucracy' of the hospital setting.
- LTCs are concerned that training institutions are not fairly presenting LTCs as a career option vs. hospital setting.

RPN:

- RPNs generally prefer to work in a hospital or community setting.
- Some RPNs find the LTC setting more preferable because their scope of care is broader and they can practice their skills.
- One facility noted that RPNs are not as valued in the hospitals, although it is getting better.

General:

- One facility suggested that a partnership should be formed between LTCs and hospitals to develop an exchange program where nurses practice skills in hospital setting and gain leadership skills in LTC setting.
- It was also noted that some nurses do not want to work in the community where they live.

6.2.2 Personal Support Workers

Current Vacancies for PSWs

PSWs are the largest human resource component in LTCs / Retirement homes in Huron and Perth. Several of LTCs/ Retirement homes reported that they recruit for PSWs on an ongoing basis which is not unusual. LTCs / Retirement homes rely on a large number of casual PSW positions which are used to cover vacation and other days that full time and part time PSW are not available.

Training Requirements for PSWs and Challenges for LTCs / Retirement Homes

PSWs are now required to have the proper certification to practice in a LTC / Retirement home setting. Some of the newer PSWs have left the field rather than return to school to obtain the certification while older PSWs have been grandfathered in (as long as they stay with the same organization).¹³ Many workers in LTC / Retirement home settings hold Health Care Aide certificates and they will need to upgrade to a PSW certificate if they want to change employers. The certification requirement has reduced the pool of local PSWs that LTCs/ Retirement homes can recruit from.

Professional Development

Many of the LTCs/ Retirement homes support professional development activities for PSWs. This can include in house training, self-study packages, lunch and learns, education leaves (non-funded or partially funded depending on availability of funds). Some organizations have also assisted with the cost of the PSW bridging program.

Recruitment Methods

The most common PSW recruitment methods that LTC / Retirement homes in Huron and Perth use include advertising in local newspapers and the company website, word of mouth, and networking with colleges. One LTC noted that summer nursing students are good to recruit as they are available to work every summer, over their reading weeks, during Christmas vacations, etc. Additional methods are identified in Table 31. All of the methods are generally viewed as fair to very good in terms of their effectiveness.

Table 31: PSW Recruitment Methods Used by LTCs / Retirement Homes

# of LTC / Retirement Homes	Recruitment Methods
6	Local newspaper
5	Word of mouth
3	Company/business website
3	Network / relationship with college
1	Online recruitment agency / organization
1	HRDC website

Challenges Recruiting PSWs

One of the more common PSW recruitment challenges faced by LTC / Retirement homes in Huron and Perth is the lack of full time jobs. Full time PSW positions are typically offered to internal staff first which means that most of the positions offered externally are part time. With the new PSW certification requirement some LTCs / Retirement homes are finding it difficult to find local workers and very few PSWs want to relocate for a job if it is only part time. New graduates with a PSW certificate can be very selective about where they want to go and most will try to follow full time opportunities.

¹³ From the perspective of PSWs, a recent survey of 364 PSWs from across Ontario revealed that over 2/3 reported more training is needed in areas of mental health (64%) and chronic disease management (63%) and over half indicated more training is required in medication management (59%), GLBT seniors (54%), dementia (52%), and palliative care (51%) (CRNCC 2009).

Challenges Retaining PSWs

As with recruiting, one of the biggest challenges in retaining PSWs is the lack of full time positions. It can take a long time to obtain a full time position and some part timers will leave to seek opportunities elsewhere. The lack of sufficient part time hours also contributes to turnover. Having to work several part time positions in different facilities can negatively impact a persons quality of life and turn people away from the work.¹⁴ At least one LTC noted that they offer a mentoring program for new hires to provide emotional support to help them fit in.

Practice Setting Preferences

There are relatively few PSWs working in hospital settings in Huron and Perth. Most PSWs are working in LTCs / Retirement homes or with home care service agencies. PSWs are attracted to LTCs because they typically pay more than Retirement homes and community support services and can offer more hours. LTCs usually lose PSWs to other LTCs that offer more hours or permanent positions.

6.2.3 Activation Workers

Current Vacancies for Activation Workers

Only one of the LTCs / Retirement homes is recruiting for an Activation Worker at this time (casual position) but others have recently recruited. LTCs/ Retirement homes generally find it difficult to recruit for Activation Workers when the need arises as there are few qualified workers in the area.

Training Requirements for Activation Workers and Challenges for LTCs / Retirement Homes

The training requirements for Activation Workers have increased and they are now required to have a diploma or degree to work in a LTC / Retirement home setting (e.g. recreation and leisure studies, therapeutic recreation, kinesiology, or other related field). However, as noted by one LTC representative, the more requirements you include in a position the more difficult it is to find local people who have all of the qualifications you want. Unfortunately, many of the most qualified Activation Workers are not focusing on LTC for a career.

Professional Development

Most of the LTCs / Retirement homes offer some type of support for staff to pursue professional development opportunities. These opportunities include in house training, time off for attending training, budgets for attending external work shops and/or purchasing Internet based resources, and budgets for attending conferences/seminars.

¹⁴ The findings are consistent with the results from a recent survey of 364 PSWs from across Ontario where the top ranked reasons for potentially leaving the profession relate to dissatisfaction with pay, scheduling, and hours. However, PSWs indicate that wages, hours and scheduling present only part of the picture and dissatisfaction with working conditions is also a key reason to leave PSW work (CRNCC 2009). PSW recruitment and retention is affected by many other factors including, but not limited to: scope of practice, standardized training, low wages, and quality of work life issues. Because recruitment and retention are interlinked, strategies for recruiting staff have less chance of being successful if retention is an issue in the workplace (Elliot, 2004). The Personal Support Network of Ontario estimates an annual human resource deficit of approximately 2000 PSWs (PSNO, 2009).

Recruitment Methods

The most common Activation Worker recruitment methods that LTC / Retirement homes in Huron and Perth use include advertising in local newspapers and the company website and word of mouth. Some LTCs also network with universities and use summer student placements. Additional methods are identified in Table 32 All of the methods are generally viewed as fair to very good in terms of their effectiveness.

Table 32: Activation Worker Recruitment Methods Used by LTCs / Retirement Homes

# of LTC / Retirement Homes	Recruitment Methods
6	Local newspaper
4	Company/business website
4	Word of mouth
2	Network / relationship with college
2	Summer student / co-op placements
1	Other online recruitment agency / organization
1	Network / relationship with university
1	Recruited Kinesiologist from a clinical placement

Challenges Recruiting Activation Workers

Some LTCs / Retirement homes in Huron and Perth are experiencing more difficulty than others in recruiting Activation Workers. Some LTCs are finding that there is an overall Activation Worker shortage and/or applicants lack the appropriate certification. At least one LTC hired an Activation Worker who previously volunteered at the LTC when they were attending school. Another LTC noted that they have no existing challenges but anticipate that it will be difficult to recruit with the new certification requirements.

Challenges Retaining Activation Workers

LTCs / Retirement homes note that there is low turnover in Activation Workers. Some LTCs / Retirement homes noted that the lack of full time hours is causing challenges in retaining Activation Workers. Some LTCs also noted that the wage level could be causing some Activation Workers to look for opportunities elsewhere.

Practice Setting Preferences

No serious concerns were raised by LTCs / Retirement homes with respect to the practice setting preferences of Activation Workers.

6.2.4 Cooks / Food Service Workers

Current Vacancies for Cooks/FSWs

Some LTCs / Retirement homes have ongoing vacancies for casual FSWs and it can be challenging to find cooks with the proper certification. One LTC noted that it will be challenging to find a replacement cook when the current cook retires.

Training Requirements for Cooks/FSWs and Challenges for LTCs / Retirement Homes

Cooks and FSWs need to have their certified papers to work in the LTC / Retirement home setting. Cooks are required to have chef training or culinary management training (Red Seal certified) while FSWs are required to have a FSW certificate. Those already working as FSWs at the time the new LTCH Act came into being were required to complete a food handler training program. Courses for FSWs are available through the Internet and are very convenient for staff to access. One LTC noted that there are few local training opportunities for cooks and low enrolment sometimes results in courses being cancelled.

One LTC / Retirement home noted that FSW training program teaches supervisory skills but this is unnecessary for the LTC setting. Some older FSW staff at LTCs have been grandfathered in without taking the training but they will not be able to work in another location without taking the training.

Professional Development

Most of the LTCs / Retirement homes offer some type of support for staff to pursue professional development opportunities. These opportunities include in house training, time off for attending training, budgets for attending external work shops and/or purchasing Internet based resources, and budgets for attending conferences/seminars.

Recruitment Methods

The most common Cook/FWS recruitment methods that LTC / Retirement homes in Huron and Perth use include advertising in local newspapers and the company website and word of mouth. Some LTCs also network with colleges and HealthKick as part of their recruitment strategy. Most of the methods are generally viewed as fair to very good in terms of their effectiveness. It was noted that the word of mouth approach for Cooks/FSWs does not work as well as it does for nurses as the Cooks/FSWs tend to work in greater isolation.

Challenges Recruiting Cooks/FSWs

The main challenges LTCs/Retirement homes face in recruiting Cooks/FSWs is the lack of full time positions and/or the lack of part time jobs with sufficient hours. It is also difficult to recruit for shift work and weekend positions. As noted by one LTC, it is difficult to hire for part time and casual FSW position and then request the individual to take the FSW training which can cost close to \$200. One LTC noted that it is challenging to find certified chefs/cooks in rural communities... "It can be twice as hard to recruit for a cook compared to a FSW and often times a cook will drop down to a FSW position if the hours are better."

Challenges Retaining Cooks/FSWs

As with recruiting, the main challenges LTCs/Retirement homes face in retaining Cooks/FSWs is the lack of full time positions and/or the lack of part time jobs with sufficient hours.

Practice Setting Preferences

No serious concerns were raised by LTCs / Retirement homes with respect to the practice setting preferences of Cooks/FSWs although at least one LTC reported that they lost a FSW to a

hospital. One LTC noted that FSW work in a LTC setting is more rewarding than work in a restaurant.

6.2.5 Volunteers

Volunteers are crucial to programming at LTCs / Retirement homes. Volunteers are able to provide one-on-one care, drive residents to appointments, and run a variety of programs and activities (e.g. music programs, pet therapy, art programs, social events, game programs, bus tours, etc.). Volunteers also assist with fundraising.

Recruiting volunteers continues to be challenging and this is likely to become more problematic over time as many of the volunteers in these settings are themselves elderly. Some LTCs are able to recruit youth from schools but these are typically temporary volunteers. Younger volunteers in general are looking for 'value added' opportunities where they can gain new skills and work experience. This means more effort on the part of organizations to package and deliver a rewarding volunteer experience that includes training and supervision.

6.2.6 Additional Challenges

Occupancy

Many of the LTCs / Retirement homes that participated in the study are at full capacity with waiting lists while others are at near capacity (90%+). Residents and their families are increasingly interested in newer facilities and facilities that offer more privacy (e.g. 1 or 2 bed room vs. 4 bed room), especially residents who are in the final stages of life. Older facilities face costly renovations if they want to convert rooms with 4 beds to 2 beds. The reduction in beds could also impact their government funding.

Occupancy at LTCs / Retirement homes will be impacted by the growing movement to provide programs to elderly in their own home. This is causing an increase in the proportion of seniors entering LTCs in a more frail condition.

One LTC reported that the loss of beds for mental patients in hospitals is resulting in more of these patients being placed in LTCs and other facilities that lack the specialized staff and services/programs to respond to the needs of this population which can include younger psychiatric residents. As noted by one LTC representative, when mental health patients move to an LTC setting they typically come from a setting where the ratio of service providers to residents is much higher.

Staffing

Many of the LTCs / Retirement homes have internal hiring policies based on seniority but this is likely to become more problematic as hiring practices will need to conform to the requirements of the Long Term Care Homes Act.

There are enough PSWs applying for positions but LTCs / Retirement homes are only able to provide casual employment until full time and part time jobs open up.

The availability of RNs is better than it was a few years ago but it can still be a challenge to recruit and retain RNs in the area. More strategies are needed to help retain staff to avoid turnover and ensure the investment made in recruitment resources is not wasted.

The healthcare workforce is aging and LTCs / Retirement homes will begin to see the number of retirements increasing within the next five years.

It will be important to maintain the pools of casual and part-time healthcare workers in LTCs / Retirement homes to avoid staffing shortages.

Older members of the healthcare workforce feel threatened by the new graduates and the potential loss of their work hours but they need to allow the recent graduates to gain experience before they retire.

LTCs / Retirement homes are experiencing great difficulty recruiting and retaining Directors of Care. These positions are very demanding and have a high level of responsibility and accountability. The Long Term Care Home Act outlines specific qualifications for these positions which are difficult to find in a single person. These positions are not unionized and the pay is not significantly more than a nurse. Some LTCs suggested that the province needs to be lobbied to create an executive assistant position to support Directors of Care.

Some LTCs / Retirement homes are relying on service providers from other agencies to fill their human resource needs. For example, one LTC has a registered physiotherapist on staff for one day a week and physiotherapist aides are brought in from external agencies to carry out the services outlined by the registered physiotherapist. Some LTCs also bring in Nurse Practitioners and Physicians from other agencies (e.g. Family Health Teams) and bill through OHIP.

At least one LTC noted that it is difficult to recruit social workers in Huron County. The work can be depressing (palliative) and it can be challenging working with families who have different ideas as to how care should be administered.

LTCs also noted that it can be challenging to recruit front office staff due to the specificity of the job. Front office staff must be familiar with long term care, have excellent interpersonal and financial bookkeeping skills, and marketing skills.

Some LTCs / Retirement are experiencing challenges filling general maintenance positions (e.g. building maintenance, repairs, plumbing, electrical, etc.). The position requires a wide array of skills but the work is largely part time which makes it difficult to recruit for.

6.3 Community Support Services

6.3.1 Nurses

Current Vacancies for Nursing Positions

Three of the four Community Support Service agencies that participated in the study currently employ nurses and/or have vacancies for nurses.

One of the agencies reported the following vacancies for nursing positions:

- 1 full time RN
- 3 part time RNs
- 1 casual RN
- 2 part time RPNs
- 2 casual RPNs

Training Requirements for Nurses and Challenges for Community Support Services

One agency noted that nurses need to stay current with wound care, IV and other nursing skills. Another agency indicated that nurses need to have leadership skills and experience working alone as most of the work takes place in the home of clients.

Professional Development

Staff are generally encouraged to participate in professional development opportunities but not all agencies provide funding to support this.

Recruitment Methods

Community Support Services are using a variety of methods to recruit nurses including advertising positions in local newspapers, on their own website, and on job search engines (e.g. thehealthline.ca, Job Bank, kijiji). Some agencies are also using word of mouth and networking with colleges and universities.

Challenges Recruiting RNs and RPNs

Recruitment challenges for RNs and RPNs alike include low pay, disinterest in working in Huron or Perth, cost of commuting to the area, and lack of applicants and overall RN / RPN shortage. Lack of full time positions was also identified as a challenge for recruiting RPNs. One agency requires nurses to have at least 10 months experience including some experience working alone which limits the number of applications they receive.

Challenges Retaining RNs and RPNs

The most common challenges associated with retaining RNs and RPNs in Community Support Services include insufficient pay, lack of full time hours/additional hours, cost of commuting and disinterest in working in the area.

Practice Setting Preferences

One agency noted that it is well known that community nursing does not pay as well as hospital or LTC settings which makes it challenging to recruit and retain nursing staff.

6.3.2 Personal Support Workers

Current Vacancies for PSWs

All four of the Community Support Service agencies that participated in the study currently employ PSWs and/or have vacancies for PSWs.

One of the agencies reported the following vacancies for nursing positions:

- 3 full time PSWs
- 3 part time PSWs
- 10 casual PSWs

Training Requirements for PSWs for Community Support Services

All PSWs must have their PSW or DSW (Developmental Service Worker) certificate. Some agencies also have RPNs who fill in the role of a PSW. One agency noted that some colleges have limited training in the areas of palliative care and Alzheimer's which is growing in importance.

Professional Development

One of the agencies reported that they provide the following training to their PSW staff members: Lifts and Transfer education, CPR refresher, PSNO conference (usually offered annually to 2 PSW), various in-service educations, and other opportunities for education/training that are offered by other agencies in the community. Another agency noted that they provide in house training, payment for training courses taken, and time off work,

Recruitment Methods

Community Support Services are using a variety of methods to recruit PSWs including advertising positions in local newspapers, on their own website, and on job search engines (e.g. thehealthline.ca). Some agencies are also using word of mouth and networking with colleges and universities.

Challenges Recruiting PSWs

Recruitment challenges for PSWs include overall shortage of PSWs, low pay, lack of full time positions, lack of qualifications, disinterest in working shift hours and weekends, disinterest in working in Huron or Perth, and cost of commuting to the area.

Challenges Retaining PSWs

The most common challenges associated with retaining PSWs in Community Support Services include insufficient pay, lack of full time positions, lack of sufficient part time hours, and a general PSW shortage which can result in PSWs jumping from job to job when they can find more hours, better pay, etc. Many PSWs are employed through Community Care Access Centre (CCAC) contracts where the positions are largely part-time and temporary and offer less job security. Some PSWs are hesitant to move to the area until they gain some sense of job security. One agency stressed the importance of matching staff to clients to ensure that their personalities do not clash.

Practice Setting Preferences

Some PSWs prefer working one on one with clients rather than having to divide their attention across a group of residents in a LTC / Retirement home.

6.3.3 Activation Workers

Current Vacancies for Activation Workers

Two of the four Community Support Service agencies that participated in the study currently employ Activation Workers but they have no vacancies at the moment. One agency noted that

they do not have Activation Workers but some of their PSWs take their clients out for walks or for other exercises in the community.

Training Requirements for Activation Workers for Community Support Services

One agency noted that their Activation Workers are required to have a Leisure Recreation Diploma or equivalent.

Recruitment Methods

Community Support Services are using a variety of methods to recruit Activation Workers including advertising positions in local newspapers, on their own website, and on job search engines (e.g. thehealthline.ca). Some agencies are also using word of mouth and networking with colleges.

Challenges Recruiting / Retaining Activation Workers

The key recruitment and retention challenges for Activation Workers are the same: low pay, lack of full time positions, lack of sufficient part time hours, lack of qualifications, and cost of commuting to the area.

6.3.4 Communicative Disorder Assistants

None of the four Community Support Service agencies that participated in the study currently employ CDAs and they are not recruiting CDAs.

6.3.5 Chefs / Cooks / Food Service Workers

Only one of the four Community Support Service agencies that participated in the study currently employs Cooks/FSWs but no details were provided on the recruiting / retention challenges they experience.

6.3.6 Volunteers

Volunteers are extremely important to some of the agencies as they provide a range of services such as:

- Visiting with our senior clients as well as Alzheimer clients
- Providing transportation
- Assisting in the Adult Day Programs
- Delivering exercises to our senior clients
- Assisting with congregate dining program
- Deliver Meals on Wheels
- Assisting at Blood Pressure Clinics

Agencies are finding it challenging to compete for volunteers with all the other organizations that are looking for volunteers – this results in having to continuously recruit and train which can be time consuming. One agency noted that they provide in-service education to their volunteers and find that most challenges come from volunteers not understanding their boundaries with clients.

Another agency noted that the current group of volunteers is aging and new seniors do not volunteer to the same extent as the previous generation. The agency also noted that younger volunteers tend to avoid long term commitments to volunteering and prefer brief one time events.

6.3.7 Service Trends

All of the agencies see a growing need for community support services especially as the population ages and more seniors make the choice to stay in the comfort of their own home rather than move to a LTC / Retirement home. One agency noted that more PSWs will be needed to respond to this need. However, one agency also noted that lack of funding for extra staff hours is limiting their ability to expand beyond what they are currently providing.

6.4 EMS Services

Current Vacancies for EMS Staff

EMS services in Huron and Perth are not recruiting Paramedics at this time. One of the services recently hired 4 people and they received 200 applications. The attrition rate is very low and the colleges are training about 800 - 1,200 paramedics a year so there is no shortage to choose from. It generally does not make a difference where the ambulance base/bay is located in Huron and Perth as "Paramedics will go wherever they can find a full time job." One EMS service noted that Paramedics cannot expect to find a full time job immediately in the area and that it may take some people up to 5 years to get a full time position.

With respect to EMS supervisors, there are currently no vacancies although one of the services recently established several part time supervisor positions to help build their redundancy capacity.

With respect to EMS support staff (e.g. Administrative Coordinators), there are currently no vacancies.

Training Requirements for EMS Staff

There are ongoing discussions on enhancing the Primary Care Paramedics (PCP) skill set. This could potentially lead to a reduction in Advanced Care Paramedics (ACP). It was noted that some ACP skills are rarely needed. For example, ACPs are trained to perform surgical airway techniques. A paramedic in a large urban area like Toronto might respond to a case like this once or twice in their lifetime but it is extremely rare in rural areas.

Minimum qualifications for EMS supervisors in Huron and Perth include 4-5 years EMS experience as well as 1-2 years supervisory management training/experience. Supervisors should also have a strong health and safety background, knowledge of equipment and vehicles, and the ability to train others. Very few training institutions include the supervisory/management training as part of their course but these skills are valuable and needed (including managing a unionized workforce, report writing and preparing business cases).

With respect to EMS support staff the main qualifications required include office experience including experience with Microsoft programs (e.g. Word Access, Excel). Some training is provided when they start the position (e.g. scheduling software, payroll software).

Professional Development

Both the Perth and Huron EMS support professional development opportunities for staff. One service provides 40 hours of training every year which is related to keeping staff current on changes to standards, medical protocols, recertifying skills, and other health and safety matters including provincial mandated training.

EMS supervisors participate in provincially mandated training. Training is sometimes out of town (e.g. Toronto, Kitchener, London, and Hamilton) or available through the Internet. Neighbouring counties sometimes coordinate training events. One service noted that their staff are taking a leadership program as part of a AMCTO course.

EMS support staff participate in training as needed (e.g. computer software, administrative clerks workshops, file management, data management).

Recruitment Methods

Very little promotion is needed to recruit Paramedics in Huron and Perth as there is a substantial supply in the province and a large number of applications are received whenever positions are posted. Positions are typically posted on the EMS websites. One service noted that they have not experienced any recruiting challenges with Paramedic positions for the last six years. Each college provides graduating students with a list of EMS locations and students can follow-up to determine if there are any positions available.

EMS services in Huron and Perth recruit supervisors from within or post positions on the Ontario Paramedic Association website.

EMS service in Huron and Perth use a variety of ways to recruit support staff including networking with college programs, posting positions on the county website and in local newspapers, and posting through the provincial and national Paramedics association.

Challenges Recruiting EMS Staff

As noted above there are no serious challenges associated with recruiting Paramedics in Huron and Perth.

With respect to EMS supervisors, one of the services hired two supervisors several years ago with little difficulty. The positions were posted on the Ontario Paramedic Association website and they received over 30 applicants from all over the province. However, it was suggested that current applicants tend not to have the supervisory/management training that is needed for these positions. It was also noted that pay can be an issue as smaller municipalities try to minimize these salaries to make more funds available for hiring the paramedics who are unionized. One service has established an acting supervisor position to help staff transition to the position. However, some staff will not risk moving from a full time paramedic position to a supervisor role as the collective agreement will not let them go back to the Paramedic position.

One of the EMS services noted that the low pay level presents a challenge in recruiting and retaining EMS support staff. One of the EMS services has had success with hiring people who previously worked in house for the county.

Challenges Retaining EMS Staff

The one key challenge to retaining Paramedics is the lack of full time positions. Paramedics will move to full time positions where they become available. However, with the abundance of Paramedics in the province it is not very difficult to fill the part time positions.

With respect to EMS supervisors, one service noted that Paramedics who move into a supervisor position need to stay with it for at least two years until they become fully comfortable with it. Some Paramedics want to leave the position after six months but the collective agreement will not allow this. Training, confidence, and experience are important for them to be successful in the position.

As noted above, the level of pay can be a challenge in retaining EMS support staff.

6.5 Public Health Units

The Perth District Health Unit and Huron County Health Unit were asked to report on recruitment and retention challenges they have with nurses and other positions at the Health Units.

In general, the Health Units are not experiencing any challenges when recruiting for RNs and RPNs but one of the Units noted that NPs are in short supply. However, it was noted that a significant number of nurses reside outside the area (e.g. London, Kitchener Waterloo) and it is difficult to retain staff when they are able to find a position that pays better and is closer to their home.

The Health Units are using a variety of techniques when recruiting for positions including advertising in local newspapers, on their own website, and on other agency websites (e.g. alPHA – Association of Local Public Health Agencies). Other strategies include networking with universities and offering student academic placements and summer student jobs. All the methods are generally viewed as fair to very good in terms of their effectiveness.

Positions that are historically difficult to fill include Medical Officer of Health and Public Health Inspectors. The challenge is linked to a shortage of qualified candidates. One Unit noted that they have had good success in “growing our own”.

Both Health Units reported that volunteers are important to their organization in terms of supporting a number of programs. One Unit reported that they have approximately 120 active volunteers who contributed approximately 1,400 hours of service in 2010. The main challenge in working with volunteers is the limited time and availability they have to volunteer.

Both Health Units noted that their responsibilities have increased with new public health standards and that while their service demands are growing their budgets are not keeping pace. The Health Units reported that they are somewhat under resourced to respond to the service demands. As noted by one Unit, this results in having to gap positions to stay within the budget allocation.

The Health Units reported that service needs are changing in a number of ways. Obesity, injury prevention, substance misuse prevention, and healthy child development are significant challenges. Increases in chronic diseases and an aging population will also impact service needs. It was noted that increasing health care costs are not sustainable so the solutions will have to be in prevention.

7.0 Huron Perth Family Health Team Administrators Discussion Group

An early draft of the Healthcare Human Resource inventory was shared with Huron Perth Family Health Team Administrators for comment and feedback.¹⁵ Key themes from the employer interviews/surveys were presented to the group and the Administrators were asked to confirm and/or expand on the findings. The administrators were also asked to identify any additional healthcare human resource issues that they were aware of.

Family Doctors

- Huron and Perth have made progress in increasing the number of family doctors in the area but the situation could worsen as a number of doctors are expected to retire soon.
- It is not simply a matter of replacing one retiring doctor with a new doctor... older doctors are accustomed to working longer hours and carrying a large number of clients/patients while younger doctors are interested work/life balance and carrying a smaller number of clients (e.g. no more than 800). It was suggested that it will take 2.5 to 3 doctors to replace 1 retiring doctor.¹⁶

RNs

- A large number of RNs on FHTs are close to retiring as well.
- The funding for administration is not sufficient and nurses and others have to work together to cover all of the administrative duties which takes time away from nursing duties.
- FHTs are able to recruit RNs but the challenge is retaining them.
- RNs represent an intergenerational workforce and this creates different worker expectations.
- In a small rural area there are usually wider scopes of practice and this can be threatening for some nurses.

Nurse Practitioners

- FHTs in Huron and Perth have been established for several years now and the NP position is now well accepted / respected / appreciated by physicians.

¹⁵ Family Health Teams are health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide health care for their community. Family Health Teams provide more service and a wide range of health options, especially for people who don't have a doctor. While some Family Health Teams may wish to provide all services to their patients by including interdisciplinary practitioners as part of the team, others may make arrangements with community agencies to provide specific services to patients as required. FHTs consist of a variety of practitioners – the 2005 MOHLTC Guide identifies Physicians, Registered Nurses, Registered Practical Nurses, Midwives, Dietitians, Pharmacists, Chiropodists/Podiatrists, Mental Health/Addictions Professionals, Physiotherapists, Occupational Therapists, and Chiropractors. Many FHTs also include Social Workers and Nurse Practitioners. Huron and Perth have a total of 9 FHTs.

¹⁶ Results from the 2007 National Physician Survey show that medical students want a better work-life balance when they become practising physicians. Approximately 60% of medical students and 52% of residents indicated that achieving a balance between their work and professional lives will be the most important factor when establishing a fulfilling career in medicine. Young doctors are more interested in working 40 or 45 hours a week and having time off to be with their families or pursue other lifestyle interests. A family doctor trained in 2007 will be about 70 to 75% as “productive” as a doctor who was trained in the 1980s.

- NPs play a key role on the FHT... they assist in helping to reduce the work load carried by physicians which serves to strengthen the capacity of the team.
- It can be challenging to pay NPs enough to be competitive with other areas.
- Some FHTs only have a single NP while others have a 2nd NP position (assistant). The assistant NP helps to provide support and gives greater profile to the NP position on the team. The assistant NP also reduces the isolation that an NP may feel.
- Some FHTs are sending their NPs into long term care facilities. This is linked to FHT doctors going into LTCs.
- Demand for NPs is increasing. The Community Care Access Centre (CCAC) now hires NPs and they are able to pay NPs more and offer benefits, expenses, and more vacation time compared to FHTs.

Pharmacists

- At least one FHT reported that it was challenging to find a pharmacist. It can be difficult to get a pharmacist all the hours they want and in some cases the pharmacist has to work in 3 or 4 different locations to get the full time job equivalent. Having to travel to different locations is time consuming and costly.
- Originally FHTs were only able to offer 0.25 of a position but it has been increased to 0.5. It is difficult to recruit pharmacists when you are unable to offer hours or money. It was also challenging when the government threatened to eliminate all contract work

Chiropodist

- At least one FHT reported that they have been unable to find a chiropodist after conducting a search.

Dietitians

- Dietitians have been hired for FHTs.
- They can be the most difficult to recruit because FHTS only have a budget for part time positions.
- There is a scarcity of workers and there is the wage gap (hospitals able to pay more than FHTs).
- Dietitians may find it difficult to practice in rural communities because they have to be very knowledgeable in many aspects; whereas in the urban centres, they can be more specialized.

Psychiatrists

- There isn't any child psychiatry in the area... there are no inpatient beds and the best they can do is video conference.

Psychologists

- There is a shortage of psychologists.
- There is no one to backfill these positions.
- It can take a long time to fill these positions and compensation is a major issue.

Mental Health

- There is considerable variation in mental health resources on the FHTs across Huron Perth. Some have a wealth of people with the right skills (e.g. children) while others have limited resources and rely on referrals to other organizations.
- The need for mental health services is likely greater than capacity because so much goes undetected and people fear the stigma of disclosing a mental health problem.

- Residents with less serious mental health problems can experience a 4-5 week wait to access service.
- It was noted that social workers could help to alleviate the amount of time that doctors have to spend with mental health patients.

Social Workers

- Social workers are in demand.
- They help to reduce the work load carried by physicians and strengthen the capacity of the team. Social/mental health problems often accompany physical problems and social workers can assist with helping patients manage depression, deal with marriage problems or family breakdown, live with chronic or debilitating health conditions, recover from trauma, and face end-of-life issues.
- There is a big gap with children services in the area

FHT Executive Directors

- EDs take on many responsibilities and roles. They have built the position up from the time the FHTs were first established.
- There is some concern about being able to find someone with the right qualifications, experience and passion to fill the ED positions when they leave/retire.
- Although the position is challenging, EDs love their work 'Dream job', 'best job I ever had.'

Professional Development

- FHTs have very little in their budget to participate in professional development.
- Some members attend the OMGMA (Ontario Medical Group Management Association) annual conference which helps to facilitate the exchange of best practices / lessons learned. It was suggested that more funding is needed to take advantage of these types of opportunities.
- It would be helpful if the OMGMA could provide tool kits for training.
- Some members are also involved with the Quality Improvement and Innovation Partnership (QIIP) which promotes the advancement of the quality of primary healthcare.
- At the time the FHTs were initiated they were approached to join many groups as partners but they have to be selective to make the best use of their time.
- The FHTs have no capacity to conduct research and rely on partnering with other organizations who can lead the research.

Coop Students and Volunteers

- FHTs are using volunteers to assist with some administrative duties.
- FHTs are also working with coop students which are very helpful.
- All board members are volunteers.
- There needs to be greater emphasis on providing training to volunteers and ensuring that the experience is meaningful to the volunteer.

HealthKick

- FHTs recognize HealthKick as an important coordinating body (e.g. provides assistance in accessing coop students).
- FHTs recognize HealthKick as an important facilitator / advocate for training needs, networking needs, research.

8.0 Huron Perth Providers Council Discussion Group

An early draft of the Healthcare Human Resource inventory was shared with the Huron Perth Providers Council for comment and feedback. Key themes from the employer interviews/surveys were presented to the group and Council members were asked to confirm and/or expand on the findings. The Council members were also asked to identify any additional healthcare human resource issues that they were aware of.

Nurses

- Pay disparity between nurses in hospital and LTC / Retirement home settings is major problem that needs to be addressed to better enable LTCs / Retirement homes attract and retain nurses.
- There are significant staff turnover costs for LTCs / Retirement homes. They lose their investment in professional development when nurses take the knowledge / skills they acquired to an alternate setting (e.g. hospital) in search of better pay.
- Leadership training is needed for nurses who are working / planning to work in a LTC / Retirement home setting.

Dentists

- The Council suggested that there could be data quality issues with the Dentist data from HealthForce Ontario which shows a significant decline in dentist numbers in the area between 2008 and 2009. This size of the decline does not appear to be accurate.

Dietitians

- Dietitians are hard to find and recruit. There seems to be an overall shortage of Dietitians and the need is growing as the population ages.

Physiotherapists

- Physiotherapists have been losing clients since this treatment was delisted by OHIP. Although there has been a drop off in demand for the service the need has not likely changed but residents are avoiding it if they are not covered by their insurance.

Psychologists

- The Council suggested that there could be data quality issues with the Psychologists data from HealthForce Ontario. It was suggested that the number should be higher than the number reported by HealthForce Ontario.

Social Workers

- Social workers can be difficult to recruit for depending on the skill sets you need (e.g. mental health, child counselling)

Volunteers

- Volunteers are difficult to recruit and not too many people want to work with seniors or people dealing with mental health issues. This presents a serious challenge for LTCs / Retirement homes and Community Support Services where volunteers play a crucial support role and the demand is growing. Some organizations are using innovative practices in recruiting. It is important to provide adequate training and supervision and to make the experience meaningful for volunteers, especially younger volunteers who are interested in seeing how the volunteer experience relates to a possible career. Incentives might be helpful to increase volunteerism among youth but it needs to be determined

what type of incentive will work best and in what setting. Some organizations offer scholarships. Students need to be more engaged in developing the volunteer experience to better ensure that the experience meets their expectations.

Other

- There is a need for a rural strategy on retention to follow-on all the work that is going into recruiting. LTCs / Retirement homes and Community Support Services struggle to compete with hospitals on pay for nurses and there appears to be an overall shortage of PSWs which leads PSWs to leap at full time positions / or expanded part time positions whenever and wherever they become available.

9.0 Student/Graduate Survey Results

9.1 Rural Healthcare Work Placement – Survey of Students Placed in 2011

Respondent Profile

The survey (weblink) was sent to all 21 students who were placed in 2011 Rural Healthcare Work Placement. A total of 17 students (81%) participated in the survey.

The respondents range in age from 19 to 25 years and the average age is 21.

All 16 respondents who reported their gender are female.

Of the 15 respondents who reported their place of residence, nine (60%) are from Huron County, three (20%) are from Bruce County, two (13%) are from Grey County and one (7%) is from Perth County.

Of the 16 respondents who reported their highest level of education, 10 (64%) have completed some university courses, five (31%) have graduated from university and one (6%) has graduated from college.

What attracted you to apply for a Rural Healthcare Work Placement?

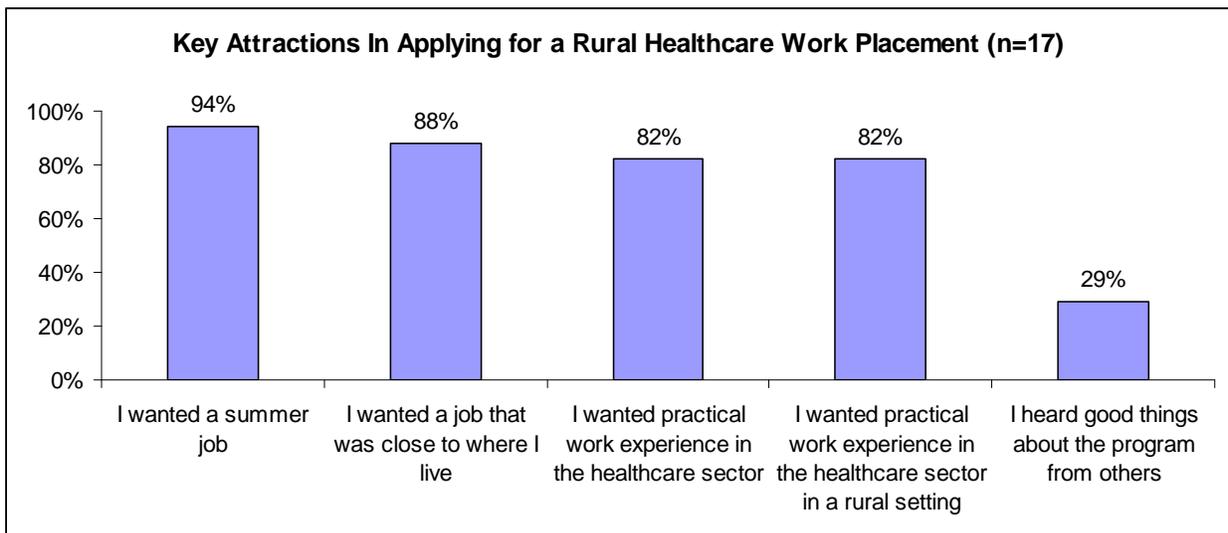
An open ended question was used to ask respondents what attracted them to apply for a Rural Healthcare Work Placement.

The following comments were provided:

- To gain experience in healthcare, to help with future job applications and the placement is close to home.
- To use what I have learned at University in my local community without having to live in the city to gain the same experience.
- These jobs allow students to gain experience in their field of healthcare.
- I wanted a job in my field – nursing.
- To gain experience in a healthcare setting; close to home; strengthens my resume; more likely to get the job since I am from this area
- I had previous work experience at the office where my placement is and I wanted to continue my experience there.
- I have always lived in rural Ontario and I enjoy living and serving these communities.
- This work placement attracted me, because it would allow for me to gain great experience in the area of work that interests me. The location (close to home) is also very ideal.
- The placement gives you experience in a rural community in the healthcare sector which allows you to see your opportunities, and make connections, and motivates you in bringing your talents back to the community. I have been involved in a Rural Healthcare Work Placement for a couple years and every placement has helped me to get other jobs, volunteer experiences, and to get into a Master's level competitive program in school.
- I wanted to gain experience the nutrition field in the rural community because I want to work in the rural community when I graduate. I also wanted to experience what it was like to be a nutrition manager in a nursing home.

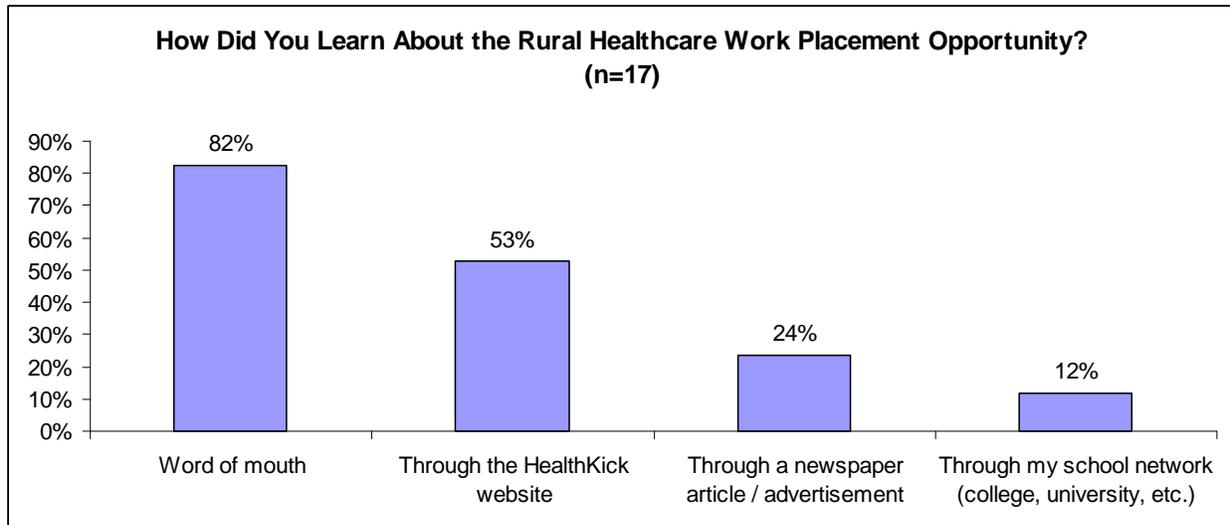
- I am a nursing student and I really wanted to be involved with a summer job that related to my future career. I love my rural community and wish to come back when I am an RN. This placement allowed me to view all the jobs available in my area.
- The placement provided me with the opportunity to work in healthcare and discover where I would like to work in the field.
- In the Huron, Bruce and Grey area, summer positions in the health sector are very limited if you do not have the required credentials.
- I was very interested in learning about public health, especially in a rural area because I believe public health plays an even greater role in rural areas, since there are fewer external services available to rural health populations than urban areas. Therefore, public health units play a larger role in rural communities.
- I have always been interested in healthcare and I am interested in working in a rural area when I graduate.

In a follow-up question, the respondents were asked to identify what attracted them to apply for a Rural Healthcare Work Placement from a set list of five factors. The following figure shows the responses in rank order.



Respondents were allowed to select/provide more than one response.

First Knowledge of the Rural Healthcare Work Placement Opportunity



Respondents were allowed to select/provide more than one response.

Current Occupational Goal or Interests in the Healthcare Sector

Profession	%	#
Registered Nurse	53%	9
Physician - Family	29%	5
Dietitian	18%	3
Health Promotion	12%	2
Health Research	12%	2
Kinesiologist	12%	2
Physician - Specialist	12%	2
Practical Nurse	12%	2
Speech-Language Pathologist	12%	2
Nurse Practitioner	12%	2
Nutritionist	6%	1
Occupational Therapist	6%	1
Physiotherapist	6%	1

Respondents were allowed to select/provide more than one response (n=17).

Job Search Techniques Used to Try and Find Work Related to Occupational Goal/Interest

Job Search Technique	%	#
Looked for job postings on hospital/health care agency websites	71%	12
Looked for jobs / information posted on the HealthKick website	71%	12
Looked for jobs through my school network (college, university, etc.)	59%	10
Searched job classifieds in newspapers	59%	10
Word of mouth	59%	10
Looked for job postings on employment centre job board	41%	7
Looked for jobs using Internet search engines such as Workopolis, Monster.ca, etc	35%	6
Volunteered to gain work experience	24%	4
Looked for jobs / information posted on thehealthline.ca website	18%	3
Employers came to you	12%	2
Attended a job fair	6%	1

Respondents were allowed to select/provide more than one response (n=17).

Challenges Finding Work Related to Occupational Goal/Interest

Challenges Experienced	%	#
I wanted a full time position	81%	13
I wanted a job that was closer to where I live	75%	12
Employers wanted people with more job experience than I have	56%	9
I needed additional qualifications	31%	5
I could not find a job that paid enough	19%	3
I didn't (don't) have access to a car	13%	2
The work hours were not convenient for me	6%	1

Respondents were allowed to select/provide more than one response (n=16).

Additional comments provided:

- There simply aren't enough jobs for all of the students interested in health care.
- Many speech pathologists aren't looking to hire but they will take on volunteers. Although volunteering can provide a great experience it does not help with paying for my education. Sometimes working for an unrelated non-health care oriented job that pays beats out volunteering in what you want to do in your future - however, this isn't always best for getting into professional level programs which require you to list your health care related experiences related to your program of choice.
- There are limited positions available for students in healthcare. HealthKick provides a unique ability to work directly in health care settings and gain hands-on experience.
- Outside of HealthKick and the summer job opportunities at Perth District Health Unit, there really aren't many student summer jobs offered in public health. It's awesome that HealthKick offers these positions!

Previous Work Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their work experience during the last 12 months (prior to the start of their 2011 placement). Six of the 17 respondents (35%) reported that they had previous work experience in a position that was related to their occupational goal/interest. Two of the positions were reported as full-time, two were part-time and two were temporary.

Two of the positions were in retirement homes and the balance were in a variety of settings including a Family Health Team, an Elementary School, a Community Health Care Facility, and a Health Unit. All of the positions were located in the Huron Perth Bruce Grey area with the exception of the position in the Community Health Care Facility.

Previous Volunteer Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their volunteer experience during the last 12 months (prior to the start of their 2011 placement). Eight of the 17 respondents (47%) reported that they had previous volunteer experience in a position that was related to their occupational goal/interest. Three of the positions lasted between one month and three months in duration while one position was three months to six months in duration and four of the positions were six months to a year in duration. Three of the positions involved about 1-2 hours of volunteer time per week while four of the positions involved 3-4 hours per week and one position involved five or more hours per week.

Four of the volunteer positions were in hospitals located in Huron and Bruce counties and at least one position involved an independent practice. At least two of the respondents also

reported that they have volunteered through VON Wellington County and two other respondents reported that they volunteered through programs offered at their training institution.

2011 Rural Healthcare Work Placement

Respondents were asked to rate how relevant their 2011 Rural Healthcare Work Placement is to their occupational goal/interest. A ten point scale was used to assess the level of relevance as follows: 1 = not at all relevant; 2 to 4 = slightly relevant; 5 to 7 = fairly relevant; 8 to 9 = quite relevant; 10 = completely relevant. Seven of the respondents (41%) reported that their 2011 placement is completely relevant to their occupational goal/interest while eight respondents (47%) reported that their placement is quite relevant and two respondents (12%) reported that their placement is fairly relevant.

Approximately 76% of the respondents reported that their 2011 placement is a full-time position (30 hours or more per week) while 24% reported that their placement is a part-time position (less than 30 hours per week).

Seven of the 2011 placements are in long term care facilities located in Huron, Bruce and Grey counties while four of the placements are in retirement homes located in Huron and Bruce counties and three of the placements are in hospitals located in Huron. A further two placements are with community care agencies in Huron and the balance of placements are in a variety of settings including a research facility, a Family Health Team, a local Health Unit and a local pharmacy.

Importance of Working in Huron Perth Bruce Grey Following Graduation

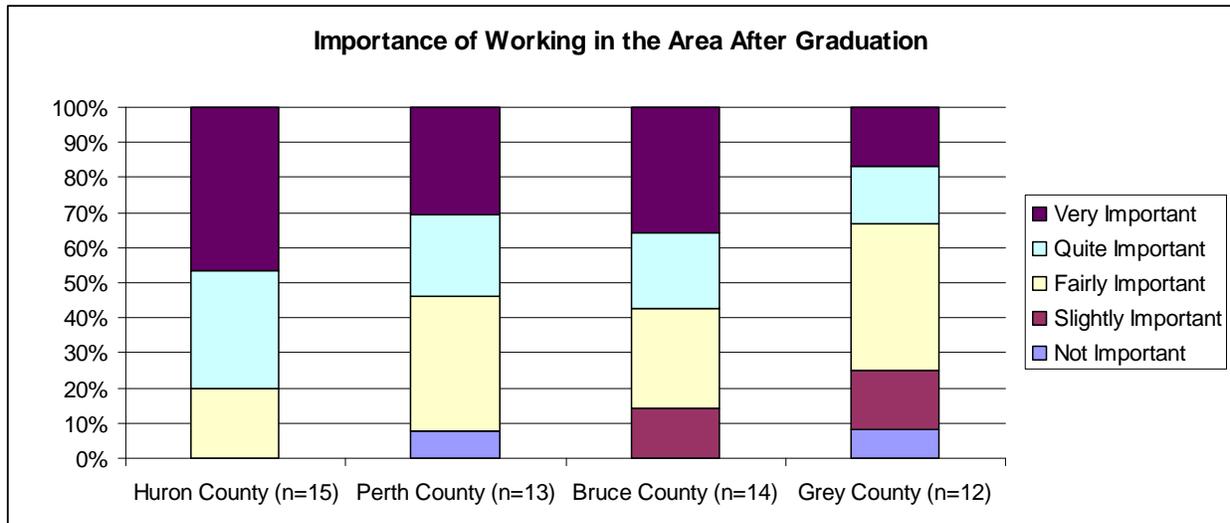
Respondents were asked to rate how important it is for them to work in the healthcare sector in the Huron, Perth, Bruce, and Grey area following their graduation. A ten point scale was used to assess the level of importance as follows: 1 = not important; 2 to 4 = slightly important; 5 to 7 = fairly important; 8 to 9 = quite important; 10 = very important.

Of the 15 respondents that reported on Huron, seven (47%) indicated that it is very important for them to work in Huron after they graduate. A further five (33%) respondents reported that it is quite important and three (20%) reported that it is fairly important.

Of the 15 respondents that reported on Perth, four (31%) indicated that it is very important for them to work in Perth after they graduate. A further three (23%) respondents reported that it is quite important and five (38%) reported that it is fairly important. Only one respondent (8%) indicated that it is not important for them to work in Perth following graduation.

Of the 14 respondents that reported on Bruce, five (36%) indicated that it is very important for them to work in Bruce after they graduate. A further three (21%) respondents reported that it is quite important and four (29%) reported that it is fairly important. Two respondents (14%) indicated that it is only slightly important for them to work in Bruce following graduation.

Of the 12 respondents that reported on Grey, two (17%) indicated that it is very important for them to work in Grey after they graduate. A further two (17%) respondents reported that it is quite important and five (41%) reported that it is fairly important. Two respondents (17%) indicated that it is only slightly important for them to work in Grey following graduation. Only one respondent (8%) indicated that it is not important for them to work in Grey following graduation.



Advice for Looking for Work in the Healthcare Sector in Huron, Perth, Bruce, Grey Area

Respondents were asked to provide advice for others who are looking for employment in the healthcare sector in the Huron, Perth, Bruce, Grey area.

Many of the respondents noted that employers are interested in seeing relevant experience and almost all of the respondents suggested that volunteering is an important way to make connections and gain experience. Many of the respondents recommended reviewing the HealthKick website for job postings as well as the websites of facilities e.g. hospitals, public health units, long term care facilities, etc.

One respondent suggested that HealthKick should provide a "middle-man" service to connect students with professionals in the medical field for shadowing/ride-along/volunteering opportunities.

9.2 Rural Healthcare Work Placement – Survey of Students Who Applied But Did Not Receive a Placement in 2011

Respondent Profile

The survey (weblink) was sent to 117 work placement applicants who ultimately did not receive a Rural Healthcare Work Placement in 2011. A total of 42 students (36%) participated in the survey.

The respondents range in age from 17 to 27 years and the average age is 21.

Of the 40 respondents who reported their gender 88% are female and 12% are male.

Of the 41 respondents who reported their place of residence, 28 (68%) are from Huron County, eight (20%) are from Perth County, four (10%) are from Bruce Country and one (2%) is from Grey County.

Of the 41 respondents who reported their highest level of education, 24 (59%) have completed some university courses, four (10%) have completed some college courses, two (5%) have graduated from college, and three (7%) have graduated from university. There are also four respondents who have not completed high school and four respondents who graduated from high school.

What attracted you to apply for a Rural Healthcare Work Placement?

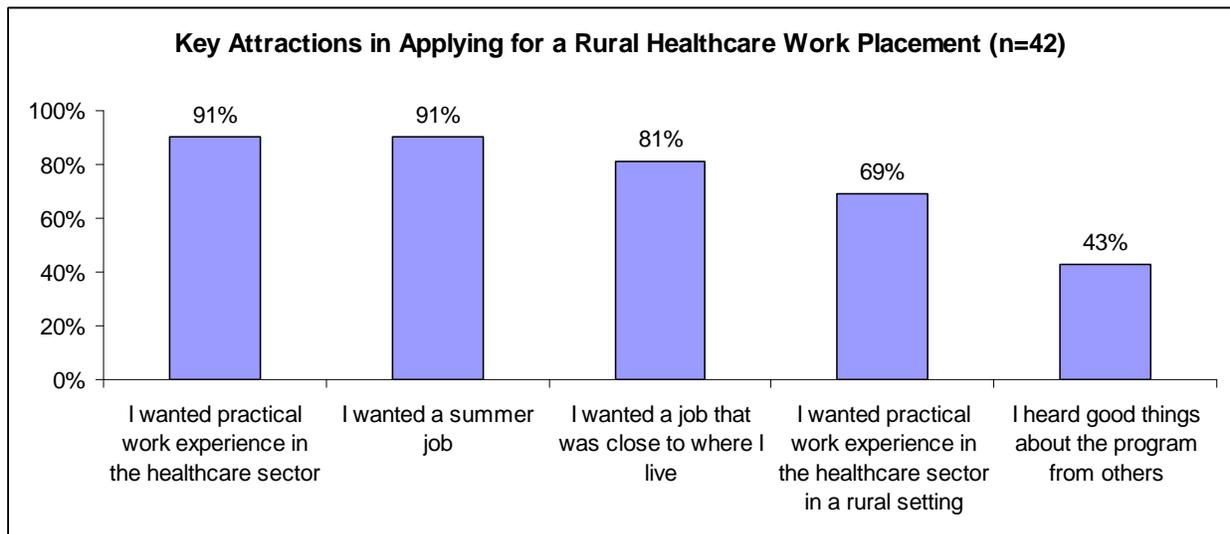
An open ended question was used to ask respondents what attracted them to apply for a Rural Healthcare Work Placement.

The following comments were provided:

- To gain experience in the health sector.
- When I finish school I want to live in a rural area. The placement would have enabled me to see the work options that are available in a rural community. I also think it is important to see how the roles of rural health care workers differ from those in larger, more populated areas.
- I live in the area and like to be able to work close to home. I also like the idea of helping my community.
- I wanted a job in the field that I am going into in the future.
- I wanted career-related experience in my community.
- I was a participant in MedQuest and I wanted to continue in the health field.
- I am interested in expanding my work experience in various health care positions, and wanted to learn what public health nursing is like.
- I live in the area and would love to be a contributing member of my own community. The opportunity to work in an area with which I am familiar and that I am fond of would allow me to truly engage in my work.
- I wanted to gain experience in a hospital setting while being able to spend the summer living at home. It's expensive to live away from home and also hard to find jobs in the healthcare field.
- I grew up in a rural area and I am interested in the health care field. I have had some opportunities in volunteering in the health care field in the rural area, and I am interested in further work in the health field.

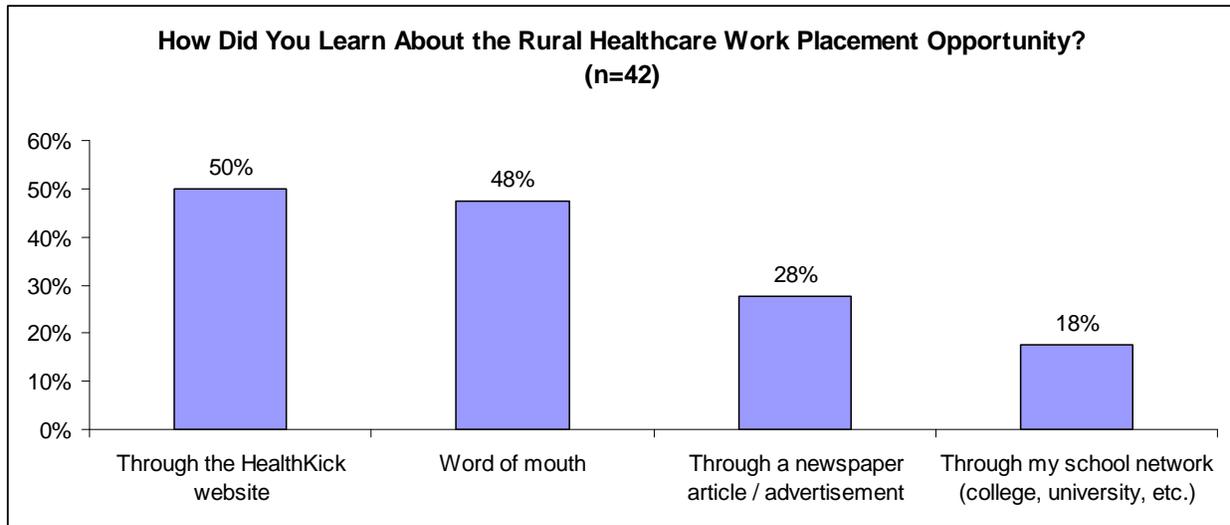
- I wanted to work in the community I come from and use my education to tackle local issues.
- My goal is to go to medical school to be a rural primary care physician – I thought that the Rural Healthcare Work Placement would provide good experience.
- I was interested in a rural healthcare work placement to gain experience in the health care field and to make connections with local health care professionals that some day could be potential employers once I have a degree.
- I wanted to gain experience in the health care field in the region – I wish to return to the region once I graduate.
- The Rural Healthcare Work Placement offers students an opportunity to get experience in the healthcare field. It also helps students to decide which career path is right for them.
- Offers good experience related to what I am studying in school while offering fair pay.
- I was a senior high school student interested in health care. I applied for some of the work placements as I was interested in gaining more experience in a healthcare field, and finding out what interested me.
- I am looking at a career in healthcare so the Rural Healthcare Work Placement looked like a great opportunity to get experience and see what is out there.
- Great pay and an excellent experience. Would not have been just another job.

In a follow-up question, the respondents were asked to identify what attracted them to apply for a Rural Healthcare Work Placement from a set list of five factors. The following figure shows the responses in rank order.



Respondents were allowed to select/provide more than one response.

First Knowledge of the Rural Healthcare Work Placement Opportunity



Respondents were allowed to select/provide more than one response.

Current Occupational Goal or Interests in the Healthcare Sector

Profession	%	#
Registered Nurse	33%	14
Health Promotion	19%	8
Dietitian	12%	5
Physician - Family	10%	4
Physician - Specialist	10%	4
Health Research	7%	3
Kinesiologist	7%	3
Medical Office Assistant	7%	3
Nutritionist	7%	3
Practical Nurse	7%	3
Chiropractor	5%	2
Occupational Therapist	5%	2
Paramedic	5%	2
Physiotherapist	5%	2
Social Worker	5%	2
Speech-Language Pathologist	5%	2
Dental Hygienist	2%	1
Medical Laboratory Technologist	2%	1
Medical Radiation Technologist	2%	1
Pharmacist	2%	1
Psychologist	2%	1

Respondents were allowed to select/provide more than one response (n=42).

Job Search Techniques Used to Try and Find Work Related to Occupational Goal/Interest

Job Search Technique	%	#
Looked for jobs / information posted on the HealthKick website	83%	35
Looked for jobs through my school network (college, university, etc.)	69%	29
Looked for job postings on hospital/health care agency websites	69%	29
Searched job classifieds in newspapers	55%	23
Word of mouth	52%	22
Looked for jobs using Internet search engines such as Workopolis, Monster.ca, etc	50%	21
Volunteered to gain work experience	45%	19
Looked for job postings on employment centre job board	38%	16
Looked for jobs / information posted on thehealthline.ca website	26%	11
Attended a job fair	12%	5
Employers came to you	7%	3

Respondents were allowed to select/provide more than one response (n=42).

Challenges Finding Work Related to Occupational Goal/Interest

Challenges Experienced	%	#
I wanted a job that was closer to where I live	58%	23
Employers wanted people with more job experience than I have	55%	22
I wanted a full time position	50%	20
I needed additional qualifications	48%	19
I didn't (don't) have access to a car	15%	6
I wanted a part time position	8%	3
The work hours were not convenient for me	8%	3
I could not find a job that paid enough	5%	2
None, I didn't experience challenges when looking for a job related to my training	5%	2

Respondents were allowed to select/provide more than one response (n=40).

Additional comments provided:

- There are very few job offerings for students in the area in the healthcare field.
- It is almost impossible for young university/college students in a rural area to gain relevant experience over the summer while working at home. This forces students to look elsewhere for jobs, internships, etc.
- There are very few job opportunities for high school graduates. Employers want youth who are already enrolled in health related programs at college or university.
- Employers don't contact you after you submit your resume.

Previous Work Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their work experience during the last 12 months. Sixteen of the 42 respondents (38%) reported that they had previous work experience in a position that was related to their occupational goal/interest. Seven of the positions were reported as temporary, four were casual, three were part-time and two were full-time.

Five of the positions were in long term care facilities located in Huron, Perth and Grey counties while four of the positions were in retirement homes located in Huron and Perth and one other location outside the area. Three of the positions were in community care agencies located in Huron as well as one position located outside the area. Two of the positions were in hospitals located outside the area. Other positions included jobs with a local Health Unit and an Easter Seals Camp.

Previous Volunteer Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their volunteer experience during the last 12 months. Half of the 42 respondents reported that they had previous volunteer experience in a position that was related to their occupational goal/interest. One of the volunteer positions lasted less than a week while two of the positions lasted between a week and one month in duration and six of the positions lasted between a month and three months. Six of the volunteer positions lasted between three months and six months and five of the positions lasted between six months and a year in duration. Three of the positions involved less than an hour of volunteer time per week while four of the positions involved 1-2 hours per week and five of the positions involved 3-4 hours per week. Eight of the position involved five or more hours of volunteer time per week.

Four of the volunteer positions were in hospitals located in Huron and Bruce counties and at least one position involved an independent practice. At least two of the respondents also reported that they have volunteered through VON Wellington County and two other respondents reported that they volunteered through programs offered at their training institution.

2011 Summer Employment

Respondents were asked to indicate if they had a summer job for 2011. Half of the respondents (21) have found a job for the summer while 18 (43%) reported that they are still looking for a summer job and 3 (7%) reported that they have stopped looking.¹⁷

Respondents were asked to rate how relevant their 2011 summer employment is to their occupational goal/interest. A ten point scale was used to assess the level of relevance as follows: 1 = not at all relevant; 2 to 4 = slightly relevant; 5 to 7 = fairly relevant; 8 to 9 = quite relevant; 10 = completely relevant.

Four of the respondents (19%) reported that their 2011 summer job is completely relevant to their occupational goal/interest while three respondents (14%) reported that their job is quite relevant and five respondents (25%) reported that their job is fairly relevant. Six of the respondents (28%) reported that their job is only slightly relevant to their occupational goal/interest and three (14%) reported that their job is not at all relevant.

Approximately 61% of the respondents reported that their 2011 summer job is a full-time position (30 hours or more per week) while 39% reported that their job is a part-time position (less than 30 hours per week).

Seven of the 2011 summer jobs are in long term care facilities located in Huron, Perth, Bruce and Grey counties while two of the jobs are in retirement homes located in Huron and two of the jobs are with community care agencies (one located inside the area and one outside). Most of the other jobs reported on are linked to customer service jobs unrelated to healthcare.

¹⁷ Of the three students who have stopped looking for work, one is in the process of studying for the MCAT full time, another one is travelling out of country but will be learning in a healthcare setting, and the third is currently working outside the healthcare sector but hopes to eventually work in the healthcare sector.

Importance of Working in Huron Perth Bruce Grey Following Graduation

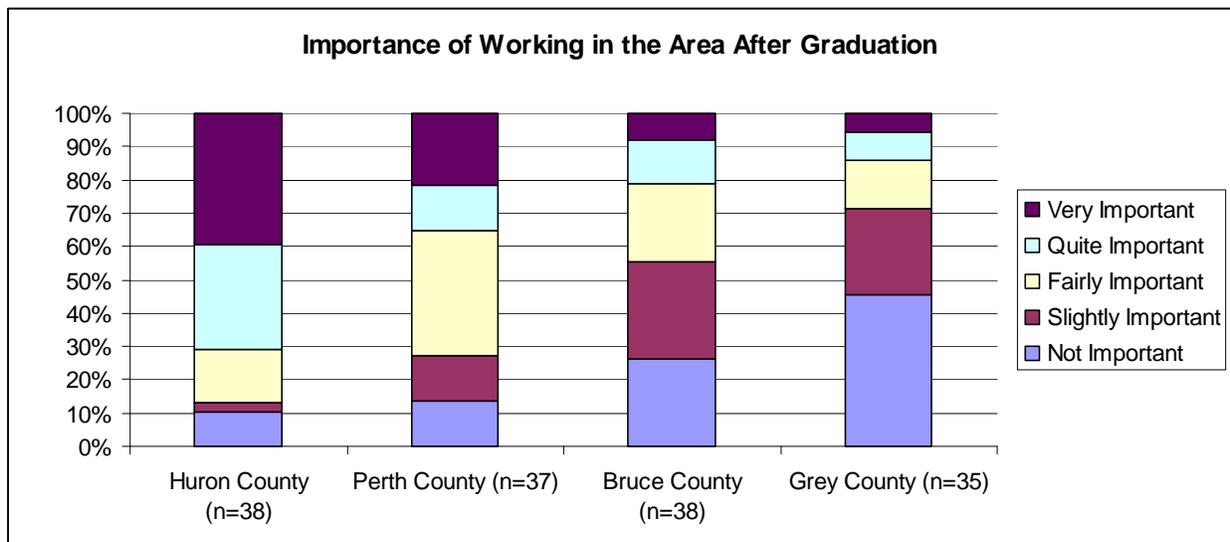
Respondents were asked to rate how important it is for them to work in the healthcare sector in the Huron, Perth, Bruce, and Grey area following their graduation. A ten point scale was used to assess the level of importance as follows: 1 = not important; 2 to 4 = slightly important; 5 to 7 = fairly important; 8 to 9 = quite important; 10 = very important.

Of the 38 respondents that reported on Huron, 15 (40%) indicated that it is very important for them to work in Huron after they graduate. A further 12 (32%) respondents reported that it is quite important and six (16%) reported that it is fairly important. One respondent (3%) indicated that it is only slightly important to work in Huron and four respondents (11%) indicated that it is not important for them to work in Huron following graduation.

Of the 37 respondents that reported on Perth, eight (22%) indicated that it is very important for them to work in Perth after they graduate. A further five (14%) respondents reported that it is quite important and 14 (38%) reported that it is fairly important. Five respondents (13%) indicated that it is only slightly important to work in Perth and five respondents (13%) indicated that it is not important for them to work in Perth following graduation.

Of the 38 respondents that reported on Bruce, three (8%) indicated that it is very important for them to work in Bruce after they graduate. A further five (13%) respondents reported that it is quite important and nine (24%) reported that it is fairly important. Eleven respondents (29%) indicated that it is only slightly important to work in Bruce and ten respondents (26%) indicated that it is not important for them to work in Bruce following graduation.

Of the 35 respondents that reported on Grey, two (6%) indicated that it is very important for them to work in Grey after they graduate. A further three (9%) respondents reported that it is quite important and five (15%) reported that it is fairly important. Nine respondents (26%) indicated that it is only slightly important for them to work in Grey and 16 respondents (46%) indicated that it is not important for them to work in Grey following graduation.



Advice for Looking for Work in the Healthcare Sector in Huron, Perth, Bruce, Grey Area

Respondents were asked to provide advice for others who are looking for employment in the healthcare sector in the Huron, Perth, Bruce, Grey area.

Many of the respondents reported that volunteering is an important way to make connections and gain experience. Several respondents emphasized the importance of knowing what your goals are – “employers will ask, so be prepared”. Several respondents also noted the importance of starting your summer job search early – in December or January – this includes regularly reviewing websites of relevant organizations (e.g. hospitals, public health units, HealthKick, etc.) and calling the human resources department to determine if and when summer positions will be posted. As noted by one respondent “you have to avoid being discouraged – the reality is there are limited opportunities for youth with minimal experience – the key is to know your goal and keep working toward it.”

Several respondents were disappointed by the lack of feedback they received from the work placement they applied for. It would be appreciated if the hiring organizations could at least send a short email stating they received the application and that they hired someone else. It would be more valuable if employers could provide some details as to why the job went to another person and perhaps some suggestions on how youth can improve their qualifications for future positions.

One respondent noted that it would be beneficial if there were more job opportunities or organized ways for students to shadow healthcare professionals on a regular basis.

9.3 Rural Healthcare Work Placement – Survey of Past Students

Respondent Profile

The survey (weblink) was sent to 37 students who participated in the Rural Healthcare Work Placement program between 2005 and 2010. A total of 12 students (32%) participated in the survey.

Five of the respondents participated in the program in 2010 and three in 2009, one in 2008, one in 2007, three in 2006 and two in 2005.

The respondents range in age from 21 to 27 years and the average age is 24.

Of the 11 respondents who reported their gender, 10 are female and one is male.

Five of the respondents currently reside in Huron County while two reside in Perth County and one resides in Bruce County. The remaining respondents currently reside in Kitchener Waterloo (2), Toronto (1), and Ottawa (1).

Of the 10 respondents who reported their highest level of education, nine have graduated from university and one has completed some college courses.

What attracted you to apply for a Rural Healthcare Work Placement?

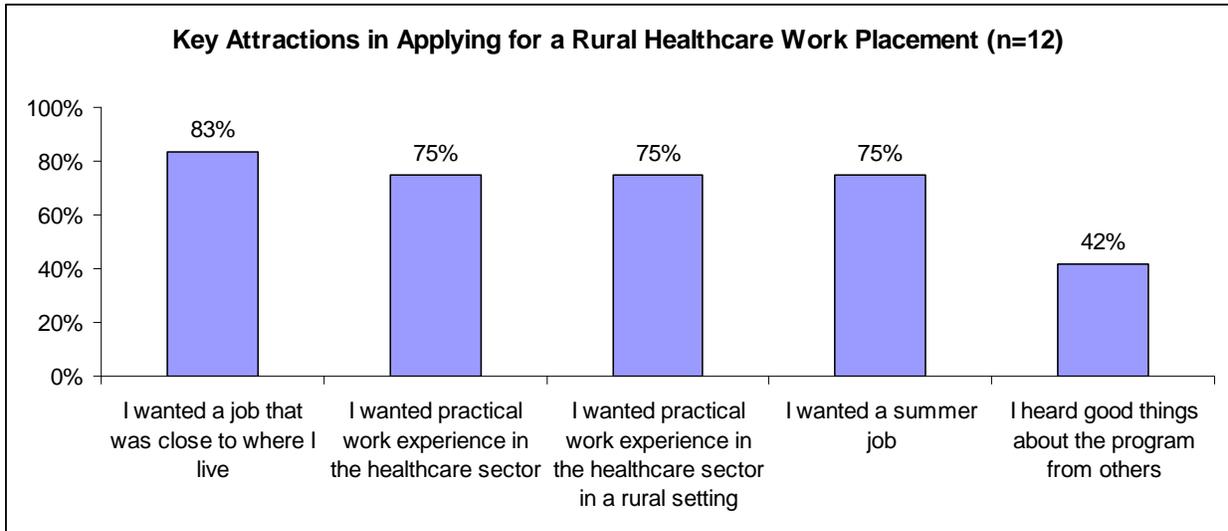
An open ended question was used to ask respondents what attracted them to apply for a Rural Healthcare Work Placement.

The following comments were provided:

- I was interested in pursuing a career in healthcare in a rural area. I wanted to gain exposure and experience in the healthcare field to allow me to determine which career to choose.
- I am very interested in improving health care in rural areas.
- I wanted to gain relevant experience within my field of interest and earn money for school.
- I was a nursing student at the time and taking courses out of province - this was the only way for me to get experience in my home province, and in the community where I one day wanted to work.
- I wanted experience in a health-related field in a rural area.
- The chance to work in a real rural healthcare setting
- The placement provided an opportunity to work in the health field I was studying and to stay at home and save money during the summer. The placement also provided an opportunity to make connections with organizations in Huron County.
- I wanted a summer job in an area that was more related to what I was going to university for. I wanted to apply my knowledge and branch away from restaurant based/service industry summer jobs because this was no longer an interest for me. When I applied for the Rural Healthcare Work Placement, I was thinking about the future and gaining experience in a healthcare setting.
- I wanted to gain an early understanding of what Rural Healthcare involves prior to graduating and seeking employment in a rural area.

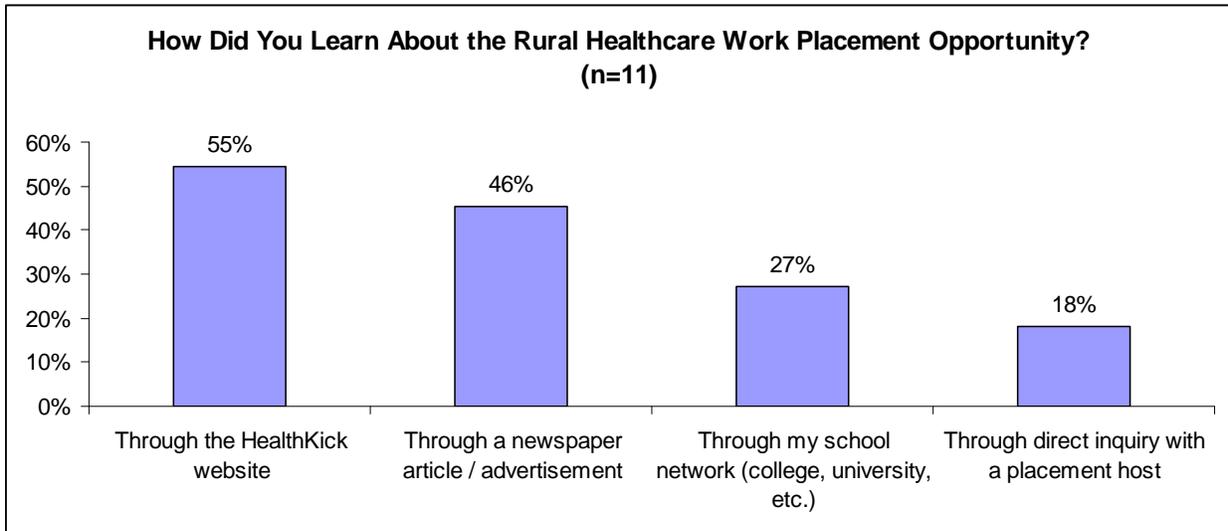
- I was interested in a career in health care and this job allowed me to gain further experience with a population that I had not worked with before.
- It was an opportunity to determine my future career direction... to find out what I may or may not want to do with my science and health related education. The healthcare field offers many career possibilities - deciding which career best suits me was a challenge and this rural placement provided me with direction.

In a follow-up question, the respondents were asked to identify what attracted them to apply for a Rural Healthcare Work Placement from a set list of five factors. The following figure shows the responses in rank order.



Respondents were allowed to select/provide more than one response.

First Knowledge of the Rural Healthcare Work Placement Opportunity



Respondents were allowed to select/provide more than one response.

Occupational Goal or Interests in the Healthcare Sector at the Time of the Placement

Profession	%	#
Physician - Family	58%	7
Health Promotion	42%	5
Health Research	33%	4
Physician - Specialist	25%	3
Registered Nurse	17%	2
Pharmacist	8%	1
Psychologist	8%	1

Respondents were allowed to select/provide more than one response (n=12).

Work Experience in the Rural Healthcare Work Placement

Respondents were asked to provide details about the work experience during their placement. Of the 10 respondents who reported on their experience, eight noted that their work placement was a full-time position (30 or more hours per week) while two reported that their placement was a part-time position. Two of the 10 respondents reported that their placement was completely relevant to their occupational goal/interest at the time while three respondents reported that their placement was quite relevant and four reported that their placement was fairly relevant. Only one respondent indicated that their placement was slightly relevant to their occupational goal/interest at the time.

Two of the positions were in hospitals in Huron and two were with Community Care agencies in Huron. Two of the positions were with the Health Units in Huron and Perth and two were with pharmacies in the area. One position was with a Family Health Team in Huron and one was with a health promotion program in Huron.

Current Occupational Goal or Interests in the Healthcare Sector

All of the respondents reported that they continue to have an interest in working in the healthcare sector.

Profession	%	#
Health Promotion	25%	3
Health Research	25%	3
Physician - Family	17%	2
Physician - Specialist	17%	2
Naturopathic doctor	8%	1
Pharmacist	8%	1
Practical Nurse	8%	1
Registered Nurse	8%	1
Respiratory Therapist	8%	1
Social Worker	8%	1

Respondents were allowed to select/provide more than one response (n=12).

Job Search Techniques Used to Try and Find Work Related to Occupational Goal/Interest

Job Search Technique	%	#
Looked for job postings on hospital/health care agency websites	91%	10
Looked for jobs through my school network (college, university, etc.)	73%	8
Looked for jobs / information posted on the HealthKick website	64%	7
Searched job classifieds in newspapers	46%	5
Looked for jobs using Internet search engines e.g. Workopolis, Monster.ca, etc.	36%	4
Volunteered to gain work experience	36%	4
Looked for job postings on employment centre job board	27%	3
Attended a job fair	27%	3
Word of mouth	27%	3
Looked for jobs / information posted on thehealthline.ca website	18%	2
Employers came to you	18%	2
Public Health websites e.g. alpha, Ontario Health Promotion E-bulletin	9%	1

Respondents were allowed to select/provide more than one response (n=11).

Challenges Finding Work Related to Occupational Goal/Interest

Challenges Experienced	%	#
I wanted a full time position	73%	8
I wanted a job that was closer to where I live	55%	6
Employers wanted people with more job experience than I have	55%	6
I needed additional qualifications	36%	4
I didn't experience any challenges when looking for a job related to my training	18%	2
I could not find a job that paid enough	9%	1
Finding a Master's level job	9%	1

Respondents were allowed to select/provide more than one response (n=11).

Previous Work Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their work experience during the last 12 months. Eight of the 12 respondents (67%) reported that they had previous work experience in a position that was related to their occupational goal/interest. Three of the positions were reported as full-time, three were part-time and two were temporary positions.

Three of the positions were in hospitals (1 in Huron and 2 outside the area), two of the positions were with Community Care agencies (1 in Huron and 1 outside the area), one was in a local Family Health Team, one was in a local Health Unit, and one was in a health food store located outside the area.

Previous Volunteer Experience in a Position Related to Occupational Goal/Interest

Respondents were asked about their volunteer experience during the last 12 months. Four of the 12 respondents (33%) reported that they had previous volunteer experience in a position that was related to their occupational goal/interest. One position lasted less than a week while another position lasted between one week and one month and two positions were six months to a year in duration. Two of the positions involved about 1-2 hours of volunteer time per week while one position involved 3-4 hours per week and one position involved five or more hours per week.

Three of the volunteer positions were in hospitals (2 in Huron and 1 outside the area) and one position was in Kitchener with an educational program for teenage mothers.

Importance of Working in the Huron Perth Bruce Grey Area

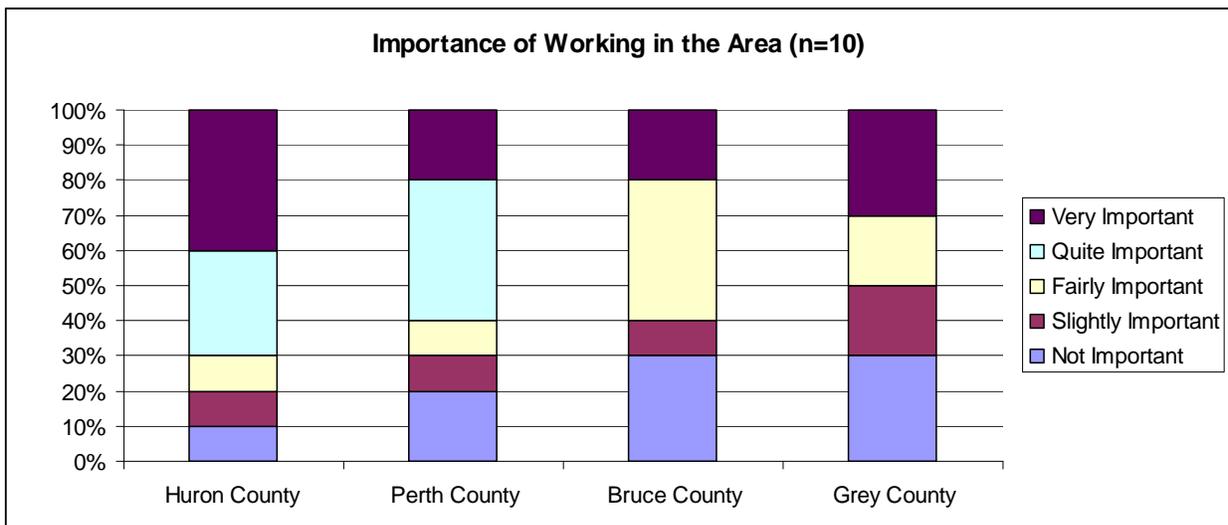
Respondents were asked to rate how important it is for them to work in the healthcare sector in the Huron, Perth, Bruce, and Grey area. A ten point scale was used to assess the level of importance as follows: 1 = not important; 2 to 4 = slightly important; 5 to 7 = fairly important; 8 to 9 = quite important; 10 = very important.

Of the 10 respondents that reported on Huron, four indicated that it is very important for them to work in Huron. A further three respondents reported that it is quite important while one respondent reported that it is fairly important. Only two respondents reported that it is slightly important or not at all important to work in Huron County.

Of the 10 respondents that reported on Perth, two indicated that it is very important for them to work in Perth. A further four respondents reported that it is quite important while one respondent reported that it is fairly important. Three respondents reported that it is slightly important or not at all important to work in Perth County.

Of the 10 respondents that reported on Bruce, two indicated that it is very important for them to work in Bruce. A further four respondents reported that it is fairly important. Four respondents reported that it is slightly important or not at all important to work in Bruce County.

Of the 10 respondents that reported on Grey, three indicated that it is very important for them to work in Grey. A further two respondents reported that it is fairly important. Five respondents reported that it is slightly important or not at all important to work in Grey County.



Respondents were asked to rate how their Rural Healthcare Work Placement experience influenced them to try and find work in the Huron, Perth, Bruce, and Grey area. Of the 10 respondents that responded to this question, five reported that the work placement was extremely important, three reported it was very important, and one reported it was fairly important. Only one respondent indicated that the work placement was not at all important in influencing their decision to find work in the area.

Advice for Looking for Work in the Healthcare Sector in Huron, Perth, Bruce, Grey Area

Respondents were asked to provide advice for others who are looking for employment in the healthcare sector in the Huron, Perth, Bruce, Grey area.

The following comments were provided:

- Network with existing healthcare establishments to gain volunteer and employment opportunities before graduating. This will help to build skills and to ease the transition of educational setting to a practical setting.
- Stay positive and work hard when job searching. It is very important to seek the jobs in our rural area.
- Keep involved within your area of interest and where you would like to practice. Start building networks right away.
- Check the HealthKick website at the right time – as soon as the placements are posted,
- Meet as many people as you can -- attend events your ideal organization hosts (e.g. many do community consultation or host workshops) and casually mention that you are looking for employment.
- HealthKick is a great starting place ... It may be 5-10 years after a HealthKick placement before you end up being the healthcare professional you desire to be with all the necessary schooling, but in the end the rewards are worth the effort!
- Try to gain a Rural Healthcare Work Placement... I will soon finish a pharmacy degree and I never would have taken pharmacy had I not done the rural work placement at a pharmacy.
- I wish there were more positions available for Masters prepared persons in Huron County - I'd be back in a heartbeat.
- It's competitive here, but less competitive than other places. Many people from other places come here to start their career then leave once they have experience. I think employers really appreciate locals because they are a better investment since they are more likely to stick around.

9.4 Practical Nursing Program – Survey of Graduates

Respondent Profile

The survey (weblink) was sent to 19 students who graduated from the Practical Nursing Program. A total of 13 students (68%) participated in the survey.

The respondents range in age from 26 to 52 years and the average age is 36.

All 12 respondents who reported their gender are female.

Of the 12 respondents who reported their place of residence, 11 are from Huron County and one is from Perth County.

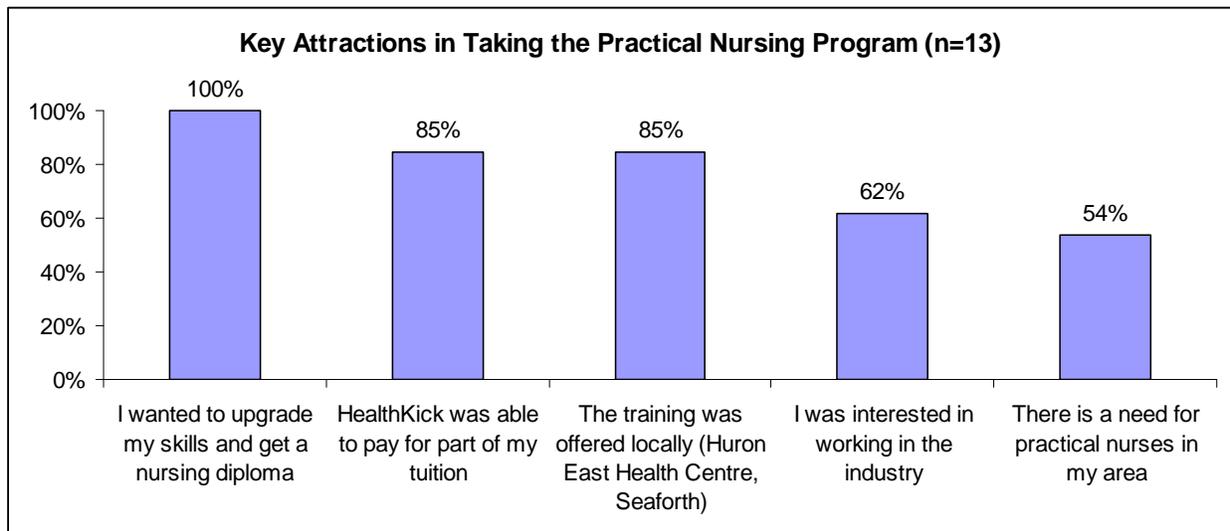
Of the 12 respondents who reported their highest level of education, eight (67%) have graduated from college, one has completed some university courses, one has graduated from university, one has completed some college courses, and one has graduated from high school.

What attracted you to take the Practical Nursing Program?

An open ended question was used to ask respondents what attracted them to take the Practical Nursing program. The key themes that emerged included the following:

- The program was offered locally and was part-time which made it very convenient.
- Funding was available to help cover the cost of the program.
- Participants wanted to upgrade their skills to access more career opportunities.

In a follow-up question, the respondents were asked to identify what attracted them to take the Practical Nursing program from a set list of five factors. The following figure shows the responses in rank order.



Respondents were allowed to select/provide more than one response.

Job Search Techniques Used to Try and Find Work Related to Practical Nurse Training

Job Search Technique	%	#
Looked for job postings on hospital/health care agency websites	55%	6
Searched job classifieds in newspapers	36%	4
Employers came to you	36%	4
Word of mouth	36%	4
Looked for jobs through my school network (college, university, etc.)	27%	3
Looked for jobs / information posted on thehealthline.ca website	27%	3
Looked for jobs / information posted on the HealthKick website	27%	3
Looked for jobs using Internet job search engines (Workopolis, Monster.ca, etc.)	18%	2
Volunteered to gain work experience	18%	2

Respondents were allowed to select/provide more than one response (n=11).

Challenges Finding Work Related to Practical Nurse Training

Challenges Experienced	%	#
I wanted a full time position	62%	8
None, I didn't experience any challenges looking for a job related to my training	31%	4
I needed additional qualifications	23%	3
I wanted a job that was closer to where I live	15%	2
I wanted a part time position	15%	2
Employers wanted people with more job experience than I have	8%	1

Respondents were allowed to select/provide more than one response (n=13).

One respondent reported that they had to prove to the employer that they needed to make a new position as they did not have enough RPNs. The respondent was successful in this endeavour.

Current Employment Status

Five of the 13 respondents are currently employed in permanent full-time positions and all five of the positions relate to the training they received in the Practical Nurse program. The five positions are in a variety of settings including a long term care facility, a retirement home, a public health unit, and community care agencies. Four of the positions are in Huron and one is in Perth.

Eight of the 13 respondents are currently employed in permanent part-time positions and all eight of the positions relate to the training they received in the Practical Nurse program. The eight positions are in a variety of settings including hospitals, long term care facilities, a retirement home, and a community care agency. Seven of the positions are in Huron and one is in Perth.

At least five of the respondents have a second part-time job all of which are permanent positions and relate to the training they received in the Practical Nurse program. The five positions are in a variety of settings including long term care facilities, a hospital, a community care agency, and a family health team. All five of the positions are in Huron.

Volunteer Experience in a Position Related to Practical Nurse Training

Five of the 13 respondents reported that they had volunteered in a position where they used the training they received in the Practical Nurse program. Two of the positions lasted less than three

months in duration and two positions were 3 months to 6 months in duration while one position lasted for more than a year. Two of the positions involved less than an hour of volunteer time per week while two of the positions involved 1-2 hours per week and one position involved 3-4 hours per week. All five of the volunteer positions are in Huron of which two are in a hospital, two are in a long term care facility and one is with a community care agency.

Importance of Working in Huron Perth Bruce Grey

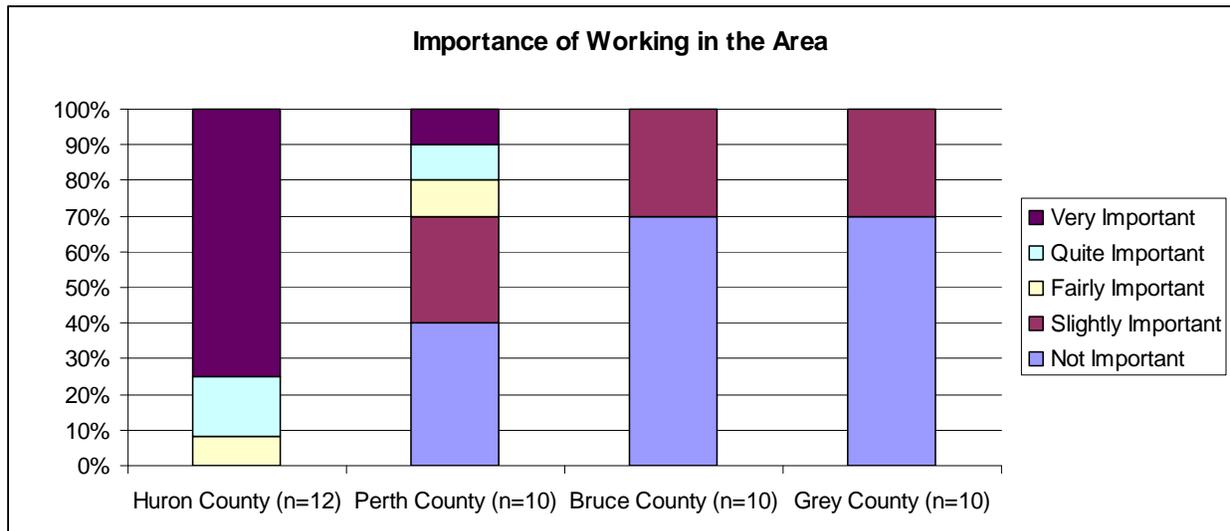
Respondents were asked to rate how important it is for them to work in the healthcare sector in the Huron, Perth, Bruce, and Grey area. A ten point scale was used to assess the level of importance as follows: 1 = not important; 2 to 4 = slightly important; 5 to 7 = fairly important; 8 to 9 = quite important; 10 = very important.

Of the 12 respondents that reported on Huron, nine indicated that it is very important for them to work in Huron while five respondents reported that it is quite important and one reported that it is fairly important.

Of the 10 respondents that reported on Perth, one respondent indicated that it is very important for them to work in Perth while one respondent reported that it is quite important and one reported that it is fairly important. Three of the respondents reported that it is slightly important and four of the respondents indicated that it is not important for them to work in Perth.

Of the 10 respondents that reported on Bruce, three of the respondents indicated that it is slightly important for them to work in Bruce while seven reported that it is not important to work in Bruce.

Of the 10 respondents that reported on Grey, three of the respondents indicated that it is slightly important for them to work in Grey while seven reported that it is not important to work in Grey.



Advice for Looking for Work in the Healthcare Sector in Huron, Perth, Bruce, Grey Area

Respondents were asked to provide advice for others who are looking for employment in the healthcare sector in the Huron, Perth, Bruce, Grey area.

Many of the respondents noted that there are job opportunities available – but it can require a great deal of searching and it may require starting in a casual position and working up to a part-time or full-time position. Many of the respondents also noted the importance of continuing education and upgrading your skills and volunteering was also mentioned as a way to gain relevant experience.

9.5 Food Service Worker Program – Survey of Graduates

Respondent Profile

The survey (weblink) was sent to 18 students who graduated from the Food Service Worker training program. A total of five students (28%) participated in the survey.

The respondents range in age from 37 to 62 years and the average age is 51. All five of the respondents are female and are from Huron County. Three of the respondents reported that a high school diploma is their highest level of education while two respondents have completed some college courses.

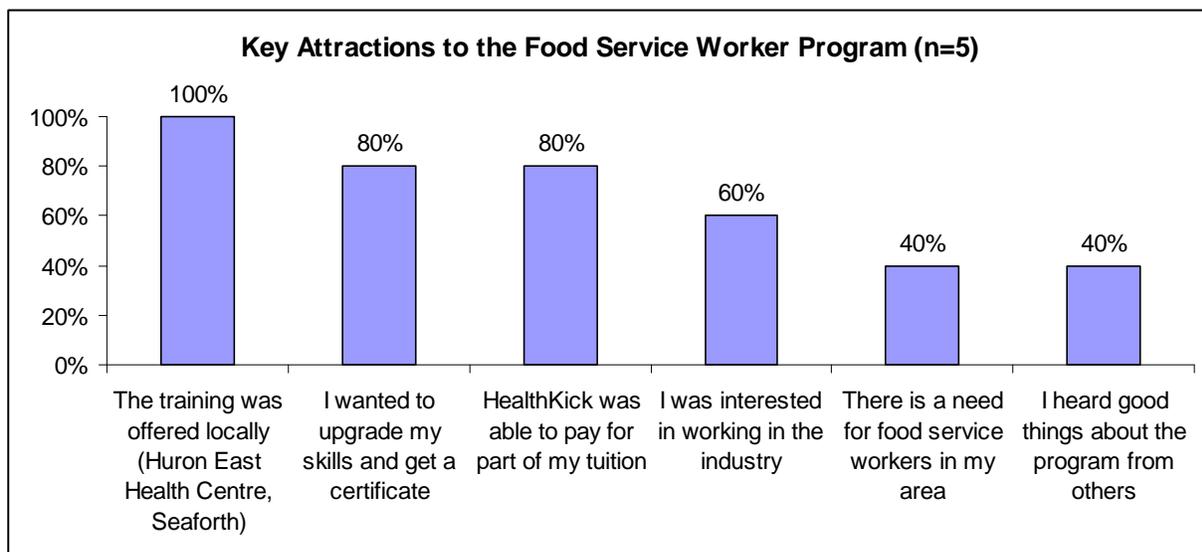
What attracted you to the Food Service Worker Program?

An open ended question was used to ask respondents what attracted them to the Food Service Worker Program.

The following comments were provided:

- I was looking for something new, and the course was offered in Seaforth, which was very close to where I live.
- I was employed prior to taking the program as a dietary aide and I needed the program to maintain my position - no better way to get it than "at home" as opposed to driving to the city!
- I wanted to learn new skills and be better prepared to find a better paying job in the food industry other than just being a food server.
- The convenience of the program – the program was offered on a part time basis and we could pay for each session instead of one large sum.

In a follow-up question, the respondents were asked to identify what attracted them to the Food Service Worker Program from a set list of six factors. The following figure shows the responses in rank order.



Respondents were allowed to select/provide more than one response.

Job Search Techniques Used to Try and Find Work Related to FSW Training

Job Search Technique	%	#
Looked for job postings on hospital/health care agency websites	60%	3
Looked for job postings on employment centre job board	40%	2
Looked for jobs / information posted on thehealthline.ca website	40%	2
Looked for jobs / information posted on the HealthKick website	40%	2
Searched job classifieds in newspapers	40%	2
Employers came to you	40%	2
Word of mouth	40%	2
Looked for jobs through my school network (college, university, etc.)	20%	1
Looked for jobs using Internet search engines e.g. Workopolis, Monster.ca, etc.	20%	1

Respondents were allowed to select/provide more than one response (n=5).

Challenges Finding Work Related to FSW Training

Challenges Experienced	%	#
I didn't experience any challenges when looking for a job related to my training	80%	4
I wanted a job that was closer to where I live	20%	1
I wanted a full time position	20%	1
I needed additional qualifications	20%	1

Respondents were allowed to select/provide more than one response (n=5).

Current Employment Status

Four of the five respondents were able to find employment in part-time positions (3 permanent and 1 temporary) and two of the positions relate to the training in the FSW program. The four positions are in long term care and/or retirement home settings in Huron and Perth counties.

One of the five respondents reported that they had volunteered for a very brief period (one week) in a position where they used the training they received in the FSW program.

Importance of Working in Huron Perth Bruce Grey

As noted above, all five of the respondents reside in Huron County and their preference for the most part is to work in Huron County although some would consider working in Perth County. There appears to be very limited interest among the five respondents in working in Bruce or Grey counties.

Advice for Looking for Work in the Healthcare Sector in Huron, Perth, Bruce, Grey Area

Respondents were asked to provide advice for others who are looking for employment in the healthcare sector in the Huron, Perth, Bruce, Grey area. The following comments were provided:

- Send resumes to the different institutions you are interested in gaining employment with, whether or not they are advertising for positions.
- Take the FSW program! There is a wealth of knowledge at your finger tips!! All you need to do is sign up and attend - and you are on your way to a fantastic career!!!
- Keep looking and you will find a job that is right for you.
- Don't expect to get a full time job immediately.
- A healthcare career is the way to go – choose the venue that is right for you and get started!

10.0 Conclusions and Recommendations

10.1 Conclusions

Canada's population is aging at an increasing speed as life expectancies increase and birth rates decline. In Huron and Perth, those aged 65 and over are projected to experience the greatest increase which will increase the need for healthcare services relevant to an older population in the future.

Canada's workforce is also aging and there is expected to be a mass exodus of workers from the labour force as the first of the baby boomers (those persons born between 1946 and 1966) begin to turn 65. The high proportion of older workers in the health care and social assistance sector, and the relatively low proportion of younger workers in the workforce, could have serious implications for this industry. The labour shortage in this sector will be further impacted by the growing need for increased health and social services required by an aging population.

Physicians

There has been good progress in recent years in recruiting and increasing the number of family doctors in the region. However, a number of doctors are expected to retire soon and recruitment efforts will need to be maintained. This is an intergenerational workforce and younger physicians tend to work fewer hours and see fewer patients than older doctors. This means that a 1-1 physician recruitment strategy will not be sufficient to replace retiring doctors.

Nurses

A significant proportion of RNs and RPNs in Huron and Perth are nearing retirement. This is an intergenerational workforce and different age groups have different expectations e.g. scope of practice, working hours.

Lack of full time positions (limited hours) for RNs and RPNs in hospitals, long term care / retirement homes and other settings represents a recruitment and retention challenge.

Long term care / retirement homes and community support services struggle to compete with the higher wages offered to nurses in hospital settings.

RNs and RPNs in long term care / retirement home settings carry a high level of responsibility and leadership skills are essential. However, leadership training is limited or lacking in training institutions.

Nursing career opportunities in long term care / retirement homes are not being promoted sufficiently in training institutions.

Nurse Practitioners are playing a key role with Family Health Teams. NPs strengthen the capacity of the team and help to reduce the work load carried by physicians. However, it can be challenging to pay NPs enough to compete with employers in other regions. NPs also tend to prefer to work in partnership with a second NP on the team.

Personal Support Workers

Lack of full time positions (limited hours) for PSWs in long term care / retirement homes represents a recruitment and retention challenge. These facilities are continuously recruiting to fill part time positions. The recent introduction of the PSW certification requirement has made it more difficult for these facilities to draw PSWs from the local population.

Lack of full time positions and job benefits and job security issues are also resulting in recruitment and retention challenges for Community Support Service agencies.

Dietitians

Dietitians are growing in importance with the aging population but they are difficult to recruit. Dietitians may find it difficult to work in rural communities where they need to work with a wide demographic vs. an urban setting where they can be more specialized. Family Health Team budgets only allow for a part time Dietitian position and there is a wage gap compared to what hospitals can offer.

Mental Health

Staff turnover in mental health crisis services is high and it is difficult to recruit psychologists. There is considerable variation in the mental health human resources on Family Health Teams. There is a general gap in children's services and some teams have limited resources and have to refer to other agencies.

The need for mental health services is likely greater than the existing capacity to respond as much of it goes undetected or people fear the stigma of disclosing their condition and asking for help.

Social Workers

Social workers play an important role in helping to reduce the workload of physicians in the Family Health Team setting. Social/mental health problems often accompany physical problems and social workers can assist with helping patients manage depression, deal with family breakdown, live with chronic or debilitating health conditions, recover from trauma, face end of life issues, etc. Social workers can be difficult to recruit.

Pharmacists

It is difficult for some Family Health Teams to recruit pharmacists as most positions are part time and some pharmacists may require working in 3-4 different locations to maintain a full time position. Pharmacists also tend to make more income in the private sector.

Activation Workers

Activation workers are difficult to recruit. The recent introduction of the certification requirement has made it more difficult for organizations to draw Activation Workers from the local population.

Medical Lab Technologists

Hospitals typically only offer part time positions for Med Lab Technologists which makes it challenging to recruit good applicants.

Management / Administration

Long term care facilities are finding it very difficult to recruit for and retain the Director of Care. This position has a high level of responsibility and stress and limited remuneration which contribute to turnover challenges. There is a very small pool of qualified people to draw from when recruiting. More support is needed to assist the Director of Care in their position.

Executive Directors with Family Health Teams take on many roles and responsibilities. The position requires a passion for the work and an array of qualifications which could make the position difficult to recruit for.

Cooks / Food Service Workers / Dietary Aides

The demand for cooks in hospital settings appears to be declining as hospitals purchase more pre-cooked meals from off-site locations. Food preparation activity is becoming more focused on portioning pre-cooked foods and Food Service Workers can perform these services. It can be difficult to find qualified cooks to work in long term care settings as the hours are limited. Entry level positions in food preparation jobs are mostly part time and the limited and inconsistent hours present a challenge in recruiting and retaining staff.

A number of dietary aides are set to retire in the region in the next few years.

Professional Development

Many of the organizations that were contacted as part of this study offer some form of support for staff to participate in professional development activities. However, the ability of these organizations to provide support is often challenged by resource/budget constraints.

Student Work Placements

The Rural Healthcare Work Placement program has grown since it was initiated in 2005 when three healthcare sector employers were matched with three students. In 2011 a total of 21 positions were offered across four counties (Huron 12, Bruce 4, Grey 4, Perth 1). Student interest in the program has also grown and is greatly outstripping the availability of positions. Over 140 students applied for the 21 positions in 2011.

Students attach importance to returning to work in the community/area where they live after graduating from school. The main challenges students encounter in finding work related to their health occupation / career goal include the limited availability of full time opportunities, their lack of job experience, and the lack of jobs in the community/area where they live. Many students also need additional qualifications/training for some jobs.

Volunteering is generally recognized by students as a good way to gain experience in the healthcare sector but more services/resources are needed to help students find volunteer positions that match their occupation/career interests.

Student work placements represent an important recruitment tool for rural healthcare organizations but budget constraints can sometimes limit these opportunities.

Training Programs

HealthKick has successfully partnered with Georgian College to offer local training programs (e.g. Practical Nursing, Food Service Worker). The programs directly respond to the interests of students who want to upgrade their skills and need a local and affordable option. Graduates from the program attach importance to working in the community/area where they live.

MedQUEST

Although not formally reviewed as part of this study, the MedQUEST camp program plays an important role in introducing high school students in the area to healthcare career opportunities. The MedQUEST camp was developed through the Schulich School of Medicine and Dentistry at the University of Western Ontario and HealthKick is the community partner that has delivered the camp every year since 2006. Students who have participated in the MedQUEST camp are starting to be seen as participants in the Rural Healthcare Work Placement program and first student to take part in the pilot program in 2005 is attending a medical program this year.

Volunteers

Volunteers play a crucial role in many healthcare service settings. It is becoming increasingly difficult to recruit younger volunteers which results in a heavy reliance on older volunteers, especially in long term care / retirement homes. There is a risk of programming being impacted (reduced/eliminated) as older volunteers are no longer able to offer their support. It is especially difficult to recruit volunteers to work with people who have mental health problems.

HealthKick

HealthKick is viewed as a crucial coordinating body (e.g. summer work placement program) and facilitator for identifying and responding to training/education needs, networking needs, and human resource research in the rural healthcare setting.

10.2 Recommendations

The following recommendations are made in response to the findings that emerged from the development of Huron Perth healthcare human resource inventory.

1. Identify the professional development needs of different healthcare organizations and providers in the area and coordinate resources to make professional development more feasible and accessible.
2. Develop a rural retention strategy to promote the retention of healthcare human resources in Huron and Perth. The strategy could potentially include a combination of education and regulatory actions, monetary compensation (direct and indirect financial compensation), and management, supervision and social support.
3. Develop a rural volunteer strategy for healthcare in Huron and Perth (and rural Ontario in general). This could potentially include developing an overview of volunteers in healthcare settings in Huron and Perth in terms of their demography and the roles they

carry out; an overview of the volunteer infrastructure and support in healthcare settings; an overview of volunteer training in healthcare settings; best practices in volunteer management, marketing, and communication in healthcare settings; and an overview of quality standards. There should also be an evaluation component to assess the volunteer strategy once it is implemented.

4. Develop a succession plan for senior management at Family Health Teams and other organizations to help develop new staff leaders, ease the departure of long term Executive Directors, and ensure the sustainability of the organizations.
5. Conduct a more in depth review of self employed healthcare professionals to better understand their needs and challenges and the service gaps that exist across the region.
6. Continue to support and expand the MedQuest program, the Rural Healthcare Work Placement program, and local training opportunities. Where possible, attempt to monitor the extent to which program participants enter or continue work in the healthcare sector and the extent to which they work in the Huron Perth area.

Huron and Perth have a number of organizations that could collaborate in developing a formal action plan to respond to the above recommendations including the Huron Perth Providers Council, HealthKick, Gateway Rural Health Research Institute, South West Local Health Integration Network (LHIN). Healthline.ca, Four County Labour Market Planning Board, the Huron Business Development Corporation, and others. With its established reputation in rural healthcare exploration, work placements, training programs, and community engagement, HealthKick should be considered as a potential lead agency to oversee the development, implementation and monitoring of the action plan with the support of a coordinating committee.

The following recommendations relate to the provincial government and training institutions.

7. The Ministry of Health and Long Term Care should adjust its policy and provide funding to support assistant positions for Directors of Care in Long Term Care residences.
8. The Ministry of Health and Long Term Care should review the role of RNs, RPNs, and PSWs to determine where scope of practice for PSWs can be expanded (e.g. administering medication).
9. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate to expand the number of PSWs in rural areas through increased promotion of PSW career opportunities, increased access to affordable training and greater employment incentives (e.g. increased wages, benefits).
10. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate in marketing / promoting nursing career opportunities in long term care / retirement home settings.
11. Training institutions need to ensure that their courses provide orientation to the practice of nursing in rural communities. Training institutions need to assist in facilitating access to clinical placements in rural communities.

10.3 Healthcare Human Resources Study – Follow-up

The research approach used in this study relied on multiple methods to collect data from multiple sources.

The HealthForce Ontario Health Professions Database (HPDB) was helpful in preparing an inventory for most of the regulated professions and its utility will increase once the data for nurses, physicians and all newly regulated professions are incorporated into the data base. Data for 2010 is scheduled to be available later this year. No announcement has been made on when the data for nurses, physicians and the newly regulated professions will be available through HPDB. In the meantime, some data for nurses and the newly regulated professions can be accessed through the individual college/association websites while data for physicians can be accessed through the Ontario Physician Human Resources Data Centre (OPHRDC) website.

This information should be shared with local healthcare organizations (Huron Perth Providers Council, Family Health Team Administrators, Public Health Units, etc.) to validate the data and to identify / explain any recent trends in healthcare human resources.

Health sector data from the 2011 Census (e.g. NAICS, NOCS) should also be examined alongside the HPDB data (where compatible) to help identify any significant irregularities.

The information on the non-regulated professions is less well documented and the number of professions is numerous. For the purpose of this study it was decided to focus on a few select professions to keep the review manageable. A total of six non-regulated professions were reviewed including two of the larger (if not the largest) professions in terms of total positions (PSWs and food service workers). In successive healthcare human resources studies a review committee should be used to decide which non-regulated professions to focus on based on community needs and challenges occurring with accessing healthcare services.

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Appendices

Appendix A: Huron Perth Providers Council Human Resource Sub Committee (HHR Study Steering Committee)

Name	Title	Organization	Email
Barb Major-McEwan	Executive Director	Huron Community Family Health Team	b.majormcewan@hcfht.ca
Barb Springall	Administrator	Huron View / Huron Lea Home for the Aged	bspringall@huroncounty.ca
Bob Petrushewsky	Administrator	Ritz Lutheran Villa / Mitchell Nursing Home	bpetrushewsky@ritzlutheranvilla.com
Gemma Mendez-Smith	Executive Director	Four County Labour Market Planning Board	executivedirector@planningboard.ca
Gwen Devereaux	Physician Recruitment Officer	Huron Perth Healthcare Alliance	gwen.devereaux@amgh.on.ca
Janet Brooks	Human Resources	Listowel Wingham Hospitals Alliance	janet.brooks@lwaha.ca
Kathy Holdsworth	Administrator	Queensway Nursing / Retirement Residence	Queensway.admin@tcc.on.ca
Kim Killens	Human Resources	South Huron Hospital Association	kim.killens@shha.on.ca
Kimberly Van Wyk	Executive Director	Clinton Family Health Team	Kim.VanWyk@clintonfht.ca
Laura Overholt	Project Manager	HealthKick	loverholt@smallbusinesshuron.ca
Martha Craig	Administrator	Bluewater Rest Home	m.craig@bluewaterresthome.com
Mary Atkinson	Executive Director	North Perth FHT	matkinson@tcss.on.ca
Paul Nichol	Economic Development Manager	Huron Business Development Corporation	pnichol@smallbusinesshuron.ca
Peggy Carter	Human Resources	Alexandra Marine and General Hospital	patricia.carter@amgh.ca
Sue Veraart	Human Resources	Huron Perth Healthcare Alliance	sue.veraart@hpha.ca

Appendix B: College of Nurses of Ontario Data

The following data was obtained from the College of Nurses of Ontario in April 2011. It provides an overview of the number and type of nurses (Registered Nurses RN, Registered Practical Nurses RPN, and Nurse Practitioners NP) residing in Huron and Perth (combined) in 2010.¹⁸ Some of the data has been suppressed by CNO to protect confidentiality (e.g. where there are fewer than five responses = NA).

A total of 922 RNs, 390 RPNs and 13 NPs reported that they resided in Huron and Perth in 2010 (Table B-1).

Table B-1: Number of Nurses Residing in Huron and Perth, 2010

	Total # nurses registered with CNO and residing in Huron and Perth
RN	922
RPN	390
NP	13

The RNs who are residing in Huron and Perth are working in a total of eight different LHINs of which 90% (833) are working in the Southwest LHIN which includes Huron and Perth counties. The RPNs residing in Huron and Perth are working in a total of five different LHINs of which 93% (361) are working in the Southwest LHIN (Table B-2). The NPs who are residing in Huron and Perth are working in at least two different LHINs (South West and Waterloo Wellington) but there are too few NPs to report on the breakdown by LHIN.

Table B-2: Nurses Residing in Huron and Perth by Place of Work – LHIN Region, 2010

LHIN Region	RN		RPN		NP	
	#	%	#	%	#	%
Erie St. Clair	0	0	NA	NA	0	0
South West	833	90	361	93	NA	NA
Waterloo Wellington	49	5	20	5	NA	NA
Hamilton Niagara Haldimand Brant	NA	NA	0	0	0	0
Central West	NA	NA	0	0	0	0
Mississauga Halton	NA	NA	0	0	0	0
Toronto Central	NA	NA	0	0	0	0
Central	5	1	NA	NA	0	0
Central East	0	0	NA	NA	0	0
North Simcoe Muskoka	NA	NA	0	0	0	0
Not Stated	0	0	NA	NA	0	0
Not Applicable	27	3	5	1	0	0
Total	922	100	390	100	13	100

¹⁸ The CNO statistical database is created from information collected from individual member annual payment forms. This information is self-reported by members and there is minimal editing or verification of the data. For each year, there are a number of members for whom CNO does receive employment information. This group is comprised of members who do not provide any employment information and those individuals registering for the first time (initial members).

Approximately 88% of the RNs and 85% of the RPNs are employed in nursing in Ontario while all of the NPs are employed in nursing in Ontario (Table B-3). Of the 63 (7%) of RNs who are not employed, about 50 (79%) are not seeking employment. Similar data is not available for the RPNs and NPs.

Table B-3: Nurses Residing in Huron and Perth by Employment Status, 2010

Employment Status	RN		RPN		NP	
	#	%	#	%	#	%
Employed in Nursing	820	89%	330	85%	13	100%
Employed in Nursing in Ontario	813	88%	330	85%	13	100%
Employed in non-nursing	34	4%	43	11%	0	0%
Not employed	63	7%	15	4%	0	0%
Seeking nursing employment	13	1%	NA	NA	0	0%
Not seeking	50	5%	NA	NA	0	0%
Employment status not specified	5	1%	2	1%	0	0%
Total	922	100%	390	100%	13	100%

Of the 820 RNs employed in nursing, 57% are employed full-time while 33% are employed part-time and 11% are employed casually (Table B-4). Of the 330 RPNs employed in nursing, 58% are employed full-time while 37% are employed part-time and 5% are employed casually. Of the 13 NPs employed in nursing, 62% are employed full-time and 38% are employed part-time.

Table B-4: Nurses Residing in Huron and Perth by Work Status, 2010

Working Status	RN		RPN		NP	
	#	%	#	%	#	%
Members employed in nursing						
Full-time	464	57%	191	58%	8	62%
Part-time	268	33%	122	37%	5	38%
Casual	88	11%	17	5%	0	0%
Total	820	100%	330	100%	13	100%

A large proportion of nurses in Huron and Perth are approaching retirement age. Approximately 35% of the 922 RNs and 34% of the 390 RPNs residing in Huron and Perth are in the 55 to 64 year age group (Table B-5).

Table B-5: Nurses Residing in Huron and Perth by Age Group, 2010

Age Groups	RN		RPN		NP	
	#	%	#	%	#	%
18 - 24	5	0.5	16	4.1	0	0
25 - 29	56	6.1	24	6.1	0	0
30 - 34	52	5.6	27	6.9	NA	NA
35 - 39	81	8.8	26	6.7	NA	NA
40 - 44	97	10.5	30	7.7	NA	NA
45 - 49	131	14.2	49	12.6	NA	NA
50 - 54	125	13.6	75	19.2	NA	NA
55 - 59	190	20.6	90	23.1	NA	NA
60 - 64	132	14.3	44	11.3	0	0
65+	53	5.8	9	2.3	0	0
Total	922	100	390	100	13	100

Appendix C: HealthForce Ontario Data from the Health Professions Database

Table C-1: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Practice Status, 2009

Profession	Huron County				Perth County			
	Working in the Profession	Not Working in the Profession	Unknown	Total	Working in the Profession	Not Working in the Profession	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--
Chiropodists	3	0	0	3	2	0	0	2
Chiropractors	0	0	19	19	0	0	21	21
Dental Hygienists	37	0	0	37	45	0	0	45
Dentists	17	0	0	17	19	0	0	19
Dietitians	8	2	2	12	20	2	0	22
Massage Therapists	41	0	0	41	57	2	0	59
Medical Laboratory Technologists	23	0	0	23	46	0	0	46
Medical Radiation Technologists	15	0	0	15	41	1	0	42
Midwives	1	0	0	1	7	0	0	7
Occupational Therapists	13	0	0	13	26	0	0	26
Opticians	1	0	0	1	5	0	0	5
Optometrists	14	0	0	14	21	1	0	22
Pharmacists	46	0	3	49	49	0	5	54
Psychologists	2	0	0	2	3	0	0	3
Respiratory Therapists	6	0	0	6	19	0	0	19
Speech-Language Pathologists	--	--	--	--	--	--	--	--
Total	227	2	24	253	360	6	26	392

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

2. There are a few members who indicated that they are not working in the profession but have listed a practice site in Huron or Perth county. It is estimated that these individuals are on leave

Source: Health Professions Database (HPDB), 2009 Submission

**Table C-2: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession:
Professionals Working in More than Three Practice Sites, 2009**

Profession	Huron County				Perth County			
	Yes	No	Unknown	Total	Yes	No	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--
Chiropodists	0	3	0	3	0	2	0	2
Chiropractors	0	0	19	19	0	0	21	21
Dental Hygienists	0	37	0	37	0	45	0	45
Dentists	4	13	0	17	3	16	0	19
Dietitians	0	12	0	12	1	21	0	22
Massage Therapists	6	35	0	41	1	58	0	59
Medical Laboratory Technologists	0	0	23	23	0	0	46	46
Medical Radiation Technologists	1	14	0	15	1	41	0	42
Midwives	0	1	0	1	0	7	0	7
Occupational Therapists	1	2	10	13	0	3	23	26
Opticians	0	1	0	1	0	5	0	5
Optometrists	0	14	0	14	1	21	0	22
Pharmacists	3	46	0	49	4	50	0	54
Psychologists	1	1	0	2	1	2	0	3
Respiratory Therapists	0	6	0	6	0	19	0	19
Speech-Language Pathologists	--	--	--	--	--	--	--	--
Total	16	185	52	253	12	290	90	392

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Table C-3: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Employment Category, 2009

Profession	Huron County						Perth County					
	Permanent	Temporary	Casual	Self-Employed	Unknown	Total	Permanent	Temporary	Casual	Self-Employed	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--	--	--	--	--
Chiropodists	0	0	0	0	1	1	0	0	0	0	1	1
Chiropractors	0	0	0	0	19	19	0	0	0	0	21	21
Dental Hygienists	31	0	0	0	6	37	38	0	0	0	7	45
Dentists	4	0	0	9	0	13	7	1	0	8	0	16
Dietitians	7	1	0	1	1	10	13	0	1	1	3	18
Massage Therapists	8	0	0	29	0	37	8	0	1	42	0	51
Medical Laboratory Technologists	21	0	0	0	0	21	37	0	4	0	3	44
Medical Radiation Technologists	9	0	2	0	0	11	33	0	3	0	0	36
Midwives	0	0	0	1	0	1	0	0	0	7	0	7
Occupational Therapists	5	0	0	5	0	10	11	1	0	9	0	21
Opticians	0	0	0	1	0	1	4	0	0	1	0	5
Optometrists	3	0	0	6	1	10	6	0	0	9	4	19
Pharmacists	32	1	1	1	0	35	37	0	2	5	0	44
Psychologists	2	0	0	0	0	2	1	0	0	1	0	2
Respiratory Therapists	2	0	0	0	1	3	11	0	0	0	2	13
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--	--	--	--
Total	124	2	3	53	29	211	206	2	11	83	41	343

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Table C-4: Number of Active Healthcare Providers in Huron County by Regulated Profession by Primary Role – Site 1, 2009

Profession	Huron County								
	Service Provider	Owner/Operator	Consultant	Manager	Administrator	Instructor/Educator	Sales Person	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--	--
Chiropodists	0	0	0	0	0	0	0	1	1
Chiropractors	0	0	0	0	0	0	0	19	19
Dental Hygienists	37	0	0	0	0	0	0	0	37
Dentists	3	9	1	0	0	0	0	0	13
Dietitians	4	0	1	1	1	2	0	1	10
Massage Therapists	17	20	0	0	0	0	0	0	37
Medical Laboratory Technologists	19	0	0	2	0	0	0	0	21
Medical Radiation Technologists	9	0	0	1	0	0	0	1	11
Midwives	1	0	0	0	0	0	0	0	1
Occupational Therapists	8	1	0	1	0	0	0	0	10
Opticians	0	0	1	0	0	0	0	0	1
Optometrists	3	6	0	0	0	0	0	1	10
Pharmacists	19	0	0	16	0	0	0	0	35
Psychologists	1	0	1	0	0	0	0	0	2
Respiratory Therapists	3	0	0	0	0	0	0	0	3
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--
Total	124	36	4	21	1	2	0	23	211

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009
Source: Health Professions Database (HPDB), 2009 Submission

Table C-5: Number of Active Healthcare Providers in Perth County by Regulated Profession by Primary Role – Site 1, 2009

Profession	Perth County								
	Service Provider	Owner/Operator	Consultant	Manager	Administrator	Instructor/Educator	Sales Person	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--	--
Chiropodists	0	0	0	0	0	0	0	1	1
Chiropractors	0	0	0	0	0	0	0	21	21
Dental Hygienists	45	0	0	0	0	0	0	0	45
Dentists	4	12	0	0	0	0	0	0	16
Dietitians	11	1	1	1	1	1	0	2	18
Massage Therapists	26	18	0	1	0	0	0	6	51
Medical Laboratory Technologists	39	0	0	4	0	0	0	1	44
Medical Radiation Technologists	30	0	0	5	0	1	0	0	36
Midwives	7	0	0	0	0	0	0	0	7
Occupational Therapists	17	0	1	1	1	0	1	0	21
Opticians	0	0	5	0	0	0	0	0	5
Optometrists	8	8	0	0	0	0	0	3	19
Pharmacists	26	0	1	16	0	0	0	1	44
Psychologists	1	1	0	0	0	0	0	0	2
Respiratory Therapists	10	0	0	3	0	0	0	0	13
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--
Total	224	40	8	31	2	2	1	35	343

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

Source: Health Professions Database (HPDB), 2009 Submission

Table C-6: Number of Active Healthcare Providers in Huron County by Regulated Profession by Practice Setting – Site 1, 2009

Practice Setting	Huron County															
	Profession															
	Chiro-podists	Chiro-practors	Dental Hygien-ists	Dentists	Diet-iti-ans	Massage Thera-pists	Medical Laboratory Tech-nologists	Medical Radiation Tech-nologists	Midwives	Occup-ational Thera-pists	Opticians	Optom-etrists	Pharm-acists	Psycho-logists	Respira-tory Thera-pists	Total
Public Health Lab. / Public Health Unit	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Client's Environment	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	3
Community Health Centre (CHC)	0	0	0	0	2	1	0	0	0	1	0	0	0	0	0	4
Community Pharmacy	0	0	0	0	0	0	0	0	0	0	0	34	0	0	0	34
Family Health Teams (FHTs)	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0	4
Health Related Business/Industry	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Hospital	0	0	0	0	3	0	21	11	0	2	0	0	1	0	1	39
Mental Health and Addiction Facility	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Other Group Practice Office	0	0	7	5	0	11	0	0	0	0	0	7	0	0	0	30
Preschool/School/ Board of Education	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Rehabilitation Facility	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	3
Residential/ Long-Term Care Facility	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Solo Practice	1	0	23	7	0	18	0	0	1	3	0	2	0	0	0	55
Spa	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	4
Unknown	0	19	6	0	1	0	0	0	0	0	1	1	0	0	0	28
Total	1	19	37	13	10	37	21	11	1	10	1	10	35	2	3	211

Source: Health Professions Database (HPDB), 2009 Submission

Table C-7: Number of Active Healthcare Providers in Perth County by Regulated Profession by Practice Setting – Site 1, 2009

Practice Setting	Perth County															
	Profession															
	Chiro-podists	Chiro-practors	Dental Hygien-ists	Dentists	Diet-iti-ans	Massage Thera-pists	Medical Laboratory Tech-nologists	Medical Radiation Tech-nologists	Midwives	Occup-ational Thera-pists	Opticians	Optom-etrists	Pharm-acists	Psycho-logists	Respira-tory Thera-pists	Total
Assoc./Govt./Regulatory Org./NGO	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Public Health Lab./Public Health Unit	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6
Client's Environment	0	0	0	0	0	0	0	0	0	6	0	0	0	0	4	10
Community Care Access Centre	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
Community Health Centre (CHC)	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Community Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	39	0	0	39
Diabetes Education Centre	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Family Health Teams (FHTs)	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	4
Health Related Business/Industry	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Hospital	0	0	0	0	3	0	43	34	0	4	0	0	3	1	9	97
Independent Health Facility	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	3
Other Group Practice Office	0	0	8	5	1	28	0	0	6	0	0	13	0	1	0	62
Preschool/School/Board of Education	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Solo Practice	0	0	30	11	0	20	0	0	0	3	0	3	0	0	0	67
Spa	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Other Place	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2
Unknown	0	21	7	0	2		1	0	0	0	5	3	1	0	0	40
Total	1	21	45	16	18	51	44	36	7	21	5	19	44	2	13	343

Source: Health Professions Database (HPDB), 2009 Submission

Table C-8: Number of Active Healthcare Providers in Huron and Perth Counties by Regulated Profession by Level of Education in the Profession, 2009

Profession	Huron County							Perth County						
	Diploma	Baccalaureate	Masters	Professional Doctorate/ Doctorate	None of the Above	Unknown	Total	Diploma	Baccalaureate	Masters	Professional Doctorate/ Doctorate	None of the Above	Unknown	Total
Audiologists	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Chiropractors	2	1	0	0	0	0	3	2	0	0	0	0	0	2
Chiropractors	0	0	0	19	0	0	19	0	0	0	21	0	0	21
Dental Hygienists	37	0	0	0	0	0	37	45	0	0	0	0	0	45
Dentists	0	0	0	17	0	0	17	0	0	0	19	0	0	19
Dietitians	0	0	0	0	0	12	12	0	0	0	0	0	22	22
Massage Therapists	41	0	0	0	0	0	41	59	0	0	0	0	0	59
Medical Laboratory Technologists	22	0	0	0	0	1	23	43	1	0	0	0	2	46
Medical Radiation Technologists	12	1	0	0	1	1	15	30	1	0	0	10	1	42
Midwives	1	0	0	0	0	0	1	1	5	0	0	1	0	7
Occupational Therapists	4	6	3	0	0	0	13	4	19	3	0	0	0	26
Opticians	0	0	0	0	0	1	1	0	0	0	0	0	5	5
Optometrists	0	7	0	1	0	6	14	1	13	0	0	0	8	22
Pharmacists	0	49	0	0	0	0	49	0	54	0	0	0	0	54
Psychologists	0	0	1	1	0	0	2	0	0	2	1	0	0	3
Respiratory Therapists	6	0	0	0	0	0	6	19	0	0	0	0	0	19
Speech-Language Pathologists	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Total	125	64	4	38	1	21	253	204	93	5	41	11	38	392

Notes:

1. College of Audiologists and Speech-Language Pathologists of Ontario and the College of Denturists of Ontario did not provide location of practice site information in 2009

2. The HPDB collects up to five levels of education in the profession for each health professional. The data above displays only the first reported level of education.

Source: Health Professions Database (HPDB), 2009 Submission

