

# HSA CONVENTION 2025 RESOLUTIONS

## January 2026 Progress Report

	HSA WILL	STATUS
1	advocate for the continued provision of Infant Development programs and Infant Development Consultants.	To be done
2	advocate for childcare licensing requirements that accommodate the high mental health needs of children, higher staff qualifications, and increased staff wages; and  advocate that the Early Childhood Educator (ECE) (0 to 6 years) system be publicly funded and be redesigned so as to be delivered by the Ministry of Education.	To be done
4	lobby the government to provide equitable support and resources to parents similar to what foster parents receive for children in the Ministry of Children and Family Development (MCFD) care.	To be done
5	attempt to limit its use of AI in order to reduce energy consumption.	Ongoing
7	notify members regarding conferences, education sessions, etc as soon as possible prior to an event, with a goal of providing at least two months prior to the event.	Ongoing
8	notify stewards at least two months in advance of deadlines such as electing delegates for convention and regional meetings, convention resolutions and bargaining forums	Ongoing
9	reevaluate its process for announcing upcoming events that HSA is participating in, and communicating with members how they can participate in the event or similar events in the future.	Ongoing
10	spend more money on media campaigns that will run on a regular basis giving HSA a much louder voice and a bigger media presence.	Ongoing

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14	develop a public awareness campaign about child and youth programs delivered through community based child development centres funded by the Ministry for Children and Family Development (MCFD).	Ongoing
15	reinstate and recommission HSA branded swag items as a means to create awareness for our union in the community.	Ongoing
16	amend Article 10 Section 5 (b) of the HSA Constitution by striking "At the close of nominations, balloting shall be conducted for a period of at least 35 days" and add to Article 10 Section 5 the following (c) The Board of Directors shall establish a process for election to fill such vacancies. Election shall be by secret ballot and requires a majority vote.: and renumber c to d	Completed
17	amend Article 7, Section 4 of the HSA Constitution from "The Board of Directors may submit its own resolutions to Convention" to "The Board of Directors, Standing, and Special Committees may submit their own resolutions to convention."	Completed
18	amend Article 7, Section 4. (d) of the HSA constitution to replace "150" with "250."	Completed
19	amend Article 7, Section 5 (e) to replace "two" with "five."	Completed
20	amend Article 8 – Board of Directors to add the following section  "Section 12. Misconduct  Notwithstanding any other provision in this Constitution, in the case of misconduct, as defined below, by a Regional Director, the Board of Directors may, by a two-thirds majority or greater (a) prohibit a Regional Director from attending meetings of the Board of Directors due to misconduct; (b) suspend a Regional Director from office for a period of 3 months due to misconduct;(c) place conditions and/or restrictions on a Regional Director's ability to communicate directly, interact with, or attend meetings with Union staff; and (d) place conditions and/or restrictions on a Regional Director's ability to communicate directly, interact with, or attend meetings with members.In this section, "misconduct" includes but is not limited to the following (a) Failure to take the Oath of Office in verbal and written form within one month following the Annual Convention or of being appointed or elected, as per Article 8, Section 11 to their position. (b) Behaviour which has been found by an independent investigator to be contrary to HSA's Constitution, policies, and all applicable laws and/or poses a potential legal, financial, or reputational liability to the Union if no action is taken. (c) Bullying and/or harassing behaviour including calling someone derogatory	Completed

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	names, harmful hazing or initiation practices; vandalizing or damaging personal belongings, work area, or work product; spreading malicious rumours (regardless of whether they are believed to be true), including making, or continuing to make, unfounded accusations; and personal attacks, including making frivolous, vexatious, or bad faith complaints. (d) With the exception of (a), any allegations of misconduct must be referred to an independent investigator for expeditious adjudication. All parties must participate in the investigation without delay. Failure to participate is in itself deemed to be misconduct. Prior to conducting a vote pursuant to this Section, the Board of Directors shall notify the Regional Director in writing at least 14 days in advance of the meeting at which the vote will be taken and the Regional Director must be given an opportunity to make representation to the Board of Directors in respect of the allegations and proposed sanction. Where a Regional Director is prohibited from attending a meeting of the Board of Directors, or is suspended from office, the Regional Director's alternate, as per Article 10, Section 5, shall attend in their place. Subject to any applicable laws such as the BC Labour Relations Code, a motion passed by the Board of Directors under this Article is final."	
23	change the word "chief" to "lead" in the following sections of the HSA Constitution <ul style="list-style-type: none"> <li>•Article 12, Section 1. (a) and (b)</li> <li>•Article 12, Section 2.</li> <li>•Article 12, Section 4 (1.), (2.), (3.), and (4.)</li> </ul>	Completed
25	transition into using the Indigenous spelling when referring to Indigenous Nations in its communications; and have a two-year transition period of writing the colonially-spelt names in brackets following the Indigenous spelling, before fully transitioning to solely using the Indigenous spelling.	In progress
26	lobby the provincial government to expand the definition of "immediate family member" in the Employment Standards Act to add the Family Member Regulation additional definition clause of  (c) whether or not related to an employee by blood, adoption, marriage or common law partnership, an individual with a serious medical condition, as described in section 52.1(2) or 52.11(4) of the Act, who considers the employee to be, or whom the employee considers to be, like a close relative.	In progress
27	include extra signage on all washrooms deemed gender neutral or trans friendly indicating the presence of urinals within that washroom facility at all HSA events.	Completed

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28	<p>ensure that EDMP staff receive immediate and comprehensive education on ableism in the workplace to better advocate for members and support workplaces in creating inclusive environments for all workers with disabilities; and</p> <p>also submit this resolution to the BC Federation of Labour convention to encourage province-wide action on ableism and inclusive workplace practices.</p>	In progress
29	<p>ensure that all stewards receive ongoing training on anti-racism, cultural humility, etc., and</p> <p>continue to meet with members to get feedback on this training from members who are experiencing racial discrimination based on colonial systems.</p>	Ongoing
30	<p>create a bank of resources (such as videos, infographics for Truth and Reconciliation) in consultation with the Indigenous Circle so that members are no longer tokenized, and members can draw on resources instead of having to speak alone.</p>	To be done
33	<p>have upskilled and trained all LROs on how to investigate and support members with grievances related to racism, profiling, discrimination, and bullying, by December 31, 2026; and</p> <p>uphold its JEDI hiring policies of ensuring there are LROs who hold lived experience as racialized people.</p>	In progress
34	<p>develop formal partnerships with indigenous-led organizations, including the First Nations Health Council, the First Nations Health Authority, and the Indian Residential School History and Dialogue Centre; and</p> <p>provide at least annual organization-wide communications on the union's progress on reconciliation strategic priorities identified with the FNHC and FNHA and lobby the Ministry of Health and Ministry of Indigenous Relations and Reconciliation to health authorities to do the same; and</p> <p>provide education to members in partnership with the Indian Residential School History and Dialogue Centre on how the union can support reconciliACTION efforts within our union, and in the workplace.</p>	To be done
39	<p>offer Popular Economics workshops as general member education open to all HSA members.</p>	Ongoing

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40	hold more Contract Interpretation education workshops	Ongoing
43	review the budgetary impact of a reduction of applicable union dues for any hours worked beyond the standard FTE hours to 50%.	Completed
53	donate \$25,000 on behalf of its members to MSF Canada to help support their work providing urgent care for people in need of healthcare worldwide.	Completed
57	donate \$25,000 to World Central Kitchen to support their mission of providing food relief to those in need.	Completed
60	change the Participation in Labour Councils policy to recognize the importance of equitable support for members representing the union in official capacities by providing wage replacement for all scheduled shifts missed by HSA members who attend the biennial BC Federation of Labour Convention, BC Federation of Labour Regional Conference, and the triennial Canadian Labour Congress Convention as a Labour Council executive member to ensure that delegates are made whole for their participation in HSA-approved events.	In progress
62	make members whole when HSA members are representing HSA in an official capacity at labour council training and formal meetings for lost wages while attending.	In progress
65	send the yearly chapter budget directly to the lead/assistant lead stewards at the beginning of the year so that stewards can organize appropriately	Ongoing
68	ensure the finance committee's report shall include reference to specific wage information including reference to collective bargaining agreements, and executive salaries by position.	To be implemented for Convention 2026
70	refrain from purchasing products, and renewing contracts with, companies involved in weapons manufacturing, hot cargo, provision and maintenance of data centres for states that practice racial segregation and apartheid, or whose practices violate the Universal Declaration of Human Rights (UDHR); and  review its investment portfolio with the MPP and divest from organizations/companies involved/associated with practices that are deemed unethical by environmental or UDHR standards, and advocate that BC Investment Corporation does the same.	Completed

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71	drop any investments we currently have in weapons manufacturers, divesting all stocks and securities, in an expedited and timely manner; and  refrain from making further investments in weapons manufacturers, and other corporations that directly profit from war, or armed conflict, or occupation; and  call upon the Municipal Pension Plan to withdraw all investments in companies who support and supply militaries, war, genocide and apartheid.	Ongoing
72	increase the bursary amount for the CoDevelopment Canada Multi-Union Delegation to Latin America to two \$4000 bursaries available to HSA members.	Completed
73	provide one paid day a month for Regional Directors	Completed
75	provide a space on events registration called: preferred name, so that people can put what first name they would like displayed on their name cards.	In progress
77	lobby the provincial government to remove faith-based agreements in BC's healthcare system.	To be done
79	lobby the government to lower the legal aid income threshold to allow more women experiencing violence to access legal aid regardless of their financial circumstances.	To be done
81	lobby the government and the College of Health and Care Professionals of BC (CHCPBC) to change their licensing practices and return to the restricted license practice after writing the written exam.	To be done
82	continue to work with government, regulatory agencies, professional associations, and educational institutions, to advocate for the regulation and certification of currently unregulated health sciences professionals.	Issue is being monitored
83	advocate for the formation of colleges for unregulated allied health professions.	Issue is being monitored

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85	implement a ranking system for each Chapter to submit their resolutions by, which will guide the resolutions committee in terms of prioritization to bring them to the floor of Convention.	Implemented
86	ensure that resolutions submitted by a chapter are discussed with the submitting chapter if the resolutions committee has questions or concerns; and  remove the Resolutions Policy item that says “The Resolutions Committee may reject any resolution that it deems detrimental to the welfare or best interests of the Union.	Ongoing
92	mandate a Regional Director must send a communication to their regional members at least quarterly to provide a general update on accomplishments, priorities, and other relevant updates or news.	Ongoing
95	immediately implement a formalized consultation process requiring the Board of Directors to engage with relevant committees when making decisions on issues within the committees’ areas of focus, ensuring decisions are informed by the insights and expertise of the membership.	Ongoing
100	provide full access to all of their policies to all members, and if needed for privacy or other reasons, create a member portal to facilitate access to these policies for members.	Investigation into member portal required
109	publish upcoming board meeting agendas through bulletins, the HSA website or some other mechanism accessible to members.	Implemented
112	explore and adopt a process by which HSA will post Board of Director meeting minutes after each meeting so that they are freely available to all members, including the possibility of creating a member portal if needed.	Investigation into member portal required
116	make changes to Article 15, specifically how the appeals process is carried out, so the appeals trial and membership voting is removed from convention to some other platform and acknowledge that the appeals processes does not belong at convention.	In progress
117	immediately create a caucus composed of HSA members in any bargaining association from community sites to ensure member-led advocacy. This caucus will provide direct input to the Board of Directors, ensuring that the unique needs and priorities of community site members are represented in bargaining and other union priorities.	Discussion about caucus structure ongoing

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118	immediately require that all new and existing caucuses be publicly announced to all member via email memo, provide a list of all caucuses on the HSA website, and include information on how to contact caucus representatives to inquire about joining	Discussion about caucus structure ongoing
119 (Composite 1)	<p>forward proposed constitutional amendments to the 2026 Convention to expand the Board of Directors by one seat by adding an elected member of the Board of Directors who will be a representative of equity-seeking members; and</p> <p>involve its equity committees and caucuses, members, as well as consult other unions and organizations that have formal equity representation on their elected governance structures, to draft policies related to election of the Board of Directors member who will be a representative of equity-seeking members. This consultation will include development of recommendations including, but not limited to:</p> <ul style="list-style-type: none"> <li>- Candidate eligibility requirements</li> <li>- Method of election (eg: representative election by caucus and/or equity committee members, membership-wide election)</li> <li>- Length of term</li> <li>- Director responsibilities</li> </ul>	Consultation in progress for proposed structure
122	allow committees to choose and prioritize which resolutions within their focus, are brought to the convention floor following the delivery of their annual reports.	To be implemented for Convention 2026
129	have the resolutions committee not read out the rationale for resolutions unless the resolutions committee decides it should do so, or if requested by a delegate on convention floor.	To be implemented for Convention 2026
132	<p>allow committees to prioritize their own resolutions similar to BC Fed convention; and,</p> <p>allow time in the agenda for at least one resolution from each committee to be debated.</p>	To be implemented for Convention 2026
138	provide opportunities for members who work in underrepresented positions to participate in Convention and the Bargaining Proposals Conference (i.e., reserved spots within regions)	To be done
139	create a mechanism for one person from each equity committee to attend HSPBA Bargaining Proposal Conference as a delegate.	To be done



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141	create a steward caucus.	Discussion about caucus structure ongoing
147	attempt to avoid holding our annual convention and bargaining convention on dates that may fall on major religious holidays	Ongoing
148	allocate a minimum of 75% of the daily agenda time, each day of Convention, to committee reports and resolution debate and voting, beginning with Convention 2026.	Ongoing
157	prioritize resolutions based on what is most important to members, by recognizing common themes of resolutions submitted and having these resolutions hit the floor of convention for debate and voting first	Ongoing
161	not require pre-registration for any voting in the future for any elections, including presidential, starting in 2026	Done
164	make every effort to avoid holding union elections in the month of December.	Ongoing
165	<p>revise its Guiding Principles of Solidarity, improve its language, educate its membership on its application, and ensure that it's applied in a fair and just manner to all parties; and</p> <p>do this by involving the equity-seeking committees with diverse lived experiences (i.e. two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, plus (2SLGBTQIA+) Committee, Racial Justice Committee, Indigenous Circle, Disabilities Committee, Women's Committee, Gender Diverse Committee) to inform its revised language.</p>	To be done
166	<p>apply an equity lens by tasking a third-party mediator with lived racialized experience– trained in discrimination, profiling, and racism, to review and revise the Ombudsperson process; and</p> <p>facilitate a safe resolution process to create accountability and address any ongoing concerns.</p>	To be done

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170	lobby the provincial government to review current Person with Disabilities (PWD) assistance rates and increase the amount to no less than \$1,800 per month for a single person, and equitable increases for PWD recipients in other categories, and that the rate be reviewed annually to keep pace with increases in cost of living.	In progress
171	advocate for more equity for services for people who are unhoused as well as people in second stage housing including access to mental healthcare and psychological support, substance-use services including harm reduction, and access to rehabilitation and recovery supports, and Indigenous wellness services.	In progress
172	continue to advocate for creative solutions such as pharmacists being able to renew prescriptions and write prescriptions for common and repeat conditions; and  continue to advocate for increased walk-in clinics so those without doctors have access to medical professionals; and  advocate for increased hiring of services such as nurse practitioners to increase access to medical professionals; and  advocate for incentives to increase attraction and retention of new doctors, including incentives such as student loan forgiveness, housing incentives etc.	In progress
173	advocate for reducing wait times for services such as counseling and mental health services, assessments, victim services and sexual assault services, and gender based violence services, by promoting these fields, increasing awareness for increased need of services, increased funding and possible incentives to attract and retain Community Social Services professionals.	Ongoing
174	advocate for more robust supports and faster access to supports (supports should include but not be limited to temporary and secondary housing, inclusive of children and pets, counselling services including access to mental health professionals, substance abuse services, and Indigenous wellness services.)	In progress
175	lobby the government to invest in youth mental health/encourage government to address issues of mental health crisis with the youth, in rural and remote areas.	In progress

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176	lobby government to ensure that adequate funding is available for Indigenous patients/clients from remote and rural communities to stay in and travel to and from communities where the appropriate health care services they require are delivered.	In progress
177	lobby the government for better programming for women in recovery and prevention of homelessness.	Ongoing
178	advocate for and lobby the government to expand home and community care to include/expand Instrumental activities of daily living (IADL) support, provide seniors with funding to access private IADL assistance, and/or establish more subsidized programs to assist seniors with IADL tasks, enabling them to remain in their homes for longer.	In progress
179	advocate and lobby for LTC homes to be owned and operated by health authorities for better integration and accountability; for LTC homes to be under the Hospital Act to better meet residents' needs; for restrictions on on-demand contract services and advocate for increased hours per resident day (HPRD) for allied health (AH) to improve care.	In progress
180	request the government to review the Home and Community Care Policy Manual and work with health authority experts to ensure clear, consistent language that improves resident/client care; and  advocate for funding to establish or expand an equipment program, similar to Medial Equipment Provision Program, for long term care residents and hospice clients.	In progress
181	advocate for and lobby the government to establish appropriate housing programs and care facilities for individuals living with acquired brain injuries, ensuring that younger clients who require long-term care receive the support and care they need in settings tailored to their unique needs.	In progress
182	advocate with the Ministry overseeing BC Housing to increase funding for Rebate for Accessible Home Adaptations	In progress
183	advocate to government about creating Indigenous specific staff positions within the funding model for child development centres.	In progress

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184	lobby the BC provincial government and health authorities to immediately begin phasing out the use of private for-profit health worker agencies, and to take immediate action to solve the public health worker shortage crisis; and,  forward this resolution to the BC Federation of Labour Convention.	Ongoing
185	lobby the government to have health authorities use allied health funding for unionized allied health positions.	Ongoing
186	lobby the provincial government to increase funding for allied health professions.	Ongoing
187	lobby for increased funding for allied health in ER (eg OT/PT/SLP)	Ongoing
188	advocate for the government to implement Housing First initiatives, combined with enhanced mental health programs, to better support the transition from homelessness to stable housing; and  advocate for and lobby the government to address the housing crisis by investing in public housing initiatives, creating workforce housing, supporting short-term rental controls, simplifying zoning regulations, and adopting other expert-recommended solutions, such as those proposed by Gregor Craigie in his book Our Crumbling Foundation.	In progress
189	lobby the government to increase affordable housing at all income levels; and  lobby the government to to incentivize building of homes, as opposed to high rise buildings; and  advocate for rent subsidy, cost of living increases etc. for healthcare professionals and community social service professionals to increase retention and decrease the social load ; and  advocate for these to also be addressed in smaller and more isolated regions like Vancouver Island and Northern BC communities.	In progress
190	advocate for affordable housing for healthcare workers and HSA members in rural communities.	Ongoing

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191	lobby the government to enforce short term accommodation price caps during major events and have a BC resident discounts for accommodations in the lower mainland.	In progress
192	lobby all levels of government to provide additional transitional housing for vulnerable people in British Columbia.	In progress
193	lobby the government to have the Ministry of Children and Family Development (MCFD) provide timely access to financial support or subsidies to help parents secure and maintain stable housing and ensure families can stay together.	In progress
197	submit a resolution to the BC Federation of Labour (BCFED) and National Union of Public and General Employees (NUPGE) conventions, Labour Councils, and the Canadian Labour Congress (CLC), calling on them to boycott and divest from organizations that directly enable human rights violations in the Democratic Republic of Congo, Palestine, Sudan and elsewhere in the world and lobby the government to sanction such organizations and their governing bodies..	To be done
199	lobby the provincial government to include occupational therapy coverage in the Medical Services Plan; and  recommend the JHSBT HSA trustees review the viability of expanding extended health coverage to include occupational therapy services.	In progress
200	recommend the JHSBT HSA trustees review the viability of expanding extended health coverage to reinstate counselling services rendered by social workers covered under extended health benefits.	In progress
201	recommend the JHSBT HSA trustees review the viability of advocating for a change in the wage increment policy for LTD members, moving from the current four-year cycle to an annual increment. This adjustment will provide member equality aligned with human rights, more consistent financial support and help alleviate the economic strain experience by members on long-term disability.	In progress
202	<b>recommend the JHSBT HSA trustees review the viability of advocating</b> for a change in policy for LTD members, moving from self-pay portion from 50% to 0%. This adjustment will provide member equality aligned with other members, more consistent financial support and help alleviate the economic circumstances experienced by members on long-term disability.	In progress

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203	<p>recommend the JHSBT HSA trustees advocate for the JHSBT to establish a requirement to provide a transparent way to allow for feedback and adjustments of the benefits package, to have a requirement of the committee to create potential options on changes to the benefits package every contract year; and</p> <p>survey the membership on proposed changes, to help inform the JHSBT HSA trustees.</p>	In progress
204	<p><b>recommend the JHSBT HSA trustees review the viability of establishing</b> a requirement for a transparent process for appeals to coverage denials, similar to the grievance process used for contract disputes, to ensure that all parties providing employee benefits are accountable to the terms of the Group Benefit Plan booklet</p>	In progress
205	<p><b>recommend the JHSBT HSA trustees recommend updating</b> and clarifying the language in the Group Benefit Plan booklet to specify which specific treatments will not be covered in a clear and transparent way without use of stigmatizing, discriminatory, or unscientific terms such as “lifestyle drug”.</p>	In progress
207	<p>disclose its recent settlement agreement regarding the use of agency workers, as such agreements should not be kept secret. And all past and future settlement agreements that affect the HSPBA or infringe upon the collective bargaining rights of members must be consulted with members and fully disclosed. This ensures accountability, fairness and transparency in union operations</p>	Completed
209	<p>establish a formal requirement to consult with staff in impacted disciplines prior to finalizing decisions on classification and wage schedules, ensuring the process includes clear timelines, transparent communication, and documented feedback to adequately consider staff input in the decision-making process.</p>	Ongoing
211	<p>continue to pursue compensation arising from the me-too clause in the 2022-2025 HSPBA collective agreement.</p>	Ongoing
212	<p>review if more LROs are needed to service members; and/or provide more extended advanced steward training.</p>	Ongoing

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217	continue to provide education to Enhanced Disability Management Program (EDMP) representatives to enhance awareness to ensure appropriate levels of support for members based on their individual needs; and  advocate for members who are overwhelmed with communication demands by bringing this issue to the attention of local and provincial EDMP working groups.	Ongoing
218	make simplified contract interpretation manual(s) accessible to all members	Ongoing
221	lobby the provincial government to amend section 135(2) of the BC Workers Compensation Act to include all workers of all health science and community service workers in presumptive coverage of psychological injury.	Ongoing
222	lobby the BC Provincial government for metal detectors in emergency departments and/or allow ED staff to secure the bags and belongings of patients coming in to the ED.	Ongoing
223	provide a stronger, more visible, and more comprehensive support structure and advocacy to empower Joint Occupational Health and Safety Worker Representatives and strengthen their role and effectiveness in promoting workplace safety in their roles.	Ongoing
224	develop and implement an education campaign, prior to the announcement of the next federal election, to inform members about the importance of protecting public healthcare from privatization, the harm privatization causes to patients and workers, and how federal party policies and platforms impact public healthcare, helping members make informed voting decisions.	Completed
225	issue a policy brief to HSA members and the general public, in order to review, evaluate and grade policy platforms of political parties for their impact on Canadian health care, including well-being of the Canadian public as influenced by the social determinants of Health, and whether these decisions are supported by evidence IN ORDER TO Educate HSA Members and the general public, IN ORDER TO Assist Canadians making informed decisions when casting their votes.	Completed
226	work to create positive and engaged relationships with members of all political parties, and  ensure there is an increased understanding and awareness of the importance and value of the work done by HSA members.	Ongoing

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227	lobby for the Employment and Assistance for Persons with Disabilities Act (schedule A, sec.8) to be ceased in its application to Tertiary Mental Health Facilities and that patient income assistance is restored to the standard \$983/mo.	In progress
228	Lobby the government for more family doctors, nurse practitioners, walk in clinics and primary care clinics be it in the form of incentives, increasing number of medical school seats, and/or increasing international licensing.	In progress
229	advocate with the ministry responsible for funding the Better at Home program to increase funding for subsidized housecleaning.	In progress
230	lobby for MCFD to use needs-based rather than diagnosis-based funding for children's services.	In progress
231	continue to advocate that children and families have access to seamless care from experienced, accredited, not for profit public providers that can offer multi-disciplinary services to children and families.	Ongoing
232	support a living wage for working people in BC	Ongoing
233	lobby the government to ensure the program Jordan's Principle is following the mandate to provide resources without delay as stated by the Canadian Human Rights Tribunal dated May 26, 2017	Ongoing
238	advocate to include Medical Imaging Technologists to the eligible occupations in underserved communities listed in the B.C. Loan Forgiveness Program.	Ongoing
239	call upon the BC Federation of Labour to lobby the BC Government to expand the BC Student Loan Forgiveness Program to include social workers in publicly funded facilities working with children and in underserved communities.	To be done
240	lobby the provincial government to offer retention bonuses to all HSA members working in difficult to fill roles in urban and metro communities and who hold positions in high-needs areas in priority occupations in rural and remote areas in equal value to the signing bonuses offered to new members upon hiring in these areas.	Ongoing



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241	lobby the BC Government to continue funding recruitment and retention incentives for health care workers, and  lobby the BC Government to explore creative options to retain health care staff in rural and remote locations including options for housing, childcare and spousal job opportunities	Ongoing
242	lobby the BC Government to have Sunshine Coast classified as a rural location for the purposes of post-secondary loan forgiveness.	Ongoing
243	advocate for policies that protect healthcare workers from job elimination due to AI implementation by emphasizing the augmentation of human expertise, ensuring job retraining opportunities, and promoting a collaborative approach between AI systems and healthcare professionals.	Ongoing
244	lobby the BC government to provide a housing stipend to support health students of health science professions access to housing while on clinical rotations away from their home communities in order to support recruitment and retention in communities experiencing chronic shortages of health science professionals	To be done
245	continue to lobby the BC government for those professions that are short staffed, and  find ways to recruit and retain them	Ongoing
246	form a caucus or working group to explore the unique challenges of rural and remote areas of BC with regards to recruitment and retention to inform HSA on how to best advocate for these regions.	Discussion about caucus structure ongoing
247	develop and implement a high school outreach program to promote health science professions and recruit potential students to future careers in HSA represented jobs.	To be done
248	lobby the BC government to provide service to areas with shortages by using HSA members	Ongoing

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250	in partnership with other stakeholders (e.g., BC Psychological Association, Regional Psychology Practice Leads, Health Authorities), investigate and publish information on recruitment and retention of HSA psychologists (i.e., the number of HSA psychology positions over time, the availability of unique psychological services).	To be done
253	immediately publish a public statement affirming HSA's solidarity with Indigenous peoples globally. This statement will acknowledge the systemic and active violence faced by Indigenous communities worldwide, and stand with all those affected by such atrocities	Completed
254	immediately prioritize advocacy and solidarity with communities and organizations advancing human rights, equity, and inclusion globally, while ensuring its actions and resources do not endorse or support governance structures that marginalize individuals based on religion, ethnicity, or other identities	Ongoing
255	commit to protecting and representing members who face repercussions for engaging in respectful dialogue regarding topics that may have discourse (i.e. political issues, racial justice issues, decolonization, and reconciliation) inclusive to the workplace, and HSA events, as well as extending its commitment to better understand and support cultural safety for members who are advocating for these topics on a local and international scale.	Ongoing
260	support union organizing and sectoral bargaining across all industries.	Ongoing
261	find a better email system for steward than the Portal. Options such as Microsoft Outlook allow for better organization, communication, and ability to link directly to online meeting platforms.	To be done
265	provide virtual cell numbers to Lead and Assistant lead stewards upon their request.	To be done
271	through the Board of Directors, senior leadership, and the Indigenous Circle, develop an HSA-specific Action Plan on Truth and Reconciliation.	To be done

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## January 2026 Progress Report

273	<p><del>recommend the JHSBT HSA trustees review the viability of increasing funding for mental health coverage under the extended health care plan; and lobby governments to increase the funding for mental health for healthcare workers and advocate for increased blue cross/MSP funding for additional services</del> Correspondence to appropriate ministry</p> <p><del>such as counselling and therapy to increase health care coverage for all HSA members</del></p> <p>lobby the provincial government to increase coverage for mental health services including counselling and therapy under the Medical Services Plan.</p>	In progress
276	<p><del>advocate and investigate to standardize safe client to HSP clinician caseload ratios for therapists (RecT, MT, OT, PT, RD, SW, Rx,) in LTC settings, and advocate for an increase in staffing of</del> lobby for increased funding for therapists in long term care.</p>	Ongoing
277	lobby the government to advocate for an increase in Recreation Therapists and Music Therapists in Acute care and transition services settings.	Ongoing
Extraordinary Resolution 1	donate \$5000 to the BC Flying Squad Against Transphobia to support workshops in the 7 "hot spot regions" outlined in their 2025 report to support this important work heading into the federal election	Completed
280	<p>protect its members from retaliation, uphold the right to free speech, and take a firm stand against the attacks on Palestinian solidarity, ensuring that no member faces discrimination for their advocacy for human rights and;</p> <p>bring forward the spirit and intent of this resolution to the provincial and national union groups including BCFED, NUPGE, Labour Councils, and the CLC</p>	Ongoing