

Appendices

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Features and impacts of approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

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Appendix 1: Methodological details

Background to the rapid synthesis

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes evidence drawn from existing evidence syntheses and from single research studies in areas not covered by existing evidence syntheses and/or if existing evidence syntheses are old or the science is moving fast. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

The Forum produces timely and demand-driven contextualized evidence syntheses such as this one that address pressing health and social system issues faced by decision-makers (see [our website](#) for more details and examples). This includes evidence syntheses produced within:

- days (e.g., rapid evidence profiles or living evidence profiles)
- weeks (e.g., rapid syntheses that at a minimum include a policy analysis of the best-available evidence, which can be requested in a 10-, 30-, 60-, or 90-business-day timeframe)
- months (e.g., full evidence syntheses or living evidence syntheses with updates and enhancements over time).

This rapid synthesis was prepared over a 30-business-day timeframe and involved five steps:

- 1) submission of a question from a policymaker or stakeholder (in this case, British Columbia Ministry of Health)
- 2) identifying, selecting, appraising, and synthesizing relevant research evidence about the question
- 3) conducting and synthesizing a jurisdictional scan of experiences about the question from other countries and Canadian provinces and territories
- 4) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence
- 5) finalizing the rapid synthesis based on the input of at least two merit reviewers.

Identification, selection, quality appraisal, and synthesis of evidence

For this rapid synthesis, we searched Health Systems Evidence(1,2), Social Systems Evidence(1,2), and PubMed(1,2) for:

- 1) guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis)
- 2) evidence syntheses
- 3) protocols for evidence syntheses that are underway.

In Health Systems Evidence and Social Systems Evidence, we searched for evidence syntheses using healthcare worker and recruitment/retention, and teacher and recruitment/retention, respectively. In PubMed, we searched for terms related to childcare OR housing AND terms related to various types of healthcare professions OR teachers AND terms related to incentives.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid synthesis, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

For any included guidelines, two reviewers assess each guideline using three domains in the AGREE II tool (stakeholder involvement, rigour of development and editorial independence). Guidelines are classified as high quality if they were scored as 60% or higher across each of these domains.

For each evidence synthesis we included, we documented the dimension of the organizing framework with which it aligns, key findings, living status, methodological quality (using AMSTAR), last year the literature was searched (as an indicator of how recently it was conducted), availability of GRADE profile, and equity considerations using PROGRESS PLUS.

For AMSTAR, two reviewers independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that it needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

For primary research (if included), we documented the dimension of the organizing framework with which it aligns, publication date, jurisdiction studied, methods used, a description of the sample and intervention, declarative title and key findings, and equity considerations using PROGRESS PLUS. We then used this extracted information to develop a synthesis of the key findings from the included syntheses and primary studies.

During this process we include published, pre-print, and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in

languages other than Chinese, English, French, Portuguese, or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework. All of the information provided in the appendix tables was taken into account by the authors in describing the findings in the rapid synthesis.

Identifying experiences from other countries and from Canadian provinces and territories

For each rapid synthesis, we work with the requestors to collectively decide on what countries (and/or states or provinces) to examine based on the question posed. For other countries, we search relevant government and stakeholder websites including government agencies/authorities focused on education, health, and/or labour, non-governmental organizations supporting housing and/or childcare/education, and health and education organizations that employ professionals in the care economy. In Canada, a similar approach was used, which involved searching similar types of websites. While we do not exclude content based on language, where information is not available in English, Chinese, French, Portuguese or Spanish, we attempt to use site-specific translation functions or Google translate. A full list of websites and organizations searched is available upon request.

Appendix 2: Detailed data extractions from evidence syntheses about approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

Dimension of organizing framework	Declarative title and key findings	Relevance	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Sector in which care workers are engaged in the care economy - Primary care - Speciality care - Rehabilitation care - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Guaranteed access for children of care workers - Options to accommodate healthcare worker schedules - Other childcare related supports - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers - Retention of care workers - Care worker experiences	Feasible, measurable, and contextually appropriate financial and non-financial incentives for childcare, housing, and transportation are needed to support the recruitment and retention of healthcare workers - This guideline described incentives for the retention and recruitment of healthcare professionals, including physicians, nurses, pharmacists, and allied health professionals. - Incentives related to housing, transportation, and childcare may come in financial allowances or guaranteed access to services. - Incentives may also include flexibility in scheduling to facilitate childcare. - Transportation and housing allowances are particularly effective in rural areas and can be useful for organizations with limited cash flow. - This guideline provides recommendations for incentive schemes. - Incentive objectives should be clearly described with measurable objectives. - Incentives should be feasible and realistic. - Incentives should align with the professional and cultural values of workers. - Incentives combining financial and non-financial supports are most favourable.	Medium	No	N/A (Guideline)	Published 2008	No	Place of residence
- Type of care workers - Physicians - Nurses - Allied health professionals - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Retention of care workers	The provision of housing and housing allowances were identified as important incentives for retaining health professionals in public institutions in Ethiopia Payment and benefits, training and development, relationship with organizational leaders, and communication were other key factors related to worker satisfaction/retention.	Low	No	2/9	Published 2019	No	Place of residence

Dimension of organizing framework	Declarative title and key findings	Relevance	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Sector in which care workers are engaged in the care economy - Primary care - Speciality care - Pharmacists - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Guaranteed access for children of care workers - Other childcare related supports - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers - Retention of care workers	Childcare facilities in Swaziland and housing in Lesotho, Mozambique, Malawi, and Tanzania were offered to healthcare workers to incentivize recruitment and retention in rural areas Some local doctors in Botswana reported being unhappy about higher rates of pay for expatriate doctors, as well as additional benefits such as free housing and education for their children.	Low	No	1/10	Published 2007	No	Place of residence
- Type of care workers - Teachers - Sector in which care workers are engaged in the care economy - Schools - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers - Retention of care workers	Financial incentives, including non-direct financial incentives such as housing or childcare benefits, were generally found to be effective in recruiting teachers to challenging schools and areas, but not for retaining them Evidence on factors that could lead to better retention, such as mentoring, support, and teacher development, do not have strong evidence of effectiveness due to limited and poor-quality research.	Medium	No	4/10	Published 2020	No	Place of residence
- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	Family-friendly policies that include generous parental leave allowances and affordable childcare may reduce employee turnover	Low	No	1/10	2018	No	None reported

Appendix 3: Detailed data extractions from single studies about approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
- Type of care workers - Physicians - Nurses - Allied health professionals - Sector in which care workers are engaged in the care economy - Home and community care - Primary care - Speciality care - Setting - Rural - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers - Retention of care workers - Care worker experiences	<i>Focus of study:</i> This study explored motivation and supports to maintaining retention of healthcare staff in primary, secondary, and tertiary settings in rural Guinea. <i>Publication date:</i> 16 December 2021 <i>Jurisdiction studied:</i> Guinea <i>Methods used:</i> Cross-sectional	Medium	A total of 599 public healthcare workers including physicians (26%), nurses (19%), and allied health professionals (44%) completed a survey asking about their workload, satisfaction, and available resources.	Increased salary and housing and transportation allowances can support the retention and recruitment of public sector healthcare workers in rural Guinea - Doctors and midwives were the most unsatisfied with their financial compensation and working conditions; particularly those working in rural areas. - Doctors were more likely to receive non-salary payments such as transportation (median = \$30 USD/month) and housing allowances (median = \$11 USD/month). - Cost of living in rural areas was noted as a challenge for healthcare workers; however, most would prefer a salary increase rather than housing allowance. - Housing and transportation allowances may be most appreciated by women and those with lower salaries or occupational titles.	- Place of residence - Occupation - Gender/sex
- Type of care workers - Lay/community health workers - Sector in which care workers are engaged in the care economy - Home and community care - Setting - Rural - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Retention of care workers	<i>Focus of study:</i> This study explored factors related to community healthcare workers retaining their positions in rural settings. <i>Publication date:</i> 22 August 2016 <i>Jurisdiction studied:</i> Ghana <i>Methods used:</i> Cross-sectional	Medium	A total of 200 participants completed a survey exploring job preferences. Results were analyzed using a discrete choice employment.	Community healthcare workers interested in permanently residing in communities could be retained with salary increases and housing and educational allowances - Participants were mostly satisfied with their jobs but reported low satisfaction with salaries and amenities provided. - Some participants were working in rural settings to gain experience and preferred training supports over other amenities. - Participants who had been working in the community for longer periods of time preferred salary increases and housing and education allowances for their children.	- Place of residence - Occupation
- Type of care workers - Physicians - Nurses - Sector in which care workers are engaged in the care economy	<i>Focus of study:</i> This study describes factors related to retaining remote healthcare workers in Australia.	Medium	This was a commentary; no information on participants was available.	Salary supports, flexible work schedules, and allowances for transportation, child education, and housing is needed to retain remote healthcare workers in Australia	- Place of residence - Race/ethnicity/

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
○ Home and community care ○ Primary care ○ Speciality care ● Setting ○ Remote ○ Indigenous peoples living off-reserve ● Childcare availability and supports ○ Options to accommodate healthcare worker schedules ○ Other childcare related supports ● Housing availability and supports ○ Forms of housing supports provided ▪ Housing for care workers in areas where market housing is not readily available ● Outcomes ○ Retention of care workers ○ Care worker experiences	<i>Publication date:</i> 16 December 2019 <i>Jurisdiction studied:</i> Australia <i>Methods used:</i> Commentary			● This study found that healthcare centres that offered fewer supports had higher turnover. ○ Turnover rates were higher in rural communities than urban. ○ Higher turnover rates can prevent relationship building with community members and cause poorer continuity of care. ● Focusing efforts on employing Indigenous healthcare workers in areas with a higher Indigenous population may improve retention and care services. ○ This option provides more work opportunities to Indigenous healthcare workers. ○ This can ensure that community members are receiving culturally safe care that is reflective of their values. ○ Education and health sectors can collaborate to identify appropriate culture supports and incentives to recruit and support students in remote work opportunities. ▪ Incentives may include job security and financial supports. ● The authors recommend supports including increased salaries, transportation and child education cost allowance, flexible work schedules, and guaranteed access to housing. ○ Flexibility in work schedules may include respite time or job sharing. ○ A combination of multiple incentives is needed to adequately support and retain healthcare workers. ● Incentives and supports should be revised as changes occur within the economy and societal expectations.	● culture/ language ● Occupation
● Type of care workers ○ Physicians ○ Nurses	<i>Focus of study:</i> This article describes housing incentives provided in New York City to support healthcare workers.	Medium	This news article describes two housing initiatives from the Southtown project of Memorial Sloan	Given the high cost of living in New York City, housing incentives can increase recruitment and support of healthcare workers, while also supporting initiatives for research and academia	● None identified

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
- Sector in which care workers are engaged in the care economy - Primary care - Speciality care - Setting - Urban - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers	<i>Publication date:</i> April 2003 <i>Jurisdiction studied:</i> New York, United States <i>Methods used:</i> Commentary		Ketering Cancer Center and Weill Medical College, and Raritan Bay Medical Centre. Both housing initiatives offer subsidized housing for healthcare workers.	- The author describes the “Southtown project,” a \$500 million USD investment, which offered free housing to healthcare workers. - Another hospital offers a \$5,000 forgivable housing loan for up to 25 employees.	
- Type of care workers - Nurses - Sector in which care workers are engaged in the care economy - Primary care - Speciality care - Setting - Rural - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Outcomes - Recruitment of new care workers	<i>Focus of study:</i> To estimate cost-effectiveness of monetary and non-monetary strategies in attracting and retaining nurse midwife technicians (NMTs) to rural areas of Malawi. <i>Publication date:</i> June 2021 <i>Jurisdiction studied:</i> Malawi <i>Methods used:</i> Discrete choice experiment	Medium	Housing availability and quality, along with other factors, were used to incentivize the recruitment of nurse midwife technicians to rural Malawi.	Housing availability and quality had the greatest impact on rural job choice of nurse midwife technicians - Respondents were 2.04 times as likely to select a rural job if better housing was provided compared to no housing. - The factor with the next highest impact was advanced facility quality, where respondents were 1.70 times as likely to choose a rural job.	Place of residence
- Type of care workers - Allied health professionals - Setting - Rural - Outcomes - Recruitment of new care workers - Retention of care workers	<i>Focus of study:</i> The study explored the approaches of rurally oriented physician assistant (PA) programs and clinical preceptors in providing rural clinical training for PA students. <i>Publication date:</i> 2023 <i>Jurisdiction studied:</i> United States <i>Methods used:</i> Mixed-methods approach,	Medium	The sample for the study comprised 178 active physician assistant training programs in the U.S., with 113 programs responding to the survey. There was no specific intervention.	Rurally oriented physician assistant programs, compared to non-rurally oriented ones, were more successful in recruiting students with rural backgrounds and interests, addressing rural issues in their curriculum, and providing or requiring rural clinical training, emphasizing the importance of these factors for successful transition to rural practice Administrative and financial challenges, including lack of affordable student housing, reduced preceptor productivity, competition for training slots, and administrative overhead, pose barriers to sustaining and expanding rural clinical training.	- Place of residence - Occupation

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
	including a survey of PA program directors and interviews with program directors and rural clinical preceptors				
- Type of care workers - Nurses - Allied health professionals - Setting - Rural - Outcomes - Recruitment of new care workers - Retention of care workers	<i>Focus of study:</i> The study investigates healthcare workers' perspectives on incentives packages in rural Ghana. <i>Publication date:</i> 2022 <i>Jurisdiction studied:</i> Ghana <i>Methods used:</i> Qualitative phenomenological design	Medium	The study included 68 healthcare workers from various cadres in rural Ghana. There was no specific intervention.	Healthcare workers in rural Ghana face challenges such as low awareness, inequitable distribution, and unattractive incentives, emphasizing the importance of modifying existing incentives, including salary increases, risk allowances, and addressing accommodation and equipment issues, to improve motivation and retention	- Place of residence - Occupation
- Type of care workers - Nurses - Setting - Rural - Outcomes - Recruitment of new care workers - Retention of care workers	<i>Focus of study:</i> The study investigates challenges in rural recruitment and retention within the healthcare sector in the United Republic of Tanzania. <i>Publication date:</i> 2016 <i>Jurisdiction studied:</i> Tanzania <i>Methods used:</i> Mixed-methods cross-sectional design	Medium	The study sample included 43 districts in the United Republic of Tanzania, involving Council Health Management Team (CHMT) members and healthcare workers. There was no specific intervention.	Challenges in recruiting and retaining mid-level healthcare workers in the United Republic of Tanzania, especially in rural areas, were linked to issues like inadequate living conditions, unpaid salaries, and deficiencies in government postings and transfer procedures	- Place of residence - Occupation
- Type of care workers - Physicians - Setting - Rural - Outcomes - Retention of care workers	<i>Focus of study:</i> The study examined the experiences influencing the retention of medical doctors in decentralized health sectors in Tanzania. <i>Publication date:</i> 2018 <i>Jurisdiction studied:</i> Tanzania	Medium	The study involved key informant interviews with nine medical doctors and six health managers, as well as three focus group discussions with 22 members of the Council Health Management Teams (CHMTs) from three purposefully selected districts in	Challenges such as non-uniform financial incentives, unfavourable working conditions, and unsupportive community environments (e.g., not finding housing) significantly influence the retention of medical doctors in decentralized health sectors in Tanzania	- Place of residence - Occupation

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
	<i>Methods used:</i> Qualitative research methods, including key informant interviews, focus group discussions, and document reviews, were employed to gather data on the experiences and challenges related to doctors' retention in the selected Tanzanian districts		Tanzania. There was no specific intervention.		
- Type of care workers - Physicians - Nurses - Setting - Rural - Urban - Housing availability and supports - Forms of housing supports provided - Other - Outcomes - Care worker experiences (including any differential patterns between types of care workers and/or worker demographics)	<i>Focus of study:</i> The focus of the study was to explore the stated preferences of physicians and nurses when choosing a job region (urban versus rural). <i>Publication date:</i> 28 June 28 2023 <i>Jurisdiction studied:</i> Turkey <i>Methods used:</i> Discrete choice experiment	Low	A total of 20 participants (10 physicians and 10 nurses) from two state hospitals (urban and rural) in two different provinces completed a questionnaire-based cross-sectional discrete choice experiment.	Both non-financial factors including location and financial factors including wage and accommodations affected the preferences of physicians and nurses in Turkey The most important attribute in the preferences of physicians was the region; in comparison, nurses gave importance to provision of accommodation and wage.	- Place of residence - Occupation
- Type of care workers - Allied health professionals - Setting - Remote - Rural - Housing availability and supports - Forms of housing supports provided - Other - Outcomes - Care worker experiences (including any differential patterns between types of care workers and/or worker demographics)	<i>Focus of study:</i> This study investigated the job preferences of non-physician health professionals to work in rural and remote areas. <i>Publication date:</i> 26 April 2015 <i>Jurisdiction studied:</i> Mozambique <i>Methods used:</i> Discrete choice experiment	Low	Discrete choice experiment questionnaires were administered to 334 non-physician health professionals.	The provision of basic government housing had the highest impact on the probability of non-physician health professionals choosing a job at health facilities in the rural and remote areas of Mozambique	- Place of residence - Occupation

Dimension of the organizing framework	Study characteristics	Relevance	Sample and intervention description	Declarative title and key findings	Equity considerations
• Type of care workers ○ Nurses • Setting ○ Remote • Housing availability and supports ○ Forms of housing supports provided ▪ Other • Outcomes ○ Care worker experiences (including any differential patterns between types of care workers and/or worker demographics)	<i>Focus of study:</i> This study investigated how financial and non-financial incentives affected the nurses' willingness to work in remote areas. <i>Publication date:</i> 21 January 2013 <i>Jurisdiction studied:</i> Tanzania <i>Methods used:</i> Contingent valuation	Low	A survey was used to elicit the location preferences of 362 nursing students.	Provision of free housing, very high salary top-ups, and education interventions were quite effective in recruiting nurses to work in the remote areas of Tanzania	• Place of residence • Occupation
• Type of care workers ○ Physicians ○ Nurses ○ Pharmacists ○ Allied health professionals • Setting ○ Rural ○ Urban • Housing availability and supports • Outcomes ○ Recruitment of new care workers ○ Retention of care workers	<i>Focus of study:</i> Determinants of the choice of healthcare worker positions in rural areas in Burkina Faso <i>Publication date:</i> July 2021 <i>Jurisdiction studied:</i> Burkina Faso <i>Methods used:</i> Cross-sectional survey	Low	The Discrete Choice Method (DCM) was used to identify the factors that impact work in urban and rural areas and to determine incentive packages to attract health worker redeployment in rural areas. 1,173 healthcare providers from six health regions of Burkina Faso were included in this study.	Access to decent housing was found to be a decisive factor in promoting redeployment and retention of health personnel in rural areas in a survey of workers in six health regions of Burkina Faso	• Socio-economic status

Appendix 4: Details of the jurisdictional scan of Canadian experiences with approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
Pan-Canadian	Multilateral Early Learning and Child Care Framework	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Childcare provided in the community - Subsidized childcare spots	- The government of Canada has committed towards the target of \$10 dollars a day for early learning and childcare by 2026 (excepting Quebec, which is covered through a separate agreement). - The 2017 to 2020 Multilateral Early Learning and Child Care agreements created 40,000 more affordable childcare spaces across the country, and aim to create another 250,000 by March 2026, including for children with disabilities, Indigenous children, and official language minorities.
	Health Worker Housing	- Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Primary care - Housing availability and supports - Forms of housing supports provided - Provision of temporary housing during relocation - Housing for care workers in areas where market housing is not readily available - Provision of fully or partially subsidized housing costs	- During the COVID-19 pandemic, the healthcare worker housing initiative was a volunteer effort to connect healthcare workers with low-cost short-term housing where they could safely distance from their family. - The initiative solicited offers from property owners and allowed healthcare workers to request access to listings.
	Apartment Construction Loan Program	Housing availability and supports	The 2023 Fall Economic Statement committed \$15 billion in new loan funding starting in 2025–26 to build more rental apartments.
British Columbia	Expanded hours childcare	- Type of care workers - Physicians - Nurses - Early childhood educators - Setting - Remote - Rural - Northern - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Other - Options to accommodate healthcare worker schedules	- In 2021, up to \$6.38 million was made available for programs and incentives to encourage more health workers to practice in the north - Of these funds, \$225,000 in funding is being provided to develop a childcare program to support expanded net new childcare spots and expanded hours in the following regions: Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek, and Fort St. John. - One example of how this money has been used is the opening of a childcare centre that is a partnership between Northern Health and YMCA BC, whereby an extended-day model of childcare for children of rotating, shift-working healthcare staff is being tested.
	B.C. essential service worker match with childcare	- Type of care workers - Physicians - Nurses - Pharmacists	Though the program has not been maintained, during the COVID-19 pandemic the province provided prioritized access and matching services for childcare spots to children of essential workers.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
		○ Allied health professionals ○ Early childhood educators ○ Teachers ● Childcare availability and support ○ Emergency back-up care services	
	Dedicated housing builds to support permanent and short-term housing	● Setting ○ Remote ○ Northern ○ Rural ● Housing availability and supports ○ Forms of housing ▪ Other	● In 2021, up to \$6.38 million was made available for programs and incentives to encourage more health workers to practice in the north. ○ \$750,000 is being dedicated to developing a housing program in communities where suitable market housing is a barrier to permanent staffing and short-term deployments, including in the following regions: Robson Valley, Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek and Fort St. John.
	Temporary housing and locum support for family physicians	● Type of care workers ○ Physicians ● Setting ○ Remote ○ Northern ○ Rural ● Housing availability and supports ○ Forms of housing supports provided ▪ Provision of temporary housing during relocation ▪ Housing for care workers in areas where market housing is not readily available ▪ Providing of fully or partially subsidized housing costs	● Select divisions of BC Family Practice, such as the Pacific Northwest Division, help to match healthcare providers and other medical professionals with reasonably priced, short-term temporary housing. ○ Other divisions such as the Campbell River and District Division provide short-term rentals for professionals on locum for \$50 a night.
Alberta	Alberta Health Services Child Care Program	● Childcare availability and supports ○ Forms of childcare support to facilitate recruitment and retention ▪ Childcare provided within the workplace ▪ Childcare provided within the community	● Priority access is provided to an accredited/approved day care program in Calgary for Alberta Health Services (AHS) employees and physicians. ○ In addition, an employee assistance program has been developed to help AHS employees secure childcare and to get advice about options.
	Rural communities housing accommodation	● Type of care worker ○ Physicians ○ Allied health professionals ● Setting ○ Remote ○ Northern ○ Rural ● Housing availability and supports ○ Forms of housing supports provided ▪ Provision of full or partially subsidized housing costs	● The rural health provincial action plan offers medical students and residents subsidized housing for studying, working, and living in rural Alberta. ● These spaces are coordinated by rural housing coordinators.
Saskatchewan	Childcare support during pandemic response	● Childcare availability and supports ○ Emergency back-up care services	● Though not continued following the pandemic, the Government of Saskatchewan repurposed childcare facilities in schools to provide

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
			childcare services to support staff in healthcare and other employees delivering services related to pandemic response.
Manitoba	Childcare for healthcare and other essential workers	- Type of care workers - Physicians - Nurses - Pharmacists - Early childhood educators - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Home and community care - Day cares - Setting - Suburban - Urban - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Guaranteed access for children of care workers - Childcare provided in the community - Subsidized childcare spots	- In response to the COVID-19 pandemic, the government of Manitoba invested in \$27.6 million to help provide childcare for healthcare workers and other essential front-line workers. - Of these funds, a new \$18 million grant program was established to help early childhood educators affected by the suspension of childcare service centres due to the pandemic to have funds to begin offering at-home or community childcare services. - Other funds were allocated to provide licensed childcare centres with operating/capital grants and subsidies to continue childcare services for up to 16 children with priority to healthcare and other essential workers while pledging to create trust to ensure safety and quality of care.
Ontario	SickKids rental housing for staff	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Setting - Urban - Housing availability and supports - Forms of housing supports provided - Provision of temporary housing during relocation	- SickKids provides temporary rental housing for new professional staff at the Alan Brown Building in downtown Toronto. - The housing building is owned and operated by SickKids Hospital, and all proceeds support patient care at SickKids. - Eligible employees include SickKids fellows, residents, PhD students, observers, nurses, and other professional staff relocating from another city or overseas. - Occupancy is limited to a 12-month period or the period of fellowship, residency, or study period.
	Muskoka Housing for Healthcare workers program	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Housing availability and supports - Forms of housing supports provided - Support for finding permanent housing (e.g., through professional relocation services)	- Muskoka Algonquin Healthcare (MAHC) launched the Housing for Healthcare program in October 2022 to assist staff in finding affordable housing in Muskoka. - The initial campaign helped more than a dozen hospital staff find housing. - MAHC partnered with MedsHousing.com in June 2023 to help landlords and tenants connect directly with one another.
	Hamilton Health Sciences affordable housing	- Type of care workers - Physicians - Nurses	In December 2023, time-limited affordable housing was offered to nurses working at the Hamilton hospital network by a property management and development company.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
		- Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	The hospital network reportedly has no connection with the housing offer.
	Emergency childcare	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Lay/community health workers - Early childhood educators - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Home and community care - Primary care - Speciality care (including hospitals, laboratory, and diagnostic services) - Rehabilitation care - Long-term care - Public health - Schools - Day cares - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Guaranteed access for children of care workers	- During the COVID-19 pandemic, the Government of Ontario provided emergency childcare for critical healthcare and frontline workers. Eligible workers included healthcare workers and childcare workers. - Childcare was provided at no cost to workers.
Québec	Modular homes for nurses	- Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	- In April 2023, two modular homes were installed for healthcare workers in Charlevoix, QC, as part of a pilot project of the Quebec government to install 20 modular units for health sector housing. - Housing units will be built in regions where the supply of housing is very low. - The health and social service centres of the region concerned is responsible for the allocation of the housing. - A similar pilot project was implemented in Nunavik, QC, where 150 housing units will be built.
New Brunswick	Rural and Native/Basic Shelter Rental Program	- Setting - Rural - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	Care workers working in rural areas can access the Basic Shelter Rental Program to seek help in obtaining affordable housing.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
	New Brunswick Day Care Assistance Program	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	No specific childcare programs could be identified for care workers; however, the New Brunswick government offers a subsidized day care program for school-aged children whose parents who are working, registered in an education program, and make less than \$55,000 per year.
	Designated Centre-Parent Subsidy Program	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	- No specific childcare programs could be identified for care workers, however, the New Brunswick government offers a subsidized day care program for non-school-aged children whose parents who are working, registered in an education program and make less than \$37,500 per year. - This program is intended to ensure that families pay no more than 20% of their gross annual income on day care.
	Alternative Childcare	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	Care workers may benefit from the New Brunswick Government Alternative Childcare program, which helps obtain childcare for parents who cannot get reasonable access to childcare near their workplace during work hours.
	Affordable Rental Housing Program	- Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	- No housing incentives applicable for healthcare workers could be identified, but policymakers could take guidance from the Affordable Rental Housing Program. - This program offers a forgivable contribution of \$60,000 per unit for private organizations creating low-income households. - Tenants will have their rent reduced to 30% of their annual income and landlords receive the difference of the rent paid by the agreed upon market rate.
Nova Scotia	Nova Scotia Relocation Allowance	- Type of care workers - Physicians - Nurses - Outcomes - Recruitment of new care workers	- Nurses or physicians interested in relocating to Nova Scotia are eligible for a recruitment allowance of up to \$10,000. - This relocation allowance can offset the cost of housing for healthcare workers moving to Nova Scotia.
	Healthcare Retention Incentives	- Type of care workers - Nurses - Pharmacists - Allied health professionals - Lay/community health workers - Sector in which care workers are engaged in the care economy - Home and community care - Primary care - Speciality care - Rehabilitation care - Long-term care - Public health - Outcomes - Retention of care workers	- Limited housing or childcare supports specifically for care workers were identified; however, there are financial compensation bonuses intended to retain care workers. - From 2020 to 2024, healthcare workers (other than physicians) can receive a \$10,000 thank you bonus when signing a two-year return contract. - Persons in publicly funded positions can receive a bonus of \$5000. - The amount of bonus is dependent on percentage of full-time employment. - These incentives are only available for healthcare workers currently working in Nova Scotia and could be used to account for living expenses (e.g., childcare and housing), although not specific for those costs.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
	Overnight Childcare Pilot for Healthcare Workers	- Type of care workers - Physicians - Nurses - Sector in which care workers are engaged in the care economy - Speciality care - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Childcare provided in the community	- In 2023, Nova Scotia piloted a partnership with a regional hospital and nearby day care centre to create evening, weekend, and overnight stays to accommodate the variable schedules of healthcare workers. - Outcomes for the program could not be identified.
	Targeted Housing Benefit	- Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	Care workers could be eligible for general housing programs if they spend more than 50% of their pre-gross income on housing.
	Modular Housing Options	- Type of care workers - Physicians - Nurses - Housing availability and supports - Forms of housing supports provided - Support for finding permanent housing	- Nova Scotia intends to invest \$ 8 million in modular housing to provide affordable transitional housing. - No outcomes on the initiative could be identified.
	Healthcare Worker Housing	- Type of care workers - Physicians - Nurses - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	- Nova Scotia has piloted a housing centre for healthcare workers. - Rent for housing is based on income. - No outcomes on the initiative could be identified.
	Nova Scotia's 2023–26 Action Plan	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	- Though not specific to care workers, Nova Scotia's 2023–26 Action Plan may benefit these occupations. - The plan aims to create 9,500 more childcare spaces, reduce fees by 50%, enhance care options to improve accessibility, implement a publicly funded wage scale for early childhood educators, and implement group benefit packages for employees working in childcare. - In particular, enhancing care options by extending day care hours may be applicable for healthcare workers.
	Childcare Subsidy	- Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Subsidized childcare spots	Limited specific childcare programs could be identified for care workers, but the Nova Scotia government offers a Child Care Subsidy for regulated agencies.
Prince Edward Island	Recruitment Incentive	- Type of care workers - Nurses - Outcomes	Limited housing or childcare supports specifically for care workers were identified, but there are financial compensation bonuses intended to recruit care workers.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
		○ Recruitment of new care worker	○ New nurses and midwives can receive \$5,000–8,000. ○ Experience nurses and midwives can receive \$15,000–18,000. ○ To be eligible for a bonus, workers must agree to working 3,900 hours for the Prince Edward Island government. ○ This bonus could be used to account for living expenses (e.g., childcare and housing), although not specific for those costs.
	Help for Childcare Expenses	● Childcare availability and supports ○ Forms of childcare support to facilitate recruitment and retention ▪ Subsidized childcare spots	● No specific childcare programs could be identified for care workers, but the Prince Edward Island government offers subsidized childcare for children up to 12 years old.
	Home Ownership and Rental Support	● Housing availability and supports ○ Forms of housing supports provided ▪ Provision of fully or partially subsidized housing costs	● Care workers may benefit from general housing supports offered by the Government of Prince Edward Island. ○ Individuals may receive closing cost support when purchasing a first home if income is less than \$100,000. ○ Family housing supports are available for those that pay less more than 30% of their household income on housing.
Newfoundland and Labrador	Early Learning and Childcare for Health Professionals	● Type of care workers ○ Physicians ○ Nurses ● Childcare availability and supports ○ Forms of childcare support to facilitate recruitment and retention ▪ Subsidized childcare spots	● The Newfoundland and Labrador government set up three pilot sites to improve access to early learning childcare for healthcare professionals. ○ The day care sites are near hospitals and offer extended hours. ○ The outcomes of the program could not be identified.
	Childcare Subsidy Program	● Childcare availability and supports ○ Forms of childcare support to facilitate recruitment and retention ▪ Subsidized childcare spots	● Care workers may also apply for the childcare subsidy program. ○ Depending on the number of children and salary, individuals may be eligible for the program: one child and \$41,000 net income to seven children and a maximum of \$77,000 net income.
	Rental Housing Program	● Housing availability and supports ○ Forms of housing supports provided ● Provision of fully or partially subsidized housing costs	● No housing incentives specific for healthcare workers could be identified, but care workers may access the rental housing program if they pay more than 30% of income on housing costs.
	Recruitment Incentive	● Type of care workers ○ Physicians ○ Nurses ● Sector in which care workers are engaged in the care economy ○ Speciality care ● Outcomes ● Recruitment of new care workers	● Limited housing or childcare supports specifically for care workers were identified, but there are financial compensation bonuses intended to retain healthcare workers. ○ Individuals with connections to Newfoundland can receive \$50,000/three years (\$60,000 for radiation therapists). ○ Individuals with no connections can receive \$25,000/three years (\$30,000 for radiation therapist). ○ This bonus could be used to account for living expenses (e.g., childcare and housing), although not specific for those costs.
Northwest Territories	Neighbourly North (housing for travel nurses and physicians)	● Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems ○ Primary care ● Housing availability and supports	● Neighbourly North provides lodging capacity in the Yukon and Northwest Territories through flexible short-term rentals for healthcare workers. ○ The Neighbourly North works to help support healthcare worker recruitment efforts.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
		○ Forms of housing supports provided ▪ Provision of temporary housing during relocation	
Yukon	Neighbourly North (housing for travel nurses and physicians)	• Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) ○ Primary care • Housing availability and supports ○ Forms of housing supports provided ▪ Provision of temporary housing during relocation	• Neighbourly North provides lodging capacity in the Yukon and Northwest Territories through flexible short-term rentals for healthcare workers. ○ The Neighbourly North works to help support healthcare worker recruitment efforts.
Nunavut	None identified		

Appendix 5: Details of the jurisdictional scan of experiences from other countries with approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
Australia	Rural Health Workforce Incentives Scheme	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Lay/community health workers - Setting - Northern - Rural - Outcomes - Recruitment of new care workers - Retention of care workers	- The Rural Health Workforce Incentives Scheme (RHWIS) focuses on recruiting and retaining staff in eligible positions within health services in regional and rural New South Wales (NSW). - Some NSW Health jobs in these areas offer an incentives package, alongside standard employment entitlements. - The incentive scheme is applicable to various health professionals, including nurses, doctors, therapists, social workers, paramedics, and support staff. - Incentive packages, valued up to \$20,000 AUD, are position and location dependent, and may include support such as professional development, accommodation assistance, relocation cost aid, additional personal leave, family travel assistance, and regional or rural allowances.
	Aboriginal Health Worker Training Scholarship Program	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Setting - Northern - Rural - Outcomes - Recruitment of new care workers - Retention of care workers	- The Department of Health, in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), offers scholarships for professional development. - Training scholarships, valued at a maximum of \$4,000, are provided to Aboriginal health workers and practitioners to facilitate one year of professional development activities. - The purpose of these scholarships is to eliminate financial obstacles associated with professional development training. - Examples of support covered by training scholarships include course tuition, education equipment, financial assistance for travel costs, and childcare expenses.
Denmark	Nurseries and kindergartens	- Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Home and community care - Day cares - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Childcare provided in the community - Subsidized childcare spots	- In Denmark, nurseries and kindergartens are subsidized by municipalities (parents pay 25% of the costs of the nursery or kindergarten care). - Alternatives to nursery care include 1) child minding, where a child minder provides care in their own home and are employed, paid, and approved by the municipality; 2) subsidies provided by the municipality for parents to care for their own children and who do not at the same time earn income; and 3) receiving subsidies to hire a private child minder if the municipality approves the care agreement. - Childcare subsidies are available for all EU citizens living in Denmark, including providers in the care economy.
	Housing benefits	- Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	- Unlike many countries, Denmark's social housing program is not restricted to low-income households but is available to everyone. Housing benefits can be provided to those renting a home with a kitchen or kitchenette, and the amount of the benefit is determined based on the rent (excluding utilities), size of the tenancy, number of children and adults in

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
			the household, income and assets of adults living in the home, and other factors.
New Zealand	Houses for teachers and caretakers	- Type of care workers - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Schools - Setting - Remote - Rural - Housing availability and supports - Forms of housing supports provided - Housing for care workers in areas where market housing is not readily available	- The Ministry of Education in New Zealand provides houses to help schools recruit teachers in remote and rural areas where housing is hard to find. - Overtime, these houses have been transferred to the school boards, who oversee the management of these houses, collect rent, and deal with tenants.
United Kingdom	Key Worker Living	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Lay/community health workers - Early childhood educators - Teachers - Housing availability and support provided - Forms of housing supports provided - Provision of fully or partially subsidized housing costs - Other	- Key Worker Living is aimed at public service workers in London and the southeast and extends housing assistance to individuals at different life stages including: - equity loans of up to £50,000 to buy a home - high-value equity loans of up to £100,000 - shared ownership of newly built properties - intermediate renting at subsidized levels.
	Government subsidized childcare	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Lay/community health workers - Early childhood educators - Teachers - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Childcare provided within the workplace - Childcare provided within the community - Other	- There is an ongoing transition in the U.K., moving away from employer-supported childcare schemes, in which a salary sacrifice was made for either the use of a dedicated childcare facility or a childcare voucher to be used in the facility of the workers choice towards a tax-free childcare scheme. - Under the tax-free childcare scheme an individual gets up to £500 every three months for each child to help with costs of childcare - Some organizations remain on an employer-supported childcare scheme and have childcare available within the organization (such is the case at some large hospitals) or within the community. - In addition, a select number of hours of government subsidized childcare are available for children between the ages of two and four so long as individuals meet a minimum number of working hours.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
	Return to work supports	- Type of care workers - Physicians - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Other	Family physicians interested in returning to work at the National Health Service or joining from overseas are able to access financial support worth up to £2,000 while undertaking training and refresher courses, if family responsibilities (including taking care of children) would be a barrier to them otherwise returning to work.
United States	Housing assistance for residents and fellows	- Type of care workers - Physicians - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized moving costs - Provision of fully or partially subsidized housing costs	- The Kaiser Permanente health system offers a yearly housing stipend of \$3,500 USD to residents and fellows. - The Kaiser Permanente health system offers \$1,000 to new hire residents and fellows to assist with relocation.
	COVID-19 Childcare Grant	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Childcare availability and supports - Other childcare related supports	During the COVID-19 pandemic the Kaiser Permanente health system provided healthcare workers with a grant of \$300/week to cover costs of childcare.
	National Health Service Corps Relocation Assistance	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Housing availability and supports - Forms of housing supports provided - Provision of temporary housing during relocation - Provision of fully or partially subsidized moving costs	The National Health Service Corps, which connects providers to areas of the country with limited access to care, offers relocation assistance to new employees including assisting with the cost of travel, moving household goods, lodging during travel, and vehicle rental up to a maximum of \$10,000 within the U.S. or \$25,000 from outside of the U.S.
	Teacher Next Door	- Type of care workers - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems - Schools - Setting - Urban - Housing availability and supports - Forms of housing supports provided	- San Francisco offers a loan program for teachers in the San Francisco Unified School District to assist with buying their first home in San Francisco. - The loan is \$40,000 for a market-rate unit or \$20,000 for a below-market-rate unit.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
		Provision of fully or partially subsidized housing costs	
	Educators Downpayment Assistance Loan Program (Educators-DALP)	- Type of care workers - Early childhood educators - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Schools - Setting - Urban - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	Educators employed by the San Francisco Unified School District are eligible for down payment assistance of up to \$500,000 to purchase a market-rate property in San Francisco.
	Affordable Educator Housing Project	- Type of care workers - Early childhood educators - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Schools - Setting - Urban - Housing availability and supports - Forms of housing supports provided - Housing for care workers in areas where market housing is not readily available - Provision of fully or partially subsidized housing costs	San Francisco announced the development of two affordable housing projects, which will provide housing to teachers and educators employed by the San Francisco Unified School District and San Francisco Community College District.
	Landed Educator Down Payment Assistance Program	- Type of care workers - Early childhood educators - Teachers - Sector in which care workers are engaged in the care economy (inclusive of childcare, education and health systems) - Schools - Setting - Urban - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	Some school districts utilize the down payment assistance program called Landed, including Washington, D.C. and Denver.

Jurisdiction	Approach	Dimension of the organizing framework that is the focus of the model	Key features of the model
	American Medical Association (AMA) Policy on Housing and Childcare for Medical Trainees	- Type of care workers - Physicians - Childcare availability and supports - Forms of childcare support to facilitate recruitment and retention - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	The American Medical Association (AMA) House of Delegates adopted a policy in 2022 that recognizes the difficulties of obtaining childcare for parents in medical training, and aims to advocate for on-site or subsidized childcare for medical students, residents, and fellows.
	Relocation assistance for healthcare professionals	- Type of care workers - Physicians - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized moving costs - Other	- The Mayo Clinic offers relocation benefits for physicians. - There are two packages available: - package one covering the cost of packing/unpacking and transporting household items and reimbursement for house hunting and travel associated with relocation - package two offers a lump sum of cash to assist with relocation costs.
	Relocation assistance for healthcare professionals	- Type of care workers - Nurses - Housing availability and supports - Forms of housing supports provided - Other	The Cleveland Clinic offers a cash relocation incentive to nurses composed of \$5,000 when moving more than 1,000 miles to an Ohio or Florida facility.
	Cleveland Clinic Employer Assisted Housing Program	- Type of care workers - Physicians - Nurses - Pharmacists - Allied health professionals - Housing availability and supports - Forms of housing supports provided - Provision of fully or partially subsidized housing costs	- The Cleveland Clinic offers a \$20,000 forgivable loan to Cleveland Clinic Main Campus employees that can be used for costs associated with purchasing a home (i.e., down payment, closing costs, mortgage). - The Cleveland Clinic additionally offers an existing homeowner exterior home repair program of up to \$8,000 to employees. - The Cleveland Clinic offers a one-time monthly rental assistance program of up to \$1,400.

Appendix 6: Documents excluded at the final stage of reviewing

Document type	Hyperlinked title
Single study	Perspectives, experiences, and opinions precepting advanced practice registered nurse students
Single study	Real estate. Sticker shock for some California docs
Single study	What made Lebanese emigrant nurses leave and what would bring them back? A cross-sectional survey
Single study	Strategies for attraction and retention of health workers in remote and difficult-to-access areas of Chhattisgarh, India: Do they work?
Single study	Community-based learning enhances doctor retention
Single study	Remote health workforce turnover and retention: What are the policy and practice priorities?
Single study	Accommodate or reject: The role of local communities in the retention of health workers in rural Tanzania

DeMaio P, Ali A, Waddell K, Bain T, Dass R, Grewal E, Phelps A, Wilson MG. Rapid synthesis: Features and impacts of approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy. Hamilton: McMaster Health Forum, 8 March 2024.

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