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PULSE

Unifor Health Care



JERRY DIAS NATIONAL PRESIDENT • LANA PAYNE NATIONAL SECRETARY-TREASURER • RENAUD GAGNÉ QUEBEC DIRECTOR

Health Care Conference - Health care workers pave the way forward to protect public health care



Unifor health care members gathered in Port Elgin September 13-15 to learn about the issues facing health workers in Ontario and Nova Scotia.

“We come together at this conference to build our power, to educate each other, and to use this collective power to advocate for every health care worker in the country,” said Jerry Dias, Unifor National President. “More than ever, our health care system needs defending and our health care workers need respect and support.”

The conference also provided a space to discuss the daily struggles of working in health care. Delegates broke up into their respective sub-sectors and shared the challenges they face, like dealing with violent patients and residents, lack of training for dealing with mental health issues and chronic under-staffing and under-resourcing.

Ontario Regional Director Naureen Rizvi spoke of the attacks on health care from the Ford Government and what Ontarians have been doing to fight back.

“It’s been a year riddled with challenges, but marked by great fightbacks,” said Rizvi. “We have put Doug Ford’s

government on notice. We will not sit idly by and allow our public services to be gutted.”

Atlantic Regional Director Linda MacNeil reported on her presentation to the Nova Scotia Expert Panel on Long-Term Care. The Panel’s process allowed stakeholders to offer suggestions to the government on how to improve long-term care in the province.

“The union consulted with members in homes across the province and submitted a full report directly to the Expert Panel and spoke with their years and years of experience in the system. Our members haven’t seen any improvements in workload. Recruitment is still low. Retention is still incredibly low. So we have to continue to fight. And we will.”

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Ontario Health Coalition speaks out on Bill 74 and the future of health care services

“Mergers for the North don’t work,” said Natalie Mehra, director of the Ontario Health Coalition. “The plan is take 1,800 health service providers - hospitals, long-term care, palliative care, air ambulance, laboratories, and merge them into giant conglomerates. That model of health care does not work for a widely dispersed population over a giant geographic area.” Mehra said further “It’s the most radical restructuring this province has ever seen.”

The planned actions included thousands donning Stop Health Privatization stickers and distributing

leaflets to warn of more changes to come. More than 150,000 nurses, doctors, public health professionals, support workers, patient advocates and patient groups are wearing stickers warning of health-care privatization and asking the public to support public health care. More than 100 hospitals and health-care facilities participated in the day of action.

Bill 74 provides the Ford government with “unprecedented powers to order the privatization of virtually any part of our health-care system,” she warned. Mehra said the government is cutting half a billion dollars from

OHIP services, cutting public health and restructuring to centralize it, as well as cutting and restructuring and privatizing land and air ambulance services. Hospitals are also facing unsustainable budget constraints, she noted, with funding levels held below the rate of inflation.



Unifor Paramedics meet with Ontario Assistant Deputy Minister of Health on Ambulance cuts/restructuring

Unifor Land and Air Paramedics recently met with Allison Blair, the Assistant Deputy Minister of Health to discuss concerns related to the restructuring of EMS services. They raised various concerns including privatization, problems of slower response times in rural areas due to long travel distances, and inadequate numbers of ambulances available in urban centres due to crisis-level hospital overcrowding and paramedics stuck in long offload delays.

They also raised that cutting and centralizing the ambulance services down to ten giant regions will mean that smaller rural and northern communities will be lesser priorities and risks their services. The Deputy Health Minister did not provide a lot of details on the restructuring but committed to consult Unifor Paramedics as the process unfolds.



Care takes time



NDP Health Critic France Gelina presented nearly 3000 signed Unifor Care Takes Time petitions to the Ontario legislature. The petition is calling on the provincial government to legislate a minimum four hours standard of care in long-term care homes.

Unifor health care members circulated and signed the petition in support of the following four demands:

- An amendment must be made to the Long-Term Care Homes Act for a legislated standard of a minimum of four hours care per resident each day adjusted for acuity level and case mix.
- The Province must increase funding in order for long-term care homes to achieve a staffing and care standard and tie public funding for homes to the provision of quality care and a staff to patient ratio that meets the legislated minimum care standard of four hours.
- Ontario must invest more in long-term care homes provided by municipalities and charitable organizations versus for-profit corporations which would allow for dollars to go to care not shareholders.
- To ensure accountability and proper reporting, the province should make public reporting on staffing levels at each Ontario LTC home mandatory.

In 2017 a private members' bill, introduced by the NDP requiring a minimum standard of daily care of four hours in long term care homes passed second reading and voted unanimously by all political parties.

NS government creates bursaries for Continuing Care Assistant training

The Nova Scotia government has dedicated \$460,000 in funding for bursaries to those entering a Continuing Care Assistant (CCA) training program in an effort to boost recruitment. The government-appointed Expert Panel on Long-Term Care recommended more funding for training as part of their report delivered in January.

"This is a welcomed announcement that we hope will result in more trained CCAs, that will in turn ease the workload across the province's overburdened long-term care sector," said Linda MacNeil, Atlantic Regional Director. "There is still more work to do in order to address staffing shortages and the pressures of dealing with more acute health needs and increasingly complex mental health needs."

Unifor members in Nova Scotia **presented a full report to the panel** in late 2018 with recommendations to address deteriorating working conditions, to expand training opportunities for new and current staff and to invest in long-term care budgets to meet current needs. [Read the full submission here.](#)

Long-term care workers hoped action would be taken quickly after the Expert Panel's review was made public, but Unifor members report conditions remain the same across many long-term care facilities.

The Nova Scotia government cut the long-term care budgets in two consecutive budgets in 2015 and 2016, and only returned some of the original funding following loud opposition from Unifor, other unions, employers and families in the 2017 budget.

"We remain hopeful Premier McNeil understands the depth of the problem and hope this step forward is one of many taken to invest in the dignity of residents and the wellbeing of long-term care workers," said MacNeil.





**Closing the
gender wage gap
requires real change,
mandating a living
wage is a start.**

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Judicial review protects pay equity in Ontario nursing homes

Unifor joined the Equal Pay Coalition's intervention in a judicial review hearing regarding a pay equity dispute between ONA and SEIU against a group of Ontario nursing home employers.

The case stems from Ontario nursing homes which are mostly staffed with women, and pay equity is determined with no male counterparts present. In a win for gender equity, the judicial review ruled that not following the proxy method to maintain pay equity fails to uphold values of the constitution.

The Pay Equity Act recommends in cases where male comparators are absent, employers should use the proxy method in determining pay equity. The Ontario Pay Equity Commission explains the proxy method, "allows organizations in the broader public sector, which have mostly female job classes, to obtain and apply pay equity information from another public sector organization."

The unions and the Pay Equity Coalition argued that the tribunal's interpretation of the Pay Equity Act was unreasonable and was in contravention of Charter. The Court went on to find that the manner in which the Tribunal interpreted the Pay Equity Act failed to take into account Charter values and was therefore unreasonable and ought to be overturned. The court further found that employers use proxy comparators from the date that the pay equity gap alleged to have re-emerged.

The Attorney General of Ontario has filed a notice of motion for leave to appeal and the Participating Nursing Homes have filed a similar separate notice. The corporations that represent the participating long-term care homes in this case include Extendicare, Chartwell, Sienna and Revera.

Pharmacare for all!

Unifor fully supports recent recommendations for a universal, single-payer, national pharmacare system and calls for all-party support to fast track its creation.

The Advisory Council on the Implementation of National Pharmacare final report found that a national program would provide access to prescription medications for all Canadians regardless of where they live or work, including the 20 per cent currently uninsured or underinsured, while saving 5 billion annually on drug costs.

“This study proves that not only would Canadians benefit by gaining access to needed medication it is also fiscally beneficial,” said Dias. “The Harper Conservatives, with Scheer’s participation, had almost a decade and did nothing on pharmacare but there is a real opportunity here to put the health of Canadians above party politics and move forward together on a national drug program.”



Unifor welcomes innovative recruitment opportunities for N.S. long-term care

Unifor members welcome the provincial government’s announcement today at Northwood Manor to address recruitment and retention issues in long-term care with innovative new opportunities.

“Our members are relieved to finally see forward movement to address the chronic recruitment and retention issues, particularly for Continuing Care Assistants in the long-term care sector,” said Linda MacNeil, Unifor Atlantic Regional Director. “We hope to see more CCAs on the floor as a result of these measures and continued efforts by the provincial government to improve the state of our long-term care sector.”

A plan to allow Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with lapsed licenses due to retirement or time away from work to be permitted to work as CCAs is a good start, as there is a desperate need for qualified workers in the province. The ability for internationally-trained nurses to work as CCAs after they garner approval from the college and while they await their written exams to work in their specific field should also help alleviate the CCA shortage.

Unifor members and leaders [have been outspoken about issues facing long-term care workers](#) and residents for years, fighting for increased funding, better recruitment and retention strategies and an overall shift in how the government prioritizes the long-term care sector.



Extendicare Negotiations

Unifor has been actively engaged in negotiations in the Ontario long-term care home sector over the last several months following a sector-wide strategy meeting in February. At every bargaining table, employers have sought concessions and have offered very little in compensation.

Unifor's Extendicare bargaining committee, which included representation from each of the ten Extendicare homes met for a week of master negotiations in late April.

The committee pushed back all concessions and negotiated language improvements, before the parties were forced to proceed to arbitration to settle the outstanding issues. They were united in their resolve to reject the employer's insufficient and insulting wage offer.

The arbitration award provides for improvements to wages and the weekend premium. The award dismissed any of the proposed concessions from the employer, and it appropriately ignored the draft wage restraint legislation that was introduced by the Ford government in June.

While the arbitration award contains modest wage increases that were far in excess of what the employer offered, the increases will not provide any relief in addressing the severe staffing shortages across the province, especially for PSW's. The broader issues impacting LTC workplaces and the sector remain.

Unifor is committed to continue to push for provincial staffing standards that establish appropriate staff to resident ratios.

Chartwell Montgomery Village New Agreement

Local 1285 members at Chartwell Montgomery Village voted 89 per cent in favour of ratification of the new agreement on July 16, 2019.

"Our Ask Hilda campaign was focused on pushing back against Chartwell's two-year wage freeze proposal for those workers affected by the 2018 minimum wage increase," said Jerry Dias, Unifor National President. "This victory speaks volumes to the success of our Ask Hilda campaign. The campaign garnered support from residents, families and community members forcing the employer to back down from its regressive proposal."

The campaign featured a series of "Ask Hilda" videos, based on the Chartwell commercials that used an actor to represent a resident called "Ask Edna". The name Hilda was used because these workers are consistently found to fall under the Hospital Labour Disputes Arbitration Act (HLDA) that prevents most health care workers in the province from striking. The role of Hilda was played by Unifor Retiree, Roxy Baker.



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