THE REPORT
HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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PHOTO CREDIT: CENTRETOWN CHC FACEBOOK PAGE

STAFF MEMBERS FROM THE CENTRETOWN COMMUNITY HEALTH CENTRE IN OTTAWA

REIMAGINING HEALTH CARE

HOW COMMUNITY HEALTH CENTRES ARE STRENGTHENING PUBLIC HEALTH THROUGH COMMUNITY INVOLVEMENT

MOMENTUM CONTINUES WITH BUDGET 2019

In a win for workers across BC, NDP candidate Sheila Malcolmson won the high stakes Nanaimo provincial by-election on Jan. 30.

The election victory keeps the NDP government alive to continue carrying out its affordability agenda. With the election of Malcolmson, the minority government continues to hold 41 seats and govern in an alliance with the 3 Green MLAs, in a legislature of 87 seats.

When it comes to elections, there are many important issues at stake for the work we do in health care and community social services. After more than a decade of cuts and privatization, we are finally seeing the trend reversed and reinvestment in critical program areas.

For residents in Nanaimo, this reinvestment includes $33.85 million for a new intensive care unit at Nanaimo Regional General Hospital (NRGH), which we know is badly needed.

In 2013, an external review of Island Health's ICU facilities reported that the NRGH's ICU was one of the worst in Canada. Despite this, no action was taken by the then-Clark government to address mobility, safety and storage issues in the unit.

It's six years later, and we have a government taking action on much needed capital infrastructure projects.

On Feb. 19, the BC NDP unveiled its 2019 Budget, which introduced new programs aimed at strengthening health care and social services.

The government has set aside $4.4 billion for a variety of capital projects in the health sector, including Camosun College Centre for Health Sciences, Royal Columbian Hospital Redevelopment, Royal Inland Hospital and Penticton Regional Hospital patient towers, and a new St. Paul's Hospital.

And while we still have a long way to go to make up for years of neglect, the budget delivers new investments in social service areas that are in great need.

I am encouraged to see new funding for parent-child social and emotional development programs for the child development sector, and hope that some of these funds will be used to increase staffing levels for early childhood intervention services.

Through our Constituency Liaison program, HSA has advocated for expanding access to early childhood intervention programs through increasing funding for more early intervention therapists, supported child development consultants, and other members of the multidisciplinary team. Insufficient funding has translated into bloated waitlists for children with disabilities, with some children attending school before ever receiving assessments.

In the 2019 budget we see the province continue its work to meaningfully enhance mental health services in BC. $74 million will be invested in child, youth and young adult mental health services, and additional funding has been allocated to expand the province's Foundry centres.

Foundry centres, which provide health and social services under one roof for youth aged 12-24 years, have had some promising results in BC.

As the province continues to implement its primary care strategy, we are looking forward to the continued development of a strategy to support community health centres across the province, which, like Foundry centres, deliver quality interdisciplinary care through an integrated approach to service delivery. I invite you to read more about community health centres in this issue of *The Report*.

And while we still have a long way to go to make up for years of neglect, the budget delivers new investments in social service areas that are in great need.

In the midst of all these changes underway at the provincial level, HSA delegates will gather this April for our union's annual convention. The meeting is an opportunity for members to bring forward proposals to fellow members about how we can strengthen our union, while establishing priorities for the upcoming year. I look forward to meeting with delegates from across the province in what I'm sure will be a productive and rewarding convention.

Val Avery

COMOX VALLEY MEMBERS RAISE FUNDS FOR COLDEST NIGHT OF THE YEAR

Congratulations to HSA members in the Comox Valley who formed a team and raised money for the Coldest Night of the Year event, a nationwide fundraiser to support community organizations that provide services and support to homeless and low-income people. The event took place Feb. 23, when teams came together to walk in the cold and in the dark to express concern for those impacted by homelessness or food insecurity, and for those feeling violence and abuse.

"We walk humbly, realizing that anyone can lose their footing and then lose everything else," reads the event's webpage.

The team was organized by Sarah Shelin, assistant chief steward and family support worker at the Comox Valley Child Development Association. HSA members across the Comox Valley were invited to join the team. The team raised $480 and the Comox Valley community raised nearly $86,000.

INSIDE THIS ISSUE

COMOX VALLEY TRANSITION SOCIETY THRIFT SHOP DAMAGED BY FIRE: DONATIONS WELCOME

Downtown Courtenay thrift shop Too Good to be Threw, operated by the Comox Valley Transition Society, suffered a tragic fire in January. A new location is open at 239 Puntledge Road, and grand opening celebrations are scheduled for March 22, 2019.

The thrift store has been a major source of funding for the society, which delivers valuable services in Comox, Cumberland, Courtney, and surrounding areas to women and children fleeing violence. Services include a transition house and 24-hour crisis line.

HSA represents nearly 90 workers employed by the society, including retail associates at the thrift store. We know the fire has had a difficult impact on the society's staff, clients, and volunteers.

HSA made a $2,500 contribution to the fundraising efforts to restock the shop, and HSA members are encouraged to donate to the transition society and thrift shop if able. For more information, visit cvts.ca.

BC'S NURSES VOTE IN FAVOUR OF THREE-YEAR COLLECTIVE AGREEMENT

BC's nurses have voted in favour of the tentative 2019-2022 provincial agreement reached between the Nurses' Bargaining Association (NBA) and the Health Employers' Association of BC (HEABC).

More than 21,000 ballots were cast with 54 per cent of nurses voting to ratify the three-year deal that was reached in November 2018.

Registered psychiatric nurses who are members of HSA rejected the terms of the tentative agreement with a 73 per cent no vote.

"HSA's RPNs have sent a clear message that they, along with BCNU members, are skeptical that real improvements to address workload issues will come," said HSA President Val Avery.

"When we talked to our members about the agreement, they had real concerns about a "working short" premium that lets employers off the hook from addressing shortages, and plans to change pension and benefits governance and coverage," Avery said.

HSA will continue to vigilantly advocate for registered psychiatric nurses in the Nurses' Bargaining Association as the union bargaining association and employers work within the new collective agreement to address concerns of all nurses.

The contract comes into effect April 1, 2019 and expires March 31, 2022.

HEALTH SCIENCE PROFESSIONALS VOTE TO RATIFY THREE-YEAR COLLECTIVE AGREEMENT

Health science professionals working in hospitals and communities throughout the province have voted to accept a new collective agreement that recognizes the value of health science professionals on multidisciplinary health care teams.

With a vote of 82 per cent in favour of the agreement, union members covered by the multi-union Health Science Professionals Bargaining Association (HSPBA) collective agreement have accepted a three-year contract that meets important objectives.

The agreement includes competitive wages, a classification system that reflects the contributions of a diverse group of specialized members of the health care team, strategies to address workload and recruitment and retention, and a commitment to improving health and safety on the job.

Information and vote meetings were conducted from January 7 to February 8, 2019. HSPBA is a multi-union bargaining association led by the Health Sciences Association of BC (HSA). Health science professionals include more than 100 distinct specialties, working across BC in hospitals, cancer centres, community clinics, and other settings where they deliver the diagnostic, clinical, and rehabilitation services British Columbians depend on for their physical and mental health.

"Our bargaining committee set out to stop the deterioration of the health science professionals contract, and to start on a course to ensure that the expertise, knowledge, and services health science professionals bring to the modern health care team are recognized and valued. This solid vote of support shows that health science professionals believe their bargaining committee delivered," said HSA President Val Avery.

TOP: HSA MEMBERS FROM DELTA HOSPITAL KATIE HARRIS, KAREN RAVENA, AND PERRY NG VOTE AT THE LADNER LEISURE CENTRE.

BELOW: HSA MEMBERS FROM ROYAL COLUMBIAN HOSPITAL ENTER SAPPERTON HALL IN NEW WESTMINSTER TO VOTE.

THREE NEW DIRECTORS JOIN HSA BOARD

There will be three new faces representing members on the union's board of directors after the union's annual convention adjourns on April 5 2019.

Joining the Board of Directors from Region 1 (central and northern Vancouver Island) is Becky Packer, a physiotherapist at Cumberland Health Centre. She was acclaimed as the only candidate nominated to replace the position vacated by Anne Davis who served on the board for eight years.

Also acclaimed was Brittany Sanders, medical laboratory technologist at Kootenay Boundary Regional Hospital. She replaces Janice Morrison, who served on the Board of Directors for ten years, including in the capacity of secretary-treasurer and vice-president.

The board of directors positions were contested in three regions: Region 3 (Burnaby to Maple Ridge); Region 5 (several worksites in Vancouver including BC Children's and Women's Hospital and Vancouver Cancer Centre), and Region 7 (Fraser Valley).

In Region 3, Cheryl Greenhalgh, medical radiation technologist at Royal Columbian Hospital, was re-elected. A board member in the 1990s, she returned to the board in 2015, and has served as the union's secretary-treasurer. She defeated Moji Borairi, a diagnostic medical sonographer at Burnaby Hospital.

In Region 5, Carla Gibbons, a cytotechnologist at the BC Cancer Agency, was elected, outpolling incumbent John Christopherson, a counsellor, Ramzan Anjum, a medical laboratory technologist, and Jill Slind, a computational biologist.

In Region 7, Jas Giddha, a medical radiation technologist at Surrey Memorial Hospital, returns to the board of directors for a second term, topping occupational therapist Edith MacHattie.

(L-R): BRITTANY SANDERS, BECKY PACKER, AND CARLA GIBBONS

ADVISORY COUNCIL RELEASES INTERIM REPORT ON NATIONAL PHARMACARE

CONCERNS RAISED OVER FINANCE MINISTER'S PERCEIVED CONFLICT OF INTEREST

BY SAMANTHA PONTING
HSA COMMUNICATIONS

The Advisory Council on the Implementation of National Pharmacare released its interim report on March 6.

The council has been tasked with recommending measures for implementing affordable national Pharmacare for Canadians through an assessment of domestic and international models and consultation with experts and public stakeholders.

In the interim report, the council has recommended the creation of a national drug agency to oversee national Pharmacare, of which a key responsibility would be to create and maintain a "comprehensive, evidence-based" national drug formulary – a list of essential prescriptions.

The report, however, has not indicated which model it will recommend to implement a national Pharmacare program.

And not all models are created equal. The model adopted by the federal government, should Pharmacare be implemented, will ultimately affect the cost of drugs, just who is covered by the program, and the role of private insurance companies in providing drug coverage.

HSA, the Canadian Labour Congress, and the federal NDP have advocated for a comprehensive, universal,

CONTINUED ON PAGE 6

CONTINUED FROM PAGE 5

single-payer (bulk purchasing) public model.

Public support for this model is noted in the interim report, but the council has indicated that it has also received, through its engagement process, some support for a "fill in the gaps" approach that targets the uninsured, as well as support for a model focused on expensive drugs.

The Canadian Life and Health Insurance Association (CLHIA), which claims to represent 99 per cent of Canada's life and health insurance business, delivered a submission to the advisory council recommending that any Pharmacare program adopted protect and enhance existing benefit plans. According to an October 2018 press release by CLHIA, the association supports "reform that is affordable, achievable and protects the workplace benefit plans that Canadians value." These plans often include co-pays, deductibles, and expensive premiums.

Significant data suggests that a universal Pharmacare plan, however, would deliver significant savings. A 2017 report produced by the Canadian Centre for Policy Alternatives (CCPA) and Canadian Doctors for Medicare estimates that a comprehensive, universal, single-payer prescription drug program would result in $30 billion in gross savings. The savings would be achieved, in part, by eliminating spending by employers and employees on current prescription plans, eliminating current government programs that are administratively costly, and improving health system efficiencies through greater prescription access, which would result in improved health outcomes.

Private insurance companies are profit-driven, and generally prioritize shareholder interests over the interests of plan members. In order to deliver greater fiscal returns, private insurance companies may choose to reduce benefits or charge higher premiums to deliver greater profits.

While the advisory council has not yet released its final report, due this June, critics suspect the federal government plans to implement an industry-friendly, means-tested system. A means-tested system, instead of a public universal program, allows for a US-style patchwork program, and creates a role for for-profit drug insurance companies in the system of coverage.

Leaders from the Canadian Labour Congress, the Canadian Federation of Nurses Unions, and Canadian Doctors for Medicare have expressed concerns over a perceived conflict of interest facing federal Minister of Finance Bill Morneau, who is the former executive chair of his family-built business Morneau Shepell, a major industry player in private health and benefits administration and the largest benefits consultancy in Canada, The minister has publicly stated that he supports a Pharmacare strategy that would maintain current drug insurance systems. Morneau is responsible for the government's Pharmacare file.

A means-tested system, instead of a public universal program, allows for a US-style patchwork program, and creates a role for for-profit drug insurance companies in the system of coverage.

HSA members are encouraged to write to their MPs and call for a comprehensive, single-payer, universal public Pharmacare plan. Visit aplanforeveryone.ca for more information.

BUDGET 2019: A SNAPSHOT

On Feb. 19, the provincial government released Budget 2019, unveiling new spending measures to increase affordability for British Columbians while strengthening health and social services.

The province is continuing to implement its three-year $1 billion funding commitment to make childcare more accessible for BC families. As part of its affordability plan, the province has newly introduced the BC Child Opportunity Benefit, which will replace the early childhood tax benefit. The benefit will provide low to moderate-income families with up to $1,600 per year for their first child, with supplementary benefits for additional children.

The province is also making headway on its Clean BC environmental strategy, released in December 2018, with a plan to invest $902 million over three years to promote clean energy in areas such as transportation and industry, with $189 million in 2019 to fund incentives for electric vehicles and energy efficient building retrofits and $168 million in 2019 to fund efforts to reduce greenhouse gas emissions in industrial operations.

We know that poverty reduction is a key component to improving the health and wellbeing of communities. Anti-poverty activists advocated tirelessly over the past decade for BC to adopt a Poverty Reduction strategy – every other province in the country already has one in place. Once elected in 2017, the NDP government began to consult the public on what an effective poverty reduction strategy would look like.

The 2019 budget revealed pieces of BC's forthcoming Poverty Reduction Strategy. The budget delivers increased financial support for children in foster care and for parents of children with special needs. It also includes a $50 monthly increase to income and disability assistance rates. The shelter allowance, however, has been frozen at $375 per month – the rate of which hasn't increased in a decade. While these investments are welcome, we know that singles on income assistance will still be living 50 per cent below the poverty line, and singles on disability assistance will be 65 per cent below the poverty line. We hope that once the province's poverty reduction plan is unveiled, we will see bold action on poverty reduction, which we know will lead to improvements in chronic, acute, and mental health – poverty is major upstream determinant of public health.

MINISTER OF FINANCE CAROLE JAMES AND BC PREMIER JOHN HORGAN

PHOTO CREDIT: PROVINCE OF BC FLICKR

Investments in healthcare

Since taking office, the government has committed $1.3 billion new dollars to health care. After years of neglect, significant new investments in public services are needed to put BC back on course.

The budget commits $105 million over three years to enhance services delivered by the BC Cancer Agency. This funding will be directed to such services as diagnostic imaging, cancer-related surgeries, and PET and CT scans.

The government is making significant investments in capital projects. This budget sets aside $4.4 billion for health sector capital projects, including Camosun College Centre for Health Sciences, Children and Women's Hospital, Royal Columbian Hospital Redevelopment, Burnaby Centre for Mental Health and Addiction, Royal Inland Hospital patient tower, Penticton Regional Hospital patient power, VGH operating room renewal, and a new St. Paul's Hospital.

Many people across BC can't afford prescriptions. The province is continuing to expand its Pharmacare program, with an investment of $42 million over three years, so that more British Columbians will have access to the medications they need, including medication for diabetes, asthma, and hypertension.

GETTING IT RIGHT

THE POTENTIAL OF COMMUNITY HEALTH CENTRES IN BC PRIMARY CARE REFORM

BY SAMANTHA PONTING
HSA COMMUNICATIONS

AS THE PROVINCE UNDERGOES MAJOR REFORM TO THE DELIVERY OF PRIMARY CARE IN BC, WE HAVE A VALUABLE OPPORTUNITY TO LEARN FROM AND BUILD OFF THE SUCCESSES SEEN IN OTHER JURISDICTIONS.

HSA has long been an advocate for expanding team-based approaches to primary and community care. They allow health professionals with specialized knowledge and skills to collaborate together to optimize patient care.

The Community Health Centre (CHC) model, which currently exists in some jurisdictions, including parts of Saskatchewan, Oregon, and Ontario, is a valuable piece of the puzzle for creating healthier communities.

Community health centres are non-profit organizations that integrate the delivery of health care and social services, increasing opportunities for collaboration among a patient's support network. In addition to providing multidisciplinary primary care, CHCs may also provide mental health services, such as clinical counselling, deliver community programming, such as cooking and nutrition classes, and provide social supports, such as access to housing support workers.

CHCs are committed to addressing the social determinants of health, and see community building and public advocacy as important tools for fostering healthier neighbourhoods. Through meaningful community outreach and engagement, CHCs are able to offer tailored services and programs.

In communities where the model has established footing, the results have been promising. But the community health centre model doesn't yet exist in B.C. This may change.

In May 2018, the province announced that it would be unrolling a new primary care strategy focused on team-based care, which would focus on three models: developing primary care networks, which it said would be the backbone of the new primary care strategy; creating urgent primary care centres across the province; and creating community health centres (CHCs), which would be integrated into the primary care networks.

To date, primary care networks and urgent primary care centres are the furthest down the road of implementation.

It is well documented that the community health centre model has achieved major gains in health performance, particularly

HSA CONFERENCE ON THE ROLE OF COMMUNITY HEALTH CENTRES IN PRIMARY HEALTH CARE REFORM

PHOTOS OF COMMUNITY PROGRAMMING OFFERED BY THE CENTRETOWN COMMUNITY HEALTH CENTRE

for underserved populations.

In Ontario, research indicates that CHCs outperform other primary care models in areas such as health promotion, supporting patients with complex health care issues including chronic conditions and severe mental illness, delivering community outreach services, and reducing emergency service rates. As a result, CHCs can generate cost efficiencies within the health system.

Some CHCs have unique histories rooted in grassroots, community-driven health care delivery, like the Virginia Garcia Memorial Health Centre in Oregon. It was created in response to the unnecessary death of six-year-old Virginia Garcia, a daughter of farmworkers who was unable to access care due to barriers facing her family. The centre's humble beginnings were in a three-car garage.

The Centretown Community Health Centre in Ottawa started as a youth street clinic in 1969, and has now evolved into a full-fledged CHC serving 14,000 residents annually.

A closer look at Ottawa's Centretown CHC

As non-profits, CHC governance models differ from other public health clinics. In some cases, board representatives include community representatives. In other cases, centres are fully democratic and community-governed, and actively encourage community participation in the design and delivery of their health and community programs.

According to Simone Thibault, executive director of the Centretown Community Health Centre in Ottawa, the Centretown CHC has a truly democratic structure.

"The community fully and democratically elects our board," said Thibault. "And what's important to us and important to the community as well is that we have diversity on our board in terms of skill and identity. We are pretty clear when we do our outreach and advertisement that we are looking for diverse representation, and they come," she explained.

Thibault said that the board typically includes representation from francophone, LGBTQ, racialized, First Nations, and Metis communities.

"We have a full election. People have to present themselves and the community elects them."

To run for election to the board, the candidate must be a member of the CHC, which simply involves filling out an application form and committing to the vision, mission, and values of the centre. The board's governance committees are open to community members. The CHC also actively solicits input from patients through an annual client satisfaction survey.

Its democratic structure also shapes the centre's advocacy

"It really is about an organization that works with the community to address their health and social needs."

CONTINUED ON PAGE 8

PHOTO CREDITS: CENTRETOWN CHC AND VGMHC FACEBOOK PAGES

CONTINUED FROM PAGE 7

work. And through engaging in public advocacy, the centre is able to take a multi-pronged approach to tackling community health issues.

Thibault spoke proudly of the advocacy achievements accomplished by the centre.

She said that Centretown Community Health Centre succeeded in persuading Public Health Ontario to adopt a policy position against a proposed casino development in Ottawa, and most recently, convinced the City of Ottawa to devote a by-law officer exclusively to rooming houses when staff and community members observed that many of units were not up to code.

She says that the centre cares about affordable housing issues and other social issues that impact public health, and sees community health centres playing a role in standing up on issues that matter to the community they serve.

The Centretown CHC has an advocacy and communications committee that examines different community issues. Advocacy positions are adopted at the board level, and are informed by the input of staff and community members.

"People can come to our committee meetings and be part of the engagement process in moving our strategies forward," said Thibault.

"Community supporting community."

The Centretown Community Health Centre is effective, in part, because so many people are coming together to deliver health services and community programming. "It really is about an organization that works with the community to address their health and social needs," said Thibault. "I would describe it as community supporting community."

The CHC model is truly multi-disciplinary. "We have doctors, nurse practitioners, social workers, dietitians, kinesiologists, and we also have health promoters, community developers, and outreach workers. We've also hired peers - support people who have substance use issues. And we have over 300 volunteers."

Many of these volunteers engage in the centre's community development work. Others gain direct experience with some of the centre's regional health programs, such as its screening program for diabetes.

"They are often from other countries, they are here in Canada for the first time, and they want to be engaged in something. They bring a lot of professional experience," said Thibault.

"We support people when they have clinical issues, or chronic

SIMONE THIBAULT

issues, or mental health and addiction issues, but we also support people in being engaged in their community because we know that social isolation is actually a bigger health problem than even tobacco or alcohol."

Thibault emphasized the importance of delivering services tailored to the community.

"We really feel the importance of supporting people where they're at." For Thibault, this means paying attention to the social environment.

"Your health is really determined by your environment, including your social environment, she said.

"When I meet with clinical staff, they'll tell me, 'You know Simone, I can do so much with my experience and my skillset, but if there's no food in the fridge, or the house is full of bed bugs, I'm limited to what I can do effectively,' recounted Thibault.

She said the centre provides services to everyone, "but our resources particularly target those who are disadvantaged who might be marginalized."

"We support people when they have clinical issues, or chronic issues, or mental health and addiction issues, but we also support people in being engaged in their community because we know that social isolation is actually a bigger health problem than even tobacco or alcohol."

Better health outcomes

Thibault says research has demonstrated that CHCs perform particularly well when it comes to health promotion and complex care. Referencing a 2012 study, she said that despite the complex health cases treated at the centre, the emergency visit rate was significantly lower than expected, and lower than rates documented in other primary care models.

"In every province, the biggest issue is that emergency visits are high. We place people in hospitals and they shouldn't be in hospitals anymore. Well, we are part of the answer," she said.

Thibault also said that retention rates are high for staff, in part because they are able to work as a team while providing quality care. "People in health care, they really want to do a good job. They really want to make a difference."

"We actually have no recruitment issues," said Thibault.

Thibault believes that the community health centre model is an important piece of the puzzle when it comes to health care delivery.

"It's a great model if you are looking at retention and recruitment. It's a great model if you're looking for quality care. It's a great model for cost-effectiveness."

HSA LAUNCHES STOP OUT PERIOD POVERTY CAMPAIGN

BY SAMANTHA PONTING
HSA COMMUNICATIONS

FOR THOSE WITH PERIODS, ACCESSING MENSTRUATION PRODUCTS CAN BE A BARRIER TO PARTICIPATING FULLY IN SOCIETY.

One-third of women in Canada under the age of 25 have struggled to afford menstrual products, according to a report released by Plan International Canada in 2018.

Many trans, non-binary, and gender-diverse people are also impacted by the cost of menstrual products, as well as other barriers to access. When living with a limited income, costs can cause unnecessary stress and affect one's ability to purchase other necessities.

The good news is that there's a growing movement to make menstrual products accessible and reduce the stigma surrounding periods. HSA members are acting to change just how society treats menstruating people.

FILL THE BUS EVENT AT HILLSIDE CENTRE, VICTORIA

Last March, HSA collected 103,269 tampons, pads, and menstrual cups in a highly successful donations drive carried out by HSA members and staff, with support from the Health Sciences Association Staff Union (HSASU). Under the banner of Tampon Tuesday, products were collected for distribution to United Way local partner organizations. HSA also partnered with Dixon Transition Society and the Comox Valley Transition Society to ensure products would be available to women fleeing violence.

This year, HSA's Women's Committee is delivering a new message through the campaign: Stomp Out Period Poverty.

"When your money is stretched and you're making choices between medicine and food, the costs of menstrual products are just another barrier for people," said committee chair Mandi Ayers.

"Young folks who don't have access to these products are missing out on school, and that should not be happening," she explained. "No one should have to miss out on anything because they're unable to access menstrual products."

While access to menstrual products is important, Ayers said that BC also needs strong anti-poverty legislation so that people with periods won't need to struggle to afford basic necessities.

As part of the campaign to Stomp Out Period Poverty, HSA has developed a toolkit for members to support coordinating donations drives and public advocacy on period poverty. In addition to collecting product donations, members are encouraged to call on public institutions to make menstrual products accessible. This means delivering dedicated public funding for programs that would increase access for those who need them.

In a recent victory for advocates against period poverty, the New Westminster School Board voted Feb. 26 to provide free pads and tampons in all its school bathrooms. School trustees have said they are planning to approach the Ministry of Education and Ministry of Finance through the BC School Trustees Associate with a request to provide funding for free menstrual products in all schools across BC.

One of the HSA members who has taken up the campaign to Stomp Out Period Poverty is Annemarie Rongve, a pharmacist at Royal Jubilee Hospital in Victoria. Rongve, who also sits on HSA's Women's Committee, was first activated by this issue at HSA's 2018 Convention.

"The very first time it occurred

to me that this was a problem was last year at convention when they showed the video of what people on the streets have to do while on their periods. It never occurred to me that people might not have access to menstrual products. It was kind of horrifying to me that this could be happening."

She said period poverty is a human rights issue when you think about the big picture.

"You'd think that women's rights had come a long way, but I just can't believe that in this day and age, we don't have across-the-board hygiene products in the bathrooms for everyone to access."

Rongve has now taken the campaign back to her worksite, and supported her chapter with launching the Stomp Out Period Poverty campaign.

First, Rongve reached out to management at Royal Jubilee, and received support for a donations drive across the hospital's sites. On Feb. 13, the chapter hosted a meeting for HSA members, providing an opportunity for them to learn about period poverty and discuss what a campaign could look like locally.

A two-week donations drive was launched, and it didn't take long before collection sites popped up across Victoria, inside and outside the hospital. Rongve said a total of 12 sites collected donations. She attributes the great community response, in part, to an announcement shared through Island Health's newsletter, which spread beyond Royal Jubilee.

"Quite a few people who saw that emailed me and said, 'hey, can I collect?'" said Rongve.

Then some of the chapter's stewards went throughout the hospital and asked people to be a part of the campaign.

Rongve kept track of donation sites through a sign-up sheet, and at the end of the campaign, the sites submitted their product tabulations. In two weeks, the chapter collected just under 10,000 products, which were delivered to the United Way's Fill the Bus event at Hillside Centre in Victoria.

PERIOD POVERTY CAMPAIGN LAUNCH AT ROYAL JUBILEE HOSPITAL, FEB. 13, 2019.

Building the campaign

"This is the very first time I've done something like this," said Rongve. She said that while there was a learning curve for her in coordinating the drive, "You just have to jump in and say, 'ok, I'm going to do this.'" She said that by doing, she was able to get over her nervousness.

She started by making a step-by-step list of what needed to be done.

"HSA has been very supportive." She said staff in HSA's organizing department helped her generate ideas and gave her a lot of encouragement.

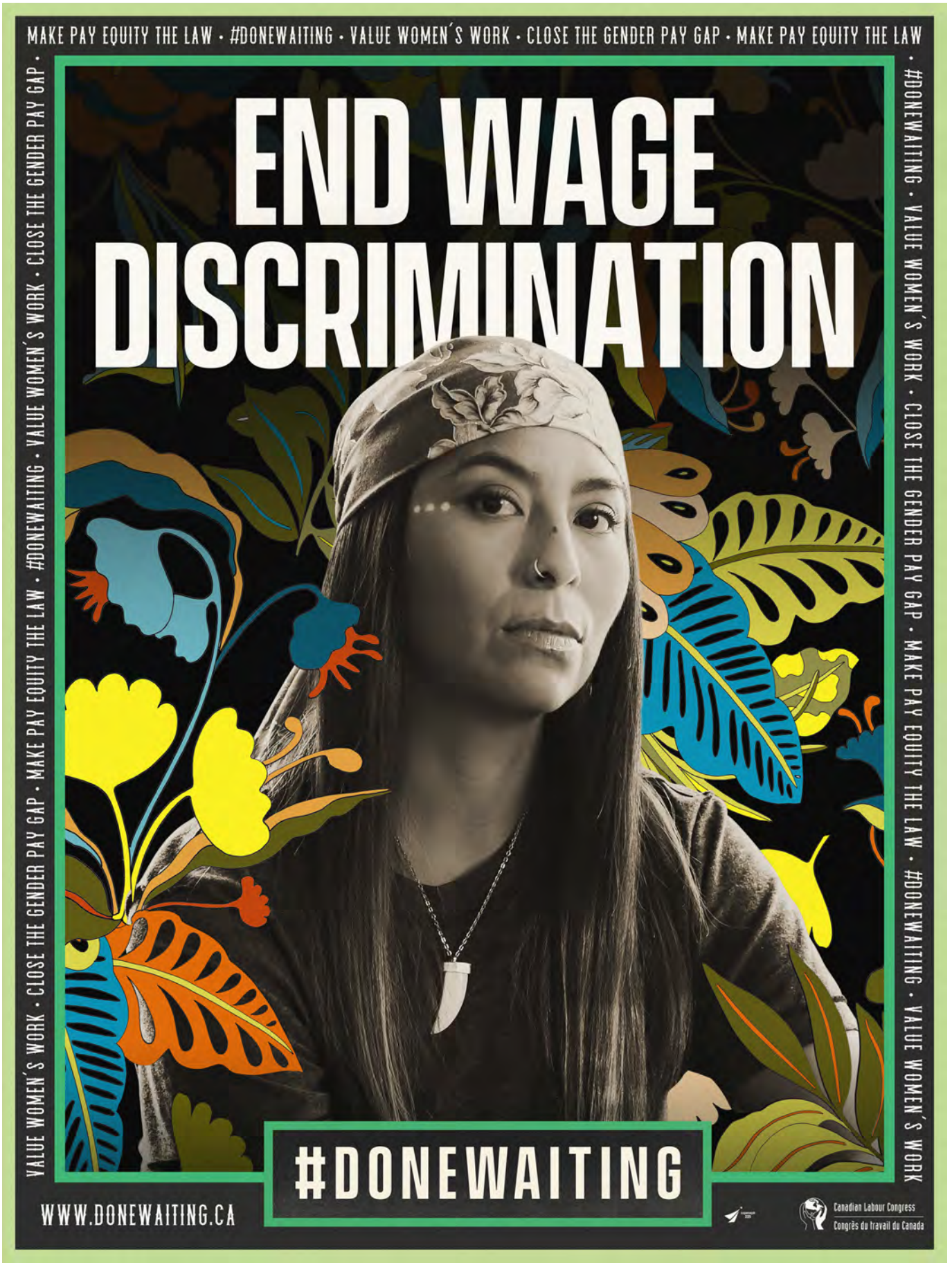
For members looking to participate in the Stomp Out Period Poverty campaign, resources are available to ensure chapters are successful. A variety of materials, including posters, stickers, buttons, and sign-up lists are available to support member donation drives and advocacy work.

While product drives have a lot of tangible impact, HSA is exploring how systemic solutions to period poverty can be addressed through the campaign. This means looking at how public policy can be changed to provide increased access to menstrual products.

Ayers would like to see menstrual products provided in schools, public washrooms, and workplaces. Following a recommendation to the union's board of directors from the Women's Committee, free menstrual products are available in HSA's office washrooms to ensure visitors have barrier-free access to the products they need.

Ayers also emphasized the importance of public education. She said that education can help address the stigma surrounding periods, which is an important element of attacking period poverty.

"Why is there such a stigma?" asked Ayers. "It's just a fact of life. In the past, you didn't talk about it. You couldn't even mention the word 'period.' People would say cryptic things like 'my friend came to visit,' or 'Aunty Flow is here.' But there is no shame in having your period. We should not be afraid to talk about it."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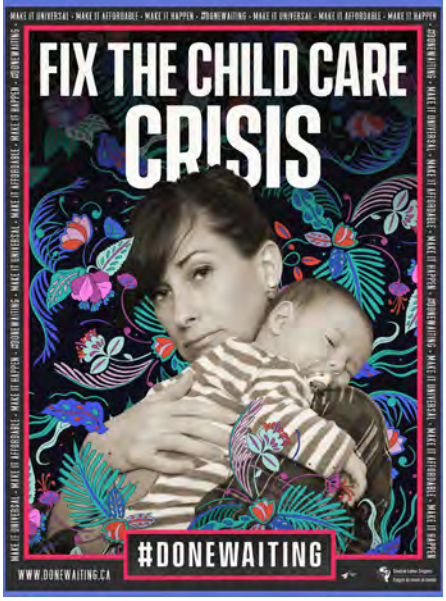
On March 8, people across the world came together to commemorate International Women's Day, celebrating the achievements of women and honouring their struggle for a more equitable, just society. In Canada and around the world, we still have a long way to go to respecting women's rights.

The #DoneWaiting campaign, developed by the Canadian Labour Congress, calls on the public to take action around three pressing issues facing women.

Visit www.DoneWaiting.ca to learn more and to send a letter to your MP.



FIX THE CHILDCARE CRISIS

There are only enough regulated child care spaces for approximately 25 per cent of children under five in Canada. For parents with children with special needs, and for families living in Northern, indigenous, or rural communities, access to child care is even harder to find. For parents who work shift work, regulated childcare is nearly nonexistent.

Write to your MP and call on the federal government to work with the provinces and territories to deliver universal, affordable, high quality child care.

END WAGE DESCRIMINATION

In Canada, women today make 40 per cent less than men. For racialized women, this figure is even higher, at 45 per cent. Immigrant women 55 per cent less than men, and women with disabilities make 56 per cent less.

Ask your MP to enforce the 2004 Pay Equity Task Force recommendations.

END SEXUAL HARASSMENT AND VIOLENCE

Half of women in Canada exerience physical or sexual violence in their life time. It can take many forms, such as physical, emotional or sexual abuse, and can happen at work, home, or out in the community.

Not all women are affected by violence and harassment in the same way. Young women, Indigenous women, and women with disabilities experience higher rates of harassment and violence. For many of these women, this violence can be exacerbated by other forms of discrimination.

Write to your MP and ask that the federal government take action to end violence and harassment against women. A national public education campaign is needed to teach the public that sexual harassment and violence is unacceptable, and what can be done to prevent it. We need the federal government to provide long-term, sustainable funding to women's organizations, and we need strengthend labour legislation to make our workplaces safer.

FROM DONEWAITING.CA

CROSSTOWN CLINIC AND THE BEGINNING OF SUPERVISED INJECTIBLE OPOID ASSISTED TREATMENTS

AN INTERVIEW WITH PHARMACIST TWINKLE RUPAREL

BY SAMANTHA PONTING
HSA COMMUNICATIONS

TWINKLE RUPAREL IS AN HSA MEMBER AND PHARMACIST AT PROVIDENCE CROSSTOWN CLINIC IN VANCOUVER. CROSSTOWN CLINIC IS LIKE NO OTHER IN NORTH AMERICA.

It is the only clinic on the continent "to offer medical-grade heroin (diacetylmorphine) and the legal analgesic hydromorphone within a supervised clinical setting to chronic substance use patients," according to the Providence Healthcare website.

"We're a clinic that has pioneered an injectable opioid-assisted treatment," said Ruparel. The clinic – as it exists today – originated as a site for two major studies that sought to identify the effectiveness of opioid-assisted treatment through clinical trials. Grounded in a model executed in Europe, the North American Opioid Medication Initiative (NAOMI) was launched in 2005.

Following NAOMI, the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) was launched at the site, which tested and compared hydromorphone and diacetylmorphine in opioid-assisted treatment. Once the results of SALOME were published in 2015, Crosstown clinic was established as a permanent clinic to provide medical and social services in response to substance use.

"The trials built the foundation and paved the way for supervised injectable opioid assisted treatment (SIOAT)." said Ruparel.

As a pharmacist, Ruparel works with a team of health science professionals to provide pharmaceutical services to the clinic's clients who are opioid-dependent. HSA spoke to Ruparel about her work at Crosstown Clinic, the clinic's health care model, and how Crosstown is serving the needs of the surrounding community.

Can you tell me a bit more about the model of healthcare used at the clinic and how your team works together across professions?

I am proud to work in such a setting. We have physicians on site who are the experts in the field of opioid addiction. They are the pioneers who helped institute the clinic and were part of the studies. As an allied model of care, physicians, pharmacists, nurses and other health professionals interact with clients on a daily basis. Our clients have individual care plans focused on achievement of optimal health outcomes.

Crosstown Pharmacy provides comprehensive pharmaceutical care to our clients. An inbuilt database system adopted by our clinic connects all health professionals on a common platform in the continuum of medication management. When a prescription is received by a pharmacist, a thorough verification and dispensing process is undertaken to prepare the medication. The medication is then shipped to our nursing department, which leads the care in terms of administration oversight and assessment of clients. Clients who pass pre-administration assessment are let into a supervised injection room where a nurse provides their medication for self-injection. The clients are discharged from the clinic once they pass a post-administration assessment.

For a lot of our clients, maybe their housing is in crisis, or perhaps they live in sub-standard conditions. As health professionals, we overcome challenges in this client group with a

PHOTO CREDIT: PROVIDENCE HEALTH CARE WEBSITE

relationship of trust and mutual respect.

It's not just a matter of: come to the clinic, get your medication, and leave. Clients are supported by social workers, we have dietitians on site, and a psychiatrist visits the site once a week. We have outreach workers that help our clients find stable housing, do their taxes for them, and help them to and from their appointments. Retention within the program is key.

It's a community model that highlights the importance of health science and allied professionals working in a common setting to achieve positive health and personal outcomes for our patients. We work together with our clients to provide support and resources in all facets of their lives.

How does the clinic respond to the needs of substance users and the opioid crisis more broadly?

In 2016, the province of British Columbia declared a public health emergency in response to the rise in drug overdoses and death related to illicit opioids. Detailed findings led to the formation of a task force which came up with a number of findings and recommendations to address this crisis and reduce the number of illicit opioid related overdoses.

"It's not just a matter of: come to the clinic, get your medication, and leave. Clients are supported by social workers, we have dietitians on site, and a psychiatrist visits the site once a week."

Since the task force was formed, the clinic has served as a model standard to various members of the public, including those from other provinces. Personnel visiting from all over the country consider ways of instituting our model within their care settings.

Since the emergency declaration, we have opened our doors to new clients through referrals and through the Rapid Access Addiction Clinic (RAAC) at St. Paul's Hospital. We have initiated care of new clients recognizing the urgent needs of a vulnerable population – a small percentage of the population that needs this help, and needs it immediately.

What do you like most about working at Crosstown clinic?

We are a holistic support clinic and do not solely aim to treat our client's opioid dependency. This is what makes us unique. There have been many successful outcomes, and that is what makes it worthwhile. Everything just falls into place for you as a healthcare professional when you know you have made a difference.

There are definitely a number of complexities involved in the operations of Crosstown Clinic, but it is gratifying to see our clients stabilize and thrive in our community. We know we have given them a second chance.

About Shai

I HAVE BEEN WORKING AT THE BC CANCER AGENCY AS A CYTOTECHNOLOGIST FOR 10 YEARS AND IN THAT TIME, I'VE LEARNED ABOUT THE UNION AND WHAT OPPORTUNITIES ARE AVAILABLE TO ITS MEMBERS. I FIRST BECAME A STEWARD IN 2013 AND THEN LATER TRAINED TO BE AN OCCUPATIONAL HEALTH AND SAFETY STEWARD. SINCE THEN, I HAVE BEEN AN ACTIVE MEMBER OF OUR JOHSC, ADVOCATING FOR AND PROVIDING INFORMATION AND RESOURCES TO MY COLLEAGUES ON MATTERS OF HEALTH AND SAFETY.

THERAPEUTIC COLOURING

And other strategies for promoting occupational health and safety

BY SHAI LAL
HSA MEMBER

AS CYTOTECHNOLOGISTS, MY CO-WORKERS AND I DO A LOT OF OUR WORK SITTING DOWN AT OUR WORK STATIONS. AMONG US, THERE WERE REGULAR, INFORMAL CONVERSATIONS ABOUT GENERAL ACHES AND PAINS. ABOUT TWO YEARS AGO, ERGONOMICS AROSE AS A SAFETY ISSUE.

I'm an active member of our Joint Occupational Health and Safety Committee (JOHSC), which meets every month to discuss and tend to workplace safety concerns, and do monthly safety inspections. The committee represents different departments on multiple floors. Ergonomics became a priority for our JOHSC.

We performed ergonomic assessments for the entire lab. We wanted to see if people were sitting with proper posture. We made sure our desks and chairs were adequate, and that everyone was taking breaks and moving around periodically. Studies have shown that static posture is very unhealthy, and over time can cause deleterious effects.

Stemming from this, a number of people had their work areas professionally adjusted. New chairs were purchased in some cases, and ergonomic support equipment was made available if needed.

From physical to psychological health

Recently, mental health has become a hot-button topic.

Psychological health and safety is becoming an increasingly important priority for both employees and employers, particularly with the development of the CSA standard for psychological health and safety in the workplace.

And in 2012, the province passed Bill 14, the *Workers Compensation Amendment Act,* which established a "mental disorder" – in effect, psychological injury – as compensable by the Workers' Compensation Board (WCB). The act establishes particular parameters for claims of this nature: they must be the result of a traumatic event(s) taking place over the course of employment or caused by workplace stressor or stressors, and the injury must be diagnosed according to the provisions outlined in the act.

The act excludes injuries resulting from decisions made by the employer pertaining to the employer's work. It does, however, consider workplace bullying and harassment as potential grounds for injury. The amendment to the act served as a salient reminder to the importance of good workplace mental health.

Psychological health and safety has become a particular interest of mine.

Psychological health impacts our ability to think, feel, and behave in a manner that allows us to function in our work environments, our personal lives, and society at large.

I have been introducing this concept to my colleagues, as well as to my managers. With so many variables that can affect an individual's baseline behaviour, it can be hard to strike a balance between work and home demands. Sometimes stepping back for a moment can help, but sometimes more supports are needed.

We have been trying to get the conversation started to break the stigma that surrounds mental health issues. My latest effort was the Bell's Let's Talk campaign.

I set out literature about mental health and put out colouring pages in the break room, so people could really take a break when they are in that space. It's been said that colouring has therapeutic qualities, and it's true - I've tried it and it works. There was tremendous positive feedback from this initiative, and I plan to add more activities to our break room, including puzzles and games.

In the coming months, our JOHSC will be hosting an open house for our building. We will take this opportunity to let people know about what we do (e.g. safety programs, fire safety, earthquake information), as well as providing information about mental health resources.

Personally, this has been a really rewarding experience and has allowed me to continue learning and in a strange sense I feel that I am a very, very tiny cog in a giant machine. I am grateful to be able to do my part.

"Psychological health impacts our ability to think, feel, and behave in a manner that allows us to function in our work environments, our personal lives, and society at large. I have been introducing this concept to my colleagues, as well as to my managers."

THE PROFESSIONAL DEVELOPMENT FUND FOR HEALTH SCIENCE PROFESSIONALS

HSA members in the HSPBA have access to a $3 million professional development fund. Eligibility and funding guidelines have been expanded to include education and associated travel costs within Canada and the USA, and education costs outside of Canada and the USA. In addition, exam fees are now an eligible expense, and education programs starting after August 31, 2019 have been added to the eligibility period. The deadline to apply for education and training between Sept. 1, 2018 and Dec. 31, 2019 is Sept. 1, 2019.

For more information on eligibility and guidelines, and to access an application form, visit hsabc.org.

THE VICTORIA HOSPICE SOCIETY PSYCHOSOCIAL CARE OF THE DYING AND BEREAVED COURSE IS HELD IN HIGH ESTEEM NATIONALLY, AND I HAVE BEEN SO FORTUNATE TO ATTEND. IT IS THE BE-ALL AND END-ALL OF COMPREHENSIVE TRAINING IN THE FIELD OF PALLIATIVE CARE. I WAS PROVIDED WITH TANGIBLE RESOURCES – A BOOK AND A BINDER – THAT I CONSULT REGULARLY. THROUGH THE COURSE I DEVELOPED A NEW NETWORK OF COLLEAGUES AND EXPERTS, INCLUDING OTHERS IN THE PALLIATIVE NETWORK IN FRASER HEALTH AUTHORITY, AND ENHANCED MY SKILLS, KNOWLEDGE, AND CREDIBILITY AS A PALLIATIVE CARE SOCIAL WORKER. PERHAPS MOST IMPORTANTLY, THE COURSE HAS HELPED ME OPEN UP CONVERSATION ABOUT DEATH AND DYING AND THE NEED FOR ADVANCE CARE PLANNING.

LISA LAFLAMME, SOCIAL WORKER
LAUREL PLACE HOSPICE, SURREY MEMORIAL HOSPITAL

MOVING OUT OF PROVINCE? HOW TO ACCESS YOUR PENSION AS YOU PREPARE TO RETIRE

BY DENNIS BLATCHFORD

HSA'S PENSIONS AND BENEFITS ADVOCATE DENNIS BLATCHFORD ANSWERS COMMON QUESTIONS RELATED TO PENSIONS.

I was planning on retiring sometime in the next year or two. However, for family reasons I may need to pull up stakes and move out of province later this year. What do I need to know about my pension should I require a sudden change of life plans?

The first thing to know is that whatever life throws at you, your pension is the least of your worries. It is secure, guaranteed, transferable, and whenever you activate it, the BC Pension Corporation will ensure you get it wherever you are.

That's good to know. What sort of notice is required?

Normally, I recommend at least 90 days to ensure a smooth transition and allow for any administrative backlogs that may exist with payroll or the BC Pension Corporation. There may also be issues with your service that require additional research to ensure that final calculations are accurate. Final calculations are an exacting process undertaken by a team of specialists. They strive to get it right the first time, so they treat every application with the same level of thoroughness and due diligence.

So what would be pushing it time wise?

I've seen the process completed in under six weeks for special circumstances. That requires cooperation by both the employer and Pension Corporation, and "special circumstances" aren't because you're leaving on a cruise. Special circumstances often involve administrative errors that arise between parties, not personal circumstances.

Okay. What steps can I take to prepare should I suddenly need to move?

If you haven't already done so, I strongly suggest you register for My Account (https://myaccount.pensionsbc.ca). All it requires is your Person ID number (PID), which you will find on your annual Member Benefit Statement that arrives each year in June. Through the secure My Account portal, you can do a number of administrative changes to your vital information, and create a pension estimate based on the most current reporting on file with the BC Pension Corporation.

This service also allows plan members to begin the process of applying for their pension online. The system *allows* forms to be saved, giving applicants the opportunity to return to the application time and again.

Choosing the right pension can – and should – take a lot of thought and consideration. With most of the decisions irrevocable, it is important that you carefully consider each option before pressing "send" and filing for your pension. If you prefer the old-school method, you can request paper forms be mailed out to you. There is nothing wrong with walking around with a pencil and a rolled up sheaf of retirement forms waiting for inspiration. Just make sure they are legible before popping them in the mail. Good luck with your retirement and your next adventure.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.

“As an elected steward with HSA, I am part of a strong collective voice that advances the interests of all health professionals. I see my role as a steward as an extension of my identity as a social worker. Ultimately, the wellness of all workers leads to better outcomes for our patients and for society as a whole.”

VINITA PURI, SOCIAL WORKER
VANCOUVER GENERAL HOSPITAL

Name: Kathy Jessome

Job title and department: Senior Labour Relations Officer, Servicing

What you actually do, in your own words: I advocate for HSA members in matters dealing with the collective agreement and workplace issues, such as workplace conflict or respect at work.

Why this matters: The workplace is often the centre of a person's life. We spend the majority of our waking hours at work, looking for work, or traveling to and from work. A great deal of our social, political and professional life takes place at work. If there are things at work that are going wrong, they can seriously upset life balance and affect our on-duty and off-duty life. Work life is precious and a quality work life must be protected.

Your job before HSA: I worked as a cook in Kamloops until 1990, when I took a servicing representative job with the Hospital Employees' Union (HEU). I became the director of the northern region in 2000, and became the coordinator of servicing in 2007. I retired from HEU in December 2018.

Best place you've ever visited and why: Tow Hill, Haida Gwaii. The drive up takes you through the land of the hobbit and the Sasquatch. Then you arrive at the edge of the island to a snow white sand beach that goes on for miles. Eagles fly above and whales play in your view. It is the best place on earth.

Literary, TV or movie character most inspiring to you: Red from Shawshank Redemption. He drew a bad hand, but he navigated it the best he could and had the best life the deck could hold for him.

One thing everyone should try at least once: Visiting Nakusp hot springs.

A fad you never really understood: Tattoos.

Your perfect day looks like: Gardening in my PJs.

What solidarity means to you: Being family.

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between annual conventions. Members should feel free to contact them with any concerns.

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