

# THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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## TAKING A BITE OUT OF MALNUTRITION

Dietitians at St. Paul's Hospital take a multidisciplinary approach to tackling malnutrition in acute care

# THIS FEDERAL ELECTION, LET'S VOTE FOR A UNIVERSAL PHARMACARE PROGRAM

It's official. The federal election has been called and Canadians will head to the polls on Monday, Oct. 21, 2019 to elect a new government.

In the coming weeks we can expect to see and hear a lot from the various political parties and where they stand on the issues that matter to you, your family, and your community. Our country is facing many challenges around climate change, public health care, Pharmacare, housing, transportation and more.

Election time is when we – as voters – must engage candidates and political parties to ensure that the issues we care about are on their radar and part of the national dialogue.

As health care and community social service professionals, we know first-hand the impact of poor government policy. We see the impacts of poverty, discrimination, and hardship on the health of our patients and clients. And we are well-versed on the solutions.

This election, HSA will be putting our focus on the need for a universal Pharmacare program.

Canada is the only country in the world with a universal healthcare plan that doesn't include universal coverage for prescription drugs. In fact, in the early years of public healthcare in Canada, prescription drugs were intended to be added as part of a universal plan. Report after report dating back to the 1960s point to the need for a

universal Pharmacare system for Canadians. After prolonged investigations, we can decisively say it's time to act.

The current landscape of prescription drug coverage is expensive and inefficient. Canadians pay different rates for identical prescriptions, and the conditions of access and affordability vary across Canada. Everyone, regardless of ability to pay, deserves access to prescription medicines.

Simply put – elections matter. And if we want to see investments in the public interest, like a universal Pharmacare program, your vote matters.

The health of our democracy is dependent on people like you and me getting informed, getting involved, and voting. I encourage you to get to know your local candidates, ask questions at public candidate forums, and volunteer for those candidates who best represent your issues. Elections are a short window of opportunity to make change, so don't miss this chance. It will be another four years before we have this opportunity again.

Make sure you are registered to vote and watch for your voter information card in the mail. This card will tell you where to vote on Election Day. And remember, you can also vote during advanced polls and at any Elections Canada office. You can get all the information you need on how to vote from Elections



**“Simply put – elections matter. And if we want to see investments in the public interest, like a universal Pharmacare program, your vote matters.”**

Canada at [www.elections.ca](http://www.elections.ca).

This is our chance to shape the future of our country and ensure the priorities of government meet the needs of everyone who calls Canada home.

Happy Voting!

*Val Avery*

## HSA WELCOMES ITS NEW MEMBERS FROM THE CANADIAN MENTAL HEALTH ASSOCIATION'S BC DIVISION

### Community Action Initiative staff join HSA

We welcome 6 new members from Community Action Initiative who voted 100% in favour of joining HSA.

Our new members work in promoting mental health and addressing substance use challenges in BC. They work with community-based organizations to increase equitable access to new and innovative mental health and addictions services.

Staff manage and evaluate projects, deliver grants, and facilitate capacity building to support projects aimed at overdose emergency response and prevention and the promotion of healthier alcohol consumption, among others.

### Eleven new members from CMHA's BC Division Vancouver office

The Health Sciences Association (HSA) is also proud to welcome 11 new members from the Canadian Mental Health Association's (CMHA) BC division, who voted 100 per cent in favour of joining HSA. This is the fourth successful union vote to take place at CMHA BC division worksites, where workers have been fully united voting 100 percent in favour of joining HSA.

The union's new members work in accounting, administrative support, communications, information technology, and policy analysis.

The CMHA BC division Vancouver office, along with Community Action Initiative, are now fully unionized with HSA and are represented by the Community Bargaining Association (CBA) and the Health Science Professionals

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Bargaining Association (HSPBA).

Finally, this spring, 30 CMHA BC division employees working in social programming joined HSA after a unanimous

workplace vote in favour of joining the union. With the latest certification efforts and program expansion, the CMHA BC division chapter now includes close to 50 members.

# HSA PHOTO CONTEST WINNER ANNOUNCED



Congratulations to HSA member Violet Liao, who is the winner of the HSA photo contest draw and the owner of a new iPad Mini. Liao works as a dietitian at Victoria General Hospital. HSA thanks all the members who submitted photographs of themselves at work. Your photographs will help HSA showcase the amazing work our members do across the province.

# LABOUR NOTES TRAINING COMES TO BC

Labour Notes is a US-based media and labour organizing project that organizes conferences and trainings for labour activists across North America.

This October, Labour Notes is coming to Vancouver to offer its Troublemakers School – a day long mini-conference that will develop strategies for organizing, share stories of workplace victories, and equip participants with useful tools and skills to build workers' power. The conference's programming is designed for

all experience levels.

It will take place Saturday, Oct. 26 at the Maritime Labour Centre in Vancouver. To register and for more information, visit [www.labornotes.org/vancouver](http://www.labornotes.org/vancouver).

HSA members interested in attending the Troublemakers School are eligible for financial support through the Madden Memorial Education Fund.

## THE MADDEN MEMORIAL EDUCATION FUND

HSA's Madden Memorial Education Fund provides financial support to HSA members interested in attending community labour education programs.

For more information, visit: [hsabc.org/member-benefits/scholarships-and-bursaries](http://hsabc.org/member-benefits/scholarships-and-bursaries)



Ram Sandhu  
Plan member



Kelly-Dawn Keitel  
Plan member



# Annual General Meeting

Doing right by you.  
Learn more at  
the 2019 AGM

October 17  
10:00am–12:15pm  
Anvil Centre  
New Westminster

Or join by webcast at  
[mpp.pensionsbc.ca](http://mpp.pensionsbc.ca)

Andrea Bailey  
Plan member

# PROVINCE ANNOUNCES MENTAL HEALTH AND ADDICTIONS CARE ROADMAP PATHWAYS TO HOPE

The provincial government has unveiled A Pathway to Hope, its 10-year vision for expanding mental health and addictions care in the province. It outlines a number of initiatives aimed at supporting people and families experiencing mental health and addiction challenges, including increased access to counselling, more Foundry youth centres, and expanding First Nations-run treatment centres.

The plan identifies supporting early childhood social emotional development as a major priority and delivers enhanced supports for children and youth, including the expansion of early intervention services and programs in child development centres and community-based organiza-

tions.

As part of its continued work to address the overdose crisis, the province is investing in the expansion of First Nations-run treatment centres to improve access to culturally appropriate services. Two new urban treatment centres will be built and others renovated to improve Indigenous-led substance use and addictions treatment.

The plan includes a strategy to increase counselling and support services for people facing barriers to access. Through the Community Action Initiative, the province will deliver \$10 million in grants to expand sliding scale and no-cost mental health services, provided by community-driven non-profit organizations.

The number of Foundry youth centres is expanding from 11 to 19. BC's Foundry centres provide health and social services to youth under one roof. Through an integrated approach, Foundry centres offer valuable supports to youth surrounding mental health and wellness.

"HSA is pleased to see the province taking action to strengthen mental health care and addictions treatment across the province," said HSA President Val Avery.

JUNE 26, 2019: THE BC GOVERNMENT LAUNCHES A PATHWAY TO HOPE. PHOTO CREDIT: PROVINCE OF BRITISH COLUMBIA



## NEW MRI SUITES FOR LANGLEY, NANAIMO, AND SURREY

In July, the BC government announced that as part of its Surgical and Diagnostic Imaging Strategy, a first-ever MRI machine is under development for Langley Memorial Hospital. The MRI unit, set to launch in the summer of 2020, is expected to deliver 7,500 exams annually.

Set to open in the spring of 2020, plans for a second MRI machine are underway for Nanaimo Regional General Hospital, which will increase access to MRIs on central Vancouver Island. The second machine is a result of a \$5.5 million investment of which \$3.3 million has

been delivered by the province through Island Health. The Nanaimo Regional Hospital District provided \$2.2 million in funding.

This spring, a new MRI suite opened at the Jim Pattison Outpatient Care and Surgery Centre in Surrey. The investment comes after the Fraser Health Authority's purchase of two privately-owned MRI clinics in 2018 in Surrey and Abbotsford.

Launched in March of 2018, the province's Surgical and Diagnostic Imaging Strategy has reduced wait times across the province for MRIs through investments in infrastructure,

the extension of exam hours, and the centralization of regional intake in order to improve system efficiencies.

According to the province, 233,369 MRI exams were completed in 2018-19, a 23 per cent increase from the previous year. For 2019-2020, it is predicted that more than 248,000 MRI exams will be performed province-wide.

Through a joint recruitment and retention committee, HSA is working to ensure that a health human resources strategy is developed to ensure that increased capacity is met with increased staffing.

### We have been waiting for 55 years.

The 1964 federal Commission on Health Services recommended that medicare be expanded to include prescription drugs.

We shouldn't have to wait another lifetime.

**#VOTEPHARMACARE**



On Monday, October 21, vote for a universal, public pharmacare program for everyone.



HEALTH SCIENCES ASSOCIATION  
The union delivering modern health care [hsabc.org](http://hsabc.org)



# REHABILITATION PROFESSIONALS, BOOK YOUR INTERVIEW NOW.

The Health Sciences Association is studying working conditions in public sector rehabilitation. If you are a physiotherapist, speech language pathologist, or occupational therapist please consider participating in an interview, and help HSA advance public health care research. Your personal information will be kept strictly confidential.

\$50 HONORARIUM PROVIDED. CONTACT  
[REHABSTUDY@HSABC.ORG](mailto:REHABSTUDY@HSABC.ORG).





## 2019 SUMMER INSTITUTE FOR UNION WOMEN EXPLORES EQUITY, JUSTICE, AND “RECONCILE-ACTION”

**BY SONIA ANDHI BILKHU**  
HSA MEMBER

The 2019 Summer Institute for Union Women (SIUW) was 5 days of great learning, sharing, and building solidarity. It was held at the beautiful campus of the University of British Columbia on unceded Musqueam territory from July 2-6. It was a gathering of self-identified women, trans, non-binary, gender non-conforming and questioning people from Western Canada, Washington, Oregon, California, Hawaii and Japan. The theme of the institute was Equity, Justice and “Reconcile-Action.”

When I think about unions, I see their work being grounded in fairness, empowerment, workers’ rights, and having a voice. To me, social justice means all of the aforementioned things, as well as human rights, equity, and addressing racism, privilege and discrimination.

Unions are an organized effort to reduce inequities for their members. Currently, more and more unions are creating safer spaces for not just their members, but for communities. When they fight for fairness and equity, they don’t just fight for their members, they fight for all of us to ensure that resources and opportunities are distributed fairly and equally, locally and globally.

At SIUW, we explore how union members can be more effective in this work.

Eight HSA members from various disciplines and different parts of the province and one daughter of an HSA member attended the institute. We attended courses and workshops on topics such as organizing, anti-oppression, gender justice, and leadership, participated in the healing ceremony of smudging, and joined the Day of Action to support striking union members of Westminister Savings Credit Union (WSCU).

Hundreds of us gathered on July 5 at the Port Coquitlam Shaughnessy Station branch of WSCU and marched to the Sunwood Square branch in Coquitlam. We were joined by other HSA members and the New Westminister District Labour Council. What an exhilarating feeling of support and solidarity!

And on July 4, union sisters and friends demonstrated in front of the US Embassy and then Trump Tower to show resistance to the detention of migrants in the US where living conditions have been reported to be deplorable.

All in all, the SIUW was a great experience. I can’t wait for next year’s summer institute!



THE KNOWLEDGE TRANSLATION CHALLENGE TEAM MEMBERS FOR THE PROJECT “ADDRESSING MALNUTRITION IN ACUTE CARE AT PHC” ARE HSA MEMBERS AND DIETITIANS (L-R) JIAK CHIN KOH (TEAM MENTOR), EMILY ZAMORA, JAKI THORNHILL (PROFESSIONAL PRACTICE LEADER), ALENA SPEARS, AND MAUDE HENRI-BHARGAVA (NOT PICTURED). PREVIOUS TEAM MEMBERS ARE DIETITIANS VANESSA LEWIS, NICOLE O’BYRNE, AND KATHY HO, ALONGSIDE PATIENT PARTNER MARGARET MACLENNAN.

# ADDRESSING MALNUTRITION IN ACUTE CARE

DIETITIANS TAKE AN INTERDISCIPLINARY APPROACH TO KNOWLEDGE TRANSLATION CHALLENGE

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

According to research conducted by the Canadian Malnutrition Taskforce, 25 to 50 per cent of patients admitted to a Canadian hospital are malnourished.

“That’s a significant portion of people who we serve in our hospitals,” said Jaki Thornhill, HSA member, dietitian and professional practice leader at St. Paul’s Hospital in Vancouver.

While there is some variability

in this statistic based on patient populations and timing of nutrition screening, the prevalence of malnutrition in Canadian hospitals is concerning. Malnutrition has been linked to negative outcomes including impaired wound healing, impaired function and lower quality of life. Those who are malnourished may also have more frequent re-admission to hospital and higher mortality rates.

Thornhill is part of a team of dietitians at St. Paul’s Hospital who are tackling malnutrition

in acute care head-on. They’ve launched a project to integrate components of the Canadian Malnutrition Taskforce’s Integrated Nutrition Pathway for Acute Care (INPAC) into the hospital’s standards and

**Canadian Malnutrition Awareness Week is happening September 23-27. For more information, visit [www.NutritionCareInCanada.ca](http://www.NutritionCareInCanada.ca).**

“I think changing the conversation around malnutrition or just nutrition in general in hospitals is something everybody can do, and it needs to be seen as something that’s important.”

practices. They are using an interdisciplinary approach to knowledge sharing in order to address patient malnutrition across the spectrum of hospital health care delivery.

The Canadian Malnutrition Taskforce, a standing committee of the Canadian Nutrition Society, released INPAC in 2017. Developed by clinicians, INPAC aims to increase the general awareness of malnutrition in hospitals, improve nutrition screening practices, and ensure standardized nutritional assessments.

As part of the Providence Health Care Knowledge Translation Challenge funded in part by HSA, Thornhill, alongside dietitians Maude Henri-Bhargava, Alena Spears, and Emily Zamora, under the mentorship of Dietitian Jiak Chin Koh, took up the project after participating in the taskforce’s second annual Canadian Malnutrition Awareness Week back in September 2017.

Dietitians Nicole O’Byrne, Vanessa Lewis and Kathy Ho also served as team members, but have since moved on to other roles.

“There was a couple of us wondering what else we can do to facilitate change and improve the care for our patients,” recalled Thornhill.

Shortly after the malnutrition week campaign, INPAC was released, and there was a project callout for the Knowledge Translation Challenge.

“We saw it as an opportunity to take the best practices that had already been established, tried, and implemented at other sites within Canada,” said Thornhill. “We had a way to be supported organizationally to do it well, and to ultimately be successful in some of the initiatives we wanted to roll out.”

While there are some dietary supports available in the hospital once a patient is admitted, if the patient isn’t feeling well and is medically compromised, this could impact a hospital’s ability to meet the patient’s nutritional needs. According to Thornhill, malnutrition can actually worsen after a patient is admitted to hospital.

She said that there are a variety of factors that could cause an acute care patient to be malnourished, “especially when we look at the patient population we serve.”

“A lack of food security is a really big component. If we look at older adults, we know there is more social isolation. There’s less ability to access food, groceries, and social meals,” she said. If they are compromised in the community, “It’s not surprising that when they come to hospital, they are already in a compromised state.”

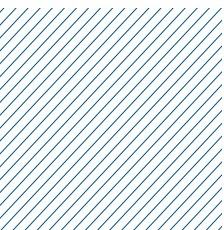
While knowledge surrounding healthy diets and food is a factor, “what we see more of are the social aspects that impact somebody’s ability to nourish themselves,” she said.

And according to Thornhill, when someone is already feeling unwell, their ability to eat well is compromised. “People are already at a low point when they come to hospital.”

Among its goals, the project seeks to increase awareness across professions regarding multidisciplinary strategies for addressing malnutrition.

“We see a collaborative and

CONTINUED ON PAGE 12



HSA MEMBER ALENA SPEARS WITH THEN-UBC 5TH YEAR DIETETICS STUDENT EVAN DUXBURY TASTE TEST MENU ITEMS WITH STAFF FROM THE URBAN HEALTH UNIT AT ST. PAUL’S HOSPITAL AS PART OF 2018 MALNUTRITION WEEK ACTIVITIES.





HSA MEMBERS JACKIE HANNAFORD (OCCUPATIONAL THERAPIST) AND SHAWNA GOULD (PHYSIOTHERAPIST) SHARE INFORMATION AT THE 2018 MALNUTRITION AWARENESS FAIR AT ST. PAUL'S HOSPITAL.

CONTINUED FROM PAGE 11

team-based approach as important in addressing not only one-on-one patient needs, but also addressing it at a more system level," said Thornhill.

The team's multidisciplinary approach began at its early stages. They pulled together an interdisciplinary group at the hospital to inform the direction of the project. The consultation helped the team determine which components of the pathway to focus on.

They asked the group what they thought was important, and where they thought the project could make an impact. "And that is where the patient mealtime experience piece really came through," explained Thornhill.

Improving the mealtime experience is one of four components to the project. Its other principle objectives are to build general awareness, improve nutrition screening practices, and implement the Subjective Global Assessment, which the Canadian Malnutrition Taskforce calls "the gold standard for diagnosing malnutrition."

"The building awareness piece and the mealtime experience piece is where we see key interdisciplinary involvement," said Thornhill.

She said that a patient's nutritional status is impacted by how health care workers talk about hospital food. "How do you talk about pureed foods? Do you say 'this is gross?' Do you say 'I'm going to give you some green goop?' Or do you say, 'we have some broccoli for you today, and it has X, Y, and Z in it?'"

These interactions can impact how a patient perceives their food, said Thornhill, and ultimately, how they eat.

"I think changing the conversation around malnutrition or just nutrition in general in hospitals is something everybody can do, and it needs to be seen as something that's important."

According to the Canadian Malnutrition Taskforce, malnourished patients spend two to three days longer in hospital than their nourished counterparts.

"Nutrition does often get seen as an extra when really, nourishment is essential to recovery and ultimately getting back home," said Thornhill.

At the same time, the team has learned a lot from other health care workers about how their work in the hospital can support patients' nutritional needs, and how good nutrition supports the interventions they provide.

Speech language pathologists have provided insight to the team about how nutrition affects their patient care. "If a patient is better nourished, it's more likely that they are going to have a stronger swallow, and they might rehabilitate more effectively from dysphasia or stroke," explained Thornhill.

"That's where we saw a mutually beneficial conversation and desire to address this gap that we saw," she said.

Thornhill also provided the example of physiotherapy. Rehabilitation is positively impacted by good nutrition. For patients "to maintain their functional capacity and build on their functional capacity, they need to be well nourished."

From nurses to pharmacists, speech language pathologists to occupational therapists, and physiotherapists to social workers, Thornhill said that everyone can play a role in ensuring patients are well nourished.

# Food is Medicine

## A closer look at the hidden impact of malnutrition.

have difficulties meeting their nutritional needs.



**1 in 3 seniors**

### Here's what to look for:

- ▶ **Poor appetite**
- ▶ **Problems chewing and swallowing**
- ▶ **Loss of taste or smell**
- ▶ **Unintentional weight loss**
- ▶ **Depression/anxiety/dementia**
- ▶ **Difficulty in getting groceries and preparing meals**
- ▶ **Not enough money for food**
- ▶ **Eating alone**

**You can make the problem smaller. Early detection and intervention can make a difference.**

**Primary health care teams can work together to lessen the burden of malnutrition in our communities.**

- **Screen seniors for nutrition risk**
- **Chart risk factors**
- **Refer to a dietitian**
- **Educate patients/families**
- **Evaluate outcomes**
- **Network for supports**



**1 in 4 patients**

who are admitted to hospital are malnourished, many are older adults.

Malnourished patients are



**2x**

more likely to be readmitted to hospital.



**Only 1 in 10 patients**

discharged from hospital see a dietitian in the community



Canadian Malnutrition Task Force™ | le Groupe de travail canadien sur la malnutrition™



For more tips and guidance on where to find additional support, please visit: <http://nutritioncareinCanada.ca/canadian-malnutrition-awareness-week>

Malnutrition Awareness Week™ is a mark of the American Society for Parenteral and Enteral Nutrition (ASPEN). Used with permission from ASPEN.

This ad was provided by the Canadian Malnutrition Taskforce and the Canadian Nutrition Society.

# THE EFFECTS OF FOR-PROFIT HEALTH INSURANCE ON PUBLIC HEALTHCARE DELIVERY: EXAMINING THE RESEARCH

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

Given Canada's close proximity to the US, Canadians often hear horror stories from Americans about healthcare, whose bodies and bank accounts are at the mercy of a very broken system. We hear anecdotes of multi-thousand dollar medical bills, personal bankruptcy, preventable deaths due to refused care, and group trips across the border for cheaper prescriptions. This contrast with the Canadian experience is perhaps one of the reasons Canadians value their public health care system so dearly.

However, it's important to remember that the US medical system isn't strictly a private one. It's actually a two-tiered system whereby state medical programs, such as Medicaid, exist alongside privately-insured medical coverage. In fact, the US government actually spends more per capita on health care than Canada.

And according to Dr. David Himmelstein and Dr. Steffie Woolhandler, co-founders of the US-based organization Physicians for a National Health Program, the US system provides an excellent case study for understanding the effects of for-profit health insurance on public health care programs. Their research is a sober reminder of how important it is to protect Canada's universal public health system.

The BC Health Coalition hosted the pair to speak about their healthcare research at an event

in June before Himmelstein took the stand as an expert witness in the Brian Day case.

The case, which began in September 2016 at the BC Supreme Court, threatens to knock down the laws that limit the expansion of a two-tiered public health system in Canada. Plaintiff Brian Day, CEO of the private, for-profit Cambie Surgeries Corporation, has launched a constitutional challenge, and is asking the court to allow private insurance companies to sell insurance for medically-necessary services provided through the public healthcare system.

Himmelstein and Woolhan-

dlar have studied health care systems around the world, and said that where a private sector exists, the public health system is undermined. They contend that a private health sector does not expand the amount of care delivered, nor does it reduce waitlists - key arguments put forth by plaintiff Brian Day. A two-tiered system, however, is proven to be quite costly for the public purse.

Himmelstein points to how the US system, which has a booming private health sector, ranks second in the world in terms of total government expenditures spent per capita on health care. According to Himmelstein, "The

HSA MEMBERS OUTSIDE THE BC SUPREME COURT IN SETEMBER, 2016.





DR. STEFFIE WOOLHANDLER AND DR. DAVID HIMMELSTEIN, CO-FOUNDERS OF THE US-BASED ORGANIZATION PHYSICIANS FOR A NATIONAL HEALTH PROGRAM, SPEAK AT A PUBLIC TALK ORGANIZED BY THE BC HEALTH COALITION.

US spends about \$6,500 per person in government money on health care, and that is more than any nation, except Switzerland, spends on their entire health care system.”

A recent study published in *Health Affairs* by researchers Gerard F. Anderson, Peter Hussey, and Varduhi Petrosyan attributes the US’s high healthcare spending to higher prices for medical services and prescriptions, including higher salaries for doctors and nurses.

The study also found that despite this, the country has fewer nurses and doctors per capita than the median for OECD (Organization for Economic Cooperation and Development) countries, based off of 2015 data. Their study concludes that high spending does not indicate increased access to health care resources.

Woolhandler and Himmelstein said that the data demonstrates that it’s the supply of health care resources – such as an increased supply in hospital beds or physicians – that determines wait times, not financing. They contend that the introduction of private health insurance into Canada’s health care system would not lead to decreased wait times.

“The premise of the Cambie surgical case as I understand it is that it [private health insurance] would actually add resources to care and therefore decrease the backlog or short-

ages of care in the system as a whole,” said Himmelstein.

“And yet the experience in both Quebec and in the US is that as you increase the financial possibilities for doctors, as you increase how many people have coverage, they don’t actually work any more hours or deliver more care. They simply shift the care that they’re delivering.”

He said that this is not a North American phenomenon. The same trend has been documented by their international research.

“The care would stay the same, but it would go to the wealthy,” said Woolhandler.

And yet, Himmelstein said that even insured Americans face long waitlists for medical services.

“Even for people with insurance, we often have quite substantial waits.”

He said wait times can vary greatly depending on where someone lives. “For a primary care visit in Franklin County, Massachusetts, part of the relatively more rural part of the state, the most recent survey said there is a 100-day wait for the first primary care appointment. And that’s for someone with private insurance.”

For those covered by state health care programs, such

as Medicaid, wait times are even worse. With 76 million Americans enrolled in Medicaid, “we’re not talking about a fringe program.”

He says that “Medicaid, the program for the poor, pays lower fees than private insurance and many fewer doctors are willing to accept it. And the wait times there are often extremely long and often care is unavailable.”

He referenced a “secret shopper” study by researcher Karen Rose, who found that when her team called to request appointments from medical professionals such as orthopedic surgeons, psychiatrists, and dermatologists, around 12 per cent were prepared to see a patient with Medicaid insurance and 96 per cent were prepared to see a patient with private insurance.

Woolhandler said that people with higher-paying private insurance are also more likely to be seen sooner by a clinic, even among doctors who claim to accept Medicaid.

“It translates into unequal care and actually very inefficient care. Because the decision about whether to squeeze a patient in or not should be based on ‘they really need to be squeezed in because they’re

CONTINUED FROM PAGE 15

sick,' not because the patient has twice the reimbursement."

"So you worsen the efficiency of the system from the point of view of population health. You end up with resources going to the wrong place," said Woolhandler.

These problems are magnified further when examining the enrollment practices of private insurance companies.

Himmelstein said that profit-driven insurance companies are working very hard to make sure those who need insurance don't have it, and those who don't need it are enrolled.

"If you're an insurance company, the last thing on earth that you would want to do is enroll a sick person." Himmelstein said that insurance companies are performing very sophisticated data analysis to avoid the sale of insurance to sick people.

"Amazon can tell whether I am buying large-sized clothes or smaller-sized clothes. And our insurance companies are purchasing that data about me. And that may be indicative as to whether or not I'm a good customer or a bad customer," said Himmelstein.

This data analysis and targeted marketing contribute to high overhead costs for insurance providers.

Woolhandler said that compared to public insurance, private insurance has extremely high administrative overhead. She said that Canada's national program is administered for under two percent.

"In contrast our private health insurance industry runs an overhead of over 12 per cent," she said, and this administrative waste represents a huge amount of money.

According to Himmelstein, 2017 figures indicate that \$227 billion would be saved each year if US private insurance companies had the same overhead expenses as Canada's national public healthcare program. He

**“Himmelstein and Woolhandler have studied health care systems around the world, and said that where a private sector exists, the public health system is undermined. They contend that a private health sector does not expand the amount of care delivered, nor does it reduce waitlists – key arguments put forth by plaintiff Brian Day.”**

said that this trend is a universal one – in fact, the overhead of Canada's private health insurers is in fact higher.

Because private insurance companies in the US are contracted to administer parts of the public system's Medicaid and Medicare programs, these high administrative costs are directly impacting public health expenditures.

The two-tiered system also impacts Americans' personal finances.

Himmelstein said that in the US, medical debt is the most common reason for bad credit ratings and the most common

reason for debt collection calls. When they conducted studies on medical bankruptcy, they found that most of those who were medically bankrupted had some form of health insurance.

In the United States, 29 million people – 10 per cent of the population – don't have health insurance. Between 30-50 million more are "underinsured."

PLANTIFF BRIAN DAY - NICKNAMED "DR PROFIT," BY CRITICS - IS THE FOUNDER AND MEDICAL DIRECTOR OF VANCOUVER'S CAMBIE SURGERY CENTRE.





Together, we are powerful.

#WD2019

# POWER

The global 2019 Women Deliver conference was held June 3-6 in Vancouver, BC, and brought together over 6,000 people from a variety of sectors and countries to explore ongoing efforts taking place across the globe to advance gender equality. For HSA members in attendance, it was an opportunity to learn about inspiring initiatives taking place around the world by sometimes small but influential groups of people.

Organized by self-identified women/girls, non-binary and two-spirit people, the four-day Feminists Deliver conference took place alongside Women Deliver, and brought attention to issues affecting marginalized communities in BC. Its programming aimed to build connections across intersectional feminist movements – in other words, movements that see gender equity issues as multi-faceted, and explore how other forms of discrimination, such as racism, classism, or ableism, impact approaches to transformative change.

We asked HSA member delegates to share with us some of the insights they gained through the conferences.

## IN THEIR OWN WORDS

*“IF YOU DO FOR US,  
WITHOUT US, YOU’RE  
AGAINST US.”*

“One of the big takeaways from this conference for me was the concept of intersectionality. There was a lot of focus in the different sessions on identifying the many goals that different social movements and issue-based campaigns have in common, and the ways in which they can work together to support one another.

A quote that stuck out for me was this: ‘If you do for us, without us, you’re against us.’ Whether in my workplace or in my community, to me this means entering spaces and conversations and asking the questions: Who isn’t here? Why aren’t they here? How can we get them here?”

– LAURA GREENWOOD,  
MENTAL HEALTH CLINICIAN  
WITH THE RICHMOND  
MENTAL HEALTH TEAM,  
WOMEN DELIVER  
PARTICIPANT

*“SMALL ACTIONS AND  
IDEAS SPREAD LIKE  
FIRE.”*

“It was very inspirational to realize how small ideas spark such a difference. Everything starts small and it’s really up to the power of people to collectively make some big change. Even our movement at HSA for feminine products in the workplace just goes to show how small actions and ideas spread like fire.”

– LAILA HUSSAIN, DIETITIAN,  
ABBOTSFORD REGIONAL  
HOSPITAL, WOMEN DELIVER  
PARTICIPANT

*“IT IS VITAL THAT WE  
ORGANIZE THROUGH  
OUR AGENCIES, UNIONS,  
COMMUNITY GROUPS, AND  
WHEREVER ELSE TO LEARN  
FROM AND SUPPORT ONE  
ANOTHER!”*

“The conference was such a necessary proof to me that there are others out there doing grassroots work through their agencies to better the lives of marginalized women. It helped to rekindle my hope and gave me concrete examples of what I could bring back to my community.

I think that this experience is integral to community social service workers, because every single day, the nature of the work that we do means that we face systemic levels of bureaucracy that hinder our ability to truly make lasting change for the people that we serve.

So it is vital that we organize through our agencies, unions, community groups, and wherever else to learn from and support one another!”

– MEGAN LAWRENCE, RESIDENCE  
WORKER, COMOX VALLEY  
TRANSITION HOUSE SOCIETY, AND  
FEMINISTS DELIVER PARTICIPANT



HSA MEMBER AND PROJECT LEADER KIT CHAN, HSA MEMBER AND PROJECT COORDINATOR ANNE LECLERC, AND TEAM MEMBER ANNES SONG. TEAM MEMBERS NOT PICTURED: TEAM MENTOR DR. JOSEPH PUYAT, HSA MEMBER KAREN POTT, SPIRITUAL HEALTH PRACTITIONER CHRIS BERNARD, AND MENTOR AND PRINCIPAL INVESTIGATOR DR. PADDY RODNEY

## AWARD-WINNING RESEARCH PROJECT EXPLORES STRESS MANAGEMENT FOR LONG-TERM CARE STAFF

**BY ANNE LECLERC**  
HSA MEMBER

When a resident dies in long-term care (LTC), this can take a toll on staff who have developed close emotional bonds with them.

Our knowledge-to-action (KTA) research project “Keeping the Light Shining” identified challenges that the staff experience when caring for LTC residents throughout the dying process and strategies to help alleviate staff stress and burnout. This Phase 2 of our research was supported with funds from the WorkSafeBC research program.

For this project, we have been awarded the Health Employers Association of BC (HEABC) 2019 Workplace Health Innovation Gold Apple Award. This award is for a project or best practice that makes use of leading practices to improve

workplace and worker health and safety.

Winning projects have demonstrated: leadership, vision, measurable results in improving the health and safety of health care employees, project management, and system-wide thinking.

By conducting our project, we enhanced our understanding of the interdisciplinary team’s challenges in LTC, and also improved the quality of workplace practice and environment with regards to end-of-life (EOL) care and palliative services for the dying residents and their families.

This is important to consider because the well-being of staff is interconnected to the well-being of residents, their families, and whomever they serve.

Our findings highlight the importance of instituting policies/ programs that promote the

psychological well-being of LTC staff.

**Recommendations include:**

- emphasizing the importance of acknowledging grief and stress
- supporting staff in taking time to say goodbye to dying residents
- supporting debriefings and attendance at mini-memorials
- promoting self-care and mindfulness activities
- leading and nurturing effective communication with the team and residents’ families in ensuring care goals are understood and shared
- ensuring that residents and families benefit from supports such as palliative and spiritual care
- providing continuing

education for staff regarding EOL care and coaching skills on comforting residents and family members during difficult times

- reassessing staffing levels to account for the changed demographics and care needs of current residents and providing resources to support staff in comforting residents and families
- fostering supportive leadership practices and promoting a culture of safety

**Specific recommendations for higher learning institutions and professional associations:**

- enhancing the emotional preparation of learners for coping with resident deaths (education on death, dying, grief, burnout, moral distress, building resilience, built into the curriculum)
- enhancing education on palliative care approach and dementia as a terminal illness, built into curriculum

- promoting LTC as specialist area of healthcare

Our team hopes to continue with our work to sustain our research and further aide in preventing workplace stress and burnout related to resident deaths in LTC homes.

*Disclaimer: This news article is intended to present the views, findings and opinions of the research team only, as reported by the research team. It does not represent the views of the research funding agency. Any inquiries about this article or this research project should be directed to the research team responsible for this research project.*

For more information about the team’s research project, visit their webpage:  
<http://professionalpractice.providencehealthcare.org/ltc-team-support>



To learn about all the HEABC BC Health Care Award winners, visit:  
<http://www.bchealthcareawards.ca>

# CONGRATULATIONS TO ALL HSA MEMBERS WHOSE TEAM PROJECTS RECEIVED AN HEABC BC HEALTH CARE AWARD!

**DIANNA MAH-JONES AWARD OF EXCELLENCE IN PERSON-CENTRED CARE, AWARD OF MERIT**

**Mary-Anne Bedford** - Physiotherapist, 100 Mile District Hospital

For the project *Mobility: Back to Basics*

**WORKPLACE HEALTH INNOVATION GOLD APPLE AWARD**

**Kit Chan** - Dietitian, St. Vincent’s Hospital (Langara)

**Anne Leclerc** - Physiotherapist, St. Paul’s Hospital

**Karen Pott** - Occupational Therapist, St. Vincent’s Hospital (Langara)

For the project *Keeping the Light Shining*

**COLLABORATIVE SOLUTIONS GOLD APPLE AWARD**

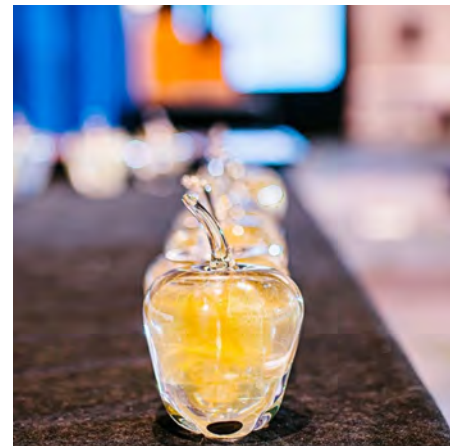
**Mary Morrison** - Women’s Counsellor, Victoria Women’s Transition House

For the project *The Harbour Community Health and Wellness Centre*

**COLLABORATIVE SOLUTIONS AWARD OF MERIT**

**Carolyn Jarvis** - Social Worker, Vancouver General Hospital

For the project *Transplant First Initiative*





## Partner profile: CoDevelopment Canada

CODEVELOPMENT CANADA (CODEV) IS A BC-BASED INTERNATIONAL SOLIDARITY ORGANIZATION THAT BUILDS PARTNERSHIPS WITH WOMEN'S ORGANIZATIONS, COMMUNITY GROUPS, AND LABOUR ACTIVISTS IN LATIN AMERICA TO INFORM ITS GLOBAL JUSTICE WORK.

It's through these longstanding partnerships that CoDev is able to bridge the divide between the Canadian labour movement and those fighting for labour rights in Latin America. Because of CoDev, HSA is able to directly support like-minded organizations across borders engaged in human rights and community activism, in countries such as Honduras, Nicaragua, Colombia, Panama, Cuba, Guatemala, El Salvador, and Costa Rica.

HSA has been a partner of CoDevelopment Canada since 1989. Today, CoDev receives support through HSA's Committee for Equality and Social Action (CESA) fund. In 2012, HSA members passed a resolution allocating 0.6 per cent of HSA revenue to the CESA fund. The fund is distributed annually to successful applicants, and supports groups whose works demonstrate a commitment to the:

- promotion and protection of trade union rights
- promotion and protection of human rights
- elimination of inequalities in society and the workplace
- promotion of issues relevant to women
- elimination of poverty
- promotion and protection of a healthy environment

While many of the organizations supported by HSA's CESA fund focus on provincial and local issues, HSA's support for CoDev allows the union to make an impact on a global level.

CoDev is well connected to organizations on the ground doing incredible work – groups that have displayed immense courage fighting for social and economic justice in sometimes violent and volatile environments.

We can take some valuable lessons from the work being done by activists in other countries. Their stories can inspire and uplift us, and remind us that workers all around the world face similar struggles.

The Report editor Samantha Ponting joined a CoDev tour last spring and had an opportunity to take a look at two of the partners supported by CoDevelopment Canada's Labour Rights program stream.

### THE MARIA ELENA CUADRA MOVEMENT OF EMPLOYED AND UNEMPLOYED WOMEN (MEC)

MEC is based in Nicaragua and is "an autonomous, broad-based women's movement," according to CoDev. It is dedicated to the emancipation of women and

works closely with domestic workers, unemployed women, and maquila workers – workers in the country's garment factories who produce products for

export. 70 per cent of Central America's 390,000 maquila workers are women, and the industry is infamous for its poor labour standards.

While MEC's work is largely focused on supporting maquila workers, in 2012 they played a major leadership role in achieving federal legislation prohibit-

ing violence against women, in collaboration with other players across Nicaragua's women's movement.

Their work is remarkable. They offer legal and psychological support to women, and their train-the-trainer model empowers women to become promoters of women's rights in their workplaces and communities. For women experiencing violence and discrimination in their homes and at work, MEC is a major support.

Occupational health and safety is a major issue in the maquila sector. Back, shoulder, and spine injuries are common, which can result from poor ergonomics and repetitive motions. According to a 2018 report produced by MEC that surveyed 1016 maquila workers across the free trade zone, 16 per cent are diagnosed with a musculoskeletal condition.

According to one woman suffering from a workplace injury, MEC provided valuable

psychological support in the face of workplace discrimination. She said that before connecting with MEC, she suffered from low self-esteem, and she was degraded at work after her accident.

"When I came back to work, they treated me like I was useless," said the worker, whose name has been kept anonymous for safety reasons.

She heard about MEC from a radio advertisement. "I thank MEC so much, because they accompany me so much. Their words motivate me. MEC has given me support so that no matter what, they don't force me out the door."

She has now become a promoter with MEC, and provides support to other women. Promoters help educate fellow workers about their rights, such as how to appeal for compensation for workplace injuries from the Institute of Social Security, and how to demand respect from employers.

MEC's members are facing violent repression from the Nicaraguan government because of their work.

In April 2018, the Nicaraguan government tried to reform the country's social security system by cutting pensions. Protests exploded across Nicaragua, partially in response to the government's violence against protesting seniors. Members of MEC participated in the marches that unfolded.

Its Executive Director, Sandra Ramos, was put in prison. She has since been freed, but other maquila workers are still in jail, and MEC's offices are under police surveillance.

"They'll stand on this or the other side of the street trying to intimidate us, but we still come," said one worker.

Despite intimidation tactics from the Nicaraguan government, MEC continues to keep its office open to serve women in the community.

## THE HONDURAN WOMEN'S COLLECTIVE

CODEMUH is doing incredible work to defend the rights of women in Honduras, in particular, the labour rights of women maquila workers. They are based in Choloma, Honduras' third-largest city and home to a major industrial park where factories produce goods for export. Through educational workshops, legal advocacy, and community organizing, CODEMUH has effectively transformed practices that violate human rights and labour rights, despite its limited resources. They are one of the few organizations that maquila workers can turn to when facing major workplace abuses.

In recent years, CODEMUH's actions have focused on occupational health and safety.

In Collaboration with CoDevelopment Canada and its Canadian partners, CODEMUH has worked to compile medical data that correlates many musculoskeletal injuries to the workplace conditions in maquilas. Their research and advocacy have compelled

the Honduran Social Security Institute to recognize particular conditions as occupational injuries, qualifying maquila workers for workplace accommodations and disability benefits.

Despite protections won at the national level, workers face labour rights violations. Multinational garment companies routinely fire workers because they suffer from workplace injuries.

One woman fired by American company Delta Apparel says she suffers from chronic tendonitis in her right arm and left shoulder. "Thanks to workshops at CODEMUH, I learned to defend my labour rights, and I learned about the seriousness of this issue," she said.

CODEMUH is working closely with her and other fired workers to have them reinstated. They are demanding that national laws such as the Labour Code be respected, and that companies better protect workers' occupational health and safety.

Another worker, who reports having serious disabilities affecting her spine and shoulder, said that CODEMUH's support was fundamental as she confronted workplace discrimination. "They gave me energy to defend myself. After that I had strength. I felt I wasn't alone. I felt I had the courage to stand up to management."

"They taught me to defend my rights not just in the company, but also in the home," she said.

Many women in Honduras' maquila sector report experiences of gender-based violence. CODEMUH participates in the country's women's movement and has been an active player in the campaign against femicides. According to CoDevelopment Canada, an average of 51 women are killed each month in Honduras.

CODEMUH incorporates gender violation awareness and prevention into their trainings and was part of the tribunal that successfully lobbied the government to strengthen criminal sentences for perpetrators of femicide.

# HEALTH CARE AND COMMUNITY SOCIAL SERVICE WORKERS ARE OFTEN ON THE FRONT LINES OF HIGH-STRESS, TRAUMATIC EVENTS AND VIOLENCE.



Presumptive coverage means that when a mental health injury happens as a result of work, the worker is able to get workers' compensation without being forced to prove that work was the cause. Presumptive coverage is already in place for select professions, including emergency dispatchers, nurses, and health care aids.

HSA IS ASKING THE BC GOVERNMENT TO EXPAND PRESUMPTIVE COVERAGE TO ALL HEALTH CARE AND COMMUNITY SOCIAL SERVICE WORKERS FOR MENTAL HEALTH DISORDER CLAIMS.

“

I WORK FOR AN ORGANIZATION THAT PROVIDES SAFE SHELTER AND SUPPORTS TO WOMEN AND THEIR CHILDREN WHO ARE EXPERIENCING VIOLENCE IN RELATIONSHIPS, ADDICTION, HOMELESSNESS AND/OR DEEP POVERTY. AS A PROGRAM COORDINATOR, I PROVIDE COORDINATION AND SUPPORT TO A NUMBER OF OUR PROGRAMS AND I OFTEN PROVIDE A FRONT LINE RESPONSE TO WOMEN IN DISTRESS WHO COME THROUGH OUR DOORS, I LOVE MY JOB. THERE ISN'T ANYTHING ELSE I WOULD RATHER BE DOING, BUT I SEE THE IMPACTS OF THIS WORK ON MY CO-WORKERS (AND SOMETIMES EXPERIENCE THEM MYSELF) AND I WORRY ABOUT THEIR WELLBEING.

WE HAVE LOST SO MANY CLIENTS OVER THE LAST FEW YEARS THROUGH OVERDOSES, FENTANYL POISONING, AND SUICIDE. TWICE IN THE LAST YEAR, I HAVE BROUGHT IN THE MOBILE RESPONSE TEAM FROM THE PROVINCIAL HEALTH AUTHORITY TO DEBRIEF WITH OUR OUTREACH TEAM BECAUSE I HAVE BEEN SO CONCERNED ABOUT THE EMOTIONAL AND MENTAL WELLBEING OF OUR WORKERS IN THE FACE OF SO MANY LOSSES.

WOMEN COME INTO OUR OFFICE EVERY DAY AND TELL US TERRIBLE STORIES OF INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT. YEAR AFTER YEAR, OUR COUNSELLING STAFF SPEND THEIR DAYS LISTENING TO THOSE STORIES, AS DO THE STAFF AT OUR TRANSITION HOUSE WHO ANSWER OUR CRISIS LINE. ALL OF US HEAR THOSE STORIES AND WITNESS TRAGEDY EVERY DAY. ON A REGULAR BASIS, WE DEVELOP SAFETY PLANS WITH WOMEN WHO ARE AT HIGHEST RISK OF SERIOUS ASSAULT OR DEATH AT THE HANDS OF THEIR PARTNERS OR FORMER PARTNERS.

ALL OF US DO OUR BEST TO CARE FOR OUR PHYSICAL, EMOTIONAL, MENTAL AND SPIRITUAL HEALTH BUT SOMETIMES THE GRIEF AND LOSS AND TRAUMA ARE SIMPLY OVERWHELMING.

”

**ANNE DAVIS, TRANSITION HOUSE PROGRAM COORDINATOR, COMOX VALLEY TRANSITION HOUSE SOCIETY**



## HSA STAFF PROFILE

## HERE TO SERVE MEMBERS LIKE YOU

**Name:** Mike Wisla

**Job title:** Senior Labour Relations Officer, Health and Safety (OHS Rep)

**What you actually do, in your own words:** I represent HSA on provincial and regional committees and initiatives and I provide expertise to stewards and staff on issues related to health and safety prevention.

**Why this matters:** Safety is everybody's business, and knowledge is the key. All workers have a right to a safe workplace and this can only be achieved through education and advocacy.

**Your job before HSA:** Before HSA, I worked for the BC Teachers' Federation (BCTF), running the Health and Wellness program. Prior to that, I served as the Health and Safety Officer for BCTF.

**Secret talent unrelated to job:** I can direct marching bands.

**The colour that best represents you and why:** As a health and safety professional, I seemed to have amassed a large collection of clothing in bright orange - safe and visible.

**Best place you've ever visited and why:** In 2011, I participated in Dominion-Historica's Historic Battlefields Tour in Belgium and France. It was an in depth chance to learn and understand Canadian history and the horrors of war. As part of this tour I was honoured to lay a wreath at the Menin Gate Memorial in Ypres, Belgium as part of their nightly memorial service, on behalf of Canadian teachers.

**Literary, TV or movie character most inspiring to you:** In an odd way, I find the character of Forrest Gump inspiring. Forrest never allowed people to tell him what he couldn't do, as a result he would take advantage of whatever opportunities came forward. It is important to reach outside of your comfort zone and tackle new experiences.

**The best part thing about public health care is:** The best part of public health care is that it is public. Accidents and illness affect everyone, and public health care is there for everyone.

**Your perfect day looks like:** A perfect day is when I am surrounded by my whole family - my partner, my children, and my grandchild. In this busy world, these days become rarer, so these times are even more valued.

**What solidarity means to you:** Solidarity means working for a common cause. Solidarity and health and safety go together: "An injury to one is an injury to all."



# 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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*HSA recognizes the intersections between public health care and social services and Indigenous rights, noting that structural violence against Indigenous peoples in Canada, including historic and ongoing colonialism, impacts Indigenous peoples' equal right to the enjoyment of the highest attainable standard of physical and mental health, the right to access, without discrimination, all social and health services, and the right to their traditional medicines and to maintain their health practices (as outlined in Article 24, United Nations Declaration of the Rights of Indigenous Peoples).*



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