

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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OUT OF THE DARKNESS
NEW HSA AD SHEDS LIGHT
ON THE PROFESSIONALS
DELIVERING MENTAL HEALTH CARE

A RETURN TO GOOD FAITH

MONTHS OF UNCERTAINTY ENDED JULY 9.

That's when an historic agreement between the NDP and Green Party of BC created a governing coalition that could hold a majority of seats in the BC Legislature, and bring down the minority BC Liberal government that had been hanging on since the May election.

Years of indifference ended July 18. That's when Premier John Horgan and his cabinet was sworn in after 16 years of BC Liberal government.

Much can be said about the record of cuts, creeping privatization and lack of investment in people which characterized the administrations of Gordon Campbell and his successor Christy Clark. Throughout it all, HSA strived to maintain a constructive relationship with the government, and we met with some success even at the most difficult times. But we fought constantly against a discouraging indifference. The BC Liberal governments did not give high priority to working with unions. They did not put the needs of working people at the centre of their government. Their commitment to public health care itself often seemed weaker than their desire to open the doors for private, for-profit opportunities.

I have no doubt that those days are now behind us.

The NDP government will not be able to solve the many problems it inherits overnight. They face many difficult decisions, and not all will please members of unions like ours, because the NDP takes seriously their responsibility to govern for all British Columbians, not just the ones who helped them achieve

power. I think that is something we should respect.

But while we must be prepared for disappointments, I know that this is a government that puts the needs of working people at the heart of its choices. A government that respects and understands unions. A government that is deeply committed to restoring public health care in BC. A government that is listening intently to the needs of our members.

HSA has already engaged productively with the new ministers of Health, Mental Health and Addictions, Labour and others. The work of our Constituency Liaisons over the last few years has ensured that the new government understands our members and their contribution to the health care and social services systems. They are seeking our input on key matters like reducing wait times, improving mental health and addictions services, reducing violence in the workplace, and addressing shortages in many professions.

This fall, we ask our members to guide the priorities of the coming round of contract negotiations. We will take those priorities forward to an NDP government that will, in many ways, be tougher than the BC Liberals because of their commitment to accountability. But for the first time in decades, we will be negotiating with a government that understands what it means to bargain in good faith. And that's a very good thing.



“While we must be prepared for disappointments, I know this is a government that puts the needs of working people at the heart of its choices.”

Val Avery



“The support and advocacy was second to none. I’m forever thankful.”

“In 2007 I was injured at work. After a few months WorkSafe closed my claim, despite me not being well enough to return to work. HSA helped me through the WorkSafe grievance process, when that was denied HSA kept working all the way to the Appeal Tribunal. If it hadn’t been for HSA I would have never followed up or known my right to fight WorkSafe’s decision.”

ALLISON, REGISTERED PSYCHIATRIC NURSE, COWICHAN DISTRICT HOSPITAL



HSA President Val Avery chats with Vancouver General Hospital members attending a food truck event initiated by stewards from BC Cancer Agency and assisted by stewards from VGH who helped pull it all together. Nearly 500 members dropped by the sold-out August event for free tacos and ice cream. Special thanks for the work of member engager Doug Herasymuik.

SOCIAL WORKER PAT MACDIARMID WINS EXCELLENCE IN CLINICAL PRACTICE AWARD

PROVIDENCE HEALTH CARE HAS AWARDED HSA SOCIAL WORKER PAT MACDIARMID THE 2017 EXCELLENCE IN CLINICAL PRACTICE (SOCIAL WORK) AWARD.

MacDiarmid was nominated by the Cystic Fibrosis Team for her clinical leadership and practice in the Cystic Fibrosis program.

She has been a social worker for 20 years, during which time she has worked to provide counselling, advocacy, and program development in community based organizations. She joined the Adult CF Clinic team in early 2006. She has a Masters degree in social work from McGill University and is a member of the BC College of Social Workers. As the Adult CF Clinic social worker She provides psychosocial support for adults living with CF, with the aim of contributing to their overall quality of life. This includes providing supportive counselling, linking people to appropriate community resources, assisting people in managing the healthcare system, as well as assisting with practical issues such as medical EI, disability benefits, and vocational programs.

The award was presented at the PHC Professional Practice Awards Ceremony on May 24.



Social workers engage in meaningful conversations with the people they serve, and in many countries around the world, social workers mark June 6 as “What Matters to You? Day”. In Chilliwack and Langley, HSA social workers **Allison Oddy, Victoria Lakusta Lamberton, Andrea Giles, Liana Laviolette, Kelsey Haerberle** and **Brian Kucheran** marked the day by sporting a shirt that sparks important conversations.

HSA DONATES TO RED CROSS WILDFIRE RELIEF

GOVERNMENT WORKS WITH HSA AND OTHER UNIONS TO CREATE REGISTRY OF HEALTH CARE WORKERS WILLING TO HELP AFFECTED COMMUNITIES

THIS SUMMER, COMMUNITIES ACROSS BC SUFFERED THE WORST WILDFIRE SEASON IN DECADES.

More than 40,000 British Columbians – including HSA members – were evacuated from their homes, with another 20,000 placed on evacuation alert. In response, many of our professional members stepped up by asking how they could work to help their colleagues deliver health care in affected regions.

The BC Ministry of Health, HealthLinkBC, HSA and other unions quickly worked to build

a registry of health providers willing to take their skills where they were needed. Open to all BC regulated or registered health care providers, the registry ensured no interruption of benefits, vacation or seniority and compensation at current salary for any deployment. The registry will help ensure we’ll all be better prepared for future fire seasons.

In addition, HSA’s Board of Directors made a donation of \$15,000 to the Canadian Red Cross to help support the thousands of British Columbians affected by the BC wildfires.

The donation matches the \$15,000 donated by HSA’s na-

tional union, the National Union of Public and General Employees (NUPGE).

“Our thoughts are with residents, emergency crews, and, in particular, the health care and social services workers in the region who are working tirelessly to support patients and clients in the region,” said HSA President Val Avery.

“The Canadian Red Cross is on the ground providing help to those impacted by the disaster. And I encourage members to support those efforts by donating to the BC Wildfire Fund,” Avery said.



HSA DIETITIAN KIT CHAN, OCCUPATIONAL THERAPIST KAREN POTT AND PHYSIOTHERAPIST ANNE LECLERC HAVE BEEN RECOGNIZED FOR EFFECTIVE TEAMWORK

LIVING THE TEAM

PROVIDENCE RESEARCH INTO INTERDISCIPLINARY CARE FINDS HIGH LEVELS OF EMOTIONAL EXHAUSTION DURING END-OF-LIFE CARE; HSA MEMBERS WIN AWARD FOR TEAMWORK

The Providence Health Care (PHC) Residential Care Interdisciplinary Research Challenge Team, including physiotherapist/team leader **Anne Leclerc**, dietitian **Kit Chan**, occupational therapist **Karen Pott**, nurse Annes Song, and spiritual health leader Chris Bernard, along with Dr. Paddy Rodney (mentor) have won the 2017 PHC Foundress Mission Team Award. This is awarded to a team recognized as living the mission of PHC in working together effectively and fostering a sense of hope for those served and within the organization.

The aim of the research was to gain a better understanding of stress affecting teams providing interdisciplinary care during the dying process of long-term care residents. Staff had reported they had insufficient time or resources, and did not have sufficient knowledge to support families of more frail residents who required increased complexity of care. A survey was completed by staff from 12 different disciplines including six health science professions. A total of 203 surveys were returned for a response rate of 35 per cent.

The findings reveal that 30 per cent of staff reported high levels of emotional exhaustion, and men reported higher levels than females. Emotional exhaustion increased with the number of deaths experienced in past six months. Staff responses also indicated a high degree of dedication and compassion while working with the residents at end of life, but also revealed the cost of challenges related to lack of time, resources and education.

HAVE YOUR SAY IN UPCOMING CONTRACT NEGOTIATIONS

MEMBERS INVITED TO SHARE PRIORITIES FOR HEALTH SCIENCE PROFESSIONALS BARGAINING AT DECEMBER MEETING

WHILE MOST MEMBER CONTRACTS STAY IN FORCE UNTIL 2019, IT'S TIME TO START THINKING ABOUT WHAT'S IMPORTANT TO YOU AND YOUR COLLEAGUES AS WE PREPARE FOR NEGOTIATIONS.

HSA's Board of Directors has set a plan to consult with members in advance of contract negotiations for health science professionals expected to begin in 2018. Although the current Health Science Professionals Bargaining Association collective agreement is not due to expire until March 31, 2019, the union's leadership wants to ensure members share their ideas on how to improve the strained health care system in British Columbia through innovative agreements with government and health care employers.

ATTEND THE BARGAINING PROPOSAL CONFERENCE IN DECEMBER

A bargaining proposal conference has been scheduled for December 3-5, 2017 in Vancouver. Delegates from around the province will be

elected to represent their region at the December conference at the union's regular fall regional meetings in September and October.

At the December conference, delegates will elect eight or nine members to sit on the union bargaining committee. The bargaining committee will include one member from each of the province's health authority employers, one member representing affiliated worksites, and one member representing community-based worksites. Local meetings in October and November for members to develop bargaining proposals to forward to the December bargaining proposal conference. Deadline for submission of bargaining proposals to the HSA office is November 17, 2017.

PARTICIPATE IN THE FALL MEMBERSHIP SURVEY

Several thousand randomly selected HSA members from professions and worksites around the province will be invited to share their concerns and priorities through an on line survey open in October. If you're

invited, please participate, and to make sure you have an opportunity, please ensure HSA has your current personal email address. Update our records by sending an email to info@hsabc.org or filling out a short form at hsabc.org/contact/member-contact-update-form.

Survey results are kept strictly confidential, and provide an important means for negotiators to gauge support for your priorities.

Your collective agreement is the most important tool you have to define and enforce your legal rights. Contract negotiations are critical to your working conditions and rights. All members are encouraged to participate in setting the direction for your next contract. Watch your union bulletin board and email for information about important meetings coming this fall, and make sure we have your personal email address by going to hsabc.org/contact/member-contact-update-form.



INTO THE LIGHT

HSA'S NEWEST AD SHINES A LIGHT ON THE PROFESSIONS DELIVERING MENTAL HEALTH CARE IN BC.

The 30-second spot, airing on TV, Facebook and YouTube between October 23 and November 19, is an emotional story that helps the public, the media and members of the new government recognize the important role of key HSA professions working in acute care and the community. HSA is the only union representing professions across the full spectrum of mental health care in BC.

Special thanks to registered psychiatric nurses **Kiran Rama** and **Nicole McIntosh**, pharmacists **Sean Spina** and **Sean Elbe**, social worker **Sarah Chapple** and psychologist **Christine Korol** for advising on development of the ad.





MORE PROFESSIONALS CHOOSING HSA

CERTIFICATION VOTES AT NANAIMO CHILD DEVELOPMENT CENTRE AND FOUNDRY NORTH SHORE BRING NEW MEMBERS

IN EARLY JULY HEALTH SCIENCE PROFESSIONALS AT THE NANAIMO CHILD DEVELOPMENT CENTRE VOTED BY A STRONG MAJORITY TO JOIN HSA.

The union's 34 new members include health science professionals who deliver services in physiotherapy, occupational therapy, speech language pathology, infant development program, family development, Vancouver Island Children's Assessment Network, preschool, and supported child development, as well as a registered nurse.

"We are happy to welcome these new members. They are joining a union that is a strong advocate for early intervention and specialized services for children to ensure they have the supports and services they need

for a strong early start," said HSA President Val Avery.

HSA is the leading union in the province's child development sector, representing almost 1000 members at more than 15 agencies around the province. HSA's 18,000 members include health science and community social services professionals who deliver specialized services throughout British Columbia in acute and community health care, as well as in community social services.

FOUNDRY

HSA welcomes another 26 members working at Foundry North Shore, a North Vancouver integrated youth centre offering mental health and substance use support for kids and youth 12-24. In August, 92 per cent of health science profession-

als – including case managers, clinicians in youth mental health and addictions and eating disorders, educators, dietitians and occupational therapists voted on which union to join – and 100 per cent of votes cast were in favour of joining HSA. A few weeks earlier, 100 per cent of employees in the community subsector also voted to join HSA.

PART OF THE COMMUNITY

The votes also serve to raise visibility of HSA's important work in the delivery of community health outside of the acute care setting. A growing number of HSA members – and the care they deliver – are based in the community. As the health care system continues this shift, HSA and our members will play a big part.



FINANCE MINISTER CAROLE JAMES DELIVERED A SEPTEMBER BUDGET UPDATE THAT COMMITS SIGNIFICANT NEW FUNDING TO EXPANDING HEALTH CARE SERVICES IN BC

NDP GOVERNMENT BEGINS TO RE-INVEST IN HEALTH

THE NDP GOVERNMENT LED BY PREMIER JOHN HORGAN HAS MOVED QUICKLY SINCE OFFICIALLY TAKING POWER IN JULY.

Following close election results in May, extensive recounts, and a legislative showdown that saw BC's Lieutenant-Governor officially hand power to the NDP-Green coalition in mid-summer, NDP cabinet ministers have worked to begin shifting the priorities of the provincial government.

"We're putting people first by improving the services they need and making their lives more affordable while supporting a strong, sustainable economy that provides good jobs throughout our province," said Finance Minister Carole James during a budget update

"We're putting people first by improving the services they need and making their lives more affordable."

HEALTH AND SOCIAL CARE FUNDING HIGHLIGHTS:

- An additional \$20 million for early childhood development and child care, pushing total funding to \$330 million in 2016/17;
- \$681 million to the public K-12 system over three years;
- Medical Services Plan premiums will be reduced by 50 per cent for everyone effective January 1, 2018.
- New funding is aimed at improving housing affordability for British Columbians including \$208 million for the construction of 1,700 new affordable rental housing units and \$291 million for 2,000 supportive housing units for people who are homeless.

in early September. “Less than eight weeks after forming government, we have taken the first steps to invest in the people of B.C. with this budget update. We’ve made some immediate investments while we work toward our first full budget in February. In Budget 2017 Update, you’ll see our choices to build a better B.C. for everyone.”

The new provincial government unveiled the September budget update with a commitment to strengthen public services, including health care and social services. Overall, the three-year budget plan includes \$1.8 billion in new program spending with a surplus of \$246 million this year.

Across health care and social services, there will be an additional \$603 million over three years with \$290 million going towards new and expanded services to address the opioid overdose crisis. The budget commits to strengthening the mental health and addictions system, including increased access to integrated youth mental health services, new community substance use centres hardest hit by the fentanyl crisis, and additional training and education for health care professionals to support evidence-based treatment.

The government also delivered on its campaign promise to improve tax fairness by increasing the corporate income tax from 11 to 12 per cent and restoring the top personal income tax rate.

This budget update largely reflects the budget prepared by the previous government. The full 2018 budget will reflect the priorities of the new government. Privatization, staffing shortages, heavy workloads and wait times are complex issues that will require sustained government action, but the September update signals the new government is committed to improving critical health care and social services.



ADRIAN DIX, MINISTER OF HEALTH

BC’s new Health Minister Adrian Dix comes to the portfolio with extensive experience as the opposition critic. He will be working towards priorities like improving rural health services, reducing wait times, improving care for seniors, establishing urgent family-care centres to provide more team-based primary care and urging the federal government to develop a national Pharmacare plan.



JUDY DARCY, MINISTER OF MENTAL HEALTH AND ADDICTIONS

Judy Darcy, heading up BC’s new Ministry of Mental Health and Addictions, is laying the groundwork to deal with the province’s opioid overdose crisis and the overall need for improvements in how people suffering mental health and addictions are treated.

Darcy has met with Dr. João Goulão, who tackled a deadly drug crisis in Portugal, during which one per cent of the population was addicted. The overdose death rate was slashed through decriminalization, shifting perception of addiction from a criminal issue to a health care issue, and expansion of treatment facilities.

Darcy says we have much to learn from the Portuguese model, and plans to implement a government-wide approach to address addiction and mental health.

HOW IS WORKLOAD AFFECTING YOUR PATIENTS?



Eric Cheng, Professional Practise Lead/Asthma Educator

“Since starting in November 2016, I’ve been overwhelmed by workload.

By streamlining processes within the clinic, I’ve done almost 500 asthma education consultations, helping patients learn how to take care of themselves and lead lives free of the emergency room.

But there is a waitlist of more than 80 patients. Some of them have been waiting more than nine months and there is still no end in sight for them.

My patients are suffering and so are my staff.

With my time torn between two jobs in a part-time capacity, I am indebted to HSA steward Marjan Szlivka’s support and HSA’s ongoing advocacy - it’s a glimmer of light at the end of the tunnel.”



Doug Herasymuk, Occupational Therapist

“In my more than 20 years, I and members of our team have struggled against the pressure to prematurely discharge children and adolescents who experience a life-changing injury or illness. The “home is best” justification amounts to little more than sloganeering when community services themselves are underfunded or non-existent.

Approval for the funding, purchase and provision of essential assistive equipment now takes up to three months or more. Charitable programs that used to fund home modifications or the purchase of wheelchair accessible vans are depleted or gone. Remote or rural areas of the province may lack easy access to therapeutic services, requiring families to travel significant distances for care. Sometimes, the required occupational therapy, speech and language pathology or physiotherapy may not be available at all.

These factors directly impact discharge timelines, and the therapeutic goals we establish with children and their families to maximize recovery to the point where they can safely return to their home community.

It is heartbreaking and demoralizing to feel we could have done more given sufficient time and resources.”



MORE THAN 30 VOLUNTEER MEMBER ENGAGERS GATHERED FOR TRAINING IN SEPTEMBER. THEY'LL BE REACHING OUT TO COLLEAGUES IN WORKSITES AROUND THE PROVINCE AND URGING THEM TO SHARE THEIR STORIES ABOUT HOW PROFESSIONAL SHORTAGES AND WORKLOAD ISSUES ARE AFFECTING THE PATIENTS AND CLIENTS THEY CARE FOR.

A RANDOM SURVEY CONDUCTED LAST FALL FOUND THAT **75 PER CENT** OF MEMBERS ARE CONCERNED THAT WORKLOAD IS NEGATIVELY IMPACTING PATIENT CARE.

Over the course of 2016, HSA consulted thousands of members in several surveys. Over 5000 members completed a short survey on workload. Another 1400 completed a comprehensive survey. A further 2500 were randomly sampled.

The results all confirmed that workload pressures, made worse by growing shortages of key professionals, are not just making it harder for the people who deliver health care and community social services – they're compromising patient care.

NOW IT'S TIME TO SPEAK UP FOR THE PEOPLE WE CARE FOR.

This fall, volunteer member engagers are reaching out to colleagues across the province, urging them to complete the workload survey – if they haven't already done so – and

share their stories of how care for patients and clients is being affected.

It's important to tell these stories. In some cases, HSA may be able to launch individual grievances. In other cases, they'll form a strong foundation for a wider policy grievance. But perhaps most importantly, your story can help convince the new government that the price of continued inaction is simply too high.

Member engagers will be visiting departments and break-rooms, over various shifts, to

meet HSA members where they work. Sometimes they'll be bearing the coveted HSA chocolates.

Talk to your steward to find out more.

WHAT YOU CAN DO

Volunteer to be a member engager – a great way to get to know new people and help fix this big problem. HSA staff organizers are on hand to help.

Share your story – go to workload.hsabc.org to give examples of how patient and client care is being affected.

Complete the workload survey – thousands of members already have, but if you haven't, go to workload.hsabc.org to help HSA gather data on shortages and workload problems around the province.

Update your contact info – we need your personal email address and cell phone to keep you up to date, but not so much that it's going to bug you. We promise!



“As a dietitian – one of the founding professions of HSA – I am proud to be part of this union.”

“I have been a member of HSA for 20 years and have had the opportunity to attend a variety of education events and the Annual Convention. It is at these events that I have learned how the union has always been focused on making sure every one of the professions the union represents is heard equally.”

KATHLEEN, DIETITIAN, ST. PAUL'S HOSPITAL

NUTRITIONMONTH.CA



THIS OASIS IS NO MIRAGE

HSA PROPOSES EXPANDING A PROVEN PUBLIC HEALTH CARE MODEL THAT CAN SLASH SURGICAL WAIT TIMES IN HALF

WAIT TIMES FOR SURGERY IN BC ARE TOO LONG. AND GETTING LONGER.

According to a recent report from the Canadian Institute of Health Information, BC is lagging behind the rest of Canada in orthopedic wait times. For example, in 2016, 53 per cent of knee replacement patients waited longer than the recommended six months. That's a steep increase from just 26 per cent in 2012.

The costs are dramatic. Patients suffer and the health care system incurs greater cost caring for them over the long term. That's why governments of all stripes promise, time and again, to do something about it. But progress has been slow, in part because of the shortage of key health science professionals.

Meanwhile, advocates for health care privatization jump on these numbers, arguing the only way to solve the problem is allowing the wealthy to jump the queue and pay for private surgery. Research shows this only makes the problem worse by taking needed health professionals out of the public system.

But what if there were an inexpensive, public and proven

model for cutting orthopedic wait times in half?

It turns out such a model has been around for years, and it involves a lot of HSA members.

The Osteoarthritis Service Integration System (OASIS) was established by Vancouver Coastal Health Authority in 2006 to provide a single point of entry for patients who might need orthopedic surgery.

At OASIS clinics in Vancouver, the North Shore and Richmond, physiotherapists, occupational therapists and nurses work as a team to quickly assess appropriateness for surgery, thereby preventing non-surgical patients from filling waitlists for surgery.

OASIS also provides education classes taught by physiotherapists, occupational therapists, dietitians and nurses. This education is essential to help patients manage their osteoarthritis and prevent or delay the need for surgery. It also reduces cancelled surgeries by better preparing patients for surgery.

Over the course of several years, half of all patients referred to OASIS as surgical candidates by their doctor were ultimately found to be better suited for non-surgical treatment. Without

OASIS, 1,955 patients between 2012 and 2015 would have been inappropriately placed on an orthopedic surgeon's waitlist, creating longer waits for those urgently in need of surgery and adding considerable costs to the public health care system.

Patients report a high level of satisfaction with the OASIS team, and the program has the potential to streamline wait times in other specialty areas.

And yet, despite these obvious benefits, the government would not commit to expand the OASIS program and reduce wait times for more British Columbians.

That may be changing. The new NDP government has promised to cut wait times, HSA is pointing to the OASIS model as one way to help them achieve that. As a result of this advocacy, there's renewed interest at the Ministry of Health, which is now taking a fresh look at the results of the program.

LABOUR COUNCILS GEARING UP FOR LOCAL GOVERNMENT ELECTIONS

LABOUR COUNCILS WORK WITH LOCAL POLITICIANS ON A RANGE OF ISSUES IMPORTANT TO WORKING FAMILIES

BY CAROL RIVIERE
HSA COMMUNICATIONS

CHOOSING THE POLITICIANS WHO GOVERN OUR COMMUNITIES AT THE MUNICIPAL OR REGIONAL DISTRICT LEVEL, AND THE SCHOOL TRUSTEES WHO MAKE DECISIONS THAT AFFECT OUR CHILDREN'S EDUCATION, IS A CRITICAL ISSUE FOR WORKING FAMILIES.

Over the next few months, several communities around the province will hold by-elections to fill vacant positions, and in the fall of 2018 there will be local government elections around the province.

Labour councils work with local politicians on an ongoing basis on a range of issues affecting our communities. In the lead-up to local government elections, labour councils work to identify candidates who share the values of working families and who want to make a difference on municipal councils, school boards and regional district boards.

In deciding whether or not to endorse a candidate, labour councils consider the candidate's position on a range of issues important to working families, as reflected in such things as the voting record of

FIVE GREAT REASONS TO BE A LABOUR COUNCIL DELEGATE

1. Learn about the other unions in your community.
2. Inform other unions about HSA issues.
3. Work with members of other unions on issues that are important to your community.
4. Obtain training and develop skills to promote issues within your community.
5. Get involved in local politics.

incumbents, the candidate's responses to a labour council questionnaire and, in many cases, an interview with labour council delegates from several different unions. HSA will be letting members know which candidates their local labour council has endorsed, so that you can consider this when deciding how to cast your ballot.

HSA is affiliated with local labour councils around the province, through our membership in the Canadian Labour Congress. HSA members serve as delegates to many of BC's labour councils and are involved in their labour council's candidate endorsement process.

This is just one of many reasons

why HSA encourages members to become delegates to your local labour council. Chapters will be nominating labour council delegates during HSA steward elections this fall. If you're interested in becoming a delegate, then please contact your chief steward, or Carol Riviere at criviere@hsabc.org.

And if you're running or working in a local government by-election this fall, or thinking of doing so in the province-wide local government elections next year, then contact Carol Riviere for information about the support that HSA may be able to provide to assist you in this work.

JOIN US

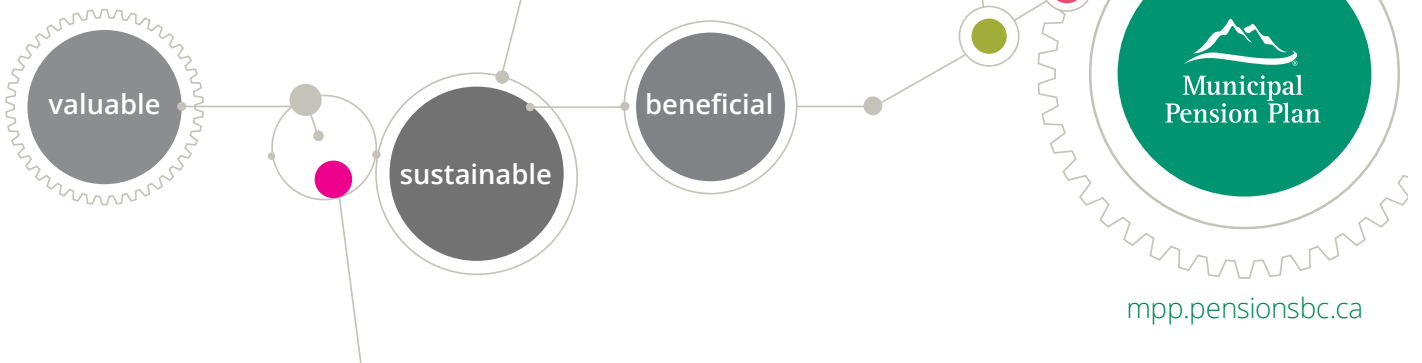
2017 AGM

October 12
10 am–noon
Anvil Centre
New Westminster

Municipal Pension Plan Annual General Meeting



LEARN HOW YOUR PLAN
IS HEALTHY+SECURE



PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

BY GERI GRIGG

HSA OCCUPATIONAL HEALTH
AND SAFETY OFFICER

EACH YEAR MORE THAN 20 PER CENT OF CANADIANS EXPERIENCE A MENTAL HEALTH ISSUE OR ILLNESS.

Mental health claims represent 30 per cent of all disability claims and account for 70 per cent of total costs. Suffering from mental health issues can lead to absenteeism, presentism (that's when staff work while sick, causing productivity loss, poor health, exhaustion and workplace epidemics), and staff turnover. All of this undermines mental wellness due to increased workload for those remaining in the workplace.

We spend many of our waking hours in the workplace. It makes good business sense for organizations to consider the impact they have on the mental health of their workers at all levels to ensure they are not contributing to harm - intentionally or through complacency.

The BC Ministry of Health requires the health authorities to implement the Canadian Standards Association's Standard on Psychological Health and Safety in the Workplace (PHSW). Other workplaces can use this standard to ensure they

Mental health claims represent 30 per cent of all disability claims and account for 70 per cent of total costs.

meet the requirement of due diligence in preventing harm and accommodating diversity in their workplaces.

At first glance, the Psychological Health and Safety Standard reads like an organizational development tool. That's because it is. Factors such as organizational culture, support for employee development, respectful and timely communications and workload management are not only the foundations of a healthy and productive organization, but also one that supports the people working within the organization.

A few years ago, HSA members participated in the Guarding Minds @ Work Survey. The results, when compared to results from a national survey, showed several areas of concern for most HSA worksites. That should not surprise HSA members. Employers are refusing education leaves and funding, and denying opportunity. They routinely deny special leave, workloads are crushing and workplaces are unsafe from violence and musculoskeletal injuries.

HSA is working collaboratively with several community social services which are voluntarily implementing the PHSW standard. Our biomedical engineering technologists working at Providence Healthcare will see a focused implementation after reporting some significant concerns with the 13 factors.

WHAT CAN YOU DO?

Psychological Health and Safety in the Workplace is an occupational health and safety issue.

- If you have concerns about your workplace, bring it up to your OHS steward.
- Take a workshop to familiarize yourself with the Standard.
- Speak up.
- Continue speaking up. This is a safety issue.
- Check out mentalhealth-commission.ca for more information.

If you have a question about occupational health and safety, contact ggrigg@hsabc.org.

WHAT'S HAPPENING WITH BENEFITS FOR COMMUNITY SOCIAL SERVICES?

BY DENNIS BLATCHFORD
HSA PENSIONS AND BENEFITS
ADVOCATE

I have been following the Health Sciences Benefit Trust (JHSBT) for Health Science Professional Bargaining Association members, and am wondering if there is any news about benefits for community social services professionals. I understood there was a commitment to review benefit plans in my sector as well. Is that the case?

You are correct, and a Joint Benefits Working Group (JBWG) has been active for some time reviewing the benefit plans in accordance with the terms agreed to at the bargaining table. HSA has been active on the JBWG, bringing some of the experiences learned from the JHSBT project. However, unlike the JHSBT, the JBWG is tasked only with making recommendations to the parties – Community Social Services Bargaining Association (CSSBA) and government – not creating a joint benefit trust. The CSSBA sector is complex, there are a number of benefit providers in the sector, and there are differences between the benefit programs. So, it was deemed that a joint review was the best way for determining strategies to control benefit costs in the CSSBA sector at this time.

What are the issues?

Broadly speaking the issues are

the costs of providing benefits, what drives the increases, and what efficiencies can be found to ensure that benefit programs remain valuable and sustainable. This is nothing new, and annual increases in the cost of providing health and welfare benefits well exceeds the rate of inflation. This puts pressure on budgets, which impacts other areas of program delivery including staffing and wages. CSSBA is not unique in this regard as these issues play out across the benefits plan industry. Employers look for benefit cost certainty; members look for value in their benefit plans. This is where the crunch can sometimes lie.

How can efficiencies be found?

A good example of finding efficiencies was demonstrated by a CSSEB pilot program for centralized drug purchases. While not flawless, the pilot program showed that a central dispensary program providing direct home delivery could mean significant savings in the benefit plan drug buy for pilot participants. There is also the issue of consumer awareness. Dispensing fees and drug mark-ups can vary dramatically between pharmacies. If you are asked to pay out of pocket while filling a prescription, then your pharmacy is likely trying to recover the difference between the dispensing fee cap of your drug plan and what the pharmacy likes to charge. Don't be

afraid to ask about out of pocket charges, and don't be afraid to shop around.

When will the review be complete?

This work is expected to continue right through to the expiry of the current collective agreement in 2019. In fact, the JBWG is beginning this fall to examine the issue of a "fixed percentage" of straight time payroll that will determine the funding stream for benefits going forward. This work must be completed by November 2018 and is based on payroll figures from 2017/18. Once the figure is set, then the funding stream can only be altered at the bargaining table. It is therefore important that an adequate fixed percentage of payroll is negotiated going forward into the next collective agreement cycle.

Does the change in government have any bearing on this process?

At this point a change in government has little bearing on this work. The CSSBA sector has a collective agreement in place, and the parties are fulfilling the obligations and commitments made at the bargaining table. So we can expect the bargaining mandates set by the previous government to continue for the life of the term.

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



SILVER IS LOOKING FORWARD TO A DECREASE IN STAFF TURNOVER NOW THAT HER COLLEAGUES ARE REPRESENTED BY HSA.

TARYN SILVER

PHYSIOTHERAPIST, MEMBER ORGANIZER

NEW HSA MEMBER TARYN SILVER ACKNOWLEDGES THAT HELPING LEAD HER WORKPLACE THROUGH THE PROCESS OF UNIONIZING WAS HARD WORK.

“For a while, it was like having a part-time job,” she says. “I can’t remember how many meetings we had.” But the results, she says, will be hugely beneficial both for the staff and the clients of the Nanaimo Child Development Centre, where she works as a physiotherapist.

“There are so many benefits to joining HSA, but perhaps the best is that the services to

the kids can be better because we can now attract and keep well-qualified staff. Long term staffing is valuable in the care we provide,” says Silver.

The Nanaimo CDC is a community based non-profit organization that provides individualized services for children with developmental needs. The Centre’s team of occupational therapists, physiotherapists, speech language pathologists, early childhood educators and more provide support, assessment and therapeutic services to nearly 1800 children and their families in the mid-island region.

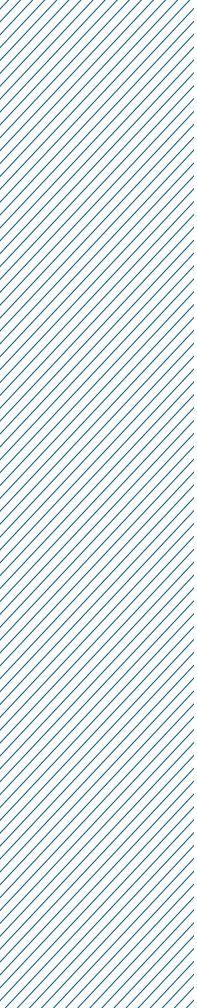
Until staff voted to join HSA in

July, it was an anomaly – one of only a handful of CDCs in British Columbia that were not unionized.

Silver says her colleagues were sympathetic to management concerns about tight budgets, but could no longer ignore the impact on staff retention, morale, and the quality of care being delivered.

With severe shortages in physiotherapy alone, it was impossible for Silver and one colleague to cover the work of the two unfilled positions. Wait lists grew, and children were not getting adequate services, she says.

Things got worse last November



“THERE ARE SO MANY BENEFITS TO JOINING HSA, BUT PERHAPS THE BEST IS THAT THE SERVICES FOR THE KIDS CAN BE BETTER BECAUSE WE CAN NOW ATTRACT AND KEEP WELL-QUALIFIED STAFF.”

when health and dental benefits changed. That meant several hundred dollars coming off every month to cover benefits that our colleagues around the corner at the hospital were getting covered by their employer.

“That was the catalyst. A number of us reached out to HSA asking what we could do, not knowing the others did,” says Silver.

In response to those initial inquiries, a HSA organizer Jonny Sopotniuk was in Nanaimo to explain the process.

“Initially we had to be very cautious,” says Silver. “There was a lot of fear that the process would get shut down before we’d given people the opportunity to get their own information.

“We were not telling people they had to do anything. We were telling people something was in the works and we were making sure everyone had enough quality information to make their own decision.”

Active organizing took place from February to June of this year and involved meeting with people on weekends and evenings, individually and in meetings. “Some meetings were really well-attended, and at others no one showed up. That’s how it goes sometimes,” says Silver.

Perseverance was essential. For Silver that meant accepting that not everyone would feel the same way. “Lots of people were fully in support, some were on the fence, and some were extremely opposed. Some people were very vocal and very angry and that caught me off guard.”

The vote passed with a strong majority. “We were certified on July 6. We will now have wage equity, adjustment of wages for inflation, comprehensive health and dental benefits, a full pension, grievance processes and additional support from the union if we need it,” says Silver.

“Another benefit is an increase in funding for continuing education. We’ve been asking for that

for a long time. Living on Vancouver Island we have to go to the mainland for most courses, so ferry and travel costs eat up most of our funding. Now there’s a higher base amount, and also we can apply to HSA for grants. That will make a huge difference.”

Silver is looking forward to a decrease in staff turnover. For the clients and families, the consistency is hugely meaningful, and leads to better care. It is also enormously meaningful for the professionals providing care. “I’ve had clients where I start with them as a baby, and stay with them all the way to watching them cross the stage at high school graduation,” says Silver. “It’s incredibly satisfying.”

She says that same thing about her involvement in unionizing her workplace. It was hard work, but well worth it.



MEMBER ENGAGER TEAM: JONNY SOPOTIUK (HSA STAFF ORGANIZER), LEILA LOLOUA (HSA STAFF ORGANIZER), SHARON GEOGHEGAN (HSA STAFF ORGANIZER), DORIS PETERS (MENTAL HEALTH CLINICIAN), KIRAN RAMA (RPN), NICOLE MCINTOSH (RPN), MARJAN SZLIVKA (PHYSIOTHERAPIST), JANICE DAVIS (HSA STAFF ORGANIZER) AND JOHN HINDLE (RESPIRATORY THERAPIST). **INSET:** DOUG HERASYMUIK (OCCUPATIONAL THERAPIST)

THE ENGAGERS

NOT TO BE CONFUSED WITH THE AVENGERS, BUT NOT TOTALLY OFF

LAST FALL, HSA'S MOBILIZING TEAM BROUGHT TOGETHER A SMALL GROUP OF HSA MEMBERS WHO WANTED TO DO SOMETHING MORE.

The Member Engagement Team, as it came to be known, drew individuals from a range of professions. They spent a lot of time in a room full of white boards, sketching out ideas and eating terrible food (no dietitians involved last year). A lot of time on the phone with members. A lot of time in worksites, checking in, listening to concerns, and handing out chocolates.

And, in the end, they had a lot of fun.

This year, the Engagers are

ramping it up a little. The new team has trained up more than 30 new member engagers, and over the next few months they'll be reaching out to colleagues on the phone, in the worksite and at events. The primary focus is on collecting information about ongoing workload and shortage issues (see page 12-13 for more on this), but member engagers are also aiming to update contact lists, see how things are going, introduce members to each other and help build a bit of community across professional and worksite boundaries.

Here's the thing: you should get involved.

It's not a tonne of work, and best of all you don't have to know the contract as well as the

stewards do.

This fall, member engagers will be supporting HSA outreach activities through regular membership phone outs, worksite walkabouts and chapter visits, providing mentorship to stewards, hosting workshops and training and welcoming new members to the union. Member engagers are supported with direct mentorship from an experienced engager and staff organizer along with training and skills building opportunities through local labour and community education programs.

Also, if you are a dietitian then you really need to get involved and do something about the food at brainstorming meetings.

Interested? Contact Jonny Sopotiuik at jsopotiuik@hsabc.org.



HSA STAFF PROFILE

HERE TO SERVE MEMBERS LIKE YOU

Name: Alyson Warner

Job title and department: Senior labour relations officer in servicing

What you actually do, in your own words: I educate members on their rights, and then help them fight for what they are entitled to.

Why this matters: Because no matter how nice an employer might be, their interests will always be different than yours.

Secret talent unrelated to job: Knitting.

Literary, TV or movie character most inspiring to you: Atticus Finch. *To Kill a Mockingbird* is the first book I remember my Dad asking me to read because it was important to him.

Job before HSA: Business Agent for the Telecommunications Workers Union.

Crappiest job you've ever held: Order desk for a tile wholesale company.

Interesting thing you did to help a member in the last week: I emailed more than 1000 members to tell them that because of their participation in our workload campaign, we would be pursuing grievances on their behalf.

Scariest situation you found yourself in: In a small car, flipping down a steep hill.

Your perfect day looks like: Being outside somewhere, in nature with my family and my dog.

Brush with celebrity: My favourite story was at the fringe festival in Edmonton I walked past a very short man and loudly exclaimed "Wow, He has the Zach Galifianakis look down pat" only to find out the next day he was there. Or maybe it was the time I accidentally knocked George Stroumboulopoulis right over in West Edmonton mall running to buy a CD at HMV before they closed.

Longest you've ever been awake: About 50 hours. I was cramming for my exam in Japanese in university. I should have just slept, I probably would have done better. I certainly wouldn't have done any worse.



“It’s the best union for my profession.”

“Respiratory therapists need to have a strong voice, and HSA makes that possible. I know they understand our concerns and the importance of working as a team with other health science professionals.”

TREVOR, RESPIRATORY THERAPIST, PEACE ARCH HOSPITAL