



JULY 2018

Comprehensive report on the tentative agreement reached between the Community Bargaining Association and Health Employers' Association of BC

The Community Health Bargaining Association (CBA) reached a **tentative agreement** in June for the more than 16,000 union members working in B.C.'s community health sector – including 1,000 members of the Health Sciences Association.

The three-year agreement, if ratified, takes effect April 1, 2019 and expires March 31, 2022.

HSA is one of eight unions represented in the CBA, which also includes the BCGEU, UFCW, CUPE, HUE, USWA, CLAC and BCNU. The CBA represents community health service and support workers in B.C. They provide services to seniors and others in their home, work as alcohol and drug counsellors, work with adults and children in community settings and provide administrative support to other health care workers.

Negotiating framework

HSA held a bargaining proposal conference March 22 where delegates considered the bargaining priorities identified by members throughout the province. At the top of members' concerns was wages, benefits, parity with your counterparts working in health care facilities, and addressing issues related to job uncertainty for members in temporary or part time positions.

HSA was represented at the negotiating table by staff negotiator Jessica Derynck and HSA members Michelle Fox and Katherine Oliver, who work at Thompson Nicola Family Resource Society.

The tentative agreement reached June 22 includes significant progress towards achieving wage parity with members working in health care facilities, but falls short on some issues important to part time or casual workers. While wages are being addressed, an extension from four months to nine months of the period during which the employer is not required to post a temporary vacancy means more workers will be forced to look elsewhere for regular positions.

Despite this shortcoming, HSA's Board of Directors supports the bargaining committee's recommendation that members vote in favour of the tentative agreement. For HSA members, voting will be conducted by mail-in ballot. A package has been mailed to every member covered by the agreement, and you are encouraged to vote, and send your ballot back to be counted.

**DEADLINE FOR BALLOTS TO BE RETURNED TO THE HSA
OFFICE IS JULY 25, at 5 p.m.**

Highlights of the proposed settlement agreement

- Wage increases of six per cent over three years. This is for all members, including those whose wages are red-circled.
- Compensation comparability funding (with the facilities subsector) of about 6.3 per cent of the current payroll spread equally over three years.
- Higher severance in cases of contracting out, with a contracting-out cap of 500 FTWs over the term of the agreement.
- Creation of a task force to investigate paths to CHW regularization (i.e. guaranteed hours) and other issues.
- Additional funding for Enhanced Disability Management Program.

Term

If ratified, the contract will be in force from April 1, 2019 to March 31, 2022.

Wage increases

- April 1, 2019 two per cent
- April 1, 2020 two per cent
- April 1, 2021 two per cent

Compensation comparability adjustments

The new agreement provides for compensation comparability adjustments 6.3 per cent of current payroll over the three years. This is for members with occupations similar to those covered by the facilities subsector agreement. This is an increase of just over two per cent of the current payroll per year.

A committee of five members appointed by the unions and five members appointed by HEABC will review compensation occupations in the community subsector and the facilities subsector and identify occupations that will qualify for the comparability increases. These increases will be applied to wages primarily but could also be applied to shift premiums and other compensation areas.

Additional criteria has been added for this agreement. It says: CBA occupations will be mapped to a new CBA grid level number that will be the same as the FBA grid level number reflecting overall scope, level of responsibility and qualifications of the CBA occupation using the FBA benchmarks as a guide.

If the committee cannot agree on which occupations are eligible for a comparability adjustment, it will refer its differences to arbitrator Vince Ready.

This is a significant move to bridge the gap between community health and facilities compensation and among the first with the potential to apply money outside of direct wages increases.

Contracting out and re-tendering provisions are improved

Provisions for employment security and protection against contracting out have been improved.

Severance now applies to any employee laid off as a result of contracting out. There is no requirement to meet the trigger number of 500 FTEs laid off. As well, it will be paid at double the previous rate. The rate is now one week of pay for every year of service, topping out at 20 weeks of pay.

Priority hiring rights for employees displaced by contract retendering have been renewed for the life of the collective agreement.

Joint Community Benefits Trust (JCBT)

The agreement adds \$1.1-million over the life of the agreement to Joint Community Benefits Trust (JCBT) funding for programs to develop quicker returns to work and to improve the mental health of workers.

The JCBT was negotiated in the 2014-2019 collective agreement, and was established on April 1, 2017. It handles the management and decision-making of community sector health and welfare benefits. These include extended health, dental, accidental death and dismemberment and long-term disability benefits.

The employer continues to be responsible for full payment for benefits. All employers must obtain benefits through the JCBT. The funding for the JCBT is expected to be sufficient to maintain benefits over the life of the agreement.

The JCBT is managed by a board of trustees. The CBA and HEABC each appoint five trustees and a neutral chairperson bringing the total to 11. The trustees make all decisions with respect to the provision of health and welfare benefits in the sector.

Enhanced Disability Management Program (EDMP)

The Enhanced Disability Management Program (EDMP) has now been established with all employers in the sector. The CBA's joint participation in the EDMP is designed to assist ill and injured workers recover their health and return to work sooner.

This program is designed to help members obtain timely medical assistance so that they can return to work. The CBA secured ongoing funding at \$816,000 per year over the term of the agreement. The CBA will administer the funds directly to support workers in their return to work. The funding will assist unions like ours to provide better service through increasing the number of staff.

Occupational health and safety

Funding of \$750,000, over the life of the agreement, has been allocated to the joint provincial health, safety and violence prevention committee to address OHS issues and the high level of work related injury and illness. This funding is for the community sub-sector only. The sub-sector can either join with other health sub-sectors on initiatives or use the funds for programs unique to the community sub-sector.

As well, \$200,000 has been committed to initiate an online mental health resiliency-training module accessible to all employees.

Community health worker (CHW) scheduling provisions

The requirement for the employer to assign hours under Clause 15.4 (3) has been relaxed from 'as soon as possible' to allow every opportunity for the hours to be filled by new hours.

The test for applying ‘continuity of care’ to hours assignment has been made equal to the test for gender and language considerations.

Language restricting how often an employee has to check the employer’s voice mail system has been deleted.

The call-in procedure for casuals has been changed to allow for a series of existing assignments to be filled by a single casual employee. An existing assignment is defined as hours already assigned to a regular employee who happens to be absent from work.

A task force has been struck to investigate paths to regularization/guaranteed hours and other solutions to issues that would improve the working lives of community health workers. Task force recommendations can be implemented over the life of the agreement. Scheduler education funding of \$250,000 has been dedicated to developing a joint interpretation on community health worker scheduling practices and to develop a program to instruct schedulers about the interpretation.

Other proposed changes

- Harassment language improved to conform to recent changes to the BC Human Rights Code.
- Union leave improved for bargaining committee members.
- The union will get more information more frequently about its members.
- Members will have notice of 24 hours of a meeting that could result in discipline, which allows time to contact a steward to attend the meeting with the member.
- The list of arbitrators was updated to replace retired arbitrators.
- Vacancies of less than nine months will not be posted, but filled by employees seeking additional hours.
- Use of special leave expanded to include up to three days of paid leave for absences resulting from the employee or the employee’s dependant child/ren having experience domestic violence.
- Maternity and parental leave increased to conform with federal and provincial changes to legislation. Compassionate care leave increased to 27 weeks to conform to recent provincial legislation changes
- Language has been added making the employer, who provides an electronic device (cell phone, iPad, etc.), responsible for the costs of that device.
- Redundant memoranda deleted.

The complete tentative agreement, with proposed changes highlighted, is available for download on the HSA website at:

<https://hsabc.org/sites/default/files/uploads/CommHlth%20Tentative%20Agreement%20rev%2018jun22%20%28003%29.pdf>