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REPORT ON THE HCWCC CONFERENCE
SEPTEMBER 22-25 2015
TAKE ACTION FOR HEALTH CARE
SUBMITTED BY DARCY COUGHLIN

DAY 1. 9AM-12PM.

PERSONAL SUPPORT WORKER FORUM.

THIS WAS A GATHERING OF THE P.S.W.'S TO TALK ABOUT THE P.S.W. CLASSIFICATION, ITS CHANGING NATURE AND COMPLEXITY OF THE JOB. THE ISSUES THAT KEEP ARISING LIKE WORKING SHORT, NO BEING ABLE TO TAKE STATS, AND HAVING A HARD TIME COMPLETING THE TASK FOR THE DAY, AND PROVIDING GOOD CARE FOR THE CLIENTS.

THE P.S.W. PROGRAM BEGAN IN 1997, IT WAS DEVELOPED TO STANDARDIZE ALL THE COURSE THAT WERE BEING TAUGHT UNDER VARIOUS NAMES, ORDERLY, AIDES, NURSES AIDES, ATTENDANTS ETC. FOR EXAMPLE WHEN I STARTED I WAS AND ORDERLY WITH NO TRAINING AT ALL THAT WAS IN 1983. THEN WE HAD TO TAKE AN IN HOUSE TRAINING FOR A NURSES AIDES CLASSIFICATION AFTER THAT I HAD TO TAKE AN IN HOUSE TRAINING FOR THE HEALTH CARE AIDES CLASSIFICATION, WHICH WAS THE FIRST PART OF THE R.N.A CLASSIFICATION. THEN FINALLY I HAD TO TAKE THE BRIDGING TO THE P.S.W. PROGRAM AT THE COMMUNITY COLLEGE, BECAUSE THE GOVERNMENT

PASSED A LAW THAT REQUIRED ALL PEOPLE GIVING CARE IN A L.T.C. FACILITY TO BE P.S.W.'S. H.C.A WERE GRANDFATHER IN AT THE TIME OF THE PASSING OF THE LEGISLATION. SO IF YOU ~~WERE~~ WERE ALREADY WORKING DOING CARE IN A LONG TERM CARE FACILITY YOU DID NOT NEED TO TAKE THE COURSE BUT YOU WOULD NOT BE ABLE TO GO TO ANOTHER FACILITY TO WORK IF YOU WANTED TO WITHOUT THE P.S.W. CERTIFICATE. THATS WHY I CHOOSE TO TAKE THE COURSE.

THE P.S.W. COURSE IS NOW OFFERED AT COMMUNITY COLLEGES, FOR PROFIT COLLEGES, PRIVATE COLLEGES AND ADULT LEARNING. THE COURSE IS NOW STANDARDIZED AND THE SAME SUBJECTS AND MATERIALS ARE TAUGHT AT ALL THE INSTITUTIONS.

P.S.W.'S PROVIDE 80% OF THE CARE TO OLDER ADULTS IN L.T.C AND HOMECARE. 90% OF P.S.W.'S ARE WOMEN AND A LARGE PERCENTAGE OF THEM ARE IMMIGRANT WORKERS WHO HOLD HIGHER CREDENTIALS IN THEIR NATIVE COUNTRY, BUT ARE NOT RECOGNIZED HERE. 60% OF P.S.W.'S ARE OVER THE AGE OF 40 AND YOUNGER WORKERS ARE NOT COMING INTO THE FIELD BECAUSE OF THE NATURE OF THE WORK AND PAY.

where P.S.W.'s work.

9% OF P.S.W. WORK IN HOSPITALS.

57% WORK IN L.T.C. and 34% WORK IN THE HOME and COMMUNITY. P.S.W. WORK IN L.T.C., MULTI LEVELS OF CARE, ASSISTED LIVING, HOSPITALS, MENTAL HEALTH FACILITIES, REHAB, COMMUNITY HEALTH SETTINGS, HOME CARE SETTINGS (INCLUDING SUPPORTIVE HOUSING), HOSPICES, GROUP HOMES, PRIVATE INSTITUTIONS, ADULT DAY PROGRAMS / ACTIVE LIVING CENTERS and RETIREMENT HOMES.

THE ONTARIO HOSPITAL ACCOUNTABILITY BOARD STATES THAT "PERSONAL SUPPORT WORKERS ARE CRITICAL TO THE WELL BEING, COMFORT, SAFETY and HEALTH OF THE PEOPLE THEY SUPPORT.

THE VAST MAJORITY OF P.S.WS IN SUPPORTIVE HOUSING and HOME CARE ARE NOT UNIONIZED and are HARD TO UNIONIZED BECAUSE OF THE WORK SETTING and THIS could POSSIBLY DRIVE DOWN WAGES. THAT'S WHY THE GOVERNMENT DID THE P.S.W. WAGE ENHANCEMENT TO TRY and BRING THE MINIMUM WAGE UP TO \$19 PER HOUR. HOWEVER THAT IS ONLY IF YOU WERE WORKING FOR \$15 AN HR. IF YOU WERE MAKING LESS WHICH A LOT OF P.S.W. WERE WHO WERE WORKING FOR PRIVATE COMPANIES, OR ORGANIZATION WERE WOULD ONLY GET A \$4 PER HOUR INCREASE SAY UP TO \$16 and HR IF THEY WERE ALREADY MAKING \$12 PER HR. THERE HAVE BEEN INSTANCES WHERE P.S.W. WERE

Replaced by agencies (United Way, March of Dimes, Private etc) in Supportive Housing and been given only 2 year contracts so it hard to unionize them and they pay less in wage rates.

The Level of Care at P.S.W.'s provide has been increasing steadily, and there has been no increase in staffing levels to correspond to the increasing demand on P.S.W. time. The Government has not been increasing L.T.C. Bed and people have been going to Adult Day Care Program or Active Living Centers for the day and then back home to make up for not increasing long term care beds.

P.S.W. Job Titles/Classifications depend on where you work. Some Examples are:

P.S.W. - Patient Care/Psychiatry, H.S.W, Resident Care Aide
H.C.A, Resident Care Worker, Hospital Attendant,
Adult Day Program Worker, L.T.C. Aide, Supportive Housing Worker, Nurses Aide, Community Support Worker and Nursing Attendant. - All fall under the P.S.W. umbrella

There are 30,000 PSW/HCA in C.U.P.E. ONT. 23,000 work in L.T.C, 5,000 work in the Hosp. Sector and 2,000 work in the Home Care/Supportive Housing/Retirement/Social Services. We make up 8% of the membership in C.U.P.E. ONT and are the largest single classification the C.U.P.E. ONT. Represents.

There is AN INCREASING Demand For P.S.W. as The Population ages and The INCREASING Acuity OF CARE Required By The clients. L.T.C Bed care Being Filled by The highest level OF CARE clients and There has been NO STAFF INCREASE. ALSO The INCREASING Scope and Responsibilities and Duties OF P.S.W has NOT seen A CORRESPONDING INCREASE in Wages.

We also Discussed The possible Need FOR INSURANCE IN case There is A LAWSUIT Brought against your Employer and you are Named in it. There was Varying opinion ON This matter, However AS I see it, it is an individual Decision. IF you want INSURANCE Purchase it IF NOT DON'T.

We had Registration FROM 3pm TO 6pm and Then were called TO ORDER AT 6pm TO 9pm.

Hwcc chair Kelly O'Sullivan gave opening Remarks and her REPORT ON How The Austerity Budgets OF The GOVERNMENTS has Impacted HEALTH CARE, JOB CUTS, PRIVATIZATION, NO New Beds in L.T.C. HOSPITAL CUTS, and closures. ETC. This is was The 2 Guest speakers talked ABOUT AS WELL Fred HATHN ONTARIO Division PRESIDENT and Candace Rennick ONTARIO Division SECRETARY-Treasurer.

ON DAY 2 we had REPORTS FROM HEALTH CARE CO-ORDINATOR TRACEY PINDER WHO TALKED ABOUT THE BARGAINING, RESTRUCTURING IN THE HOSPITAL SECTOR. WITH THE HOSPITALS RESTRUCTURING AND CLOSING BED AND COMBINING AREAS OF THE HOSP LIKE MATERNITY AND EXTENDED CARE HAS RESULTED IN A LAYOFF OF NURSES AND OTHER WORKERS AS HOSPITALS DOWN SIZE AND SOME JUST CLOSE.

SHARON MCKENNA GAVE HER ASSOCIATE COORDINATOR REPORT ABOUT BARGAINING IN LTC, WHERE WAGES HAVE BEEN FROZEN BECAUSE OF GOVERNMENT AUSTERITY BUDGETS. AND IT IS HARDER TO GET ANY IMPROVEMENTS IN BENEFITS. LIKE BEREAVEMENT WEEKEND AND SHIFT PREMIUM, VACATIONS FOR SENIOR EMPLOYEES. ETC EVERYTHING HAS BECOME STAGNANT.

DURING OUR LUNCH HOUR WE MARCHED FROM THE HOTEL TO THE LOCAL LIBERAL MPP'S OFFICE IN DEMAND FOR OUR HOUR OF CARE CAMPAIGN AND DEMAND FOR THE INSTITUTION OF THE INQUIRIES REPORT ON RESIDENT ON RESIDENT VIOLENCE AND DEATHS, ~~Recc~~ RECOMMENDATION.

IN THE AFTERNOON WE BROKE OFF INTO OUR SECTORAL MEETING TO DISCUSS THE ISSUES IN OUR SECTOR. MANY BEING SUPPORTIVE HOUSING WE DISCUSSED HOW WE ARE IN A CONSTANT STATE OF CHANGE AS WE ARE

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TRYING TO MEET THE NEED OF ALL OUR CLIENTS. WE HAVE STROKE VICTIMS, DISABLED CLIENTS, ALZHEIMERS CLIENTS, CLIENTS WITH FEEDING TUBES AND NOW PALLIATIVE CARE AND DYING AT HOME. NURSE DO COME IN WHEN THEIR SCHEDULED TO BUT WHEN THEIR GONE WE HAVE TO TAKE CARE OF THE CLIENT AS YOU CAN'T CALL A NURSE IN YOU HAVE TO LEAVE A MESSAGE AND THEY'LL COME THE NEXT DAY. SO IF A BANDAGE COMES OFF WE HAVE TO PUT IT BACK ON OR WE CALL AN AMBULANCE AND THE CLIENT IS TAKEN TO THE HOSP. AND CHARGED \$75 FOR THE AMBULANCE CALL.

WE ALSO DISCUSSED THE NEED TO TRY AND ORGANIZE THE P.S.W IN THE HOME CARE SECTOR WHO AREN'T UNIONIZED AND WHO WORK FOR NON PROFITS OR FOR PROFIT COMPANIES OR ORGANIZATION THAT PAY LOW WAGES AND FEW BENEFITS. PLUS THEY ALSO DON'T HAVE ANY GUARANTEED HOURS OF WORK. SOME DAYS THEY MIGHT GET 8 HRS, OTHER 2, 4, 6 ETC. DEPENDING ON THE CLIENTS DEMAND FOR SERVICES.

ON DAY 3 WE HAD OUR WORK SHOPS. I TOOK OMERS AND WSIB.

OMERS.

OMERS MEMBERS ARE ONTARIO MUNICIPAL EMPLOYEES. IT IS ONE OF CANADA'S LARGEST PENSION PLANS WITH 72 BILLION IN NET ASSETS.

OMERS has 45115 members and 974 Employers contributing to The PLAN.

OMERS INVESTMENTS ARE made up OF:
 58% is invested in PUBLIC MARKETS i.e. STOCKS
 BONDS, T, BILLS, mutual FUNDS ETC. OMERS has
 PRIVATE INVESTMENTS IN REAL ESTATE 15%,
 INFRASTRUCTURE 15% and PRIVATE EQUITY 12%.
 OMERS INVESTMENTS OF ONE YEAR EARN 10%,
 5 years EARNS 7.9%, 10 years EARNS 7.0% and
 20 years EARNS 7.9%

OMERS owns PART OF BRUCE Nuclear Power
 PLANT IN ONTARIO, IT owns Real Estate
 IN New York city called THE HUDSON YARD
 which is 26 ACRES. OMERS ALSO owns shares
 IN BUSINESS such AS GOLF TOWN which
 OMERS owns 90% OF. OMERS owns and
 OPERATES High speed Rail ONE FOR THE
 NEXT 35 years, IT ALSO owns THE CONFEDERATION
 BRIDGE FOR THE NEXT 35 years. OMERS owns
 50% OF THE YORK DALE SHOPPING CENTER.
 OMERS has 25% ownership IN PORTER AIRLINES
 and 25% ownership IN THE BILLY BISHOP
 AIRPORT. OMERS ALSO owns ASSOCIATED
 BRITISH PORTS which imports and EXPORTS
 FROM ENGLAND.

OMERS PENSION is calculated. FOR FULL TIME
 AND PART TIME THIS way.

OMERS LIFETIME BENEFIT PLUS BRIDGE FOR EARLY
 RETIREMENT IF you qualify By meeting ONE
 THE 2 CRITERIA. AGE/SERVICE FACTOR - your age

PLUS CREDITED SERVICE PLUS ELIGIBLE SERVICE
EQUALS 90 OR THE 30 YEARS PROVISION
YOUR CREDITED SERVICE PLUS ELIGIBLE SERVICE
EQUALS AT LEAST 30 YEARS.

SO TO CALCULATE YOUR LIFETIME PENSION
TO AGE 65.

YOU TAKE $2\% \times$ CREDITED SERVICE YEARS \times YOUR BEST 5 YEARS EARNINGS

AT 65 YOU REMOVE THE BRIDGE WHICH
IS CALCULATED THIS WAY.

$.675\% \times$ CREDITED SERVICE YEARS \times THE LESSER OF BEST FIVE YEARS EARNING OR 49.840

AND THIS THEN WOULD EQUAL YOUR LIFETIME
PENSION FROM AGE 65 ON.

YOU CAN TRANSFER INTO OMERS FROM ANOTHER
EMPLOYERS PENSION PLAN, YOU CAN ALSO TRANSFER
INTO OMERS RRSP.

ELIGIBLE SPOUSE MEANS THE SPOUSE YOU ARE
WITH AT TIME OF RETIREMENT. AND IF
YOU DIE BEFORE YOU RETIRE, THE SPOUSE
THAT YOU ARE WITH AT THE TIME OF YOUR
DEATH WOULD GET YOUR PENSION

IF YOU HAVE NO SPOUSE THEN YOUR PENSION
WOULD GO TO YOUR ELIGIBLE CHILDREN.

IF YOU HAVE NO ELIGIBLE SPOUSE OR CHILDREN
THEN YOUR PENSION WOULD GO TO YOUR

BENEFICIARY IF YOU NAMED ONE, IF NO
BENEFICIARY THEN YOUR PENSION WOULD

GO TO YOUR ESTATE. FOR BENEFICIARY
THE PENSION AMOUNT IS ONLY YOUR

CONTRIBUTIONS PART. IF YOU STARTED TO
COLLECT A PENSION THEN WHEN YOU PASSED
AWAY THE BENEFICIARY WOULD RECEIVE

The amount LEFT in your CONTRIBUTIONS PART IF any as when you DRAW your PENSION IT comes out of your CONTRIBUTIONS side FIRST.

FOR WSIB we TOOK ATTITUDINAL BARRIERS FOR THE Disabled.

The medical model of Disability is all about what a person cannot do and cannot be. Where as the social model of Disability sees the Disability as the result of the interaction between people living with impairments and the environment filled with physical, attitudinal, communication and social barriers. It there carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others.

A social model perspective does not deny the reality of the impairment nor its impact on the individual. However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity. The social model seeks to change society in order to accommodate people living with impairment, it does not seek to change persons with impairment to accommodate society. It supports the view that people with disability have a right to fully participate in society on an equal basis with others.

The social model of disability is now the internationally recognized way to view and address disability.

IN THIS CONTEXT

Impairment is a medical condition that leads to disability, while disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment.

IT IS NOT THE INABILITY TO WALK THAT KEEPS A PERSON FROM ENTERING A BUILDING BY THEMSELVES BUT THE STAIRS THAT ARE INACCESSIBLE THAT KEEPS A WHEELCHAIR-USER FROM ENTERING THAT BUILDING. THAT WHY WE BUILD WHEELCHAIR, WALKER RAMP.

FIRST PEOPLE HAVE TO CHANGE THEIR ATTITUDE TOWARDS THOSE WITH IMPAIRMENTS. THEY HAVE TO START THINKING HOW WE CAN DO THINGS DIFFERENTLY TO ACCOMMODATE DISABLED PEOPLE SO THEY CAN PARTICIPATE AND WORK AROUND THEIR IMPAIRMENT.

WE HAVE TO BE MORE POSITIVE TOWARDS PEOPLE WITH IMPAIRMENTS INSTEAD OF BEING NEGATIVE. FOR EXAMPLE DEPRESSED OR MENTAL ILLNESS PEOPLE SHOULD NOT BE REFERRED TO AS CRAZY OR GOSSIPED ABOUT THEIR CONDITION. SHOULD BE ACCEPTED AND THEY SHOULD BE TREATED JUST LIKE ANYBODY ELSE, TALKED TO, ACKNOWLEDGE

BY SAYING HELLO WHEN YOU SEE THEM

INSTEAD OF SHUNNED OR IGNORED.

AS YOU CAN SEE PEOPLE WITH DISABILITIES AREN'T JUST PHYSICAL, THEY ARE ~~BE~~ ALSO PSYCHOLOGICAL AND MENTAL AS WELL.

WHEN SPEAKING TO A PERSON WITH A DISABILITY TALK DIRECTLY TO THAT PERSON NOT THROUGH HIS OR HER COMPANION.

PEOPLE WITH SPEECH IMPEDIMENTS THAT YOU CANNOT UNDERSTAND ASK THE PERSON TO REPEAT WHAT THEY SAID INSTEAD OF PRETENDING THAT YOU UNDERSTOOD.

WHEN YOU OFFER ASSISTANCE TO A PERSON WITH A DISABILITY WAIT FOR THE OFFER TO BE ACCEPTED BEFORE ASSISTING.

PHYSICAL BARRIERS ARE EASY TO FIX, WHEN CAN BUILD RAMPS, CHANGE THE HEIGHTS OF COUNTERS, MAKE DOORWAYS WIDER ETC.

ATTITUNAL BARRIER ARE OUR OWN TO FIX PERSONALLY. WE SHOULD UNDERSTAND THAT THE PERSON WITH THE DISABILITY COULD VERY EASILY BE OURSELF. HOW WOULD YOU LIKE OTHERS TO TREAT YOU OR ACCOMODATE YOU IF YOU WERE THE ONE WITH THE DISABILITY.

ON THE FINAL DAY WE GOT THE CREDENTIAL REPORT. THERE WAS A TOTAL OF 219 DELEGATES WITH 165 OF THEM BEING VOTING DELEGATES WITH A TOTAL OF 259 ATTENDEES (INCLUDING SPEAKERS AND NATIONAL AND PROVINCIAL REPRESENTATIVES.) WE INVITED ALL POLITICAL CANDIDATES FOR THAT RIDING

To come and gives us their PLATFORMS
 However ONLY THE GREEN PARTY and
 THE NDP CANDIDATES ACCEPTED OUR
 OFFER. THE GREEN PARTY CANDIDATE
 WAS TOM GILROY and THE NDP CANDIDATE
 WAS MARLENE RIVIER. BOTH OF THEM
 TALKED ABOUT THE IMPORTANCE
 REINSTATING THE CANADA HEALTH ACCORD (ACT)
 THAT THE CONSERVATIVES DID NOT
 RENEW SO NOW ALL THE FEDERAL
 GOVERNMENT DOES IS GIVE THE PROVINCES
 MONEY FOR HEALTH CARE WITH NO STRING
 ATTACHED. AND THEY HAVE CAPPED THE INCREASE
 FOR HEALTH CARE A 6% WHICH IS NOT
 ENOUGH TO KEEP UP WITH THE RISING
 COSTS OF HEALTH CARE THAT'S WHY
 HOSPITALS ARE CLOSING and DOWNSIZING
 CLOSING BED and LAYING OFF STAFF.
 THE GREEN PARTY WOULD ELIMINATE
 2 TIER HEALTH CARE THAT IS CREEPING
 UP ALL OVER THE PLACE WITH
 PRIVATE CLINICS.

They came and talked ABOUT HEALTH
 CARE BECAUSE THAT WAS WHAT OUR
 CONFERENCE WAS ABOUT.

IT WAS A GOOD EXPERIENCE TO ATTEND
 THE HCWCC CONFERENCE AND LEARN WHAT
 OTHER UNIONS ISSUES ARE and THEIR
 CONCERNS. SO IN CLOSING MAKE SURE
 YOU GET OUT AND VOTE ON OCT 19 2015
 THANK YOU Darcy Coughlin