Tabletalk
CUPE's Bargaining Resource
WINTER 2015

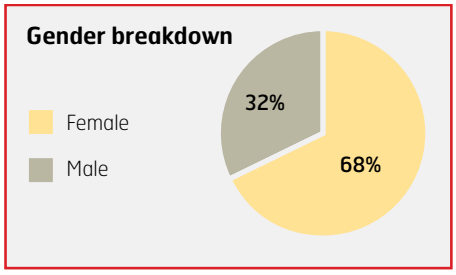
BARGAINING TRENDS **MEMBER SURVEY**

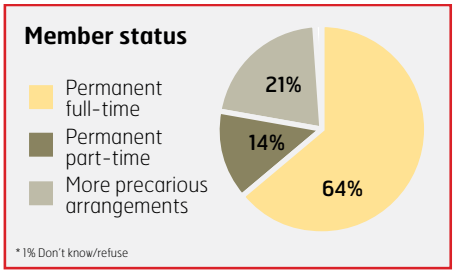
Getting to know the membership

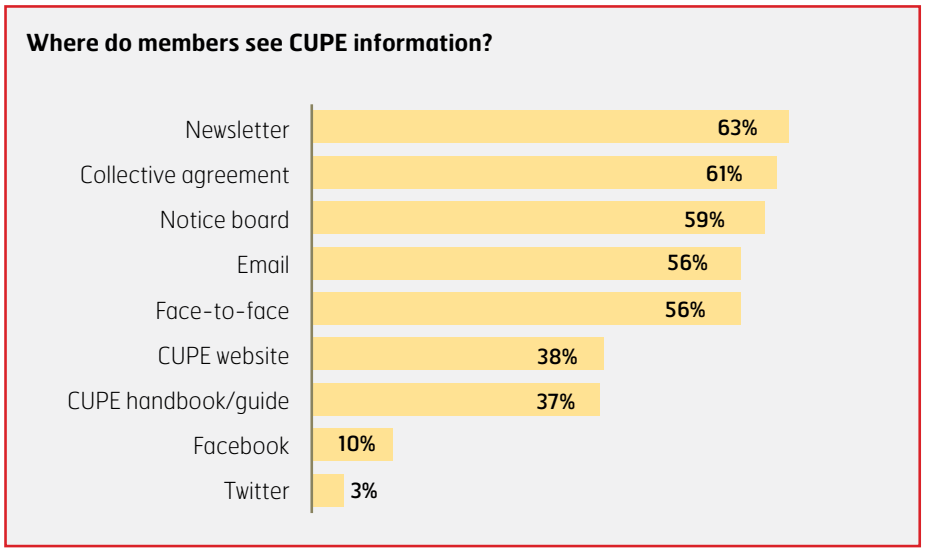
This summer CUPE conducted its first ever comprehensive survey of its membership. This survey was mandated by the Strategic Directions plan adopted by delegates at CUPE's 2013 National Convention. It was intended to give a better understanding of the union's demographics and diversity, as well as the degree to which its members face precarious work.

After a very positive response from locals a large pool of names was collected to draw from for the survey sample. Interviews were conducted over the summer.

Preliminary numbers have since been provided to CUPE Research by Viewpoints Research, the firm that conducted the survey. After a preliminary look at these numbers CUPE Research can now give a high-level snapshot of our membership.







Who was surveyed and what did they say?

Because we had a solid sample to draw from the survey results are reliable. Working with this dependable data helps CUPE to develop better insights into our membership and to look at more variables as we analyze the results. The high level of participation from CUPE locals also shows that many are hungry for information and eager to work together with the national office on strategic initiatives such as this survey.

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INSIDE

CUPE Canadian Union of Public Employees

Growing costs of for-profit health care insurance

A new study from the Canadian Medical Association Journal shows sharply increasing inefficiency in the Canadian for-profit health care insurance industry. The study indicates that a smaller portion of the premiums in employer health insurance plans are paid out in benefits by the for-profit insurance industry. The amount paid out has declined from 92 per cent in 1991 to 74 per cent in 2011, with the remaining amount going towards profits, administration, and other such items.

This benefit pay out level is less than the one required by U.S. law. South of the border, companies are required to pay out 80 to 85 per cent of health insurance premiums to clinical care and quality improvement. While the benefit pay out level in employer plans is bad, plans purchased from for-profit insurance corporations by individuals do much worse. In these cases, benefits paid declined from 46 to 38 per cent of premiums.

In contrast, plans under which employers self-insure (an arrangement that sees employers pay claims and purchase only processing services from insurance companies) do much better. Under such plans, benefits amount to 95 per cent of premiums. This rate has even increased slightly from the 94 per cent paid out in 1991.

The study's authors suggest that increasing administrative costs, growing reserves, or innovative methods to reduce service costs are not the likely cause of the decline in benefit pay out by the for-profit industry. Instead, they point to changes to Canadian insurance law in 1997 that opened the door to company ownership by shareholders seeking profits, rather than by insurance policy holders.

Looking for solutions, the authors propose stronger regulation of the insurance industry and more public insurance. Better methods of insurance would allow workers much stronger health care protection for the same dollars. They would also help employers who are paying more than they need to for the health services provided because of the inefficient insurance from the for-profit industry. These same employers are getting less bang for their buck with almost every passing year.

Public health insurance is already helping, covering 70 per cent of health care costs. But that still leaves private payments to account for the remainder, running in the tens of billions of dollars. Private insurance plans achieved through employment and collective bargaining play a major role in these payment and cost increases have created challenges for both sides in collective bargaining. In fact, for the past 20 years, private health insurance payments per household have increased by 7.2 per cent each year.

> Broader public health insurance for everyone, like a national pharmacare program, is the best solution.

Broader public health insurance for everyone, like a national pharmacare program, is the best solution, but it may take some time to achieve. In the interim, self-insurance by employers leads to a significantly better return on premiums than insurance through the for-profit insurance industry.

Doug Allan

Tabletalk is published four times a year to provide CUPE bargaining committees and servicing representatives useful information for preparing and negotiating bargaining demands.

Find past issues of Tabletalk online at **cupe.ca/tabletalk**

An email edition of Tabletalk is available. Subscribe at **cupe.ca/subscribe**

Please email Margot Young at **research@cupe.ca** with corrections, questions, suggestions, or contributions.

COPE 491

CUPE Canadian Union of Public Employees

SPEAK OUT! STOP HARASSMENT

CUPE Equality has a new resource for locals advocating for healthy, safe and respectful workplaces. *Stop harassment: A guide for CUPE locals* is a 14-page kit for local union stewards, officers and other activists. It covers:

- The definition of harassment.
- The effects of harassment.
- An overview of workers' rights and employers' responsibilities.
- How the union can challenge harassment and support members.
- A checklist for anti-harassment policies and collective agreement language.

The pamphlet *Speak out! Stop harassment* is intended for members who have experienced or witnessed harassment, or who want to organize on the issue.

CUPE Equality has also produced an accompanying research paper, *Workplace Harassment and Mental Injuries: Examining Root Causes.* Often an incident of harassment is the tip of the iceberg, signalling an unhealthy workplace climate and wider power-relationship problems. This research paper documents the root causes of harassment and mental injury and also proposes bargaining goals such as minimum staffing, employment equity and no-contracting-out language.

Irene Jansen

Check out these resources and order copies at cupe.ca/member-resources

Getting to know the membership

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Thanks to the hard work of CUPE local executives, leaders, and staff, Viewpoints Research was able to randomly sample from a total of 82,431 names provided by 198 CUPE locals. There were enough contacts from each province, from each size of local, and from each sector to ensure that a representative survey could be undertaken.

Overall, nearly 3,000 interviews were completed. Members who participated were asked a series of questions adapted from existing surveys and touching on job security, demographics and diversity, and union awareness. Survey questions were designed to allow us to compare results with the Statistics Canada Household Survey and the Poverty and Employment Precarity in Southern Ontario (PEPSO) survey, a joint project of McMaster University and the United Way of Toronto that looks at the social and economic consequences of job insecurity in the Greater Toronto and Hamilton area.

How will the results be used?

The survey will help CUPE to provide more effective and targeted support to locals in bargaining. Grounded in the reality of its members' lives and experiences, CUPE can better represent their interests as it defends full-time work and bargains pensions, benefits and better working conditions. Perhaps most importantly, by looking at the raw demographics among our membership, the survey will tell us the number of equality seeking members and provide a guide to the scope of the work we must undertake in support of our members. CUPE will also have a greater capacity to tell its members' stories using real data, situating their struggles and successes in a broader context.

Once further analysis on the survey results is completed it will be shared with CUPE members in 2015.

Karin Jordan and Margot Young

Long-term care staffing takes a hit in BC

Over the past dozen years seniors' care in BC has taken a hit. The decline started in 2001, when a right-wing Liberal government was elected. From that day it has waged war on the public sector and broken its promises on seniors' care, significantly destabilizing direct residential care staffing (registered nurses, licensed practical nurses and care aides).

Despite vowing to build 5,000 new non-profit residential care beds by 2006, the BC Liberals oversaw the loss of 804 residential care beds by 2008. In their place came 4,393 new assisted living units, along with lower support and staffing levels. The BC Liberal government further undermined seniors' health care delivery in 2010 by raising residential care fees from 70 to 80 per cent of residents' after-tax income. It claimed that the move was necessary in order to provide more care hours, but in reality it has meant in part an increase in residential care aides doing housekeeping and food service work. In addition, BC hospitals have been crippled by "bed blockers," Alternate Levels of Care patients in hospitals who in fact need the type of care provided in residential care facilities, costing an estimated 4 to 6 times as much as the rate of many residential care per diems around the province.

The most serious threat to seniors' care comes from privatization, an approach that has seen a dramatic rise in BC in recent years. In 2000, only 24.4 per cent of residential care beds in BC were in for-profit sites. By 2008, that number had increased to 30.9 per cent and has continued to grow ever since.

Extensive research from the USA, tracking over 5,000 facilities, indicates that in order to maintain residents' level of health direct care staffing levels should be set at 4.1 direct care hours per resident per day. To improve residents' quality of life, the level should be 4.5 hours per resident per day. Virtually no residential care facilities in BC have achieved the basic standard. In fact, levels have been well below. During the 2008-2009 fiscal year, the average direct care staffing level for all sites in BC was 2.81 hours per resident per day. Publicly-owned and operated facilities had the highest staffing levels.

To improve access to long-term care and to help bargain better working conditions, we are researching the following questions:

- How many long-term care beds are there across Canada? How many are in publicly-owned, non-profit and for-profit facilities? By how much do the per diems vary among the types of facilities?
- How much do staffing levels vary across the country and by type of facility? How many sites have contracted out staff?
- How many publicly funded end-of-life care beds are in each province? Are they sufficient?

Stephen Elliott-Buckley