



Activist Kit

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Ontario Nurses' Association (ONA) 2022 Provincial Election Membership Mobilization Campaign Nurses and health-care professionals have power in our votes

Questions for Candidates

As an ONA member, you have an important and valuable perspective on the consequences of an under-funded public health-care system. We have prepared questions for you to ask your candidates that will hopefully shed light on how their party will prioritize our workplaces, health care, and communities if they form government. If you are able, please speak about your own experience, and add local examples as you go.

1. Bill 124, Wage Suppression Legislation:

Ontario's nurses and health-care professionals are an invaluable asset to our health-care system and the pandemic has clearly demonstrated how much our communities rely on us. We have been called heroes but are repeatedly disrespected by the Ford government with pieces of legislation like Bill 124. Bill 124 is wage suppression legislation that caps our wages at 1% and impedes on our ability to collectively bargain. This legislation targets female-dominated professions and exempts male-dominated professions like municipal firefighters and police. My ask is simple: **Will you recognize the value of nurses and health-care professionals by repealing Bill 124?**

2. RN Shortage:

For over a decade now, Ontario has had the lowest RN-per-capita ratio in the entire country. Currently, we face a shortage of 22,000 nurses. The COVID-19 pandemic has only made the situation worse, resulting in unsafe working environments, huge backlogs, and longer wait times for patients. **Does your party have a concrete plan to retain and recruit nurses to address this growing shortage?**

3. Public Health:

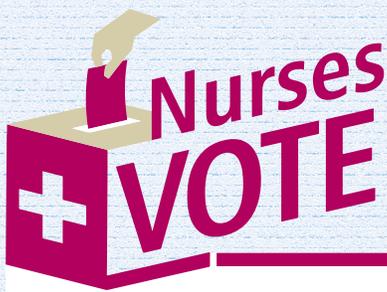
Public health nurses play a vital work in promoting and protecting our communities. During the pandemic, public health nurses

played a crucial part in contact tracing, infection control, and the vaccination roll-out. Beyond COVID-19, public health nurses specialize in many areas and support programs about sexual health, family planning and care, the ongoing opioid crisis, and more. However, the Ford government's cuts to public health have weakened our ability to provide high-quality services. The pandemic has only heightened these issues by making us do more with less resources. **Will your party permanently restore provincial funding for public health units? How does your party plan to build capacity in public health?**

4. Long-Term Care:

Over the course of the pandemic, over 4,000 residents and 13 health-care workers have died. More than 25,000 residents in long-term care and 11,500 health-care workers and staff have been infected with COVID-19. There is evidence that "for-profit long-term care homes have had larger COVID-19 outbreaks and more deaths of residents from COVID-19 than non-profit and municipal homes" yet the Ford government plans to allocate thousands of new beds through 30-year licenses to for-profit companies. Nurses know that today's long-term care residents have more complex care needs. We recommend four hours of daily care per resident for every long-term care home. It must include the following skill mix to meet resident need: 20 per cent RN care, 25 per cent registered practical nurse (RPN)





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care, 55 per cent care from personal support workers (PSWs) and 1 nurse practitioner (NP) for every 120 residents. This was reflected in recommendations of Ontario's Long-Term Care COVID-19 Commission. **What is your party's plan to phase-out for-profit long-term care? Will your party commit to supporting the minimum of four hours of care for residents, with the recommended skill mix above, in every long-term care home in Ontario?**

5. Hospital Funding:

ONA recommends an increase of at least 5 per cent in hospital base operating funding to cover the costs of inflation, population growth and aging, plus increased demand for hospital services. This is to ensure our hospitals have the resources to properly maintain RN staffing for safe, quality patient care. In Ontario, we have the fewest hospital beds per person and the lowest RN-to-population in Canada. As a [nurse, social worker, respiratory therapist] I work with readmissions more than any other [nurse, social worker, RT] in Canada and the overcrowding in my own workplace means [long wait times, overcrowded emergency departments, hallway nursing, etc.]. **Will your party commit to increasing funding for public hospitals to protect services?**

6. Public Home and Community Care:

Care Coordinators and direct service teams help patients navigate the health-care system, a role that requires many years of experience and extensive knowledge of local health care and support services. The Ford government's proposed changes to home and community care opens the sector to even more privatization and a potential conflict of interest if care

coordinator jobs are privatized. We could have a situation where Care Coordination work is given to Health Service Providers that are mostly for-profit. They will deliver the service and provide care coordination. This dual role creates a serious conflict of interest, especially when profit-making is involved. Further, transferring Care Coordinator jobs to for-profit home care corporations would mean lower pay and benefits and poorer working conditions for staff, while the profit-margins of the corporations prosper. Removing the independent oversight role of Care Coordinators in the public sector also puts patient and client care at risk. **Will your party commit to protecting the jobs of Care Coordinators and direct service teams in the public sector? Will your party commit to the creation of a public non-profit home-care system to improve client services so that we are able to provide the care to meet needs?**

7. Violence in the Workplace:

Violence should never be "part of the job" but unfortunately, nurses and health-care workers are often subject to physical, verbal, and emotional violence. Over the last four years, violent incidents causing lost-time injuries increased by 27 per cent and we anticipate that this will continue to increase. Real action needs to be taken to stop violence at work and adequate resources need to be implemented to support those of us who need to take time off. This year, the Ford government decided to take funds from the Workplace Safety and Insurance Board (WSIB) and give them back to employers instead of providing more support to injured workers. **What is your party's plan to address violence in the workplace and ensure that WSIB helps those who actually need it?**





Letter to the Editor Sample

DATE

Letter to the Editor

NEWSPAPER NAME

To the Editor:

Re: Vote to support nurses and health-care professionals

As a registered nurse (OR INSERT POSITION HERE), I want to urge my community to vote to support quality health care in Ontario on June 2.

Nurses and health-care professionals have worked tirelessly for over two years of a global pandemic under unfair, unsafe and unsustainable working conditions. Through uncertainty and risk, and wave after wave we have shown up every day to provide the care our patients deserve.

Sadly, nurses and health-care professionals have not been respected by our government. In 2019, the Ford PC government passed a law that cut nurses' and health-care professionals' wages. For three years they have refused to listen to us as we call on them to repeal this law, and allow us to negotiate fair wages. The result is that our health-care system is experiencing a staffing collapse unlike anything we've seen before.

Ontario has the worst RN-to-population ratio in the country. We are 22,000 nurses short. This means that when you need health care, there may not be a nurse there to provide it. The strain is leaving us burnt out and overworked.

We need a government that is committed to retaining and recruiting enough nurses and health-care professionals to provide the care our community needs.

I devote my career to providing the best quality care I can for my patients. On June 2, I will be casting my vote for a party that shows it supports a fully funded, fully staffed public health-care system - because that's how we provide quality health care for every Ontarian. I urge all voters to do the same.

NAME

ADDRESS

CONTACT INFO (email/phone)





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Myth/Fact Sheet

SECTION 1

Respect: Repeal Bill 124

QUICK FACTS:

- Bill 124 is wage-suppression legislation that impacts most nurses, health-care professionals, and public sector workers to total compensation increases of 1 per cent or less.
- Inflation in 2022 is at 5.7 per cent according to Statistics Canada.¹
- Between 2010 and 2021, male-dominated public sector workers like police officers and firefighters saw an increase in real wages of 6 per cent and 5 per cent, respectively, while hospital RNs saw a 7 per cent **decrease** over the same period.²
- The average gender pay gap in Ontario for all women is 32 per cent, and higher for racialized women at 40 per cent, 55 per cent for immigrant women, 45 per cent for Indigenous women and 56 per cent for women with disabilities.³

MYTH: Bill 124 only lasts for three years. After the election, Bill 124 will be over.

FACT: Not only is there nothing stopping a re-elected Conservative government from passing this legislation again, but they are against repealing the Bill. Many collective agreements negotiated or arbitrated during the last three years have clauses in them to automatically re-open agreements if the legislation is repealed. That means if the government repeals Bill 124, ONA members could negotiate for retroactive increases above the one per cent mandated by Bill 124.

MYTH: Bill 124 only impacts nurses and health-care professionals who work in public hospitals, not in municipal public health units.

FACT: Even though Bill 124 does not apply to municipal public health units, many employers are using this legislation to justify driving down wages. We've seen examples where the employer uses the one per cent cap in wages for provincial public sector workers as a reason not to increase pay for municipal public health workers. Usually, ONA shares information between our bargaining units to raise the standard across sectors and ensure that all workers are compensated fairly.

MYTH: Bill 124 does not affect long-term care.

Fact: ONA members in non-profit homes are covered by Bill 124. Even though Bill 124 does not apply to ONA members in for-profit and municipal homes, many employers are using Bill 124 as a justification for not increasing wages as much as they may have if everyone's wages were going up. This is impacting retention and recruitment, compromising the quality of care, and contributing to burn out, hurting residents, families, and our communities.

MYTH: Bill 124 is needed to protect public sector jobs and vital frontline services.

FACT: Ontario has the fewest RNs, the lowest health-care funding, and the lowest hospital funding in the country. We have the resources to pay public sector workers fairly. Instead, nurses and health-care professionals have experienced a cut in real wages of more than four per cent over the past decade.

By forcing a wage-cut on front-line nurses and health-care professionals, Bill 124 is worsening what is already a serious nursing shortage. The ratio

1 <https://www150.statcan.gc.ca/n1/daily-quotidien/220316/dq220316a-eng.htm>

2 ONA Calculations.

3 <http://equalpaycoalition.org/>





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of RNs per capita in Ontario has been the lowest in the country for the past decade.

To protect public sector jobs and vital frontline services, the government needs to repeal Bill 124, create a real plan to recruit and retain members, and hire at least 22,000 RNs to meet the national average of RNs per capita.

SECTION 2

Staffing: End the Nursing Crisis

QUICK FACTS:

- Ontario has the lowest RN-to-population ratio in the country with just 680 RNs per 100,000 population.⁴
- The government needs to hire 22,000 RNs just to catch up to the national average.⁵
- Almost one quarter of the RN workforce, 23.1 per cent, is eligible to retire. Another almost one quarter, 23.1%, is on the horizon in the 45-54 age group that is essential to mentor younger nurses.⁶
- Surveys of Ontario RNs in the spring of 2021 found that 15% of RNs are considering an early exit from the profession following the pandemic.⁷

MYTH: Team nursing is needed because there aren't enough RNs to provide care.

FACT: Staffing models and funding for staff are choices. Ontario spends among the lowest per capita on health care of any Canadian province. By hiring more RNs, hospitals and health-care settings can improve the quality of work, improve patient care, and attract more people to nursing and health-care professions.

MYTH: Team nursing and skill mix provide flexibility and will improve patient care.

FACT: Team nursing is not the solution to the nursing crisis and creates an unsafe environment for both workers and patients. Team nursing cuts care because there is no one person dedicated to caring for a patient. Instead, each care provider (e.g., RN, RPN or PSW) is assigned a series of care tasks in the overall care of patients. Not receiving one-to-one primary care increases the risk of missed assessments, monitoring and medical interventions, and results in missed care, treatments or medications, errors and miscommunication. ICU patients need a 1:1 RN-to-patient ratio to ensure they receive proper care.

MYTH: In long-term care, there is already a requirement for one RN in each facility.

FACT: A one-size-fits-all approach to staffing does not work. Some long-term care homes have as few as 60 beds, while others have as many as 400. The number of RNs per facility should depend on the number of residents to ensure safe staffing levels and proper care is available for each patient.

SECTION 3

Funding: The Provincial Government's Role

QUICK FACTS:

- Using a basic measure of prosperity—real GDP per capita—Ontario was richer than it has ever been in 2019.⁸
- In the first quarter of 2021-2022, Ontario did not spend any of the \$2.7 billion COVID-19 Response transfer payment from the federal government.⁹

4 <https://www.ona.org/news-posts/ontario-last-ratio-2019/#:~:text=%E2%80%9CFor%20Ontario%20to%20reach%20the,1%2C123%20RNs%20per%20100%2C000%20residents.%E2%80%9D>

5 https://www.ona.org/wp-content/uploads/2022_onaprebudgetsubmission.pdf

6 ONA calculations

7 ONA survey results

8 <https://www.thestar.com/opinion/contributors/2021/11/28/unchecked-inequality-is-driving-child-poverty.html>

9 <https://www.fao-on.org/en/Blog/media/MR-2021-22-expenditure-monitor-q1>





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- The provincial government spends \$2,000 less, per person, per year on public services than any of the other provinces.¹⁰
- The Ford government's spending in 2020 – at the beginning of the pandemic – ranked the lowest in the country at \$4,800 per person – \$536, or 10 per cent, below the average of other provinces.¹¹

MYTH: The government can't afford to address the nursing crisis.

FACT: This is factually incorrect. In 2019, Ontario was the richest it has ever been. That means, the province had more money in 2019 than it did when we first implemented Medicare. Despite having \$22.7 billion more in revenue¹², we are seeing a decrease in overall program spending and further cuts rather than investments in public health care.

There is more than enough funding to recruit and retain more nurses and health-care professionals, the government just hasn't prioritized it.

Myth: The government is investing in hiring new staff to address the staffing crisis in health care.

FACT: After a four-year term in office, the Ford government has failed to present a viable plan to adequately address the staffing crisis in health care, let alone plan for the future. Ontario is short 22,000 nurses and yet we've heard little from the Ford government about RN retention. While there have been some new RN recruitment measures, these nurses will not come online for years. Further, these

measures do not address the underlying reasons why many nurses are leaving the profession in droves. In order to address the staffing crisis, we need to ensure an adequate skill mix in all health-care sectors, we urgently need to repeal Bill 124, and provide training, and mentorship so that nurses and health-care professionals can study and practice in Ontario.

SECTION 4

Fairness: The Social Determinants of Health

QUICK FACTS:

- 50 per cent of workers in the health care and social services sector don't have paid sick days.¹³
- Paid sick days have been shown to reduce the chance of workers leaving a job by 25 per cent.¹⁴
- According to a report by the Migrant Workers Alliance for Change, nearly half of the 201 migrant care workers who responded to their survey dealt with permit delays which resulted in a loss of access to health care.¹⁵
- When the minimum wage increased in 2018, the wage gains were larger for women, especially Black women at 4.9 per cent and racialized women at 4.7 per cent.¹⁶
- In 2019, the Ford government cut \$200 million in annual provincial funding from public health and introduced a restructuring plan to reduce the number of public health units from 35 to 10.¹⁷

10 2021 Financial Accountability Office

11 <https://www.fao-on.org/en/Blog/Publications/interprovincial-comparison-2022>

12 Compare 2021 provincial budget (see <https://budget.ontario.ca/2021/pdf/2021-ontario-budget-en.pdf>, p. 7) to Ministry of Finance 2021-22 third quarter report released Feb. 14, 2022 (<https://www.ontario.ca/page/2021-22-third-quarter-finances#section-0>).

13 https://assets.nationbuilder.com/dwhn/pages/149/attachments/original/1630330513/Myths_and_Truths_of_Paid_Sick_days-5.pdf?1630330513

14 Ibid.

15 https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf

16 <https://www.thestar.com/business/2022/04/05/lifting-ontarios-minimum-wage-to-14-in-2018-dispels-job-killer-myth-study-finds.html>

17 Cuts to public health: what's the worst that can happen? | *The Star*



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MYTH: Many of the issues we're talking about, like housing, child care, and food security, have nothing to do with health care.

FACT: Various factors impact health and well-being. Without access to housing, child care, food, and other necessities, people are more likely to suffer from acute health issues. Factors like race, ability, and income impact a person's personal health and access to care. Throughout the pandemic, we have seen the disproportionate ways that Black, Indigenous, and racialized people have been impacted. Without taking an anti-oppressive approach to health-care policy and practice, issues of affordability, racism, and ableism will continue to put a strain on our communities and health-care system.

MYTH: Nurses and health-care professionals have access to paid sick days and are paid for self-isolation when they've been exposed to COVID.

FACT: Most workers in Ontario do not have access to paid sick days, including some nurses and health-care professionals. Without access to paid sick days and pay for self-isolation, workers have no choice but to go to work sick to make ends meet. This strains the health-care system as more people end up in the emergency room with acute conditions.

In 2019, the Ford government cancelled the two guaranteed paid sick days for all workers. They refused to introduce a provincial sick day program, even during the deadliest waves of the COVID-19 pandemic. Paid sick leave legislation must ensure access to permanent, adequate paid sick days for workers and prohibit employers from requiring sick notes or implementing other barriers to accessing the paid sick days.

MYTH: Canada has a universal, public health-care system, everyone is treated equally and has access.

FACT: Despite our desire to have a fully accessible and affordable public health-care system, many people in Canada still do not have access to high quality care. Migrant workers in Canada have experienced trauma and death throughout the pandemic because of unsafe living conditions, the lack of permanent residency, and their inability to access care. For Indigenous communities, particularly in the North, jurisdictional disputes between the federal and provincial governments result in failure to improve infrastructure and impact access to everything from access to health care, education, housing, and clean water. We know that experiences of racism and discrimination negatively impact how people navigate the health-care system. The Toronto Board of Health has even recognized that anti-Black racism is a public health crisis.

The provincial government has made significant cuts to public health care over the last four years. Despite the pandemic, these cuts still have not been fully reversed. We need a government that will invest in improving the social determinants of health and ensure that our public health-care system is truly accessible to all.

MYTH: Increasing the minimum wage doesn't help us.

FACT: While most nurses and health-care professionals get paid more than minimum wage, we know that when the minimum wage increases, the wage floor and standard of living is raised for everyone. Studies show that those with multiple low-income, precarious jobs suffer more acute health conditions. It is important that our patients, clients, and communities have access to housing, food, good jobs with benefits and transportation because our health suffers without these basic necessities. If the pandemic has shown us anything, it is that our health and well-being are connected.





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SECTION 5

Stop Privatization

QUICK FACTS:

- In February 2022, the Ford government announced its plans to allow private clinics (called “Independent Health Facilities”) to operate private hospitals.¹⁸
- During the pandemic, for-profit homes had 78 per cent more resident deaths compared to non-profit homes.¹⁹
- Residents in for-profit homes are 60 per cent more likely to become infected with COVID-19.²⁰
- Only 24 per cent of long-term care homes are non-profits, while 58 per cent are operated by private corporations.²¹
- The Ford government introduced Bill 175 which puts the last remaining parts of home care at risk of being handed over to for-profit corporations – a process that all started with the Harris conservative government.²²

MYTH: Allowing Care Coordinators to work directly with Health Service Providers is not privatization.

FACT: Quality home and community care must remain public. The government’s proposals, if enacted, open the door to Care Coordination work being given to Health Service Providers (mostly for-profit). They will deliver the service and provide care coordination. This dual role creates a serious conflict of interest, especially when profit-making is involved. Transferring Care Coordinator jobs to for-profit home care corporations would mean lower pay and benefits and poorer working conditions for staff, while the profit-margins of the corporations prosper.

Care Coordinators have many years of experience and knowledge of local health care and support services. Government must maintain their independent oversight role in the public sector. Funds should also be redirected to provide home-care staff with good jobs with competitive wages and benefits.

MYTH: We need the capacity private hospitals provide to address the backlog.

FACT: We are often told that private hospitals provide necessary capacity to address backlogs in health care. However, the reason we have backlogs in the first place is due to the lack of funding for publicly-funded hospitals. For hospitals to maintain their services with normal pressures like inflation, population growth, and the health challenges of an aging population, greater investments are needed by government.

MYTH: Private hospitals operate just like public hospitals, so there won't be a difference.

FACT: Private hospitals do not operate like public hospitals. Private hospitals have shareholders that get paid out when there are “profits” instead of reinvesting back into care. Private hospitals and clinics operate without public governance whereas public hospitals have a comprehensive regulatory region and mandatory accreditation. These controls and requirements are important because they ensure safe, high quality, public health care for patients and safe work environments for staff. With a two-tier system, some nurses and health-care professionals will work in private, non-unionized work environments, leaving the public system with less staff. This will drive down wages and create unsafe working environments with unmanageable workloads.

18 <https://www.cbc.ca/player/play/1998422595853>

19 <https://www.thestar.com/politics/provincial/2021/01/20/ontarios-for-profit-nursing-homes-have-78-more-covid-19-deaths-than-non-profits-report-finds.html>

20 <https://www.thestar.com/business/2020/05/08/for-profit-nursing-homes-have-four-times-as-many-covid-19-deaths-as-city-run-homes-star-analysis-finds.html>

21 Ibid.

22 <https://www.ona.org/news-posts/care-coordinators-public/>



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Instead, we want to see a government that invests in non-profit, public health care to help recruit and retain more nurses and health-care professionals and ensure safe working conditions. Access to health care should not depend on what's in your bank account. We need a government that will protect and invest in public health care for all.

MYTH: What is this privatization we're talking about? Nothing is happening at our hospital.

FACT: Private, for-profit hospitals have been banned in Ontario since 1973, however instead of fully privatizing entire hospitals, the government picks smaller programs and services and removes them from the public setting. For example, many clinical services like endoscopy, cataract surgery, and colonoscopies are contracted out to private clinics. These private clinics are then managed under the *Independent Health Facilities Act*. The government intends on further privatizing our health care. As nurses and health-care professionals, this means our jobs will be contracted out, our wages will be driven down and some may even leave to work in these private clinics that are non-unionized work environments with fewer benefits. For patients, there is a proven record of poor-quality care, double billing and safety concerns. This is a lose-lose outcome for both patients and workers.

MYTH: If private operators are phased out, won't nurses and health-care professionals in for-profit homes lose their jobs? What would happen to the residents? They would have no place to go.

FACT: Even if for-profit long-term care homes are phased out, the need for care doesn't go away. ONA supports phasing out for-profit long-term care. No new bed licenses should be allocated to for-profit providers. These licenses should go to non-profit or municipal providers.

For-profit long-term care owners siphon off revenues (from taxes and residents' fees) to pay shareholders - that funding should be reinvested back into care. If the provincial government continues to support for-profit long-term care by continuing to allocate to owners new 30-year bed licenses, we will continue see low wages, wasted resources, and lower quality care. This will negatively impact many generations to come. If everyone is included in the same non-profit system, we all have a stake in it.





Ontario Nurses' Association (ONA)
2022 Provincial Election Membership Mobilization Campaign
Nurses and health-care professionals have power in our votes

How to Use Social Media to Have Your Voice Heard in this Election

1. Check out ona.org/vote to learn more about the issues facing nurses and health-care workers this upcoming election so you can share to your own social media profiles.
2. When posting or tweeting, use the hashtags #ProtectPublicHealthCare to draw attention to the issues that matter to you! Don't forget to include #ONelxn43 to have your voice heard in the online debates about the future of our province. When possible, use hashtags like #NursesVote or #HealthCareWorkersVote to further increase visibility of your post or tweet.
3. Share our election shareables on Facebook, Twitter and Instagram to spread the word. A variety of shareables will be available to download on our website.
4. Using our **Activist Kit**, go out to a local candidates' meeting and ask the tough questions about how each party plans to put nurses and health care first. Post on the social media platforms of your choice about your experience and remember to tag [@ontarionurses](#) (Facebook, Twitter) and [@ontario.nurses](#) (Instagram) when you do!
5. Share selfies of you outside of the voting area (beside the Elections Ontario sign) to tell your followers that you have voted in the Ontario election!

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