National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Advocacy Wins – Paid Sick Days, Public Support and Sustainable Change

Work standards matter

The Decent Work and Health Network formed in 2014 as a group of health providers wanting to leverage our social capital and speak out on health and labour issues. We work very closely with allied groups, primarily the Workers Action Centre and Fight for $15 and Fairness in Ontario, and so our demands are demands that come directly from workers. We're not doing this work *for* workers, but rather *with* workers. What we really do is advocate for changes to employment standards to improve individual and population health. We are trying to change the basic minimum standard for everyone because that's how we are best able to protect everyone and create policy that is equitable.

Since the onset of the pandemic, the interplay between work and health has been especially clear. We saw that precarious work, which includes types of employment that don't have a lot of job security, good wages or paid sick days, was very clearly linked to health. We saw that if working standards are inadequate, they become a health hazard.

During COVID-19, a very important public health message that was critical to population health was to stay home if you're sick. But a lot of workers couldn't actually afford to do that. We know this is by no fault of their own. For a low-income worker, missing a full day's wage could really mean the difference between paying rent that month, or not. So, we know that's not good for individual health and it's also not good for population health.

This Equity in Action story is distilled from an interview with Carolina Jimenez (RN, MPH, former Coordinator for the Decent Work and Health Network) in September 2021 and a presentation she made to the Health Equity Collaborative Network earlier that year.

The COVID-19 pandemic has highlighted existing system gaps and exacerbated health inequities experienced by various equity-deserving groups. Throughout the pandemic, certain groups have experienced disproportionately high rates of infection and poorer health outcomes related to COVID-19. Public health practitioners across Canada, recognizing the importance of the social and structural determinants of health, have implemented interventions to promote equitable pandemic responses. The following story, part of the Equity in Action series, celebrates one example. Through these stories, we encourage public health practitioners to reflect on their successes in promoting health equity and prepare to carry forward lessons learned as we move beyond pandemic response and transition to recovery. These lessons can help promote equity-driven interventions in health promotion, disease prevention and future emergency preparedness planning.

Closing the paid sick days gap

Every province and territory have employment standards which workers have access to. If it was up to employers and the government, unless there was a really big shift in policy, employment standards wouldn't change. So, it's through a lot of the advocacy by labour rights organizers that elected politicians get pushed to make changes to employment standards.

For example, in Ontario, there was advocacy around addressing precarious work that led to a substantial review by the Liberal government from 2015 to 2017. The Changing Workplaces Review in turn led to some improvements to employment standards. Through deputations of workers' stories and other submissions, our network was able to bring the evidence of what precarious work does to people in the healthcare system. You can see how health providers can actually get involved in this political advocacy for tangible policy change.

One of the small wins we got was two paid sick days, which were implemented by the Liberal government in 2017 and taken away by the Conservative government when they got elected in 2018. After winning and then losing those two paid sicks days, the fight was on. It was that work, when we were holding the government accountable for these reckless policy decisions, that really laid the foundation for what we've been able to do during COVID-19, and for our report that we launched in 2020, *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*.

We conducted mixed methods research and wrote this report to fill a gap in evidence and knowledge in the paid sick days sector, provincially and nationally. We spoke to precarious workers across Ontario, we interviewed emergency department physicians, we looked at what paid sick day policies were offered in each province and territory, and we came up with a series of recommendations on how to actually close the paid sick days gap. Because of our relationship with the Workers Action Centre, we were able to take leadership from them, asking them what they think is important to change in the laws. We then mobilized the evidence to support their priorities.

From knowledge to action

What we found is that, overall, 58% of Canadian workers don't have paid sick days, which is really troublesome. In addition to this, the less money you make, the more likely you are to not have paid sick days. For low-income workers making less than $25,000 per year, the percentage of workers without sick days jumps to over 70%. Looking at it from an equity perspective, those who are being denied paid sick days right now are actually the ones who need them the most. There are workers in low-wage, precarious jobs who are disproportionately women, migrants, racialized workers and disabled workers, who are unable to work from home and are most likely to be exposed to COVID-19 in the workplace.

You might be asking - don't we already have paid sick days? What about the Canada Recovery Sickness Benefit? The answer is that the benefit is not the same as paid sick days. It is an income support program for people who need to take time off related to COVID-19. When we think about paid sick days, it's a structural problem in all provincial and territorial jurisdictions, and this is a band-aid solution that is not addressing the root problem, which is weak labour standards. So, we have to think about the fact that it's a temporary program, and once this program is gone, we're still going to be left with the same issue. A structural issue deserves a structural equity-driven solution.

To show the importance of advocacy and research and how it comes together, we worked with some of the opposition parties to try to get these research findings into a Private Member's Bill. The first bills got voted down, but another (Bill 7, 10 Paid Sick Days for Ontario Workers Act) passed first reading later in 2021. The Conservative government has implemented something: the three paid sick days that we have now in Ontario through the temporary Worker Income Protection Benefit are better than nothing. It's definitely not what workers deserve and need, but it's as a direct result of the work that we've been able to do.

This temporary benefit was extended into 2022. So now, how do we make sure that these changes are made permanent and universal so that all workers have access to benefits like this regardless of employment status. Now that we've been able to move the needle this far, I'm hopeful that even if the government chooses not to act, they're choosing to go against what the majority is advocating for, which I think is very powerful.

The decent work iceberg

The way that I like to think about it is that paid sick days are the tip of the decent work iceberg. The real issue isn't the lack of paid sick days, it's the fact that we have so much precarious employment. Paid sick days are a common thread among workers who are low income, migrant workers, temp agency workers — but the real culprit here is precarious work as a social determinant of health.

Things like protections for temp workers and gig workers, status for migrant workers, and fair wages are all different pieces make up the decent work iceberg. Paid sick days are just the tip, the really tangible part where health providers and the health system can really latch on. So having people on board for paid sick days allows us to keep the door open to continue to advocate for workers having all the protections that they need to be safe.

As precarious work is a determinant of health, I think folks have to do the advocacy work to bring up decent work as an important issue within Public Health. Public Health can be this large entity that sometimes doesn't have the ability to react very quickly, and income and decent work isn't necessarily at the forefront of the typical work that public health agencies do. Recognizing this, a public health physician and I worked on a very concerted effort to activate Public Health around paid sick days.

Because Peel Region had a very persistent positive rate of COVID cases linked to workplaces, we strategized to get Peel Public Health on board to support paid sick days and created a package around our *Before it's too late* report with a brief and a letter to sign on. That led to a one-on-one discussion with a Public Health staff about work precariousness in that region. It led to connections with the Association of Local Public Health Agencies, which represents all 34 public health units in Ontario. They signed a joint letter supporting legislated paid sick days and sent it to the provincial government. Being able to apply that sort of pressure is a huge deal.

Sustaining momentum

There are additional ways that Public Health can engage in this topic. On the regional level, we've seen a lot of people working with councillors to support their municipality in a motion for paid sick days. From an organizational perspective, Public Health Professionals can make sure that decent work, paid sick days, and employment standards are on their radar, and explore how they are connected to other social determinants of health in the work that they're doing. Letters from your organization to members of Parliament and premiers in your province or territory are really great, not only because it holds these people who are in these positions of power accountable, but it's also good in terms of media. Media really does pick this up, and media is really important in shaping our social discourse around this. I know that it can be difficult to advocate in our work organizations but even advocating individually and independently is great.

I really can't say this enough: as health providers and as public health practitioners, we have so much social capital to really amplify demands that are coming from a grassroots level.

In terms of lessons learned, I now realize that sometimes you might not know what success looks like at the beginning of initiatives. For example, when I went into this, I was thinking that success was a legislative win, and now in hindsight I don't think that that's the win. I think the win was the fact that we were able to change public discourse. We've moved public understanding beyond the myths that we would get from the government like workers abusing paid sick days. We were able to help raise expectations that this is something that workers deserve, that we are not asking for too much when we say that when we are sick, we deserve to stay home and not be penalized for it financially.

Before, when we were advocating, we won two paid sick days, and recently the federal Liberal and NDP parties campaigned on 10 permanent paid sick days. Look how much we've been able to move that needle in such a short amount of time. Yes, we had that legislative win when we won two paid sick days but look how quickly they were able to take them away because the public discourse wasn't there, because they knew that they could without upsetting the majority of people. That's been a very important takeaway: it's moving people onside with you, not for, but with, and that's what creates sustainable change.

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LESSONS LEARNED:

1. Health professionals can use their social capital to amplify voices at the grassroots level and collaborate with workers to successfully advocate for paid sick days and other protections.

2. Advocacy can result in legislative wins for minimum employment standards and, more importantly, shift public understanding and discourse to ensure equitable policy and sustainable change with respect to decent work.

3. Through targeted efforts, Public Health can raise awareness of precarious work as a social determinant of health and advocate for decent work, with the aim of influencing policy and programming.

BACKGROUND

Founded by the Workers' Action Centre and Health Providers Against Poverty in 2014, the Decent Work and Health Network is a group of health workers and trainees advocating for better health by addressing working and employment conditions in Ontario.

The Workers' Action Centre is a worker-based organization committed to improving the lives and working conditions of people in low-wage and unstable employment.

Since 2015, the Fight for $15 and Fairness movement focused on improvements for all those in low-wage, precarious jobs. In May 2021, it officially transitioned to Justice for Workers: Decent Work for All as the next phase of the Ontario-wide campaign for decent work.

Peel Public Health is made up of health experts, practitioners, researchers and changemakers who work closely with Canada's health care system (which treats people who are already sick) to stop people from getting sick in the first place.

The Association of Local Public Health Agencies is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.

RESOURCES

- *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*
- *The myths & truths about paid sick days* [fact sheet]

KEYWORDS

COVID-19, Equity, Public Health, Paid Sick Days, Advocacy, Employment Standards

To learn more about the initiative described in this story, contact the National Collaborating Centre for Determinants of Health, at nccdh@stfx.ca.

Do you have an idea for an Equity in Action story? If you have heard of other health equity-promoting COVID-19 pandemic response initiatives in Canada that we should share, please let us know.