

Sample LTE — written by Dannel Pickering

“I recently attended a Canadian Center for Policy Alternatives discussion about the privatization of laundry services in Saskatchewan. **(stating topic)**

I knew it was going to be sad to hear about the living wage jobs that soon will be lost, but I left sick with worry. **(creating the hook)**

The loss of quality was discussed, where we no longer have control over the quality of laundry services. For example, clean and dirty hospital linen can be shipped in the same truck.

Redistribution of wealth? **(example of a question in your writing which can get the readers thinking)**

Well, I’m almost used to the idea that corporations have everything and workers have very little and that it’s getting worse.

What shocked me the most was that we, the public, don’t have access to the contract between the government and K-Bro. What clauses are in there that will cost us in the long run? **(personality comes out, letting the reader know this is a big deal)**

Dismantling the public service by hiring a lowball bidder could mean that in a few years, the Alberta company could jack up the costs significantly and we end up paying more for decreased quality, corporation-controlled, poverty wage jobs in our province. Why is this OK with our government?” **(a cheeky way to get people thinking about whether their government is working for them = a solution)**

Sample Op-Ed – written by Catherine Gendron

Chronic understaffing within Saskatchewan’s Long Term Care (LTC) facilities is becoming an increasingly disheartening concern for many residents and their families. ***(stating topic/argument)***

In 2013, the SaskParty Government “responded” to public criticism stemming from the poor shape of LTC facilities by creating a \$10 million “urgent action” fund. Unfortunately, the fund did little in terms of improving the number of needed care providers. In fact, many health regions that requested money for more LTC staff received significantly fewer resources than they asked for, or were told to adjust their requests. ***(including opponent’s actions to address the topic)***

Within Cypress Health Region, there are initiatives under way to significantly change how long term care is provided. The Prairie Pioneer Lodge, a LTC facility in Swift Current known for its residents who require extensive care, was selected for a pilot project to try out the new model of care. Concern has been expressed by family members that the cost of living in the new Long Term Care Facility may be much more expensive, whereas the Lodge was made to be affordable for residents. This disappointing adjustment would no doubt put many of the residents and their families in a difficult position. Furthermore, the ratio of continuing care workers to residents at the Lodge is shockingly set for 1.5 workers to every 10 residents. On top of this, the duties of the continuing care workers was expanded beyond providing care, comfort, support and supervision to residents. Now, in addition they are to prepare and cook all meals for the residents in their care, clean the area, or “pod” where the residents live, do the laundry, perform housekeeping duties, and entertain residents and their families, along with their more traditional duties. Those positions that performed the duties throughout the facility are being mostly eliminated. This is the staffing model that is being planned for the new P3 long term care facility being built across from the hospital in Swift Current. ***(research involved to back up the argument)***

When this new way of doing business was communicated to the family members of the residents by management, some family members spoke out about the perceived unsafe staffing levels. An example given was an incident involving a resident being shoved violently by another resident – this was NOT the fault of either the residents or the staff, but can only be prevented with safe staffing levels. Residents at the Lodge and other LTC facilities live with illnesses like Dementia and Alzheimer’s – illnesses that require constant care and if this care is not given, residents can become dangerous to themselves but also to others around them. Family members were distressed to learn that because of staffing levels in this new model of care, not every resident can be cared for at all times (even with staff not taking breaks, a common practice that becomes detrimental to workers’ health).

At a meeting involving family members and management, nothing was presented to ease the minds of the alarmed family members. Some then took to writing their concerns to Premier Wall, but yet again, there was no relief to their worries. What is most discouraging is that residents and family members may feel afraid to speak out about unsafe staffing levels. Some family members expressed their fear in speaking out because of repercussions that may be felt by their relatives who live in LTC facilities. ***(providing concrete examples)***

SEIU-West has also been meeting with management to identify the concerns of our members who work at the Lodge. Our members, who are the neighbours, relatives and friends of their residents and families, see the staffing levels contemplated in the proposed new model of care as potentially unsafe. SEIU-West health care providers are committed to providing the care that is needed for their residents; they are the backbone, eyes, ears and helping hands of long term care and cannot help but engage with worried family members. It is our sincere hope that together we can achieve improvements in staffing levels for the benefit of the residents. ***(reaching out to emotions of the readers)***

Yet it appears there is a lack of understanding and support from those that manage LTC facilities when such dismal staffing ratios are proposed. The real problem is that adequate and safe staffing levels are not proscribed by the funder: the only prescription seems to be 'do more with less'. This is where lean begins to feel very much like mean. ***(personality/passion coming through)***

SEIU-West believes the government's goal of a patient and family-centered health care system should by definition place a real value on the information being brought forward by concerned family members. Most of all, as a community, we need to call on our government to take real action. Ensure that workers do not put themselves in a dangerous situation due to the lack of safe staffing in providing the loving care they provide for residents (i.e. no breaks, heavy lifting). Today, regulations specify that LTC facilities must have "a procedure to determine the safest and most effective staffing mix of health care providers to meet the needs of the residents". Pretty vague, no? How about we provide actual numbers and ratios that ensure safe staffing levels? We all need to agree, 1.5 workers to every 10 residents is not enough. ***(proposing a solution)***