



HPAE

Putting care first

“Challenging Corporate Healthcare”

HPAE’s Strategic Plan 2017-2018



Introduction

Through 40 plus years of challenging economic and political environments, HPAE has continued to make significant gains through collective bargaining, organizing, and political activity. Our commitment to membership involvement as the basis for building a strong union, as well as our focus on professional standards and quality care, are important factors for our success.

HPAE's current strategic plan, approved at our 2014 convention, was based on an assessment of the challenges and opportunities in our workplaces, the corporatization of the healthcare industry, the current political climate, our nation's uneven recovery and growing income gap, and our union's own strengths and vulnerabilities. In this 2017-2018 strategic plan, we again confront the structural changes in the healthcare system and attacks on our collective bargaining and workplace rights that will continue to be major challenges in the coming years.

Structural changes in the healthcare system and attacks on our collective bargaining and workplace rights continue to be major changes over the next few years.

The healthcare industry – particularly the hospital sector – has been dramatically transformed by the corporatization of health care, as evidenced by:

- the rise of for-profit hospital ownership
- mergers and consolidations among hospitals and insurance companies
- the soaring costs of pharmaceuticals and medical equipment
- restrictive reimbursement systems
- the integration of physician practices and for-profit services into not-for-profit hospitals.

For example, the Hackensack-Meridian and Barnabas-RWJ systems employ nearly 50,000 workers, including HPAE members, with \$8 billion in revenues. These mega systems will now have tremendous power to determine industry-wide standards for prices and insurance contract terms, the quality of services, and labor conditions.

At the same time, we face continuing assaults at the state and federal levels on our collective bargaining rights from anti-labor politicians, right-wing organizations, and employers determined to weaken our bargaining and political strength – even our participation in the democratic process.

Although the damage from a negative *Friedrichs v. CTA* decision was averted due to the death of Justice Scalia and a subsequent tie vote which left the status quo intact, the danger is not over. The next President will determine the future of the Supreme Court – and the future, perhaps, of our right to advocate for our members and our patients.

While the economy has improved for some, the growing income gap, rising debt, and the financialization of our economy adds to the challenges for the healthcare industry, our members, and our communities.

These trends provide both opportunities for us to expand and strengthen our union, and very real dangers to our existence.

What We've Accomplished

We've made significant strides in achieving our goals in our strategic plan for 2015-2016:

- We've improved our capacity to assist locals to do joint and coordinated bargaining, thus strengthening our **Membership Representation and Bargaining** work.
- We achieved a **major milestone in our New Organizing** program by gaining a first contract at Inspira Woodbury (Local 5621), getting to the bargaining table at Memorial Hospital of Salem County (Local 5142), and organizing our newest local at America Addiction Centers.
- We've played a key role in moving staffing legislation forward in our **Policy, Legislative, and Electoral** programs and have been in the forefront of researching and monitoring hospital mergers and their impact on patients, communities and workers.
- Because **Education and Leadership Development** is so crucial, we've established "Best Practices" for our locals to help them become stronger and more effective, while expanding our training programs for leaders.
- We adopted meaningful goals for building and tracking **member engagement**, and for expanding our membership in public sector locals.
- We've updated our website and initiated a new membership data base system, providing us with improved tools for both internal and external **Communications**.
- We've made progress in **Coalition and Community Building** by expanding our ties with community groups and coalitions in issues including a \$15 minimum wage, and paid sick and family leave, pay equity and medical debt.



The Work in Progress

While recognizing our successes, we also need to acknowledge that we've made less progress in other areas; and some of the goals we set for ourselves have not been realized.

- We set a goal of a 50% increase in the overall level of **membership involvement** in union activities. In particular, we identified greater membership participation in our COPE campaigns and activities as a priority. We've made some gains in this area, but we still have a long way to go.
- We are just at the beginning stages of developing the kind of unified effort that can match the power of the new **mega health systems**, such as Hackensack-Meridian, where HPAE Locals 5030, 5058, 5097, and 5138 represent RNs and other staff at three hospitals and a nursing home in a system with 12 acute care hospitals and numerous other healthcare facilities.
- Creating more effective coordination between locals means identifying bargaining **system-wide or state-wide contract standards** that unite our members and improve compensation and working conditions. In this area, too, we need to make more progress.
- We need to expand and deepen our connections with the community. While we speak for the community on issues like safe staffing, the changes in the industry demand that we expand that approach to bargaining on community concerns too.
- We need to continue to strengthen our secondary leadership, putting special emphasis in the next two years in the areas of **mentoring and leadership development**.
- Finally, without abandoning our strong commitment to member involvement and union democracy, we need to make changes in **internal governance and structure** to respond to a changing economic and political landscape, as well as the transition of key leaders and staff.



The Challenges in Our Political and Economic Environment

We continue to face many of the same challenges that we identified in our 2015-2016 strategic plan. The creation of mega health systems through mergers and consolidations continues at an ever-rapid pace, enabling these systems to have more power to determine industry-wide standards for patient care, the prices of services, and, in the absence of strong unions, staffing, compensation, and other labor conditions.



While our economy has been growing since the deep recession of 2008/2009, the recovery has been very uneven, with most of the gains going to the top 1%, including hedge-fund managers and others who benefit from the financialization of the economy. Meanwhile, the wages of working people, including HPAA members, have stagnated. Today, we have the largest gap in incomes and wealth since the Gilded Age of the late 19th century.

As a response to these dangerous trends, the “Fight for \$15” and campaigns for paid sick and family leave are educating and mobilizing millions of Americans about the role and dominance of hedge funds and the wealthy in our economy and political system. However, much more needs to be done to turn our economy in a better direction. The ‘financialization’ of the economy and the corporatization of health care threaten our standard of living and collective bargaining rights, as well as our ability to advocate for our professions, our patients, and the community.

The Corporatization of Health Care

The Hackensack-Meridian and Barnabas-RWJ mergers are just the most prominent examples of how the healthcare industry is being restructured into an increasingly concentrated sector of the economy, with a greater focus by employers on profit and the expansion of their businesses, rather than the quality of care and providing services to the community.



Keeping **you** informed.
Demanding accountability.

Some key indicators of these trends:

- Currently, over 2/3 of hospitals in New Jersey are part of a healthcare system and just 10 systems operate over 50% of all hospital beds.
- Mergers of hospital systems will leave New Jersey with 4 or 5 mega health systems, diminishing the strength and voice of unionized healthcare workers and local communities.
- Eight of the 71 acute care hospitals are now run by for-profits in New Jersey; more are reportedly in discussions to purchase or partner with non-profit hospitals.
- The increase in for-profit hospital ownership in New Jersey has largely been built upon an “out-of-network” model that drives up costs and shifts uninsured patients and less profitable services to non-profit hospitals.
- Not-for-profit hospital systems are now partnered with or own for-profit subsidiaries, physician practices and ambulatory centers, making financial transparency and taxpayer-accountability more difficult.
- Hospitals are demanding higher costs and limited choice for health coverage from our members.

The Problem of Low “Union Density” & Attacks on Collective Bargaining Rights

As mega health systems gain more control of the industry, it becomes increasingly



difficult for HPAE and other healthcare unions to play a major role in determining industry-wide standards. HPAE is the largest healthcare union in New Jersey; we represent 17.3% of hospital RNs in the state. Including other healthcare unions that represent hospital RNs, the hospital RN unionization rate goes to 30%. Other healthcare professions and occupations have a much lower rate of unionization. While we are rightfully proud of our membership growth, HPAE union density (i.e. the % of workers in the industry we represent) is too low for us to have the kind of positive impact on industry standards which we need to achieve.

While low union density in the hospital industry in New Jersey has several causes, two key factors are the continuing attacks on labor unions and collective bargaining rights, and weak labor laws, which negatively affect unions in all sectors of the economy. Currently, 11.1% of U.S. workers are members of unions; in the private sector, only 6.7% workers are unionized.

Public sector unions, which had previously avoided declines in union density, are now facing serious assaults. The Supreme Court’s 4-4 decision in the *Friedrichs* case left in place public sector ‘fair share’ dues systems, but cases with the same intent to weaken unions and workers’ rights are expected to be brought before the Court in 2017 and 2018.



In New Jersey public employees continue to face demands for contract concessions, cuts in pension and health benefits, and additional legislative efforts to limit collective bargaining rights. Governor Christie’s takeover plan for financially-ailing Atlantic City, which would strip public employees of their right to bargain contracts was just one recent latest attempt in New Jersey to cripple public employee unions.

Inadequate Laws and the Failure of New Jersey’s Regulatory System

Our working conditions and the quality of patient care are significantly determined by laws and regulations. Unfortunately, in New Jersey, Governor Christie has blocked every attempt to pass laws which set strong standards for safe staffing, workers’ safety, and financial transparency in the healthcare industry. At the same time, the government agency charged with enforcing existing laws – the New Jersey Department of Health and Senior Services (NJDOH) – has failed to do its job. NJDOH has been lax in their efforts to ensure compliance with existing laws and have failed to adapt its oversight to the changes in the hospital industry.

- The NJDOH has eliminated regular inspections, and relied instead on complaint inspections and ‘regulatory’ compliance statements from hospitals to monitor compliance with safeguards meant to protect patients and workers.
- The Certificate of Need (CN) process has been streamlined, reducing the need to gain state approval for many service closures.
- The DOH provides little oversight of mergers between large not-for-profit hospital systems.



Our Overall Goals for 2017-2018

In each of our program areas, our overall goal is to build our power and strength so that we can be more effective advocates for our members and the community. We need to:

- Strengthen **our contract standards**, expand our coordinated bargaining to match the power of merged hospitals systems, and fully engage our members in contract campaigns.
- Develop **organizing strategies** to expand our union and our ability to win strong workplace standards for all healthcare workers.
- Fight for **laws and regulations** that establish a level-playing field for all hospitals and health care facilities, provide for stronger government oversight and renewed enforcement of standards, and create stronger staffing standards and patient safety protections.
- Form **alliances with community** and faith-based organizations to challenge the corporatization of healthcare, and develop bargaining and community strategies that provide remedies to the rising costs and limited choice for care provided to our members and consumers. Engage our members in fighting for their democratic and workplace rights, through **political action** and the election of candidates who stand up for our rights.
- Build **leadership capacity** among our members through education, training and mobilization efforts.

HPAE's 10-Point Plan for 2017-2018

1. Increase **membership participation and engagement** to build stronger, more effective locals, with specific benchmarks for local activities, including building member engagement activities to reach 70% of our members and increasing our public sector membership to 90%.
2. Expand **joint and coordinated bargaining** activities between locals and develop system-wide and state-wide bargaining proposals and standards in key areas.
3. Continue to make a serious commitment to **new organizing**, focusing on membership in merged systems and the unorganized in existing locals, and creating a strong organizing committee.
4. Improve our internal **communication** tools.
5. Educate and engage members in an understanding of the **corporatization** of health care and its impact on healthcare workers, patients and the community.
6. Strengthen our ties with **community groups and coalition partners**; and incorporate “bargaining for the common good” approaches to our contract campaigns.
7. **Engage members in lobbying for legislation and regulations that:**
 - a. Provide safe staffing, and hospital financial transparency & accountability legislation
 - b. Set standards for hospital mergers and conversions
 - c. Preserve and strengthen public sector collective bargaining rights.
 - d. Address income inequality, rising medical debt, pay equity, and fair workplace policies.
8. Play an active role in **state and federal elections**.
9. Focus educational activities on **leadership development and develop our mentoring program with the SEC**.
10. Modify our internal structure and **governance** to adapt to our growth and leadership changes.

Specific Priorities in Program Areas

Membership Representation, Collective Bargaining, and Member Engagement

Our priorities for membership representation and bargaining for 2017-2018 are the following:

- Implement member engagement strategies with specific goals for member participation;
- Develop new coordinated bargaining approaches with common employers by establishing joint committees and joint activities prior to negotiations;
- Promote increased solidarity among all locals, especially with respect to the attacks on public sector workers, including the push for “right to work” laws;
- Focus on language on bargaining to organize/neutrality agreements, accretion & recognition for unorganized, related work sites within hospital systems;
- Bargain for the common good on issues affecting members and our communities;
- Bargain contract provisions which protect our members against surprise medical bills and insurance plans with less choice and higher costs;
- Improve staffing standards in contracts;
- Build on our existing union benefit program (HPAE Retiree Medical Trust) and develop additional union benefit programs;
- Protect collective bargaining agreements during sales/mergers through successor clauses.
- Create staff teams able to develop and implement comprehensive contract campaigns and continue membership and community participation throughout the life of the contracts; and staffing, organizing, health insurance, retirement and
- Host a state-wide bargaining conference to develop standards for key bargaining issues, including staffing, organizing, health insurance, retirement and ‘bargaining for the common good’ language and approaches in specific contract campaigns.



New Organizing

Our priorities for New Organizing for 2017-2018, are the following:

- Build our density in non-union hospitals within the largest health systems in New Jersey, particularly those where we already represent members whose bargaining power is being eroded by mergers. This includes non-union, residual units in our current facilities;
- Build an SEC Committee on Organizing/Union Growth to discuss and commit to tiered organizing priorities given limited resources;
- Develop a program to train and engage members to participate in local Member Organizing Committees to help publicize our union’s accomplishments and to make initial organizing contacts;
- Educate the general membership on the need for our union to organize, build health system density and grow larger throughout the state;
- Significantly raise the number of new organizing campaigns that reach elections or recognition stage;
- Implement an aggressive publicity/probing campaign to familiarize non-union workers with HPAE and proactively solicit organizing leads across all channels of communication; and
- Make ‘Bargaining to Organizing’ initiatives a priority at our bargaining tables.

Community, Policy, Legislative, and Electoral Work

Our priorities for Community, Policy, Legislative, and Electoral Work for 2017-2018 are the following:

- Continue our work with NJ Communities United to survey our members and our communities on their personal experiences with financial and medical debt. Follow up on our “White Paper” report on this issue with additional research and publications;
- Support coalitions for earned sick leave and the Fight for \$15;
- Continue our advocacy for member and community engagement in oversight of both profit and not-for-profit mergers;
- Work with AFT on a national campaign on standards for hospital mergers and workforce issues;
- Train HPAE retirees and activists to educate the public on the need for safe staffing in health care facilities. The training will prepare members on public speaking skills, talking points to engage the community and how to engage community at local community meetings and events;
- Engage community groups in a conversation on the high costs of medical care and the perils of avoiding care due to insufficient health insurance coverage.
- Advance safe staffing legislation, in the NJ Senate and NJ Assembly and involve members in legislative meetings;



- Ensure that key health and safety laws/regulations, such as safe patient handling and the prevention of workplace violence, are enforced;
- Increase membership involvement in our COPE campaigns, labor walks and electoral activities in targeted races;
- Expand COPE committee membership and participation in all locals;
- Engage members and build community alliances to address income inequality, the corporatization of health care and unfair tax policies that disinvest in public services; and
- Support efforts for full funding of pension for public workers.

Education and Leadership Development

Our priorities for Education and Leadership Development for 2017-2018 are the following:

- Provide support and training so that HPAE best practices are fully integrated into locals' every-day activities;
- Ensure that every local has an annual planning/strategy meeting at which they 1) assess their local's functioning, 2) identify improvements needed and key goals and 3) develop a plan based on the local's goals;
- Provide training on the most effective methods to recruit union activists and to mentor leaders;
- Strengthen and support the current “peer coaching” system;
- Provide opportunities for leaders and staff to get training in areas outside of their regular activities and expertise; and
- Provide membership education on income inequality, the corporatization of health care, and the financialization of the economy.

Internal and External Communication

Our priorities for Internal and External Communication for 2017-2018 are the following:

Continue to make our website more user-friendly and action oriented;

- Launch a new member data system that will track membership engagement activities, provide reports to the SEC, and improve communications with members;
- Launch a state-wide texting system for updates on state events and activities; and Establish a leadership newsletter/update for sharing local activities.

HPAE's Internal Structure and Governance

Our priorities for internal structure and governance for 2017-2018 are the following:

- Define HP AE's department structure and accountability for membership services, administration and program areas; and
- Update our governance systems to account for changes in the roles and responsibilities of senior staff and state officers.

HPAE's Legal Department

Our priorities for our Legal Department for 2017-2018 are the following:

- Meet the challenge of anti-union attacks and support expanded and successful organizing campaigns;
- Revise the membership application and dues deduction authorization process to minimize the administrative burden and prepare for a potential, adverse public sector judicial ruling;
- Strengthen the Staff Representative role at all levels of representation, specifically arbitration advocacy;
- Develop staff and member education programs on legal topics, including the Duty of Fair Representation, Taft Hartley Plans, and employment discrimination litigation strategies;
- Educate staff and local leaders to encourage use of low- and no-cost avenues for supplementing our collective bargaining power, including NLRB, EEOC, and OSHA administrative proceedings; and
- Develop standard legal defense materials in anticipation of abusive employer litigation practices common in organizing and other coordinated campaigns.



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