

CUPE Ontario Public Health Forum – September 2024

Municipal Wage Trends for 2024 (Jan-Sept)

The CUPE wage settlement patterns in the overall municipal sector for collective agreements settled in 2024 are averaging 3.4%. As of September 6, 2024, the CUPE Municipal Sector has successfully negotiated 96 collective agreements in Ontario.

It is important to note that the wage data below is an imperfect representation of the improvements to our members lives. It does not capture non-monetary gains, only captures a limited range of monetary increases, and does not capture concessions.

Overall Municipal Sector Wage Pattern¹

Geographic Area	2022	2023	2024	2025	2026	2027*
Ontario (96)	1.86%	2.44%	3.40%	3.11%	2.96%	2.86%
Barrie (4)	1.50%	2.50%	3.19%	3.19%	3.00%	-
Cornwall (2)	2.25%	2.75%	3.00%	2.50%	-	-
Hamilton (4)	1.87%	2.75%	3.00%	3.12%	2.95%	3.00%
Kenora (4)	2.56%	3.00%	3.00%	3.00%	2.38%	
Kingston (0)	-	-	-	-	-	-
Kitchener (12)	1.78%	2.83%	3.16%	2.85%	3.03%	2.75%
London (9)	2%	2%	3.17%	2.87%	2.92%	3.04%
Niagara (2)	1.95%	1.83%	3.78%	3.00%	2.25%	2.00%
North Bay (5)	1.57%	2.13%	3.50%	3.13%	3.08%	3.00%
ORO (0)	-	-	-	-	-	-
Toronto (1)	3.75%	3.50%	3.50%	3.15%	-	-
Oshawa (4)	1.92%	3.00%	3.13%	3.00%	3.00%	-
Ottawa (4)	2.33%	2.17%	4.00%	3.50%	3.38%	2.50%
Ottawa Valley (8)	1.69%	1.84%	3.73%	3.19%	2.53%	2.81%
Peel (3)	1.75%	3.33%	3.33%	3.33%	3.00%	-
Peterborough (9)	1.55%	2.28%	3.64%	3.64%	3.35%	3.13%
Sault Ste Marie (4)	1.75%	1.84%	3.00%	2.91%	2.74%	2.65%
Sudbury (2)	0.75%	1.50%	3.50%	2.63%	2.50%	
Thunder Bay (5)	1.75%	2.80%	4.25%	3.75%	3.67%	4.00%
Timmins (7)	1.52%	2.16%	3.71%	3.21%	2.86%	2.25%
Windsor (7)	2.20%	2.21%	3.25%	2.93%	3.14%	2.94%

*only based on a handful of collective agreement settlements

Settlements in the Public Health sub-sector

	2022	2023	2024	2025	2026	2027
2024 Settlements (3)*	1.50%	1.50%	3.00%	2.75%	2.50%	-

¹ The figures attached under-value the wage pattern because it is not possible to capture flat-rate wage adjustments as long as they given in real dollar figures. For flat dollar adjustments, a weighted average calculation must be done using the number of workers by classification and the wage adjustment won.

There have been three public health CUPE settlements to date for 2024 in Ontario:

- L1331 (Huron Perth Health Unit): 2% in 2021 1.5% in 2022, 1.25% in 2023, 3% in 2024
- 1528 (Algoma Public Health): 2% in April and 1% in Sept for 2024, 2.25% in April and 0.5% in Sept in 2025, 2.5% in 2026%
- 4170 (Board of Health Peterborough County – City Health Unit): \$1.00/hr in 2022, \$1.20/hr in 2023, \$1.40/hr in 2024

Public Health mergers raising concern. The voluntary public health mergers imposed by the Ford government continue to raise uncertainty and questions for public health workers in the affected mergers:

- Porcupine Health Unit (PHU) and the Timiskaming Health Unit (THU).
 - This merger involves CUPE, ONA, OPSEU.
- Peterborough Public Health and the Haliburton, Kawartha Pine Ridge District Health Unit (HKPR).
 - This merger involves CUPE, OPSEU, ONA.
- Kingston, Frontenac, Lennox & Addington Board of Health, Hastings Prince Edward Public Health (HPEPH) and Leeds, Grenville and Lanark District Health Unit (LGLDHU) to create the South East Health Unit.
 - This merger is between ONA and CUPE.
- Haldimand-Norfolk Health Unit (HNHU) and Brant County Health Unit (BCHU)
 - This merger involves CUPE and ONA.

The leading agreement for a standalone unit appears to be CUPE Local 1528 (Algoma Public Health Unit) which achieved a 1.75% in 2023, 3.00% in 2024, and 2.75% in 2025.

Settlements in the Core Municipal sub sector²

	2022	2023	2024	2025	2026	2027
2024 Settlements (50)	1.85%	2.48%	3.51%	3.19%	3.02%	3.01%

Settlements in the Emergency Services sub-sector

	2022	2023	2024	2025	2026	2027
2024 Settlements (1)	1.90%	2.00%	3.00%	3.00%	2.75%	2.75%

**L911 (Niagara Paramedics and Dispatchers) and L4440 (United Counties of Leeds and Grenville Paramedics) are awaiting interest arbitration dates.*

² Only core and composite municipal agreements were selected. Standalone units for social services, day cares, long-term care, health units, libraries, and transit were removed for analytical clarity.

Settlements in the Library Services sub-sector

	2022	2023	2024	2025	2026	2027
2024 Settlements (15)	1.55%	2.28%	3.14%	2.90%	2.76%	2.52%

Bargaining Trends

1) Increasing number of failed ratification votes

The municipal sector entered a wave of expiries again in 2024. As it stands, there are 156/377 (41%) municipally classified collective agreements expired in September 2024. For most, this is the first round of bargaining post-COVID after exiting low wage increases during high inflation.

Members expectations are high and understandably so. More tables continue to reach “critical” stages meaning that the local has filed for Conciliation and/or No Boards. “Good” tentative agreements that have been reached have been rejected by members, almost always due to wages. In 2024, to date, the municipal sector has tracked 11 Locals rejecting their tentative agreements in Ontario – some more than once. The last two rejected votes have simply passed when the Employer shuffled all monies into the general wage increase (GWI).

The Sector Team is working with CUPE National Representatives and Locals to tackle strategic bargaining and initiate supportive campaigns during bargaining in efforts to reach the best deal possible.

2) Flat dollar adjustments

CUPE Locals and municipalities are agreeing to flat dollar increases before implementing the GWI. Governments and employers have traditionally pushed wage increases in the form of percentages, often framed as their “mandates” for employees. Wage percentage increases have the negative impact of widening wage gaps between classifications. Those with higher salaries make larger increases in real dollars compared to lower-paid workers. Over time, this compounds into unjustifiable wage gaps.

Example 1:

1% increase at \$20.00/hour = an increase of \$0.20 per hour, or an extra \$1.60 per day*
1% increase at \$35.00/hour = an increase of \$0.35 per hour, or an extra \$2.80 per day*

**based on an 8-hour work day, not take-home amount (deductions still apply)*

Example 2:

1% increase at \$96.15/hour (\$200,000/year – Deputy Minister) = an increase of \$0.96 per hour, or an extra \$38.46 per week*
1% increase at \$22.00/hour (median CUPE member rate) = an increase of \$0.22 per hour, or an extra \$8.80 per week *

**based on 40 hours per week, not take-home amount (deductions still apply)*

An important first step is to negotiate wage increases which give each worker the same dollars and cents-per-hour wage increase – also known as a flat rate wage increase. This stops the wage gap from widening between the lowest and highest paid.

Example 3:

\$1.00 increase at \$20.00/hour = an increase of \$1.00 per hour, or an extra \$40.00 per week*
\$1.00 increase at \$35.00/hour = an increase of \$1.00 per hour, or an extra \$40.00 per week*

**based on 40 hours work week, not take-home amount (deductions still apply)*

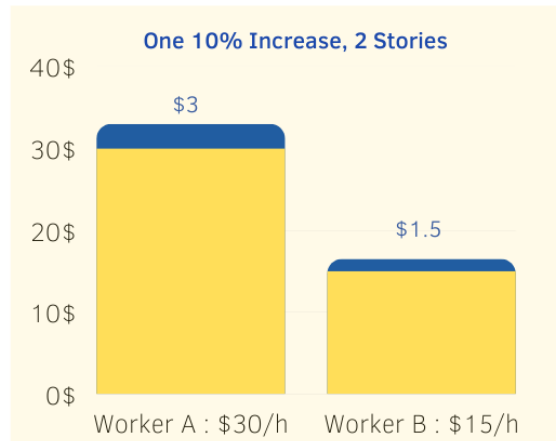
Flat-rate wage increases maintain the differences between classifications throughout the wage grid. All wages move up by the same amount, by the same flat rate. Percentage wage increases, on the other hand, increase the top rates more than the bottom rates and has the effect of increasing the wage differential amongst classifications on the wage grid.

FLAT RATE vs PERCENTAGE

Often, a flat-rate wage increase is more equitable than percentage increases, as it helps lower-paid workers catch up. Percentage increases, on the other hand, mean the less you make, the less you gain. When it comes to deductions, however, the opposite is preferable: % are fairer than flat rate deductions: those who have less need to pay less.

A 10% raise for Worker A, who earns \$30 per hour, is \$3.

A 10% raise for Worker B, who earns \$15 per hour, represents a \$1.5 increase - half of what Worker A got.



CUPE·SCFP

3) Market adjustments

Market adjustments for trades classifications are another ongoing trend within the sector. Municipalities are reporting recruitment and retention problems within trades classifications and are often offering specific adjustments for trades in efforts to compete with the private sector.

If locals are accepting market adjustments, the following should be considered:

- **Internal Equity:** Many municipalities have internal equity policies designed to uphold fairness in pay among current employees in the same bargaining unit and providing similar value to the organization. An analysis of internal equity ensures that fairness is maintained across the organization based on factors such as responsibilities, effort required, skills needed, and working conditions. Collective agreements including pay bands/pay grades are an indicator an internal equity program is in place. Internal equity, in theory, guarantee that positions within the organization are compensated consistently relative to other positions within the bargaining unit.
- **Pay Equity:** *The Pay Equity Act* mandates employers to conduct an unbiased comparison of the compensation provided to ‘male’ positions and ‘female’ positions within the organization. Pay equity plans are supposed to be “maintained” regularly; however, this is often not the case. Locals accepting market adjustments should ascertain:
 - The presence of a pay equity plan.
 - The maintenance status of the pay equity plan.
 - Which ‘male’ jobs have been identified as comparators for ‘female’ jobs within the organization.
 - Does an internal equity program exist.

If market adjustments are accepted or negotiated, the local should reach out to the employer to conduct a pay equity review. Ideally, pay equity reviews should be timed to not coincide with bargaining, because we want to avoid the employer arguing that employees got a raise through its statutory obligations.

- **Member Dissatisfaction:** If the local is planning to accept or negotiate market adjustments, they should anticipate questions from members regarding unequal increases across classifications. Higher increases for some classifications may cause dissatisfaction, particularly after years of high inflation. Special attention should be given to this situation during bargaining ratification votes.

Issues Affecting the Public Health Sector

Ontario's Health Minister Sylvia Jones made an [announcement](#) on August 20th at the Association of Municipalities of Ontario (AMO) conference in Ottawa forcing consumption and treatment service facilities within 200 metres of schools and child care centres to close³.

In total, 10 supervised drug consumption sites in Ontario will be forced to close no later than March 31, 2025. Ten sites are in Toronto and the other five sites are in Ottawa, Kitchener, Thunder Bay, Hamilton and Guelph.

The closures will apply to four provincially funded consumption sites that include the following locations:

- Parkdale Queen West Community Health Centre – 168 Bathurst St.
- Regent Park Community Health Centre – 465 Dundas St. E.
- South Riverdale Community Health Centre – 955 Queen St. E.
- Toronto Public Health – 277 Victoria St.

A fifth supervised consumption site that is self-funded will also close as a result of the ban:

- Kensington Market Overdose Prevention Site – 260 Augusta Ave.

The province has moved towards a plan of opening Homelessness and Addiction Recovery Treatment (HART) Hubs. HART hubs will be analyzing regional priorities and aim to connect people with complex needs to treatment and preventative services that could include:

- *Primary care*
- *Mental health services*
- *Addiction care and support*
- *Social services and employment support*
- *Shelter and transition beds*
- *Supportive housing*
- *Other supplies and services, including naloxone, onsite showers and food*

In addition, HART Hubs is slated to provide 375 highly supportive housing units plus addiction recovery and treatment beds. HART Hubs, however, will not offer “safer” supply, supervised drug consumption or needle exchange programs.

CUPE and other unions (SEIU, ONA, OPSEU/SEFPO, UFCW) who represent workers at safe consumption and treatment sites released a [joint statement](#) following Jones's announcement condemning the closure of safe consumption and treatment sites.

It is not clear at this time where staff at safe consumption and treatment sites will go. Affected employees will be governed by their collective agreements and the *Employment Standards Act*. in some cases, staff may be redeployed within a broader employer (example: a municipality).



³ <https://www.cbc.ca/news/canada/toronto/toronto-supervised-injection-sites-ontario-restrictions-1.7299398>