



## Message from the President

At CFNU we have had an incredibly busy summer which meant we had to put a few of our summer issues of *Nurses' Voice* on the backburner so that we could bring some amazing and important projects to fruition.

First off, in late May, CFNU held its 12th MP Breakfast on Parliament Hill. The topic of this breakfast was G8/G20 and HIV/AIDS. Jan Cibart, a SUN member, an International Labour Organization HIV/AIDS representative and chair of AIDS Programs South Saskatchewan, spoke about her personal experience working with HIV/AIDS patients. Jan Beagle, Deputy Executive Director of UNAIDS, was the event's keynote speaker, she discussed the links between a G8/G20 focus on maternal and child health and previous G8/G20 commitments on HIV/AIDS. You can read a complete summary of the MP Breakfast on our website at [www.nursesunions.ca](http://www.nursesunions.ca).

CFNU also published two books this summer, *The Sustainability of Medicare* and *Experts in Evidence: Opportunities in Nursing. The Sustainability of Medicare*, written by economist Hugh Mackenzie and health policy expert Dr. Michael Rachlis, was commissioned by the CFNU to look at the economics of Canada's health care spending and how it relates to the perception that the health care system is unsustainable. By focusing on the facts, including financial data, the report clearly outlines that Medicare is sustainable and it has been decisions by governments to cut taxes and public spending that creates the

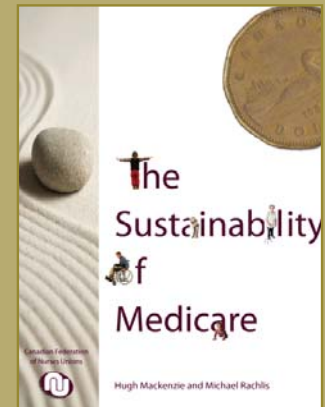
impression that costs are out of control. The push for greater private financing is really a fight against the Canadian ideal of equitable access to health care for all. The book was released in time for the meeting of Canada's premiers and territorial leaders, The Council of the Federation, in Winnipeg this summer, and the First Ministers were all given a copy of *The Sustainability of Medicare*. I was there, along with Sandi Mowatt, MNU President, and Rosalee Longmore, SUN President, to lobby the First Ministers to start now to negotiate a new Health Accord as the 2004 Accord is set to expire. A new Health Accord must:

- Improve and extend the position of the federal government in funding Medicare;
- Provide opportunities for improvements within a publicly funded and delivered system;
- Make investments in home care and long-term care;
- Establish a national, universal Pharmacare plan.

I invite you to read this comprehensive economic analysis at [www.nursesunions.ca](http://www.nursesunions.ca).

The second book CFNU released this summer is *Experts & Evidence: Opportunities in Nursing*. This book examines the challenges and opportunities facing the nursing profession and facing you, as a frontline nurse. With this publication CFNU offers directions for the future of nursing in Canada. Please read the research section of *Nurses' Voice* to learn more about *Experts & Evidence: Opportunities in Nursing*.

October 2010



## UPCOMING EVENTS

October 4 - 7, 2010

CFNU NEB Meeting  
Ottawa, Ontario

October 18 - 21, 2010

New Brunswick Nurses Unions  
Annual General Meeting  
Saint John, New Brunswick

October 25 - 29, 2010

Newfoundland and Labrador  
Nurses' Unions  
Annual General Meeting  
Saint John's, Newfoundland and Labrador

October 26 - 28, 2010

United Nurses of Alberta  
Annual General Meeting  
Edmonton, Alberta

November 8 - 12, 2010

Ontario Nurses' Association  
2010 Biennial Convention  
Toronto, Ontario



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[www.nursesunions.ca](http://www.nursesunions.ca)

CANADIAN FEDERATION  
OF NURSES UNIONS

*Taking charge: building on the momentum to improve health care* was the title of a think tank CFNU held on September 7th, where fifty-six health care experts gathered to discuss future directions for nursing in Canada. From the think tank came a document with (5) directions that focus on strategies that will ensure effective, equitable and accessible health care for all. The directions outlined in the document are as follows:

- Engage in effective health human resource planning by creating an advisory committee between health, education and labour ministries to promote the integration of practice and education to enhance nursing retention, recruitment and quality of care.
- Support the development of nurse-led initiatives that integrate home, long-term, mental health, and community care into the continuum of primary health care with a patient-family focus to inform and enhance the negotiation of the next Health Accord.
- Develop an accountability framework that links patient/family needs and provider competencies to staffing decisions. The framework should employ evidence-based indicators and be analyzed through an econometric lens.
- Develop policies and legislation that support improved work environments (e.g., presence of nursing leadership at every level, full-time employment, professional development, hours of work, workplace free of discrimination and violence, and interdisciplinary governance).
- Support research and evidence-informed decision making within the workplace to assist the transformation of health care.

*"Taking charge: building on the momentum to improve health care"* was created specifically for the Health Ministers meeting in Newfoundland on September 13-14, 2010. The CFNU national executive board joined by CNA CEO and CNA executive board members met with the Health Ministers prior to their meeting. We talked about sick time, overtime and the bad state of our working conditions. We talked about how nurses are the sickest workforce in Canada and that the latest report on sick time in 2008 reported 21,000 employed nurses were absent from work due to illness. We need our government to value nurses' work and start now on improving the work environment through policies and legislation. Investing in nurses is investing in a healthier Canada.

Fall is here and we are looking ahead to what we may face in the upcoming months. As speculation about a federal election grows, we need to continue political activism that advocates for patient care, ensures there is enough health care professionals in the workplace and preserves our medicare model and universal access for all.

I hope everyone had a good summer, I look forward to seeing you at the AGM's this fall!

In solidarity always,



Linda Silas

## Guardians of Medicare

The Doctors proposed the same extensions to medicare nurses have been advocating for decades - these are largely the same as those Tommy Douglas originally called for and envisioned as the second stage of medicare.

The second stage of medicare was to make it comprehensive, not only because this is needed from a social justice point of view but because these are the essential pillars to support the acute care sector currently covered. The second stage of medicare includes dental, eye care, pharmacare, mental health services, preventative care, home care and long-term care. It is their inclusion that can provide value for money and allow for the reduced wait times the doctors are demanding, and it is the understanding of their potential that informs those who defend medicare as fully sustainable.

Nobody is advocating medicare as it is currently, a partly delivered promise where critical components are undermined by a failure to have equitable access to the rest of the care continuum.

Into this discussion comes the new publication, *"The Economic Case for Universal Pharmacare,"* which outlines how Canadians could save \$10.7 billion with a public pharmacare plan. This would be one more pillar to hold up and make the system more sustainable, more equitable and more effective. Please read more about the Pharmacare proposal here.

<http://pharmacarenow.ca/main/about-us>

## Nurses' Eyes on Ottawa

High drama surrounded the conclusion of the latest chapter in the gun control saga. After weeks of uncertainty a motion to kill the bill that would have killed the registry succeeded. Of course nobody says its really over. The votes to keep the registry were obtained under the condition that a further attempt to reform the registry would follow. The Conservatives, who vowed to end the registry as party policy in spite of reliance on a private member's bill, have made it clear that this will be an election issue. Those who fought to keep the registry for the safety of Canadians will need to be ready when the writ drops to make sure that a new House of Commons includes enough

members to keep and reform, rather than abolish, the registry.

Another debate that has created recent political drama surrounds the scrapping of the long form of the Census. That debate too has also promised to be with us for the next election. Few Canadians appreciated before now the vital role the national Census plays in informing government policy in all jurisdictions. We have learned from those who use this information how essential the Census is to provide appropriate services and to obtain value for public money. Canadians who cared little for the Census previously have learned that the scrapping of the long form will leave a permanent break in the information

Canadians have about themselves and that this move is an attack on governance itself. There is a suggestion that the Census could be delayed and restored if cooler heads prevail.

The ever-present threat of election, a permanent condition of a minority government devoid of cooperation, continues. The answer to the "when" question remains elusive although there is increased noise to the effect that the next result cannot be like the last. Conservatives assert that they will require a majority to govern and the opposition remain determined, for the time being, to avoid the c-word (coalition), for fear of what the spin-makers might do. The polls offer more promise of deadlock.



Canadian Labour Congress

Congrès du travail du Canada

### Retirement security for everyone

The CLC's major focus of the last year has been on retirement security and this focus is fully endorsed by the Canadian Federation of Nurses Unions.

In Canada over the last few years we have seen how the current system of retirement security is broken. We have 1.6 million seniors living in poverty and many more with pensions that can vanish, and in too many cases have vanished, without any notice in a single court filing. The current RRSP and bank-run pensions are profitable for the banks but they cost too much to administer, provide low reliability and are subject to high fees.

The one bright light is the Canada Pension Plan. The CPP is reliable, equitable, and costs only a fraction of one percent to administer. It is flexible traveling with you from one employer to the next and not subjected to the

volatility of private markets.

The CLC seeks to build on what we currently have with CPP and fill in the gaps. First, they are proposing to finance ministers the CPP pension should be doubled. It would increase current payments and phase in higher contributions as required. Secondly, the CLC proposes mandatory insurance for pension plans much like the universal deposit insurance that exists for bank account deposits up to \$100,000. Finally the CLC proposes to move all seniors in Canada out of poverty by increasing the Guaranteed Income Supplement (GIS).

It is time we act together for the workers of yesterday and the retirees of tomorrow. These changes are just part of the proposals the CLC is bringing to make your retirement more secure and more comfortable.

For more information and to join the CLC Retirement Security For Everyone Facebook page, visit the website at [www.canadianlabour.ca](http://www.canadianlabour.ca).



### A new book chronicles nurses' roles in places of conflict or disaster

Australia -- A new book sharing nurses' stories dating from the Boer war to the 2004 Asian Tsunami has been released in Australia. *Willingly into the Fray* tells the stories of 65 nurses who accompanied soldiers sometimes into unpopular wars like Vietnam and sometimes into places of unimaginable tragedy like Rwanda. The conditions and dangers the nurses lived in as well as what they witnessed form the focus of the book released to coincide with the 100th anniversary of the Australian Army Nursing Service.

<http://news.smh.com.au/breaking-news-national/hands-heal-from-boer-to-banda-aceh-20101007-169a4.html>



## CROSS COUNTRY CHECKUP



### BCNU

British Columbia

The Fraser Health Authority is creating chaos in its residential care facilities by laying off registered nurses at a time when the health needs of seniors in nursing homes are increasingly complex and challenging.

According to a plan being implemented by Fraser Health, more than 80 RNs have been given their pink slips in facilities from Chilliwack to White Rock, including serious cuts in Abbotsford, Surrey, Langley, Burnaby, New Westminster, Maple Ridge and Delta.

BC Nurses' Union president Debra McPherson says, "At a time of increased understanding about the needs of seniors and the challenges of dementia and Alzheimer's, taking registered nurses away from the bedside in long-term care is simply unacceptable." To find out more visit [www.bcnu.org](http://www.bcnu.org).

### UNA

Alberta

The United Nurses of Alberta is holding its Annual General Meeting on October 26, 27 and 28 at the Edmonton Expo Centre. Over the three days, hundreds of nurses from across Alberta will be attending the annual meeting to discuss the future of the Union and elect UNA's executive officers and regional district representatives.

Last year's over 700 AGM delegates heard dynamic speeches from Avi Lewis, Linda Silas, Gil McGowan, David Eggen, and UNA

President Heather Smith on emerging issues important to nursing in Alberta.

UNA members interested in attending should contact their Locals and inquire about delegate positions, observer positions, and Local funding to attend.

Student nurses are welcome to attend. Those interested in attending the AGM should contact UNA provincial office to inquire about funding.

### SUN

Saskatchewan

SUN's Patients and Families First team has been working to achieve two objectives. First, to help nurses give patients the kind of care they want to provide, and second, to build relationships among the broader nursing community. Central to accomplishing this is the "Patients and Families First Challenge," a \$10,000 award for innovation in patient-centred care. The challenge aims to support patients, the public, patient advocacy groups, and nurses, in developing and testing innovations that will advance patient-centred care in Saskatchewan. In addition, the process builds relationships, facilitates continuous learning and professional development opportunities, and improves nursing practice in a way that is directed by nurses themselves.

Patient and nurse response to the Patients and Families First Challenge has been exceptional. We have received 52 applications: 10 from nurse

and nurse led groups and 42 from patients and patient advocacy groups. Innovative ideas range from a Comfort Care Cart that will enable family to remain at the bedside of a loved one during the end of life, to a clinical nurse educator and clinical resource nurse whose purpose would be to orientate and educate rural nurses. The team has also had many interested calls and e-mails from individuals working on applications.

### MNU

Manitoba

When Maria Pasia contacted MNU in November 2009 on behalf of the nine resident care coordinators at Kildonan Personal Care Centre, she was hoping to get help with attaining provincially established wage scales with the overtime, shift and weekend premiums that all MNU members have across the province.

"I wanted fair and equal treatment for employees so I contacted the union and asked for their help," said Maria Pasia, former RCC at Kildonan Personal Care Centre. "I also wanted to have a place where I can go to raise concerns over my job. I think this is important." What Pasia got was something she didn't expect. Three days after the Labour Board granted MNU the certification to represent the resident care coordinators, the employer (Revera Living) sent them a letter stating that the position of resident care coordinator had been eliminated.



In an interview with CBC radio, MNU President Sandi Mowat said that this kind of response from the employer is unusual and very surprising. "It's very disappointing for this to happen in this day and age," said Mowat. "In the past, we've had a good working relationship with the employer. This is obviously no longer the case," Mowat said.

Revera Living's reaction raises red flags especially since the corporation is buying more and more care homes in the province.

MNU has hearing dates for an unfair labour practice case, scheduled for November of this year. To listen to the CBC interview with Sandi Mowat visit the Manitoba Nurses' Union website [www.manitobanurses.ca](http://www.manitobanurses.ca).

## ONA

Ontario

Nurses in Ontario continue to face challenges daily and their Union continues to advocate on their behalf.

ONA representatives have been in difficult talks with officials from the Ministry of Finance and various health care sector leaders, considering the government's request for a voluntary wage freeze for all RNs. ONA hospital sector members will see their current contract expire at the end of March 2011.

RN position cuts continue in the province – the total is now hitting 2,400 in the past 18 months, and the majority of hospitals in Ontario continue to grapple with illegal budget deficits.

The government's spin is that

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the wage freeze will save services; clearly, RN positions are continuing to be deleted at an alarming rate, and quality patient care is not at the forefront of the decisions to close beds and cut front-line health care providers. ONA believes it is to help finance another planned corporate tax cut. The government has said it will not introduce wage freeze legislation, and an arbitrator's decision recently awarded an increase to nursing home workers, despite the wage freeze request.

The Union will have the opportunity for further discussion with members at our upcoming biennial convention, being held November 9 to 11 in Toronto. Stay tuned as developments occur.

## NBNU

New Brunswick

### Negotiations

The New Brunswick Nurses Union negotiating committee for the nurses, part III bargaining group (hospitals and community care), met in July and again in August and reviewed the current economic climate in New Brunswick. The committee heard a report on the progress of other unions in public sector bargaining in the province. Agreements signed this summer indicate that the government has been successful in adhering to the wage restraint policy of no wage increases in the first two years of contracts being renewed this year.

With the provincial election taking place September 27, it was decided

to wait until later in the fall or early 2011 to conduct member bargaining surveys, which sets priorities for the next round of negotiations. NBNU's contract for the nurses, part III bargaining group is set to expire December 31, 2010.

### Elections

Marilyn Quinn was re-elected president of NBNU for a fourth consecutive term while Sheila Ebbett, Dr. Everett Chalmers Regional Hospital, Fredericton, was elected to the position of secretary-treasurer. Elections for membership on the finance committee and the annual meeting operations committee will take place at the annual meeting October 18-21 in Saint John.

### Committees

The work of the provincial Joint Job Evaluation Committee is nearing completion. The committee was mandated to complete job evaluations for all nurses falling under the part III, hospitals collective. The Committee's work lays the foundation for a classification system for nurses and will establish pay scales during the next round of negotiations. All future positions or re-classifications will be subject to the joint job evaluation process.

The Joint Nursing Recruitment and Retention Partnership Committee has completed its work relating to recruitment. It was successful in obtaining \$800,000 in forgivable loans over a two year period to attract nurses to hard-to-recruit areas of the province. The Committee is now focusing on



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retention – trying to determine what keeps nurses working in a particular place over a period of time. The Committee recognizes that retention is key to recruiting and to “quality of worklife.”

### NSNU

Nova Scotia

#### NSNU speaks up for long-gun registry

Police and other organizations, including the Nova Scotia Nurses' Union, joined counterparts across the country on September 15th in support of the federal long-gun registry. The September 22<sup>nd</sup> vote in favour of killing Bill C-391 was a relief to those who took part in efforts to save the registry.

Janet Hazelton, president of the NSNU, spoke on behalf of local police, nurses, women's groups and other organizations at a news conference in Halifax. She said keeping the registry is important.

“Nurses, particularly those who work in emergency rooms, witness first-hand the horrific injuries and tragic deaths that result from firearms,” she said.

Dealing with gunshot wounds from criminal acts and suicide attempts, and having to meet the traumatized families of victims, is stressful for those in the health profession, Hazelton said. She said access to guns is one of the top risk factors in spousal murders and the majority of Canadian women are killed with a shotgun or rifle. Domestic violence complaints involving firearms normally involve long guns.

Hazelton said the emotions that

lead to violent acts may ebb because people are more likely to have long guns locked up and a trigger lock on the weapons if they were registered, she said. As a result, the time to get a weapon out and ready could give someone looking to harm themselves time to calm down or give a potential victim time to get away.

Hazelton had praise for MPs who voted to save the registry and support for those who hope to improve it, thus making it more acceptable for critics and those who continue to oppose it.

### PEINU

Prince Edward Island

Government's plan to implement its One Island Health System is moving forward. Responsibility for administration of the provincial health system has been transferred to an arms length crown corporation – Health PEI. This organization is being run by an appointed board. Front line physicians and other health care workers have been prohibited from being members of the Board. The Chair is Leo Creamer, former Chief Executive Officer of Sunnybrook Health Sciences Centre in Ontario. Former Deputy Minister of Health, Keith Dewar, has assumed the role of CEO. All but a handful of PEINU members will become employees of the new corporation effective January 1st, 2011. The employer has determined that six PEINU members will remain as employees of the Department of Health and Wellness. The resulting impact is that these members are being transferred to the

provincial public sector bargaining unit without the consent of PEINU. The Union will grieve.

The employer's new Model of Care initiatives are having negative impacts both on working conditions for PEINU members and for the RN staffing compliments at worksites throughout the province. Morale of staff on the first showcase units in acute care is extremely low; the staffing changes are causing extreme role confusion and workplace turmoil that is not being effectively addressed by management. Recent announcements in relation to the province's publicly run manors are resulting in further significant reductions in RN positions. At one site, RN positions will be reduced by half. The Union is grieving the deletion of RN positions as a result of the implementation of the new Model.

A memorandum of understanding was negotiated between the Union and the employer to address issues around the employer's identification of surplus staffing and the intent to use transfer language in the contract to find positions for displaced RNs. The employer has publicly stated and continues to maintain the position that no RN will lose their jobs. This promise will be difficult to keep as the new Model roles across the entire province and RN positions continue to be deleted.

PEINU and the employer are in the process of securing an arbitration date to determine wages for the current year of the collective agreement. Government has given every indication that they are



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maintaining their position that wage increases should not occur for public sector employees for the foreseeable future. Parity with RNs in the Atlantic Provinces has been a longstanding focus for the Union, with the objective being to maintain competitive wage rates for its members in comparison to RNs in the region. Parity has been achieved over the past few years. A wage freeze or even a very limited wage increase for the 2010 year will put PEINU RNs far behind their counterparts in New Brunswick, Nova Scotia and Newfoundland. Concurrently, the Union is also preparing to return to bargaining. The current contract concludes on March 31, 2011. The next PEINU Negotiations Committee has been selected and will give notice to bargain early in the New Year.

The RTA project was very successful

in our Province. 17 RNs obtained their Critical Care Certificates. A second project has been finalized and we are waiting for a date to present to government.

### NLNU

Newfoundland and Labrador

#### NLNU increasing focus on research and education opportunities for members

This fall, NLNU will add a new permanent position to its staff for an Education and Research Specialist. The new position has been created to provide strategic research and analysis services, as well as to enhance NLNU's education capacity.

In NLNU's 2010-2012 strategic plan, one of the goals is to create and deliver a comprehensive education program that will provide development

opportunities for members and help to increase member engagement. The new Education and Research Specialist will lead this work and will be tasked with developing a plan to increase and enhance educational opportunities for members. This individual will also greatly improve NLNU's research capacity and marks the first time the union has a resource dedicated to this area.

This fall will also see the launch of new and improved websites for NLNU. Its public and members-only websites received a facelift over the spring and summer months and will be relaunched during NLNU's 22nd biennial convention, October 25-29, 2010. The sites include a number of new features such as a president's blog, live chat as well as listings of all NLNU volunteers.

## Government drops appeal tacitly admitting it discriminated against nurses

Ottawa -- Three years ago, 450 nurses working for the Canada Pension Plan celebrated a major victory. The federal government had been ordered to stop discriminating against them by the Canadian Human Rights Tribunal. At issue was a complaint that nurses were being paid half as much as a male-dominated group of doctors to do the same work. The qualifications don't decide pay, the work does. Equal pay for work of equal value.

The feds declined to resolve the case and asked for a federal court ruling on the matter. Again they lost and nurses celebrated. That was May of this year. Again the feds would not give up. They appealed. In September, the government quietly dropped the appeal effectively confirming the original finding of discrimination. Now the nurses and the Canadian Human Rights Commission have filed for a judicial review of a 2009 decision that failed to compensate nurses for discrimination that started way back in 1978. A draft motion has been delivered to Treasury Board President Stockwell Day that threatens to hold him in contempt of Court for failing to take steps to remedy the situation. The nurses are hoping not to have to formally serve it.

<http://www.vancouversun.com/health/Government+drops+appeal+ruling+discriminated+against+nurses/3582763/story.html>



CFNU's latest report, *Experts and Evidence: Opportunities in Nursing*, demonstrates how nurses are leading the way toward evidence-based action that serves to improve health outcomes, increase access to care, and make our health care system more sustainable. Through interviews with many of Canada's leading nursing researchers, *Experts and Evidence* explores how education, innovation, safe staffing practices and healthy work environments contribute to better patient care and greater stability in the health care system.

Sean Clarke was one of 16 researchers interviewed for the report. An associate professor and holder of the RBC chair in cardiovascular nursing

research at the University of Toronto, his research on the environment in which acute care nurses work has shown hospitals with better work environments for nursing have lower mortality rates for patients.

*What constitutes a good environment for nurses to work in? Dr. Clarke and his colleagues describe "foundations for quality of care" including orientation programs, education on the job, professional development opportunities and a quality assurance program that gathers data and gives feedback on care. A good environment must also have good nurse managers, to create the atmosphere in which a front-line nurse can work well. Essential too, are collegial relations between nurses and physicians, appropriate staff numbers and educational training, as well as reasonable workloads.*

The excerpt above highlights just some of the issues addressed in this report. The report captures a number of exciting innovations to tackle such issues: from new ways of educating

nurses, to hands on tools that make a difference in practice environments. Innovative staffing models – some of which have shown higher productivity and significant decreases in overtime, like the 80/20 – are also explored within.

The report links research to action: how innovations (including safe staffing practices and the creation of healthier work environments)

can transform patient care and bring stability to the system. Key directions drawn from the research focus on keeping nurses on the job, improving practice environments, preparing today's students for tomorrow's nursing, and cultivating innovation. We invite you to review the full report at [www.nursesunions.ca](http://www.nursesunions.ca).



## Nursing Peers/Mentors aim to bridge diversity gap

New York, USA --

With more Hispanic nurses coming in to the profession than any other ethnic group, concerns about workplace diversity and the need for retention strategies have inspired new ideas. Michele Crespo-Fierro, an RN and clinical instructor at NYU's College of Nursing believes she has found one answer in the form of mentoring and peer groups. Crespo-Fierro formed the group Latinos Aspiring To Imagine Nursing Opportunities (LATINOS). Diversity is complicated and multi-layered, as the diversity even within the Hispanic community is significant. The fear of taking on added leadership and responsibility roles is daunting and Crespo-Fierro encourages her students to seek masters and doctoral degrees to help overcome barriers.

There is another specialized group at NYU, men, who according to [minoritynurse.com](http://minoritynurse.com) represent only 5.8% of the profession. Gary Camelo is a member of Men Entering Nursing (MEN). "We have stories to tell. And when we have meetings, we get to tell our stories," he says.

Crespo-Fierro says these kinds of groups play an increasingly vital role in retaining and recruiting nurses.

[http://statenisland.ny1.com/content/ny1\\_living/health/126480/nursing-mentors-aim-to-bridge-field-s-diversity-gap](http://statenisland.ny1.com/content/ny1_living/health/126480/nursing-mentors-aim-to-bridge-field-s-diversity-gap)