

THE GOOD LIFE

The Newsletter of the Nanaimo-Ladysmith Retired Teachers' Association

June 2017

2017-2018 Nanaimo-Ladysmith Retired Teachers Executive

President	Les Ellis
Treasurer	Mike Ireland
Secretary	Christie Kilmer
Past President	Carol Baird-Krul
Catering	Tricia Barnes
Programming	Jacque Thompson
Heritage	Nelson Allen
Membership/Member Contact	Ellen Ellis
Newsletter & Email	Les Ellis
Sunshine Program	Cheryle Sosnowski
Website	Mike Ireland

Any inquiries can be made through our email at nanrta@gmail.com or by calling the NDTA office at 250-756-1237. Check out our website at <http://www.nanaimoladysmithretiredteachers.ca/>

Vacant Positions

Vice-President
Health, Housing and Social Concerns
Media Contact

We have over 500 members and are short of people to help on the Executive. If you have 2 hours of time on 5 Tuesday mornings throughout the year, please consider joining us to keep our Nanaimo Ladysmith Association strong. Contact can be made through the above email or phone number.

Upcoming NLRTA Luncheons for 2017 – 2018

Tuesday, Sept. 5, 2017 – To Hell With the Bell
Tuesday, Oct. 3, 2017
Tuesday, December 5, 2017
Tuesday March 6, 2018
Tuesday June 5, 2018 - AGM

As well, there will be 2 informational coffee sessions, dates to be announced. Members will be notified ahead of time by email or phone call.

President's Report

This past year has been a year of change for the Nanaimo Ladysmith RTA. After many years at the helm, Carol Baird-Krul retired from the association's presidency. However, we continue to benefit from her invaluable knowledge in her role as Past President and she is the driving force to get our Heritage Collection catalogued and online.

This year we had 4 lunches: our AGM in June, Thanksgiving in October, December for Christmas and lastly, March. (With Easter being late this year, we didn't relate the theme.) Our most successful lunch was in March when we were entertained by an accordionist who had everyone toe-tapping, clapping and singing along.

Despite good meals and entertainment, and the fact that we have not raised prices in several years, our attendance numbers for the lunches are going down. In an attempt to reach out to more members this year we tried two informational Coffee Mornings. Each of these mornings involved an hour long presentation, which was followed by an opportunity to ask questions, accompanied by coffee, tea and cookies. The first session, last fall, was a report from our provincial AGM delegates focusing on pensions and the choices of extended health plans and benefits. Of course, much of that has changed with the move to Green Shield. The second session, this spring, presented by a representative from COSCO was about "Aging and Memory." For our first attempts at this kind of meeting the Executive was pleased with the turnout and the positive feedback we got from those who attended has us ready to try more of these next year.

Of course, the biggest challenge this year was presented at the BCRTA AGM when we learned what we could and could no longer do with our membership money. We came away from the AGM with the understanding that as a non-profit we should not have a large surplus of funds but, by stopping our ability to donate scholarship awards, we have actually increased our bank balance. This has led to many discussions amongst the Executive members. While we feel we have an initial resolution for the bulk of our funds this will be an ongoing conversation as we see how our solution works out and what other avenues we can follow for the use of the money.

Our other problem is one shared by many other RTA's. We need to find more people to help out on the Executive. Having spent many years of service to the RTA, several of our executive members have given up their post in the last couple years. Our membership grows slowly each year but we cannot get new people to join the Executive. Fewer and fewer people are doing the work. While encouraged by the BCRTA's initiative to get more members by giving all newly retiring teachers the first year of membership for free, we not only need to keep them but to also get them to join the Executive to add new ideas and vibrancy to the association.

Les Ellis

Heritage Committee

This past year the RTA Heritage Committee has been very busy. Outlined below is some of the work that has been undertaken.

We managed the move of the Skipsey Heritage Collection from NDSS to a portable at Dover Bay.

Our website is up and the public and members can access portions of the collection through the Nanaimo Ladysmith RTA site.

We have collected material most recently from the closure of Woodlands Secondary School. This material is being sorted to identify items that would be a valuable addition to the collection.

Carol Baird-Krul and her team have cataloged the collection and are currently adding to the collection.

We are currently developing a Strategic Plan for the Heritage Collection that will help us identify the best options for the uses of the collection for years to come.

Linda Willis, one of our members, has been meeting with elementary classes demonstrating items used in classrooms in earlier years.

We will be organizing a “Coffee-Get-Together” at our Dover Bay portable to invite members to come and examine the collection and to see if they wish to donate a few hours here and there to help organize additions to the collection.

Please contact me at nallen@shaw.ca or phone me at 250-753-3836 if you have any questions related to the Collection.

Nelson Allen
Chairperson, RTA Skipsey Heritage Collection

Programs Report

Last year we were looking for an opportunity to offer our members free, informal get togethers that would provide a chance to socialize and also be informed in matters of general interest. Thus, our “Coffee Get Togethers” were formed. At the Fall session we focused on information from the delegates who attended the BCRTA’s AGM. The Spring session presented the topic *Memory and Aging*.

We have been getting some high quality entertainers for our luncheons and have had excellent feedback from our members. Christmas, of course, brings the ever popular children’s choir and Santa. Spread the word that our luncheons are great value for quality

food and entertainment. Special thanks to Master's Touch catering for their wonderful meals.

Join us for our annual "To Hell with the Bell" breakfast on Tuesday, Sept 5th and our Fall Luncheon on Tuesday, October 3rd.

Jacque Thompson, Chairperson

Sunshine Club

Thank you to everyone for passing on information to me about our members who are experiencing health problems, or are dealing with life issues of someone dear to them passing.

Also, please update me if you know of a teacher who has passed on, as I would rather send some regards to the family early rather than find out in the Teacher Magazine. Sometimes a card knowing that others care does ease some of the pain experienced at these times.

Enjoy your summer, keep healthy, and laugh often.

Thank you for allowing me to represent our members in all capacities. Don't forget to keep me informed. My email is: cherylso@telus.net. or phone 250-390-5083.

6 Big Ideas To Improve Health Care For All Canadians

By Dr. Danielle Martin, practicing family doctor and hospital administrator
Speaker to Lower Mainland Family Practice Doctors, SFU Segal Building, January 23, 2017

A passionate believer in the value of fairness that underpins the Canadian health care system, Dr. Martin is on a mission to improve Medicare in ways that will benefit all of us. As the author of Better Now: 6 Big Ideas to Improve the Health of All Canadians from Penguin Random House Canada, she is a strong advocate for removing barriers to care and improving equity across Canada. She helped launch Canadian Doctors for Medicare, the voice for Canadian physicians who believe in "a high quality, equitable, sustainable health system built on the best available evidence as the highest expression of Canadians caring for one another."

Big Idea 1: The Return to Relationships:
Ensure relationship-based primary health care for every Canadian.

Big Idea 2: A Nation With A Drug Problem:
Bring prescription drugs under Medicare as part of universal healthcare in Canada.

Big Idea 3: Don't Just Do Something, Stand There:

Reduce unnecessary tests and interventions.

Big Idea 4: Doing More With Less:

Reorganize health care delivery to reduce wait times and improve quality. Spending more on something doesn't make it better. Let's reorganize the resources we have now in healthcare.

Big Idea 5: Basic Income for Basic Health:

Implement a basic income guarantee. Our income is our health support.

Big Idea 6: The Anatomy of Change:

Scale up successful solutions across the country. We need more innovation in healthcare, not more money. Let's spread the ideas that work.

One of the recurring themes of Better Now is the need to practice medicine differently. Martin argues that overtreatment is rampant, that there is too much CYA (cover your ass) medicine, that there is too little accountability and that physicians are too often impediments to change.

"Banks have it figured out. Everyone queues up for the next available teller. It can work in medicine," says Martin.

You can read more about the book and her ideas at www.6bigideas.ca.

The Urgent Need for Palliative Care

A Report by the Canadian Society of Palliative Care Physicians, February 2017

Canada is an aging country. For the first time in history, there are more seniors in Canada than children. By 2024, Canadians aged 65 years and older will account for more than 20% of the population, while children under 15 years old will represent just over 16% of all Canadians. This translates into higher costs for Canada's health care system, particularly as Canadian seniors advance to the latter years of life.

While aggregate information on health care costs in Canada currently does not exist, policy and decision makers can extrapolate research from other countries to the Canadian context. U.S. Medicare data shows that a quarter of total health care costs are spent in the last year of life, with about 40% or 10% of the total Medicare budget spent in the last four weeks. There is no reason to expect this expenditure would be different in Canada.

Strategically allocating resources to palliative care will enable the Canadian health care system to deliver the care patients desire and benefit from, while ensuring effective use of the country's finite resources. Palliative care has been shown to reduce anxiety and depression, improve quality of life and, in some cases, extend life. As importantly, the provision of palliative care enables more efficient and appropriate use of the country's

health care resources, by reducing the costs of caring for people with life-threatening chronic illnesses and freeing up much-needed hospital beds.

Support for palliative care is extremely strong among Canadians. A 2016 Ipsos survey found 85% of Canadians agree palliative care should be an insured service under the Canada Health Act and 89% believe the public health system should cover the cost of care.

When presented with a list of 27 essential elements of palliative care such as pain management, personal hygiene and specialized nursing care the majority of Canadians agreed all elements should be included as minimum standards in a palliative care program. In addition, 90% said patients should have the right to receive care in their home at the end of life.

Can Canada afford a quality palliative care program, one that integrates all the elements deemed essential by the majority of Canadians? The latest studies on palliative care supports a solid case for the effectiveness of palliative care and hospice programs, from both a cost and patient care perspective.

Compared to usual acute care, hospital-based care, palliative care could save the health care system approximately \$7,000 to \$8,000 per patient

These savings are achieved through various ways, including:

- Reducing the overall length of hospital stay
- Moving patients from hospital to home or to hospice facilities, at a lower cost per day than acute care
- Reducing the number of ICU admissions
- Reducing unnecessary diagnostic testing
- Reducing inappropriate disease-targeting interventions

A multi-year, federally funded national project called The Way Forward reviewed the cost-effectiveness of palliative care with evidence up to 2012. Since then, a large prospective study from New York (2015) demonstrated a 24% reduction in hospitalization costs when patients with advanced cancer diagnoses were seen by a palliative care specialist within two days of admission. The study authors concluded that “Earlier palliative care consultation during hospital admission is associated with lower cost of hospital stay for patients admitted with an advanced cancer diagnosis.”

An even more dramatic reduction in costs was seen following implementation of palliative care services in seven hospitals in the same U.S. healthcare network. Admission costs were reduced by 40% when palliative care consultation was received within 48 hours of admission. Readmissions were reduced by 61.5% at 30 days, 47% at 60 days, and 42% at 90 days. The study found cost avoidance to be 1.5 times the cost of the palliative care services provided by hospitals.

Home-based palliative care keeps patients out of hospital and allows people to die at home. It is cost-effective and reduces the use of other, more expensive health services. A 2013 study in Ontario projected that expanding in-home palliative team care to those currently not receiving such services can improve quality of life, reduce the use of acute care resources, and avoid \$191 million to \$385 million in health care costs. Shifting just 10% of patients at end of life from acute care to home care would save \$9 million a year. It should be noted that although costs of home hospice care are less for the health care system than for acute care, a significant part of the health care system's cost avoidance is transferred to the family through loss of income, purchase of supplies, and other expenditures or missed financial opportunities.

Residential hospice is another type of palliative care with clear economic benefits. For patients who are unable to return home for care, shifting patients' care from an acute care setting (\$1000/day) to a residential hospice (\$400/day) is one of the key mechanisms reported to reduce direct costs of care.

Fee Increases in BC Again This Year

By Ken Kuhn, BCRTA Liaison Priorities Newsletter Editor, Port Moody, BC

Let's look at 2016 increases and then add those for 2017.

Starting January 1, 2016, the monthly BC MSP health care premiums tax increased by 4%. (In this year's election, the Liberals promised to reduce this by half, the NDP said they would do away with it totally. Let's wait and see.)

The Pacific Blue Cross Extended Health Care (EHC) premiums increased 8.5%. (This year, the Pension Board changed to Green Shield coverage.)

BC Hydro raised their rates by 4%.

FortisBC have increased their rates by 2.96%.

ICBC raised their basic insurance rates by 5.5%.

BC Ferries raised their fees by 1.9%.

Municipalities across B.C. are also expected to raise property taxes for homeowners.

The 2016 increase in our pensions was 1.0%. Seems we are not keeping up to the increases we are facing. I thought I would share these changes for 2016 as it affects all of our budgets.

Well, that was last year's news. And what fee increases are we facing for 2017?

It seems that ICBC basic insurance has increased another 4.9% over the 5.5% last year.

And BC Hydro increased their rates 3.5% over the 4% increase last year.

FortisBC increased 2.76% this year over the 2.96% increase last year.

BC Ferries have increased their fees 1.9% again this year.

Travelling to Vancouver, a Translink one zone fare has gone from \$2.75 to \$2.85.

Meat and seafood prices are expected to increase between 4 and 6%, while fruit and vegetables are expected to increase 3 to 5%.

Property taxes are expected to increase by 3.9% on average.

When are all these increases going to stop? It seems the “middle class” is getting hit hardest while the highest salary earners are having a smaller and smaller chunk out of their pay.

And the good news? Admission to Canada’s national parks is free throughout 2017 to mark Canada’s 150th anniversary. There are seven national parks in BC. It may be time for a stay-vacation in BC this summer.

Brain on the Beach by **Alexandrea Becker**

According to scientists, visiting the beach can change your brain in an incredible way. We all know that spending time outdoors is good for you on both a physical and mental level, but the benefits of spending time specifically at the beach have just been revealed. That incredible feeling of peace and calmness that you experience at the beach is now being referred to as “blue space.” That’s what scientists have dubbed the effect that the combination of soothing smells and sounds of water have on your brain. The blue space is enough to make you feel at ease in a hypnotic sort of way.

When you notice how relaxed you feel at the beach, it’s not just all in your head. Science says that it’s a change in the way your brain reacts to its environment leaving you feeling happy, relaxed and reenergized.

Overall, this blue space affects you in four different ways.

- 1. Going to the beach reduces stress.**
- 2. The beach boosts your creativity.**
- 3. Going to the beach can help reduce feelings of depression.**
- 4. Spending time at the beach will change your perspective on life.**

For the full article go to:

<http://bcrt.ca/bcrt-branches/107-parksville-qualicum>