

THE GOOD LIFE

The Newsletter of the Nanaimo-Ladysmith Retired Teachers' Association

Nov. 2016

2016-2017 Nanaimo-Ladysmith Retired Teachers Executive

President	Les Ellis
Treasurer	Mike Ireland
Secretary	Colleen Dempsey
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 to meet every second month, 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 2016 – 2017

Tuesday, December 6, 2016

Tuesday March 7, 2017

Tuesday June 6, 2017

Members will be notified ahead of time by email or phone call.

President's Message

We are now well into the 2016-17 school/retirement year. Many new retirees came out to our To Hell With the Bell Breakfast and we are pleased that a good number of them joined our association. The Fall Luncheon was well attended and everyone was humourously entertained by the local singing group, Just For Fun.

Also this year, we are having a couple of information sessions at the NDTA office. The first one was held earlier this month when our delegates to the provincial AGM (Cheryle Sosnowski and Mike Ireland) reported on what they had learned. This included the state of health of, and health care for, senior citizens. As well there was the annual report about our pensions and the choices we now have concerning extended health and travel insurance. The AGM also voted for a slight change in the distribution of our annual dues. If you were unable to attend the information meeting, a summary of what was discussed follows next in this newsletter.

The provincial government is experimenting with yet another new way to report student achievement to parents and our district is running the pilot project. One thing about being teachers is that we got used to constant change. We adapt well. Just retiring is a major change. Now we can change the books we read (not curriculum or lesson plan oriented), we can go where we want at the time we want, we can take up new hobbies and make new friends along the way. Let's make this year an exciting year of change!

Les Ellis

2016 AGM Report on Speeches

The BCRTA AGM was held on September 23rd and 24th in Richmond. Dr. Paula Rochon gave a talk on Geriatrics in Canada. Her message to the delegates was that our society will be facing a serious challenge in the very new future. It is estimated that by 2036 there will be 10 million seniors in Canada or one quarter of the population. Geriatric doctors are in very short supply in Canada. In BC there are only 42 geriatric trained doctors for over 675,000 pensioners. More and more people are living longer and healthier lives. In the last 15 years there has been a 70 per cent increase in the number of Canadians who are reaching the age of 100. Women are continuing to outlive men and 60% of people living over 100 are women.

Dr. Rochon also discussed the cascading effect of drugs. 27% of seniors have more than 10 drug prescriptions with older women being the largest group of users. The combination of drugs can have adverse side effects. Drugs being administered to a patient for one problem can make it look like the patient has another disease, which then leads to another drug being administered to deal with the new health problem.

How do you take half a pill? Pill splitting is another concern because often the prescribed medication is manufactured in a size larger than the doctor ordered.

Drugs are often being over prescribed in nursing homes. Dr. Rochon offered excellent advice for all seniors. 1) Keep a list of your medications. 2) Take all of your medications (prescription and non-prescription) to your doctor to check that your health is not being affected by the combination of drugs you are taking. 3) Review all your medications with your doctor or pharmacist. 4) Be careful with over the counter supplements when taking medication, and always consider new signs and symptoms when a new drug is prescribed.

Dr. Colleen Flood discussed the serious issue of health care in Canada and the need to reform it. She also discussed the threats to the Canada Health Act by for-profit clinics that contravene the Canada Health Act because they require people to pay money before they can access public insured health care services. In particular the court case being brought by Dr. Brian Day was mentioned which would entice doctors to leave the public system entirely, or provide services in both the public and private sectors. In other words if you can afford private health care insurance you will get help, and if you are on a limited budget or have many health issues you will not.

Doctor Flood also described the health care systems of Britain, New Zealand, the Netherlands and France. Some have similar benefits to ours, but Canada's health system is superior to all in many ways. We need to petition the federal government to uphold the spirit of the Canada Health Act. As our society ages, we need a strengthened public health care system that includes pharmaceuticals. (We are the only modernized country in the world that has universal health care that does not include pharmaceuticals.) If we want to have good health care we need to include home care to those seniors who are healthy enough to stay in their homes. Canadians expect and need to demand good health care services from coast to coast.

Treasurer's Report from the AGM

The BCRTA is a non-profit organization (NPO), and therefore so is the NLRTA. A NPO's tax exemption can be lost if it budgets for a surplus; has repeated surpluses of revenue over expenditures; has reserves in excess of reasonable needs; fundraises and donates to other entities; and/or, directly distributes income to members.

Locals' budgets should break even and they must document the reason for any surpluses. At the provincial and local levels members' fees cannot be donated to scholarship foundations. Fees must be used for the benefit of members

In 2014 our pension plan was 102% funded. This is in the top 3% of all pension plans in Canada. Based on investment performance our plan can pay the full cost of inflation.

In 2015 the rate of returns on our pensions was 9.3%. Our fund managers do not choose individual companies, just what percent of the investments goes to certain classes or types of investments. In 2015, our fund was invested in fixed income investments at 20.7%, public equity (stock market) at 49.7%, and other investments such as real estate,

private placements, infrastructure, and an all- weather fund at 29.6%. Our money is pooled with other pension plan monies to reduce investment costs, increase the investment options, and to reduce risk.

Working teachers contribute 10% to the plan, employers 10% and our investments return the remaining 80%.

Our pension has no drain on provincial coffers. Note: retired teachers pay into the provincial coffers via taxes and spending our pensions in the province.

Johnson Insurance provides two travel plans for BCRTA members – Medoc (travel insurance only) and Prestige (extended health/travel insurance with a dental option). Prestige, which was first offered a year ago, now has over 1000 satisfied BCRTA members. Check out which option best fits your travel and health needs. Advice from Johnson is to be specific with your medical practitioner about you travel plans

Johnson also offers home, life, and long-term care plans for members.

R. R. Smith Foundation Report from the AGM

In the past, and including this year, our annual provincial membership dues have been \$40. One dollar of this was then donated by the BCTF on our behalf to the R.R. Smith Foundation. This foundation was set up decades ago as the charitable branch of the BCTF. Using the BCTF donation and others, the Foundation funds needy educational projects provincially and abroad.

As was noted in the Treasurer's Report, the BCRTA is a non-profit organization and as such cannot donate money to any charity. Also, the BCRTA has a very big surplus of money, designated as a contingency fund.

To help solve these two problems a change was made in the wording for the collection of annual BCRTA dues and takes effect as of July 1, 2017. Next September you will still have \$10 taken from your pension for local dues and \$40 provincially. However, only \$38 will go toward your BCRTA membership and the remaining \$2 will be your membership fee in the R.R. Smith Foundation. By taking in less money, and if expenditures remain the same or go up, the BCRTA will reduce its surplus and the R.R. Smith Foundation is no longer getting a donation but rather, a membership fee. As I said, it's all in the wording!

BC Seniors' Advocate

Website - seniorsadvocatebc.ca

The Office of the Seniors' Advocate is a go-to resource for seniors' information and referral. Phone lines are answered by knowledgeable staff who can help with a range of questions. 1-877-952-3181

Seniors by the Numbers as Reported at the 2016 COSCO Conference
(Council of Senior Citizens' Organizations)

As people are living longer, Baby Boomers now represent one-third of Canada's population. The fastest growing groups are those between 65 and 70 and those over 100.

Life expectancy is now over 80. Baby Boomers use the medical system more and expect more from the system than those in the past. They are receiving earlier and better treatment. Thus, they live longer without major problems until towards the end of life when serious issues seem to be compressed.

One great concern is dementia. In 2008 there were 400,000 diagnosed cases. By 2038 that number is expected to double.

Other chronic diseases, such as diabetes, are also increasing.

Good news – 96% of seniors have a general practitioner.

Car ownership is declining because of the use of buses, Uber, car sharing, etc., yet in BC there are still 96,000 drivers over the age of 80.

In 1975 health care cost 7% of GDP. In 2015 that cost was 11%.

Between 2004 and 2011 public health care costs went up 7.8% per year. Only 10% of those costs were attributed to aging. The other 90% were due to inflation, drug costs, hospitals, and wages for doctors and other health care workers.

\$70 billion per year is spent for health care workers.

Home care workers are overworked and have limited time for each person in their charge. By contract, if something isn't in the care plan they can't do it no matter how simple the chore. They are discouraged from socializing and sharing information about community services available.

Medical home support is decreasing, forcing more people to residential care which results in longer wait times to get into residential care.

Between 2001 and 2015 there was an 8% increase in residential care users. This included a 60% increase in people over 80.

Between 2014 and 2015 complaints about residential care rose by 14.2%.

80% of BC residential care facilities don't meet the provincial guidelines of 33.6 hours of care per resident.

27.4% of seniors in residential care are on antipsychotics without a diagnosis.

The median income of people over 65 is \$26,000. Those over 75, the median is \$22,000.

The New Westminster Seniors' Services Society had 1521 people looking for housing in 2015. This year that number is already over 2600. They are looking for safe, affordable, appropriate housing. Bed bugs? 3 storey walk-up? Druggie, partying neighbours?

There is an even greater lack of appropriate housing in rural and remote BC.

Housing is the number one issue raised by seniors. Fewer rental units are being built.

Rent is up 34% in the last 10 years.

58% of renters have an income of less than \$30,000 and 35% have an income of less than \$20,000. This means rent can take up to 80% of their income.

42% of senior renters are not aware of the SAFER program which offers a monthly average rent subsidy of \$200 per month.

Seniors' subsidized housing has a 4 year waiting list.

93% of seniors are independent. 80% own their home while 10% rent, 3% are in assisted living and 7% are unregistered. Rising health care costs make it difficult to live independently.

Less than 20% of seniors, who do not have an employer pension, can live comfortably.

24% of homeowners have an income of less than \$30,000. Add to this rising taxes and utilities increasing beyond inflation. Maintenance costs and major repairs can force moves. Home equity is difficult to access.

Deferral of property taxes saves on average less than \$3000 per year.

26% of seniors live alone. This number jumps to 46% for seniors over 85.

Seniors living alone are 4 times more likely to be living in poverty than those living as a couple.

45% of seniors going into hospital are malnourished. Most of these people live alone and rely on others for their groceries.

Social isolation is thought to be a big reason that older people come into emergency.

29% of BC residents don't take the medicine prescribed to them because of the cost.