 **BRITISH COLUMBIA RETIRED TEACHERS’ ASSOCIATION**

**MEMBER REPORT**

**1a. Major Concerns - Federal Level**

a. Opposition to Bill C-27

b. Advocacy for a National Pharmacare Program and Drug Formulary

c. Advocacy for the development of a federal seniors’ ministry

d. Opposition to privatization of Canadian health care services

**1b. Major Concerns - Provincial Level**:

a. Bilateral Health Care Agreement on the federal funding for Homecare and

Mental Health Care

b. The Dr. Brian Day case (see above)

c. MSP premiums

d. Improving access to and quality of seniors’ health care

As British Columbians, the BCRTA supports the National Pensioners’ Federation’s monitoring of the emerging bilateral agreements between the provinces and the federal government about home care and mental health funding. Their Health Committee has already responded to the Agreement between the Federal Government and Newfoundland/Labrador. See the NPF documents that detail the NFL/Federal Official Agreement, and the common priorities for all bilateral agreements. We encourage ACER-CART to be aware of these agreements as they develop from province to province and have appropriate in-put to the process.

MSP premiums continue to be an issue in British Columbia. The BCRTA has received a report from the Canadian Centre for Policy Alternatives that supports elimination of these premiums and that shows that good employers will actually see a reduction in the amount they have to pay rather than a shift of the burden from individuals to employers. A letter has been sent to the MSP Task Force supporting the replacement of premiums with increases in personal income and business taxes.

In terms of the Dr. Brian Day court challenge to publicly funded health care, the BCRTA is continuing its moral and financial support of the BC Health Coalition in this matter.

The BC government recently announced the provision of funds to reduce surgical wait times across the province. New funding for MRI tests has also been announced. These are issues being focused on by the BC Health Coalition along with lobbying for the expansion of “family councils” serving as advisory groups in seniors’ care homes.

**2. Main Activities this year:**

The 2017 / 2018 BCRTA Goals were established as follows. Most of the Association’s activities relate to these goals:

* Increase and maintain membership by adding services and improving the member experience.
* Develop a unified communications strategy that includes print, web and social media.
* Control our own insurance plans.
* Further develop our processes including committee structures.
* Increase staff including an Executive Director.

1. The Innovation and Strategic Planning Committee (ISPC) continues its work of consultation with BCRTA membership and implementing recommendations made to the Annual General Meeting and the Board of Directors. The AGM of September 2017 included a major exercise in information gathering that helped set direction and priorities for the ISPC. The ISPC has led in the re-engineering of all our communications products, the development of guidelines for the hiring of an executive director, the restructuring of our committees, and improvement of our membership management systems to an on-line model.
2. Our implementation of a first-year complimentary membership in the BCRTA has resulted in significant growth over the past year. This initiative is to be continued.
3. Our pre-retirement workshops - “There’s More to It than the Money” and “Making Sense of Pensions and Benefits” have seen increased booking around the province.
4. We are investigating ways to allow active teachers to join our Association as ‘limited members’ who will automatically become full members at retirement.
5. We have engaged the services of Alphabet Communications consultant Tim Anderson who is assisting our Board and committees with enhancing the effectiveness of our communications and our over-all member experience.
6. We continue to work closely with Johnson Inc. in the development of our insurance plans and in the development of further insurance offerings.
7. The BCRTA Communications Committee has been operating in its new, larger format, with three subcommittees of three members each. These subcommittees oversee different aspects of BCRTA member communications:

* The IT Subcommittee has made significant changes in our website presence, improving both access to information and visual appeal. Specialized areas of the website will be dedicated to directors and staff. See the revamped website at [www.bcrta.ca](http://www.bcrta.ca).
* The PostScript Subcommittee has developed policies and guidelines aimed at improving the magazine’s focus on serving members’ interests and has researched fair advertising rules and rates.
* The BCRTA newsletter has undergone a name change from Liaison Priorities to BCRTA Connections. The Connections Subcommittee has also been working on policies and procedures aimed at improving the relevant to members and the visual quality of the publication. Connections is now published six times a year, mainly online through links to our website, shortly after each round of committee and Board meetings.

1. Our Branch Membership Enhancement Guide has undergone significant revision and will be available as a link on the BCRTA website by the beginning of June.
2. The Excellence in Public Education Committee announced six Golden Star Awards to schools around the province who have on-going programs that bring students together with seniors in their communities. One award is sponsored by the Royal Canadian Legion, BC and Yukon Command and focusses on programs that bring students together with veterans. Schools recognized this year are in Revelstoke, Langley, Mission, Smithers, Richmond, and Vernon.
3. The Heritage Committee made grants for projects involving local branches of the BCRTA that focus on the preservation of school records and the preservation of historical school structures and recognition of past school sites.
4. The Well-Being Committee is an amalgamation of the former Health and Housing and Social Concerns committees. The committee will be working with a broad definition of ‘member well-being’ and will be providing information and articles to BCRTA publications.
5. BCRTA branches continue to help host workshops sessions for pre-retirement teachers sponsored by the Teachers’ Pension Plan. These occasions provide an opportunity to distribute information to prospective members.
6. In order to enhance membership growth, the Membership Committee has developed merchandise for distribution and is looking at new ways to extend membership eligibility. We are also exploring the possible merger of provincial and branch membership fees.
7. Our Members’ Advantage Program continues to add new partners. Significant additions this year include Hearing Life Canada, Merit Travel, and Travel Agency Tribes. Our goal is to ‘package’ our Members’ Advantage Program to increase efficiency of communication to our BCRTA members.
8. Our Teachers’ Pension Plan has switched medical and dental plan providers from Blue Cross to Green Shield. The BCRTA office staff are dealing with questions and issues around Green Shield Canada. Most often, members are referred to the Teachers’ Pension Plan or back to Green Shield, as the BCRTA had no direct contractual relationship with Green Shield Canada.
9. The BCRTA has written to the National Pensioners’ Federation is support of its campaign to restrict aggressive sales practices by large telecom companies.

**Resolutions to the ACER-CART AGM**

**Motion #1:**

That ACER-CART continue an aggressive communication of its opposition to Bill C-27 and combine efforts with organizations conducting similar campaigns.

**Rationale:** Bill C-27 continues to be a threat to the well-being of Defined benefit Pension Plans in Canada. On November 1 2017, when the NDP attempted to table a motion asking for the withdrawal of Bill C-27, the motion did not get enough support for consideration in the House of Commons, On January 11 of this year the Pension Commission of Manitoba raised the possibility of allowing for target-benefit and shared risk plans, there is no assurance that current employees and retirees would not be affected by changes suggested by legislation such as Bill C-27.

**Motion #2:**

That, as a major priority in 2018-2019, ACER-CART continue its support for a comprehensive national Canadian Pharmacare plan.

**Rationale:**

The BCRTA continues seeking the strengthening of partnerships – both federal and provincial - in our commitment to advocacy for a national single-payer Pharmacare program and drug formulary that will meet the news of Canada’s seniors. We urge ACER-CART to make use of the information currently available in this important advocacy campaign so that the Canadian public is fully aware of what’s at stake. Hopefully we can continue our work with such groups as seniors’ Voice / Voix des Aînés on this issue.

**Motion 3**:

That ACER-CART continue calling for a national seniors’ strategy by supporting the Canadian Medical Association’s “Demand a Plan” campaign and ACER-CART’s own “Declaration Concerning a National Health Care Strategy for Seniors”.

**Rationale:** We seniors are growing faster as a group than any other demographic segment of Canadian society; today, in 2018, we outnumber our country’s children, and we will continue to grow as a proportion of our populations. By 2036, one in four Canadians will be one of us - an older person. We are fully aware of the concerns raised by our growing numbers, of the predictions that seniors care will overwhelm our healthcare system. We don’t agree. We believe that the implementation of an innovative national seniors care strategy, one that is of high quality, that is comprehensive, compassionate and equitable, would result in more effective health care not only for seniors but also for all Canadians, providing relief to financial challenges and reducing the current inefficiencies of our health care system.

**Motion 4:**

That ACER-CART mount opposition to the privatization of medical services in Canada as an expressed threat to public Medicare in Canada.

**Rationale:**

Since the inception of Medicare, Canadians in survey upon survey express their strong support for Medicare, which guarantees access to physician and hospital services regardless of a person’s ability to pay. There is recent evidence, however, of increasing privatization and for-profit delivery of health care services in Canada. In 88 private clinics across the country, patients are being billed illegally; they are pressured to buy health services that are publicly covered and to undergo unnecessary tests. Boutique clinics have sprung up in urban areas; for-profit diagnostic imaging centres have been set up in Saskatchewan and Manitoba; for-profit plasma clinics have opened in vulnerable communities; and patients in Quebec, for some time, have been charged extra for medical needs such as eye drops, IUDs, and services related to colonoscopies.

The result of privatization is a lowering of the quality of health care overall. The federal government must be urged to monitor and enforce the tenets of the Canada Health Act; and provinces and territories must provide medically necessary health care services without use fees or extra billing.

**Motion 5:**

That ACER-CART mount a lobbying campaign advocating for the establishment of a Canadian Federal Seniors’ Ministry.

**Rationale:**

Branches of the BCRTA have established a good working relationship with Isobel McKenzie, BC Seniors’ Advocate. Members of our Association serve or have served on her provincial advisory Committee. We therefore see the value in continuing to advocate for a federal ministry dedicated to seniors’ issues that would help create a strong advisory network across Canada.

**Motion 6**:

That ACER-CART review and monitor the emerging 10-year Federal/Provincial bilateral funding and accountability agreements related to home and community health care services and supports, and to mental health.

**Rationale:**

When Dr. Jane Philpott served as Minister of Health, the federal government, rather than seek a single national health accord, struck separate health accords or agreements with the provinces and territories (PT). As a follow-up to these accords, the federal government (F) in the 2017 budget allotted funds for the purpose of providing home and community services and supports, including palliative and end-of-life care.

Each PT is in the process of coming to a formal agreement as to how allocated funds will be accounted for and spent. Each agreement is based on the PT endorsement of “A Common Statement of Principles on Shared Health Priorities”. Each agreement will address the care of seniors in a specific jurisdiction over the next ten years. Whether a province or territory, after five years, will have its promised funding delivered will depend upon the extent to which it has lived up to the terms of its agreement.

It would be appropriate for ACER-CART to review the FPT agreements and monitor progress towards agreed upon objectives that impact the lives of seniors. [At the time of writing, NB,NFL, PEI, and NWT have signed funding agreements with the federal government.

**Steve Bailey,**

BCRTA ACER-CART Representative