



IMPACTING WOMEN:

Provincial Government Cuts to Health Care

In British Columbia, women are hurting because of cuts to health services, ever increasing health user fees, and the loss of good jobs in the health sector. User fees, increases in user fees, and higher deductibles all disproportionately affect women, who on average earn less than men. According to Statistics Canada, women earn 73 cents for every dollar a man earns. A senior woman's average annual income is \$16,000, ten thousand dollars less than a senior man's income. 56% of lone-parent mothers and 24% of senior women live in what Statistics Canada describes as a low-income situation, more commonly referred to as living below the poverty line. Most minimum wage workers in Canada, nearly 60%, are adults, not teenagers, and most of them are women. As well, many women working in the health sector, who made decent wages and had health benefits, have lost their jobs. All of this means that women have less money to pay the rent, buy their groceries, and meet the ever increasing costs that are being offloaded by government onto their shoulders, including ever increasing health costs.

MSP: A User Fee

♀ Medical Services Plan (MSP) premiums increased 50% on May 1, 2002.

♀ Only BC and Alberta charge residents this tax to access health care; the other provinces and territories have no health care premium. The Ontario government is in the process of introducing health premiums.

♀ In BC, a woman who makes \$24,000 or more a year saw her MSP premiums climb to \$54 a month from \$36, for a total of \$648 per year.

♀ A family with a combined income of \$33,000 or more now pays \$1,296 a year in MSP premiums, or \$432 more a year.

♀ At the same time that MSP premiums were increased, the BC government cut services covered by MSP including eye examinations, physiotherapy, chiropractic care, massage therapy, podiatry, and visits to a naturopath.

♀ Women on income assistance have had their access to physiotherapy, chiropractic care, etc. severely reduced under the Medical Services Plan, to a total of 10 visits a year from 12 visits per year for each service.

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Vancouver Women's Health Collective

♀ In October 2002, 75,000 retired teachers, college instructors, and municipal and public service workers – many of whom are women – were told they will now have to pay between 50 and 100% of the cost of their Medical Service Plan premiums; their pension benefits previously included the payment of MSP premiums.

Pharmacare: BC's Provincial Drug Plan

♀ Pharmacare, our provincial plan for drugs, is supposed to assist seniors and those with costly prescription drug requirements.

♀ The so-called "Fair" Pharmacare plan announced by the government in February 2003 resulted in a \$90 million cut in the Pharmacare budget.

♀ A \$90 million budget cut means individual British Columbians will spend \$90 million more a year to meet their medication needs; drug costs are being shifted from the Pharmacare plan to the individual.

♀ This Pharmacare plan eliminates a separate plan for seniors and eliminates lower deductibles for seniors.

♀ The plan now combines seniors with the majority of people and links how much a person pays for her drugs to her income.

♀ About 50% of expenditures under Pharmacare are for drugs for seniors.

♀ About half the senior families in BC, or 175,000 families, are now paying more for their drugs.

♀ Lower income families have seen their drug costs drop under Pharmacare.

♀ The "Fair" Pharmacare reforms are the government's second attempt at shifting drug costs onto individuals. In 2002, deductibles were increased for most British Columbians, including those on MSP premium assistance. A woman on premium assistance saw her deductibles climb from \$600 to \$800 a year.

♀ 17 drugs were de-listed under Pharmacare in 2002.

Residential Care Versus Assisted Living

♀ In 2001/02, 25,000 BC seniors lived in residential care facilities – also referred to as long-term care facilities or nursing homes.

♀ The vast majority of those in residential care are women.

♀ Three quarters of seniors in residential care are low income.

♀ In April 2002, the provincial government announced it was closing 3,000 residential care beds.

♀ The government has also tightened up requirements for residential care; an estimated 6,000 to 8,000 seniors, who were eligible for this care, are no longer eligible.

♀ The Liberals' New Era promise during the election was to build 5,000 new not-for-profit long-term care beds. In fact, no new long-term care beds have been announced.

♀ Instead, by 2006, health authorities intend to cut at least 3,000 residential care beds and replace them with about 3,500 assisted living units. At present, only 1,200 units have been established.

- ♀ The provincial government is pushing assisted living – built through public-private partnerships – by redirecting government money to build assisted living units instead of low-income housing.
- ♀ Each assisted living bed costs between \$11,000 and \$15,000 a year, while a residential bed costs up to \$70,000 a year. One of the reasons is that the assisted living model of “care” further offloads costs on to individual seniors to meet their care needs, i.e., drug costs, medical supplies and equipment, and recreational activities.
- ♀ Assisted living is defined as housing and not facility care, and there are no regulations in place to protect residents in assisted living units or ensure quality care.

Home Care and Support

- ♀ At the same time that the provincial government is pushing assisted living, the regional government is reducing home support services. The majority of seniors relying on home care and support are women.
- ♀ In order to stay within the budgets imposed on them by the provincial government, the Vancouver Coastal Health Authority reduced shopping, cleaning and laundry services to about 5,600 residents in the Lower Mainland.
- ♀ The VCHA subjected 7,000 seniors to a case-by-case reassessment for home care services. About 80% of these seniors, who had already been judged by professionals to need the services, experienced a reduction in home care.
- ♀ Reducing home care not only puts many seniors at risk, it also forces women, who are societies’ traditional care-givers, to take on even more care of elderly family members and friends in need. The result is greater stress in women’s day-to-day lives, more family stress and strain, and for women who choose between paid and unpaid work, fewer hours of paid work. Down the road, this means lower pensions for women when they retire.

Our Hospitals

- ♀ More than a dozen hospitals have been closed or had their services downgraded including hospitals in Kimberley, Delta, Sparwood, Enderby, Lillooet, Summerland, Vancouver, Richmond, Kootenay Lake, Castlegar, Ladysmith, Comox, Burnaby, Shuswap Lake, Victoria, and Cumberland.
- ♀ Downgrading hospital services and closing hospitals altogether means that community-based hospitals are not able to offer residents a full range of required services; women must travel further to have their babies, and emergency health needs may not be met.
- ♀ Hospital closures have resulted in the loss of family-supporting jobs in resource-based communities outside the Lower Mainland.

Health Board Restructuring

- ♀ The provincial government eliminated 52 community health boards replacing them with 6 regional health authorities headed by current or retired corporate executives.
- ♀ The provincial government abolished the population health advisory committees, or PHACs, which provided the health boards with community-based input into the health of women, Aboriginal people, and other groups.

- ♀ The new regional health authorities are not accountable to British Columbians and severely limit public input into the direction of health care in our communities.
- ♀ The Vancouver Coastal Health Authority cut \$1 million from community-based health initiatives under the SMART Fund, including the Vancouver Women's Health Collective's Patient's Rights Workshop for women facing barriers to accessing quality, appropriate health care.

Privatization

- ♀ The provincial government is pursuing a public-private partnership for a \$90 million outpatient facility at the Vancouver General Hospital. The facility will include day surgery, diagnostic testing, doctors' offices and retail and academic space. The government claims that information about the deal must not be disclosed, in order to protect private sector interests.
- ♀ The government is also moving ahead with the privately financed construction of the Abbotsford hospital, also a P3 initiative.
- ♀ International trade deals mean private hospitals and private outpatient facilities will be open to competition from US and other foreign corporations.

Women Health Care Workers

- ♀ The provincial government's Bill 29 shredded legally bargained health care contracts clearing the way for hospital closures, health care privatization, and job cuts.
- ♀ According to the provincial government's own February 2002, Budget Briefing Book, approximately 28,000 unionized jobs will be lost.
- ♀ 87% of these health care workers are women.
- ♀ By the summer of 2004, more than 8,000 health care workers — the majority women — will have lost their jobs and with that their health, dental and other benefits. As well, their pensions, including Canada Pension, will be negatively impacted.
- ♀ Contract workers earn \$9.50-\$11.00 per hour with few, if any, benefits.
- ♀ Pay equity — a hard won battle for women health care workers — is lost with private contractors.
- ♀ The loss of these health care jobs means the loss of good paying jobs with health benefit plans and pensions that support women and their families in all our communities.

Women's Centres

- ♀ All women's centres in the province lost 100% of their core \$47,000 annual provincial grants effective April 1, 2004.
- ♀ It is estimated that half of BC's 37 women's centres will be forced to close their doors in 2004, when they lose their provincial funding. Service demands on the remaining centres are expected to increase.
- ♀ The City of Vancouver awarded the Vancouver Women's Health Collective a replacement grant for 2004.

May 2004