WOMEN & HEALTH CARE in BC: A Gendered Perspective

The impact of social service cuts on women's lives is as varied and great as the list of cuts is long. The provincial government cut 100% of the Vancouver Women's Health Collective's core $47,000 grant, along with 36 other women's centres, on April 1, 2004. This amounted to a $1.7 million annual saving. Social service and program cuts – eliminating funding to women's centres, dismantling the Ministry of Women's Equality, cuts to legal aid, restrictions in welfare eligibility, cuts to welfare benefits – have a negative impact on the quality of women's lives and effect women's health. At the same time, the provincial government is anticipating large budget surpluses. The Canadian Centre for Policy Alternative estimates that budget surpluses will total $2.8 billion in 2006/07 and $3.9 billion in 2007/08.

Statistics Canada tells us year after year that women make less than men. Women earn 71 cents for every dollar a man earns. In 2003, men had an average annual pre-tax income of $39,300, while women's average annual income was $24,400 – a $15,000 difference. Seventy percent of people who work part-time are women and 26% of them want full-time work. Women accounted for 55% of all multiple job holders in 2004, up from 42% in 1987. A senior woman's average annual income is $20,000, $10,000 less than a senior man. 38% of lone-parent mothers, 19% of all senior women, and 25% of visible minority senior women live in what Statistics Canada describes as a low-income situation, more commonly referred to as living below the poverty line. In 2003, 1.9 million women lived in a low-income situation. Most minimum wage workers in Canada, nearly 60%, are adults, not teenagers, and most of them are women. Fifty-four percent of disabled Canadians are women and the average annual income of a woman with a disability is $17,200, almost $10,000 less than a man with a disability who on average makes $26,900. In 2004, the number of managerial positions held by women increased to 37%, but women in senior decision-making positions dropped to 22% from 27% in 1996. In 2000, the median income of an Aboriginal woman was $12,300, $5,000 less than a non-Aboriginal woman and $3,000 less than an Aboriginal man.

All of this means that many women have less money to spend to pay the rent, buy their groceries, and meet the ever increasing costs that are being offloaded, by government, on to their shoulders, including ever increasing health care costs. User fees, increases in user fees, higher deductibles and cuts to services and programs all disproportionately affect women.

MSP: A User Fee

- British Columbians pay MSP premiums totaling $1.41 billion annually.
- MSP premiums increased 50% on May 1st, 2002.
- Only BC, Alberta and Ontario charge residents a tax to access health care; other provinces and territories have no health care premiums.
- In BC, a single woman who makes $28,000 or more a year pays $54 a month in MSP premiums, or $648 a year.
- A family with a combined income of $37,000 or more pays $1,296 a year for MSP premiums, a $432 increase over 2002.
- The 2005 BC budget acknowledged the negative impact of premium increases by reducing or eliminating premiums for a further 215,000 people. This pushed the total number of people on premium assistance, people who pay only partial premiums or no premiums at all, to 1.2 million.
- The vast majority of British Columbians, 71.3%, pay the full MSP premium.
- At the same time that MSP premiums have increased the provincial government has cut services covered by the Medical Services Plan. British Columbians who do not have an extended benefits plan are now paying 100% of the cost of eye examinations, physiotherapy, chiropractic care, massage therapy, podiatry, and visits to a naturopath.
- Women on income assistance have had access to physiotherapy, chiropractic care, massage therapy, podiatry, etc. severely reduced to a total of 10 visits a year for all of these health services. Prior to 2002, women on income assistance could access 12 visits for each service, per year.

Pharmacare: BC's Provincial Drug Plan

- Pharmacare is supposed to help people who don't have an extended benefits plan with their drug and medical supplies costs.
- In 2002, the government increased deductibles under the Pharmacare plan further shifting drug costs on to individuals. For example, if a family's net annual income is $45,000, then the deductible is 3% of family income, or $1,350.
- Further changes to the Pharmacare plan in May 2003, marketed as "Fair" Pharmacare, eliminated universality and introduced income testing.
- The so-called "Fair" Pharmacare plan resulted in a $90 million cut in the Pharmacare budget. This means individual British Columbians will spend $90 million more a year to meet their medication needs. The drugs costs don't disappear they are simply shifted from our collective responsibility – covered under the Pharmacare plan - to individuals particularly seniors, people with disabilities and those with chronic diseases.
- The 2003 changes to Pharmacare eliminated a separate plan for seniors and eliminated 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.
- Lower income families, however, have seen their drug costs drop under "Fair" Pharmacare.

Residential Care versus Assisted Living

- In 2001/02, 25,000 BC seniors lived in residential care facilities (also known as long-term care or nursing homes).
- The vast majority of those in residential care are women.
- Three quarters of seniors in residential care are low income.
- From May 2001 to May 2004, 1,890 long-term beds were closed, while the number of BC seniors over 75 years old increased by more than 10%.
- In addition to closing residential care beds, the government has also severely restricted access to residential care. An estimated 6-8,000 seniors, many of whom are women - who used to be eligible for residential care - are no longer eligible.
- Just prior to the May 2005 election, the provincial government disclosed that it would not meet its 2001 election promise to build 5,000 new residential care beds by 2005. In fact, only 170 new residential care beds were added to the system between 2001 and 2005.
- The government has shifted its goal and is now promising 5,000 new beds by 2008. These beds will be a mix of assisted living and residential care beds.
- The provincial government, in partnership with BC Housing, plans to open 2,500 new assisted living units and to convert 1,000 existing units into assisted living housing.
- As of June 2004, only 1,035 publicly subsidized assisted living units were available across the province.
- Seniors who live in assisted living complexes are supposed to be able to direct their own care, but require some assistance with daily tasks. Assisted living requires that individuals pay up to 70% of their after-tax income for basic accommodation and support services which includes utilities, building maintenance, hospitality services (two meals a day), weekly housekeeping, recreational activities and some personal support. Additional care and services are available for a fee. These seniors must also pay for their drugs, and medical supplies and equipment. Assisted living is defined as housing not facility care.
- Each assisted living bed costs government between $11,000 and $15,000 a year, while a residential bed costs up to $70,000 a year.

Home Care and Support

- At the same time that the provincial government is pushing assisted living, the health authorities across the province have been reducing home support services.
- The majority of seniors relying on home care and support are women.

- Home support workers help seniors, the chronically ill, and people with disabilities to live with dignity and independence in their home. They help with the tasks of daily living such as getting dressed, bathing, shopping, cleaning and laundry services.
- Between 1997 and 2002, the number of British Columbians receiving basic home support services dropped by more than 50%. Since 2002, even more people have been denied home support. Only those with the highest level of need now receive home support.
- Many British Columbians are no longer eligible for grooming and hygiene services, assistance with meals, housekeeping, banking, general laundry and grocery shopping.
- In October 2002, the Vancouver Coastal Health Authority began reducing home support services for about 5,600 residents in the Lower Mainland. The VCHA also subjected 7,000 seniors to a case-by-case reassessment for home support services. About 80% of these seniors had already been judged by professionals to need the services, and have had their home support reduced.
- The health authorities are now focusing home care on meeting direct health care needs such as the services provided by registered nurses, physiotherapists, and occupational therapists.
- Cuts to home support also force women, who are societies traditional caregivers, to take on ever more care of aging and chronically ill family members and friends in need. This results in greater stress in women's day-to-day lives, more family stress and strain, and for women who choose between paid and unpaid work, less hours of paid work. This means even lower pensions for women, when they retire.

Women Health Care Workers

- 87% of health care workers are women and many of them are immigrant women.
- The passage of Bill 29 in January 2002 resulted in health care privatization and job cuts.
- Over 10,000 unionized health care workers have lost their jobs since 2002.
- Privatized jobs mean wages drop from the $19 an hour earned by women who work in the kitchens at our hospitals or clean the laundry at these facilities, to about $10.00 per hour with few if any extended benefits.
- Pay equity – a hard won battle for women health care workers – was lost with private contractors. Reversing gains made by women health care workers whose work is undervalued.

Health Board Restructuring

- In 2001, the government eliminated the 52 community health boards and replaced them with one provincial and 5 regional health authorities.
- The five regional health authorities include North, Interior, Vancouver Island, Vancouver Coastal and Fraser. These health authorities are not accountable to

British Columbians and severely limit public input into the direction of health care in our communities.

- The provincial government also abolished the population health advisory committees which provided the health boards with community-based input into the health of women, Aboriginal people, Lesbians, seniors and others.
- The VCHA has also cut funding for community-based health initiatives under the SMART fund including the VWHC's Patient's Rights workshop for women facing barriers to accessing quality, appropriate health care.

Our Hospitals

- Some BC hospitals that have closed or had their services downgraded include hospitals in Kimberley, Delta, Sparwood, Enderby, Lillooet, Summerland, Golden, Lytton, Fernie, New Denver, Vancouver, Richmond, Kootenay Lake, Castlegar, Ladysmith, Comox, Burnaby, Shuswap Lake, Victoria, and Cumberland.
- Downgrading 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 also result in the loss of family supporting jobs in resource-based communities outside the Lower Mainland.

Privatization

- The privatization of health care has proliferated in BC over the last decade and has intensified since 2001. BC has seen a huge increase in the number of private health centres that offer surgical and diagnostic services for a fee.
- An outpatient facility at the Vancouver General Hospital is being built and will be run by a public-private partnership.
- The provincial government is also moving ahead with the privately financed construction of the Abbotsford hospital, also a P3 initiative.
- The future of St. Paul's hospital is also in question. There is a strong lobby pushing for the closure of St. Paul's and Mount Saint Joseph's hospitals and for a new hospital to be built near Main and Station streets as a public-private partnership.
- This privatization trend means that community hospitals are being closed at the expense of for-profit financed facilities.
- This push to privatize will leave Canada vulnerable to private sector intrusion into health care by US and multinational corporations. It will also drive up health care costs while diminishing health outcomes.

Federal-Provincial Health Deals

- In September 2004, the federal government and provincial and territorial governments signed a 10-year health care plan.
- This plan saw the federal government commit an additional $41 billion to health care including $5.5 billion for a waiting-times reduction fund.
- In its February 2005 budget, the federal government began this infusion of health care dollars with the transfer of $33.4 billion to the provinces and territories for health care in 2005/06. BC will receive $5.4 billion in new federal funding for health care over the next 10 years.
- Many in BC are concerned that this new federal money will be directed to for-profit health, rather than invested in pubic health care.
- The 2005 provincial budget increased spending on health care by $1.5 billion over the next three years. 95% of this money is federal money and about $1 billion dollars will be handed over to the health authorities.
- In February 2006, the provincial government allocated an additional $301 million over three years for health care to reduce waiting lists and increase the number of assisted living and residential care beds in the province.

In Conclusion

MSP premium increases and cuts to MSP coverage, changes to BC's Pharmacare plan, the shift from residential care to assisted living, and cuts to home support all mean that seniors, the chronically ill and people with disabilities – most of whom are women – will see their health deteriorate. Studies have shown that when drug costs go up for people on fixed and limited incomes, individuals either cut down or stop taking medication, or cut back on other essentials. People who can't afford to pay for increased drug costs, home support, or the many fees associated with assisted living may end up at emergency rooms or at their local hospital. Down the road people get sicker and this brings with it collective costs in terms of the quality of people's health, as well as further driving up health care costs.

Funding for social programs and services including women's centres is good government policy. We need to continue to examine public policy including health policy through a gender lens. Advocacy organizations like the Vancouver Women's Health Collective will continue to speak out against inadequate public policy and pressure all levels of government to develop policies, services, and programs that further women's equality.

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