
Colleges and University
Retiree Associations
of Canada



Associations de retraités
Des universités et collèges
du Canada

NEWSLETTER / BULLETIN

Spring 2015 Issue No. 19

Queen's University retirees getting set to welcome delegates to CURAC/ARUCC conference in May

The Retirees' Association of Queen's is hosting the 13th conference and annual general meeting of CURAC/ARUCC at Queen's University from Wednesday, May 20, to Friday, May 22, 2015.

Each member association in good standing is entitled to nominate one member as the official representative and voting delegate at the AGM. However, the local organizing committee welcomes other delegates from across the country and particularly from the Ontario region.

The following is a basic outline of the conference, the host university and host city.

Kingston and Queen's

Strategically located where Lake Ontario flows into the St. Lawrence River and where the mouth of the Cataraqui River creates a large natural harbour, Kingston has been an important military and political centre since the French established a trading centre and fort here in 1763. In 2015 Kingston will be celebrating the bicentennial of the birth of Sir John A. MacDonald, who practiced law here before entering politics. There is information about the many museums celebrating Kingston's heritage at the Tourism Kingston website.

Kingston is the southern terminus of the Rideau Canal to Ottawa, a UNESCO World Heritage site. A number of scenic lock sites on the Canal are within a short drive of Kingston. The conference banquet will be held at another of Canada's national historic sites, Fort Henry. In 2016, Queen's University will be celebrating its 175th birthday, so

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you will note “Queen’s 175” material around the campus and in the registration packages. Convocations will be taking place in historic Grant Hall during the CURAC/ARUCC conference, so expect to see many people in academic gowns.

Conference theme

The theme of the 2015 Conference will be “Looking Ahead.”

The first event for delegates and guests is the opening reception on Wednesday, May 20, in the lobby of the new Isabel Bader Centre for the Performing Arts.

The opening sessions on Thursday morning will be on healthcare for seniors and Dr. Chris Simpson, president of the Canadian Medical Association, has agreed to be the first speaker, and after the nutrition break two more speakers (one of whom will be Dr. Ken LeClair, a specialist in geriatric psychiatry) will address mental health issues of seniors. Lunch will be at the conference site.

Another confirmed speaker will be Dr. John Smol, world-renowned Canada Research Chair in Climate Change. There will be other speakers on the future of post-secondary education in Canada and on the future of pensions.

The conference banquet is set for Thursday evening at historic Fort Henry. There attendees will have a chance to test their gunnery skills in aiming and firing a cannon at a (simulated) American invader.

Friday is traditionally given over to “Best Practices” presentations. Although the details are still developing, the plan is to spend less time listening and more time talking to each other in a format where delegates gravitate to a table to

discuss a pre-announced topic (What can CURAC/ARUCC do for you?, The Challenges of Recruiting New Members, Renewing Group Leadership, CURAC/ARUCC’s Role in Public Advocacy – are examples of potential discussion topics.)

The lunch buffet on Friday will be at the University Club at Queen’s.

Getting to Kingston

Planes, trains, buses, automobiles and limousines are all ways of travelling to Kingston. A detailed description of each of these options is at the conference website.

Campus conference lodging

On-Campus Residence Accommodation: Queen’s Residences is currently holding a block of 25 two-bedroom units at \$99 per room, (tax extra) in air-controlled premium buildings, Leggett or Watts Hall. Each unit has two bedrooms, each with one double bed, an alarm clock, desk, chair, free ethernet connection (must provide own cables) and telephone for free local calls. Bed linens (basic pillows), towels and soap are supplied. Please bring hair dryers, favourite, and personal toiletries. Bathroom is shared by the two adjoining bedrooms; although there are privacy locks between the two bedrooms, these are not security locks.

The online booking is available from the conference website. Rooms must be booked directly before April 17, 2015.

Hotel Accommodation

For those who prefer accommodation in a downtown hotel, arrangements have been made

with the Four Points Sheraton, 285 King Street E., Kingston, K7L 3B1 (613-545-4278). There is a choice of standard room with two queen beds for \$149/night or a standard room with king bed at \$159/night. Rates do not include taxes. Underground parking at the hotel is available at \$14/day. For information about this hotel. (see <http://www.fourpointskingston.com/>)

Looking ahead To 2016 and 2017

Ottawa in two years:

The Carleton University Retirees Association (CURA) has decided to host the 2017 CURAC/ARUCC Conference. Proposed dates are May 24-26 or June 7-9.

This offer to host the national meeting was accepted at the February 12 teleconference meeting of the CURAC/ARUCC board.

Carleton's invitation was motivated by the fact that 2017 is Canada's 150th anniversary and Carleton's 75th, which means that there will be many events organized around those two celebrations.

But where, next year?

As of this writing, no provincial association has offered to host the CURAC/ARUCC conference in 2016.

Offers to host this slightly more than two-day event will be welcomed by the board.

Contact: Edgar Williams, CURAC/ARUCC Secretary: edgarwilliams@nl.rogers.com

The cut-off date for rooms at these rates is April 1, 2015. To reserve a room call 1-888-478-4333 and identify yourself as part of the CURAC Conference guest rooms group.

All the details on CURAC/ARUCC conference 2015 are at website: <http://www.curac.ca/>

The nominating committee is looking for five people

In preparation for the 2015 annual general meeting in Kingston, Ontario, the CURAC/ARUCC nominating committee is looking to fill five positions.

The CURAC/ARUCC board currently consists of 12 members each elected for a two-year term.

The term of office of the following board members will expire: president, vice-president and three directors-at-large. Each position has an initial term of two years. Incumbent members may be re-elected for subsequent terms.

Nominations for one or more of these five positions together with a brief biography and photo (if available) should be submitted by March 15, 2015 to: Edgar Williams, CURAC/ARUCC Secretary: edgarwilliams@nl.rogers.com

CURAC/ARUCC board approves awards program

CURAC/ARUCC Awards are intended to recognize outstanding service to CURAC/ARUCC at both the local and national levels. The four categories of awards are as described below: Appreciation Awards, Contribution to CURAC/ARUCC Awards, Association Awards, and Tribute Awards.

1. Appreciation Award

A Certificate of Appreciation shall be awarded to individuals retiring from the CURAC board or as chair of an association committee. The certificate and a brief citation shall be prepared and presented by the secretary or designate, normally at the annual banquet or at a time and place convenient to the recipient. Appreciation Awards do not normally require a nomination and are at the prerogative of the Board of Directors.

2. Contribution to CURAC/ARUCC Award

The Contribution to CURAC/ARUCC Award is intended to recognize an individual who has made an outstanding contribution to CURAC/ARUCC. A nomination for this award requires an appropriate citation (at most one page) outlining the nature of the nominee's exceptional contributions.

3. Association Award

The Member Association Award is intended to recognize a CURAC/ARUCC member association deemed to have undertaken a significant initiative of benefit to the local membership and/or to the national membership. Normally, only one such award shall be given annually and the recipient will be requested to make a presentation at the next annual CURAC/ARUCC conference. Each nomination shall include a 500 word description of the significant initiative and self-nominations are acceptable. Members shall be eligible for this award at most once every five years.

4. Tribute award

The CURAC/ARUCC Tribute Award is intended to recognize exceptional contributions and/or achievements of university retirees affiliated with a member association of CURAC/ARUCC. A nomination for this award shall contain evidence of post-retirement service and /or achievement which will be assessed for its breadth, depth and significance.

Awards administration

a) CURAC/ARUCC awards shall be administered by an awards committee chaired by the secretary. Other members of the awards committee shall be appointed by the chair.

b) The chair shall, normally by the end of October, issue a call for nominations for the Contribution to CURAC/ARUCC Award, the Association Award and Tribute Award on the form provided to all member associations together with a description of the requirements for each award.

c) The chair shall normally, by the end of October, issue a call to past and current members of the CURAC/ARUCC board of directors and committee chairs for nominations for the Contribution to CURAC/ARUCC Award.

d) Nominators are requested to obtain the consent of a nominee before submitting a nomination;

e) The suggested deadline for receipt by the secretary of all nominations is January 31, 2015

f) Unsuccessful nominations may be considered for at most two succeeding years.

g) Nominations will be adjudicated by the awards committee with the understanding that where there may be a conflict of interest, a committee member shall be recused. Those receiving awards will be notified at least one month prior to the annual general meeting. Awards will normally be presented by the president at the annual banquet or at a time and place convenient to the recipient. Award recipients shall be presented with a framed

certificate and an award citation will be read and which will be published in the post-conference newsletter and on the web-page together with an appropriate photograph. Award recipients who plan to attend the annual conference will not be required to pay the conference registration fee. The above awards policy was approved by the board in February, 2015.

Collette “affinity” travel deal gets board OK

At its February 12 teleconference, the CURAC/ARUCC board agreed to enter into an “affinity agreement” with Collette Vacations.

Collette Vacations is a travel agency offering tours throughout the year to destinations worldwide.

The firm’s latest catalogues are available at: <http://www.gocollette.com/guided-travel/order-brochures>.

The agreement with Collette would allow CURAC/ARUCC to make travel available to

members of CURAC/ARUCC associations at reduced prices. Promotions would be made available through CURAC/ARUCC media (e.g., the website, the newsletter) only. There would be no direct promotions to members.

Other Canadian organizations have similar agreements, one example being the B.C. Retired Teachers Association.

Further details on this arrangement will be circulated as it becomes available.

Health care insurance: Supplementary and travel

CURAC/ARUCC has had requests from members of our associations to explore a group alignment with a medical insurance provider to allow members of CURAC/ARUCC member associations to purchase primary or supplemental extended medical insurance coverage and out-of-country travel insurance.

At its February 12 teleconference the board approved a plan to conduct an electronic survey of members to determine the extent of interest among members. Depending on the results, it may then translate into opening the conversation with providers. The questionnaire and related details have been circulated.

Free parking for retirees is an endangered privilege

An anonymous observer once said that “a university is a community of scholars held together by a common grievance over parking.”

So it comes as no surprise to discover that free campus parking for retirees is a much treasured perk at some campuses in Canada but not others.

In 2014 CURAC member associations replied to a query asking whether free parking is available to retirees on the university or college campus.

Of the 14 campuses replying, five acknowledged unrestricted free parking, three campuses provided reduced rates, and six indicated retirees were not treated any differently than other visitors to campus. Viewed somewhat differently, eight of the universities or colleges recognize the value of retiree contributions.

The benefit is threatened by proposals at some universities to consider the practice as a taxable benefit. Apparently, on at least two campuses, movement in this direction was inspired by input from a major accounting firm that provides advice to the universities. Evidently, the Canada Revenue Agency has been considering whether this and other perks enjoyed by faculty, staff and administrators should be construed as a taxable benefit. Whether or not free parking is a taxable benefit appears initially to be mostly an issue for retirees receiving income from the university, although it is a “perk” that could also be construed as taxable even though the retiree recipient is “just visiting.”

Campus administrators are likely trying to reconcile two concepts. One is to reduce and/or control “nonessential” parking on campus,

especially at institutions where this is a scarce resource at any price. The second is to comply with the requirements of income tax legislation, which isn’t always clear or applied consistently.

In addition, some respondents to the survey observed that university administrations that tamper with retiree parking privileges run the risk of alienating retirees such that they become reluctant to participate in post-retirement projects whether paid or unpaid. Further, there is the possibility that retirees may be less likely to remember the institution in their bequests.

Even if one accepts the notion that free parking is taxable, there is the problem of assigning a dollar value. Some administrators seem to be appraising the perk at the level that would be paid if one were fully charged for parking as a full-time faculty or staff member. Given that often retiree use is minimal, that seems unreasonable. The magnitude of the declared benefit should at least reflect the extent to which it is used, which would vary considerably. Further, even if the retiree received income from the university, usually this would usually be substantially less than full-time remuneration.

Parking for volunteers is not just a problem for universities. For example, hospitals in every community make use of volunteers. The Health Sciences Centre in Winnipeg illustrates how differently volunteer parking can be handled. HSC Winnipeg provides parking passes to its volunteers, and does so without assessing a taxable benefit.

An “ethical obligation” to retire is a thorny issue

Do very senior professors have some sort of duty to retire?

This is the question explored in an article in the *Chronicle of Higher Education* in its November 24, 2014, edition.

Although written from an American perspective, the article asks questions that are relevant in Canada, even though most provinces have abolished mandatory retirement.

Early in the article, a relative recent academic retiree is quoted: “Professors approaching 70 who are still enamored with hanging out with students

and colleagues, or even fretting about money, have an ethical obligation to step back and think seriously about quitting. If they do remain on the job, they should at least openly acknowledge they’re doing it mostly for themselves.”

The authors present some ideas on what needs to happen to transform retirement into an attractive option for academics such that it is dignified and productive, and beneficial to all parties.

The article is available at:
<http://chronicle.com/article/Dignity-in-Retirement-Is-Not/150191/>

Academics Without Borders has opportunities

Academics Without Borders/Universitaires sans frontières (AWB/USB) is an organization that actively promotes development in developing countries by assisting them in improving and expanding higher education. Volunteers work on projects that foster the skills and expertise needed for health care, education, agriculture, infrastructure, business, and more. It works in all disciplines and areas of instruction.

The organization’s mission is to support developing countries in building capacity in higher education so that they can educate their own experts and enhance research capacity.

AWB/UAB is a bilingual Canadian organization based in Montreal, with volunteers working around the world.

Volunteers accepted into the program are working and retired professionals and academics, including faculty and administrators from Canada and other medium- and high-income countries.

Detailed information is available at its website:
<http://www.awb-usf.org/>

Long term health care and support for seniors: Is it a priority for the federal government?

A central mission of CURAC/ARUCC is to promote policies designed to increase the well-being of seniors. On August 12, 2014, Sandra Pyke, our president, presented a report to the Harper government on the question of home care and long term care for seniors.

In summary, this report pointed out that an increase in the number of seniors will not significantly affect health care costs. The more urgent question is that of home and community care, and that Canada has no policy in this respect. This type of care, a priority for elderly Canadians, would save money by reducing institutional care. There are two challenges to developing any policy: first, the financial situation of family members who volunteer to help; second, the working conditions of personal support workers. Therefore a close monitoring should be offered by professionals to those who help. A private member's bill (Libby Davies, NDP) has called for the establishment of national standards and an appropriate budget. It is a critical time to act at the end of the 2004-2014 Health Accord.

The text of the CURAC/ARUCC submission by President Sandra Pyke to the prime minister's office follows:

Population Aging: Long Term, National Strategies a "Must" for Seniors

In 2012 nearly 5.2 million Canadians were over 65 and that number will likely double by 2036, according to the Canadian Nurses Association (26 November 2013). The prospect of a "grey

tsunami" has been accompanied with worries about steeply rising health care costs. The evidence on rising costs, however, suggests a modest increase; according to an Alberta health study in 2013, aging contributed a modest 0.8 per cent increase in health care costs over the previous decade (cited in Wolfson, Chronicle Herald, 8 October 2013). Other factors such as wages, inflation and unknown variables accounted for 6.6 per cent of increased health care costs. According to Jeffrey Simpson, aging adds approximately one per cent to health care costs. (Simpson, Chronic Condition, 2012, 189). While the minor increase attributed to aging might be comforting, it does not address the larger challenges of how to get more people treated at less costly clinics rather than in hospitals, nor does it speak to what kind of care would best suit seniors. As numerous studies suggest, we need to create policies and programs that foster more independent and healthy lives for seniors while also addressing the question of how healthcare dollars might best be spent. It is also crucial that seniors be included in decision-making that affects their lives. Organizations such as CURAC/ARUCC can play a constructive role in advocating for a national strategy that treats seniors with respect and dignity.

Where are seniors living in their retirement years? According to Statistics Canada's 2011 data, 92.1 per cent of those 65 or over live at home. (Statistics Canada, "Living Arrangements of Seniors," Catalogue number 98-312-X201103) Most seniors want to continue living at home as long as they are able. Chronic diseases, however,

occur with aging and many seniors grapple with diabetes, arthritis, dementia and other conditions that require both medical and social interventions but need not require hospitalization. According to the Canadian Medical Association (press release, 19 August 2013), 63 per cent of those surveyed believe that home and community care should be the most important focus for governments in improving health care for seniors. And 93 per cent of those surveyed believe Canada needs a National Strategy for Seniors Health Care, one that addresses not only hospital care but also long term care, home care and hospices. (CMA National Report Card on Health, 2013). Six of ten people surveyed indicated that they will need to rely on a public system of home care or long term care and the same proportion indicated that they lack confidence in the current system's ability to care for aging Canadians.

We know that home care and long term care (e.g., nursing homes) cost considerably less than hospitals yet we also know that there are thousands of elderly Canadians waiting for home care or a place in a long term care facility because they can no longer live on their own due to physical health or cognitive functioning problems (or both). A 2014 study by the Ontario Council of Hospital Unions states that over 10,000 are wait-listed for some kind of home care service while another 32,000 await a long-term care bed. In the context of downsizing hospitals, closing beds, decreasing access to restorative care and therapies in hospitals and under-resourcing of community care, there is cause for alarm. Patients are not getting timely care; early discharge results in more stress on emergency rooms and higher re-admission rates to hospital, among other negative results. (Pushed Out of Hospital, Abandoned at Home: After Twenty Years of Budget Cuts, Ontario's Health System is Failing Patients, 2014)

Care in the community or home remains an ideal but one difficult to attain in the current situation.

Home and community care have been proposed as solutions for frail and elderly seniors partly because such care is less expensive, is more appropriate for many seniors and relieves pressure on hospital beds and emergency rooms. Introduced into the Canadian system in the 1970s, home care has expanded significantly only in the last decade. In 2011, 1.4 million Canadians received publicly funded home care, an increase of 55 per cent since 2008 (CPSI, Safety At Home, 2013). Home care includes an array of services provided at home and in the community: health promotion, curative interventions, end of life care, rehabilitation, social support and integration as well as support for the family caregivers. Home care should include preventive programs as well. Findings from National Population Health Survey (NPHS, "Transition in Living Arrangement," 2009) suggest that the provision of publicly-funded home care decreases the likelihood of institutional solutions. Similarly, access to social support services decreases the probability of institutional care. People with higher levels of functional health status and higher incomes are less likely to transition from independent living to institutional arrangements while lower income seniors are more likely to move into institutional care. A decline in health status increases the probability of institutional care as well. Thus it makes sense to pursue policies and programs that foster healthy lives and facilitate independence for seniors. (NPHS, "Transitions in Living Arrangement," 2009) Similarly it makes sense to increase the health system's capacity for home and community care to assist seniors in staying at home for as long as possible.

What is the situation with home care in Canada? First, home care provisions and funding differ across Canada, depending on province. Inclusion of equipment and community support, safety standards, rehabilitation services and training requirements for home care workers depend on the province you live in. Some provinces cap the number of hours of home care available and levels available may not meet patient needs. Secondly, home care demand has increased, driven in part by elderly patients in hospitals waiting for a higher level of care either at home or in a long term care facility. Some provinces have established short term, acute care after discharge from hospital, as part of the First Ministers' Accord on Health Care Renewal (2004-2014). (HCC, Seniors in Need, Caregivers in Distress, 2012). Longer term home care of seniors remains a key issue that requires a continuing care strategy across Canada, according to a March 2012 Senate Committee review of the 2004 Health Accord. A pan-Canadian strategy ought to include a focus on how to lower barriers faced by caregivers, most of whom (75 per cent) are unpaid family members, as well as personal support workers earning a wage. For the former, respite care can be a problem; for the latter, wages are often low, travel time is not always included and thus recruitment and retention become difficult. Patients face frequent changes of caregivers as a result which can negatively impact care.

What steps might be taken to improve health care for seniors? For those living at home, maintaining a functional health status is central and thus programs that support good health and stress prevention are key. Providing 24 hour clinics (perhaps utilizing health care professionals such as Registered Nurses rather than medical doctors) and more use of professionals such as paramedics in the community could address some seniors'

needs and avoid trips to emergency wards. Social workers are crucial in helping seniors in decision-making about options for care. For seniors leaving hospital, programs such as Ontario's "Home First" sends patients home with intense case management to see how well a senior can manage with home care. Local Health Integrated Networks (LHINs) work with Community Care Access Centres to determine the needs and services required. Nova Scotia launched a similar program in 2009 and Saskatchewan has provided additional funds to expand its Home First/Quick Response pilot program. How well these programs work needs to be documented. Evidence from one LHIN in Ontario showed that 2,500 people over a two year period went home with support rather than into a care facility.(HCC, Seniors in Need, Caregivers in Distress, 2012)

One MP, Libby Davies (NDP), proposed a private member's bill that would require the Minister of Health to create an Advisory Committee to establish a continuing care needs assessment that would lead to national standards for such services. The bill also mandates the Federal government to make cash contributions to the provinces and territories to fund such care. (NDP, Health care: Now is the time). As the Canadian Medical Association noted in August 2013, Canadians believe Canada needs a pan-Canadian strategy for home care, hospital care, hospice care and long term care. And 89 per cent of Canadians surveyed by the CMA thought all levels of government need to be involved; 78 per cent pinpointed the Federal government as having an important role to play. The Federal government needs to take the lead in health care funding by restoring its contributions and tying its funding to the provinces to health benchmarks, for example. It makes sense that funding should be based on a province's age distribution rather than on a per capita basis

which disadvantages slower growing provinces and those witnessing a demographic crisis as young workers migrate west for employment. Home care workers' wages and conditions need to be addressed so that families can afford good care for seniors. With the end of the 2004-14 Health Accord this past spring more than ever we need to press for seniors' health care needs. Home care services would be a critical place to start a national strategy as we contemplate a federal election in 2015.

For Further information, please contact Linda Kealey, Chair, CURAC/ARUCC Health Care Policy Committee at lkealey@unb.ca.

Sources:

Canadian Medical Association. "Canadians Urge Governments to Cooperate on a National Strategy for Seniors Health Care." Press Release. August 19, 2013

Canadian Medical Association. National Report Card. August 2013

"Canadian Nurses Association Wants Federal Government to Establish a Collaborative Aging and Seniors Care Commission of Canada (ASCCC)." Press Release. November 26, 2013

Canadian Patient Safety Institute. Safety at Home: A Pan-Canadian Home Care Safety Study. 2013

Home Care Canada. Seniors in Need, Caregivers in Distress: What Are the Home Care Priorities for Seniors in Canada? 2012

National Public Health Survey. "Transitions in Living Arrangements of Canadian Seniors: Findings from the NPHS Longitudinal Data." Social Science and Medicine 68 (2009) 1106-1113

New Democratic Party. Health care: Now is the time. [www.libbydavies.ca/sites/default/files/file-uploads/HealthCareMessage-EN%20\(2\).pdf](http://www.libbydavies.ca/sites/default/files/file-uploads/HealthCareMessage-EN%20(2).pdf)

Ontario Council of Hospital Unions. Pushed Out of Hospital, Abandoned at Home. After 20 Years of Budget Cuts, Ontario's Health System is Failing Patients. March 20, 2014

Jeffrey Simpson. Chronic Condition. Why Canada's Health Care System Needs to Be Dragged into the 21st Century. Toronto: Allen Lane/Penguin. 2012

Michael Wolfson. "Waste, not aging patients, threatens health care." Chronicle Herald (Halifax, NS) October 8, 2013

Health minister responds

A two-page response letter from Hon. Rona Ambrose dated November 10, 2014, described the efforts made by her government to improve the health and mental health of Canadians in general, without directly addressing the issue of home and community care. The only reference was to the effect that Health Canada work to support home care delivery. The letter mentions among other things the \$40 billion health transfer planned for 2020-2021, the promotion of age-friendly communities, a recently published second report on seniors' falls in Canada, and the budget attributed to the Mental Health Commission of Canada.

CRUAC/ARUCC president replies

Below is the reply CURAC/ARUCC President Sandra Pyke wrote to Health Minister Rona Ambrose reiterating the type of initiatives expected from the government. It was sent on January 13:

“Thank you for your recent letter of November 10, 2014 in response to our August 2014 paper entitled: ‘Population Aging: Long Term National Strategies a Must for Seniors.’

“We appreciate that your government has taken ‘targeted measures to facilitate innovation, knowledge development and information-sharing related to seniors and the aging population,’ as specified in your reply. We recognize the work being done by the Public Health Agency of Canada and other health-related boards and agencies at the federal level.

”However, we remain concerned that your reply did not speak to the specific issues we have raised about the long-term funding formula for health care, the lack of a national strategy for seniors, the shortage of good quality, publicly-supported and affordable home care, and the need for financial and other supports for caregivers, most of whom are family members. Targeted and concerted action addressing these issues is essential to the responsible care of Canada’s seniors and society in general.

“Briefly, we are deeply concerned about a funding formula for health care that will be based, beginning in 2017, on GDP measures rather than the actual health needs of citizens. Furthermore, such a formula does not take into account the demographic and geographic needs of the provinces where, for example, some will have higher proportions of the aging population and more rural areas to service.

“Secondly, we are concerned that our current system remains based on outdated models of acute care. Many seniors end up waiting in hospitals when home care or community care would be optimal, thus costing the system dollars that could be invested in better solutions. We

need to develop a national strategy that will provide care to seniors allowing them to remain at home for as long as they can maintain good health and independence.

“Home care requires a national perspective and public funding as well as private contributions in order to be affordable. Home care providers, whether family, friends or paid support workers, need to be respected for what they do which means giving them meaningful financial support, such as decent wages and conditions (for those employed in this sector).

“Family caregivers also need financial support for lost wages and out-of-pocket expenses as well as job-protected leave and respite care. Small, non-refundable federal tax credits do not address these problems. More attention needs to be paid to an innovative, cost-effective system of this type.

“There are other issues of concern such as palliative care and mental health not addressed here. In general, let me conclude by pointing out that Canadian seniors, such as those we represent, want leadership and action from government on these issues. Putting resources into home and community care makes sense both economically and socially but it needs to be done in a way that respects the principles of our health care system: universality, quality of care and accessibility.”

News, notes and stuff for the next edition

You are encouraged to contribute material for the next edition of this newsletter. What kind of material? It may be a news item from your university association highlighting a program or the outstanding contribution of a retired member. It may be a piece exploring an issue specifically relevant to people who have retired as academic or support staff from employment at a university or college in Canada.

Send your material to the co-editors:

Ed Unrau: ed_unrau@umanitoba.ca

Michel Tousignant: tousignant.michel@uqam.ca

Deadline: anytime by July, 2015.



CURAC/ARUCC is a non-profit federation of retiree organizations at colleges and universities across Canada. Its primary aim is to coordinate activities that promote communication among member organizations, to share information, provide mutual assistance, and speak publicly on issues of common concern to its more than fifteen thousand members across Canada.

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Note:

Member organizations of CURAC/ARUCC are asked to circulate this newsletter to their members.