



ACA News

Vol. 44 No. 2

Serving Alberta's Seniors since 1967

April-May, 2011

Health inquiry needed

One way to restore public faith in medicare in Alberta



*Alberta Council
on Aging
pays tribute
to Neil Reimer,
(1921 to 2011),
a lifelong
champion for
seniors and
working people
in Alberta*

**JOIN US MAY 31 IN RED DEER
FOR OUR ANNUAL MEETING**

ACA News

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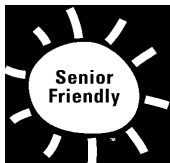
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A registered charitable organization since 1967, the Alberta Council on Aging works to improve the quality of life for Seniors.

ACA Mission: To empower and educate Seniors and government to support the quality of life for Seniors and encourage their full participation in all aspects of society

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April-May 2011

A tribute to Neil Reimer

On behalf of the Alberta Council on Aging board, I extend our deepest sympathies and condolences to the family of Neil Reimer, who passed away on March 30 in Edmonton. The ACA wholeheartedly agrees with the program statement shared at the Celebration of Neil's Life held on April 9.

"Neil was one of the truly great progressive leaders of the labour movement, the New Democratic Party, and civil society. He inspired both his family and his community, and shared his dream of a better world with many. Neil received numerous honours from his work, including the Order of Canada and an Honorary Doctor of Laws from Athabasca University."

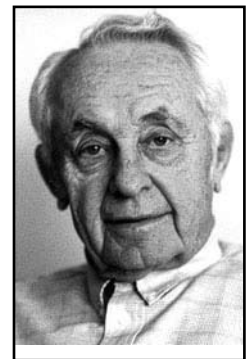


The celebration depicted some of the overarching passions of Neil's life and poignantly captured sentiments that had been presented by former associates in previously written tributes. The International Federation of Chemical, Energy, Mine and General Workers' Unions respectfully shared: "Canadian trade unionists and social leaders knew him as a 'visionary.' He did not simply look toward the future, he tried to build it according to the principles he believed in. Those principles included decency, respect, and dignity for workers and their families."

Brian Mason, Alberta's NDP Opposition leader, said in a statement: "Neil Reimer blazed a trail for workers in Alberta. He came to Alberta at a time when the oil industry was just heating up and workers needed representation. He provided leadership in the union movement on behalf of working people. As the first leader of

our party, he brought vision and commitment to the task of organizing and leading for Alberta's NDP, building a strong foundation that is still making a difference today.

"He served the public good throughout his life, as leader of our party, a union leader, and an activist for Seniors in more recent years. There are many who have benefitted from his wisdom and his perspective. Alberta is a better place to live thanks to Neil's decades of selfless service."



Neil Reimer

Indeed, Neil shared his dream of a better world and worked toward that end with ACA. In the mid-1980s, Neil became active with the Alberta Council on Aging, and in 1988 became a regional director for the Edmonton area. He remained on the ACA board until his death, serving in various roles, including president, vice president, secretary/treasurer, and lastly, secretary emeritus. He actively worked both as a leader and as a member to improve the role and life of Seniors in Alberta. Major activities during this period were raising awareness on Seniors' health care issues, development of the Senior Friendly™ program, and working with various government departments on development of standards in a number of areas, such as long-term care.

Through his leadership and vision, Neil helped the ACA become more effective at advocating for Seniors of Alberta. His dreams and ideas live on, and we join many others in the belief that Alberta is a better place to live thanks to his selfless dedication and service. Neil will be well remembered and sadly missed by us all.

Gary Pool, President, Alberta Council on Aging

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Notice of Annual General Meeting

The Alberta Council on Aging's 44th Annual General Meeting will be held on Tuesday, May 31, 2011, at 9:45 a.m. at:
 Golden Circle Senior Resource Centre
 4620 – 47a Avenue, Red Deer, Alberta

SPECIAL GUEST SPEAKERS:



Hon. Mary Anne Jablonski



Dr. Raj Sherman

The Honourable Mary Anne Jablonski will open the day's events and will speak on the Alberta Government's plan for the future of Health Care for Seniors.

In the afternoon, Independent MLA, Dr. Raj Sherman, will speak on Health Care in Alberta.

Tickets are \$25 each or \$40 per couple and include lunch and refreshments.

To register, please phone the Alberta Council on Aging at (780) 423-7781 or (888) 423-9666

Please note: Pre-registration is encouraged to guarantee lunch and refreshments.

We look forward to seeing you at the AGM!

There's too much smoke

An ACA position paper calling for an open and transparent public inquiry into Alberta's health-care system

The Alberta Council on Aging, a provincewide organization that represents numerous citizens throughout Alberta, is concerned about the extent of published information that not only suggest shortcomings in our health-care system, but the possible intimidation of physicians who may wish to speak out about those shortcomings. This information is disturbing and unsettling to Albertans, and shakes the confidence of all who count on the integrity of the health-care system and the government.

It is time to put partisan polemics aside and deal with health care in an open and transparent manner for the common good of all Albertans. For this reason, the Alberta Council on Aging is requesting that the government initiate a public inquiry into health care with the objective of providing policy recommendations to the government, and a published public report.

There is 'too much smoke' in Alberta for the Alberta Council on Aging to be content with the behind-closed-doors Health Quality Council of Alberta inquiry. Aside from the terms of reference, which deal with only the quality of care of a select group of cases and physician advocacy, the inquiry is not public and the report may not be delivered for nine months.

We respectfully request that the terms of reference be broadened to involve testimony from academics, professionals, members of the public at large, and people directly impacted by health-care delivery, and that the inquiry be public. First, let us examine what is meant by "public inquiry."

A public inquiry is an official review, ordered by government, of important events or issues. Its purpose is to establish the facts and causes of an event or issue, and then to make recommendations to the government.

Simply put, a public inquiry is an open and independent body that is advisory to government. It is not behind closed doors; its terms of reference can be very broad.

Moreover, a public inquiry can deal with the following subjects: "... misconduct that brings the administration of government into disrepute", and "Important public policy issues that demand extensive study or public consultation, such as the future of health care . . .".

The Health Quality review is not public, is too limited in scope, and it cannot deal effectively with all of the pertinent subjects, such as misconduct claims and other issues of strong public concern.

The inquiry commission needs to be mandated to be able to recommend a judicial review if testimony suggests that the facts warrant potential legal proceedings. There have been too many instances of groups – including physicians – who have been allegedly threatened or denied 'reasonable access' to information. Moreover, we feel that there is "too much smoke" surrounding suggestions of secrecy and intimidation.

Is there fire within this smoke? We would suggest that only an inquiry in the open, where we can truly get at the root, will suffice.

Consider the recent revelations surrounding Calgary physician Dr. Lloyd Maybaum. The published text of a letter allegedly reprimanding this individual, is already de facto in the public realm, and should be examined in a like manner. To promote and prolong innuendos of secrecy does no one any good. Public outcry is increasing in volume with each new occurrence of an alleged hidden agenda, apparent incompetence, or cover-up.

The public inquiry must include the Health Quality "Superboard." If we were to examine the creation of the "Superboard" itself, we would see an action conceived in isolation and announced without public input or discussion.

Albertans need to have faith in their health-care system. Honest criticism and probing questions should not be stifled. The exploration of issues and concerns through a public inquiry will ultimately benefit not only Alberta health-care delivery, but service to all Albertans.

In conclusion, the Alberta Council on Aging respectfully requests that a public inquiry into health care be launched as soon as possible, with the independence of the Commission transparent and supported by legislation.

Signed: Board of Directors,
Alberta Council on Aging

REPORTS FROM REGIONS 2, 4, 5 & 8

Region 2

Region 2 held a meeting in Smoky Lake on March 11th with 52 people in attendance from nine different communities. The main topic was the Provincial 21-Day Menu. There were many concerns raised and as President, I was asked to submit a letter of concern to Ken Hughes, Chair of AHS Board.

Diana Anderson updated us on the Seniors' Advisory Council Of Alberta (SACA). The council is trying to strengthen the role of FCSS in helping seniors complete forms. SACA is also trying to have medication costs covered for those individuals in Designated Assisted Living so that it is the same as for those seniors in Long-Term Care. The \$265 per month that seniors are required to have left after paying their accommodation costs in DAL is not sufficient if they must pay for their medication as well.

We were pleased to have Diana Anderson, chair, and Pat Palechuk, vice-chair, of the Lakeland Communities Health Advisory Council in attendance. Concerns raised included the need for increased home care, excessive government bureaucracy, difficulties with having their voices heard at the facility level when they have a loved one in long-term care, and the need to fast track the proposed continuing care centre for Fort McMurray.

Mary Jane Tkachyk of Alberta Seniors and Community Supports gave an informative presentation on the programs and services available for seniors in Alberta.

Region 2 is currently planning their AGM for early to mid-May to be held in St. Paul.

As another year comes to a close, I would like to thank the executive of Region 2 for their help and support. I would also like to thank the seniors of Northeastern Alberta for the trust you have placed in me and the overwhelming support and encouragement you have given me.

Respectfully submitted by Edith Read,
President, Region 2



Region 4

The Alberta Council on Aging (ACA) held one of its major fundraising events at Yellowhead Casino in Edmonton, April 25 and 26. Twenty-six ACA member volunteers generously served 255 direct volunteer hours in a variety of roles including general manager, bankers, cashiers, chip runners, count room supervisors, and count room staff! Without their enthusiasm and overwhelming support, this two-day casino event would not have been possible.

The Yellowhead Casino operates under the guidelines of the charitable casino model, making ACA eligible for this major fundraising event possible every 18 months. Proceeds from this event support a variety of programs and projects, including the ACA News publication. The ACA Board gratefully acknowledges Yellowhead Casino, community members who came out

in support of ACA, and the considerable time and effort of ACA member volunteers!

Respectfully submitted by Gary Pool,
President, ACA Board,
and Norm Bezanson, Director, Region 4

Region 5

Our committee working on the Home Care issue is continuing to delve into the concerns related to our members and seniors accessing the appropriate help. We hope to be able to answer members' questions and sort out the details soon. The April meeting showed our members are concerned about Home Care and many lingered after to continue discussing their specific problems. It also seemed that the AHS representatives were unaware of some of the pertinent details surrounding Home Care in our area. Perhaps some issues raised

might see some improvement and/or solutions.

Still in the dying days of winter, our Executive is gearing up for involvement in three new initiatives related to seniors' well being.

First is the implementation of the City of Red Deer's Appropriate Seniors' Housing report. Seven committees have been set up with CACA representation on all committees: Caregivers' Guide, Advocacy, Senior Friendly Training, Neighbourhood Volunteer Events, Provincial Launch of Seniors Week – June 6, 2011, Home Care and Home Support and Development of Strategies.

At this point, thank you to Sam Denhaan, Shirley Thomas, Doug Janssen, Fran Lees, Margie Lunt, Margaret Day, Don Hepburn and Donna Schumacher for their valuable time participating in this endeavour.

Secondly, a new umbrella group has been established to co-ordinate efforts by participating member organizations to "Ensure Alberta's Seniors are afforded the opportunity to enjoy a wholesome Quality of Life.". You will be hearing more about ANSRO (Alberta Network of Seniors – Related Organizations) in the months ahead.

As a Director representing Zone 5 on the ACA Board, I joined ACA President Gary Pool and Edmonton representative Norm Bezanson in a meeting with ASCHA (Alberta Senior Citizens Housing Association), the group that spearheaded formation of ANSRO.

Our mutual interests were discussed with ASCHA President Jim Hubbard, Past President Lawrence Tymko and Executive Director Irene Martin; a brief summary of the background for the project was provided. Work towards improving Seniors' lives can only be enhanced by various Alberta organizations working together to provide input to Government. I will be attending the next ANSRO meeting on April 21st. in Edmonton.

Thirdly, we are joining with the Council of Canadians, Friends of Medicare and Public Interest Alberta (PIA) to host an afternoon election forum at the Golden Circle on April 28th. Seniors are important voters and have an interest in many electoral issues.

As an ACA representative along with Norm Bezanson of Edmonton, I also attended the PIA 5th. annual Conference in Edmonton at the Chateau Louis Conference Centre March 31 to April 2. The theme was "Mobilizing for a Better Alberta: Stronger Communities & Public Solutions." This conference was extremely well organized as to its agenda timing, topics discussed and speakers (some from the U.K. and the U.S.) I took part in four of 13 workshops and found them, along with

the plenary speakers, to be educational and inspiring.. There were about 200 in attendance, including many seniors. A group has now been set up to co-ordinate some actions to go forward with an educational and advocacy goal. There were other CACA members in attendance as well as representation from the Council of Canadians and the Red Deer College Students Association. It was a great time discussing the issues of seniors' care, healthy environments and responsible government with like-minded Albertans.

In closing, a sincere welcome to a new CACA Corporate member – The Redwoods Retirement Residence in Red Deer managed by Charmaine Kramer and her leasing manager Donna Schumacher.

Respectfully submitted by Bev Hanes,
Director, Region 5

Region 8

I was pleased to be able to visit three seniors groups in the last month to distribute the Seniors Guide to Fraud Prevention program and to talk about the ACA. I had a great time meeting seniors at the Brooks Prairie Pioneers, the Tilley Friendship Society and the Foremost Senior Citizens.

At Brooks, I also heard a presentation by the Seniors Advisory Council for Alberta representative for that area, and a report on the Fresh Food Club program. This is an interesting part of the Food Coalition Society of Brooks that employs an alternative distribution system to promote healthy, affordable and accessible food. The power of bulk buying, buying local produce when possible, and utilizing volunteer members help to control the cost of food. Sounds like a great idea! Their website is www.foodcoalitionsocietyofbrooks.ca.

In conversation with many seniors, I find they share some of my confusion over the changes to the Continuing Care System. The terminology is unfamiliar—for instance, Assisted Living, Supportive Living, Designated Assisted Living. Who provides what care, how do users qualify for care, and how much will it cost? What services are available from home care, how is home care accessed, and how accessible are the services? Seniors need to have this information. Alberta Health Services needs to do a better job of communicating. ACA is committed to coming up with some answers.

Respectfully submitted by Beth Turner,
Director, Region 8

SENIOR FRIENDLY™

Making our hospitals healthier places for older patients

In 1999, Dr. Belinda Parke, then with the Capital Health Region in Victoria, B.C., prepared a report with her colleagues titled *Creating an Elder-Friendly Hospital*.

“Health-care professionals understand that caring for children in hospital is not the same as caring for adults,” she wrote. “However, although we recognize that children need to be treated differently, we fail to recognize the same is true for older adults.”

The failure to recognize this difference often is bad news for Seniors.

“Even with the best intentions, being in hospital can set up a cascade of events for older adults and their families that result in longer lengths of stay and functional disability.

“In a climate of fiscal restraint, competing priorities and public pressure, meeting the challenges of hospitalization for this population is not an easy task for any health-care organization.”

Fast forward to 2011 and Dr. Parke, now Clinical Nurse Specialist in older adult health at the University of Alberta, continues her research endeavours relating to elder-friendly hospitals.

Her research aims for the betterment of clinical care for older people. Her recent work has focused on design and implementation of elder-friendly hospital practices. Currently, she is studying vulnerable older adults’ encounters in hospital emergency departments. She has an impressive list of articles in professional journals relating to many aspects of providing service in elder-friendly hospitals and is involved with several projects

in the Edmonton region.

I recently attended the Ontario Gerontology Association’s 30th Annual Conference, in Toronto, which drew over 300 participants and included a variety of sessions on age-friendly practices for health care. Its theme was Partnership and Integration: Working Together to Promote Positive Aging.

Its plenary speaker was Dr. Brian Goldman, ER physician at Mount Sinai Hospital in Toronto, host of CBC Radio’s *White Coat, Black Art*, and author of *The Night Shift: Real Life in the Heart of the ER*.

Dr. Goldman launched the day’s sessions by addressing how the elderly are treated in a hospital setting. His profession, coupled with his observation and communication skills, have placed him in a unique position to observe and comment on the Canadian health-care system. As the conference brochure colourfully promised: “Brian pulls back the curtain to reveal the true culture of medicine, warts and all. With surprising candour, Brian has uncovered ageism in health care, and talks about some needed fixes.”

That he did with impeccable professionalism. Dr. Goldman spoke frankly about his personal experience as a son with elderly parents who have complex medical needs, and specifically how his mother’s diagnosis of Alzheimer’s changed his view of patients with dementia.

Although health care matters can evoke emotionally charged discussions, his presentation did not include finger-pointing or bashing.

Dr. Goldman’s prescription

His humble, respectful approach is that we are all human, we all make mistakes, and let us bring these issues to public awareness and work together to make



**Kathie
Neu Organ**

Director, Age-Friendly
Program Development



**Dr. Brian
Goldman**

health care better. Dr. Goldman closed his talk with recommendations to make health care more age-friendly. These include:

1. Make primary care more accessible and efficient.
2. Engage more physicians' assistants.
3. Enhance hospital and emergency department environments with senior-friendly furnishings and design.
4. Encourage family doctors to become geriatricians.

In his recommendation for making primary care more accessible and efficient, he made special note of Alberta's Access Improvement Measures (or AIM), which is working to eliminate delays in the health-care system by matching supply and demand.

According to AIM's website (www.albertaaim.ca), "The goal is for each patient to see their own physician without a wait.

Through improvement processes and principles, and using a collaborative model of learning, wait times and delays can be improved or eliminated. Partners working together to make this initiative happen are: Alberta Health and Wellness, Alberta Health Services, Toward Optimized Practice, Primary Care Initiative and the Alberta Medical Association."

After Dr. Goldman's presentation, a variety of sessions relating to development of senior-friendly hospitals were provided by members of the Regional Geriatric Program — a Toronto network of 28 hospitals. They examined their processes of care, emotional and behavioural environment, ethics in care and research, organizational support for senior-friendly practices and their physical environment. Sessions addressed building capacity for senior-friendly hospitals, changing the 'diaper culture' in hospitals, optimizing elder-friendly approaches in acute care; and senior-friendly strategies on reducing functional decline.

Age-friendly hospitals

These information-rich sessions echoed the work at the U of A by Dr. Parke and her colleagues, who suggested that successful elder-friendly hospitals have in part:

1. Care processes and services that consider gerontological developmental issues.
2. Hospital systems, policies and procedures that reflect a culture, attitude, and atmosphere that value older adults.
3. Communication and listening processes that take into account older adults' and their families' experience of coming to hospital, being in hospital and leaving hospital.
4. Knowledgeable staff to assist older adults and their



Hospital ERs are trying to become more elder-friendly.

families with the transitions that are necessary in the hospital.

I reflected on the work of Dr. Parke, as well as other age-friendly work in Alberta by citizens, government, educational institutions, municipalities, businesses, organizations and faith-based entities, and left the conference inspired by all that is happening in age-friendly endeavours. These exciting initiatives are opportunities to move from research to action, from planning to execution.

As recognized in the 1999 report by Dr. Parke and colleagues: "In a climate of fiscal restraint, competing priorities and public pressure, meeting the challenges of hospitalization for this population is not an easy task for any health-care organization." This conclusion holds true today.

At the heart of the Alberta Council on Aging's Senior Friendly™ program is the duty to increase awareness about positive works in age-friendly practices. We will be showcasing the initiatives that are happening throughout Alberta through a number of venues to promote age-friendly awareness and would greatly appreciate your input. Please write or give us a call to share your observations and/or work in age-friendly practices!

Respectfully submitted by Kathie Neu Organ,
Director, Age-Friendly Program Development

POLICY ADVISORY COMMITTEE

Seniors need to challenge the burden of ageism

The following article was printed in the March 2011 issue of *Viewpoint*, a publication of Canadian Pensioners Concerned (CPC), Ontario Division. It is based on a presentation Gerda Kaegi (Past President and current Executive Committee Member of the Ontario division of CPC) gave to the Canadian Conference on Elder Law, in Toronto.

With grateful appreciation to the CPC for permission to reprint this article, we share this viewpoint and welcome your thoughts and comments.

The courts in Canada recognize human-rights claims challenging racism, sexism, homophobia, but they are seemingly reluctant to challenge ageism. The legal justification is that they are acting in the best interest of the older person, which is a denial of their agency and thus a denial of their full humanity.

Human rights are at the heart of our community values. They include the concepts of equality, dignity, and respect — they help us to determine what is right. We share the same entitlements and responsibilities, but if rights are not held equally, they are not rights.

Human rights protect individuals or groups from the danger of democracy, that is, the rule of majority will. This is an issue with ageism.

Human agency is the right to act on one's own behalf. Human rights protect the agency of the individual from the actions of others that limit that individual's agency. One role of the recognition of human rights is to protect, defend and restore the agency of the defenceless so they can defend themselves.

Ageism is discrimination based on age and prejudice against the elderly. Stereotypes — such as old equals depressed, frail, incompetent — marginalize, segregate, and isolate older persons leading to their invisibility. Ageism reduces and restricts the humanity of the elderly.

Promoting anti-aging facial creams, prohibiting the elderly from taking risks simply because they are old, the assumption that depression is part of ageing and thus

falling to treat it; these are examples of common acts of ageism.

Systemic ageism comes with public policy — for instance, the Ontario Pandemic Protocol excludes access to ICU beds on a number of criteria, including age. The invisibility and neglect of the elderly in natural emergencies such as earthquakes or floods is another example of systemic ageism. Age bias has been used in health care as a basis for rationing not based on clinical outcomes. The Centre of Bioethics at the University of Toronto conducted a survey on priorities in pandemic situations and the responses placed Seniors and civil servants at the bottom with two- to three-per-cent support.

Capability, capacity and competence must be considered when setting policies and practices for older people. People's ability to make decisions or to give directions for themselves must be considered. The intent of the law and its processes frequently inhibit the ability of older persons to act on their own behalf.

There is a long history of saying, "We know what you need, we will decide for you," to members of society whose agency has been denied— for instance, women, children, the mentally ill, people with disabilities. However, the courts have not really addressed the issues of older people.

There is growing institutionalization of older people, especially in Canada. The mentally ill have been deinstitutionalized, but not the elderly. Further, there is public failure to tackle the high suicide rates among elderly men. It is the highest rate in all groups, yet few members of the public or policy makers seem to care.

The approach appears to be the utilitarian view or the triage view developed by the military — to help those with the longest potential to serve society. This is reflected in the view that older people have no value; they are a burden to society.

Here are some strategies for an anti-ageist approach:

- Change attitudes, then law, policies, programs and practices will change.
- Consistently challenge ageist stereotypes wherever

they occur — in media, films, advertising, etc.

- Educate older people and society about their own biases and prejudices toward ageing. Older people can be their own worst enemy.
- Actively publicize the contributions to society made by older persons through volunteering, donating, creating, working and caregiving.
- Require education in issues of older people on an ongoing basis for professional certification to practice for physicians, lawyers, accountants, nurses, police officers, health-care administrators and care providers.
- Require inclusion of modules on the contributions of the elderly in primary and secondary school courses.
- Legally challenge ageist language, policies, programs and practices in the same as has been done for sexism, racism and homophobia.
- Look critically at the intent of law and its practices and processes to ensure they achieve the outcomes reflective of the agency of older persons.
- Ensure the rights of older people to participate in policy decision-making.
- Increase research into the issues and needs of older persons.
- Inform the older population about the legal and economic issues likely to confront them as they age.
- Acknowledge and deliberately address the gender factor in ageing. Ageism tends to make women more vulnerable, including vulnerability to abuse, poverty and gender-based discrimination.

Respectfully submitted by Floyd Sweet,
Chair, Policy Advisory Committee

How your region can hold a more successful meeting

1. Find good speakers; ensure topics are relevant;
2. Handouts are important — people want to leave with something;
3. Set up a phoning committee — have them convey all relevant information;
4. Publicize the event with posters, public service announcements;
5. Ensure public parking is both close and adequate;
6. Make sure that you have a venue with a good audio-visual system, us old folks hate to strain our ears; we like to see points on a screen;
7. Provide coffee and a small snack at a minimal charge to help defray expenses;
8. Be sure to have ACA membership forms and addressed envelopes;
9. Allow for a few questions;
10. Make it a fun event so folks want to come back!

Viggo Nielsen, President,
Central Alberta Council on Aging

ACA thanks our casino volunteers

The Alberta Council on Aging would like to extend a huge thank you to everyone who volunteered for our casino fundraiser on April 25-26 at the Casino Yellowhead in Edmonton.

LETTERS TO THE EDITOR

Questions for the candidates in the next provincial election

Earlier this year, the Public Interest Alberta (PIA) — a non-profit organization that focuses on education and advocacy about public interest issues — developed a list of concerns relating to Seniors' care that they believe need to be addressed by provincial political candidates. According to Noel Somerville, Chair of PIA's Seniors Task Force: "Once the federal election has finished, three provincial parties will be engaging in their leadership campaigns and preparing for the upcoming provincial election. If you are concerned about Seniors' issues, please become active and ensure that all parties have to address questions such as the following."

The PIA's questions include:

1. Can you and your party assure us that you will maintain a universal Seniors' prescription drug plan at least as good as the current plan and will not propose replacing it with a means-tested plan?
2. Would you and your party support improved access to medications for Seniors?
3. Will you and your party recognize that the nursing and personal care required by Seniors who are medically assessed as requiring long-term (nursing home) care are medically necessary services and should be fully covered by Alberta's health-care system?
4. Are you and your party prepared to build and operate a sufficient number of long-term care facilities (nursing homes) so that Seniors do not become a burden on the hospital system while awaiting placement?
5. Will you and your party maintain a regulated and affordable accommodation rate for long-term care?
6. Do you and your party support integrated and comprehensive home care in Alberta?
7. Are you and your party prepared to put an end to converting long-term care facilities into assisted living in order to off-load care costs, or reclassifying long-term care facilities as auxiliary hospitals in order to circumvent the requirements of the Nursing Home Act?
8. Are you and your party prepared to establish an independent Seniors' Advocate with authority to monitor and report on the state of Seniors' care in Alberta?
9. Are you and your party prepared to require the



Federal candidates at forum in Red Deer

establishment of democratically elected patient-family councils in all Seniors' care facilities with access to all patient complaints and authority to report unsatisfactory conditions to the Seniors Advocate?

These nine points are possible questions for any party at any time; to leadership candidates, sitting MLAs or sitting MPs. These questions can be asked by anyone, and I encourage ACA members to ask these at upcoming election forums as well as to their elected officials.

Some of these points were put forth at an April 28 election forum in Red Deer hosted by the Central Alberta Council on Aging (Region 5) in conjunction with Friends of Medicare, Public Interest Alberta (PIA), Council of Canadians and Red Deer's Golden Circle. The forum, ably moderated by PIA Executive Director Bill Moore-Kilgannon, was well attended.

Two of the four candidates running in the Red Deer constituency attended: Mason Sisson (Green Party) and Stuart Sommerville (NDP). Eric McCabe, vice-president of the local Liberal association, represented Liberal candidate Andrew Lineker who was ill, and Earl Dreeshen (Conservative incumbent) was unable to attend.

On May 2, Earl Dreeshen won re-election. We look forward to meeting with him to address many of the points presented earlier.

Respectfully submitted by
Doug Janssen, Red Deer

LETTERS TO THE EDITOR

AHS 21-day diet a new concept for ill and elderly Albertans

Alberta Health Services (AHS) instituted this novel operational strategy, mostly in rural Alberta hospitals; it is rumoured to be extended to nursing homes soon. The diet includes pre-cooked food which is cooled, frozen and cryovaced into plastic packs. Upon arrival via refrigerated trucks, the packs are transferred to freezers. Hospital dietitians give instructions on what's to be the lunch and evening meal for the ill in hospital, and nursing home residents.

Warmed-up like the leftovers they appear to be, or cooked entirely as would befit a vegetable, these meals are served either still in their tough plastic case or placed on a plate.

My bias is showing, I'm sure you've noticed. In fact, my wife and I eat from our deep freezer regularly; it's the garden veggies we raised along with portioned meat or fish. What's significantly different with the 21-Day Diet are the following findings when we ask around:

- Tasted and evaluated by Town and Rural Municipal councillors, the food was said to be tasteless, mushy and very unappetizing.
- The exciting odors of freshly cooked beef, pork or chicken were minimal to absent to the "tasters."
- Some plastic packaging required scissors or very strong fingers to be opened.

After asking regional leaders about the 21-Day Diet and what citizens were saying, we discovered:

- Seniors stopped taking meals-on-wheels (most communities make contact with their hospital to assemble Seniors' meals-on-wheels)
- Families packed food to hospitals for their loved ones and neighbours.

Not happy stories, to be sure. But going forward with a stronger position to have any significant influence with Alberta Health Services (the operational manager), we believe that the anecdotal information we have is insufficient.

I'm not ill, nor am I in a nursing home, but the possibility of having to spend significant time with this diet is very unnerving. For my 97-year old Dad, who died before the 21-Day Diet was instituted, the highlight of

his noon meal was that invigorating odor of meat when the staff served the nursing home meal. Plastic-wrapped, re-heated leftovers from frozen, or a meat-pie processed and packaged in the U.S. surely pale against what we have come to value in Alberta and Canada.

Why did AHS do this? What are the benefits, on balance? Is this a private contract or what is the arrangement to secure a processor, a storage facility, a distribution? Is this all 'above-board'? Why can't citizens know?

So, the Alberta Council on Aging needs your help to gather the truth from across the province. Write to us, send an email or phone and tell your story. Also, phone your MLA (better to send him/her an email or letter) to let your government representative know. Our MLA is the key to get your concerns heard and dealt with. What ACA will do is to put together a case to take to AHS, to Alberta Health and Wellness and to the Premier. (Premier Ed Stelmach is not a lame duck just because he said he will resign; he's still the leader of the Caucus).

Ask questions in your community or if you know already please contact us. Your name or community will not be divulged. Our data will be taken from all the responses together.

It's peculiar that city hospitals aren't on the 21-Day Diet yet; it appears the AHS is rolling it out in rural Alberta, first. I wonder, why?

Respectfully, Floyd Sweet,
Past President, Alberta Council on Aging

Your Views

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— Renewing ACA member from Red Deer

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