ACA News

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Who Uses Hospitals In Alberta

A Special Report

DON'T FORGET TO RENEW YOUR MEMBERSHIP: P.23

ACA News

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Senior Friendly

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ACA News

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Special Report

Donna Wilson is a Registered Nurse, with a full-time tenured (continuing) position as Professor in the Faculty of Nursing at the University of Alberta. She also works part-time as a casual staff nurse in a large local acute-care hospital to remain current in health care and nursing practice. Her education includes a 3-year diploma in nursing from the Royal Alexandra Hospital School of Nursing in Edmonton (1976), a Baccalaureate in Nursing degree from the University of Alberta (1981), a Master of Science in Nursing degree majoring in Gerontology and Health Care Management from the University of Texas at Austin (1985), and a Doctor of Philosophy degree in Educational Administration from the University of Alberta (1993). She has worked as a staff nurse, nursing supervisor, hospital administrator, nurse educator, and health researcher in Alberta, British Columbia, New Zealand, Texas, and Northern Ireland. Her program of research focuses on health services utilization and health policy, although primarily in relation to aging, ageism, and end-of-life care. Her research often involves large population databases and increasingly mixed-methods research to incorporate qualitative and quantitative understandings.

> DONNA WILSON'S SPECIAL REPORT IS ON PAGES 4-5

SPECIAL REPORT

WHO USES HOSPITALS

Donna Wilson, RN, Ph D.

- 275,738 Albertans were admitted to hospitals in 2006/2007
- Younger people used 52.8% of all hospital bed days.
- Research is important for correcting myths about aging.
- Albertans with long stays were often those waiting for a nursing home bed.

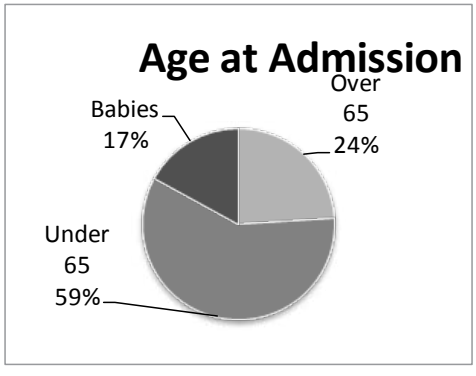
Many people think health care services are usually only used by older people.

They may not care then when announcements are made that the health care system is changing or that some services are being discontinued.

Older people are normally thought of as high users of hospitals as it is common to believe that people are ill when they are old. This belief is usually the foundation for claims that our universal publicly-funded health care system is unsustainable with population aging.

Population aging is slowly but surely happening. The 2006 census found 13.7% of Canadians were 65 years of age or older. Alberta was identified once again as the youngest province, with 10.7% of Albertans or 353,410 persons aged 65 or older.

As governments often do not analyze the data that they routinely collect, it is important for university researchers to do studies to get evidence for health services planning and public policy. An analysis was recently done on all hospital data collected on all people admitted to every hospital in Alberta in the two most recent years of complete data (April 1, 2006, to March 31, 2007, and April 1, 2007, to March 31, 2008. This study was done to compare the use of hospitals by older and younger persons to clar-ify who uses hospitals.



Some findings are:

1. In the first year, 275,738 Albertans were admitted to hospitals across Alberta for inpatient care lasting one or more days, with 281,320 admitted the second year. Only 8.4% of Albertans were admitted to hospital each year.

2. Of all Albertans admitted to hospital, 76.4% were under 65 years of age. Babies who were not yet one year old were the most common (17.4%) patients. The average age of hospital-ized patients was 39.5, with one half under the age of 36. These findings are remarkable, as they show a surprisingly heavy share of hospital use by people who are younger than the "baby boomers."

3. Just over half of all patients who were admitted to intensive care units and other critical care units were younger persons. Younger patients also had more done to them in hospital than older persons. Younger persons had 1.1 procedures done on average during each hospitalization, as compared to 0.9 procedures on average for older persons. Younger people also stayed longer in intensive care unit on average (143.7 hours) as compared to older people (101.3 hours). Over half of all people admitted to intensive care units were under the age of 65. These findings show younger patients use more of the most expensive hospital services.

4. Albertans were admitted to hospitals that varied greatly in use. Of all admissions, 19.3% were by rural citizens and 80.7% by urban citizens. The 2006 Canadian census similarly found 80% of Albertans live in urban areas and 20% live in rural areas.

5. The diagnoses or reasons why Albertans were admitted to hospital varied greatly. The most common was pregnancy or childbirth. The next most common was for a digestive problem followed by an injury, circulatory or heart-blood vessel problem, respiratory or lung problem, muscle or bone problem, cancer, and then many other less common health problems.

SPECIAL REPORT

IN ALBERTA?

6. Only 1.0% of Albertans (2,854 people) who were hospitalized the first year and 1.4% of Albertans (3,992 people) hospitalized the second year were admitted two or more times each year to hospital. People who were admitted more than once each year were more often rural; 25.1% of all readmitted patients were rural Albertans.

7. Albertans who were admitted two or more times to hospital each year averaged 57 years of age. Just over half (52%) were under the age of 65. Babies less than 12 months were admitted 2+ times a year. These findings show people of all ages can have serious health problems and repeat hospitalizations.

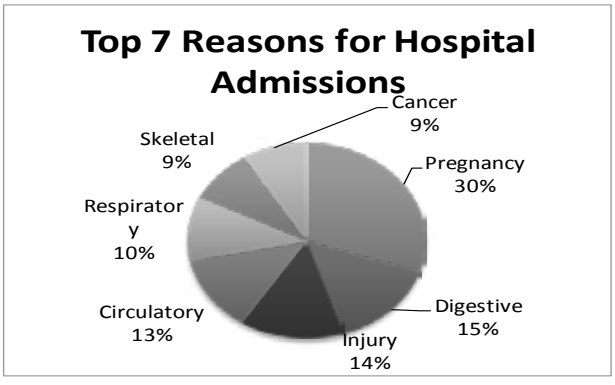
8. The average length of hospital stay was 7.0 days for people under the age of 65 and 15.1 days for older people. Despite the much longer average stay by older people, younger people used 52.8% of all hospital bed days (e.g. all days of care provided in all hospitals to all patients over these two years). Many stays were short; one-half of all patients stayed less than 4 days in hospital. The most common stay was 2 days. The people with the longest hospital stays were often admitted because of a mental illness.

9. Albertans with long stays were often those who wait in hospital for a nursing home or rehabilitation bed. In the first year, 2.2% of all persons admitted to hospital (6,103 people) had alternative level of care days recorded. In the second year, 2.1% had alternative level of care days recorded (6,014 people).

10. The stay in hospital while waiting placement was shorter than anticipated, as the average number of alterna-tive care days was 29.5 the first year and 36.9 the second year. Of all persons waiting placement, 80% waited less than 37 days the first year and 80% waited less than 45 days the second year.

11. The patients who waited placement averaged 78.1 years of age. Although most were very old, 14% were under the age of 65. Younger people had a longer wait (43.7 days) on average than older people (27.5 days).

12. Half of all patients who waited in hospital for placement in a rehabilitation or nursing home bed had no surgery and no major diagnostic tests or procedures performed. These people only received nursing care,



care they could have received in nursing homes, where nursing care is provided around the clock, if these beds were available. Some could have possibly been discharged home, although Albertans who are approved for ongoing home care only get 2 hours of home care on average each week. As the people who wait for placement get 2-4 hours of nursing care spread out over each day in hospital, they are not good candidates for home care or for care in lodges and assisted-living facilities.

13. Finally, 16.4% of the patients who waited for placement in hospital died, as well as 3.3% of the other patients. Although compassionate end-of-life care is provided in hospital, this type of care can also be provided in homes, nursing homes and hospices. There are less than 10 free-standing hospices in Alberta and nursing home beds have stayed around the same number since 1993.

In conclusion, the evidence on hospital use in Alberta shows people of all ages may need to be hospitalized. Research is important for correcting myths about aging and preventing ageism. Ageism is intended or unintended prejudice against older people.

Donna Wilson is a Full Professor of Nursing in the Facility of Nursing at the University of Alberta. Her main areas of interest are in health services utilization and in health policy aging.

In addition to her teaching role, Dr Wilson is a member of the Alberta Council on Aging's Health Committee.

Parts of this article appeared in the Edmonton Journal on Oct. 21, 2009.

Executive Director's report

We are in the midst of 2010 membership renewals and Yolanda is doing a fine job of keeping pace. I am excited to reach my second anniversary as Executive Director and truly enjoy managing the programs and operations of ACA.

Senior Friendly™

Nova Scotia has declined to move forward with the Senior Friendly™ program due to cost. Beth George from Bridgewater, N.S., is now a certified trainer and her community is working to Senior Friendly™ designation. Transit continues to train new hires and interest has been sought from Strathcona County FCSS. The Golden Circle has requested information on bringing the program to Red Deer.

PEATE

We are excited to have our Elder Abuse materials ready for distribution. We have lots of materials to get out, which provides ACA with a wonderful advantage to network and build partnerships. Our next phase of the project is to develop a Multicultural Committee to develop the sensitivity guide.

We will distribute the *Financial Fraud Handbook* with all renewals. If you are interested in receiving the DVD or additional copies of the Handbook please give us a call at the office (888) 423-9666.

On behalf of the ACA office, we wish you a Happy Holiday Season and a Prosperous New Year!

Submitted by Marcie Hoffman, Executive Director

Health care on the hot button

Health care and Continuing Care Issues have remained as hot-button issues in Alberta over the last few months. There seem to be significant problems in both areas. There has been much conflicting information, some from various government agencies, some from advocacy groups, some from research groups and some from various media sources (including the Internet).

Gary Pool
ACA President

Two of our regions — Area 2 (Northeast Alberta) and Area 5 (Red Deer) — have been in discussion with Alberta Health and Alberta Seniors and Community Supports on specific issues. We have received letters and phone calls from members in other areas suggesting these issues need to be dealt with more vigorously. We have received others who are also worried about these issues, but urging care and moderation in dealing with concerns in these areas.

The policy of the ACA over the years has been quite clear. We are not an advocacy group. We will raise issues on various government strategies and policies where we have concerns. To the best of our ability we will look for ways to improve Seniors programs so that our members (and all other Alberta Seniors) are treated fairly, get an appropriate level of support and have appropriate Health Care coverage and continuing care support.

Where we feel it is appropriate (and where the government requests) we will work with various government agencies on issues associated with various programs. My view is that we can have more impact working with agencies than in fighting them in the media.

I am sure there will be much more on this in the New Year. Until then, I would like to wish everyone a happy, healthy and successful December and a Happy New Year. I hope 2010 will be a good year for you.

Professor explains drug plan

The Policy Advisory Committee met Nov. 19. In attendance were: Diana McIntyre, Alberta Caregivers Association; Irl Miller, Seniors One Voice, Blake Foster, Medicine Hat Seniors Centre: Gary Pool, Morinville Rendez-Vous Centre; and guest John Bachynsky (Retired Professor Emeritus-Pharmaceutical Sciences).

The focus of the meeting was:

1. To investigate issues on the PAC table
2. To arrive at a recommendation to ACA Board.

Floyd Sweet
Policy Advisory Committee

Issues discussed from the Sept. 9, 2009, minutes were:

- Pharmaceuticals
- Continuing care
- Home care
- Pensions
- In-home living supports.

John Bachynsky, very expertly provided an overview of the Government of Alberta's development of the Seniors Pharmaceutical Strategy, based on three speculative, but unverified tenets.

We also had available a Research-Based Pharmaceutical Companies report covering:

a) Health Pharmaceutical Spending
b) Drug Plans
c) Reimbursement Comparison
d) Disease Comparisons – Canada vs. the rest of the world,

New strategies

Committee review developed the following strategies:

1. Review Seniors and Community Health Council letter to Health and Wellness Minister, and Seniors and Community Supports Minister. ACA Board approved utilizing this letter as a case agenda for the meeting of Seniors' organizations (already approved to go forward).

2. Continue to understand the Continuing Care Strategy proposed by Seniors and Community Supports. What is says, what is means, who pays? Government of Alberta regulations pertaining, education of Seniors et al.

Councils seek drug-plan delay

We have included a copy of the following letter from the Seniors Community Health Council (SCHS) to Minister Ron Liepert in this issue of the ACA News. *The SCHS reviewed both this letter and some of the research on which it was based with the ACA Policy committee. This was then reviewed at the November 2009 Board of Directors meeting. The Board was impressed with the information on which the letter was based. We support the recommendations contained in this letter and agreed to provide this information to all ACA members. If you have any questions please direct them to the ACA office and we will respond as quickly as is practical.*

Gary Pool
ACA President

SENIORS COMMUNITY HEALTH COUNCIL

PO Box 642, Edmonton Main Post Office, Edmonton, Alberta T5J 2K8

Mr. R. Liepert
Minister of Health and Wellness
Legislative Building
Edmonton, Alberta

November 13, 2009

Dear Minister Liepert:

The Seniors Community Health Council of Edmonton is an independent, community organization with a Board made up of persons retired from a variety of health professions. Its purpose is to identify and prioritize health issues of concern to seniors and to suggest ways of addressing these health issues.

The Seniors Community Health Council would like to express their appreciation to you for the initiatives in Phase II of the Pharmaceutical Strategy to reduce drug prices. The reduction in the price of generic drugs will generate substantial savings to both government and seniors. We understand that in addition to these price changes there will be several major drugs coming off patent in the next few years. This will also generate additional substantial savings.

With these two changes improving the economic status of the Seniors Drug Benefit Program there is much less urgency to initiate the proposed program based on income. We have examined the reasons given for the changes to the seniors program and find that they are not valid. The rise in expenditures at 3% are minimal and do not call for major changes.

Accordingly, we would like to recommend that you delay the implementation of the new Seniors Drug Benefit program and review the likely consequences. We are concerned that the hasty 1 July 2010 implementation will result in a lot of confusion, delays and cases of seniors not being able to obtain their medication. This situation will be exacerbated by the introduction of a new compensation system for pharmacists on the same date.

We look forward to a positive response.

Sincerely,

John Bachynsky, Chair

SENIORS IN THE NEWS

ACA Submission to the Minister's Advisory Committee on Health

Your Health Committee of the Alberta Council on Aging was asked to present a brief to the Ministerial Advisory Committee. The following is part of the Executive Summary and the Statement of Principles referred to in the brief.

We welcome your thoughts and comments.

Executive Summary

The Alberta Council on Aging would make several comments on Health Care planning in Alberta, starting with our concerns about the ideology that seems to underlie some Health Services direction. These ideological concerns, we believe, are mutually exclusive to your stated values.

Four such values which we feel are mutually incompatible with your actions are: disclosing information to help learn from mistakes; providing accessible, understandable information about system and financial performance; listening to and considering ideas and concerns of others in the decision making process; and being clear about what and how decisions are made.

1. We would recommend that the Minister's Advisory Committee reiterate its support for the values outlined by Health Services (especially those noted above).

2. Secondly, the Alberta Council on Aging recommends that the principles outlined below be immediately adopted and implemented in governing the future direction of Health Services for Seniors.

3. Our third recommendation is that the Minister's Advisory Committee advocates that there be further close consultation with Seniors and other government departments recognizing that for Seniors to live in the right place will involve more than health services support and recognition not only of income but also expenses as criteria for services.

Alberta Council on Aging Principles

• Alberta must guarantee the same rights and privileges to all its citizens, regardless of their age.

• Seniors have the right to be autonomous while benefitting from interdependence and to make their own decisions even if it means "living at risk" – provided they have the cognitive ability to make informed decisions.

• Seniors must be involved in the development of policies and programs.

• Seniors must be assured of adequate income protection, universal access to health care, and the availability of a range of programs and services that support their autonomy.

• These policies and programs must take into account their individuality and cultural diversity.

Doug Janssen
Chairman, Health Committee
Vice President, Alberta Council on Aging

REGIONAL REPORTS

Region 2

Since becoming director, I have been kept busy. I have attended all the executive and general meetings, as well as meetings of our provincial board. It is really a learning experience.

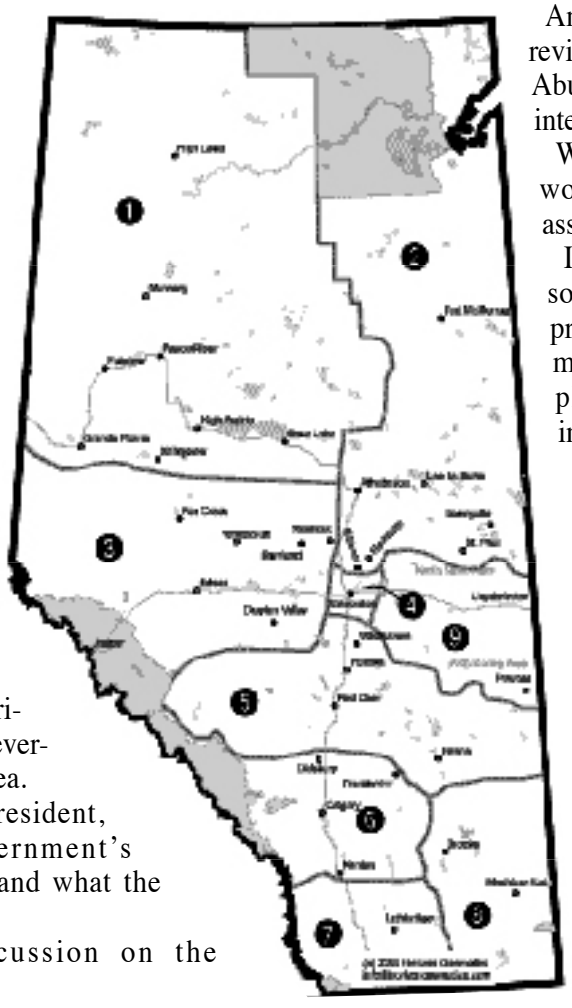
At our fall District General Meeting held in Bonnyville, we had about 110 members representing 11 communities, including two who came from Fort McMurray.

Many thanks to Bonnyville for hosting.

Diana Anderson, Seniors Advisory Council of Alberta (SACA) was the guest speaker.

Diana explained what her role is in SACA as well as being very active with ACA.

She also spoke on the "Supportive Living" health care aides training, funding issues and the coordination required with various departments regarding several current problems in this area.



Edith Read, Regional President, gave a report on Government's Continuing Care Strategy and what the effects will be.

There was also discussion on the Pharmaceutical Plan.

As of the November Director's Meeting in Edmonton, we now have the booklet and DVD titled *A Seniors Guide to Fraud Prevention*. I will try to get copies distributed to our district clubs. There is a lot of timely information in this set.

We are still looking for members who are interested in helping at our Casino to be held March 10 & 11, 2010, in Camrose.

Here's hoping we all have a safe and happy holiday season.

Respectfully submitted,
Diane Walker

Region 4

Edmonton and Area

The Edmonton region was not very active in 2009. We plan on setting up a meeting early in the New Year and hope to have a much more active 2010.

Among other things, we would like to review the work ACA has done on Elder Abuse with anyone in our area who is interested.

We are looking for a few people who would be prepared to provide some assistance in organizing meetings.

If you are interested or would like some additional information, please provide your name and contact information at the ACA office either by phone 780 423-7781 or e-mail info@acaging.ca.

Gary Pool (780 939-4842)
and Norm Bezanson,
Area 4 Directors

Region 5

The Central Alberta Council on Aging continues to be very active with our member meetings and with the community in general.

Our October AGM had the Hon. Mary Anne Jablonski as our guest speaker. She spoke in both her roles as Minister of Seniors and Community Supports and as our MLA for Red Deer North.

There were in excess of 250 people in the packed house; regrettably, we were forced to turn a good number of members and citizens away. What a wonderful problem to have!

In addition to having the Minister as a speaker, ACA president Gary Pool brought greetings from the provincial ACA organization. Gary did the official launch of the "Preventing Elder Abuse through Education" program. This included handing out the fraud prevention booklet as well as previewing situations portrayed on the DVD.

Region 5 continues to be active in Central Alberta

REGIONAL REPORTS

through speaking appearances at various community venues and groups. We also continue to meet with our local MLAs and with our MP in order to brief them on matters of concern to Seniors.

We are also a partner with local planners as we co-operate with the City of Red Deer in a transportation planning study.

Red Deer was the site of the provincial Conservative convention this fall. We were an active participant with other organizations in planning and conduction a protest march of over 600 individuals.

This demonstration "Stop the Cuts" was the biggest that Red Deer has ever seen!

We continue to make our views known with frequent letters to the editor in Central Alberta newspapers. This is, in our opinion, an effective way to take our issues and concerns to the readership — both citizens and political leaders!

And our bi-monthly meetings continue to attract a good deal of attention. Our December meeting had Alberta Health Services Red Deer board member Gord Bontje as the guest speaker. Suffice to say that the presentation and the flowing Q&A were attended closely by all.

In sum, Region 5 continues to be an active area for Seniors and for our issues, as we work together toward our collective goals. And one goal is to bring greetings to all as we say "Merry Christmas and a Happy and Prosperous New Year" to one and all.

Doug Janssen
Director, Region 5
Central Alberta Council on Aging

Region 8

It is certainly a busy time of year with Senior Centres and organizations into the swing of winter programs. Christmas, with all the special activities, is fast approaching as well.

The Redcliff Senior Centre held its November meeting to elect officers.

Juanita Desjarlais is the new president with Reg Porter as 1st Vice-President. Thanks to Bob Davy for his past service as President. An informative visit from the chairperson of the Palliser Friends of Medicare chapter was also on the agenda. Reports from the computer classes, exercise group, crib players, pool players and card groups show the members remain active. The annual Christmas Dinner on Nov. 19 was well attended. I was priveleged to attend the October meeting of this group as the newly appointed rep for Region 8. I plan to visit other Seniors groups in the region in the coming months to discuss concerns seniors might have, and highlight activities that are occuring in the region.

I was pleased to be asked to speak about ACA to a recent open board meeting of the Palliser Chapter of the Friends of Medicare. It was a well-attended meeting of the group, who are all very commited to their cause and knowledgeable about the issues in health care. They had some questions about ACA activities in this area and how some sharing of information might occur. It was a very positive meeting.

I was excited to receive all the resources from the Prevention of Elder Abuse through Education-Fraud Prevention Program from the ACA Board Meeting.

I look forward to sharing this valuable material with Seniors and providers in this region.

After talking about this program at the Friends of Medicare Meeting, a former nursing colleague requested the video and booklets to present to the homeowners group she is a member of and I will be presenting the program to the Redcliff Seniors group in January.

Best wishes to all for a Safe and Happy Holiday Season.

Respectfully submitted,
Beth Turner, Region 8

Region 9

Region 9 has temporarily 'shut down' while the flu is high.

We will review our strategy for the March AGM.

In retrospect, the Southwest Chapter of Region 9, held a Health Seminar on Oct. 1 in Daysland.

Forty or more Seniors enjoyed a presentation by Dave Horner on strokes, as well as presentations on :

- Arthritis (Camrose Health Outreach)
- Respiratory Rehab Program (Arlene Switesky)
- Home Care (Debbie Sparrow-Sinke)

An excellent lunch was served.

Chairperson, Alice Hillaby, organized and chaired the event.

Respectfully,
Floyd Sweet
Director

Region 5 AGM

Central Alberta Council on Aging (ACA Region 5) draws an excellent turnout for its annual meeting.

Sam Denhaan, president, introduces Hon. Mary Anne Jablonsky, minister for Seniors and Red Deer North MLA.

Members of the Central Alberta Council on Aging line up to register at Golden Circle Senior Centre.

MINISTER'S COLUMN

Law creates new options for dependent adults

Many Albertans value their independence and want to make their own decisions for as long as possible. The Alberta government is helping Albertans do just this with the new Adult Guardianship and Trusteeship Act (AGTA), which came into effect on Oct. 30, 2009, and replaced the 30-year-old Dependent Adults Act (DAA).

I believe this is good legislation that better addresses the current needs of Albertans by providing more decision-making options and safeguards to protect vulnerable adults who no longer have the capacity to make all their own decisions.

Mary Anne Jablonski

Alberta Minister of Seniors and Community Supports

Decision Making Options under AGTA:

• **Supported decision-making —** if an adult has the capacity to make their own decisions, but would like some help, they can sign a regulated form that authorizes someone they trust to be their "supporter." The adult can give their supporter legal permission to access relevant information that might otherwise be protected under privacy laws.

• **Co-decision-making –** is an alternative to full guardianship for adults whose ability to make decisions is significantly impaired, but can still make decisions with good support and guidance. The assisted adult must agree to the arrangement and to the person who is appointed as their co-decision-maker.

• **Guardianship –** if an adult lacks the capacity to make personal decisions, the court may appoint a "guardian" to make decisions for them. A guardian can make decisions is areas such as health care, where the adult can live, who the adult associates with, social activities, education, employment, legal matters or any other personal matters.

• **Specific decision-making –** is designed to provide timely decision making-services for adults who do not have the capacity to provide informed consent for health care decisions or temporary admission to, or discharge from, a residential facility. Health care providers may select someone from a ranked list of family members to make the decision for the adult.

Trusteeship

If an adult lacks the capacity to make their own financial decisions, the court may appoint a trustee or the Office of the Public Trustee as a last resort. One of the changes to trusteeship is allowing individuals who live outside of Alberta to be trustees.

Capacity Assessments

The new AGTA introduces a more standardized and rigorous process for capacity assessments to protect an individual's rights while also providing clearer guidance for the health care professionals conducting the assessments. Additionally, the application process has been changed to ensure that the proposed represented adult's views on the co-decision-making, guardianship or trusteeship application are heard and made available to the Court.

Protective Measures

The new AGTA also includes more protective measures including enhanced suitability screening of a new co-decision maker, private guardian, or trustee and a formal complaint and investigation process. Interested persons, including the assisted or represented adult, can submit a written complaint to the Office of the Public Guardian.

For more information on the new AGTA, go online to www.seniors.alberta.ca/opg or call toll-free 1-877-427-4525.

SENIOR LIFE

Safe driving in winter

When it's cold, check route, weather and car before you go

Winter travel in Alberta can be stressful, whether it's a short trip down the road or a trek across the province. Either way, it's best to be prepared.

Helpful hints for winter travel:

• Keep your vehicle well maintained, by meeting the manufacturer's recommended maintenance schedule. Members can use CAA AutoManager to manage your vehicle maintenance schedules.

• Familiarize yourself with your vehicle. Find out how everything works using AMA's member-exclusive Auto Advisor.

• Make sure your block heater is working properly. You can purchase a Plug Alive block heater tester from any AMA Centre.

• Find a reliable garage. Use an Approved Auto Repair Services (AARS) facility for quality workmanship at a fair price. Have them conduct a winter check of your vehicle. Also use our checklist to get ready for winter.

• Always drive on the top half of your tank in cold weather. This will ensure you have a supply of gas if you become stranded and need the engine for heat until help arrives. It also avoids potential problems due to condensation.

• Check weather conditions frequently, especially before setting out on a long trip.

Before you go

• Before you leave check the road conditions.

• Start your travels rested – driving in deteriorating conditions while tired isn't safe. Make sure to eat before you leave and pack a snack.

• Tell someone where you are going and when you plan to get there.

• Take a fully charged cell phone with you. Start your trip with a full tank of gas. Adjust your driving to the conditions.

• Try to stay on main roads. If the conditions are too treacherous, turn back or find safety quickly. Carry an emergency and first aid kit with you at all times.

• Check both kits periodically and replace or change items that lose their effectiveness.

• Increase your winter driving confidence by enrolling in an AMA Driver Improvement course.

Where to find more information

• Visit Transport Canada's website www.tc.gc.ca for additional winter driving tips.

• Find more information about getting your vehicle ready for winter by visiting the provincial government's website www.saferoads.com.

• Environment Canada at www.weatheroffice.gc.ca issues watches and advisories as winter conditions change. Warnings can include blizzards, heavy snowfall, wind chill, cold waves and freezing rain or drizzle. Be familiar with what the warnings mean:

Blizzard warning: Expect snow or blowing snow, with a severe wind-chill and visibility reduced to less than 1 kilometre, for 4 hours or more.

Heavy snowfall warning: Expect a snowfall of 10 cm or more in 12 hours or less. Travel is usually hazardous.

Wind-chill warning: Expect very cold temperatures combined with wind to create hazardous outdoor conditions.

Cold wave advisory: Temperatures are expected to drop by 20 degrees Celsius or more within 18 hours.

Freezing rain warning: Expect slippery driving conditions due to rain freezing on contact.

(From the Alberta Motor Association website www.ama.ab.ca website)

SENIOR LIFE

Exercise: it ain't too late

M.T. Sharratt, Ph.D
Professor and Dean,
Faculty of Applied Health Sciences,
University of Waterloo, Ontario

Heart disease is the number one killer of older men and women. This statistic is unlikely to change in the near future because the population of older people is growing faster than any other age group.

Also, heart disease is more common than any other disability except arthritis. People used to think that only men got coronary heart disease, but in fact, cardiovascular disease is the number one cause of death among older women. The only difference is that women develop the disease about 10 years later than men do. Doctors think that estrogen protects women from heart disease. The question is whether you can reduce the risk of heart disease as you get older.

The answer is yes! You can do many things right now and every day to avoid heart disease. Heart disease is a "lifestyle disease" because how we choose to live affects our heart health. If you choose to eat mostly junk food, smoke cigarettes and spend the day sitting, your heart will inevitably have to work overtime. Eventually, this unhealthy behaviour will cause some part of your heart to break down.

Daily activity over many years can help protect against heart disease. Researchers have found that being active can lower your resting heart rate, lower your blood pressure and improve your fitness.

Studies show that older men and women who exercise live longer and do not develop heart disease as often as people who do not exercise. Studies also show that active men are less likely to have a stroke.

In most of these studies, people walked at least 30 minutes five times a week. Thirty minutes a day of moderate exercise is very manageable, even for people who have not been active.

It does not matter what kind of exercise or activity you choose.

You can swim, ride a bike, walk your dog, or garden. The only rule is that it must make your heart beat a little faster and make you breathe a little harder.

As the title of this article says, it's never too late. The British Regional Heart Study found that older men who started a program of exercise were less likely to die prematurely than men who stayed inactive. The most important thing to remember is that you must exercise today and regularly to protect yourself from heart disease. If you are older and haven't been exercising regularly, talk to your doctor before you start working toward 30 minutes of exercise every day.

It's especially important to talk to your doctor if you are already living with coronary heart disease. If you want to get more active, a good place to start is by reading Canada's Physical Activity Guide to Healthy Active Living for Older Adults. You can get a free copy online at www.paguide.com, or by calling 1-888-334-9769.

Walking more quickly than normal is a good idea of how hard you need to work. Imagine walking quickly (not running) to reach the bus stop or an appointment on time. You don't even have to exercise for 30 minutes without stopping. You could go for a 10-minute walk three times a day.

Whatever activity you choose, make sure you choose one that you enjoy. If you like doing it, you are more likely to do it every day. Resistance exercise means you give your muscles a workout. Climbing stairs, shovelling in the garden and carrying grocery bags are all resistance exercises.

At least one major study found that people who worked at getting stronger were also less likely to develop heart disease.

SENIOR LIFE

Comedian Mary Walsh gets serious about lung disease

Chronic Obstructive Pulmonary Disease (COPD) is no joke to Canadian comedian Mary Walsh.

"It's shocking that so few Canadians know about COPD, considering it's the fourth-leading cause of death in this country," says Mary Walsh, spokesperson for The Canadian Lung Association.

Walsh, best known for her side-splittlin comedy on *This Hour has 22 Minutes*, is helping raise awareness about COPD, a serious breathing disease that has affected three of her family members along with hundreds of thousands of other Canadians.

Mary Walsh

Chronic Obstructive Pulmonary Disease is a new term for emphysema and chronic bronchitis. COPD is still on the rise in Canada. It is growing in prevalence among younger Canadian baby boomer.

In fact, according to research by The Canadian Lung Association, one in seven Canadians aged 45 to 49 may currently be living with COPD, and many more may be unaware they even have it.

"People may think that feeling short of breath is a normal sign of aging, but it's not," says Walsh.

COPD symptoms include shortness of breath, wheezing, fatigue and frequent lung infections. "If you have any trouble with your breathing, go to your doctor and insist, insist on a breathing test."

COPD is diagnosed by spirometry, a simple test that measures how much air you can hold and move out of your lungs.

The good news is that COPD is treatable.

"There are many treatments that will help individuals with COPD.

The earlier the diagnosis, the more chance of reducing the longer term effects of the condition. High-risk people (smokers over the age of 40 years) should be actively screened, so that COPD can be caught earlier and better managed," says Dr. Roger Goldstein, a respirologist at West Park Healthcare Centre in Toronto, Ontario, who is a spokesperson for the Canadian Lung Association and a member of the Canadian Thoracic Society.

Early treatment can reduce the decline in lung function and improve quality of life.

A recent study published in found that treatment of COPD should begin at an early stage of the disease to slow down its progression.

Canadian Lung Association

Signs of COPD may include shortness of breath

Having a combination of the following symptoms could be a sign that a person has Chronic Obstructive Pulmonary Disease (COPD) COPD:

- Feeling short of breath.
- A barrel-shaped chest.
- Wheezing.
- Frequent, long-lasting lung infections (the flu, pneumonia, etc.).
- Feeling tired (fatigue).
- Losing weight without trying.

People might think that feeling short of breath is a normal sign of aging — but it's not. If you have these signs and symptoms, see your doctor. Ask for spirometry, a simple test that measures how much air you move out of your lungs.

The sooner you see the doctor, the sooner you can get proper treatment for your COPD.

If you are over 40 and currently smoke cigarettes, or have smoked in the past, you may be at risk for COPD.

Canadian Lung Association

SENIOR LIFE

Fire safety for Seniors

Public Health Agency of Canada

Knowing what to do in the event of a fire is particularly important for older adults. Beginning at age 65, people are twice as likely to be killed or injured by fires compared to the population at large. With the number of Seniors growing every year—it's essential that they take the necessary steps to stay safe.

To increase fire safety for older adults, the Fire Commissioner's Office offers the following guidelines:

Keep it low — If you don't live in an apartment building, consider sleeping in a room on the ground floor to make emergency escape easier. Make sure that smoke alarms are installed near any sleeping area and have a telephone installed where you sleep in case of emergency.

Test the alarm — It is important to know that your smoke alarm will work in the event of a fire emergency. Test smoke alarms monthly. Some smoke alarms are equipped with large, easy to push test buttons. Additionally, alarms that can be tested using a flashlight or television remote are particularly helpful for people with mobility challenges, people who are blind or have low vision, or for older adults.

Notice the alarm — The majority of fatal fires occur when people are sleeping. Because smoke can put you into a deeper sleep, it's important to have a mechanical early warning of a fire to wake you up. If anyone in your household is deaf or if your own hearing is diminished, consider installing a smoke alarm that uses a flashing light, vibration or higher decibel sound to alert you to a fire emergency.

Do the drill — Conduct your own fire drill or participate in regular fire drills to make sure you know what to do in the event of a home fire. If you or someone you live with cannot escape alone, designate a member of the household to assist and decide on back ups in case the designated helper isn't home. Fire drills are also a good opportunity to make sure that everyone is able to hear and respond to smoke alarms.

Open up — Make sure that you are able to open all doors and windows in your home. Locks and pins should open easily from inside. If you have security bars on doors or windows, they should have quick-release mechanisms inside so that they can be opened easily. These mechanisms won't compromise your security, but they will enable you to open the window from inside in the event of a fire. Check to be sure that windows haven't been sealed shut with paint or nails. If they have, arrange for someone to break the seals all around your home or remove the nails.

Stay connected — Keep a telephone nearby, along with emergency phone numbers so that you can communicate with emergency personnel if you're trapped in your room by fire or smoke.

Fire and Hazardous Materials Checklist

☐ Do you have a fire detector on every floor of your home?
☐ Do you test your smoke alarm every six months?
☐ Have you developed an escape route in case of fire and a fire safety plan?
☐ If you live in an apartment building, are you registered on your building's fire safety plan?
☐ Do you have a carbon monoxide alarm in your home?
☐ Are flammable and hazardous materials clearly labelled and properly stored?
☐ If you use a space heater, is it placed well away from flammable substances and materials?
☐ Do you use appropriate power bars to prevent overloading electrical outlets?
☐ If you live in an older home, have you or an electrician inspected your wiring, fuse box, electrical cords and appliances for safety?
☐ Do you have a fire extinguisher and know how to use it?

To remember to test your smoke alarm twice a year, make a habit of testing it when you turn your clocks forward in the spring and back in the fall.

SENIOR LIFE

Difficulty with conversations could signal hearing disorder

Canadian Association of Speech-Language Pathologists and Audiologists

Approximately 10 per cent of the general population, 20 per cent of those over 65 and 40 per cent of those over 75 have a significant hearing problem.

At least 80 per cent of the elderly in nursing homes have impaired hearing.

Hearing loss is the third most prevalent chronic disability among older adults, superseded only by arthritis and hypertension.

Both the incidence and prevalence of hearing loss increases with age. Hearing loss can start as early as the third or fourth decade of life. Hearing loss occurs gradually and can often go unnoticed.

The Human Ear: consists of three main parts: the outer ear, the middle ear, and the inner ear.

From the inner ear the auditory nerve conducts information to the brain with sound being translated into meaning along the pathway. This is called auditory processing.

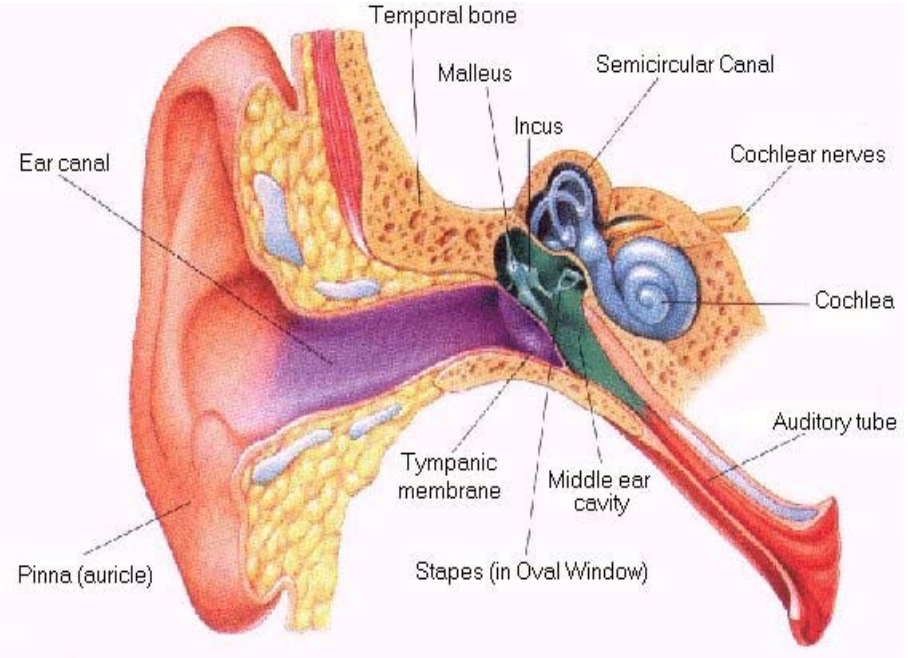
There are three kinds of hearing disorders, which are described below:

Conductive Hearing Problem

• Occurs in the outer and middle ear.

• Commonly caused by wax or fluid build-up.

• Generally temporary and is usually medically treatable.



Sensorineural Hearing Problem:

• 90% of people with hearing impairments fall into this category.

• Occurs as a result of deterioration of the inner ear or auditory nerve and is often referred to as "nerve deafness."

• Commonly caused by the natural aging process, excessive exposure to noise, head trauma and heredity.

• Usually permanent but the person can often be assisted with a hearing aid.

Central Hearing Problem:

• Associated with disorders of the auditory centres in the brain.

• Usually permanent but the person can often be assisted with auditory technical devices.

• One of the symptoms is difficulty in recognition of language with or without hearing loss.

Warning Signs of a Hearing Disorder

• Speech and other sounds seem faint and are often muffled.

• Difficulty in understanding someone speaking from a distance.

• Difficulty conversing in areas with noisy backgrounds.

• Speech and other sounds seem distorted, slurred or lack clarity.

• Difficulty in understanding speech even though it may be clear enough.

Early detection is vital! If you suspect a problem consult your Yellow Pages or visit www.caslpa.ca to find a speech-language pathologist or audiologist near you.

LETTERS TO THE EDITOR

How the abuse of my mother made her final days a misery

(NOTE: The following letter has been edited so that locations and persons referred remain confidential.)

Dear Alberta Council on Aging,

To date, I have written a very thorough complaint and filed it with a RCMP Constable of an Alberta detachment. This was in addition to a file that I opened in October 2006 because I had concerns for my mother's safety. Since filing the complaint there has been a rapid-fire string of outright and readily provable lies coming from my brother, executor and holder of the powers of attorney (POAs) as he pushes for quick settlement to my mother's estate without providing a proper accounting.

We have determined that at least $400,000 was taken from my mother's estate and have huge suspicions that it was considerably more. Plus more evidence keeps surfacing to support our contention of his abuse of my mother during the time he held the POA.

The officer with the file sees why we have filed and sees huge wrongdoing, criminal under the law. Yet his detachment insists this is a civil matter, which we were advised would happen. Finally the officer contacted the Crown prosecutor without any investigation and the Crown prosecutor tells him this is a civil matter. This file has been in an Alberta detachment for over a month and a half without any investigation or furthering on to commercial crime division as we requested. I have an e-mail to the head of commercial crime in Regina for guidance and am awaiting a reply. I am also waiting for the constable to provide the name and contact for the Crown prosecutor so that I can pursue further actions.

I don't know what you can do to assist me. The main point is that if there are no teeth in our Criminal Code and no real protection provided under the law, this rapidly growing problem will only get worse. Every bit of guidance that I read and have received regarding Elder Abuse is "talk to the Senior, etc." and basically without their support there is no help or protection.

Elder Abuse is no different from child or spousal abuse. The abused person in many cases will not do anything to point the finger at the abuser. My mother died as a result of abuse. When she was taken to hospital in severe depression after crying for several days because my brother was pressuring her to sell her condo (and in that process getting rid of all her possessions) when the doctor asked why she was so sad she adamantly denied that was the reason. At that time she had a severe wrist bruise that was swollen around her watch.

This is not the first time my brother obtained an unusual POA for a Senior and, with my other brother, was the heir of that estate. I seriously doubt this will be the last time if action is not taken. My brother is a long-term employee of an Alberta Hospital that has an extended-care wing. Will we ever know if any of those vulnerable Seniors have ever provided my brother with their POA or made him heir of their estates? POAs are not required to be registered in Alberta. If the Seniors have no close family, who would know? Without a full criminal investigation that is an answer we will never know.

This is not only about dollars and cents. This is about my parents dying because of actions surrounding this fraud. This is about ensuring that I am not a future victim. We have a huge circle of relatives in that area who are watching this situation very carefully. This is about sending a clear message to any of those who may be so inclined — one way or another. A message that is perfectly acceptable and legal behaviour or this is activity that has consequences.

I am at my wits' end about how to proceed because of all the brick walls that I keep hitting. It is made more difficult by living out of province and not being able to be in "someone's face," whoever that someone may be.

We have probably provided the RCMP with more evidence that we have accumulated on our own than any criminal complaint that detachment has ever received from an individual complainant. There is no justification for the position taken by the detachment, or worse yet, allegedly by the Crown prosecutor. Obviously if they do not have the support from the Crown prosecutor from the beginning they will surely not have it after their investigation. WHAT THE HELL DO I DO? Pardon my frustration.

LETTERS TO THE EDITOR

To give you an idea of my mother's last 3 years of her life: When my parents relocated to a condo in an Alberta city my father bought my mother a motorized scooter, even though they were half block off the main street. The scooter gave my mother her independence. Yes, she had dementia but this is a small town — when she would get lost or disoriented someone would spot her and direct her on her way.

The independence was important. Within days of my father's death she was quite the busy lady, socializing and being part of life. Within a month of my father's death, the scooter "broke down." My sister's husband offered to take it to see what the problem was and have it repaired. My mother insisted that my brother was going to do that. Never happened.

Once mom was in the Seniors' lodge there always seemed to be an issue as to where to plug it in, where to store it, or for it to be repaired — one excuse after another. She never had use of her scooter again. Upon her death we made the decision to donate the scooter to the Legion for use by another Senior. Today it is in the Lodge where Mom resided for three years for any Legion member to use. But my mother spent three years as a virtual prisoner without the use of her own scooter. She became severally reclusive with my brother visiting her each afternoon behind the closed doors of her room until she rarely got out of bed. Sound familiar ... ?

How do we get teeth into our laws? How do we get protection that works? How do we get justice for those who have suffered? How do we ensure that those who abuse cannot do it again? Whatever guidance you can offer will be most appreciated.

Name and address withheld

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Health committee overstepped its bounds in recent report

It is indeed true, as stated in the Health Committee report that was published in the Oct.-Nov. issue of the *ACA News*, that previous ACA Health Committees dealt with one issue at a time. What is not true is the implied message that there were no other issues that caused concern. Previous Health Committees felt that it was more effective to deal with one concern at a time, do thorough research, and provide recommendations that were feasible and would address the concerns of Seniors in Alberta as a whole.

Some of the work that was accomplished for Seniors is as follows:

1. Accommodation Standards were developed with ACA taking the leading role and working collaboratively with government.

2. Health Care Standards were developed in much the same way.

3. A Pharmacy Tips Handbook for Seniors was developed in conjunction with pharmacists and the Medical Association. Funding was made available by the major drug companies.

4. The training of Health Care Aides was addressed. This did not fall on deaf ears as this issue is currently being addressed and information should shortly be made available to the public. ACA has representation through Diana Anderson, who sits on the Steering Committee to develop a process to ensure that all Health Care Aides are trained by December 2010.

5. "Aging in Place" is a strategy that the Health Committee asked the government to implement. The Continuing Care Strategy is based on this idea. While there are many problems with this strategy, it is workable if the government will listen to what Seniors need. This is what the current Health Committee should be addressing right now. If this strategy is enacted in its

current format, it has major implications for every Senior in Alberta.

To state that there are too many issues is simply a "cop-out." The list of 23 health concerns relating to Seniors has incorrect information and is inflammatory and prejudicial in nature. There was no provincial consultation with Seniors to determine a "health concerns" inventory.

It takes a lot of time, energy and research to pull together a position paper that government will look at and be willing to discuss. It is possible to do, but the willingness and energy to do it must be there. It is rather like building a house. Of course, it is impossible to imagine how you can do it all at once. However, board by board it comes together. This is how the Health Committee must learn to function. Perhaps it is only one board this year and hopefully another one next year. Sometimes things do not move that quickly and you may have to work on the same board for a couple of years. In the end, it will come together and you will have achieved your purpose.

What the current Health Committee via its chairperson is proposing that ACA advocate taking on a more adversarial role is not within their mandate. ACA has always had charitable status and the conditions of this status must be adhered to or Revenue Canada will come calling and the Board of Directors will find itself in a difficult position. If the Board of Directors determines that they wish to give up charitable status, they will have to allow all ACA members the opportunity to vote on this at the Annual General Meeting. The Health Committee has clearly overstepped their bounds with the position they have taken.

If the Health Committee believes that ACA has lost its credibility, then they should take their concerns to the ACA Board of Directors. At the board level a serious discussion is needed and perhaps the role of directors examined more closely. The directors are the ones who have contact with Seniors in their respective Regions. The *ACA News* is no place to publicly denounce ACA and its charitable status, its credibility, etc. The Health Committee should do nothing without prior consent from the Board of Directors. To unilaterally decide that the Health Committee will do things the way they want to is not legitimate according to the bylaws.

There are several other groups in Alberta that claim to speak for Seniors and whose sole purpose is to lobby government. These groups all struggle with credibility issues. Any member of the Health Committee who is not content with the way ACA operates is free to leave and join these groups. If they wish to be part of the ACA Health Committee, then they will operate according to the bylaws, policy and procedures of ACA.

The higher profile is political in nature and ACA is a non-partisan organization that works with all levels of government regardless of political affiliation. ACA's goal is to maintain and improve the quality of life for Seniors. In order to have press releases or press conferences entails having a topic well researched and documented. If the Health Committee cannot do this type of work on one issue, how do they propose doing it on several issues on a regular basis? Are they proposing to supersede the Board of Directors?

If this continues to emanate from the Health Committee via its chairperson, the Board of Directors must step in and replace them. In fact, how an article such as this one was even sanctioned by ACA for inclusion in the Oct.-Nov. 2009 edition of the *ACA News* is puzzling.

Sincerely,
Edith Read, President Region 2
Diana Anderson, Former ACA President
Donna Chamberland, Former ACA President

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