



ACA News

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Celebrating Human Rights Champions

Medicine Hat's Inaugural Proclamation for International Day of Older Persons 2018



Alberta Council on Aging
working to improve the quality of life for seniors

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[Mission Statement]

To improve the quality of life for seniors and encourage their participation in all aspects of community by educating seniors and the public and by advising government

On the Cover

Gordon Nott stands beside Mayor Ted Clugston, who is signing the proclamation for International Day of Older Persons in Medicine Hat on October 1.

Former ACA Director, Yvonne Dickson explains:

“The painting (page 13) of the Nelson family barn located in southern Alberta was an exciting project. I knew this barn held some very sweet memories for the family. Since I have a rural background, and a special place in my heart for remnants of a former way of life, it caught my attention. Capturing the weather played an important part in having success with this image.”

Views expressed in this publication do not necessarily reflect those of ACA. The council reserves the right to condense, rewrite and reject material.

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President's Report



Things have been pretty quiet since my last report to the ACA membership at the Annual General Meeting in Edmonton in June. I hope you all had a great summer. Funny how summer races by, then winter seems to walk!

But, summer is over, and it's back to school time – and not just for students!

The Board has completed the second strategic planning session, mapping the Council's direction for the next five years. Thank you to members who provided input regarding the direction ACA should take to remain a vital seniors' organization into the next decade. Stay tuned for Strategic Plan 2018!

And now a request: ACA is currently without directors in Region 3 (west central), Region 7 (southwest) and Region 9 (east central). If you, or someone you know, is interested in getting involved with ACA at the Board level, please contact us. We'd love to hear from you!

In closing, I wish to thank the board members, regional executives and office staff for their patience and guidance – it's very much appreciated.

Respectfully submitted,
Ron Rose

Lest we forget Remembrance Day Sunday November 11



Executive Director's Report

Let's Talk Ageism AND Human Rights!

This September at the annual Grey Matters Conference, hosted in Calgary, I was delighted to share facilitation of our recently developed program **Let's Talk Ageism**. The way in which we are presenting is modern, however much of the concept was sitting waiting for us in the ACA's Senior Friendly™ training program. When this program was developed in the late '90's by older people themselves, it was identified myths, stereotypes and discrimination lead to ageism. An important addition to the materials is based on Dr. Sheree Kwon See's research that points to the internalized ageisms, often from childhood, we may carry and that they greatly influence how we age, how we think about aging and how we regard older people.

The conference room was full and fully charged. It would seem older people and the people providing services are ready for this conversation.

Co-facilitator Iman Bukhari, a millennial immigrant, from the Canadian Cultural Mosaic Foundation



brought so much to the table, acknowledging she was learning from us as we work together.

Then, October 1st found us at the Federal Building in Edmonton for the proclamation and flag raising for International Day of Older Persons (IDOP). This is an excerpt from our short speech on behalf of the board of directors:

This year, Alberta Council on Aging invites all levels of government and the general public:

To shift perceptions of what it means to age,
grow old and put a positive spin on the natural full life experience

To eliminate ageism through supporting policy and campaigns that increase awareness
around aging stereotypes, discrimination, and myths that negatively impact the lives of older people

To ensure the provision of adequate resources for dignified living as people grow older;
including resources for housing, health care, transportation, social and recreational opportunities

To ensure policy and legislation clearly protects older persons from the violations of human rights.

In 2017, International Day of Older Persons was formally recognized for the first time in Alberta through ministerial declaration. Now it will occur annually and in perpetuity. We absolutely link the work on ageism with the recognition of older champions through the IDOP proclamation. Human rights will be applied to all older persons, worldwide, for starters when we eliminate ageism.

Respectfully submitted,
Donna Durand

Ageism

The Dance of Marginality and Irrelevance



Alice Fisher, political social worker, speaks of an older person who says he will face many things as he ages including death yet the idea of being irrelevant is the most terrifying.

Elder Orphans

By Jane Calderin



Have you ever been asked, on a form you're filling out, or in person, who your emergency contact or next of kin is? Have you ever been discharged from hospital, and been asked if there's anyone at home who can provide care for you? For a lot more people in Canada than the general public may be aware of, there are plenty of people who would only be able to answer "no" or "I don't know" to questions like this.

In 2016, Dr. Maria Toroella Carney, a doctor at Long Island Jewish Medical Center in New York, published an article in the *Current Gerontology and Geriatric Research* journal describing a demographic phenomenon that is increasing and likely to become more of a problem as boomers

An elder orphan is a person living alone with little or no support system

become seniors. According to Dr. Carney, elder orphans are "aged, community-dwelling individuals who are socially and/or physically isolated, without an available known family member or designated surrogate or caregiver."

In other words, an elder orphan is a person living alone with little or no support system. This means that there are no family members who can take on the role of medical or financial trustee, or personal caregiver. This can be due to death, disability, estrangement or geographical distance. Elder orphans are usually childless and single. An elder orphan may be described as having "low social capital", as described by Robert Putnam, a professor of public policy at Harvard.

This issue has only been on the public radar since about 2015, even though it has been brewing for decades. Though it has been flagged as a significant problem for society that is only likely to get worse, it doesn't appear that there has been a major, coordinated effort to help solve this yet. There is a patchwork of small-scale services for elder orphans which is localized and based on the assumption that elder orphanhood is a rare occurrence. At the time these services were created, this may have been the case, but it is no longer true today. One other

observation worth noting is that unlike earlier generations, boomers are more likely to be computer literate, net-connected and fiercely independent, which may influence how this demographic could be best served. That said, some seniors may lack computer literacy skills and it is important that these people not be left behind when attempting to access services.

Being hospitalized suddenly, and not having anyone who can take care of pets left home alone or take care of other tasks that need to be done for running a household can be an issue for elder orphans. Additional stressors to this include having no one to advocate for the person and ensure that their personal directive is followed, and assumptions on the part of hospital staff that everyone has a family member at home who can help with caregiving. This may lead to the situation of a person being well enough to be discharged from hospital, but not quite able to take care of themselves on their own.

When elder orphans are discharged, they may find difficulty accessing home care in a timely manner, and a lack of adequate housing options when constant caregiving is not required but home support is needed when living alone. An inability to find or access services that have sufficiently informed staff about elder orphans' need for privacy and autonomy.

When applying for housing or other services, many people are asked for an emergency contact person, but an elder orphan may have no one they can name, which could lead to being denied housing or services, or falsifying information to prevent being denied.

One person named her dog
as a contact!

An unwillingness to burden friends or acquaintances with responsibilities that usually fall to family members can make it challenging for these individuals to find the support they may require.

What Will Help? Who Will Help?

- Identifying other sources of support—formal and informal—such as neighbours, clergy, friends
- Establishing community supports and programs to reduce social isolation
- Providing help with daily caregiving, advocacy in urgent situations and prevention of elder abuse can help meet elder orphans' needs
- Educating health care professionals and social workers to be informed about the existence and needs of elder orphans
- Expanding legal, financial and social support available for non-family persons who provide caregiving services

Pharmaceutical Benefit Program Highlights

By John Bachynsky

A provincial drug benefit program should provide access to appropriate medication and promote the appropriate use of the medication. This is the basis for best practices and value for money.

Proposals to government for expanded drug benefit programs are being met with the response “We have no money”. There is, however, a commitment towards a comprehensive drug benefit plan. It would benefit the government to initiate some progress in this direction.

It is recommended that a proposal be developed based on the basis that some changes need to be made to control costs.

Reasons why changes are needed:

1. **Overuse of medication** is expensive and results in increased hospital admissions
2. **Underuse of medication** is expensive as it results in high health care costs for untreated conditions
3. **Lack of access** to medication results in premature deaths
4. **High medication costs** cause family bankruptcy
5. **Cost containment** for the drug budget shifts more costs to other parts of the health care system
6. **Pharmaceutical products and systems are changing** and need corresponding changes in programs.
Generic use for specialty products does not exist
7. **Plans for future drug programs** need to be initiated with a structure linked to a federal/provincial system
8. The **current patchwork system** is unfair, expensive, unsafe and outdated

Funding a program based on negotiating lower prices is a fallacy. The initial reduction in price is an immediate benefit but is short acting and insignificant to the resulting costs that are generated from more people using more medication for a long time.

Planning a future program is not beyond the financial capability of Alberta Health.

The historical approach to controlling drug expenditure required the use of generic copies of leading products. This has been done for 60 years and each year is again raised as the best approach. For the past 40 years bulk purchasing has been advocated to reduce prices. The focus on price alone is part of the problem.

In examining best practices with respect to medication it is noteworthy that the focus is not on the drug but on the system of diagnosis, prescribing, adherence, and outcome.

All of which are part of an electronic medical record system. This allows the monitoring of prescribing based on clinical guidelines, the adherence to therapy by the patient and the outcomes.

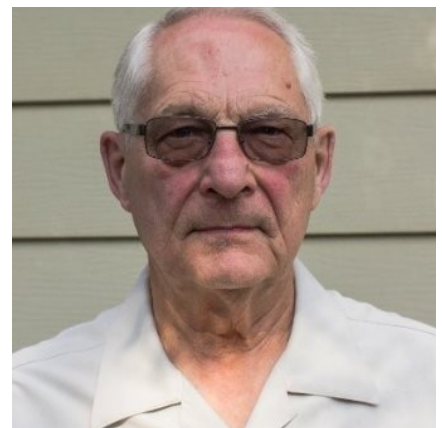
Substantial drug savings can be achieved through the proper use of medication. To improve drug use the systematic review of prescribing based on clinical guidelines should be initiated. The provincial Expert Committee would be responsible for the updating and certification of guidelines. Performance standards in the Primary Care Network (PCN) would include prescribing guidelines. Patients on several medications would have a PCN case manager to guide prescribing. Complex cases would also be monitored for quality of care. Since drug expenditures are highly skewed with a small proportion of patients accounting for high proportion expenditures this approach would have the greatest impact on pharmaceutical expenditures. Similarly, Quality Care, now adopted in Saskatchewan, is less expensive care with favourable results.

The benefit from utilization management is also evident in the pharmacist directed reduction in the use of antipsychotic medication in long term care facilities. This led to a reduction of 25% for drugs in this category accompanied by improvements in health.

Editor's Note: This article has been edited and condensed. Contact the ACA office for full article.

About Dr. John Bachynsky

John Bachynsky dedicated much of his life to educating and helping others to educate pharmacy practitioners. He was a key player in the development of a pharmacy curriculum and standardized testing in the Caribbean and he initiated ties with pharmacy schools in Japan.



Difference Between Loneliness and Social Isolation

Loneliness and social isolation are important topics affecting many older adults, but did you know they are not the same thing? Social isolation means you do not have enough people to interact with, whereas loneliness is how you think about or perceive your situation. Someone who feels lonely may have family and friends nearby, but still experiences feelings of loneliness. It is important to note that loneliness is not the same as depression.

The feeling of loneliness can be transient, in relation to life events, but it can also persist when declining physical and cognitive capacities prevent seniors from seizing opportunities to socialize. Loneliness can have implications for one's health, in part because of reduced mobility.

Loneliness can be as strong a risk factor for dying prematurely as smoking, obesity or lack of physical activity

Mental health implications can include low self-worth and negative thinking.

Healthcare and social care professionals, friends, family members and neighbours can help to reduce social isolation by first identifying isolated older adults. They can also help to break the cycle of loneliness by seeking to understand a person's circumstances and why they may be feeling lonely. For individuals who are isolated, joining groups in the community and volunteering may help broaden their environment and provide opportunities for social engagement.

— McMaster University

Tips That Can Help an Older Person Make Meaningful Connections

- Say "hello, how are you?"
- Walk with someone! Getting outside of the house and spending quality time with another person can combat feelings of loneliness
- Call or use the Internet to communicate
- Offer a ride, or assist with using public transportation
- Share a meal
- Shovel a sidewalk or a walkway. Work together if possible
- Volunteer together. Encourage meaningful connections
- Promote a sense of purpose. We all need a reason to get up in the morning and to have something to reflect upon at night

— City of Edmonton

Government of Canada announces Federal Seniors' Ministry

On July 18, 2018 the Government of Canada established a Seniors Ministry and first time MP Filomena Tassi was sworn in. She is a former chaplain and corporate lawyer. Marked by her experience with her own mother, Minister Tassi hopes to be the voice for seniors.

The Government of Canada has a broad national seniors agenda which involves initiatives to advance four policy objectives:

- Improving the income security of seniors;
- Improving seniors' access to affordable housing;
- Promoting healthy aging and improving access to health care; and
- Fostering the social inclusion and engagement of seniors

“There is more work to do on ensuring seniors have financial security, affordable housing, home care and accessible services. Those are all areas where I think collaboration is really, really important because some of these involve provincial overlap and we want to ensure we collaborate with all levels of government and organizations who are working with seniors to make sure we get it right”.

– The Honourable Filomena Tassi, Minister of Seniors

Most recent census figures show for the first time that there are more Canadians over the age of 65 than 14 and under. 17% of Canadians were seniors in 2016, a number that is expected to reach 23% by 2031. For many years, seniors advocates have been calling for national plans that would benefit seniors.

Four Good Reasons to Have a Federal Seniors' Ministry

1. National Pharmacare Plan
2. National Housing Plan
3. National Seniors Plan
4. National Dementia Plan

[Celebrate Peace Country Artists]



Teresa Durand completed a Bachelor of Education Degree with a Secondary level specialization, majoring in Fine Art from the University of Alberta. Teresa's current work is completing a two year run with the Alberta Foundation for the Arts Travelling Exhibition Program.



Yvonne Dickson was born and raised in Grande Prairie. She sees beauty and inspiration in what surrounds us in our daily lives. She has been an experiential learner with art, taking classes through college and workshops. The bulk of Yvonne's work has a Peace Country theme.



In Pursuit of the Perfect Hairdo

By Moneca Wilson

"Do you ever marcel hair?" I asked Lyla, my hairdresser, last week as she fussed with my hair. It was definitely in need of her expert touch.

"Marcel?" she said, "what on earth is that?"

"It is a style, a way of curling hair that was used years ago. I believe it was very popular," I replied.

"Never heard of it," Lyla said in such a dismissive manner it had me mentally questioning my facts.

When I got home I looked the word up in the dictionary.

"Marcel," it said there, "to dress the hair in even, continuous waves by means of special irons." When Mother and my aunts were trying to accomplish that feat at the dawn of history, my history, they were into style.

I remember marcelling being an issue of some importance among the women in our household, even though by then, that particular style may have been passé in the fashion capitals of the country. Because of geography and poor media we were always a little behind in such important matters. Aunt Bertie, who was in grade 12 that year, was heavy into marcelling. When she lost the special iron, she improvised, carving deep and sharp waves into her blond hair using bobby pins, and these dried into shape as she did chores around the farm. I don't know if she impressed the local swains. She did impress me.

But time moved on and the method of curling, styling, twisting and bending hair changed. The next method, as I remember, was done with a simple curling iron. It was a scissor-like tool, different from the rectangular shaped one used for marcelling. Sometimes it was jokingly referred to as a branding iron for the hot iron could burn or singe hair, scalp, or an ear. But generally, turning the hair around the iron was done with great care to avoid such calamities. It was heated by placing it on a hot stove or, more often, it was carefully inserted into the top of the glass chimney on a lighted kerosene lamp. Grandmother did not approve of that risky procedure, concerned not for the hair but for the chimney. More than one was sacrificed to the pursuit of vanity. Today a sophisticated electric version is in common use.

My hairstyle was simple then: straight with bangs cut across my forehead. When I started school it was curled for special events. Between a multitude of duties, Mother found time to put my hair up in rags.



Moneca, 7 or 8 years

That was a tedious procedure for both of us. I held one end of an eight-inch strip of cloth on the top of my head while she wound a piece of hair around it and then tied the two ends together. These knots of hair and cloth bobbed on my head and interfered with my sleep. In the morning they were unwound and the rags saved for future applications. My hair was supposed to look like Shirley Temple's golden ringlets, but it never quite turned out that way. Nevertheless, I felt quite lovely with my head of fuzzy curls.

After the war, an enterprising young woman from up the line brought her waving machine to our village and set it up in one of the homes. It was a large apparatus that stood behind the chair where I, the customer, sat. Numerous heavy cords reached down from it like tentacles and clasped onto my hair. Captive, I sat there for the allotted time while the rods on the end of the cords heated up and strange smells emanated from the process. Finally, when the rods were removed, I was relieved to see that my hair had not vaporized. It was transformed into tight little curls that required a year's growth to undo. Soon a more refined version of that waving machine attracted lots of customers to the small Beauty Shoppe on Main Street in the nearest town.

Hard on the heels of that revolution came the home permanent. We bought the makings at the drug store, and then cajoled a relative or neighbour into spending part of an afternoon to roll and dab and rinse. We had the curls we wanted and saved a trip to town. Sometimes the outcome of this do-it-yourself venture was less than desirable, such as the time Mother's hair was made crisp and many colours lighter than normal.

The drought and Depression years presented new challenges to everyone. Mother and my aunts had to improvise new methods and solutions for their beauty regime. And that they did with ingenuity and humour. I don't think I could rise to such a challenge; I am happy to put my crowning glory in the capable hands of Lyla who is well versed in modern hair care. Besides, who needs a marcel anyway?





Facebook and Privacy

Social media continues to rise in popularity and Facebook remains the giant of this industry. It's the place to go to find pictures and videos from friends and family, to share funny pictures, and to catch up with people you may not see regularly. There are Facebook groups for just about every hobby under the sun, support groups, or even just groups that people have made for friends and family members.

Privacy settings and controls on any social media site are always changing. What this means is that things we share and post online may not be as private as we thought they were. Even the ability to find us online by our name, email, or phone number may be distressing to some people. How do we control what is made public on Facebook and how we can be found online?

Fortunately, Facebook has increased transparency, making managing your privacy settings an easier task.

Profile

Your profile page is the meat of your Facebook. This is where information about you is shared—your email address, birthdate, hometown, relationship status, etc. This information can be used to help you find other people from the same class you graduated from, people from your hometown, or to send birthday reminders to your “Friends”. However, much of this information is also frequently used as answers to security questions and can make it easier for people to steal your identity.

Most of this information can be set to “hidden” or as “only available to Friends”.

Posts

When you share something, or “post” it, on Facebook, there is an option to choose who you are sharing with. You can set your default posting to “Friends”, keeping the items you share only visible to those who you have added as a “Friend” on Facebook. You can also make changes on individual posts as you require. Public posts can be useful for information that is intended to be shared (items for sale, open letters, or funny videos, for example).

For most of us, there isn't a need to share everything with the public setting. This is especially true when we post personal and sensitive information about our lives.

Games, Programs and Websites

Facebook uses programs (apps), such as games for example, and offers the ease of signing into other websites through your Facebook profile. When you first sign up for these apps and websites some of the items you may give permission for is to post on your behalf, access your personal information and

connect with “Friends”.

It is a good idea to check which apps and websites you have given Facebook permissions for, remove those you no longer use, and if you don’t want apps or websites to post on your behalf, to set those post settings to “Only Me”.

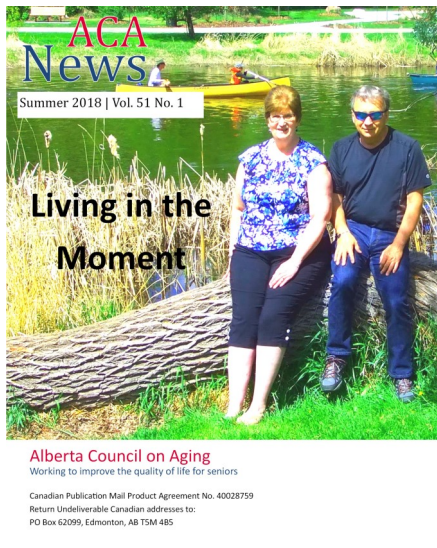
Apps and websites that you remove will no longer be able to access your data moving forward but may still hold onto your data from before you removed access. In these cases, you may need to contact the app or website developer and request they remove your information.

Privacy Settings and Tools

Changing the privacy settings for your activity and how people find and contact you can make your profile page readily available to everyone, or restricted only to people you have already “Friended”. The more secure your Facebook is, the more difficult it is for strangers to find you and send a friend request, and the more secure your personal information will be.

To get to the **advanced privacy settings**, click the drop-down arrow in the top right on any Facebook page, click “Settings” and then “Privacy” in the left navigation column. The most secure settings for how people can find you is to set everything to “Friends” or “Only Me” and to uncheck the box that allows search engines to link to your Facebook profile.

It is important from time to time to review your privacy settings to ensure that your information is protected and that only the people you want to see your photos and videos will be able to see them.



"Great newsletter! I already made use of it with a neighbour who talked about her husband’s recent diagnosis. I shared the 811 article and Jody and Dave’s story for support."

B. Taylor

“I absolutely love the “Let’s Talk Dementia toolkit”, I plan to utilize this when educating the community.”

— Celine Jensen, Therapy Aide

Proposed Legislation: Accessible Canada Act

On June 20th, the Government of Canada introduced Bill C-81 in Parliament, the Accessible Canada Act: An Act to ensure a barrier-free Canada. The goal of the proposed Accessible Canada Act is to ensure everyone, regardless of their abilities, can fully participate in our society and our economy. As part of the introduction of Bill C-81, our Government is investing approximately \$290 million over six years to further the objectives of the legislation.

To support the development of the Accessible Canada Act, the Government of Canada held the largest and most accessible consultation on accessibility in Canada's history, engaging with more than 6,000 Canadians, advocates, and leaders of the disability community from coast to coast. The proposed Accessible Canada Act is a testament to the advocacy and engagement of the disability community.

Once approved by Parliament, the Act would add to the existing rights and protections for people with disabilities, including the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act and Canada's approval of the United Nations Convention on the Rights of Persons with Disabilities.

Staying Well Through Flu Season

Alberta Health Services recommends getting the flu vaccine as your best defence in fighting influenza.

The following strategies may help you stay well:

- Wash your hands frequently, especially after blowing your nose, coughing, sneezing, being with ill people and especially before you eat
- Avoid sharing objects
- Avoid touching your nose, mouth and eyes
- Get enough sleep and avoid getting "run down"
- Reduce stress
- Use tissues for coughs and sneezes and dispose of them immediately and appropriately
- Eat right and get regular exercise
- Avoid crowds and keep your distance from people whom you know are ill
- If you are sick, avoid contact with the frail, very young and elderly
- If you are sick, stay home

What have we been up to?

Seniors' Health Research Priority Setting Partnership

Donna Durand attended the full day meeting at University of Calgary to determine by committee, the top 10 areas of research on seniors health.

Age-Friendly Community of Practice Teleconference

Staff attended the September teleconference. We have since applied and been welcomed on to the Age Friendly Community of Practice committee.

Primary Health Care Coalition for Integration

The group continued to meet with the goal to improve transitions of care for all Albertans.

Alberta Dementia Strategy, Alberta Health

Donna met at Suzanne Maisey to discuss ACA programs and grassroots efforts to disseminate basic information about dementia.

Edmonton Seniors Coordinating Council Transportation launch

Staff attended the launch to hear more about the proposed changes to bus routes and private alternatives that are proposed solutions.

Amalgamated Transit Union

Donna met with Mark Tettersington, president of the Amalgamated Transit Union, to discuss their campaign to re-visit Dial a Bus as a possible solution to addressing less active bus routes and potential elimination of 100 routes in the city of Edmonton.

Strategic Planning Session

Day two of the planning session helped the board of directors and staff identify areas of priority from succession planning, recruitment of officers, through to talking points, publications, presentations, and programs. Committees will be struck and sleeves rolled up! Kim Ghostkeeper of Community Development was a joy to work with. Her final report will be coming in soon and the freshly minted strategic plan will be announced and posted on the website.

Grey Matters 2018: Let's Talk Ageism! A Collaborative, Community Approach to Change

Our Let's Talk Ageism uses discussion, visuals, and exercises to bring awareness to ageism and how it leads to harm. It also allows participants to explore their own perceptions and attitudes about aging and older people. We are grateful to Canadian Cultural Mosaic Foundation for partnering with us on design and program delivery.

International Day Of Older Persons Campaign with Alberta Federation of Union Retirees

Together we promoted the day. Prior to that we had a letter writing campaign to invite the municipalities to take part in celebrating human rights champions in their own communities and worldwide.

Tips for Ensuring Your Claim Gets Paid

By Johnson Inc.

The media love stories about huge travel insurance claims that are denied, leaving people with medical bills they have no way of paying. It sells newspapers and, sometimes, regrettably, this does happen. The truth, though, is that the overwhelming majority of travel insurance claims get paid with no problems.

That said, there are things that you can do to increase the likelihood that your claim will get resolved, and reduce the stress in an already stressful situation.

When purchasing

Spend the time up front

Insurance companies ask you to complete an application form and, depending on your age, sometimes a detailed medical questionnaire. Answer all questions honestly and err on the side of giving them too much information. Even things that seem trivial to you may be important to them. It's a good idea to go over the questionnaire with your doctor to ensure that questions about your medical history and medications are correct.

In the event of a claim, the insurance company will review your medical history and if they discover something they didn't know about, your claim may be denied.

Before the trip

Read your policy

Before you leave, be sure you understand what you are and aren't covered for, how to file a claim, and what is meant by a pre-existing condition. If you aren't sure about something, call your insurance broker or the insurance company directly and ask to have it explained.

Note any medical changes since you bought the policy

If you've been to a doctor because you were ill, or changed your medication, in any way, after you purchased your insurance, but before you leave, your policy may have been invalidated. Contact your insurance company and explain what happened and ask if there is any impact to your policy. You may be able to alter the policy, even the day you leave, but if you don't, you may be travelling on a policy that will no longer cover you.

Put the contact card in your wallet

Make sure you have this card and know where to find it all times while on your trip. If you don't have multiple copies, make some and give a copy to each person you are travelling with so they have this information, too. It's also a good idea to take your insurance broker's or travel agent's contact information with you as well, in case there is an issue they can assist with while away.

Add your insurance company contact to your mobile phone

Many people travel with their mobile phones and tablets these days. If that's you, make sure the emergency contact information is programmed into

the contact file on your device. You may even want to put it on your home screen so it's easy to find in an emergency.

After leaving

Keep all your receipts/tickets/documentation

Don't throw anything away. For the sake of organization, you may want to have a file or a suitcase pocket identified to store these in, or even take pictures of them on your smart phone as backup. These can serve as proof of location or expenses, and you will likely be asked to submit original documentation for any claim you submit.

If something happens

Call your insurance company immediately

Whether it's a broken leg, a bad cold, or some lost luggage, call your insurance company anytime something happens that might result in a claim.

Many policies state that you must call in the case of medical emergencies and the definition of medical emergency can be broad and may include anything for which you seek medical attention. So, call even if you think it might not apply.

You can even call for things you won't be claiming just to take advantage of the 24/7 telephone support. Many companies employ nurses on those lines who can help you find a nearby clinic or answer any other questions you may have about your condition or your policy. Even if the medical emergency is not covered, this team can often help you through it. This is part of the service that you paid for.

Alert the authorities

Preferably within 24 hours of an incident for any lost or stolen items. Your insurance company will want evidence from police reports or airport lost luggage forms when investigating your claim for lost or stolen items.

During the claims process

Follow the instructions

On your policy document and those from the insurance company's assistance team. You will be advised on your treatment and follow-up as well as how to submit your claim. Following their advice to the letter will help speed up the claims process and ensure you don't miss any steps that cause you headaches during the process.

Submit documents promptly

There are time limits for submitting claims and supporting documentation. They vary by company, but it's best to submit everything as quickly as possible to avoid missing a deadline and to get your claims settled as soon as possible.



San Giorgio Maggiore - Venice, Italy

[Getting Your House in Order]

Preparing for the Inevitable

It's a fact of life that we're all going to die. You can make things a lot easier on yourself and your family if you get everything in order now.

Write Your Last Will and Testament

Your last will and testament is a document that designates what happens with your property, guardianship of your children, and names the person (executor) who carries out your wishes after you die. If you don't own a lot of property, a simple will is likely all you need.

It's possible to draft up a simple will on your own, but it comes with its own set of pros and cons. When you're drafting your will, you'll also name your executor. After you die, this is the person who handles your estate (all of your property), finances, debts, and everything else. Your executor is a person you would trust to handle your estate when you're alive. Once you die, a probate court will officially give power to your executor to handle your affairs.

To make the will legally binding, you'll usually need to get signatures from at least two witnesses who aren't beneficiaries listed in the will and it's advisable to get it notarized by a notary public.

Organize Your Finances, Life Insurance, Bills, Debts, and Everything Else

While the bulk of your assets are distributed on your will, you still have a lot of financial obligations

out in the world. Naming an executor on your will and a power of attorney is just one step. It's important to get your finances organized so your executor can find what they need.

To make the process easier when you pass away, it's a good idea to gather your debts (especially big ones like your mortgage, car loans, or credit cards) in one place.

Outline the Funeral or Memorial Service

If you want something specific to happen at your funeral or memorial service it's a good idea to put it in writing, and let your family know your wishes. Here are a few things worth considering:

- If you want a burial, you need to find a grave plot. You'll need to contact a local cemetery and purchase a plot if so. If you want a specific cemetery or plot, the earlier you do this step the better
- If you want cremation, you'll work with a funeral director, so contact a local funeral home and arrange any details with them
- Decide if you want to pre-pay for any arrangements

It's common to add these details to the will if you want to make sure your wishes are followed.

Set Up a Master File of Everything

Once you have your paperwork sorted, wills filled out, and everything else, it's time to create a master file you share with your executor. This includes everything about your life, so keep it in a safe place such as a safe deposit box.

Master File of Everything Checklist

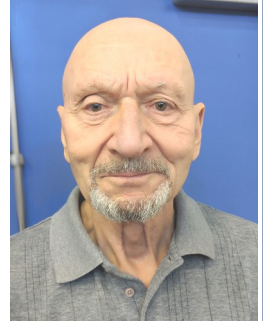
- ☐ Will Benefit, etc.)
- ☐ Letter of instruction regarding memorial or funeral
- ☐ Birth certificates
- ☐ Marriage certificates
- ☐ Citizenship papers
- ☐ Divorce/separation papers
- ☐ Adoption papers
- ☐ Social insurance numbers/cards
- ☐ Passports (numbers and expiration dates)
- ☐ Driver's licenses (number, expiration dates)
- ☐ Military records
- ☐ Names/address/telephone numbers of healthcare professionals
- ☐ Healthcare Goals of Care, Personal Directives (living wills)
- ☐ Medications (dosages, name of prescribing physicians, pharmacy, address/telephone)
- ☐ Address and phone numbers of hospitals of choice
- ☐ Social worker or caseworker names and contact information
- ☐ Passwords, web sites and other digital information
- ☐ Income sources (retirement and/or disability benefits, CPP, OAS, Alberta Seniors
- ☐ Financial assets (institution names, account numbers, address/telephone, form of ownership, current value) of cash, bank accounts, stocks, bonds, mutual funds, money market funds, retirement and pension plans, annuities, life insurance)
- ☐ Real estate (property addresses, location of deeds, form of ownership, current value)
- ☐ Other assets (location of items/titles/documents/form of ownership, current value) including automobiles, boats, inheritances, precious gems, collectibles, household items, hidden valuables/items in storage, loans to family members/friends)
- ☐ Liabilities (creditor institutions, address/telephone, approximate debt) of mortgages, personal loans, credit cards, notes, IOUs, other)
- ☐ Trust documents
- ☐ Any additional documents, messages, instructions (guardianship of children under 18, pets, etc.)

Meet Volunteer Nick Chrapko

Nick Chrapko was recently selected to represent Alberta Council on Aging as a part of the Age Friendly Edmonton 2.0 Committee.

A long-time, active member with Alberta Council on Aging, Nick previously served as president for region 9, working closely alongside regional directors, and reporting facts and findings that were then passed along to the provincial board.

Nick has recently moved from Vegreville to Edmonton where he has continued to be an active volunteer with Alberta Council on Aging. We look forward to sharing his reports in upcoming issues of ACA News.



Regional Reports

Region 1

During Seniors' Week in June we held our 2nd annual Picnic in the Park. Our focus this year was "Healthy Seniors" so we set up different activity games for people to participate in. The turn-out was small but enthusiastic!

In July we had our executive meeting where we decided to visit some of our senior facilities to bring awareness about ACA. We visited two facilities and shared our programming opportunities.

On September 14, we arrived in Fairview to offer the Recognizing Fraud program. The discussion was lively and the information was greatly appreciated.

We met on September 24 to review the provincial strategic plan and to discuss a networking project being put forward by one of our members. November 19 will be our membership drive meeting and we hope to entice more members to renew and join ACA.

It is encouraging to know that our early snow storm did not dampen our spirits.

Respectfully submitted,
Jennifer Wrzosek

Region 4

We supported a successful casino for Alberta Council on Aging in June. As a result of this casino ACA has received about \$74,000 which will be used in support of programming over the next two years. Thank you to all the volunteers, many from region 4 who helped in this success.

In late June, ACA was one of the groups attending a Seniors Advisory Forum sponsored by the Alberta Ministry of Seniors and Housing. The three topics discussed at the session were; caregiver supports, financial supports for seniors, and diverse seniors populations. The session provided much good input to the Ministry. Our concern remains that we are unclear how this input will be used.

The summer months were very quiet. Things have picked up again in September. On September 14th we attended a Seniors Task Force meeting. The main issue discussed was the slow progress towards a national or provincial strategy for coverage of prescription drugs. This will remain a focus for the next meeting scheduled for late October.

Region 4 sponsored a booth at the September 24 Seniors Housing Forum in Edmonton. Several hundred people dropped by during the forum. The key issues commented on centered around navigation in the system for seniors needing health care, housing and soft supports.

Respectfully submitted,
Gary Pool and Gail Hiller

Region 5

After the summer holidays Region Five started the fall and winter program with a presentation on the merits of Pharmacare and how important the adoption of such a program is to the population of Canada. This timely program was organized by the Red Deer Chapter of the Council of Canadians. The guest speakers were Dr. Brian Inglis, a central Alberta physician, and Peter Lam, a Red Deer pharmacist. After the presentation there was an informative Question and Answer period which was enjoyed by an audience of over 70.

The October meeting will be the Annual General Meeting for Region 5 at which time the new Board will be elected. The nomination committee is facing the same challenge as the Provincial Board in getting nominations for directors and recruiting members.

Respectfully submitted,
Keith Sterling

Region 6

Frank Hoebarth recently shared that he was advised that the Calgary HandiBus Association will cease operations in early 2019. Remaining funds (approximately \$1,000,000) will be transferred to a fund within the Calgary Foundation. Terms of use are being developed and will focus on assistance for people with disabilities residing in Calgary.

Since its inception in 1971-72, Calgary HandiBus received \$28.5 million in donations to purchase 437 buses and, along with funding from the City of Calgary (Calgary Transit), was able to deliver over 16 million trips!

I responded to a request for information and support that came online and was redirected to our region. I provided a listening ear and suggested resources. Initially the caller was frustrated and expressed she was being pushed to complete her life plan. She worked this through and did tend to the paperwork and legalities, with confidence.

Donna Durand and I met with Raynell McDonough, Issue Strategist with City of Calgary, to discuss the Age Friendly Neighborhoods initiatives and the provincial Age Friendly Community of Practice. Raynell seemed receptive as we explored possible synergies. We all agreed as a non-partisan organization, ACA is positioned to contribute and respond to issues experienced by older adults in Calgary. We also attended a Meet Up at the Southland Leisure Centre where the topic of discussion was Ageism, and changing the perceptions of aging. Both meetings involved some great discussion around our mutual goal – to improve the quality of life for seniors.

I recently shared an invitation from the Elder Service Corps to attend their Town Hall on September 18th. ACA is not a member with the Elder Service Corps in Calgary, yet we do share a similar mission and vision. Information sharing is a wonderful thing!

I attended the Grey Matters conference in Calgary this month, representing Region 6.

As always, I welcome your feedback and comments. Please reach out if Frank and I can be of assistance to you!

Respectfully submitted,
Brenda Josephs



Brenda Josephs and Angie Catenacci, Age Friendly Calgary Administrator at the Meet Up Calgary in August

Region 8

Since my first report in the spring ACA News, there have been some exciting times and I continue to learn more about the opportunities to improve the quality of life for seniors through Alberta Council on Aging.

On July 16th, I took part in working the Edmonton Casino, a major fundraising event for the ACA. I attended the 51st ACA Annual General Meeting in Edmonton on June 18th. The following day, a Board of Directors meeting and strategic planning session gave me the opportunity to meet everyone for the first time and put faces to names.

There was great excitement amongst our seniors in Medicine Hat on July 24th. After five years of planning and decision making, approximately 250 persons gathered for the official grand opening of the reconstructed Seniors Centre (Veiner Centre) lost in the 2013 flood. It is a beautiful, multifunctional centre that the seniors of Medicine Hat can be very proud of. Medicine Hat is well known as a community of choice for seniors to live and this new centre will be an added incentive. The Strathcona Centre, located nearby and used as the temporary “hub” for activities during the past five years, is being renovated to incorporate a fitness centre and multipurpose meeting space.

The second stage of our ACA strategic planning process was held September 17th in Edmonton. I felt the session was very fruitful in that we are beginning to hone in on a plan that will see us operate effectively over the next five years. The following day, the Board of Directors met for its fall round table meeting.

Medicine Hat Seniors Services celebrated “Active Aging Week”, September 24th – 28th, through daily events.

The City of Medicine Hat is pleased to be hosting the 55 plus Summer Games in 2019.

I continue to seek opportunities to connect with more seniors in other communities within the Southeast Region and would welcome any information about activities planned in your area.

Respectfully submitted,
Gordon Nott



Gord taking care of business at the Strategic Planning session

[Recipe]

Warm Couscous with Roasted Fall Vegetables

Serves 6

Ingredients:

- 4 cup cubed squash or sweet potatoes
- 1 red onion, chopped
- 2 garlic cloves
- 2 tbs olive oil
- 1 cup cooked chickpeas or kidney beans
- 1/2 cup diced red pepper
- 1 1/2 cup vegetable stock or water
- 1 tsp ground cumin
- 1 cup couscous
- 1/2 cup frozen peas, thawed
- 1/4 cup white wine vinegar
- 1/4 cup vegetable oil
- 1 tsp dried oregano
- 3/4 tsp salt
- pinch of cayenne pepper
- 1/2 cup chopped parsley or coriander

Directions:

1. In a 9x13 pan, toss squash, onion, garlic, oil
2. Roast at 400* for 20 minutes
3. Transfer to large bowl
4. Add chickpeas and red pepper
5. In a saucepan bring stock and cumin to boil
6. Stir in peas and couscous
7. Remove from heat, cover, and let stand for 5 minutes
8. Fluff with fork, sprinkle over squash, add other spices and ingredients
9. Toss with coriander
10. Serve warm



What is Couscous?

Couscous is a pasta made from semolina flour mixed with water. The process of making couscous used to be extremely labor-intensive, requiring hours of drying in the sun, but most couscous today is produced by machine. The couscous you buy in grocery stores has been steamed at least twice and then dried, so all you have to do is plump it up with boiling water. It's great with stews, or excellent tossed with a little melted butter and salt.



Win Free Tickets to an Oilers Game!

November 27th is Giving Tuesday

All donations made on this day will be entered into a draw for a free pair of tickets to the Edmonton Oilers vs the Florida Panthers game at Rogers Place in Edmonton, on Thursday, January 10, 2019.

Donate online, over the phone, or by mail. If you have any questions, please contact Alberta Council on Aging.



Donations

Your donations help Alberta Council on Aging meet its mission of working to improve the quality of life for older persons. This happens through communications, including our website, the newsletter, ACA News, and Senior Friendly™ publications and programs. You can donate online, by telephone or by mail.

- Cheryl Cohen
- Donna Martyn
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[Upcoming Events and Opportunities]

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- Let's Talk Dementia
- Let's Talk Ageism
- Pharmacy Tips
- Navigating for Services
- Seniors Forum - a facilitated
participants' discussion

For more information:

1.888.423.9666

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**Do you have a story? A poem? A photo?
A recipe?**

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Please send submissions for ACA News to
office@acaging.ca

[Membership]

Alberta Council on Aging Members Receive

- Access to a unique provincial network
- A voice representative of thousands of members and older persons that speaks with government on issues and concerns relevant to seniors
- Voting privileges at the Annual General Meeting
- Access to helpful resources
- Subscription to ACA News—published quarterly
- Meaningful volunteer opportunities
- Eligibility to apply for Johnson Inc. MEDOC travel insurance

Please Note: Membership expires annually on December 31. Members may request either an electronic or a hard copy version of the newsletter by contacting the office.

Alberta Council on Aging Membership Form

Membership Type

Membership Number

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