



# ACA News

Vol. 43 No. 5

Serving Alberta's Seniors since 1967

Nov.-Dec. 2010

## More questions about health-care agenda



Photo: Doug Janssen

Skaters enjoy a winter's day at Bower Ponds in Red Deer

*INSIDE: Focus on Central Alberta Council on Aging*

**IT'S TIME AGAIN TO RENEW  
YOUR MEMBERSHIP: P. 15**

# ACA News

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# ACA News

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November-December 2010

## ACA: Home sweet home!



Photo: Daniela Hildebrand

Members' corner at new office: Make yourself at home



Photo: Daniela Hildebrand

Goodbye, old office: Don't you just hate moving?

The ACA's move is now complete, and we are settled in at our new location in northwest Edmonton:

Suite 232, 11808 St. Albert Trail  
Circle Square Plaza

Even though the move went well, we encountered some minor glitches, including Canada Post returning some mail to the sender. So rest assured, we're still here and looking after the needs of our members!

If you would like to see our new digs, we invite all members to come to the office on a regular basis. However, at this time, we would like to extend a special invitation to an open house:

Tuesday, Jan. 11, and Wednesday, Jan. 12, 2011  
1 p.m. to 4 p.m.

Come in and have a look around and if you wish, you can renew your membership at the same time. Coffee, tea, juice and some light refreshments will be available.

We are looking forward to welcome you at our new Circle Square location!



Photo: Daniela Hildebrand

Goodbye, old office: Don't you just hate moving?

**REMEMBER TO RENEW YOUR MEMBERSHIP: P. 15**

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# New controversies on health-care front

There have been many Health Care issues arise in Alberta since the last issue of the *ACA News*. We are providing you some information on each of these items along with some potential avenues for action.

## Long-term patients waiting in ER

We believe long wait times in emergency rooms are aggravated by the fact that many beds in big-city hospitals (over 50% in some reports) are filled with Seniors and others awaiting transfer to long-term care. Most recent announcements of additional beds have focused on building supportive and assisted-living facilities. These facilities do not handle people (including Seniors) who are chronically ill and require high levels of nursing care.

For this to change, there must be a shift to producing sufficient long-term care capacity for these people requiring such care. Such a plan would not be a short-term fix for the present emergency room “crisis,” but would assist Alberta in getting out of the cycle of an “emergency room crisis” every few years.



## Stephen Duckett's dismissal

Our understanding is that the Alberta Health Care Board had been given the responsibility to run the Alberta health care system at arm's length from the government. The process for firing Stephen Duckett, the president and CEO of Alberta Health Services, following the “cookie incident” appeared to involve a considerable amount of political interference. While we are not unhappy with the result, we support the board members who resigned because of political interference.

## Leaked AHS document

The issues raised in the leaked document (see next page) include delisting more health services and a move towards privatization of the health-care system.

Health Minister Gene Zwozdesky has stated this is not

government policy and that much of what is in the document will never happen. Opposition parties and newly independent MLA Dr. Raj Sherman claim this is part of a plan to privatize health care after the next election.

Both issues are a concern to the Alberta Council on Aging. We believe there are some services and drugs that are presently delisted that should be added to the coverage lists. We are a supporter of the principles behind the Canada Health Act and do not support a move towards privatization.

## Five-Year Health Action Plan

We have carried out a cursory review of 5 Year Health Action Plan that was issued Nov. 30 by Alberta Health Services. Two actions listed on page 13 of the plan are:

- Add and refurbish more long-term care beds and supportive living spaces.
- Expand and adjust home care so people can remain independent for as long as possible.

Recent activity in providing more living spaces (as mentioned above) has been much more focused on supportive-living. To have the desired impact, the focus must be to provide spaces for people (including Seniors) who are chronically ill. These are the people that presently occupy many hospital beds.

Improving home care would be positive. In our view, previous commitments to do so have not resulted in noticeable improvements. We are supportive of actions that would significantly improve home care.

## How we are responding

Alberta Council on Aging will carry out a more detailed review of the recently issued five-year plan. Watch the next *ACA News* in February.

If you feel strongly about any of these issues, we suggest you write to your MLA or contact their office to educate them on your views. The Alberta Council on Aging would also like to hear your views on these issues.

If you require information on contacting your MLA, phone, fax or e-mail the Alberta Council on Aging office and we will provide help.

**Remember: The Future is Yours!**

# Leaked vision for health care: starvation then privatization



Diana Gibson, research director for the University of Alberta's Parkland Institute, made the following presentation Dec. 7 to the Central Alberta Council on Aging. She spoke after the leaking of a government proposal to delist more health services, allow more professionals to

leave public health care and cut coverage for people who get ill outside Alberta.

Health Minister Gene Zwozdesky's response to this recently leaked document is hardly reassuring. He reiterates that his government is committed to the Canada Health Act, and has included such a statement in the Alberta Health Act, which was passed Nov. 30.

Our research has shown that the Canada Health Act is inadequate to protect against privatization and two-tier health care.

The requirement that doctors opt in or out of the public system is a critical protection for public health care in a system in which there is a crisis-level shortage of doctors. Getting rid of this provision is not a new direction for Alberta; it was part of Ralph Klein's Third Way.

Obviously, with a physician shortage, limitations on the private practice are needed to comply with the Canada Health Act provision of equal access to services for all. If physicians are busy with their private-pay patients, they will have less time for their medicare ones. This means longer waiting times in the public system.

According to University of Toronto lawyer Colleen Flood, "Countries that allow the free movement of physicians between the private and public systems, like the United Kingdom, New Zealand, Australia, have big problems with waiting lists."

The vision as proposed in the government PowerPoint also includes shrinking the public system.

It recommends redefining what is in the medicare bas-

ket on the basis of "essential" and "non-essential" health care services. This could effectively create a small core of publicly funded emergency services, de-listing the balance of health care services and opening them to private funding and for-profit delivery.

In the consultations leading up to the Alberta Health Act, MLA Fred Horne's committee clearly heard that the public wants that medicare basket expanded not shrunk.

The Alberta government seems to be following the vision of American Grover Norquist, a prominent advisor to the Bush regime whose goal was to "get government small enough to drown it in the bathtub." That is the vision for public health care articulated in this report.

The vision also clearly advocates for parallel private insurance for medically necessary services. Alberta's health care system's problems stem from limited capacity, whether that be nursing home beds, hospital beds, or health-care professionals.

Adding a parallel private insurance system will not increase capacity but will only shuffle the deck, allowing those with more money to get to the front of the line.

Private insurance does not reduce cost, either. According to the Organization for Economic Co-operation and Development, "Whatever the role played in a health system, private health insurance has added to total health expenditure." The same study identified equity as a key challenge for countries with private insurance. For more on the risks of private health insurance, see the Parkland Institute's book, *The Bottom Line: The Truth Behind Private Health Insurance in Canada*.

Only half of Albertans have access to health insurance through their workplace and that number is shrinking. Shrinking the medicare basket and introducing private insurance would leave out the half who already do not have coverage. It would also increase the role of for-profit health care and increase costs for individuals, who already pay the highest out-of-pocket costs in the nation for health care.

The government has said that it is only a discussion document, but has not once committed to maintaining the existing protections in Alberta's legislation, nor publicly spoken against the directions in the leaked report.

## REPORTS FROM REGIONS 2 & 8

### Region 2

We continue to hear concerns and dissatisfaction expressed about the provincial 21-Day Menu Plan. In the spring, our Seniors signed letters of concern to our local MLA, Premier Ed Stelmach, Health and Wellness Minister Gene Zwozdesky, and the leaders of the other provincial parties.

Our concerns, and those from throughout the province, resulted in a review of the program. An outside consulting firm, Food Systems Consulting, was hired to review the program, make changes, and to report back by the end of October.

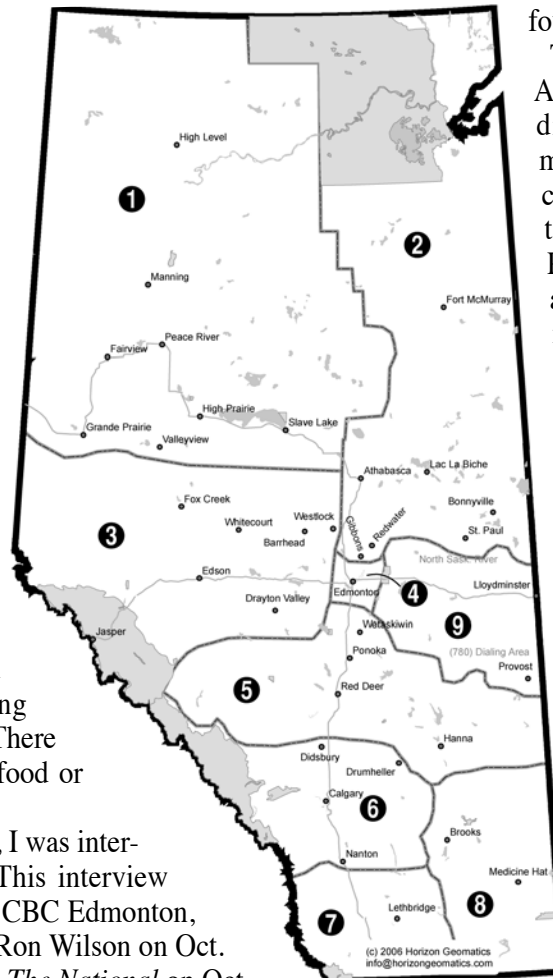
Alberta Health Services issued a news release on Nov. 23 outlining the “improvements” to the menu. There appears to be little change to the food or the method of preparation.

When the review was announced, I was interviewed by the *St. Paul Journal*. This interview was picked up by Briar Stewart of CBC Edmonton, and *The Morning Show* hosted by Ron Wilson on Oct. 7. CBC TV also carried a report on *The National* on Oct. 9. They visited a hospital kitchen and interviewed several people, including kitchen staff who showed a bag of frozen mashed potatoes that would be “rethermalized.” The kitchen resembled a library with metal shelving filled with boxes of food.

On Nov. 5, I was interviewed by Susan Quinlan of *Prairie Post Weekly*, a weekly newspaper with wide distribution throughout southern Alberta. There appears to be a great deal of concern about the food there as well. Following the news release, I was again interviewed by the *St. Paul Journal*, *Prairie Post Weekly*, and by Andrew Nikiforuk of *The Tyee*, an Internet newspaper.

The concerns that existed before the review have not been addressed by the “improved” menu, unless adding pickles and relish is thought to help.

Seniors who rely on Meals on Wheels are also being seriously affected by this provincial menu of largely pre-cooked and frozen foods that are reheated and served. Many Seniors withdrew from the program because they



found the food unpalatable.

To further add to the misery, Alberta Health Services sent a directive outlining how many meals could be available in each community. Two communities that I am familiar with are St. Paul and Elk Point, where their allotments were seven and four meals respectively. Alberta Family and Community Support Services is responsible for the Meals on Wheels program in both communities, and has agreements with the local Seniors' lodges to provide the meals. At last count, there were 15 individuals receiving meals in St. Paul — twice as many as AHS was prepared to serve.

Submitted by Edith Read

### Region 8

In the midst of preparations for the Christmas season, it is helpful to reflect on the past year to review what was accomplished and what the continuing issues are.

In my first full year as Region 8 representative to the ACA Board of Directors, I was fairly successful in distributing the Seniors Guide to Fraud Prevention through my involvement with the CRANE (Community Response to Abuse and Neglect of Elders) organization. However, I still need to contact Senior organizations in this district who have not received this helpful guide so that all may have access to it.

I would also like to keep in touch with Seniors who have concerns such as the quality of food in long-term care facilities, the status of promised expansions to hospitals in this region, and the treatment of Seniors in emergency rooms. I am in the process of contacting Seniors' organizations to arrange meetings. Also, I am looking forward to working on the Senior Friendly Program with others on the Board and volunteers.

Best wishes for a safe, enjoyable holiday season.

Submitted by Beth Turner

## FOCUS ON CENTRAL ALBERTA

# Red Deer and region Seniors make views on issues well known

Last spring the Central Alberta Council Aging and our partners invited Seniors in Red Deer and Central Alberta to a meeting called “Medicare and Your Chequebook” to discuss issues surrounding health care.

Unfortunately, so many people came that we had to turn people away from the 350-seat auditorium. We were sorry to disappoint people who wanted to attend our event, but ours was a good problem to have.

At a time when it’s hard to attract 10 or 25 people to a public meeting, members of CACA, as our Region 5 of Alberta Council on Aging is called, are often asked, “What is the secret of our success?”

Well, part of the answer is that we’re happy to bend the ear of anyone willing to listen. Beyond that, there are a number of reasons for our success:

- We have been lucky to attract good people from a variety of walks of life. Our members have been government managers, college professors, school board superintendents, health professionals and business and industry leaders. That means, for example, that we have people who are really astute at reading government publications and making observations, or who are knowledge-

able about long-term care and many other subjects near and dear to Seniors.

- Our members are active all across our community. For example, we have two members on the City of Red Deer Appropriate Housing committee, which advises our city council on all kinds of housing issues. Our members make sure that housing for Seniors is always being considered. I sit on a number of community groups, and other members are active throughout our communities.

- Rather than being too territorial, we are always looking to make alliances with like-minded groups. The over-capacity event described above exemplifies the way we work in co-operation with our partners, Friends of Medicare, Public Interest Alberta, Council of Canadians and the Red Deer College School of Social Work. We also worked with PIA and other groups to organize a march of 700 people to protest health care cuts when the Provincial Conservatives held their annual meeting in Red Deer. Nobody came out of the convention hotel to talk to us, but I think we made our point.

- While shouting slogans and waving signs is fun, the real work of CACA takes place in meeting rooms. For

## ‘Mr. CACA’ honoured for service to Alberta’s Seniors



Sam Denhaan

The Central Alberta Council on Aging recognized Past President Sam Denhaan for his years of service,

At a presentation during at the December 2010 General Meeting, current President Viggo Nielsen commented that Sam is known in Central Alberta as “Mr. CACA.”

After being on the board for a number of

years as vice president, Sam assumed the mantle of leadership “quite a few years ago,” said Viggo.

In his acceptance of a plaque and a token of thanks from the members and board, Denhaan agreed to carry on as past president. In that role, he will have a liaison function with a number of community groups and agencies.



## FOCUS ON CENTRAL ALBERTA



Photo: xxxxxxxxxx

Liberal Leader David Swann, Seniors' Minister Mary Anne Jablonski and NDP MLA Rachel Notley debate health-care policy for members of the Central Alberta Council on Aging.



Photo: xxxxxxxxxx

A CACA general meeting in Red Deer draws quite a crowd.

years, we had regular meetings with the (former) David Thompson Health Region senior managers, and this contact has continued since the creation of the Alberta Health Services superboard; we continue to meet regularly with the AHA vice-president for our region. We also regularly sit down with the two MLAs from Red Deer and other politicians from our region, which in addition to Red Deer covers a wide territory from Sundre to Drumheller to Ponoka and many other places.

- We have good relations with journalists working for the *Red Deer Advocate*, community newspapers and

radio stations, and we always give them a call if we think there's a story they might be interested in. We also reach out to the public in person, with tables at farmers' markets, community fairs and other events.

- We talk to each of our members on an ongoing basis through regular phone calls and e-mails. We use these contacts to inform them of upcoming CACA events. Equally important, we ask members for their views on various issues, so we are well prepared to speak about their concerns when we meet decision makers.

- It's also very important that we arrive prepared. When we sit down with our MLAs, we have at most two or three issues to talk about. We will have done our research on these topics and have prepared talking points that cover the points we plan to discuss. Our research is good: we often surprise our elected representatives by sharing information with them that they did not know.

- Possibly most importantly is our membership and board. Our membership is interested, involved and active. Moreover, our board is dedicated and committed. Here too we have an enviable problem: individuals are asking to be on our board!

- We strive to be relevant to our community. Thorough our Program Committee, we choose timely topics for our meetings. We select recognized provincewide

## FOCUS ON CENTRAL ALBERTA

resource people and we publicize the event well. It is really quite a simple process – but it takes a lot of committed people!

Our interest in issues is for the long haul. For several years we fought to save two 40-year-old nursing homes in Red Deer that were to be closed and replaced with new facility built and managed by a private-public partnership. Ultimately, we were unsuccessful in saving the nursing homes, but we continue to keep tabs on the care of Seniors now living at the Extendicare Michener Hill.

The transfer of residents to the new nursing home was in our view absolutely catastrophic. Employees of the old homes, many of whom had year of experience caring for Seniors, were not rehired to work in the new centre. Instead, in a tight labour market inexperienced staff were hired, given as little as 48 hours of training and sent out to work in pairs on the home's wards, which they now call "pods." Unfortunately, when you have both members of the staff giving one person a bath, then there's no left one to care for the other people in that area.

*(To read more about this issue, do a Google search on: Red Deer Advocate Extendicare Michener Hill.)*

Central Alberta Council on Aging's strengths — our alliances with other groups, engagement with elected leaders and research into the issues — give a voice that that must be heard, if not always listened to. When we brought an 8,500-name petition to the Alberta legislature, we were introduced to the MLAs from the gallery.

These qualities also make CACA a good audience, such as when Conservative Minister of Seniors & Community Health Mary Jablonski, Liberal Leader

### Central Zone Nursing Home Bed situations

Currently waiting in hospital	85
Currently waiting in community	97
Awaiting move to a closer site	83

Repeated requests by CACA resulted in key information such as this being made available.

David Swann and NDP MLA Rachel Notley came to town last June for a spirited and informative debate on health-care issues. Again, our venue was not large enough; some had to be turned away!

When Conservative MLA Fred Horne toured Alberta last spring and fall seeking public "consultation" before introducing the new Alberta Health Act, many of these meetings attracted only a dozen or two people from the local community. But when he made his final stop in July in Red Deer, we had more than 150 people present, including many who were prepared to ask specific, knowledgeable questions about the proposed act.

We don't always get what we ask for, but at least we make sure that those who make decisions about our future know about our needs.

Submitted by Doug Janssen, Director, CACA

## How to request financial data through FOIP

With the closing of two publicly funded nursing homes in Red Deer in favour of a new privately operated facility run by Extendicare, the Central Alberta Council on Aging wondered how the expenditures of the two operations would change over time.

To find out, we needed to have the "pre" for a "pre-post" comparison of budgeted and expended dollars for the operations.

A simple request? Apparently not, for we were met with roadblocks at every turn when we asked Alberta Health Services for the data. Not only no

data, but no reasons. Seemingly, "the data's mine; you can't have it!" was the approach.

So we went to Freedom of Information and Privacy (FOIP). For a \$25 filing fee — which you can ask to be waived (we did; they did) — and about six weeks later, an e-mail arrived with the data in a simple Excel format. Not only that, but the researcher who provided the data made a follow-up telephone call to see if we got what we wanted.

You've got to know who to ask!

## FOCUS ON CENTRAL ALBERTA

# Talking points from meeting with MLAs

Being prepared and focused on one or two subjects improves communication effectiveness

### Elder Care and Accommodation

1. 60% of Seniors 75 and older admitted to hospital from home or like setting who were ready for discharge into continuing care, are stuck for long periods in hospital because of non-availability of placement in long term care, blocking expensive hospital beds.

Extendicare Michener Park replaces Red Deer Nursing Home and Valley Park Manor (200 combined beds) with 220 new beds; this does not have capacity for the present or for the future.

Accountability and transparency of publicly funded, for-profit facilities must be provided to the public. The \$4.5-million grant to Extendicare (to reduce supportive living charges for residents) must be clearly accounted for to the public.

2. CACA again made a Valley Park and Red Deer Nursing Home Data request.

After some discussion, AHS announced that they were unprepared to release the requested financial information owing to its possible misuse and owing to other (and more preferable) service indicators. CACA has a long record of asking for cost of operation per patient/year in the present public facilities.

3. The new Continuing Care Strategy promotes "increased choice," yet DTHR's wait list for Dec. 30, 2009 indicated that 97 people in the region are waiting for long term beds, and 24 were from Red Deer. The new designations of Senior Care and accommodation are unclear and confusing.

4. Inspection reports indicate that implementation of the new 2007 continuing health care standards of care are not yet achieved. It is better to provide good care to all than to offer "choice for extra payment."

### Home Care

1. In 2007 the David Thompson Health Region had the lowest Home Care budget relative to the number of seniors. This must be increased if potential home-care targets can be achieved.

2. From Donna Wilson's Home care in Alberta: A Review.

3. 110 hours of care in 50 visits (average of 2hrs a week). More hours of effective care is needed.

4. More and Highly Skilled Home Care can keep seniors in their own home.

5. To achieve that more Highly Skilled Home Care, staff must be trained and recruited and retained.

## In research, the secret is 'ask and you just might receive'

CACA recently learned of a Facilities Review Committee — a group of appointed citizens who visit Alberta Nursing Homes. The group reports to the Minister of Health & Wellness.

We had been trying to get reports of facilities in Central Alberta, but to no avail. Then, through a most unusual source, we were advised to call the provincial library. To our surprise, the reports of the Health Facilities Review Committee are public documents available from the library.

We asked for all reports of Central Alberta

facilities for a four-year period — and received a very big box of reports. What did we do?

We divided the large haul of reports among several people and did a summary along a pre-defined format. Then after analyzing the data, we were able to pose follow-up questions to the respective facilities.

We learned two lessons from this venture: Firstly, that things thought to be unavailable often can be obtained from unexpected places. Secondly, be careful what you wish for.



# What it means to create a society for people of all ages

Kathie Neu Organ, MS –  
Gerontologist  
Senior Friendly™ Volunteer

There seems to be a lot of buzz going around about creating a society for all ages. I am a baby boomer and I think it's a good thing. Like a dog with a bone, I want to hold on to my independence as long as I am able. I want to live where universal design and architecture allow me to participate fully in my community. I want to travel and not worry if places are accessible or if my tour guide will keep to my pace. I want things like accessible quality health care, to have social inclusion and respect, and participate in civic engagement and employment. I want supportive housing and accessible transportation. I want accessible businesses where as their consumer I will be treated with dignity. And yes, I want safe, clean sidewalks free of snow and ice so that I can go to an accessible church without fear that I may slip and fall.

I ask if I might be a wee bit selfish or arrogant for wanting all these things as I age, but somehow, I think not. Folks from generations before me wanted many of the same things, as do my fellow baby boomers.

As expressed by former United Nations Secretary General Kofi Annan, who ushered in the 1999 International Year of Older Persons, "A society for all ages is multi-



Congratulations to Lighthouse Publishing Ltd., which has achieved the first Senior Friendly™ designation in Bridgewater, Nova Scotia. From left: Albert Crouse, Senior volunteer; Beth George, Seniors Safety Coordinator for the Bridgewater Police Service; and Lynn Hennigar, President of Lighthouse Publishing Ltd. one of the few remaining family-owned publishing operations in Canada.

generational. It is not fragmented, with youths, adults, and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing — and acting upon — their commonality of interest."

As a gerontologist, I deeply admire and respect his expression.

As an advocate for older adults, I believe the buzz about a multi-

generational society is especially good when it is translated into practical action through community initiatives such as age-friendly, elder-friendly, or senior-friendly projects.

As a proud member and volunteer of the Alberta Council on Aging, I am part of the buzz and am thrilled to work on their Senior Friendly™ program that began over 15 years ago. The program was designed to



gather community input and package those great ideas into practical guidelines and training to help make communities better places to live. An impressive set of training tools was developed that helps change attitudes about Seniors and helps businesses and communities find ways to help improve quality of life.

The buzz I want to share is about the extraordinary amount of smart work went into this program. Funded by Health Canada, the gifted architects who created Senior Friendly™ made possible its global recognition during the 1999 International Year of Older Persons. The progressive Senior Friendly™ program was recognized with a 1999 Laurel Award for innovative programming and has since been introduced throughout Alberta, across Canada and in parts of the United States.

In the past year, the level of activity has increased considerably and

## Goals of Senior Friendly™

- Create awareness of seniors' needs and their power as consumers;
- Show service providers that value of changing attitudes and behaviours towards seniors;
- To enhance the service skills of business and agencies to improve the way that they serve seniors;
- Improve the quality of life for seniors and enable them to remain in their own homes and communities.

the Alberta Council on Aging is in the process of developing strategies that will meet anticipated growth.

The buzz is now is, we are recruiting Senior Friendly™ Ambassadors from every region in Alberta to help develop these strategies and keep the buzz grooving.

In closing, the volunteer work I do for the Alberta Council on Aging has been very exciting; my time has

been awarded beyond expectation through meeting wonderful and inspiring people who, like many of us, see the need to buzz for Senior Friendly™.

Please give us a "buzz" — pun intended — to learn how you can volunteer and join us to develop strategies that will build upon the innovative and well established foundation of Senior Friendly™.

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Joan Gardner	Steve & Emily Serna
Frank & Sheree Graybill	Paul Richard & Judythe Ellen Stanley
Dieter Hannawald	Ed Thomlinson
Stan & Bev Harper	David A. & Sandra Pearce
Douglas Harrison	Tickell
A.M. Hendrickson	Doris A. Vallee
James & Lois Hansen Holtom	Ronald & Lynn Villeneuve
Helen Horne	Ray & Anne Wanner
Elwyne G., Klettke	John Ward
Phyllis Kopen	Rondo E. Wood
Donald Kramer	Emily Woytkiw
Hisako Kubo	Iain Younger

### **IF YOUR MAIL WAS RETURNED**

We encountered some trouble with mail delivery during the move to our new location. If your membership renewal was sent back to you, please re-send it to our new address below. If you do not receive your renewal confirmation and receipt from us by early January 2011, please contact our office to follow up. Thank you!

Alberta Council on Aging  
Box 9, 11808 St. Albert Trail  
Suite 232, Circle Square  
Edmonton, AB T5L 4G4

Phone: (780) 423-7781      Fax: (780) 425-9246  
www.acaging.ca

### **ACA News production**

The ACA News is currently being produced five times per year.

As a way to minimize increasing costs, the ACA Board is considering reducing production to four times per year.

Before making that decision, however, we would like to hear your thoughts. Please e-mail or phone us (as noted on page 2) by January 31, 2011.

Thank you,  
Members of your ACA Board

### **ACA is looking for casino volunteers**

The next ACA Casino is scheduled at CASINO YELLOWHEAD, 12464 – 153 Street in Edmonton on Monday, April 25, 2011 and Tuesday April 26, 2011. (Monday, April 25 is Easter Monday)

We are looking for workers for both day and night shifts. There will be on-site training so experience is not required.

We must submit our list of workers to the Alberta Liquor and Gaming Commission in mid-February.

Over the past decade casinos have accounted for about 20% of our annual operating cost. This has allowed us to continue with programs and keep operating cost low. For more information or to sign up please call 780-423-7781 or Toll Free 1-888-423-9666, or email us at info@acaging.ca

# Alberta Council on Aging Membership Form

☐ New   ☐ Renewal   ☐ Correction   ☐ Order   ☐ Donation

## Membership type:

- ☐ Household: \$20 (include both names)
- ☐ Life Membership: \$250
- ☐ Organizational membership: \$60
- ☐ Corporate Membership: \$200

Donation: \_\_\_\_\_ (Thank you!)      Other (specify): \_\_\_\_\_

(Tax receipts are issued for donations of \$10 or more)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

(for ACA purposes only)

Age: ☐ under 65   ☐ 65-85   ☐ over 85

**Privacy:** ☐ Check here if you do not want your name published in *ACA News* as a donor.

☐ Check here if you do not wish to receive mail from Johnson Inc. regarding insurance.

**Method of payment:** ☐ Cheque\*   ☐ Cash   ☐ AMEX   ☐ M/C   ☐ Visa

Card #: \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

\*Please send by mail, enclosing a cheque payable to Alberta Council on Aging

**Mail or fax to:** ACA, Box 9 — 11808 St. Albert Trail, Edmonton AB, T5L 4G4. Fax: (780) 425-9246

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