



ACA News

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Serving Alberta's Seniors since 1967

Sept.-Oct. 2010

Our vital systems

ACA's submission on the future of health care in Alberta



The legislature building in Edmonton on a perfect October day

Photo: Bruce White

**ALBERTA COUNCIL ON AGING
IS ON THE MOVE: P. 3**

ACA News

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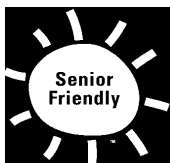
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the Alberta Council on Aging works to improve
the quality of life for Seniors.

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ACA's submission on health

In January of this year, Gene Zwozdesky, Minister of Health and Wellness, appointed MLA Fred Horne to chair the Minister's Advisory Committee on Health and gather input from Albertan citizens about the proposed new Health Act. Seniors across Alberta have risen to the occasion through various avenues, including ACA, and provided comments.

In the spirit of the ACA's mission — to empower and educate Seniors and government to support the quality of life for Seniors and encourage their full participation in all aspects of society — the ACA attended a special session with MLA Horne and provided recommendations based on our members' input.

This issue of *ACA News* addresses what Albertan Seniors are saying about the proposed new Health Act and includes ACA's presentation to MLA Horne.

At the time of this writing, MLA Horne has presented a report to Minister Zwozdesky reflecting what was heard from Alberta citizens, as well as a detailed plan on how to move forward. Once we review, we will report back on what is transpiring.

Meanwhile, we extend our deep appreciation to those

who made their voices heard in this critical matter and give special thanks to Dr. Katharina Kovacs Burns (Creating Synergy, Health Coalition of Alberta), Dr. John Bachynsky (Seniors Community Health Council) and Richard Perry (CARP Edmonton) for helping develop the position paper provided to MLA Horne on July 29, 2010, at Government House (see pages 4-8).

Audit report inside

Also in this issue is the Auditor's Report completed by Hawkings Epp Dumont and presented earlier this year to ACA. The ACA Board voted to have this report published in this newsletter; it can be found on pages 13-18.

ACA on the move!

In addition to our activities on the proposed Health Act and the audit, we also began looking for new office space. The lease on the present office runs out Dec. 31, 2010. The present space is larger than we need and our landlord indicated that they were not prepared to subdivide this space further. So, after reviewing 50 potential sites, we selected an office with slightly less space in the Circle Square Professional Center in Edmonton. It is situated by the traffic circle at 118th Avenue and St. Albert Trail. It's more accessible, improves our exposure, and importantly, reduces our rental costs.

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Gary Pool
ACA President

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The Alberta Health Act Consultation Report as it Affects Seniors

The Alberta Council on Aging presented the following position on July 29 to Fred Horne, MLA, the Chair of the Advisory Committee on Health. ACA was one of five groups at the meeting to explore proposed changes to the Alberta Health Act. Gary Pool, president, and Floyd Sweet, chair of the Policy Advisory Committee, presented the ACA position. It was developed in consultation with Dr. Katharina Kovacs Burns (Creating Synergy, Health Coalition of Alberta), Dr. John Bachynsky (Seniors Community Health Council), and Richard Perry (CARP Edmonton).

Introduction

What are Seniors saying about the proposed new Health Act? They don't believe the old acts are necessarily broken, but perhaps in need of rewriting to show co-ordination among the existing pieces: The Health Act, amendments, regulations, other associated acts and "Who does what?"

So, if the proposed Alberta Health Act does this, then Seniors will support working with those who develop it. Seniors have a view of what is important in the new Health Act and for its implementation. Although the act cannot cover all the priorities identified by Albertans, the Minister's Advisory Committee on Health (MACH) report provided a good start to some of the necessary components.

There are many priorities for health and health care that Seniors have identified in previous submissions, public meetings and letters. In this consultation report we are focusing on three major priorities that we feel

must be addressed if the health care system is to meet the needs of Seniors today and in the future. This becomes more critical as the number of Seniors from the cohort of baby boomers increases in the next few years.

Before discussing the priorities, we also want to mention some cross-cutting considerations for these priorities, as follows:

1. The first is the need to appropriately and clearly define "Seniors" in the context of health and health care needs across the age ranges from 65 to 100-plus. All Seniors cannot be grouped together in the discussion of all priorities, and generalized health care for all Seniors is not appropriate or effective planning. It is well known that the needs of Seniors for health care will change with increasing age and with increasing physical and mental changes and will require different types and levels of health care. The goal should be to maintain and sustain the health of Seniors throughout the range of ages over 65, promoting well being and preventing health problems or issues that will require greater need



for health care across the continuum of care — acute, chronic, long term/continuing and palliative care. The priorities identified will address this further.

2. The second consideration is the need to involve Seniors in more than this discussion of the Alberta Health Act. This is the first step of engaging Seniors in discussion which must be maintained through the development, implementation and evaluation phases of the act. One suggestion is to create a Seniors' Advisory Council to the Minister of Health that will advise on ongoing health priorities for each phase of development, implementation and evaluation of the Alberta Health Act and other closely affiliated acts such as the Seniors Drug Program Act. As a strategic plan is developed for the Seniors component of the health act, this council will be more effective in proactively engaging with other Seniors in the discussion of arising issues and options for addressing these issues. Engaging Seniors is one step towards greater transparency and accountability, particularly as agreement or consensus is reached between Seniors and government.

3. A third consideration is for a strategic plan for Seniors' health as part of the Alberta Health Act. Since Seniors have been identified or targeted as a special group in health care (e.g. Seniors Drug Program), having a strategy for Seniors' health may provide more options for ensuring that the needs of Seniors are met across the continuum of care, and in a sustainable way.

The three priorities for Seniors are as follows:

1. Regaining a vision for people-centred health and health care in Alberta. Seniors at present lack trust in Alberta's health care system. They have watched the dismantling of the system several times over the past 40 years or so, and have experienced the consequences

of these changes. They lack an understanding of who is leading the change in health care policies and who is leading the change in implementation of policies and service delivery. There needs to be better integration and collaboration between the policy decision makers (Alberta Health and Wellness) and the service delivery decision makers (Alberta Health Services). In the absence of open communication and discussion with Seniors across Alberta, the confusion and frustration only mounts. Seniors are not asking for an easy fix; they are asking for engagement of all stakeholders including Seniors in designing the plan for a Seniors' Health Program that incorporates integration and continuity across the continuum of care that includes health promotion and wellness and community-based health care for preventive maintenance, in addition to acute and chronic care, home care, continuing or long term care and palliative care.

2. Emphasizing prevention and health promotion should really be the foundation of a health program for all Albertans, but particularly for Seniors. The whole intent is to keep people healthy, well, functioning and independent. This means providing Seniors the tools, education and skills they need to live healthy and well. This toolkit includes access to health professional teams in rural and urban health centres (either primary care or other community-based health centres with tele-health), early diagnosis and treatment (e.g. most appropriate pharmaceuticals for disease-specific problems are preventive agents), pharmacies with trained counselling pharmacists, home care, and other services. The inclusion of a Seniors' Drug Program that better fits with a philosophy of preventive maintenance is seen as critical to bridging the gaps between lack of access to health care professionals and follow-up care for chronic or

other conditions. If the drug program is matched with the community-based health centre model and other tools, education and skills for Seniors (i.e. nutrition, diet and exercise, therapies), there might be a better chance of making changes that impact positively for Seniors across the continuum of care as well as preventive practices being put into place. If this approach will keep Seniors out of hospitals and acute care settings, there will be a savings both in terms of reduction of health-care costs and improved health outcomes for Seniors.

3. Building a home care program that is comprehensive and integrated with other health care services. If community-based care is emphasized, it makes sense to build a home care program that will be comprehensive in what is offered and integrated with other health care services for easy transition to acute or chronic care settings and services as needed. The home-care system in place currently is not working

for the majority of people who need it, particularly Seniors. This has resulted in Seniors having to access acute care or long term, continuing or palliative care facilities, all of which are far more expensive. Home care needs to be recognized as an essential public service in the community and one available based on the needs of Seniors in the community, regardless of where they live.

The following are specific details and recommendations for the two cross-cutting considerations and three priorities identified:

Recommendations

There is a continuum in the lives of Albertans represented by birth, death and a variable period between. Because we were invited to present on behalf of Seniors, we do so in the context of inclusiveness, continuity of care, integration of care systems and equity for all citizens. Seeking Albertans' views on the proposed principles and



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legislative guidelines in the MACH report is a welcome beginning to a more transparent consultative strategy. Seniors welcome the new process and openly hope it represents a corner turned in engagement of Albertans in policy changes by their government.

1. Seniors' health care should be part of the continuity of care that covers a lifespan, only specialized by the needs of Seniors. As with any endeavour, systems fail at the points of transition — health circumstances that cause Seniors to change their life patterns. A “health navigator” would be a welcome introduction to bridge the transitions and create a smooth continuity for Seniors. Family can help, but a navigator role is specialized, understanding alternative strategies and aware of the function of the teams of health professionals. Seniors must not be allowed to fall through the cracks, which occur mainly at point of transition, such as onset of illness, injury or physical/mental/social breakdown.

2. Another aspect or perspective of continuity of care includes education to to maintain good health. A proactive program of health information assists all citizens to stay healthy. Prevention is less costly than acute care, but it doesn't happen naturally. Mentoring and monitoring help us keep healthy — lifestyle choices including food, exercise, safety and personal development are programs of prevention that are meaningful to Seniors.

3. Continuity of care also includes appropriate pharmacology to keep people functioning (pills are also cheaper than hospital services). Seniors rely on their doctors and pharmacists to know what is pharmaceutically best for their circumstances — treating Seniors against a business model with the main outcome guided by cost is economically satisfying, but hardly moral. Even more pertinent to medication use by Seniors are these factors:

a. Seniors are major consumers of prescription medications, over-the-counter products and natural alternative medicines.

b. 53% of Seniors in institutions and 13% of those in private households use five or more medications. Here is another significant opportunity to engage a health navigator to monitor Seniors' medication habits between visits to the pharmacist or doctor; a friendly phone call may suffice, as well as provide social contact.

4. Home care means, simply, to accommodate Seniors to live in their homes as for long as feasible. Here is the necessity for government departments to co-operate: housing standards, repairs, maintenance and safety, periodic visits by the appropriate medical



professional, occupational therapy, meds monitoring, bathing support, even physics. Nurse, carpenter, electrician all contribute to maintaining a Senior in their home — a happy relationship, and less costly than either congregate living or in-patient at a hospital.

Home care must be part of a team-based integrated care program and continuity of care system that are in place from cradle to palliative care.

5. Finally, a new Alberta Health Act needs to include “rules of engagement” (the essential process of meaningful conversation). Within the many processes of health services involving patients, MACH is strong about patient-practitioner communication — excellent! But this engagement is at the policy develop-

Public Interest Alberta



Call for Volunteers

The Seniors Task Force of Public Interest Alberta is seeking volunteers who are willing to meet, as constituents, with their MLA three times a year to discuss issues of concern to Alberta seniors.

Background information and briefing notes for each meeting will be provided.

To volunteer, log on to:

<http://teams.pialberta.org>

Click on “Seniors Campaign” and fill out the application form.

ment level. Citizens trust their government and reward them with successive terms of office at the polls, if that government engages citizens in meaningful communication about the development of health policies.

A new Alberta Health Act needs basic principles to guide a plan. The plan requires clear statements about outcomes, about what's to be achieved. These are useful for accessing accountability, too, and give citizens confidence in their health system and government.

But health policy professionals, such as a qualified deputy minister who can co-ordinate the multiple strengths of department specialists, need to lead this process. With a plan in hand — principles, a plan with outcomes and a system of accountability — engagement of citizens is next. There are many professions such as doctors and nurses to be consulted, but our plea is that Health and Wellness also must engage citizens in the proposed legislation for understanding (education) and comment before it's passed into law.

Summary

Seniors must be involved in discussions about their health and health care needs and the options to address them. Being engaged in the Alberta Health Act discussions is the first step. Another step would be to create a Seniors' Advisory Council and Seniors' Health Plan. The new Alberta Health Act should include a plan with stated

outcomes, and be circulated to Alberta citizens for education and comment before debate and passage into law. Citizen trust must be rebuilt.

The first action is to define or describe Seniors in the context of the proposed health plan and Act.

We have a vision for the new Alberta Health Act — one that regains people-centred health and health care in Alberta and rebuilds trust in the health care.

We wish to emphasize prevention and health promotion for Seniors. Keep citizens as healthy as possible, using multiple resources and services across the life to meet Seniors' health needs, seamlessly.

Acute care can be reduced with "managed care" through community-based centres or home care. A team approach with a patient navigator added to the team would make the transitions across the continuum of care easier and safer. Building a home care program that is comprehensive and integrated with other health services and types of care is what is needed.

Respectfully submitted by

Alberta Council on Aging, Gary Pool, President,
and Floyd Sweet, Past President, in consultation
with: Creating Synergy, Health Coalition of Alberta

— Dr. Katharina Kovacs Burns

Seniors Community Health Council

— Dr. John Bachynsky

CARP, Edmonton — Richard Perry

A Critique of the Proposed Alberta Health Act

1. Minister Gene Zwozdesky and MLA Fred Horne have done good work consulting with Albertans about a new Health Act.

2. Horne's report to the Minister reflects the demand by citizens to be included in discussions as we move toward legislation. The input from citizens is critical and additional time is needed to allow that process to happen. Too fast! Too fast! Legislation must be deferred for a time..

3. The ministry should now publish a white paper outlining its intentions toward legislation and welcoming citizen feedback. Six months more time — not a long time for first reading to occur in April 2011.

4. It was not enough for a committee to publish a few principles, go to 20-plus citizen meetings, then rush into legislation this fall. The spirit of citizen involvement is

lost by rushing.

5. Horne's month-long exercise must become a model of new government and not an anomaly. We are watching and Albertans will hold the government's feet to the fire for greater openness and inclusion of citizen feedback.

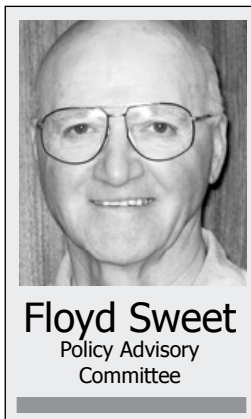
6. We look forward to an Act that a clear statement of desired outcomes:

- a. at the legislative level, they are principles;
- b. at the operational level (AHS), they are specific health services.

7. The vision given to Fred Horne was for "people-centred health and health care" that rebuilds Albertans' trust in their health-care system.

Respectfully,

Floyd Sweet, ACA Region 9 Director



Does Alberta need a new health act?

Noel Somerville, Chair, Seniors Task Force,
Public Interest Alberta

The idea that what Alberta really needs is a new health act is a legacy from Ron Liepert's reign as Minister of Health. In September 2009, he asked the Minister's Advisory Committee on Health (MACH) to look into the idea and report back.

The MACH conducted a survey and received 70 written submissions and presentations from various organizations. Groups like the Calgary Chamber of Commerce jumped on the idea; they saw it as a way of ditching the current Health Care Protection Act so as to open the door wide and allow free reign for private, for-profit surgical facilities. Stephen Duckett, speaking for Alberta Health Services also welcomed the idea, seeing it as a way of getting around the pesky staffing requirements of the Nursing Home Act.

The upshot of all this input was a report entitled "A Foundation for Alberta's Health System" issued in January 2010. It was unabashedly gung ho on the idea of a new Alberta Health Act, and suggested four steps:

1. Articulate a set of principles on which the new health system should be founded.
2. Develop new legislation including a patient charter.
3. Ensure ongoing citizen engagement in developing new legislation, regulation and policy.
4. Aligning legislation, policy and program delivery across the health system.

These proposals became the basis for a consultation this past summer, including an online survey, a set of 29 facilitated consultation sessions in communities around the province, and innumerable meetings with interest groups.

All this effort will culminate in a report from the MACH to the Minister Of Health.

There are several problems with both the consultation process and with the outline for a new Alberta Health Act.

First, a meaningful consultation can only occur if those being consulted know why major changes are proposed. To date, no one has answered key questions:

- What is it the government wants to achieve that it cannot do under current legislation?
- Why are we talking about repealing hard-fought protections embedded in current legislation?
- Isn't it the job of the legislature to keep legislation up

to date rather than throwing it out to start all over again?

The notion of basing legislation on principles is fine, provided they are meaningful principles. For example, Public Interest Alberta suggested that a meaningful principle would be to extend the scope of insured services under the Canada Health Act to cover all medically necessary services, as determined by a doctor, regardless of the venue in which the service is delivered. Instead, the MACH actually proposed a set of six motherhood statements ranging from "Put people and their families at the centre of their health care" to "Foster a culture of trust and respect." The use of such vague principles could lead to "shell" legislation, giving ministers and departments the power to determine policy by regulation, thereby circumventing the democratic, policy-setting function of the legislature.

Another disturbing aspect of the outline for a proposed Alberta Health Act is its many references to "re-vamping the delivery system" and to "publicly funded" rather than public health care. Is this code for more private, for-profit delivery, thereby off-loading much of the government's costs onto those who require care, along with the cost of profits for investor-owned corporations? If so, this is inconsistent with the public administration principle of the Canada Health Act because for-profit corporations will inevitably protect their proprietary information, making public oversight and administration impossible.

Finally, the proposed patient charter addresses not only the rights but also the responsibilities of patients. This too could be a troubling concept that could challenge the no-fault aspect of Canada's health care plan. Does it herald a reduction in coverage for people with unhealthy life styles or a poor genetic inheritance?

At this point, it is difficult to know where the proposal for a new Alberta Health Act may lead. It could, like many other government reports, end up gathering dust on a shelf. Alternatively, it could herald changes to our health care system so radical as to make Ralph Klein's Third Way pale in comparison.

As Seniors, we must keep a close eye on this situation, because we seem to have been the principal target of government's efforts to curtail health care costs.

Copies of a number of submissions on the proposed health act made by Seniors groups are available on the Public Interest Alberta website: www.pialberta.org

REPORTS FROM REGIONS 3, 5, 8 & 9

Region 3

After a summer that just whizzed by, it was great to meet again with regional directors at the ACA board meeting on Sept. 10. It was an ambitious meeting with many issues for discussion and decision making.

My two-year term as the director representing Region 3 of the Alberta Council on Aging concludes this fall and I have given notice of termination. With my present community involvements and family obligations, I am not able to properly fulfil the responsibilities of a regional director. I have enjoyed the opportunity to serve and I have gained a great respect for the work done by the ACA on behalf of Seniors.

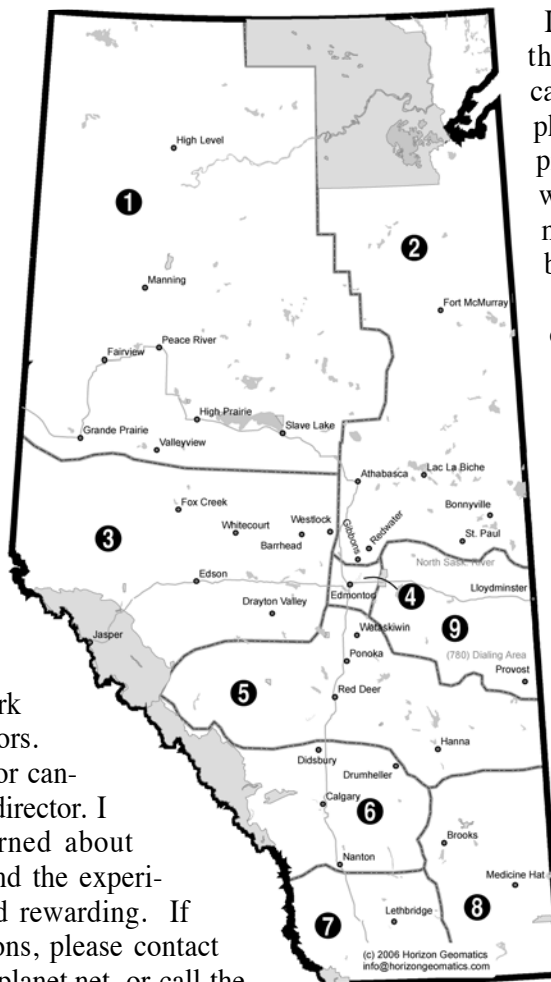
Therefore, Region 3 is looking for candidates interested in serving as a director. I would encourage anyone concerned about Seniors' issues to consider: I found the experience to be highly educational and rewarding. If you are interested or have questions, please contact me at 780-674-5657 or zilli@telusplanet.net, or call the ACA office in Edmonton as noted in the *ACA News*.

As a Director for Region 3, I appreciated the invitations to speak about the work and activities of the ACA. Distributing PEATE materials afforded the chance to communicate many different agencies and Senior organizations. I enjoyed visiting a number of Senior Centres in Region 3 and being warmly welcomed. It has been a pleasure serving as a regional director and I will continue to be a strong supporter of Alberta Council on Aging.

Respectfully submitted,
Audrey Zilli, Director, Region 3

Region 5

The Central Alberta Council on Aging continues to be active in advocating for Seniors living in Alberta. In July, CACA members attended the Fred Horne ministerial submission meeting, with more than 100 members and friends. Committee staffers and hotel employees scrambled to find chairs in the small venue!



In preparation for this meeting, the CACA phoning committee called all members — again! Our phoning committee is one of the primary vehicles through which we not only get information to our members, but get members' views back to our executive.

And speaking of our executive, our AGM is set for the October meeting — we have a full slate of executive members and directors at large. Having folks phone to ask about being on the executive — what a wonderful problem to have. We need more good folks, given the number of issues coming to the fore.

When two of Red Deer's long-term nursing homes close this fall, the questions of services to Seniors and the costs they will incur continue to be raised; privatization and increasing costs are our greatest fears. To be able to better inform our members, CACA together with Red Deer's Golden Circle are endeavouring to publish a comprehensive

listing of facilities and the costs they charge for services. An ambitious task! Needless to say, not all service providers are keen to share their real costs!

CACA's schedule of five public meetings for all members in a year seems to be inadequate, given the number of topics and presentations we are considering. The program committee of the CACA board has the unpleasant task of limiting those groups and spokespersons who are beating on our doors to present to our membership. In all likelihood, the CACA board will be looking at additional meetings for our membership. Limiting guests at regular meetings? What a terrible task.

One way that we can lessen the workload of our executive is to join with other agencies in tackling common tasks. One such group is Red Deer's Golden Circle, one of the city's Seniors' facilities. With the Golden Circle, we are having a municipal election forum — candidates need to hear the questions and concerns of their Seniors.

REPORTS FROM REGIONS 3, 5, 8 & 9

After all, one of the largest voting blocs in any election is Seniors!

Finally, and maybe as a word to the wise, CACA had asked to be on the agenda of the health advisory council (central zone) of Alberta Health Services. Regrettably, our request was denied, owing to the agenda already having been set. Should your region want to be heard at your health advisory council, make your request early.

The Central Alberta Council on Aging continues to be most active in putting the case of Seniors front and centre in our community. Stay tuned!

Respectfully submitted,
Bev Hanes and Doug Janssen
Region 5 Co-Delegates

Region 8

Summer (what summer?) was a slow time for ACA activities, and I must admit that I am not yet back in the groove! In June, I was pleased to be part of the World Elder Abuse Awareness Day with other members of the Medicine Hat Community Response to Abuse & Neglect of Elders Committee. We had a display at the Medicine Hat Mall, which gave us the opportunity to speak with people in the city who are concerned about abuse of Seniors. Again, we were made aware that financial fraud is the most common form of abuse encountered by Seniors. Lots of education needs to be continued in this area.

I attended two presentations by the regional Alberta Health Services placement office concerning changes that will occur when and if the new AHS continuing care plan is implemented. One of my concerns is that a

planned reduction in continuing care (nursing home) beds and a change in the criteria necessary to qualify for these beds will seriously limit the options open to Seniors needing care, and will result in increased costs to Seniors. I also attended a public workshop in Medicine Hat on the new Public Health Act.

Stay tuned for more about these two issues of serious concern to Seniors.

Respectfully submitted,
Beth Turner, Region 8

Region 9

In looking forward, our mid-term meeting is scheduled for mid-to-late October in Vegreville at the Sunshine Centre. (The date and time of this meeting were still being determined at the time of this writing. Please call the ACA office for date and time.) The five chapters come together for reports and an educational session. The 25 cents per kilometre helps to offset costs, but there is a strong suggestion that cars bring four people to be eligible.

An executive meeting was scheduled for Sept. 28, in Kinsella. Agenda items included the new health act, revisiting our 2008 survey for updates in Seniors' needs, and the need to fill executive positions: We are short a Vice-President at this time. One further emphasis is getting a phoning committee going again.

The AGM in March reaffirmed Floyd Sweet for a further 2-year term as director. His term ends in 2012, when he will step down (three terms are maximum).

Respectfully, Floyd Sweet,
Director, Region 9

ACA Welcomes Daniela Hiltebrand

Please join us in welcoming Daniela Hiltebrand, who joined the Alberta Council on Aging on Sept. 1 as our Administrative Assistant.

Daniela, an entrepreneur with experience in developing her own translation business (German-English, English-German), as well as a day care and after school care business, appreciates the commitment and hard work it takes to make a successful business.

In addition to this, she has worked as an administrative assistant and project administrator for several years in both the public and private sectors and brings a wealth of experience to her new role with the ACA.

We are very pleased that she has joined our team and look forward to working with her on ACA endeavours.

We extend our warmest welcome and best wishes to Daniela!



Daniela Hiltebrand

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In keeping our members informed of ACA's financial status, the ACA Board has elected to publish our auditor's report, completed by Hawkings Epp Dumont LLP, chartered accountants from Edmonton. It was presented to the ACA Board and approved for publishing in this issue of *ACA News*. If you have any comments or questions, please don't hesitate to contact our office at the address or phone number listed on page 2 of this *ACA News*.

Hawkings Epp Dumont LLP **Chartered Accountants**

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AUDITORS' REPORT

To the Board of
Alberta Council On Aging
Edmonton, Alberta

We have audited the statement of financial position of Alberta Council On Aging (the "Council") as at March 31, 2010 and the statements of operations and changes in net assets for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Council as at March 31, 2010 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.



Edmonton, Alberta
May 6, 2010

HAWKINGS EPP DUMONT LLP
Chartered Accountants

ALBERTA COUNCIL ON AGING
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2010

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Current Assets		
Cash	\$ 130,885	\$ 118,759
Accounts receivable	<u>26,975</u>	<u>4,440</u>
	<u>\$ 157,860</u>	<u>\$ 123,199</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 3,141	\$ 13,334
Deferred contributions (Note 3)	<u>92,407</u>	<u>48,340</u>
	95,548	61,674
Net Assets		
Unrestricted	<u>62,312</u>	<u>61,525</u>
	<u>157,860</u>	<u>\$ 123,199</u>

The accompanying notes are an integral part of these financial statements

ALBERTA COUNCIL ON AGING**STATEMENT OF OPERATIONS****FOR THE YEAR ENDED MARCH 31, 2010**

	<u>2010</u> Regular Operations	<u>2010</u> PEATE Program	<u>2010</u> Total	<u>2009</u> Total
Revenue				
Grants	\$ 13,595	\$ 75,351	\$ 88,946	\$ 108,931
Memberships	70,577	-	70,577	46,245
Casino	53,085	-	53,085	26,387
Sponsorships	24,097	-	24,097	21,850
Donations	21,475	-	21,475	16,206
Program	4,310	-	4,310	3,255
Other	<u>4,276</u>	<u>-</u>	<u>4,276</u>	<u>8,966</u>
	<u>191,415</u>	<u>75,351</u>	<u>266,766</u>	<u>231,840</u>
Expenses				
Salaries and benefits	73,416	12,914	86,330	83,695
Office	23,278	42,272	65,550	35,292
Member services	31,167	300	31,467	34,332
Program	-	27,308	27,308	23,550
Occupancy	18,333	2,995	21,328	22,438
Travel	13,787	1,281	15,068	17,215
Other	<u>18,928</u>	<u>-</u>	<u>18,928</u>	<u>-</u>
	<u>178,909</u>	<u>87,070</u>	<u>265,979</u>	<u>216,522</u>
Excess (Deficiency) of Revenue over Expenses	<u>\$ 12,506</u>	<u>\$ (11,719)</u>	<u>\$ 787</u>	<u>\$ 15,318</u>

The accompanying notes are an integral part of these financial statements

ALBERTA COUNCIL ON AGING
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2010

	<u>2010</u>	<u>2009</u>
Balance, Beginning of Year	\$ 61,525	\$ 46,207
Excess of Revenue over Expenses	<u>787</u>	<u>15,318</u>
Balance, End of Year	<u>\$ 62,312</u>	<u>\$ 61,525</u>

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2010

	<u>2010</u>	<u>2009</u>
Operating Activities		
Cash from operations		
Excess of revenue over expenses	\$ 787	\$ 15,318
 Change in non-cash working capital balances related to operations:		
Accounts receivable	(22,535)	1,363
Accounts payable and accrued liabilities	(10,193)	10,368
Deferred contributions	<u>44,067</u>	<u>(33,144)</u>
Change in Cash During the Year	12,126	(6,095)
Cash, Beginning of Year	<u>118,759</u>	<u>124,854</u>
Cash, End of Year	<u>\$ 130,885</u>	<u>\$ 118,759</u>

The accompanying notes are an integral part of these financial statements

NOTES TO FINANCIAL STATEMENTS,

MARCH 31, 2010**1. PURPOSE OF ASSOCIATION**

Alberta Council on Aging is a non-profit society incorporated under the *Societies Act* of Alberta. The Council provides support for seniors and their concerns in both rural and urban communities across the province of Alberta.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The precise determination of many assets and liabilities is dependent on future events. As a result, the preparation of financial statements for a period involves the use of estimates and approximations which have been made using careful judgment. Actual results could differ from those estimates and approximations. The financial statements have, in management's opinion, been properly prepared within reasonable limits of materiality and within the framework of the accounting policies summarized below:

(a) Revenue Recognition

The Council follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Membership and other program related fees are recognized as received.

(b) Contributed Services

Volunteers donate services throughout the year to assist the Council in carrying out its activities. Due to the difficulty of determining their fair value, contributed services are not recorded in the financial statements.

3. DEFERRED CONTRIBUTIONS

Deferred contributions represent restricted operating funding received or receivable in the current year for which the corresponding expenses have not yet been incurred. Changes in the deferred contributions balance are as follows:

	<u>2010</u>	<u>2009</u>
Balance, Beginning of Year	\$ 48,340	\$ 81,484
Add: Casino Contributions	74,063	48,340
Grant Revenue	<u>23,089</u>	<u>-</u>
	97,152	48,340
Less: Amount Recognized as Revenue	<u>(53,085)</u>	<u>(81,484)</u>
Balance, End of Period	<u>\$ 92,407</u>	<u>\$ 48,340</u>
Comprised of:		
Casino Revenue	\$ 69,318	\$ 48,340
HRSDC/NHSP Grant	<u>23,089</u>	<u>-</u>
	<u>\$ 92,407</u>	<u>\$ 48,340</u>

ALBERTA COUNCIL ON AGING

NOTES TO FINANCIAL STATEMENTS (CONT'D)

MARCH 31, 2010

4. COMMITMENTS

The Council leases office space with annual lease payments of approximately \$22,000. The current lease expires on December 31, 2010.

5. FINANCIAL INSTRUMENTS

The Council's financial instruments consist of cash, accounts receivable, and accounts payable and accrued liabilities. It is management's opinion that the Council is not exposed to significant interest, currency or credit risk arising from these financial instruments. Unless otherwise noted, the fair values of these financial instruments approximate their carrying values.

6. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with the current year's presentation. The 2009 figures were audited by a firm other than Hawkings Epp Dumont LLP.

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Call today to renew for 2010!
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ACA needs volunteers to help us move to our new offices in northwest Edmonton's Circle Square building in November

CONTINUED from page 3

We must move from our present location during the month of November. We will be looking for volunteers from the Edmonton area to help with the move (mainly packing and unpacking) once we get the details set. While the final move date will be set by timing on getting the phone moved and the availability of movers my present guess is that it will be either November 12, 13, 14 and 15 or November 19, 20, 21 and 22. If you can help either weekend would you please phone, fax or e-mail the office (Phone 780 423-7781), (Fax 780 425-9246) or (e-mail info@acaging.ca) letting us know which days you might be able to help.

We are very pleased to announce that Daniela Hildebrand, new administrative assistant, joined ACA on September 1st. She comes to us with rich administrative assistant experience and is very enthused about helping coordinate the office move and settle in to her new position. We are delighted to have her on board and hope that you will join us in welcoming Daniela to the ACA.

As we prepare to submit this issue for print, we want to welcome the many new members that have joined ACA this past summer! We had understood that summer time was not that busy, but this past summer ACA experienced a staff shortage at the same time membership increased. Some new members (and some members up for membership renewals) have had to wait a long time for mailed packages. We would like to thank these people for their patience.

As we reflect on the year-long work surrounding the proposed Health Care Act, as well as the ACA audit, and begin preparations for the coming new year, we thought it fitting to pause and reflect on our mission: to empower and educate Seniors and government to support the quality of life for Seniors and encourage their full participation in all aspects of society. We look forward to working closely with our members as we strive to:

1. Identify and encourage relevant research and systematic compilation of information affecting Seniors.
2. Improve the quality of life, health and well-being of Seniors in Alberta by undertaking research and public education regarding current and emerging information relevant to Seniors.
3. Mobilize leadership, particularly among Seniors and Senior serving organizations, to prevent or address issues of aging, so as to relieve suffering or disability and improve Seniors' quality of life;
4. Print, publish and distribute publications related to aging.
5. Foster interagency liaison and co-operation and work with other organizations and businesses to address the needs of Seniors.

In closing, we want to extend a special thanks to all our volunteers for helping us through these busy and somewhat difficult times. Without their enthusiasm and dedication, we would not have been able to accomplish all that we have this past summer.

Respectfully submitted,
Gary Pool, President

Central Alberta Council on Aging looks back on active year in Red Deer

The Central Alberta Council on Aging has been very active in the past year.

In November 2009, our members joined a large rally of over 700 people who marched to the Capri Hotel, where the PC leadership review was being held, with a message to stop the cuts to health care and the unfair taxation for Seniors due to the Pharmaceutical Strategy.

In the fall of 2009 the City of Red Deer's social planning department formed a Seniors' Appropriate Housing Committee, and surveyed households on housing needs and options for our aging population. The report should be ready by the year end and will be endorsed by city council and submitted to our MLA, Mary Anne Jablonski. We hope it will reinforce our advocacy

At our December meeting we invited Gord Bontje, a director of Alberta Health Services. He gave a presentation on the AHS board, and his view of the new structure of the Alberta health care system. His position is governance only, no involvement with operations.

At the February general meeting we had Linda Healing, a communications facilitator with the social planning department from the City of Red Deer, report on the results of the transportation study and new innovations that resulted from this project.

A representative from the Alberta Motor Association spoke to us on the Senior Driver Program. Dr. Scott Oddie on Red Deer College gave brief overview on the collaborative research grant approved for the project "Adverse Medication Effects on Seniors." Shirley Thomas is representing us there.

We had a continuing correspondence with Ministers of Health and Wellness and Seniors and Community Supports on Seniors' Issues such as wait times and the transfer to Michener Centre. The answers we received never answered our questions, but they always assured us that we are well looked after.

On Feb. 8, the CACA board attended a special meeting with Kerry Bales, vice president of central zone for Alberta Health Services. The purpose of the meeting was to obtain information from AHS on Seniors' issues such as wait times and the transfer to Michener Centre. We were not successful.

At the April meeting, Diana Gibson the research director for the University of Alberta's Parkland Institute,

gave a presentation on health care reform. She was the lead author of the book *The Bottom Line: The Truth Behind Private Health Insurance*.

Sissel Bray RN, executive director, Seniors' health central zone, Alberta Health Services, gave a presentation on living options. We did not learn anything new.

At the June meeting we had a moderated panel with:

- Dr. Swann, Liberal MLA for Calgary Mountview, Leader of the Official Opposition.

- Mary Anne Jablonski, MLA for Red Deer North, Minister Seniors and Community Support.

- Rachel Notley, MLA for Edmonton Strathcona and Health Critic for the NDP.

It was rated very successful, as a number of questions were placed before the panel members and they were forced to give answers.

Also in June, CACA members attended and supported rallies to keep Red Deer and Valley Park Manor nursing homes in service.

CACA sent a submission to the new Alberta Health Act community consultation. On Thursday, July 15, in Red Deer at the Capri Centre, we attended the consultation on the proposed new health act, 140 people came out to express their complaints on the present management of health care. It was the largest attendance of any of the 22 hearings.

The reports by the chair, MLA Fred Horne, are now available. We recommend that you call your MLA's office and ask for *Putting People First One and Two*. The Parkland Institute has prepared a review of the document, which will help explain what the Alberta government wants to change in their quest for privatization in delivery of health care.

The transfer of patients from Valley Park Manor and Red Deer Nursing homes started in September, but has been halted due to Extendicare staff shortages. There have been reports in the papers and we are continuing to watch the developments.

In September we attended the Golden Circle Seniors election forum for city council. We canvassed the candidates on the willingness to lobby the Alberta government to keep the nursing home sites in public use.

Respectfully submitted by Sam Denhaan,
President, Central Alberta Council on Aging

INFO FOR SENIORS

There's no law against elder abuse

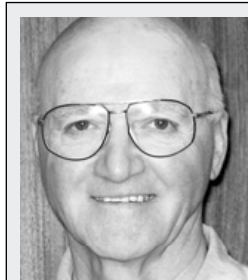
The Federal Government's elder services arm, New Horizons, trusted Alberta Council on Aging with a two-and-a-half-year contract to produce original materials and disseminate the data to the community. The task is nearly complete and community response has been overwhelmingly positive. Second printing of materials is already required. Please contact our office at 1-888-423-9666 or 780-423-7781 for further information or request for our print materials: *Helping Hands*, a handbook for service providers; *Fraud Prevention*, including a DVD, *Stop Financial Fraud – Protect You and Your Finances*.

But another tragedy has raised its ugly head — there is no definitive and independent law against elder abuse. Yes, there are Criminal Code offences for theft, hitting, kidnapping, failing to provide the necessities of life, and so on.

An elder abuse law would bring the current educational work to a more effective level for Albertans and make it easier for the indictable offences to be “nailed down” for court readiness. A law requires definitions that are already complete in our education materials, but legalized, become the tools of prosecutors after detectives do the leg work. Section 331 of the Criminal Code refers to “theft by persons holding power of attorney,” a grievous crime, indeed, but the rest of the abuse spectrum needs to be defined and legalized.

What do you think? Give us your stories. The Policy Advisory Committee of ACA will put together a recommendation to the board for further action.

Respectfully,
Floyd Sweet, Chair,
Policy Advisory Committee



Floyd Sweet
Policy Advisory
Committee

An update on ACA's elder abuse program

We are in the final phase of PEATE — Preventing Elder Abuse Through Education. The fourth element (the Multicultural Guide) is in preparation and is due out before the end of the year. The first three elements — the DVD, the booklet *A Seniors Guide to Fraud Prevention* and *Helping Hands*

A Service Provider's Resource Manual — are being widely distributed and reviewed. We completed the final printing of both booklets over the summer and have completed the printing of the fraud prevention booklet in French. We continue to get many requests for the booklets. If you are aware of a group that would benefit by being provided copies, please call the ACA office and let us know.

Of special interest has been the number of scams similar to the cases in our DVD and handbook that we have become aware of since we started this process, through reports in the news and a number of friends who have lost money in a variety of get-rich-

quick or get-something-for-nothing schemes. This has highlighted the usefulness of the Elder Abuse program.

Respectfully submitted, Gary Pool,
ACA President



Gary Pool
ACA President

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info@acaging.ca

NOTICE BOARD

Call for volunteers

Calling on the Good Ole Albertan Volunteer Spirit ... the Alberta Council on Aging is on the Move and Needs You!

ACA Move: ACA headquarters will be relocating to its new office in mid-November. The move is being planned for November 12th to 15th or November 19th to 22nd. We will need several volunteers to help box up materials for the move. Once the boxes are packed, professional movers will take our belongings to the new office, after which we will need several volunteers to help unpack. If you are in Edmonton and can spare an hour or two, we would greatly appreciate your help!

ACA Webpage: ACA is planning to redesign its webpage. We need individuals who have experience in web design and who would be interested in volunteering their expertise during the initial planning phase. Once we identify interested individuals, we will co-ordinate and arrange a mutually convenient time to meet and/or teleconference to address a strategic plan.

ACA News Committee: ACA wishes to form an ACA News Committee. Volunteers for this committee must have access to the Internet and e-mail. The committee will meet five times a year either in person or by conference call to plan articles and edit content and layout for final proofing.

If you are interested in being a part of ACA on the move and helping with any of the above, we look forward to hearing from you! Please call Daniela at 780-423-7781 or 1-888-423-9666 (outside Edmonton).

Thank you donors

ACA would like to thank the following people for their generous donations:

Daniel & Priscilla Beaudry	Edmonton
Vera & Hector Cameron	Vermilion
Mary W. Campbell	Edmonton
Alan & Lenore Caplan	Sherwood Park
Victor & Alice Chelich	Fairview
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Wesley & Aileen Spencer	Edmonton
Jac & Jeanette VandenBroe	Ponoka
Robert H. & Ina Jane Varner	Calgary
Siegfried & Valla Walisser	Fairview
Helen Wampler	Devon
Matthew & Connie Welter	Saskatoon
David & Sharon Yuen	North Vancouver
Conrad & Verna Zarowny	Victoria

Send your comments and letters to: ACA News, 210-14964 121A Ave.,
Edmonton, AB, T5V 1A3. Fax: 780-425-9246. e-mail: info@acaging.ca

Alberta Council on Aging Membership Form

☐ New ☐ Renewal ☐ Correction ☐ Order ☐ Donation

Membership type:

- ☐ Household: \$20 (include both names)
- ☐ Life Membership: \$250
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(Tax receipts are issued for donations of \$10 or more)

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

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