

Vol. 44 No. 4

**Serving Alberta's Seniors since 1967** 

Fall 2011

# Retired teacher was tireless advocate for Seniors

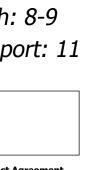
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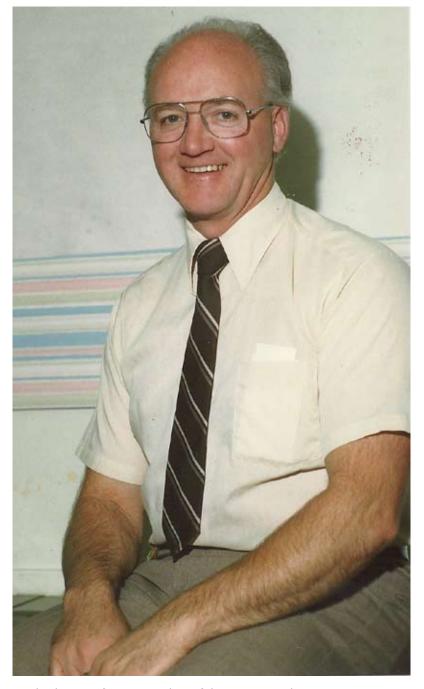
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Floyd Sweet, former president of the ACA, passed away on Sept. 30.

## News

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



# News

**Published by the Alberta Council on Aging** 

Fall 2011

### Floyd Sweet remembered

#### Active ACA member strove to co-ordinate Seniors' concerns

On behalf of the Alberta Council on Aging Board of Directors and Staff, I extend our deepest sympathies and condolences to the family of Floyd Sweet, who passed away in Vermilion on Sept. 30.



Floyd Sweet

Floyd became active in the Alberta Council on Aging after his "retirement" as a teacher and administrator. For most people, life is more leisurely after retirement. Floyd if anything became busier. In addition to his efforts on behalf of the Alberta Council on Aging, Floyd was heavily involved with the Alberta Council of Severely Disabled, the Mental Health Advisory Board, the

Alberta Retired Teachers Association and the Canadian Retired Teachers Association. In addition to these activities, Floyd remained active by supervising student teachers spring and fall from 1999 to 2011.

Floyd was a member of the Alberta Council on Aging for over 10 years. He served as a director for Region 9 for six years and as President of the provincial organization for two years. During his period at the ACA, we became more active in raising health care and long-term care issues and began a major fraud prevention awareness program for Seniors. In addition to his work with the provincial board, Floyd put a lot of effort into ensuring that his region was up to speed on all of the ACA activities.

I inherited the president's role from Floyd. In his role as past president, and as a friend, Floyd was always prepared to provide advice and to assist in whatever way he

- "A room full of seniors contains more wisdom than an encyclopedia."
  - on becoming president of the ACA in 2007.
- "It was pleasant for me to become part of a Board that acts with compassion balanced with proper business strategies."
  - in his annual report for Region 9, 2005-06

could (as long as it didn't involve an email). Helping sort out crises was one of his specialties. And as a non-profit group with limited funding sources, we did have our share of crises.

Floyd believed that in order for Seniors' issues to be taken seriously by politicians, Seniors needed to raise issues on a more co-ordinated basis. He worked tirelessly towards that goal, working with about a dozen other groups that also dealt with issues such as health care and long-term care. His efforts at improving this co-ordination have shown some results, although much remains to be done.

He provided support and mentoring to staff and other board members. He was always ready to assist and frequently told a story either from family events or from his teaching days to help in the discussions.

I personally will miss Floyd and he will also be missed by all his friends and colleagues at the ACA.

Gary Pool, president

#### **ACA SURVEY RESULTS**

# Seniors speak up about issues they care about

Our last issue of the ACA News included a non-scientific survey asking for input from ACA members about: 1) issues important to them; 2) educational topics they are interested in; and 3) their level of satisfaction with the ACA News.

Eighty-one (81) responses were received from all regions of Alberta; the following is in part what they told us.

Their primary reasons for joining ACA were to keep informed about Senior issues and to support Senior issues. When asked about the benefits of ACA membership, the *ACA News* was ranked highest, followed by advocacy, and education.

Issues of high importance related to supports for health and independence, housing, and access to services. Specifically, these were: 1) being supported in maintaining optimum health as they age; 2) being able to reside in the place that is appropriate for their circumstances; 3) having access to a range of continuing care services that enable them to reside in an environment that is appropriate for their circumstances; and 4) being supported in maintaining optimum independence in making decisions about their life and free from abuse.

Twenty-six per cent of the participants added issues of high importance that included, in part: respect as a Senior; accessible and affordable legal help, transportation for rural Seniors, access to government programs, telephone and internet service, and remaining independent in one's own home.

When addressed with the same list of issues and asked to select three that were most important to them, these members revealed: 1) being able to reside in the place that is appropriate for their circumstances, 2) having access to adequate financial resources to meet their needs, and 3) having access to a range of continuing care services that enable them to reside in an environment that is appropriate for their circumstances.

The top 10 topics of interest identified by these members were: 1) healthy aging; 2) health care matters; 3) long-term care options; 4) Senior housing options; 5) age-friendly hospitals; 6) home care; 7) age-friendly

communities; 8) healthy eating; 9) tied between transportation and travel and tourism; and 10) tied between safety and financial well-being. In addition to the listed education topics presented in the survey, 9% of the participants submitted recommendations that included, in part: education about how to advocate, living with poor eyesight and hearing, and alternative health-care options.

For the most part, the respondents were satisfied with the layout of the *ACA News*, its overall content, timeliness of the information, and helpfulness of the information. Eighty-five (85%) felt that the *ACA News* effectively provided information important to the overall needs of its members. Fifty-seven per cent (57%) agreed and 36% strongly agreed that the issues covered in the *ACA News* are important to ACA members. The majority (63%) read the *ACA News* regularly cover to cover, and 33% skim for articles of interest.

"I learned about ACA when I wanted to buy my annual travel insurance. I am glad I joined ACA and appreciate the work you are doing."

-reader response to question why he/she joined ACA

Fifty-seven per cent (57%) believe that the newsletter should be produced 4 times per year, followed by 31% for 3 times per year. Preference for receiving the *ACA News* was by regular mail (83%), followed by the internet at seventeen percent (17%).

The majority praised the work that ACA does: "I always look forward to receiving my copy. Thanks for the wonderful and dedicated work.

"ACA News keeps us in touch with Seniors in other regions, up-to-date on the minister's work for Seniors, and articles meant to improve our knowledge/information. Thank you for a worthwhile, interesting publication."

Another writes: "Very pleased ACA has advocated

#### **ACA SURVEY RESULTS**

re-establishment of nutritious and flavourful meals prepared on site in continuing care facilities. Should be pursued vigorously until change is implemented."

Some comments suggested need for greater representation in the regions, as well as "more substance and details per region and Alberta progress in specific Senior care."

Another writes: "Would like to see the ACA News with much more news of what's happening throughout Alberta; more action-oriented about how to get involved or how to advocate; would like to see a lot more opportunity for education throughout province and volunteer opportunities." Others provided some recommendations for ACA News: 1) inclusion of more real life stories about how Seniors manage housing, finances, leisure activities, recreation, etc.; and 2) providing health related education about: criteria for organ transplants, alternative health care, wellness practices, and new drug side effects.

We appreciate the time that members took in completing the survey; thank them for their feedback. Member input helps guide ACA's planning and work toward improving the quality of life for Seniors. We welcome additional comments, recommendations, and/or questions you may have about these results.

Please call ACA or contact kathie@acaging.ca.

Respectfully submitted by Gary Pool and Kathie Neu Organ

#### Members' voices on why they joined ACA:

- To be aware of Senior activities, including Government supports.
- I believe in its mission and want to help support it.
- I wanted other Seniors' viewpoints on health and housing. I love our ACA News
- •.I thought it was a good thing. We needed a strong ACA organization.
- To improve life for Seniors through dialogue with government.
- •. To belong to a peer group to participate in programs offerred.
- I felt ACA is working for us Seniors. I should support a good cause.
- .• Seniors need a voice in government ruling that apply to Seniors.



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#### **REPORTS FROM REGIONS 1, 2, 3 AND 5**

#### Region 1

This fall Region 1, (Northwestern Alberta), has been busy organizing events of interest to seniors in this area.

On Oct. 26, a meeting is scheduled to be held in Rycroft, for residents of the Central Peace. Verna Horney, Palliative Care Resource Nurse, and Heather Manarey of the Grande Prairie Hospice Palliative Care Society will make a joint presentation. Their topics will include hospices in our region, and palliative care in northern Alberta.

The following day, Oct. 27, at Points West, Grande Prairie, ACA will host the same presentation for residents of the South Peace. A guided tour of Points West, where our new Hospice and Palliative Care Unit are located, is planned.

Paul Lemay has been invited to sit on the City of Grande Prairie Community Advisory Board on Housing, CABH. The goal of this committee, with the support of federal and provincial initiatives, is to end homelessness within 10 years. We thank Paul for his interest and willingness to work on this project.

I will begin attending the Grande Prairie Senior Interagency meetings beginning Nov. 9. This will help our committee to be informed of activities and events that are of interest to the senior sector.

Respectfully submitted, Yvonne Dickson, Director Region 1

#### Region 2

Summer flew by all too quickly and it is time to once again get our region up and running. Our executive met on Sept. 21st to begin planning our activities for the upcoming year.

First, an update on the new continuing care/ assisted living facilities in the northeast. Cold Lake's facility which will be built by Connecting Care as another Points West facility has made some progress. The site, located directly south of the hospital/health-care centre has been cleared.

The projected date for completion is the fall of 2012. It will contain 42 assisted living beds as well as 10 self-contained units that Seniors who wish to leave their homes could rent. The rent on these 10 is not regulated by government but rather by what the market will bear.

The facility in Fort McMurray to be built by government rather than a P3 model, will have a mix of long-

term care and assisted living beds for a total of 100 beds. The site has been selected and is about a half a block from the Northern Lights Healthcare Centre. No completion date has been set. The site had low-income housing on it so that will all have to cleared/removed before anything can happen there.

Recently, I learned that Smoky Lake has been selected as the next site for a new facility. This will probably be a private public partnership (P3) arrangement. The current Continuing Care Centre requires immediate renovations to make it safe so renovations that are absolutely critical will be done as a two-three year fix.

We lost our Regional Director, Diane Walker, as she moved out of the region. We wish her the best as the new director of Region 3. We have found a replacement: Alex Herdman of Atmore, who will be assuming the role of Region 2 Director when the board meets in November.

A meeting has been scheduled for Oct. 21 at the Athabasca and District Senior Citizens Centre at 1 p.m. We hoped to see many people there as we introduce ourselves and ACA to the fine seniors in that area. Plans are underway to hold a November meeting in Lac La Biche. No date has been set.

The two main issues that keep arising in the northeast are the provincial 21-day menu and the new way of doing business with assisted living facilities. There remains confusion about the various levels and what they mean, as well as what type of care will be provided.

If we have missed your area and you want us to come for a meeting, please contact me at 1-780-645-7757 or at edithread@hotmail.com.

Respectfully submitted, Edith Read

#### Region 3

For the past two years, I have served as the director of Region 2, where I had the privilege of working with many Seniors and organizations addressing a variety of concerns related to Seniors' quality of life. Due to my recent relocation to Region 3, I am no longer serving as Region 2's director. I shall miss the many people with whom I worked closely with and send my congratulations to Alex Herdman, who has assumed the director's role of my former region. I look forward to working

#### **REPORTS FROM REGIONS 1, 2, 3 AND 5**

with him in his new capacity while I get acquainted with my new role.

Being new to this region, I am hoping to get out and visit your centres. I welcome the idea of holding an information meeting in one or more of your Senior Centres. If anyone has any additional ideas or concerns, please let me know.

Respectfully submitted, Diane Walker

#### Region 5

Our council is getting into gear again after what seemed like a short summer. Our Board had being visiting some of the Seniors' residences in the spring and we will be viewing others this fall and winter.

We recommend all Seniors take part in the various seniors' Open Houses and visit the retirement homes in their area. Should the need to move from your current home arise, you will be well acquainted with the options available and be able to make an informed decision.

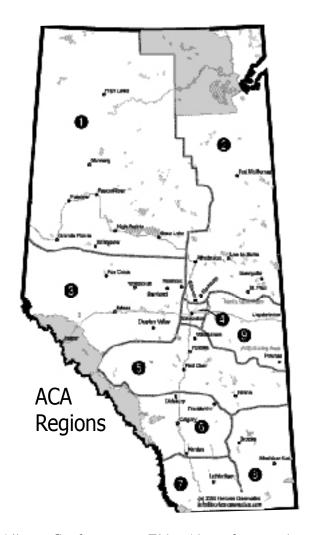
During the leadership campaign to replace Premier Ed Stelmach, a few of our members attended an informal breakfast with candidate Alison Redford. It provided an excellent opportunity to meet and discuss issues with her. She was asked what influence or power to move her agenda would she have as premier. Her answer was that it depended on her choice of cabinet ministers.

Some of our board members also attended a Health Advisory Committee but a report has not been made.

As a way for our board to improve communications with members, we are looking at setting up a website. If you have any stories, good or bad, about your experiences with the health system we would like to hear them and therefore we hope a website will be helpful in this regard.

As you may know, long-time dedicated member Sam Denhaan has resigned from our board. Our region is grateful for Sam's hard work over the years as he strived to keep the Seniors in our area informed about the many facets of Seniors' lives. His advocacy work is well known and appreciated.

Our Region expects to hold a seniors' resource conference next fall and plans are now underway. After attending one in Edmonton a few years ago, I am looking forward to being a part of our plans for this event . Lastly, as a representative of the ACA Board, I attended the first



Alberta Conference on Elder Abuse for two days in Edmonton and a half-day "roundtable discussion" on long-term care in Calgary. The conference was enlightening and educational as complaints seem difficult to prosecute and there appears to be too many gaps in the legislation. Particularly, problems that arise from power of attorney abuse or fraud are very hard to correct in the (victim) Senior's favour.

The sessions I attended included Financial Literacy, When Mental Illness Meets Elder Abuse, and A Duty to Care – A Collaborative Approach to Elder Abuse (led by an Edmonton Police sergeant and constable) an Aging with Laughter and Grace. The author/presenter of the last session and address was Phil Callaway, humourist and author of 25 heartwarming, tales of family life.

Submitted by Bev Hanes Director Region 5

## Understanding mental illness

#### Lack of a strategy is costing our health system billions a year

Editor's note: Bev Hanes, Director of Region 5, recently wrote a paper addressing mental health care in Canada. In it, she provided her audience with a general overview and then specifically addresses passive dependent personality disorder. The following is part one of her three-part series; parts two and three will be published in the next two issues of ACA News. We welcome your input on this important issue!

#### Mental Health Care in Canada

Canada is the only G7 country without a mental health strategy. As per Louise Bradley, President of the Calgary headquartered Mental Health Commission of Canada, 7 million Canadians experience some form of mental illness each year, yet it remains the orphan of health care. This commission is four years old and mandated to finally draft a coherent approach to mental health issues.

Discussion of mental illness is still shrouded in embarrassment and even fear. However, as it is estimated to cost our economy \$51 billion dollars due to the lost productivity of workers afflicted with a various number of mental illness or disabilities which includes depression, substance abuse and psychotic episodes, a strategy is definitely needed.

Many such illnesses go undiagnosed or are improperly medicated. Family doctors are overwhelmed and ERs are not well suited to dealing with the problem. The public health system does not provide enough funds and counselling waits are too long.

In Ontario, only 1 in 3 adults can be helped and it is worse for children or young adolescents with only 1 in 6 receiving any help. The result is that assistance is very piecemeal and it is usually wealthy Canadians with mental disabilities who receive the most help through private psychologists, outside any public medicare.

#### Scope and Diagnosis

The range of mental illness includes behaviours such as pulling one's hair out to serious psychosis such as split personalities. The primary question is to ask who determines what behaviour is abnormal, and then what

behaviour actually is abnormal and not just a trait or characteristic of a person's personality or culture.

Few of us have not heard of Sigmund Freud (an Austrian neurologist 1856-1939) considered to have founded the theory of modern psychoanalysis. His method of talking through one's problems was definitely an improvement over the prior thinking that the "devil had taken over a person" and thus an exorcism was required. This method of dealing with behaviour problems redefined insanity as an illness and thus provided more compassion and understanding.

In 1952, a small Diagnostic and Statistical Manual of Mental Disorders (DSM-I) was issued. Its four updates have resulted in a much larger tome which has become the bible of psychiatrists. Rather than weekly or some other regular visit by a patient or client to a psychologist or psychiatrist, many professionals now medicate and do quarterly med checks. In the new enlarged DSM-IV, all disorders are coded and their treatments are designated medication regimes.

#### Everyone likes the DSM-IV

- Psychiatrists and psychologists, because they do not have to spend time on clients; the regular med checks are easier and quicker- often for the same income return.
- American HMOs especially like the DSM-IV because since disorders are coded and treatments are prescribed; they can easily say yes or no to requested treatments which may vary.
- Pharmaceuticals especially like its use for obvious reasons
- Scientists and researchers have easy statistics to work with and studies are easy to adapt with a control group and one with a trial drug. The problem then arises as to who is funding non-medication research. Most if not all

#### **MENTAL HEALTH**

funding comes from the pharmaceutical corporations and their interest lies in selling their drugs. Bad results are commonly suppressed.

• Patients also like it. Taking a pill is much easier than taking the time to talk and find out the underlying issues or to work on changing one's behaviour.

#### So what's the problem!?

The DSM-IV has become the definitive description of what is abnormal for a personality behaviour and some actions which are really normal have become disorders. Shyness was and is normal to many of us, but according to the described disorders it is called "avoidant behaviour" or "social anxiety disorder" and can be medicated with a drug such as Paxil.

Grieving too long is depression and therefore an antidepressant is prescribed. A stressful lifestyle is now considered to be abnormal and an axiolytic drug is the prescribed treatment.

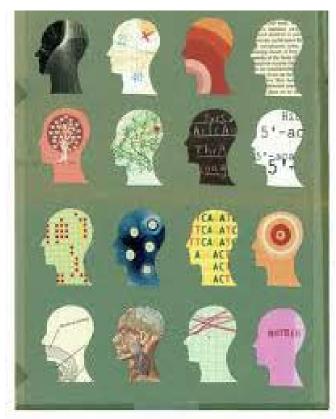
Finally, it has led to the massive growth of global pharmaceutical corporations who seem to be creating disorders in order to sell medications. Instead of working through feelings, problems, etc., we see medication being the only prescribed and researched treatment for such disabilities.

The real problem is not solved but just medicated and often for the long term. The patient never really heals.

#### Personality Disorders

At birth you are born with a genetic make-up of some inherent behaviours and these are further influenced and reinforced by the society you grow up in. The common values, ideas and actions in that culture become the normal behaviours of that society and its individuals.

Abnormal behaviours may certainly be due to a chemical imbalance and require medication but others may



just as certainly be the result of a traumatic occurrence.

According to the information on Wikipedia, personality disorders may be placed in three groups called Cluster A, B and C and others. Cluster A disorders are what is considered "odd" – paranoid, schizoid and schizotypal. Cluster B disorders are considered "dramatic" – antisocial, borderline, histrionic and narcissistic. Cluster C disorders are considered "anxious" – avoidant, dependent and obsessive – compulsive. The last group considered as others, are not specified – depressive, passive-aggressive, sadistic and self defeating belong to this cluster group.

The diagnosis process is very subjective and dependent on the clinician's scope of education, knowledge, cultural background and individual prejudices.



Bev Hanes's interest in Seniors' issues comes from helping to care for her father through seven years of Alzheimers; she also looks after her mother, who now lives with her and her family.

Bev has a Bachelor of Commerce from the University of Alberta, and has almost completed a certificate course for Site Managers of Seniors Residences.

# Elder abuse conference fosters awareness in community

The first Alberta Elder Abuse Conference was held in Edmonton on Oct. 3-4, hosted by the "Alberta Elder Abuse Awareness Network." The Alberta Council on Aging was represented by Bev Hanes, Diane Walker, Yvonne Dickson and Daniela Hiltebrand.

Some of the topics addressed included Preventing Financial Abuse, Law Enforcement, Screening and Detection as well as Community Response to abuse in an older adult. The conference was headlined by the motto "Face It – it takes a community to respond to elder abuse."

More than 300 professionals and volunteers from across the province who are dedicated to working with Seniors and issues of elder abuse came together to increase their knowledge and understanding of aging and elder abuse.

The exceptional lineup of speakers from Alberta and across Canada included Joan Braun, a practising lawyer and a social worker; Judith A. Wahl, Executive Director and Senior Lawyer, Advocacy Centre for the Elderly;



Yvonne Dickson, left, Bev Hanes and Diane Walker attend the Elder Abuse conference in Edmonton.

Dr. Daphne Nahmiash, PhD, of Montreal, who is presently the chairperson of the Notre-Dame-de-Grâce (NDG) Committee on Elder Abuse, and Phil Callaway, award-winning author, speaker and "daddy of three," as he called himself.

If you need information about elder abuse, you can contact our office at 780-423-7781 or the Alberta Elder Abuse Awareness Network in Edmonton at 780-392-3267; in Fort McMurray at 780-799-8673; in Lethbridge 403-329-7396; in Medicine Hat 403-527-8223; Red Deer 403-343-6074 ext. 106, Grande Prairie 780-539-6255, or visit their website at www.albertaelderabuse.ca.

Stay tuned for a detailed report in our next newsletter!

Submitted by Daniela Hiltebrand

#### 2017 - 50 years of ACA

In 2017, the Alberta Council on Aging will be celebrating its 50th Anniversary. Today, we are asking our members for their input and help.

Do you have stories about ACA's early years?

Were you a member of the board or do you have stories about past events and meetings?

Do you have pictures from early events you would like to share?

Do you have copies of old newsletters prior to 1984?

We are trying to gather as much information as early as possible and would appreciate your help.

Please give us a call, email, fax or write to us with your stories. Thank you!

### Annual General Meeting 2012 - Where will it be?

The ACA is planning their AGM for 2012. It will take place either in the week of June 4-8 or June 11-15, 2012, and we are asking our members for their input on which location should be hosting this event. Is there a region that would be willing to host our Annual General Meeting in June 2012?

Deadline for your input is Nov. 10, 2011. Please email Daniela at daniela@acaging.ca, give us a call at 780-423-7781 (Toll free in Alberta: 1-888-423-9666), or write to us.

Thank you very much for your help and input in this matter. We are looking forward to hear from you!

## New leadership signals change

#### Seniors have new premier, minister to examine key issues

At the time of this writing, a change in the leadership of Alberta's Progressive Conservative Party has taken place, and the new Premier Alison Redford and her appointed cabinet are transitioning to their new roles and responsibilities. Under Premier Redford, the Department of Seniors and Community Services has been changed to the Department of Seniors with George VanderBurg, serving as the new minister, and Alana DeLong as the new Parliamentary Assistant of Seniors.



On behalf of the ACA Board, I extend our congratulations to Premier Alison Redford and her cabinet. We look forward to addressing Seniors' issues with her and her new leadership team.

The timing of this transition coincides with ACA's reflection on our 44th

Annual General Meeting (AGM) in Red Deer, May 31, 2011, and the results of our

informal survey conducted during the summer.

Many of the concerns presented at the AGM centred on Senior housing, supportive living, long-term care, home care, support of caretakers, the growing financial pinch that people with middle incomes have, access to public information regarding budgets and expenditures, and medication funding for Seniors. The issues presented in the survey were overarching and taken from the Alberta Aging Population Policy Framework.

Members were asked to identify the three most impor-





Premier Alison Redford and her new minister responsible for Seniors' issues, George VanderBurg, will be watched with great interest by Alberta's Seniors.

tant issues to them. Their responses aligned closely with voiced concerns at our AGM: 1) being able to reside in the place that is appropriate for their circumstances, 2) having access to adequate financial resources to meet their needs, and 3) having access to a range of continuing care services that enable them to reside in an environment that is appropriate for their circumstances. See pages 4-5 for further information on the results of the survey.

This feedback has been especially timely given new leadership and the changes currently taking place at the provincial level. On behalf of the board, I extend our appreciation to the many members who voiced their concerns and made recommendations. These support the ACA Board of Directors in prioritizing and co-ordinating efforts that align with our mission and give focus to issues of importance.

Your Views
Send your comments and letters to:
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info@acaging.ca

# Multicultural guide aims to bridge barriers

ACA's new publication, the Multicultural Sensitivity Guide is now available!

This summer, the third publication of ACA's program "Preventing Elder Abuse Through Education" was distributed to service centres throughout Alberta. Nadia, and our longtime volunteer Sara Bezanson, mailed out hundreds of booklets.

The Multicultural Sensitivity Guide was developed with funding provided by the New Horizons for Seniors Program and is the third and final publication in the ACA strategy for responding to elder abuse in our communities. The guide was designed to be used by service providers and by people who lead, volunteer and participate in organizations and agencies that serve, advocate for, and support seniors.

ACA hopes that this guide will help reach the goal that more cases of abuse will be identified and referred to service professionals. Mainstream service agencies and seniors' organizations will feel confident in reaching out to ethnic and immigrant seniors, in spite of language and culture barriers; ethnic and immigrant Seniors will be able to learn about help and support that are available to them in the mainstream community and feel more comfortable and engaged in all aspects of society.

Senior-serving organizations will have the tools to encourage isolated and vulnerable ethnic and immigrant seniors to be more active and eventually get out of their isolation.



Volunteer Sara Bezanson helps to distribute the new publication, Multicultural Sensitivity Guide.

Elder abuse often arises in circumstances where the victim lives in social isolation. This isolation can be more difficult to overcome when the senior comes from a minority culture.

Agencies and organizations can take steps to improve the cultural awareness and responsiveness of their staff, volunteers and members. By doing so, they will be contributing to improve integration of ethno-cultural Seniors and prevention of abuse.

The Multicultural Sensitivity Guide was distributed to over 1,000 health care facilities, police service stations, libraries and Senior centres. If you would like to receive a copy, or get more information on our programs, please contact our office at 780-423-7781. Together, we CAN make a difference!

Submitted by Daniela Hiltebrand

#### Thank you for your support

The ACA extends it grateful appreciation to its funders for their generous support!

- Human Resources and Skills Development Canada
- Government of Alberta Community Spirit Program
- Government of Alberta Community Initiatives Program
  - Alberta Gaming and Liquor Commission

#### **SENIOR FRIENDLY™**

# Age-friendly initiatives a growing global commitment

#### Edmonton joins WHO's network of progressive communities

With the onset of the World Health Organization's (WHO) Age-Friendly Cities Initiative of 2007, information about age-friendly endeavours across the globe and Canada have populated the worldwide web, where cities and communities have shared their comments, ideas, strategies and successes for planning and strategizing ways to enhance their policies, environments and practices to be age-friendly.

Overwhelmed with positive response to the initiative, the WHO Global Network of Agefriendly Cities© was created in June 2010 to support cities wishing to join this global movement with guidance. Membership to this requires commitment to five-year membership cycles that include engaging four steps in achieving age-friendly city recognition by WHO. These steps are planning, implementation, evaluation, and continuous improvement.



In June 2011, Edmonton became the fourth Canadian city to be granted membership into the WHO's Global Network of Age-friendly Cities. We send our congratulations to Edmonton and look forward to learning more about their progresses in this endeavour as cities and communities throughout Alberta continue their discussions about how they can develop age-friendly communities.

At the recent 2011 Seniors Services Conference, then Department of Seniors and Community Services announced that the 2012 Seniors Services Conference will be held in Edmonton on Sept. 13-14, 2012, in partnership with the Edmonton Seniors Coordinating Council. The theme for this conference will be "Age-Friendly Communities," and ACA will be working

closely with the Edmonton Seniors Coordinating Council in planning the conference.

On an international scale, the year 2012 marks the fifth anniversary of the World Health Organization's Age-Friendly Cities Initiative, and a symposium is being planned that will bring together 130 international delegates to highlight lessons learned in the first five years of the age-friendly community movement. Three key themes will be: Leadership, Partnership and Sustainability.

This conference is being held at the Centre on Aging, University of Manitoba in Winnipeg, October 2012. More to come!

There are a lot of exciting age-friendly endeavours happening in Alberta. Senior-Friendly<sup>TM</sup> is in the midst of a demonstration project whereby we are training, as well as addressing access to and sustainability of the program. The ACA is developing plans for making the Senior-Friendly<sup>TM</sup> program more accessible so that businesses and organizations in all corners of Alberta can easily participate. Results from the informal survey posted in the *ACA News*, revealed that topics related to age-friendly communities and age-friendly hospitals rated among the top 10 topics of interest by our members.

The *ACA News* is one venue to share what is happening in and between regions of Alberta and we invite you, your friends, and family to consider realizing your volunteer goals with ACA and join us with the Senior-Friendly<sup>TM</sup> program development planning process, writing about age-friendly happenings in your community for the *ACA News*, training others in Senior-Friendly<sup>TM</sup> practices, or working with businesses and conducting Senior-Friendly<sup>TM</sup> business audits.

To learn more, give us a call or contact us at kathie@acaging.ca.

We look forward to hearing from you! Respectfully submitted by Kathie Neu Organ

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# Would you like to receive your ACA News via email?

If you would like to receive your *ACA News* via email, we will be happy to send ACA Members a PDF copy starting with the next issue. Please call our office at 780-423-7781 or email your contact information to daniela@acaging.ca. If, after signing up for this service you have trouble downloading the PDF copy and wish to stop this service, simply call our office and you will get the *ACA News* sent by mail again.

(Your email contact information will remain in our database for Newsletter emailing purposes only and will be treated with utmost confidentiality!)

## We want to hear from you!

- Did you write a poem?
- Do you know a joke or funny story?
  - Did you write a short story?
- Do you have tips you would like to share?
- Would you like to submit a letter to the Editor? ACA would like to hear from you and publish your piece in one of our upcoming Newsletters.

Please submit your contributions to our office either by mail, fax or email to daniela@acaging.ca. Make sure you mention your name, phone number and consent to publish your contribution.

# International group to study policies related to aging population

In late October, ACA learned from the International Federation on Ageing (IFA) that they will be "undertaking a small research study to gain improved knowledge and understanding of current and emerging policy issues related to population ageing for older people in Canada and other countries with similar social and economic demographics." The IFA's objectives for this study are:

- To gain insights into current and emerging age-related issues in Canada;
- To inform decision-makers on successful policy responses to the identified issues relevant to the Canadian context and population;
- To provide baseline information on current and emerging issues in countries similar to Canada in terms of demographic profile/demographic shift;
  - To develop a resource base of publications, individu-

als, agencies and industry that reflect the principles of innovative policy responses to age-related issues; and

• To provide leadership in positioning the policy-related issues in Canada within an international context

The concerns voiced by ACA Members at our annual meeting — plus those provided by respondents to the ACA News survey — were shared with IFA. Their research is expected to take place over the next four months, and a report will be generated. More to come when we receive that report! If you would like to contact IFA to comment, please contact Greg Shaw or Claire Carloz by phone at 416-342-1655 or by e-mail at gshaw@ifa-fiv.org or ccarloz@ifa-fiv.org.

Again, thank you ACA Members for sharing your voices about Seniors' matters in Alberta and across Canada.

Respectfully submitted by Kathie Neu Organ



# IMPORTANT – Your membership and subscription to the ACA News is about to expire and due for RENEWAL soon!

Membership with the Alberta Council on Aging runs from January 1 to December 31 of each year

Renewal is easy: Simply call our office with your credit card information, or send us a cheque in the mail. You may also fax the application form, which can either be found in the back of the ACA News or be downloaded from our website.

Membership fees are:

Household membership: \$20 Life membership: \$250 Organizational membership: \$60 Corporate membership: \$200

- . Are you planning to go away over the winter months?
- Do you have travel insurance coverage with Johnson Inc.?

If you answered 'yes', you must make sure that your Membership with the ACA is up to date. If you are not sure if you are due for renewal, simply check the date on your pocket membership card or give us a call.

#### DON'T DELAY — RENEW NOW!

We thank you for your continued support!



#### NEW MEMBER PRIZE DRAW

 Give the Gift of Membership:

Consider an ACA Gift Membership for the upcoming Holiday Season and enter to

 Refer a Family Member or a Friend

and you and your friend or family member will be entered in our draw to win 2 gift baskets – one for you and one for your friend or family member.\*

\* Your Membership must be valid for 2011 to enter. Your referral must join before December 31, 2011 and must provide your name in order to enter the draw. Draw will take place on December 31, 2011.

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