

ACA News



Seniors Stay Well and Get Better with Support

Alberta Council on Aging
Summer 2014
Vol. 46 No. 5

Canadian Publication Mail Product Agreement
No. 40028759
Return Undeliverable Canadian addresses to:
Box 9 - 11808 St. Albert Trail, Edmonton AB, T5L 4G4

Board of Directors 2014

Editor & Publisher

Alberta Council on Aging

About the Cover Photo and Story

Brian Peters, photographer, is the publisher and managing editor of Alberta Land & Life

Photo: Rosie Garcia and Dick Damron

Contact Us

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

Phone: 780.423.7781
Fax: 780.425.9246
info@acaging.ca
Toll Free: 1.888.423.9666

Annual Report 2013

Contact us for a copy or
visit our website:

www.acaging.ca

The views expressed in this publication do not necessarily reflect those of the Alberta Council on Aging.

The council reserves the right to condense, rewrite, and reject material submitted for publication.

Executive

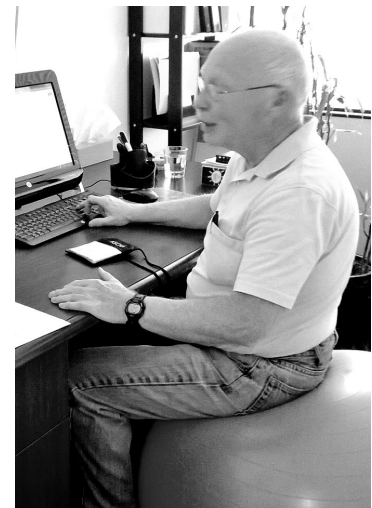
President: Fred Olsen
Vice-president: Ron Rose
Treasurer-interim: Gail Hiller
Past president: Gary Pool
Secretary: Yvonne Dickson

Regional Directors

Region 1: Yvonne Dickson
Region 2: Donna Chamberland
Region 4: Gary Pool & Gail Hiller
Region 5: Ron Rose
Region 6: Frank Hoebarth
Region 7: Murray Campbell
Region 9: Fred Olsen

To reach any of the directors, please contact
the Alberta Council on Aging office

Farewell to Gary Pool as
President. Many thanks for
his leadership and support
of the Alberta Council on
Aging.



Mission Statement

Our mission is to improve the quality of life for seniors and encourage their participation in all aspects of community by educating seniors and the public and by advising government.

Members may request an electronic newsletter

Board of Director's Report Announcing Our New President



Fred Olsen - President
Alberta Council on Aging

At the 2014 Annual General Meeting, Fred Olsen was elected as incoming president for the Alberta Council on Aging.

Born in Winnipeg, Manitoba Fred spent a lot of time in the country with his grandparents. These early roots and his current home in Irma give him an awareness of the

needs of people living in rural communities.

Fred has a background in the military and in running a

small business. He is a lifelong learner, enjoys fishing, is an avid reader, and has extensive knowledge of the American Civil war. Father of 4 boys, Grandpa to 7 and great grandpa to 1, Fred appreciates family and teamwork.

He brings his skills of critical thinking to the planning process and is committed to encouraging growth of the organization through a more visible presence in the province.

Fred wants to ensure the Alberta Council on Aging is considered a respected advisor on seniors' issues.



The Alberta Council on Aging would also like to welcome Ron Rose to the position of Vice-President, and Gail Hiller - second Director of Region 4, and Interim Treasurer.

Executive Director's Report Happy Summer!

Many thanks to Region 2 for hosting the Annual General Meeting in St. Paul, June 13th. We had rich discussion that focused on many concerns seniors are facing in their communities, from health services to transportation. Both Honourable Dave Quest and Cheryl Knight assured the audience they are keenly aware of the needs of seniors and are actively working to address these needs. We have the presentations, and you may request a copy.

My office mate Becky and I were welcomed into Donna and Paul Chamberland's home outside of Elk Point. Donna showed me some of her Dad's collection of musical instruments - a banjolele, a tenor banjo and a mandolin/bazookie and Becky enjoyed the opportunity to use her new camera.

Recent Senior Friendly™ Trainers from Alberta Supports and Alberta Motor Association have extensive plans for training as they go forward in becoming more age friendly.

I am grateful for our members and partners whose aim is to improve the quality of life for seniors. It takes a whole village.

Preparing for the fall we will centre our efforts on;

1. communication - website and newsletter
2. Senior Friendly™ Program Train the Trainer
3. Financial Literacy for Seniors
4. Community Outreach - town hall meetings throughout Alberta



Donna Durand

May you have a wonderful and well deserved summer!

Stay well, Donna

Reinserting Care in to Health Care

By Donna Durand

Something seems to be missing in the health care field. Is it Money? Leadership? Skill-set? Human resources? Patience? Time? Energy? Passion? Clarity? Boundaries? Collaboration? Competition? Is it a combination of the above? In order to reinsert, we must agree that something that used to be central has been lost somewhere along the way. I propose what has been lost is “care” the word and the value, as noted in the Alberta Health Services document 7 Ways : Leading with Values.

I have had the good fortune to be part of a few amazing clinical teams in my near 40 year career working with and for older persons. Person centered care is not a new idea, although currently many advocates are pushing for this focus to take hold. When I delivered care as a nursing aide in the late seventies, although I had no formal training, I was deemed both teachable and malleable. I had a nursing manager who saw the wisdom in growing the care staff by teaching the basics of personal care and utilizing the talents of the staff - such as musical and artistic ability.

A typical day would look like this; I would enter into the patient’s room with a knock on the door and ask if it was alright for me to turn the light on, then I would say my name and what I was in the room to do. As I handed over a warm washcloth I would ask the patient to wash their face and hands then help the patient to the toilet. I would create privacy by closing the door, or pulling the curtain, without leaving them alone. Some people bathed once a week, some more often. Personal care included cleaning teeth and nails, trimming nails, brushing and sometimes even setting hair. I would then assist the patient to the dining room and help as needed.

By afternoon, once personal care, physio and occupational therapy was completed, the care aides would visit one to one with patients or host small groups. There was an active recreation department



Leading with values

Our Mission

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

Our Values

Respect
Accountability
Transparency
Engagement
Safety
Learning
Performance

Alberta Health Services

that developed plans specific to patient’s interests, however they were not solely responsible for enriching the lives of the patients. For example, my co-worker was an artist, so she offered sessions from learning how to paint to art appreciation. I would host music and literary groups where we would sing songs, play rhythm instruments, recite poetry or read short stories. The patients and staff were engaged in what I would call a healthy leisure lifestyle.

At this time there was little understanding about dementia. However, our leaders were modeling care as an extension of God’s love. Whether hospitals, home care services or facility care was associated with faith based organizations or not - care was essential to dignity and quality of life.

Caring does not have a price tag or a place on a budget line; it is what draws us to the helping profession. Care is an essential component in the social contract, some would say it is part of our design.

Continued from previous page

In the late nineties I was in a social work position; again, care was a core value. At this time, patients were called residents and people on waitlists were invited to pre-admission seminars - to help familiarize themselves with facility life. Resident reviews, called care conferences, were influenced by the resident if at all possible. There was a process for decision making and an ethical committee would be formed when there were tough issues to resolve. Residents and families were considered to be customers and their satisfaction was one of our main goals. I do not recall ever hearing of a family member or friend being banned from the facility, but I do recall some tough issues where a solution had initially seemed a long way off.

Albertans have seen a few rounds of cuts to health care budgets; the dismantling of the Nursing Home Act; technology taking up more of our time not less;

people with multiple diagnosis; complex family dynamics; people living longer with increased needs and a rise in cognitive diseases such as Alzheimer's disease. Do these issues diminish the significance of a caring approach?

When we care about one another we will not warehouse people; willingly separate a person from their friends and family; over medicate in order to restrain; use technology inappropriately; or punish people for caring. There are practitioners who are working to maintain and improve the quality of life for vulnerable and older persons; however, they are forced to surmount many obstacles in order to provide the level of care that they know is best practice.

Can we reinsert "care" and let this be the solid foundation and the highest pillar of values in health care and community life?



What is Dementia?

Dementia isn't one specific disease, rather, dementia describes a group of symptoms which affect thinking and social abilities severely enough to interfere with daily functioning.

Many causes of dementia symptoms exist, however Alzheimer's disease is currently the most common cause of a progressive dementia.

Memory loss generally occurs in dementia. Yet memory loss alone does not mean a person has dementia. Dementia indicates problems with at least two brain functions; such as memory loss and impaired judgment or language, as well as the inability to perform some daily activities such as paying bills or becoming lost while driving.

Dementia can make someone confused and unable to remember people and names. Someone with dementia might also experience changes in personality and social behavior. However, some causes of dementia are treatable and even reversible.

What causes of dementia are treatable?

- Disease
- Drugs
- Delirium
- Depression
- Dehydration
- Deafness
- Diet

- The Mayo Clinic and Alzheimer Society of Canada

Preventing Identity Theft and Fraud

Identity theft techniques can range from dumpster diving and mail theft, to much more elaborate schemes.

The internet makes techniques such as skimming, phishing, and hacking much easier for criminals. Computer spywares and viruses can also be used to collect personal information.

Prevention is the best way to deal with these crimes:

- Be wary of unsolicited e-mails, telephone calls or mail that tries to get personal or financial information from you
- Don't carry identity documents you don't need with you, keep them in a safe location
- Know your billing cycles and check your credit reports, bank and credit card statements and report any irregularities promptly
- It's safer for you to swipe your debit or credit card yourself. If you do hand over your card never lose sight of it

Report Fraud!

Contact the Canadian Anti-Fraud Centre:

1.888.495.8501

info@antifraudcentre.ca

- Always shield your personal identification number when using an ATM or PIN pad
- Memorize your personal identification numbers for payment cards and telephone calling cards. Never write them down
- Make sure you shred personal and financial documents as well as anything with personal information on it before you put them in the garbage
- If you change your address notify the post office and all your financial institutions

The best way to prevent fraud is to monitor your financial accounts carefully and your credit report regularly for any unusual activities. If you suspect you may have become a victim contact your local police and financial institutions immediately.

Community Focus: Alberta Supports

Expanding Service Delivery



Honourable Manmeet Bhullar
with Gary Pool at the Alberta
Supports expansion launch

Alberta Supports Centres are hubs that make it simpler for vulnerable people to find social supports and services. Launched in 2011, Alberta Supports is now expanding service delivery to include in-person services in Edmonton and Red Deer.

Albertans can come into the Alberta Supports Centre as a first point of contact instead of having to visit multiple government offices; they can be connected to a range of supports, such as the Alberta Seniors Benefit, Child Care Subsidy, and Income Support.

Alberta Supports service co-ordinators will provide information, referrals and supports on over 34 programs and over 120 social-based supports.

For more information on Alberta Supports call 1.877.644.9992 toll free from anywhere in Alberta.

Bluebird

He brings a surge to the heart and a tear to the eye

That beautiful bird, that is as blue as the sky

He arrives in the spring and he stays till the fall

Then he again heads south, to heed natures call

-D. Murray MacKay



Grow old with me the best is yet to come.

-Robert Browning



Rewards
Travel China Inc.

**10 DAYS
SPLENDID
CHINA
HIGHLIGHT
TOUR**

Talk to us Today

1.877.618.3386

info@rewardstravelchina.com

**\$1,899 ALL INCLUSIVE WITH ROUND TRIP
FLIGHTS FROM CALGARY or EDMONTON TO BEIJING**

DEPARTURE DATE: *October 30, 2014* *April 02, 2015*

Visit the Great Wall of China in Beijing

Paradise City - Hangzhou

Garden City - Suzhou

Amazing Shanghai



Price includes 5 star hotel accommodations, 5 star plus cruise, local flights and transportation, daily meals indicated, sight seeing tours, daily transfer and admission, an English speaking tour guide & much more!

An Interview With Dr. Robertson

By Donna Durand



Dr. Robertson and his mother, celebrating her 94th birthday in 2013.

Dr. Duncan Robertson, one of Canada's first geriatricians, makes his home in Victoria, B.C. although he jokes that for the past number of years his home address could easily be westjet.com. He has been an indispensable resource as consultant and practitioner, first for the David Thompson Health region and now Alberta Health Services, as the Senior Medical Director of the Seniors Health Strategic Clinical Network.

When asked what Dr. Robertson, son, husband, father of two daughters, grandfather of four and a senior himself does for fun, he says he enjoys kayaking, sailing and when not reading medical related works, he reads philosophy and history. He cites a simple philosophy on aging well: it is a matter of good genes, good living and good luck. Dr. Robertson is proud to speak of his ninety five year old mother who continues to live independently in England.

Alberta's Seniors Health Strategic Clinical Network is pursuing improvements to health care services and practices that enable Alberta's seniors to optimize their health, well-being, and independence. The Network's three platforms and projects, including the appropriate use of antipsychotics in long term care and elder friendly care are: Healthy Aging and Seniors Care; Aging Brain Care; and Anticipating an Aging Alberta.

The pilot project on appropriate use of antipsychotics in long term care involved reducing medications of residents in 11 care facilities from 40% to 20% within a nine month period; the next phase will include all 173 long term care facilities in the Province. When asked how extensive use of antipsychotics happens in the first place, Dr. Robertson explains that some seniors with longstanding psychiatric illness continue to benefit from these drugs and others come to long term care from hospital where they may have been treated for delirium and these medications are continued after placement. Other seniors have been started on these drugs to help alleviate behavioural symptoms associated with dementia. As antipsychotic medication is reduced, staff, volunteers, family and friends are educated in identifying and treating their causes and triggers and understanding the meaning of responsive behaviors and their management of through non-pharmacological means such as increased socialization and use a variety of strategies including music.

Further study of the adage "we are more than the sum of our problems" may be a key to understanding some aspects of brain health, hence expanding existing knowledge on brain care. How does resiliency, resourcefulness and resolution impact on brain health and well-being? Can these characteristics be learned and therefore taught? For instance, how does a person cope with the tremendous losses that may be accumulated over time? Can people learn to re-frame their thinking and essentially lessen the impact of stressors such as loss of a spouse, or loss of mobility?

When exploring the meaning of "good living", as in Dr. Robertson's philosophy on aging well, he points out the significance of exercise and good nutrition as found within the Mediterranean diet. He also mentions that many of the risk factors for illness and disability in old age are the same as those for heart disease and that "Health Brains and Healthy Hearts"

Continued from previous page

are connected. Maintaining mobility is extremely important to optimal health and recovery from illness and is emphasized in the elder friendly initiative.*

“Aging well is a matter of good genes, good living and good luck.”

-Dr. Duncan Robertson

Dr. Robertson sees this point in human history as new territory and a triumph for seniors; never before have people lived as long and as well. The medical field has a broader understanding of how to arrive at old age in relatively good health. It also better understands prevention and has an increased ability to treat illnesses that are problematic for older persons. Better public health, health care services, and individual behavior such as healthy diet and exercise have increased the prospects of survival into old age.

The Seniors Health Strategic Clinical Network, is aiming to clearly articulate an action plan that brings the combination of prevention and treatment of illness within the context of an aging world. Their goal is to enable people to live a full life with the capacity to manage disability as they age.

* The elder friendly initiative has three specific process changes to caring for seniors. The first is a nursing intervention, known as ‘comfort rounds’ where nurses see patients at intervals of two hours, and encourage them to change positions or get out of bed, use the washroom and ensure that they are well hydrated. Research suggests that comfort rounds have the potential to improve patient outcomes. The second is delirium detection and early screening – aimed at reducing and managing delirium for elderly patients. And the third is training staff in using alternatives to using restraints for seniors who are assessed as being at risk to themselves or others.

The Mediterranean Diet What is it?

- Fresh rather than processed foods
- Plant-based: grains, vegetables, fruits, legumes
- Fish, nuts, olive oil (monounsaturated & omega 3)
- Skinless poultry and low-fat dairy products
- Infrequent and small amounts of red meat
- Moderate wine consumptions, at meal times
- Small portion sizes compared with Western diet



Thank-you to our donors!

Gordon & Louise Bowden

Rondo E. Wood

Cecil Rasmussen & Eileen Ostiguy

Lloyd Reed

Mary Reimer

Patricia Dickson

Anton & Carol Prybysh

Guy & Wilma Vervoot

Robert & Jean Hunter

James Bocking

Midori Brown

Ina Jane Varner

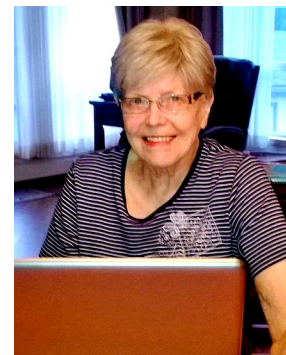
The Alberta Council on Aging Board of Directors
thanks you for your contributions!

What has the Alberta Council on Aging Been Doing?

- Health and Housing Committee compiled findings and prepared position paper: [Seeking Solutions to the Challenges of Health and Housing Programs for Albertan Seniors](#)
- Presented and reviewed position paper to Carmen Grabusic (Acting Executive Director Continuing Care Alberta Health) and Honorable Associate Minister for Seniors Dave Quest
- Completed CIP grant reporting (overdue from 2004 and 2005)
- Telephone and face to face meetings with Enactus, S.A.I.T. representative regarding Financial Literacy Project
- Hired SCiP student to edit and bring Helping Hands: A Service Provider's Resource Manual for Elder Abuse in Alberta up to date
- Planning meetings with Diana Anderson for AGM
- Seek sponsorships and speakers for AGM
- Prepare board of directors packages, annual reports and program brochures
- Work with bookkeeper and auditor on year end audited financial reports
- Attend lunch and learn to meet newly appointed Health Advocate and Mental Health Advocate
- Fine tuning of edits to policy and procedure manual
- Met with Raj Sherman, leader of the Liberal Party re: strategic plan and Integrated Services for Seniors (ISS) project
- Met with Kerry Towle, Wildrose Official Opposition Critic for Human Services and Seniors to discuss position paper and strategic plan of the Council
- Exploration meeting with Johnson Inc. representative Shannon Patershuk regarding administration of membership applications and renewals
- Attended launch for Alberta Seniors Week
- Guest speaker at launch for Alberta Supports initiative
- Face to face meeting with AGLC to provide clarity on use of casino funds
- Submitted article for Canadian Pensioners Concerned (Ontario group)
- Facilitated Senior Friendly™ Train the Trainer seminar in Edmonton
- Presented Fraud Prevention workshop for ASSIST Community Centre's seniors (with the assistance of Mandarin interpreter)
- Accepted invitation to meet with Minister of State (Finance) Kevin Sorenson and Minister of State (Seniors) Alice Wong consultation session strengthening seniors' financial literacy



Left to right: Participant, ASSIST Coordinator - Eliza, ACA Volunteer - Sara, and Donna



Mary Durand - Editorial Volunteer

Financial Literacy Starts With Seniors

By Shannon Patershuk

Are Canadians Prepared for Retirement?

In general, Canadians do well in preparing for retirement. Most Canadians can choose whether to spend when young, or save and have more options in their retirement years. Although financial literacy education and advice can improve the choices we make, many Canadians are still concerned about their retirement plans. Only 61% of workers have a plan for retirement, and only 15% have a written plan, as reported by Aegon Capital Management in "The Changing Face of Retirement, Canada Country Report 2014".

Talking to Seniors

How retirees actually decide to retire, and what makes an individual successful through their retirement years is largely unknown. A study by the Society of Actuaries held in the US explored the following questions:

- how individuals make retirement decisions
- steps completed
- finances and other factors considered in the decision
- how successful they have been in their retirement years

Retirees who had retired voluntarily were interviewed and were separated by asset level, sex and geography.

Decision to Retire

- For many middle class individuals, voluntary retirement is more the result of a "push"
- Most participants retired in response to other issues such as health, challenges in their workplace, or the need for family care-giving
- They did not retire primarily to have free time to pursue a hobby or start a business.
- Workplace difficulties included jobs that were physically difficult, they perceived their

employer as "encouraging" them to retire, among others.

Current Reality

They are careful financial managers and focus on current cash flows, rather than on sudden shocks or slow changes

- They are flexible and able to reduce current spending to match their income
- They save for emergencies, or to leave an inheritance and they limit spending for travel and meeting their dreams
- Planning for inflation, substantial long term care needs, and large medical expenses is not common.
- Many manage their assets on their own, and it is likely that a considerable number will struggle in later years
- Working longer might not be a practical solution due to factors such as health problems or lack of job opportunities

More research is needed to identify better strategies to help both current and future retirees improve their security. Solutions may involve encouraging more informed decision making through education, or tailoring messages based on gender - since there was a clear difference between men and women in these groups. Finally, policy changes to encourage older individuals to work longer as well as better support for the timing of their decisions may be necessary.

There is room for improvement in many areas, but any changes we do make need to be well considered, as they will be with us for a long time.



Happiness is Helping Others

The Benefit of Mutual Support Groups by Kristine Theurer, MA (Gerontology), MTA



Loneliness and depression have reached epidemic proportions in seniors' care. The Canadian Institute for Health Information (2010) reports 44% of residents suffer from symptoms of depression. Depression is linked with conflict with staff, very severe aggressive behaviour and withdrawal from activities of interest. Depression is also associated with Alzheimer's disease, heart disease, diabetes and cancer. Antipsychotic drugs have been shown to be often ineffective and a potentially dangerous treatment for depression when used on their own. This illness is a tremendous burden that, in addition to serious humanitarian concerns, increases the cost of care and contributes to staff burnout, sick time and turnover. How can we reverse the downward spiral of the loneliness and depression syndrome?

A powerful solution lies not in what we can do for residents, but what they can do for one another. By creating a safe environment where residents can open up and share their experience, problems and successes, bonds are developed and residents begin to feel connected. When a resident helps another, even if it is just feeling empathy, they are in fact helping themselves. Humans are hard-wired to help, whether it is caring for our children, rescuing a hurt animal, or building cities. Our altruistic nature rewards us emotionally when we help and this translates into happier and healthier residents.

Mutual support groups have been used for a long time by associations that deal with trauma such as the Heart & Stroke Foundation®, Cancer Foundation®.

These types of structured groups set the stage for open and "from the heart" sharing. Participants begin to care about and support each other and in seniors' care the downward spiral of loneliness and depression can be reversed. Individuals become a part of the group and reap the emotional and physical rewards of feeling useful once again. So far these types of groups have not been widely adopted in seniors' care but they are an inexpensive solution to getting residents involved in their community.

Our research has shown the benefits of a mutual support group extend beyond the group itself. The connections developed extend into the dining room and activities of daily living. It is important to have variety of tools to help facilitate the groups for seniors. Components such as structured discussion topics, music, poetry, photography etc. make it easy for activity staff to facilitate interactive group sessions. Another great discussion tool is the aboriginal "Talking Stick". The person holding the stick is given the floor while others listen. Some training for facilitators is also recommended as the sharing can get emotional. It is not the job of facilitators to solve problems, but be supportive and let the group provide the healing. Research outcomes include participant reports of a decrease in loneliness, an increased sense of belonging, feelings of empowerment and the development of new friendships.

The Java Music Club mutual support group activity program is available for purchase

Contact us, or visit our website, for more information
www.javamusicclub.com
info@javamusicclub.com

For a copy of the article, "The Development and Evaluation of Mutual Support Groups in Long-Term Care Homes", email kristine@javamusicclub.com

Summary of Activities

Alberta Council on Aging's 47th Annual General Meeting

The Alberta Council on Aging's 47th Annual General Meeting was held at the St. Paul Centennial Senior Citizen Opportunity Club on June 13th, 2014. There was a wonderful turn out, nearly 100 people in attendance.



Hon. Dave Quest,
Associate Minister
of Seniors



Shannon Patershuk of Johnson
Inc. giving away an iPad Mini



Hon. Dave Quest is asked a
difficult question as other
attendees listen intently



Theresa McNamara wins the trip
to China



Craig Copeland -
Mayor of Cold Lake



Cheryl Knight -
Alberta Health Services

Thank-you to our sponsors!



Alberta Blue Cross
Travel Rewards China Inc.
Walmart - Westmount
Mooswa Holdings
Lakeland Communities
Health Advisory Council
Boston Pizza
Myrnam Insurance

Town of St. Paul
County of St. Paul
Remedy's Rx
Co-op
Sobey's
A & W
McDonalds

Canadian Tire
Home Hardware
Tim Horton's
TD Bank
ATB Bank
Credit Union
CIBC

Dick Damron Becomes an Octogenarian

Cover story by Brian Peters

A native of Bentley, Alberta, Dick Damron did his hometown proud. Damron, a prolific song writer, performer and author has enjoyed one of the most successful and enduring music careers in Canada.

Born on March 22, 1934, Damron, like many Canadian country singers, had a great debt to Wilf Carter, a debt that proved to overshadow his fascination with rodeos. He attempted a career as a rodeo rider, but wound up devoting himself to music in his late teens, starting to eke out a reputation in the 50s when he began to play rock and roll. Damron continued to record for Canada's RCA label into the 80s, topping the charts regularly as one of the country's most reliable country hitmakers.

Despite the accolades, it's never been easy street for Damron. The lifestyle of a professional musician on the road is all-consuming and inevitably takes its toll. For Damron, it's been a 54 year-long road trip where he's experienced untold numbers of unhealthy diversions, from drugs and alcohol, to the daily grind of moving to the next town, the next gig and the next drama. Some compare Damron's life to that portrayed by Academy Award-winning actor Jeff Bridges in the 2009 film *Crazyheart*, the story of a performer who falls into depths of despair during the fading days of his career, before making an unlikely comeback.

A low point in Damron's life came in 2002 when he suffered a stroke. But the man's sheer tenacity helped him through a long recovery period, and after two years, he resumed his career with an energy that

surprised many. For the past decade he has headlined the Bentley Rodeo weekend, with performances at the local Monkey Top Salon, the Rodeo Arena and other venues in the model village on the beautiful Blindman Valley. Damron performs across Alberta in the summer months and in his snowbird home of Mazatlán, Mexico, in the winter.

Recently turning 80 in March 2014, Damron experiences the same challenges many seniors in

Alberta are facing. Some assume that because he has achieved fame and supposed fortune, he has the resources to manage all things in life without question. But he has seen band members, family members and old friends pass on; he has personally experienced the same challenges in accessing health care, getting help for daily living needs, and coping with a diminished financial outlook.

Coinciding with his 80th birthday, Damron wrote and recorded "Crazy Ol' Man in Old Mexico", a poignant reflection of his life. The video of this song is posted on YouTube, along with other highlights of his career including the 2009 Dick Damron Tribute concert in Calgary featuring his

friends Michelle Wright, Charley Pride, George Hamilton IV, Patricia Conroy, Carroll Baker, Ronnie Prophet and other country music stars.

His music can be purchased on iTunes. Currently filmmakers Richard Harrow of HB Media Inc. and Harley Hay (Harley Hay Studios) are making a full length feature documentary about Damron's life, "The Long Green Line".



The moveEZ Program

Preventing Functional Decline Through the Mobilization of Hospitalized Seniors

Without mobilization, older adults lose 1 to 5% of muscle strength each day while in hospital. In addition, one-third of older adults develop a new disability in an activity of daily living during hospitalization and half of these are unable to recover functions. The beneficial effects of physical activity on health are well known and firmly established in the research literature; there is also a growing body of knowledge related to the detrimental effects of sedentary behaviour. Yet, early mobilization is not well integrated across all programs for hospitalized patients and is not typically a required component of everyday care.

The moveEZ Program is focused on promoting life-long health and wellness by increasing the mobility of older adults in activities of daily living across the care continuum. Knowledge translation and the engagement of health care providers, family members and caregivers about the importance of mobility in older adults are essential elements of the Program to effect change and to shift the paradigm to mobility being an essential health sustaining activity.

"I really enjoy the program and the students, I'm very grateful for all that they do."

-93 year old Joseph Richter, a participant
in the moveEZ Program

The moveEZ Program began in January 2013 and is now part of 'usual care' on all inpatient adult and older adult units at the Glenrose Rehabilitation Hospital (except for Spinal Cord Injury).

The Program has three areas of focus:

- Functional Mobility Guideline
- Volunteer Program
- Research and Evaluation



Volunteers with the moveEZ Program support mobility

The Volunteer Program underpins the moveEZ initiative. It involves the recruitment and training of volunteers that include students enrolled in allied and health-related university and college programs. The volunteers are provided with a standardized education and orientation program that is focused on the provision of supervised one-to-one mobility activities with pre-screened patients based on their level of independence. With the full support of staff and physicians, the volunteers are actively engaged in motivating and coaching activities targeted at increasing walking, bed and/or wheelchair activities for hospitalized adults during evening and weekend hours. The success of the Volunteer Program is evidenced by over 50 University of Alberta students and 15 hospital volunteers having been recruited to date.



For more information, please contact Grace Maier:

780.735.8834

Grace.Maier@albertahealthservices.ca

HomeShare : An Alberta Generations Project Program

By Denise Laurin

The Alberta Generations Project, funded by New Horizons for Seniors Programs Grant, is a coalition of staff and volunteers from the Golden Circle Seniors Centre, Central Alberta Council on Aging (Region 5) and Family Services of Central Alberta that continues to engage seniors as they address the risk and social factors which make seniors vulnerable to abuse. Many older adults live alone in their communities and are at risk of social isolation. Often family and friends live too far away to give the help, companionship and security they need.

With the help of Red Deer College students the Alberta Generations Project began the HomeShare program, to address the needs of seniors and provide a proactive approach to preventing elder abuse. The idea behind HomeShare is to reconnect seniors to their community, reduce isolation and increase security and support. Project staff facilitate the matches between seniors in the community and college students. Students offer help with simple household tasks and errands in exchange for affordable housing. Seniors who have been a part of HomeShare are very pleased with the quality of matches.

While help around the home is greatly appreciated, seniors like the security of having someone to share their home with.

"It is the companionship that I appreciate the most - that is the number one asset."

-89 year old gentleman participant
in the HomeShare Program

The Alberta Generations Project is in its final year of federal funding and continues to provide educational workshops on the prevention of elder abuse. The goals of the workshops are to help community members identify the different types of abuse and become more knowledgeable about community resources that are in place to build resiliency. Most recently in Red Deer, the project helped launch an elder abuse protocol which will be an important asset to the community.

For more information about The Alberta Generations Project or to become involved in Red Deer HomeShare please contact Denise at 403.309.5826 or email: abgeneration@fsca.ca



Increase in the Residential Access Modification Program

Grant funding available through the Residential Access Modification Program (RAMP)

has recently increased from \$5,000 to a maximum of \$7,500. In addition, applicants can now apply for multiple RAMP grants in a 10 year benefit period up to \$15,000.

RAMP provides grants to help lower-income Albertans with mobility challenges modify their homes to be more accessible. Modifications which are covered range from widening or replacing doors, wheel chair ramps, to stair lifts and wheel-in showers.

Seniors who use a wheelchair or four-wheel walker will qualify; other eligibility requirements and application details can be found on the RAMP website at www.healthservices.alberta.ca/ramp

More information is also available by phone: Edmonton locals can call 780.427.5760 or toll free from anywhere in Alberta at 1.877.427.5760

Senior Friendly™ Update

Senior Friendly™ Public Policy



We hear talk about the implications of an aging population. Public policy must address the challenges and opportunities of an aging population in a comprehensive manner rather than laying blame on the seniors themselves or placing their entire wellbeing on individual behavior.

Seniors are often presented as being responsible for rising health care costs. There are many other “cost drivers” not connected with age. They include new technologies and drugs, the emergence of new strains of bacteria, AIDS, health effects of global warming, unhealthy lifestyles, etc.

Seniors are sometimes labelled “bed blockers” while utilizing an acute care bed when what is needed is sub-acute care, long term or continuing care, rehabilitation, transportation or additional supports such as home care and homemaking services. The Senior Friendly™ public policy calls for additional, affordable resources to ensure people age successfully in their communities.

The Alberta Council on Aging’s Senior Friendly™ program provides a roadmap for public policy makers. It does this by:

Raising Awareness: The Senior Friendly™ Program takes well researched and current information and puts it in the hands of those who need it in order to promote change. It profiles seniors as positive contributors to community life. Much of the general public do not understand the implications of aging. With the right emphasis on environment, service, and attitude seniors will remain engaged and independent. The Senior Friendly™ Program addresses falls prevention and elder abuse awareness.

Education: The Senior Friendly™ program is aligned with federal and provincial government initiatives on Age Friendly Communities and aging in place.

How dramatic is this population shift?

By 2021 the number of Canadians who are seniors will be 20%.

In 2031, 25% of all Canadians will be seniors.

Our program promotes a better understanding of the needs of seniors and the adjustments that will promote healthy aging.

Partnerships: Senior Friendly™ can be used as a focal point in developing community projects and ‘initiatives with local businesses, community organizations, public services, etc. For instance, in partnership with the Dietitians of Canada, Senior Friendly™ Grocery Store Guidelines and Ideas for Healthy Eating were developed.

Advantage: The Senior Friendly™ public policy benefits people of all ages and of all abilities.

The tools are here. What it now takes is the political will of decision makers to rise to the challenge. Age friendly communities embrace the concept that aging successfully depends not only on individual seniors, but also on the inclusiveness of where they live. The age friendly communities’ initiative must implement policies and programs that improve all environments that impact on older people. Proponents of this movement must prioritize agendas and offer solutions that do not overlap with health, housing, and support service programs.

Approved by the Board of Directors June 12th, 20014

Changes to the Condominium Property Act - Bill 13

On May 6, 2014 Bill 13 - the Condominium Property Amendment Act, 2014 - was introduced in the legislature.

The changes set out in this bill are the result of an extensive review and focused on modernizing Alberta's condominium laws and setting a framework that supports responsible self-governance of condominium corporations.

More than 50 amendments were proposed, including: the creation of a new condominium dispute tribunal, improved disclosure of financial and necessary information to buyers, and updates to qualifications for condominium managers.

In Alberta there are more than 8,000 condominium corporations in operation and condominiums account for approximately 20 per cent of homes sold annually.

The Ministry of Service Alberta is asking stakeholders,

and all Albertans, for their comments on the proposed changes this summer, to ensure Alberta's Condominium Property Act serves the needs of this province.

The proposed changes to the Condominium Property Act would:

- improve protection for purchasers
- improve protection for existing owners
- enhance board transparency and accountability
- allow for efficient governance
- raise standards in Alberta's condominium management sector
- enhance dispute resolution

Additional information and a copy of Bill 13 can be found on Service Alberta's website:
www.servicealberta.ca

The Alberta Council on Aging Board of Directors

is seeking representation for:

- Region 3 (Fox Creek, Westlock, Drayton Valley)
- Region 8 (Brooks, Medicine Hat)

Wanted:

Casino volunteers!
September 14th and 15th, 2014
Contact us for more
information:
780.423.7781
info@acaging.ca

Alberta Organ and Tissue Donation Registry

Did you know...?

- Just 1 organ and tissue donor can save up to 8 lives and make life better for up to 75 other people
- There is no cost to your family or estate if you donate organs or tissues
- The surgery to remove organs and tissues is done with the same care as any other surgery

It's important that you understand what it means to be a donor and how important your choice is. Tell your family and loved ones that you have signed up to be a donor. They will then be prepared to speak on your behalf.

You can now read about becoming an organ and/or tissue donor, as well as sign up, online. Read the information about donation online at:
www.MyHealth.Alberta.ca

Seasonal Recipes

Sweet Summer Treats**Creamy Peach Vegan Ice Cream****Ingredients:**

- 1 cup peaches, chopped
- 1 cup coconut milk from a can
- 10 drops light liquid stevia
- 1 Tbsp honey
- 2 Tbsp coconut oil

Directions:

1. Put peaches, coconut milk, coconut oil, stevia and honey in your blender.
2. Blend till smooth; use the liquefy button on the blender.
3. Pour into a container you can put in the freezer.
4. Put peach mixture in the freezer.
5. Every 20 minutes stir it around till it is frozen about 2 – 3 hours.
6. Then put into serving size bowls, this is the best time to eat your ice cream.
7. What is left over place in the freezer till ready to eat.
8. It will get very hard. So when it comes to eating the ice cream you need to take it out of the freezer 20 – 30 minutes before you eat OR Cut it into chunks and blend.
9. Enjoy your ice cream.

Optional: Add fresh fruit or berries to your bowl of ice cream.



A life without love is like a year without summer

Depression Checklist

Your mental health is as important as your physical health. Everyone gets “the blues” sometimes, however clinical depression usually doesn’t get better on its own. Have you had any of these symptoms of depression for at least two weeks?

- ☐ Feeling sad?
- ☐ No interest or pleasure from things you used to enjoy?
- ☐ Less energy, feeling tired and sluggish all the time?
- ☐ Not feeling well, having aches and pains?
- ☐ Feeling guilty or worthless?
- ☐ Having trouble thinking and concentrating?
- ☐ Having sleeping problems (too much or too little)?
- ☐ Changes in your appetite and weight?
- ☐ Feeling agitated or restless?
- ☐ Thinking about suicide or death?

If you answered “yes” to any of these questions, talk to a health care provider. If you do not have a family doctor, you could go to a walk-in clinic, your local hospital, or community health centre. Depression is a treatable illness.

-Alberta Living Coalition for Older Adults

Community Dialogue

Feedback from our Members

To all the wonderful staff and volunteers at the Alberta Council of Aging and, in particular, to Donna Durand - Executive Director:

I will miss you all and every issue I received of ACA News was always read cover to cover and treasured thereafter as a keepsake.

My husband and I are moving to Qualicum Beach, B.C. on June 6. In the heart of a thriving seniors oriented community by the sea, and within a short driving distance from our daughter, son-in-law, and two grandsons in French Creek.

We are very grateful to be able to make such a move at this stage in our lives, and hope that our health will permit us to golf at the 101 year-old public course, as well as explore the many attractions in the surrounding area. We think we are going into this major change with our eyes open vis a vis the differences between provinces in health care delivery, for example, but we'll know more about that element and other issues after being there for awhile. Most important was the fact that we are not getting any younger and our daughter and son-in-law want us closer to them. Between that and the opportunity to be near our two delightful grandsons it was an easy decision. We are starting fresh in Qualicum Beach and very much looking forward to the new challenges.

We wish everyone the very best at ACA and if any province can afford to be proactive for its seniors, it's Alberta. Keep the pressure on the Government to continue health care incentives, and to strive for safe, affordable seniors housing now and in the future.

Yours sincerely,
Dianne E. Jorgenson

I am an eighty six year old senior who has been diagnosed with spinal stenosis. It is an excruciatingly painful affliction and I have had no success in controlling the pain medically. My doctor has recommended that I apply for surgery and I've requested that he proceed with making the necessary arrangements. However, the surgeon has advised him that the current waiting time for a consultation is between eight to ten months long.

There has to be something terribly wrong with Alberta's Health Care system when patients like me have to endure such a long and painful waiting period. Government authorities are fond of telling us that cuts have to be made in health care costs, and that our health care system is unsustainable.

Throughout the years I have been lobbying for a better oil revenue deal for Alberta, similar to that adopted by Norway. As things stand, money that should be available for health care is now being spent on luxury yachts, private jets, luxurious mansions, resort homes, valuable paintings, artifacts, etc., by private corporate CEO's and Directors, all because of a compliant government that is allowing this to happen.

Please advise whether any thought is being given by the government to adjusting oil revenue policy so that more natural resource benefits could be retained for the benefit of all Albertans?

-W. Dascavich

Q: What do you call an empty jar of cheez-wiz?

A: Cheez-was

Q: What goes tick-tock bark, tick-tock bark?

A: A watch dog

Jokes submitted by Art Myers

To report elder abuse or for more information,
contact the Family Violence Information line **310.1818**

Continued from the previous page

I am one of many seniors living on their own; many of us are beginning to feel increasingly concerned about the future with every passing year.

Although I am generally in good health, my concern, and that of many seniors I know, is for personal safety in the event of a fall. As you know falls are quite common among the elderly, and result in many injuries and health concerns.

I recently read an article which describes a concept I have occasionally discussed amongst my friends, mostly in jest. It describes single seniors living together as roommates - with no family relationship or romantic connection.

I am drawn to the concept of an organization brokering the 'matching' of these interested parties. This meaningful value-added service meets the evolving needs of seniors, improves their quality of life, delays institutionalization - thereby reducing inevitably rising medical costs - and alleviates family concern.

Is this something that could fall within the mandate of the Alberta Council On Aging? I am confident that your objectives and goals are reviewed and revised regularly in the context of continual improvement and changing needs within the constituency you provide services for.

I sincerely hope that the Alberta Council On Aging will not dismiss this notion out of hand but rather give it the gravitas it deserves. I would appreciate a serious response from you regarding my request as I strongly believe such a service would be of tremendous value to our Canadian society.

Thank you for your consideration.

Regards,
Louise Breadner

Editor's Note:

Please see Page 16 for the article on the HomeShare pilot project. We want to see the continuation and growth of such projects. It is, however, outside of our mandate to deliver direct service programs.



Eliza from ACCESS and a volunteer applying Senior Friendly™ principle:
Make things easy- to see, hear, understand and use

Senior Friendly™ Program

Train the Trainer Seminar
Hosted by the
Alberta Council on Aging

Friday, October 17th
9 am to 4 pm - Edmonton



For more information contact:
info@acaging.ca or call 780.423.7781

Please submit any comments, ideas, jokes, or photos you would like included in the newsletter to:

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

info@acaging.ca

Appointment of the Alberta Health Advocate



Deborah Prowse

Deborah Prowse, replacing interim Mary Marshall, will bring extensive human rights and patient safety advocacy experience to her new role as Alberta's Health Advocate. She has a professional background in social work and law, with experience in conflict management and mediation. She is the former chair of the Patient/Family

Safety Advisory Panel with the Health Quality Council of Alberta and a former hearing chair with the Alberta Human Rights Commission. She has served as a patient safety champion at the World Health Organization and as the co-chair of the Minister's Advisory Committee on Health in 2010.

"I'm passionate about safe, high quality health care and ensuring that people are able to speak up about their concerns. Alberta has a great system, but when things don't go as well as they should, Albertans need to understand what they should expect and how and when they should speak up. I'm looking forward to talking with Albertans about the Health Charter and what it's going to mean for providers and users of the system."

-Deborah Prowse



The Office of the Health Advocates can be reached by calling toll-free 310.0000; or by visiting www.albertahealthadvocates.ca

Continuing Care Resolution Team

A new Continuing Care Resolution Team reporting directly to Alberta Health Services' CEO, Vicki Kaminski has been created to ensure patients and families receive appropriate, timely continuing care placement and care.

The team, to be led by Nancy Guebert and Isabel Henderson, both experienced health care clinicians will be available as of July 7 for patients and families with unresolved concerns.

Alberta Health Services is also launching a new front-line education and awareness program to ensure staff have the resources and flexibility they need to help patients transition to continuing care.

The education and awareness program will focus on new internal processes related to placing patients in appropriate beds and ensure that best practice, patient centered care is at the core of all decisions.

For help call 1.844.468.2930 or email continuingcare@albertahealthservices.ca

Did you know...?

Regular physical activity benefits older adults who have gone through depression and anxiety. Symptoms are more likely to decrease with physical activity. Self confidence improves.

Regular exercise is good for the brain: it helps thinking, memory and concentration.

Staying connected with family and friends is also good for your mental health.

Membership Information

Founded in 1967, the Alberta Council on Aging (ACA) is Alberta's only provincial non-profit, charitable, non-government umbrella organization representing and supporting seniors in both rural and urban areas through its province-wide network and Committees.

Through education, we seek to increase the understanding of the impacts of aging on both individuals and society and enhance quality of life for Alberta's aging population. We represent over 4,000 members and 400 groups in Alberta and across Canada.

Please contact us to ensure your membership is up to date. Memberships expire annually on December 31st.

An annual membership to Alberta Council on Aging makes a great gift.

Alberta Council on Aging Membership Form

New ☐ **Renewal** ☐

Membership Type:

- ☐ Household: \$22.00 How many members in the household? _____
- ☐ Life Membership: \$250.00
- ☐ Organizational: \$60.00
- ☐ Corporate: \$200.00

Donation: \$ _____
(Tax receipts will be issued for all donations of \$10 or more.)

Information:

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

- Privacy: ☐ Check here if you want your name to be published in ACA News as a donor
☐ Check here if you want to receive periodic electronic communications from the Alberta Council on Aging

Payment:

Method of payment: Cheque ☐ Cash ☐ AmEx ☐ MasterCard ☐ Visa ☐

Card #: _____ Expiry Date: _____ / _____

Signature: _____

Mail or Fax to: Alberta Council on Aging
 Box 9, 11808 St. Albert Trail
 Edmonton, AB T5L 4G4

Fax: 780.425.9246
 Phone: 780.423.7781
 Toll free: 1.888.423.9666
 Email: info@acaging.ca

Renew online by going to
www.acaging.ca/membership

Alberta Council on Aging is the only province-wide senior serving organization in Canada

There is strength in numbers

Did you know?

MEDOC® Travel Insurance is available to ACA members.



Why pay for just a few days of travel insurance when you can have multi-trip annual MEDOC® Travel Insurance for about the same cost? Johnson makes travel insurance easy for you and your family.



Talk to us today.
1.877.989.2600
www.johnson.ca/aca

JOHNSON

MEDOC® Travel Insurance

Proud sponsor of Alberta Council on Aging

MEDOC® is a Registered Trademark of Johnson Inc. (Johnson). MEDOC is underwritten by Royal & Sun Alliance Insurance Company of Canada (RSA) and administered by Johnson. RSA and Johnson share common ownership. A complete summary of conditions, limitations and exclusions is available from Johnson and is outlined in your MEDOC Travel Insurance Policy. Policy wordings prevail. Travel assistance provided by Global Excel Management Inc. CAT.07.2013