

ACA News



**In this Issue: Transforming to an Older World
Creative Aging: GeriActors and Friends**

Alberta Council on Aging

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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.

Editor & Publisher

Alberta Council on Aging

On the Cover

Helen and Francis of
GeriActors and Friends
Photo by : Donna Durand

Interviews

Donna Durand

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Becky Shepherd

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.

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www.acaging.ca

Members may request an electronic newsletter.

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Membership Survey Update

Thank you to everyone who has responded to our Membership Survey. Results will be published in the next issue.

To answer the survey online please go to:

www.tinyurl.com/acagingsurvey

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Write it on your heart that every day is the best day in the year.
-Ralph Waldo Emerson

President's Report

A New Year Filled with Possibilities



Another year gone by and time really does fly. I hope each and every one of you had a safe and happy holiday season.

This quarter has been a busy one for Alberta Council on Aging. In early October, I attended the Region 5 annual general meeting held in Red Deer. I gave a brief talk on what has been going on provincially and I addressed concerns that had been brought forward from this region.

The Continuing Care Resolution Team of Alberta Health Services, Nancy Guibert and Isabel Henderson, gave a presentation on their grassroots research and then opened the floor for comments. It is my opinion that this is an important research project and it is good Alberta Council on Aging has the opportunity to be involved. I have also provided feedback to them on a personal level based on my family's experiences. I look forward to the final report on their findings and recommendations related to home care, designated support of living, and long term care.

In late October, we took a road trip to Medicine Hat as one of our outreach efforts. The Medicine Hat Senior Citizen's Advisory Committee hosted a public meeting. We gave a presentation on Fraud

Recognition and we had some good discussion with the audience on how to stay safe from fraud.

We met with the Honourable Kevin Sorensen, Federal Minister of State - Finance, and Jane Rooney - Canada's first federally appointed Financial Literacy Leader. We were pleased to present Jane and her team with our new publication and program, the Fraud Recognition Toolkit.

Although I have had discussions with Honourable Jeff Johnson, Minister of Seniors, we await confirmation of a meeting with both the Health and Seniors Ministers. We look forward to discussing their mandate letters with them.

We will be visiting many Albertan communities in the upcoming year. We want to meet our members face to face.

As always, your questions and comments are welcome and you can reach me through the provincial office.

Wishing you a Happy New Year,
Fred Olsen



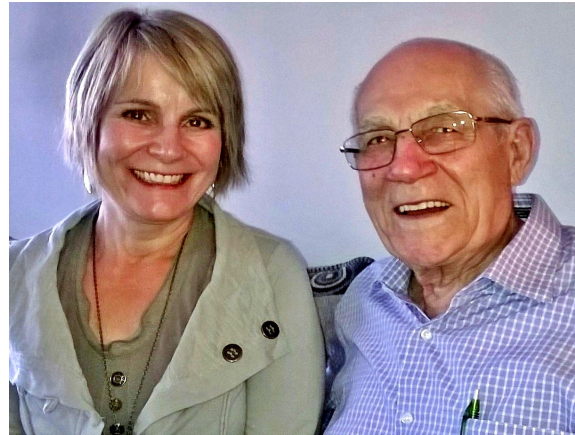
I enjoyed visiting seniors in Daysland while joining them for their Christmas celebration.

Executive Director's Report **The Personal is Political**

The Alberta Council on Aging is described as a province wide advocacy group. Our mission and our mandate informs how we go about our advocacy. For close to 50 years our mandate has been to advise government and educate seniors and the public on issues. Our core programs (Senior Friendly™ Program, Fraud Recognition, and Elder Abuse Recognition) are widely utilized. Our Senior Friendly™ Program is well aligned with age friendly initiatives. As advocates for older persons we use the Senior Friendly™ Program sound bite to ask: Is it easy to see, hear, understand and use?

Never have I been so close to the philosophy “the personal IS the political” as I have been the past few years as an advocate for my parents through their health crises. Lately, my Dad was “ping ponged” to hospital then home and back while he was acutely ill; this created undue stress on my parents and the health care system.

Fortunately, my parents encountered an emergency doctor (Dad’s physician had recently retired) who took responsibility for Dad’s case. Improving health status became the primary goal rather than the unstated goal of freeing up a bed. There were incidents that, with some distance, seem almost comedic, there were questions: why was a patient discharged on Sunday without consideration for the care giver’s health status and without a plan? Why was a patient discharged without Home Care support and necessary medical equipment? Why was a patient discharged when they were not yet thriving? Why does a front line Home Care worker come to the house on a Saturday evening when the patient is in hospital and has been for over a week?



Donna and her Dad Kip

At no point were my parents asked to evaluate the services they received. Not all their feedback is controversial; they have positive comments on many aspects of the acute and Home Care services they received. This is crucial information to collect in light of the fact that Alberta Health states seniors want to age in their own homes and will be well supported to do so.

As we come into a new year I am filled with gratitude. I am grateful for an employer who allows me flexibility to be available for my parents. I am grateful for the Alberta perspective on healthy aging and aging in place. It is important that the health care system, as it relates to older persons, comes under close review. This way it can operate to its full capacity, rather than in spite of itself. Cheers!

Respectfully yours,
Donna Durand



Highlights from

14th Annual National Report Card on Health Care

Canadian Medical Association 2014

Introduction

The impact of seniors on Canada's health care system can hardly be understated. The proportion of seniors (65 years and older) within the general public is growing fast. **This is largely the result of baby boomers who are getting older and living longer than ever before.** A few facts illustrate the issue:

- In 1971, seniors represented 8% of the population; today they represent 15%.
- By the time that all the baby boomers have reached 65 years of age, the population of seniors may be as high as 25% of the general population.
- Life expectancy in Canada has grown from 75 years in 1979 to 81 years in 2009.

Yet, while the population of seniors is both growing and growing older than ever before, spending on health care doesn't seem to reflect the reality. According to a recent report from the Canadian Institute for Health Information on National Health Expenditure Trends, per capita health care spending has declined over the past three years when factoring in changes to the population. Meanwhile the percentage of health dollars spent on health care for seniors has changed little in the last decade moving from 44% in 2000 to 45% in 2011, as the population of seniors has grown from 12.5% (in 2000) to 14.5% (in 2011).

This report examines perspectives on seniors health care from the population with the most at stake, those 45 years of age and older. By focussing on this population, we are able to closely examine the perspectives of those who are approaching retirement age and those who are in their retirement years, as well as those most likely to be impacted by issues related to

the quality and availability of care for their aging parents and spouses.

The questions asked during this research deal with issues ranging from financial preparations for retirement in an age when retirement years are lasting longer than ever before, to views on the adequacy of primary and long term health care to seniors, to the impact felt by those who are themselves providing care at home to others.

One perspective is particularly clear: **nearly all Canadians agree that Canada needs a national strategy on health care for seniors.** When we asked this question last year, as part of our National Report Card on Health Care, we found that 85% of the general public (18 and older) agreed a national strategy on seniors' health care was needed. Among Canadians 45 and older, agreement was even higher at 92%. In 2014, the consensus amongst older Canadians is even stronger, with 95% saying a national strategy on seniors' health care is needed.

Executive Summary

Most older Canadians lack confidence in the health care system's ability to provide for seniors in the future.

The majority of older Canadians are concerned with the quality of health care they can expect in the future (81%) and with having access to high quality home and long-term care in their retirement years (78%).

In addition, the majority of older Canadians lack confidence that hospitals and long-term care facilities can handle the needs of Canada's elderly population (61%), or that there are enough services to help Canadian seniors live at home longer (60%).

In light of this, it is hardly surprising that nearly all Canadians 45 years and over (95%) identify the need for a national strategy on seniors' health care.

Older Canadians are concerned about their financial situation in retirement (64%), and particularly their ability to afford health care expenses in the future (72%), their ability to afford uninsured services (70%), and their ability to afford long-term care (74%).

While the majority of older Canadians (68%) have supplemental insurance today, only half (50%) say they could afford expenses not covered by Medicare. Concerns about affording uninsured services are higher among those who haven't yet retired (76%) than they are among those who already have (63%).

While accessing and affording health care in old age are clearly significant concerns, the results show that older Canadians express high levels of confidence in their own planning. Most older Canadians say they will be financially prepared to live for a much longer time in retirement than their grandparents did (65%), although many

(47%) say they focussed primarily on the first 10 years or so when planning their retirement (without considering living 15 or 20 years longer into retirement). Most also say they expect they will be able to leave money or other assets to family when they die (69%). And, three in four (75%) expect that they will be able to die with dignity in a place of their choosing.

In light of the high levels of concern expressed elsewhere in the research, it is tempting to view high levels of confidence in their own planning as wishful thinking.

Caregivers feel the burden of providing care to an aging relative or friend

With over a quarter of Canadians indicating they participate in providing care to an aging relative or friend (26%), the burden of this responsibility is acutely felt. Nearly three quarters of those who participate in providing care agree that this conflicts with other personal and work responsibilities they have (71%) and six in ten agree they experience a high level of stress associated with being a caregiver (64%).

To read the full report please visit: www.acaging.ca/14th-annual-national-report-card-on-health-released-by-the-canadian-medical-association?id=815

Recognizing Elder Abuse Booklet



Serving Communities Internship Program (SCiP) project editor Nycole Graff displays a copy of the edited Recognizing Elder Abuse booklet, part of the Safety for Seniors Series.

This booklet is for seniors and informal care providers of seniors. It gives an overview of the signs of elder abuse, relevant legislation, and appropriate resources.

Let us know if you would like a copy!

Nadia Willigar : Advocating for Friends and Family

Continued from ACA News Fall 2014



Doc and Nadia

As a provider of care for a person with health issues, it is important to consider what it is you are in charge of. It is also important to know when the health status of a person is not going to improve.

I am the Boss of Me

When one of our more strong willed and independent friends became ill with lung cancer, although there was much we could do in terms of support, she was very clear about her boundaries. Her intention was to live with cancer as she had lived without it, she did not want to be "the lung cancer person". We learned our friend needed a sounding board, not our opinions, advice or pity. We began to help as we were asked to help and to let her know she was heard. Sometimes you just need someone to listen. Someone who cares.

Precious Moments

Shortly after my mother and friend had both passed away my husband became ill. We were blessed with the opportunity to travel before that became impossible. Doc wanted to remain

at home as long as possible and I made an effort to support that desire. He really dreaded being in hospital, and I am grateful he spent very little time there. In our relationship before illness, my husband was the one who would create the spark - he was the visionary, I was the one to manage carrying the plan out. During the illness there was no long range plan, only follow through. My commitment to honour my partners wishes led us to a day to day existence. The to-do list became very practical and realistic about what could be accomplished each day: get the handicap tag for the vehicle, watch a funny show together, hold hands. In Doc's case there was no prolonged suffering. I do feel that you give a part of your strength to the other person, but I was also renewed. I felt valued and loved as I provided care.

It Takes a Village

We were very blessed to have a community of people around us to offer their support; our family doctor made home visits, the professionals who provided oxygen therapy came to our home, family members came to visit and to offer their support to me as well as to Doc and neighbours who were nurses offered their help as well. We were not isolated and we welcomed the opportunity to socialize.

Understanding Advocacy

To really understand advocacy it is important to know you are in service to someone who is vulnerable - you are their voice. I come from a big family and we all played a unique role in helping our parents. We communicated with each other and did the best we could to make life a bit easier or more comfortable for our parents. As for my fiercely independent friend and for my husband, I learned to follow their lead.

Seniors in Action



Congratulations Gail Wolfe!

The Alberta Council on Aging is pleased to announce member Gail Wolfe, a recipient of the 2014 Stars of Alberta Award in the Seniors Category for her volunteering efforts.

A retired registered nurse Gail has made advocacy for seniors in her community her new full time job. Gail founded a group called Cold Lake Seniors' Advocacy that focuses on seniors issues such as access to health care, affordable housing and finances.

Gail Wolfe is a role model for those who volunteer alongside her and an inspiration for other seniors to get involved.



Arlene McPherson enjoying her work at the Lefse House



Lilas Lysne, a retired nurse and counsellor, teaching on the healing power of music



The Medicine Hat Senior Citizen's Advisory Committee at the public meeting

Transforming to an Older World

By Dr. Donna M. Wilson

It has been obvious for some time that population aging is occurring. What is not obvious is what will be done in relation to or in reaction to a greater proportion of the global population who are defined as old age 65+, and very old 85+. In this report suggestions for likely transformations and the transformations that should occur will be shown. The report highlights issues associated with transformations being proactive or reactive, and either incremental or grand-scale in nature.

A very important question to ask is how many people will live to be 100 or more years of age, or close to 100 years of age? A much larger proportion of the baby boomers will live to be 100 years or close to 100 years of age. 10% is the best estimate, as compared to 1% now. It is possible, with scientific and other developments, that most will live to 100 or even 120 (the human lifespan boundary). It is also possible, with climate change, a pandemic, widespread obesity, and other issues for a reduction in life expectancy to occur. Life expectancy is currently 81.7 years for people who were born in Canada.

The second, and likely more important question is, how many people want to live to be 100 years of age? Most people are afraid that as they age they will become ill, disabled, dependent on others, senile, without influence, and poor. People and groups, without thinking but sometimes with deliberate intent, choose and use individual cases and myths about aging over the facts. **Ageism is the most commonly overlooked form of discrimination today.**

The Edmonton Journal recently ran a series on hospital use based on a study done by Dr. Wilson at the University of Alberta.* The data showed that 80% of all inpatients are under age 65, 90%

of all Outpatient Department and Day Surgery patients are under age 65, 95% of all Emergency Room visitors are under age 65, 2-3% of admitted patients wait placement, 80% are transferred in less than 30 days, 3% of total bed days a year were used for waiting. This study shows that commonly accepted ideas about hospital use are incorrect.

As we transform to an older world, we will need to dispel myths about aging and eliminate ageism. If we do not, there are eventualities that are likely to occur in reference to the aging population. To prevent this, we will need pension expansion of both private and government pensions, with improvements to indexing and cost of living adjustment. The creation of comprehensive local community-based supportive care for older persons is vital. There needs to be a greater percentage of older people working in well-paid and fulfilling workforce roles, as well as recognized and respected unpaid roles.

It is a certainty that we will increasingly experience accelerated population aging, and also advanced aging. Canada and all other countries will be impacted. We can better address these trends in aging through research, legal developments, and social change.

Comprehensive planning must take place in order for older persons to enjoy healthy and meaningful lives in a safe and inclusive society.

* The study examining rates, maintenance, and rural/urban accessibility was based on complete Alberta hospitals inpatient, outpatient, day surgery, and emergency room data collected between 2005 and 2008

Dr. Donna Wilson

Announcement : A New Feature Columnist for a New Year

Donna M. Wilson RN, PhD Nursing Professor at the University of Alberta has agreed to write a regular column for the ACA News.

Her program of research focuses on health services utilization and health policy, although primarily in relation to aging and end-of-life care. She has undertaken a wide range of studies: high users of hospitals, ageism, social isolation, location of death, the good death, home care utilization and client trends, long-term-care resident trends and many others. She has also held a number of regional, provincial, and national grants to facilitate this research.

Currently, Donna enjoys teaching and is actively sought as a supervisor for graduate and

undergraduate honour's students and working in a large acute care hospital as a staff nurse. In the past she has worked in hospitals and long term care facilities, both in and outside of Canada.

Because of this experience Donna has expert knowledge and skills in cardiac/intensive care, medical/surgical nursing, and palliative/end-of-life care, among others. The focus of her Master's program was gerontology.

She has also worked as a manager in hospitals and nursing homes and that background, as well as her concern about bioethics and nursing advancements, are major contributors to her research program. Welcome Donna!



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Creative Aging : GeriActors and Friends

GeriActors, which began fourteen years ago, is supported by the Drama Department at the University of Alberta and SAGE (Seniors Association of Greater Edmonton). David Barnett, the founding artistic director of GeriActors, is a professor in the department where he specializes in community and ensemble theatre as well as acting Shakespeare. In developing GeriActors and the practice of intergenerational theatre and creative aging, David Barnett has connected with similar projects in other countries.

If not now, when? What have I got to lose?
-the late Gene Cohen, geriatric psychiatrist

GeriActors and Friends is an active performance group, involved in teaching and research projects. The 'Friends' are undergraduate and graduate students studying intergenerational theatre, and many continue as volunteers after graduation. The intergenerational nature of the company generates new energy, brilliant ideas, a great sense of fun, and lasting friendships. Seniors learn new skills, develop self-confidence, enjoy public performance, and do things they thought were impossible. The actors demonstrate what is termed the "liberation phase" beautifully.

Seniors become engaged in artistic activity at a level of comparative mastery. They create theatre about their issues, concerns and "imaginings".

GeriActors also use performance as a tool to raise awareness, and promote interaction between participants and audience. They tell



David Barnett, professor at the University of Alberta and founding artistic director of GeriActors

highly meaningful stories. They have covered such themes as aging, homelessness, belonging, Alzheimer's disease, and elder abuse.

Early in December I encountered GeriActors when I accepted a public invitation to their year-end holiday party. It was an afternoon workshop of theatre games, storytelling, and performance.

We have in our lives all the stories and lines of text and jokes we need to perform.
-GeriActor

I don't recall when I was last welcomed to a group of strangers with such sincerity and kindness, or where I have seen such natural acceptance between a diverse group of older and younger people.

I looked to the leader of this group to garner a clearer understanding as to the GeriActor's professional and positive dynamic. I met with the artistic director a few weeks later at David Barnett's favorite neighbourhood coffee shop where I quickly came to understand he's a regular.

In this theatre group there are no small parts.

-Closely held belief of the GeriActors

We discuss the process of creative aging theatre, from the first idea to the final performance. The actors dispel myths about aging and bring awareness about ageisms to their peers, students, volunteers and audience. Through the intergenerational experience, everyone learns ageisms do not only apply to older persons. One of the students questions, "are we here to service the seniors or can we share and together act out our stories and ideas too?"

Everyone in GeriActors has a contribution to make. Each actor takes responsibility and ownership for the collective- no matter how great or small their part. This is an exercise in collaboration and inclusiveness rather than of competition and starring roles. David shares the story about one of the actors: after they had played a certain part many times over he offered the actor another part. The actor was quite happy to play the role of a door and a bell and was not convinced of the value of moving on. She played this role with confidence and skill and enjoyed the sense of mastery she was achieving.

We also discuss leadership. While David always steers the attention away from himself and back to the group, he emphasises there are principles which must be upheld in order for the group to

function at its highest. Critiquing in the negative is unproductive.

A positive environment must be fostered and maintained in order for the actors and students to express themselves fully. All ideas are good ideas and opposing ideas may be integrated successfully. In this safe environment, theatre can become wildly creative and absurd- actors playing trees and fish can speak with mischievous authenticity and believability. The GeriActors are more interested in "doing" than learning about theory. However, David does teach (often within the context of creating) theatrical issues, style and appropriate rhythm. He meets with the university students in a weekly seminar and the students rehearse with the GeriActors once per week.

Grow the good.

-one of the GeriActors' outcomes

David delights in the mutual affection and joy he has observed within the intergenerational group. He treasures the lack of judgement and notes the actors and students also comment on this. The theatre work provides a meeting place and a sense of playful freedom for everyone. For both generations, and for the audience, there is an offer to 'belong'.

"See, this person has value, they are not a throw away person"

-from the GeriActors play Que Sera



To learn more about [GeriActors](#):
Email: geriactors.friends@gmail.com
Phone: 780.248.1556

In the Moment

By Teresa Lawrence

Alphons, my grandfather, was born near Warsaw, Poland. His family owned a substantial piece of land that they farmed and had shops on. One day when he was walking home from school, he was kidnapped by the Germans. He was taken to a camp. Nobody knows what really took place there. What he told me was that he knew that in order to survive he had to make them see him as useful and smart. He learned how to speak German and was trained to jump out of helicopters for missions where he would spy on his own people. The war ended before he ever had to jump out of a helicopter.

In his final days, Alphons was being kept comfortable with high doses of morphine. He slipped in and out of reality and thought that the nurses, doctors, and even family members were Nazis trying to poison him. He hit people, and kept on trying to rip his IV out and make a run for it. This was really hard for the family to watch. Nobody knew what to say or do. My mom cried because it was so awful to see her father this way. But then one afternoon he just stopped struggling and folded his hands over his stomach and made eye contact with her. She asked him if he was okay- if he was feeling better, if he knew where he was. He calmly said "yes, everything is

fine... the war is over... I killed Hitler." and everybody in the room immediately burst out laughing, through their tears, and then my grandfather started laughing too. He laughed so hard that his eyes watered. He passed later that afternoon.



Teresa is a Masters' student in the Human Ecology department at the University of Alberta where she studies the aging process, and factors affecting older peoples' quality of life. This story is part of a collection written about her grandparents as part of her work with GeriActors and Friends.



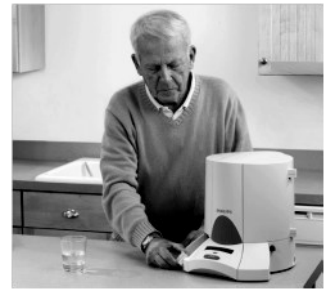
Arise from sleep old cat
And with great yawns and stretchings
Amble out for love

-Jane Reichold

Advertisement

Pilot program helps Red Deer & Chilliwack seniors track meds

Lloyd Sandhoff may forget a thought mid-sentence, but he never forgets his pills. Three times a day, for a total of 24 pills to help alleviate the stresses of high blood pressure, heart congestion, circulatory issues, arthritis, and other age-related ailments, the 90-year-old pops them like clockwork.



It wasn't always that way. The Chilliwack senior used to have "mounds" of forgotten pills piled on tables throughout his small room at Crystal Ridge Manor. Admittedly, he was a medical emergency waiting to happen. When Fraser Health approached him to be part of the automated medical dispensing unit pilot, it was as though God had spoken.

"With this, I don't forget because it tells me to take my pills," he said. "It's a godsend; you don't see any pills lying around here anymore."

The pilot program was started in Red Deer and Chilliwack in 2012 in recognition of the need for the aging community. It's a first for both provinces. With it, seniors rent a Phillips pill dispensing unit that is programmed to verbally tell them when to take their pills, and then, upon further prompting, dispense the proper dose in a small plastic container. If the alert is ignored, it will continue to alert clients every minute for 45 minutes, at which time a message will be sent to a call centre in Ontario, which will then alert the client's first responder, whether that be a family member or home health nurse.

The purpose of the unit is three-fold: to keep the senior population independent for as long as possible; to minimize pill-dosing errors; and to reduce costs on the medical system.

"It's been quite a wonderful piece of machinery for us," said Chilliwack Home Health representative Chris Laslop. "In the past, we had to send home support workers into the home to dispense medications several times a day, which is quite costly on the medical system." Now, with the unit, a family member is able to reload the machine either weekly or bi-weekly.

From June 2012 to September 2013, the program produced an approximate savings of over \$200,000 on the medical system, and over 6,000 home support hours. Fraser Health has not yet tested whether it's reduced emergency room visits or hospitalizations, "but I'm sure that's something that would be affected also," said Laslop.

In total, 31 Chilliwack seniors and 38 Alberta seniors have been connected with the unit, with 35 currently using it. Fraser Health is looking at rolling the program out to other communities in the province. Red Deer Lifeline offers this service in Alberta.

Red Deer Hospital Centre Lifeline

403-343-4550

glynis.white-russell@albertahealthservices.ca

www.managemypills.com

Information from Johnsons Inc.

Wellness Tips for Travellers

No one wants to get sick or injured while they are away. With a little planning before during and after travel, you can reduce your chances of a medical emergency. The following tips on healthy travel are published by the Government of Canada in a booklet called “Well on Your Way: A Canadian’s Guide to Healthy Travel Abroad”.

Before You Go

Get a pre-travel individual health assessment from a travel health clinic or your health care provider to help prevent illness and injury through vaccination, preventive medication and general precautions.

Make sure you have full private travel health insurance for both illness and injury. Provincial and Territorial government plans may only cover a small part of the bill and do not pay up front.

While You Travel

Follow all known precautions to avoid disease, accidents and injuries, and violent crimes. As the most common traveller’s complaint is diarrhea, take precautions with food and water. Drink plenty of safe liquids to prevent dehydration. Wash your hands often, and before eating or drinking.

If you become ill and require medical assistance, contact your travel health insurance company to assist you in accessing the appropriate treatment. If you are unable to communicate and there is no designated family member or friend to take responsibility, the nearest Canadian embassy or consulate can contact your insurance company.

When You Return

Global travel has increased the risk of bringing diseases back into Canada.

If you develop symptoms while travelling or after returning to Canada, see a health care provider. If you become ill with fever within a year of your return to Canada from an area known to have malaria, see your health care provider immediately.

In addition to the above wellness tips, remember to pack and make your travel plans well ahead so you can make sure you are ready to go. This can help to avoid burnout and sickness.

As part of planning, communicate with your travel companion and insurer. Exchange key facts with your travel companion: emergency contacts, insurance information, prescriptions, allergies and medical history. It will allow you to focus on your situation while making sure that your loved ones and insurance company are contacted without delay. Report any changes to your medication or any changes in your health to your insurance advisor or insurance company, even if you have already purchased travel insurance.

“While in Arizona this past winter my husband suffered a stroke. I contacted Johnson Inc. / Medoc immediately to inform them we were on the way to hospital. They kept in touch with the hospital staff and me and arranged transportation home to Calgary in an efficient manner, then settled all bills. Excellent and professional service.”

-Mary

Read the Government of Canada booklet “Well on Your Way: A Canadian’s Guide to Healthy Travel Abroad” online at www.travel.gc.ca

Travel Health Kit Checklist

Basic First Aid Items:		Other Items:	
<input type="checkbox"/>	Adhesive bandages	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Adhesive tape	<input type="checkbox"/>	Insect repellent (containing DEET or Icaridin)
<input type="checkbox"/>	Alcohol-based hand sanitizer	<input type="checkbox"/>	Aloe gel
<input type="checkbox"/>	Blister pads or moleskin	<input type="checkbox"/>	Condoms
<input type="checkbox"/>	Disposable latex or vinyl gloves	<input type="checkbox"/>	Ear plugs
<input type="checkbox"/>	Gauze	<input type="checkbox"/>	Extra pair of glasses or contacts
<input type="checkbox"/>	Packets of oral rehydration salts	<input type="checkbox"/>	Mosquito net
<input type="checkbox"/>	Safety pins and scissors	<input type="checkbox"/>	Saline eye drops
<input type="checkbox"/>	Tensor bandages	<input type="checkbox"/>	Water purification filter or tablets
<input type="checkbox"/>	Thermometer		
<input type="checkbox"/>	Tweezers		
Medications:		Contact Card:	
<input type="checkbox"/>	Prescription medications	<input type="checkbox"/>	Contact information for family member or friend in Canada
<input type="checkbox"/>	1% hydrocortisone cream	<input type="checkbox"/>	Contact information of your Doctor in Canada
<input type="checkbox"/>	Destination-specific medication (if recommended)	<input type="checkbox"/>	Address and phone number of your accommodations at your destination(s)
<input type="checkbox"/>	Allergy medication	<input type="checkbox"/>	Address and phone number of hospitals or clinics at your destination(s)
<input type="checkbox"/>	Antacids	<input type="checkbox"/>	Address and phone number of the Canadian Embassy, Consulate or High Commission office in your destination country/countries
<input type="checkbox"/>	Antibacterial and antifungal spray/cream	<input type="checkbox"/>	Emergency contact phone number from your travel health insurance provider
<input type="checkbox"/>	Anti-diarrheal medication	<input type="checkbox"/>	Proof of your insurance coverage
<input type="checkbox"/>	Anti-motion sickness medication	<input type="checkbox"/>	Copy of your immunization record
<input type="checkbox"/>	Laxatives	<input type="checkbox"/>	International Certificate of Vaccination or Prophylaxis (if required)
<input type="checkbox"/>	Pain and fever medication		
<input type="checkbox"/>	Syringes or needles for medical use (if needed)		

For more information visit the Government of Canada's Travel Health Checklist online at:

www.travel.gc.ca/travelling/health-safety/kit/checklist

Home Care : What is it? When and How is it Utilized?

By Donna Durand

What is Home Care?

Home Care is the name given to health care support provided to a person who is convalescing at home- typically following a health crisis. In terms of older persons, this is a significant program ensuring they are able to live safely in their homes.



In this article we will discuss:

- when and how to access Home Care
- the significance of having an advocate or support person
- the difference between Home Care, Alberta Health Services and private companies
- some of the services offered by Home Care

In Alberta, the Home Care program is publicly funded and accessed through Alberta Health Services. There are typically three entry points; self referral, community referral (such as a request or recommendation for services from a doctor or nurse) or hospital discharge planning. The general public needs to know this program exists. The waters have become muddled over

the years as there are many private care companies that have similar names and Home Care itself has had some name changes. For Instance, in 2011 Home Care was categorized as Home Living, under Continuing Care.* It is also important to note Alberta Health Services often contracts Home Care to private care companies.

To further complicate the issue, Alberta Health Services may ask the client themselves to supplement their care plan by purchasing additional care from a private company. You may need an advocate or support person that will help navigate and negotiate services when you are feeling unwell. For example, trying to locate Alberta Health Services to obtain assistance by phone from Home Care can be very frustrating.

Soft Supports

“Soft supports” such as laundry, meal preparation, or snow removal are not provided by Home Care. Family, friends, neighbors, not-for-profit community agencies and private companies will need to be utilized to provide these additional supports. Home Care under public health currently provides only medical and respite support.

Care Plan

A case manager and/or hospital discharge planner will assess the situation and set up a plan of support. The plan will be delivered by front line workers from professional nurses to personal care staff. It is important to ask for a written plan so that everyone is clear on what is to take place. There will be recommendations which may include: managing incontinence, enhancing mobility, delivery of medications, changing to a special diet, helping with support stockings, assistance with person care (including bathing), application of physiotherapy, and counselling.

With the help of your advocate, think about everything that is needed in order to rehabilitate or live safely in your home.

Respite care is available if dementia or palliative care is an issue for couples or families. A professional care worker will come in to the home to allow for the care provider (or spouse) to leave the home and take a break for a few hours, a few times each week.

Medical equipment such as bed rails, raised toilet seats, bath seats, walkers may be needed. It is important to know what equipment is needed and whose responsibility it is to have that equipment in place. At one time this equipment would be free of charge and brought in to the home. At present this seems to vary from community to community. You will need to ask about equipment such as incontinence supplies and catheters as you may be eligible for coverage under the Aids to Daily Living Program.

In order to be safe, there cannot be a waiting period or gap between services from hospital to

home. What is known as “seamless delivery of care” means that if a person is receiving care in the hospital and then goes home with a plan of support, those supports need to be in place upon discharge, not days or weeks later.

In conclusion, we revisit a statement in the Alberta Health Services Performance Report: “As the population ages providing seniors with access to services and supports to remain healthy and independent as long as possible has never been more important. Enhancing support services and offering more choice and care options to Albertans in their homes is a key strategy to enable individuals to “age in the right place”.” *

* Alberta Health Services Performance Report March 2011

“I think about people who are very sick who have no one, for whatever reason. In your own way, can you be Someone to a person who needs support?”

-Nadia Willigar

The Role of the Patient Advocate

Illness is a stressful time for patients as well as for their families. The best-laid plans can go awry, judgement is impaired, and put simply, you are not at your best when you are sick. Patients need someone who can look out for their best interests and help navigate the confusing healthcare system - in other words, an advocate.

What is a Patient Advocate?

An Advocate is a “supporter, believer, sponsor, promotor, campaigner, backer or spokesperson.” It is important to consider all of these aspects when choosing an advocate for yourself or someone in your family. An effective advocate is someone you trust who is willing to act on your behalf as well as someone who can work well

with other members of your healthcare team such as your doctors and nurses.

An advocate may be a member of your family, such as a spouse, a child, or another family member, or a close friend. Another type of advocate is a professional advocate. Hospitals usually have professionals who play this role called Patient Representatives or Patient Advocates. Social workers, nurses and chaplains may also fill this role. These advocates can often be very helpful in cutting through red tape. It is helpful to find out if your hospital has professional advocates available, and how they may be able to help you.

-National Patient Safety Foundation

A Personal Experience with the Rural Palliative Care Programme



Susan and Don

“This is a truly excellent service provided by kind, caring and knowledgeable people; however, they are much restricted in the timeliness of the care and service they can provide. My husband was admitted to the Canmore Hospital, for palliative purposes, on Friday, May 23, 2014. On his admission, his doctor requested the services of Rural Palliative Care. I was advised that a person was normally available only one day a week – usually Thursday or Friday in Canmore.

On Thursday, May 29 we did receive a hospital visit from the Rural Palliative Care nurse who made changes to his meds and suggested we forego some diagnostics/treatments that were pending. She explained some of the things that were happening to him and things I could do to help and things to avoid. While it was shocking to have her confirm that his time was very, very short, it was useful to have some idea about how to deal with his final days or hours. Don died 16 hours later.”

-Susan Barry

Susan Barry shared her story with the Alberta Council on Aging as well as the Health/Seniors Advocates and her MLA. As we discussed her situation there were some key points that Susan hoped our organization would bring forward in our discussions with government.

The Rural Palliative Care Programme is a great initiative! It is one example of how to bring specialized services to people where and when they need them.

Funding matters and this program has not received the funding it needs to be as effective as it can be. As Susan says, a nurse was available only one day per week.

A service such as the Rural Palliative Care Programme needs to be readily available. In order to support people at the end of life in their home or in the hospital, there needs to be:

- Access to palliative care nurse support 24/7
- Education for the person who is dying as well as for the primary care provider
- A commitment to ongoing and appropriate funding to ensure success of the program

Please submit comments, ideas, stories, 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

Healthy Living : Beliefs and Attitudes

Change is very difficult for anyone. Whether you are changing your diet, starting a new activity, or trying to quit smoking, there will be challenges. It is natural to feel frustrated, anxious, nervous, uncomfortable, or unsure.

The first step to success with any behaviour change is to be ready and willing to try. Small steps add up to real changes over time. Be patient with yourself and celebrate your little successes along the way.

We all have the ability to learn throughout our life. Age is not a barrier. We grow new neurons every day. But, just like muscles, we must challenge and exercise our brain every day if we want to keep those new neurons working for us. Here is your chance to try new things that make you think. Remember, what is good for your body is good for your brain.

Did you know...

It takes 21 days to change habits?

To change a behavior you go through 5 steps:

- not interested
- thinking about it
- preparing to make a change
- actually making a change
- sticking with it

It's scientifically proven that our brains continue to develop as we get older.

We suggest that you fill these charts out over a period of three months; record if you agree, disagree, or are not sure. Over time, see if your beliefs and attitudes have changed.

Healthy Eating	Month:			
What I eat is important				
I need information about				
I need information to buy				
I would eat healthier if I knew how to cook healthy food				
I know what healthy food is				
I could reduce my risk of high blood sugar by eating differently				

Physical Activity	Month:			
Exercising regularly is important				
I need information on how to be more active				
I need information on activities I can do				
I don't know where to exercise				
I know how much exercise I should do				
I could reduce my risk of high blood sugar by exercising more				

Highlights from

Seniors Task Force: Long Term Care Position Paper

Edited by Catherine Campbell

Long Term Care (LTC) is a small part of what is defined as Continuing Care. Continuing care covers Home Care, supportive living and facility living. The Government of Alberta defines LTC as care received in a Nursing Home or Auxiliary Hospital. Depending on the number of residents per room, individuals in Alberta currently pay \$50 to \$60 per day to cover accommodation, meals and housekeeping. However, the cost of basic personal and medical care, pharmaceuticals or supplies is covered for residents in Alberta facilities.

By 2016, the government's population projections¹ predict that Alberta's seniors population will be half a million people. Studies done by the Organization for Economic Co-operation and Development indicate that an average of 4% of the population over the age of 65 requires LTC². By that count, Alberta needs 20,000 LTC spaces. Alberta Health Services (AHS) reports 14,370 LTC beds in 2014, with further reductions projected.

Since 2008 the government of Alberta has implemented a policy limiting the number of LTC beds in the province to approximately 14,500³. Instead of building the number of LTC beds required, the policy has been to cap the number of LTC spaces and "shift" individuals into supportive living settings that are cheaper for the government, but more expensive for those who require the care. Supportive living covers a wide range of accommodation levels ranging from group homes and lodges to seniors' complexes. Even at the highest level of care, supportive living accommodations are staffed by fewer and less-qualified staff than required in a LTC facility.

A second way that the Alberta government has curtailed its costs of seniors care is by contracting the delivery to private operators. Many of these facilities are operated by private-for-profit operators and it is only in beds "designated" by AHS that the cost to patients of basic personal and medical care, pharmaceuticals or supplies is covered. In non-designated beds the operator can charge for the care services provided.

To address the chronic shortage of LTC beds the government needs to lift limits on the number of LTC spaces and focus on adequately addressing medical needs. This may require the government to build and staff a sufficient number of publicly operated LTC beds to eliminate the current backlog.

There is no reason why LTC services cannot be offered in smaller, patient-centered facilities, with much greater community engagement and local autonomy. Many seniors' serving organizations are calling for a national strategy on seniors care. A major step in that direction would be to reinstate LTC as a covered expense under the Canada Health Act.

Find the whole document online on the Public Interest Alberta website:
www.pialberta.org/content/seniors-organizations-provide-solutions-fix-long-term-care-crisis

Footnotes:

1. Population Projection Alberta 2014-2041 Highlights, page 5 of 7
2. A Good Life in Old Age? Monitoring and Improving Quality in LTC, OECD Publishing 2013
3. Alberta Health and Wellness Continuing Care Strategy, 2008

Summary of Activities

What Has the Alberta Council on Aging Been Doing?

Meetings and Conference Attendance

- Met with Jerry Forbes staff to learn more about the community village of Edmonton not for profit organizations
- Took part in fund development session sponsored by the Edmonton Community Foundation- Using Technology and Research to Reach Donors and Supporters
- Attended Covenant Health Network of Excellence symposium in Red Deer
- Representation at CPSA and AMA (Alberta Medical Association) holiday function
- November: Board of Directors meeting
- Health and Housing Committee meeting

Communications

- Interviewed Professors Donna Wilson and Dave Barnet (and members of GeriActors and Friends)

Fund Development

- Received \$2,000 from Union 52 for marketing materials
- Casino September 2014 for 2015 - \$80,000+!
- Processing Renewals for 2015 memberships as well as numerous donations

Partnerships

- Project completed with SCiP (Serving Communities Internship Program) on Elder Abuse Recognition manual
- Project with Enactus, SAIT Financial Literacy for Seniors under New Horizon Grant - Train the Trainers - Fraud Recognition Program
- Johnson Inc. team reviewed additional brochures for Financial Literacy for Seniors: Pre and Post Retirement

Senior Friendly™ Program Activity

- Fraud Recognition Toolkits published and distributed to Senior Friendly™ Program trainers
- Presented on Fraud Recognition in Edmonton, Red Deer and Medicine Hat
- Presented on Dementia Care Best Practice at Bonnie Doon Community Hall

Government

- Requests to schedulers for joint meeting with Health and Seniors ministers
- Request to take part in dementia strategy committee (Alberta Health) - January 2015
- Attended Advisory Panel on Healthcare Innovation (Federal Government)

Health & Housing Committee



Back row (left to right): David Bougher, Donna Durand, Fred Olsen, Irene Martin-Lindsay, Bruce West, Nadia Willigar
 Front row: Theresa McNamara, Carmen Grabusac, Dr. Lisa Cranley, Hannah O'Rourke - student
 Missing: Dr. Duncan Robertson

Special guest Carmen Grabusac, recently named Director of Integrated Policy and Planning for Alberta Health Services, was the special guest at the December meeting. Carmen spoke on the government's Continuing Care Strategy.

Regional Reports

Region 1 (North West Alberta)

Now that the holiday season has passed and we are into our New Year of 2015 here is an update of what Region 1 will be working on:

Donna Durand will be in Grande Prairie for a presentation and Train the Trainers on Fraud Recognition to speak on Fraud Recognition. I think you will find this opportunity very timely and informative. This event will be held March 17th at 1 pm at the Grande Prairie Golden Age Club.

The Region 1 annual general meeting will be held at the Grande Prairie Golden Age Club April 14th at 1 pm. Fred Olsen, the president of the Alberta Council on Aging, will be present to bring attendees up to date on the current workings of Alberta Council on Aging, as well as reviewing how we support senior citizens in Alberta.

We have big plans for Senior's Week this year, so make sure to check your next newsletter for more information, or call the Alberta Council on Aging with any questions.

The Region 1 executive look forward to meeting with you at these presentations. Alberta Council on Aging is constantly working to improve the quality of life for seniors in Alberta.

Best regards for 2015!

Respectfully submitted by Yvonne Dickson

Region 2 (North East Alberta)

Since September the executive of Region 2 has met twice to compile a report requested by Premier Prentice regarding the needs and concerns of rural Albertans, particularly seniors. The preliminary report has been sent to seniors' centers in our area for feedback.

We received the local casino funds and will use them to support projects or programs that enhance the quality of seniors' lives. We will be giving out ten \$500 grants to senior serving organizations, within our community.

Members of our communities have brought forward their concerns regarding the possible closure of a number of smaller rural hospitals, including Elk Point. Within the past two months a government committee travelled throughout Alberta to hear concerns about the closure of smaller hospitals, but we have not heard what was done with that information. Our small hospitals deal with emergencies within an hours drive of the facility. Having to drive further to receive emergency care puts lives at stake. Sending more patients to medium-sized hospitals, which are already over-whelmed, or further away from home to city hospitals aren't good options either. It seems that it was less expensive to have smaller hospitals look after their own budgets. Perhaps, as was suggested by many, a return to the situation before centralization should be seriously considered.

Respectfully submitted by Donna Chamberland

Region 2 General Meeting

February 23 1 pm
Cold Lake and District FCSS
5513 - 48 Avenue
Cold Lake

Contact the Alberta Council on Aging
for more information

780.423.7781
Toll Free: 1.888.423.9666
info@acaging.ca

Region 4 (Edmonton and Area)

I have remained active on the Seniors Task Force Committee, coordinated by Public Interest Alberta. Recently, this group developed a position paper on Long Term Care (see page 22 for highlights). The paper has been sent to many seniors' organizations, provincial government departments as well as various government and opposition representatives.

It includes a list of recommendations such as:

- Implement an effective home care and drug coverage system focussed on preventing the deterioration of seniors' health to minimize the need for Long Term Care.
- Build and operate sufficient Long Term Care beds to eliminate the current backlog.
- Provide access to medications, goods and services in all Supportive Living facilities on the same basis as in Long Term Care facilities.

We have received many more requests for presentations and information on both our Senior Friendly™ and Fraud Recognition programs. We are currently seeking Edmonton area volunteers who would be prepared to present these programs. If you are interested or would like more information please contact the office.

Respectfully submitted by Gary Pool

Region 5 (Central Alberta)

The central region kicked off the new fall season with a general meeting in September. The guest speaker was Karen Oatway, Community Coordinator for Volunteer Central (formerly Volunteer Red Deer) who gave a presentation on the benefits of volunteering.

Our annual general meeting was held in October with special guests Fred Olsen (president) and Gary Pool (past president) from Alberta Council on Aging Board of Directors. The guest speakers were Nancy Guebert and Isabel Henderson who are co-leaders of the new Continuing Care Resolution Team which reports directly to the CEO of Alberta Health Services. The team was created to ensure patients and families receive appropriate, timely continuing care and placement.

The board of Region 5 met in November and welcomed new board members Ann Snelgrove, Sandra Smyth, Linda Shepherd and Sheila Stangier. Special thanks go to retiring board members Viggo Nielsen, Bev Hanes, Glenna Thompson and Monica Morrison for their contributions to the council.

The theme for the December general meeting was Fraud Awareness for Seniors, presented by Corporal Slavica Doktor and Corporal Jess MacFarlane of the Red Deer RCMP Fraud Squad. The presentation generated many stories of personal experiences from those in attendance and many positive comments about the recently revised Alberta Council on Aging booklet Financial Literacy for Seniors: Recognizing Fraud.

The next board meeting will be held in January.

Respectfully submitted by Ron Rose

To report elder abuse or for more information, contact:

Family Violence Information line
310.1818

Seasonal Recipes

Slow Cooker Roast Chicken

Rub ingredients

- 4 tsp salt
- 2 tsp paprika
- 1 tsp cayenne pepper
- 1 tsp onion powder
- 1 tsp thyme
- 1 tsp white pepper
- 1/2 tsp garlic powder
- 1/2 tsp black pepper

For the crockpot

- 1 cup chopped onion
- 4 to 5 carrots, chopped in halves or thirds
- 4 celery stalks, cut in thirds
- 2 garlic cloves, peeled and smashed
- 1 whole lemon quartered
- 3 1/2 to 4 1/2 lbs roasting or fryer chicken

Directions:

1. Combine rub ingredients in a small bowl and set aside. Prep the vegetables and place inside the slow cooker (about 7 quarts).
2. Remove chicken from packaging and remove neck and pouch with organs. Discard or reserve for later use in another recipe. Rinse chicken with water and pat dry with paper towels.
3. Rub garlic all over outside of the chicken. Put garlic inside the chicken. Put the rub all over the outside and inside the chicken. Add quartered lemon to the inside of the chicken.
4. Place chicken on top of the vegetables. Cover slow cooker and cook chicken on low for 4-8 hours. The time will depend on the size of the chicken and your slow cooker. Cook until the internal temperature of the leg is at 160 degrees F or use a thermometer as the original recipe calls for.
5. Remove chicken and place in a 9 x 13 glass or ceramic baking dish. Place baking dish in the oven under the broiler for about 4-5 minutes. Allow chicken to rest after removing it from the broiler for 5-10 minutes.

The Secret to Portion Size is in Your Hand



Palm =
3 oz. of meat



A fist =
1 cup of veggies



Thumb tip =
1 teaspoon of fat



Handful =
1-2 oz. of carbohydrates

Community Dialogue

Feedback from our Members

Regarding seniors living in their homes alone,

"There is too much to be done, yet nothing is being done!" This seems to be the mantra of most seniors. I am trying to find someone who will act on the issue of seniors who are home alone, and have had no success so far.

I find it very concerning that there are many seniors who live alone. This can cause many issues to become larger than they need to be; falling and not being able to get up, being stuck inside during the winter, difficulty with home maintenance tasks, etc.

Maybe I will just have to say I tried, and leave it at that.

Anonymous

**Regarding poor customer service,**

I am writing to complain about poor customer service.

When I called your call center I found that your staff had very little information available to them. I went through a frustrating "ring-around-the-rosy" involving being transferred, referred to billing, and leaving my phone number to receive a call back - which did not happen.

I called to find out about a bill I did not receive, and was given incorrect and incomplete information - including not being notified my account number had changed.

When I finally did receive that bill the administration fee was more than double what I had been told it would be. Your staff were completely unable to explain the cause for this,

and I later found that information on the Utilities Consumer Advocate web page.

The staff I dealt with on multiple occasions were ill-informed at best and incompetent at worst. Since I do not feel I received any helpful assistance I am even less pleased with the inflated administration fee, since it seems to be of no use.

Susan Barry

Note: One of our members sent this letter to a utility company, and forwarded it to us as well.

**Regarding the Advisory Panel in Healthcare Innovation,**

I would like to see outcomes in areas such as:

- Evaluated in-home supports to allow seniors to age in place
- Assessments for people entering assisted and supported living facilities, and annual assessments for residents
- Planning for long term care, prior to an urgent situation
- That vacant buildings be refitted, when possible, to take pressure off the acute care system

I have had personal experience living in an assisted living facility. The facility we were in had no night staff, so as a retired nurse I found myself working in a role I hadn't expected - providing emergency care!

I look forward to positive solutions to an ailing system.

Sheila Stangier



Thank You for Your Donations!



Allan & Willa Adelman
 Thomas & Vera Allan
 Paul & Rejeanne Banville
 Alice Beamish
 Dorin & Helen Berlando
 Norm & Marie Bezanson
 Cecile Bielech
 David & Carolyn Bougher
 Jacques & Annette Breault
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 Winnifred Chamberlain
 Laurence & Jeanette Chandler
 Antony & Cecilia Chau
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 Gary Pool
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Del S. Rath
 Dayle Reash
 Selma Reid
 James & Jeannette Ridley
 Cornelius & Trudy Rodenburg
 Clara Rubletz
 David & Ann Ruptash
 Jack & Doreen Sandercock
 Elizabeth Schritt
 Stuart Scott
 Alison Scott-Prelorentzos
 Roland & Antonia Seguin
 Leo & Selma Shearer
 Nellie Shymko
 Harvey & Doreen Skov
 Margaret Mary Standen
 Lovette Strynadka
 Sharon Swabey
 Richard & Elizabeth Sykes
 Ed Thomlinson
 Eugene Topolnisky
 Doris A. Vallee
 Ron & Sharon Vandebosch
 Charles & Catherine Vanstone
 Gord & Gwen Vaselenak
 Eleanor & William Wasylyshyn
 Eugene & Marguerite Watson
 Emil & Ellen Weisner
 Julia Welsh
 Duane & Nancy Wikant
 Gail Wolfe
 Ambrose & Jennifer Wrzosek
 Laurence Younker
 Union 52 Benevolent Fund

Senior Friendly™ Update

Senior Friendly™ Before and After



This is one example of how to make a space more “senior friendly”.



Before



After

Aisles in a store should be wide enough to accommodate a walker, stroller, wheelchair, or assistant.

Make things easy: to see, to hear, to use, to understand.

March is Fraud Prevention Month

Fraud: Recognize it. Report it. Stop it.

The Alberta Council on Aging would like to remind you :

- Be careful with personal documents and information
- If you think you have been a victim of fraud report it to the police
- If something seems too good to be true, it probably is!

Upcoming Fraud Recognition Presentations:

- Grande Prairie - March 17th at 1 pm at the Golden Age Club
- Camrose - To be announced, contact us for more information

For more information on fraud contact the Canadian Anti-Fraud Centre:

1.888.495.8501

www.antifraudcentre-centreantifraude.ca

Alberta Council on Aging Members Receive:

- Access to a unique provincial network
- A voice representative of thousands of members
- Voting privileges at the AGM
- Subscription to the ACA News—published seasonally
- Meaningful volunteer opportunities
- Eligibility to apply for Johnson Inc. MEDOC travel insurance

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

Memberships expire annually on December 31st.

Renew online at www.acaging.ca/membership

Alberta Council on Aging Membership Form

Membership Type

<input type="checkbox"/> Household (\$22)	<input type="checkbox"/> Life (\$250/person)
<input type="checkbox"/> Organizational (\$60)	<input type="checkbox"/> Corporate (\$200)

Membership Number

\$ _____ Donation

Tax receipts will be given for
donations over \$20.00

Name/s: _____

Address: _____

City: _____ Postal Code: _____ Province: _____

Phone #: _____

Email: _____

☐ Check here if you wish to receive occasional electronic communications

Newsletter

☐ Digital Newsletter ☐ Hardcopy Newsletter

Donations

☐ Name Published ☐ Anonymous

Payment Method

☐ Cheque ☐ Cash ☐ AmEx ☐ MC ☐ VISA

Card #: _____ Expiry: _____ / _____

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

An Overview of DriveABLE

By Fred Olsen

Lately we have been receiving a number of questions about DriveABLE. Specifically, why many seniors are taking and failing this test. The Alberta Traffic Safety Act states when Albertans reach age 75 they must have a medical exam to test their ability to drive safely. The next medical exam is at age 80 and each year thereafter.

If your physician determines any cognitive failure, due to a medical condition such as dementia or a negative side effect of a drug, you may be scheduled for further tests to determine the extent of your impairment. If you have no health issues that impair your ability to drive you won't need further testing.

What is DriveABLE?

DriveABLE is an evidence based Cognitive Assessment tool for evaluating drivers. The Neurocognitive Research Unit of the Northern Alberta Regional Geriatric Program were asked to find a test which could assess patients who had a cognitively impairing medical condition to see if it impairs their driving. They could find no such test.

Because of this lack the DriveABLE company was established to provide evidence-based assessments of medically at-risk drivers.

How Does It Work?

Driving is a task that requires mental, visual and physical abilities; medical health and vision can be tested easily, but testing mental ability or cognition is more difficult.

There are two parts to the test; DriveABLE Cognitive Assessment Tool (DCAT), predictive of on-road performance and DriveABLE On-Road Evaluation (DORE), the first on-road assessment that tests drivers on their cognitive ability alone.

The DCAT portion uses a computer and three button input and is administered by a certified evaluator. It has six tasks that measure twenty-two relevant variables.

DORE tests drivers on their cognitive ability alone, not the rules of the road, using a specialized road course and scoring system that accurately measures cognitive ability.

The test administrator will make a report to your physician and the physician will discuss this with you. It is your physician who makes the recommendation whether you keep your driving privilege or not.

Do I have to take this test?

No, you can request an alternate test. However, these are administered by Occupational Therapists, Geriatric Nurses, or physicians. If your ability to drive is being impaired by dementia or the side effects of a medication, then DriveABLE is likely a good choice. It was developed specifically to determine the impact of cognitive impairment on driving skills. It is not so much a pass/fail as an assessment of your abilities and safety as a driver. No other currently available test is designed for cognitive assessment or is as technically simple to use.

There is a cost to take the tests, commonly around \$250. This is an issue that needs to be addressed. Some seniors cannot afford the expense and will be forced to let their license expire.

Conclusion

Driving involves three main abilities; mental, visual and physical. Loss of ability in any of these areas can be the cause of losing your driving privilege.



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