ACA News

Vol. 44 No. 5 **Serving Alberta's Seniors since 1967** **Winter 2012**

The Honourable Alice Wong, Minister of State for Seniors, centre, addresses stakeholders on elder abuse in Edmonton November 7. From left to right are Kaily O'Neill, Fernande Bergeron, Michelle Maser, Anna Mann, Simone Demers, Jared Buhler, ACA president Gary Pool, Heather Backhouse, Denise MacDonald and Bernice Sewell.

Tackling elder abuse: Full conference report

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

ACA News

Published by the Alberta Council on Aging Winter 2012

Seniors' issues at forefront of federal, provincial agenda

Awareness growing to elder abuse, financial fraud

As the holiday season is upon us, we find ourselves reflecting on the past year and on all those who have helped shape the Alberta Council on Aging (ACA). Members have voiced concerns over Senior housing, supportive living, long-term care, home care, support of caretakers, the growing financial pinch that people with middle incomes have, access to public information regarding budgets and expenditures, medication funding for Seniors and elder abuse. ACA continues working closely with the Alberta Network of Senior-Related Organizations (ANSRO), the Seniors' Task Force of Public Interest Alberta, and others in bringing these concerns to the federal and provincial levels.

Gary Pool
ACA President

On Nov. 7, ACA attended a ministerial roundtable on elder abuse with the Federal Minister of State for Seniors, Honourable Alice Wong. Various other Edmonton-based groups working on different aspects of elder abuse also attended the conference. The event was covered in the newspapers, on television and on the web.

One note from the discussions at both the conference and the roundtable is that financial fraud is on the rise and the people perpetrating the fraud are becoming more inventive. And incidents of reported elder abuse seem to be increasing. These discussions echoed those at the first annual elder abuse conference held in Edmonton in early October. Three of our board members, along with our office manager, attended (see pages 12 to 17).

Statistics indicate an alarming increase in elder abuse, and as noted in their report, the causes and solutions are complex. Importantly, and as shared by the Alberta Elder Abuse Awareness Network, who hosted the conference: "While these statistics speak to the enormous social price tag of family violence, it is critical that we not forget that economic facts do not measure: the human cost of emotional suffering, decreased quality of life, and in some cases the loss of life."

Attendance of ACA's representatives to the Elder Abuse conference was made possible through a three-year grant from the federal government's New Horizons program for our PEATE (Preventing Elder Abuse Through Education) program. This grant ended the end of October, but although it has ended, ACA remains active in promoting elder abuse awareness and fraud prevention. In addition to working on elder abuse matters, ACA is also working with ANSRO on "An Integrated Management Strategy for Seniors Supports, Housing and Care in Alberta."

At present, about a dozen other Seniors' groups and Seniors' service providers are supporting the organization. The strategy has been prepared and has been reviewed by all the supporting groups prior to developing a plan for review with various government agencies. Following is a portion of the Executive Summary from the draft document.

PRESIDENT'S REPORT

As a group, ANSRO is issuing the following Clarion Call to government:

Recognizing the implications of the projected increase in the population of older adults, especially the elderly, frail and vulnerable, the challenges faced by community service providers, and the well-documented research on the needs that accompany the natural process of aging, ANSRO calls on the Government of Alberta and its agencies to (a) immediately resolve the funding and operational issues service providers have to deal with on a daily basis and (b) implement a pilot project of a provincially standardized, community-based Regional Seniors' Resource Centre, and to make appropriate supporting regulatory and policy changes, thereby enabling Seniors to enjoy an optimal quality of life as they age in the living environment of their choosing.

To expand on this statement, this document includes the following components:

1. An overview of Alberta's aging population, the state of Seniors' services in Alberta and the challenges faced by service providers.
2. Service provider issues that need immediate resolution.
3. A plan for an integrated network of services for Seniors.
4. A call to action to support this plan.

The expected final review of this document was expected for late November; then a plan for reviewing it with appropriate government agencies will be established.

Lastly, another group that ACA is active in is the Seniors' Task Force of Public Interest Alberta. This group deals with issues that we feel are important to our membership. One of the issues presently active with the Seniors Task Force is entitled "Improving Alberta's Senior Care System.' The following is a summary of a document presently being worked on by the Seniors' Task Force.

The Seniors' Task Force of Public Interest Alberta, made up of representatives of many key Seniors' organizations and health professionals who work with Seniors, has set the following prescription for improving Alberta's seniors care system.

1. Create viable and responsive Home Care
2. Build more long term care facilities (Nursing Homes)
3. Stop circumventing the Nursing Home Act.
4. Establish a Seniors' Advocate as an Officer of the Legislature
5. Make Seniors' care facilities more democratic (by requiring the establishment of Patient/Family Councils)

Once the document is completed, a strategy for review with various government agencies will be established. If you are interested in the full document, please contact the ACA office. We will provide additional information as it becomes available.

In closing, with the generous help and support of our members, ACA continues addressing the issues that matter to Seniors. In January, the ACA Board will be holding a strategic planning session to address all your input from the AGM and survey this past spring/summer. In February, we will be celebrating 45 years as a charitable organization. We value our relationship with our members, partners and community at large and look forward to working with you in the years to come.

Respectfully submitted by Gary Pool, President

Thank you for your continued support!

With warm and friendly wishes for a wonderful holiday season and a bright, healthy and happy New Year!

Alberta Council on Aging

REPORTS FROM REGIONS 1, 2, 3, 5, 8 AND 9

Heather Manarey, of the Hospice Palliative Care Society, addresses a group at Points West Living in Grande Prairie on Oct. 27.

Region 1

We have hosted two information meetings.

On Oct. 26, 2011 at Merry Pioneers Drop-in Centre in Rycroft, with 35 Seniors in attendance. We discussed the merit of joining ACA, pointing out our mission. We handed out the ACA brochures and reviewed them with those in attendance. Past Director Paul Lemay presented the executive approved objectives for Zone 1.

1. That ACA Region 1 continue to liaise and participate in activities with ACA, Grande Prairie Council on Aging and Senior centres in the region and NWARTA.

2. That ACA Region 1 sponsor Seniors' activities for Seniors' Week, including student involvement in writing a poem, essay or poster about the influence of grandparents in their lives and to recognize the history of our forefathers in the region.

3. That ACA Region 1 actively support financially and physically Meals on Wheels.

4. That ACA Region 1 examine opportunities and needs and conditions for Seniors' assisted living in the region.

5. That ACA Region support palliative care in the region.

6. That ACA Region 1 have at least two general meetings per year with guest speakers on topics of interest.

7. That ACA Region 1 request member input annually for topics and activities of interest to the region.

8. That ACA Region 1 conduct annual membership drives.

Objectives for 2012:

1. (a) That the Director for Region 1, Yvonne Dickson, represent ACA Region 1 at ACA and Interagency meetings

(b) That Lorna McIlroy represent ACA Region 1 at NWARTA and volunteer to represent ACA at ARTA

2. That one of the executive members attend senior centres meetings to report to the meeting on ACA activities and to bring back reports on the centres' activities

3. That Paul Lemay represent ACA Region 1 and Seniors in general at CABH-Community Advisory Board on Housing

4. That a committee organize activities for Seniors' Week including inviting a selected school or schools to write a poem, essay or poster about their grandparents' history or how they affect them personally.

REPORTS FROM REGIONS 1, 2, 3, 5, 8 AND 9

5. Meals on Wheels: fund-raising and the participation in meal distribution

Speakers at the meeting included Elaine Yanishewski, and Judy Brown of Central Peace Senior Care of Spirit River; Verna Horney, Alberta Health Services Palliative Care Resource Nurse; and Heather Manarey, Grande Prairie Hospice Palliative Care Society.

The presentations described Palliative Care/Hospice and elaborated on facilities and resources in our area.

Elaine is a home-care nurse in the Central Peace and a member of the Central Peace Palliative Care Committee, a multi-discipline group with members from the community: home care, X-ray and lab technicians, hospital receptionist, pharmacist, occupational therapist, ambulance worker, a United Church minister, and volunteers including the Art Committee.

The objectives of the committee are to: liaise with Alberta Health Services, assess the equipment pool, maintain a Palliative Care manual and information package for families, promote education of the team through in-service, and review new resources. Funding is community based. The committee has also furnished two palliative care rooms in the Spirit River Hospital.

Judy Brown spoke about the art display in the Spirit River Hospital. Artists are invited to contribute artwork; 25 per cent of the sales of the art go to the Palliative Care Committee. They bought hangers for the hospital to hang the pictures. She also mentioned the Van Gogh Project, which raised $106,000 to buy a new handi-van, which was ordered in June.

Judy spoke about the Community Health Council of which she is the chairperson. There are representatives from 5 municipalities. They hear concerns, liaise with Alberta Health Services and direct people where to find information. She is also on the Peace Advisory Council, appointed by the Government.

Verna shared the history, the purpose and her own enthusiasm for the Hospice Palliative Care program. Heather defined the role of Grande Prairie Hospice Palliative Care Society to be an advocate for palliative care so to add to the comfort of the clients. She has recently partnered with Alberta Health to provide three sessions for specialized training.

The Grande Prairie Society is to work with other committees in the region to form a regional body. The society will be holding a Hospice Week Conference on May 10, 2012 in Grande Prairie to provide support for families who have exhausted all other financial support and to assist persons going on for further study in the field.

The session on Thursday, Oct. 27 was held at Grande Prairie's new care facility, Points West Living. The presentations format were the same as in Rycroft as far as the ACA, Alberta Health Services, and Grande Prairie Hospice Palliative Care Society.

Donations of $300 were approved and made to the Grande Prairie Palliative Care Society and to Meals on Wheels.

The two meetings generated 13 new members, three renewals and two $20 donations to ACA

It should be noted that Zone 1 has met the objectives for 2011.

Following the adjournment of the meeting, tours of Point West were conducted by the director, Hywel Williams. Refreshments and further conversation were enjoyed by all.

Respectfully submitted
by Cliff Mitchell, Region 1

Region 2

We began our Region 2 meetings for the year with a meeting in Athabasca. It was our first meeting there so attendance was small. Quantity is not nearly as important as quality. We had a wonderful meeting with a knowledgeable and proactive group of Seniors who were a delight to meet.

Many in attendance were members of their local Hospital Auxiliary. It is only recently that Region 2 has begun to recognize the work that the auxilians do in terms of fundraising for their local hospitals. We believe that they should be included as part of the health-care team and, as such, their input should be heard and valued by government.

A government plan to make all hospitals part of a "Healthy Food Environment" will impact their fundraising as sales from vending machines are a major source of fundraising. Government needs to address this situation with the auxilians before implementing any measures that could negatively impact the work that they do.

Also in attendance at the meeting was a representative (also an ACA member) of the Boyle Campus of Continuous Care Committee.

REPORTS FROM REGIONS 1, 2, 3, 5, 8 AND 9

This committee has worked hard to develop a plan for a facility that would allow local residents to remain in the community and receive the care they need. Region 2 was pleased to be asked to write a letter of support for their proposal.

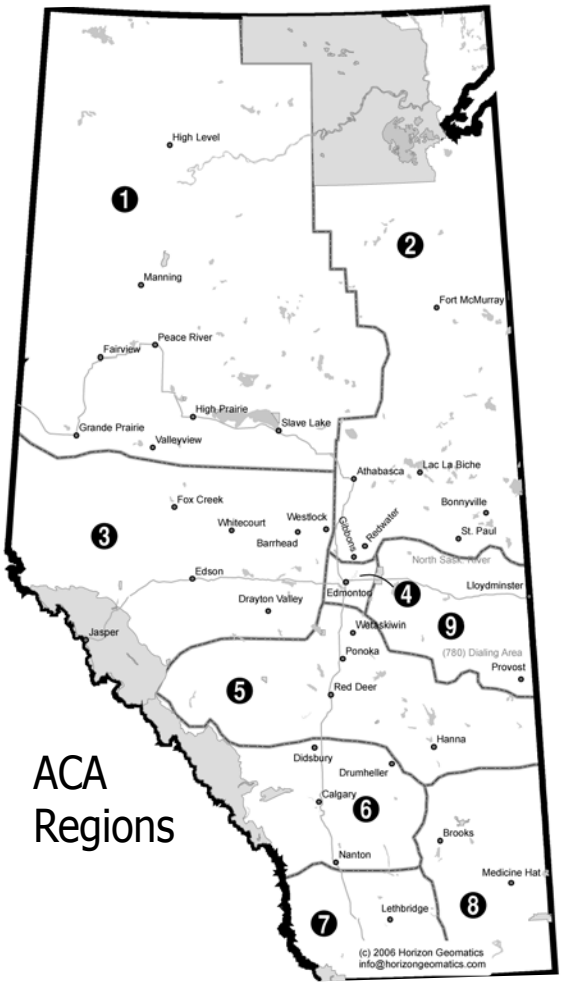
I will be addressing the Lakeland Communities Health Advisory Council on Nov. 17 in Cold Lake. I will provide an update on the Provincial 21 Day Menu Plan and how Seniors in Region 2 feel that the changes that have been made are too few and too minor.

I try to attend all meetings of the Health Advisory Council to ensure that Seniors' health needs are addressed.

Our next meeting is scheduled for Nov. 24 in Lac La Biche at the Heritage Society. Laura Keegan of the Alberta Rural Physician Action Plan (ARPAP) is to discuss what is being done to address the need for physicians in rural Alberta. We will also discuss how to prevent a fall, as November is Seniors' Fall Prevention Month.

We have received some good materials on this topic that will be made available for Seniors to take home with them. Some time will also be devoted to understanding the terminology used by government in terms of Seniors' housing/care such as supportive living, assisted living, designated assisted living, levels 3 and 4 as well as 4D.

Other issues of concern in Region 2 include the lack of transportation now that Greyhound has suspended



REPORTS FROM REGIONS 1, 2, 3, 5, 8 AND 9

service to most of the region.

(At the same time as the government released its document, "Aging Population Policy Framework," in which one of the strategies is to ensure that all Seniors have access to transportation, the Greyhound changes were announced).

Another issue of concern is Premier Alison Redford's recent comments about removing the cap on Senior housing accommodation costs to encourage more private developers to build facilities. It is imperative that the government knows that Seniors are not pleased to hear that announcement, nor are most of us capable of paying the ever-escalating costs.

Some Seniors have indicated that certain cellular companies are now charging an additional $2/month unless they do e-billing.

Many Seniors do not use computers so this is an additional cost that they will have to assume if they wish to use their cellphones.

Low interest on investments combined with increased cost of living is leaving many Seniors in financial difficulty. Many who viewed themselves as middle income are starting to downgrade their status to low income. Then there are those who already were low income who are really struggling to keep up.

Now more than ever, the Alberta Council on Aging must be talking to government about all of these emerging issues.

Respectfully submitted,
Edith Read, Director, Region 2

Region 3

So far I am still working on the list of towns in the region where there is a Seniors' meeting centre.

If anyone in this region would like to send an e-mail on upcoming events in your centre, we would be happy to hear from you.

Please use the ACA email address, in the Newsletter. I would be happy to visit any of your centres, once this busy season winds down.

So, for now, I will just like to wish everyone a happy and safe holiday season.

Respectfully submitted by
Diane Walker, Director, Region 3

Region 5

Our region held its Annual General Meeting on Oct. 4 and the Board of Directors now has three new members. Welcome to Glenna Thompson, Sheila Stangier and Jim Saltvold. We hope that you enjoy the work that our Council takes on with the expectation of improving Seniors' lives – whether it is informative, entertaining or advocating on our members' and other Seniors' behalf.

Thank you to Tom Skoreyko for his great contribution while a member of our Board for the past two years. Doug Janssen has stepped down as vice president, and Ron Rose has stepped into that position.

We now have 13 very active board members representing ACA members in the central Alberta area and planning programs for the next year.

To round out the Oct. 4 meeting held at the Golden Circle Seniors' Centre, 63 members and guests watched the documentary film *The Remaining Light,* a Canadian Centre for Policy Alternatives film, about how we care for Seniors. A discussion followed facilitated by Dr. Padmaja Genesh, a board member at the Golden Circle and a good speaker who knows the subject of Seniors' care extremely well. Her articles appear regularly in our local newspapers.

I continue to represent our CACA members at meetings of the ACA Board and other senior-related activities whenever I am able to do so.

Respectfully submitted,
Director, Bev Hanes, Region 5

Region 8

I recently visited the Bow Island Golden Age Seniors' group at their beautiful facility. I distributed the Seniors' Guide to Fraud Prevention resource, and we shared some stories and even had a few laughs at our own expense! Another great group of Seniors!

I am following the announcement by Alberta Health Services of 100 new, so-called affordable, supportive living beds for Seniors in this region.

There are questions about how affordable supportive living is for some Seniors, as there have been two reports in the *Medicine Hat News* of Senior couples being forced to divorce in order to maximize benefits to afford this level of care. More information is certainly needed.

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It was not clear to me if the level of care referred to was supportive or long-term (nursing home) care.

I will try to clarify the information and report further.

Best wishes to all for a safe, healthy holiday season.

Respectfully submitted
Beth Turner Director, Region 8

Region 9

Fred Olsen is the newly appointed acting director for Region 9 and is from Irma. Welcome, and thank you, Fred, for your help. We look forward to working with you!

Fred Olsen

Members throughout the region were deeply saddened by the sudden passing of Floyd Sweet.

This was a man with a gift. He was able to talk, accompanied by what seemed like boundless energy. But it was this gift that made him such a valuable asset to the Seniors of this province. He will be missed.

The region semi-annual meeting was held in Daysland, Oct. 12th. It was attended by members from across the region. Two chapters were represented. Gary Pool was the guest speaker, telling the members the focus and scope of ACA activities. This was followed by a short business meeting.

It was determined that the Region and its chapters needed terms of reference for the local executives. This is being redone at this time.

A lovely lunch was served by the ladies of the Daysland Senior centre. After lunch, Donna Coombs of SOS Camrose, gave a presentation on Seniors' benefits, both federal and provincial.

After adjournment, Donna assisted many of the Seniors present in filling out the necessary forms for benefits.

A laptop computer has been purchased for the secretary. A projector and screen have been purchased to allow any guest to use PowerPoint presentations and DVDs. This equipment will be taken to the site of all regional meetings.

The regional AGM is slated for mid-April 2012: the location will be in the NC Chapter area.

With winter, there is very little visiting forecast. I will try to visit local Seniors' centres at least once through the winter.

Respectfully submitted,
Fred Olsen, Director, Region 9

We want to hear from you!

- Did you write a poem?
- Do you know a joke or funny story?
- Did you write a short story?
- Do you have tips you would like to share?
- Would you like to submit a letter to the Editor?

ACA would like to hear from you and publish your piece in one of our upcoming Newsletters.

Please submit your contributions to our office either by mail, fax or email to daniela@acaging.ca.

Make sure you mention your name, phone number and consent to publish your contribution.

Would you like to receive your ACA News via email?

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

Understanding mental illness

Seniors particularly vulnerable to specific disorders

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

Passive Dependent Personality Disorder

Historical Background

The specific illness I chose to expand on and present to you affects .5% of the population and is usually gender-specific to women. This may be related to cultures which only consider submissive women to be normal.

First described in 1945 by Karl Abraham, it was described in a U.S.A. War technical bulletin and then appeared in the first edition of the *Diagnostic and Statistical Manual of Medical Disorders* (DSM-1)in 1952.

Formerly known as "Authentic Personality Disorder" (general debility or lack of bodily strength) it is characterized by a pervasive psychological dependence on other people. It is a long-term, chronic disability and with Seniors who exhibit this personality or are diagnosed as such easily become frail and unable to function independently or autonomously.

Diagnostic Criteria

The DSM-IV edition lists eight characteristics and dependent personalities are defined as requiring at least 5 of these. The World Health Organization lists 6 and requires 3 for a diagnosis. Then there are 5 adult subtypes which I will not elaborate on here.

Children and younger adolescents who are diagnosed with this problem about 6 to 10% of the time have serious mental issues. Diagnostic criteria emphasizes a pervasive pattern of dependent and submissive behaviours. The theory is that the root of this kind of extreme dependency originates from childhood experiences. It often arises with parents who create an environment or implied message that independent behaviour or judgment is bad and will lead to abandonment.

There is some research going on to see if either dependency or submissiveness is genetically based, but its connection to the designated passive dependent disorder is not included.

In adults, the disorder may take shape gradually and in Seniors it arises due to feelings of inadequacy and a growing lack of confidence in a rapidly changing modern world -– a world which moves more quickly than many Seniors can absorb comfortably.

It can be argued that this disorder is simply just a trait or normal characteristic and these people are just lazy. However, people afflicted with Passive Dependent disorders structure their lives so others take responsibility for their welfare. They will not even try to function on their own but seek out those who will tell them what to do, and in extreme cases, those who will do everything for them to the point of total incapacity. Decision making becomes too difficult and a dependent person will accept a bad, even abusive relationship to avoid having to function alone.

There is an irrational and severe fear of abandonment and people with this disorder usually cannot be left alone. They see others as they wish they were and not as they are as they lack critical thinking skills and therefore may form improper friendships. They can be ingratiating to those friends and those they rely on by denying their true feelings and the deceptive strategies they employ.

Substance abuse, depression and somatic or bodily symptoms are common complications of the passive dependent person.

This can especially arise with Seniors who often take a variety of medications which, in turn, creates side effects and nutritional deficiencies.

The course and prognosis of the passive dependent personality depends a great deal on the person's support network or relationships. Things may go well until this support is interfered with or disrupted. After all we may be conditioned to helping Seniors and it would be the normal thing to do, up to a point.

Similar disorders which must be considered in the diagnosis process are agoraphobia, although this person is usually more active while the passive dependent is apathetic and will just sit or stay in bed if allowed. Another is the passive aggressive personality, but the goal is to express hostility which may have not been acknowledged before while the goal of the passive dependent is to abdicate all responsibility for their care or normal functions of life.

Also in the same cluster group are those exhibiting obsessive-compulsive behaviour who also have difficulty with decision-making. However, they actively work to ensure things are done correctly while the passive dependent often doesn't care how it's done due to their submissive or apathetic nature.

The passive dependent judgments are distorted and often fixated in the past which can lead to an incorrect diagnosis of dementia. Extreme anxiety if they are urged or forced to do anything can result in tremors and other symptoms which are then incorrectly thought to be Parkinson's disease.

As you can see, a definitive diagnosis can be very difficult and requires an experienced professional. Hospitalization is sometimes necessary to reach this definitive diagnosis and for any accompanying complications such as depression, severe anxiety, suicide attempts and other problems such as an overwhelmingly stressful life.

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

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

Notice of rate increase

Due to the rising cost of publication and delivery, please know that the ACA Board of Directors approved an increase in our rates slightly for Household Membership.

Effective January 1, 2012, the cost for Household Membership will increase from $20 to $22 per year As always, we are committed to enhancing our services, and we look forward to doing that over the next year.

ELDER ABUSE CONFERENCE

Facing up to elder abuse needs support of community

ALBERTA ELDER ABUSE AWARENESS NETWORK

ACA takes active role in raising awareness of growing problem

The first Alberta Elder Abuse Conference, hosted by the Alberta Elder Abuse Awareness Network, was held in Edmonton in October. Headlined by the motto "Face It – it takes a community to respond to elder abuse," the conference drew over 300 professionals and volunteers from across the province who are dedicated to working with Seniors and issues of elder abuse.

The exceptional lineup of speakers from Alberta and across Canada included Joan Braun, a lawyer and a social worker; Judith A. Wahl, Executive Director and Senior Lawyer, Advocacy Centre for the Elderly; Dr. Daphne Nahmiash, PhD, of Montréal, chairperson of the Notre-Dame-de-Grâce (NDG) Committee on Elder Abuse, and last but not least, Phil Callaway, award-winning author, speaker and "daddy of three", as he called himself.

The Alberta Council on Aging was represented by Bev Hanes, Diane Walker, Yvonne Dickson and Daniela Hiltebrand. Each attended separate break-out sessions that included Preventing Financial Abuse, Law Enforcement, Screening and Detection as well as Community Response to abuse in an older adult.

Their perspectives on these sessions follow:

Daniela Hiltebrand, Executive Assistant

The theme of this conference was "It takes a community to respond to elder abuse" and the 12 sessions and four keynote speakers emphasized how serious the issue is in our community.

The first session I attended was **FINANCIAL LITERATURE 101** presented by Joan Braun, a lawyer and social worker from B.C. Many issues surrounding elder abuse involve knowing if the alleged victim:

- understands the financial information they are provided or have for their consideration
- can evaluate the data or information correctly, and most importantly,
- can appreciate the consequences of their decisions or actions

Establishing the answers to the above lets investigators determine the amount or degree of a senior's capacity or capability to handle his or her own financial affairs.

All individuals should be aware of the basics of budgeting and related math skills so they can be financially secure and self-sufficient. Knowing these skills helps Seniors avoid financial abuse by knowing the steps to avoid those situations that may arise and lead to abuse of their financial position.

One of the most important issues discussed in this presentation was the problems involved with Powers of Attorney (POA). They are often given to the wrong

ELDER ABUSE CONFERENCE

persons and maybe the wrong type of representation is provided. Many problems can be caused by naming the wrong person to be your representative as it becomes difficult to complain or take legal action against a family member; as a result, this family relationship may be irrevocably broken. As well, the legal costs and lengthy time it takes to correct a problem can harm the Senior's health and seriously harm their financial situation.

So yes, all Seniors should consider having a Power of Attorney (POA) document drawn up, BUT be very sure you have good legal advice as to the type of POA you have and, more importantly, choose your representative carefully. Remember, it does not have to be a family member but a person you trust and want to have looking after your financial affairs should you not be in a position to do so.

My second session, **WHEN MENTAL ILLNESS MEETS ELDER ABUSE,** was presented by Leslie Pisani and Dr. Kevin Lawless and dealt with how to get information from Seniors who have disability problems. In this context, the speakers stressed how important videotaping was as case investigation can take a long time to reach a conclusion and witnesses may have passed away or are unable to communicate what happened.

A new social movement is beginning — Seniors' Rights. Every Senior has the right NOT to be abused, to MAKE their own decisions and NOT to be discriminated against. Awareness of these rights is growing and there is a new recognition of them among Seniors and society in general. Demographics will push these rights in years to come.

Reporting elder abuse is not mandatory by hospitals, lawyers etc. and according to some studies from the U.S. it does not work in practice. (This was put forward by speaker Judith Wahl, who has 28 years experience with the problems of elder abuse). The focus is now on poverty issues in a criminal context

A DUTY TO CARE: A COLLABORATIVE APPROACH TO ELDER ABUSE was presented by Sgt. Mike Bartkus and Const. Jared Buhler and was concerned with the investigation and intervention responsibilities of the justice system when elder abuse is suspected or reported.

Under the Alberta Adult Guardian and Trustee Act

ACA representatives Yvonne Dickson, Bev Hanes and Diane Walker attend the Elder Abuse conference in October.

(AGTA) a person is assumed to have the capacity to make his or her own decisions unless proven otherwise – both legally and functionally. In all cases there is an assessment made of where the person is on a scale between being autonomous and needing protection, and then again on a scale between having total capacity and no capacity for dealing with finances and personal well-being.

They described criminal abuse of the elderly in three ways:

- Direct misunderstanding when a person does not recognize a practice as being abuse or an offense.
- Indirect misunderstanding when campaigns such as those which encourage POA's be drawn up

In Alberta at this time there is no legislation for trustees under the AGTA to investigate POA abuses. As well, private homes caring for vulnerable Seniors don't fall under the DUTY TO PROTECT ACT. These are serious holes in our current legislation and as a community we must advocate to have these protections incorporated into the appropriate Acts. The ACA is currently working on a position paper to address this important issue.

ELDER ABUSE CONFERENCE

and this leads to an increase in problems of improper papers being written or improper/untrustworthy persons being named as a Senior's representative if they become incapacitated.

- Diminished or deliberate misunderstanding such as the fraud involved in stealing a person's home.

Again, they talked at length about the many reasons many elderly victims are unwilling to press charges or be a witness when the perpetrator of the abuse is a family member or close friend. One practice to overcome this barrier is to provide Seniors with consistent support to overcome this reluctance and have multi-disciplinary teams to assist during the investigations.

AGING WITH LAUGHTER AND GRACE was the concluding session featuring Phil Callaway, humorist and author from Three Hills. He entertained and educated us further with his presentation "Family Squeeze: Tales of Hilarity for a sandwiched generation." (see his Nuggets of Wisdom, right)

Bev Hanes, Director, Region 5

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SCREENING TOOLS FOR ELDER ABUSE: Dr. Daphne Nahmiash and her team at Concordia University, between 1990 and 1993, have developed pocket tools through the National institute for the Care of the Elderly. (NICE) These tools are very user-friendly, can be used by the elder, professional staff or family. They were designed to detect, intervene in, and or prevent abuse of Seniors.

Dr. Nahmiash

BASE: Brief abuse screen for the elderly
CASE: Caregiver abuse screen
IOA: Indicators of abuse

Seniors deserve to live with dignity and respect. Abuse and neglect of an older person is any action or inaction by ANY person that causes harm to an older person.

What to do:

Acknowledge: Suspicion of abuse may develop over time. Accumulate and document evidence.

Barriers: Fear of retaliation, withdrawal of caregiver support and breach of confidentiality creates barriers to seeking help.

Urgency: Assess immediate needs and potential risk of physical harm.

Screen: Assess the person's physical, emotional and mental capacity to help themselves.

Empower: Educate the person about their rights and available resources. Assist with establishing a safety plan.

Refer: Seek support from or consult with other professionals.

Indicators: Unkempt appearance, inappropriate or dirty clothing, signs of infrequent bathing, unhealthy living conditions, home environment dangerous and/or in disrepair, hoarding, lack of social contact, no regular medical appointments.

The NICE Tools are available through www.nicenet.ca

10 Nuggets of wisdom from Phil Callaway

Laugh a little each day

Find a confidante

Exercise 3 times a week

Carve the hurry from your life

Eat the right food and take longer to eat it

Run away from home

Worry less

Take care of the home front

Remember, you're more amazing than you think

Go looking for blessings. You'll find them.

ELDER ABUSE CONFERENCE

Panel on Government of Alberta **SAFEGUARDS FOR VULNERABLE ADULTS:**

Presented by: Brenda Lee Doyle, Office of the Public Guardian, Edith Baraniecki, Protection for Persons in Care, Sara Carr, Seniors Policy and Planning Protection for Persons in Care Act

This Act applies to service providers that receive funding from the Province of Alberta, to provide care or support to Albertans 18 years of age or older.

Providers covered include: Hospitals, Nursing Homes, Group Homes, Shelters, Lodges, Mental Health Facilities, Addiction Treatment Centers, and PDD funded care and support services.

Providers not covered include: Home Care, Family managed supports under PDD, Family members or volunteers not paid by government, correctional facilities, student housing, physician offices and community clinics.

Service providers are responsible to ensure their staff, volunteers, and contractors are aware of the Act, and to require every employee, volunteer or person engaged in delivery of service to undergo a criminal record check.

Reporting:

- Report abuse as soon as possible.
- An abused client has two years to file a report.

Where to report:

- Protection to Persons in Care: 1 888 357 9339
- Police Service if criminal or dangerous
- Professional association or college
- Mental health patient advocate

Role of complaint officer:

- Decide whether or not to pursue investigation.
- May notify the service provider a report has been filed.
- May make inquiries and take any action he or she considers appropriate.

Role of PPC investigator:

- Will conduct an investigation, which may include, entering the premises with permission, interviewing the client and other associates, as well as accessing records, examining and testing equipment.

PPC report:

- Investigator submits a report to the director every 30 days.
- May discuss findings with those involved before submitting the final report.
- Must determine if allegations are founded or not.
- May make recommendations.

Role of the Director:

- Makes a decision, specifies what steps the service provider must take to prevent further Incidents.
- Provides a copy of the decision to all involved
- PPC will monitor and follow up with the service provider.
- An appeal maybe lodged within 15 days of receiving the decision.

Role of the Minister:

- Designates the director, complaints officer, investigator, and appeal panel.
- Makes regulations and may initiate a minister's investigation.

Abuse is:

- An act or omission that causes serious bodily or emotional harm.
- Using medication in an inappropriate manner, which results in serious bodily harm.
- Non-consensual sexual activity
- Improperly or illegally converting a significant amount of money or valuable possessions.
- Failing to provide nutrition, medical attention or another necessity of life, without a valid
- consent.

Abuse is not:

- Following professional standards of practice.
- Following clients wishes when they refuse care.
- Decisions made by legally appointed decision makers, ie. Guardians, trustees, agents, or POA.
- Decisions or actions made under a Government Act.

ELDER ABUSE CONFERENCE

SCREENING AND DETECTNG RISK:

Presented by: Melanie Wiens, Michelle Slocombe, Carla Buchan

When considering the reporting of elder abuse, there are a few things to keep in mind. Did you observe this yourself, or has it been reported to you by someone else? Is this the first incident? What was the trigger? Does the Senior want intervention?

Edmonton Seniors' Safe House is available to both men and women who are over 60. This facility provides free meals and care from social workers and psychiatric nurses to meet immediate needs. They also provide relation help, so the Senior does not have to return to or with the abuser.

Psychiatric Nurse, Villa Caritas: This nurse assesses, treats and returns the Senior to his or her home or community with same-day service when necessary.

The Alberta Treasury Branch is the now training staff regarding financial abuse.

Judith Wahl, Advocacy Center Legal Aide for the Elderly, does not support mandatory reporting. Judith supports keeping an open mind on how do things that work in practice.

Inappropriate use of the Power of Attorney can be a criminal offence.

SELF-NEGLECT: TOO MUCH vs NOT ENOUGH IN THE OLDER ADULT:

Presented by: Val Boehme and Laura Barett

Highlights of the presentation:

- Half of all cases over age 80 suffer some form of self-neglect. Seniors who require money may sell their prescription medication. The benefit of having an Outreach program is that Seniors can be assessed in their own home environment. A much better assessment is the result.
- Document everything objectively and accurately. Take photos if possible with permission. Share with the Senior's physician.
- Cardiovascular events result from self-neglect, which lead to death. A senior who has experienced a cardiovascular event is most likely to go to continuing care.
- Hoarding is an indicator of self-neglect. Hoarding is now a legitimate diagnosis, which will help with treatment.

Hoarders have excessively high standards, difficulty trusting others and consider themselves to be collectors. About 70% have co-occurring mental health conditions. Two-thirds describe a history of loss— hoarding compensates.

It is important to build rapport with this person prior to treatment. Underlying conditions must be treated before the hoarding is addressed. Treatment is very gradual. If items are removed without the preliminary treatment the patient may destroy themselves after the cleanup.

Cognitive Behavioural Therapy is the best treatment, as the clients are responsible for their own progress.

It is important to have a relapse-prevention plan in place.

Yvonne Dickson, Director – Region One

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LAW ENFORCEMENT AND CRIMINAL JUSTICE:

Const. Jared Buhler, member of the Elder Abuse Intervention Team of the Domestic Offender Crimes Section within the Edmonton Police Service, presented a case study of a typical case of Elder Abuse.

WHERE TO TURN FOR HELP

By phone: 1 888 357 9339
Edmonton Elder Abuse Intake line: 780 477 2929

Websites:

www.seniors.alberta.ca/PPC

www.qp.alberta.ca
:
www.seniors.gov.ab.ca

Other: Canadian Centre for Elder Law, www.bcli.org/ccel, and in particular their publication "A Practical Guide to Elder Abuse and Neglect Law in Canada", which states law on Elder Abuse in the Provinces and Territories.

ELDER ABUSE CONFERENCE

Buhler is part of the Elder Abuse Intervention Team, which, besides the Edmonton Police Service, consists of The City of Edmonton Community Services, Catholic Social Services – Elderly Adult Resource Service, Victorian Order of Nurses, and Covenant Health – Community Geriatric Psychiatry.

Buhler quoted Lisa Nerenberg, National Committee for the Prevention of Elder Abuse, who said in 2003: "Multidisciplinary teams have become a hallmark of elder abuse prevention programs, reflecting growing consensus that no single agency or discipline has all the resources or expertise needed to effectively reduce all forms of abuse and neglect."

Often, people who are confronted with Elder Abuse, or suspect that Elder Abuse happened to someone, feel helpless and don't know where to turn for help. It is always a good start by talking to the local Police Service or Community Services Centre.

ELDERS AND THE LAW:

Judith Wahl, from the Advocacy Centre for the Elderly talked about the need for legal aid and free services for older adults and how important these services became due to limited incomes of Seniors, the nature of legal issues as well as the fact that these issues are not always "usual" legal issues. Abuse of older adults can mean:

- The mistreatment of an older person by someone they should be able to rely upon — a spouse, a child, another family member, a friend or a paid caregiver
- Any harm done to an older person by a person in a position of trust or authority
- Any action or deliberate inaction by a person in a position of trust which causes harm to an older adult
- Not just criminal behaviours
- Not just civil matters
- Doesn't happen only to "vulnerable" adults

The complexity of the issue reflects the need for a variety of responses. Abuse occurs in systems when the law is not followed and when misinformation about rights and responsibilities is given out. The challenge is to get real remedies and funding to the things that make a difference. Ms. Wahl also pointed out that personal directives are still voluntary in Alberta.

COMMUNITY RESPONSE MODELS:

Dawn Vickers, Elder Alberta Abuse Awareness Network, Pat Power, Elder Edmonton Abuse Intervention Team, Jamie Evans, Medicine Hat Community Response to Abuse and Neglect of Elders (CRANE) and Jan Reimer, Alberta Council of Women's Shelters introduced their response teams. Their mandate is to respond by good assessment / investigation, emotional support, service co-ordination, information and referrals and to prevent abuse through awareness, educating and training the professionals and staying on top of the gaps in service.

Participants listen to speakers at the Elder Abuse Conference held at the Radisson Hotel in Edmonton in October.

Last but not least, it is important to always look to partner where appropriate and to develop a co-operative working relationship with the legal system.

ELDER ABUSE RISK ASSESSMENT GUIDE:

Jennifer Storey, PhD student at Simon Fraser University, presented "A Structured Professional Judgement Tool and Case Study." Elder Abuse risk assessment means screening abuse. Jennifer pointed out the importance of having such tools to become more efficient in dealing with, and recognizing Elder Abuse.

Daniela Hiltebrand, Executive Assistant

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This first Alberta Elder Abuse Conference appeared to be a huge success. The sessions I attended were very relevant and the presenters did a great job.

The more information on elder abuse that can get to the general public may impact the way Seniors are viewed and treated. Family members, caregivers, or people in general should keep in mind to treat older adults as you would hope to be treated.

Respect and understanding of how people change over time as they age could help to keep negativity out of our vocabulary, and abuse out of our actions.

Diane Walker, Director – Region Three

NOTICE BOARD

2017 – 50 years of ACA

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

Do you have stories about ACA's early years?

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

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

Do you have copies of old newsletters prior to 1984?

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

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

Annual General Meeting 2012 – Where will it be?

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

Deadline for your input is Jan. 15, 2012. Please email Daniela at daniela@acaging.ca, give us a call at 780-423-7781 (Toll free in Alberta: 1-888-423-9666), or write to us.

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

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Please update our address

Dear members: please make sure you address your mail to us correctly.

Each week, we still receive a fair amount of mail which got sent to our old office location. Thankfully, the kind new tenant there kept forwarding our mail to us. To make sure that your membership applications do not get delayed or lost, please use the following address only:

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

Thank you

SENIOR FRIENDLY™

Communities, individuals strive to prevent falls

Costs high, both in health care and quality of life

According to Statistics Canada and the National Council on Aging, one in three Seniors will fall in North America every year. In Alberta, about 62,500 Seniors fall every year per the Alberta Centre for Injury Control & Research (ACICR). In 2006, fall-related injuries among seniors resulted in more than 6,900 hospital admissions and 18,700 emergency department visits.

Kathie Neu Organ
Director, Age-Friendly Program Development

Finding Balance Alberta, a non-profit organization dedicated to helping Seniors prevent a fall, shares the follow statistics taken from data collected in 2008.

- When comparing senior falls hospital admission rates for reporting provinces, Alberta had the third highest rate.
- In Alberta, the percentage of fall-related hospital admissions increased with age. For those 90 years of age and older, 88 per cent of the injury admissions were due to a fall.
- Falls were also the leading cause of injury emergency department visits with over 19,400 visits.
- $96 million was spent on Seniors' fall-related hospital admissions.
- The average hospital admission cost as a result of a fall was $15,500.3
- The average hospital admission cost for a hip fracture as a result of a fall was $15,600.3
- The average length of a hospital stay as a result of a fall was 20 days.

There is no dollar amount attached to how injuries sustained from a fall impacts one quality of life. The good news is that we as communities and individuals can strive to prevent falls. A number of initiatives have been embraced worldwide. The World Health Organization's Age-Friendly Initiative includes commitment from participating cities to address environmental design. Nations have taken up education campaigns, and in North America provinces and states have developed specific plans for reducing the incidence and severity of falls, that include dedicating specific months for fall prevention education and awareness. The Government of Alberta has declared November as our Falls Prevention Awareness Month.

To learn more about what is happening in Alberta with fall prevention, link up with The Alberta Centre for Injury Control & Research (ACICR), a provincial organization committed to advancing the impact of prevention, emergency response, treatment and rehabilitation of injuries in Alberta at http://acicr.ca/ or *Finding Balance Alberta*, a website dedicated to helping Seniors prevent a fall at www.findingbalancealberta.ca

For those living in communities that are developing an age-friendly community plan with falls prevention central to their plan, the Grey Bruce Communities from Ontario creatively utilizes the World Health Organization's Age Friendly Cities Checklist and the Murray Alzheimer Research and Education Program's (MAREP) Age Friendly Community Framework to address the many factors involved with fall risk across the lifespan. Their website is http://www.publichealthgreybruce.on.ca/Injury/Older-Adults/GB_Falls_Program/Community_Plan/

Lastly, the Senior Friendly(TM) program includes educational components in both dialectical and practical applications in fall prevention. If you would like to learn more about this training, please contact kathie@acaging.ca.

(10 Common myths about falling: see Page 21)

Lodge life a viable option

Diverse community of residents faces challenges

The following article, Piper Creek Lodge, was brought to ACA's attention by Bev Hanes, Director of Region 5. Printed this fall in INSIGHTS, a quarterly review of the Piper Creek Foundation, it addresses the history, changes, programs, needs and values of the Piper Creek Lodge located in Red Deer. Although it specifically addresses Piper Creek, the content may resonate with many throughout Alberta. ACA gratefully appreciates INSIGHTS' permission to reprint.

Piper Creek Lodge in Red Deer shows the benefits of life for its diverse community of residents, and why improvements need to be made.

As we mentioned in our last issue, the redevelopment of Piper Creek Lodge is one of the Foundation's highest priorities.

Built in 1956, with additions in 1977 and 1994, the lodge has evolved as the residents have. In the 1950s it was the model of Seniors' housing that was used to develop the modern lodge program; today it struggles to house the Seniors it was designed for.

Why do we need to replace this lodge?

- Over 60% of residents at the lodge use some kind of mobility device. Walkers are the most prevalent and this building cannot accommodate power wheelchairs.
- Most suites are between 150 and 200 sq. ft. Modern lodge suites are 300 to 450 sq.ft.
- Kitchen was designed for cooking meals for 35 to 40 residents; we now have over 60 residents.
- Dining room has had two expansions and cannot accommodate walkers at the tables.
- Electrical system includes systems for the 1950s, 80s, and 90s.
- Over the last two years, over $30,000 in unscheduled repairs have happened. All age-related.
- Over 30 suites do not have access to a private shower or bath.

Who lives in a lodge?

There is the perception that frail sick people live in a lodge; that is so wrong. The lodge community is diverse. Lodges are a housing option that exists to support people to live independently without dedicated health supports. In fact, the health supports that exist in a lodge are the same health supports that exist for any member of the community.

Our residents are contributing members of the community. We have residents who volunteer at community agencies and for the Foundation. We even have the rare resident who still works even though they could have fully retired many years ago.

When we talk to many of the residents about why they moved into the lodge, it is because they don't like to cook for one person (most are widowed women), they feel socially isolated or they don't feel safe living in a house or apartment any longer. Living with people close to their own age creates a strong community and a social network that helps maintain their independence in some cases until they enter their eighties, nineties, or older.

Why are lodges an important housing option?

One of the things that is often overlooked is how to prevent Seniors from entering the health-care system and eventually the continuing-care stream with its emphasis on health-care versus housing. Lodges play a very important role in keeping Seniors out of the health system and healthy. The lodge setting is a holistic approach to life. Meals are cooked in the lodge and are reviewed by a dietician to ensure they meet the Canada Food Guide requirements. All too often we have seen people move into the lodge where they have stopped preparing good meals and they look tired and that life is becoming a struggle. In the lodge, they can smell the meal cooking or the baking happening and this helps to promote an appetite at meal time. Those same people who came in looking tired are suddenly putting on a little weight, looking happy and excited about their day again.

Another big impact lodge life can have on an individual is our recreation program. Our staff sits down with each new resident and talks about what they like to do and try to get to know the person a bit.

From this we start to identify some of the activities this individual may like, but more importantly try to identify if this person is likely to become isolated.

(continued on page 21)

10 common myths about falls

Myth 1: Falling happens to other people, not to me.

Reality: Many people think, "It won't happen to me." But the truth is that 1 in 3 older adults fall every year....

Myth 2: Falling is something normal that happens as you get older.

Reality: Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

Myth 3: If I limit my activity, I won't fall.

Reality: Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent. Social activities are also good for your overall health.

Myth 4: As long as I stay at home, I can avoid falling.

Reality: Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

Myth 5: Muscle strength and flexibility can't be regained.

Reality: While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program.

Myth 6: Taking medication doesn't increase my risk of falling.

Reality: Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health-care provider about potential side effects.

Myth 7: I don't need to get my vision checked every year.

Reality: Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. Have your eyes checked at least once a year.

Myth 8: Using a walker or cane will make me more dependent.

Reality: Walking aids are very important in helping many older adults maintain or improve mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane and instruct you in safe use.

Myth 9: I don't need to talk to family members or my health-care provider about my risk of falling. I don't want to alarm them, and I want to keep my independence.

Reality: Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.

Reality: Let them know about your concerns and offer support to help them maintain the highest degree of independence possible.

National Council on Aging

Residents who don't have a strong social network (inside or outside the lodge) are more likely to have health issues and need more support from the health-care system.

On average there are 30 hours of recreation activities a week at each of our lodges for people to get involved in.

The ability for individuals to have a social atmosphere with good nutrition is why lodges are so important in maintaining the health and independence of Seniors.

Facts about lodges

- The Provincial Lodge Program was based on the development of Piper Creek Lodge in 1956. The first lodges under the provincial program began in 1961.
- In 1956, the cost to build Piper Creek Lodge was $185,000. To replace it with the same number of suites is estimated to be $13,000,000.
- Volunteers contributed over 4053 hours to recreation programs at our lodges in 2010.
- Over 2700 individuals (2008) received the Alberta Seniors' Benefit in Red Deer and would be eligible to apply for the lodge program.
- There are 10 couples (20) waiting for a couples suite. We have 7 suites suitable for couples within the Foundation.
- There are 101 people on our waiting list for single room accommodation in the lodge.

Nimble Seniors wow with gymnastic skills

Dynamos 'push their limits' as they urge Seniors to stay active

By Brian Swane

The Edmonton Dynamos are used to it.

Looks of curiosity, disbelief, skepticism. No one's really quite sure what to make of this group of senior gymnasts.

Then their music hits.

"We went to a school ... and the kids, when we first came in, they thought, 'Oh, here's a bunch of old people coming to do something' " laughs Dynamo member Arnold Nett.

"And then once we did our thing, they just couldn't believe it."

The Dynamos, whose comprehensive routines incorporate artistic, acrobatic and rhythmic elements, are off to the 2011 World Gymnaestrada in Lausanne, Switzerland where they will perform between July 10 and 16.

With all members over age 55 and some pushing 80, the Dynamos are one-of-a-kind and not just in Edmonton. The group is making its third appearance at the World Gymnaestrada, a non-competitive festival that is held every four years and features 20,000 participants.

"Most of the performers there are the younger ones," says Nett, 78. "There are some other (older) groups doing aerobic, but ... as far as we know, we are still the only group doing the artistic and acrobatic gymnastics. No other group has been doing the artistic and acrobatic."

The group of nine practises twice a week with coach Teresa Wanat in the Jasper Park Community League where they balance on balls, snake across the floor with ribbons, tumble, lift one another using both arms and legs, and build elaborate human pyramids – moves difficult for anyone to do, let alone those in their Golden Years.

"When we choreograph, we have to choreograph around hips that aren't necessarily functioning," says Wanat. "It's unique, and I love it because they're great listeners — as long as they can hear me."

She's joking, of course. Having coached all ages and high levels of competition over the last 30 years, Wanat calls the Dynamos her favourite coaching gig.

"They still fascinate me, and as I get older and I hurt, I take my hat off to them."

The Dynamos' goal, Nett says, is conveying a message to seniors to stay active. Most of the groups' members have been involved recreational pursuits, but few have gymnastic backgrounds.

"You can train a body to do whatever it wants or whatever you want it to," says Anne Black, who took up gymnastics 20 years ago at the tender age of 57. "With proper training you can push your limits."

Black and Nett are the two remaining members from the original Dynamos that started in 1996, when a number of members of another local senior gymnastics branched out to that wanted to try things more challenging.

The Dynamos have performed all over the world, including Costa Rica, Jamaica, Nicaragua, and at the last two World Gymnaestrada festivals, in Sweden (2003) and Portugal (2007).

Black and Nett even were offered an audition to play a senior couple in a Cirque du Soleil Las Vegas show a few years ago, but after they submitted a well-received tape, the producer decided to take things in an completely different direction and the roles were eliminated.

For the majority of the current Dynamos, this will be their first World Gymnaestrada. While many of the 20,000 participants will simply perform for passers-by in outdoor parks, the Dynamos are going to be part of small arena shows with paid admission.

Any pre-conceived notions the spectators have of the Dynamos, you can bet will be turned upside down.

"Once they've been seen," says Wanat. "People want to see them again."

Reprinted with permission from The Edmonton Examiner

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