

# ACA News

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# *Person First*



## **Alberta Council on Aging**

**Working to improve the quality of life for seniors**

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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

Reanne and Denise Degagne  
at a Let's Talk Dementia  
presentation in Calgary



Members may request either an electronic or a hard copy version of the newsletter by contacting the office.

Views expressed in this publication do not necessarily reflect those of Alberta Council on Aging. The council reserves the right to condense, rewrite and reject material. This newsletter follows the Senior Friendly™ guidelines for clear communications.

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# President's Report

Fred Olsen

A highlight of my time at Grey Matters Conference 2016 this fall was a conversation I had with the newly appointed Seniors' Advocate Dr. Sheree Kwong-See. We talked on a few points and my impression was that she is determined to improve matters for seniors and we will see good things from her office.

Subsequently, Donna and I had a meeting with Dr. Kwong-See and her staff. They explained how the office is set up and how they interact with seniors; their questions and concerns. See page 6 for the full article.

All the regional directors and program volunteers and staff have been busy this past year holding and attending meetings and working with their networks to hear the voices of seniors. The outreach programs are very popular and several directors and volunteers are either doing presentations or letting others know about the resources available to seniors.

A membership increase of \$3 for household membership January 2017 was approved by the board of directors October 17. The increase is necessary to cover administrative costs associated with maintaining memberships, mail-outs, phone service, website maintenance and data base. The transition from a physical office to a virtual office is going well. The costs and savings are in line with our original estimations.

Please keep us in mind when you renew your membership, purchase a membership as a gift or give the gift of volunteering or donating money. We are astonished at the amount of donors using the online Giving Tuesday campaign through Canada Helps. All contributions are appreciated!

I hope you all have a wonderful Christmas. May your New Years be bright and peaceful.

Respectfully yours,




*From the Board of Directors and Staff*



# Executive Director's Report

The reference to person-centered approach was first coined by humanistic psychologist Carl Rogers. It is a non-directive approach to being with another; that believes in the other's potential and ability to make the right choices for themselves, regardless of our own values, beliefs and ideas. This is not easy to maintain when supporting someone who lives with dementia, however, the challenges of dementia make person first or person-centered philosophy and approach even more significant.

The expression person-centered care is widely used in health care and often poorly represented or understood. Person-centered care sounds right, however what does this look like in the every day?

It is tough to lay our personal agendas aside, (whether we are family members or the care team) and focus on the person we are serving. For instance, a person-centered approach changes how we understand and interact with each other. What are known as altered or challenging behaviours with dementia simply become communications. What is the person trying to communicate? What need is being unmet? Person First language reflects a deep respect for personhood. For example, a person who loves to walk, is not labeled a wanderer or an eloper, they are a person who enjoys exercise and the outdoors. A person living with dementia requiring a secure home environment is not in need of a lock down as dementia units are often labeled, they need supervised freedom. A person who needs support beyond the family home requires additional care not a bed. Calling a program a bed is dehumanizing.

As January is Alzheimer Awareness month we are highlighting person centered philosophy (person first) and dementia. Next to the age wave, dementia is a serious rising tide, worldwide.

As we care for people living with dementia, it is important to focus on the whole person, not just the disease or symptoms nor the losses one is encountering. Look for the strong side of a person, the remaining abilities versus the losses and deficits. No one wants to be told they are lacking, or they are wrong!

When we speak of person centered philosophy and care, we are speaking of our collective humanity. Humans are multi-faceted and each domain, from the physical to social, makes up the whole person. We value the inclusiveness of all community members as with the [age friendly communities' initiative](#) (World Health Organization). We look for ability not disability. Public policy, every day behaviors and language will also reflect and support this. In closing I share the little saying that goes a long way in terms of person centered approach and dementia care best practice...

*It is better to be kind than right,*

Donna Durand

Ps This new year, why not sign up to be a Dementia Friend?  
[www.dementiafriends.ca](http://www.dementiafriends.ca)



Donna and Lauren proudly display their IDPD (International Day of Persons with Disability) toques handed out at a recent celebration in Edmonton.

# What has **Alberta Council on Aging** been Doing?

## Outreach

- Let's Talk Dementia in Calgary—October 20, and 21
- Health and Wellness Forum in Edmonton—October 29
- Region 6 Lunch and Learn Session—November 12
- Region 4 General Meeting and Navigating for Services—November 15
- Region 2 General Meeting—November 16
- Region 1 Information Session—November 23
- Pharmacy Tips in Camrose—November 29
- Recognizing Fraud in Viking—November 30
- Region 5 General Meeting—December 6
- Article submission to Toronto Council on Aging newsletter



## Visit

[acaging.ca/events](http://acaging.ca/events) or call  
1.888.423.9666 for  
ACA Calendar of Events

## Meetings

- Provincial Board of Directors Meeting—October 17
- Covenant Health Annual Community Meeting—October 26
- Region 5 Executive Meeting—November 1
- Meeting with Senior's Advocate Sheree Kwong See—November 9
- Region 5 Committee Meeting—November 22
- Meeting with MLA Sarah Hoffman and Edmonton Regional Director—December 2
- Meeting with Kindy Joseph, Seniors Strategic Planning Branch, and Irene Lindsay-Martin, ASCHA—December 7
- Meeting with Shannon Patershuk, Johnson Insurance Representative—December 8

## Attended

- 2016 Re-Think Ageing National Conference National Institute on Ageing November 23, and 24
- International Day of Persons with Disabilities Conference—December 1
- Annual College of Physicians and Surgeons of Alberta/Alberta Medical Association Holiday Reception—December 1
- Christmas Luncheon for the Consumers' Coalition of Alberta—December 7
- GeriActors & Friends Annual Holiday Celebration—December 8

# Meeting with the Seniors' Advocate Office

By Donna Durand and Fred Olsen

We were delighted to hear “aging of itself is not a health issue” therefore seniors need their own ministry and advocate.

President Fred Olsen and I went to welcome our new provincial seniors advocate as well as determine how we will best work together. We soon learned this department has ministerial order and no legislation, however Dr. Kwong See is determined to lead the research and much needed change for Albertan seniors regarding support and navigation of services and systems.

First and foremost, the Advocate's team is mandated to help disseminate information and help guide seniors through the maze of navigating for services. They will also provide resolution support and advice. Differing from help desks such as Alberta Supports and Service Canada, the Advocate's team are specialists in the area of seniors services. To provide optimum service and to better track outcomes, intake calls will have follow-up.

Kwong See is interested in working across the myriad of ministries in order to deal with the broad spectrum of issues presented by seniors. For instance, the Justice ministry is reliant on the mediation process at the time of divorce. Kwong See suggests this type of mediation services for older people and their families would likely be of great benefit for older persons where there is conflict regarding support, decision making, end of life decisions, etc.

Also of interest is exploring the utilization of the community distribution model. For instance, if a senior needs help or attention in the community where they live, the advocates office wants to be well versed in community agencies and individuals across the province that are formally and

informally providing services.

We had a brief discussion on the annual report coming out of the Seniors Advocates Office. Rather than the report being self congratulatory, we asked to be made aware of trends, gaps, expectations and satisfaction of caller, as well of recommendations the advocates office is making to the minister of seniors and housing.

As our meeting came to a close, we were asked to let our members and older people know if they are not satisfied with the help they are seeking from the Advocates office to report back in to the advocates office as they are aiming for a high degree of satisfaction.

Our meeting left us feeling positive regarding the mandate of the Seniors Advocate office. We are assured they will do their best to bring Alberta Council on Aging to the table as advisors in putting seniors first as we strive toward an age friendly world.

**Sheree T. Kwong See, PhD**, is considered one of the foremost Canadian experts on the psychology of aging. She is currently a tenured professor of psychology at the University of Alberta. Kwong See holds bachelor degrees of arts and social sciences from the University of Ottawa and a doctorate in experimental psychology from McMaster University. She has conducted substantial research on aging, including the development and impact of age stereotyping and ageism in contexts such as health care, long-term care and as a factor in elder abuse.



# Test Your Knowledge

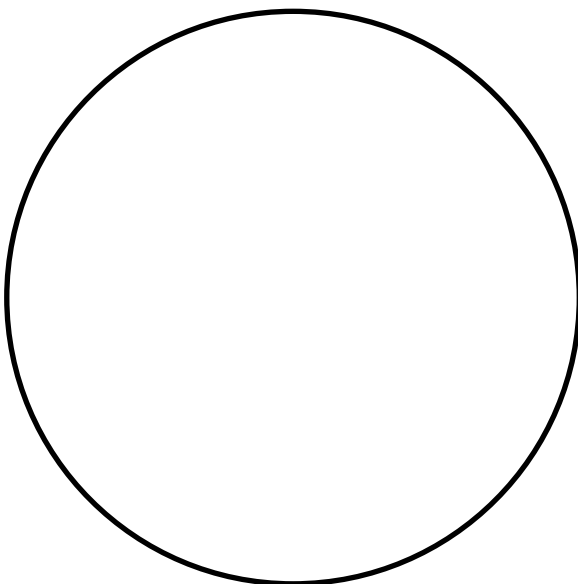
January is Alzheimer's Awareness Month. How much do you know about this disease?

1. Because someone in my family has Alzheimer's disease, I'm going to get it.
2. Alzheimer's disease is a disease that only affects older people.
3. There is a cure for Alzheimer's disease.
4. Memory loss means Alzheimer's disease
5. Alzheimer's disease is preventable.
6. If I'm diagnosed with Alzheimer's disease, my life is over.
7. All people who have Alzheimer's disease become violent and aggressive.
8. People with Alzheimer's disease cannot understand what is going on around them.

True      False


Alzheimer Canada

You would think it would be easy to recall what a quarter looks like considering we handle them frequently in our day to day life. However, when we sit down to try and recall from memory alone it can be frustrating. Do you think this could be how someone with a dementia feels when they are trying to recall information? Using the space below draw either side of a quarter from memory only, no peeking! Answer page 16



## Rethink behaviour! Rethink language!

People with Alzheimer's disease are said to have altered or negative behaviours that need to be managed.

Maybe they're just trying to communicate.

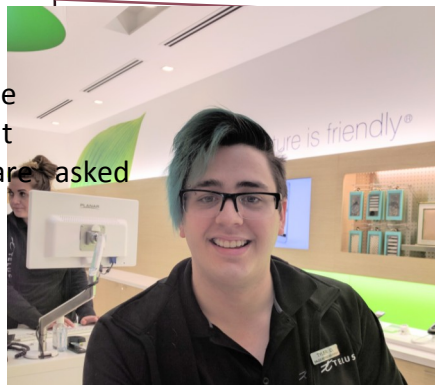
What might they need?

# Member Submissions

Elderly father went into hospital to have a growth removed. He was then sent home and the family was told to contact home care and ask for a wound care. The family was then told by home care that they had no availability.



A concerned citizen said “Front line caregivers are not able to carry out procedures that family members are asked to do in their homes.”



Dear ACA News:

Thank all you wonderful volunteers who work so hard for us seniors that our voice may be heard. ... Keep up the good work.  
God Bless,  
Dorothy Stuart

Thank you to Tyler of Kingsway TELUS in Edmonton for his fantastic Senior Friendly™ service.

## Christmas When Grandma Edna was Small

Born in 1905, Grandma Edna looked back and captured a childhood memory of Christmas 100 years ago...

Christmas many, many years ago was different than it is today.

When December came we made decorations; my older sisters made roses out of red and green tissue paper and used wire from an old broom for stems. Fannie, Gladys and I made red and green paper chains. Candles and silver tinsel were the only decorations we purchased. Popcorn was popped and strung by thread to put on the tree. As Christmas came nearer, we always made popcorn balls. Mother cooked the syrup, and my older brothers Arthur and Clarence popped the corn. I was so happy the day I had grown up enough to help!

The Eaton's catalogue was a favorite book at this time of the year. When we saw Mother looking at the catalogue we thought she was looking for gift ideas to write to Santa Claus. Our presents were usually clothes, maybe a new doll, pair of mitts or a scarf Mom had made. It didn't matter what they were, everyone liked them. Our parents gave us fifty cents to buy presents for our family which would buy quite a few things at that time— a handkerchief, bookmark, comb, bright ribbon...

We all helped to get the house ready for Christmas. Father and my brothers travelled to our homestead to cut down a tree. How I love the smell of a real Christmas tree!



We younger ones would happily dust furniture and wash chairs. Our older sisters washed the lamp chimneys and filled them with coal oil.

At last Christmas Eve was here! We always had a special supper of fruit soup, mashed potatoes, vegetables, white sauce gravy and whitefish, which Father bought at the reserve. I am not sure if we even had dessert.

After supper our stockings were hung at the foot of the bed. One of the older sisters would sing us the story of the birth of Jesus.

Our prayers were said, Mother kissed us good night and tucked us into bed.

I was too excited to go to sleep! What would be in my stocking? Earlier, I saw Father carry in a big box. Was he helping Santa Claus? Would my sister Laura and her husband George come tomorrow night? Or was it too cold? They lived far away on the other side of the reserve. I didn't like to cross it because the dogs barked and that scared me. Finally, I fell asleep.

I woke up early in the morning and peeked into my stocking. I was only allowed to take one thing out before breakfast. I snuck quietly downstairs. What was that thing standing in the corner, wrapped in a sheet? I peeked through a little opening, it was the decorated Christmas tree! It stayed wrapped until after our Christmas supper.

I wanted to look out to see if Laura and George were coming. The frost was thick on the upstairs windows. I grabbed my toy flat iron and put it on the stove to warm it up. Mother must have been afraid I would break the window because she quickly took it away from me.

We kept listening for sleigh bells. Finally, we heard bells and Laura and George were here at last! Now we could share our Christmas supper of goose and trimmings. Santa would soon be coming!

When the meal was over, the food was put away and all the dishes washed. We all went upstairs with Mother, excitedly waiting for Santa. A horn blew. The front door opened. Someone shouted "Good night!" Away went Santa! We waited until we heard the door close and then quickly went downstairs.

We saw the Christmas tree lit with candles with presents underneath and lots of Christmas goodies- popcorn balls, hard candy, nuts and baskets of apples and oranges. Sometimes we had a short concert or we sang Christmas songs. Afterwards my older siblings handed out the gifts.

But in 1918, when I was thirteen years old, Father became very ill in August and became so sick he was in bed December 1. Every day, he grew weaker and on Christmas Eve at seven o' clock, he passed away. My Christmas was never the same. But I also want to share the many happy memories. Christmas is a magical season of joy and a time to celebrate together.

Edna T. Nelson  
1905—1992



# Across Alberta

Over the past couple months we have been hard at work on ensuring that our programs are in the best possible shape they can be in and ready for delivery across the province. We've done a variety of presentations on Let's Talk Dementia, Recognizing Fraud, Pharmacy Tips and Navigating for Services.

Our outreach efforts are starting to become more targeted with us starting to look at awareness months and trying to book our sessions around those. The Let's Talk Dementia program is intended to provide a basic understanding of what dementia is and how we can support those living with a dementia.

Our session on Social Inclusion of People Living with Dementia was rated as one of the most valuable sessions at the Grey Matters 2016 Conference.

"Great to hear in lay terms."

"The speaker on dementia was my favorite."

"Realizing things can be taken away from you in a moment and to appreciate what you have."

Our January is already starting to fill up with these presentations. We even have a three part presentation that will be taking place in Edmonton! Contact us to see what is happening in your area.

I'm pleased to announce that our Let's Talk Dementia toolkit will be available January, in time for Alzheimer's Awareness Month. This toolkit falls under the Senior Friendly™ Program umbrella, and as such is intended to be easy to use and understand. The toolkit includes the presentation as well as supplemental materials so that any one of you could deliver the program to friends and family if you wanted to. That's the beauty of grassroots tools in community settings!

Safe travels and happy holidays,

Laureen Guldbrandsen



You're not seeing double. This mom enjoyed the Let's Talk Dementia presentation in Calgary so much that she brought her other daughter to the next evening's session.

# Let's Talk Dementia!

Note from ACA president Fred Olsen:

Our vision is that all Albertans are knowledgeable about dementia. They will also have a high level of awareness about what makes up an Age Friendly community.

Age Friendly communities will instantly be recognizable —they will demonstrate respect for all members of society: the young and the old. Social inclusion will be apparent.

## What is Dementia?

Many people think dementia is the same as Alzheimer's disease; however, Alzheimer's disease is just one form of dementia. Other causes of dementia include (but are not limited to) Lewy Body disease, head trauma, fronto-temporal dementia, Creutzfeldt-Jakob disease, Parkinson's disease, and Huntington's disease.

These conditions can have similar and overlapping symptoms.

Some conditions can cause reversible dementias which can be controlled and sometimes cured. Examples of these conditions include certain vitamin deficiencies, medication side effects and depression.

In order to understand the cause of the dementia, it is important to arrange for a full medical assessment as early as possible when

**Dementia** is a general term that refers to a variety of brain disorders. Physical changes in the brain cause dementia.

warning signs of dementia are noticed.

## Reduce Your Risk!

Maintaining your brain health includes maintaining your heart health. If your heart isn't working its best, then your brain cells have trouble getting the oxygen they need. It is important to take care of your heart and brain.

- Enjoy a healthy diet. Studies have linked obesity, high cholesterol, and high blood pressure to an increased risk of developing a dementia later in life.
- Reduce your intake of bad fats and cholesterol. Food high in saturated fats and cholesterol are linked with the clogging of arteries and are associated with a higher risk for dementia.
- Exercise. Start slow and listen to your body. Even as small as a ten minute walk every day will start to improve your heart health.
- Reduce exposure to cigarettes. Smoking or being around cigarette smoke interferes with

Healthy lifestyles help the brain maintain connections and even build new ones.

Interested in learning more? Alberta Council on Aging offers a free Let's Talk Dementia presentation AND toolkit. Contact [Laureen@acaging.ca](mailto:Laureen@acaging.ca) or 1.888.423.9666

# They Can And They Do

By Captain Richard Dumas, MMM, CD, ADC



Tony Cashman autographs Captain Rick Dumas' copy of The Edmonton Story at Garneau Hall.

It was during Remembrance Week, 8 November 2016 at The Brenda Edmonds Show at Garneau Hall where I met a most fascinating nonagenarian. Typically veterans are invited to speak at service clubs, seniors' homes and schools, etc during this period. I was quite pleasantly surprised when I was invited to speak while in the company of Tony Cashman. I'm a big fan and on occasion will use one of his books as a reference to conversation and projects.

On 29 April 1923 in a house that remains standing today, Tony Cashman was born in Edmonton. His father saw action the first time tanks were used in the First World

War, at the Battle of the Somme, earning the Military Medal - for guiding tanks into position while under fire. An uncle of his, a pilot in the First World War and later one of Edmonton's first bush pilots had inspired Tony. At 19 years old, he enlisted in the Royal Canadian Air Force serving as a navigator in Bomber Command during the Second World War, participating in 30 missions over Germany.

After basic air crew training as a navigator in Western Canada, making \$187.10 a month, Tony sailed from Halifax to Britain in February 1944, on a converted cruise ship - 3,500 persons on board a ship designed for 900, over a 10 day period. Upon arriving in Britain, he commenced with advanced and operational training, adapting to navigating in blackout conditions using only radio signals. His Halifax Bomber aircrew was typical - average age being 23 and together for 11 months (until the end of the war in Europe). His first operation was over Deuseberg, 30 November 1944 where at first it was met with no fear, just intense curiosity. To that end, he often says, "Winston Churchill said that after a cavalry charge, it is exhilarating to be shot at without result. He was certainly right on the first trip, but it became less exhilarating on each trip." His first encounter with acute fear happened on his approach to Deuseberg with intense incoming **flak**. With up to 26 aircraft launching within 15 minutes for operations, takeoff was always dramatic given it was extremely crowded, planes keeping fairly close and while carrying 4 **tons** of TNT, with incendiary bombs and 2,000 gallons of volatile aviation fuel. As the war was drawing to an end, Tony's final raid was 29 April 1945. The targets were submarine docks at Heligoland, a small German island in the North Sea. According to allied intelligence, it was suspected





Captain Rick Dumas with Brenda Edmonds at centre and Tony Cashman on the right while on the mock talk show set at Garneau Hall, sharing a coffee before "going live" with the Garneau Hall seniors' audience.

that top-ranking Nazis were attempting to escape to Argentina via submarine. His crew was one of 250 bombers that took part in that raid. On a lark, he once "bent a rule". His brother John was in the Canadian Army when he met up with Tony during a visit. The 7 man crew was scheduled for a

radar training exercise when one of the gunners became sick. John was kitted out in a spare uniform, signed for a parachute and went up for a joy ride over the North Sea.

After the war, Tony attended Notre Dame University in Indiana. He then came back to Edmonton, beginning his career, working mostly in radio through the 1950s and 1960s for CJCA and CKUA. This is where he built his reputation as a good reporter, author and historian. While putting together the evening news broadcast for CJCA radio in 1950, his big break came - writing a story about troublesome beavers that had to be relocated, showing the importance of beavers in Edmonton's history. This inspired one-minute commercial vignettes and by 1951, a ten-minute program - The Edmonton Story, which ran for 10 years. Over 700 stories were broadcast - many compiled in his book, same name sake. Tony has written many histories over the years, including Vice-Regal Cowboy (1957) - the life of J. J. Bowlen, Lieutenant Governor of Alberta, Heritage of Service: The History of Nursing in Alberta (1966), A Picture History of Alberta (1979), celebrating the 75th anniversary of Alberta, and When Edmonton Was Young (2009). In 1970, Tony became company historian for Alberta Government Telephones and curator of their museum. During this time, Tony wrote Singing Wires: The Telephone in Alberta (1972), in addition to a giveaway book for children.

The Edmonton Fringe Theatre Festival offered further opportunity, in 1994. Tony took to history-based playwriting, to include, Emily Carr and Victoria: Growing Up Together, premiering in the 2011 festival and then travelling to Vancouver Island, 2012. As one of Edmonton's best known local historians, he has been inducted into Edmonton's Cultural Hall of Fame in 1999, recognized as Edmontonian of the Century in 2004, received the Historical Society of Alberta Annual Award in 2010 and had a neighbourhood in Edmonton named after him in 2011. He was invested into the Alberta Order of Excellence, 2014. He continues to contribute to the histories of Edmonton and Alberta, still creating his manuscripts with his 1924 Underwood typewriter that his mother purchased second-hand in 1935. On 29 April 2016, Tony Cashman celebrated his 93rd birthday. Here's the punchline: Veterans can and often do continue to make a difference in our society well after their military service and many seniors continue to excel well into their "golden years". Tony Cashman embodies that duality and life-force.



# 2016 Re-Think Ageing National Conference

## National Institute on Ageing

Re-think Ageing brought together delegates to learn, share, and brainstorm the key actions for advancing the pillars of the National Seniors Strategy (NSS). It offered a fresh approach to the multiple challenges and opportunities presented by Canada's fast-aging society and focused on successful aging across the life course, contemplating ageing from all perspectives, including financial, physical, psychological, and social wellness. Delegates included researchers, practitioners, educators, caregivers, policy-makers, service and product providers - and members of the diverse community of older adults.

I represented the council at the inaugural conference in Toronto November 24 and 25. I took a lot of notes as there were rich dialogues, enlightening speakers, working groups and ideas; I did not want to forget a thing. Here is a brief summary.

- Older single women are most at risk for poverty
- Older Canadians have the highest voter participation
- Referring to the age wave as a tsunami is inaccurate and inappropriate- a tsunami is an unexpected crisis
- Seniors and seniors services are often reactive vs proactive in terms of life changes
- Public home care is necessary to quality of life yet it is not enshrined in the Health Act
- Aging is not a disease. Older people do not want to be seen through the lens of "health"
- Retirement could be called redirection. Older adults value lifelong learning and are seeking a good fit as they redirect their energy and valuable human and economic resources

- No one knows of an existing model of excellence for long term care (anywhere in the world!)
- Think of aging as wonderful... a way of improving – Dr. Thorton. Re think and improve fitness
- 40 chronic diseases are improved by exercise! 30 minutes most days is a good fitness prescription. Buddy up! For quality, enjoyment and adherence to a fitness schedule, find a fitness partner

### The four pillars of National Seniors Strategy

1. engaged citizens
2. healthy activities
3. care close to home
4. support for caregivers



Donna Durand

# Last Call for 2016 Donations

**Here is wishing all of you a Merry Christmas and the best in 2017.**

As the treasurer for Alberta Council on Aging, I wanted to remind you of one other possibility of giving for the 2016 calendar year. I know many of you have charities that you donate to, and if you feel you can donate to Alberta Council on Aging, it is a very simple online process.

Under Canada Helps, you will find that they provide an ability to use your credit card on their website. You find the "Alberta Council on Aging" or by following this link [www.canadahelps.org/en/charities/alberta-council-on-aging/](http://www.canadahelps.org/en/charities/alberta-council-on-aging/) and then it will lead you through the prompts. Please note that you may donate in honour or memory of someone.

The ease of donating through this site is that Canada Helps will send you an email receipt immediately and pass on 98.2% of your donation to ACA. If you haven't completed all of what you feel you can donate for 2016, this is an opportunity for you to donate before the end of 2016.

If you feel you cannot donate due to your income, **please wish five seniors a Merry Christmas and a Happy New Year.** That is also a great donation.

Thank you,

Gail Hiller  
Treasurer



# Thank You for Your Donations

Delores MacIntyre  
Bertha Harrison  
Duane and Nancy Wikant  
Dorothy Stuart  
Norman and Susan Bilodeau  
Niels and Marie Molbak  
Ada and David Furber  
Edith Sinnema  
Norm Bezanson  
Eugene Topolnisky  
George and Esther Orescan  
Dayle Reash  
Klaas and Louise Elzinga

Alice Beamish  
Cliff and Mary Durand  
Mary Watson  
Donald Kramer  
Julia Hudson  
Thomas and Vera Allan  
Emil and Ellen Weisner  
Lovette Strynadka  
Patricia Johnson  
Mui-Yee Choo, Michael and  
Loretta Lau  
Natalia Krawetz and Bill  
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John and Pat Allan  
Gaylen Armstrong  
Bashir Kothari  
David Mcdermid  
Robert and Glenda Wilson  
Samuel Wayne Bobroff  
Germaine and Mitch Lehodey  
And our anonymous donors

# Test Your Knowledge Answers

1. **False.** Although genetics play a role, fewer than 7% of cases are associated with the early onset inherited familial form.
2. **False.** While age is the most significant known risk factor for Alzheimer's disease, most people do not develop the disease as they age. Alzheimer's is not a normal part of aging.
3. **False.** At present there is no cure for Alzheimer's disease, but there are medications and other approaches that, in the first few years, can often successfully help with some of the symptoms and improve quality of life.
4. **False.** Many people have trouble with their memory as they get older, but that in itself does not mean they have Alzheimer's disease.
5. **False.** There is no single treatment that can prevent Alzheimer's disease. However, a growing amount of evidence indicates lifestyle choices that keep mind and body fit may help reduce the risk. These choices include being physically active; eating healthily, including fresh fruits, vegetables and fish; keeping your brain challenged; reducing stress, keeping an eye on your blood pressure, blood sugar and cholesterol levels; avoiding traumatic brain injury; and staying socially active.
6. **False.** Many people with the disease live meaningful active lives for quite a number of years. They have a sense of purpose and do not feel their lives are over.
7. **False.** Alzheimer's disease affects each person differently, and certainly not all become aggressive. For the person with Alzheimer's disease, the loss of memory and the resulting confusion are often frustrating or even frightening. By learning about the disease, adapting the person's surroundings and changing the way we communicate with the person, aggressive and often adverse responses may well become preventable.
8. **False.** Some people with Alzheimer's disease understand what is going on around them; others have difficulty. The disease does affect a person's ability to communicate and make sense of the world around them, although it affects each person differently.



## Cabbage Roll Soup

### Ingredients

- 1 large onion, diced
- 3 cloves garlic, minced
- 1 lb lean ground beef
- ½ lb lean ground pork
- ¾ cup uncooked long grain rice
- 1 medium head cabbage, chopped (core removed)
- 1 (28 ounce) can diced tomatoes
- 2 tablespoons tomato paste
- 4 cups beef broth
- 1½ cups V8 or other vegetable juice
- 1 teaspoon paprika
- 1 teaspoon thyme
- 1 tablespoon Worcestershire sauce
- 1 bay leaf
- salt and pepper, to taste

### Instructions

1. In a large pot, brown onion, garlic, pork and beef. Drain any fat.
2. Stir in chopped cabbage and let cook until slightly softened (about 3 minutes).
3. Add all remaining ingredients, bring to a boil and reduced heat to medium low. Cover and simmer on low until rice is fully cooked (about 25-30 minutes)
4. Remove bay leaf and serve.



## Save the Date

Alberta Council on Aging

50<sup>th</sup> Anniversary Luncheon and Program

June 19, Edmonton



We're turning 50 and we want you to celebrate with us! Jan Reimer and the GeriActors and Friends will be our special guests.

Please plan to attend this free event.

Contact us for more information.

# Person-Centered Housing

By Irene Martin-Lindsay

Alberta Seniors Communities & Housing Association (ASCHA) is a grassroots association serving independent and supportive seniors housing providers in Alberta and those they serve. We are guided by our principled positions including enabling “aging in community.” Our principles guide us toward reaching our Noble Cause where seniors are empowered to have choice and a life of purpose wherein they are honoured, valued and respected. ASCHA members provide housing and/or support to over 30,000 seniors in Alberta representing approximately 70% of the options available in the province. The association has a rich 50-year history, having humble beginnings as an association run entirely by volunteers and part-time individuals.

One of ASCHA’s principles is person-centered housing and over 90% of our members have embraced this philosophy. This means putting the person at the center of decision making and housing conversations. It recognizes that housing, services and supports should respond to the unique needs of the individual, as we all age. To meet this need, housing should be integrated with services so wrap-around supports are in place. Ideally, communities should have the full spectrum of housing and flexible supports available.

I have had a personal experience within the care system. My Dad suffered from severe arthritis that rendered him disabled at the young age of 46. He never gave up despite numerous joint replacements, skin grafts and other chronic ailments that set in until he left us at the age of 84. Throughout that time, he spent 5-6 years in hospital, 10 years in home care and just over 4 years in long term care. His pain management amazed everyone who met him and even with extreme physical limitations he kept the faith. My Mom, his primary caregiver for many years and

her “come on, you can do it” attitude kept him going.

Alberta has a system-centered care provision where the focus is on how well it works for the service provider. Too often Dad would be in bed with no way to access a call bell or help. Doctors would come by and talk to him but he never heard them as his hearing aids hadn’t been put in. During discussions, they often addressed family instead of my Dad who may have been hard of hearing but was fully cognitive and capable. Our system does not give caregivers time to read the files of the individuals first... it is so important for people to know something about who they are providing services for!

After 20 years of being severely disabled and having his fourth hip replacement, I recall a nurse saying “I will have you dressing yourself in no time!” Dad and I joked maybe they were replacing his shoulders too and he would be the bionic man! What the medical system provided was an environment where healthcare was at the centre of decision making, not my Dad, the person who needed the care and supports. My wish is for people to feel safe to talk about the care they need and for it to be considered as part of the care plan.

We have great people in caregiving roles that are often unable to provide the care they want because of all the processes and accountabilities that are in place. I worked with my Dad to try to manifest good care because he was so vulnerable and helpless. It may seem unconventional but being positive, kind and respectful even while in pain does help create an environment where there is increased inspiration and motivation for caregivers.

The joy is finding people who take the time to



connect with the whole person and seeing the difference it made to my Dad's day – a big smile and even a chuckle or two speaks volumes! As the Executive Director of ASCHA I focus on how the work we do benefits the people being served. I am blessed to have a Board that feels the same. Together with our members we have a Noble Cause that puts the senior at the centre of our decision making to guide us in our work. We focus on providing wrap-around support for seniors to age well in community, and we need to bring together all organizations that can make this happen and put the person in the centre of the programs. Systems, credit, policies and procedures need to be flexible to accommodate the full spectrum of people and their choices. Turfs, silos and egos have no place in implementing a person-centred philosophy.

Putting person first into action means looking at the whole person, all the social determinates of health and not just their medical condition. We need to listen to the person and understand what is most important in their lives and what gives them purpose and inspiration. We want to enable and not disable people, and individual choice is at the centre of this.

**Person-centered housing - honors the individual's needs, desires and choices to maintain and enjoy a wholesome, vibrant lifestyle.**



ASCHA  
Executive Director  
Irene Martin-Lindsay

# From the Regions

## Region 1 (Northwest)

I was able to attend the Senior Friendly™ workshop held in Edmonton on October 16. It is our hope that this information will be shared with more community groups in Grande Prairie and area.

On November 23, an information session was offered focusing on senior physical wellness opportunities with a guest speaker from the Grande Prairie Sports Council. The session was attended by approximately 20 people and a lively discussion resulted in regards to senior fitness programs and facilities.

A meeting is planned with a Grande Prairie city council member as well as meetings with care facilities managers.

Our Annual General meeting is planned for April 26 and a Region One 50th ACA celebration is being discussed.

A big thank you to the Longmate family of Grande Prairie for sponsoring Senior's Day (free admission) at the annual Festival of trees on Friday November 25.

**Wishing everyone a Very Merry Christmas!**

Respectfully submitted,  
Jennifer Wrzosek



## **From the Regions continued**

### **Region 2 (Northeast)**

Our regional meeting was held in Lac La Biche on November 16 2016 with a good attendance. The Lac La Biche Senior's Centre has a hot lunch every Wednesday, what a good turnout they have and for all of us travelling to Alberta Council on Aging meeting, it was a special treat to have a hot meal and so good!

Two presentations were given : Dixie Dahlstedt presented "Alternative Senior Housing in Rural Alberta" and Diana Anderson presented the Recognizing Fraud program. Both being well received and lots of interest shown.

Information on Memory Loss - When to seek help – was handed out. In the future we hope to have a presentation on this topic.

Our projection in the New Year is to hold our next ACA meeting in one of our many communities, which have not had a meeting . One of the greatest issues for all Seniors is travel, especially in winter and driving in the dark. It is very difficult in our large and spread out areas in Rural Alberta to hold meetings were all interested can attend.

President Paul Boisvert encouraged those attending to renew ACA memberships and the benefits of the Alberta Council on Aging, especially ACA's role in being heard by the government.

Wishing everyone a Happy and Peaceful Christmas and may the New Year bring us all the wonders that life has to offer.

Respectfully submitted,  
Theresa McNamara

### **Region 4 (Edmonton and Area)**

Our region sponsored information tables at a Seniors Housing Forum in September and at a Health Forum held in late October. Both events were held at the Central Lions Seniors Centre in Edmonton. We talked to more than 200 people at each event (seniors in most cases) and reviewed the programs that Alberta Council on Aging has developed. Seniors and representatives of Seniors Serving organizations expressed interest in these programs.

On November 15, we held a regional meeting with about 20 attendees. We reviewed some of our programs, had a Navigating Services presentation, and introduced Kindy Joseph from Alberta Seniors. On December 2 we visited with MLA Hoffman at her constituency office.

Respectfully submitted,  
Gary Pool

### **Region 5 (Central Alberta)**

A meeting of the new regional executive was held on November 1 at the Golden Circle, Red Deer. The first item on the agenda was election of officers. Congratulations to new president Linda Shepherd, past president Ron Rose, vice president Helene Paquin, secretary Eileen Bantjes and treasurer Connie Barnaby. Directors include: Dolores Ast, Jane Grenier-Frank, Jim Saltvold, Shirley Thomas, Vernie Munroe, Margaret Day, Margaret Marrett-Julien, Bev McNab, Keith Sterling, and Sandra Smyth.

A board meeting was held November 22 to review and organize Region 5 committees. Standing committees include membership, programs, outreach, community relations/ communications, finance, home care and bylaws/policy. Ad hoc committees include nominating and 50th anniversary event planning.

The program has been set for the general meeting on December 6 at the Golden Circle, Red Deer.

Guest speaker will be Mark Garcia, constituency assistant to Barb Miller, MLA for Red Deer South, presenting "Implications of the carbon tax for seniors".

A tour of the new Points West Seniors facility in Red Deer is being arranged. The outreach committee made presentations in Ponoka and Rocky Mountain House.

A letter of support will be forwarded regarding the establishment of a cardiac catheterization lab at the Red Deer Regional Hospital Centre.

Respectfully submitted,  
Ron Rose

## **Region 6 (Calgary and Area)**

On November 10, Region 6 hosted a two part meeting which included lunch. The first part was a presentation entitled "Understanding Dementia and Brain Health". Partnering with the Alzheimer Society of Calgary, the presentation included information such as "What is Dementia?" and "Reversible Causes of Dementia". This latter topic covered such items as "Nutritional Deficiencies" to "Depression". Warning signs of dementia were discussed and the variety of types of dementia were elucidated. The program was well received by the members present.

The second part of the meeting addressed the business of the region such as a motion to expand the number of signing authorities on the region's bank account. Another volunteer came forward to join the existing group planning for the next regional meeting.

Respectfully submitted,  
Frank Hoebarth

## **Region 9 (East Central)**

I was proud to be recognized and honored at the 2016 Minister's Seniors Service Awards. The Senior Citizens Sunshine Club (SCSC) of Vegreville was the recipient of the Senior Group award. In attendance was Fred Olsen, Alberta Council on Aging

President, Nick Chrapko, President of ACA Region 9 and SCSC, Jocelan Wager, Secretary of SCSC, and Shirley Hlady, Recording Secretary of Region 9.

On October 4th Nick Chrapko and I attended a reception for International Day of Older Persons. Region 9 hosted a meeting on October 12th. Nick Chrapko opened the meeting with a report, followed by a statement regarding tours of many Seniors Residences and concerns of some of the residents. Fred Olsen held everyone's attention while discussing housing options and adaptations to help seniors stay in their residences if they wish to. Also discussed were the concerns regarding downsizing from a large home to lodge type setting.

The Rural Elder Abuse Prevention Coalition hosted an information gathering event on November 30th in Viking. Fred Olsen presented Recognizing Fraud. There were further discussions on Freedom of Information and Protection of Privacy Act and how it relates to issues of abuse.

Respectfully submitted,  
Dwayne Hlady



Dwayne Hlady, Jocelan Wagner, Minister Lori Sigurdson, MLA Jessica Littlewood, Nick Chrapko

# Travel Vaccinations: Staying Healthy While Volunteering Abroad

7:00 am wake-up calls. 10-hour work days in forty degree temperatures. Exotic foods. Smiles on children's faces. Diving deep into another culture. Learning a new language. Making a difference. These are just a few things you can experience when volunteering abroad. But make sure you don't add health problems to that list.

No matter your reason for travel, it's important not to forget about protecting your health when getting ready to go. It's understandable if you assume you only need vaccinations for travel to remote or exotic locations, but you might be surprised how many well-travelled destinations also recommend vaccinations for safe travel.

## 5 steps to make sure you're covered

1. No matter where you're travelling, check the websites for Canada's Public Health Agency (PHAC) and the U.S. Centers for Disease Control and Prevention (CDC). Both have alert sections and health information searchable by country. You may not think it's necessary for your destination, but even a mumps advisory is worth checking against your vaccination records.
2. Check with the consulate or embassy of your destination country to confirm if they have any vaccination/proof of vaccination requirements, or any other information.
3. Talk to your doctor about your destination and review your immunization records as soon as possible. Plan on getting vaccinations or booster shots at least six weeks before travel. Your doctor may be able to administer the vaccines, but not have them on hand. Even through a travel vaccination clinic, you may need several weeks' notice.
4. Plan to take immunization records with you. Some countries may actually require you to show proof of immunization. In fact, even countries where yellow fever is not a risk may require proof of immunization if you are entering from or connected through a country that has yellow fever alerts.
5. Pack insect repellent. Mosquitoes aren't just a nuisance. They can also be carriers of disease, some of which have no vaccines.

## Is your destination a hot-spot?

The Caribbean, Latin America, Asia, and Africa are amongst the top destinations for travel volunteer opportunities. You may not have considered getting vaccinations for these destinations, but they are advised by both PHAC and CDC.

Thanks to the vast databases of information provided by PHAC and CDC, it only takes a moment to search the health risks for your area of travel. A little advance preparation can help you bring back only great travel memories, not illnesses, from your volunteer experience abroad.

Article courtesy of Johnson Insurance. Johnson is an insurance provider specializing in home, auto and travel insurance, as well as group benefits. More information about Johnson at [www.johnson.ca](http://www.johnson.ca)

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- Access to a unique provincial network
- A voice representative of thousands of members and older persons that speaks with government on issues and concerns relevant to seniors
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- Subscription to ACA News—published quarterly
- Meaningful volunteer opportunities
- Eligibility to apply for Johnson Inc. MEDOC travel insurance



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## Alberta Council on Aging Membership Form

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<input type="checkbox"/> Organizational (\$60)	<input type="checkbox"/> Corporate (\$200)	\$ Donation
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