

# Alberta Council on Aging

An Independent Non-Profit Charitable Organization Since 1967



## Annual Report 2013



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## **47<sup>th</sup> Annual General Meeting Agenda**

Centennial Senior Citizen Opportunity Club  
5144-49 Street, St. Paul, AB

9:15 A.M. – 10:45 A.M.

Chair: Gary Pool

Recorder: Yvonne Dickson

1. Call to Order and Confirmation of Quorum
2. Standing Orders for 47<sup>th</sup> Annual General Meeting
3. Presentation of minutes of 46<sup>th</sup> Annual General Meeting
4. Financial Report
  - i. Audited Financial Statement for April 1<sup>st</sup> 2013 to March 31<sup>st</sup> 2014
  - ii. Presentation of Budget for 2014–2015
  - iii. Reaffirm Auditor for 2014-2015
5. Reports
  - i. President
  - ii. Executive Director
  - iii. Regional Reports
  - iv. Health and Housing Committee
6. Confirmation of elected Directors and Alternates, Election of Officers
  - i. President
  - ii. Vice-president
  - iii. Regional directors
7. Members forum
8. Adjournment



## 46<sup>th</sup> Annual General Meeting Minutes

June 11, 2013 - 1:30 P.M.  
Daysland, Alberta

Chair: Gary Pool

Recorder: Yvonne Dickson (Secretary and Region 1 director)

Donna Durand in Yvonne Dickson's absence

1. **Welcome** - Fred Olsen (Region 9) welcomed everyone to the business meeting. Those who prepared the meal were thanked.
2. **Introductions** - ACA Board, Staff, Special Guests: Introduction of Regional Directors: Donna Chamberland (Region 2) , Diane Walker (Region 3 , Frank Hoebarth (Region 6), Bev Hanes (Region 5), Fred Olsen (Region 9). Donna Durand (executive director). Regrets Yvonne Dickson and Murray Campbell (Region 7). Fred Olsen, Region 9 Executive, Sunbeam Center board of directors and volunteers thanked for their efforts.
3. **Call to Order and Confirmation of Quorum** - 1:50 P.M. 23 members in attendance. 2 short of a quorum. Frank Hoebarth suggested the group have discussion and asked that the discussion and recommendations be forwarded to the next board of directors meeting (for motion where appropriate). These results would then be published in the newsletter. Shirley Thomas reminded the group there should be a copy of Robert's rules when conducting the AGM.
4. **Standing Orders for 46<sup>th</sup> Annual General Meeting** - With regards to presentation of minutes of 45<sup>th</sup> Annual General Meeting, Doug Janssen recommended we dispense the reading of the minutes. The group was in agreement.
5. **Presentation of Minutes** As above
6. **Financial Report**
  - i. **Audited Financial Statement for April 1<sup>st</sup> 2012 to March 31<sup>st</sup> 2013** Donna Chamberland Paul Lemay made recommendation that the audited financial be accepted. Group was in favor.
  - ii. **Presentation of Budget for 2013–2014** Bev Hanes/Shirley Thomas recommended acceptance of budget. Group was in favor.
  - iii. **Reaffirm Auditor for 2013-2014** Recommendation that Hawkins Epp Dumont be requested to conduct audit for 2013-2014. Bev Hanes/Shirley Thomas. Group in favor.



**7. Reports**

- i. President Gary Pool highlighted certain areas from the Annual Report- ANSRO, Family Care Clinics, ACA relationship with PIA: Seniors Task Force
- ii. Executive Director- Donna Durand expressed gratitude for the help, support and guidance of president and numerous directors and volunteers. Also acknowledged partnerships and sponsors.
- iii. Regional Reports In addition to reports in publication- Paul Lemay (Region 1 executive member) looking forward to having Diana Anderson as a guest speaker at Region 1 AGM in the fall.
- iv. Discussion re how to handle election when there is not a quorum. Gary went over the bylaws- president and vice only need to be members in order to serve on BOD. Diana Anderson /Fred Olsen made a recommendation that existing BOD remain in place until AGM 2014 at which time election of officers will be held with quorum or election held with revision to bylaws to address lack of quorum. Recommendation that open position of vice president and regional directors be filled. Group was in favor with the exception of Shirley Thomas who was opposed. Shirley expressed she was unhappy that there was not a quorum. It was asked how the talents will be utilized by those who were planning to let their names stand as president. Margaret Day spoke to the fact that the bylaws do not address how to proceed if there is not a quorum.

**8. Confirmation of elected Directors and Alternates, Election of Officers.** Tabled

- i. President
- ii. Vice-president
- iii. Regional directors

**9. Volunteer Appreciation** - Beth Turner, Norm Bezanson, Alex Herdman- Gary recognized volunteers for their service. Shirley Thomas asked what the process of thanking long term volunteers is. Currently they are given a thank you note, and expression of gratitude in ACA News.

**10. Development of Regions**- Diana Anderson spoke about engaging members and potential members by rotating special meetings throughout the regions and province. Need to have pertinent speakers. Diana emphasized the significance of offering help to the regions that are inactive. Funding is also an issue as travel and set up for these meetings will need a budget- fund raising such as casinos can help with growth allowing this type of outreach. At this time Diana made the recommendation that the health committee be re-established and that it be comprised of 2 representatives from ACA BOD, one representative each of Alberta Continuing Care Association (ED) 2 Home Care (1 rural, 1 urban), 1 Alzheimer Society of Alberta and Northwest Territories, 1 Caregivers Association of Alberta, 1 Alberta Health, 1 from P3 (Points West, We Care, etc.)



**11. Membership fees-** To remain as they are.

**12. Member's forum** - Mary Durand spoke about the latter part of the 1990's when she served on the ACA Board of Directors. There was a Canada Revenue audit triggered by a perception of over- involvement in advocacy (activism)- she wanted to reinforce the strategy of town hall meetings and advising government rather than lobbying. This preserves the charitable status and mandate of ACA.

**13. Adjournment-** Gary declared the meeting adjourned at 3:45 P.M.



## Board of Directors 2013

### Executive

President: Gary Pool  
Treasurer: Fred Olsen  
Vice-president: Fred Olsen  
Secretary: Yvonne Dickson

### Regional Directors

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

Resigned in 2013: Bev Hanes, Diane Walker



(Left to Right) Murray Campbell, Ron Rose, Gary Pool, Frank Hoebarth, Fred Olsen  
Bottom Row: Donna Chamberland, Yvonne Dickson



## President's Report

The profile of the Alberta Council on Aging has increased significantly over the past year. We developed our Strategic Plan for 2013-2015 and published it in the Fall 2013 edition of the ACA News. So far, we have used this plan in discussions with various groups outside of the Alberta Council on Aging.

In our Strategic Plan we identified our current priorities; Housing, Finances, Continuing Care, Health Care and Transportation. We concentrated on these areas in internal work plans, areas of collaboration with other seniors' organizations and seniors serving groups as well as in discussions with elected officials and government departments. It has also allowed us to focus our media contacts on our priority areas.

Internally, our Senior Friendly™ Program has been reinvigorated and is again widely recognized as a useful program for towns, municipalities or businesses which are trying to become Age Friendly. This is our core program and we think the higher profile of the Senior Friendly™ program improves our organization's visibility, both within the province of Alberta and beyond.

The Alberta Council on Aging has frequently met with government this year, including; the Health Minister and Associate Seniors Minister, and various Alberta Health representatives. In addition, we have met with representatives from each of the opposition parties. In all cases we have referred to our Strategic Plan to indicate Alberta Council on Aging's areas of concern.

We have also continued to be actively involved in two collaborative Senior's groups. The first of these groups is the Seniors Task Force, co-ordinated through Public Interest Alberta; this group has developed position papers on Home Care and Pharmacare and is presently working on a position paper on Long Term Care. The two completed papers have been forwarded to government and opposition representatives and have been directly reviewed with the Health Minister.

The second group is the Alberta Network of Seniors Related Organizations (ANSRO). This group has been renamed Integrated Services for Seniors (ISS) and has been working on a pilot program to develop a one stop entry point for frail and vulnerable seniors requiring access to both health care and housing. The pilot work will take about 12 months to complete once the full program is underway. This work is presently going very slowly as it is being co-ordinated with the Family Care Clinic (FCC) program of Alberta Health and the implementation phase of the FCC program is taking longer than Alberta Health had initially suggested.

# Alberta Council on Aging

## Annual Report 2013



Overall, 2013 was a positive year. We had many successful projects and meetings. Our ACA office has put a significant effort into improving efficiency; this improved efficiency has allowed us to be more effective in both internal and external communications. If anything, our successes have resulted in an increase in the number of items on our “to do” list.

In closing, I would like to remind you that the 50<sup>th</sup> Anniversary of ACA is now only 3 years away! We plan to celebrate our 50<sup>th</sup> year and welcome suggestions as to how to go about this.

On behalf of the Board of Directors, I would like to thank everyone who has contributed to Alberta Council on Aging’s success, whether it is a gift of money or time.

Thank you very much for your ongoing commitment and support.

Respectfully submitted,

Gary Pool  
President



## Executive Director's Report

While undergoing the strategic plan we rephrased the mission statement to read: 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**. We developed talking points around our current priorities and agreed to concentrate on these points. We identified our core programs as Senior Friendly™ Program, the newsletter, and website.

By year end we had over two dozen trainers trained under the newly revised Senior Friendly™ Program which is closely aligned with the age friendly initiative being rolled out in most major cities in Canada. Senior Friendly™ Program teaches about providing optimum service to older persons through: experiential learning; addressing mistaken beliefs and promoting acquisition of new skills. It also addresses elder abuse reduction, fraud awareness, falls prevention and dementia care best practice. I presented on Senior Friendly™ Program at annual conferences for the Canadian Association on Gerontology, ASCHA/ACCA, ERTA as well as conducted most of the train the trainer seminars and presentations for service groups and Alberta Supports. I was pleased on behalf of the Council to award Town Designation to Bridgewater Nova Scotia who are utilizing the Senior Friendly™ program as their tool in becoming age friendly. I also became a trainer under the provincial government's Taking Action Against Elder Abuse initiative.

Last spring we began in house publication of ACA News. This is cost effective and we are receiving good feedback. The new website is enhancing our services as the general public can purchase memberships, make a donation and leave a message online. Most of our communications center on eliminating the barriers to personal and societal wellbeing of seniors and celebrating our seniors. We have been interviewed by newspapers, magazines, radio and television and have been asked to submit articles for publications such as Alberta Views, ARTA, and Edmonton/Calgary Senior.

The role of advising government is taken seriously. We encourage seniors and the general public to speak with their regional directors and MLA's about their concerns, and we track these concerns. We have frequently engaged the provincial government on topics such as changes to seniors' benefits and programs, pharmacare, home care, transportation, and legislation affecting seniors such as Protection for Persons in Care. The Health and Housing Committee was re-established and has membership with good cross representation in order to understand everyday situations of senior citizens as well as influence provincial government development of concepts and standards in health and housing for seniors.

We are excited to partner with other agencies and organizations in order to improve the quality of life for seniors. Several projects have been completed under SCiP (Serving Communities Internship Program): edits to Policy and Procedure Manual and Human Resource Manual; Research on Elder Abuse awareness; creation of Social Media Plan; and Marketing Toolkit template. With the help of interns we have accomplished a lot of work that on our own, would have taken years to complete.

# Alberta Council on Aging

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A grant from New Horizons came in at the end of this fiscal year. Working in collaboration with the student group Enactus, S.A.I.T. we are developing the Fraud Awareness program to include a facilitator's manual and power point and additional resources on financial literacy for seniors.

The question continues to be asked: is the Alberta Council on Aging relevant? We have been criticized for not taking part in direct activism, and on the other hand, for not running specific programs such as home support services or home shares. It is our intention to remain true to the mission of this well established and respected organization (47 years) which set out to hear seniors, be a united voice for seniors, educate the general public and seniors on issues and concerns, and to advise government. I am grateful for the support of the Council, volunteers in the regions, general membership and staff members for keeping the focus in this time of rebuilding.

As we say farewell to Gary Pool as president I am cognizant of his careful watch over the Alberta Council on Aging as he has honored the intent of this organization and has helped to re-establish its authority on seniors' issues. The potential for growth remains strong. The provincial office is here to support the grassroots efforts of the various communities across Alberta as we strive to ensure all seniors enjoy a high quality of life.

Respectfully submitted,

Donna Durand  
Executive Director



Bridgewater Nova Scotia receives Senior Friendly™  
Designation of their town!



Training session with Alberta Supports!



## Regional Reports

### Region 1

Region 1 had a very encouraging year. The members and executive participated in organizing several different events that were of interest and benefited seniors in our area.

July of 2013 the process of having Freson Bros. Southview IGA designated as a Senior Friendly™ supermarket began. Ryan Durnai, the manager, arranged to have 5 of his staff members attend our Train the Trainer workshop. Subsequent to the training myself and 3 members of our executive attended the store and went through the Senior Friendly™ Check-up. On May 22<sup>nd</sup>, we had the Certificate Presentation to the staff.

Alberta Council on Aging is very pleased to have begun the process of rolling out the Senior Friendly™ program in Region One. I would like to take this opportunity to thank our Executive for assisting in the completion of the checklist.

March 17<sup>th</sup> Alberta Council on Aging Region One hosted a Panel Discussion and Information Forum on the topic of Health and Housing for seniors. On the panel we had Senior's Outreach Center Director Sherry Dennis, Home Care Director Betty McNaught, Points West Director Ronda Hartegen, Grande Spirit Foundation Director Debbie Normandeau, FCSS City of Grande Prairie's Home Support Supervisor, Brenda Adams, and County of Grande Prairie's Home Support Project Manager, Molly Weleski. We received overwhelming support from the community for this forum. Unfortunately it was necessary to turn interested people away at the door, due to space limitations.

In January the Hillside Mennonite School in Grande Prairie, requested that I present a Senior Friendly™ information session for their Career and Life Management class. The students were very attentive and felt that they now had a better understanding of seniors, especially after the experiential session.

Planning is now underway for Region One members of Alberta Council on Aging to meet with the Honourable Dave Quest on June 11<sup>th</sup>. Mr. Quest is the Associate Minister of Senior's in Alberta. Invitations have gone out for this opportunity.

Our members have demonstrated a keen interest in receiving information regarding services and supports for seniors in Alberta. The executive is mindful of this, and looking for new opportunities to bring information on relevant subjects to the membership in Region 1.

Respectfully submitted,

Yvonne Dickson  
Director



## Region 2

There were five formal meetings /events held in Region Two over the past year:

April 22, 2013, 84 people from eleven surrounding communities participated in the ACA meeting held in Cold Lake at the Seniors' Center. The guest speaker, Ms. Christina Tchir, spoke on the importance of having Wills, Power of Attorney and Personal Directives in place. The proposed Pharmacare Program and how it would affect seniors was also discussed.

June 14<sup>th</sup> an Elder Abuse Awareness Event was held in St. Paul. President Diana Anderson co-ordinated the event with the community, Elementary school students, RCMP, Sunnyside Manor and Alberta Senior Services. Approximately 100 people took part in the Walk which was followed by information sharing.

Sept. 8<sup>th</sup> a Tea was held to honor Grandparents at the Heritage Lodge in Elk Point. The Alberta Council on Aging helped provide the lunch and door prizes for the occasion which was attended by approximately 60 persons. Guests were treated to songs by Debbie Lawrence and piano selections by John Bennett. Those in attendance contributed \$768.00 towards the operation of the Handi-Van which will allow seniors and those with disabilities to use the bus free of charge.

Sept. 12<sup>th</sup> approximately 65 people from six surrounding communities attended a Dementia session held in Elk Point at the Heritage Lodge. Speakers Donna Durand and Sandy Kummetz discussed the challenges and coping skills needed by family and friends of those experiencing dementia.

Oct. 30<sup>th</sup> a meeting was held in Lac La Biche dealing with Supportive Services and the importance of Wills, Guardianship, Power of Attorney and Personal Directives. Ms. Christina Tchir, a lawyer from St. Paul, again led the session. Paul Boisvert brought forward presently known information about the proposed Pharmacare Program. Forty-six persons from seven surrounding communities took part in the session.

Areas of concern brought up by seniors at the meetings are:

1. Transportation to Edmonton for speciality services
2. Affordable housing
3. Need for Local autonomy to deliver health care services (Facilities and Home Care)
4. Need for in-house dialysis in Lac La Biche (the community is fund-raising )
5. Need to raise income threshold levels for AB Seniors Benefit Program

Several Executive meetings were held over the year as well. A membership drive was organized and letters sent out to communities to let them know that, as a result of Region 2 Casino held in Camrose, ten \$500 grants would be available to ACA member Organizations to be used to benefit the seniors within their group.



Donations were approved to:

1. St. Paul Senior Citizen Center to buy a net for pickle ball
2. Heinsburgh Riverview Seniors Citizen Club for exercise equipment and a Reading Library  
bookcase.
3. Plammondon Pioneer Club for building repairs
4. Wandering River Senior Centre for a lawn mower
5. St. Paul Centennial Senior Opportunity Club for curling rocks
6. Elk Point Heritage Lodge Auxiliary for a computer
7. Glendon District Senior Citizen Club for a computer
8. The Provincial Alberta Council on Aging to help defray the cost of Newsletters

As a result of the initiative, a total of \$3700 .00 was expended to help improve the situation of seniors within our region.

Respectfully submitted,

Donna Chamberland  
Director



## Region 5

Region 5 of the Alberta Council on Aging is also known as the Central Alberta Council on Aging (CACA).

Board members include: Ron Rose, Viggo Nielsen, Bev Hanes, Doug Janssen, Michael O'Hanlon, Shirley Thomas, Glenna Thompson, Monica Morrison, Jane Grenier-Frank, Eileen Bantje and Jim Saltvold.

CACA held 5 general meetings and 6 board meetings during the period. The general meetings included sessions on wills and powers of attorney, personal directives, the new Central Alberta Cancer Clinic, and presentation of the report "*From Bad to Worse: residential elder care in Alberta*" from the Parkland Institute, an Alberta research network situated within the Faculty of Arts at the University of Alberta. We participated in a senior's information day in April, and hosted a pancake breakfast in conjunction with Senior's Week in June, both at the Golden Circle Senior Resource Centre, Red Deer.

Letters of support were provided to Public Interest Alberta (PIA) for its position papers on Pharmacare and Home Care. Letters of concern were sent to the minister of health regarding the first available LTC bed placement policy, and the new health charter.

Our Home Care committee met with local Alberta Health Services officials to discuss concerns expressed by our members, and offer our assistance and support to improve service.

CACA board members are involved with the New Generations Project in Red Deer, and have attended the organizational meetings for family care clinics in our region.

At our annual general meeting in October, a special resolution was adopted to "explore CACA's relationship with Alberta Council on Aging and bring recommendations for change – if any – to the 2014 Annual General Meeting". A committee has been struck to deal with the resolution.

While Region 5 encompasses central Alberta – Compeer (east) to Nordegg (west) and Wetaskiwin (north) to Hanna (south) the majority of activities are centered in Red Deer. We are attempting to address this issue with the establishment of an outreach committee charged with compiling contacts and developing electronic communication with smaller communities in central Alberta.

Respectfully submitted,

Ron Rose  
Director



## Region 6

Efforts were and are being made to revitalize the Region 6 Alberta Council on Aging. This included a meeting of interested members, selection of two members who volunteered to continue the process and follow up meetings to do further planning. Planning is ongoing.

The meetings generally went well. There were interesting presentations and much conversation after the meeting. However, it was disappointing that there were few volunteers to continue the process.

Two major areas have been the focus of my work with, and for, the Alberta Council on Aging:

- Efforts to revitalize Region 6
- Preparation of reports to the Board, ex: with Yvonne Dickson doing and presentation of a report on the changes to the Policy & Procedure Manual.

Respectfully submitted,

Frank Hoebarth  
Director



## Region 7

Hello everyone and sunny greetings from South Western Alberta. I know it's been a long year and colder winter for all of us and, like you, my family and I openly welcomed the dawn of a new spring and warmer temperatures.

It has become more apparent each year that, without the existence of the many Seniors Centres and their staff and volunteers, an established fine-tuned networking system would not exist today. It really boils down to people helping people. A "Seniors Centre" is a community focal point where older adults come together for service and activities. Facility staff and volunteers provide a broad spectrum of health, social, nutritional and educational services through membership within these centres, both large and small.

Alberta Council on Aging has made great strides over the years to enhance the quality of life and encourage growing support towards education for all aspects of society. Through initiatives such as the Senior Friendly™ program, including programs on fraud awareness and other forms of abuse, our networking system and the involvement of our seniors has become paramount to increasing understanding and solutions on various issues related to seniors.

In my travels throughout Region 7 I have visited with many seniors, in communities of all sizes, since my appointment to the Board in 2009. We have discussed many issues and presented programs toward greater health and security. It is always a pleasure to represent Alberta Council on Aging and to pass on my experience and knowledge for the good of all.

It has been my honor to support Alberta Council on Aging as a proud Board member and director for Region 7; I look forward to continuing on that path into the future.

Respectfully submitted,

Murray J. Campbell  
Director



## Region 9

The region has been less active than past years. We are finding long time volunteers want to come off committee work.

We held our Annual meeting in Hay Lakes 14 April 2013 with 31 people in attendance.

The guest speaker was Constable Wilton of the Camrose Police Service on the Wise Owl Program. Harry Dirksen won the door prize of a one year membership.

A draw was made from all the Senior Centers that I had visited throughout the year. This draw was also for a one year organization membership, which was won by Hay Lakes.

Late winter, I had my first executive meeting in Daysland with the Sunbeam executive and Regional Executive. The meeting was to discuss holding the Alberta Council on Aging Annual General Meeting in June. Permission was given to host and the basic requirements for the Annual General Meeting were detailed.

A second executive meeting was held in March to discuss the meal menu and costs for the Alberta Council on Aging Annual General Meeting.

The Alberta Council on Aging Annual General Meeting was hosted in June of 2013. There were 84 registered guests.

Although a quorum was not achieved for the business meeting, the Annual General Meeting was a success. Attendees enjoyed presentations by Bruce West, Wendy Armstrong, Diana Anderson, Ol' Ugly and Johnson Inc. representatives Shannon Patershuk and Jessica Simpson. A delicious full meal was catered by the Sunbeam Club. The Sunbeam Club was thanked for all their efforts that contributed to the event.

Issues that continue to concern us in our region are accessibility of home care services and transportation. We are working together to find solutions in the area of safety for seniors as well.

Respectfully submitted,

Fred Olsen  
Director



## Health and Housing Committee Report

At our first meeting we had a round table discussion regarding issues in health and housing for seniors. We agreed that the climate of the current government seems open to seeking solutions to address gaps in health services of seniors.

The committee recognized the need for a common language: person-centered vs consumer, patient, customer, and or client.

The committee is to promote civility and the service vs corporate model in health.

We intend to:

- 1) Identify priority areas and will develop recommendations to present first to the Alberta Council on Aging Board for approval and then as a call to action with Alberta Health and Alberta Health Services.
- 2) Present our position paper to Carmen Grabusic, Acting Executive Director for Continuing Care, Alberta Health Services and Associate Minister of Seniors Dave Quest.

Respectfully submitted,

Diana Anderson  
Chair

## Health and Housing Committee Membership 2013

Diana Anderson	Chair
Gary Pool	President
Donna Durand	Executive Director/ Secretary
Bruce West	Retired ED of ACCA/Member at large: Continuing Care
Irene Martin	ED Ascha: Housing
Wendy Armstrong	Spokesperson and researcher Consumers' Association of Canada, Alberta
Yolande Cadrin	Family member/consumer
Theresa McNamara	Rural Home Care front line worker



## Seeking Solutions to the Meeting the Challenges of Health and Housing Programs for Albertan Seniors

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Alberta Council on Aging  
Health and Housing Committee

### Abstract:

The Alberta Council on Aging **Health and Housing Committee** identifies program areas of strength and makes recommendations.



## Seeking Solutions to Meeting the Challenges of Health and Housing Programs for Albertan Seniors

The Alberta Council on Aging Health and Housing Committee met in February and April 2014 to begin the discussion on strengths and concerns within the realm of seniors housing and health care provision. Aligned with our organizational aim to maintain and improve quality of life for seniors, and the World Health Age Friendly Communities' Initiative, we identified the program areas we encourage maintaining as well as made recommendations for the areas where the wellbeing and safety of seniors is at risk of being compromised.

### Housing

Affordability, influenced by price and income, affects all aspects of seniors' wellbeing in terms of housing and healthcare services and related costs of utilities, communications and transportation. Many communities throughout Alberta have reported a lack of options that allow seniors to reside in a place that is affordable and appropriate to their circumstances, thus having a major impact on their quality of life. If affordability, availability of health care services, home supports and home maintenance are out of reach, living independently, in a family home, or within their community is not possible. Emergency, fire and other safety services must be current or seniors are at further risk for reduced quality of life.

### Recommendations

1. Offer **Rent Supplements and explore ceiling cap on rent** for seniors to offset the rising costs of renting (this is a more economical option than building more housing), these could be determined on a cost-sharing basis based on local markets.
2. **Increase disposable income** for Albertans receiving Alberta Seniors Benefit (\$265) in seniors' lodges and designated supportive living to reflect cost of living and additional expenditures in health and housing.
3. **Create more specialized housing settings and services for persons with dementia** that include public and provider education on behaviours associated with dementia, mental health issues and how to identify and treat delirium. Explore alternative models of care.
4. Develop a provincial plan, in collaboration with municipalities, to **retro-fit older facilities** for sprinkler systems to ensure that adherence to Fire Code Regulations includes a plan that addresses evacuation and temporary housing for all residents. **Promote the development of emergency, fire and safety plans across the continuum of care.**
5. **Affordable home support services (meal preparation, housekeeping, and maintenance)** are needed. Explore allocating a percentage of FCSS funding for senior supports in the community, in proportion to the percentage of seniors residing in the municipality. Re-visit funding for home support services based on assessed need for post-hospitalization recuperation.



### Health

Most of the 430,000 seniors in Alberta live independently, however it is important to note their health status will not be static, therefore it is prudent to examine the entire continuum of care from the family home through to end of life care while recognizing health status is neither linear or in one direction. Many seniors recover from episodes of illness and injury.

Feedback from family care givers and health care providers tell us the intense focus on health care provision may be compromising other important aspects of daily life, such as opportunities to socialize, play, exercise, or give and receive emotional support. The Alberta Council on Aging advocates a balanced approach. We believe implementation of person-centred care in medical and non- medical environments is called for. Simply put, the locus of control is with the person receiving services and their designated support person/s not with the service provider or support system.

We would like to see less time spent on charting and data entry requirements and more skilled staff-resident interaction in continuing care.

As the 8 domains identified by the World Health Organization suggest (see Appendix A), a focus must be placed on needs including, but not limited to, the medical requirements of a senior. Alberta Health has adopted this philosophy in a global sense (see Appendix B) and has begun significant program development in this area. We encourage the universal delivery of home care services and home supports for both short and long term care needs to enhance and support seniors' wellbeing. We have heard from seniors that problems within this system are growing. For example, if a patient is discharged from hospital after 4:30 pm on a Friday, that patient could wait until the following Tuesday (4 days) before home care services are initiated. Many re-admissions could be circumvented if patients with a high level of acuity received immediate medical and home support services upon discharge.

We have received reports that the \*North Zone Community Access Line is not working as well as it could. Both providers and recipients of home care have told us that:

- not all physicians are on board
- instructions faxed from the access line respondent are hard to read, and may have limited information - including wrong or poor directions to the service recipient's home
- there is little public awareness around this program: how to access it, who is responsible to contact the program, etc. We are not aware of a call for public consultation or evaluation.

We need a plan to address the pending shortage of professional and certified front line staff right across the continuum of care.

Finally, we need to ensure that the rights of the person in care, and their support person/s are protected. At present, continuing care health service standards apply only for publicly funded care services, although many seniors need to purchase additional private care, and the Protection for Persons in Care Act is applicable only to publicly funded providers and is not currently applied to home care settings. This needs to change.

\*North Zone <http://www.albertahealthservices.ca/ahs-map-ahs-zones.pdf>



Recommendations

- We appreciate the recent establishment of the Alberta Health Advocate's and the ongoing work of the Integrated Services project.
- We appreciate the work of the Seniors Strategic Clinical Network, specifically around delirium.

1. Alberta Health Services should implement the **person-centred model of care**, rather than continue with the "siloed" results-based management model of programming.

Complexity and fragmentation of the system: continual change in funding, program terminology; increased outsourcing, is costly and inefficient. These changes also pose significant challenges, for the public and staff alike, to navigating the health system.

2. In order to ensure a seamless transition from hospital to home, **discharge planning necessitates enhanced communication and co-ordination** between the patient, family members, acute care, housing provider and continuing care.
3. **Province-wide expansion of the CHOICE day program** (Appendix C) for seniors – offer full access to counseling and support for all involved. CHOICE program is available in Edmonton and Calgary only.

Family care providers need access to respite programs in order to stay well and to enable people with disease to remain at home longer. As an extension to this program, provide **local** access to **gerontology consults**.

4. In order to uphold appropriate standards of care and to advance the quality of front line care, the highest percentage of care providers in the continuing care field, Health Care Aides (HCA), require affordable and accessible training to attain certification. Certified Health Care Aides must have the opportunity to achieve a living wage.
5. As mobility has a huge impact on the health of seniors, **home care's "basket of services"** (which must identify eligible services) needs to be expanded to include foot care.
6. **Protection for persons in care legislation** must move forward to address both public and private care, including home care services, and must ensure that seniors are covered by the Act no matter where they live.
7. **Health care standards need to apply to all health care providers** regardless of whether they are publicly or privately funded. The public, in order to be reassured of the quality of care provided, must have access to the results of any audit. The Accommodation Standards audit results are made public. The same accountability should apply to health care services.



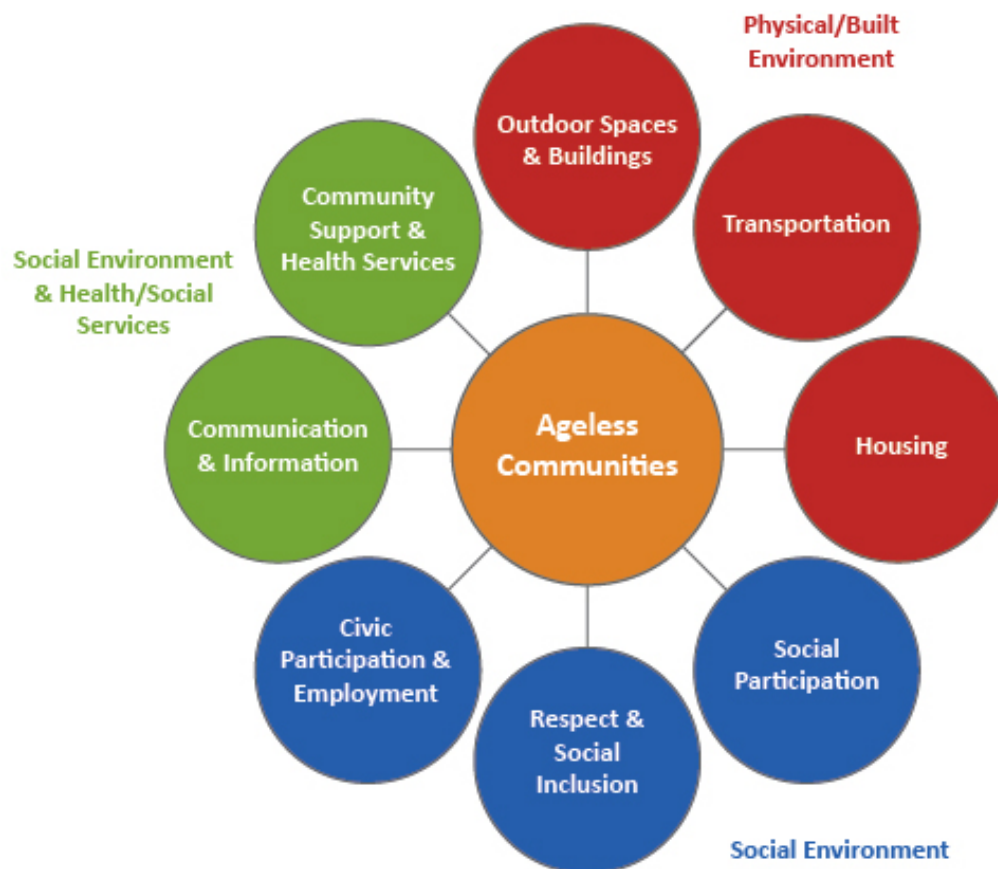
8. **Evaluate appropriate use of skills and training of the professional work force** so less time is spent on charting and data entry (30 to 40%) and more time is spent on direct care and comprehensive programming for seniors. This could result in improved quality of care and huge savings for the health care system.

In conclusion, within this generation our senior population in Alberta will have doubled to nearly a million residents. Research commissioned by the Alzheimer Society of Canada stresses, along with growth in the senior population, there will also be a historic increase in the numbers of persons with dementia. Family care providers in community homes will need access to information and support such as qualified home care staff and respite breaks - both long and short term.

Care provision for seniors and other vulnerable people needs to be valued in such a way that standards of care will be implemented by workers at every level who will enjoy their profession and be appropriately compensated and offered learning opportunities. We will need to further develop a few areas: cost of living (rent and income supplement), universal standards of care, legislation protecting seniors from elder abuse, and accessible, affordable housing and home support services.

We believe solutions are close at hand. Over the years initiatives such as education programs for all levels of staff (Supportive Pathways developed by Care West), certification programs from a number of community colleges for health care aides, the seniors citizens lodge program under Municipal Affairs, and Alberta Health \*CHOICE program have been successful in terms of measurable outcomes related to quality of life. We would like to see these programs widely implemented and new programs developed alongside. In order to maintain and improve quality of life for seniors, and consequently all citizens, we must draw on and expand programs that are showing good results and systematically eliminate redundancy and other inefficiencies. The good news in our findings is that many Albertans have a vested interest in some aspect of housing and health services for seniors.

\*CHOICE Program is offered in 5 locations in Edmonton only



#### **Physical/Built Environment –**

Outdoor spaces & buildings, transportation, and housing are key features of the physical environment and have a strong influence on personal mobility, safety from injury, security from crime, and social participation.

#### **Social Environment –**

Social participation, respect & social inclusion and civic participation & employment are topics that reflect the social environment and can effect participation and mental well-being. Respect & social inclusion deals with the attitudes, behavior, and messages of other people and of the community as a whole towards older people.

Social participation refers to the engagement of older people in recreation, cultural, educational, and spiritual activities.

Civic participation & employment addresses opportunities for citizenship, as well as paid and unpaid work.

#### **Social Environment & Health/Social Services –**

Communication & information and community support & health services involve both social environment and health and social service determinants. **All domains interact**



#### Age-friendly Alberta

“Design for the young and you exclude the old. Design for the old and you include everyone.”

~ Bernard Isaacs, Founding Director of the Birmingham Centre for Applied Gerontology

In the next 10 years, the number of seniors is going to increase by more than 50%. By 2031, it is projected that there will be more than 923,000 seniors – meaning about 1 in 5 Albertans will be a senior. This will affect the way we build infrastructure, the way we get around, and even the way we shop for goods and services. That's why now is a great time for us to make our communities more age-friendly.

Age-friendly communities promote healthy and active aging. People in age-friendly communities are supported in maintaining their independence and have access to the community supports and services they require.

Each Alberta community is unique and needs to take its own path in becoming age-friendly.

Whether you are an individual, community leader or organization interested in helping your community to become more age-friendly, the information provided here will provide you with the tools and resources necessary to help you support your community in becoming more age-friendly.



Provides services for older adults who have many health issues and are living in their own homes. Services include:

- access to a day centre
- checking and treating health issues
- filling prescriptions for medicines
- rehabilitation
- driving people to appointments
- 24/7 telephone support
- help with everyday activities

This service also offers special programs for people in the later stages of dementia or who have long-term mental health issues.

Clients may have up to 4 assessment visits before joining the program.

Available to

For adults 60 years and older:

- with complex, long-term health issues who live in their own homes
- willing to change their family doctor and pharmacist to CHOICE healthcare providers
- can attend the day centre regularly using transportation provided

Under 60 years:

- functionally frail, physically disabled, cognitively impaired, or who have challenging behaviours

Accessing the service - more information:

Contact Community Care Access to arrange for an assessment. A referral from Community Care Access is needed. Clients are assessed by a community care coordinator. Call for more information on eligibility.

Fees

There is a program fee which doesn't include health-related services. Medicine costs are billed through Alberta Blue Cross or other plans.



## **Alberta Council on Aging Current Priorities**

### Housing

- Seniors desire to reside in a place affordable and appropriate to their circumstances
- Community supports and health services must be available to all seniors
- Outdoor spaces and buildings must support seniors to maintain themselves in their community

### Finances

- Seniors need to have adequate financial resources to meet their needs
- Affordability of housing, transportation, health, and the ability to maintain oneself in the community are major concerns for seniors
- Current supports for seniors are often based on a means test which looks at income, but fails to consider other expenses that may be incurred
- Alberta Council on Aging recommends that needs testing be used to complement current means tests and be related to individual needs

### Continuing Care

- Continuing care services for Albertans often impose significant costs for seniors. Alberta Council on Aging supports efforts to make continuing care services clearly and consistently defined, appropriate and affordable for all seniors
- Alberta Council on Aging recommends that the provincial government expand legislation of Protection of Persons in Care to ensure all seniors are covered by the Act no matter where they reside

### Health Care

- Universal pharmacare program
- Equal access to emergency care, surgeries, hospitalization, treatment and health-related education
- Seamless delivery of publicly funded Home Care services which include clearly defined standards and eligibility

### Transportation

- Equal access to services, especially in the case of health and special needs, often requires seniors in rural areas to travel to receive services. Alberta Council on Aging recommends that the provincial government undertake a review as to how transportation for seniors for both rural and urban areas can be improved

Reference: Alberta Council on Aging Strategic Plan 2013 – 2015

**ALBERTA COUNCIL ON AGING  
EDMONTON, ALBERTA  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED MARCH 30, 2014**



## INDEPENDENT AUDITORS' REPORT

To the Board of the Alberta Council On Aging  
Edmonton, Alberta

We have audited the accompanying financial statements of the Alberta Council on Aging, which comprise the statement of financial position as at March 31, 2014 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Alberta Council on Aging, as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Edmonton, Alberta  
June 13, 2014

Hawkings Epp Dumont LLP  
Chartered Accountants

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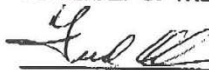


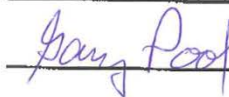


**ALBERTA COUNCIL ON AGING**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT MARCH 31, 2014**

	<u>2014</u>	<u>2013</u>
<b><u>ASSETS</u></b>		
Current Assets		
Cash (Note 3)	\$ 283,703	\$ 165,560
Accounts receivable	3,888	-
Goods and Services Tax receivable	2,975	3,571
Prepaid expenses	<u>3,461</u>	<u>3,461</u>
	<u>\$ 294,027</u>	<u>\$ 172,592</u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 18,719	\$ 10,313
Deferred contributions - operating (Note 4)	<u>220,802</u>	<u>83,479</u>
	239,521	93,792
Net Assets		
Unrestricted	<u>54,506</u>	<u>78,800</u>
	<u>\$ 294,027</u>	<u>\$ 172,592</u>

**ON BEHALF OF THE BOARD:**

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

The accompanying notes are an integral part of these financial statements.

**ALBERTA COUNCIL ON AGING**  
**STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<u>2014</u>	<u>2013</u>
Revenue		
Sponsorships	\$ 49,288	\$ 51,234
Memberships	42,947	56,333
Program (ANSRO)	40,655	68,361
Casino	34,267	28,706
Other	14,730	6,548
Donations	12,712	11,761
Grants	<u>8,905</u>	<u>48,229</u>
	<u>203,504</u>	<u>271,172</u>
Expenses		
Salaries and benefits	87,585	112,287
Office	44,531	40,741
Program (ANSRO)	40,655	68,361
Member services	23,444	27,246
Occupancy	22,347	21,348
Travel	<u>9,236</u>	<u>8,918</u>
	<u>227,798</u>	<u>278,901</u>
Excess (Deficiency) of Revenue over Expenses	<u>\$ (24,294)</u>	<u>\$ (7,729)</u>

The accompanying notes are an integral part of these financial statements.

**ALBERTA COUNCIL ON AGING**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<u>2014</u>	<u>2013</u>
Balance, Beginning of Year	\$ 78,800	\$ 86,529
Excess (Deficiency) of Revenue over Expenses	<u>(24,294)</u>	<u>(7,729)</u>
Balance, End of Year	<u>\$ 54,506</u>	<u>\$ 78,800</u>

The accompanying notes are an integral part of these financial statements.

**ALBERTA COUNCIL ON AGING**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2014**

	<u>2014</u>	<u>2013</u>
Operating Activities		
Cash from operations		
Excess (deficiency) of revenue over expenses	\$ (24,294)	\$ (7,729)
Change in non-cash working capital:		
Accounts receivable	(3,888)	-
Goods and Services Tax receivable	596	(1,135)
Accounts payable and accrued liabilities	8,406	4,166
Deferred contributions - operating	<u>137,323</u>	<u>(36,269)</u>
Change in Cash During the Year	118,143	(40,967)
Cash, Beginning of Year	<u>165,560</u>	<u>206,527</u>
Cash, End of Year	<u>\$ 283,703</u>	<u>\$ 165,560</u>

**ALBERTA COUNCIL ON AGING**  
**NOTES TO FINANCIAL STATEMENTS**

**MARCH 31, 2014**

**1. NATURE OF OPERATIONS**

Alberta Council on Aging (the "Organization") is a non-profit society incorporated under the *Societies Act of Alberta*. The Organization provides support for seniors and their concerns in both rural and urban communities across the province of Alberta.

The Organization issued financial statements for the year ended March 31, 2012 using Canadian generally accepted accounting principles prescribed by CICA Handbook. The adoption of ASNPO had no impact on the previously reported assets, liabilities and net assets of the Organization, and accordingly; no adjustments have been recorded in the comparative statement of financial position, statement of operations, statement of net assets and the cash flows statement. The Organization's disclosures included in these financial statements reflect the new disclosure requirements of ASNPO.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Presentation

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Revenue Recognition

The Organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Membership and other program related fees are recognized as received.

Contributed Services

Volunteers donate services throughout the year to assist the Organization in carrying out its activities. Due to the difficulty of determining their fair value, contributed services are not recorded in the financial statements.

Measurement Uncertainty

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the recorded amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. All estimates are reviewed periodically and adjustments are made to the statements of operations as appropriate in the year they become known.

**ALBERTA COUNCIL ON AGING**  
**NOTES TO FINANCIAL STATEMENTS (CONT'D)**

**MARCH 31, 2014**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Financial Instruments**

*Measurement of financial instruments*

The Organization initially measures its financial assets and financial liabilities at fair value and subsequently measures all financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash and Goods and Services Tax receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

*Impairment*

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of operations.

**3. RESTRICTED CASH**

Cash includes restricted funds of \$220,802 (2013 - 83,479). These funds are derived from casino and grant funding programs which are restricted in their use, subject to the terms and conditions of the Organization's casino license and grant funding program agreements.

**4. DEFERRED CONTRIBUTIONS - OPERATING**

Deferred contributions represent restricted operating funding received or receivable in the current year for which the corresponding expenses have not yet been incurred. Changes in the deferred contributions balance are as follows:

	<u>2014</u>	<u>2013</u>
Balance, Beginning of Year	\$ 83,479	\$ 119,748
Add: Casino Contributions	77,806	2,080
Grant Funding Received	143,344	106,946
Less: Amounts Recognized as Revenue	<u>(83,827)</u>	<u>(145,295)</u>
Balance, End of Year	<u>\$ 220,802</u>	<u>\$ 83,479</u>
Comprised of:		
Alberta Network of Senior- Related Organizations Grant	\$ 100,985	\$ 31,640
Casino	95,378	51,839
New Horizons for Seniors Program Grant	<u>24,439</u>	<u>-</u>
	<u>\$ 220,802</u>	<u>\$ 83,479</u>

**ALBERTA COUNCIL ON AGING**  
**NOTES TO FINANCIAL STATEMENTS (CONT'D)**

**MARCH 31, 2014**

**5. COMMITMENTS**

The Organization leases office space with annual lease payments and operating costs of approximately \$20,000. The current lease expires on November 30, 2015.

**6. FINANCIAL INSTRUMENTS**

It is management's opinion that the Organization is not exposed to significant credit, liquidity, market, currency, interest rate or other price risk through its financial instruments which include cash, accounts receivable and accounts payable and accrued liabilities.



## Acknowledgements



The Alberta Council on Aging gratefully acknowledges the support of our:

### Sponsors and Grantors

Johnsons Inc.  
Alberta Blue Cross  
Union 52 Benevolent Fund  
Travel Rewards China Inc.  
Community Initiatives Program  
Community Spirit Grant  
Alberta Gaming Liquor Commission (AGLC)  
Alberta Council on Aging members and donors  
SCIP (Serving Communities Internship Program)  
Edmonton Shred  
Walmart- Westmount

### Collaborations

Seniors Task Force Coordinated by Public Interest Alberta  
Alberta Network of Seniors Related Organizations  
Edmonton Seniors Coordinating Council

### Staff Members 2013/14

#### **Part time:**

Nadia Willigar  
Ashleigh Scott  
Nataliia Ratushna

#### **Full time:**

Becky Shepherd

### Volunteers

Sara Bezanson - office assistant  
Alex Wilson - web master  
Board of Directors and Committee Members  
Regional Executives and Committee Members  
Health and Housing Committee Members



## Contact Information

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## Notes

