ALBERTA ASSOCIATION ON GERONTOLOGY

P.O. Box 47022, Edmonton Centre, Edmonton, Alberta, T5J 4N1, info@albertaaging.ca

AAGmag

Volume 35 Issue 4, Winter 2015

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PRESIDENT'S REPORT

This is a very busy quarter for our Association. The Provincial Board members are busy implementing various elements of our Strategic Plan. I outline below our activities in this quarter under the headings of the Strategic Goals of our Strategic Plan 2015 – 2018.

Goal 1: Align AAG's structure and procedures to respond to changes in the environment, new knowledge, and aging needs in order to support our membership.

- A Task Sub-Group was created under the leadership of Jim Tweddle, our President of the Edmonton Chapter to review all By-Laws and Policies of AAG and propose a new set of By-Laws and Policies that match the modern time.
- Previously, Edmonton and Calgary Chapter functioned quite independently from the Provincial Board and prepared separate financial statements. Since my presidency, I have invited Board Chairs and members of the Edmonton and Calgary Chapters to join our Provincial Boards in our Planning Sessions and provincial meetings. This collaboration will ensure that the Chapters and the Provincial Board function as an integrated entity.
- I am pleased to report that the all three parties (Provincial Board, Edmonton and Calgary Board) have agreed to file an integrated Financial Return to Canada Revenue Agency in 2015. In addition, it was agreed that the Provincial Board will set strategic directions, Strategic Plan and

priorities of policy activities for the Association as a whole. It was also agreed that the local Chapters are closest to the gerontology community of their area and they are the best group to judge on the types of activities and topics of interest to their local area.

Goal 2: To increase collaboration and networking with other organization towards the improvement of quality of life and services for seniors.

AAG was invited by the Brenda Strafford Centre on Aging of the University of Calgary to hold a consultation meeting with our members regarding our suggestions for research priorities and activities for the Centre of Aging. This took place on the 2nd September in Calgary. We are delighted that over 50 members of the Association participated. Many members drove from Edmonton to Calgary to participate in this consultation session. The summary report for the consultation is now available and will be sent to those that participated in the session. If you did not participate in the session, but want a copy of the report, you can request a copy from AAG via e-mail address: info@albertaaging.ca.

Goal 3: To disseminate evidence informed ideas to influence policies and services that will enhance the quality of life and services for seniors.

The Task Sub-Group created to implement this goal has met a number of times and developed its work plan to implement this goal. They plan to review the literature on evidences showing polices and services important to enhance the quality of life and services for seniors. Gerontology students are invited to assist in their review. If you are interested to contribute to the work of this Task Group, or if you have already done literature review in this area, please contact Linda Stanger of the provincial Board member who is the Task Sub-Group Lead for this Group through info@albertaaging.ca.

Goal 4: To increase the profile and visibility of AAG

Our Association has actively participated in regional and national conferences to increase our profile and visibility. We have provided funding to have a booth at both the Drumheller Grey Matters Conference on September 29 and 30, 2015, and at the Canadian Association on Gerontology Conference in Calgary on October 20 to 22 2015. Volunteer members were available at the booth of both conferences to dialogue with our existing members and recruit new members.

The CAG Conference in Calgary was a huge success with more than 600 delegates participating from different parts of Canada. Many Alberta members were present. Our Association was very active in promoting the event. Both the President and Executive Director of CAG has conveyed their thanks to me on the support provided by our Association to this conference. The Conference has high calibre speakers with very interesting presentations. The opening address was presented by Alberta's own Dr. David Hogan from the University of Calgary.

Goal 5: Increase membership of AAG

A concerted effort was made by our Board to increase membership of our Association and its number has been increasing. We were successful in recruiting new members at both the Grey Matters Conference in Drumheller and the CAG Conference in Calgary. However, bearing in mind the vast number of gerontology professionals working in Alberta to provide services to seniors in Alberta, our Association members is only a fraction of the population. If our Association is to be effective in contributing to policy discussions and advocating for quality services for seniors, we need to have resources to finance projects to enhance these discussions. Our major

source of revenue is from membership dues. Please take upon yourself to write to your colleagues and friends encouraging them to be a member of AAG.

Goal 6: Increase revenue and sponsorship to support AAG activities and initiatives.
A Task Sub-Group was created to develop ways of increasing revenue and sponsorship for the AAG. We want to recruit corporate donors that are willing to collaborate with AAG to advocate for the enhancement of quality of life and quality of services for seniors. Bruce West of our Provincial Board is the Lead of this Task Group. If you would like to assist us in recruiting sponsors, or if you are aware of organizations willing to collaborate with AAG in joint activities, please contact Bruce West.

Summary
As your President, I am very pleased on the manner we have implemented our Strategic Plan so far. This is a very early stage of implementation. This Strategic Plan is for a three-year period, and we have three years to achieve our goal. I hope all members will assist the Association in your own way to implement our Strategic Plan. The implementation can only be successful with contribution from our members**.**

Submitted by:
Vivien Lai, AAG President

EDITOR'S REFLECTIONS

Let me extend Seasons' Greetings to all members of the Alberta Association of Gerontology, by inviting you to listen to one of the late John Lennon's song: https://vimeo.com/18221895
I wish to thank all of you for your submissions to this Newsletter. **Please send me feedback about which segment of it was most meaningful for you**. In that ***Learning Report***, please include: (1) Name of the segment (2) Which of the 6 goals of the Strategic Learning Plan did it address; (3) Main themes/key points that you learned; (4) How are you going to use that information in your work or home situation—specify 1 or 2 specific ways; and (5) finally, how do you plan to learn more about it. I plan to add a new column in the newsletter beginning April 2016--*the Learning Report Think Tank* Column that contains some of these responses. A draw will be made in December 2016 from all who have submitted this learning report and the 4 winners' names will be announced in the December issue of the Newsletter. It is hoped that this approach will help each of us to disseminate knowledge so that we can truly become the hub for what is happening provincially, and convey selected ideas from the national and international contexts that might be implemented, perhaps in modified form, thereby facilitating the field of Gerontology to blossom ever so brightly here in Alberta, and evaluating the quality of life for older Albertans to the highest level possible. Given that everyone only has limited time,

what about arranging short sessions with colleagues to discuss what you have learned from the columns on Evidence Informed Practice, and/or Interprofessional Education , or questions/ ideas arising from the Alberta Minister of Health and Seniors column (Honorable Sarah Freeman). Or check out the websites for upcoming events or reviews papers presented the very successful Canadian Association on Gerontology 2015 conference in Calgary. Send your submissions to me no later than April lst for the newsletter that will go out in mid April 2015. A Happy Healthy New year to all. Let's all join together to say goodbye to 2015 by joining Karajan and Strauss at http://www.bing.com/videos/search?q=radinsky+march&view=detail&mid=828E3C68B3C847182194828E3C68B3C847182194&FORM=VIRE7

AAG*mag* Editor, Carole-Lynne Le Navenec (RN, PhD) cllenave@ucalgary.ca Skype: le.navenec56

THE STATE OF EVIDENCE-INFORMED PRACTICE Column

CONTEXTUAL CHALLENGES TO EVIDENCE-INFORMED PRACTICE

By Sandra P. Hirst RN, PhD, GNC(C), Associate Professor, Faculty of Nursing, University of Calgary (shirst@ucalgary.ca)

The importance of evidence-informed practice often underpins discussions of quality of care for older adults. However, sometimes "context" can be the "elephant in the room". Let me explain what I mean. Context is defined as "the words that are used with a certain word or phrase and that help to explain its meaning: the situation in which something happens: the group of conditions that exist where and when something happens" (Merriam Webster Dictionary, -). Contextual approaches to evidence-informed practice are concerned with understanding the surrounding circumstances that influence its use.

> Power, lack of preparation, and communication are contextual factors that need to be understood. Notions of power and status have long been recognized as underpinning relationships between different health and human service professionals. Some professionals are perceived as more powerful than others and this might give them a louder voice in conversations about the use of evidence to inform practice. For example, Gabel (2012) wrote that doctors exert legitimate or positional power, while in administrative or supervisory roles. In 2005, Pravikoff et al. conducted a descriptive exploratory study with 1097 randomly selected registered nurses from across the United States to determine their readiness for evidence-informed practice. Findings from the survey of indicated that the nurses were not ready to implement or embrace evidence informed practice. More recently, McDonald and colleagues (2012) reported that health care professionals maintained their power by either choosing partners with whom they had co-operative relationships, or by reducing their collaboration with health professionals outside their organization. A 2006 study, by the Joint Commission in the United States, found that a lack of communication and collaboration among healthcare team members was responsible for as many as 70% of adverse events reported to them.

How do we address these challenges to promote evidence-informed practice? We can more consciously incorporate notions of power into inter-professional education in both academic and clinical practice settings. In addition, we can encourage critical thinking that enables practitioners to identify the inter-professional and other variables that contribute to the presence of some of the challenges that have previously been identified.

References

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Joint Commission. (2015). *Sentinel event alert, issue 43: Leadership committed to safety.* Retrieved November 23rd 2015 from http://www.jointcommission.org/sentinel_event_alert_issue_43_leadership_committed_to_safety/

McDonald, J., Jayasuriya, R., & Harris, M. F. (2012). The influence of power dynamics and trust on multidisciplinary collaboration: A qualitative case study of type 2 diabetes mellitus. *BMC Health Services Research*, *12*(1), 63. doi: 10.1186/1472-6963-12-63

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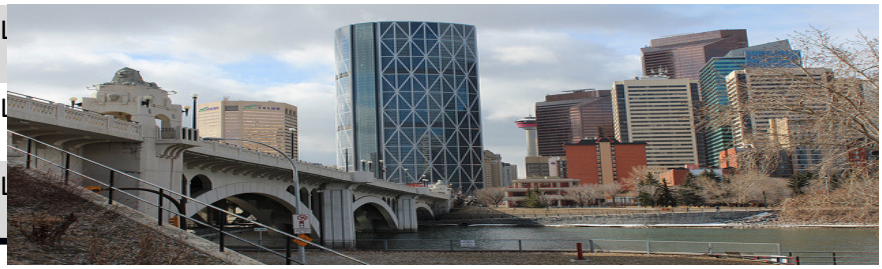
ALBERTA ASSOCIATION ON GERONTOLOGY
PROVINCIAL BOARD 2015-2016

	Name	Role –July 2015 Approved	Term & Time Remaining
1	Vivien Lai	President	1st Term 2014-2016 2st Year
2	Brenda Hannah	Vice President	1st Term 2014-2016 2nd Year
3	Wendy King	Treasurer	1st Term 2014-2016 2nd year
4	Sarah Lucas	Secretary	2nd Term 2014-2016 2nd year
5	Annette Lane	Member at Large	1st Term 2015-2017 1st Year
6	Ashley Cornish	Student Representative	1st Term 2014-2016 2nd Year
7	Carole-Lynne Le Navenec, RN, PhD	Scholarship and Awards Chair; AAGMag Editor	2nd Term 2015-2017 1st Year
8	Bruce West	Member at Large	1st Term 2015-2017 1st year
9	Kent Saga	Calgary Chapter President	1st Term 2015-2017 1st Year
10	Jim Tweddle	Edmonton Chapter President	1st Term 2014-2016 2nd Year
11	Michelle Marusiak	Communications Committee Chair	2nd Term 2014-2016 2nd Year
12	Laurie Grande	Member at Large	1st Term 2014-2016 2nd year

13	Linda Stanger	Member at L
14	Susan Szabo	Member at L
15	Suzanne Maisey	Member at L



Other Contacts: AAG Data and Communications Assistant: **Toni Hui Ren**: info@albertaaging.ca
Info for Board Support Process: (a) Board member (provincial and chapter) communications for "please forward X attachment to members" requests can go directly to AAG Assistant (e.g., for things like Chapter Event notices or similar information), as things have been done in the past; (b) Other board member (provincial and chapter) communications and/or new activity requests should start with Vivien and Brenda first, or the other relevant AAG Executive if specific to their roles (i.e., Sarah as Secretary or Wendy as Treasurer), not be sent directly to AAG assistant.

Updated July 20, 2015

CALGARY CHAPTER REPORT

It's difficult to believe but the holiday season is here once again! This past year has been one of change and renewal for the Calgary Chapter Alberta Association on Gerontology (CCAAG). While we had to say good bye to some long serving members who reached their five year milestones, we hope they enjoy their well deserved "break" and look forward to the possibility of working with them in the future! At the same time, we have had the great fortune of welcoming new board members Shivawn Kwok as Treasurer and Allegra Samaha as Secretary.

CCAAG continues to focus on increasing membership as well as the overall visibility of the Calgary Chapter in the community. With this goal in mind, we continue to discuss possible options in order to achieve this end. Currently, our Board is working on the details of a networking event for professionals working in the field of Gerontology for the spring. Check with CCAAG for details in the coming months!

While our new initiatives are most certainly exciting for us, it is important that we do not forget our other accomplishments of the past year. In late October Calgary hosted the Canadian Association of Gerontology National Conference. Many CCAAG members stepped in as volunteers, helping out where ever it was necessary. A huge thank you to everyone who helped to make the conference such a success. It was a wonderful opportunity to learn and share new information in our field.

Last but not least, we cannot forget the outstanding event that both the Edmonton and Calgary Chapters collaborated on in early September. Together the chapters hosted Dr. David Hogan and the Calgary Centre of Aging .Dr. Hogan used the opportunity to speak to stakeholders in the Alberta community and discuss potential needed research in the area of gerontology. The event was a fantastic opportunity for the AAG/CCAAG to be the conduit to information regarding gerontology in the Alberta Community. We look forward to new opportunities to collaborate in the future. It certainly has been an exciting year**!**

Respectfully Submitted,
Michelle Danyluk

Vice President,
Calgary Chapter Alberta Association on Gerontology

Hope you will find many happy sights and sounds this season, including those featured in this link:
http://www.flixxy.com/best-christmas-lights-display.htm

EDMONTON CHAPTER REPORT

China is aging quickly, in which the population aged 60 is almost 200 million in 2015; this number is expected to be increased to 450 million in 2050. Traveling to the areas that has met the aging issue earlier is becoming an approach for the Chinese professionals to explore ways of improving their knowledge in senior care.

A group of 14 delegates working in the government, publication, property development and educational system visited Canada for 14 days in October/November 2015. Their goal was to study the advanced continuing care system and educational system in Canada, and to search for further coordination between these two countries in senior caregiving education. Hui Ren, a PhD student from the Department of Human Ecology, University of Alberta, also a board member of AAG Edmonton, in collaboration with Guanghua International Education Association based in China, organized the tour.

This project involved several universities and colleges in Canada: the University of Alberta, Simon Fraser University, the University of Waterloo, the NorQuest College, the Conestoga College, and the Seneca College. Visitors experienced senior living environments in British Columbia, Alberta, Quebec and Ontario by attending workshops, visiting senior housings, and communicating with scholars in different universities/colleges.

AAG Edmonton board, as the host institution, hosted a welcome dinner for the visitors in Faculty Club, University of Alberta, on November 3, 2015, jointly with the seasonal network dinner. The dinner guests included the AAG members, visitors from China, and people who work in the educational system and continuing care system in the government of Alberta.

For other Edmonton Chapter events, see report in this Newsletter on (a) **Inside de Hogewyk: Learning from a Village** by the guest presenters at the November 3, 2015 Networking dinner **and (b) UPCOMING EVENTS section**, 18 January 2015 AAG Edmonton Chapter Networking Dinner

WANTED: STUDENTS TO APPLY FOR AAG SCHOLARSHIPS:
Deadline for applications: February 29, 2016 (11pm MST).
Info: www.albertaaging.ca

GOVERNMENT AND INTERNATIONAL REPORTS & REPORTS SUBMITTED TO GOVERNMENT MINISTRIES

30 September 2015: *WHO: WORLD REPORT ON AGEING AND HEALTH* (Submitted by Dr. Jane Barratt)

On behalf of the Secretary General of the IFA, I am writing to inform you that the World Health Organization has just launched the World Report on Ageing and Health, a publication outlining evidence on a global basis that has been comprehensively and carefully analysed to inform a new paradigm on healthy ageing built around the new concept of functional ability.

The IFA especially welcomes the way in which the WHO has responded to a gap in the current model of age-friendly cities and communities (Chapter 6) through exploring 5 interconnected domains of functional ability including building and maintaining relationships, being mobile and the ability to contribute which are essential for older people to do the things that they value.

The IFA urges all stakeholders, across sectors and across disciplines, to stand behind this ground breaking report; and to help connect and create networks to drive innovation and change toward sustainable and purposeful outcomes for future generations.

References:

Pezzana, A., Cereda, E., Avagnina, P., et al. (2015). **Nutritional care needs in elderly residents of long-term care institutions: Potential implications for policies.** *Journal of Nutrition, Health & Aging*, *19(*9), 947-954. doi: 10.1007/s12603-015-0537-5
[see Abstract at: http://www.ncbi.nlm.nih.gov/pubmed/26482698]

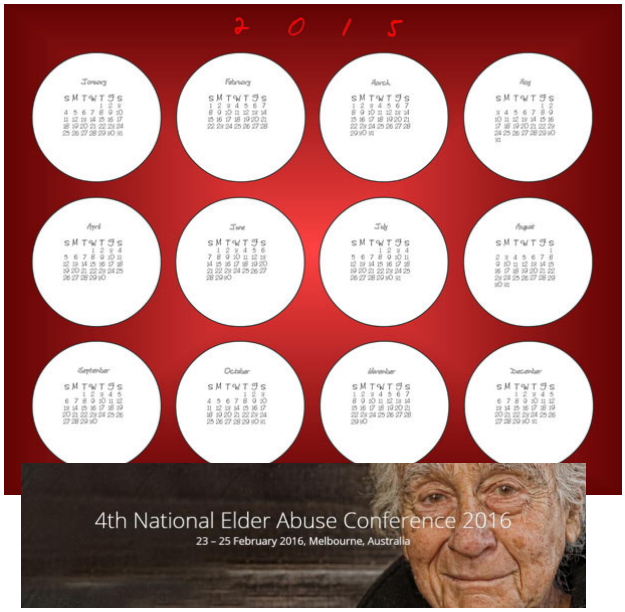
Bousquet, J. Kuh, D., Bewick, M., & 100 more (2015).
Operational definition of Active and Healthy Ageing (AHA): A conceptual framework.
Journal of Nutrition, Health & Aging, *19(*9), 955-960.
http://dx.doi.org/10.1016/j.jamda.2015.09.004

Bousquet, J., Malva, J., Nogues, M. et al (2015-In Press). **Operational definition of active and health aging (AHA): The European Innovation Partnership (EIP)** on AHA Reference Site Questionnaire. *Journal of American Medical Directors Association*: *JAMDA,* xxx, 1-7.
http://dx.doi.org/10.1016/j.jamda.2015.09.004

HUMOR & LAUGHTER IS GOOD FOR YOUR HEALTH:
From the Laugh Factory Comedy Network:

Please send the AAGmag Editor your jokes for consideration for the **April 2016** issue.

UPCOMING EVENTS



18 January 2015 ***AAG Edmonton Chapter Networking Dinner*** including joint meeting with AB Gerontological Nurses Association (AGNA). Time: 5:30 p.m. – 8:00 p.m. Place: University of Alberta, Faculty Club. **The dinner speaker will be Honourable Sarah Hoffman, Minister of Health/Seniors**. The focus of her presentation will be the government's future plans and directions regarding health and seniors' services. See copy of flyer and registration form to distribute to interested others. For further info send email to: aag.programchair@gmail.com

February 23-25, 2016 ***National Elder Abuse Conference*** **2016**, Melbourne Australia
Info: **http://elderabuseconference.org.au/**
This conference aims to prevent and resolve elder abuse by showcasing new knowledge to use in practice, raise awareness and influence system change.

March 3-6, 2016: *Association for Gerontology in Higher Education (AGHE) Conference*, ** Westin Long Beach Hotel,** Long Beach, CA**. Info:** http://www.aghe.org/events/annual-meeting re: more about the conference, and Preliminary Program and registration.

March 10-11, 2016: *Walk with Me 2016 conference* (Changing the culture of aging in Canada). Co-hosted by The Schlegel-University of Waterloo Research Institute for Aging (RIA) and Capital Care Foundation. Fantasyland Hotel, Edmonton, AB: Info: **http://www.the-ria.ca/walkwithme/**

**May 16-17, 2016: *Watch Your Step 2016 National Fall Prevention Conference: Applying Integrated Approaches, C*oast Plaza Hotel & Conference Centre, Calgary, Alberta. Watch for the upcoming Call for Abstracts. *For INFO regarding exhibiting and sponsorship opportunities* visit: www.watchyourstepcanada.com or Email: Alison.novak@uhn.ca [Alison C. Novak, PhD, Scientist, Toronto Rehabilitation Institute-University Health Network] or rosalie.freund@ualberta.ca [Rosalie Freund, Education Coordinator, Injury Prevention Centre, University of Alberta].

March 21-22, 2016. GOING BEYOND NEUROSCIENCE Conference (26th Annual Rotman Research Institute at Baycrest University of Toronto). Toronto, Ontario. Info: pferreira@baycrest.org or http://research.baycrest.org/conference-program

April 21 (CALGARY) & May 6 (EDM) 2016: ***Continuing Care & Community Living - EXPO 2016*** - Alberta's largest independent living and mobility show is coming soon! EXPO 2016 promotes independent living and will bring consumers, service providers, health care professionals, specialist manufacturers and retailers together. Exhibitors will showcase services, learning opportunities, and technologies to support those with special needs,

care requirements, or chronic conditions, and their families and caregivers. EXPO 2016 will offer the latest thinking, strategies, technologies and solutions to support independent living.
Calgary info: Thursday 21 April, 2016, 12noon to 8 p.m. Admission & Parking Free.
Calgary Stampede Centre, Big Four Hall A &B, 20 Roundup Way S.E.
Edmonton info: Friday 6 May, 2015, 12 noon to 8 p.m. Admission & Parking Free.
Northlands Expo Centre, Hall H, 7515-118 Ave N.W.
For further info contact**: Carol Wilson: Carol.Wilson@ahs.ca or tel: 780-735-8283**

May 16, 2016 ***5th Creative Aging Symposium***, Mount Royal University, Roderick Mah Centre for Continuous Learning. Info: creativeagingcalgary@gmail.com

June 21-23, 2016: ***IFA 13th Global Conference: Theme--Disasters in an Ageing World:*** Readiness, Resilience and Recovery, Queensland, Australia. **Additional topics include:** Age Friendly Cities and Communities; Care and Support for Older People (Community and Residential); Elder Abuse, Law and Rights; and Income Protection and Security**. Info for the Call for Abstracts & Program:**
http://www.ifa-fiv.org/project/ifa-13th-global-conference-on-ageing/or via email**: gshaw@ifa-fiv.org**

July 23-27, 2017 ***International Association of Gerontology and Geriatrics (IAGG) 21st World Congress*****, San Francisco, CA. Info** http://www.iagg2017.org
Theme: "Global Ageing and Health: Bridging Science, Policy, and Practice."Call for abstracts will be available in spring 2016.

September 28-30, 2016: *The 10th World Conference of Gerotechnology,* Nice, France**.** Organized by the International Society of Gerotechnology (ISG**). Info: www.isg2016.org**

October 20-22, 2016: *Canadian Association of Gerontology (CAG) Conference*, Montreal, Quebec Info: http://CAG2016.ca

November 16-20, 2016 ***Gerontological Society of America (GSA) Annual Scientific Meeting & Conference*** New Orleans Marriott & Sheraton New Orleans, New Orleans, Louisiana. Theme: *Changing attitudes, Expanding possibilities*
Info: https://www.geron.org/meetings-events/2016-gsa-annual-scientific-meeting#sthash.Kl2ZjhRT.dpuf

grandmothers Advocacy Network Mouvement de soutien des grands-mères

Are you interested in advocacy work involving helping grandmothers who are caring for their grandchildren in sub-Saharan Africa because the parents of the latter have died of HIV/AIDS?
Info regarding **a Grandmothers Advocacy Network group in your area: see http://grandmotheradvocacy.org)**

ALBERTA ASSOCIATION ON GERONTOLOGY

c/o 11532 – 24 Avenue N.W., Edmonton, AB, T6J 3R7 Email: aag.programchair@gmail.com

January 18 2016 Networking Dinner
AAG/AGNA Co-Hosted Event

Scheduled Guest Speaker:
Minister of Health Hon. Sarah Hoffman

Topic of Presentation: "Government Directions – Services and Health Care for Seniors"

Monday, 18 January 2016

5:30 pm – Registration, Cocktails (Cash Bar)
6:00 pm – Networking Dinner
7:00 pm – Guest Speaker
8:00 pm - Adjournment

Faculty Club, University of Alberta - Saskatchewan Room

Pay Parking Located at Lot V (corner of Sask. Dr. & 116 St.)

Registration & payment deadline Friday, 08 January 2016.

Please make cheque payable to Alberta Association on Gerontology **and send to:** AAG c/o

Jonathan Kim
11532 24 Avenue N.W., Edmonton, AB T6J 3R7
Email: aag.programchair@gmail.com

CONFERENCE AND THINK TANK REPORTS

OVERVIEW OF College of Licensed Practical Nurses of Alberta (CLPNA) 3rd Annual Think Tank: HEALTH SYSTEM OF TOMORROW, November 10, 2015 (0830am to 5:00 pm), Delta Edmonton South Hotel & Conference Centre, Edmonton, Alberta
By: Carole-Lynne Le Navenec, AAG MAG Editor
(For a more expanded version of these notes, contact the author at: cllenave@ucalgary.ca)

This 'by invitation only' daylong CLPNA Think Tank meeting, which focused on the *Health System of Tomorrow,* is described as including "local, national and international thought leaders. Representatives from government, education, industry, other regulatory bodies, CLPNA's Education Advisory Committee and Licensed Practical Nurses" were in attendance. CLPNA considered this event to be an important contribution to the evolution of a quality health system. The Hon. Sarah Hoffman, Minister of Health, gave a brief closing talk, and Steven Lewis moderated the day" (http://www.clpna.com/blog/).

Outlined in point form below are the speakers, the key themes in their presentations, and how you can learn more about the topic addressed by each of them. I thank the organizers for inviting one AAG Board member to attend, and I thank the AAG Provincial Board for asking me to represent the AAG at this meeting. The slides for the presentations are eventually to be posted on the website later this year (see http://www.clpna.com). Further info contact: Marge Malenfant, Executive Assistant: mmalenfant@clpna.com

SPEAKERS, TOPICS ADDRESSED, KEY POINTS & REFERENCES TO LEARN MORE ABOUT THEIR PERSPECTIVES ON THE HEALTH SYSTEM OF TOMORROW

◆**Dr. Samir Sinha (MD, DPhil, FRCPC**) [Email: samir.sinha@interrai.org]
▪Topic addressed: "**Hospital of Tomorrow**". He is Director of Geriatrics at Mount Sinai Hospital in Toronto and Ontario's Provincial Lead on Seniors Strategy to overhaul the way health care is delivered to Ontario's 1.9 million seniors. In addition to being an MD, the 36-year-old Winnipeg-born Sinha is a Rhodes Scholar with a Master's in medical history and a PhD in sociology, both from Oxford. He also did a fellowship in Geriatrics at Johns Hopkins. He is a Professor at University of Toronto and John Hopkins
▪Sinha has succeeded in significantly decreasing patients' length of stay, urinary catheter use and hospital re-admission rates. And under his watch, the number of patients who end up returning to their own homes — rather than going to nursing homes or rehabilitation facilities — has dramatically increased.
▪To learn more about his approach to designing Acute Care for Elders (ACE), the Geriatric Emergency Medicine (the GEM program), and the Elder Friendly Hospital, which are all ways that are considered to be effective in

preparing the health system of tomorrow for the impact of a rapidly aging population, readers are referred to Dr Sinha's report titled *Living Longer, Living Well* (December 2012). It can be downloaded free of charge at: http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf

◆**Nancy Lefebre** (BScN, MScN), Chief Clinical Executive and Sr. VP, Knowledge and Practice, St Elizabeth Health Centre, Toronto [knowledge@saintelizabeth.com]. Website: https://www.saintelizabeth.com/Services-and-Programs/Research-Centre/Our-Researchers/Nancy-Lefebre.aspx
Topic addressed: **Are You Ready for the Future of Home Care**?
▪Nancy is one of the first nursing leaders in Canada to complete the *Executive Training for Research Application (EXTRA) Fellowship program* and is now leading the integration of evidence into management decision making throughout the organization.

▪Supported by a new $500,000 investment by Saint Elizabeth, the Research Centre has recently expanded to ten researchers with a diverse range of interests, skills, educational backgrounds and experience. These researchers have a wide portfolio of home care research projects in development and underway. Past projects include a first-of-its-kind study involving family caregivers, and a Health Canada-funded study into person-centred care in the home and community sector (*Person and Family Centered Care: PFCC* and *Elizz*--support group for caregivers). See the St Elizabeth Centre website study they did of *Personal Support Workers (PSWs*), which identified their important role in an integrated team, as well as their development of OCAR (observe, coach, assist, report) to support best practices in care

▪The St Elizabeth Health Centre website contains a range of Learning Resources, audio conferencing system for caregivers, and Videos pertaining to enhancing the quality of home care: see https://www.saintelizabeth.com/Services-and-Programs/Research-Centre/Resources-and-Publications.aspx

11:20am to Lunch time: Session on : *A NEW PRACTICE FOR THE HEALTH SYSTEM OF TOMORROW: RESTORATIVE CARE AND WELLNESS STRATEGY*

◆**Eva Pedersen** (Lawyer) Head of Aged Policy Department, Ministry of Children, Equality, Integration and Social Affairs, Government of Denmark
▪ Topic addressed: **Restorative Care and Wellness Strategy** – The Denmark Example: "The fundamental premise of restorative practices is that people are happier, more cooperative and productive and more likely to make positive changes when those in authority do things *with* them, rather than *to* them or *for* them" http://restorativeworks.net/what-is-restorative-practices/. Hence she emphasized the need for an attitudinal change, including the need for professionals to facilitate a dialogue with older adults so that the voice of this population is clearly heard. In this way one can discover their expectations--what they need and want. In Denmark, which Le Navenec thinks is similar to Alberta, older adults are working longer, desire to stay fit and independent, and their general health is improving, and a considerable percentage do volunteer work. Older people want to stay in command of their own life.
▪ She cited several concise case studies to illustrate in a vividly clear manner, the ability of older adults to convey what this writer (i.e., Le Navenec) calls "EXPERIENTIAL EVIDENCE" regarding their needs and "wants", and the value of acting on this type of evidence to assist older adults to attain an enhanced quality of life.

▪Illustrative characteristics of a Restorative Care approach include: active involvement, holistic care plans, and an individualized and flexible approach. This writer asks the reader to compare these types of best practices to those that you are currently using in your setting.

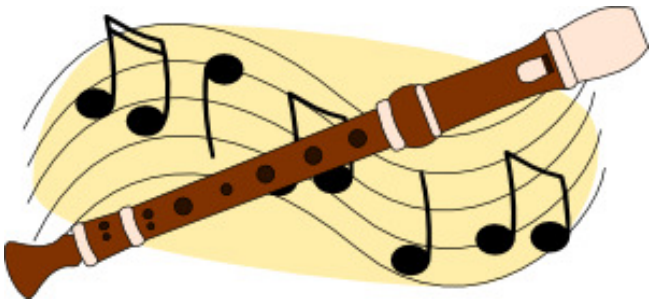
▪Slides from one of Eva Pedersen's previous presentations:
http://www.clpna.com/wp-content/uploads/2014/12/CLPNA-2014-Think-Tank-Eva-Pedersen.pdf

◆**Carol Anderson** (Executive Director), Continuing Care, Edmonton Zone, Alberta Health Services (AH)] **and Penny Reynolds** (Administrator, BSN; Masters in Continuing Education), Capital Care Norwood, Edmonton, AB
▪**Topic Addressed:** Restorative Care – The Alberta Example
▪Their presentation focused on how they went about implementing a Restorative Care Program at Capital Care Norwood, which is a 205 bed continuing care facility in Edmonton.
▪Following treatment for a serious illness or injury, some patients may no longer require acute care hospital-based services, but they may not yet be ready to safely return home. In the past, they were sent to either a long-term care facility, or to what was simply called a *Transitional Unit*. In very recent years, the trend is to refer to these units as *Transitional Restorative Care Programs* (TRCP).
▪The goal of this specialized unit is to get patients to a level of health at which they are ready to return to their home, or to return or maintain an individual to their highest practicable physical, mental and psychological functional level and well-being.
▪This goal is achieved by utilizing the skills and expertise of each discipline to plan, implement and facilitate all pathways for the best individual outcomes.(i.e., being discharged home or maintaining as much independence as possible). Means were provided for selected staff to get to know the patients before they were admitted into the TRCP. And prior to the patients' discharge from TRCP, appropriate ties were made with Home Care.
▪Target dates were established to achieve the outcomes and rehabilitation was afforded 7 days a week.
▪Further information regarding the Restorative Care Program at Capital Care Norwood can be obtained from:
http://www.capitalcare.net/Page150.aspx

END of NOTES for the MORNING SESSION of the November 10, 2015 CLPNA THINK TANK on Health Systems of Tomorrow. The NOTES for the AFTERNOON SESSION will be included in the APRIL 2016 issue of AAG MAG. For any urgent questions contact the author of these notes:
Dr. Carole-Lynne Le Navenec, AAG MAG Newsletter Editor, cllenave@ucalgary.ca

GUIDED IMAGERY IN MUSIC AND THE OLDER PERSON

by Jon Parr Vijinski (parrvijinski@gmail.com) [https://www.youtube.com/user/jonparrvijinski]



Guided Imagery in Music (GIM) has been defined as a "purposeful use of mental images" that seeks to achieve the result of positive therapeutic effects (Crow & Banks, 2004, p. 1). GIM is a form of psychotherapy that uses music and imagery techniques and hence is in a way remotely related to behavior-exposure forms of therapy (Grocke, 2009). GIM has been reported effective with such diverse psychological disorders as: obsessive compulsive disorder, borderline personality disorder, various phobias, depression, anxiety, Post-Traumatic Stress Disorder (PTSD), as well as medical conditions such as fibroid tumors, chronic pain and traumatic brain injury (Crow & Banks, 2004). GIM has also been identified as nonpharmacological intervention for those affected by dementia, and accompanying symptoms such as restlessness, stress, wandering (Fitzsimmons, 2006; Fitzsimmons, Barba & Stump, 2015).

The predominant method of GIM evolved from the work of Helen Bonny (1978) who, following the research of Kate Hevner (1937) on music and emotion, and influenced by the psychotherapeutic work of Freud, Jung and Maslow, as well as the imaging techniques of Assagioli, developed a form of psychotherapy combining music and imagery (Katsh & Merle Fishman, 1985; Smith-Goldberg, 1995). GIM uses musical psychotherapy to "generate a dynamic unfolding of inner experiences" (Smith-Goldberg, 1995, p. 112). Bonny's approach is known and the Bonny Method of Guided Imagery in Music (MBGIM).

The theory behind GIM views music as a stimulus that induces specific emotional responses (Goins, 1998; Katsh & Merle-Fishman, 1985). GIM uses music to affect emotional or mood change, and through the use of various mood-inducing pieces of music to facilitate positive therapeutic results (Blake & Bishop, 1994). Hevner's research in music and emotion developed eight main groupings of emotion, (the "Hevner Mood Wheel") which proposed to include the full range of human emotion (Katsh & Merle-Fishman, 1985; Parr-Vijinski, Pirner & Le Navenec, 2005). GIM therefore proposes the *iso-moodic principle* which suggests that music may be selected and matched with a pre-existing emotional or mood state, which then, through the use of other pieces of music in subsequent GIM sessions attempts to change the emotional or mood state of the client (Katsh & Merle-Fishman, 1985). As Fitzsimmons and colleagues (2015), guided imagery may be done quite simply with a short script appropriate for the person – cognitively and emotionally. The addition of music introduces the person with (e.g.) dementia the ability to communicate and integrate the images with music.

Bonny's method of GIM consists of four main parts:
(a) *Prelude (preliminary conversation):* At the outset of the therapy session, the therapist and client conduct a conversation outlining their approach and perhaps identifying key aspects for consideration for future sessions; (b) *Induction:* (or relaxation): This part involves the client, who is now in a physically relaxed and restful position, focusing on the selected music; (c) Music Journey (t*he Music Listening Phase):* This segment involves the clients in listening to the selected piece of music, followed by asking them to verbally express their

thoughts and feelings. The latter two aspects are written down or taped by the therapist who acts as a self-assessment guide for the client; and (d) *Postlude* (*Post-Session Integration):* The final part consists of a harmonization of the session into an integrated whole (Blake & Bishop, 1994; Choi & Lee, 2014). Thus, through images, memories, fantasy and emotional reactions the Bonny method of GIM, the therapist assists the client to undergo emotional and experiential catharsis (though not in a Freudian sense of the word) to achieve "a hoped for" integration of self (Blake & Bishop, 1994). This author believes there is a need for further research and subsequent utilization of the Bonny method of GIM for persons with dementia. In conclusion, the evidence from research over the past decades indicates that Guided imagery with music facilitates the capacity to reconnect persons with dementia to past experiences, present social relationships, and future possibilities.

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NEW DEMENTIA ADVICE SERVICE

Specialized dementia advice is now available through Health Link to help support individuals and caregivers living with dementia, including those with Alzheimer's disease.

The new dementia advice service was introduced in September for those calling Health Link from the South, Central and North Zones of Alberta Health Services (AHS) and is expected to expand province-wide in the spring of 2016.

By dialing 811, callers will reach Health Link staff who can assess their needs and provide immediate advice for their concerns, 24/7. When needed, callers can also be referred to a specialized dementia nurse for additional support.

For more information and resources, visit http://www.albertahealthservices.ca/11773.asp.


JOY
To The World

Inside de Hogewyk: Learning from a Village

De Hogeweyk, a 23-townhouse village development near Amsterdam in Weesp open since 2007, where people with mild to severe dementia can safely walk and bike streets, grocery shop, attend theatres and other social hubs, prepare their own meals, have the opportunity to iron and do their laundry. Their independence is possible because the 1.6-hectare site is actually a large-scale nursing home designed to look like a village, but with only one, secured, exit. At De Hogeweyk, groups of six to seven residents live together in one of seven different townhouse styles. Each is designed and furnished to reflect different cultural lifestyles, including upper class, traditional, Indonesian and cultural.

For five days last February, Megan Strickfaden and Nicole Gaudet were the first researchers along with filmmaker Steven Hope ever to gain liberal access to this world-renowned facility dubbed “Dementia Village.” The result is a 33-minute ethnographic documentary film that highlights the relationships that de Hogeweyk’s residents have with their caregivers and the built/designed environment of the village.

Since this was an ethnographic documentary film project, there was no predetermined storyline. Instead, the research team and filmmaker recorded as many details as possible for a critical understanding of what works and what doesn’t work in the village. Wandering the site unsupervised, the team engaged in ethnographic research and shot footage from the moment residents awoke until bedtime resulting in greater than 12 hours of video footage, conducted nine interviews with staff and family, shot nearly 1,000 still photographs, and recorded 60 pages of field note observations.

Analyzing the textual and visual data and subsequently editing the film, several themes emerged that appear to be contributing to residents’ well-being. These included continuity, choice, memories, multi-sensory stimulation, indoor-outdoor experiences and everyday activities occurring during the natural flow of time.

On November 3, 2015 at an AAG Networking Dinner in Edmonton, Megan Strickfaden and Nicole Gaudet talked about their experiences at de Hogeweyk, described the main findings, and showed the film. The implications of this work reveal a different kind of care model that uses material things as a means of therapy. Having received ICCER funding, the next steps of this research is to complete a systematic and detailed sweep of policies and regulations in Alberta related specifically to continuing care environments for persons with dementia in order to highlight the political and regulatory supports and restrictions of the development of a similar care facility in Alberta. Additionally, precedents within other provinces in Canada will be sought out to aid in understanding how environmental design may have been approached elsewhere. The outcomes of this research will be made accessible to dementia care providers in Alberta with the view to enabling alternative models to dementia care to be built and used in Alberta. Furthermore, the examination of the policy and regulatory landscape for persons with dementia in Alberta provides an opportunity for comparison, learning and development towards expanded views and policy creation for persons with dementia.

The research on de Hogeweyk was made possible with the support of the Vivium Group (who run de Hogeweyk in the Netherlands), Choices in Community Living (Edmonton) and Zebra Society.

For information about the talk, the film or continued research, contact:
Dr. Megan Strickfaden: megan.strickfaden@ualberta.ca
Nicole Gaudet: NGaudet@cicl-seniors.com

AWARDS

2015 Innovation Fund Competition Results (Covenant Health Network of Excellence in Seniors Health & Wellness)

We are very pleased to announce the top five 2015 Innovation Fund recipients: this year's competition sought innovative initiatives, projects, and/or approaches to provision of community-based care and supports. Projects initiated under the Fund will help enable seniors to live to the fullness of their capacity as active and connected members of their communities.

The Covenant Health Network of Excellence in seniors' Health and Wellness congratulates the following:

1. **Seniors Community Hub, Edmonton Oliver Primary Care Network.**
   Lead Applicant: *Dr. Marjan Abbasi*
   Project Goal: To improve quality, efficiency and coordination of care for frail seniors living in the community through a truly collaborative shared-care approach amongst primary care physicians, specialists, interdisciplinary teams, patients and family members/caregivers.

2. **Supporting Healthy Ageing by Peer Education and Support.**
   Lead Applicant: *Dr. Adrian Wagg*
   Project Goal: To train and support peer health coaches to promote healthy ageing behaviours that will positively impact the ability of seniors to 'age in community.'

3. **Navigation Partnerships: Connecting, Accessing, Resourcing and Engaging Older Persons, Families and Communities.**
   Lead Applicant: Dr. *Wendy Duggleby*
   Project Goal: To improve the quality of life for older adults with advanced chronic illness in rural

communities through training and supporting volunteers to provide navigation services, education and connection to important resources.

4. Transitions in Care: Early Identification and Support for Complex Older Adult Populations.
Lead Applicant: *Lisa Jensen*
Project Goal: To bridge the gap between hospital care and community supports upon discharge, with the goal of reducing the length of hospital stays and need for readmission. Complex patients at risk for readmission will be identified and supported by a targeted discharge plan and connections to community supports.

5. Coaching for Older Adults with Osteoarthritis.
Lead Applicant: *Allyson Jones, PhD*
Project Goal: To track and assess the effect of remote physiotherapist-led coaching which promotes physical activity among rural seniors who have undergone hip or knee replacements.

Yvonne Roberts, Covenant Health

"We are drowning in information, while starving for wisdom." -E.O. Wilson (Source: Teaching Gerontology electronic newsletter. Edited by Harry (Rick) Moody: (www.aghe.org)

INFOLETTRE: SHARING NEWS FROM OUR COLLEAGUES IN THE QUEBEC ASSOCIATION OF GERONTOLOGY (AQG)

News for this column will be included in the April 2016 issue

Creative Aging Calgary Society (CACS) is seeking Board members. For Information about joining the creative team, contact: creativeagingcalgary@gmail.com

LETTER FROM ALBERTA SENIORS,
OFFICE OF THE MINISTER: Honorable Sarah Hoffman

We all play a part in fighting elder abuse.

Elder abuse happens in communities across Alberta every day. It is estimated that up to 10 per cent of seniors experience some form of abuse. It is truly one of the most wrenching of all social ills and we must dedicate ourselves to preventing elder abuse.

To help raise awareness and respond to elder abuse, our government has introduced the Taking Action Against Elder Abuse Co-ordinated Community Response Grant program.

Announced in 2014, this three-year, $3-million grant program supports co-operative approaches to addressing elder abuse at the community level. This June, our government awarded 19 grants in the first year to municipalities, seniors groups and community organizations, totalling $939,000. The recipients will allocate the grants in different ways to address and prevent elder abuse.

A total of $1 million in grants are available this year to help communities. The deadline to apply for this second round of grants was November 30, and I am happy to say we have received many applications. Now a cross-ministry adjudication team will review the applications and recommend recipients. We hope to award the new grants early in the new year.

Previously, grants have gone to municipalities, big and small, and organizations all over the province, from Cold Lake to Sylvan Lake to Lethbridge in the south. The grants will help communities to hire new staff to co-ordinate regional networks or ensure that seniors have access to appropriate resources close to home.

Our strategy is to work with other governments, community partners and Albertans to prevent and address elder abuse.

Our partners in the community will be able to expand or improve their local response to elder abuse with this money and continue to raise awareness of elder abuse. One of the grant recipients from the Red Deer area put it very well when she said, “We need to have a good working system that will support our seniors in their time of crisis. We need to keep them safe.”

Indeed we do, and we believe Taking Action Against Elder Abuse grants will help us do exactly that.
I encourage you to visit seniors.alberta.ca for more information on elder abuse prevention and the grant program.

Sarah Hoffman, Minister, Alberta Seniors, 424 Legislature Building, 10800 - 97 Avenue
Edmonton, Alberta T5K 2B6

EXCERPTS FROM OTHER NEWSLETTERS/MAGAZINES

TEACHING GERONTOLOGY *(TG, Sept. 15, 2015:* www.aghe.org)

•This Teaching Gerontology electronic newsletter, which is edited by Harry (Rick) Moody, and produced under the Creativity Longevity & Wisdom Program at Fielding Graduate University, Santa Barbara, California, contains items of interest about pedagogical issues in aging. It does not publish original writing but is limited to brief and timely announcements. To submit items of interest or request subscription changes, contact: hrmoody@yahoo.com
It is distributed by the Association for Gerontology in Higher Education. Association for Gerontology in Higher Education in Washington DC (aghe@aghe.org)

•Items that may be of interest to readers include:

..... ***BEST PRACTICES IN TEACHING*** (TG, Sept. 15, 2015: www.aghe.org); The Academic Program Development Committee of AGHE is working to create a resource book of best-practice activities for gerontology, geriatrics, and aging-studies instructors to use in their classrooms, community engagement/service-learning projects, and internship/practical experience courses. The goal is to include successful and original teaching activity ideas.

Info: contact Tina Kruger at tina.kruger@indstate.edu

..... ***ANNIVERSAIRE OF MEDICARE*** (TG, Sept. 15, 2015: www.aghe.org). [AAG MAG Editor's note: Maybe there are researchers who would like to compare the US and Canada in regard to this topic]. To mark Medicare's 50th anniversary, the American Society on Aging (ASA) devoted the Summer 2015 issue of its quarterly journal, *Generations,* to this milestone occasion. In crafting this special issue, ASA and the Generations Editorial Advisory Board invited two esteemed guest editors, Tricia Neuman, a senior vice president of the Kaiser Family Foundation and director of the Foundation's Program on Medicare Policy and its Project on Medicare's Future, and John Rother, president/CEO, National Coalition on Health Care, to guide and shape the issue's content. The issue is posted in its entirety on the ASA website. To access the issue online, go to http://asaging.org/blog/prescription-next-fifty-years-medicare

..... ***URBAN LEGENDS OF AGING: People Will Work Longer to Assure Retirement Income*** **(**TG, Sept. 15, 2015: www.aghe.org) Two-thirds of pre-retired workers say they are "planning to work for pay in retirement," often to make up for inadequate retirement savings. The reality is quite different: only 23 percent of retirees report that they actually worked for pay. Older workers also report that they plan to retire later, but the median age of retirement has risen only slightly. Researchers with the Retirement Confidence Survey concluded that the "difference between workers' expected retirement age and retirees' actual age of retirement suggests that a considerable gap exists between workers' expectations and retirees' experience." For more on these trends, visit the Employee Benefit Research Institute report at:
http://www.ebri.org/pdf/surveys/rcs/2015/EBRI_IB_413_Apr15_RCS-2015.pdf

See also "Work in Retirement? Don't Be So Sure" at:
http://blogs.wsj.com/totalreturn/2015/06/02/work-in-retirement-dont-be-so-sure/

..... ***AHGE EXCHANGE NEWSLETTER*** (TG, Sept. 15, 2015: www.aghe.org): The AGHExhange is the official

newsletter of the Association for Gerontology in Higher Education (AGHE), with a mission of keeping members and constituents informed of AGHE and member activities and providing current information on gerontological and geriatric education issues. It serves as a resource for gerontological educators, a forum for discussion of issues related to the field, a vehicle for the latest public policy information, and presents announcements and program descriptions of our member institutions. The AGHExchange has just transitioned from print to an online format. For questions about the publication, contact Elizabeth Bergman, AGHExchange editor, at ebergman@ithaca.edu. Those interested in receiving the AGHExchange can send an email to aghe@aghe.org asking to be placed on the mailing list.

RESEARCH

Pezzana, A., Cereda, E., Avagnina, P., et al. (2015). **Nutritional care needs in elderly residents of long-term care institutions**: Potential implications for policies. *Journal of Nutrition, Health & Aging*, *19(*9), 947-954. doi: 10.1007/s12603-015-0537-5
[see Abstract at: http://www.ncbi.nlm.nih.gov/pubmed/26482698]

Bousquet, J. Kuh, D., Bewick, M., & 100 more (2015). **Operational definition of Active and Healthy Ageing (AHA): A conceptual framework**. *Journal of Nutrition, Health & Aging*, *19(*9), 955-960. http://dx.doi.org/10.1016/j.jamda.2015.09.004

Bousquet, J., Malva, J., Nogues, M. et al (2015-In Press). Operational definition of active and health aging (AHA): **The European Innovation Partnership (EIP) on AHA Reference Site** Questionnaire. *Journal of American Medical Directors Association*: *JAMDA,* xxx, 1-7. http://dx.doi.org/10.1016/j.jamda.2015.09.004

The following new article has just been published in *BMC Nephrology* Research article Open Access
Cross-sectional study of the association between functional status and acute kidney injury in geriatric patients
Chao C, Tsai H, Wu C, Hsu N, Lin Y, Chen J, Hung K
***BMC Nephrology* 2015, 16:186 (9 November 2015)**
Abstract | Full text | PDF

STUDENTS TARGETING AGING RESEARCH (STAR)—UNIVERSITY OF MANITOBA (UM) STUDENT INTEREST GROUP
http://umanitoba.ca/centres/aging/students/909.html

The Centre on Aging hosts Students Targeting Aging Research (STAR) meetings for students attending the University of Manitoba.

Since 2013, the Centre on Aging has been hosting the Students Targeting Aging Research (STAR) group for students attending the University of Manitoba. The aim of STAR is to provide students, whose interest is in aging related topics, with an opportunity to actively engage and connect with one another, discuss shared interests, network with peers, learn about current issues in gerontology from researchers and practitioners in aging, and stay up-to-date on aging related topics using an interdisciplinary perspective.

Why should I take part? **Gerontology is a diverse and complex field. By 2031, it is projected that the 65 to 74 year olds will account for nearly 11% of Manitoba's population. And by 2036, the number of Manitobans aged 75 to 84 is projected to near 125,000.**

At the University of Manitoba, Centre Research Affiliates represent 11 diverse, interdisciplinary faculties. Aging issues require the collaboration and teamwork of individuals from different backgrounds. Through networking, students can make connections with like-minded individuals who share the same interests in aging. For further information about our group, contact:

Megan Ferguson—fergus23@myumanitoba.ca or Shauna Zinnick— umzinnis@myumanitoba.ca or Rachel Ines, Communications Coordinator: Rachel.ines@ad.umanitoba.ca

WEBSITES TO VISIT/REVIEW

▪*TECHNOLOGY.* Read "*Why technology will never fix education*" at:
http://chronicle.com/article/Why-Technology-Will-Never-Fix/230185/?cid=cr&utm_source=cr&utm_medium=en

Are you interested in teaching self and others about ways to apply research about FALL PREVENTION? Then be sure to visit the ***FINDING BALANCE website***, which is coordinated by the Injury Prevention Centre at the University of Alberta and has a vast range of teaching-learning resources http://findingbalancealberta.ca/campaign-tools-and-resources

INTERPROFESSIONAL EDUCATION (IPE) COLUMN:

LEADERSHIP AND INTERPROFESSIONAL EDUCATION

By Cheryl Sadowski, B.Sc. (Pharm), Pharm.D., FCSHP, Associate Professor
Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta
Email: csadowski@pharmacy.ualberta.ca

The CANMeds accreditation document has influenced the curricular outcomes of other health disciplines. Some of the descriptors that should define a graduate from a health professional program include collaborator, manager, or leader, in addition to others. In addition to leadership being emphasized thoughout the curriculum, professional programs also include leadership as a factor in admissions criteria. For example, at the University of Alberta, where there are numerous health professions within departments and faculties, all include leadership as a factor for admission and within the curriculum. However, the question has been posed, "In interprofessional education (IPE), is there room for everyone to be a leader?" Can we function effectively as teams while preparing each team member to lead?
The definition of leader has been interpreted differently by many. Some believe it focuses on the individual to direct a team, telling others how to conduct tasks or achieve goals. This reflects more a management role.

A simple definition of leadership that resonates with most people is given by Bill Hybels, which describes leadership as "moving people from A to B."

B

A

What is notable in this definition is that it is about people. There is not leadership of a vision, a strategy, or program. The leadership relates to people. The leader influences others to improve, move forward, thereby achieving the vision, strategy, or successfully engaging with the program. The leader with integrity will focus on moving people to better the organization. Leadership is a focus on moving others, not on lifting up self. Leadership in the health professions also impacts patients, their caregivers/families, and the care they receive. We can lead people to better health, by encouraging better decisions and self-care. We can lead our students and trainees, to become better health professionals. For our children or the next generation we are raising and mentoring, we can move them to make the changes they need to achieve their goals. Anytime someone needs to be 'moved' ahead, we can provide support and leadership for that person.

Using this perspective on leadership, it is not conflicted to expect everyone to be an inspiring leader, to move others. But how can this work on an interprofessional team? Certainly by educating our students to take on

roles, for one person to be the 'leader', others to automatically be 'followers', this infers that the only person moving others is the leader. This is often done in undergraduate educational exercises, where scenarios are given and roles are assigned, and a supervisor provides feedback and sometimes even assesses, with grading, the performance of each individual within the assigned role. But every experienced clinician knows that influence can be in any direction, and a person in a position of less authority (i.e. less senior, administratively), can still have influence on those around, above, or below us in the administrative structure. (In fact, this is the basis of the book The 360 degree Leader, by John Maxwell.) Certainly students can influence professors and even the entire university institution, citizens can influence political leaders, and even children influence their parents. To assume the role of leadership is delegated to one person is essentially asking them to administer the team. But can that person move the rest of the team members? The person driving the 'movement' of others is actually the leader.

Will everyone on the team acting as a leader lead to better functioning teams? Absolutely, but with humility. To be a leader is to recognize that you have influence over others, and can move others. Sometimes it is necessary to move others dramatically, to have more influence, and at other times, to allow people to remain at their high level of performance achieved. Great, self-aware leaders know when to move others. An insightful, self-aware team of leaders, knowing when to engage in their role as 'movers', will provide an effective team that not only is concerned about influencing patients, but also each other, policy makers, etc. A team of leaders can function well, and achieve great outcomes and create a healthy practice environment, through their influence. The key will be to ensure we are teaching leadership, not simply management role playing, and to develop health professionals who are self-aware and can carefully manage their influence.

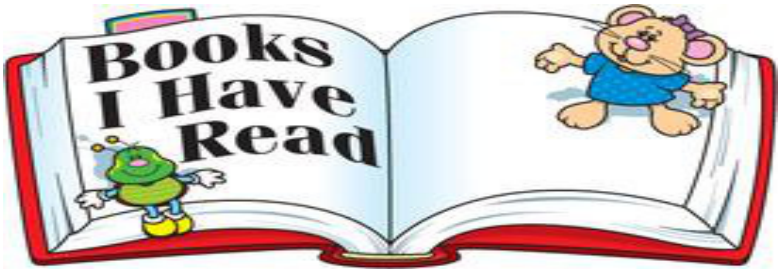
Please send me topics pertaining to Interprofessional Education that you would like addressed in the April 2016 issue of AAG MAG. Send it to me by March15, 2016 to: csadowski@pharmacy.ualberta.ca

RECENT BOOKS / BOOKS OF INTEREST

***INTEGRATED TEXTBOOK OF GERIATRIC MENTAL HEALTH*,** by Donna Cohen & Carl Eisdorfer (Johns Hopkins University Press, 2011).
http://www.amazon.com/Integrated-Textbook-Geriatric-Mental-Health/dp/1421400987)

OLD AGE IN EUROPE: A Textbook of Gerontology, by Kathrin Komp & Marja Aartsen (Springer, 2013).
http://www.springer.com/us/book/9789400761339

WITH A LITTLE HELP FROM OUR FRIENDS: Creating Community as We Grow Older, by Beth Baker (Vanderbilt Univ. Press, 2014).
http://www.amazon.com/With-Little-Help-Our-Friends/dp/0826519881



BEING MORTAL: Medicine and what really matters in the end by Atul Gawande. (New York: Metropolitan Books, Henry & Holt, 2014) Read the interview with him titled: "We Have Medicalized Aging, and That Experiment Is Failing Us" in which he discusses his book: http://www.motherjones.com/media/2014/10/atul-gawande-being-mortal-interview-assisted-living

See also:
http://www.amazon.com/Being-Mortal-Medicine-What Matters/dp/0805095152#reader_0805095152
[The prescription offered by the physician-author of "Being Mortal," is to rethink our priorities for the dying—and give them something to live for.]

***INTERESTED IN LEARNING MORE ABOUT SERIOUS LEISURE & the SERIOUS LEISURE PERSPECTIVE (SLP)* (by University of Calgary Sociologist, R. A. Stebbins)**
▪Cohen-Gewerc, E., & Stebbins (2013) ***Serious leisure and individuality***. Montreal, Quebec: McGill-Queens University Press [see book info at: http://www.jstor.org/stable/j.ctt24hnrg] ▪ Elkington, S., & Stebbins, R.A. (2015). ***The serious leisure perspective: An introduction***. London & New York: Routledge Taylor &Francis Group. [see info about it at www.seriousleisure.net OR at: https://www.book2look.com/embed/9781317810407]
▪ Stebbins, R.A. (2014). ***Careers in serious leisure: From dabbler to devotee in search of fulfillment***. New York: Palgrave Macmillan. [see book review of it at: http://www.tandfonline.com/doi/pdf/10.1080/11745398.2015.1075225
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GERIACTORS & FRIENDS

Have you always dreamed of performing or just want to try something new?
The GeriActors & Friends are looking for new members. Whether you want to become a member, book a performance, or plan a workshop... Everyone is welcome!

On Thursday October 8, 2015, at the SAGE Auditorium (15 Sir Winston Churchill Square) we had an afternoon of storytelling, theatre games, laughter, and fun! Talk to the current G&F members and learn about what we are doing this season. All abilities are welcome and no experience is necessary.

Who are we? GeriActors & Friends is an intergenerational theatre company. We write plays based on stories from our lives and issues affecting the senior community. We perform all over Edmonton and Alberta at

conferences, community events, and in senior centers and residences. We also facilitate workshops in acting, storytelling, dance and improvisation throughout the Edmonton area.

Share this event with anyone who might be interested in attending. A PDF poster is attached for your convenience. For more information contact GeriActors at the information below.

Hope to see you there!
Becca Barrington, Associate Director, GeriActors, Tel: 780-248-1556
geriactors.friends@gmail.com www.geriactors.ualberta.ca
Follow GeriActors on: Facebook Twitter (@GeriActors)
Be sure to check our Blog for monthly updates on GeriActors & Friends!

Canadian Centre for Elder Law

Newsletter ~ September 2015
The Canadian Centre for Elder Law (CCEL) carries out legal research, law reform and educational tools to support seniors in Canada.

Canadian Elder Law Conference 2015

Register today and view the full agenda for this exciting conference!

We are thrilled to be hosting the 2015 Canadian Elder Law Conference in collaboration with the Continuing Legal Education Society of BC on November 12 and 13, 2015, in Vancouver.

The conference is the only international conference devoted to legal and policy issues affecting older adults. This year, the conference will examine "The Journey of Aging—the Law and Beyond" and will offer inter-jurisdictional perspectives on elder law and policy, including practice tips, case updates, exploration of policy reform and promising practices for working with older adult clients. We have a fabulous line up of speakers, including:

- Isobel Mackenzie, BC's Seniors Advocate
- Honourable Marion J. Allan, Clark Wilson LLP
- John-Paul Boyd, Canadian Research Institute for Law and the Family

Some topics on the agenda include:

- Physician assisted suicide after *Carter*—where do we go from here?
- Dementia and client competency: practice tips, communication strategies and ethical issues
- Advance health care planning—implications of the *Bentley* decision

Day 1 will also feature a debate moderated by BC Ombudsperson Jay Chalke on the question: Would a national power of attorney registry help reduce elder financial abuse?

Sponsorship opportunities - This unique event provides an excellent opportunity for your organization or firm to disseminate work, build strategic relationships, show commitment to seniors and much more!

Elder Abuse Knowledge Sharing Hub Launch!

For almost two years CCEL staff have been coordinating the Canadian Network for the Prevention of Elder Abuse's Knowledge Sharing Project. This project, funded by New Horizons for Seniors Program, strives to inform, connect and support professionals who are working in elder abuse prevention and response across Canada.

CCEL and the Network are excited to announce the release of the new Knowledge Sharing Hub on September 1. This interactive Hub includes:

- Blog: covering hot topics and featuring community leaders and stakeholders who share their expertise on elder abuse issues
- Message board, which enables you to interact easily with peers throughout Canada
- The latest and most promising tools and resources used across the country

Join the CNPEA for free today and keep up to date on the latest elder abuse prevention resources and events!

Check out this CNPEA blog entry on ten ways to get involved in the project

New Projects

CCEL is pleased to be collaborating on two new and exciting projects funded by the BC Council to Reduce Elder Abuse.

Elder Abuse in Chinese and South Asian Communities

CCEL is collaborating with the University of Victoria Centre on Aging and the National Initiative for the Care of the Elderly on a project focused on elder abuse in Chinese and South Asian Communities in Victoria and the Vancouver lower mainland. This project involves research, needs assessment and tool development. The UVIC team is conducting focus groups with front line responders who work with older adults in Chinese and South Asian communities in order to identify community needs. CCEL is participating in a mapping exercise to identify what tools exist and where the gaps are. The project will result in tools that address the identified gaps.

Stay tuned for updates on this project. Email Krista James, CCEL National Director, if you work with seniors from these communities and are interested in participating in this project: kjames@bcli.org.

Older Women's Education Project The Older Women's Education Project is based on learnings from the Older Women's Dialogue Project, which identified a lack of resources on abuse of older women as an urgent issue. In collaboration with West Coast LEAF, the project aims to enhance capacity of seniors-serving professionals to support older women fleeing violence occurring in the family, and inform older women of their rights and options in situations of abuse. WCL and CCEL are developing a plain-language, multilingual booklet containing practical legal information and a workshop for service providers. These tools will reduce barriers to escaping family violence for older women in our communities.

If you would like to participate in focus-testing of these tools contact Alana Prochuk, Manager of Public Legal Education at WCL at 604-684-8772 604-684-8772 extension 117 or education@westcoastleaf.org.

Elder Law Resource Spotlight

Be a Savvy Senior- Fraud Protection Strategy for Seniors

Be a Savvy Senior is a series of educational tools to help seniors protect themselves against fraud. The tools identify some of the most common scams con artists use these days to target seniors. The focus of the tools is to empower seniors to help protect themselves by identifying basic strategies people can use to respond to suspected fraud.

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BENEFITS OF AAG MEMBERSHIP

- Enjoyment and engagement in something you are passionate about with like-minded people.
- Special member-only rates for the many local networking and learning events held in Calgary and Edmonton.
- Access to AAG*mag*, our quarterly newsletter filled with gerontological resources, research, information about local events and opportunities.
- Member-only advertising rates in the AAG*mag* and on the website.
- Awards to gerontologically-focused students at three levels (Provincial, Calgary and Edmonton).
- Knowledge translation and education events and as well as opportunities for writing.
- Other benefits, including:
    - Diversity of membership – we are open to everyone, all you need is interest. We celebrate the strength that these many perspectives bring to help us accomplish our mission and vision
    - Ability to distribute job postings among fellow members through our distribution list (send your posting to info@albertaaging.ca and we'll distribute).
    - Career development opportunities – we support our members to making connections, learn and develop as students, professionals and seniors
    - Stimulation of and support for research and knowledge transfer related to evidence informed practice in gerontology
    - Sharing a strong voice to influence policy on seniors' issues.

AAG*mag* ADVERTISING RATES for each Issue of Newsletter:

- Quarter page: $70.00 + GST
- Half page: $125.00 + GST
- All advertisements are to be "camera ready" i.e. formatted as to size and graphics, fonts, etc.
- Usually, all advertisements are to be pre-paid
- Non-members will be provided with a single copy of the issue in which their ad appears.
- Members are entitled to a discount; check with Editor. Send ad anytime to the Editor-see below.

AAG WEBSITE ADVERTISEMENT RATES (http://www.albertaaging.ca)

12 month period - $150.00 plus GST (included up to 2 changes free of charge;
3 month period - $60 plus GST (does not include any free changes)
Submit all ads to: Editor, Alberta Association on Gerontology: Email: info@albertaaging.ca

ALBERTA ASSOCIATION ON GERONTOLOGY

2015 MEMBERSHIP FORM

Membership Year runs from April 1 to March 31			
Membership Type:	☐ New Membership	☐ Renewal	**Date:**
Name:			
Organization:			
Address:		**City:**	
Postal Code:			
Phone:	**Home:**	**Work:**	
Email:			
Chapter Affiliation:	☐ Edmonton	☐ Calgary	
Type of Membership*:	☐ Individual $50 ☐ Student $15	☐ Organization $75 ☐ Senior $20	
Method of Payment:	☐ Cash (please do not mail cash) ☐ Cheque (payable to Alberta Association on Gerontology) ☐ PayPal (check here for an invoice or email info@albertaaging.ca)		
Please Invoice my Organization:			
Communication:	☐ Yes, I wish to receive email communication from AAG for example event notifications, AAG*mag* newsletter and membership renewal reminders.		

*New Fees as of April 1, 2015

Charitable Donation	
Your donation will go towards supporting the vision of the AAG to improve the lives of older Albertans through support of persons involved and interested in gerontology.	
I am pleased to make a donation of $	**Tax receipts issued for donations over $20. Registered charitable #891561342RR003.**
Please advise if we can print your name in our AAG*mag* acknowledging your donation. ☐ Yes ☐ No	

Complete this form and send along with your payment to: Alberta Association on Gerontology (AAG), P.O. Box 47022, Edmonton Centre, Edmonton, AB T5J 4N1