

# DEMENTIA *connections*

FALL 2017

YOUR  
GUIDE TO  
LIVING  
WELL IN  
CALGARY

+

CALGARIAN  
BRIAN  
TAYLOR  
SHARES HIS  
PERSONAL  
EXPERIENCE  
LIVING WITH  
DEMENTIA

## SMART SPACES

How adaptive design is changing dementia care facilities for the better

## FIRST STEPS

What to consider, including private care and legal matters, after a dementia diagnosis

## DEMENTIA-FRIENDLY

New programs in the city are helping to make Calgary a more welcoming place

Ever been ...

- Unsure how to explain what's happening?
- In an awkward or uncomfortable situation in a public place?
- Confused about communicating with your loved one?

# These tools can help

Visit [dementianetworkcalgary.ca](http://dementianetworkcalgary.ca) for print-at-home tools:

- "The person I am with has dementia" cards
- "Let me re-introduce myself" kit
- "Communicating and engaging with a person with dementia" info



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“Education and easy access to information are the first steps toward decreasing fear and stigma.”

no idea how much it would impact the entire family, especially my mother, Diane. Dementia is emotionally draining and physically exhausting for spouses and family caregivers, and we didn’t always know where to go for help. Witnessing my father struggle as he slowly lost the ability to perform simple tasks was heart-breaking.

More than 13,000 people in Calgary have a dementia diagnosis and those numbers are increasing rapidly. Families are in crisis because they are often unprepared and unable to cope with dementia. My goal is to help other families avoid the unbelievable stress that my family has experienced by providing information and resources that will help them better adjust to life with dementia. And with the recent passing of Bill C-322, which means the federal government is legally committed to take action on dementia and will begin implementing a national strategy, now is the time to bring the conversation about dementia into the spotlight.

In Calgary, there are several organizations working hard to support people with dementia and their families so they can live the best lives possible. In this issue we learn more about some of them, including the Alzheimer Society of Calgary and the University of Calgary’s Faculty of Nursing program.

Education and easy access to information are the first steps toward decreasing fear and stigma and encouraging people with dementia to participate fully in life.

Questions? Feedback? Connect with us — we welcome your input. 

**Lisa Poole**  
 Founder and Editor  
 DEMENTIA CONNECTIONS  
[lisa@dementiaconnections.ca](mailto:lisa@dementiaconnections.ca)

**WELCOME** to the first issue of *Dementia Connections*, a magazine that aims to connect people living with dementia, their families, health-care professionals and anybody interested in learning more about dementia to information and resources about how to live well with dementia.

My father has vascular dementia. It doesn’t look like he is aware of what is going on around him, but in fact, he likes to watch golf, tennis and hockey, listen to Johnny Cash and Neil Diamond, go outside for a daily walk and kick a ball around. His face lights up when one of his grandkids visits.

When my father was diagnosed we had

Lisa Poole, shown here with her father, John.  
 Photo by Erin Brooke Burns

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# WELCOMING SPACES

Calgary is becoming a dementia-friendly city

BY Sean P. Young and Meredith Bailey

**A** NEW INITIATIVE IS HELPING CALGARIANS living with dementia to age in place. Launched in 2016, The Brenda Strafford Foundation's Dementia Friendly Communities project is a two-year pilot currently taking place in Calgary's Westhills communities and Okotoks. "The main goal is to build community capacity to support individuals to age in place and remain in their communities as long as possible," says Navjot Virk, research and innovation practice coordinator at the Brenda Strafford Foundation. "We also want to raise awareness and reduce the stigma associated with dementia. We didn't want it to be prescriptive; we very much want it to be a community grassroots initiative."

The project hosts an ongoing series of presentations that include information on dementia's common symptoms and associated behaviours. Attendees — including grade seven students from Rundle College —

#  
**DEMENTIA  
BY THE  
NUMBERS**

**564,000**  
IS THE NUMBER  
OF CANADIANS  
PRESENTLY LIVING  
WITH DEMENTIA

**65%**  
OF CANADIANS WITH  
DEMENTIA OVER  
THE AGE OF 65 ARE  
WOMEN

**937,000**  
CANADIANS WILL  
BE LIVING WITH  
DEMENTIA IN THE  
NEXT 15 YEARS

**25,000**  
NEW DEMENTIA CASES  
ARE DIAGNOSED  
EVERY YEAR

**\$10.4  
BILLION**  
IS SPENT ANNUALLY BY  
CANADIANS TO CARE  
FOR PEOPLE WITH  
DEMENTIA

learn what to do if they encounter someone with the signs of dementia and how to best help them.

"With increased community awareness and understanding of dementia, citizens living with the disease are better supported in their daily lives and able to have more positive interactions as they age in place," Virk says.

When the project concludes, a tool kit will be published for other communities in Alberta to use so they can develop their own best practices to create a dementia-friendly community. —S.Y.

## Age-Friendly Business program

**The City of Calgary's** Age-Friendly Business program is a new initiative that helps local businesses best meet the needs of an aging customer base.

"The hope is the program meets the needs of Calgarians as they age so they are better able to shop, especially at local businesses," says Raynell McDonough, issue strategist involved with the City of Calgary's Age-Friendly Business program.

Launched this past June, the program includes a checklist of mandatory criteria businesses need to meet in order to be recognized as age-friendly. That includes easy-to-read signage; clear, unobstructed entrances; available washrooms and non-slip flooring. There are additional non-mandatory criteria that businesses can incorporate into their spaces and are acknowledged for, including wheelchair access and seating areas. Businesses recognized as age-friendly are added to the Age-Friendly Business map on the City of Calgary website so shoppers can plan where to go. >>

The program is not exclusive to aging Calgarians, McDonough says. The intention is to create shopping environments that are more accessible to everyone, including pregnant woman, parents with strollers, and people with medical or mobility issues, for example.

“This program can meet the needs of a wider customer base than just older adults,” McDonough says. “We tried to make it as inclusive as possible.”

The next step is to incorporate findings from the Dementia Friendly Communities project when it completes in 2018, McDonough says. “We want age-friendly to also mean dementia-friendly as well,” she says. —M.B.


Visit [Calgary.ca/afb](http://Calgary.ca/afb) to learn more about how to become a recognized age-friendly business and to view the map of existing age-friendly businesses.

## Private programs

**The Glencoe Club** is one of many local private businesses adapting its programs and services to be more dementia-friendly.

The Glencoe hosts an educational series on dementia, inviting experts — researchers, medical doctors, nurse practitioners, ophthalmologists and hearing experts — to educate members and their families on the latest advances in dementia treatment. More than 40 Glencoe employees have been trained in the Best Friends Approach™ to Dementia Care.

“If we look at the stats — we have about 12,000 members, so we should have around 100 members, or possibly more that are directly experiencing dementia or dementia-like symptoms,” says Jessica Power Cyr, wellness and lifestyle director at the Glencoe Club, a private sporting club that has been in Calgary since 1931.

“Our goal is to take away the fear of judgment,” says Power Cyr. “We want the club to be a safe and welcoming environment for everyone. It’s a second home for a lot of our members.” —S.Y. 



## BEST FRIENDS APPROACH™

A specialized training program offers tools for caregivers and people living with dementia

BY Sean P. Young

**F**or more than two decades, the Best Friends Approach™ to Dementia Care has empowered caregivers to help people with Alzheimer’s and other dementias feel safe, secure and valued and live their lives with dignity.

“The principle is that what a person with dementia needs most is a well-informed best friend,” says Padmaja Genesh, learning specialist at the Alzheimer Society of Calgary, where all staff members and volunteers have received training in the approach.


Renowned Alzheimer’s and memory care experts David Troxel and Virgin-

ia Bell developed the approach in Kentucky in the 1990s. The “best friend” can be a family member, friend or professional caregiver. The training helps caregivers acknowledge the person “beneath the cloak of dementia.” It provides information on how dementia impacts the brain and the types of behaviours to expect at different stages of the disease. It also teaches communication strategies and ways to help the person with dementia experience meaningful engagement throughout the day.

The caregiver and the person with dementia develop a customized, rela-

tionship-based approach to treating the disease. “They look at how the person with dementia wants things to be done,” Genesh says.

The Alzheimer Society of Calgary has an exclusive license to train the approach in Alberta, and Genesh trains more than 1,000 health-care workers each year. The Society also trains nearly 200 family caregivers in the approach annually.

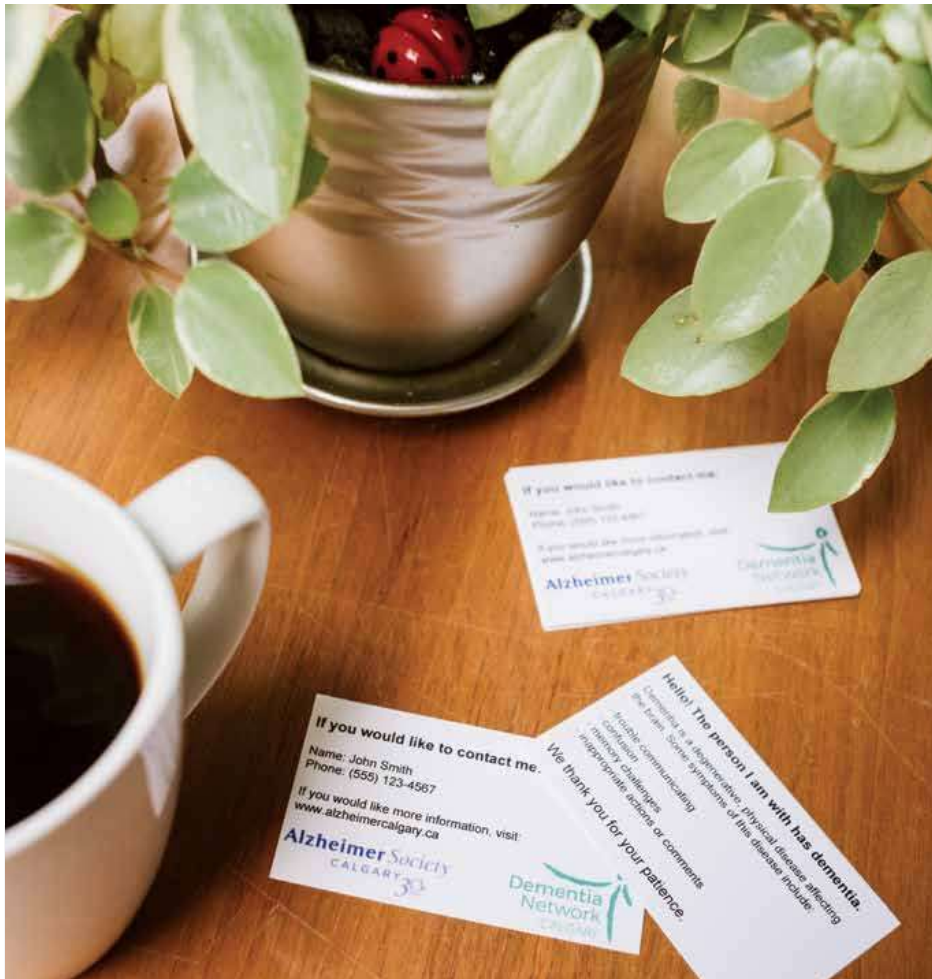
Family caregivers often leave the training with a more positive outlook, says Genesh. “They take the training and leave feeling more empowered.” 

Learn more at [alzheimercalgary.ca](http://alzheimercalgary.ca).



**DID YOU KNOW?** *The Best Friends Approach™ is one technique for connecting with people living with dementia. Next issue, learn more about the Montessori Method for dementia.*





## LET ME RE-INTRODUCE MYSELF

Personal business cards help a family living with dementia make connections

BY Lauren Denhartog PHOTO BY Jared Sych

**W**hen her father was diagnosed with dementia in 2001, Janet Arnold says it became increasingly difficult to manage his behaviour, especially in public. “He would get quite overwhelmed and shut down,” she recalls. “I could tell that people around us were concerned, but they didn’t understand

and we didn’t want Dad to feel like he was being made fun of.”

So Arnold had an idea. She created small business cards that she and her sister would hand out in public places such as restaurants and on planes. The cards read, “Our father has dementia and sometimes he gets overwhelmed and may take some time to respond. We really appreciate your patience,

thank you from the Arnold Family.” Similar cards form part of the Dementia Network Calgary’s online tool kit.

When Arnold’s mother was diagnosed with dementia in 2006, she created business cards again with a similar message. But unlike her father, Arnold’s mother would often become aggressive, yelling and screaming when she became upset. “People would look at my sister and me like we were doing something wrong, because Mom was so upset,” Arnold says.

“The judgment was quite hard for us, and Mom would pick up on emotion and see other people looking at us and get even more upset.” In the past, dementia was something that was rarely discussed, says Arnold, but the cards she created helped empower the sisters by letting the world know about the disease and also what they were experiencing.

Once, at a Calgary restaurant, the server asked to speak to Arnold privately, after being handed one of the cards. She told Arnold she appreciated the card and wanted to know how she could help support her mother. Eventually, the server engaged Arnold’s mother in conversation and even started joking around with her.

“Here is a young person, in her 20s, and she really wanted to know how could she support us,” Arnold says. While she admits it’s a difficult journey for anyone, Arnold says the card system helped her not worry so much about what others thought.

“It is a health issue and it isn’t something to be ashamed of or embarrassed about. There are lots of ways that we as society members, as friends or family or observers of somebody with dementia, can provide support and compassion,” she says. “Don’t be afraid to ask.”

For more information and to print your own cards, visit [dementianetworkcalgary.ca](http://dementianetworkcalgary.ca).



**DID YOU KNOW?** *Dementia doesn’t only happen to the elderly. Out of the 564,000 Canadians living with dementia, 16,000 are under the age of 65. “While rare, dementia can affect people as young as 30,” says Alzheimer Society of Calgary’s Paul Bartel.*



## GIVE TO GET

A new study finds dementia risk lowered in seniors who volunteer

BY Lauren Denhartog

**U**niversity of Calgary psychology professor

Yannick Griep has a personal connection to dementia.

Griep's grandfather was diagnosed with dementia in the last two years of his life, and Griep remembers how difficult it was to communicate with him.

"I experienced first-hand how hard dementia is on the person who is suffering from the illness," Griep says. "My grandfather shut himself off from his environment, and I felt powerless."

Because the likelihood of being diagnosed with dementia increases every year we age from the age of 55 and especially after retirement, Griep wanted to study the factors that could reduce the likelihood of being diagnosed with dementia in the first place.

Griep and his colleagues looked at the impact of volunteering on cognitive


health. They followed a group of Swedish retirees over a five-year period. Participants were divided into three groups: those who continuously volunteered, those who volunteered sporadically and those who never did.

Griep focused on volunteer work because it combines activities that are similar to a paid job.

"Voluntary work is a prototypical activity that combines physical and cognitive activity and social interactions in such a way that it resembles a paid job, with the exception of the paycheck," Griep says. Previous studies found evidence for the protective role of physical or cognitive or social activities in reducing the likelihood of dementia, but the impact of all three areas on cognitive health had not previously been tested.

Griep's study, which appears in the journal *PLOS One*, shows consistent volunteering after retirement can lower the risk of dementia and can reduce the likelihood of being prescribed an anti-dementia medication.

"Constant volunteering, at least one hour per week, every week, significantly reduces the likelihood of being diagnosed with dementia two years and four years after retirement," says Griep. Participants who volunteered most often also reported fewer memory problems, less difficulty concentrating and clearer thinking.

"Based on our results, we would advise everybody who retires to volunteer at least one hour per week and to keep up this voluntary work on a steady basis, every week ideally," says Griep. 



### FIND VOLUNTEER OPPORTUNITIES

For current volunteer opportunities, visit **Propellus (formerly Volunteer Calgary)**, as well as the **Calgary Seniors' Resource Society**.  
[propellus.org](http://propellus.org); [calgaryseniors.org](http://calgaryseniors.org)



# 10 WARNING SIGNS TO WATCH FOR

According to the Alzheimer Society of Canada, an early dementia diagnosis can help the person diagnosed choose treatment options, plan for the future and live well. These 10 warning signs are different than normal age-related aging and should be noted.



**1**

**Memory loss that affects day-to-day life**

Including forgetting where you parked your car and having to take the bus home.



**2**

**Difficulty with familiar tasks**

Such as struggling to prepare a cup of coffee or a sandwich.



**3**

**Difficulty with language**

Frequently struggling with vocabulary and being unable to find the right words.



**4**

**Confusion of time and place**

Including getting lost in a familiar place and being unable to find your way home.



**5**

**Poor judgment**

Unusual changes in judgment and decision-making including wearing a winter jacket on a hot day.



**6**

**Difficulty with abstract thinking**

Consistently struggling with numbers, such as not finding the correct change and being unable to read a non-digital clock.



**7**

**Misplacing things**

Leaving things in odd places such as putting the milk in the pantry or placing keys in the bathroom vanity.



**8**

**Changes in mood and behaviour**

Experiencing rapid and unprovoked changes in mood. Becoming easily upset and paranoid.



**9**

**Personality changes**

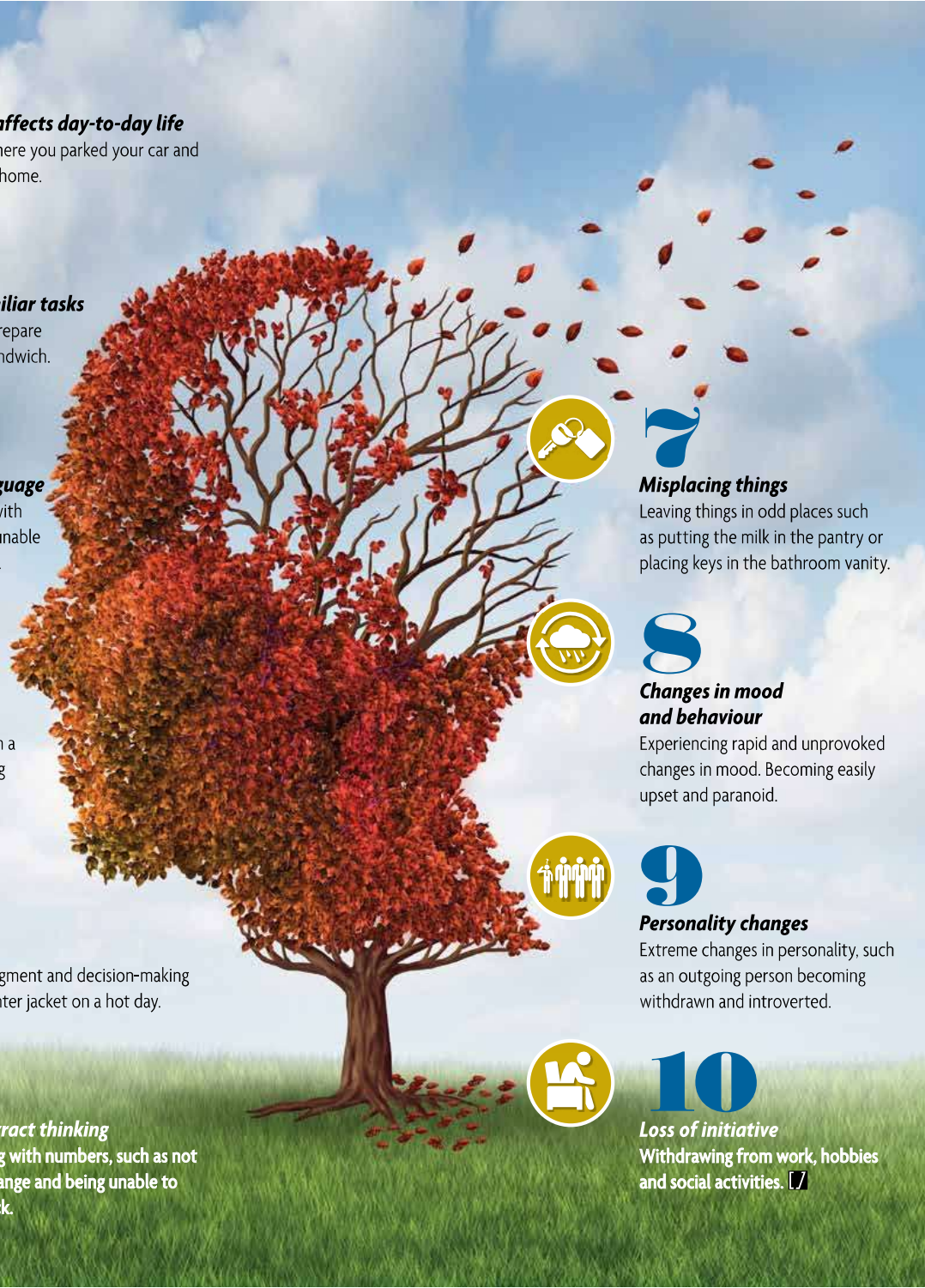
Extreme changes in personality, such as an outgoing person becoming withdrawn and introverted.



**10**

**Loss of initiative**

Withdrawing from work, hobbies and social activities.





# Q+A

Dr. David Hogan answers our questions about dementia medications

BY Lynda Sea

**DAVID B. HOGAN** is the academic lead of the Brenda Strafford Centre on Aging at the University of Calgary. Geriatric medicine has been a longstanding area of interest of his.

Hogan worked closely with the late Dr. Irma Parhad, who established one of the first dementia clinics in Can-

ada. As well, his own mother developed dementia, which Hogan says “made it very real and personal to me.”

Hogan has been actively involved in developing clinical practice guidelines for dementia and therapeutic strategies around Alzheimer’s disease. He shares his insights into the condition and treatment options.



**Q |** What are some commonly prescribed medications for treating dementia?

**A |** “The most commonly used of these medications are called cholinesterase inhibitors. There are three of them available in Canada covered by the public drug benefit program in our country: donepezil, galantamine and rivastigmine. There’s a fourth medication called memantine, which is not generally covered by public-funded drug benefit programs, so I will not be discussing it here.”

**Q |** How do these medications work to improve symptoms of dementia?

**A |** “The thinking is that people with Alzheimer’s disease — these drugs were developed for Alzheimer’s — have a deficiency in a neurotransmitter called acetylcholine and that’s called a cholinergic deficit. Acetylcholine is released by brain cells and they stimulate other brain cells. We have mechanisms in our bodies to break acetylcholine down because you wouldn’t want to be in a permanently excited state. What these drugs do is they inhibit and slow down the breakdown of acetylcholine and because you have more of it around, the cholinergic deficit is partially corrected.”

**Q |** What are some potential side effects?

**A |** “It depends on the individual. Some people don’t have any trouble with these medications. In general, rivastigmine tends to have more stomach upset and the other two might be more likely to lead to problems with sleep and dreams. The difference is there, but it’s not overly marked. Any of them is a reasonable first choice.”

**Q |** When is a pharmacological approach the best option for treating dementia?

**A |** “Drug therapy should not be viewed as instead of non-pharmacological approaches. The care of a person suffering from a dementia is complicated and includes considering both drug therapy and other interventions. The available medications for Alzheimer’s disease would be a consideration at all stages of this

condition, but deciding on a trial of one of them is a shared decision based on weighing the relative benefits and risks of their use for that person. Treatment with one of these drugs always requires a commitment to monitoring the effects of therapy and continuously re-visiting whether therapy should be considered.”

**Q |** What are some non-pharmacological approaches to treatment?

**A |** “Management is a better word than treatment. It isn’t simple. Management includes identifying a family caregiver who is providing support — or potentially could — and finding out what support this person can provide and addressing their needs. It includes deciding on whether any referrals should be made to help assess or manage the problems being faced, assessing for safety concerns, ensuring to the best of your ability that advance planning (e.g., updated will) is done, assessing the person’s capacity to make reasonable decisions for themselves and referring them and their family to the local branch of the Alzheimer Society. It includes providing information and advice about non-pharmacological interventions and pharmacological ones and developing a comprehensive treatment plan with defined goals, monitoring response to any intervention tried and adjusting them as needed.”

**Q |** Do you recommend the use of antipsychotic drugs to treat behavioural symptoms of dementia?

**A |** “Again there isn’t a simple ‘yes/no’ response to this question. Their use should be limited to only specific types and severity of challenging behaviours that can arise with dementia (e.g., psychotic symptoms, aggression, severe agitation). A decision on their use would be a shared one based on weighing the likely benefits, risks and alternatives. If used, the person treated must be carefully monitored for their response to therapy. The doses used should be kept as low as possible with treatment given for as short a period of time as possible. These drugs do have a number of important adverse effects including a small but definite increase in the risk of death.”

Share your questions with us at [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).

### COMMON TRADE NAMES FOR DEMENTIA MEDICATION

**Aricept and Aricept RDT:**  
also known as donepezil

**Reminyl ER:**  
also known as galantamine

**Exeleon and Novo or Teva-Rivastigmine:**  
also known as rivastigmine

Learn more at [alzheimer.ca](http://alzheimer.ca)

# 9 WAYS TO REDUCE YOUR DEMENTIA RISK

## 1 STAY PHYSICALLY ACTIVE

**People who** are physically active are less likely to develop stroke, heart disease and diabetes, which are all potential risk factors for dementia. Exercise can also help manage high blood pressure, which is a significant risk factor for vascular dementia.



## 5 Check your hearing

Several studies suggest that older adults with hearing loss have an increased risk of cognitive impairment and dementia. Hearing loss is linked to accelerated brain tissue loss. Treat hearing loss earlier to avoid the risk.

## 2 Eat according to the MIND diet

A recent study showed that eating foods on the MIND diet can help reduce the risk of Alzheimer's by 54 per cent. MIND stands for Mediterranean-DASH Intervention for Neurodegenerative Delay and consists of foods particularly good for the brain including berries and fish.



## 3 Connect with friends and family regularly

Research shows that regular, positive interaction with others helps people feel engaged and fulfilled and may help reduce the risk of developing dementia.



## 4 Keep your gums healthy

A study out of the UK indicates that Alzheimer patients with gum disease appear to have faster rates of cognitive decline as opposed to those with healthy gums and teeth.



## 6 Don't smoke

Smoking increases the risk factor of dementia by 45 per cent.


## 7 Avoid excessive alcohol consumption

People who consume moderate amounts of alcohol have the lowest risk of developing dementia and people who drink excessively are most at risk.

## 8 Learn something new, like a language

Studies show that speaking a second language can significantly delay the onset of dementia after a diagnosis. Learning something new helps keep the brain stimulated and reduces your risk.

## 9 Protect your head

Head trauma, such as concussion, may increase the risk of developing Alzheimer's. So wear a helmet when riding your bike or playing sports. 





## A RELATIONSHIP OF CARE

Health-care aide Jocelyn Supremido helps families living with dementia like Meta and Helmut Wieser

BY Colleen Biondi PHOTO BY Jared Sych

**R**etirement can mean many things, including travel, hobbies and more fun with friends and family. But never in Meta Wieser's wildest dreams did she consider that Alzheimer's disease would trump all those plans.

In 2010, her husband, Helmut, a retired chemistry professor at the University of Calgary, was diagnosed with the disease, and, in March of 2015, he moved to a long-term care facility.

Revera Bow-Crest Care Centre has been a

lifesaver for the couple and their two grown children, says Wieser. "The staff is excellent."

The path to the facility was a bumpy one. First, there was the pre-diagnostic phase when Helmut was still on the job. Memory loss, short-tempered outbursts and difficulties driving were explained away as preoccupation or work-related stress. But after he was unable to complete an executor duty, he reluctantly agreed to see a doctor and the condition was confirmed.

Wieser relied on two-hour-a-week home-care sessions and a support group with

seven other couples who were also dealing with dementia called Memory P.L.U.S.


But the situation deteriorated. Helmut began to wander early in his diagnosis, and in January 2015 he wandered into –20-degree weather and threatened Wieser. Emergency Medical Services and Calgary Police Service attended and advised Wieser that her husband was "a danger to himself and to others." They took him to the Foothills Medical Centre, where he was cared for until a bed came open in long-term care.

Now, it is the team at Bow-Crest who make the difference. One special staff member is health-care aide Jocelyn Supremido. Originally from the Philippines, Supremido brings a background in nursing to her role at Bow-Crest, a job that she has held for the past nine years. Supremido says the best part of her job is connecting with the residents. "Connecting makes my job easier and helps put them at ease," she says. "I try to listen and talk to them like people." Supremido's own grandmother had dementia, so she is inspired to treat the people she cares for like family.

"She was the only one who could handle him at first," says Wieser. "She is kind, gentle and talks to Helmut when she is attending to him."

Supremido also connects with Wieser when she visits. "Whenever I have spare time I try to sit down with Meta and share Helmut's day with her, I let her know when he is happy," she says.

Wieser has complete trust and confidence in the group at Bow-Crest as they care for her husband of 50 years. She can now go to the bank, visit with a friend and shop for groceries without worrying.

Although life is still a challenge — Helmut is now in a wheelchair and is uncommunicative — there is less guilt, anxiety and upset. Wieser knows Helmut is getting good care, is being treated with respect and with the dignity he deserves. And thanks to health-care professionals like Supremido it is getting easier, she says. "I am very grateful." 

Is there a special caregiver who makes a difference? Let us know at [greatcare@dementiaconnections.ca](mailto:greatcare@dementiaconnections.ca).

# AVOIDING CAREGIVER BURNOUT

BY Mae Kroeis

*Being the caregiver of a loved one with dementia is challenging. Kimberly Shapkin, a nurse practitioner at the University of Calgary, has observed caregivers getting stuck in a downward spiral of feeling frustrated and even guilty over not providing the care they would like for their loved one. This can result in burnout and prevents caregivers from taking care of themselves. Shapkin shares three ways caregivers can invest in their own well-being.*

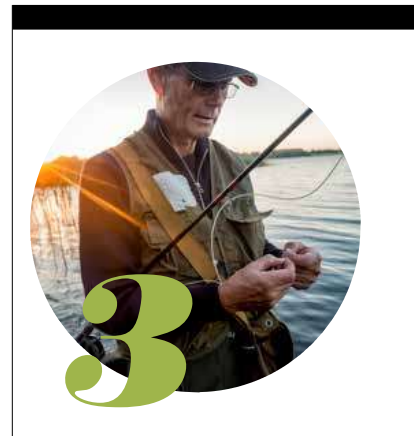


## FIND SUPPORT

**To avoid burnout**, Shapkin believes the biggest benefit for families is to create a personal support network. “People need to give themselves permission to lean on the community that sup-

ports them,” says Shapkin. A good place to start is by identifying the people around you who are good listeners, willing to step in for everyday tasks, or who can provide respite. This

might be friends, family or members of a faith group, or formal resources like a support group or home care. Once you identify those able and willing to help, the next step is to ask for it.



## TAKE TIME

With a support network in place, give yourself permission to take some time for yourself. “Only once caregivers find someone to talk to and feel their loved one is safe are they able to practice self-care,” says Shapkin. Think about what makes you feel good and reminds you of who you are, like laughing with a friend, reading a book or going somewhere new. Nurturing yourself reduces stress and restores balance, renewing the energy you need for the caring you provide. [7]

## 2

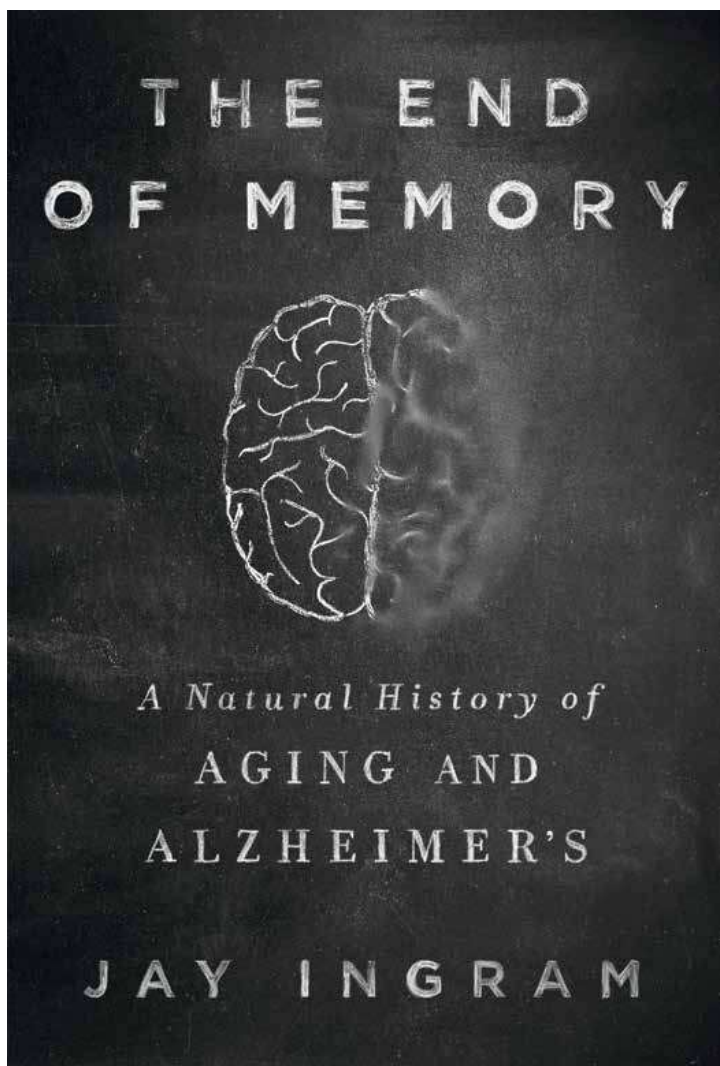
**GET OUTDOORS** Walking is great for self-care as it has physical benefits and can improve mental and emotional health too. A daily walk in nature improves how you feel about yourself, reduces stress and depression and boosts energy; making it an especially great thing to do when you’re feeling tired and low. It’s even something you can do in the company of your loved one, giving you both a sense of peace.



**DID YOU KNOW?** Sporadic Alzheimer’s is the most common form of dementia, and the greatest risk factor for developing it is aging. Most cases begin after 60 to 65 years of age.



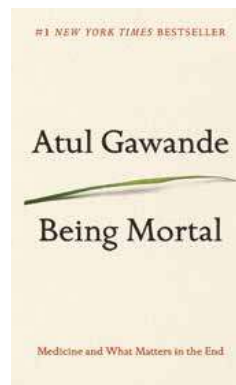
## FIVE BOOKS ON DEMENTIA AND AGING



### THE END OF MEMORY: A Natural History of Aging and Alzheimer's

by Jay Ingram

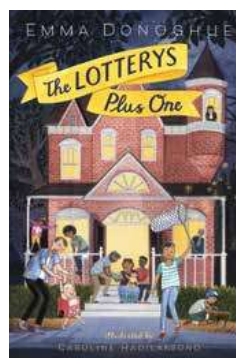
*In The End of Memory, science writer, broadcaster and journalist Jay Ingram charts the history of Alzheimer's disease and investigates its future. The co-founder of Calgary's Beakerhead Festival was inspired by his own experience. Ingram's mother passed away in 2006 after struggling with dementia. Ingram's book is a fast-paced, well-written and engaging take on a challenging subject.*



### BEING MORTAL

by Atul Gawande

Writer and surgeon Atul Gawande's *Being Mortal* takes an honest look at end-of-life care and explores how families and caregivers can do better. Gawande's book is about living well until the very end.



### THE LOTTERYS PLUS ONE

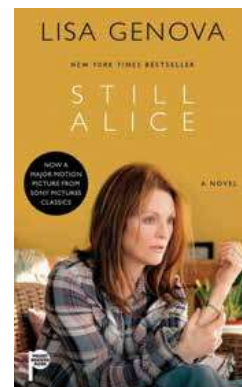
by Emma Donoghue

Emma Donoghue's young adult novel *The Lottery Plus One* is a hopeful story with quirky characters — including a grandpa living with dementia.

### STILL ALICE


by Lisa Genova

Writer and neuroscientist Lisa Genova's bestselling 2007 novel tells the story of Alice Howland and her diagnosis with early-onset Alzheimer's disease. It's a compassionate and realistic take.



### UNBECOMING

by Jenny Downham

Jenny Downham's young adult novel *Unbecoming* also has huge appeal for adults. It tells the tale of one family, including teenage Katie, mom Caroline and grandma Mary who is living with dementia. 



Below: Glen Walton's artwork hangs on his living room wall.

Right: Elizabeth Lokon leads participants in the OMA program at Bow View Manor.

# NURTURING CREATIVITY

BY Jennifer Friesen



**T**hree framed paintings hang in the living room of Marilyn and Glen Walton's home. Glen is in the advanced stages of dementia, but Marilyn often sees her husband standing in front of those colourful pictures, exclaiming, "I did that!"

Over the past two years, Glen has taken part in the Opening Minds Through Art (OMA) program through the Alzheimer Society of Calgary's Club 36 adult day program, delivered in partnership with Alberta Health Services. Working side-by-side with a nursing student, he has reconnected with his creativity and crafted art entirely his own.

"People with dementia often don't have a lot that they're really proud of accomplishing on their own," says Marilyn. "This is something they can do. There's no anxiety with it, and they can accomplish something that doesn't rely on memory."

Elizabeth Lokon, a senior research associate at the Scripps Gerontology Centre at Miami University, founded

OMA in 2007. Ali Cada is the director of the Adult Day Programs at the Alzheimer Society of Calgary. He discovered OMA while searching for programs that would be mentally and physically engaging for people living with dementia. Cada trained with Lokon at Miami University and launched the first OMA program in Calgary in 2014

"Many facilities tend to overlook the remaining abilities of people with dementia," says Cada.

"You cannot assume that just because someone has dementia, they cannot learn new things. So I thought, 'There's got to be a better way to do things — a better way to do art instead of just making crafts.'"

An important part of the OMA

program is the partnership with the University of Calgary's Faculty of Nursing program. For three years, Julie Burns and Christine Foran, nursing practice instructors with the program, have used the art medium of OMA to establish positive experiences between second-year nursing students and people living with dementia. Foran describes the partnership as beneficial.

"The students find the art a medium conducive to relationship building," Foran says. "They become less focused on worrying about which topics are safe, but instead use the art process to steer the conversation. They get creative with strategies to build on their clients' decision making skills and sense of accomplishment. They learn so much

"People with dementia often don't have a lot that they're really proud of accomplishing on their own. This is something they can do. There's no anxiety with it, and they can accomplish something that doesn't rely on memory." —Marilyn Walton





Facing page photo by Jared Sych; this page photo courtesy of the Alzheimer Society of Calgary

in such a short amount of time about building trust and creating successful and positive experiences for their clients. These skills will stay with them when helping people with dementia in any care setting.”

The feedback from the nursing students has been equally positive.

“I’ve learned different strategies to use with my ‘Artnr,’” shares U of C nursing student Ramna Tahir. “This week he was getting frustrated because the paint was moving very slowly — so I brought up the tortoise and the hare story, and we talked about how the two lines of flowing paint were racing each other — and that made his mood better. I think this gave him a different perspective and got rid of his frustration. We were then

“This is the kind of art that should be in all long-term care facilities because this art honours them and recognizes that they’re a person — it shows that they’re still here.” —Ali Cada

able to laugh over little jokes about the tortoise and the hare.”

“OMA brings a change of perspective,” says Cada. “It stops the assumption that people with dementia can’t do anything. It answers the question of — they have dementia, but what else can they do?”

Since its launch, Cada says the program has impacted at least 150 people, and that number is growing. The Alzheimer Society of Calgary received

a grant, and in May 2017, they were able to certify 32 more facilitators in Alberta through the Miami University.

“The change you see is indescribable,” says Cada. “This is the kind of art that should be in all long-term care facilities because this art honours them and recognizes that they’re a person — it shows that they’re still here.”

For more information, go to [alzheimercalgary.ca](http://alzheimercalgary.ca).

BY Lauren Denhartog

# What to consider after a dementia diagnosis

*Receiving a dementia diagnosis is a life-changing experience and often comes with feelings of shock, fear and anxiety. Access to information, support and care options is essential for both the person with dementia and family involved. There are many things to consider including choosing medication, home care, care facilities, support groups and legal matters. By no means a comprehensive list, our seven suggestions offer you a place to start for the next steps to take after a dementia diagnosis.*



## 1 CLARIFY THE DIAGNOSIS

If the diagnosis is unclear and you have unanswered questions, speak to your family physician or a nurse practitioner about the type of dementia and the projected course of illness. This will help give you and your family a sense of what steps to take next.

To see a geriatrician or a geriatric specialist, request a referral from your family doctor through Alberta Health Services' (AHS) Seniors Health One Line referral service. [albertahealthservices.ca](http://albertahealthservices.ca)



## 2 GATHER INFORMATION

Ask for a referral from your doctor or health-care provider to the First Link™ referral program, a support program that connects newly diagnosed patients and their families with programs, services and community resources for dementia education, workshops and more. Or call the Alzheimer Society of Calgary directly at 403-290-0110.

Dial 8-1-1 and connect with Health Link's Dementia Advice, where a specialized dementia nurse can answer questions, offer advice and help connect you with other services available in your community. Several local private companies, including Golden Health and Proactive Seniors, also offer navigation services. [alzheimercalgary.ca](http://alzheimercalgary.ca); [gld-health.com](http://gld-health.com); [proactiveseniors.ca](http://proactiveseniors.ca)



## 3 DISCUSS MEDICATION AND NON-PHARMACOLOGICAL OPTIONS

In mild-to-moderate dementia, a cholinesterase inhibitor may be prescribed to help manage or reduce symptoms. Some users may experience side effects and the medication may only work for a short period of time. You can also discuss non-pharmacological options with your family physician or a nurse practitioner. Non-pharmacological options can include exercise and social activities. Learn more on pages 10 and 26.



## 4 CONSIDER LEGAL AND FINANCIAL ISSUES

Consider creating joint access to banking and utility accounts so a spouse or family member can continue to pay bills as the illness progresses. Ensure that documents such as power of attorney, personal directive and goals of care are in place. Contact the Office of the Public Guardian and Trustee for additional support. [humanservices.alberta.ca](http://humanservices.alberta.ca)



## 5 SUPPORT IN YOUR HOME

Health-care aides can come to your home and provide support with daily living. AHS Transition Services can assess the level of care needed and can be requested through a referral from your health-care provider. The Dementia Care Team within AHS Home Care has additional knowledge of how to support caregivers and those living with dementia. Support in your home is also available through private home-care providers, including Qualicare, Comfort Keepers and Home Instead Senior Care. [homecarecalgary.com](http://homecarecalgary.com); [comfortkeepers.ca](http://comfortkeepers.ca); [homeinstead.ca](http://homeinstead.ca)



### **Build your memories with a life story**

Create a scrapbook with photos of family members and mementoes of important life events to help remember. This is a great conversation piece for visiting friends and family and also provides insight for health-care workers about your interests and personal history so that care is more personalized.

Learn more at [bespokechronicles.com](http://bespokechronicles.com).



## **6 HOUSING**

Consider if the plan is to move into assisted living or remain at home as long as possible. Questions to consider include when is time to move into a care facility, what are the costs and understanding waitlists? The Alzheimer Society's Considering Care workshop will help address questions related to care. Transition Services can help select suitable residential care facilities to tour to learn what they're like and what amenities they provide. Pick up a copy of the Housing Directory for Seniors from the Kerby Centre. Learn more about dementia care facilities on pages 33 and 38. [kerbycentre.com](http://kerbycentre.com)



## **CONNECT WITH A COMMUNITY**

Adult day programs offer social interaction and recreational activities and also provide respite for family caregivers. Programs may include art, theatre and exercise as well as separate programs for Young Onset Dementia. Contact AHS Home Care or the Alzheimer Society of Calgary for information on adult day programs for people with dementia.

Caregivers can find support through the AHS Family Caregiver Centre, its Memory P.L.U.S. program is a community-based program that supports people with mild dementia and their caregivers. The Dementia Network Calgary also offers regular community gatherings for caregivers. Learn more on pages 6 and 24. [dementianetworkcalgary.ca](http://dementianetworkcalgary.ca)

# **3**

## **Ways to Make Your Home Dementia-Friendly**

➔ Address any safety concerns within your home including tripping hazards and accessibility.

➔ Put up labels around the house including cupboards and drawers to help remember where things are.

➔ Make sure your space is well lit. Swap out older bulbs for brighter lights, and clean windows regularly to allow for natural light.



LEADING





# the WAY

University of Calgary  
researchers Dr. Eric Smith and  
Dr. Marc Poulin are on the  
forefront of early dementia  
diagnosis and prevention

BY Kaitlyn Hanson  
PHOTOGRAPHY BY Jared Sych

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## Early diagnosis leads to more effective treatment

DR. ERIC SMITH, medical director of the University of Calgary's Cognitive Neurosciences Clinic, has a first-hand understanding of the direct, personal impact of Alzheimer's disease, vascular dementia and other cognitive conditions on his patients and their families.

"As we make progress on other conditions, like heart attacks, stroke and cancer, our population is living to a much older age than in the past, and, as a result, we're seeing increasing numbers of people with Alzheimer's disease and other dementias," he says. "I

"We have some promising results that suggest we might be able to develop a test for Alzheimer's disease based on a simple blood test." —Dr. Eric Smith

recognize every day, as part of my work, the limitations we have currently in helping people with these conditions."

One of the ways to overcome these limitations, he says, is for researchers to continue to identify new diagnostic biomarkers, which can help doctors make more specific and accurate diagnoses in the earliest stages of dementia. "We have trouble identifying the different diseases that cause dementia, and we also have trouble identifying the diseases that cause dementia in the early stage," says Smith, who is also an associate professor in the department of clinical neurosciences at the U of C.

Smith's latest research project, which is funded by Brain Canada and the Canadian Institutes of Health Research, aims to recruit some 300 participants over the next three years. Recruitment has been underway since January 2017, and participation has expanded to Edmonton.

"By the end of recruitment, we hope to have identified some

promising new means to determine risks for dementia and to discriminate Alzheimer's disease from vascular problems and other forms of dementia," Smith says.

There is broad agreement among doctors and scientists that treatments applied at the earliest stages of the disease are the most effective, which is why the biomarker research Smith and his research teams from the University of Calgary and the University of Alberta are carrying out is so encouraging. "We have some promising results that suggest we might be able to develop a test for Alzheimer's disease based on a simple blood test," Smith says, adding that this particular marker was developed by the U of C's Dr. Peter Stys.

"It would allow a family doctor or a specialist to do blood tests to understand whether Alzheimer's disease might be related to memory symptoms or the cause of dementia. That's not something we have currently, and it would be a major breakthrough."





## Exercise: A promising, natural intervention

AS A LIFELONG SPORTS LOVER and long-time runner, Dr. Marc Poulin, a professor in the department of physiology and pharmacology within the Cumming School of Medicine at the University of Calgary, is a passionate advocate of exercise as part of a healthy lifestyle.

As part of his research, Poulin, who heads the Laboratory of Human Cerebrovascular Physiology at the U of C and holds the Brenda Strafford Foundation Chair in Alzheimer Research, is exploring how aerobic exercise can support better cognitive and brain health,

“I think it’s become clear that there needs to be a better understanding of how lifestyle interventions impact brain health.” –Dr. Marc Poulin

particularly among the aging population.

“I think it’s become clear that there needs to be a better understanding of how lifestyle interventions impact brain health,” he says.

Poulin and a research team from the U of C are the minds behind Brain in Motion, a comprehensive research study focusing on the links between lifestyle interventions — such as diet and exercise — and sleep and cognition.

The researchers found that over six months, the people who participated in regular aerobic activity in the form of walking or jogging reported increased vigour as well as “significant decline in scales that assess anger, confusion, depression, fatigue and tension,” Poulin says.

Now, he is heading up a research team to conduct a follow-up study. While the original Brain in Motion research focused on a relatively healthy adult population, the new research — dubbed Brain in Motion II — will attempt to make a connection between physical activity and cognition in adults who may be at risk of developing Alzheimer’s disease or another related form of dementia.

“There’s a huge scientific community trying to work really hard to better understand these diseases. We do know that exercise is a very promising intervention, and it’s also a very natural one. It

doesn’t involve drugs, and it’s feasible for a large portion of people,” says Poulin.

“It’s really driven by the opportunity to try and bring about positive change in people’s lives, and help people optimize their physical and mental health as well as they can for as long as they can.”

Poulin says the new round of research may also draw connections to the social benefits of exercise on cognitive health. “People who have come to our exercise programs have developed friendships, and in some cases have continued to exercise together and to socialize together,” he says.

Poulin says the research has also had a positive effect on his own team. “I feel, from a human perspective, we’ve also gained a huge amount from the participants. It’s just been so rewarding to see the impact on their lives.”

## INTERESTED IN JOINING THE STUDIES?

The Brain In Motion II study is currently recruiting participants between the ages of 50 and 80 years old into early 2018. Call 403-210-7315 or email [bimstudy@ucalgary.ca](mailto:bimstudy@ucalgary.ca) to learn more.

For research volunteer opportunities and to learn more, contact Dr. Eric Smith at 403-944-1594.



# A WEB of



“Dementia is an emerging, societal issue and no single organization will be able to address it. Working collectively and communicating well will be vitally important.” —Barb Ferguson, executive director, Alzheimer Society of Calgary

BY Colleen Biondi

DEMENTIA NETWORK Calgary has one key goal — to make Calgary a supportive, innovative environment where people impacted by dementia can live life well.

The timing couldn't be better. In 2016, more than 564,000 Canadians were living with dementia, and by 2031 that number is expected to rise to 937,000.

Since 2013, the network has worked to address this difficult,

get with support provided by the Calgary Foundation, United Way of Calgary and Area, and Flames Foundation for Life.

Small action-orientated groups were created to address those steps, such as public awareness and advocacy, best practises for staff, helping families navigate complex support and treatment systems, and support for individuals in order to stay in their own

Club's education speaker series on dementia and the Brenda Strafford Foundation's Dementia Friendly Community Proof of Concept project, the first of its kind in Alberta and taking place in Westhills and Okotoks.

Spreading the word about research, services and the profound impact of dementia in our neighbourhoods (each person living with dementia directly impacts 10

to 12 others) is part of an overarching approach to reduce stigma and increase social inclusion for people living with dementia, as well as their families.

The network's first public gathering took place this past May and hosted more than 130 people for a robust discussion about dementia. Look for more of these opportunities to keep the community informed.

“Dementia is an emerging, societal issue,” adds Ferguson, “and no single organization will be able to address it. Working collectively and communicating well will be vitally important.”

# SUPPORT

community-based concern, explains Barb Ferguson, executive director of the Alzheimer Society of Calgary, which is the backbone organization for the network and provides a coordinating and organizing role for the group.

Composed of a growing group of committed citizens from all sectors (public, private, non-profit, patients and families), the network uses a collaborative approach to tackle the disease from all sides.

To date, the network built a strategy roadmap that illustrates the steps necessary to reach its goal. It did so on a limited bud-

get with support provided by the Calgary Foundation, United Way of Calgary and Area, and Flames Foundation for Life.

The network offers free online tools to help communicate with people with dementia and reduce social isolation. It is exploring how technology can help people stay at home safely and is examining ways to provide more seamless services.

The network also acts as a hub for information, resources and activities. It shares updates on other successful community initiatives through its newsletter and website. Examples of those successes include the Glencoe

To view the strategy roadmap, subscribe to the newsletter, and for more information, visit [dementianetworkcalgary.ca](http://dementianetworkcalgary.ca).



# TRY IMAGINATION



Left: Improv for Alzheimer's is led by experienced improv artists including Naomi Esau, Col Cseke and Karen Johnson-Diamond.

# Improv for Alzheimer's uses theatre techniques to improve quality of life

BY Julia Williams  
PHOTOGRAPHY BY Jared Sych

THE MEMBERS OF CLUB 36 are watching *Dukes of Hazzard* when Naomi Esau and Karen Johnson-Diamond enter the room. The women are carrying a whiteboard on an easel, a plastic bin full of odd objects and a white binder. On the cover of the binder are four words: *Forget Memory. Try Imagination.*

Club 36 is an adult day program for people living with Alzheimer's and dementia. Its eight members, plus two caregivers, are here to participate in Improv for Alzheimer's — "improv" is short for improvisational theatre — led by improv artists Esau and Johnson-Diamond. *Dukes of Hazzard* gets switched off. A spring storm rattles the windows. Johnson-Dia-

mond opens with a group question: "What do you like to do on a rainy day?"

The group is hesitant at first, but within minutes everyone is laughing. Esau begins to pass around an imaginary gift and a member named Carol\* mimes opening it with theatrical delight. Johnson-Diamond calls up a member named Michael to perform a two-person scene. He has mobility issues so she offers him a chair.

"I got this for you," she says. "It's beautiful!" Michael exclaims, and the group laughs. He sits on the chair backwards. "How do I ride it?"

Improv for Alzheimer's is a joint project by Inside Out Theatre, a theatre company for Calgarians with disabilities, and the Alzheimer Society of Calgary, which runs Club 36. The improv program began in 2014, two years after Inside Out artistic director Col Cseke wrote *Jim Forgetting*, a play inspired by conversations he'd heard while sitting in on group counselling sessions for people with early-onset Alzheimer's. The members of that group came to see the play and no one —

certainly not Cseke — wanted this emotional and creative experience to end. It was Cseke's colleague Johnson-Diamond, an experienced improviser and actor, who suggested they explore the possibilities of improvisation techniques for the Alzheimer's community.

"We said, oh, that's an idea that should have always existed," Cseke says. "That just seems like a clear, obvious fit."

The rules of improvisation and the goals of dementia care have proven an ideal pairing. The first and most fundamental rule of improv is always to say, "yes, and..." In short, anything said in an improv context is accepted, validated and built upon. Cseke says people with cognitive challenges get used to being corrected and hearing "no," which isn't a positive experience for people with dementia or their caregivers. He remembers his mother's compassionate approach to caregiving when his grandmother was living with dementia.

"There are times when it's a happier day if you accept what they're giving you and you build on that," he says.

"We had a very emotional talk with one of the staff members who said she really looks forward to [Improv for Alzheimer's] because it's one of the few times she can be friends with the club members. She can just laugh with them — she doesn't have to be on duty." —Col Cseke, artistic director, Inside Out Theatre



Above: Improv artists Karen Johnson-Diamond and Naomi Esau embrace an Improv for Alzheimer's Club 36 member.

The rules of improvisation and the goals of dementia care have proven an ideal pairing.

As he began to investigate the idea further, Cseke discovered the work of Anne Basting, an American scholar and educator in aging and dementia who began an improvisational group storytelling program in 1998. Today, Basting's TimeSlips is an award-winning, evidence-based elder care technique that is used in 12 countries. Cseke and his colleagues were inspired. The four words on the cover of the Improv for Alzheimer's binder come from the title of one of Basting's books.

The principles of improv have inspired other programs too. In 2011, researchers at Northwestern University in Chicago began to collaborate with Tony Award-winning Lookingglass Theatre Company on the Memory Ensemble, an improv program for people living with early stage dementia. North Carolina improv team Karen Stobbe-Carter and Mondy

Carter delivered a 2016 TEDMED talk on the subject of improv and dementia, and The Second City, a renowned improv theatre company in Toronto, Chicago and Hollywood, offers an Improv for Dementia workshop.

Calgary's Improv for Alzheimer's sessions run for an hour a week for six-to-10-week stretches. The program is designed for people who are still living at home with family members (rather than in care facilities), and has welcomed participants ranging in age from mid-40s to early 80s. Session facilitators, sometimes Cseke, Esau or Johnson-Diamond, sometimes local improv artists recruited from organizations like Loose Moose Theatre Company and Dirty Laundry, work with men's groups, women's groups and co-ed groups on a rotating basis.

Facilitators have narrowed down about a dozen particularly effec-

## ARTS-BASED PROGRAMS FOR CALGARIANS LIVING WITH DEMENTIA



### Opening Minds through Art (OMA)

Launched in 2014, the Alzheimer Society of Calgary's art program engages young and old people in an ongoing artistic collaboration designed to unlock the creative potential of people living with dementia. The program also focuses on meaningful relationships. [alzheimercalgary.ca](http://alzheimercalgary.ca)



### Music & Memory

This non-profit organization uses digital music technology to create personalized playlists for people with Alzheimer's, dementia and other cognitive and physical challenges. The program is designed to improve quality of life and help people with dementia connect with the world through music-triggered memories. Music & Memory uses trained staff members at the

Alzheimer Society of Calgary in the music program, who have introduced playlists to Club 36. [musicandmemory.org](http://musicandmemory.org)



### Dancing Parkinson's YYC

Decidedly Jazz Danceworks (DJJ) offers a weekly dance program for people living with Parkinson disease, as well as their spouses, companions and caregivers. Col Cseke, artistic director of Inside

Out Theatre, says dance has potential as a therapy for people with Alzheimer's and dementia, especially those who are non-verbal but have deep musical memories. Dancing Parkinson's YYC is a partnership of DJJ, Calgary Parkinson Research Institute (CaPRI), Hotchkiss Brain Institute, Calgary Arts Development (CADA), Rosza Foundation and the University of Calgary Faculty of Kinesiology. [decidedlyjazz.com](http://decidedlyjazz.com)



tive exercises, including group activities, one-on-one scenes and a game called “Yes It Is,” in which facilitators hand out objects from the plastic bin and invite club members to identify them. Participants can be as literal or absurd as they choose. This game, like many others, is physical, which allows club members to participate even if using language has become more of a struggle.

While Improv for Alzheimer’s doesn’t call itself a therapy, Cseke says its beneficial effects are obvious to him and his fellow facilitators, as well as to caregivers and participants. Engaging in the improv sessions visibly reduces signs of anxiety and anger in club members, and the sessions also provide clear social benefits; not only are they an opportunity for participants to connect, but they give caregivers a rare opportunity to engage with club members in a fun, casual way.

“We had a very emotional talk with one of the staff members who said she really looks forward to [Improv for Alzheimer’s] because it’s one of the few times she can be friends with the club members,” Cseke says. “She can just laugh with them — she doesn’t have to be on duty.”

The program is in the process of launching a formal assessment process in collaboration with the Alzheimer Society of Calgary and an independent consultant specializing in program evaluation. If Improv for Alzheimer’s becomes

an evidence-based program like Basting’s TimeSlips, it will be able to access external funding (the program is currently co-funded by Inside Out and the Alzheimer Society), which will allow the program to expand.

At the moment, it’s spread thin; when Esau and Johnson-Diamond’s leave today’s session, they’re unlikely to see this group again for a year or more. Judy, a club member who has spent the hour laughing and clapping her hands, pleads with Esau and Johnson-Diamond to find a way to return sooner. “Why can’t you come here every week?” she asks.

Cseke and the other program facilitators would love to be here every week. If Improv for Alzheimer’s can expand its operational capacity, it plans to increase the quantity and frequency of its sessions. Cseke would also like to see sessions held at an independent facility such as a small theatre (rather than at the supportive living facilities that host Club 36), where family members and caregivers can participate and socialize.

Meanwhile, Improv for Alzheimer’s is launching a training program for recreational and occupational therapists as well as other caregivers who focus on quality of life. The training will provide an introduction to the program and the improv exercises, as well as tools in order to help facilitate sessions independently.

Back at Esau and Johnson-Diamond’s session, a member named

## APPLYING IMPROV TACTICS TO CAREGIVING

### **Say, “Yes, and ...”**

In improv, saying “no” is called blocking. Instead, accept and validate whatever is said to you and take it in a constructive direction.

### **Accept the reality you’re given**

Be in the moment with your improvising partner and engage without correcting or redirecting.

### **Practice attentive patience**

When you ask a question, wait for as long as it takes to get a response. No hints or suggestions.

George gets up to play a policeman who has to arrest Esau for dangerous driving. At the end of the scene Johnson-Diamond congratulates him. “You’re officially an actor,” she says.

“Well, I started out as a liar and I built from there,” he deadpans.

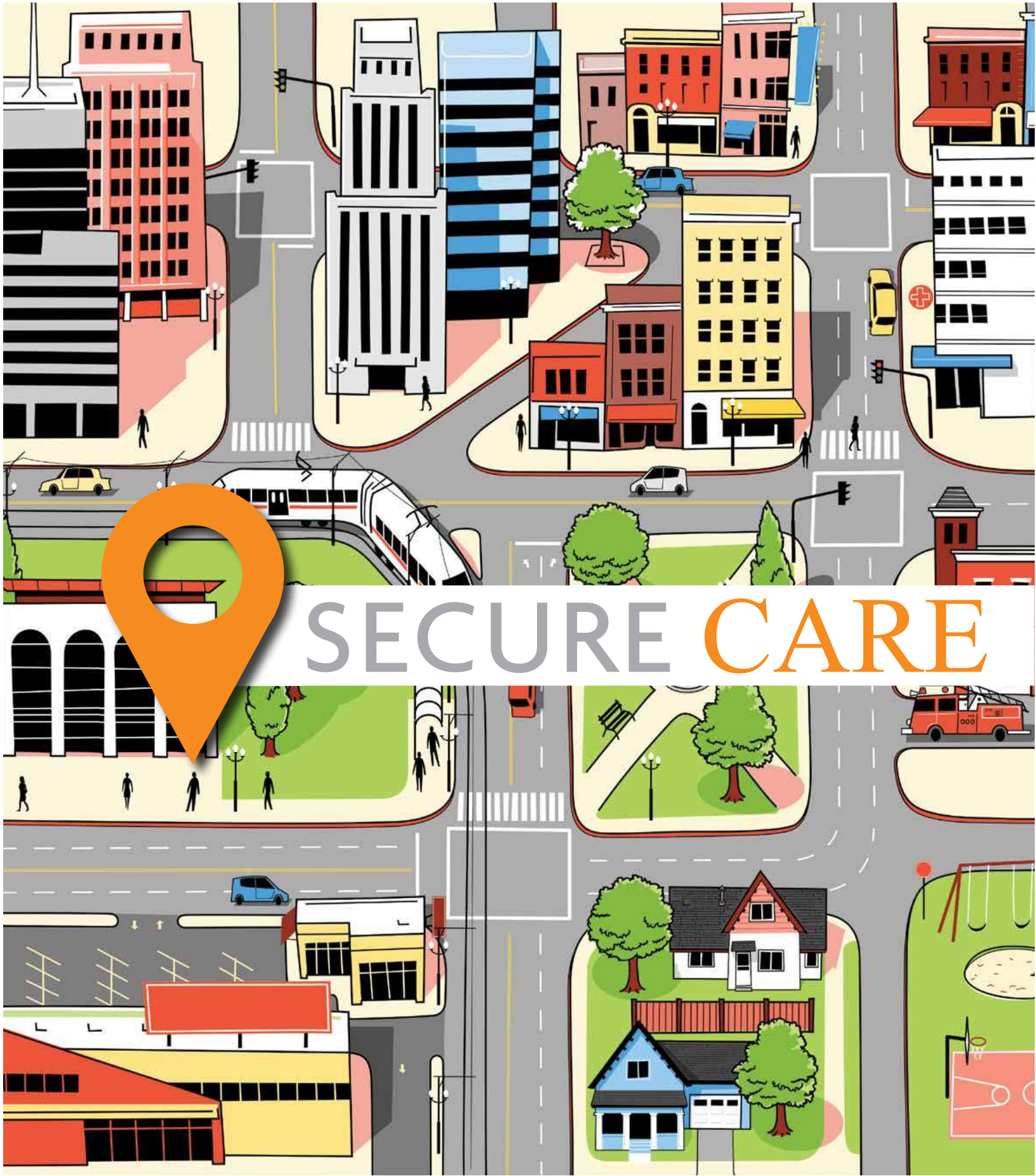
When the games end, Esau and Johnson-Diamond go around the group to ask club members what they thought of the hour. The word “happy” is used again and again. Michael, who rode the chair during his two-person scene, says, “The day you start making a fool of yourself is the day you start to enjoy it.”

The question moves to a man named James, who became visibly frustrated at one point during the session when he forgot what he wanted to say. Johnson-Diamond asks him what word comes to mind when he thinks about the day’s activities. He gives her a broad smile. “Fun,” he says. ▣

\*Names of Club 36 members have been changed to protect their privacy.

“The day you start making a fool of yourself is the day you start to enjoy it.”

—Michael, member, Alzheimer Society of Calgary



# SECURE CARE



“It’s a big caregiver support item. People can use the technology and feel a sense of relief that their family member is within the designated safe zone that they’ve established for them.”—Max Jajszczok, executive director, provincial continuing care, Alberta Health Services

## The latest in locator device technology helps keep people living with dementia safe

BY Sean P. Young

ONE OF THE BIGGEST challenges families face when caring for a loved one with dementia at home is the risk of wandering. A person with cognitive impairment has wandered off from where they are supposed to be, and soon emergency services, the media, and eventually the entire community is on high alert, trying to bring the person home safely.

Thankfully, these protracted incidents may soon be a thing of the

past. GPS technology is quickly developing as a premium solution for caregivers of people with cognitive disabilities who may be at risk of becoming lost.

“It’s a big caregiver support item,” says Max Jajszczok, executive director, provincial continuing care with Alberta Health Services (AHS). “People can use the technology and feel a sense of relief that their family member is within the designated safe zone that they’ve established for them.”

The GPS locator device is worn as a necklace or in a watch. The caregiver sets a “geofence”—an electronic safe zone on a map. If the person with dementia exits this safe zone, the caregiver is alerted via text or email and (with most models of the device) can contact them via two-way voice communication. The caregiver can also view their loved one’s location in real time.

In March 2013, AHS partnered with a research team led by Lili Liu from the University of Alberta’s faculty of rehabilitation medicine for the Locator Device Project (LDP). The two-year study of GPS

locator technologies included 45 clients from Calgary and Grand Prairie with cognitive impairment that had demonstrated a perceived risk of wandering.

“The study found that using the device provided increased independence for clients during activities of daily living,” Jajszczok says. “They could be available to do more and there is a big increase in peace of mind for caregivers.”

Approximately 11 per cent of clients did experience an episode of wandering during the study, and, in all cases, the client was located quickly by the caregiver after the caregiver was alerted through the geofence alert mechanism, Jajszczok says. Several of the individuals in the study were known to police and emergency services for wandering incidents prior to wearing the GPS locator devices. The fact that police and EMS did not have to be engaged for any of the incidents during the study is another key finding, Jajszczok says.

“If GPS technology is something clients are considering, we recommend they speak with their

## FEATURES OF THE SAFETRACKS™ TRILOC™ WRISTWATCH INCLUDE:

- Fall detection
- Up-to-the-minute location updates
- 2G/3G/4G cellular technology
- Bluetooth technology
- Caregiver email and SMS notifications
- SOS button
- Lockable clasp, which sends notifications when unlocked
- Water-resistant
- Up to 48 hours of battery life



Right: The GPS locator device can also be worn around the neck.

“The technology has taken leaps and bounds and continues to move at a fast rate.” –Vince Morelli, president, SafeTracks GPS Canada Inc.

health-care provider about the potential benefits,” Jajszczok says.

SafeTracks GPS Canada Inc., a tech company based out of Red Deer that provided the locator devices used in the LDP, offers a lease program for AHS clients. Jajszczok says clients are not obligated to use SafeTracks, but AHS felt it was important to put a partnership together because there “is definitely a place for GPS technology for home care with the right type of client and their family.”

SafeTrack’s president, Vince Morelli, says it is important to do your homework when looking into

GPS personal emergency communication devices. He says to check for certifications such as IC, FCC, PTCRB and SAR, which ensure that the device is safe to wear on an individual’s body and certified to work on a cellular network.

“If the devices are not cellular certified, they can be removed from networks without notice, leaving the individual and caregiver vulnerable,” Morelli says. “Families should make sure that the GPS emergency communication device is not reliant on a cell phone or tethered to a base station. Devices that have a base station

limits the mobility of the home-care client and will lose connection when too far away.”

Morelli also says it is important for caregivers to get the individual in the habit of wearing the GPS device during the early stages of dementia, if possible. “This is so the client begins to get used to wearing the device and the caregiver can become familiar with the features and monitoring,” he says. “If the individual’s dementia is too far progressed, the device will seem foreign, and they will not wear it.”

As the technology evolves, Morelli sees a future where significant personal health and safety information is available in real time to individuals, their families and their health-care professionals. “The technology has taken leaps and bounds and continues to move at a fast rate. Whether that is a GPS location in cases of wandering, activity levels, mental illness, notifications of a potential fall, stroke or heart attack or regular check-ups for blood pressure and heart monitoring,” he says, “all of this is achievable through advances in technology and data analytics.”

For product suggestions, connect with us at [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).

## IS LOCATOR DEVICE TECHNOLOGY RIGHT FOR YOU?

SafeTracks GPS Canada Inc. now offers a leasing program through AHS for families interested in using its TRILOC™ GPS Emergency Communication Devices. Visit, [safetracksgps.com](http://safetracksgps.com) to learn more.





# DESIGNING for DEMENTIA

New approaches to care-facility design help improve the quality of life for people with dementia

BY Shannon Cleary



Above: A participant interacts with his environment during a virtual dementia tour. Vision, touch and hearing are altered to simulate the experience of a person living with dementia.

“One of our goals is to create an environment that is familiar to [residents] and allows them to live in a more normal environment.”  
 —Jennifer McCue, president and CEO, Bethany Care Society

simulated experience of dementia. Otwinowski’s physical and cognitive abilities were altered with disorienting noise, loss of touch and blurred vision.

“It was actually amazing how we quickly forgot about some of the tasks or did them inappropriately,” he says.

Otwinowski and a team of designers, contractors and construction managers participated in the tour while beginning work on Bethany Riverview, a 210-bed care community currently under construction in southeast Calgary.

Jennifer McCue, president and CEO of the Bethany Care Society, says the virtual experience is designed to simulate the sensory challenges experienced by people with dementia.

“It helps people walk in the shoes of someone with dementia and appreciate some of the challenges in the environment,” she says.

The tour also demonstrates what anyone could guess. Poorly designed care settings can actually impede safety and aggregate stress for those living with dementia. Well-designed spaces, however, can support healing, promote autonomy and ideally decrease the need for medications as well as restraints.

According to the Alzheimer

Society of Calgary, approximately 13,000 or more people in the city and surrounding areas are living with Alzheimer’s disease or related dementias. The number of new dementia cases — for Calgary and all of Canada — is projected to increase significantly over the next 15 years.

Calgary’s current inventory of memory care spaces is mixed, with the majority of spaces in traditional settings. But, as the demand for care grows, McCue says that organizations like Bethany continue to shift away from hospital-type facilities to a more home-like approach. “One of our goals is to create an environment that is familiar to [residents] and allows them to live in a more normal environment,” McCue says.

New design approaches to care communities include a campus-like feel when it comes to building orientation, location and layout. Small, single-purpose gathering rooms are created for private use instead of large, sterile, multi-purpose spaces. Home-like kitchens, dwellings and dining rooms are designed to replicate a familiar household atmosphere. Purposeful spatial organization includes disguised exit doors and way-finding features. Wandering is a common behaviour and safety concern among people with de-

When Marek Otwinowski, an associate director with IBI Group, participated in a virtual dementia tour, he was given the simple task of pairing socks. But pairing socks — or simply finding his way around a room — became much more complicated under the





Above: An artist rendering of the 3,000-square-foot atrium being built at Bethany Riverview. This year-round space provides a vital gathering area for residents, family members, caregivers and more.

mentia, so providing a safe space for residents to roam and move about helps encourage physical activity and independence.

“These things allow people to do the activities they normally do, just in a safer, more supervised environment,” McCue says.

Bethany Riverview will also feature a 3,000-square-foot atrium, a year-round indoor space that allows residents to experience the familiar sights, smells and sounds of the outdoors within a contained environment. The project is a partnership between the Rotary Clubs

of Calgary and the Bethany Care Society and will provide a gathering space for dementia residents, family members, caregivers and the wider community.

“That is a critical feature of this building in terms of normalizing the dementia experience for our residents and our families,” says McCue. “It’s a destination within that secure environment for residents to walk freely, sit down and be with family members.”

Creating spaces that are familiar and purposefully designed can also help minimize the some-

times-devastating disruption that can occur when moving into a memory care setting.

Twyla Hayes is a founder and senior care advisor of the Life House Care Home Society, a non-profit organization addressing senior care at a community level. Life House is currently building a 10-resident, medically regulated Memory Care Home in Calgary’s northwest neighbourhood of Renfrew. The project was made possible with the help of Sano Stante Real Estate, Jovica Property Management and Jigsaw Builders.

Its inner-city location is significant. Hayes says one of the society’s goals is to prove that personal care homes can be easily constructed on standard-size lots, allowing residents to remain in their established communities. Hayes says this stimulates one of the most important aspects of dementia care — memory.

“When you’re walking around your community and can recognize things that have been in your life for decades, it holds you grounded to the reality that you know,” Hayes says. “But when you’re removed and placed in a community that you’re completely foreign to, you suddenly have no grounding measure.”

Life House is designing its personal Memory Care Home in a way that addresses the specific design needs of people experiencing symptoms of Alzheimer’s and dementia. Stimuli such as smells, sounds and colour have several roles to play in mapping residents’ behaviour. Red plates, for example, can discourage eating — a useful tool for some people

“[An institutional setting is] a very intimidating environment. A house removes that friction. People know how to use a home. People don’t know how to interact with an institutionalized setting.” —Twyla Hayes,

founder and senior care advisor, Life House Care Home Society





De Hogeweyk, a self-contained “Dementia Village” in the Netherlands is designed like a typical village complete with a park, grocery store and restaurants.



with dementia who require help in regulating their appetites.

Hayes says that the Memory Care Home will also consider the needs of families. The Alzheimer Society of Calgary suggests that for each person diagnosed with dementia, 10 to 12 individuals are directly impacted. Hayes says that a small, personalized care home removes barriers that visiting

family members often face in a typical, institutional facility.

“It’s a very intimidating environment,” Hayes says. “A house removes that friction. People know how to use a home. But people don’t know how to interact with an institutionalized setting.”

One of the premier models of dementia care is De Hogeweyk, a self-contained “Dementia Vil-

lage” in Weesp, Netherlands, with houses, public spaces, a theatre, supermarket, restaurant and outpatient care unit. The village allows residents to maintain active, familiar lifestyles while aging in a protected environment. It has



“Sensory awareness is at the heart of the design process for those with dementia. A variety of space offers choice and helps people find the right level of sensory stimulation.” –Margot Schulman, designer

been a revolutionary care concept for providers around the world.

Margot Schulman is a local designer who has visited De Hogeweyk and examined its applications in Calgary. She has a background in gerontology as well as a personal history of designing for those with cognitive impairments.

Schulman’s brother suffered a traumatic brain injury at a young age, leaving Schulman and her family to navigate Canada’s continuing care system while advocating for his personal dignity. She works passionately to create meaningful spaces that focus on what the brain can do, as opposed to what it can no longer do. Schulman believes design is part of the solution to the ensuing care needs of Canada’s aging population.

“This current model causes more suffering,” she says. “It’s undoing the honour of being born.”

Schulman says that incorporating meaningful design on even the smallest of scales can promote health, safety and independence. Configurations of windows and artwork can be used to

orient residents and trigger familiarity. The use of natural and artificial lighting helps facilitate time-of-day cues and healthy sleep habits.

“Sensory awareness is at the heart of the design process for those with dementia,” says Schulman. “A variety of space offers choice and helps people find the right level of sensory stimulation.”

Enhancing independence also improves the quality of life for dementia residents and helps alleviate frustration, embarrassment and, potentially, a downward spiral of symptoms.

Tragically, Schulman’s younger brother passed away at age 35. This is why Schulman believes that the final stages of life are a gift and an opportunity to express oneself profoundly. Even the smallest designer vision, she says, can help someone live his or her life in an easier fashion.

“Everyone wants to enjoy their life regardless of their cognitive impairment,” she says. “Everyone has the right to the right care, and families get to become family members again.”

**WHERE TO START** Alberta Health Services Community Care Access is a single-point service for you and your loved one to begin a personal care plan. Community Care can help you access the appropriate level of continuing care depending on your specific individual needs.

Alberta Health Services | 8-1-1 | [albertahealthservices.ca](http://albertahealthservices.ca)

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Brenda Strafford Centre on Aging

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**PUBLIC TALK**  
**DR JANINE WILES**

*Resilience in older age: What can we learn from older people?*

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## Dementia Related Services and Resources for Calgary and Surrounding Area

FACILITY NAME 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	PRIVATE PAY	SUBSIDIZED	PRICE 
<b>RESIDENTIAL FACILITIES</b>						
<b>AgeCare Glenmore</b>	1729 90 Ave. S.W.	(403) 253-8806	agecare.ca	✓	✓	\$
<b>AgeCare Midnapore</b>	500 Midpark Way S.E.	(403) 873-2600	agecare.ca	✓	✓	\$
<b>AgeCare Seton</b>	4963 Front St. S.E.	(403) 349-8444	agecare.ca	✓	✓	\$
<b>AgeCare SkyPointe (opening 2018)</b>	179 Skyview Shores Cres. N.E.	(403) 873-8144	hestiagroup.ca	TBC	TBC	TBC
<b>AgeCare Walden Heights</b>	250 Walden Dr. S.E.	(403) 873-4700	agecare.ca		✓	\$
<b>Aspen House Assisted Living</b>	3437 6 St. S.W.	(403) 990-3837	aspencarecalgary.com	✓		\$\$\$
<b>Auburn Heights Retirement Residence</b>	21 Auburn Bay St. S.E.	(403) 234-9695	allseniorscare.com	✓		\$-\$
<b>Beaverdam Community</b>	2012 66 Ave. S.E.	(403) 279-4623	silvera.ca		✓	\$
<b>Bethany Calgary</b>	916 18A St. N.W.	(403) 284-6000	bethanyseniors.com		✓	\$
<b>Bethany Harvest Hills</b>	19 Harvest Gold Manor N.E.	(403) 226-8200	bethanyseniors.com		✓	\$
<b>Bethany Riverview (opening 2018)</b>	2945 26 Ave. S.E.	(403) 272-8615	bethanyseniors.com		✓	\$
<b>Bow-Crest Care Centre</b>	5927 Bowness Rd. N.W.	(403) 288-2373	reveraliving.com		✓	\$
<b>Bow View Manor</b>	4628 Montgomery Blvd. N.W.	(403) 288-4446	straffordfoundation.org	✓	✓	\$-\$\$\$
<b>Carewest Signal Pointe</b>	6363 Simcoe Rd. S.W.	(403) 240-7950	carewest.ca		✓	\$
<b>Carewest Colonel Belcher</b>	1939 Veteran's Way N.W.	(403) 944-7800	carewest.ca		✓	\$
<b>Carewest Garrison Green</b>	3108 Don Ethell Blvd. S.W.	(403) 944-0100	carewest.ca		✓	\$
<b>Carewest George Boyack</b>	1203 Centre Ave. N.E.	(403) 267-2750	carewest.ca		✓	\$
<b>Carewest Rouleau Manor</b>	2206 2 St. S.W.	(403) 943-9850	carewest.ca		✓	\$
<b>Chartwell Eau Claire Care Residence</b>	301 7 St. S.W.	(587) 287-3943	chartwell.com	✓	✓	\$-\$
<b>Clifton Manor</b>	4726 8 Ave. S.E.	(403) 272-9831	straffordfoundation.org		✓	\$
<b>Edgemont, The</b>	80 Edenvold Dr. N.W.	(403) 241-8990	reveraliving.com	✓	✓	\$-\$
<b>Evanston Grand Village</b>	40 Evanston Way N.W.	(403) 274-6416	evanstongrand.ca		✓	\$
<b>Evergreen</b>	2220 162 Ave. S.W.	(403) 201-3555	reveraliving.com	✓	✓	\$-\$
<b>Extencare Cedars Villa</b>	3330 8 Ave. S.W.	(403) 249-8915	extencarecedarsvilla.com		✓	\$
<b>Extencare Hillcrest</b>	1512 8 Ave. N.W.	(403) 289-0236	extencarehillcrest.com		✓	\$
<b>Father Lacombe Care Centre</b>	270 Providence Blvd. S.E.	(403) 256-4641	fatherlacombe.ca		✓	\$
<b>Holy Cross Manor</b>	70 Evanspark Manor N.W.	(587) 230-7070	covenantcare.ca		✓	\$
<b>Intercare Brentwood Care Centre</b>	2727 16 Ave. N.W.	(403) 289-2576	intercarealberta.com		✓	\$
<b>Intercare Chinook Care Centre</b>	1261 Glenmore Tr. S.W.	(403) 252-0141	intercarealberta.com		✓	\$
<b>Intercare Southwood Care Centre</b>	211 Heritage Dr. S.E.	(403) 252-1194	intercarealberta.com		✓	\$
<b>Life House</b>	802 7 Ave. N.E.	(403) 923-9597	lifehousecares.org	✓	✓	\$-\$
<b>Maison Senior Living</b>	750 49 Ave. S.W.	(403) 476-8992	maisonseniorliving.com	✓		\$\$\$

Subsidized: Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1

Private Pay: Please contact facility for pricing and availability

\$ = Less than \$2,500/month    \$\$ = \$2,500-5,000/month    \$\$\$ = More than \$5,000/month    \*Confirm pricing with individual facilities



<b>Manor Village at The Groves of Varsity, The (Opening 2018)</b>	5353 Crowchild Tr. N.W.	(403) 286-7117	themanorvillage.com	✓	✓	\$-\$\$
<b>Manor Village at Fish Creek Park, The</b>	14623 Shawnee Gate S.W.	(403) 918-2127	themanorvillage.com	✓	✓	\$-\$\$
<b>Mayfair Care Centre</b>	8240 Collicutt St. S.W.	(403) 252-4445	mayfaircarecentre.com	✓	✓	\$
<b>McKenzie Towne Care Centre</b>	80 Promenade Way S.E.	(403) 508-9808	reveraliving.com	✓	✓	\$
<b>McKenzie Towne Retirement Residence</b>	20 Promenade Park S.E.	(403) 257-9331	reveraliving.com	✓	✓	\$-\$\$
<b>Millrise Seniors Village</b>	14911 5th St. S.W.	(403) 410-9155	retirementconcepts.com	✓	✓	\$
<b>Monterey Seniors Village</b>	4288 Catalina Blvd. N.E.	(403) 207-2929	retirementconcepts.com	✓	✓	\$
<b>Mount Royal Care Centre</b>	1813 9 St. S.W.	(403) 244-8994	reveraliving.com	✓	✓	\$
<b>Newport Harbour Care Centre</b>	10 Country Village Cove, N.E.	(403) 567-5100	newportharbourcarecentre.com	✓	✓	\$-\$\$
<b>Prince of Peace Retirement Residence</b>	285030 Luther Rose Blvd. N.E.	(403) 285-5080	verveseniorliving.com	✓	✓	\$-\$\$
<b>Providence Care Centre</b>	149 Providence Blvd. S.E.	(587) 393-1350	fatherlacombe.ca	✓	✓	\$
<b>Rocky Ridge Retirement Community</b>	10715 Rocky Ridge Blvd. N.W.	(403) 930-4848	rockyridgeretirement.com	✓	✓	\$
<b>Sage Hill Retirement Residence</b>	6 Sage Hill Gardens N.W.	(403) 455-2273	allseniorscare.com	✓	✓	\$-\$\$
<b>Scenic Acres Retirement Residence</b>	150 Scotia Landing N.W.	(403) 208-0338	reveraliving.com	✓	✓	\$-\$\$
<b>St. Marguerite Manor</b>	110 Evanspark Manor N.W.	(587) 955-9788	covenantcare.ca	✓	✓	\$
<b>St. Teresa Place</b>	10 Redstone Pl. N.E.	(587) 619-7116	covenantcare.ca	✓	✓	\$
<b>Staywell Manor Village at Garrison Woods</b>	174 Ypres Green S.W.	(403) 242-4688	themanorvillage.com	✓	✓	\$-\$\$
<b>Swan Evergreen Village by Origin</b>	2635 Eversyde Ave. S.W.	(587) 481-6638	originswanevergreen.ca	✓	✓	\$
<b>United Active Living Fish Creek North</b>	51 Providence Blvd. S.E.	(587) 481-7907	unitedactiveliving.com	✓	✓	\$-\$\$\$
<b>United Active Living Garrison Green</b>	3028 Don Ethell Blvd. S.W.	(403) 685-7200	unitedactiveliving.com	✓	✓	\$-\$\$
<b>Wentworth Manor</b>	5717 14th Ave. S.W.	(403) 245-5005	straffordfoundation.org	✓	✓	\$-\$\$
<b>Westman Village Journey Club (opening 2018)</b>	3132 118 Ave. S.E.	(403) 723-8411	westmanvillage.com	✓	✓	\$\$\$
<b>Whitehorn Village</b>	5200 44 Ave. N.E.	(403) 271-2277	whitehornvillage.com	✓	✓	\$
<b>Wing Kei Care Centre</b>	1212 Centre St. N.E.	(403) 277-7433	wingkeicarecentre.org	✓	✓	\$
<b>Wing Kei Greenview</b>	307 35 Ave. N.E.	(403) 520-0400	wingkeicarecentre.org	✓	✓	\$





**Share your questions and comments with us at [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca)**

<b>OUT OF TOWN</b>						
<b>AgeCare Sagewood</b>	140 Cambridge Glen Dr., Strathmore	(403) 361-8000	agecare.ca	✓	✓	\$
<b>Aspen Ridge Lodge</b>	1100 20 Ave., Didsbury	(403) 335-9848	mvsh.ca	✓	✓	\$
<b>Bethany Didsbury</b>	1201 15 Ave., Didsbury	(403) 335-4775	bethanyseniors.com	✓	✓	\$
<b>Meadowlark Senior Care Home</b>	203 Hillcrest Blvd., Strathmore	(403) 934-5294	meadowlarkcare.com	✓	✓	\$-\$\$
<b>Orgin at Spring Creek</b>	808 Spring Creek Dr., Canmore	(403) 678-2288	originspringcreek.ca	✓	✓	\$\$\$
<b>Silver Willow Lodge</b>	2007 22 Ave., Nanton	(403) 646-2660	mosquitocreekfoundation.ca	✓	✓	\$
<b>Tudor Manor</b>	200 Sandstone Dr., Okotoks	(403) 995-9540	straffordfoundation.org	✓	✓	\$
<b>Sunrise Village High River</b>	660 7 St., High River	(403) 652-1581	www.sunrisevillages.com	✓	✓	\$


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**\$** = Less than \$2,500/month **\$\$** = \$2,500-5,000/month **\$\$\$** = More than \$5,000/month **\*Confirm pricing with individual facilities**

FACILITY NAME 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	PUBLIC	PRIVATE
<b>OVERNIGHT RESPITE - Assessment Required</b>					
<b>AgeCare Glenmore</b>	1729 90 Ave. S.W.	(403) 253-8806	agecare.ca	✓	
<b>Auburn Heights Retirement Residence</b>	21 Auburn Bay St. S.E.	(403) 234-9695	allseniorscare.com		✓
<b>Carewest Colonel Belcher</b>	1939 Veteran's Way N.W.	(403)-944-7800	carewest.ca	✓	
<b>Carewest Sarcee</b>	3504 Sarcee Rd. S.W.	(403) 686-8140	carewest.ca	✓	
<b>Carewest Signal Pointe</b>	6363 Simcoe Rd. S.W.	(403) 240-7950	carewest.ca	✓	
<b>Evergreen</b>	2220 162 Ave. S.W.	(403) 201-3555	reveraliving.com		✓
<b>Life House</b>	802 7 Ave. N.E.	(403) 923-9597	lifehousecares.org		✓
<b>McKenzie Towne Retirement Residence</b>	20 Promenade Park S.E.	(403) 257-9331	reveraliving.com		✓
<b>Wentworth Manor</b>	5717 14 Ave. S.W.	(403) 242-5005	straffordfoundation.org		✓






**Public:** Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1  
**Private:** Please contact facility for pricing and availability

PROGRAM NAME 	PROGRAM DETAILS 	PHONE NUMBER 	E-MAIL 	HOURS 	DATES 
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<b>CAREPARTNER SUPPORT - Registration Required</b>					
<b>Alzheimer Society of Calgary</b>	N.W. location	(403) 290-0110	findsupport@alzheimercalgary.com	10 a.m.-11:30 a.m.	2 <sup>nd</sup> & 4 <sup>th</sup> Wed monthly
	S.W. location	(403) 290-0110	findsupport@alzheimercalgary.com	7 p.m.-8:30 p.m.	1 <sup>st</sup> Th of each month
	Varsity location	(403) 290-0110	findsupport@alzheimercalgary.com	10:30 a.m.-12 p.m.	3 <sup>rd</sup> Th of each month
<b>Calgary N.E. Dementia Support Group</b>	Dementia-specific support.	(403) 273-2371		Times vary	Dates vary
<b>Calgary South Dementia Support Group</b>	Dementia-specific support.	(403) 271-9570		10 a.m.-11:30 a.m.	2 <sup>nd</sup> & 4 <sup>th</sup> Th of each month
<b>Memory P.L.U.S.</b>	Safe, fun, social activities for those with mild dementia and their care partners.	(403) 955-1674	charlene.retzlaff@ahs.ca	2 hr sessions,	Fall/Spring sessions 12 week program
<b>Movement P.L.U.S.</b>	Fall prevention, exercise and social program for those with mild dementia and their care partners.	(403) 955-1674	rene.engel@ahs.ca	75 minute sessions, day and times vary 12 week program	Fall/Spring sessions
<b>Dementia Support</b>	Dementia-specific support. Southwood United Church, 10690 Elbow Dr. S.W.	(403) 253-2979	southwoodchurch.ca	1 p.m.	1 <sup>st</sup> Mon of each month
<b>Young Onset Dementia Support Group</b>	Open to those affected by young onset dementia. Southwood United Church 10690 Elbow Dr. S.W.	(403) 975-6685 (403) 283-9537	facebook.com/youngonsetdementia supportgroup/	7 p.m.-8:30 p.m.	1 <sup>st</sup> & 3 <sup>rd</sup> Tue of each month

**\*Confirm dates and times with individual programs**



FACILITY NAME 	PROGRAM NAME 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	PUBLIC	PRIVATE
<b>ADULT DAY PROGRAMS</b>						
<b>AgeCare Glenmore</b>	AHS Adult Day Program	1729 90 Ave. S.W.	(403) 640-8748	agecare.ca	✓	
<b>AgeCare Midnapore</b>	AHS Adult Day Program	500 Midpark Way S.E.	(403) 873-2852	agecare.ca	✓	
<b>Auburn Heights Retirement Residence</b>	Young Onset Dementia Day Program	21 Auburn Bay St. S.E.	(403) 234-9695	allseniorscare.com		✓
<b>Beaverdam Lodge</b>	Club 36 Adult Day Program	2012 66 Ave. S.E.	(403) 255-0700	alzheimercalgary.ca	✓	
<b>Bethany Harvest Hills</b>	Club 36 Adult Day Program	19 Harvest Gold Manor N.E.	(403) 226-8201	alzheimercalgary.ca	✓	
<b>Bow View Manor</b>	AHS Adult Day Program	4628 Montgomery Blvd. N.W.	(403) 286-6166	straffordfoundation.org	✓	
<b>Calgary Chinese Citizens Elderly Association</b>	Wing Kei Dementia Day Program <b>*Intended for clients who speak Chinese</b>	111 Riverfront Ave. S.W.	(403) 277-7433	wingkeicarecentre.org	✓	
<b>Carewest Beddington</b>	Comprehensive Community Care (C3)	308, 8120 Beddington Blvd. N.W.	(403) 520-3350	carewest.ca		
<b>Carewest Colonel Belcher</b>	Wellness Day Program	1939 Veteran's Way N.W.	(403) 944-7854	carewest.ca	✓	
<b>Carewest Glenmore Park Day Hospital</b>	Living with Dementia	6909 14 St. S.W.	(403) 640-6480	carewest.ca	✓	
<b>Carewest Sarcee</b>	Comprehensive Community Care (C3)	3504 Sarcee Rd. S.W.	(403) 686-8140	carewest.ca		
<b>Carewest Signal Pointe</b>	AHS Adult Day Program	6363 Simcoe Rd. SW	(403) 240-7953	carewest.ca	✓	
<b>Clifton Manor</b>	AHS Adult Day Program	4726 8 Ave. S.E.	(403) 204-9969	straffordfoundation.org	✓	
<b>St. Andrew's United Church</b>	Side by Side Fellowship	703 Heritage Dr. S.W.	(403) 861-0781	standrewscalgary.ca		✓
<b>Varsity Acres Presbyterian Church</b>	Side by Side Fellowship	4612 Varsity Dr. N.W.	(403) 288-0544	vapc.ca		✓
<b>Wentworth Manor</b>	AHS Adult Day Program	5717 14 Ave. S.W.	(403) 242-5005	straffordfoundation.org	✓	
<b>YouQuest</b>	Young Onset Dementia Daytime Wellness Program		(403) 255-7018	youquest.ca		✓
<b>Public:</b> Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1 <b>Private:</b> Please contact facility for pricing and availability						

**These listings are intended to be a starting point for available resources.**



## Questions? Feedback? Stories to Share?

**Write to us:** [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca)

Connect with us online at  
[dementiaconnections.ca](http://dementiaconnections.ca)

Brian Taylor, who is also an accomplished artist, in his Calgary living room. On the wall behind him are four of his paintings of Fish Creek Park.

## BRIAN'S STORY

[AS TOLD TO] Mae Kroeis  
PHOTOGRAPHY BY Erin Brooke Burns

In his long-standing career as a speechwriter and public speaker, Brian Taylor was known for leaping across rooms, cracking jokes and coaching the Calgary Stampede princesses. Taylor was diagnosed with dementia in 2014 and his sense of humour has continued to serve him well. The 85-year-old shares how his signature positive attitude has helped shape his experience living with the disease, including spreading levity at the Alzheimer Society of Calgary's Club 36, where he's been a member since 2014, or spending time at home with his wife, Rita.

**I**'d always have humour in the speeches I wrote. I believe it's essential.

I suppose I use humour as a distraction from my diagnosis, which I don't really know about because I got it second-hand from my wife.


Normally I don't think it gets me down. Once in a while I'll be looking for something or I know I'm going to make coffee, but then I don't know whether I made it or not. Sometimes the confusion appears to clear up or I take more time with what I'm doing. If you're rushing around, it gets overwhelming and

something has got to go and it's usually something in your mind. But that's enough about the negative things.

I enjoy quite a bit about my life now. I'm very rarely depressed. There's got to be a reason for it, like when I lost the car. I'm driven around now by my wife, which I deserve and I cover my eyes. But I'd be lost without her help. There, I've admitted it.

I go to Club 36 twice a week. The staff is most anxious to help. What a difference it makes when you can just talk to people, and whether they agree or not at least they will listen and nod.

"I'd always have humour in the speeches I wrote. I believe it's essential. I suppose I use humour as a distraction from my diagnosis."

You can see a lot of serious and sour faces at Club 36, but I'm willing to talk to them about it. I've got a sense of humour I can use to relate to people who are looking sad and don't know what to do about it. The first laugh is always the hard one, and if they sustain being miserable I'll come back at it again but I won't give up. I'm the kind of guy I have enough humorous lines that I can go on for weeks. And I do. 

Share your story with us at  
[feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).



# Proactive Seniors

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**Support family  
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## SERVICES AND SUPPORTS PLAN

- Facilitated family discussion
- Assessment of current and future care needs
- Detailed plan of when, how and who to access for support



## SUCCESS AT HOME

- Stay at home with modifications and support
- Best-fit retirement residence identification and relocation
- Shared home set-up and support



## DEMENTIA NAVIGATION

- Way-finding for assessment and supportive services
- Best-fit residential Memory Care options
- Caregiver support planning

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