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ALBERTA ASSOCIATION ON GERONTOLOGY

Improving the Lives of Older Albertans

AAG Communique - December 2025

Thank you for a great year!
Wishing members, colleagues and partners the best of the holiday season.
Looking forward to working with you in 2026!

Celebrating Collective Impact: Alberta's Advantage

The **Tamarack Institute** defines "**Collective impact as a disciplined, cross-sector approach to solving complex issues on a larger scale**."

--Exactly what Alberta needs and is getting!

Tamarack sets out 5 conditions for collective impact, with some perspectives from a provincial perspectives (the side bar shows community applications):

Collective Impact is well-established in Alberta, with communities using backbone organizations, shared goals, and cross-sector collaboration to address complex social issues.

1. A Shared Vision –Alberta's expectations for a refocused health system are clear; the reorganization into Assisted Living Alberta and the Ministry of Assisted Living and Seniors Services provides new opportunities for an agenda of change.

2. Shared Measurement—a work in progress. It will be interesting to follow developments from Health Quality Alberta with their new framework for an integrated health system.

3. Mutually Reinforcing Activities—we have a wealth of collaborative initiatives across Alberta.
--As noted below, **AAG** celebrates completion of three cross-sector initiatives in 2025—with resources to support ongoing change on the AAG website.
--KUDOS to the **Caregiver Strategy** championed by UofA Family Medicine (Drs Parmar and Sharon Anderson) for their all-encompassing engagement to develop and implement strategies to enhance engagement and support for family caregivers. **Check out why this is so important in this issue of AAG Communique!**

4. Continuous Communications—updates from ALA are appreciated.
--**AAG** is pleased to continue our focus our **Futures Policy Forum** with regular meetings of the Stakeholders Collaborative Committee, a cross-sector group of 40 leaders sharing information about change initiatives and discussing key transformation topics.

5. Backbone Support - Alberta is fortunate to have strong sector-focused associations (**Healthy Aging Alberta, ASCHA, ACCA, CHAA**) as well as resource organizations like **Caregivers Alberta, Alzheimer Associations across Alberta!**

- We celebrate the learning at annual conferences in 2025: ASCHA in March, CHAA in May, Health Aging Summit & ACCA in October!
- Congratulations to **ICCER** that is re-establishing its presence with its new Executive Director, Kelly Baskerville.
- **AAG continues its 50th year, having started in 1975 as an interdisciplinary, member-based, not-for-profit organization committed**

Edmonton - PEGASIS

Seniors-focused initiative reducing social isolation.

- **Backbone** - Edmonton Seniors Coordinating Council (ESCC)

Calgary-Enough For All

City-wide poverty reduction strategy.

- **Backbone** - Vibrant Communities Calgary (VCC).

Dementia Network Calgary

Shared city-wide strategy supporting people living with dementia and their care partners.

Overall: Alberta communities are already demonstrating the core conditions of Collective Impact -- shared vision, shared measurement, and mutually reinforcing activities -- to drive meaningful, system-level change.

to advocacy and collaborative action to advance healthy aging for older Albertans.

AAG & Partners: Collaborative Initiatives 2025!

1. Championing Person-Centered Care and Innovation in Community and Continuing Care

- **Leaders Forum, "Still Me" –Creating Inclusive Environments for Persons Living with Dementia, May 28th, in collaboration with Alzheimer Calgary and 13 financial contributors!**

▪ 180 registrants came together to explore strategies to enhance person-centered practices for persons living with dementia, individuals who are projected to be the largest number of persons –with their caregivers—needing support in a growing and aging population.

▪ We were privileged to have Dr. Al Power, an internationally known champion for inclusion for persons living with dementia, as a keynote speaker, along with Suellen Beatty, a Canadian expert in culture change, and a range of provincial leaders sharing their expertise for change.

▪ **Check out AAG's Website for the Still Me Leaders Forum Report and slides from our speakers.**

- **Next Practices for Population -Focused Care & Environments in Continuing Care-Communities for Wellbeing, November 24 & 25th, in collaboration with presenting sponsors BSF/CLIQ and Good Samaritan Society, along with 4 event sponsors and ICCER as an implementation sponsor!**

▪ This was a follow-up to one of the recommendations from Still Me, namely enhancing environments for living PLUS advancing thinking and practice to respond to Alberta's imperative related to Alternative Level of Care individuals in hospital.

▪ **Day One** involved 90 participants learning from a national expert, Robert Wrublowski, about strategies to modernize existing care centres and provincial colleagues.

-During the day, we learned about work to desegregate care for Persons Living with Dementia and to develop programs to support persons with complex dementia care needs and mental health and addiction—two emerging priorities in Alberta, generally and for ALC. We were inspired with evidence and approaches to modernize existing care centres by keynote speaker Robert Wrublowski.

-We received a glimpse of possibilities with new care centre builds in Alberta—all focused on creating new value, including demonstrating the opportunities for rural cross-sector collaboration and innovation with the "small homes concept".

Presentations of community programs to support "aging in the right place" (CHOICE, Adult Day Programs), either ongoing to prevent admissions to hospital

or as transitions from hospital or when care needs change completed the learning. These programs are essential strategies in capacity planning with their unique ability to support individuals with needs & caregivers. --In closing, we were challenged by Suellen Beatty to "move to Communities for Living where Institutions Once Stood".

▪ **Day Two was a unique experience—a study tour** with 50 participants on a bus to GSS South Ridge Village in Medicine Hat, for **GSS' Innovation Day re "Small Homes Reimagined".** --We learned about the history of small homes development in Alberta—nearly 400 spaces since GSS developed the first small home (their cottage model) in 1992 (Wedman House in Edmonton). Much has changed since 1992!

GSS's team reported on their research project with Healthcare Excellence Canada which is updating care practices to support changing care needs, enhancing clarity for the multi-skilled workers and modernizing the care environment. This strategy has proven benefits to enhance resident/family satisfaction, increase flexibility in serving different resident populations, and enhance staff recruitment & retention (cross-reference Green House in the US and National Institute on Aging).

Participants reflected on opportunities and challenges with this approach; learning is important to inform capacity planning, continuing care funding, and capital development in Alberta.

▪ **Watch the AAG website in January for news about a potential webinar on the EASE Framework, Robert Wrybowski's tool to guide modernization of care centres and keynote addresses and the Next Practices Report.**

2. Advancing Community Ecosystem Development: Local Community Ecosystem Activation—Impacting the Wellbeing of Older Albertans, with Healthy Aging Alberta

- This project was completed between April and September 2025 and involved a case study with 9 communities in Alberta to identify promising practices for community engagement and creating connected communities. This project was completed with funds from Alberta Health Continuing Care and in-kind funds from AAG, plus in-kind support from Healthy Aging Alberta Regional Developers.
- Results were presented at the Healthy Aging Summit, with over 400 attendees receiving the project report and guide to local community work.
- The power of community engagement and collective effort was SO visible in the nine study communities and with the energy of the Healthy Aging Alberta Summit!
- Connections made at the Summit were mentioned at the Next Practices Forum—as we collectively work to enhance local decision-making and enhance community capacity for well-being.

Check out the AAG website in January for the Report and 4-page guide to Action.

AAG Thanks Partners Whose Financial Contributions Made the Still Me Leaders Forum and Next Practices Forum Possible:

Still Me Leaders Forum: Alberta Blue Cross, Caregiver Centered Care, ACCA, ASCHA, CHAA, Spark Memory Living by Optima, Carol Blair & Associates, Capital Care Foundation, COURAGE, Bayshore Health, Lifestyle Options, Good Samaritan Society, Meaningful Care Matters, Personal Donation-Lisa Poole + Education Contributors-AGNA, Mt Royal University Centre for Health & Innovation in Aging

Next Practices Forum: Presenting Sponsors-Good Samaritan Society and BSF/CLIQ; Contributors-AgeCare, Bethany Care, Alzheimer Calgary, Extendicare + Implementation Contributor-ICCER

What's New? Research & Reports

Griffin et al. A major new study shows that caregiver preparedness and distress, not patient complexity is the true foundation of safe, successful hospital-to-home transitions.

Dai & McGrenere (Fintech & Cognitive Transitions) New University of British Columbia research reveals how shifting cognition and family dynamics make financial management a shared labour, and why today's current financial policies do not support shared management.

Alberta White Papers Fresh reports from Alberta associations spotlight staffing pressures, safety risks, and real caregiver experiences, underscoring an urgent need for system-wide, caregiver-centered action.

Family Caregiver Readiness: A Missing Foundation in Safe Hospital-to-Home Transitions

Transitions from hospital to home are among the most vulnerable moments in a patient's care

journey—especially for people living with serious or life-limiting illness. In these transitions, **family caregivers are the linchpin**: the people who monitor symptoms, manage new or complex medications, coordinate follow-up appointments, and provide essential emotional and practical support. Yet health systems continue to assume that caregivers are prepared to shoulder these responsibilities without assessing their readiness to do so.

A new study by Griffin and colleagues (2025) powerfully challenges that assumption. Drawing on data from a randomized controlled trial involving 231 caregivers of hospitalized adults receiving palliative care consultations, the study examined what truly predicts caregiver readiness for discharge. The research asked a critical question: Can caregiver readiness be inferred from patient

characteristics in the electronic health record (EHR), or must we directly assess the caregiver?

Caregiver Factors—Not Patient Factors—Drive Readiness

The study's findings are unequivocal. **Patient characteristics—age, comorbidities, discharge complexity, and other EHR-based indicators—did not meaningfully predict caregiver readiness**. Even when patients had high mortality risk or complex discharge planning needs, these variables explained virtually none of the variation in how prepared caregivers felt.

Instead, caregiver readiness was strongly tied to **caregiver-level factors**:

- **Depressive symptoms** (higher depression = lower readiness)
- **Quality of the caregiver–patient relationship**
- **Hours of caregiving prior to hospitalization** (more hours = greater readiness)

Together, these factors explained nearly **30% of the variance** in readiness—far more than any patient-related indicators.

The average readiness score across the sample was low, underscoring the reality that many caregivers step into the discharge moment underprepared, emotionally strained, and without adequate support.

Why This Matters for Transitions in Alberta

The study highlights a critical gap in health system practice: **we cannot assume readiness based on patient data alone**. For gerontological care and continuing care in Alberta, where caregivers are central to aging-in-place strategies and to reducing avoidable hospital use, this insight is especially timely.

Key implications include:

1. Caregiver readiness is a determinant of safe transitions. Low readiness is associated with medication errors, delayed follow-up, and preventable readmissions.

2. Experienced caregivers fare better. Those who had been providing many hours of care before hospitalization felt more capable, suggesting that new caregivers may require additional guidance, training, and supports.

3. Caregiver mental health matters. Depression was one of the strongest predictors of low readiness, reinforcing that caregiver well-being directly influences patient outcomes.

4. Relationship quality is a protective factor. Stronger caregiver–patient relationships were associated with significantly better readiness.

Moving From Policy to Practice

Across the United States, policies now require hospitals to identify family caregivers and inform them of discharge plans. The authors argue that this must be paired with **systematic, brief caregiver assessments** that capture emotional health, relationship quality, available support, and caregiving experience.

For Alberta, now advancing its own Caregiver Strategy and Caregiver-Centered Care initiatives, this study provides clear direction:

If we want safer care, better transitions, and fewer crises, we must assess caregiver readiness early and meaningfully, and we must ensure caregivers receive tailored support before the patient leaves the hospital. Family caregivers are not an afterthought in transitions—they are the foundation.

Read the paper: Griffin, J.M.,et al. Assessing Family Caregiver Readiness for Hospital Discharge of Patients With Serious or Life-Limiting Illness Using Electronic Health Record (EHR) and Self-Reported Data. Health Serv Res **2025**, 60, e14441, https://pubmed.ncbi.nlm.nih.gov/39871699/

Financial Transitions, Cognitive Change, and the Hidden Work of Care: Designing Fintech that Actually Supports Older Adults and Their Families

As older adults navigate life transitions—retirement, cognitive changes, health events, bereavement—their financial lives also become more complex. Increasingly, everyday banking and bill payments happen through digital systems that presume stable cognition, strong digital literacy, and consistent access to support. In reality, older adults often manage finances in **interdependent partnerships** with family members, neighbours, or community workers. Yet current financial technologies rarely reflect this collaborative ecosystem.

A new CHI 2025 study by Dai and McGrenere offers an unusually rich window into this complexity. Through co-designed personas, scenarios, and design critiques with 17 older adults, five family caregivers, and five professionals, the researchers explore **what digital financial support should look like when cognition shifts, roles change, and autonomy and safety must be held together—not traded off**.

Finances Are Social, Not Solitary—But Current Tech Pretends Otherwise

Participants described banking as deeply social. Some went to the bank for human contact. Others preferred asking neighbours—not family—for fintech help because it felt less exposing, less conflict-laden, or simply more convenient. Privacy concerns were often not about institutions, but about **family dynamics**: older adults wanted help, but not surveillance.

This mattered especially in moments of public embarrassment: forgetting a PIN under pressure, holding up a grocery line, or receiving a suspicious text message. These moments—so routine for designers—were described as **viscerally stressful** for older adults and their care partners.

"Older adults don't need simpler apps. The need financial systems that recognize interdependence, protect autonomy, and support the real partnerships with family, neighbors, and community that keep them safe."

Financial Transitions Mirror Cognitive Transitions

One of the study's most important insights is that **financial management naturally shifts hands over time**—from parents to adult children, from spouses to neighbors, from independent older adults to informal care partners. These transitions are often unplanned and emotionally fraught.

Participants described:

- The desire to protect autonomy "for as long as possible"
- The fear of burdening children
- Distress when a loved one's cognitive changes complicate finances
- The risks of waiting too long to plan—leading to crisis, conflict, or exploitation

Caregivers often became de facto financial managers without preparation, support, or legal frameworks that matched the realities of daily life.

Older Adults Want Support—but on Their Terms

Participants embraced help that was:

- **Timely** (e.g., live chat or trusted humans to de-escalate panic about fraud)
- **Targeted** (help only when needed, not constant oversight)
- **Adjustable over time** as cognition or confidence fluctuated
- **Community-anchored**, not limited to family members

They resisted help that felt:

- Overly automatic
- Invasive
- "All or nothing" (full delegation or total independence)

What This Means for Design—and for Aging Policy

The authors propose a future of **layered fintech support networks**: care partners, neighbours, community workers, and digital assistants working together—with safeguards, transparency, and flexible permissions.

For aging policy, the message is clear:

- Financial vulnerability increases as cognition shifts.
- Informal care partners are already performing significant hidden financial labour.
- Systems should prepare for gradual transition before crisis hits.
- Technology can strengthen—not replace—human relationships of trust.

In short, **older adults don't need simpler apps—they need systems that honour interdependence, protect autonomy, and acknowledge the collaborative nature of financial care**.

This article offers a compelling vision for fintech as part of a broader age-friendly ecosystem: one where older adults remain financial citizens, not passive dependents, and where families and communities are equipped—not left on their own—to support safe, dignified participation.

Read the Article Dai, J.; McGrenere, J.; ACM. Envisioning Financial Technology Support for Older Adults Through Cognitive and Life Transitions. In Proceedings of the 2025 Conference on Human Factors in Computing Systems-CHI, Yokohama, JAPAN, Apr 26–May 01 2025. Email info@albertaaging.ca for the full paper.

Alberta White Papers and Reports

Continuing Care Safety Association Staff Shortages and Their Impact on Health and Safety in CC, SSL and CFS November 12, 2025: https://continuingcaresafety.ca/staff-shortages-and-their-impact-on-health-and-safety-in-cc-ssl-and-cfs/

Alberta Continuing Care Association: Invest in Alberta's Continuing Care: Think Tank Event Summary Report Sep 08, 2025 https://www.ab-cca.ca/newswire/news/post/iacc-think-tank-summary-report

Imagine Citizens: Care Opinion Story "My Husband's Home at Bethany CollegeSide" https://www.careopinion.ca/362

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