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ALBERTA ASSOCIATION ON GERONTOLOGY

Improving the Lives of Older Albertans

AAG Communique - Spring 2026

Spring, Change, and the Shift Toward Person-Shaped Care

Spring is a time of change—new beginnings and hope. It invites us to reflect on growth, renewal, and the ways we move forward together. At the International Foundation on Integrated Care Conference in Birmingham, Dr. Clenton Farquharson challenged us to rethink how change happens in care systems. He described person-centered care as something that is often done for or to people and called instead for person-shaped care.

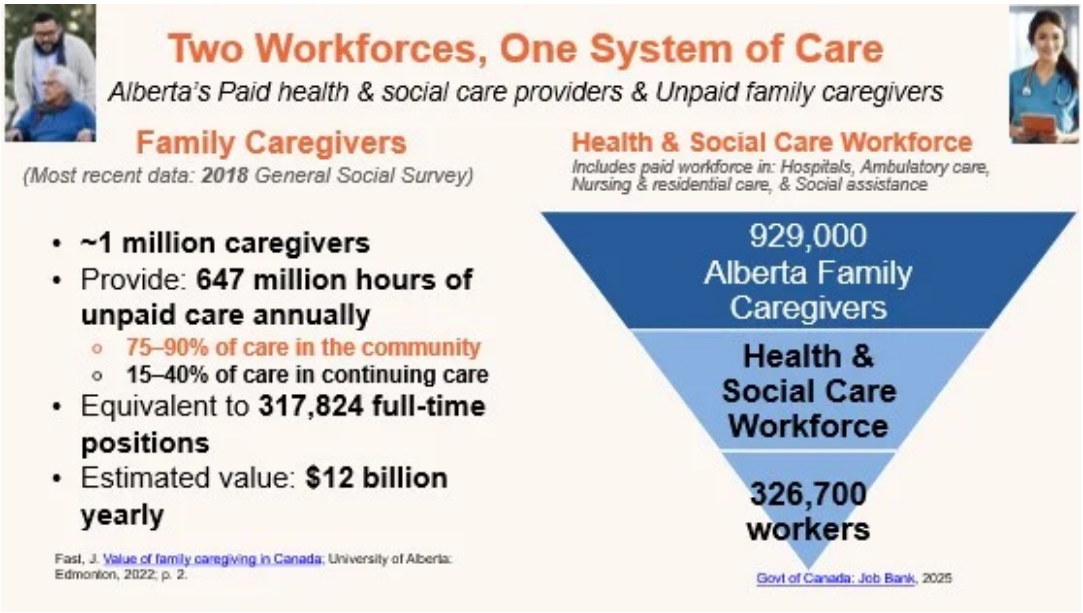
Person-shaped care is created with citizens and family caregivers as partners. In moving forward with person-shaped care, we were also challenged by persons with lived experience to be regarded as “experts through experience’ and “peer workers”!

Across this issue, a shared message emerges. People are at the heart of what we do. Whether we are exploring the role of emotion, the importance of confidence, or the power of relationships, change is not driven by information alone. “Taken together, these perspectives

remind us that change is not something we deliver to people. It is something that grows through them—through emotion, confidence, and the relationships that connect us."

AAG's Stakeholder Collaborative Committee Explores Opportunities to Strengthen Experiences for People

A. Did you know that the largest "workforce" are family caregivers?



B. At our March 2026 meeting, 3 takeaways stand out regarding progress since AAG's Workforce Think Tank in December 2022:

1. **Significant progress is being made in increasing the supply of health professionals** by expanding enrollment in education programs, new programs for foreign -trained professionals, and innovation to distribute education into rural Alberta. Kudos to CHAA for launching an innovative apprenticeship program with NorQuest College and the University of Calgary Nursing for their rural programs.
2. **New opportunities are emerging in Alberta to change the way we work, support practice change with technology, and applied research.** Brenda Strafford Foundation/CLIQ is showing the way to support the workforce with technology–we look forward to more discussions on this as a system with the upcoming Road Map to modernize Community and Continuing Care. Reestablishment of ICCER is an opportunity for shared learning and demonstration of new staffing models and approaches to practice.
3. **The Journey Continues: Gaps Remain**. Care hours in community and continuing care have not kept pace with increasing care needs, negatively impacting quality of care, staff work satisfaction & retention and ability to respond to pressures of alternative level of care needs. The case management model in Continuing Care Homes B with responsibilities in Home Care, not the on-site team, creates gaps in communication.

and effective term work, negatively impacting quality, resident and family communication, and staff working environments.

SCC Discussions in April focused on Integrating Initiatives for Caregiver Support using learning from Health Quality Alberta and their framework for a person-centered, integrated health system. Imagine the power of connecting "best efforts by everyone" for a sustainable system of supports that will underpin success to refocus Alberta's health system.

Kudos to exemplars –connect with them to learn more:

1. The power of connected community teams: Calgary Dementia Clinic and Allison McKelvey-Jozsa share their work of embedding Caregiver-Centered Care Education and Practices across their team and partners . It was powerful to see the early impact, a reported 11% reduction in complaints, along reductions in leadership and healthcare aide distress.

2. The opportunities when community services (Caregivers Alberta) combine with acute care (Covenant Health) to enhance communication and proactively plan transitions from hospital to home.

3. The impact on teamwork with residents and families and positive relationships, by implementing Caregiver-Centered Care practices (AGECARE, Seton), and highlighting the importance of supporting double-duty caregivers.

See Grace Su, Executive Director, Agecare Seton, speak about the benefits of partnering with family caregivers in continuing care homes. View the video

Alson McKelvey- Jozsa presented at the SCC on education for health providers in home and community care. View the video

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Dr. Alika Lafontaine: From Anger to Outrage—and What Comes Next

Dr. Alika Lafontaine's talk at Covenant Health's Engaged and Empowered Person-Centered Summit offered something rare: a way to sit with anger without being consumed by it, and a way to understand how it can transform into something far more corrosive.

Drawing on ideas from his new book, The Outrage Cure, he challenged a common assumption that anger is the problem. Instead, he reframed anger as a signal. It is a human and necessary response to crisis, calling attention to harm, unmet needs, and the urgency of change. At its best, anger can focus people and move them toward solutions.

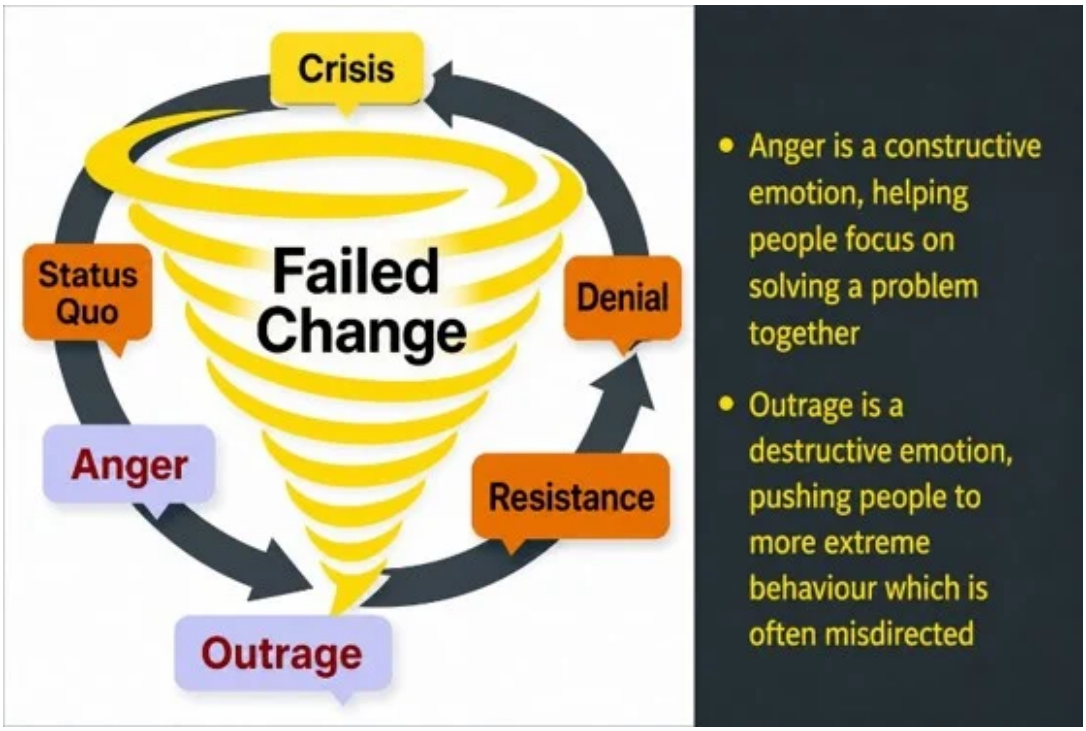
The deeper insight came in what happens when those problems go unresolved.

Repeated failures to listen, act, and repair can turn anger into outrage. Unlike anger, outrage does not invite collaboration. It isolates and distorts, often leading to more extreme and misdirected responses. In healthcare and social systems, this progression feels familiar.

What begins as a call for help can harden into a sense of betrayal. When people feel unheard or unseen, it is not just a missed interaction. It is a missed opportunity to respond before anger escalates. In this sense, outrage reflects a breakdown in relationships and systems.

Dr. Lafontaine did not offer simple solutions. Instead, he posed difficult questions. What happens when anger stops moving us forward? What do we do when outrage becomes the harm itself?

A powerful thread throughout the talk was the distinction between "pain that heals" and "pain that spreads." In a care-focused context, this suggests that person-centered practice is not only about responding to needs, but also about recognizing emotional trajectories and intervening early.



What lingered was an invitation. To reflect on what we carry and how it shapes our interactions with patients, families, colleagues, and systems. And to consider what it might take to set some of that weight down.

It was a timely reminder that while the world offers many reasons for outrage, we deserve more than what it leaves behind. So do the people and systems we are trying to care for.

Read the book and article:

- The Outrage Cure: How Overcoming Anger and Betrayal Can Transform the Way We Live, Connect and Heal
- Dr. Alika Lafontaine's Globe and Mail Opinion Article

Can Technology Help Us Age at Home? What Older Adults Are Telling Us

Across Alberta, there's a shared goal: helping people stay in their homes longer, safely and with a good quality of life.

Technology is often part of that conversation. But what actually helps older adults use it in their daily lives?

A recent study by Calder and colleagues offers some practical insight. Rather than focusing only on devices, the study looked at how older adults learn about technology

—and what helps them feel comfortable using it.

At the center of the study was a program called Connected Communities. Small groups of older adults took part in hands-on sessions led by an occupational therapist. They explored everyday tools like smart speakers, home security systems, lighting controls, and health-monitoring devices.

The key difference? They didn't just hear about the technology—they tried it.

Confidence changes everything

One of the clearest takeaways is that

Technology, Confidence, and Aging in Place

"It wasn't just about the technology -- it was about having someone there to show you, answer your questions, and help you feel comfortable trying something new".

Across Alberta, we often look to innovation to support aging in place. This study offers a simple reminder: **confidence - not just access - makes innovation work.**

When older adults can explore technology in a hands-on, supportive way, things shift:

- Technology feels less intimidating
- Possibilities become clearer
- People see how it fits into their daily lives.

What this means for Alberta:

- **Learning matters:** Without guidance, even good tools go unused.
- **Relationships matter:** Providers and caregivers remain essential.
- **Small steps matter:** Simple tools can build confidence and peace of mind.

confidence matters just as much as access.

Many participants started out unsure or hesitant. But with hands-on support, that quickly shifted. People became more comfortable, more curious, and more willing to try.

- **Equity matters:** Cost and access still shape who benefits.

At its core, this isn't just about devices -- it's about creating the conditions for older adults to feel supported, informed, and in control as they age.

Having someone there to guide them—answer questions, troubleshoot, and explain things in plain language—made a real difference.

This reflects what we often hear across Alberta: when learning is practical and supported, people are far more likely to engage.

“I didn’t even know this existed”

For many participants, the biggest shift was awareness.

They simply didn’t know these technologies were available. Seeing them in action helped them think differently about what might be possible at home.

That shift wasn’t abstract—it was grounded in everyday concerns:

- staying safe
- managing routines
- keeping in touch with family

When technology connects to real-life needs, it becomes much more relevant.

What people actually chose

Within three months, about half of participants had purchased at least one device. Their choices were practical. The most common technologies supported:

- Safety (fall alerts, security systems)
- Reminders (medications, daily tasks)
- Communication (connecting with others)
- Simple home control (lights, plugs)

These tools weren’t about novelty—they were about . That aligns closely with what caregivers and providers across Alberta are already telling us.

Technology works with people—not instead of them

One thing the study makes clear is that technology doesn’t replace relationships.

Many participants relied on family members to help set up or troubleshoot devices. Others said they would do so in the future.

This reinforces an important point: **technology supports caregiving—it doesn’t replace it.**

It can reduce worry and add a layer of safety, but it still depends on people.

What gets in the way?

The study also highlights some familiar challenges.

Cost is one.

Some participants said these technologies are out of reach without financial support. Suggestions included tax credits or subsidies, similar to home modification programs.

Ongoing support is another.

Learning doesn't end after one session. People need help over time—especially when something stops working or needs updating.

Trust matters too.

Some participants had concerns about privacy, especially with devices that are "always listening." But when they learned how to manage settings, their confidence increased.

This points to the importance of clear, practical education.

The role of trusted providers

A key strength of this program was the role of the occupational therapist. The focus wasn't just on the technology—it was on how it fits into daily life.

That's a shift worth noting. It reflects a more person-centered approach, where technology is introduced based on individual needs, routines, and goals.

This aligns closely with Alberta's broader work in caregiver-centered and person-centered care.

What this means for Alberta

There's a simple but important takeaway.

Older adults are open to technology. They're interested. But they need the right supports to make it work.

That includes:

- hands-on, practical learning
- affordable access
- ongoing support
- and trusted guidance

When those pieces are in place, technology becomes more than a tool—it becomes part of a broader system that helps people stay safe, connected, and confident at home.

And that's exactly the direction Alberta is moving toward.

If you want to read the article, please email: info@albertaaging.ca

Calder, M. G. J., Hanson, N. E., & Croken, E. J., et al. (2025). *Investigating technology as a possible bridge to age-in-place*. Canadian Journal of Occupational Therapy, 93(1). https://doi.org/10.1177/00084174251358043

Helen Bevan: Change Happens Through People, Not Persuasion

Helen Bevan, a leading voice in large-scale health system change, offered a timely reminder: communication and persuasion are rarely enough to shift behaviour across complex systems.

Awareness campaigns can inform. Well-crafted arguments can influence those already open to change. But real-world change efforts are not

limited to willing audiences. They include people who champion change, those who quietly accept it, and those who resist it. For many, even the most compelling message will not be enough.

Her central insight is simple but powerful. Change happens through relationships.

Drawing on decades of social science research, Bevan highlights how people are shaped by those around them. Our colleagues, peers, and professional communities influence how we think and act. This influence extends beyond immediate relationships, reaching through wider networks in ways that are often invisible but deeply impactful. People rarely think their way into new behaviour. More often, they are drawn into it by those around them.

Stop Persuading. Start Connecting.

Helen Bevan reminds us that communication and persuasion are rarely enough to drive change at scale. While they can build awareness, they often fail to shift behaviour, especially among those who are uncertain or resistant.

Insights from Greg Satell's recent article reinforce this point. Research shows that people are far more influenced by their social networks than by even the most compelling arguments. Change tends to follow shifts in

This has important implications for health and social care systems. If change spreads through relationships, then the work of leaders is not just to communicate clearly, but to build the conditions where change can travel.

Bevan points to several practical shifts in focus.

First, find the people who are already moving. In every organization, there are individuals who believe in the change and are already acting on it. Connecting these people helps energy grow rather than trying to generate it from scratch.

Second, prioritize peer-to-peer influence. People are more likely to adopt new ways of working when they see trusted colleagues doing so. Small group conversations, shared learning, and local examples often carry more weight than broad communications.

Third, make progress visible in real contexts. Change becomes meaningful when people can see it working nearby, for people like them, in settings that resemble their own.

Fourth, reconnect people to purpose. Creating opportunities for staff to hear directly from those they serve is one of the most powerful and underused drivers of change. Evidence shows that when people see the impact of their work, motivation and performance increase.

Finally, focus energy where it can spread. Building on existing readiness and making success visible allows momentum to grow organically.

None of this replaces the need for clear communication. People still need direction, honesty, and a shared understanding of where they are heading. But communication is the foundation, not the mechanism of change.

The deeper message is both practical and hopeful. Change does not depend on convincing everyone at once. It begins with people, relationships, and trust. When those connections are strengthened, even small shifts can grow into meaningful transformation.

References:

- Helen Bevan's Linked in Post
- Greg Satell's Why The Urge To Persuade Can Undermine Your Idea For Change

relationships, not exposure to better ideas.

The implication is clear for leaders. Instead of focusing only on messaging, we need to invest in the social architecture of change. This means connecting early adopters, supporting peer-to-peer learning, and making local progress visible.

Change is less about convincing people and more about creating the conditions where new ways of working can spread.

Join (or Rejoin) the Alberta Association on Gerontology – Together, We Make Aging Matter

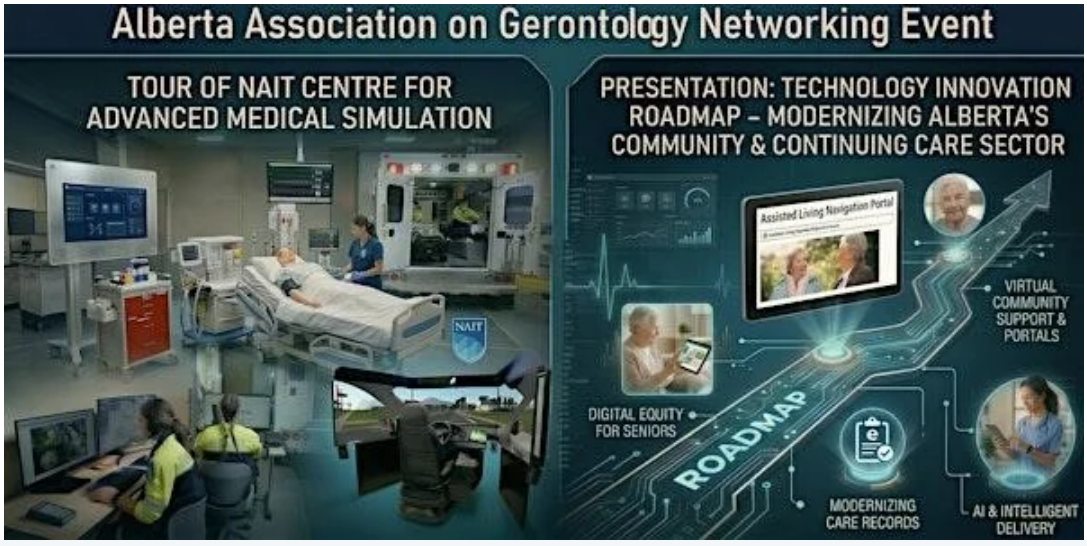
The Alberta Association on Gerontology (AAG) brings together professionals, researchers, students, and community members who share a passion for aging and lifelong wellbeing. Whether you've been part of AAG in the past or are just discovering us, now is the perfect time to sign up and be part of a vibrant, interdisciplinary community shaping the future of aging in Alberta.

Why join (or renew)?

- Stay connected – Network with others who are committed to improving the lives of older adults across Alberta.
- Keep learning – Gain access to webinars, conferences, and discussions featuring local and national experts in gerontology, policy, and practice.
- Have a voice – Be part of conversations that influence aging policy, research, and service delivery in our province.
- Collaborate and grow – Share your ideas, find partners for research or community initiatives, and contribute to meaningful change.

Together, we can strengthen Alberta's capacity to support healthy, engaged aging for everyone.
If you're a previous member, we'd love to welcome you back.
If you're new, we're excited to have you join us!

Sign up today and help us keep Alberta at the forefront of innovation and compassion in aging.



Don't forget to register for AAG's Networking Dinner/AGM on Wednesday, June 10th, 2026!
5:00 - 8:30 PM

AAG - Alberta Association on Gerontology

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