

Proud of the Impact We Made, the Legacy That Continues

NEWSLETTER

Volume 16, Number 1, February 2017

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NOTE: If you change your e-mail address, postal address, or telephone number, please alert the Membership Chair by sending an e-mail to ADRP@dal.ca or leave a message at (902) 494-7174.

From the Editor

In all newsletter issues the reports of the Board and relevant information regarding the Board and ADRP are the mainstay. In this issue we have several additions. We thank our Board member, Heather Schellinck, for submitting an original article on podcasting. We also include a number of reprints from other sources: what we need to know about our travel insurance, benefits of membership in CURAC, and a continuing section on health and well-being with articles in this issue on drugs prescribed for seniors in Canada and an extensive piece on dementia.

Member submissions and recommendations regarding both content and format are welcome. Please feel free to contact me directly at j.clovis@dal.ca or through the office email adrp@dal.ca.

Editorial Policy: The ADRP intends to publish the newsletter every three months. We hope the newsletter will serve the following purposes: To provide pertinent information; to provide a forum for the free exchange of views on issues relevant to our membership; and to serve as a documentary record of matters relating to the ADRP. The Editorial Board, under the ultimate direction of the ADRP Board, takes responsibility for the contents of the newsletter. Signed contributions will take the form of short articles and letters to the editor; these will normally represent the opinions of the author, and need not represent the views of the ADRP. Anonymous material will not be considered for publication. The Editorial Board retains the right to edit or reject contributed material and to elicit similar and opposing views surrounding any issue raised.

The Editorial Board: Joanne Clovis, Editor Ex-officio: Randy Barkhouse, ADRP President

ADRP Phone (902) 404-7174 E-mail adrp@dal.ca Web Site http://adrp.dal.ca

Postal Address: Association of Dalhousie Retirees and Pensioners

Rm. 2831, Life Science Building, Dalhousie University

1459 Oxford St.

PO Box 15000 | Halifax. NS | B3H 4R2

Mark this date on your calendars:
ADRP Annual General Meeting
Thursday, April 27, 2017, 1:30-3:30 pm
University Hall, MacDonald Building
Day parking tickets for ADRP members are available
from the Security Office, McCain Building

Membership fees for 2017 may be paid at the meeting (if not already paying through the much easier method of monthly pension deduction).

NOTE: MEMBERSHIP DUES ARE NOT INCOME-TAX DEDUCTIBLE AS THE ADRP IS NOT A REGISTERED CHARITY NOR AN EMPLOYEE UNION.

MEMBERS OF THE ADRP BOARD 2016-2017

OFFICE	<u>NAME</u>	PHONE	EMAIL	PAST POSITION	
President Immediate Past President 1st Vice President 2nd Vice President President	Randy Barkhouse Vacant	434-8291	randy.barkhouse@dal.ca	Director of Academic Computing Services	
	David Tindall	<u>455-7456</u>	david.tindall@dal.ca	Professor of Physics	
	Richard Apostle		richard.apostle@dal.ca	Professor of Sociolology and Social Anthropology	
3rd Vice President	Paul Huber	404-5213	Paul.huber@dal.ca	Professor of Economics	
<u>Secretary</u>	Phil O'Hara		w.philip.ohara@gmail.com	Manager of eLearning, LITS	
<u>Treasurer</u>	Grace Paterson		grace.paterson@dal.ca	Professor of Medical Informatics	
ADRP Members-at-Large					
	David Mercer		d.mercer@dal.ca	Technician Dentistry	
	<u>Heather</u> <u>Schellinck</u>		heathers@dal.ca	Professor Psychology and Neuroscience	
	Doug Rasmusson		rasmus@dal.ca	Professor Physiology and Biophysics	
COMMITTEE	NAME	PHONE	EMAIL	PAST POSITION	
<u>Benefits</u>	Peter Wallace	<u>542-5391</u>	peter.wallace@dal.ca	Instructor, Earth	
Communication	Joanne Clovis		j.clovis@dal.ca	Sciences Professor of Dental Hygiene	
<u>Membership</u>	Colin Stuttard	429-0252	c.stuttard@ns.sympatico.ca	Professor Microbiology & Immunology	
Pension Advisory	Randy Barkhouse	<u>434-8291</u>	randy.barkhouse@dal.ca	Director of Academic Computing Services	

ADRP General Meeting Brief Report Thursday, December 8, 2016 University Hall, MacDonald Building

The meeting was so well attended that, by all accounts, we had perhaps the best attendance ever. Minutes of that meeting will be available for the AGM in April.

One of the highlights was the awarding of honorary membership to a most deserving member, Bob Rodger.



Randy Barkhouse, President, and Bob Rodger, Recipient of ADRP Honorary Membership

President's Report, February 2017 Randy Barkhouse

The sudden death of ADRP board member Dianne Pothier, retired faculty member from the School of Law, was a profound shock to her fellow board members. Dianne was a valued

member who served on the Benefits Committee, and as chair of the joint ADRP-Dalhousie Retiree Benefits Advisory Committee (RBAC). It is frequently true that only after their passing that one finds out the activities to which the deceased had contributed. That was certainly true for Dianne as related in her obituary reprinted in this newsletter, and by personal anecdotes received from other retired Dalhousie faculty. On many levels Dianne's service and sound advice will be greatly missed.

As other reports in this newsletter state there have been continued activity for ADRP members by your association's board since the December general meeting. The Benefits Committee has had a flurry of discussion related to the annual review of the health and travel insurance experience, and the setting of premiums for the next year. That includes the terms for the premium holiday, supported by the \$800,000 rebated by the University in 2009 from the surplus at that time in the Employee Benefits Fund. That followed a multiyear effort for refunding of previous overcontributions, led by ADRP past-President Philip Welch, assisted by members Mike Bradfield and John Barry.

That premium holiday is entering its seventh year for those qualifying, and experience suggests may continue for a few additional before all rebated money has been returned to individual members by way of the premium holiday. The premium holiday is a major benefit, among several, resulting from the formation of ADRP in 2000, led by honorary member Tarun Ghose. Further items among those benefits are listed in the "About Us" section of the ADRP web site.

By the time members have read this addition of the newsletter they should have received their January pension payment, including the indexation increase for those qualifying. Some unfortunately have also received a message from Payroll explaining that correction of a past error in federal income tax deduction wiped out most of the increase.

<u>Treasurer's Report, February 2017</u> <u>Grace Paterson, Chair</u>

Financial Update

Chequing Account: As of January 19, 2016, the BMO chequing account balance was \$588.96 and the Credit Union Atlantic (CUA) chequing account balance was \$1810.48.

Investment Report: Two BMO GIC's matured in January. The funds were used to purchase two 30-month GICs at CUA in the amounts of \$10,000 and \$11,100. The remaining BMO GIC will mature in June 2018. It was purchased for \$12,849.00

Membership Dues: The membership dues received in 2016 were \$8944.02, which was \$344.02 more than the budget goal of \$8600 for 2016.

Travel Expense Information: A letter to the Human Resources office was submitted in January requesting \$1200 travel grant for the 2016 CURAC meeting from May 24-26 in Ottawa, Ontario.

Benefits Committee Report, February 2017 Peter Wallace, Chair

From the Retiree Benefits Advisory Committee (RBAC)

Changes in composition of the committee: Peter Wallace (ADRP) has replaced Dianne Pothier (deceased ADRP) as chair, Jenny White (BoG) has replaced Lee Crowell (retired BoG) as vice-chair, Laurie Creelman (BoG) has joined as pension advisor and Susan Whitman (BoG) and Phil O'Hara (ADRP) joined as observers – Phil O'Hara is expected to be replaced with an ADRP member who is under 65 years of age. Kirk Shand (adviser from Mercer) is replaced by Matt MacLean (advisor from Mercer)

Health Plan and Travel Premium Renewals and Premium Holiday Eligibility: As of April 1, 2017, Medavie Blue Cross (MBC) monthly premiums will increase 23.1% to \$26.40 (single) and \$52.85 (family), an increase of \$4.95 and \$9.92 respectively. Some of this increase is due to increases in cost and claims to some of the benefits such as prosthetics but also due to the fact that foot care has been added as a benefit. Travel premiums (SSQ) will be increased 15% to \$19.88 (s) and \$39.95 (f), an increase of \$2.59 (s) and \$5.21 (f). These reflect the fact that many people travel more once they retire and that the rate increase last year may have been too low (see ADRP Newsletter, February, 2016).

These two increases combine to a 23.1% increase, \$46.28 (s) and \$92.80 (f). Note that if the premium increases are too high the extra money goes back into the plan, the amount given to MBC and SSQ is fixed.

MBC (s) = \$26.40 (f) = \$52.85SSQ (s) = \$19.88 (f) = \$39.95Total (s) = \$46.28 (f) = \$92.80

Pre-2009 Premium Surplus and Premium Holiday Eligibility: Those born in or prior to 1936 will receive the premium holiday with eligibility based on the retiree or surviving spouse, a one year roll-back. The surplus from the pre-2009 overpayments will be run down to zero (\$0) through this premium holiday and so should continue for at least another 4 years.

Two issues were noted at this meeting with respect to retiree MBC and SSQ benefits. First is that the Dalhousie website contains no link to retiree's benefits and many questions, especially on travel, go to the benefits office. SSQ has now provided information for most of the questions and we are posting that on the ADRP website and hopefully Dalhousie's and will be incorporated in a future Newsletter. Second is that most people when travelling duplicate their travel insurance through CAA, bank cards, etc. SSQ is the insurance of first payment over the others (i.e. the others only pay if SSQ does not) and so much of this additional insurance (cost) is unnecessary.

Other reports

Dalplex Rates: The retiree's rate information was left off the Dalplex website before the New Year so, if you are querying about that or being quoted a high rate have the staff there check this out properly. It has also been brought to our attention that Dalplex members can freeze their membership for up to 3 months when they cannot use the facility for any reason – they do not need to provide a medical certificate. After the 3 months Dalplex assumes you to have reactivated your membership. In addition to this, the requirement that a retiree member has to

have a Dal parking pass has been dropped, we now have the same Dalplex rates as full time employees.

As always, we look forward to your suggestions, comments, and contributions. **BenComm members:** Randy Barkhouse, John Barry, Michael Bradfield (Secretary), Phil O'Hara, Grace Patterson, David Tindall, Peter Wallace (Chair), and Philip Welch.

Many who subscribe to it have raised questions regarding our travel insurance benefits. Included here for your information is a report from SSQ Financial Group, our travel insurance company, in a question and answer format.



Questions and Answers ISI Emergency Travel Medical Program Retirees with Pre-Existing Condition Limitation

I'm a Retired employee, what should I know about my Emergency Medical Travel Insurance?

Answer: Prior to travelling, please be sure to obtain your Travel Card. A pdf or a photocopy of the Membership card is acceptable. The important information that you must always have on hand is the Policy number and the Identification Number, as shown on the below card.





- 1. In the event of an Emergency, please contact the toll-free numbers captured on the Membership Card, as follows:
- 1-866-783-9473 when calling from Canada or U.S.A 514-285-8195 Call collect from elsewhere in the world
- ** AXA Assistance is available 24 hours a day, 365 days a year for any medical, travel or personal emergency. AXA Assistance is SSQ's emergency medical provider.

What is a pre-existing medical exclusion?

Answer: The Emergency Medical Travel insurance program has a pre-existing medical condition exclusion clause for all retirees covered under the policy. The travel policy does not cover loss (fatal or non-fatal) or expenses for all retirees caused by or resulting from:

Any condition for which the Insured Person received medical advice, consultation or treatment within six (6) months prior to the commencement of a Trip, with the exception of a Chronic Condition1¹ which is under treatment and Stabilized² by the regular use of prescribed medication.

- ¹ "Chronic Condition" means a disease or disorder which has existed for a minimum of six (6) months.
- ² Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

What if my attending physician writes a note indicating that I have a clean bill of health, does the pre- existing medical exclusion still apply?

Answer: Yes. The pre-existing medical exclusion still applies and the insured is still expected to pay out- of-pocket and submit his receipts for reimbursement. SSQ's claims department must complete the analysis of the individual's medical records to determine if the claim is payable as per the terms and conditions of the policy.

Are Retirees expected to pay out-of-pocket for all/any incurred claims while travelling out of country?

Answer: The Emergency Medical Travel policies have a pre-existing medical exclusion for all retirees covered under the said policy. Therefore, in the event of an emergency and AXA Assistance is notified, an assessment of the situation is performed by the assistance provider to determine if the member is active or retired and to determine if the pre-existing condition limitation clause is applicable.

When the pre-existing condition limitation clause is applicable, the insured individual is expected to cover the incurred claim out-of-pocket and submit his/her receipts for reimbursement. This is not new to SSQ. However, we are noticing that hospitals are now insisting on payment rather than issuing an invoice.

When the pre-existing condition limitation clause is not applicable, AXA Assistance will pay the medical provider directly when possible.

The direct billing option is not always available to retirees firstly because the medical providers have no obligations to accept direct billing arrangements. Furthermore, the additional medical investigation that is required to determine if the claim is a result of a pre-existing medical condition or not takes time and payment guarantees cannot be issued until the eligibility of the claim is confirmed.

The pre-existing condition limitation should not be interpreted as "no coverage" because the claim may be payable under the policy as per the terms and conditions of the policy, but the expectation to pay out-of-pocket should be anticipated. The insured will be reimbursed, if the claim is not deemed to be as a result of a pre-existing medical condition.

Is there a pre-approval process whereby I could be approved prior to travelling, therefore would not have to pay for any incurred claims out-of-pocket?

Answer: SSQ does not offer such a service as your policy is underwritten on a group basis. Medical underwriting to remove pre-existing condition limitation is only available on very select individual travel insurance, which cannot be compared to this group policy. Removing pre-existing condition limitation has a cost and there's no guarantee the medical underwriting will result in removing the limitation.

Does SSQ provide a listing of preferred hospitals based on the specific destination?

Answer: SSQ does not provide such a listing. We provide assistance to members based on their medical emergency and we ensure that the member is sent to the hospital that is best equipped and able to provide the necessary care. Medical referrals while traveling are available when calling AXA Assistance. The option of having travel planning services through this travel policy is currently not available.

In the event of a car accident, would AXA Assistance pay for all incurred claims directly to the medical provider or is the retiree responsible to cover the cost upfront and submit his receipts for reimbursement?

Answer: If as a result of a sudden unexpected accident, AXA Assistance would cover the cost directly with the medical provider when possible. Given that an accident is not as a result of a pre-existing medical condition. AXA Assistance needs to be notified as soon as possible to enable direct settlement with the medical provider. The medical provider has no obligation to accept AXA Assistance guarantees of payment.

Communications Committee

Webmaster Report, Randy Barkhouse, Chair, February 2017

The ADRP web site at adrp.dal.ca provides recent information of relevance to members as well as a repository of past newsletters, board, and executive membership, as well as the constitution and bylaws of the association. Suggestions for content and format are welcome.

The site is easy to navigate and always current. Here's the link: http://retireesandpensioners.dal.ca/



Site Navigation

- About Us
 Mission, 0 Mission, Objectives, etc.
- Officers and Board

- Constitution & By-Laws
 Membership Application
 Minutes AGM Meetings
- ADRP Bursary Donation
- » Upcoming Events
- » ADRP Newsletters
- » Work in Progres
 » SCANS Site

- » Contact Us

Important Messages/Announcements Relating to Current Events



ADRP Travel Insurance Frequently Asked Questions - posted January 2017



In Memory of ADRP Board Member and Retired Law Professor Dianne Pothier - posted January 2017



Game Testing for Stroke Therapy - posted January 2017

y of the \$5,000 Dalhousie Death Benefit Certificate - posted November

Taking the Pulse of Seniors' Health Care in 2016 - posted October 2016

Mental Health of Seniors - posted November 2016

Announcing Creation of the ADRP Student Bursary Fund -

Donating Online to the ADRP Bursary Fund

Payment of Dues by Monthly Pension Deduction

ADRP Newsletter, posted November 2016

bulletin de l'APR-UQAM, no 69, Septembre 2016 Newsletter of the Retirees' Association of Queen's

CURAC Newsletter Fall 2016 - posted August 2016

Pensions

Benefits

CURAC

Research Recruitment

Membership Committee Report, February 2017 Colin Stuttard, Chair

As of January 30, the total number of members currently in good standing was 489, including three honorary members, and two others who are still to be confirmed. Since my last report, three members have died (see In Memoriam) and regrettably I had missed the earlier death of member E. Chris Pielou last July.

There were **459** members registered for monthly dues deductions in January, a net increase of 7 since November, but the number registered includes one who died in January and our latest honorary member, who is not obliged to pay dues. We also have 27 members, who usually pay their dues by cash or cheque (we received two renewals and one new this month), but twelve of these, although still in good standing, have not yet paid their 2017 dues; six more have not yet paid 2016 dues, so have fallen into the delinquent category. One of these has asked whether he can pay dues by direct deposit; unfortunately, at present this option is not available. Attempts to contact delinquent members are proceeding.

Again my customary plea: If you know of forgetful former members or colleagues who have not yet joined, why not remind them that there is strength in numbers and the ADRP provides strong advocacy for retiree benefits? Any members who do not pay dues by monthly pension deductions, and believe their dues are in arrears, please send a cheque for \$20 as soon as possible to:

ADRP Membership Chair, Room 2831 Life Sciences Centre Dalhousie University PO BOX 15000 Halifax, Nova Scotia B3H 4R2

Or, if you're not sure of your status, send an email to adrp@dal.ca.

To pensioner members who have not yet registered for the memory-free dues-payment method: Please seriously consider doing so (a copy of the **monthly deductions** application form is at the end of this Newsletter). You only need to do this **ONCE**.

For non-pensioners, or those who prefer to pay dues by cash or cheque (still \$20), payment before the end of the first quarter of each year will ensure your membership is in good standing (rather than delinquent); the fiscal year of the Association is the calendar year.

Reminder: Membership dues paid to the ADRP are not income-tax deductible because the ADRP is neither a registered charity nor an employee union.

Pension Report, February 2017 Randy Barkhouse

All Dalhousie pensioners with a current e-mail address should have received in early January the "Dalhousie Retirees' Trust Fund Annual Report to Retirees for the year ended June 30, 2016". The report is available on the Dalhousie web site, and a link to it is in the Pension section of the ADRP web site.

That report gives details of the Fund's asset mix, total value, and returns for various periods. The Report also confirmed the annual "automatic indexation" of 1.494% to commence with the January pension payments for qualifying pensioners, and that no further catch-up of past missed indexation could be made this year.

The basis of these actions is Rule 9 in our Dalhousie Pension Plan, and the actual asset returns in past years.

While no further catch-up was possible this year, the next actuarial valuation which must be done no later than as of March 31, 2017, may identify sufficient surplus in the Retirees Trust Fund (RTF) to allow some starting January 2018. That result will be known early in the fall of 2017.

Although returns for the year ending June 30, 2016 were weak at 2.3%, returns since then have been stronger, and coupled with good returns to June 30, 2015, may produce the required surplus.

Similarly if strong returns continue to June 30, 2017, the three-year average may be sufficient to provide automatic indexation again, and not increase the 6.06% missing amount.

The Dalhousie pension trustees, board of governors, and senior administration have continued their support for our defined benefit pension plan through a difficult period of more than a decade. The outlook for continuation of historically low interest rates in Canada is uncertain, with those low rates being the major reason for pensions plans to be running deficits for much of the past 15 years. That has strained the budget of plan sponsors, including Dalhousie, to amortize those deficits. Fortunately universities in Nova Scotia were granted relief from the solvency test, otherwise the deficit amortization would have been much more onerous.

Some other provincial jurisdictions in Canada have made major changes in pension plan legislation, usually to the detriment of future and current pensioners, but relieving sponsors from heavy additional funding costs. Without that relief many more might have had to make further major changes to their pension plans. Now newly proposed federal rules in Bill C-27 may encourage more provinces to make further changes to their pension legislation and regulations. That remains to be seen, once C-27 becomes law.

In most cases pensions in pay will not be affected, so we current Dalhousie pensioners have little reason for concern.

Message from Payroll Concerning January Pension Payments

Some pensioners have questioned a higher than usual increase in federal tax on their January 27, 2017 pension payment. The 2017 tax amount is correct. From these inquiries, we looked closer at the 2016 tax rates and found the error with the 2016 federal tax tables.

Due to this error in the tax tables, which are provided to Dalhousie University by our Human Resource software company, insufficient federal tax was deducted from your 2016 pension payments. The error only affects those receiving between \$45,282 - \$90,563 annually. The under deducted tax is approximately \$50 per month or \$600 per annum.

I apologize for this error and if you have any questions/concerns you can contact me at 902-494-6363 or jenny.white@dal.ca

Jenny White

Manager – Payroll & Benefits Administration Human Resources Department 21 Henry Hicks Building 6299 South Street, PO Box 15000, Halifax, NS, B3H 4R2 Canada **DALHOUSIE UNIVERSITY** dal.ca/hr

CURAC Report, February 2017 Randy Barkhouse

Details of the CURAC health and travel insurance offerings mentioned at the ADRP general meeting in December are included below from CURAC President, Ken Craig. Members interested in possibly subscribing should check the web sites sites listed.

The CURAC health and travel insurance offerings are intended to fill a void for those members not eligible to subscribe to programs offered through their home institution, or those for whom no such program is available. Offered as an extension of the program available to members of the Retired Teachers Association of Ontario, the program announcement was met enthusiastically by the CURAC board when broached in the fall of 2016. The availability resulted from an investigation by the CURAC benefits committee, and once implemented will be a notable addition to what CURAC provides to retirees in its member associations.

For ADRP organizing committee members the major CURAC-related activity at present is preparation for the CURAC national conference to be co-hosted by ADRP and SMURA, May 23-25, 2018 during the year of Dalhousie's observance of the 200th anniversary of its founding. It will be the first hosting of the conference at Dalhousie since the CURAC founding event held here in 2003. The 2018 conference has secured significant sponsorship from the 200th Anniversary Planning Committee.

To date the conference organizing committee has completed selection of venues for opening reception, plenary sessions, and the awards banquet. Attention will next turn to themes and

keynote speakers. Usual topics at the national conference include sessions on seniors health, whether on the health care system, or local research focused on health issues. Sessions on higher education including diversity in both the student population and employee groups have been a focus in recent years. Given Dalhousie's focus on ocean-related research it is hoped that some of that can be presented at the 2018 session. Suggestions on topics and speakers for the 2018 conference are welcome, and can be made by e-mail to adrp@dal.ca, or by voicemail at 494-7174.

Attendance at the conference is open to any university retiree. Details of the program and registration fees will be available this fall.

The 2017 national CURAC conference is being hosted at Carleton University in Ottawa by the Carleton University Retirees Association. The simultaneous observance of the 150th anniversary of Canada's confederation, the 75th of Carleton University, and the 14th of CURAC itself promises an enjoyable, , informative, and celebration-packed event.

Member Benefits through CURAC/ARUCC, January 26, 2017 Kenneth Craig, President Reprinted with Permission



College and University Retiree Associations of Canada

Associations de retraités des universités et collèges du Canada

January 26, 2017

Dear colleagues:

It is a pleasure to provide news culminating the search for providers of travel/trip cancellation insurance and extended health benefits insurance. While a full promotional roll-out will happen later, I am happy to inform you, on behalf of CURAC, that we have affinity agreements with Johnson Inc. (for MEDOC travel insurance) and Retired Teachers of Ontario RTO/ERO (for the RTO/ERO extended health care plan, also administered by Johnson Inc.).

Travel/Trip Cancellation Insurance

CURAC has identified the following two programs:

1. MEDOC offers competitive travel/trip cancellation insurance, with rates varying by age and medical condition. A summary of their offering can be perused at https://www.johnson.ca/travel/medoc/splash-en.jspx Interested individuals may call 1-866-606-3362 with specific questions, to obtain a quote and to purchase the insurance. Please identify yourself by the university/college association from whence you come, and quote group number 087 unit 11.

2. RTO/ERO does not offer stand-alone travel insurance. However, their full extended health care package includes competitive travel/trip cancellation insurance. Rates are not age-banded and their full rate becomes increasingly a better travel value for clients at age 76 and upward. For those who opt to maintain their current EHB coverage and purchase this as their travel add-on, an incidental value is that the client would also have top-up insurance in other included categories. Their travel plan may be reviewed at https://www.rto-ero.org/group-insurance-plans/rtoeros-group-insurance-plans/extended-health-care-plan To contact them, please call the Plan administrator (Johnson) at the RTO/ERO toll-free telephone number 1-877-406-9007; identify yourself as a member of the CURAC group; and, identify your member association.

Note that RTO/ERO is permitted to offer its Plan only to members of RTO/ERO. Therefore, to enrol in the Plan you must become a member, at an annual cost of \$56. Membership enquiries may be directed to RTO at 1-800-361-9888.

There will be some members who will not see a fit with either of these options. Those may wish to contact Securiglobe, a broker that endeavours to match individual clients to an insurance that best suits their needs. Contact Patrick Lavoie, at 514-370-2555, ext. 233 or 866-666-0060.

Extended Health Benefits Insurance

CURAC has identified the RTO/ERO Plan as one which might be of interest to members who are seeking to purchase new EHB insurance, transfer to a new plan, or add to their existing insurance. CURAC members who are currently in a group health benefits plan will be accepted as members of the RTO Plan with no medical questionnaire. Those not currently in a group plan will be pleased to learn that from now until April 30, 2017, RTO will treat those with an individual insurance plan as if they were coming from a group insurance plan and therefore will waive the medical questionnaire. Those with no current extended health benefits plan will need to complete the questionnaire to be assessed for acceptance.

RTO's Plan administrator (Johnson) is ready to accept calls for information and/or for enrolment. As a first step, we urge interested individuals to carefully review the RTO extended health care plan and rates available at https://www.rto-ero.org/group-insurance-plans/rtoeros-group-insurance-plans/extended-health-care-plan Please note, in particular:

- This plan <u>includes a travel and trip cancellation benefit for \$2,000,000 per person, per trip for unlimited trips per year of 93 days duration each</u>. Supplementary coverage may be purchased for trips of more than 93 days duration.
- Vision care benefit is included.
- The prescription drug benefit is limited to \$3,300 annually per person
- Rates vary relative only to single, double, or family. They are not age-banded.

To proceed with learning more or to apply for enrolment in this extended health care Plan, please:

- call the Plan administrator (Johnson) at the RTO/ERO toll-free telephone number 1-877-406-9007;
- identify yourself as a member of the CURAC group; and,
- identify your member association.

The Affinity Advantage for Associations

Both of these agreements provide for the return to CURAC of an Administrative Services Allowance (ASA). The CURAC Board will receive a 2% ASA return of premiums from both suppliers. The Board, in turn, unanimously approved a recommendation to return 50% of the ASA to the home association of the enrollee. Johnson's, as the administrator in both cases, will provide the administrative support to ensure

tracking is done correctly. This opportunity, while hopefully of advantage to all our retirees, therefore also has a significant financial benefit to our associations and to CURAC.

The Benefits Committee has asked me to note their appreciation for the patience of many of you who have been awaiting this news for some time. It is our hope at CURAC that you will find the wait to have been worthwhile.

Best wishes,

Lundhing

Kenneth D. Craig, OC, PhD, LLD (Hon) President, CURAC/ARUCC

Seniors' College Association of Nova Scotia (SCANS), February 2017 Colin Stuttard (President of SCANS)

This year is SCANS' 10th anniversary celebration year. The nascent Seniors' College Association held its inaugural General Meeting on November 16, 2007, after the ADRP had organised and delivered courses to an appreciative group of about 100 students. The meeting adopted a constitution and elected the first Board of Directors with Susan Stuttard as the first President. Nine years later, on November 26, 2016, SCANS members approved significant amendments to the Association's Bylaws, including provisions for standing committees, explicit recognition of Chapters in communities outside Halifax, and overlapping, 2-year terms of office for directors, no longer including an ADRP board appointee. Details may be found on the website, <thescans.ca>.

As a result of the Board's actions to trim the budget (including limiting course numbers in Halifax to 12 per term and course lengths to 6 weeks), and a modest increase in membership, year-end figures for 2016 show income (membership dues comprising about 96%) and expenditures were almost balanced. Registration sessions in the second week of January went well, and members completely filled four or five of the 12 courses on offer in Halifax. The Registrar is maintaining wait-lists for these courses, all of which begin in the second week of February. Instructors giving popular courses often agree to repeat them in subsequent terms, so more members will have an opportunity to take them.

In addition to maintaining or increasing membership numbers, another challenge facing the Board and its Curriculum Committee is to find additional venues suitable for day-time courses, with accessible space for up to 100 students, close to bus routes and available parking. It's a tall order, so suggestions are very welcome.

Also, the Nominating Committee is seeking candidates who fit the criteria for election to the new Board (with half to serve a 1-year term and half serving 2 years) at the AGM to be held on March 9. (see <thescans.ca> for details).

Welcome to the World of Podcasting Original Article by Heather Schellinck, February 2017

With the onset of the unpredictable winter weather, I have traded many of my daily walks for a work out on our aging treadmill. To make this a more enticing prospect, I have started to listen to a variety of podcasts during my hour of exercise. When I mentioned this to my neighbour, she was astonished to discover that I could find anything of interest to someone of "my age" as she rather delicately put it. In case some of you may be of the same mindset, I decided to examine some of the "spoken word" options available among the hundreds of thousands of podcasts on the internet.

First, in case you have not yet taken advantage of this technology, what follows is a very brief introduction. Basically, a podcast is a high quality sound file (MP3) that you can stream or download to your smartphone or a computer that plays MP3s. Most are "free" in that they have no advertising but some may require a subscription or will solicit donations after you listen to a number of episodes. Many programs can be downloaded directly from a specific website such as BBC Radio. More commonly, users turn to such software as ITunes and Google Play, both of which have an extensive directory of free podcasts. If you become really hooked, you can find specific apps (referred to as podcatchers) that have a comprehensive library and options to organize your favourites and to help you find popular and trending series. Most podcasts are archived so if you find a current one that you like, you can still enjoy previous installments. It is also possible to subscribe to some podcasts and have them downloaded to your device automatically as new episodes become available.

The genres are many; comedy is very popular as is true crime. I am not a particular fan of either but recently I listened to several different series just to discover what I was missing. I did not find any humour at all in *The Thrilling Adventure Hour*, described as a live broadcast of an old-fashioned radio show. Judging by their response, however, the audience found it hilarious. I expect it was my lack of knowledge of pop culture that left me at such a loss. I then tried a highly recommended British program, *Wooden Overcoats*, a tale about rival undertakers living in the fictional village of Piffling Vale. This podcast became so popular that listeners donated more than 10,000 pounds sterling so that the creators could be paid to produce a 2nd season. I found it mildly amusing. Given that I still recommend Stephen Leacock to anyone looking for great entertainment, I am beginning to realize that I may not be the best judge of this category. Nonetheless, I did not give up and briefly listened to two more recommended podcasts, *WTF with Marc Marin* in which well-known comedians are interviewed and *The Dollop* described by *The Guardian* as "informative, witty and unbearably funny". The problem with both was their careless use of language; their introductory conversations were so peppered with four letter word profanities that I found them quite tedious and stopped listening.

Then, it was on to true crime. I streamed the first of twelve episodes of *Serial*, an in-depth investigation of the murder of a young high school student. The journalist who produced this series interviewed the many individuals who had a stake in this case including the teenager who had been convicted of the crime, despite a lack of evidence. Although very detailed, it was not sensationalized or filled with gory details and I could quite easily imagine getting caught up in it. According to various online sources, the first season of Serial has been downloaded 100 million times!! I will not reveal the ending just in case you decide to take a listen. If true crime is a category that appeals to you, several other programs that continue to be rated highly on many

annual "best lists" include *Suspect Convictions*, *Criminal* and *My Favorite Murder*. According to a friend of mine, they are all respectfully done and not the stuff of nightmares as I might have imagined.

As a self-professed science geek, I have found many ways to indulge my passion for facts and figures. I recently listened to *Hidden Brain*, from National Public Radio (NPR); what fun it is. Basically, it describes an ordinary experience or behaviour and reveals the science behind it. For example, one episode explained how what we might consider an extraordinary coincidence is not as rare an event as it first appears. Radio Lab, also from NPR, is not for the faint hearted but is brilliant once you get into it. The "Finding Emilie" episode is stunning. The back and forth between the hosts and the interviewees requires very close listening and it is impossible to describe the "music" that accompanies it. You will either love it or hate it but you can't ignore it. *Inquiring Minds*, an offering from the nonprofit magazine *Mother Jones*, is also produced in an interview format with several hosts. The podcast I listened to on neuron oscillations was a bit too chatty for me; I am more interested in the facts than conversation. I quite enjoyed *Origin Stories*, The Leakey Foundation's podcast about why humans are the way we are and the science behind what we know about ourselves. I will definitely be listening to more of them. BBC Radio is a gold mine for anyone interested in science and nature. Sadly, I can no longer find one of my favourite programs despite searching intensively so if you give podcasting a try be sure to keep track of the web addresses you wish to revisit.

If you are uncertain as to where to find something of interest, a Google search for "best podcasts" will provide you with many options. Beware the origin of these lists. If the program is recommended by Vulture.com, an online publication of the lifestyle magazine *New York*, it may not be your cup of tea. I quickly decided that despite the many kudos given to *2 Dope Queens*, it would not likely be the best choice for me. Thus far, the site that I have found the most informative was that of *The Atlantic*. The article I read provided extensive descriptions as well as a link to each of the podcasts it reviewed. There were recommendations for listeners of all ages and interests. Of course, the joy of podcasting is knowing that with a click of the mouse, you can quickly move on and search for something more to your taste. Much to my surprise, I have stumbled upon a very rewarding and easily accessible pastime. Here's hoping you will be as lucky as I.

Health and Wellbeing

Improving Presscription Drug Safety for Canadian Seniors

This article is available online from the Institute for Research on Public Policy: http://irpp.org/research-studies/study-no61/ Only a brief portion of the is provided here.

Seniors are the heaviest users of prescriptions medicines in Canada. On average, two-thirds take 5 or more prescriptions drugs over the course of a year and one-quarter take 10 or more. It is estimated that as much as half of the medications given to seniors are taken incorrectly or

are overprescribed, increasing the likelihood of adverse drug reactions and interactions. Moreover, many drugs prescribed to seniors either have not been adequately studied for this age group or have not been formally approved for the conditions they are being prescribed to treat. Indeed, clinical trials often exclude not only older people, but also people of all ages who take a combination of medications. As a result, certain medications are prescribed to seniors without any evidence they are safe and effective for them, and in some cases even when they are known to present a possible risk (antipsychotics prescribed to **patients with dementia**, for example)....

Four ways are recommended to improve drug safety for seniors:

- 1. Revise the drug approval process
- 2. Monitor newly marketed drugs prescribe to seniors
- 3. Encourage independent research into off-label prescription use
- 4. Improve reporting on adverse drug reactions

DEMENTIA: What It Is and How to Deal with It, Parveen Bawa

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Simon Fraser University Retirees Association (SMURA) Nesletter Vol XIV Number I, Pages 16-19

We humans take great pride in the wonderful things our brains have been able to achieve. The highly evolved outer layer of the brain, the cerebral cortex, is what makes the human brain exceptional; it has enabled us to have mental abilities which other animals do not have, such as writing poetry, navigating big ships, and designing buildings. However, the piecemeal way the cortex has evolved makes it more prone to diseases of higher functions, one of these being impaired cognition. In simple words we can think of **cognition** as intelligence. It includes perception and intuition of things around us; acquisition of knowledge and memory; and the capacity to reason and make judgments. Ageing is associated with decline in many aspects of cognition and may also be associated with dementia. The only deeper region of the brain involved in cognition is the hippocampus associated with memory and spatial navigation. **Dementia** is a disease of the brain in which there is a disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment. However, consciousness is not clouded. At advanced stages of dementia, the person can have some or all of the following symptoms: profound memory deficits, minimal verbal abilities, inability to ambulate independently, inability to perform activities of daily living, as well as urinary and fecal incontinence.

Dementia can be reversible or progressive. Reversible dementias can be caused by factors such as vitamin B deficiency, hypothyroidism and depression. Irreversible or progressive dementias such as Alzheimer's Disease (AD), vascular dementia, and frontotemporal dementia result from damage to specific areas of the brain. Memory loss is most characteristic of Alzheimer's disease but not of the other progressive dementias. Hippocampi, the most important structures in the brain responsible for memory, are damaged in AD. On the other hand, in vascular dementia damage can occur in any region where there is a problem with blood supply to the brain. Depending on which part(s) of the brain have been affected, one could see symptoms which include visual problems, muscle weakness, stuttering speech, clumsiness, incontinence, etc., while intellectually the person may be least affected. In frontotemporal dementia there is thinning of the cortical layer in the frontal and temporal lobes of the brain; these regions are essential for social and emotional control. In early stages of this disease, memory is affected very

little but the person may become reckless, inconsiderate and impulsive. It can be confused with a psychiatric problem, but the symptoms are really due to damage to the brain rather than problems with attitude. Recognizing signs of early dementia can be challenging because preclinical pathological changes can go on for years while one might just mistake them for ageing. More sensitive tests are being developed but we are not there yet.

RISK FACTORS: Ageing is the biggest risk factor for developing symptoms of dementia. The brain does not have reserves of energy. It depends on a constant supply of oxygen and glucose. In healthy young brains there is a blood-brain barrier that prevents viruses, toxins and other harmful substances from passing from the blood to brain tissue. But as the brain ages and structural changes occur in major blood vessels and capillaries, the barrier becomes a bit leaky; harmful substances can pass through and cause inflammation of the brain. A decrease in blood flow starves neurons, leads to build up of waste products, which causes inflammation of the brain. Starved or dead neurons and inflammation leads to progressive physical and functional degeneration of the brain.

There are risk factors which we can reduce by modifying our habits or getting treatment for problems such as depression, diabetes, midlife hypertension, midlife obesity, smoking, alcohol abuse, high cholesterol, coronary heart disease, renal dysfunction, low unsaturated fat intake and inflammation. When these factors are taken care of, the risk of dementia decreases. The use of some medications, both prescription (like Ativan, Valium, Zopiclone) and some over the counter drugs (sleeping aids), are considered modifiable risk factors.

PREVENTION: Many animals and humans do not develop age related cognitive decline. In the UK, recent studies have shown a decreased incidence of dementia likely due to improved life style and better public health measures. Studies on ageing have shown that the loss of neurons in the brain up to the age of 80 is minimal; there is a loss in the number of synapses (connections in the brain) but that loss is reversible. The brain, at any age, is plastic, which means that it is capable of learning new things by generating new neurons, making new connections, and strengthening existing connections. The persistence of plasticity during ageing may prevent cognitive the health of our brains.

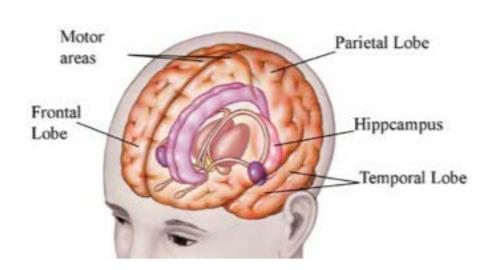
One of the most consistent sepfindings about brain health is that aerobic exercise improves memory sepand executive function (decision making). Aerobic exercise (such sepas cycling, hiking, and dancing which keeps your heart rate up sep continuously for approximately 30 minutes at least three times as week) leads to an increase in growth-hormone like chemical that sep helps to strengthen connections in the hippocampus, as well as sep generate new connections and new neurons thereby improving sep memory, learning, and executive function. Stress, a common sep problem in old age, releases stress hormones, which damage the sep hippocampi, thus affecting memory. The negative effects of stress sep can be averted by physical exercise. Strengthening exercise is sep also essential to minimize muscle loss. Being immersed in virtual reality leads to general brain arousal. It requires a constant visual tracking in the three dimensional space which can improve memory. However, it has been shown that brain stimulation alone does not improve memory because it does not lead to generation of new neurons. But the combination of immersion in a 3-D virtual reality environment with exercise on a bike produced cognitive benefits, which were more than with the bike alone.

Mindful body movement has been used to improve mental skills such as concentration and self-control. Studies have shown that Tai-Chi, meditation or just sitting still can improve attention,

cognitive control, skill learning, and lessen mind wandering. Yoga, which involves both mental and physical activities, improves cognitive ability.

Loss of Spatial memory can be an early sign of dementia. As we age, our capability for route learning and recall declines. Moving people to care homes worsens the problem. People who use maps and memorize their routes maintain their sense of direction better than people using GPS. In London it was shown that learning the layout of streets of London increased hippocampal volume of taxi drivers. We all know that **diet** plays a role in our mental and physical health. Beans, green leafy vegetables, nuts, berries, whole grains, fish, and poultry are all good while red meat, processed foods, pastries and other sweets should be avoided. Besides types of foods, quantity of food is important as well. With age we need to minimize our caloric intake. Don't forget to avoid **concussions**.

Memory loss is most characteristic of Alzheimer's disease but not of the other progressive dementias.



Memory INTERVENTIONS: Once dementia (reversible or irreversible) is diagnosed several cognitive, physical, nutritional and drug interventions are used. It should be noted that at present none of the interventions can cure or even slow down progressive dementia, but some measures can improve everyday function. Physical activity done alone or with other people has been demonstrated to improve cognitive function at all levels of dementia. Compensation is a strategy used by people when they perceive a decline in memory/cognition. The aim is to maintain a certain level of functioning despite the presence of cognitive decline. It involves taking notes, repeating information, placing things in known and obvious places, and doing a task in a different easier way. Right at the start of the diagnosis of dementia, the patient should be told that they can use other people as their external memory while their internal memory is declining. Cognitive training means specific mental exercises for specific parts of the brain, and is generally used in early stages of dementia, but these have not yet found to be very useful. Using email, Facebook or other social media communications are certainly helpful. There are newer trans cranial brain stimulation techniques, which use very small currents to stimulate the brain; these techniques have been shown to be quite safe with no side effects; but the machines

used are not ready for home therapy yet. These techniques are totally different from the notorious Electroconvulsive Therapy (ECT), which uses strong, long duration currents to reset the circuits of the brain. There are plenty of **nutritional supplements** people have used such as vitamins, omega-3 fatty acids, and other natural products. Ginkgo biloba extracts in high doses have been found to result in improved daily functional activities. Souvenaid, a medical nutritional drink, is a combination of vitamins, minerals and fatty acids, and it has been shown to improve every day living and memory. However, none of these supplements prevent progression of dementia. Similarly, **drugs** available at present do not cure or decrease the pathology of the brain, but they can to some extent improve daily function. There are two types available at this time: acetyl-cholin-esterase inhibitors (AChEi) used for mild to moderate Alzheimer's, and memantine has generally been used for moderate to severe AD or when a patient cannot take AChEi.

LIVING WITH DEMENTIA: At present, the anti-dementia drugs do not stop or repair the damage to the brain. They only improve the communication between the nerve cells that are still functional; however, the responses to these drugs are small. Therefore, patients and the support people have to learn to cope with the disease.

When certain parts of the brain are damaged, the surviving connected regions frequently misinterpret the incoming information. It may appear that the patient is being manipulative, but the fact is that their reality has changed. Even when they are not able to express big and complex ideas, one should note that all their feelings are still there because the deeper parts of the brain are mostly intact. They know whether they are being treated well or badly. They still have the capacity to feel happy or sad. It is important for people without dementia to ensure that the person with dementia feels safe, respected and loved. Before the state of advanced dementia (memory loss, difficulty with complex tasks, cannot dress/bathe, has vocabulary of limited number of words, cannot ambulate independently, cannot sit up independently, cannot hold up head independently, urine and bowel incontinence), make sure that everything is done according to the patient's wishes. Eating problems are the most common problem. Smaller frequent meals, with altered texture and high energy supplements are recommended for weight gain, however, these do not prolong life. A patient enjoys hand feeding and it provides interaction with caregivers. Tube feeding may be substituted during palliative care, but generally is discouraged in advanced dementia. Infections are common; in cases where a simple infection is causing sudden marked change in behavior such as delirium and confusion, antibiotics can help treat the infection and bring the patient back to their previous baseline. However, in general, there is no proof that antibiotics help with the relief of symptoms in patients with advanced dementia. Palliative care is the best preference for comfort. But if prolongation of life is the goal for some reason, then antibiotics may be considered. Hospitalization: In the last few months of life, when one is bound to have infections, extreme osteoporosis, and other problems, hospitalization rarely serves any purpose except it may prolong life. If prolonging life is not the goal, then hospitalization, tube feeding, anti dementia drugs, and antibiotics are not useful; keeping the patient comfortable should be the primary goal. For this reason, everyone (caregivers and patients) should be well informed when they give their Advanced Directives.

Support for family: Close family caregivers of dementia patients suffer more and longer than caregivers for most other diseases. They see a loved one lose physical and cognitive abilities. They have to take on responsibility of physical and financial care, and are under constant stress. Giving support to caregivers is absolutely essential.

It is very important that everyone writes a detailed living will so that if and when a patient cannot make decisions for themselves concerning drugs, hospitalization, aggressiveness of treatments, etc., then family, friends and healthcare people can act according to the wishes of the patient.

Humour is Good Medicine

On Being a SEENAGER

I am a Seenager. This means a senior teenager.

I have everything that I wanted as a teenager - only 60 years later!

I don't have to go to school or work.

I get an allowance every month.

I have my own pad.

I don't have a curfew.

I have a driver's licence and my own car.

I have ID that gets me into bars and the wine store; I like the wine store best.

The people I hang around with are not scared of getting pregnant; they aren't scared of anything.

They have been blessed to live this long, why be scared? And I don't have acne.

Life is Good!

Also, you will feel much more intelligent after reading this, if you are a Seenager.

Brains of older people are slower because they know so much. People do not decline mentally with age, it just takes them longer to recall facts because they have much more information in their brains. Scientists believe this also makes you hard of hearing as it puts pressure on the inner ear.

Much like a computer struggles as the hard drive gets full, so humans take longer to access information when their brains are full.

Also, older people often go to another room to get something and when they get there, they stand there wondering what they came for. It is NOT a memory problem, it is nature's way of making older people do more exercise. SO THERE!!

NOTICES & OPPORTUNITIES

A special offer to CURAC/ARUCC members from the Literary Review of Canada (LRC)

Published ten times a year, the *LRC* offers a unique perspective on national culture, politics and ideas, explored through both long-format reviews of Canadian books and original essays. Since 1991, this approach has made the *LRC* a lively forum for the discussion of Canadian thought – a role recognized with the Arthur Kroeger Prize for Public Discourse. The *LRC* was the first magazine to win this prestigious award.

In recognition of our contribution to Canadian intellectual life, the magazine is offering CURAC/ARUCC members a discounted subscription rate of \$35 – 41% less than the regular price of a year's subscription.

To learn more about the magazine, its contributors, and its content visit http://reviewcanada.ca. To take advantage of this offer: Visit http://reviewcanada.ca/curac-arucc for more details and secure online credit card payment options.

or

Send your name and mailing address to <u>literaryreview@cstonecanada.com</u>, specifying offer keycode NF09Z – please do not include credit card information, as you will be invoiced at your mailing address.

or

Call 416-932-5081, ask to subscribe to the *LRC*, and mention offer code NF09Z.

Ocean View Serving Seniors - Neighbourhood Program

The Neighbourhood Program is a grassroots membership organization for people 55 years of age and older which provides an extensive variety of services and activities. Based on the "village" movement started in the United States about a decade ago, **Ocean View Serving Seniors** is the first in Canada. A "village" allows a person to remain in their communities, delaying or preventing the need for formalized care, encourages volunteerism, reduces isolation and creates a sense of community among members. The "village" cares about the whole person as it responds to individual interests and requests. It also promotes vetted services that offer significant discounts to members who sometimes might be living on fixed incomes.

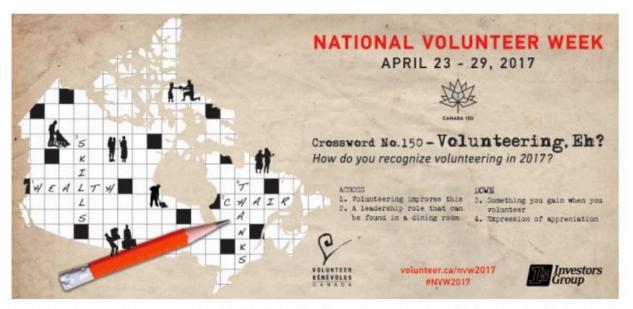
For a **yearly** membership fee of \$29.99 +HST (or \$39.99 + HST for a household of 2), members of the **Neighbourhood Program** call one number to access a growing list of exclusively discounted products and services from businesses you can trust. The **Neighbourhood Program** carefully screens all the businesses on their list and members access them at reduced rates to stay healthy, happy and safely in their own homes.

By looking past conventional solutions, the Neighbourhood Program was developed to support others to stay socially connected, have an improved quality of life, make new friends and get the most out of all the resources in the area. All the while providing peace of mind - peace of mind for the member and peace of mind for the family member who cannot do it all.

You can call **902-444-6020** to join.

Lillian Missy Searl, Membership Coordinator The Neighbourhood Program Ocean View Continuing Care Centre Ph. 902-444-6020 ext 3 https://oceanv.ca/neighbourhood

Calling All Volunteers - Look for the Crosswords



April 23 to 29 is National Volunteer Week. It is also the 14th consecutive year that Volunteer Canada delivers the National Volunteer Week (NVW) campaign in partnership with Investors Group.

Thank you Canadian volunteers, for 150 glorious years.

In 2017, volunteering comes in many forms and is as diverse as Canada itself. Someone who shovels their neighbour's laneway or who brings a lost pet to the animal shelter is helping to build a stronger community. Sometimes we miss recognizing these people as volunteers, because they do not occupy a formal role within an organization or group.

To celebrate all volunteers and to get you thinking more deeply about volunteering, during NVW Volunteer Canada will release a series of crossword puzzles that reveal the impacts, benefits and diverse ways Canadians are involved in communities. Some answers may be obvious, while others may cause you to stop and say: "Volunteering, Eh?"

However you recognize volunteering in 2017, one thing remains timeless...and that is volunteer efforts create positive impact in communities across Canada.





Collette is excited to be entering our second year as the travel partner with the College and University Retiree Associations of Canada. With tours across all seven continents, we focus on creating extraordinary and inspiring travel experiences. In addition to all the benefits of travelling with Collette (including professionally planned itineraries and the services of a Tour Manager) we offer CURAC members exclusive savings combinable with current retail offers!*

CURAC has designated two 2017 tours on which members of CURAC member associations, family and friends may join other college and university retirees.

Shades of Ireland: April 24th to May 6th, 2017

10 Days • 13 Meals

Set out on our most popular Irish adventure. Experience all of the charms of this enchanted country, including its welcoming people.

https://gateway.gocollette.com/link/758614

Legendary Waterways: June 21-July 6th, 2017

16 Days • 41 Meals

Relax on a boat cruise while the waters of the Rhine, Moselle, Main, and Danube carry you gently through the heart of Europe. : https://gateway.gocollette.com/link/758699

Book these CURAC tours through Newmac Travel. Inquiries and reservations should be made through 604 745 0088 or newmactravel@nexioncanada.com.

To book a Collette tour, contact 800.468.5955 & make sure to mention you are a CURAC member for additional savings*!

*Mention your CURAC member association for savings. Savings amount varies by tour and is valid on new bookings only. If you provide the name of your CURAC member association, you will be eligible for discounts. Note that for each CURAC/ARUCC booking, Collette returns a fraction to CURAC/ARUCC, with that commission shared with the retiree association of which the traveler is a member.

Space is on a first come, first served basis. Offers can expire due to space or inventory availability. Offers are not valid on group or existing bookings. Other restrictions may apply; call for details. Travel Industry Council of Ontario, Registration #3206405; B.C. Registration #23337.

IN MEMORIAM

We regret to announce the passing of the following of our ADRP members. Our condolences go out to their family and friends.

Fraser-Davey, Heather D., PhD, MSC, BSC

Heather passed away peacefully on November 27, 2016. She was born in Halifax February 9, 1938. She was predeceased by her husband, William Davey and parents, Murray and Mary Fraser. She is survived by her sister, Gail Evonic; nieces, Rona (David) Schooley and Natalie (Bill) Messner; nephew, Nicolas (Tracey) Evonic, to whom she was their beloved Auntie Foo; grand nieces, Allana Schooley, Alexis (Jesse) Cremer, Caitlin (Manny) Groneveldt, Brittany (Dave) MacLean and Kira Evonic; grand nephews, Ivan and Mikhail Evonic, Casey (Sarah) Messner, Tyler (Andra) Messner and Austin Messner; great grand niece and nephew, Michelle and James Cremer. Heather attended Mount St. Vincent, McGill and Dalhousie Universities. She spent many years nursing and teaching. One of her greatest interests was Health around the world which led to a lot of travel and sabbaticals in Scotland and Africa. She loved her travels, books and her friends. Cremation has taken place. Burial and reception will take place at a later date. Online condolences can be made by visiting: www.jasnowfuneralhome.com.

Denise Sommerfeld offers her remembrance of Heather Fraser-Davey.

Heather taught me the Nursing Care of Children in 1968 when I was in my junior year of the BScN program at MSVU and the influence she had on me then remains to this day. She modeled the essence of what being and believing a professional nurse to be, particularly when it came to children and their families. She taught us about family-centred care before there was a word for it. Years later we became colleagues in the School of Nursing at Dalhousie. There I continued to appreciate that same dedication as she applied it to students and student learning there. Students always came first for Heather and she was a strong mentor and advocate for them, as she was for newer faculty members as they came along. I always appreciated Heather's finely-tuned talents of sharp wit and quick retort...she could get to the crux of any matter in seconds and usually was dead on. I always appreciated that legendary sense of humour. Heather invested herself firmly in the Dalhousie School of Nursing and in her teaching and administrative responsibilities there and was a key part of its evolution to the School that it is today. Heather definitely mattered there, as I suspect she did to her family of whom she always spoke so very fondly. I last saw Heather after Bill's passing as she was preparing to move to Spring Garden Road....to be closer to all those annoying doctors' appointments, she said. Heather influenced many, and will not be forgotten.

She contributed a lot - much of it 'under the radar', particularly in regards to student support and to our international project in Tanzania, and for ensuring that our nursing curriculum was firmly grounded in solid pedagogical principles... a particular expertise of hers that she helped newer faculty learn and implement, as well as students as they endeavoured to to learn about planning, implementing and evaluating effective patient teaching.

Mann, Karen Virginia (née Price) (1942-2016)

We are terribly sad to announce that Karen died on the morning of November 28th in Halifax. She was surrounded by her family, and had a chance to say goodbye to us all. It is very hard to lose her, but the joy, thought and care she brought to the world for her 74 years makes it a little easier. She was a wonderful wife to Ian, whom she adored. As a mother, she was unmatched. Her unconditional love and unwavering support for her children Geoff, Peter and Gillian, and their spouses Michelle, Sarah and Andrew, never flagged, and never will. All her grandchildren revelled in their time with Nan, just as she did her time with them. She was also a great but humble scholar, a leading light in the field of medical education, and a valued colleague to many educators all over the world.

All those who knew Karen will remember her for her laughter, her intellect, her extraordinary kindness and her gentle fearlessness. She broke many molds, but called so little attention to herself that sometimes it was hard to notice. She was endlessly curious about the world and our place in it, stood up to injustice, and valued each and every person she met, striving at all times to be the best friend and colleague to many. She put her heart into her life, and it was a very big heart. She brought out the best in all of us and we are lucky to have had her in our lives. We miss her so much, and will never forget her.

A funeral service was held at 1:30 pm on Friday 2 December at the Cathedral Church of All Saints, 1330 Cathedral Lane, in Halifax. In lieu of flowers, donations to Pancreatic Cancer Canada or Save the Children will be gratefully received.

Pothier, Dianne Louise



It is with deepest sadness that we announce the passing of Dianne, at home on January 3, 2017. She was born in Halifax, the daughter of the late Charles and Ona (LeBlanc) Pothier. She is survived by her brothers, Guy Pothier, and Philip (Mary) Pothier; sister, Claudine (Paul) Renault; nieces, Danielle (Mike) Hickey, Laura Pothier, Lise (Jesse) Renault; nephews, Philip (Julia) Pothier, Marc (Nisa) Renault; great nephews, Xavier, Brân, Benjamin, Charles and great niece, Isabelle; uncle, Monseigneur Gérald LeBlanc and aunts, Claire Pothier and Leona Pothier.

She earned an undergraduate degree at Dalhousie University in Halifax followed by a Master's Degree in Political Science at Carleton University in Ottawa and, while in Ottawa, also spent a year as a Parliamentary Intern. In 1982, Dianne graduated from Dalhousie Law School having won almost every academic prize available including the University Medal in Law.

In 1986, Dianne became a faculty member of the Dalhousie Law School where she made leading contributions in her teaching and research to constitutional law, labour law, and public law. To give just one example, her article "Connecting Grounds of Discrimination to Real People's Real Experiences" has been cited in almost every subsequent article on equality law. She combined

compelling personal narrative and incisive legal analysis in ways that elucidate and challenge. In addition to her contributions to constitutional law, labour law, and public law, Dianne was Canada's leading legal scholar and activist on disability and the law. Her work on the concepts of equality, the duty to accommodate, and dis-citizenship have been drawn upon by scholars across the country and have had policy resonance in legislature and courts. Dianne also co-chaired a set of 16 presentations by emerging and established scholars on Critical Disability Theory. Those presentations became the basis for a collection of essays published by UBC Press – one of the first book length contributions on the subject in Canada.

Dianne was also active within the greater Dalhousie community with numerous positions in the Dalhousie Faculty Association.

Dianne was a community activist. She played cornerstone roles with many equality groups, including the DisAbled Women's Network, the Women's Legal Education and Action Fund, the Canadian Disability Studies Association, the Equality Panel of the Court Challenges Program of Canada, and the Canadian Association for Community Living.

Retirement provided Dianne with more time for that critical work. She was active in defending federal legislation on Assisted Dying in regard to the limitation to those whose death is reasonably foreseeable. She was fiercely committed to the work on the Emerald Hall human rights complaint, which is focused on the lack of supportive housing for disabled persons and the right to live in the community on equal terms with others.

Dianne was recognized with the Frances Fish Women Lawyers' Achievement Award, the CBA President's Award, and the Dalhousie Bertha Wilson Honour Society.

Dianne enjoyed music and singing, playing on-line scrabble with family, and knitting afghans for the youngest members of the family. She was the best at finding the most unique hand-crafted gifts for family for every occasion. She baked the best chocolate pound cake!

Dianne was brilliant, passionate and yet so modest. She was an inspiration to all and she will be deeply missed by family, colleagues, and friends who sought and valued her opinion. Visitation was at J.A. Snow Funeral Home, 339 Lacewood Drive, Halifax, on Friday January 6th from 2:00 – 4:00; 7:00 – 9:00 pm. Mass of Christian Burial took place on Saturday, January 7 at 11:30 am in St. Thomas Aquinas Parish, Halifax, Father Cherry presiding. In memoriam donations may be made to the CNIB or to a charity of your choice.

Dianne received tributes from Catherine Frazee, fellow advocate, and Wayne MacKay, fellow Schulich law Professor, at her funeral service, most notably that she was not one to seek out the limelight. Outside of academia, McKay noted that Dianne's talents extended to karaoke singing and she often took part in such events at popular taverns. Frazee believes that Dianne was not a household name in Canada, but rather she was an unsung hero whose place in history "will become more apparent in time".

Association of Dalhousie Retirees and Pensioners



Room 2831 Life Sciences Centre Dalhousie University PO BOX 15000 Halifax, Nova Scotia B3H 4R2

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Association of Dalhousie Retirees and Pensioners (ADRP)

Membership

Open to all Retirees from the University staff, Non-Academic and Academic. Associate membership is available to those within 5 years of retirement.

Mission

To facilitate and promote the dissemination of information of interest to Dalhousie Retirees; and

To enhance and promote the sense of continuing membership in the Dalhousie Retirees' family.

Formal Objectives

To represent the interests of retirees from Dalhousie University, their spouses and beneficiaries;

To further the understanding of the retirement pension and benefits;

To cooperate with other groups that have similar objectives; and

To provide a conduit for information between the University and retirees.

Informal Objectives

To promote social interaction among its members;

To investigate and negotiate group benefits that a significant number of members may desire:

To provide information to its members about general and specific retirement issues; and To pursue other issues as the membership directs.

For Further Information

Visit us at our Web Site: http://adrp.dal.ca or phone us at (902) 494-7174. Our Email is adrp@dal.ca. Our unstaffed office is on the lower floor of the Life Sciences Centre, Room 2831.