

Our Journey Together

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SPECIAL EDITION

FROM THE DESK OF THE EXECUTIVE DIRECTOR

Welcome everyone to this Special Edition of our Newsletter. We are very excited to share this information with you. It is an opportunity to celebrate, to confirm our challenges, and to thank you for your role in helping to ensure we provide high quality services to our clients as efficiently as possible. Why the report card? Very simply, it is about transparency.

As you read through the following pages, you will see our organization has been through many changes in the past two years. Some changes are directly related to the formal amalgamation between two Chapters while others were made as part of our effort to ensure the most effective use of resources. Unfortunately we could not address every amendment in this report, but what we've provided here offers an accurate picture of what we've accomplished and where we are headed.

Our operations have been measured in several ways from a variety of viewpoints this year (each producing different results). Together, these assessments help guide us to a higher level of quality service for our clients.

Finally, you will note the results of the changes we've made and their impact on our client services. While we will continually endeavour to improve our client services, we are proud of the results with the road we have travelled.

TWO YEARS OF CHANGE

The last two years have certainly been characterized by change. While initially related to the formal amalgamation between the Peterborough and Area and the Kawartha Lakes Chapters, there have been other triggers that continue to press and encourage us to focus on providing services to a growing client base. The most pressing need is certainly to address the pending tidal wave of individuals and families affected by dementia, without access to the same increase in resources to meet that demand.

The decision to amalgamate was initiated by an opportunity created with vacancies in leadership staff and the willingness of the two sets of Board of Directors to find a joint solution to ensuring the right volume and skill levels in volunteer and staff leadership and front line positions. The obvious efficiencies include a single Board of Directors, one website, one set of financials, one Executive Director, one auditor, one bookkeeper, and so on. Savings in these administrative functions meant the organization could increase front-line staffing, increase physical space in both Peterborough and Lindsay offices to better serve clients, and open a new satellite office to serve the Northumberland area.

At about the same time, we conducted a review of the human resources of both Chapters, resulting in the decision to move functional positions to positions based on geographic communities. This decision resulted in greater efficiencies related to travel and time spent out of the office, and improved relationships with community partners. Most importantly, clients now have one staff partner from intake to discharge, resulting in a stronger relationship and only having to “tell their story” once.

Recognizing the only way we can hope to meet future needs is by accepting volunteers as equal partners in our operations (at all levels), we focused a significant amount of attention on developing our volunteer foundations. We recruited a strong, complete Board of Directors, have invested in a staff person dedicated to volunteer resources, developed and implemented a training program for volunteer group facilitators, and have developed new training and orientation modules and guides.

Over the two years, many other reviews have been completed that have led to changes, and to strengthening the foundations of the organization. This Report Card will provide you with a glimpse into all the changes, reviews and results. Enjoy!

“The great thing in the world is not so much where we stand, as in what direction we’re moving”

*Oliver
Wendell
Holmes*

ORGANIZATIONAL OVERVIEW

*“Our attitude
not our
aptitude will
determine
our altitude”*

The Alzheimer Society (AS) provides service throughout the counties of Peterborough, Northumberland, Haliburton and the City of Kawartha Lakes. Geographically, this covers an area of more than 12,793 square kilometres. With a higher than average population of seniors, according to the Hopkins report, more than 6,450 individuals in the complete population of 294,000 are living with some form of dementia. It is estimated that this number will grow to more than 8,450 individuals in 2020.

Vision – To be a leader in the Alzheimer movement and recognized by our community as an essential provider of dementia-related services and supports.

Mission – The (AS) is a community agency dedicated to improving the quality of life for persons with Alzheimer’s disease and related dementias, and their caregivers.

The clients of the AS include individuals affected by Alzheimer’s disease and related dementias and their caregivers, including those who are experiencing early warning signs but have not yet received a diagnosis. The AS also supports the educational needs of those who provide service to individuals with dementia, including staff at retirement and long-term care facilities, students in health-related programs and other staff and volunteers from various community service agencies.

The AS Chapter provides ongoing information and support for clients in the following areas:

- Understanding the dynamics of Alzheimer’s disease and related dementias, its symptoms and progression
- Identifying support services (internal and external to AS)
- Reducing caregiver stress
- Navigating the health care system
- Understanding options for care and transition to Long Term Care
- Understanding Long Term Care options
- Advanced care planning
- Explaining dementia to children, youth and other family members
- Understanding changes in the brain and in behaviours
- Assisting with activities of daily living
- Researching and advocacy
- Safety for persons with dementia
- Safely Home Program
- Friendly Visiting Program (Peterborough County only)
- Link to peer support within a safe environment
- Information about abuse and how to avoid/end abuse
- Understanding and adopting healthy brain strategies

STRATEGIC PLAN IMPLEMENTATION

In the summer of 2010, the (newly amalgamated) Chapter held a strategic planning session, setting the stage for the next few years (2010-2013).

The plan was developed with the assistance of an external facilitator through the United Way of Peterborough and District. The process included conducting surveys of clients, volunteers and other stakeholders.

The AS acknowledges three stakeholders who play a significant role in influencing our operations. The strategic priorities of both the Alzheimer Society of Ontario and the Federation of Alzheimer Societies in Ontario, as well as those of the Central East (Local Health Integration Network) LHIN, have an impact on our strategic and operational plans.

Progress to date on goals:

Completed:

- ✓ research current and potential community partners
- ✓ identify base level of services for Chapter
- ✓ identify gaps in services and determine potential new services
- ✓ identify roles for volunteers
- ✓ identify recruitment strategies for volunteers
- ✓ plan and develop volunteer management tools and resources
- ✓ plan and prepare internal resources to manage increased volunteer base
- ✓ identify knowledge, skills and abilities required in staff
- ✓ provide training to fill gaps in current staff competencies
- ✓ determine future staff requirements and plans for growth
- ✓ determine Chapter's role in research
- ✓ develop key messages for external communications
- ✓ ensure activities are published in complete geographic area
- ✓ make decision about space requirements for service delivery
- ✓ make decisions about owned versus leased facilities

In Progress:

- ✓ develop 5 year detailed fund development plan
- ✓ develop a client profile including current and future needs, and prioritize those needs
- ✓ develop a staff retention program
- ✓ continuous education of staff with latest research material

*“Determination
patience
and courage
are
the only
things
needed to
improve any
situation”*

Anonymous

INVESTING IN HUMAN RESOURCES

Aligned with the amalgamation of the two chapters, we conducted a review of the human resources. This report produced several recommendations that would lead to significant changes to the staffing structure and investment in the staffing team.

Prior to the amalgamation, staff were assigned to functional positions (i.e. Caregiver Coordinator, Family Coordinator, First Link Coordinator). All could be involved with the same family, travelling to the same community on any given day, etc.. The decision was made to move to a more generalist position (Client Coordinator) assigned by geographical regions, which meant a given client family would have a *single* staff member assigned to them from intake to discharge. It also meant the staff person could schedule multiple visits to the same community and referral sources and community partners would develop stronger relationships with one staff person. Also of significance, the organization could allocate staffing to ensure equitable distribution of services across the communities.

Results:

- ✓ Increased staff level in front-line services
- ✓ Increased staff presence in rural communities
- ✓ Enhancements of a performance appraisal process, including self assessment, peer reviews, quarterly updates, and setting goals and objectives that align with the strategic and operational plans of the organization
- ✓ Development of core and job specific competencies that will help guide staff in their assessments of current performance, as well as their development of future skills and knowledge
- ✓ Allocating funding to staff training and development, acknowledging unique needs, strengthening the skill set of the organization, and helping to increase staff retention levels
- ✓ Use of restricted funds to allow all program staff and several program volunteers to attend both the 2011 Alzheimer's Disease International Conference and the Ontario Changing Melody Conference
- ✓ Staff meetings held twice monthly that include both business and training and development components
- ✓ Hiring of a volunteer resources coordinator
- ✓ Expectation within all job descriptions for involvement with, and or supervision of, volunteer members
- ✓ Development of a training program for volunteer support group facilitators
- ✓ Development of tools and guides to enhance volunteer orientation and support activities
- ✓ Development of a board recruitment matrix that has helped to ensure a full slate of skilled and competent members
- ✓ Refocusing the fundraising staff from special events to major gifts, acknowledging the current and future challenges in addressing growing client numbers without matching increases in Ministry funding.

NB – a change in the funding formula for the First Link program resulted in the reduction of Client Support Coordinator hours by 0.5 FTE (full time equivalent) for the 2011/12 funding year; this is to be reviewed annually by the LHIN.

*“Together,
all of these
outstanding
women have
become
my Rock of
Gibraltar.
I owe
everyone of
them a huge
debt of
gratitude for
getting me
through this
difficult
passage”*

*Client,
caregiver*

TECHNOLOGICAL ADVANCES

The Chapter has invested in software technology to ensure we can continue to provide service with increased consistencies, accuracy and with new efficiencies.

- ✓ Through the amalgamation process, several pieces of technology required revisions or changes resulting in decreased operational costs and increased efficiencies, as well as more consistent branding of local activities, including moving to one website and one email signature identifier.
- ✓ Prior to amalgamation there were two client data bases. Through the process, the Chapter moved to a new data base that has saved staff time, increased reliability and functions in managing client files and case notes, and decreased the time required for production of statistics. This software also supports the needs related to management of volunteer resources.
- ✓ The Chapter purchased new donor software that allows for better tracking and stewardship of our individual and corporate donors, as well as our special event activities.
- ✓ Following the direction of our LHIN, the Chapter has and will be participating in the implementation of several new software programs: HR Quadrant to manage payroll functions; MISS to manage financial reporting requirements; InterRAI CHA as a common assessment tool to be used by health providers; and IAR as a common shared data base for client records.

As well, you will read in our “Educational Activities” section how we are using webinar technology to increase our reach of educational programming to more people in more communities.

We are now piloting the use of Skype technology to allow caregivers the opportunity to join their current caregiver support group sessions while out of the country on vacation.

“We cannot direct the wind but we can adjust the sails”

Alzheimer Society Ontario (ASO) Sustainability Tool Results

The Alzheimer Society of Ontario, Organizational Effectiveness Committee, developed a tool to help Chapters measure their capacity to deliver consistent, high quality and cost effective services to the growing number of people with dementia over the next 10 years.

The tool focuses on leadership expertise and diversity, policies and procedures, strategic planning, community and stakeholder engagement, and service provision. Our Chapter scored 63 out of 73 possible marks, resulting in the categorization of “chapter is most likely sustainable, no urgent need for change”.

Our Chapter fell short in one category: skills and competencies on the Board of Directors, where the score is either 0 or 10, with 10 points being awarded if the Board has individuals representing all expertises. While our Chapter does not have *all* expertises within our current members, it does have access to all when needed.

“The road to success is always under construction”

“We are in the enviable position of having a full slate of board members with a wait list of an additional four people. It wasn’t difficult to elicit a commitment from each potential board member when I was able to say with full sincerity, that I wouldn’t be endorsing involvement on this Board without personally knowing that it is an excellent organization that has high calibre committed staff, a solid clear vision, and a good mix of current board members.” (Marg, Board Member, Recruitment Committee)

Central East LHIN Self-Assessment Tool Results

The Central East LHIN tool is designed for use by community services agencies to quickly assess their organizational health status. The statements in the tool are those considered by the LHIN to be important for a health service provider to effectively and efficiently provide client services and to be accountable for the public funds received.

Agency Governance, Executive and Strategic Leadership, Sustainability	Scored 70 out of 88: Optimal health (44-88)
Agency Staffing, Operations – Direct and Client Services, Volunteers	Scored 68 out of 80: Optimal health (40-80)
Back-Office Services, Financial	Scored 72 out of 80: Optimal health (40-80)

Total Score – 210 out of 248:

“Optimal Health (124-248) – Your organization has all the elements to successfully provide services and ensure they are sustainable for the longer term”.

AMALGAMATION REPORT

As the first two Chapters to formally amalgamate their operations within Ontario, Alzheimer Society of Ontario, on behalf of the Federation of Alzheimer Societies in Ontario, we hired a consultant to facilitate a review of the process and results. It is expected that this report will provide information to other Chapters who are considering some form of integration.

Results (to be released in the near future) support the success in achieving the goals of the amalgamation project. More clients are being served with greater efficiencies

ALZHEIMER SOCIETY ONTARIO PEER REVIEW RESULTS

Each Chapter within the Federation of Alzheimer Societies is required to complete an operational audit of 23 quality standards every three years. This Peer Review is conducted by a combination of ASO staff and representation from another Chapter. The completed report highlighted a number of successes. Action items generally focused on the development of both financial and volunteer resources.

CENTRAL EAST LHIN AUDIT

As part of their requirements to the Ministry of Health, the CE LHIN is currently conducting an audit of our program statistical and financial data. We look forward to the results of this six-month process.

“The road to success is paved with good intentions that were carried out”

FUNDING COMMITMENTS

The local organization receives funding from several sources. Most significantly, the Ministry of Health through the Central East LHIN provides funding totalling 77 per cent of our revenue sources. The second most significant source of funding is from individual and corporate support, including special events, totalling 20 per cent of revenue.

We are very appreciative of individuals who have made a donation whether it be directly to the organization, through one of our signature events or through a third party event. While we cannot list all contributors, we do want to specifically acknowledge two corporate supporters, Scotiabank and Stoneguide Realty, who lead our annual golf event, as well as families and businesses such as the Robinsons who host events with proceeds coming to support our clients. We would also like to extend our gratitude to everyone who has participated in one of our signature events: Coffee Break and Walk for Memories (Peterborough) and Journey for Memories (City of Kawartha Lakes).

In a recent meeting hosted by the CE LHIN, Community Service Agencies were told by the LHIN that future funding, at current levels, is not guaranteed. The LHIN has to make some difficult decisions in where to allocate their resources, trying to address both current critical needs as well as long-term preventative needs.

With the high level of reliance on Ministry funding, as well as the growing need for more services, it is more critical than ever that our organization focus our resources on individual donor stewardship.

A SPECIAL THANK YOU

I would like to take this opportunity to publically thank Gord Drew for his voluntary contributions to the organization, and more specifically, to the creation of our newsletters

“Retired” from his lengthy service on the Board of Directors, Gord has continued to produce our newsletters. Thank you Gord!

I would also like to thank Leah Oliveira, a new Board member for her help with this Report Card.

“I have found that among the other benefits, giving liberates the soul of the giver.”

Maya Angelou

CLIENT GROWTH

As we moved forward with the amalgamation, it was clear that a practice of equitable distribution of resources be applied to ensure that services were distributed evenly across the four counties, and into the rural communities.

We have seen tremendous growth in the number of clients in all 4 counties.

We have seen increased focus in service delivery in our rural communities.

We have seen a more-evenly balanced distribution of efforts.

The measurement tool is the Hopkins Report, which provides statistics on the number of individuals living with dementia.

Number of New Referrals:

	Hopkins Report # individuals with dementia	2009/10 clients	2010/11 clients	2011/12 (first 9 months)
Peterborough County	2730	334	338	381
City of Kawartha Lakes	1584	152	274	231
Northumberland	1779	84	186	137
Haliburton County	337	5	66	67
Other		147	188	144
Total	6482	721	1108	960

“An acre of performance is worth a whole world of promise”

James Howell

Distribution Proportionality:

(eg. 46% of new referrals in Chapter in 2009/10 are in Ptbo County):

	Hopkins % distribution	2009/10 % distribution	2010/11 % distribution	2011/12 (first 9 months) % distribution
Peterborough County	43	46	45	40
City of Kawartha Lakes	25	21	25	24
Northumberland County	27	12	17	14
Haliburton County	5	1	6	7
Other		20	7	15

CLIENT SURVEY RESULTS

Surveys were distributed randomly to approximately 156 clients, split approximately 50/50 between persons with dementia (PWD) and caregivers (family members). Surveys were distributed equally throughout the service area of the Chapter. There were 17 questions.

Responses were received from nine persons with dementia, and 36 caregivers. This represents a response rate of 29%, known to be a respectable amount for survey participation rates.

Highlighting quotes:

*“A friend
hears the
song in my
heart and
sings it to me
when my
memory fails”*

“...(coordinator) has made me feel so much better and I am able to go home and continue on”

“I was delighted at how quickly I received support and got underway toward feeling much better – this has been a lifesaver for me”

“...one on one visit when I dropped into the office upset without an appointment – home visit within 10 days and followed by support in changes group shortly afterwards”

“Very close to home – I was surprised to have access in Bobcaygeon”

“I now know how to deal with my husband without getting so frustrated”

“Wonder how I could ever handle this problem and now there is good help and caring people at the Society – I am very surprised at the amount of support and understanding the qualified people in the Society give”

“...his (going to an emergency department) has not come up yet but we are headed in that direction and support seems to have turned that around”

94% caregivers said they would recommend the Society to family and friends, with the remaining 6% saying that they probably would. “the move (to long term care) wasn’t delayed, but the help to get through the waiting period was most valuable”

GROUP SUPPORT ACTIVITY GROWTH

Sixteen support groups were held monthly prior to amalgamation, and within two years, a growth to 40 support groups were held monthly; a growth from two support groups for persons with dementia prior to amalgamation, to 14 groups currently held monthly.

Group Activity Before March 2010

Peterborough Brown Bag Support Group
 Peterborough Memory Makers Group
 Lakefield Caregiver Support Group
 Millbrook Caregiver Support Group
 Cobourg Caregiver Support Group
 Port Hope Caregiver Support Group
 Campbellford Caregiver Support Group
 Fenelon Falls Caregiver Support Group
 Lindsay Caregiver Support Group “A”
 Lindsay Caregiver Support Group “B”
 Lindsay Caregiver Support Group “C”
 Bobcaygeon Caregiver Support Group
 Bobcaygeon Changes Support Group
 Kirkfield Caregiver Support Group
 Kinmount Caregiver Support Group
 Haliburton Caregiver Support Group (contracted through another agency)

After Amalgamation

- Developed consistent format and focus areas for various groups
- Developed criteria for participation in each of the groups
- Developed protocols for transition between groups
- Ensured balance of group delivery based on population
- Developed balance of group delivery between staff
- Increased involvement of volunteers in facilitating group activities

Changes – a group for persons with early-stage dementia who are able to attend independently.

Milestones – a group for persons with middle-stage dementia whose care partners need to be available (in close proximity).

Caregiver Support Group – a group for caregivers of individuals with dementia.

Activity Club – a session for persons with dementia and/or caregivers, with a focus on healthy brain stimulation activities

*“I no longer
hide at home.
I’m back
visiting
people again,
family,
friends”*

*Client with
dementia*

GROUP SUPPORT ACTIVITY GROWTH (cont.)

Group Activities After December 2011

Peterborough Activity Club "A"
 Peterborough Activity Club "B"
 Peterborough Caregiver Support Group "A"
 Peterborough Caregiver Support Group "B"
 Peterborough Caregiver Support Group "C"
 Peterborough Changes (coming Winter 2012)
 Peterborough Milestones Group
 Peterborough Activity Club (PWD)
 Lakefield Caregiver Support Group "A"
 Lakefield Caregiver Support Group "B" (coming Winter 2012)
 Apsley – Caregiver Support Group
 Apsley Milestone/Changes Group (coming Winter 2012)
 Millbrook Caregiver Support Group
 Colborne Caregiver Support Group (coming Winter 2012)
 Cobourg Caregiver Support Group
 Cobourg Activity Club
 Port Hope Caregiver Support Group
 Campbellford Changes Support Group
 Campbellford Caregiver Support Group
 Fenelon Falls Caregiver Support Group "A"
 Fenelon Falls Caregiver Support Group "B"
 Fenelon Caregiver Support Group "C"
 Fenelon Falls Milestones Support Group
 Minden Caregiver Support Group
 Haliburton Changes Support Group
 Haliburton Caregiver Support Group "A"
 Haliburton Caregiver Support Group "B"
 Lindsay Activity Group
 Lindsay Caregiver Support Group "A"
 Lindsay Caregiver Support Group "B"
 Lindsay Caregiver Support Group "C"
 Lindsay Caregiver Support Group for Adult Children (coming Winter 2012)
 Lindsay Milestones Support Group
 Lindsay Changes Support Group
 Bobcaygeon Caregiver Support Group
 Bobcaygeon Changes Support Group
 Janetville Caregiver Support Group
 Little Britain Caregiver Support Group (coming Winter 2012)
 Kirkfield Caregiver Support Group
 Kinmount Caregiver Support Group

“A wonderful sidebar of membership (in a support group) is the new circle of friends my husband and I have made”

*Client
 Caregiver*

EDUCATIONAL ACTIVITIES

The Chapter provides educational support to individuals and families, professionals and community partners—anyone directly or indirectly affected by Alzheimer’s disease and related dementias. While most impact is felt by those living with dementia, the organization continues its commitment to serving those individuals and families by providing education to such community partners that include long term care facilities, retirement homes, college and university programs, and community groups.

One program has seen significant increase in activity in the last two years, from eight series in 2009/10 to 19 series this current year. The **First Link Learning Series** was developed to help individuals and families move through the Alzheimer journey. Our organization focused on simultaneously increasing the number of programs and ensuring availability in local communities throughout our territory. The following identifies several existing programs:

- **First Steps:** a series to help newly diagnosed individuals with dementia and their caregivers understand the diagnosis and the changes they experience.
- **Next Steps:** a series offering family members and friends caring for individuals diagnosed with dementia an overview and further information about supporting a loved one through the dementia journey.
- **Care Essentials:** a series focusing on problem solving strategies, approaches for communication and available avenues for support.
- **Options for Care:** a series helping family members and friends evaluate their current and future care giving needs.
- **Care in Later Stages:** a series helping family members and friends explore what to expect in the later stages of dementia, including identifying their own needs.

*“My husband
son and
daughter
went with me
to First Steps
..they left
understand-
ing how I feel
and what I
can do”*

*Client with
dementia*

<u>2009/10</u>	
First Steps	Peterborough (x2) Lindsay (x3) Port Hope Fenelon Falls
Next Steps	Fenelon Falls

<u>2010/11</u>	
First Steps	Peterborough(x2) Haliburton Fenelon Falls
Next Steps	Haliburton (x2) Lindsay
Care Essentials	Peterborough
Later Stages	Lindsay

<u>2011/12</u>	
First Steps	Lindsay (x2) Peterborough (x2) Campbellford (x3) Port Hope/Cobourg
Next Steps	Peterborough Lindsay
Care Essentials	Haliburton Lindsay Apsley Lakefield Bobcaygeon (x2)
Later Stages	Peterborough
Options for Care	Peterborough
TDB (Spring 2012)	Peterborough Northumberland

EDUCATION ACTIVITIES (cont.)

Emerging trends point to an increased demand for education from agencies supporting individuals with developmental disabilities who are experiencing dementia in growing numbers.

Programs designed to cater to professionals and students include:

- **U-First:** Training and education program designed for unregulated health providers who provide care for persons with Alzheimer's disease and related dementias.
- **GPA (Gentle Persuasive Approaches):** Education for long term care and retirement home staff in strategies for dealing with responsive and challenging behaviours associated with dementia.

The **McQuarrie Education Series** is scheduled each January. Open to anyone and everyone, this year's (2012) annual event takes on a new character as we continue our efforts to make our programs accessible to our complete area. While traditionally held in Peterborough, the event will be held in five communities across our area, using webinar technology. Attendees can join at local venues and will be able to engage with our presenter from a distance, as well as with local staff and volunteers on-site. As well, using our own volunteers, we will be providing a respite service at two sites to allow more Caregivers the opportunity to attend the event.

FIRST LINK PROGRAM

Alzheimer Society Ontario conducted an evaluation project to determine the extent to which the First Link objectives were achieved, titled the *First Link Demonstration Project*.

The First Link program was designed to improve linkages between the Alzheimer Society and the local referral sources, improve coordination of care and linkages to other service providers and increase understanding and awareness of Alzheimer's disease and related dementias.

The key findings of the report indicate persons with dementia and caregivers who are referred through the First Link program have more knowledge about dementia, are more familiar with community resources and are more confident in their ability to cope with the disease. Health professionals report the referral process was extremely easy, efficient and seamless, they recognized the value of direct referrals to initiate first contact, and there was success in establishing and enhancing numerous linkages within the community.

"I got the feeling from one of the speakers that she's not giving up until the end. She's going to keep doing what's positive. I really appreciated that, and in many ways my wife shows that attitude to me"

*Client
Caregiver*

COMMUNITY PARTNERS

With growing demands to provide more service without corresponding increases in government funding, it is critical for us to seek opportunities to engage with community partners in the delivery of services.

We need and want to acknowledge all of the partners who help us to ensure we can maintain a focus on meeting the needs of our clients. This support comes in many forms, from hosting events, hosting regular support groups, sharing space for meetings and client sessions, referral of clients between agencies – the list goes on.

- ✓ Relationships are established for referrals to and from the AS, including 32 physicians, three dementia specialists, Geriatric Emergency Medicine staff at three hospitals, Psychiatric Assessment Services for Elderly (PASE), Geriatric Assessment Intervention Network (GAIN), two memory clinics, and various community services (long term care facilities, VON day program, Hospices, access centre, Community Care agencies, and other community service providers).
- ✓ Relationships are established with 47 long term care facilities and retirement homes, that include referrals, staff training, client tours, client supports for transitioning to facilities, space for support groups and client and organizational meetings
- ✓ Relationships established with organizations (long term care facilities, retirement homes, health centres, family health teams, community agencies, service clubs and churches) to provide space for individual and group client sessions
- ✓ Relationships with community partners on more than 20 networks to help ensure consistent and directed services related to seniors care

A few unique ventures include:

- ✓ AS hosts an intergenerational program that brings youth together with seniors living with dementia, for activity sessions hosted in a local long term care facility
- ✓ AS has been invited to join the Kawartha Lakes Health Team to participate as a member of the memory clinic team
- ✓ AS has been invited to two Aboriginal communities to join in their exploration of dementia care needs
- ✓ AS has been invited to a correctional facility to provide education to residents about dementia care needs

“If we are together nothing is Impossible, if we are divided all will fail”

Winston Churchill

LOOKING AHEAD

As we continue to move forward, several themes remain consistent:

- Continue to close the gap between those who live with dementia and those receiving our support
- Continue the development of a healthy donor base in order to meet the growing gap between government funds and services needed
- Continue balancing services equitably across our area
- Continue to address gaps in services for AS clients needing additional community supports
- Continue to review policies and formalize practices

DIRECTORS AND STAFF

Board of Directors

President	Bob Geddes
Past President	Donna MacDonald
Vice President	Colin Chambers
Vice President	Dr. Robert Kyle
Secretary	Marg Plaunt
Treasurer	Tim Nicholls
Members:	Ray Johnson
	Marilyn Gandy
	Dorothy Owens
	Leah Oliveira
	Judy Matte-Thompson
	Joan McCormick
	Joyce Ferguson
	Michelle Tabor

Staff Members

Exec. Director	David Webster
Bookkeeper	Melinda Ferguson
Admin Assistant	Heather McWilliam
Fund Development	Debra McCarthy
Volunteer Resources	Betty Batten
Client Support	Diana Primavesi
Client Support	Anne Marie Peters
Client Support	Jenn Stubbert (Mat Leave)
Client Support	Bonnie Fitzgerald
Client Support	Susan Barringer
Client Support	Pat Finkle
Client Support	Sylvianne Young
Client Support	Carolyn Hemminger
Client Support	Kristi Harnden
Friendly Visiting	Betty Batten
Public Education	Sarah Cook
Public Education	Lisa Morasse

Alzheimer Society

PETERBOROUGH, KAWARTHA LAKES,
NORTHUMBERLAND & HALIBURTON

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Telephone: (905) 885-5000
Open by Appointment

Website: www.alzheimersociety.ca

Office Hours

Monday to Friday
9:00 am to 5:00 pm

Mission Statement

*“The Alzheimer Society of Peterborough
Kawartha Lakes, Northumberland and
Haliburton, is a community agency
dedicated to improving the quality of life
for persons with Alzheimer’s disease
and related dementias,
and their caregivers”*

“Our Journey Together” is now available
online for all of our
internet-savvy readers.
visit our website by
clicking [here](#)

The views expressed in this newsletter are the
views of the local Alzheimer Society, and do
not necessarily reflect those of the Central East
LHIN or the Government of Ontario. The
Alzheimer Society is appreciative for the fund-
ing we receive from the Ministry of Health
through the Central East LHIN.



HELP FOR TODAY BRINGS HOPE FOR TOMORROW

There are many ways you can keep informed about and help those struggling with Alzheimer’s disease.

We invite you to check off, on the following list, those ways about which you would like more information. We will be in touch with you to discuss the opportunities.

- I would like to become a member of the Society**
With our no cost membership policy it is easy to share in this important work. Members, in addition to participating in the meetings of the society will receive regular updates on current events.
- I would like to receive my copy of “Our Journey Together” by e-mail**
This newsletter is filled with current information about the activities of the Society and helpful ideas for those struggling with the disease. E-mail copies help us reduce printing and distribution costs, provide full colour publications and receive copies promptly. Please fill in your e-mail address on the following line.

_____ (e.g. fruit@cogeco.ca)

- I would like more information on how to become a donor.**
The Society relies heavily on the generous support of donors. There are many ways in which this can be done.
- I would like to make a donation**
Please check off this box and we will be in touch with you or you can mail a cheque to either of our offices, or click [here](#) to donate on-line right now.
- I would like more information on how I can make a major or planned gift**
More and more, people are arranging in advance support for the Society through their estate, or as a one time significant gift.
- I would like information about how I can volunteer with the Society**

Name _____ Phone _____

Address _____ Postal Code _____

Please tear off and mail to the Alzheimer Society at
183 Simcoe Street , Peterborough, ON, K9H 2H6.
Income Tax Receipts will be issued for donations of \$15 or more.

Charitable Registration Number 129397980RR0001