



Legislative Assembly of Alberta

The 27th Legislature  
Second Session

Standing Committee  
on  
Health

Department of Seniors and Community Supports  
Consideration of Main Estimates

Wednesday, April 15, 2009  
6:33 p.m.

Transcript No. 27-2-1

**Legislative Assembly of Alberta  
The 27th Legislature  
Second Session**

**Standing Committee on Health**

Horne, Fred, Edmonton-Rutherford (PC), Chair  
Pastoor, Bridget Brennan, Lethbridge-East (AL), Deputy Chair  
  
Dallas, Cal, Red Deer-South (PC)  
Denis, Jonathan, Calgary-Egmont (PC)  
Fawcett, Kyle, Calgary-North Hill (PC)  
Notley, Rachel, Edmonton-Strathcona (ND)  
Olson, Verlyn, QC, Wetaskiwin-Camrose (PC)  
Quest, Dave, Strathcona (PC)  
Sherman, Dr. Raj, Edmonton-Meadowlark (PC)  
Taft, Dr. Kevin, Edmonton-Riverview (AL)  
Vandermeer, Tony, Edmonton-Beverly-Clareview (PC)

**Also in Attendance**

Blakeman, Laurie, Edmonton-Centre (AL)  
Doerksen, Arno, Strathmore-Brooks (PC)  
Elniski, Doug, Edmonton-Calder (PC)  
Sandhu, Peter, Edmonton-Manning (PC)

**Department of Seniors and Community Supports Participant**

Hon. Mary Anne Jablonski                      Minister

**Support Staff**

W.J. David McNeil	Clerk
Louise J. Kamuchik	Clerk Assistant/Director of House Services
Micheline S. Gravel	Clerk of <i>Journals</i> /Table Research
Robert H. Reynolds, QC	Senior Parliamentary Counsel
Shannon Dean	Senior Parliamentary Counsel
Corinne Dacyshyn	Committee Clerk
Erin Norton	Committee Clerk
Jody Rempel	Committee Clerk
Karen Sawchuk	Committee Clerk
Rhonda Sorensen	Manager of Communications Services
Melanie Friesacher	Communications Consultant
Tracey Sales	Communications Consultant
Philip Massolin	Committee Research Co-ordinator
Stephanie LeBlanc	Legal Research Officer
Diana Staley	Research Officer
Rachel Stein	Research Officer
Liz Sim	Managing Editor of <i>Alberta Hansard</i>

6:33 p.m.

Wednesday, April 15, 2009

[Mr. Horne in the chair]

**Department of Seniors and Community Supports  
Consideration of Main Estimates**

**The Chair:** Good evening, colleagues, and welcome to this meeting of the Standing Committee on Health. I'd like to welcome the Hon. Mary Anne Jablonski, Minister of Seniors and Community Supports. Welcome, minister, to the committee, and in just a moment I'll ask you to introduce the officials that are here with you this evening as well.

Just to begin, I think we'll go around the table and ask members of the committee to introduce themselves, please, beginning with Mr. Vandermeer.

**Mr. Vandermeer:** I'm Tony Vandermeer, MLA for Edmonton-Beverly-Clareview.

**Mr. Dallas:** Good evening. Cal Dallas, MLA, Red Deer-South.

**Ms Notley:** Rachel Notley, MLA, Edmonton-Strathcona.

**Mr. Denis:** Jonathan Denis, MLA for Calgary-Egmont.

**Ms Blakeman:** Good evening, everyone. My name is Laurie Blakeman, and I'd like to welcome you all to the fabulous constituency of Edmonton-Centre.

**Dr. Taft:** I'm Kevin Taft. I'm the MLA for Edmonton-Riverview.

**Ms Pastoor:** Bridget Pastoor, Lethbridge-East.

**Mr. Doerksen:** Arno Doerksen, Strathmore-Brooks.

**Mr. Olson:** Hi. Verlyn Olson, Wetaskiwin-Camrose.

**Mr. Quest:** Dave Quest, Strathcona.

**The Chair:** I'm Fred Horne, MLA for Edmonton-Rutherford and chair of the committee. We're being joined by a few other members.

**Mr. Sandhu:** Peter Sandhu, Edmonton-Manning.

**The Chair:** Mr. Elniski, if you'd like to introduce yourself for the record.

**Mr. Elniski:** Thank you. Doug Elniski, Edmonton-Calder.

**The Chair:** Thank you.

Minister, again, welcome. Would you like to introduce the officials with you?

**Mrs. Jablonski:** Sure. I'm very happy to introduce my officials, who worked so hard with me on this presentation. First of all, Tim Wiles, my deputy minister, on my left. On my right is Susan McCulloch, senior finance officer in corporate finance; Dave Arsenault, assistant deputy minister, community support programs and strategic planning – can you wave there, Dave – Chi Loo, assistant deputy minister, seniors' services; Reagan McCullough, assistant deputy minister, disability supports division; and, of course, someone you probably all know, my executive assistant, Pam Livingston.

**The Chair:** Thank you, Minister.

Before we begin, just for the record I'm going to read a few notes with respect to procedure. We'll just make this as brief as possible. First of all, with respect to the vote, I'd just like to remind members that the vote on estimates will be deferred until we are in Committee of Supply, when consideration of all ministry estimates has concluded.

With respect to amendments, just a reminder to members that an amendment to the estimates cannot seek to increase the amount of the estimates being considered, change the destination of a grant, or change the destination or purpose of a subsidy. I believe we're all aware that amendments must be presented in writing with sufficient copies for distribution to all committee members and support staff. That number is 20 copies. Members wishing to propose amendments are asked to consult with Parliamentary Counsel no later than 6 p.m. on the day the amendment is to be moved.

With respect to the speaking order, just for review, for the first 10 minutes the minister will have the opportunity to present opening remarks. For the hour that follows members of the Official Opposition and the minister may speak. Following that hour, the members of the third party and the minister may speak for a total of 20 minutes. Once that time has expired, any member and the minister may speak. The chair will recognize members on a rotation basis, rotating between government and opposition members.

As is the practice in committee, members may speak more than once; however, speaking time is limited to 10 minutes at a time. Again, as you're aware, a member and the minister may combine their speaking time for a total of 20 minutes. As chair, if a member does wish to combine speaking time with the minister and the minister agrees, I'd just ask you to so indicate to me at the beginning of your time so that I'm aware that that's how you'd like to proceed.

The committee clerk, Ms Norton, will operate the timers, one for individual speaking times and the other for overall committee meeting time. The chair will endeavour to alert the member and/or minister speaking when their time is close to expiring.

Points of order will be dealt with as in committee; that is, as they arise. The clock will continue to run as any points are dealt with.

Just before I invite you to speak, Minister, I'd just like to indicate that I have conferred with members of the committee prior to the beginning of the meeting, and we've agreed that we will take a five-minute break following the 20 minutes that are allocated to members of the third party and the minister to speak. We'll take a five-minute break at that point. The clock will continue to run. As you know, we have a total of three hours here this evening to consider the estimates.

Are there any questions regarding procedure?

Minister, the floor is yours for the next 10 minutes. Please proceed.

**Mrs. Jablonski:** Thank you very much, Mr. Chairman. It's a pleasure to be here with all of you because I have some good news to share with you. I'm pleased to present the Ministry of Seniors and Community Supports business plan and budget. This plan and budget is a careful balance that ensures that our programs and services provide the necessary supports for seniors and persons with disabilities while we make sure that taxpayer dollars are spent effectively and wisely. I'm very passionate about my portfolio and the Albertans we serve, who depend on us. I'm also fortunate to have staff who are equally committed, knowledgeable, and dedicated.

My ministry is about helping seniors and persons with disabilities and giving them the opportunity to have the highest quality of life possible. Our ministry's business plan and its goals support two of

the goals of the government of Alberta's strategic business plan. Goal 5 is that Albertans will be healthy, and goal 6 is that Albertans will be independent and our children will be well cared for. As I speak about the ministry's budget, I'll connect the dots on how some of the budget items support the goals in the ministry's business plan.

Most importantly, the budget for '09-10 is a good-news budget for our clients and Albertans. It's a budget that directly assists approximately 250,000 seniors, supports approximately 38,000 AISH clients, helps approximately 9,100 adult Albertans through the persons with developmental disabilities program, supports approximately 33,000 long-term care and supported living residents by enforcing accommodation standards, and assists 80,000 Albertans with a long-term disability or chronic or terminal illness through the aids to daily living program.

6:40

This year the ministry's budget is increased by 5.8 per cent to over \$1.97 billion, an increase of \$108 million. This is a significant increase that reflects our government's commitment to assisting seniors and persons with disabilities.

Now I'd like to take a few minutes to tell you how this funding will make a difference. As part of this I'm very pleased that funding for seniors' programs will be about \$456 million this year, an increase of more than \$49 million. This additional funding will benefit close to a quarter of a million seniors through programs such as the Alberta seniors' benefit, dental and optical assistance, lodge assistance, and special-needs assistance. Specifically, the \$323 million Alberta seniors' benefit provides monthly cash payments to eligible low-income seniors to supplement federal income support programs, such as old age security and guaranteed income supplement. This directly applies to goal 1 of the ministry's plan.

We are providing funds for low-income seniors by increasing the maximum monthly payments for the Alberta seniors' benefit by \$280 for single seniors and \$420 for senior couples effective April 1, 2009. We are also increasing the qualifying income thresholds to \$24,000 for single seniors and \$39,000 for senior couples, effective July 1. This is great news for the approximately 6,000 more low-income seniors who will now be eligible for the program. This is the most substantial increase in seniors' benefits since 2004.

More recently, in fact just last week, the Premier gave me an updated and refocused mandate to improve the choice and availability of continuing care accommodations. I'm committed to meeting that mandate by providing funding to increase the supply of affordable supportive living units that will assist seniors and persons with disabilities to maintain their independence for as long as possible and allow them to age in the right place, close to family and friends. The \$50 million from this year's budget will help to develop and modernize 450 more new affordable supportive living units, which also supports the province's continuing care strategy and goal 4 in our ministry's business plan. We hope to add these numbers with budget targets of \$50 million a year for the next two years.

It is also important that Albertans with a severe or permanent disability have access to financial assistance that enables them to be as independent as possible. Helping those in need is the focus of the AISH program, that is closely aligned to my ministry's second business goal. Through AISH we are assisting about 38,000 Albertans who have a wide range of needs. I am pleased that the \$709 million program budget for AISH reflects an increase of over \$65 million. By increasing the AISH maximum monthly living allowance by \$100 to \$1,188 per month, we are helping AISH recipients pay bills and cover expenses. With this increase AISH funding has increased by over \$220 million, or 45 per cent, since

'05-06. This clearly demonstrates our commitment to respond to the needs and increase the quality of life of Albertans with disabilities.

My ministry also supports about 9,100 Albertans with developmental disabilities through the persons with developmental disabilities program, or PDD, a program that is closely aligned to goal 5 of the ministry's business plan. Funding to the PDD program was increased by \$33 million to \$604 million. I'm very pleased that \$24 million of this will be used to help contracted agencies to recruit and retain staff. These agencies provide the needed supports to enable Albertans with developmental disabilities to participate in their community. In addition, this increased funding will assist in meeting an expected caseload increase and help those with complex needs.

Within our existing budget we are also completing and implementing important new legislation. This legislation contributes to our business plan goal 6, which is that safeguards for seniors and persons with disabilities are provided. This legislation is crucial to the independence and safety of seniors and persons with disabilities, and it closely aligns with the ministry's fourth and sixth business goals. Bill 10, the Supportive Living Accommodation Licensing Act, will provide my ministry with direct responsibility for supportive living facilities in the province, including addressing complaints and concerns about accommodations and services. Amendments to the Protection for Persons in Care Act will strengthen existing legislation and improve safeguards for vulnerable Albertans receiving publicly funded services, and the Adult Guardianship and Trusteeship Act is expected to be proclaimed later this year. It will provide more choices and safeguards to protect adults who can no longer make all of their decisions.

As you have heard, Mr. Chairman, the programs and services provided by Seniors and Community Supports assist low-income seniors and persons with disabilities, those Albertans who are most in need of assistance. These programs and supports help hundreds of thousands of Albertans to more fully participate and enjoy the benefits of living in the best province in this country.

I'm now pleased to answer your questions. Thank you.

**The Chair:** Thank you very much, Minister. The next hour will be devoted to members of the Official Opposition, and I believe we're beginning with Ms Pastoor.

**Ms Pastoor:** Yes. Thank you, Mr. Chair. Just a few opening remarks. Before I get into the really heavy duty questions, I'd like to say that I also share the minister's passion for this portfolio, and that I'd like to commend her for the dollars that she did manage to get out of Treasury for her budget because I know that it isn't easy fighting with the boys in cabinet to try and get money out of Treasury, so I think you've done a good job. I'm not even thinking what your fight might be next year, but good for doing it for this year. I'm trusting that all of the housing and those sorts of things will have an immediate start.

First off, let's talk about – I'm going to do it in segments if you want – supportive living, AISH, PDD, and then the Alberta seniors' benefits. I may jump a bit, but I'll try to keep it on that if that helps. On page 232 of the business plan, it states that continuing care facilities are developed in collaboration with Alberta Health and Wellness. To what extent does Seniors and Community Supports really influence these decisions? Then an additional question to that is sort of off to the side, but it still is how you work with that particular department: how much input did your department have into the seniors' pharmaceutical strategy?

**Mrs. Jablonski:** I'll start with supportive living. We were granted

the authority to control the affordable supportive living initiative funding, and that was a 50 per cent maximum grant to organizations that came forward. We were able to help a number of groups to build affordable supportive living facilities in their communities. There was no consultation with Health on these facilities because they're supportive living. So we had full control of that budget, and we had the criteria that needed to be met in order to receive the grant.

As far as long-term care our job is to ensure that the accommodation standards are met. We have completed our inspection. This was our first year of inspection. We inspect for things like house-keeping, safety and security, meals, and that sort of thing. Then after we inspect, we ensure that the standards are met, and we keep going back until they are.

Long-term care. Our part of that deal is that we look after the accommodation standards. The other thing is designated assisted living. They can also receive grants through the ASLI grant program, and we make those decisions.

The second part of your question was . . .

6:50

**Ms Pastoor:** It was the strategy, if you were involved at all in the pharmaceutical strategy and have input as to what kind of benefits seniors would need, particularly in supportive living.

**Mrs. Jablonski:** There were discussions with the Department of Health and Wellness. That's as much as I can say, that we had discussions with the department.

**Ms Pastoor:** Well, I'll just make a little note. Perhaps you could have a discussion with them again, because I think they're going to need a little help with it.

The business plan acknowledges that co-ordination is essential in supporting individuals with complex needs, which I think you've certainly referred to in your opening remarks. Indeed, one of the two of the ministry's core businesses involves planning, providing, and co-ordinating supports and services for living in the community. Yet only one of the actionable items in the whole plan, which is strategy 5.3, page 236 of the business plan, actually refers to this objective. The strategy is vague, and it states only that the ministry will assist individuals and families in accessing information and navigating the community resources.

What concrete, achievable actions is the minister taking to co-ordinate with the other ministries that serve seniors and people with disabilities? Is there a committee of deputy ministers or assistant deputy ministers, a task force or a panel? Do ministry officials have regularly scheduled meetings with their counterparts in Health and Wellness? What other ministries would be involved in that discussion?

**Mrs. Jablonski:** Well, I can tell you that there are a number of committees. There are the deputy ministers' committees, and there are assistant deputy ministers' committees. We do work with other ministries that are involved in the social services. We work together. We are in the process of co-ordinating our efforts.

We are very concerned about Albertans with complex needs. We understand that we need to be able to provide housing for them and supports for them because, as you know, there are people who have disabilities and mental health issues. We are very concerned about them. In our budget – I don't know if you noticed – we did have I think it was \$11 million from the increase that will be part of the complex needs programs, \$5 million going towards complex needs by itself.

What was your other question, Bridget?

**Ms Pastoor:** That was basically it. It was just sort of a rounded question with little bits and pieces in it about how you work with other departments, and besides Health and Wellness what other departments would you work with?

**Mrs. Jablonski:** The other departments that I'm working very closely with for social services right now would be Children and Youth Services, Housing and Urban Affairs, and Employment and Immigration. We definitely work together making decisions for those who require social assistance.

**Ms Pastoor:** Okay. Thank you. You mentioned something in there that I'd like to maybe go off my notes for a minute: certainly, the complex needs of the people that your ministry is responsible for. Many of these people do live in group homes, and part of the problem is that we have mental health people and often people with disabilities, and they're inappropriately placed in group homes together. Is your department working on that kind of – like, have I crossed over? Is that Health that places them? I think I may have.

**Mrs. Jablonski:** We actually do take care of the complex-needs individuals in co-operation with Health because, as you know, they do require hospitalization at times. I have to tell you that I do understand that we know that we need to find the appropriate programs for them. If somebody is not appropriately placed, I'd like to know about it because that certainly is not helpful for the individual.

They have facilities in Ontario, for example, that are called stabilization units, and they're specifically put in place to assist those with complex needs. The point of a stabilization unit is to take somebody with complex needs who is having an episode of some sort and to stabilize them with the help of teams of psychiatrists and psychologists, nurses, technicians, and, of course, counsellors. We do that here with our hospitals, but we understand that we might be having to look at the idea of stabilization units here in Alberta as well.

**Ms Pastoor:** How far along would those discussions be? Just preliminary?

**Mrs. Jablonski:** We're a little bit beyond preliminary. We're certainly taking a good look at the fact that there is a need. Right now our hospitals, like our Centennial hospital in Ponoka and the Alberta Hospital in Edmonton, are helping us out with the complex-needs individuals.

**Ms Pastoor:** The group homes that I referred to are sometimes under contracted service providers, and sometimes that problem doesn't get out there because it has to be filtered through so many people. That'll be one of my questions further on, how many people you have to monitor these situations.

Page 235 of the business plan shows that the performance measure for 3(a), the number of supportive living units for aging in place developed with support from provincial funding, was 793 units for '07-08. I do know that those numbers have changed in this new budget. Can the minister provide an estimation of how many units were created in '08-09? In the '08 business plan the ministry was able to account for all the fiscal years but that year. For some reason it didn't show up.

Then the '09-10 target for the number of supportive living units developed presented a 43 per cent decrease for the target two years. On page 231, main opportunities and challenges, is the fact that the seniors are expected to increase by 40 per cent in the next decade.

Are these targets that you've established taking that into consideration? We really have to start building these units now.

**Mrs. Jablonski:** Those are very good comments, and you're absolutely right. We do understand that, and that's part of my mandate, to ensure that we have quality in supply and choice. The reason you don't see the '08-09 number in there is because I think that I only announced that a month ago, so this may have been printed before then. But I can tell you that the '08-09 actual number that we have provided support for in the ASLI program – that's the affordable supportive living initiative – is 1,153 units.

We have some pretty strict criteria for that. One of the criteria that we have is that once you have been granted the funding, you must have your shovel in the ground within nine months of that day and you need to have your project completed within two years of putting your shovel in the ground. We want to have these units built as promptly as possible, and we need that part of our criteria.

Also, we have the lodge modernization initiative in '08-09, and that provides for 1,992 modernized and renovated units. A lot of our lodges are older facilities, and they have smaller rooms. Some of them don't have their own washroom and that sort of thing, so we're trying to modernize those lodge units for our people.

We do understand that there is a great need for supportive living and assisted living facilities, and we have targets that we want to meet with our funding.

**Ms Pastoor:** Okay. Can the minister provide information that would show the total amount of funding that goes towards for-profit supportive living facilities and the total amount of funding that goes towards nonprofit supportive living facilities and how much is allocated for public supportive living facilities?

**Mrs. Jablonski:** Our ASLI program has criteria that an application must meet. It must go through a number of different stages. As far as I know, we don't distinguish between for-profit and not-for-profit as long as they meet the specific criteria that we have in place, which is, one, show that there is a need in the community; two, show that you're a viable organization, that you're not going to go under in the next couple of years; show that you can get that shovel in the ground. As long as you meet the strict criteria that we put forward, that's what we look at. We don't separate between for-profit and not-for-profit.

**Ms Pastoor:** Do you have specific standards for the design of these supportive living units? For instance, I know that if it's long-term care, the insulation and fire protection has to be different than it would be in designated assisted living.

7:00

**Mrs. Jablonski:** We don't have specific criteria as such. Of course, they have to meet all the building codes, and we expect universal access. But other than our strict building codes and universal access, which isn't part of the building codes yet, there are no other criteria that we enforce.

**Ms Pastoor:** Okay. Thank you.

Page 235 of the 2009 business plan shows a performance measure under development for the quality of accommodation services provided in supportive living and long-term care facilities. It's been under development since the '08 business plan was released. What is the status of this performance measure, and when will it be included in the business plans in the future?

I think that one of the main complaints that I get and that I'm sure

you get as well is the food. Most of the complaints are geared towards people being really unhappy with the food. Perhaps you could address that in the performance measure.

**Mrs. Jablonski:** That's part of our accommodation standards, and that's something that we do inspect for and check for. If there are complaints about the food, it's recorded on the website until it is improved. We give some pretty good incentive for organizations to improve that quality of food besides the fact that it makes our seniors happy.

As far as the performance measure that's under development, we're waiting to get a track record of inspections, and when we have a better foundation to base that measurement on, that's when we're going to go forward. We hope that will be next year. We just started doing the inspections within the last year.

**Ms Pastoor:** So you're doing them yearly to get this base?

**Mrs. Jablonski:** Absolutely. Our inspection requirements are that each facility is inspected once a year.

**Ms Pastoor:** How many food complaints do you need before they go on the web? I was working with three or four people, and they were doing their best to get the other people to say it, and they wouldn't say that the food was bad. They'd tell me, but they wouldn't go public with it. What kind of a determinant is it before it hits the web?

**Mrs. Jablonski:** To be honest with you, Bridget – we're allowed to use names here, aren't we?

**The Chair:** Minister, it's entirely up to you.

**Ms Pastoor:** That's fine. You can call me Bridget.

**Mrs. Jablonski:** Okay. Thank you.

To be honest, I'm not exactly sure how many complaints it takes except that when I hear complaints, I ask that we do something about it right away. I know that for a senior living in any facility, one of the highlights of their day is probably their meals, and when that doesn't meet their standards, I think it doesn't help their quality of life. I know that. Like I said, it's one of their highlights, so that's something that we try to take care of. I don't know how many it takes, but for me it takes one, and then I ask for something to be done about it.

**Ms Pastoor:** Okay. Thank you. I was lucky with one. I had three people, and the next thing I knew, within two days they were hiring a new cook. I thought it was solved for me rather easily.

What notice of inspection do you give before you go in for your inspections?

**Mrs. Jablonski:** We do give notice of our inspections.

**Ms Pastoor:** How much time?

**Mrs. Jablonski:** How much time? Actually, I can't answer that. I know that there is time given before we go in for an inspection.

**Ms Pastoor:** Do you ever do any just randomly and walk in the door?

**Mrs. Jablonski:** Do we do random inspections? Yes, there are

times. Especially, I think, when we've heard from people, we do random inspections. But for the annual inspection we do give notice.

**Ms Pastoor:** Okay. Has the minister done a value-for-money audit that would consider the option of creating long-term care beds within an already existing supportive living facility? It would remove the strain from the hospital beds, which cost more than long-term care beds, and it would allow the continuum of care. I think I've spoken about this in the House a number of times. Clearly, at least in my mind, long-term care beds themselves are being reduced – despite what some of the rhetoric has been, the numbers are going down – but they still are very, very necessary.

The other thing that happens when people age in place is that now they not only have to age in place, but they have to stay there until they've passed on because once you start moving them, it is too hard on them. Aging in place is very admirable, and it should be, but if we had some beds that could fluctuate in a continuing care facility, then those people can go in and can stay there until they've passed on, and they don't have to be moved. Sometimes they hit private, for-profit or even nonprofit ones, and what happens is that the minute their care becomes higher, then they become more expensive, and they're asked to leave. It's just traumatic for the family and for them. If there was a bed that could be designated. Maybe now it's a long-term care bed that they don't need anymore, and it could go back to a designated assisted living bed. Just that fluctuation, I think, would be very, very beneficial.

I think we had a conversation prior to this where I said that I was going to make suggestions on how I thought you could run your ministry. This is one of them. I don't know if you have any comment on that or not.

**Mrs. Jablonski:** Well, I do because it's a very good plan, and we're actually working with that plan right now. We have what we call campus of care, and what that allows for is different levels of care in the same location, in the same facility. If you know Edmonton – you're like me, though; you probably don't – we have a facility here called Kensington. They have everything from designated assisted living right to independent living, but they're all connected. So if there was a couple where one needed designated assisted living – that's a lot of medical care – and the other person was totally independent, they could still be close together, and the person who needed care could still receive that care.

The determination of long-term care is a Health and Wellness program, but we work with designated assisted living in our campus of care.

**Ms Pastoor:** I forgot to mention as well that those long-term care beds well could become palliative care beds, and again a person doesn't have to move. Palliative care certainly requires special training of the staff that would look after them. An LPN and up probably would be required for that kind of training. It's just one more step in not having to move really frail and mixed-up elderly people. Often that move is the end. They move and within three or four days they're gone, which is really quite sad.

**The Chair:** Excuse me, Ms Pastoor. That concludes the first 20 minutes. Do members of the Official Opposition wish to pass it on?

**Ms Pastoor:** Yes. I would like to concede my next 20 minutes to my colleague across the way.

**The Chair:** Okay.

**Ms Blakeman:** That would be me, from the fabulous constituency of Edmonton-Centre.

**The Chair:** Ms Blakeman, sorry. Just before you begin.

Minister, if I could just suggest that for purposes of anyone who may be listening, we tend to preserve a degree of formality in the committee. So if we use last names, anyone listening will recognize to whom you're addressing your remarks. Thank you.

Please go ahead.

**Ms Blakeman:** Thank you, and my thanks to the minister and her staff for spending the evening in the fabulous constituency of Edmonton-Centre.

I have four issues that I would like to raise with the minister. The first one is a long-running issue in my constituency on which the minister and I have had a significant amount of correspondence, so this will be no doubt familiar to you. This is around the Kiwanis Place seniors' centre. Specifically relating this back to the budget, I believe this is vote 2.2 or vote 4.2.5. It's not very descriptive in the line items.

Essentially, what we have is that Kiwanis Place is a large facility, between 280 and 300 residents on 18 floors of a renovated apartment building. This did not start out as a specific subsidized seniors' residence. It started out as an apartment building and was retrofitted. The problem for us in this residence is the elevators. There are three elevators. They were meant for an apartment building. What's happened over the years, as you're well aware, is that the number of seniors who are actively using walkers has skyrocketed, and the number of people you can fit into one of these traditional-sized elevators with walkers is significantly cut down. We are now dealing with a lot of overcrowding and congestion and very long waits to move people around this apartment building, which has 18 floors. It's not as though these seniors can just abandon their walkers and hoof it on up the stairs for 10 flights. The result of this is that we have seniors waiting up to 90 minutes to be able to get down for mealtimes or to return to their apartment.

7:10

The first correspondence that I had with the minister was September 16, in which I outlined this particular difficulty. The minister was kind enough to respond and identified that the Greater Edmonton Foundation is the organization that operates the building. The building itself is owned by the province of Alberta. The minister referred me to a fund that was available and referenced that the Greater Edmonton Foundation had in fact requested funding and had been approved for \$4.7 million plus an additional \$860,000 between '05-06 and '07-08 and suggested that they submit a proposal under the new program, which at that time, on October 22, was unnamed. It turned into the modernization and improvement program.

The issue there is that, yes, indeed, Greater Edmonton Foundation had applied. They had tried to apply for the elevator and were told specifically that they couldn't, that it was for windows and that there was to be no mechanical. The exception there might have been heating or ventilation. I'm sorry; my notes aren't clear as to whether that was in or out, but it was around the windows. In fact, they used the money for windows and balconies but were not allowed to use it for the elevator specifically.

Time goes on. At the beginning of September I raised this again in the House with the minister and followed up with that and got a very nice letter on January 20, for which I applaud the minister's efficiencies because it is almost identical to the letter I received on October 22. It was very efficient of the ministry staff to send me, essentially, the same letter. In fact, we now have the name of the

program, which was the modernization and improvement program.

I have since corresponded back to the minister again, dated March 31. The minister's response back to me was that they should apply for this other kind of funding. The problem is that all of these grants require a 50 per cent pony-up from the organization, and guess what? The building is owned by the province of Alberta and run by the city of Edmonton. The city of Edmonton rightly says: why would they pony up 50 per cent for a building that's owned by the province? So no from the city of Edmonton. Actually, you know, additionally there is some flow-through money that's coming from the province.

So we're at an impasse here, Minister. I have 280 seniors that take 90 minutes to get down for breakfast. By the time they get back upstairs again, it's time to turn around and come back down for lunch, et cetera. That is their day. And it's dangerous. There's an inconvenience and quality-of-life issue, and frankly there's a very high-risk issue.

Just to illustrate this and make it come alive for everyone, modern-day gurneys will not fit in these elevators flat, so they get propped upright. Just imagine being a frail elderly person that has had to call an ambulance. The gurney comes; they strap you on. They get you to the elevator, tip you upright in order to get you in the elevator to bring you down and get you into an ambulance. High risk, not very pleasant for a frail elderly person.

So, Minister, work with me. How can we resolve this situation and work towards getting an additional elevator in this facility? We need the funding. These are independently living seniors. Can I invite the minister to come to the facility? They would be delighted to show you around. Don't come at lunch because you'll be in a long wait. I think this is quite serious, and I wanted to bring this up again in light of the budget debates today.

**Mrs. Jablonski:** Well, thank you very much for outlining that very carefully for us. A couple of points that I would like to make. The Greater Edmonton Foundation is welcome to apply under the ASLI program, which is the affordable supportive living initiative. Yes, it is only a 50 per cent matching grant. The province owns the building, but the province doesn't take any income from the Greater Edmonton Foundation. The income, the rent that people pay per month, is paid directly to the foundation. The province takes none of that. At this time this is the program that's available. I certainly understand the plight of our seniors, and yes I would be willing to find time in my schedule to come and have a look because I certainly understand everything that you've said.

Having made my point – I think you made it for me – that they did receive \$4.7 million and then another \$860,000, they chose other priorities before this elevator.

**Ms Blakeman:** They weren't allowed to use it.

**Mrs. Jablonski:** They weren't allowed to use it for that?

**Ms Blakeman:** That's right. They were specifically told they could not use it for the elevator. That's why they took the elevator section off their grant, and they used it for what they were allowed to use it for, which was the windows and the balconies, despite the fact that what they really wanted to use it for was an elevator.

**Mrs. Jablonski:** I understand that the \$4.7 million and the \$860,000 would have been 50 per cent funding towards their repairs as well, so how is the elevator any different from that? Like I said, they can now apply to the affordable supportive living initiative for the new elevator.

**Ms Blakeman:** Okay. Well, we will get the minister out. I will work with the staff to find an appropriate time. No, the province doesn't take money from this, but frankly neither does the province really pay money towards what's going on there in the operation of that particular facility. There has to be a way to find our way through this. We will work on getting the minister out.

I'm going to move on to the next issue I have here.

**Mrs. Jablonski:** Ms Blakeman, I just want to make one correction. I believe that there is LAP grant funding, which is the lodge assistance program. For low-income seniors we would provide \$8.25 per day towards their fee, so we do put some funding into the facility to subsidize the rent.

**Ms Blakeman:** Well, yes. It's paying for their food and their laundry service and the staff that are on-site here, so it's not as though GEF is collecting this and sitting on it. I mean, it's going to pay for things that are directly affecting those seniors. We have to find a way to work this out.

I'm going to move on to the next issue. I want to make a point around vote 2.2.5, which is around dental and denture services. I notice that there was a slight drop in the amount of money that was available in this particular section. When I looked on page 327 at seniors' dental and optical assistance, last year it was budgeted for \$69.664 million; \$63.664 million was actually spent. The budget is very similar this year, at \$63.458 million. A consistent issue that is raised with me amongst seniors in Edmonton-Centre is that the maximum amount that is offered to assist low-income seniors with dentures and dental work is too small to cover the costs. Dentures are, to my eye, astonishingly expensive, in the sort of \$3,000 to \$6,000 range, and although the program is set up that you can get a maximum amount every X number of years, it's not the X number of years that people are concerned about. It's the amount that's available.

I don't know if there's a way to rejig the program so that there's a longer gap between when they can replace their dentures and that they could get more in one go. I'm not sure. But that is a consistent issue that is raised by my seniors.

**Mrs. Jablonski:** Thank you for that question. Our dental coverage is a maximum of \$5,000 for every five years. That's what you were referring to.

Just to let you know, anybody who's in some serious condition or whatever can apply to the Alberta seniors' benefit if they're low-income seniors, and we would look at any extenuating circumstances through that program. We found that this was a number that we had to maintain in our budget. As you know, there were some restrictions this year, and I felt that it was important for us to cover the things that we did, but we weren't able to cover everything that we wanted to simply because of government income.

**Ms Blakeman:** I understand that. It's just that this is an issue that is raised consistently with me when I go out and go through the seniors' residences that I have. I have a large seniors population: 13 per cent of my constituents are seniors, which is a fairly high percentage of seniors living in a given area. I have eight high-rise or multi-unit complexes of seniors in the fabulous constituency of Edmonton-Centre, so I end up dealing with a lot of seniors.

7:20

The third issue I want to raise – and this is for information with the minister – is that a number of seniors have contacted me with concerns around the proposed health department change in the drug



plan for seniors, which you are not responsible for but indirectly, I'm sure, will end up having a piece of.

One of the issues that's been raised is that thus far no one has talked about a hardship clause. One of the specific examples that has been raised for me is: well, that's fine; we have X income, and that means we would have to pay our copayment or our deductible. But what would happen – in one case they had just been assessed a fairly significant additional condo assessment fee, in the range of I think it was \$8,000. They were having to do some significant repair, which is very common here. Most of my condos are retrofits from old apartment buildings, and this is not uncommon, to get that kind of a bill slid under your door one day and you're supposed to come up with a fair chunk of change in a specified period of time.

So what would a senior under those circumstances, that's just been levied that kind of additional cost on their annual income – you know, is there any hardship clause, or has anything been anticipated in that program that might be able to assist them or give them a longer period to pay or something? I'm just raising that for you.

The other example was having an adult child that struggles with a mental illness, which is very common, and that for a period of time may have to come back to the senior parent, and there are additional funds expended to care for that adult child. Thus far that drug program doesn't seem to have anticipated changes or temporary financial hardship in the life of a senior, and I think that does need to be taken into consideration.

The last point I wish to raise is around AISH. Rent is always an issue for the people on AISH. They continue to ask me when the government will come in with a rent control program. I will raise it again. [interjection] My colleague Mr. Denis tells me never, which I'm sorry to hear. It is an issue for people on AISH, and I want to raise that and make sure the minister is aware.

Additionally, the second problem that we encounter with irregularity if not frequency is that when people are hospitalized in an Alberta hospital, after a certain period of time their AISH rates are reduced to almost nothing. Unfortunately, when they're then released from the hospital, hopefully in better shape mentally, they find that they have been evicted from their apartment and that their belongings have either been thrown out or sold. So here they are, trying to get back on their feet, and everything they ever owned is now gone and so is their apartment. I'm asking the minister to consider some kind of a program that would allow for storage or for payment for storage. I've heard this story too many times to blow it off as being one or two people.

I'm fortunate to have a very diverse population of constituents, but we do have a number of people who cluster in the downtown area, closer to services, who struggle with mental health, so this, as I said, is a common story. I may not have dozens of people in a year, but it's certainly a consistent theme, and now they've got nothing but the clothes on their back. I don't know how to resolve it. I don't think it takes a lot of money. I don't want you to spend a lot of money doing it, but somehow we need to be able to address this in a constructive fashion.

Thank you.

**Mrs. Jablonski:** Thank you, Ms Blakeman. I appreciate your comments. As far as the pharma strategy is concerned, you are aware, as you stated, that it is part of Health and Wellness. But the Minister of Health and Wellness has stated publicly that he is reviewing the package, so I'll take back the message of hardship cases, and by working together, maybe we can find a solution to that concern.

As far as the AISH, any AISH client or even an EI client or any low-income Albertan who's having problems with rent, we have the

homeless and eviction prevention fund. We expend a lot of funds in that area.

**Ms Blakeman:** Not if they're hospitalized.

**Mrs. Jablonski:** That was your third point. But you said something about rent controls.

**Ms Blakeman:** Oh, sorry.

**Mrs. Jablonski:** Okay. That was your second point. We're looking at those programs and reviewing those programs now.

As far as the AISH and the hospital concerns, it sounds like it's something that we would have to look at to see how we could resolve that. It's something that hasn't been brought to my attention. I think that I have heard of that once; we were able to resolve that. At this point in time I'm not aware of a program that works in that way, but certainly we can be looking at it. One of the things that we do with AISH is look at the individual needs of an AISH client. So now that you've raised this issue, we'll take a look at it.

**Ms Blakeman:** Good. Thank you.

**The Chair:** Thank you, Ms Blakeman and Minister.

There are 20 minutes remaining in the Official Opposition's first hour. Going back to Ms Pastoor.

**Ms Pastoor:** Yes. Thank you, Mr. Chair. I'd just like to further elaborate on the problems with the dentures, and I'll add the eyes to it as well. Clearly, the money that they're getting at this point in time – I mean, \$5,000 for five years. I've just had some work done, and that hardly pays to smell the air in the dentist's office. They're so incredibly expensive, and there really don't appear to be any controls on what they can charge. Even if you're fortunate enough to have an insurance company that will pick up part of it, it's still incredibly expensive.

Our seniors that are now going to be coming in even within the next five and six years are not coming in with dentures any more. They're coming in with implants. They're coming in with bridges that are secured to the bone, with all kinds of different things. So \$5,000 would be eaten up probably within the first couple of visits. I think that's something that for your next go-around next year is very important. For many of these people their health is going down because their oral health is so poor. They just quit eating because they can't chew.

Often people with dentures have to have them relined. They have to have them relined periodically as they age, of course. The \$5,000 would cover that relining because they're not working with dentists; they're working with denturists. After a while the lining just doesn't work, and then they end up with nothing. There are an incredible number of seniors out there that just don't have any teeth. They certainly surprise me sometimes when I see how they can chew down some steak. I'm not sure how they do it, but I guess they learn to do it.

Then the eyes as well. Perhaps they don't need money for the frames as often, but they certainly need it for checkups because as we age, eyes not only can change for the worse, but sometimes they can actually correct themselves. Then, of course, they get worse again. But the eyes really do go up and down, and I think money put towards checkups is very important.

I'll go back to housing, back to the long-term care bed part of it. One other point that I wanted to make as a suggestion to your ministry is that I know that the government really likes to work on

this voluntary sort of idea, but there might be some thought put to when a place is licensed, when it gets the licence, there should be a certain percentage of beds that should be put aside for long-term care in designated assisted living. It could be legislated. I'm not holding my breath on that one, but if there was some way that a certain percentage of those beds could be legislated or encouraged to become long-term care beds.

Then does the minister believe that there's enough support for long-term care in the budget to allow the first-bed policy to be eliminated? I guess what I'm asking on that one as well is: could we possibly put a time frame on it? You know, I'd like to see it within a year, which I think is probably very optimistic. However, if the edict went out that the first-bed policy had to be eliminated, I'm sure that there would be many administrations scrambling around to make sure that that happened. It's still going on in this province, and it truly is a very, very inhumane practice. Again, it's back to what we talked about before about the aging in place and just to get them out of the hospital and put them anywhere. That's just really not acceptable, and it's still going on. So I'd really like the minister to take a look at that one. I'm not sure there was a question in there, but I'll move on.

7:30

Performance measure 6(a) on page 238 of the business plan is the percentage of persons involved in the protection for persons in care investigations satisfied with the investigation process, and the target is 65 per cent, I believe. That seems rather low. There's a lot of unrest in the communities. I receive many notices from people who are actually working on behalf of other people, and I think they're still finding, even in spite of Bill 24, that they're really not being able to protect some of the people that they should be able to protect. Sometimes these people, of course, are under huge psychological and financial abuse. I'm actually getting quite a number of people that think it's just not quite working. So it may have to be revisited again. Why is the target for this important protection for vulnerable people set so low? I think that you are trying to raise it over the next couple of years, but it probably should be higher than what your ambition is. What is the department doing to improve the process and satisfaction for people who use protection for persons in care?

**Mrs. Jablonski:** Okay. Thank you. The first thing I'd like to say, Ms Pastoor, is that the Adult Guardianship and Trusteeship Act, AGTA, has not yet been proclaimed, so we're not working with that yet. I'm hoping that we will definitely be seeing improvements once that bill comes into place. I believe that you were part of the committee that reviewed it last summer, and I think you understand the benefits and the choices that are in that program. I'm looking forward to that bill being proclaimed and making things better in those areas for adults who require guardianship or trusteeship.

The percentages that you refer to for the protection of persons in care are not as high as I would like to see them. So what we're doing is we're changing. You'll note that it was in the throne speech, and it's also in my business plan, that we're making changes to Protection for Persons in Care to make it stronger and give us more ability to make things happen in these places. We do understand that we need to bring those numbers up, and we're trying to establish the legislation that'll help us do that. We're also looking at new or supplementary measures as well, so you'll probably see a change in that area for next year.

**Ms Pastoor:** Thank you for that. I think that part of the problem is that people are often fearful of coming forward, and we have to have that mechanism when this becomes law that people feel protected.

Some of it is when they're just making observations. It could well be a stranger situation, where they're involved peripherally, and they're really, really afraid to come forward. I think there has to be some way that we can help them. I think we tried way back when to do it anonymously, and that was a disaster because everyone that was mad at the person's barking dog, it came up to Edmonton, and that wasn't quite what it was meant to do. But there has to be a mechanism that we can really help these people be protected when they come forward. I hate to use the word "whistle-blower" because I don't think it would apply in this; however, it's sort of along those lines.

Why has the minister chosen not to expand the rural affordable supportive living initiative, item 4.2.4, page 323 of the estimates?

**Mrs. Jablonski:** The reason that you see no funding on that line is that the funding is no longer needed for the program that was in place way back when. We had funding up to last year because what was happening was there were cost overruns for some of the projects. That's why we changed our criteria for the new program, which is the ASLI program, instead of waiting one or two or three years before you got your shovel in the ground and then all of a sudden, "Oh, my, there are escalation costs," and they would come back to the department and say, "Can you help us?"

We had funding in the RASL, rural affordable supportive living program, to help with cost overruns. That's all completed now. Those facilities are all taken care of. There's nothing left on that budget line anymore because it's all in the ASLI funding now. The ASLI funding, affordable supportive living initiative, can be applied for by rural or urban facilities. RASL before was just rural. Now they can apply through ASLI.

**Ms Pastoor:** But that doesn't mean that the rural are competing with the urban? If it's out of the same program, how are you balancing that?

**Mrs. Jablonski:** Well, first of all, they have to meet criteria, and the criteria is that they have to demonstrate a need. That's very important. There's no point in building facilities where you don't need them. The second point is that you're very viable. That's obvious, I guess. The third thing that we look at is that you're able to get that shovel in the ground within nine months of being awarded the funding.

**Ms Pastoor:** Right. Finished by two years.

**Mrs. Jablonski:** Right. And as we look at that criteria, we also try to balance where the facilities are going, so not all the facilities will be going into Edmonton or Calgary or Red Deer. We'll ensure that we meet the four-corner needs of this province.

**Ms Pastoor:** Okay. Thank you. I do know that there are some rural areas that are, you know, sort of still waiting.

Can the minister tell us how much funding will be allocated to implementing the Supportive Living Accommodation Licensing Act? What is the timeline for the implementation of the act? Then the other thing that would go along with that, in my mind, is partly what I've already asked you about monitoring the standards. How are they monitored? How often are they monitored? Who do they report to? How many people on staff are really hired for this task? Is it only driven by a complaint process?

**Mrs. Jablonski:** Well, the Supportive Living Accommodation Licensing Act was introduced during the spring of this year, and it's

currently undergoing second reading. This new act will clearly define supportive living, which is a new and evolving concept to provide supports to individuals while allowing them to live as independently as possible. The act will provide overarching legislation with direct authority for Seniors and Community Supports to carry out the full range of activities associated with licensing supportive living facilities, including monitoring, compliance management, and investigating complaints of noncompliance with this legislation.

Our goal is to complete at least one full inspection each year on each facility and then to show how well that facility did through the website so that people can go and look up the facility they're going to hopefully live in and see how many complaints there were in the last three months. It's funded through the \$5.8 million budget for supportive living and long-term care. That's one of our line items.

If we get this passed – here we are in April. We're in second reading. Of course, we have to work on the regulations. Hopefully, I would say, within six months. My department staff are raising their eyebrows.

**Ms Pastoor:** I noticed that.

**Mrs. Jablonski:** As soon as possible.

**Ms Pastoor:** Will you have staff dedicated specifically to these inspections? How many would they be? Do you really have enough that would cover all of the institutions once a year?

**Mrs. Jablonski:** We do have dedicated staff to look after this issue. Right now we have 10 to 12 staff in place, or we're expecting to have 10 to 12 staff in place. You'll notice in one of my line items that there is an increase in the budget, and that increase is to show the increased inspections and complaint-handling processes that are going into place.

**Ms Pastoor:** I know that your side really isn't health, but do any of these people have any health backgrounds at all, the ones that you've hired?

**Mrs. Jablonski:** I'm not familiar with any of the resumés of any of the people that we've hired, but we would have the criteria for them to follow during the inspections. Of course, I think you know that we're not inspecting for the health care.

**Ms Pastoor:** No. I understand.

**Mrs. Jablonski:** Just the accommodation sides.

7:40

**Ms Pastoor:** But sometimes when you go in, you can look, and if you've got that health background, you look at it in a little different light, different eyes.

On page 323, 3.2.2, you've got health-related assistance. Is that what you were talking about at all for the money for these inspections or not? This is something separate? If not, then my question around that would be: how much of that money is actually used for medications, if any?

**Mrs. Jablonski:** That 3.2.2, the number you referred me to, health-related assistance, is for our AISH clients. Of course, we have AISH programs for all of our AISH clients.

**Ms Pastoor:** Would any of that be medication?

**Mrs. Jablonski:** Yes. We pay for the prescription drugs of our AISH clients.

**Ms Pastoor:** Is that all prescriptions, or would it be other?

**Mrs. Jablonski:** We usually go through the needs of an AISH client with them, and depending on what their unique needs are, if they have special dietary considerations, we take that into consideration as well. I'm not sure if that cost is on that line, but it seems to me that it would be.

Let me just explain that health-related assistance. It's provided to AISH clients, their spouses, and their dependants. Types of assistance include prescription drugs and some over-the-counter medications, dental, optical, emergency ambulance, and essential diabetic supplies. The average payment in '08-09 was about \$345 per month. That's on top of their income benefit. This is forecasted to be \$353 for the '09-10 year.

**Ms Pastoor:** Okay. So you just have that sort of as a lump sum; you don't have it divided up into which would be meds or over-the-counter stuff.

**Mrs. Jablonski:** Right. Well, I think that two-thirds to three-quarters of that amount would be for drugs, medications.

**Ms Pastoor:** Okay. I'll go back to my mantra that I've kept up forever: I'm thrilled with the \$100; however, I still think it should be indexed like MLAs' pay is.

**Mr. Denis:** Not this year.

**Ms Pastoor:** How noble of us, and so we should be.

I still think that it would make it easier on everyone if it really was indexed. Many of the people that I work with at AISH are thrilled – and I am very thrilled for them as well – to get that extra hundred dollars. But, again, we can't protect them from landlords. That's the really bad part. Often they go: "Oh, my. You just got a hundred bucks. There goes; up your rent." It's despicable. It truly is despicable. Some of these people are paying an exorbitant amount of rent compared to how much money they bring in. Indexing it isn't going to solve that problem, but at least they would know that every year they would be getting a little bit more. In fact, with the fact that they can work and make that \$400 – and I might even suggest that at some point that could be looked at to be raised, again, before some of the things are clawed back.

The AISH was underspent by \$14 million last fiscal year, according to page 323 of the '09-10 government estimates. Was that because there was a decrease in the caseload, and how would you explain the decrease in the caseload? Was the criteria changed to actually accept people into the program?

**Mrs. Jablonski:** I'll answer your last question first. No, the criteria wasn't changed, but we had projected a 4 per cent growth in AISH, and we only had a 3 per cent growth, so that's why you would see that difference in there.

Going to your first question the about indexing of AISH. Somehow I knew you were going to ask that question.

**Ms Pastoor:** Well, it's a suggestion, too.

**Mrs. Jablonski:** Thank you. Our current approach really has a good record. We are required to review the AISH amounts at least once every two years, but we've reviewed every year. We've had five

increases in five years, and of course three of those increases were under this Premier. We are committed to review that program every two years. The program is structured to enable us to deal with the unique needs of our clients, not just provide that financial incentive. It isn't just the financial incentive that we provide for them. As I read to you earlier, there are many other things. AISH clients are able to apply for all of our other programs, so they can apply for any of our housing programs. We do have a modified AISH program for those who are in need.

By using an indexed measurement, you would be using what's called the market-basket type measure, and that doesn't look at the health needs. We're not looking at just a financial benefit here. If you added the \$345 on average per month that an AISH client receives with those benefits, it takes it up pretty high. We also allow, of course, that \$400 for them to earn on their own. We encourage employability, and the reason we do that is because we know that not only does it provide them with further income to help their quality of life, but it does so much more for them. We all know that. It helps them to feel productive and to get them to interact with the rest of the world. We have 17 per cent of our AISH clients that do take advantage of their ability to earn \$400 per month without any impact to their financial benefit. We also provide the aids to daily living program for our AISH clients with no copayment whatsoever.

We believe that we're doing a good job, and we will be committed to look at it at least once every two years.

**The Chair:** Thank you, Minister. Thank you, Ms Pastoor.

The next 20 minutes are allocated to the third party. Ms Notley, the floor is yours.

**Ms Notley:** Thank you. I only have a very short period of time, but I do want to start by complimenting the minister. This is my third set of estimates, and I very much appreciate the relative brevity and pithiness of your answers thus far. It really allows for a much better debate and discussion and getting more information. So I thank you for that. I'd like to sort of proceed along that same line if possible, and hopefully I'll get through some of my questions anyway.

I guess, I'd like to start just generally with respect to the budget. The previous opposition member did touch on one of the five questions I had. You started out by saying that the budget had been increased by, I believe, 5.6 per cent. Maybe I'm looking at the wrong numbers. It's certainly possible. But I believe that it increased by 5.6 per cent from what you actually spent as opposed to what you actually budgeted last year – I'm seeing a nod there – and that in terms of your actual increase over what you budgeted last year, it is actually more of a 2.6 per cent increase. I'll just quickly say that, you know, there are some concerns around that because, of course, the finance minister, herself, said that to keep pace with inflation and population growth, we'd have to see a 3.7 per cent increase, so one could argue that we're seeing a net drop in allocation of resources to these issues.

That aside, I'm more interested in getting a bit more information on those key areas where the ministry underspent such that your forecast was below what you budgeted. You did provide an answer for line item 3.2.1, which is AISH, and I suspect, thus, that a similar answer would then apply to 3.2.2, which is the benefits to AISH, because obviously your growth in your caseload was not as large. So that's answered.

My question relates, then, to the other three places where there was notable underspending, and that is 2.2.1, the seniors' benefit; 2.2.4, the special-needs assistance grant; and 2.2.5, the seniors' dental program. It seems that in each of those cases there was an

underspending of – I've got it written down somewhere, and I don't know quite where I put it. In each case there was a bit of an underspending from what you budgeted. I wonder if you could quickly give us an explanation of what happened in those cases.

**Mrs. Jablonski:** I'll start with the Alberta seniors' benefit, and the lower amount that was actually used than what we had projected. It was because there were fewer seniors in long-term care and in designated assisted living units, and that was because of the slower rate of new construction. You'll remember, you know, that previous to probably September of last year we had an incredible construction boom, and it was very difficult to get things built. So that's basically why we didn't have the uptake in the Alberta seniors' benefit that we expected.

7:50

In the dental, once again, we had a lower than projected caseload growth. We make known our benefit programs to all of our seniors through seniors' centres and through our constituency offices, and we have an information line that I think I've spoken about before in the House. I'm just hoping that we're getting the information out there that seniors can access these programs. Now that we've raised the thresholds and they're higher, 6,000 more seniors are going to be able to access those programs. So it was caseload growth that wasn't as high as we had expected.

In the special-needs assistance, once again, we didn't have the number of applications that we felt would come through.

Basically, except for long-term care and the designated assisted living, because we didn't have the number of beds that we expected to be online, the uptake was less than we expected. Because of these reasons 5.8 per cent is probably a fair number to start using. But you were absolutely right in the numbers that you had quoted earlier.

**Ms Notley:** Okay. That's great. Is there any provision in your budget for increasing the public awareness of these programs that don't appear to be actually being accessed by folks? Is it that there are less people, or is it that there's less knowledge?

**Mrs. Jablonski:** It could be a combination of the two. I don't think it's less people because we are growing by 2,000 new seniors each month. But, you know, seniors are choosing to work longer, so some of them – although we're counting them in our numbers – may not be accessing seniors' programs because they're not there yet. That's a possibility. Certainly, we know the growth is incredible, so we're prepared for that. As far as providing information, that's a priority for myself, making sure that we do get that information out there, so I'll use the seniors' information line more often when I'm in the House.

**Ms Notley:** Finish every question with a website and phone number.

**Mrs. Jablonski:** May I just let you know that we do receive on average a thousand calls per day on our seniors' information line. The people who receive those calls are not machines. They're real people, and they're trained to be senior friendly. So I'm very proud of that seniors' information line.

**Ms Notley:** That's great. Thank you.

Okay. I'd like to move on quickly, if I can, to the affordable supportive living initiative. I had a question about what had happened to line items 4.2.4 and 4.2.5, the rural affordable supportive living and the seniors' lodge renovations and repairs. You noted that the first one has been folded into affordable supportive living.

Maybe quickly could you tell me: is that what has happened as well to the seniors' lodge renovations and repairs?

**Mrs. Jablonski:** Yes. We had a separate program for that last year, and we were able to contribute about \$35 million towards lodge improvements and modernization. This year – you're right – there's no line item for that, but anyone requiring improvements or modernization can apply through the ASLI program, the affordable supportive living initiative. That's the \$51 million capital budget that I've been granted. We haven't set dates for that yet. I'm just telling anyone who's interested to get their applications ready.

**Ms Notley:** Okay. So it would be a fair comment to say then that, in fact, by rolling those in, we're actually looking at a reduction in that compared to last year of around not quite half in terms of what had been allocated to that last year. Last year you had \$78 million and \$2 million, which is \$80 million, plus \$15 million, so \$95.6 million, and now we're at \$50 million, so not quite a 50 per cent reduction in that allocation.

**Mrs. Jablonski:** That's correct. But, once again, I'd like to address the fact that, to be honest with you, I feel very fortunate that I was granted that amount of money for capital development. Being as things were so tough this year, I wasn't sure if we were going to be able to succeed in achieving that funding. We have the \$50 million that we can use for the ASLI program or for lodge modernization. I think that the lodge modernization, when we were able to provide funding last year, I'd say that there was a large number of lodges that were able to receive grants, and hopefully those who need it will apply, and we'll be able to make sure that we spend those funds wisely.

**Ms Notley:** I'd like to go, then, over to the issue of the actual units that were created. I know we talked about this program last year, and you had hoped that that roughly \$80 million would result in roughly 800 units at the time. I can't remember if at the time it was new units or if they were being upgraded or whichever it was. Then I do see in your business plan that you have identified on page 235 with respect to your performance measures that – okay. It's '07–08, and then we don't have anything for '08–09 in terms of the number of affordable supportive living units for aging in place developed with support from provincial funding.

I have two questions. You had been hoping for 800. What actually was developed? I want to unpack this a little bit in terms of what the meaning of developed is. First, I'd like to know what were new units versus upgraded – and I'm going to use upgraded as generally as possible, so any kind of upgrade where the unit was there in some fashion previously – that breakdown.

You talked about sort of the shovel in the ground and the nine months, and that money would have only become available, you know, presumably after May or April or something like that last year. Of the 800 that you were looking at, how are you measuring it? How many shovels are in the ground? How many more shovels has the money gone out the door for? Was all that money spent? Where are we at?

**Mrs. Jablonski:** Okay. Thank you, Ms Notley. You don't see the '08–09 actual numbers for the units because we only announced that probably just a month ago, and I think that this budget was in print before that. Those numbers are 1,153 units. You asked for a breakdown on how many of those were new and how many of those were modernized. So 890 are new units for the affordable supportive living initiative, and 263 are modernized units, for a total of

1,153 units. With this funding the province has invested \$415 million in capital grants since 1999 to support the development or modernization of about 8,000 affordable supportive living and lodge units.

I have to tell you also an interesting thing about that ASLI grant. You could apply for up to 50 per cent of the costs of your new building, but many of the applications that came to us weren't quite asking for as much as 50 per cent. That's why we were able to get more than the 800 units that we thought we could help supply. The lodge modernization program, that we just announced a month ago that was in last year's budget, will provide 1,992 modernized and improved units.

Now, you were asking about the shovel in the ground and how the money goes out and that sort of thing. I can speak to this last grant that we just announced about a month ago. As soon as that shovel goes in the ground – one of the criteria was that you needed to be able to tell us that you could do it in nine months – you'll get 50 per cent of the funding. The other criteria was that you had to be completed within two years of putting that shovel in ground. So initially you would get 50 per cent of the funding, half way through the project you'd get 40 per cent, and then when the project is totally complete you'd get the final 10 per cent of the grant.

**Ms Notley:** Of that 890 number that you talk about, are those ones that are in that process right now?

**Mrs. Jablonski:** Yes. I would say yes because we just announced a month ago. So in eight months, or sooner, I expect to see a lot of shovels in the ground. It's a fantastic time for people to start building. We have availability of trades, and the cost of materials has gone down. It's a great time for them to start getting that shovel in the ground.

**Ms Notley:** I'm sorry for being so obtuse on this; I'm sure there's a very easy answer to it. Nonetheless, if those 890 are ones that are not complete, and 40 per cent of the funding is not paid until they're half finished, how much of that money has not yet been spent, and where is it in the budget? Where do I find that money that we've committed but not spent?

8:00

**Mrs. Jablonski:** I don't believe that you would see the funding that was supplied for last year's budget in this year's budget. I don't understand accounting processes myself – I have the accountant right beside me – but if that money has been allocated for that funding, then I'm sure that it's set aside and will be available as soon as they get their plans done and their zoning completed and they're ready to go.

**Ms Notley:** Okay. I see nodding over there. The money has been promised; therefore, it's characterized as spent even though it hasn't gone out the door yet.

**Mrs. Jablonski:** That's correct. It's set aside. It's ready to go when they need it.

**Ms Notley:** Okay. Thank you. Going back, then, to that general issue. We've got about 800 units. Now, I know that you're not responsible for long-term care, but I am aware that, you know, we have 1,500 people at least on the waiting lists for long-term care and that there have been no new long-term care beds created. Are these assisted living units anticipated to deal with those people that are on those waiting lists?

**Mrs. Jablonski:** In December we announced our continuing care strategy, and it was called aging in the right place. We do understand that there is a waiting list of people to go into assisted care, designated assisted living, or long-term care, whichever.

One of the things that we discovered was that some people can actually leave the hospital and go home if the right supports are in place. The right supports, of course, would be somebody there to be with them, a partner of some sort or a caregiver, a loved one. Home care is a big issue that we understand is needed and, of course, the aids to daily living to supply them with whatever medical equipment they would need to support them in their home. In some cases some people who are in hospitals could return to their home with the right supports in place. They could return to or they could go to designated assisted living. Those in the greatest need, of course, will have to go to long-term care.

One of the things that we want to ensure is that people do age in the right place. We're building these units in the numbers that we're supporting because we know the need is growing, and we want to make sure that they do age in the right place.

**Ms Notley:** I can buy the need to build these type of units, frankly, in a nonprofit or publicly funded setting for those 2,000 people per month who become seniors, for that growing population, for that new demand. But I really struggle with the notion that this is a meaningful option for those, you know, roughly 900, 1,100 – it depends on which stat you use – that are currently taking up acute-care beds. That those people can go back to their homes: you know, I just don't think that's a realistic view of it.

**Mrs. Jablonski:** I think that you should understand some of the facts that are in place right now. Four per cent of the seniors population are in long-term care. The average age of a person in long-term care is 85 years old. You must know some senior people. One of their greatest desires is to stay in their home for as long as possible. Helping them stay in their homes, because that's where they're happiest, that's where they're most independent, is one of our objectives, but of course there are times when they can't. Right now the average age of a person in long-term care is 85, and their average length of stay in long-term care is two years. So, yes, there is a need for long-term care – there's no question – but that's not the only place where we can assist people who have medical needs.

**Ms Notley:** I certainly agree. I mean, one of the previous members was talking about the number of seniors' facilities in her riding, and I know that I have about 11 or 12 that I visit once a year. I still remember these lovely two sisters, one who was 101 and one who was 102. They had apartments next to each other in an assisted living or maybe even a lower level facility, but it was an affordable place, and it was great. That's great. But they're not in the acute-care beds in the Royal Alex. Those people are not the ones. The people that are in the acute-care beds in the Alex and in the U of A aren't going to that great place where that lovely pair of sisters was living. Those are the ones that I'm concerned that we don't really have a strategy for.

**Mrs. Jablonski:** It's really not my place to speak for Health and Wellness, but I would say to you that one of the reasons, as I understand it, why a lot of our seniors or people are in those beds when they should be going elsewhere is because there's simply no one to look after them at home or in assisted living. I think that what you're talking about for the two ladies that you were speaking of would be supportive living, so somebody would help them with meals and stuff, but they looked after themselves mostly. But, yes,

we hope to have the right place for each person. That's why we called our strategy aging in the right place.

**Ms Notley:** I would just say that maybe the name of the strategy is a bit more wishful thinking. Nonetheless, let's move on. I think we know that we disagree on this issue.

Going back to the budget, there's no question that there have been places where there have been increases, but in each area I note that under the sort of first line item, management and operations, in each section, whether it be seniors services, disability supports, or community support programs, with the exceptions of a few line items those areas are either staying static or are being reduced. I'm assuming that management and operations have to do with primarily the staffing component of your ministry and the program delivery and administration. I note that you did actually say that there was a line item where you had increased funding. [Ms Notley's speaking time expired] Is that 20 minutes already?

**The Chair:** That's 20 minutes, I'm afraid. Sorry to interrupt.

As agreed, we will take precisely a five-minute break at this point. When we come back, if members would like the chair to provide a warning of one minute or two minutes, just please indicate that to me. Happy to do that if it's helpful. We'll see you in five minutes.

[The committee adjourned from 8:07 p.m. to 8:14 p.m.]

**The Chair:** Colleagues, I'd like to call the meeting back to order if I might. I hope you've enjoyed some interesting discussion during the break.

Minister, we'll continue. Just before we enter this final segment of 90 minutes, I'll just remind members that, as agreed, we'll alternate between government and opposition members of the committee. You each have a total of 20 minutes in combined time with the minister if you elect to proceed in that fashion. If you do not wish to use the whole 20 minutes, please just indicate that to me, and we'll move right along to the next speaker on the list.

Dr. Taft.

**Dr. Taft:** Yeah. Just to be clear, we aren't going to go 90 minutes, are we? We go until 9:30. Is that correct? Or do we go 90 minutes?

**The Chair:** Nine-thirty as per the standing order.

**Dr. Taft:** At 9:30 we finish. Okay. We have an hour and 15 minutes left.

**The Chair:** I'm sorry. Yes. Thank you for correcting me on that. We'll begin, then, with Mr. Dallas.

**Mr. Dallas:** Thank you, Mr. Chairman. It's a pleasure this evening to have an opportunity to dialogue with the minister with respect to these estimates. I expect that unless the minister has the prerogative, we probably won't utilize the full 20 minutes on this. I would suggest that given that we both have constituencies in Red Deer, we have practised this drill on the basis that it takes exactly an hour and 42 minutes to travel one way or the other. We have done this back and forth, but it actually can cross between ministries as well, so we're restricted somewhat tonight.

**Mrs. Jablonski:** That's when he's driving.

**Mr. Dallas:** I'll ask the minister to refer to page 323, where the assured income for the severely handicapped budget appears, noting

that the budget, of course – and we had a little bit of discussion in this room earlier – has increased to just over \$517 million. Of course, that's a substantial increase. My first question that I wonder if we could explore a little bit is: how many clients are actually receiving that assistance? Secondly, what is the maximum financial benefit that can be received, and is there any range with respect to that? Thirdly, of the increase in budget, noting that the budget moved from just under \$475 million to \$517 million, how much of that change is related to the increase in funding that was announced in the budget, and how much is in anticipation of growth in the number of clients or other variables that might impact that number?

**Mrs. Jablonski:** Okay. I think I got it. The first thing is that there are approximately 38,000 Albertans receiving AISH benefits. I'd like to do a little bit of a breakdown of those clients for you. Of those 38,000 clients, 46 per cent have a physical disability, 32 per cent have a mental health disability, and 22 per cent have a cognitive disability. The caseload growth is expected to be 3 per cent in '09-10, and the maximum financial benefit has increased by \$100 to \$1,188 per month as of April 1 of this year. AISH clients may also be eligible for assistance with additional expenses such as special diet, caring for service animals, and travel to medical appointments. The current average monthly payment is about \$140 for clients who access these benefits. So the breakdown in the numbers is that \$37.2 million is for the hundred dollar increase, and \$19,900,000 is for the projected caseload growth. That's the breakdown on those numbers.

**Mr. Dallas:** Okay. If I might just ask for a little clarification, then, the other related expenses with respect to travel for medical appointments, service animal supports, and the like are then built into that \$517 million, or are they on another line item elsewhere?

**Mrs. Jablonski:** I believe that you'll find them on another line item. Their total for this year's budget is \$16,800,000. As you know, most of our AISH clients are single people, but we do have some that have families, so we provide the health benefits to not only the clients but their spouses and their dependent children. As I've said before, the assistance that we provide for AISH clients includes prescription drug coverage, essential diabetic supplies, and emergency ambulance services as well as the service dogs issue.

Additional funding will be used to accommodate the expected increase in the AISH caseload, as I mentioned. I said that when you put all of those extra benefits together, on average an AISH client will receive \$345 more per month for those benefits on top of the financial benefit.

8:20

**Mr. Dallas:** I think you touched on this a little bit earlier, but if I might. With respect to predicting the caseload, I think it would be a difficult proposition, but given that last year, if I understood the answers to some of the questions earlier, the caseload actually was lower than in previous years – perhaps I didn't get that right – I guess my question is: to what degree do we have confidence in the reliability of a prediction that this year the numbers would be higher?

**Mrs. Jablonski:** It's like anything. You pick the number using the best information that you have, and you take an educated guess. I believe that those numbers will be as high as we've projected because of the growth that we have in the aging population. Of course, as people grow older, they seem to have more medical concerns. When somebody may have expected to work to the age of 65, they may find themselves in need of help because of some

medical or physical disability that happens because of age. For that reason, I'm pretty strong on the fact that we are going to have the caseload growth that we anticipate. We did forecast it at 3 per cent this year instead of the 4 per cent that we forecasted last year.

**Mr. Dallas:** Great. Thank you very much.

If I could again, then, Minister, refer you to page 323, item 3.2.2. We had a little discussion in this area before with respect to the health-related assistance budget being \$163 million, an increase of 5 per cent over the prior year I expect is what that is. You earlier talked about some of the components of that. I guess what I'm wondering is if you could speak with respect to only the 5 per cent amount that the budget has increased by. Is this again a function of more clients, or is it cost pressures with respect to those services that are included in that budget line item that are driving up that number, that's just under \$8 million over the prior year?

**Mrs. Jablonski:** I understand that the increase in that budget line item is primarily due to the expected caseload growth.

**Mr. Dallas:** Thank you, Mr. Chair. That concludes my portion of this. I await other members' questions and comments.

**The Chair:** Okay. Thank you.

Dr. Taft, please, followed by Mr. Denis.

**Dr. Taft:** Thanks, Mr. Chairman. I'm just going to turn a couple of minutes of my time over to the Member for Lethbridge-East, and then she'll toss it back to me, I think. Is that okay? We can share time?

**The Chair:** Well, to be honest, Dr. Taft, it's not in strict accordance with the standing orders.

**Dr. Taft:** Okay.

**The Chair:** I'd prefer, if you wish, that Ms Pastoor take the next round, and then I'll put you on the list for the next position.

**Dr. Taft:** No. I'll work my questions in right now.

I'm going to focus a little bit on the PDD boards and services. Right now I'm looking at page 325 of the budget document. Well, you can look at any number of places, but basically that page happens to list the various regions with their respective budgets. My first question is: given what has happened in the department of health, is there any thought given to consolidating all the boards for PDD into one giant PDD superboard?

**Mrs. Jablonski:** Well, I wouldn't be telling you the truth if I told you that the thought hadn't crossed my mind. It did cross my mind. But I find as I analyze the situation that these boards are performing an outstanding job. They're our local connection with these communities. I find that they work extremely efficiently, that they handle our needs. They are very good representatives for us and for the people in the community back to us. So at this point in time because of the good job they're doing, because of the efficient job they're doing, no, there's no consideration of doing the same thing.

**Dr. Taft:** Okay. That's okay with me. I think that the superboard in health care is not a good direction.

But just on the boards I'm looking at page 331 of the budget document, and the line under here lists board governance and the amount expended on that for each region. The Edmonton region

actually has the lowest at \$100,000 even though I think by population it's the largest region or certainly the second largest. I noticed ones like northeast, \$183,000, Calgary, \$175,000. Why would, say, Calgary be spending almost twice as much on board governance as the Edmonton region?

**Mrs. Jablonski:** Well, I know that one of the reasons why the Edmonton budget is lower is because they have less transportation costs. Most of the meetings are held here in Edmonton, and that's because of convenience to myself and to the department when we bring our boards together.

**Dr. Taft:** Okay, so all the other regions travel to Edmonton. I thought these were meetings within the region. Okay.

**Mrs. Jablonski:** There are meetings – just a minute, please. A technical difficulty. Thank you for your patience.

**Dr. Taft:** Sure.

**Mrs. Jablonski:** Edmonton and Calgary do less travelling. The other regions, of course, have larger areas where they have to travel around. One of the reasons why the Calgary number is significantly higher than Edmonton is because of their amount of turnover on the board, meaning that the training sessions and getting people up to speed, that sort of thing, I guess, have created more costs for us.

**Dr. Taft:** Okay. Do you expect that turnover to slow down? If it's an inordinate amount of turnover, it's usually a sign that something is wrong.

**Mrs. Jablonski:** We've adopted a new screening process that helps us to identify people we think will be the best-suited people for those positions by using the program. We've started doing that in the last year, so yes, I do expect that there will be less turnover from here till whenever.

**Dr. Taft:** Okay. Just as a question, are members of the board of governors paid in addition to expenses? Is there an honorarium?

**Mrs. Jablonski:** There is an honorarium for their meetings, and they're paid their travel expenses as well. I understand that they use the same schedules that the Legislature uses for meeting times.

**Dr. Taft:** All right. Let's just keep focusing on PDD. There's always a concern that a lot of budget or too much, which may not be very much, budget gets lost between the money being forwarded and actually reaching the front line. In other words, administration and who knows what eats up too much of the budget. Do you have a sense of or could you provide to us, maybe, in writing after the fact what proportion or what per cent of each dollar given to the PDD boards is actually expended on front-line staff?

**Mrs. Jablonski:** I understand that the amount of our budget that is spent for administration purposes is in the area of 8 per cent. One of the things that we have with our PDD program is that we're developing consistency throughout the province. We're setting standards that we are asking all boards to adhere to. We've done that with the consultation of our board of governors. They've agreed that these are areas we need to improve on, and that's consistency in the way we do things throughout the province. I'm hoping to see more efficient use of our funding, but, once again, 8 per cent for administrative costs is probably very reasonable.

8:30

**Dr. Taft:** Okay. I appreciate that.

We talked a little bit about board turnover. Of course, there's been a lot of concern about staff turnover because the labour shortage has created very attractive competing opportunities for staff. Can you talk a little bit about staff turnover rates if you know what they are? It's going to vary with region and vary with the nature of the position. Also, I'd be very interested because we've heard concerns that the turnover rates in contracted services are actually higher than in the other agencies. One of the concerns you get is that people see this revolving door of support staff from a contracted agency. How are we addressing that? Actually, how big is the problem? Have you actually looked at and tried to quantify that?

**Mrs. Jablonski:** The staffing issues are part of what our service agencies are responsible for. I don't have an exact number, but I am being shown that in some cases it is a turnover rate exceeding 40 per cent. Now, that has been in the past. I understand from talking to people in the know that we have less of a problem with turnover at this time, and that probably has a lot to do with the economic situation.

Not only that, but we've recognized that we need to do something to help front-line staff. Last year we provided 7 per cent increases to the agencies for recruitment and training purposes. One of the big things in that is to give them the proper training because without the training they're not very effective caregivers in our disability area. Once again, because the agencies are in charge, we provided some extra funding, and they decided how much went to the front line, although we encouraged that and so did our boards, and how much went to training and recruiting.

Like I said, right now the problem has corrected itself, probably due to the economic situation and to the fact that not only did we provide that extra 7 per cent last year, but we provided another \$24 million in the budget this year that will go to service agencies for recruitment and retaining staff. We understand it's a concern. We're trying to help them with that. I understand that there are some training programs that are being developed right now to benefit workers so that they can be the best that they can be at their jobs and showing, too, that we all consider this to be a very important area of work.

**Dr. Taft:** I want to shift a little bit to discuss seniors and the various programs for seniors. In the business plan, page 232, under core business 1, provide targeted financial assistance, goal 1 states, "Seniors in need have access to financial assistance to support independence." I'd like to discuss how you define seniors in need because I'm hearing a lot – and I'll bet you are, too, and probably all MLAs are – about seniors who are middle-income, so they're not quite poor enough to qualify. They've seen their savings and retirement supports reduced. They're on fixed income, and now they're seeing other costs rise, like drug costs and so on. How do you define seniors in need other than just giving me the number you're probably going to give me, \$24,000? That's not the answer I'm looking for. I want something other than a number pulled out of a hat. I want you to explain to me what need is from your perspective.

**Mrs. Jablonski:** Well, certainly, I would have to tell you that we do define a senior in need at this point in time by their income. So we would use \$24,000 for a single senior now – actually, that starts July 1 – and \$39,000 for a senior couple. A senior who is in a predica-



ment – I think Ms Blakeman mentioned before that there was a totally unexpected \$8,000 condo fee. Where that would leave them financially and where that would leave them in need certainly could be something that we would look at in our seniors' programs. I can't tell you right now of any special program that we would have, but I can tell you that with that increase in threshold, 6,000 more seniors will qualify for the Alberta seniors' benefit. Other than those numbers and listening to a senior who may have extenuating circumstances, there is no other way at this time that we judge a senior in need.

**Dr. Taft:** How did you choose \$24,000?

**Mrs. Jablonski:** Because it was higher than \$21,325, because it means that a senior would have \$2,000 of income per month to be able to pay for their rent and their food, that sort of thing.

**Dr. Taft:** Okay. Because I'm hearing so much about this, I want to dwell on it a little bit. I'm sitting here wondering if there isn't a certain amount of robbing Peter to pay Paul going on here with the government. I'm hearing so much from seniors who are frightened about what's happening with Blue Cross changes. They're going to end up paying more for Blue Cross coverage and more for pharmaceuticals, which, I guess, is going to save the department of health some money, but that might end up putting more pressure on your programs. Do you see a connection between those two? Do you see what I'm getting at? To a lot of seniors it's very scary days.

**Mrs. Jablonski:** It is very scary days, Dr. Taft. I understand their fear. However, what I believe is that we need to do a better job of communicating our programs to seniors. I feel that with the program that was announced in December, low-income seniors were being looked after in a better way than they are being supported now. The Minister of Health and Wellness has said that he will review what he has put forward, and he's doing that right now, I understand. So we'll have to wait and see what happens.

Certainly, I can empathize with the fear that some seniors might feel right now because they don't understand what's happening. My greatest concern, if there are any changes, is that we do a better job communicating them because I certainly support looking after the needs of low-income seniors. That would be the case with the pharma strategy as well.

**Dr. Taft:** Okay. I heard actually, interestingly, from residents of central Alberta on Monday, not your constituents but very nearby, and they said that low-income seniors are doing okay because they're taken care of, and high-income seniors don't care because they've got all the money. It's the people who are living on the pensions of, you know, \$25,000 a year or in that range who are feeling really concerned. I don't think we're going to resolve that here, but I just need to reinforce that message to you. When you're talking to the minister of health, I'd encourage you to make sure that he isn't doing something on his end to save money that's just going to next year force a whole lot more people under your caseloads. Because it's wrong. That would be foolish.

**Mrs. Jablonski:** I understand. Thank you for that.

**Dr. Taft:** Mr. Chairman, how much time do I have?

**The Chair:** You have four minutes and 45 seconds, Dr. Taft.

**Dr. Taft:** Okay. Bridget, if you want me to handle something, you've got to bring it over here.

**Ms Pastoor:** You can't do it. I'm the only one on the committee.

**Dr. Taft:** Okay. We'll work that out.

I want to just talk for a minute about something that's come up two or three times, and that is the monitoring and inspections of facilities. I have to make sure that I'm clear on this. I just have to get my head around it. We're talking about long-term care facilities. Is that right?

**Mrs. Jablonski:** That's correct. They're also being inspected annually.

**Dr. Taft:** Okay. In those long-term care facilities there will be health services provided. There could be an RN on.

**Mrs. Jablonski:** That's correct.

**Dr. Taft:** There could be medications delivered, all of that sort of thing.

**Mrs. Jablonski:** That's correct.

**Dr. Taft:** But your inspection is just on the accommodation side.

**Mrs. Jablonski:** Correct. We inspect the housekeeping, the safety and security, the meals, that sort of thing, but the health care issues are monitored by Health and Wellness or Alberta Health Services now.

**Dr. Taft:** I've got to tell you that that sounds like a pretty poor system to me.

**Mrs. Jablonski:** I can tell you that we do a great job of inspecting the accommodation side of it because I know that.

**Dr. Taft:** Imagine that you're a senior with a concern or you're the family of a senior who has a concern. How confusing is it going to be? It sets up a catch-22 sort of situation. If somebody has a concern, do they go to Health? Do they go to accommodation? It also means that there are two sets of inspectors going around.

8:40

**Mrs. Jablonski:** That's correct.

**Dr. Taft:** Do you co-ordinate? Do you both visit at the same time? It feels to me like a bad idea. I could choose other words. It just doesn't make sense to me.

**Mrs. Jablonski:** Dr. Taft, the accommodation inspections have just started this year. It was a call that we heard from seniors that we should be doing this, so we have started. It is a new program that we have. To be honest with you, it was confusing when two different sets of inspectors came in, so now we are co-ordinating our inspections together. It's for the benefit of our seniors that we come in and inspect. I know for sure that we do a good inspection on our side, and if there's a violation in a long-term care or in a designated assisted living facility, we will post that on the website.

**Dr. Taft:** I don't want you to interpret this as my not supporting inspections. I have some experience with that, and I think it's really, really important. I'm concerned that they're done well. I am also concerned that you give notice. I don't know why you'd do that.

**Mrs. Jablonski:** We give notice for the annual inspection; it's a pretty in-depth inspection. But there are random inspections that we do.

**Dr. Taft:** So if I'm running a facility, how many random inspections would I expect in a year?

**Mrs. Jablonski:** Well, I would say to you that if I heard complaints, you would be receiving more random inspections than normal.

**Dr. Taft:** How many is normal?

**Mrs. Jablonski:** I think that because we do the annual inspection, that's the major inspection. Then any random inspections after that could come from complaints.

**Dr. Taft:** Okay. So there are no random inspections except complaint driven. I want it to be on the record that if you're giving a month's notice of an annual inspection, there's lots of time to scrub the dust out of the corners, get the menu up to snuff, make sure that everything is in order so that your annual inspection comes out glowing, and then it's a gradual decline. That's human nature, right? That's why I think random inspections are a good idea.

**Mrs. Jablonski:** We do inspect when we hear complaints. They're not forewarned at that time. Those are random.

**Dr. Taft:** That's good. I'm glad you're not warning them when you're inspecting a complaint. I just think that it should be done as a matter of course.

**Mrs. Jablonski:** Dr. Taft, we also have the protection of persons in care division in my ministry, where we accept complaints from people in care. You've seen in the throne speech and you've heard in my briefing notes here that we are bringing forward an amendment to the Protection for Persons in Care Act because we do want to improve those standards and the ability for those people to come to us to say that something is not right here. We take it very seriously.

**Dr. Taft:** Great. I'm out of time, so thank you for that.

**The Chair:** Thank you both.

Mr. Denis, please, followed by Ms Notley.

**Mr. Denis:** Thank you very much, Mr. Chair. I first want to thank the minister and her staff for appearing here at this late hour. I have a lot of seniors in my constituency, and I appreciate the report here. I also wanted to talk specifically about the performance measures that you have in here, Minister. You may need to refer to some other documentation here. I think it's great that you have these performance measures, but I'd like to see how we're doing, basically, vis-à-vis some other provinces. It's great that you have these targets, but can you comment on that at all?

**Mrs. Jablonski:** On the performance measures?

**Mr. Denis:** Yeah. Just vis-à-vis other provinces.

**Mrs. Jablonski:** One of the things that I spend a lot of time on is looking at my performance measures and where we're at and how we can improve them. To be very honest with you, Mr. Denis, I

have not looked at other provinces' performance measures. If you think that they will help me to improve what we do, I'll have a look at them.

**Mr. Denis:** Okay. Thank you very much.

**Mrs. Jablonski:** You're welcome.

**The Chair:** Anything further, Mr. Denis?

**Mr. Denis:** No. That was all. Thank you.

**The Chair:** Okay. Thank you.

Ms Notley, please, followed by Mr. Fawcett.

**Ms Notley:** That's great. Thank you very much. I'd like to go back to the questions that I had just stopped on when we were last chatting which relate to the issue of staffing and staffing costs, that will ultimately get into the question of inspections. Previously I think you did answer at one point saying that there was a line item with respect to inspections that had been increased. I couldn't find that. I'm just wondering if you could tell me what line item that is.

**Mrs. Jablonski:** Okay. It's under protection for persons in care, and I'm just trying to find that line item for you now, Ms Notley.

**Ms Notley:** Okay. I know it. That's 4.1.4.

**Mrs. Jablonski:** Yes, that's correct.

**Ms Notley:** So that's an increase of \$41,000 in that line item. Is that correct?

**Mrs. Jablonski:** That's correct.

**Ms Notley:** Okay. Let me go back, then. Am I correct that 4.1.5 is where the staff who do all these inspections live?

**Mrs. Jablonski:** That's correct.

**Ms Notley:** Okay. That one, of course, sees a slight decrease in its funding from what was both budgeted and forecast last year. I guess my concern is – well, there is a multiplicity of concerns. First of all, we've talked that you inspect both in long-term care and in assisted living, and we know that we're not getting new long-term care spaces. But, as you know, in the Legislature our caucus has been tabling reports quite regularly about concerns that have been filed from employees working in the long-term care setting. Of course, what we table doesn't specify locations, but I do know that that group provided that information to the ministry of health back in about August and September, outlining a number of concerns with respect to meals being late, those kinds of things. I mean, I want to kind of agree with previous points, that when someone's meals are late or their baths are not given on time, you know, the distinction between that and medical care becomes very difficult because it's the quality of food, it's the quality of cleaning, but it very much has an impact on the health of people.

Notwithstanding the fact that there is some confusion there, I guess my first question is: have those facilities that are covered by those complaints, that were provided with full information about their location to the ministry of health last fall, been inspected as far as you know?

**Mrs. Jablonski:** I have no information at this time of what you're speaking of because I can't identify exactly what you're talking about. I can tell you that we've done inspections, but whether or not those inspections have anything to do with the complaints that you delivered to Health and Wellness, I can't answer. If you can give us some information, then we could check that out for you. But all long-term care facilities have had their annual inspection, and that was completed by March 31 of this year.

**Ms Notley:** I have to say that I'm a little concerned about that. I can't give you that information because it was given to me in a way to protect the confidentiality issues, but I do know that the union representing the workers at the roughly four or five different facilities provided that information to the minister of health, or I believe it was a deputy or an associate deputy, in about September or October of last year.

I do know, having read the nature of those complaints into the record, as it were, in the House pretty much every day we've been sitting since we started in February, that many of those complaints relate to the kinds of things that I believe would be under the jurisdiction of your ministry. Because you say there is co-ordination between the two, I would hope that if the folks here can't give you that information, I could be provided with some information after this outlining whether there were random inspections done in those facilities – and you don't need to name them – whether there were or whether there will be, because there are a number of concerns around the ability of those facilities to provide adequate care as it relates to things that would relate to what you referred to as accommodation in terms of the timing of meals and the content of the meals and the cleanliness and those kinds of things.

**Mrs. Jablonski:** I have to say to you, Ms Notley, that those things are very important to me because I understand that when a senior or anyone has to be in a long-term care facility, those are pretty important issues for them. I would say to you that we'll check out what you've asked, and of course we can only check out the accommodation side, to see if that was referred to us. It would be my wish that you would provide that information directly to me, to my department, so that we can ensure that if there is a need for an inspection or to check out a complaint about the food or whatever, we have that information and we go forward on it.

8:50

**Ms Notley:** Well, we can certainly pursue getting it there. But, again, because it was provided to the ministry of health, I'm a bit surprised that those elements wouldn't have automatically flowed to you.

Just to go on, again associated with the issue of staffing, you know, we've talked about and you've been talking about the number of units that has been increasing. Then the other piece, as far as it relates to inspection, is that we do have this new act coming forward, which you've identified, Bill 10, which we'll be debating in more detail. It seems to me that you're actually increasing the expectations on the staff vis-à-vis inspections, yet we see a decrease in that line item of the budget. I'm a little unsure about how you're going to be able to provide the kind of comprehensive inspections and, as well, the necessary level of random inspections in these facilities that you're bringing online because, as you say, you're increasing the number of facilities. I'm wondering if you can speak to that.

**Mrs. Jablonski:** Well, the 1,153 units that I spoke of earlier won't be online probably before two and a half years from now, so we will have, certainly, those large numbers to contend with then.

I wanted to also add that in these economic times we have had to do a lot with our budget and make it work in different ways. We are going to make it work in a more efficient way. I have very dedicated staff members, and I know that some of them put in a lot of time making sure that things are right.

I want to tell you, too, that we have done the accommodation inspections, but just because we've done the inspections doesn't mean that everybody was compliant. We've had issues of noncompliance. Because the work that they are doing is so important and is so important to the people who live in those facilities, we work with them to help them overcome whatever the noncompliance is. We set deadlines for them, we reinspect to see how far they've come, and we have authority in the end to shut them down if they don't comply. By working with them, in all of the cases we get them to comply. It doesn't happen overnight in some cases, but mostly we get them to comply with us.

Under this new act we will be empowered to do more risk-based assessment of how often to inspect. Obviously, if we see a facility and we're not happy with it and we've worked with it, we'll be going back sooner than a year. It's not written in stone how many inspections anybody should receive. The minimum at this time is one per year, but if required, there will be more. We may evolve to a situation where with good providers who show up maybe two or three years in a row with no complaints or very few complaints – you probably always get complaints about meals, though – depending on what the complaints are, we may even do one inspection every two years. Of course, that doesn't discount random inspections if we hear complaints. We just want to work as efficiently as possible to ensure that the accommodation standards are met.

**Ms Notley:** Well, I agree with everything you said except that last bit about going to one inspection every two years. I don't think that's actually a good idea.

I agree with what you're saying, but even with respect to those ones that you say aren't online, if I look in your business plan, you note that there were in '07-08 793 actual new units created. Presumably those ones would be coming online at some point this year. So, again, with those new units plus, as you rightly point out, the new mechanisms provided under that act, it seems to me like your workload is going to increase, not decrease, and that you have a problem with what's been allocated vis-à-vis your staff funding. I know that a portion, of course, of your staff are covered by union contracts which don't expire this year and do have built-in raises to them, so I'm a little concerned. Do you anticipate laying people off?

**Mrs. Jablonski:** We haven't discussed laying any people off at this point in time. We operate as efficiently as possible. In fact, sometimes I complain because I think I need an extra person in my office. But knowing that we're working under very tight controls within my department, at this time I don't anticipate laying anyone off. Of course, we have to keep our fingers crossed that the economic downturn doesn't get much worse and that that sort of situation won't force us to look at layoffs. However, there's no guarantee.

**Ms Notley:** Okay. Again, I'm a little concerned that with the lack of increases in – well, I don't have the breakdown in your budget of how much of that operations and management is dedicated towards contract staff, who have built-in increases, so maybe you can find it in there.

The other place that I was also a little concerned related again to the staffing. It's 2.1.2, which is the management and operations with

respect to the seniors' benefit and the school property tax. You had indicated that you anticipated at least 6,000 new seniors being eligible for that benefit, so again I'm concerned that you're going to have difficulty administering that additional eligibility without increasing the resources there, and certainly what you plan to do right now is decrease them. I'm just worried about the ability of your staff to manage what appears to be increasing demands of them while their line items stay the same.

**Mrs. Jablonski:** Well, I have to tell you, Ms Notley, that one of the things that my assistant deputy minister, Chi Loo, is very proud of is the fact that we're using new technology to help us administer the costs of our seniors' programs. I don't know what the exact numbers are, but I think we have three-quarters of our seniors now on direct pay into their bank accounts, which saves a lot of time and a lot of money. As we bring new seniors on board, of course, new seniors are less resistant to having direct deposit and that sort of thing. We encourage as much direct deposit as possible. With new technology and with working very hard to create efficiencies, so far we're able to manage these increases. Of course, we project these increases, so we are prepared for them administratively.

**Ms Notley:** Okay. I'm going to go on really quickly to two other areas before I run out of time. I might just throw my questions at you and then, you know, ask you to answer them later if you don't have time.

One is just with respect to AISH. I think we've had a lot of discussion already about AISH, both the AISH benefits and other elements of the provision of AISH. You know, we talked, again, about the market-basket measure. The market-basket measure, as you know, is about 70 per cent higher than what's currently paid out through AISH. I think it's just a little under \$2,000. That measure doesn't include the kinds of extra costs which you're suggesting we add to the AISH. For instance, when you say that they receive \$1,188 – which, by the way, is good. I mean, that's one of the higher rates in the country, and good for you for that, I want to say. That's great. But the fact of the matter is that these people still need to be able to live in a humane way.

You talk about adding these other services in there: oh, well, they get, you know, assistance for diabetes supplies or this or that. You can't compare that to the market-basket measure because the market-basket measure doesn't contemplate somebody having a disability and doesn't contemplate the extra costs associated with that. So I would suggest that we're still only at about 60 per cent, 65 per cent of the market-basket measure that is required for someone to live below the poverty line. I just want to continue to put that to you and urge you to continue to move forward as far as advancing the level of entitlement to AISH.

On the other issue with AISH, last year, of course, you brought in the greater exemption in terms of how much people could earn before they started to get clawed back, and I have a couple of questions about that. My first is: do you have numbers for us in terms of increased employment that you either postulate or have other ways of knowing are related to that? Secondly, with the recent loss of 45,000 jobs in the first three months of this year, do you have estimates of how your AISH clientele has been impacted and what that might do to your budget because there is the clawback? If some of those folks lost their employment, then your AISH obligations would go up. I'm just wondering if you've had an opportunity to consider the implications to your budget in that regard.

9:00

**Mrs. Jablonski:** As far as I know right now, on the increased

numbers from the employability incentive that we gave last year, I can't separate that from the numbers that are employed. Seventeen per cent of our AISH clients are employed. I guess that prior to the increase there was around 16.5 per cent of AISH clients who worked, so I would say to you that the increase looks like .5 per cent.

A lot of our AISH clients that can work are working. Of course, they have good days and they have bad days, as you know. None of them can work 40 hours because they wouldn't be on AISH if they could. I don't have numbers about the maximums that they've worked, but I'm sure that part-time is as much as they can work.

One of the things that I do know, because I've talked to employers of AISH clients, is that it's a partnership. It's a partnership between the AISH client and the employer. You can well understand that if you're employing an AISH client, they might phone you one morning and say: "Sorry. I can't come in to work today. It's just one of those really bad days." MS is something, you know, that works along those lines. A lot of our disabilities work along those lines.

Being that the working partnerships are in place, I would assume that employers have made the effort to be employers of AISH clients. I can tell you that the ones I know – and you might know of some – have special relationships with their AISH employees, and many of them learn so much from having them as employees. To see somebody with a disability struggle and achieve is something that we can all learn daily lessons from. So I would say to you that because they already have a special relationship, because they are only working part-time – who knows; it could be five hours a week, 10, 20 hours a week probably max – they're probably near the bottom of the line for layoff. We have not heard of significant layoffs of AISH clients in that 17 per cent that are working at this time.

**Ms Notley:** Well, that's good news. I guess I would suggest that that might be something that might have budget implications as things unfold over the course of the next few months.

The final thing, that I'd like to mention really quickly – it was touched on already – is the issue of funding to increase the rate of pay for staff working primarily in the PDD area. I know that you have put in the \$30 million and the \$24 million. Just to state it at the outset, we're very concerned that we're nowhere near what these people need to be earning. I think I described that in some detail the last time we discussed this, at last year's estimates, so I won't go into that again. I'm just wondering if you have at your disposal new or revised information on what the average wage rate is for people in that sector and whether you can point to an increase over the course of the last year.

**Mrs. Jablonski:** I don't have those numbers with me at this time for the average wage increase, but I can tell you that the people that did come to me, I would say, in the month of February last year to clearly demonstrate to me their need for increased wages and whom I welcome to come and speak to me have not been coming to me anywhere near as frequently as they did in the past year. I'm assuming that that \$30 million that we gave for this purpose last year helped those front-line workers. In fact, I should say that I know it did because I did have some grateful people talk to me about it and say that it did make a difference. Yes, I would say to you that they also would say that they still need to have further increases, which is why we worked so hard not only with my department but with the entire caucus and Treasury Board to ensure that we could get another \$24 million so that they could have a further increase this year.

**The Chair:** Thank you.

Mr. Fawcett, please, followed by Ms Pastoor.

**Mr. Fawcett:** Thank you, Mr. Chair. I'm hoping that I can use at least some part of the 20 minutes that's allocated to have a back and forth with the minister. There are a couple of questions and themes that I want to explore. I, too, like the Member for Calgary-Egmont, have very similar demographics in my constituency, that being older established communities in the city of Calgary.

I want to commend the minister for this budget. She mentioned that it was a good-news story, and that's something that I believe is correct, particularly during a time of significant challenge on the revenue and economic side in this province right now. I do know that many of my biggest supporters during the campaign were seniors. A lot of the encouragement that I got as a younger candidate came from our seniors population, expressing the thoughts that we needed new ideas and a new generation of ideas within the government.

However, I have heard the concern from some seniors and different groups in my constituency that being a young person, it might be difficult for me to understand some of the issues and the plight of some of the seniors in our communities. With that, I've taken an extra effort to listen to some of the things that they've been saying, and through listening and through the great work of the minister in explaining to our members of caucus some of the issues and challenges in her department as well as through some very strong advocates within our caucus, like Mr. Dallas and Mr. VanderBurg, who serves on the Seniors Advisory Council, I know this was a real need for our communities and for our seniors population.

Again, I'd like to commend the minister and her department for going through this long budget development process, particularly through a year where we started out last spring through discussions at our CPC and ended up with delivering the budget just a couple of weeks ago. There have been a lot of changes in that short period of time, and I think the minister must be commended for ensuring that our seniors were well supported through this budget.

The first issue that I would like to explore is the issue around the Alberta seniors' benefit. I think this could be lauded as the biggest success in this year's budget altogether. In just looking at it on page 322 of the main estimates – I believe it's line item 2.2.1 – if my math is correct, it is a 15 per cent increase over the forecasted expenditures from last year. I know that the minister has talked about an additional 6,000 seniors being eligible for this program. I'm just wondering if she can elaborate also on whether those that are already eligible are going to be seeing increases to the amount that they get under this program.

**Mrs. Jablonski:** Well, first of all, Mr. Fawcett, since you spent some time talking about the seniors in your area, I would have to say that from my experience I believe they're very fortunate to have you as their representative. We've been here a year together, and already I think I've been down in your area twice – I believe it's the Confederation seniors' centre that we visited together – hearing about what seniors are doing down there and hearing what you are doing for your seniors. So congratulations to you for being a good representative and bringing the concerns of your constituents right to our department. It's all teamwork.

Because we have a concern for seniors, we were able to ensure that we did get an increase for them. As you might know, of the approximately 380,000 seniors, there are currently about 138,000 seniors receiving the Alberta seniors' benefit. Because of this budget, as of April 1, of those who are receiving the Alberta seniors' benefit, singles will see an increase of \$40 per month to a maximum of \$280, and couples will see an increase of \$60 per month to a maximum of \$420. Of course, you know what the thresholds are: \$24,000 for singles and \$39,000 for senior couples.

9:10

It's expected that 23,000 Albertans will become seniors in '09-10, and it's estimated that over 8,000 of those new seniors will be low-income seniors. Of the entire group of seniors, of the approximately 380,000, 72,000 senior households received the education property tax rebate in 2008, which is a benefit on top of the Alberta seniors' benefit, and that's a universal benefit. Of course, it's not as high a number because usually there are at least two persons per household when it comes to a home and not all of them own their own home. That's why those numbers are the way they are.

Having said all that, I forget what your last question was.

**Mr. Fawcett:** Actually, I think you answered everything that I asked.

The next question. I just wanted to follow up on a theme that was mentioned by Ms Pastoor. I know that in your sort of introduction you talked about some of the goals that your ministry has. I think that more so with seniors than any other group within our society the achievement of those goals rests not just within your ministry but throughout various different ministries. I know you mentioned the deputy minister and assistant deputy minister committees. Can you give some specific examples on some of the work that those specific committees are doing that will help you work toward the goals within your ministry?

**Mrs. Jablonski:** Well, in one of the ministerial working committees that I am a member of myself, we work on issues that we would have to co-operate on, that we would have to co-ordinate on. Some of the ministries that I work very closely with are Housing and Urban Affairs, Employment and Immigration, and Children and Youth Services. A lot of the children that have disabilities eventually end up coming into the Seniors and Community Supports programs. I work very closely with them. I understand that my deputy minister has meetings, and they are, of course, because of all the things that we share together, with Health and Wellness as well, so we have a deputy minister's committee there. Although I'm not totally familiar with it, I do have my assistant deputy ministers reporting to me that they've attended the meetings, but I've never said: well, who did you have the meeting with? It would be with ministries that co-ordination and co-operation with would be essential.

**Mr. Fawcett:** I know the minister mentioned being down at Confederation Park seniors. Just as an example, I believe that, again, the building there is owned by the province and operated by MCF Housing, which I believe probably falls under Housing and Urban Affairs. Confederation Park receives FCSS funding, and we had the minister of seniors there listening to the folks about some of their challenges. That's just a little bit of the complexity that goes along with some of the issues around some of the seniors in the community.

A third thing that I want to explore. As I mentioned, I said that, you know, with a lot of the seniors in my constituency I would be trying to listen as well as listening to some of the other people around the table. One thing that I have to admit to being very, very confused about is the terms that we use for some of the accommodation. I think that at times there's a lack of understanding about what they exactly mean, and some of them might even be used together or to mean the same thing. Sometimes I think that in doing so, it could be very dangerous when we have discussions about what some of the options and choices are for seniors. You mentioned that one of the mandates from the Premier is to provide greater choice. If we

don't have clarity around what those choices are, sometimes that discussion can get a little bit confusing. I'm wondering if the minister could talk about, you know, what the difference is between supportive living, designated assisted living, long-term care, some of the programs delivered under Housing and Urban Affairs and some of the housing that they're doing, and how they're all different. What type of seniors might qualify or be appropriate to be in each sort of setting?

**Mrs. Jablonski:** I want to talk about two things. I want to talk about Housing and Urban Affairs, their program. Then I want to talk about our continuing care strategy. You're right; it can get very confusing with all of the different terms that we use.

For Housing and Urban Affairs I understand that the funding goes towards independent living, affordable independent living. What that means is that seniors who are able to look after themselves but are low income and need some help can access affordable living. So that's independent living. That's totally independent. That's Housing and Urban Affairs. That's what they would take care of with their grants.

In our area we have the continuing care strategy. Just picture this umbrella, and under this umbrella there are three streams of living. The one stream is home living. Home living is also independent living, and that can be your house, your apartment, your condominium, townhouse, whatever. So we have that stream of home living.

On the other end of this three-stream process is long-term care. Like I said, those who are in the most need of care would be in long-term care. Just for everyone's information, once again, the average age of a person in long-term care is 85 years old. That means that up until then they've courageously attempted to live a more independent life. Also, the length of stay in a long-term care facility on average is two years. So you have those two anchors. You have the home anchor, and you have the long-term care.

In the middle is where you get a lot of these terms that right now might seem to be confusing, so I'll attempt to unconfuse that issue. We have supportive living, we have assisted living, and we have designated assisted living. To make it even more confusing, we have enhanced assisted living.

Let me just talk about supportive, assisted, and designated assisted living for now. If you can get those terms down, we're doing good. Supportive living would be a facility that a senior would choose to go to that would be able to provide support to them in the way of light housekeeping and meals. In many of those facilities there is lots of recreation provided as well because, as we know, a senior does far better when the mind is challenged and there are social activities. So that's supportive living.

Then we have assisted living. Assisted living would be a facility that would provide more care than you would receive in supportive. Actually, in assisted living you could probably have some health care coming to you in the form of home care. So you could live in a supportive living facility but have home care come and provide you with some of the health care needs that you might have. With the continuing care strategy we want to try and provide home care in as many places as we can so that you don't have to move on. As Ms Pastoor explained earlier, sometimes it's confusing for a senior to have to keep moving, so we want to provide care for people in the facility that they're in.

Now, designated assisted living would be the step, in a sense, before long-term care, where you don't need 24/7 care, but you need some significant care. Now I'm moving into the area of Health and Wellness, but I think there's something like 3.5 hours of care in long-term care. Then in designated assisted living there's also a number of hours of care, and it would be one and a half to two hours

of care per day. Obviously, you don't need to have as much care in designated assisted living. Once you're in designated assisted living and your care needs become greater, then we do need to be looking at long-term care for you.

When we did the Demographic Planning Commission report, we spoke to over a hundred stakeholder groups, and 10,000 people replied online. It became very clear that that's one of the primary goals for all seniors; that is, to stay in their home for as long as possible. I do have an instance that I won't forget. A gentleman in my constituency stopped me on the street – he knew I was the minister of seniors – and he chatted about his wife, that he had been married to for going on 50 years, and how much he loved her. He said to me: I would crawl across broken glass to be able to keep my wife at home, but I need some help. Certainly, as long as she can be cared for at home, because he has such a great desire to care for her – those are the homes that we want to try to provide support to so that you can be in your home for as long as you wish.

9:20

The other thing when we say aging in the right place – and I don't know how you handle this – there are some seniors who stay in their homes too long. They stay in their home too long, they don't eat properly, they don't get enough stimulation, socialization, that sort of thing, so their quality of life suffers. Now, you could say that some seniors choose that, but there are some seniors that are not aware that that's what's happening to them. That's where the responsibility of family becomes so important and community because if you can see that your neighbour is in need of help, people should gently encourage, perhaps, different accommodations. It's very difficult to do, though, because a lot of people just won't move from their home.

We do have those supportive living units and assisted living and DAL and then, at the end of the stream, the long-term care facility. I hope that helps explain some of those terms that we use in continuing care.

**Mr. Fawcett:** That's great. I certainly support that. I know that one of the biggest concerns I have with government programs is that sometimes we tend to treat people as uniform people who have the same needs. This continuum of choices is something that I think seniors would really appreciate. In particular, when we talk about those long-term people that are in acute-care beds, I would suggest that someone would have to show me very good evidence that those people all have the exact same amount of needs. So I appreciate the strategy that the minister is taking.

That kind of leads me to the last issue that I have, and it's around the school property tax assistance. We have seen increases in that tax in the budget, and if there's one thing that I do get from a lot of seniors, particularly when I was going door to door, this is a huge issue for them. They don't really see the connection to education. First of all, because of changes made in 1993 there is no real connection, and secondly, most of them don't have any children or haven't had any children in the education system for a long time. Some might have grandchildren.

This is a real hindrance on their ability to stay at home, and that was one area where there wasn't any increase. We've seen increases for those that, you know, are looking at affordable housing and that sort of thing, but it's the people that want to stay in their homes, that have lived there for 50 years, like many have in my constituency, that have challenges with that.

I guess just a comment from the minister on that program, how it works, and what the impact might be without any increase.

**Mrs. Jablonski:** There has been an increase in education property tax. It's a minimal increase, as you know. I think our Minister of Municipal Affairs has been saying something like \$3.25 per month for either Calgary or Edmonton and \$3.65 per month for either Calgary or Edmonton. I forget which is which.

Our seniors are protected from any increases. Once we arrive at their base year, any increases from that year are paid for through our program. The number of households that do receive some assistance with education property tax is 70,600, a little more than that. The average payment in 2008 was \$95, and we continue to budget that line item at \$11 million.

Now, I was thinking of the gentleman that approached me in Red Deer. Not only was he talking to me about needing some home care to be able to keep his wife at home, but he was also referring to the education property tax. We know the city of Edmonton has a tax deferral plan for seniors that helps them get through the year, and those are very good plans that some of our municipalities have in place to help seniors as well with their property tax.

**The Chair:** Thank you. We have approximately seven minutes remaining.

Ms Pastoor, you have the floor.

**Ms Pastoor:** Thank you very much, Mr. Chair. I do have a couple of further comments that I'd like to make, but in the meantime I have an amendment that I'd like to put forward. I'd ask the page if she could pass it out for me. I'll just read it out. As we all know, it's not debatable in here; we'll be debating it in the House. I think that our thrust for that is cutting down hosting costs. I move that the estimates for strategic corporate services under reference 1.0.4 at page 322 of the 2009-2010 main estimates of the Department of Seniors and Community Supports be reduced by \$12,000 so that the amount to be voted at page 319 for expense and equipment/-inventory purchases is \$1,971,773,000.

Thank you.

**The Chair:** Thank you, Ms Pastoor. Just for the record your amendment has been circulated to the members of the committee, and it will be referred to Committee of Supply for a vote. Would you like to continue with some further comments?

**Ms Pastoor:** Yes. Thank you. I have a couple of questions, but I really would like to take some time – I'm not sure that I can go over the love conversation that we've just had, this last one. However, I'd like to really thank the minister for recognizing what to me is one of the most important things that we have facing us when we talk about aging in place and people staying in their homes.

The majority of people that live alone often are widowed, fixed-income women, obviously, if they're widows. Until we actually can move them into a more suitable place, they don't recognize (a) how lonely they are and how really isolated they are until they're into a more socialized situation. I thank you for recognizing that because I think it's a very important concept that has to be kept in front of all of us as we talk and move forward, planning to help people stay, you know, in their homes as long as possible. It's excellent for some but certainly not for all. I think that the hon. colleague that spoke ahead of me referred to that as well, that they do want to stay and how important it is that they can if it's the appropriate thing.

The other thing that I'd just like to perhaps make a couple of comments on to follow up on socialization is how important seniors' centres are to our seniors. I for one would like to see many more of them. I also believe that in the larger cities, certainly not in the rural areas but in the larger cities, they have what they call community

league centres, and I'd like to see some of the space in those centres designated to seniors so that they can get out. Having said that, a huge issue, particularly for the older ones, is transportation because either their doctor, often at the insistence of their family, has taken their driver's licence away or many seniors themselves recognize that they're only willing to drive at 11 o'clock in the morning, and they'll only do right-hand turns. It takes them forever to get where they're going because they're afraid of left-hand turns. They'll often at that point recognize that they have to give up their driver's licence. So seniors' centres are very important.

Just to throw something out there, instead of the education tax for property owners over 65 perhaps that education tax should turn into a seniors' tax and go into the seniors' departments, that could then turn around and support the seniors' centres. In those seniors' centres there should be an RN practitioner, not, you know, someone with the higher qualifications, probably six hours a day. It would keep many, many, many people out of their doctors' offices and out of the health care system because often it's just a short checkup. It might be checking their ears. There is any number of things that can be done. A highly trained nurse practitioner would recognize an emergent situation. I think that that should happen. Certainly, I can speak for the seniors' centres that we have in Lethbridge, which are two of the largest in the province. They have excellent government people who help them with their taxes.

How to get that information out that you're speaking of is to get the information to the people on what their programs are. I also would like to see an outreach from the seniors' centres. I think that if we could outreach more to the people that are living in their homes, then that socialization part of it would be looked after, and again they could stay in their homes just that little bit longer.

9:30

I don't think that I have any real questions, just one other comment. There was something about a survey and a consultation process in 2008 in which stakeholders were asked to come up with innovative responses to chronic staff shortages. I think that one thing that has to be looked at – and I think I'm probably flipping over into health now because it's so easy to do when they criss-cross so closely. Many times staff will say to me that sometimes there is the time to do the care, but there never seems to be the time to care.

Again, I'm going on my mantra that I've been saying for four years. But I was – what? – rejuvenated by the fact that Laurie Blakeman went after midwifery for 20 years and finally got it, so I'll just keep chugging away at this one. Somewhere in the budget there has to be a line that can put a value on respect and dignity. I don't know how we put a dollar value on that, but the minute that we could do that, then it may well create that extra 10 minutes that they need that gives somebody dignity and the chance to remain as independent as possible, to help them get out of bed and be put into a wheelchair rather than going in and whipping in there and just doing it in six seconds flat, which can be done, but it isn't done with either dignity or respect. That's my little mantra, that I've repeated time and again.

Thank you for that. Mr. Chair, I think that's it for me.

**The Chair:** Okay. Thank you very much, Ms Pastoor.

According to the clerk's clock there are actually one minute and 10 seconds left. Mr. Olson, you're next on the list. I don't know if you'd like to attempt to make any comments in that time or not.

**Mr. Olson:** Knowing how badly the minister would like to get home and watch the hockey game, I'll pass. Thank you.

**The Chair:** Just before we adjourn, Minister, on behalf of all my colleagues on the committee we'd like to thank you very much for your candour and your very detailed, thoughtful answers to our questions. It's very much appreciated.

Thank you to the colleagues for some excellent questions. I'm sorry to those of you who were on the list but weren't able to ask a question. Thank you so much.

The next meeting of the committee is May 4, 2009, at which time

we'll consider the estimates of the Department of Health and Wellness.

**Mrs. Jablonski:** Thank you very much, Mr. Chairman.

**The Chair:** With that, we'll adjourn. Thank you very much.

[The committee adjourned at 9:32 p.m.]





