



# COMING of AGE

A Publication of the Saskatoon Council on Aging

## Fighting Elder Abuse

The Saskatoon Committee on Abuse of the Elderly has been set up and for 18 months will initiate action against elderly abuse in the community.

When the project ends, in December 1993, the committee hopes to have raised public awareness of the problem, set reporting procedures and drafted a detailed report. Resources and programs to help abused seniors and their families should be in place.

The project has been in the works for three years. It began with Bob Sim and the Saskatoon Crisis Intervention Service, which was receiving two or three reports a week of issues relating to seniors. An inter-agency group on

adult protection was established.

The problem definitely existed. Hospital social work departments were dealing daily with abuse cases and Home Care workers were reporting abusive situations. The questions were, Where could people go? Who could they call?

Some things were done:

- A provincial Inter-hospital Domestic Violence Committee wrote an information and procedures manual to help hospital personnel deal with elder abuse cases.

- A provincial project set up last year by the University of Regina's Seniors' Education Centre conducted workshops and an information campaign on elder abuse. The project winds up with a provincial conference at Manitou Beach Oct. 27-28.

- Recommendations from the Senior Citizens' Provincial Council to the Minister responsible for Seniors emphasized the need for education and services.

- A conference on elder abuse was sponsored by Ukrainian, Polish and German organizations in May.

- The Council on Aging's Creative Planning Workshop identified elder abuse as a top concern.

*(See Page 2)*

### EASING THE CAREGIVING LOAD

Leisure and recreation are considered the right of everyone — except those housebound by 24-hour care of a dependent family member. Informal caregivers are often denied recreation, social contacts and physical activity.

Most frail elderly people who need care are over 75, the fastest-growing segment of the population in the next few years. Institutions cannot house such numbers; families will have to provide informal caregivers whose health will depend on a mix of leisure, physical activity, personal fulfilment and social contacts.

The Council on Aging is seeking funding from the Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation for a program to link caregivers and recreation.

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# Minister Reports on Seniors

During a June 12 House of Commons debate about Seniors Month, Hon. Monique Vézina, Minister of State [Seniors], described two studies by Statistics Canada and Health and Welfare Canada.

The Statistics Canada study explored issues affecting the independence of older Canadians — preparation for retirement, employment, physical and social activities, health and well-being, life experience, mobility and travel, safety, housing, income and finances, and satisfaction with life.

The Health and Welfare Canada study was a series of focus groups exploring the meaning of independence and quality of life for older Canadians.

"For Canada's seniors, independence is both a state of living and a state of mind. Independence, for seniors, means being free to do what they want to do, being responsible for their own initiatives," she said.

"Canada's seniors expect to be integrated into society, not seen as a group apart. They want to be treated as equals. They want to be seen as contributors to society, not as yesterday's corporate leaders, retired teachers or mechanics."



Mme. Vézina

"Seniors also want to be recognized as individuals, as different from one another. They do not want to be viewed as a statistic, an age group. Canadian seniors vary in income, cultural and educational backgrounds, state of health, and life experiences. They have different aspirations and fulfil themselves in many different ways. While they have many common concerns, their priorities and opinions differ."

"I think you will agree with me that in a world concerned with preserving the environment and making the best use of resources, it will be unacceptable to ignore the experience and knowledge of seniors."

(From Page 1)

The board of directors then applied to the Senior Independence Program (SIP) of Health and Welfare Canada for project funding.

All these efforts came together this summer. Some 30 seniors and professionals met to define the problem and draw up a plan of action. A Committee on Abuse of the Elderly was set up, chaired by Provincial Advisory Group member De-Idores Dzubin.

Healing Waters, Healing Ways: *Exploring the Ways in which We Can Prevent Elder Abuse*

October 27-28  
Manitou Springs Inn,  
Manitou Beach  
Three miles north of Watrous

Sponsored by  
University of Regina Seniors' Education Centre

Seniors are urged to attend. No registration fee, very reasonable hotel rates.

Call Council office, 652-2255, for more information.

The committee agreed that community resources and a specific protocol were lacking in this area. The first area of research chosen was financial exploitation of the elderly, the most common form of abuse.

SIP funding was approved and will provide for the Council's Resource Centre and its collection of information on elder abuse, including salaries for the resource/office manager, a project facilitator and a researcher.

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# Crusade for Aging

By  
**Kathleen E.  
Nouch**



**I**'m 83 and on my third crusade for more tolerance for old age among those who just don't understand until they get there.

Twenty years ago, the wife of a prominent Canadian actor said that only people 30 and younger were fully able to understand live theatre and were the only ones to whom tickets should be sold. I'm wondering, now, how she feels since 20 years have been added to her life.

Why do young people, in general, still regard seniors as 'has-beens'? I blame seniors themselves, especially women, who are so reluctant to tell the truth about their feelings. I think we oldies

should put aside false modesty and come out of the closet.

Years ago my sister complained that her 75-year-old mother-in-law wet the bed on purpose. I know the woman had no control because when we get past 80, not only do bladder muscles get weaker but most prescription drugs are diuretic as well as healing. But we feel ashamed to confess such things.

Why are seniors reluctant to talk about their love life? To me, enjoying sex is the ultimate in true love and I am most offended when it is degraded by the use of nasty four-letter words. Could it be our fault that young people

degrade sexual activity? Have we made it 'dirty' by refusing to discuss it as though it were a sin?

I like living alone because I'm free to do anything I wish, within reason. But I wish I had a male companion to go out with me once in a while. Isn't that daring?

I miss my partner for reasons other than physical. I miss his praise and commendation when I sell any writing. I miss him going to public performances with me and discussing them afterwards. I miss his checking me over before we go out, to see if my slip is showing or my collar is neat. I miss him telling me how much better I look when I get my hair done. Most of all, I miss his loving touching and cuddling.

Recently, a daughter told her mother that her childhood had been ruined because her parents fought over alcohol. Another daughter accused her mother of suppressing her feelings too much and pretending her marriage was perfect. "Why did you and Daddy stay together when you didn't love each other?" the daughter asked. Both mothers thought they were doing the right thing, at the time.

We old folks are living much longer than expected so let's be thankful we still have time to make amends, even if we have to make the first move toward our children. We are living on borrowed time, you know. Tomorrow may be too late.

# Alzheimer's victims a

*Alzheimer's  
can be  
frightening  
for families,  
but support  
is available  
in Saskatoon*

*By Jenni Mortin*

**E**very weekday morning, taxis and cars bring 20 to 22 men and women to the Luther Seniors Centre for people with irreversible dementia.

Some hurry eagerly into the building, others get careful help from drivers who carry walkers or wheelchairs and lend a reliable arm.

Since 1985, this centre has offered programs for people with dementia and behavior management problems who live at home, and support for the families who care for them.

It's a quiet place, happy and non-threatening, "a caring facility not a curing facility," as manager Joyce Beckett puts it. The people it cares for have ranged in aged from 53 to 97; the average is about 80.

Most dementia, especially over 65, is caused by Alzheimer's disease, a progressive, incurable and ultimately fatal disease affecting the brain. It may last for a few years or many, and the rate of deterioration varies greatly among victims.

Spending time each week at the centre will not alter the course of a person's Alzheimer's, Mrs. Beckett says, "but can seemingly make them improve a bit," especially if isolation has made functioning harder.

The people who cope best with Alzheimer's

are those who move through the disease hand-in-hand with their spouse and share it with family, friends, church, etc., she says. "They function well with family support."

Such support is demanding, and a vital part of the centre's service is the respite it gives caregivers from what is a full-time job.

**O**ne of its 50 regulars is Layton Crockett, who was diagnosed with Alzheimer's 10 years ago. His eyesight is badly affected; so, while he loves tools and wood, he can't use the woodworking room, though it has no power tools.

He tried sanding wood, "and I found I was sanding my thumb," he says sadly.

Feeling strongly that caregivers must have a change of pace, Peggy Layton continues to play the duplicate bridge she finds so challenging. She leaves lunch for her husband when she plays on Monday. He goes to the centre Tuesday and Thursday. If she is in a tournament, he spends the weekend with their daughter.

"You have to arrange some changes," she says. Otherwise, "you'd lose perspective and get tunnel vision. I need something to get me up and out. We are very fortunate that our daughter can help and wants to help."

Alzheimer's can be scary for families, Mrs. Beckett says, and some are ashamed of it, feel a stigma. "Some people try to hide it and cope, carry the burden themselves."

That's why the local support group is valuable, says Morris Wice, president of the Saskatoon chapter, Alzheimer Society of Canada. People can share information, problems, and strategies for coping with what he describes, from personal experience, as "living with a stranger".

Many losses accompany losing the memory. With it go friends, social contacts, the ability to drive safely.

# nd families get help

The Luther Seniors Centre program incorporates the ordinary things of living, "helping them to keep the abilities they always had somewhat fresh," says Mrs. Beckett: baking, singalongs, discussion of current events, exercise, regular reading sessions.

Continuing such activities builds their esteem, she says. At home, the partner has probably taken on more and more of the usual tasks. It is done in a caring way, but means the Alzheimer's victim has less motivation for keeping going, and withdraws, sits in front of the TV (which can make night sleeping problems worse).

The centre's mandate includes the care of dementia victims with behavior problems such as wandering, conflict, incontinence, problems which family caregivers too must deal with.

Its staff have learned many things about them. Incontinence, for example, may result from forgetting where the bathroom is and being embarrassed to ask, in one's own home. It may be prevented by helping the person to the bathroom every few hours.

The Crocketts have made adjustments. No more t-shirts: they became difficult to put on. No more shoes with

laces. No more doilies or scatter rugs. A firm railing at the front door.

Their friend Joe Morgan made an invaluable plexiglass collar that goes around Mr.

Crockett's plate so he won't pull his food into his lap; he can't see the edge of the plate.

The Alzheimer Society of Canada suggests memory aids that can make life easier: a big calendar, written reminders for tasks that are often forgotten, lists, directions, safety instructions like "TURN OFF STOVE".

Patty Marken at Royal University Hospital's Geriatric Assessment Unit recommends medication boxes which hold a week's supply of pills so it's easy to tell how many have been taken.

She says a caregiver must not do everything for a victim; when the condition advances there will be no one to help with the heavy load. Families should talk about legal aspects and special care homes before the demands of caregiving become too heavy — including possible violent behavior resulting from personality change — or the victim can no longer reason.

## *Seeking cause, cure*

Science doesn't know what causes Alzheimer's and, despite some promising clues, is "nowhere close to finding the reason" for it, says Dr. Ali Rajput, professor of neurology at the University of Saskatchewan.

Nor does it know how to cure the disease or stop its progression. "As scientists we want to be honest with people," he says. "I would love to cure it. It would be the thrill of one's life."

There are theories: "That it's just a normal part of aging. That it's something we eat, such as aluminum. That it's something we don't eat." But they remain theories.

Dr. Rajput is involved in two national studies of the disease. The Canadian Study on Health and Aging involves 10,000 people, about 400 of them from Saskatchewan. It is trying to find what proportion of the population in particular age groups — 65-70, 70-75, etc. — has Alzheimer's, to develop a national profile.

Learning this will enable the health care system to predict the demand for services, he says.

The other study, which began last fall, is of a new drug called linopirine which, in laboratory animals, has been shown to improve behavior usually associated with impaired memory function. The hope is that linopirine might be "a little step for making life better for the patient and the family and mankind," Dr. Rajput says.



PEOPLE

# Council Represents Seniors

By Madge McKillop  
Chairperson, Senior Citizens' Provincial Council

Established by the provincial government in 1975, the Senior Citizens' Provincial Council represents seniors' views to government through the Minister responsible for Seniors, provides for and fosters seniors' grassroots input, tries to identify their needs, problems and aspirations, advises the minister on matters affecting seniors and acts as their advocate.

It has set up task forces on income security, health and social matters to help it do the tasks given it by Janice MacKinnon, Minister responsible for

Seniors: to review seniors' programs to ensure they meet needs effectively and efficiently, and to ensure seniors' needs are addressed in the income review underway by government officials.

It will be consulting with individual seniors and senior organizations on these issues.

Council members are appointed by the minister; at least four-fifths must be seniors. Efforts are made to ensure they represent different backgrounds and geographic regions. Recently senior organizations have been asked to nominate prospective members

and some have been chosen from these nominations.

The Council meets in different locations and local senior organizations are invited to make presentations to the meetings.

It has prepared many publications related to seniors, most recently *Abuse of the Elderly: Recommendations to the Minister Responsible for Seniors*. It sets the theme for Seniors Week, and for two years has sponsored an essay contest for seniors on that theme.

For further information, call toll-free 1-800-667-7161.



AGENCIES

# Helping Ukrainian Seniors Live Independently at Home

By Donna Zaleschuk  
Ukrainian Canadian Congress-Saskatchewan Provincial Council

Since its establishment in 1972, the Ukrainian Canadian Congress-Saskatchewan Provincial Council (UCC-SPC) has become a co-ordinating body for the development of Ukrainian culture and language education, dance, literary and musical arts.

A year ago, we began redirecting some of our focus to seniors. Demographic changes indicate an ever-increasing aging population, and we are concerned about the shrinking number of people available to care for Ukrainian seniors.

To determine how best to

help Ukrainian seniors maintain their quality of life and independence, we are developing a needs assessment study which will be conducted across the province. Three hundred people 55 and over, of Ukrainian ethnic background, will be interviewed.

The main objective is to assess Ukrainian seniors' awareness of, access to and use of government programs which enable them to live independently in their homes for as long as possible. We hope also to find out why some seniors do not use these services, and

get suggestions for improving the situation.

The results will be sent to the federal, provincial and local governments and senior service agencies in Saskatchewan.

Last spring, the UCC-SPC organized a one-day Conference on Elderly Abuse for Ukrainian, Polish and German seniors, with guest speakers and a mini-workshop. The positive response has encouraged us to continue with programs for ethnic seniors.

Anyone interested in our seniors program can contact us at #2, 1120 - 20th St. West, Saskatoon, 652-5850.

# Don't Look Down On Your Feet

By Ginnie Lawman

**F**our times around the world! That's how far the average person walks in a lifetime. Quite a feat. So don't look down on your feet - they've carried you a long way and deserve your care and attention.

Your feet are your body's foundation. They are very complex structures, each containing 26 bones held in place by a network of ligaments, tendons and muscles. Your feet act as shock absorbers which protect your body at every step. Any imbalance in your feet — calluses, corns or bunions — can lead to problems in your legs or back, as well as causing localized pain.

The most common foot problem among seniors is nail care, according to Dr. Audrey Ivanauskas at the Community Services Chiropody Program, to which seniors are referred by their doctor or community health nurse. There is a \$10 charge for each visit. Special insoles or orthotics (individually-constructed inserts for shoes which change the way you walk) are a further charge.

Around 70 per cent of Dr. Ivanauskas' clients are seniors, and many have trouble with thickened or deformed toenails. She has several suggestions for foot care for seniors.

She suggests washing your feet daily in

warm water and drying them gently, taking particular care between the toes. A sprinkling of talcum powder helps keep the skin dry and smooth. Watch for corns and calluses caused by rubbing, and bunions — deformities at the big toe joint.

Correct and regular toenail cutting is most important. The nails should never be cut around the corners as this may lead to ingrowing nails. They should be cut straight across, at least once a month. If cutting your toenails is difficult for you, a Home Care nurse may visit your home to do it for you.

Constant weight-bearing over the years may cause feet to spread, especially across the ball of the foot. You may need a wider shoe as you age. Wear shoes that fit well and offer adequate support, with soles that are flexible and heels that fit snugly.

Feet tend to swell during the day, so it's best to shop for shoes in the afternoon. Try on both shoes and go with the ones that are comfortable and don't need to be "broken in". Slippers may feel great at the end of the day, but don't wear them for too long as they offer little support.

Dr. Ivanauskas says that wear and tear on the feet builds up over a lifetime, and often a foot problem can't be cured. But treatment can give relief and prevent the problem from getting worse. Increased mobility as a result of a chiropodist's care has allowed many seniors to remain in their own homes rather than having to move to a special care facility.

Remember the places your feet have carried you over the years, and reward them for their good service by taking care of them now.



# A Worthwhile Experience

By Margaret Mack

**E**xperience has taught me that there are as many different views as there are observers. Recently I visited the Council's Resource Centre at 240 - 22nd Street East to form my own impressions of it.

A visit to the Centre is a worthwhile experience. First one is attracted to the Council logo, featuring "a crane, symbol of longevity, pride and grace, in the circle of life, epitomizing the wholeness and completeness of whole life".

The entrance is clearly visible and welcoming, and I was impressed by the bright, comfortable atmosphere within. The Centre is wheelchair-accessible, and although parking is a problem, access to city buses is excellent.

"Population aging" involves a substantial increase in the population aged 65 and over. By establishing this centralized information outlet, the Council has found a way to meet seniors' ongoing needs in education experience and information sharing.

As I browsed, observed and asked for information, I found the staff extremely co-operative, prompt and knowledgeable about materials in the Centre. Seeing them in action, I sensed they really care about seniors; certainly, they treated everyone with dignity. With people who have become family "decision-

makers," they took time to share information which aids intelligent, informed decisions about their relative's needs.

I was impressed with the staff's skill at making a senior's first visit to the Centre a real learning experience, and at the way they carefully selected materials to meet the needs, abilities and interests of each visitor.

They have begun to identify and collect information — articles, reports, journals, pamphlets and other material — on elder abuse and caregiving topics of

## Resource Centre

**'EXCELLENT  
SOURCE OF  
COMMUNITY  
INFORMATION  
FOR SENIORS'**

**240 - 22nd St. E.  
652-2255**

vital interest to seniors, caregivers, families, etc. The aging population is now recognized as one of Canada's major social issues. It is important to have articles on income security, housing, transportation, nutrition, leisure, services for seniors, videos dealing with seniors and their quality of life issues.

Other providers in the community, such as social agencies, educational and health care institutions, supply the Centre with valuable material. It is an excellent source of community information for seniors. Services for Seniors shares the facility, and the two organizations have a good working relationship, sharing in publicizing new local resources, services and programs.

Senior organizations could benefit from the comprehensive list of speakers available. A vertical file of articles, workshop packages and training kits has been prepared. This type of information must be used within the Centre, but a "newcomer's information package" will be prepared upon request.

Office manager Dianne Johns spoke of a greater need to reach isolated seniors. In future, accessibility could be expanded by, perhaps, sharing the Resource Centre's information with isolated communities in and outside Saskatoon, through public user-friendly information computers located near banks or information-on-wheels mobile units such as public libraries use. Other needs are ways to disseminate information on future trends and innovations, and time to research and develop new pamphlets.

It is important to know what resources are out there. I encourage you to visit the Resource Centre and form your own impressions.