



COMING of AGE

A Publication of the Saskatoon Council on Aging

Seniors' shuttle service will get going again

Efforts are underway to start a new shuttle service for Saskatoon seniors along the lines of the pilot service that was so popular when it operated for four months in late 1995.

The Saskatoon Council on Aging is taking a lead role in renewing the service, and consulting with the City of Saskatoon, Saskatoon District Health, existing transportation services, businesses, service clubs and other community agencies.

"We're exploring all the options for community partnerships," says Lynn Tait, a member of Council's long-range planning committee who is on leave to co-ordinate the shuttle service planning.

"We want to put together a sustainable shuttle service to deal

with isolation and seniors in our city," she says, emphasizing that it must be financially sound.

The management team hopes to have "all the pieces of the plan," including reliable long-term financing, firmly in place by the end of the year, says Mrs. Tait. If that goal is achieved, the shuttle service could begin early in the new year, but reliable funding will be the deciding factor.

A wide cross-section of people representing transportation and health service agencies and city businesses are already part of the management team which is putting the plan together.

Many of the strong points of the 1995 service will be built into the 1998 version, Mrs. Tait says, including "personalized, arm-assisted, respectful service" for the

seniors who call for transportation to church, social events, medical appointments, shopping and family visits. A co-ordinator will take the calls.

The pilot shuttle service filled a void for seniors

The Council was part of the previous shuttle service, a pilot project which the management team hopes in many ways to emulate. It was a huge success with those over 65 who are too frail to use public transportation and find taxis too expensive. These people may not be able to use the regular transportation systems in winter because they need arm-assistance, she said.

The service was co-ordinated by the Corps of Commissioners, whose members drove the shuttle vans, steadied their passengers on icy walks, opened

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BUSING IT...

WHAT DOES IT COST?

Cost of a senior bus pass in five Canadian cities (populations from 1996 Canada census) and one U.S. city (1990 census).

Saskatoon (193,647)
One year **\$148**, six months **\$74**

Regina (180,400)
In 1998, one year **\$100**
six months **\$50**

Winnipeg (621,887)
\$30.80 per month

Calgary (768,082)
\$35 a year, **\$15** for those on GIS

Edmonton (716,014)
\$35 a year, **\$25** for those on GIS

Eugene, Oregon (112,669)
\$13 a year, plus **\$2** for a photo
Free lifetime pass if over 80,
plus **\$2** for a photograph

SHUTTLE SERVICE

(continued from page 1)

heavy doors and helped them onto elevators.

Evaluations of the pilot service showed that it filled a void for Saskatoon seniors. However, it became evident that long-term sustainability required a sound financial basis. That is why the current management team is insistent that the 1998 version be financially sustainable, says Mrs. Tait, to prevent disappointment for those who come to rely upon it.

"We want it to be successful."

Telephone visit service proposed

Isolation and loneliness are some of the greatest problems faced by frail older adults. Many live alone; some have no family. Others have family who cannot visit regularly. Those with physical challenges find it difficult to get out to events where they can socialize and make friends.

Isolation and loneliness often develop into depression, which often leads to inactivity, loss of appetite resulting in poor nutrition, and illness. Homebound individuals may feel neglected and abandoned. Isolation blocks their ability to contribute to the community.

The Saskatoon Council on Aging, which has initiated three programs for isolated seniors, is proposing a telephone information and support service — Telechat — to reduce caregiver stress and help seniors remain independent longer. It will be a telephone friendly visiting program, for meaningful relationships can develop through regular telephone contact by caring volunteers, lifting the spirits of seniors at the other end, dispelling their loneliness, renewing old interests, developing new ones.

Caring volunteers with the time and desire to provide this service will be trained. Administration and operations will be handled by a project co-ordinator and a Council advisory committee. The Council's partner in the proposal, the Older Adult Wellness Program of Saskatoon District Health Public Health Service, will help develop volunteer training and promote the service.

The Council and the Older Adult Wellness Program hope to fund Telechat with a community service grant from Saskatoon District Health. The first application was unsuccessful, and the partners seek support and information from seniors to demonstrate the value of such a service. Please consider these questions and respond by mail or phone to the Council, at 109 Third Avenue North, Saskatoon S7K 2H4, phone 652-2255.

- * Would you use this service?
- * Caregivers, would you find this service a support to you?
- * Do you know of isolated seniors who would benefit?
- * Would you consider being a Telechat volunteer?

Coming of Age is published by the Saskatoon Council on Aging, 109 Third Avenue North, Saskatoon S7K 2H4, with a grant from Sask Lotteries and assistance from the Saskatoon District Health Board. Opinions expressed are those of the authors, and do not necessarily reflect the views of the Saskatoon Council on Aging. The Council can be contacted at 652-2255.

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By Teresa Harley

STILL ENJOYING HIMSELF

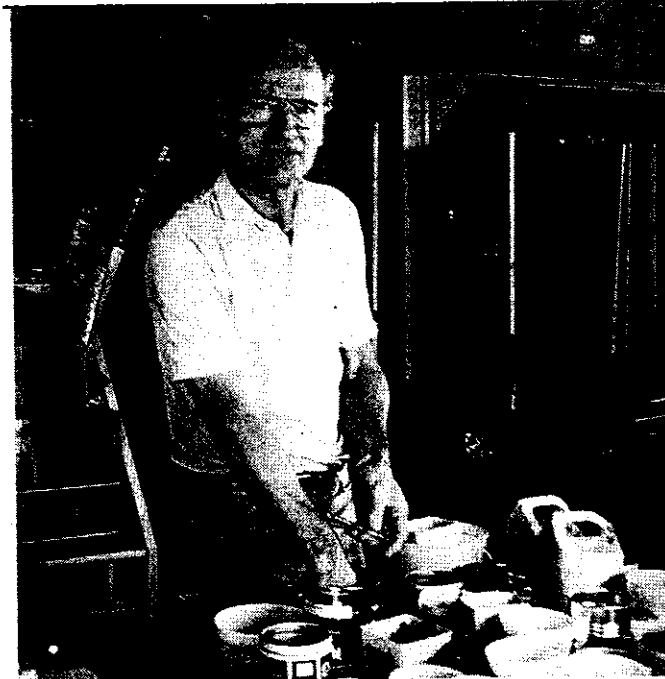
Erwin Dueck used to run a major oil refinery. Now back in his home town, he manages Habitat for Humanity's Re-Store, which sells donated and used building materials to raise funds for the house-building group.

Mr. Dueck had spent 30 years with Gulf Oil and was Manager of Operations and Engineering at its Montreal refinery when PetroCanada took over the company and he was given what he calls "the golden handshake."

After three years as a consultant, he realized in 1991 that was no way to be retired.

The Duecks had lived from the Maritimes to British Columbia, but Saskatoon drew them back, to be close to their families. They bought an older house which Mr. Dueck, "a do-it-yourselfer who likes to hang out at Canadian Tire," spent a year renovating.

Then in 1993 he volunteered himself and his hammer for a Habitat for Humanity house-building blitz, and he has been involved ever since. He was on the committee which set up the Re-Store and encouraged local businessman



Erwin Dueck has lots of bolts to sort at the Re-Store

Frank Remai to loan a building in north Saskatoon to house the project. Its stock is building materials left over from Habitat projects or donated by renovators. Building contractors are encouraged to donate discarded materials rather than take them to the landfill.

Mr. Dueck and others who "like pulling nails, sorting materials and doing minor repairs" organize the materials. A treasure cave for bargain-hunting renovators and do-it-yourselfers, the Re-Store raised more than \$11,000 for Habitat before closing in October for the winter.

With it up and running, Mr. Dueck would like

to retire again, to work in his garden and house. He and his wife enjoy being back in Saskatoon; they think being close to their roots, to their families, is "an important part of aging. The circle of relatives becomes more important as time goes by. We wanted to re-establish contact with brothers, cousins, uncles. There seemed to be no time while I was involved with my career."

Being close to her mother before her death last year was important to Mrs. Dueck, her husband

says. The time they had together was precious.

He cannot understand why retired men say they are bored, frustrated, and feel powerless. "You don't need power, you just need to enjoy yourself. It's a sad story when human beings can't occupy themselves with something useful." Re-Store volunteers also work with other projects. "People who volunteer do so for everything."

He himself loves singing barbershop with the Chimo Chordsmen. They entertain at seniors' homes and he looks forward to participating in many Christmas programs. "It isn't difficult to keep busy if you're interested in different things."

How can I communicate with the friend I am losing to dementia?

BY TERESA HARLEY

Each week I visit a friend who lives in a nursing home. Her physical problems include angina and osteoporosis, and her eyesight is sadly diminished, but most troubling is that she has senile dementia. It is difficult to watch her deteriorate from a bright, competent woman into a frail, bent, mumbling figure in a wheelchair.

My visits are short, usually not more than 15 minutes, because she tends to fall asleep or forget I am there after about 10 minutes. And, frankly, I run out of ideas of what to say.

At first she was confused about her situation, thinking she was responsible for running the home. She lived an active fantasy life, with crises only she could deal with and problems she had to solve. Then she moved into anger and what seemed to be paranoia (not a medical diagnosis, merely my description of what I do not understand). But she could usually be persuaded to talk about her earlier life, and once suddenly recalled the details of her brother's death in the Second World War.



Drawing from Carleton University Magazine, summer 1995

Her speech has been deteriorating. First, she lost vocabulary and would make up replacement words. She was very frustrated. More recently, she mutters softly and as her head is bent almost to her chest, she is hard to hear, let alone understand. When I arrive I identify myself and bend to speak directly to her, and I hold her hands whilst we are talking. I try to speak clearly and nowadays I try to get her to lift her head. It cannot be good for her breathing to be so bent.

I usually try to coax a laugh out of her, and when this happens, remind her how she always had a

wicked sense of humor, which makes her laugh again.

It seems kinder to talk about her past than to remind her of her present circumstances. Recently, she was crying because, she told me, she wanted to die. I was devastated because I thought she was not aware of what was happening to her. I try to make her day a little brighter and, at the very least, to do no harm, but I have had no experience with such a situation and would appreciate suggestions about how I can try to connect with her during my visits.

You're on the right track to reach her

Dear Teresa,

I am a speech-language pathologist who works with the elderly. Your request for help in communicating with your friend in the nursing home touched me deeply. You obviously care a great deal for her. Although you say you have no experience with such a situation, you are already doing a great job. Many of the strategies you are using -- short visits, talking about her early life, touching her, bending to speak directly to her and talking clearly -- are exactly what I would suggest.

Let me explain a little about dementia. We still do not know for sure what causes it and we are unable to do a great deal about it, although there is ongoing research into drug therapy. One thing we can do is educate people about the disease and how they can deal with its effects on the person involved and on family and friends.

Dementia falls into three phases:

1. Forgetfulness which can easily be chalked up to everyday forgetting -- where things are or the name of a close friend. Vocabulary may shrink and the person's conversation may seem to be irrelevant at times, or stuck on a

particular idea.

2. Confusion. The person has more obvious communication difficulties -- trouble finding the right word, using wrong words, difficulty understanding what is read, inability to remember recent events, confusion about where he or she is. At this point, the person may know something is wrong but deny it.

3. Dementia. Now there is severe disorientation and inability to remember recent or past events. Language output may decrease or become confused. The person may only be able to repeat what others say. Personality and behavioral changes are common; the person may have delusions or become agitated for no apparent reason.

From what you write, your friend is in the third stage. Unfortunately, she is likely to continue to deteriorate, but like everyone else, people with dementia have good and bad days. If you visit on a good day, talk about pleasant times you and she had shared. It is a great idea to get her laughing!

If it is a bad day, gently tell her about your day. Be cheerful; your tone of voice can communicate

more than words. Always talk slowly in short, simple sentences, using lots of repetition. Repeat and rephrase things so the meaning will be clearer. If she does not object, hold her hands and put your arms around her. Many elderly people are starved for touch. But be sensitive to her body language; she will let you know if she does not want this kind of attention.

Other suggestions include minimizing distractions; try to visit with her in a quiet room. Try and establish eye contact even if it means sitting on the floor. Music and singing might help. Some people with dementia will respond to animals when they appear to have lost contact with people. Does the nursing home where your friend lives allow pets to visit?

I wish you well in your attempts to communicate with your friend, and I hope some of my suggestions may be helpful. Be assured that you are doing many things just right already!

Ginnie Hartley

Speech-language pathologist
MSLP(C)

Geriatric Assessment Unit
Saskatoon District Health

Some Secrets of Cooking For One

By Marion Korol

Cooking nutritionally for one following the Canada Food Guide need not be an impossible challenge, even if budget, fridge, freezer and storage space are all limited.

Buying in bulk is usually cheaper but the volume may be intimidating – so I have found it convenient to arrange to divide up packages with friends. Store brands or no-names generally have the same nutritional value as the much-advertised brands in the fancier packaging, and are generally cheaper unless there is a very good sale. If an item is out of stock, it's often possible to get a raincheck and purchase it later at the sale price.

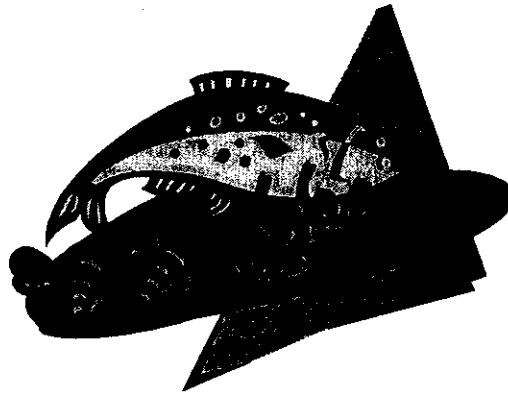
Buying produce in season is the most value for our money. I have been pleasantly surprised at how many people I know who are happy to make a Dutch oven of soup, stew, chili, etc., divide it into meal-sized portions and exchange with me for something I have made. When I'm entertaining and have bought a larger roast or more chops than I'll be serving, I freeze smaller portions for later. These are all ways, not too difficult, to keep boredom away from the dinner table.

There are some general rules of thumb for successful freezing, starting with a freezer temperature at 0 degrees F. or lower. Before I freeze anything, I chill it well. I replace the store wrapping with heavy aluminum foil, plastic or sturdy sealable containers; dairy containers are not heavy enough.

Foods have different freezer lives. Sandwiches, sausages, bacon and wieners should be used in less than a month; ground meat patties in two to three months; small steaks and chops in three to four months. Even when frozen, food has a limited life; try and use it in three or four months.

Instead of buying prepared seasoned crumbs, dips and batters, I experiment with herbs and spices and make my own from plain bread crumbs. I also spice up diet yogurt for a healthy salad dressing or creamy sauce.

I have learned never to shop



when I am hungry, and discovered that usually the smaller the store, the higher the prices. If we are not too rigid with our meal planning,

we can spend less by buying sale items. However, buying dented, bulging or swollen cans from the discount bin is risky, for bacteria may already be at work. Cans should be stored away from stove and sunlight, and after they are opened, their contents should be removed and refrigerated. Very low cholesterol, high protein meat substitutes such as dried peas, beans and lentils will keep for months stored in a cool, dry place in tightly covered containers, I have found.

If we make it a routine to go through sale fliers and plan ahead for our buying, we can cut down on grocery expenses and still maintain a healthy lifestyle. Of course, keeping active is a very important part of that.

The Canada Food Guide is available at the Saskatoon Council on Aging Resource Centre, 103 Third Avenue North.

IT'S NOT UNUSUAL FOR SENIORS TO FEEL

d-i-z-z-y

By Sarah Nixon-Jackle

Dizziness, lightheadedness, vertigo are sensations common to older people and the most common symptoms for which those over 75 see a doctor. Common sensations may include:

- The environment spins or you feel you are spinning in the environment. This may be accompanied by nausea, vomiting or staggering.

- Dizziness with the feeling of faintness, especially when you change position quickly from lying to sitting to standing. This is related to the normal fluctuation in blood pressure when position change causes a lack of blood to the head.

- Vague lightheadedness due to decreases in vision and hearing and other sensory and nervous system changes normal to aging.

- Loss of balance without the dizzy sensation, which occurs when you are walking but disappears when you are sitting.

If dizziness is a concern, discuss your symptoms with your doctor. Include as much detail as possible about when and where the sensations occur and how they affect your life. Tell the doctor

about all the medications you take – prescription, over the counter and vitamin/herbal remedies. Drug actions or interactions may be a factor.

Have your vision and hearing checked. If you wear glasses, the prescription may need adjustment. Your haemoglobin and blood sugar level may have to be tested, among other things.

In the meantime, you can make some home and lifestyle adjustments.

- Make sure your house is at least 65 degrees at night. Cold temperatures can lead to dizziness and falling.

- Get up slowly from lying to sitting and sitting to standing, and start walking slowly. Give your blood pressure a chance to respond to change in position and movement.

- Wear broad, flat-heeled shoes rather than high heels.

- Check your alcohol and caffeine consumption and your use of tobacco and tranquilizers.

- Exercise! for improved balance, heart-lung health and vitality.

- Drink 8-10 glasses of fluid

daily. Dizziness can be a sign of mild dehydration.

- Check posture and body alignment.

- Light your path, especially at night. Lighting is essential to your safety and balance.

- Allergy sufferers, avoid triggers and treat the allergy response to get rid of dizziness and the annoying inner ear sounds during allergy season.

- When episodes of vertigo occur, with the sensation of spinning, sit down, close your eyes, breathe deeply and stay as motionless as possible. The sensations will usually pass.

- If balance or unsteadiness is a problem, use a cane or other mobility aid to keep you steady, active and mobile.

The goals of dealing with dizziness are to discover the cause, if possible, and treat it appropriately; to make adjustments to your environment or lifestyle if necessary; to be safe and active and continue doing all the things you want to do for health, happiness and vitality.

Sarah Nixon-Jackle, a public health nurse in the Older Adult Wellness Program, Saskatoon District Health, Public Health Services, often writes for Coming of Age.





Treadmills lead the way in exercise

Winter's cold and dark limit outdoor activities for seniors intimidated by slippery steps without handrails, walks and driveways drifted with snow, icy sidewalks. In other seasons, we are nervous about rain, traffic, the pesky neighborhood dog, mosquitoes or cankerworms. However, we know walking aids physical and psychological well-being.

I have turned to a treadmill for my walking, and I recommend it to meet our special health needs as we grow older. A brisk walk provides a gentle but effective workout.

Anyone, regardless of age or fitness, can use a treadmill to help strengthen bones, maintain muscles, decrease body fat, pump up the heart and tone the body. Such exercise offers protection against some forms of cancer, helps prevent onset of adult diabetes and combat mild depression, controls cholesterol and lowers the risk of cardiovascular disease. Regular walking workouts can fine-tune our brains, too, and help keep our emotions balanced, our moods uplifted and our creativity bubbling.

My treadmill sits in my kitchen area where I can open the window, turn on a bright light and find diversion while I work off calories and develop muscle tone. Music, a powerful motivator, adds to the fun. My favorite tape, *Jane Fonda's Complete Workout*, keeps my mind occupied and my step rhythmic, and requires endurance and concentration on the task for 30 minutes to an hour.

Margaret Mack

What is available at the Council's Resource Centre that could be useful to you?

Pamphlets you can take home: on agencies, bereavement, caregiving, disabilities, education, elder abuse, financial, government, health, healthy lifestyle, home support, housing, legal, leisure, nutrition, retirement, safety, self-help, support. A special library on many of these subjects, which can be used at the Centre.

**Saskatoon Council on Aging Resource Centre
109 Third Avenue North**

Yesterday is history and tomorrow's a mystery
but today is a gift,
and that's why it is called the present.

Update

Bev Peterson, public health nurse with Saskatoon District Health's Older Adult Wellness program and active in Saskatoon Council on Aging wellness programs, received the Excellence Award in Nursing Practice this year at the Saskatoon District Health chapter meeting, Saskatchewan Registered Nurses' Association. She was on the steering committee for Council's Isolation and Older Adults project.

In the Fall 1992 issue of *Coming of Age*, **Kathleen E. Nouch** wrote of her crusade for more tolerance for the old among those who don't understand until they themselves age. Mrs. Nouch, founder of Saskatoon Ageless Players, died September 15.

Erin Rodda worked in the Council's Resource Centre during the summer, cataloguing library resources to make them more easily accessible.