

COMING of

*C-Seniors
S-Council on Aging,
Fitness, Living Will, Hearing,
Home Care*

SASKATOON COUNCIL ON AGING INC.

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10 Years of Work for Seniors

It's hard to believe that it's 10 years since the Saskatoon Council on Aging began working for seniors — but list its achievements and a decade seems too short.

Mollard and Delores Dzubin, the dreams that led to the Council; notes its achievements; and looks ahead with current president Ron Hunter.

Anniversaries are good times to take stock. This issue explores, through the memories of first co-presidents Wilma

Sadly, Mrs. Dzubin has died since she was interviewed in December, but the Council she helped create carries on as she trusted it would, serving seniors.



Beginnings

Looking back to the heady days when the Saskatoon Council on Aging was born, first co-presidents Wilma Mollard and the late Delores Dzubin recalled the determination and excitement of its founders — and the obstacles they overcame.

It was easy to see the need for an organization aimed at improving the quality of life and independence of Saskatoon seniors, they said in an interview. It was hard to find funding for it.

"It seemed like just establishing it was a big job," Mrs. Dzubin recalled. "Once that was done, we could go to the next step: promotion of the dignity, health and independence of older adults."

The idea grew out of Discover Choices, a health promotions project of Health and Welfare Canada to improve the lives of older people. In June 1988, Mrs. Mollard

Achievements

- '91 *Coming of Age and New Wrinkles* begin; Computer courses run
- '92 Resource Centre opens; Elder abuse project begins
- '93 Blood pressure clinics begin; Elder abuse protocol published
- '94 Isolation and Older Adults Project funding approved.
- '95 Isolation forum held; TEMT, Live Smart start; Shuttle Service trial begins
- '96 Resource Centre moves to 3rd Avenue; Young at Heart program begins
- '97 Caregiver forum held; Council works to renew shuttle service
- '98 Telechat starts; Computer program begins
- '99 Caregiver project is funded
- '00 Caregiver project begins

Tomorrow

After a decade of work for seniors, the Saskatoon Council on Aging is not idly patting itself on the back. It's examining issues that will affect seniors in the next few years, and making plans to help.

First among those issues, president Ron Hunter said in a future-oriented interview, is care for caregivers. The Council has initiated a caregiver project, and has just opened a resource line and a centre for caregivers. It is searching for sustaining funding.

"Council's task is to serve as catalyst for programs to get established in the community, and then find sponsors to take them over," Mr. Hunter explained. He hopes a corporation will see the caregiver centre as a community responsibility, but thinks a service club might help in the interim.

"The main thing in the next 18 to

**By
Jenni Martin**

(Stories continued on page 2)

*Saskatoon
Council
on Aging
Presidents*

*Delores Dzubin
& Wilma
Mollard.
1990, 1991*

*Mary Helen
Richards.
1992, 1993*

*Bill Bender.
1994, '95, '96*

*Jean
Nahachewsky.
1997, 1998*

*Ron Hunter.
1999, 2000*

Looking to the future...

22 months, along with the centre, is the need to create more awareness of caregiver needs," he said, including helping employer groups understand how caregiving responsibilities can affect employees.

◆ Next on his list is transportation, hopefully a service using several modes. The shuttle concept works well but is very expensive, he said, and of direct benefit to a fairly small group of seniors who need arm-assisted transportation.

Mr. Hunter thinks senior transportation needs have been successfully brought to the attention of the public and civic authorities, and the transit system has introduced a new, still untried, zone concept. The Council sits on the city's Special Needs Transportation Advisory Committee.

◆ Work has begun on senior safe-driving programs. "It would be nice to eventually have SGI do more work with seniors to take away the fear of losing their driver's licence, and upgrade their skills."

◆ The availability of reasonably-priced senior housing could be a new focus, Mr. Hunter said. The Council could advocate, link groups, create public awareness, and work with agencies such as the Saskatoon Housing Authority and Saskatchewan Housing to raise awareness of the need.

◆ Concern about keeping people socially involved once they are in housing, to avoid isolation.

◆ The Council is discussing its role: catalyst or provider of services. It has in many ways become a service of a different kind, he said, pointing to Spotlight on Seniors, computer classes and blood pressure clinics. He thinks its job is advocacy, service support and information.

"I think the Council has grown with the need and been flexible enough to go in the direction that seniors pointed. I don't see anything really earthshaking on the horizon, but there are still holes in the service network."

Support was easy to get, funding harder

and Patricia Zipchen of the Saskatoon Community Health Unit invited people who worked with senior agencies and members of active senior groups to a meeting that would be the genesis for the Council.

Soon an interim board was in place, and by early 1990, the Saskatoon Council on Aging was formed. By March, it was incorporated and had bylaws, and began work that fall.

"We had quite a time getting money," both remembered. "Everywhere we turned, money was dependent on other money."

In early 1990, requests went to the city, the province and the Saskatoon Foundation — to fund a co-ordinator, to provide office space, to provide a computer,

software and printer, respectively —and all were turned down.

"We were total greenhorns," Mrs. Mollard recalled with a laugh. Finally, federal funding was accessed: from New Horizons for publications and from the Seniors Independence Program for office and program development expenses. Evergreen Neighbourly Services donated \$800 found in the dormant bank account of an earlier Council on Aging.

Why start a new organization?

"There were needs of seniors not being met," Mrs. Dzubin said. The new Council's objectives were to identify the needs of older adults, help meet those needs and establish an information and resource centre.

There was plenty of senior support, the women remembered. The Pensioners and Pioneers Pavillion and the Cosmopolitan Centre offered meeting space. Senior groups joined, and the Council moved quickly into action.

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Still rushing the goalie, at 84

By Jenni Mortin

People who think of seniors, particularly senior seniors, as frail would be amazed to see Fred Dawes carrying the puck up the ice at the Shroh Arena on Lorne Avenue, and closing in on goal.

Those speedy legs don't seem to be 84 years old but they belong to the oldest player in the 60-Plus Oldtimers Hockey League. A mere 77, Chuck Strautman says proudly. "I play with Freddy. Isn't he marvellous?"

Fred Dawes first played hockey on an outdoor rink at Princess Alexandra School, back when "you could bring your own puck and hockey stick to school" and hit the ice at recess in your shoes. While attending Saskatoon Technical Collegiate, he played with the Juvenile Wesleys to a provincial title.

Later, a job with Bowman Brothers Wholesale Automotive kept him out of organized hockey because he couldn't get off work to practice. It was "a bit of a disappointment" that he couldn't go on to the Junior Wesleys, but he still played Sunday hockey, and in a Commercial League.

Wartime service with the Signal Corps, postwar jobs with John East Automotive and City Carpet Cleaning Company, marriage and fatherhood didn't encourage regular hoc-

key, and the sport slipped away. Then in 1984, his younger brother Bob, a former NHLer (1948-1951), was short some players for an over-60 tournament and pushed Fred to put his skates on.

Soon he was a fixture in oldtimer hockey, wearing a late 1940s leather helmet from the early days of helmets in the NHL, his brother's gift. Sadly, it was stolen a few years ago while his son was using it at a tournament.

"I liked it, it was so light and airy," but now he wears a regulation helmet for the twice-weekly games of the 60-Plus League -- which has mushroomed to more than 100 players -- and the half-dozen or so tournaments he goes to each year.

How does an 84-year-old with arthritis deal with hockey's physical demands, albeit hockey at a slower pace and with no bodily contact?

"Most of the boys do quite a bit of stretching," Mr. Dawes said. "I always stretch every day anyway. As I get older, the arthritis gets more intense, so you've got a little pain all the time. Athletics kind of stimulates you. It's a way of forcing you to do exercise in a pleasant manner."

On the ice, having fun in a sport he loves, adrenalin kills the pain of arthritis, and it doesn't return for a while. "Maybe you'll be stimulated for the rest of the day (of the game), and you may feel it the next day."

"To be perfectly frank," Mr. Dawes admits, "at my age now it's kind of stretching it. But so far it's so exhilarating it's still worth my while." Playing twice a week is about perfect. "My body can reconstitute itself." He helps it with herbal supplements such as glucosamine sulphate, MGM, devil's claw.

Five teams are now playing in the 60-Plus League; in winter there may be seven or eight. No score is kept but for Fred Dawes & co., the sport itself is what counts.



Eager: Fred Dawes at a Victoria tournament, 1998.

A Health Care Directive (Living Will) Speaks For You When You Cannot

Most people have heard of Living Wills, but many associate them with the Last Will and Testament or funeral wishes. They don't realize a Living Will is a separate document informing their doctor and family about the medical treatment they want during the last part of their life — when there is no hope of recovery and they can no longer speak for themselves.

Because the document directs health care, the proper term is "Health care directive", but it's the same thing as a Living Will.

Without this document, death may be prolonged by useless, unwanted treatment.

People differ, and your wishes will be determined by your culture, age, family beliefs and religion. But medical teams and families aren't mind-readers and need to know, without doubt, what you want. You can help them by discussing your wishes, making out a directive, and naming a person to act as proxy when you can't speak for yourself.

In the 10 years I have worked for the Saskatchewan Action Committee for Death with Dignity (SACDD), my main focus has been the family. I have a husband and four adult children with families of their own, and we have wonderful times together. I would not want my death to cause division and unnecessary emotional stress. I still hope to live a long and useful life, and I know my directive will not come into effect until a life-threatening crisis occurs, but when that happens, I hope to die a "natural" death with dignity and compassionate care.

Some doctors still resist the idea of directives, but in 1992 the Canadian Medical Association issued a policy statement advising doctors to help patients make out directives, follow the wishes in

*By
Lenore
Streicker*

a directive and listen to the proxy or nearest relative. Just be sure you have a doctor who is willing to respect your wishes.

Common law and precedent have firmly established a Canadian right to use health care directives, and Saskatchewan proclaimed excellent legislation in 1997, *The Health Care Directives and Substitute Health Care Decision Makers Act*, giving protection to both doctors and individuals using the documents.

You may want a lawyer to draft your directive, although this is not required. You may wish to write your own, which is not easy to do effectively. SACDD has a well-researched, user-friendly directive that allows you to express your personal wishes, name a proxy and give quite detailed information to your family and the medical team. St. Paul's Hospital and some churches have directives. There are many sources — just be sure you get one that gives your doctor enough information.

For peace of mind for both you and your family, discuss the options with your doctor and your family, take the time to write out a directive, keep the original in an accessible place, give copies to all who may be concerned and fill in a wallet alert. Then relax and enjoy life.

Lenore Streicker is the founding and current chair of the Saskatchewan Action Committee for Death with Dignity, a charitable organization working to enhance public awareness of individual, family, medical and legal issues related to death with dignity. Mrs. Streicker can be reached at 373-8696. Copies of the SACDD Health Care Directive and wallet medical alert are available for \$10, income tax receipted.

Excerpts from the SACIDD Directive

"1. This directive shall apply in the event that:

(a) I am no longer able to make or communicate decisions for my own health care.

(b) There is no reasonable expectation of my recovery from extreme physical or mental disability, or if I am afflicted with irreversible injury, disease or illness.

2. For the purpose of determining whether the circumstances set out in Number 1 exist, I stipulate that when possible, the opinion of two medical doctors who have examined me shall be determinative.

3. When death is inevitable, I would accept the performance of any procedure or administration of medication deemed necessary to provide me with compassionate care and comfort.

4. Where the application of medical procedures would primarily serve to prolong the moment of my death or maintain my life in the circumstances set out in Part 1, I direct that such procedures be withheld or withdrawn and that I be

permitted to die naturally.

5. In this section, I have placed an X in the box beside all measures for extending life (*choice of 10 measures offered*) that are unacceptable to me when there is no reasonable expectation of my recovery, and which are to be withheld or withdrawn in that case. I have initialed those measures that I would still accept even if there is no real hope of my recovery.

6. When circumstances have arisen that bring this directive into effect, I request that a "Do Not Resuscitate" (DNR) notification be with me at all times.

7. If I should happen to be under the care of a physician who cannot respect my wishes as expressed in this document, I direct that the physician withdraw from my care, and that I be placed under the care of another physician who will respect my views. Similarly, I direct that I be transferred to another hospital if necessary to honour the directions in this document."

The second part of the declaration allows a person to appoint a proxy or proxies for health care.

Council Given Cameco Grant for Caregiver Forum

The concerns of caregivers and their impact on employers and the community at large is the subject of an informal caregiver awareness forum the Saskatoon Council on Aging is planning for next year.

The Council has received a \$1,000 Cameco Caring Community Grant for the forum. These grants are an initiative of Cameco Corporation and the Saskatoon Foundation.

The forum will be the second held by the Council on the subject of caregiving. The first, in 1997, resulted in the current

caregiver project, which in turn led to the creation of an Informal Caregiver Information Centre at the Council's Resource Centre on Third Avenue. That centre opened in mid-October and offers:

- access to information on services available to caregivers and care receivers
- telephone links between caregivers
- compassionate listening
- general information about caregiving
- a presentation on The Experience of Caregiving.

It can be reached at 652-4411.

Renew your subscription to *Coming of Age*

Send this coupon and a \$5 cheque by Dec. 31, 2000 to:

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FIRST STEP

Ahead to Health, Fitness

July 6, 1996 — Graduation Day!

That was the day I received my diploma for attending three months of general health and education classes and professionally-monitored, supervised exercises at the Saskatoon Field House. I was part of the first class to graduate from the First Step program — about a year and a half after I suffered a serious stroke — and I still attend.

First Step had its beginning in the spring of 1996 as a prevention/rehabilitation program for people with health concerns. Rick Stene, Technical Director, Cardiac Rehabilitation at Royal University Hospital, and his group noted that they were turning people away from the Coronary Artery Rehab Group walking program at the Field House because they did not fit the cardiac mandate.

But there was really no place for those people to go. First Step was visualized as a way to help prevent primary and secondary medical problems in people with illnesses other than coronary artery disease.

After Graduation Day, like most of the first grads I continued on to Phase II. Things became a little easier, an indication that we were becoming more fit. Today, after five years of three-times-a-week, going to First Step is almost as natural as breathing. We even have Christmas parties and potluck dinners.

It isn't all hard work; we meet new friends, share experiences and keep up with the latest news. Even the instructors usually have a joke or two during warm-ups.

The program staff have always been genuinely concerned with the health and well-being of participants. Education classes are given by professionals in their fields on goal-setting, benefits of exercise, nutrition, weight control, foot care, back

By
Loretta
Cook

care, stress and prevention of minor injuries.

It's an indication of First Step's popularity that what started out as a class of 11 has mushroomed to around 150. We have the option of morning or evening classes, generally an hour of warm-up exercises, walking, rowing and cycling machines and cool-down. I also go to the weight room.

If you, too, want to improve the quality of your life after a stroke or similar illness, get your physician's consent and then let the fitness specialists in First Start set you on the way to becoming as fit as you can be, in your health circumstances.



Row, row, row the boat: Loretta Cook and fellow First Steppers Dave Cargill, Dorma Guedo, Jack Cook hard at work on the rowing machines.

If you need your blood pressure or heart rate monitored, or help keeping your diabetes under control... if you need to lose weight... if you have arthritis, osteoporosis, lung problems... if you are trying to regain strength after surgery... If you have any of a number of health concerns and want help, First Step will show the way to a healthier you.

The Field House is your facility. First Step is your program. Check it out.

Also available at the Field House: a stroke program, a program for Parkinson's patients and the Cardiac Rehabilitation Program.

By
Jean
Pelletier

Look After Your Hearing Aid - - It's Delicate, Valuable and Vital

Your hearing aid is a delicate instrument which requires careful handling and a few simple precautions, as well as daily and regular maintenance, to ensure good service.

I'm still using my first hearing aid after 16 years, and here are some things I have learned:

1. Treat your hearing aid as the valuable piece of equipment it is.

2. A dead battery is the most common cause of hearing aid malfunction. Carefully note the size and voltage of your battery. There are two basic types: Mercury which may lose power on the shelf, and Air batteries which should remain usable in the package for a long time. Buy them from a reliable source and be sure to insert them properly. Carefully dispose of dead batteries; don't throw them into fire.

3. Read your manual thoroughly.

4. Listen to your audiologist and/or technician and don't be afraid to ask questions.

5. When you aren't using

your hearing aid, keep it in a dry place away from heat.

6. Most hearing aids need regular cleaning and/or reconditioning. Ear wax can block the tubing and tubing can become brittle. Discuss with your technician.

7. Switch the aid off before you take it out. Remove the battery if you have the aid off for a long time, overnight for example. Leave the battery door open.

Moisture causes problems

8. Moisture causes problems with your aid, so never get it wet. Remove it when you bath, shower or wash your hair, when you go swimming or use a whirlpool or sauna, etc.

9. Wipe your aid with a soft cloth after removing it at night, and store it in a container. (I use a medication container with rice in it to absorb the moisture, though special kits with absorbing silicone crystal can be obtained. Remove

the battery before you put the aid in a moisture-absorbing substance.)

10. Ear wax can collect in the aid's ear mold or microphone and speaker. Use the brush provided when you buy your aid (I use a pipe cleaner) but be careful not to push wax down into the tubing. Have your ears cleaned of wax regularly by your ear specialist.

11. Never drop your hearing aid, especially onto a hard surface.

12. Keep your aid and batteries out of reach of children. If a child swallows a battery, get immediate medical help.

With care, your hearing aid will be reliable and give many years of service. If you have problems with it, call your technician. Trying to repair it yourself can be costly.

Jean Pelletier is a hearing aid user, and a member of the Hard of Hearing Association - Saskatoon Branch of the Canadian Hard of Hearing Association.

AS YOU WERE SAYING...

Editor,

To ensure that home care remains at the forefront of discussions on how to modernize the health care system, the National Advisory Council on Aging (NACA) has published *The NACA Position on Home Care*, recommending that home care be considered an integral part of publicly-funded health services.

The report, published on the 20th anniversary of the Council's founding, proposes a publicly-administered home care system with a single payer, portable between provinces and measurable for expenditures,

services and outcomes.

Seniors want governments to work together to ensure that Medicare includes high-quality home care services from coast to coast. The current patchwork of services is not serving seniors well and is certainly ill-equipped to respond to tomorrow's needs.

The Council believes the federal government can act as a role model and a leader in home care development. It could support caregiving, for example, by extending CPP drop-out provisions and Employment Insurance coverage to cover informal caregivers

who have temporarily left the workforce to care for ailing family members. It could act as a role model in providing comprehensive home care services to Canadians for whom it has primary health care responsibility, e.g. Aboriginal people and veterans.

Copies of this report are available from NACA, Address locator: 1908 A1, Ottawa, Ont. K1A 1B4 or on the Internet at <http://www.hc-sc.gc.ca/seniors-aines>.

Rubs Coleman
NACA member from
Saskatchewan

{Something on your mind? *Coming of Age* welcomes letters. Write us care of the Council.}

Update

Mark your calendar for Monday, November 13 -- the second annual **Spotlight on Seniors** at the Sheraton Cavalier Hotel (9 a.m. to 4 p.m.) celebrates the Saskatoon Council on Aging's first decade.

As well as a display by businesses and organizations of products and information of value to seniors, there'll be speakers and musical entertainment. The Council wants to make seniors and others aware of what is available to them here and to tip its hat to seniors for their many contributions.

Admission is \$2 per person, which includes a chance to win

a return trip for two in Western Canada, courtesy of WestJet.

Questions? Call Ria, 652-2255.

Correction

Our recent report about the different benefits for seniors living in the four western provinces and Ontario erred in its details on coverage of ambulance costs in Saskatchewan.

Saskatchewan Health pays seniors' ambulance costs over and above \$250, within the province only.

Mary-Helen Richards, a former Council on Aging president and past chair of its Publications Committee, was inducted into the Women's Hall of Fame, established by the Saskatoon Council of Women, at the Persons Day luncheon on October 18.

More interesting reading and useful information for seniors can be found in *Easy Living*, *CARPNews-FiftyPlus*, and *Good Times*.

Visit the Council's new website at
www3.sk.sympatico.ca/scaging

Watch for the Winter 2001 issue of *Coming of Age*, which will examine seniors and diabetes.