



COMING of AGE

A Publication of the Saskatoon Council on Aging

Blood pressure clinics offer a valuable service

No one minds waiting a turn at the blood pressure clinic held the first Tuesday of each month at the Council on Aging's Resource Centre on Third Avenue.

Before and after they register with Toni Borsa, step on the scales before a volunteer nurse and have their blood pressure checked, seniors visit with people they may meet every month.

"It has become a social gathering," says Mary Levers, a former nurse who initiated the 9 a.m.-3 p.m. clinics and organizes a rotation of eight other retired nurses to do the checking. "It's comfortable, and it gives them confidence in their health."

That's just what she had in mind three years ago when she suggested the Council sponsor the clinics. She had long dreamt of a regular system for seniors to have blood pressure checks in a relaxing, pleasant atmosphere.

Only blood pressure equipment and scales were needed to

Grants to Council

The Saskatoon Council on Aging has been given grants that will facilitate its 1997 operations: \$14,000 from the Kinsmen Foundation for Resource Centre rent and utilities, and \$6,400 from the United Way Community Initiatives Fund for preparation of a business plan for the Seniors Shuttle Service.

The Council is optimistic about further funding for the Centre and a resumed shuttle service, says new president Jean Nahachewsky.

start, plus a regular space. SaskTel funds the cookies and decaffeinated coffee offered.

At the first clinic, on Mrs. Levers' 70th birthday, her final patient was registrar Toni Borsa, whose blood pressure turned out to be "sky-high."

For many people using me-

dications to control blood pressure, the clinic provides a regular check. "The value of coming every month is to notice if there is a change," says Mrs. Levers.

The nurses enjoy it too. "It's a fun volunteer job. I think all the nurses are in it because it's fun and they also feel it's doing good. They're putting their training to work."

In 1996, 1,392 people attended the clinics, with 123 on the coldest day and 143 on the hottest. Many browse among the useful pamphlets and brochures the Centre offers. About 10 people each month are new. Attendance was 134 on April 2.

The clinics save provincial health dollars because people might otherwise visit their doctor for blood pressure checks. Some doctors send patients to the clinic. "One woman told me she was referred by her doctor to come every month, and he'll see her in between."

Balcony gardening

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After a heart attack

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Summer beauty on your balcony

Living in a high-rise apartment building does not mean seniors cannot enjoy a garden. Color and perfume can be found on a balcony, too.

By Erl Svendsen

Balcony gardening should be fun and it is certainly easy if you follow a few simple guidelines about choosing plants and about containers, potting media, fertilizer and care.

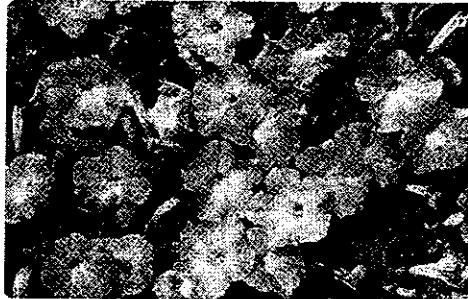
CONTAINERS should be light-colored (e.g. white) if they sit in the sun. Terracotta pots are attractive and can be used in full sun, but they are heavy and can dry out quickly. Unless you are sure they are frost-proof, you will have to bring them inside over winter.

If you put containers on railings, or hang them, make sure they are secure and the wind won't take them crashing down on the heads of passersby. Low-down plants may need protection against wind.

POTTING MEDIA should be soil-less and is typically made up of peat, vermiculite and perlite. Recently on the market are mixes which contain water absorbants; they will not dry out as fast during August's dog days.

PLANTS: Choose plants that are dwarf, miniature or generally small in stature. Container gardening allows you to create an instant garden. Put transplants close together, even side by side for the maximum effect.

In shady areas, grow fuchsias, impatiens (not New Guinea impatiens) and begonias. In full sun, try geraniums, patio dah-



Fantasy petunias love the sun lias, heliotrope (fragrant) or petunias. Fantasy is a new series of miniature petunia in a variety of colors; it is well worth trying.

There are literally hundreds of different kinds of annuals available; be willing to try something new.

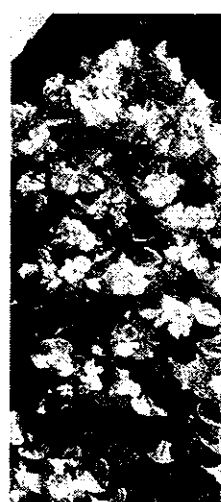
FERTILIZER must be added regularly. Water-soluble fertilizers should contain micro nutrients (the minor elements); 20-20-20 with micro nutrients is a good general purpose fertilizer. Water with a fertilizer solution once a week.

Controlled release or slow release fertilizers, which seem more expensive than the water soluble kind, are easier, more convenient and produce better plants. This type of fertilizer is added just once after potting,

according to package directions; nutrients are released slowly over four to six months.

CARE: Once you have planted your containers, dead-head spent flowers and remove any unsightly leaves to promote good growth and flowering. If the plants are long and straggly, pinch them back two or three inches to promote bushiness.

If you do nothing else, you must **water, water and water**



your plants. Expect to do this daily in late July, August and early September.

Shade-loving fuchsias

Erl Svendsen is a University of Saskatchewan horticulturist.

Photos from the catalogue of T&T Seeds, Winnipeg.

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*Elsie and Ernie Dickson,
happily at home*

In their own place, together

By Teresa Harley



It is not easy finding a time when Ernie and Elsie Dickson can be interviewed. They have been active participants in the community since moving to Saskatoon in 1970 from Sonningdale.

When they decided to come here from the farm that Mr. Dickson's parents homesteaded in 1910, a friend said, "I wouldn't go to Saskatoon as a gift. People don't speak to you." But they got out and met people, went to Mayfair Hall, started a carpet bowling club there. Nowadays neighbors shovel their sidewalk and steps; they cut the grass when Mr. Dickson was sick two summers ago.

"We're the old people on the block now. We've been here almost the longest. We'd rather be in our own place -- absolutely. We can always get Services for Seniors and Home Care if necessary," says Mrs. Dickson, 81.

At first, she babysat but then found herself busy taking care of the family, which included a 16-year-old son and Mrs. Dickson senior, and with volunteer work. Mr. Dickson became assistant manager at Mayfair Hall, and then Mr. Fix-it for friends who owned revenue properties, a job he held for 22 years.

"He can fix anything," his wife says proudly.

He still misses the farm where he lived from the age of five. "It was a lovely place. So peaceful and quiet. It's so noisy here." But Mrs. Dickson was happy to "have some conveniences." He remembers her life on the farm "wasn't anything

for a man to be proud of at all. I made up my mind not to stand in the way of anything she did here."

"But," Mrs. Dickson is quick to say, "Ernie always looks after me. He hauled the water in on washday" and did his best to ease her workload. He still helps women friends with their coats, especially those hampered by canes and walkers.

She was teaching when they met, first in the Sonningdale area, then in her native Weyburn, and was surprised to learn recently that she was owed money for those years. She wants to spend it on a holiday but Mr. Dickson is wary of travelling too far. She is determined, however, "to treat him to a trip."

At 91, he still has his English accent. He wonders why his parents left the big city of London to come to the "bald prairie" and if it was worth all the work and sacrifice, especially for his mother.

"I look back on a life that's been difficult, but with a lot of very interesting periods -- apart from the economic problems." He reflects, "I've found if you meet people halfway they'll meet you the other half. Some little thing of interest to both evolves."

Nowadays, the Dicksons look after each other, sharing the work around the house and their volunteering. "We still work together -- generally under amiable circumstances," he says with a grin.

Laughter lightens spirits,

By Jenni Mortin

Leave your long face at home when you visit people in hospital, advises Rev. Arild Borch, who has become widely known for his talks and workshops on humor and healing.

Take some funny stories instead, ready to fit into the conversation.

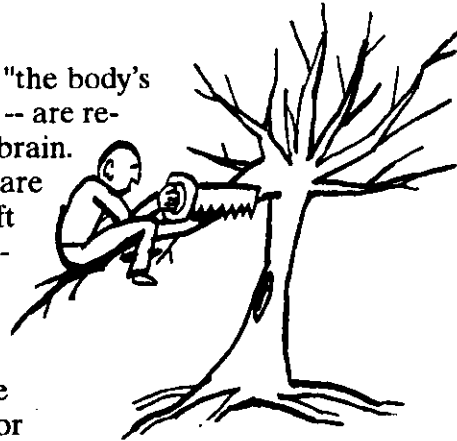
Doctors are coming to agree with the Bible that "a merry heart doeth good like medicine," Rev. Borch says. Controlled clinical trials of the impact of humor on people living with cancer show that "it extends life and improves the quality of life."

Chemical changes take place in the system when you laugh, he

says. Endorphins -- "the body's natural pain killers" -- are released into the brain. Those endorphins are credited with the gift of euphoria, of lightening the spirit.

The growing knowledge of humor's role in medicine explains the humor rooms in the Royal University-Hospital cancer ward and at the Cancer Clinic, he says. But that knowledge is not new.

In *Anatomy of an Illness as Perceived by the Patient*, a book Rev. Borch recommends, Norman Cousins cites early references to humor and health. Robert Burton knew 400 years ago



(*Anatomy of Melancholy*) that mirth is the "principal engine for battering the walls of melancholy . . . and a sufficient cure in itself."

Cousins writes that what is significant about laughter is not just "that it provides internal exercise for a person flat on his back -- a form of jogging for the innards -- but that it creates a mood in which the other positive emotions can be put to work, too. In short, it helps make it

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Clown takes joy in making people laugh

At 40, Judy Hilton surprised herself by telling her mother that she was going to be a clown "when I grow up."

Today, after books, workshops, lessons and practice, the mother of four has achieved her ambition. She shares her talent for making people laugh with patients at Royal University Hospital and with her church, and hires out for birthday parties and similar occasions.

Her career fits with her devout faith. She believes "the Lord is very much part of my clowning . . . The Lord said, 'I want you to be a fool for me.'"

A gentle, soft-voiced clown in baggy pink trousers, blue hat and vest and white blouse, she follows the European clowning style, with much mime and few words. "My face and body have to do the talking."

After six or seven years of volunteer clowning at the

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and helps heal the body

possible for good things to happen."

Rev. Borch says he never goes to a hospital to tell jokes or make someone laugh, but will do so if it fits into the conversation. "If a person can laugh a couple of times, it gives more hope."

Often the patient tells a joke back. It might be black humor, like the perhaps apocryphal story of the woman vomiting into the toilet who explained, "I had a tuna sandwich and am now returning it to its rightful element."

It is a gift, he says, to laugh at others' jokes, for "nothing makes you feel as good as making someone laugh." Laughing together pulls down barriers and creates a kinship, he says.

Rev. Borch's own life speaks to laughter's value, for it helped him and his family through the

bleak 1930s and German wartime occupation of his hometown, Bergen, Norway. "I think that without reflecting on it, we used humor as a survival tool."

A few years ago, he was invited to do a one-day seminar on humor and healing at Grande Prairie Hospital in Alberta. Since then, invitations have poured in.

Every audience contains depressed people unable to laugh. "Being depressed is like sitting in an igloo. All you have around you are these icy blocks. You have to get out and turn on your senses."

He is careful to stress that laughter is not the be-all and

LOST DOG



3 LEGS, BLIND IN LEFT EYE,
MISSING RIGHT EAR, TAIL BROKEN,
RECENTLY CASTRATED...
ANSWERS TO NAME OF "LUCKY"

One of Rev. Borch's jokes

end-all for illness, but part of the therapy. "Humor can make a seemingly unbearable situation bearable for you and those around you."

Clown knows laughter is part of healing

hospital, she knows that "laughter is really part of the healing process."

Her personal experience bears it out. Diagnosed with scleroderma, a kind of arthritis, and later with fibromyalgia, which causes chronic pain, she feared complete incapacitation. "Some mornings I would be in total pain, but I had a party to go to. By the time I finished my performance, I didn't remember having pain."

She ties her ability to keep healthy to her clowning "and my intentional choice to have fun, not only when I'm clowning." Studies show that pre-schoolers laugh 400 times a day and adults 10 times, she said. "We take ourselves too seriously."

In the hospital, she speaks to people on stretchers. Some, burdened with concerns, don't

respond, but most at least smile. She also visits some staff offices.

While she clowns mostly in pediatrics, Mrs. Hilton has visited the Geriatric Assessment Unit. Grandparents visiting young patients often share the children's joy at her antics. "It's easier for adults to accept a clown if the clown is there for children."

At first, she found it hard to bear what she called "the worst-case scenarios." But today people sometimes tell her they remember her clowning at those times, and how it helped.

That is exactly what she hopes. As she leaves for a clowning engagement, she prays that "I'd be a good example of the Lord loving people."

-- Jenni Martin

What's Ahead for our Aging Population?

For many, personal care homes

By Margaret Mack

The world has changed drastically, and many of the informal family and community supports we once took for granted no longer exist. The physical and emotional support offered by large extended families is not available to most Canadian families. People live longer, but their close family is often far away.

As we age, will the quality of life improve so we continue to lead productive and fulfilling lives? Who will have responsibility for providing care for the elderly as our health services change? Care facilities now must provide the care hospitals once did.

When clients and families are selecting a personal care home, they should ask what it costs, since such homes aren't subsidized, and what it provides. Personal care includes assistance with eating, bathing, dressing, grooming, taking oral medications, using the toilet, walking, moving and participating in social and recreational activities.

Such homes are governed by the *Personal Care Homes Act*, which I discussed with George Hawkes of Saskatoon District Health. To be eligible for a licence under the Act, a home operator must have valid certificates in basic food service sanitation from a recognized program and basic or standard first aid from St. John Ambulance or the Canadian Red Cross.

Homes with more than 10 residents are required to have the following, and families should look for these:

- A business plan detailing operational plans and projections of financial viability.
- A contingency plan detailing arrangements to relocate the residents in the event of an emergency such as fire.
- A clear and accurate care record for each resident.
- A daily menu journal of foods and be-

verages served for breakfast, lunch, dinner and morning, afternoon and evening snacks.

- A record of how special dietary needs are met.
- Health examinations when required, but not less than annually, and a house physician as well as residents' personal physicians.
- Detailed personal information including health services card, details of any other medical insurance coverage, and records of prescription and non-prescription medications.
- The operator must ensure sufficient care staff are on duty at all times to ensure each resident's care needs are met. Staff must be in good health, free from communicable diseases and

physically and mentally capable of performing the services and duties assigned.

- Staff who participate in meal preparation must hold valid certificates in basic food services sanitation from a recognized course.
- Food service records of menus must be kept for a year.
- Under the Act, the licensee must agree that the home will be open for inspection at

any time and that books, documents and other records pertaining to clients are available for inspection upon request.

Recreational activities are important to residents' health. Unfortunately, most personal care homes lack stimulating activities such as music and singsongs, exercise, a social atmosphere, assistance with transportation, support group for caregivers, crafts, a small reading library, gardens with flowers and vegetables.

References: *An act respecting Personal Care Homes, Personal Care Homes Report Inspection Guide; Licensee's Handbook Personal Care Homes, April 1994; Selecting a Personal Care Home.*

When clients and families are selecting a personal care home, they should ask what it costs and what it provides

Ready, set for lawn bowling

By Mary Ann McNeill

May brings lawn bowling season, which I've been eagerly anticipating since curling ended. The games have many similarities, and require almost equal skill and technique. Though it's considered an old person's game, lawn bowling is open to, and challenging for, all ages.

It was curling friends who convinced me to try it. I got off to a lucky start, winning the city triples championship in my first year at the Nutana Club, and I've enjoyed it every summer since.

It wasn't my first new recreation after I retired from teaching in 1983, for I was determined to use my retirement years to the fullest. I didn't realize immediately that I had to be my own motivator, and it was easy to rationalize why I should not do something.

My first important decision followed: I would do at least one new activity every year. Therefore I had to stay healthy, plan regular exercise, develop new interests and become well versed in nutrition for seniors -- all vital to mental and physical health.

My plan has led me into many areas. I persuaded a friend to join the YWCA with me and take swimming instruction. Then I enjoyed two classes of weight training, an excellent prevention against osteoporosis.

I joined a curling group that

curls for exercise, sociability and love of the game. We are flexible about accommodating winter travellers, and change the rinks at mid-season. Some enter a few out-of-town bonspiels, and I've curled in the last four Grannies' Bonspiels.

Shifting to lawn bowling wasn't hard. I had seen the army of white-dressed lady bowlers on a trip to Australia. They took their bowling very seriously; the Nutana Club is more relaxed.

We play in singles, pairs, triples and fours on a closely-cut grass green; the closer the grass is cut, the keener the game. All that's needed is a set of four bowls and a carrying case, a special measuring tape and flat, smooth, solid shoes without heels.

The object is to deliver a bowl as close as possible to the jack, a small white ball, using forehand and backhand as in curling. The tricky feature is that the jack can be moved by your bowl to come to rest closer to your own team's bowls. You must be careful not to knock it out of the bounds of your green.

The Nutana Club offers five days of free instruction before the season starts. Teams are chosen randomly when regular



bowling begins, so newcomers soon get to know many of the friendly, helpful members.

This great outdoor sport is usually played in parks, and offers fun, fitness and sociability, plus a competitive tournament level. Saskatoon has three clubs: Nutana, Mayfair and Riversdale.

Winter brings curling again, but my grandchildren have taken me back to a former love: pleasure skating, in the seniors' skating at the ACT rink. Then there's birdwatching, gardening, découpage, knitting, bridge and lots of reading. Taping my autobiography for my grandchildren fills any empty moments.

Life's joys still shining after heart attack

By Ray Williams



Cycling with Grandpa is a special treat for Jenelle

*M*any blessings have flowed from what at first appeared to be a cruel blow.

After retiring from Medical Services Inc. in 1982, I did what comes naturally until the summer of 1984 when my heart missed a beat or two on the golf course. I was pushing my cart up a hill and I just dropped.

My father and sister both died from heart problems and there was a very real possibility that I would follow in their footsteps. Either that, or I could spend the rest of my life as an invalid.

Neither prospect appealed to me.

In a matter of days, I went through an angiogram, an angioplasty and an external pacemaker which was subsequently

implanted just below my left shoulder blade. The two leads were fed into the upper and lower parts of my heart.

Another six months on medication, another angiogram, and then on to the operating table for a double bypass and a new pacemaker as the first one failed during surgery. The second lasted more than nine years before the battery gave up. I went off to Royal University Hospital for my third pacer, and apart from having it checked every six months, all is well.

Life is busy. When time allows, I enjoy the odd game of golf without the previous problems. Lorraine, my wife, and I continue to take part in square and round dancing, sometimes

twice a week.

During the fall and winter,

I head for the Field House every Monday, Wednesday and Friday at 8 a.m. for exercise and muscle-stretching as part of the Tri-Hospital Cardiac Rehabilitation Program. We are members of the Coronary Artery Rehabilitation Group, a support group for the program. We visit heart patients in the three hospitals, meet with spouses and talk over experiences. We emphasize that there is life after heart problems.

Volunteerism takes up some of my time. So does looking after our yard winter and summer, and belonging to the Kiwanis Club of Riversdale.

I suppose my greatest joy is still being around to watch my four grandchildren grow up.

Range of materials available at the Council's Resource Centre

Brochures on subjects from agencies, bereavement, caregiving and disabilities to elder abuse, financial, home

support, health, housing, leisure, lifestyle, retirement, nutrition, safety, self-help, support and much more.

A special library for in-house use, on agencies, audio-videos, seniors' organizations and more.