



# COMING of AGE

A Publication of the Saskatoon Council on Aging



*SENIOR ACTION at work; stretch, stride, keep fit. Story, p.8*

## Telechat Going On Line

Phones will soon be ringing across Saskatoon as seniors and telephone visitors make contact through Telechat.

The Saskatoon Council on Aging is starting this televisiting service with its partners, the Older Adult Wellness Program, Saskatoon District Health, Saskatoon Services for Seniors and the Saskatoon Housing Authority.

It will link isolated older adults to a caring community, says co-ordinator Carol Zubiak. Funding is from a Saskatoon District Health's Health Promotions grant.

Ms. Zubiak is lining up volunteer televisitors and signing up clients who wish to be phoned. Those interested in having regular telephone contact or in being a televisitor can get details from the Council at 652-2255.

## Senior Shuttle Receives McClure Place Donation

Residents of McClure Place near Saskatoon's eastern edge are so eager to have a senior shuttle service that they have raised \$283 for the new service proposed by the Council on Aging in partnership with a wide range of city agencies and businesses.

This is just the first of their funding efforts for the shuttle service, says Brenda Funk, recreation services director.

"We feel it is a very necessary service and many here will use it,"

she said. Some used the pilot service that operated in late 1995, "and missed it immediately" when it ended.

The management team hopes to get the service underway this year, says project co-ordinator Lynn Tait, but solid funding must be in place. The annual cost is expected to be about \$120,000, in addition to the \$5-per-trip fee proposed for users.

Funding and partners are be-  
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## In My Opinion

Parish nursing is an idea that is worth a serious look, I have decided after the experience of my mother, 87, with a parish nurse in Madison, Wisconsin.

When Mom, who lives independently in a seniors' apartment complex, first told me during one of our weekly phone visits about a lady from her church, Petra, who regularly visited, I thought she was referring to the kind of friendly visitor many churches have.

Mom always spoke highly of this visitor but only after her hospitalization last spring did I learn more. For a short time after she left hospital, Mom had home care, then she mentioned that Petra had taken her blood pressure, answered questions on medication and prayed with her during her visits. Petra, it seemed, was a nurse working part-time from Mom's church.

I met her last October and she told me she had previously worked as a registered nurse in hospital care and in a doctor's office. She had been commissioned a parish nurse after completing a course of study in the Parish Nurse Preparation Institute at

Marquette University in Wisconsin.

She observed that the parish nurse works with people of all ages in the church, focusing on the whole person to emphasize wellness, disease prevention and health promotion. She is not to be seen as a primary health care giver but as one who facilitates the use of available resources of community and church, assisting people to bring together faith and healing.

Petra visits church members at home or in hospital, counsels them on health-related issues, helps them obtain needed health services, provides health screening, helps them understand the relationship between body, mind and spirit and does many other health-related tasks within the church.

After Mom was in hospital again, Petra took her to follow-up medical appointments. As Mom's only child, 1,200 miles away, this is very reassuring. Our experience has convinced me that parish nursing has a place in the churches and health-care system of Saskatoon.

- Delores Dzubin

## News & Notes

■ Evergreen Neighborly Services donated \$2,000 to first-quarter costs of the *Young at Heart* program for downtown seniors, part of the Isolation and Older Adults Project.

■ Muriel Jarvis, who has been involved with the Council since it began, received the award for Health, Well-being and Spirituality at the YWCA Women of Distinction dinner.

■ The Saskatoon Zoo Society offers a special seniors program of walks, guest speakers and snacks at the zoo Wednesdays 9.30 to 11.30 a.m. in June and July, and August and September. Cost is \$4 per session for members, \$5 for non-members, and there is transportation assistance. More information, 975-3395.

■ The Saskatoon Public Library still offers its Home Reader Service, featured in our Spring 1991 issue, for those who can't visit the library because of age, disability or extended illness. For home delivery, call Community Services, 975-7567.

■ The Personal Care Home Directory described by Lorne Paul in our Fall 1995 issue was updated in 1997 and is available at the Resource Centre at 109 Third Avenue North.

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## Shuttle

(from page 1)  
ing sought. A Safety Family Fun Day will be held June 20 at Mee-wasin Park on Whiteswan Drive, as a fund-raiser, and volunteers are needed to help in various ways.

A brochure about the service can be found inside this issue.

*In other Council news*, plans for a computer training program for seniors are on hold after the grant application was turned down.

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# Birds take wing

BY  
TERESA  
MARLEY

**A**t least one member of Frank Roy's family understands him. He has been given a clock which marks each hour with a different bird song -- appropriate for one of Saskatchewan's premier birdwatchers.

Mr. Roy grew up on a farm at Tullis in the Elbow district south of Saskatoon, an area central to his life. He returns several times a year on birding and photography expeditions, and takes his University of Saskatchewan Extension Division birdwatching class camping at Saskatchewan Landing "to reacquaint people with their fellow creatures and their environment."

He poured his knowledge, his love for land and birds into his book, *Birds of the Elbow*, considered one of the best regional bird books available. A six-year labor of love (and frustration), it is packed with practical information and vivid yet scholarly descriptions of the birds.

"My central concern is the environment -- birds, the outdoors and people. People are part of the environment, too."

Mr. Roy taught high school English for more than 30 years, mostly at City Park Collegiate. Three years teaching at Lahr, Germany with the Department of National Defence "were Shangri-La....the opportunities to take the children on



expeditions and to travel myself were wonderful." After retirement he taught in Zambia, Africa for a year.

"My whole life is teaching; I love teaching and I love kids." He seems astonished that he has 39 godchildren, "an awesome responsibility," and stays in contact with many of them.

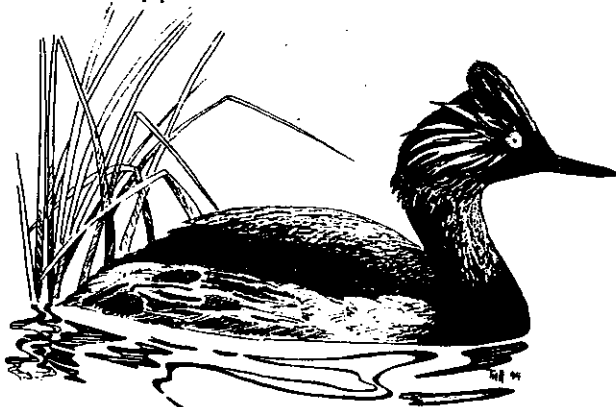
However, he says, "I really, really worry about kids and education nowadays, even though the teachers are very dedicated. We're sure searching for values."

A founding member in 1955-6 of the Saskatoon Natural History Society, he is still involved, especially with the Golden Eagles, Society members retired from work who take regular birding expeditions. "We should be called the Bald Eagles," he jokes. He is pleased that the Society, now the Saskatoon Nature Society, is thriving, with over 400 members.

His slide shows about birding and his travelogues are prime favorites with photography clubs, church groups and seniors.

He's now 70, and "everyone tells me to slow down. I wish I could be more selective, to have more time for photography, but I have social commitments, visiting sick people, helping people and being with them. There is so much pain all around us, and there always will be."

"I think to have emotional and intellectual involvement is important in every activity. Don't give up. To lose hope would be a terrible thing." Describing any aspect of his life, he invariably ends with, "I had a wonderful time!"



Eared grebe, from Frank Roy's *Birds of the Elbow*

# OSTEOPOROSIS CAN

By Jenni Mortin

In her mid-80s, my mother has a preventable disease that originates in childhood and is a major killer of Canadian women.

She has osteoporosis, a disease of thinning, brittle bones that is estimated to affect one in four Canadian women over 50 and one in eight men -- about 1.4 million in all. The numbers could rise greatly as the population ages.

Osteoporosis is a silent killer, for few people know their bones have thinned until they break one. That happens to 25,000 senior Canadians a year, according to Dr. W.P. Olszynski, a Saskatoon specialist in this field. Twenty per cent die within a year of surgery; half are permanently disabled.

A feature on osteoporosis in the December 1997 *CARP News* (Canadian Association of Retired Persons publication) attributed 90 percent of hip fractures to osteoporosis. Only about half the victims return to their previous level of mobility and function. Of the rest, half will have limited mobility and reduced quality of life; half will not again walk independently.

Even if seniors do not break a limb, osteoporosis can affect their quality of life, says Dr. Olszynski. Many have spinal compression fractures that cause stooped posture and can affect mobility.



Genetic inheritance plays an important part in osteoporosis so my sisters and I are at risk. Two of us live in Saskatchewan where, Dr. Olszynski says, 70 percent of people have no access to the test for bone density which can identify this disease.

"This is a good, solid test that should be available to more than 30 percent of the population," he says. "Saskatchewan is the worst in Canada." My mother, tested while visiting in Alberta, was confirmed and found susceptible to fragility fractures.

Why do specialists like Dr. Olszynski describe as a childhood disease something that hits women over 50 and men over 75?

Its roots are in what we eat in early life. Did we drink milk and eat other dairy products as kids? Were soft drinks and French fries

our usual teenage diet? As young adults, did we prefer coffee and booze, and smoke? Did we become couch potatoes?

We can help the genetic factors, or hinder them. Plenty of milk, dairy products and leafy vegetables, plus physical activity, helped build strong bones when we were young, but if we dropped that diet as adults, we began losing more bone than we built. This downhill slide probably started in the late 20s for women, a bit later for men.

It is never too late to start fighting osteoporosis and rebuilding bone, says Dr. Olszynski, who is involved in three major research projects: international multi-centre trials testing new medications for prevention and treatment; his own clinical observation of treat-

*Continued on page 5*

# CRIPPLE, KILL

ment results and the safety and effectiveness of medications for his patients; and the CAMOS study (see sidebar).

For post-menopause women, hormone replacement therapy or alternative treatments may prevent significant bone loss, fractures and chest deformity. Everyone should follow Canada's Food Rules and correct such bad eating habits as too much salt, caffeine and animal protein and too little calcium. Activity is vital; my mother walks every day.

The most convenient and plentiful sources of calcium are dairy products, sardines and canned salmon with bones, and green leafy vegetables.

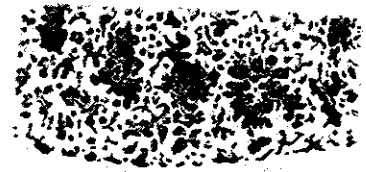
**For seniors, Dr. Olszynski recommends that anyone admitted to hospital with a fracture should be registered in the bone assessment unit for risk assessment, special testing and decisions on treatment.**

Those who have not had a fracture should look in a mirror to see if they are stooped or losing height, and remember older relatives' appearance. They should demand assessment.

When osteoporosis has been diagnosed, hormone replacement therapy can help. New treatments include the bisphosphates etidronate (Didronel and Didrocal) and alendronate (Fosamax), which help rebuild bone. (Fosamax is not on the Sas-

katchewan Drug Plan but will be covered via Exception Drug Status.) Regular daily exercise, especially walking, is crucial.

The Osteoporosis Society of Canada has more information (1-800-463-6842). Dr. Olszynski sits on its Scientific Advisory Board and helped form a Saskatchewan chapter (931-BONE).



*Normal bone is dense and strong*



*Bone with osteoporosis has thinned out and become more porous, making it more likely to break*

## Funding Cut Threatens Study of Osteoporosis in Canada

**C**ould Canadians be different than other people in their susceptibility to and experience with osteoporosis?

That theory is being tested in the 2½-year-old Canadian Multi-Centre Osteoporosis Study (CAMOS) in which Dr. W.P. Olszynski and 1,023 Saskatonians are participating.

The five-year epidemiological study is intended to characterize the disease and identify the risk factors, pinpointing who will develop osteoporosis, says Dr. Olszynski. "It also will find if we can prevent it through lifestyle changes and physical activity."

But halfway through, its federal funding has stopped, though only \$2.4 million is needed to finish. Dr. Olszynski is despairing.

"There is no original Canadian documentation about what this disease is in Canada," he says. "Preliminary reports suggest we

are different from the United States," a more southerly nation with different exposure to the sun and the Vitamin D it provides. Reports show significant differences in fractures due to osteoporosis between northern and southern European countries.

The researchers also want to know if people across Canada suffer equally from the disease.

If the study was completed, Dr. Olszynski and others involved could draw up a program to make life easier for osteoporosis patients and the physicians and other medical personnel who treat them. Preventive activities that would keep down health care costs could be identified.

"It would be a crime not to finish the study," he insists, urging public pressure from seniors and senior groups to encourage its completion and draw attention to osteoporosis.

# There's a Spirituality of Aging

BY REV. DON MISENER

Eugene Bianchi, in his book *Aging as a Spiritual Journey*, claims that full development in our senior years involves investment in three important areas:

■ "interior growth through psychological and spiritual methods"

■ "a deeper bonding of love and service with other persons"

■ "a commitment to the great causes of justice, peace and ecology among humankind."

In this article, I will identify the contribution of these three growing edges in our senior years to a spirituality of aging that is most fully expressed as a call to bless.

"Interior growth through psychological and spiritual methods" is essential if we are to transcend the narrow stereotypes of aging which, left unchallenged, tend to devalue and marginalize. One key societal illusion that fuels such stereotyping is that doing something productive (by society's standards) is what makes us matter. Once our ability or opportunity to do what society values declines, many seriously question their value.

Then there is the reality of death which, as we age, can no longer be denied or avoided. Issues such as these are fundamentally spiritual in nature because they have to do with our

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*In this article, spirituality is defined as the life force*

♦ *which awakens us*

*to wonder  
to community  
to trust  
to hope  
to healing*

♦ *informs us about*

*our identity - who am I?  
our place - where do I belong?  
our purpose - why am I here?  
our values - how do I live well?*

♦ *and inspires us*

*to be creative and responsible  
to build mutually beneficial relationships  
to cope with change and loss courageously  
to invest in the good of all.*

*Spirituality is distinct from religion, which is more focused on beliefs, rituals and practices.*

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basis of self-value and hope for the future. For the courageous who confront issues such as these, there is the possibility of discovering new priorities that locate quality relationships much higher in the scale of values. Herein we discover the importance of being a person in whom others know blessing.

"Deeper bonding of love and service" is a natural outcome of the inner journey wherein we discover the value of blessing. In a world where so many find themselves to be alone in crowds,

there is a great need for people who bless. The wonders of our creative abilities -- e.g. TV and computers -- have not served us very well when it comes to meeting the need for community within which we experience blessing. For this we need people who have the time and wisdom to see the need and make the investment in others that affirms their gifts and values their created being.

"Commitment to the great causes of justice, peace and ecology among humankind" is a special dimension of a spirituality of aging that extends to the blessing of all creation. One of the great needs of today, I believe, is for persons who inspire hope for the future. Commitment to bless provides concrete reassurance to those who endeavor to address the challenges to the well-being of the human community that there is a future worth the sacrifice involved, and communicates to the generations yet to be an affirming, inspiring legacy of hope.

As a spirituality of aging, called to bless is a precious gift that encourages courageous and hopeful investment in life. There is no more important vocation at every stage of the life journey, but often it's only in our senior years that we have the wisdom to see it and make it a priority.

*Rev. Don Misener is Spiritual Care Educator at St. Paul's Hospital.*

# When you need to make home accessible

By Andrew Loken and David Loken

**W**hen you become disabled, whether from accident, progressive disease or sudden illness, the world becomes more difficult to live in. Because you spend so much time at home, especially when it becomes harder to get out, it is vital that home be suited to your abilities and not create barriers to comfortable living.

Few people have the foresight -- or are lucky enough -- to live in barrier-free homes. Modifications to accommodate your remaining abilities can be expensive and frustrating but there are ways to make the process as successful and economical as possible.

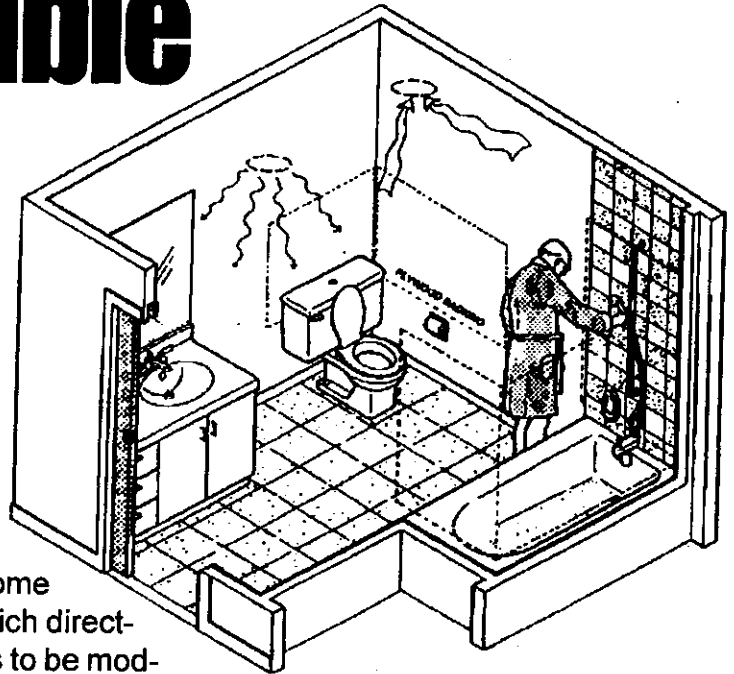
First, make an audit of your home and determine what changes are necessary: ramp, lower counters, bathtub bars, etc. You can use a home accessibility audit checklist from Canada Mortgage and Housing Corporation or another organization. Do the audit with an occupational therapist (arranged through Saskatoon District Health's Co-ordinated Assessment Unit) who can help you objectively analyse your capabilities and determine how your home environment can be im-

proved to better suit you.

We strongly recommend that you limit your list of modifications as much as possible and only consider additional home improvements which directly affect the areas to be modified. Modifications and home improvements are expensive and it is unlikely that you will be able to afford all your ideas. Try to determine how important each modification is and rank them.

Unless you are very familiar with home construction, this is the time to talk to an accessibility consultant or a builder you know and trust who has experience with accessibility modifications. With this help, you should be able to determine which modifications will be too expensive or impractical. One word of caution if you consult with a builder: Make sure he knows he will have to prepare a competitive bid based on your specification.

With your reduced list, prepare a specification of the modifications and get quotes on the



work. The watchwords here are accuracy and precision. The better your specification, the better the bids you will receive.

**I**f you follow Lokens' Laws, you should have a relatively problem-free building experience.

- Prepare an accurate and precise specification for the work to be done.

- Insist on a written quote based upon your specification, with exceptions detailed.

- Have a written contract with the builder indicating payment schedules, and insist on written design changes.

*Accessibility consultants Andrew Loken and David Loken own and operate Loken Consultants Inc. in Saskatoon.*

# SENIOR ACTION!

By  
Dorothy  
Dryden

**H**ave you looked in the mirror and decided you should do something about the shape you're in? Do you want to be more fit? You could join me and others 55 and older at Bridge City SENIOR ACTION for a good workout -- and lots of fun.

We start the one-hour Tuesday and Thursday classes at the Field House -- 9 or 10.15 a.m. -- by getting mats, weights (2, 3 or 4 pounds) and stretch ropes and finding a spot on the floor. The music starts; the warm-up exercises begin.

Our instructor, Audrey Atchison, is a senior with more energy than a barrelful of monkeys. She encourages beginners to work at their own pace. For the rest of us, it's "Swing those arms! Kick out your heels! Stretch forward, roll your weights ahead on the floor as far as they'll go ... a little farther ... a little farther ... a little farther. You know, it's the upper body movements that increase the heart rate and that's what we want."

Track time is chat time when we walk/jog briskly four times around the track. We're urged to increase our speed each round. Then back to the mats for hip rolls, tummy tucks, alternate toe touches and groin stretches. Those who don't



*Arm's length: Betty Gilroy (front), Anne Wereszczynsky, Dan Wereszczynsky stretch.*

feel able to do exercises can just walk.

SENIOR ACTION membership has grown since 1983 to about 100-125 per session, though attendance falls for the 9 a.m. class offered from

May to September. Membership September-to-September is \$5, plus \$1.50 each time you attend.

Why are you doing this? I ask, and hear lots of reasons:

- ◆ "I travel a great deal and need to be fit to keep up with the group."
- ◆ "I'm not motivated to work on my own, I need the stimulus of an exercise class."
- ◆ "I want to get back into shape following a year of sickness."
- ◆ "I have no more back pain and my cholesterol is lower."
- ◆ "I move more easily ... it's good to have an alternative when walking outside is treacherous."
- ◆ "Increased exercise, along with medication, has resulted in a marked decrease in my bone loss due to osteoporosis. In fact, new bone cells are being produced and my extremely high blood pressure has been lowered."
- ◆ "It's a habit! I've been doing it for 18 years, firstly on the heart program, and since my retirement in 1989, with this group."

Both men and women members agree we like it, it's fun!



*Stretch and roll: Kaye Hamilton, with Ken Dean behind her, and on right, Marion Anderson with Lillian Thorarinsson, behind, are hard at it.*