



COMING of AGE

SASKATOON COUNCIL ON AGING INC
301 - 502 25th Street East
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A Publication of the Saskatoon Council on Aging

Help is on the way for Saskatoon caregivers

With funding approved by Health Canada, a steering committee and project co-ordinator in place and discussions underway with prospective partners, the Council on Aging has begun its three-year caregiver project.

It has three primary goals, says Bev Peterson, chair of the steering committee which includes several agencies and caregivers:

- To develop a network of caregivers and others interested in the subject that will pool resources, consolidate information and offer emotional support to those caring for family members in their homes.

To contact Council's
new caregiver project,
call 652-2255

- To develop a caregiver help centre that will be a clearing house for information and resources about caregiving and helping agencies in Saskatoon, and identify needs and gaps in current services.

- To build awareness in the general public and in employers of the vast amount of caregiving that is occurring, and the needs of those who do it.

A great deal of caregiving of

many kinds is going on, and society is not aware of it or of the many kinds of demands it makes, says Mrs. Peterson. "All the research shows that heavy-duty caregiving takes a toll."

In three years — the period of Health Canada's \$105,000 grant — the steering committee hopes that a facility with trained staff and sustainable funding will be in place, with a caregiver network operating alongside it and public education taking place.

"A long-term commitment will cost money, no question about it," Mrs. Peterson says, and fundraising will be part of the three-

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You're Welcome At the Internet Cafe

The Council's Resource Centre is open in the summer, and this year will operate an Internet Cafe for seniors eager to cruise the Internet or polish their word processing.

Two computers in a private office will be available to sen-

iors on weekdays from June through September at a very reasonable rent of \$5 an hour. Netscape Navigator is used for Internet access, Microsoft Word 97 for word processing.

To book computer time, call 652-2255 or 652-0775.

In My Opinion

When will city council pay serious attention to our bus service, rather than just focusing on bus rental space and revenue? As a senior senior and a regular bus user, I have observed problems with the buses and drawn them to council's attention. To no avail.

To increase advertising money, the city is buying more expensive, super wrap-around display buses which limit passengers' visibility and can make some riders feel claustrophobic, I noticed when riding in one.

I have seen problems with route identification and bus numbering that make it hard for people to find the buses they want; this is especially trying for seniors. Sometimes the numbers at front and rear differ; often there are no numbers on the rear. Of five buses at Wildwood terminal one day, three had no rear numbers.

Recently I saw a bus at Wildwood with no rear number and no route card at the front. When I

asked the driver, it proved to be No. 20, the one I wanted. He said he was not responsible for signs on the buses; that was the job of the garage!

There are no signs on the buses telling how to reach the Citizens Advisory Committee, and courtesy seating stickers on seats earmarked for seniors or those who need easily-accessible seating are often missing or hard to see.

Bus shelters are not maintained, though they are essential in our climate.

The public pays for and deserves better bus service. It has been declining through neglect, but could be improved at minimal cost. I am convinced that the people who operate the service and their advisors seldom, if ever, ride buses. Why not learn from seniors' experience?

Lorne Paul

Lorne Paul is a member of the publications committee.

Caregiver project

from page 1)

year project. She envisions that Saskatoon can create a model caregiver project for other cities in Canada.

The committee is "looking across the community for partners to help, since caregiver needs are diverse and no single agency can meet them all."

It includes people from several branches of Saskatoon District Health, the College of Nursing, the Heart and Stroke Association, Alzheimer Society of Saskatchewan, Ukrainian Canadian Congress and the Saskatoon Community Clinic, and five care-givers of both sexes.

"The caregivers are a real

strength because they know the issues," says Mrs. Peterson. "We are really lucky to have them." She and other committee members have also been caregivers, and caregiver Colette Guzik is vice-chair.

Ellen Sagh, a community development social worker with experience starting a resource centre, began work April 6 as half-time project co-ordinator.

Already, says Mrs. Peterson, "she is whipping the resources into shape" and answering phone calls (652-2255).

She is seeking written testimonies from caregivers about their personal experiences, which would help identify the constantly-changing needs. Information on caregiving gathered from many sources will be fed into the help centre, and hopefully result in better utilization of existing resources.

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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Survey Response Small but Valuable

Readers appreciate *Coming of Age*

Readers who responded to the survey in the last issue made clear that they read and appreciate *Coming of Age*, and two-thirds would be willing to pay a small amount to have it mailed to them.

Just two dozen responses were received, which did not surprise the Publications Committee since *Coming of Age* does not go to individuals. Copies are distributed to senior apartment buildings, senior centres, public libraries, hospitals, Community Clinic, Home Care and other health offices, and several churches, and are available at the Council's Resource Centre on Third Avenue.

Two-thirds of the respondents read the publication regularly, and most got it at their apartment building. Six did not read it regularly; several said the Winter 1999 issue was the first they had seen.

Articles about Council programs for seniors and about health were most popular. Other subjects in order of readership were: Council news, information on local facilities for seniors, senior

profiles, food/nutrition, fitness, travel, finances, housing.

Readers were asked what else they wanted in *Coming of Age*. "Good as is," one replied. "Anything you care to print," "A good informational publication," were comments. Others suggested articles that teach and inform seniors or tell of interesting, innovative activities in which they are engaged, news of non-Council programs for seniors, details about where to exercise and walk, information on seniors and politics/government, letters, jokes and riddles.

One respondent said articles should be written by seniors. The publications policy is to have articles written by seniors wherever possible.

Sixteen respondents said they would pay to have *Coming of Age* mailed to them, amounts ranging from the cost of three stamps to \$10 a year. "Whatever it takes," said one.

The Publications Committee thanks all who returned the survey and provided such helpful information.



Grow a Golden Garden in 1999

Golden Gardens, a wildlife gardening program for seniors, is an interesting, informative booklet produced for the International Year of Older Persons by the Canadian Wildlife Federation. It contains all sorts of ideas about growing plants, about garden ponds, bird feeders, nesting boxes and other ways of attracting birds, bees and butterflies.

The Council has copies of this helpful publication and our staff will try to photocopy for you the sections you want. We hope to have at least some seeds, pots, labels and other gardening materials available soon to support the program. If you'd like to help someone who can't get out but would like to participate, you might provide advice and assistance. We welcome ideas for developing this wildlife gardening program designed for older persons. For more information, call 652-2255.

A draw will be held June 30 for 15 small spruce trees donated by Bob Burrage of the Council's board. Enter now!

Herbal Products Like Ginkgo Can Help, If Taken With Care

By *Brenda Yuzdepski*

Seniors are bombarded with information about using herbal products to maintain health. There are important guidelines to know before you take such products, to help you enjoy their full benefits and avoid harmful effects.

- Herbal products are natural but that doesn't mean they are totally safe. It's wise to ask the same questions that you would ask about any new over-the-counter medication or prescription: Are there side effects? Will this interfere with anything I'm already taking? Should it be avoided in certain medical conditions? Do I really need it?

- You have developed realistic personal health goals and discussed them with your health care providers. You should work towards them with a combination of diet, exercise, healthy attitude and medication and/or herbal preparations where appropriate.

- Herbal preparations should not be used to treat serious medical conditions.

- Your doctor should know about herbal products you take.

- Like medications, any herbal preparations that have passed their expiry date should be discarded.

Many seniors ask about herbal products to improve their memory, and one that is quickly gaining popularity with the general public and the scientific community is Ginkgo biloba. Also known as maidenhair tree and kew tree, this interesting plant is the oldest living tree species. A tree can live up to 1,000 years.

The *Journal of the American Medical Association* reported on the first controlled study of the use of Ginkgo in the United States in Alzheimer patients. Although there was a very high dropout rate, results suggested treated individuals did better on a cognitive test and a caregiver assessment of social behaviour and daily living skills than those not treated. Re-

Ginkgo is a sacred tree in China



searchers suggested it is approximately equivalent to a six-month delay in the disease's progression.

Research has identified other benefits from using Ginkgo leaf extract, such as increased blood flow in arms and legs of diabetic patients. Patients with arterial disease of the lower limbs showed improvement in pain-free and maximum walking distance, and in circulation. Forty percent of patients with hearing problems due to poor circulation in the ear heard better after two to six months of treatment.

So why isn't everyone taking Ginkgo? Although it is usually well tolerated, it may sometimes cause mild stomach disturbance, headache, dizziness or vertigo. It may present a problem to people taking warfarin or aspirin regularly because it may interfere with products required for normal clotting.

Manufacturers often standardize products containing Ginkgo leaf extracts to contain 24 percent flavonoids and 6 percent terpenes (its active chemicals). The daily dose ranges from 120 mg to 160 mg, but for dementia or Alzheimer was 240 mg in divided doses (120 mg twice a day).

Herbal products take time to work; Ginkgo's benefit may not be felt for 4-6 weeks. If you feel worse, develop a rash or problems with other medications, talk to your doctor. You may need to stop taking it. As with any medicinal product, it is important that your health improves with Ginkgo and it does not harm you.

Brenda Yuzdepski is a Saskatoon pharmacist with an interest in complementary medicines.

What's that? What did you say? Pardon?

When Hearing Becomes a Problem

By Ginnie Hartley

Handwritten note:
Hearing
Aids

Aнна came to my department at City Hospital after she had a stroke. While we became acquainted, I noticed that she watched my face intently and often asked me to repeat what I had said. Occasionally, I was fairly sure she hadn't heard me, as her replies did not always relate to my questions.

When I asked, she admitted that she had difficulty hearing but was too embarrassed to do anything about it. She agreed with me that pretending to hear what people said could also lead to embarrassment. A hearing loss is often more noticeable than a hearing aid!

We talked about hearing loss, the fastest-growing disability in North America. Anna, 75, didn't know that about half of seniors over 65 have a type of hearing loss that is caused by aging, or that 85 percent of nursing home residents have some hearing loss. People who worked around noisy machines, like farmers and mechanics, are even more likely to have hearing difficulties as they age.

Hearing aids can make a big difference, I told her. She had heard that background noise could be a problem and asked about an advertisement claim-

ing that a particular hearing aid eliminated such noise. Unfortunately, this isn't possible as aids amplify all sounds, although newer types are better at cutting down background noise. If an advertisement seems too good to be true, it probably is.

She had heard that hearing aids are expensive. But some insurance plans cover a certain amount, and veterans get them free. Through the provincial Hearing Aid Plan, professional and technical services are provided at low cost, plus the cost of the aid and accessories.

Anna's doctor sent her to the Audiology Department at Royal University Hospital where an audiologist tested her hearing and said an aid would be beneficial for her left ear. The audiologist showed her a variety of styles and explained each. Some fit right into the ear and are barely noticeable. She received a copy

of her audiogram and a list of approved dispensers.

Two weeks later, she was back in my office with a smile on her face and a hearing aid in her ear. A mould of her ear had been taken so the aid would fit comfortably. She was shown how to use and care for it, and told to return for a check-up when adjustments could be made.

It took her a while to become accustomed to her hearing aid. At first, she wore it for only a few hours a day, but quickly noticed a difference. She could hear the birds singing again! She had a 30-day trial period to decide whether to keep the aid, but she was delighted with it and was sure she would make it a permanent part of her life.

Your doctor can refer you to an audiologist for a hearing test or you can call the Audiology Department for information, at 655-1320. A hearing aid is considered a medical expense for income tax purposes.

Ginnie Hartley MSLP (C) is a speech-language pathologist in rehabilitation at Saskatoon City Hospital

Hearing loss is the fastest-growing disability in North America



A Lifetime of Service to Seniors

By Teresa Harley

Muriel Jarvis delights in remembering a visit to a special care home in a community outside Saskatoon. "Ninety-year-old ladies dressed in their best outfits were serving tea. They were in their glory. It was beautiful to see. They had some purpose in life."

Enhancing quality of life should be the central objective of all services offered to seniors, she believes, whether in the person's home, in assisted housing or in a special care home.

A registered nurse who grew up in the Kenaston area, Miss Jarvis spent most of her career caring for those needing help with daily living. While working in a Saskatoon long-term care home, she initiated changes in how residents were treated -- enhancing their lives rather than smothering them with tender loving care. This meant changing

the way nurses saw their work and changing families' expectations.

Formally retired, she is active on boards and committees locally and nationally, including the Saskatoon District Health, Saskatoon Council on Aging and Lutheran Sunset Home boards. When she discusses caring for seniors, she knows what she's talking about.

She has seen many changes. "When Luther Tower was built as a pilot project 20 years ago, the average age of people moving into residence was 65 to 70. Now it is 82, and residents' average age is 85."

Special care homes, originally for people with varying levels of needs, are now for those who need heavy care. Private care homes help fill the gap, but they are expensive. For many, staying in their own home is the preferred option, provided they

can get help with day-to-day living. As a result, the demand for home care has "increased by leaps and bounds. But they're stretched, they need even more."

There are gaps in the services offered. "People can get help with daily living -- dressing, bathing and preparing food. But it is very difficult to find someone who will help with heavy work, such as moving furniture when vacuuming, or moving appliances to clean properly." It may be a day or two after a storm before snow is cleared.

"I also worry about the informal caregivers in our system," the family members, often elderly themselves, who are caring for someone with chronic problems.

From her work on national

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Lifetime of Service

(from page 6)

committees, Miss Jarvis knows that home care "varies from night to day" across the country. Saskatoon's program is "miles ahead of most," but services in rural districts are somewhat lacking.

"It's so important to keep people in their home communities." It is "disruptive and distressing" if they have to move and important to provide a "continuum of care where they want to be." But smaller centres have different needs from Saskatoon's and have difficulty providing home care.

To start to find out about available services, Miss Jarvis recommends a visit to the Council's Resource Centre. Saskatoon District Health's Co-ordinated Assessment Unit (655-4346) is "one-stop shopping to enter the system."

Her dedication to ensuring that seniors live full and fruitful lives has brought many honours, including the 1998 Saskatoon YWCA Woman of Distinction Award in the health, well-being and spiritual category and a Distinguished Service Award from the Canadian Health-care Association. She has awards of excellence and life memberships in several provincial organizations.

Meeting Seniors' Spiritual Needs

Seniors need spiritual well-being as well as physical, says Muriel Jarvis. She is pleased that many special care homes have chaplains, but knows that when "a person is acutely ill, people in a congregation will send cards and so on. But they can't keep it up for the chronically ill." Consequently, she supports the parish nurse and Stephen Ministry programs which she hopes will become widespread among religious groups in Saskatoon and district.

Parish Nurse: This program began in Canada after a minister from Ontario, visiting a church in the United States, became unwell and was helped by its parish nurse. The nurse checked his blood pressure and saw that he was properly treated in a hospital. These registered nurses -- church staff members or volunteers -- may start by providing blood pressure clinics then move on to counselling and referrals. They do not duplicate the services provided by other agencies. Some Canadian universities are providing courses to train parish nurses.

Stephen Ministry: Persons in this program work confidentially one-on-one with a congregation member with special needs, as friend and counsellor. Lay people who make a two-year commitment before taking a minimum of 52 hours of training, their mandate is to provide understanding and attentiveness to a person in need, care for him/her and know when referral to a professional is called for. The ruling guideline is to be a *caregiver* not a *cure-giver*.

Update

The Council on Aging is acting as a clearing house for local groups planning events connected to the **International Year of Older Persons (IYOP)**. Details are posted at the Resource Centre on Third Avenue.

Jake Ens, co-chair of the Council's isolation project, will give a presentation on the project and its outcome at the **International Conference on Aging** in Montreal, Sept. 5-9.

Part of IYOP is a **Seniors Travel Program** (60 and older) offering a variety of travel discounts through Air Canada, Via Rail and Greyhound Canada. Further information can be found in the May issues of *Reader's Digest* and *Good Times*, or directly at 1-800-355-4955.

The IYOP Canada Co-ordinating Committee, collaborating with other organizations, offers people a chance to preserve a piece of history told to them by a senior. This will be **The Legacy Collection**. Young people may record a senior's story on video or audio and enter to win a grand prize valued at up to \$5,000. Contest is open to anyone from 10 to 18. More information at the Council, 652-2255

The Council needs a **computer desk** if there is a spare one anywhere.



Seniors Mary Helen and Howard Richards, who sold their car six months ago, now use taxis or travel as passengers with family members or friends.

Saying Goodbye to the Car

Selling the family car is a lot like losing a beloved pet, I've found.

Yet for older people it is a decision that must be made sooner or later. Perhaps sight and hearing are getting dim, we've had a heart attack or stroke, or our medication interferes with alert driving. Maybe we realize that the car is only being taken out of the garage for grocery shopping, and long out-of-town trips now leave us so stiff we can't move.

There's another reason for selling the car: the cost of operation.

A pamphlet produced by Passport Driver Education points out that the less we drive, the more it costs to operate and maintain our vehicle. If we don't like driving at night, in winter or on the highway, we make each mile we do drive more costly. A taxi or bus may be cheaper, safer and more convenient.

For older people, a car can be an expensive luxury. Here is

one set of figures, excluding depreciation:

Yearly cost of maintaining a car	
Plates	828
Package policy	233
Gas/oil/wash	600
CAA membership	78
Licenses (2)	50
Maintenance	300
TOTAL	\$2,089

Taking a taxi might be cheaper. If each ride averages \$10, including tip, a person can take 208 taxis a year for the cost of a car, about four a week. Selling the car and renting out the unused parking space will yield money to invest; not a lot of interest these days, but the principal will be there for later years.

No matter how we figure it,

there's a lot of cash available to spend on taxis and gratuities.

The downside of all this is we may be reluctant to spend money on taxis. Our generation lived through the Depression, when taxis were for getting to the hospital in a hurry. And taxis have limitations; they can get you around town but they cost too much for a drive in the country to look for pussywillows.

There are options: Friends may offer a Saturday afternoon ride or a lift to a program. Public transportation is available for most. Walking is recommended as good exercise. For the handicapped, there are walkers and scooters. Whatever it takes, we shouldn't be shut-ins. Seniors must be aware of the danger of becoming socially isolated.

There are many considerations about selling a car: general health, financial state, social contacts, business and shopping needs. We should take all these into account before disposing of the family car.

By
Mary Helen
Richards