

COMING of AGE

A Publication of the Saskatoon Council on Aging

Seniors May Be Living At Risk Because They Can't Afford A Personal Care Home

Have Walker, Will Travel

Jeanette Dean's need for a walker did not stop her and husband Chris from visiting the Great Wall of China last year. Please see story on Page 6.



By Bubs Coleman

Jane is progressing nicely after her surgery, but it is clear that she will require ongoing help with bathing and meals. Her memory is not quite the same and she needs supervision with her medications. Hospital staff strongly recommend that she should no longer live on her own. Home care support is not sufficient for the amount of supervision and assistance she needs throughout the day. Her only alternative is a personal care home, but she does not have enough money.

“Jane” is an amalgam of many potential residents of personal care homes in Saskatchewan who, after years of working and saving, now find their monthly income does not nearly match their expenses.

In her late 70s, single and increasingly frail, Jane is living on Old Age Pension and Guaranteed Income Supplement, approximately \$1,100 a month. Personal care homes in Saskatoon can cost from \$1,000 to \$2,200 a month, with \$1,400-\$1,500 the average.

HOW THE COUNCIL ON AGING BEGAN

By Wilma Mollard, first co-president, Saskatoon Council on Aging

I appreciate the opportunity to reflect on the roots of the Saskatoon Council on Aging as part of the celebration of Saskatoon's centennial.

The Council began with a group of seniors and agency people working with seniors who met in 1988 to look seriously at older adult needs in Saskatoon. Their vision was, first, to have a service where people could access information and obtain referrals, if appropriate, on programs and services available to seniors, namely, a resource centre. Second, they thought it was important to address major issues of concern to seniors – elder abuse, isolation, caregiving and drug abuse.

How to approach those challenges? The answer was a Saskatoon Council on Aging. An interim board was elected in 1990, a walk-in location shared with Services for Seniors was rented on 22nd Street, a staff person employed and funding arranged. The first board was

(Continued on Page 5)

(Continued on Page 3)



President's Message

BY MURIEL BAXTER

PRESIDENT, SASKATOON COUNCIL ON AGING

I trust you are reading this edition of *Coming of Age* on a beautiful spring day and appreciating all the signs of new life. One of the joys of winter is knowing that spring is coming.

Council projects, activities and programs have continued through the winter months. The Directory Committee has been hard at work the last few months. Updated

**Council on Aging
Annual Meeting
May 18, 2 p.m.
Guest Speaker:
A City Representative
Topic:
"How Can Saskatoon
Shine for Seniors?"**

editions of both the Directory of Services and the Directory of Activities are now available at the office. Please stop in to pick up a copy, and while you are there take time to browse through the

informative material that is available in the Resource Centre.

The Task Force on Abuse of Older Adults continues to meet with a number of working groups

formed to address certain aspects of the issue. One outcome of the Task Force's work is a workshop on World Older Adult Abuse Awareness Day, June 15. The workshop, entitled "Your World, Our World – Free of Elder Abuse," will focus on awareness and solutions. Watch for upcoming publicity.

Another date to remember is that of our annual meeting at the Frances Morrison Public Library -- May 18. Hope to see you there.

Muriel



Centennial Events

- May 26 - Right on Track dinner and revue
- June 3 - Living Artfully Summer Celebration
- July 1 - Centennial Canada Day
- July 27-29 - "Layers" performance, Sculpture Symposium
- July 30 - Drum Festival
- Aug. 26-27 - Bridging Our City Summer End Party
- Sept. 16 - Saskatoon Harvestfest
- Nov. 10 - Celebrating Our People dinner and show

Council Thanks Generous Donors

The Saskatoon Council on Aging is operated by a volunteer board but requires financial assistance and in-kind support to conduct its many programs that promote the dignity, health and independence of older adults in the community.

The Council wishes to thank the following agencies for major support received during the year April 1, 2005 to March 31, 2006:

- | | |
|---------------------------------|--------------------------------|
| Saskatchewan Health | Saskatchewan Seniors |
| Saskatoon Health Region | Mechanism / Saskatchewan |
| New Horizons | Lotteries grant |
| City of Saskatoon lottery grant | Cameco Caring Communities / |
| City of Saskatoon cash grant | Saskatoon Community Foundation |
| CanSask Employment | Health Canada – Population |
| Help the Aged / Human Resources | Health Fund |
| Development Canada | |

Coming of Age

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Opinions expressed are those of the authors, and do not necessarily reflect the views of the Council.



Visit the Council at www.scoa.ca

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Personal Care Homes Are Licensed and Regulated But Not Government-Subsidized

(Continued from Page 1)

Personal care homes are privately run businesses, staffed by live-in owners and/or personal care workers hired on 24-hour shifts. Such homes are what is available to the at-risk elderly who can no longer safely live alone but do not yet qualify for long-term, heavy care in special care homes. What most Saskatchewan residents do not know: *Unlike special care homes that are government-subsidized, personal care homes are regulated and licensed by government but not subsidized.*

Jane must pay her own way. And on her fixed income, it's out of the question. In addition to the monthly rent, she needs to buy a walker, she needs medications and personal care items such as incontinence pads and toothpaste, to say nothing of additional clothing as time goes on.

She will have little choice but to go home and live at risk. This leaves her vulnerable, while her frustrated family feel helpless and guilty for not being able to help her more than they already are.

Why is this situation allowed to exist in the birthplace of medicare, where seniors were saluted during centennial for their invaluable contributions to the province?

I became aware of this issue six years ago when I was appointed to the Saskatchewan Provincial Advisory Committee of Older Persons. At my second meeting, the following resolution was passed unanimously and forwarded to the Minister of Health:

“That Saskatchewan residents living mainly on OAS and GIS who need to live in a private care home receive additional dollars from the provincial government. These funds are necessary to cover the difference between their income and the

cost of the monthly private care home fee. A government subsidy would also assist with clothing needs, medication costs, personal hygiene expenditures and a comfort allowance in accordance with other categories (i.e. clients in mental health and community living homes). It is expected that these individuals would be reviewed on a case by case basis according to need and other available resources and options. The elderly have a right to live safely and in accessible and affordable homes.”

To date, as far as can be determined, no government policy exists, although individuals who believe they qualify can apply for assistance to the Department of Employment & Community Resources (formerly Social Services). If they are accepted, the additional funds will only cover medically related costs and do not include additional funds needed for placement in a personal care home. The application process is a difficult effort for seniors and/or their families who are already exhausted dealing with their compromised health status and the politics of health care.

Pressure on family, hospital staff and social workers is enormous and our government is abdicating its responsibility in this area. It is aware of the situation but has not legislated to correct it.

Where do unfortunate seniors like Jane go? The frail, at-risk and poor elderly are an invisible and forgotten group in Saskatchewan. This intolerable situation must be corrected so they may live out their lives as worthy citizens of this province.

Bubs Coleman has served with national, provincial and local seniors' organizations.

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Mother's Day Brunch

Sunday, May 14

All Saskatoon Co-op stores

10 a.m. - 2 p.m.

A fund-raiser

for the Rainbow 50-Plus Drop-in Program

at Rainbow Community Centre,

which the Council on Aging supports

\$4.99

LAWS THAT HELP FAMILIES MAKE THE TOUGH DECISIONS

When concerns arise within families about seniors' capacity to make decisions for themselves, at present or in the future, Saskatchewan has three laws that can help.

They are *The Powers of Attorney Act, 2002*, *The Health Care Directives and Substitute Health Care Decision Makers Act* and *The Adult Guardianship and Co-decision-making Act*. Some of the names may be complicated, but the provisions are clear, and can be helpful.

The Powers of Attorney Act

This sets out requirements and regulations about granting an enduring power of attorney. It solves the problem of the common law requirement that a person must have legal capacity to grant a power of attorney. At common law, the grant is voided when that capacity is lost. Ironically, that is typically when the power is most needed.

An enduring power of attorney is one in which the attorney's authority is not terminated by a loss of capacity of the grantor suffered after the power of attorney document is signed. It must be in writing, dated and witnessed.

Further, to grant a power of attorney you must have legal "capacity", that is, you must be able to appreciate the foreseeable consequences of making, or not making, decisions about property, financial or personal affairs. So a

lawyer's first job is to make sure you understand that you are giving someone else the authority to make decisions you otherwise would make yourself.

The most recent legislation allows you to name a property attorney for your affairs and a personal attorney to make personal decisions – where you will live, application to a special care home, whether you attend school. That is really new, and I think it will take a lot of discussion with clients to find how much authority over their personal affairs they will be comfortable giving up.

The act defines those who can qualify to have your power of attorney. And it specifies that the power you have granted dies when you do.

The Health Care Directives and Substitute Health Care Decision Makers Act

This act makes possible living wills, or health care directives, in which you give directions, while you have capacity, about the kind of health care you want should you lose that capacity.

In this case, the meaning of capacity includes more provisions than in *The Powers of Attorney Act*. If you make a living will, you must be able to understand information relevant to a health care decision or proposed

By
Kathryn
J. Ford
Q.C.

treatment, you must appreciate the reasonably foreseeable consequences of making or not making this decision and you must be able to communicate your decision.

Your health care directive takes effect when you cannot make your own health care decision, and is effective until you recover that ability.

If it is specific, listing things you do not want – radiation, chemotherapy, ventilators, etc. – it will be treated as if you told the doctors that. You can specify that you want to be given drugs to ease any terminal suffering even if they may hasten your death. A more general directive will be treated as a guideline, "general" meaning a statement such as, "I hereby give authority to my family to make decisions on my treatment."

To be valid, a health care directive must be in writing and signed by the person or at the direction of that person. It can be revoked orally, in writing or by tearing it up.

In another kind of health care directive, you may name a proxy to make the decision for you. If there is no directive and no proxy, the law makes provision for people to make the health-care decision for you, starting with the nearest relative – spouse or adult children – willing, available and with capacity to do so.

(Continued on Page 5)

COURT-APPOINTED GUARDIAN

(Continued from Page 4)

The Adult Guardianship and Co-decision-making Act

When a person who has granted no power of attorney or has no health care directive becomes incapacitated, this act can help. It allows the person's family to ask the court to appoint a guardian or co-decision-maker; the court has to be satisfied that there is need.

The law allows for appointment of a property guardian, to deal with the person's financial affairs, or a personal guardian who will tend to physical, psychological, health, social residential and other needs. It can be the same person.

In a guardianship, the person's best interests are to be given paramount consideration. The

person is presumed to have capacity unless the contrary is demonstrated.

It is also possible to appoint a co-decision-maker who will make decisions with the person and not for him/her. However, where the "capacity" concerns involve a progressive loss of mental functioning, I would encourage people to become guardians rather than co-decision-makers because it may be only a matter of time before the person needs more help. A guardian can still discuss with the person what is wanted or needed.

The guardianship process can be lengthy, for a lot of paperwork is involved; even in an emergency it can take three to four weeks, or longer. The cost would probably be a minimum of \$2,500, which can be charged to the assets of



the person for whom the guardian is being appointed.

Guardians are required to account for their activities to the public trustee, who monitors all guardianships.

If you can, it's probably better to be proactive in granting a power of attorney and making a health care directive, to be sure your wishes are known and followed. Whatever you do, talk about it with your lawyer.

MANY PEOPLE HELPED START COUNCIL

(Continued from Page 1)

elected in 1991 and the resource centre was launched!

Now it was time to work on issues. The plan was to do the developmental work on an issue with other groups, including an organization which could "adopt" it as an ongoing program. Some exceptions to the "adopt" plan were: the monthly blood pressure clinics led by Mary Levers, the computer programs started by Nancy Monseler, the *Coming of Age* publication undertaken by Mary Helen Richards. These continue to be Council programs.

Who else was involved? Before we had an office we met at the Pensioners and Pioneers Pavilion, the Seniors' Service Centre (Cosmo) and the Community Health Unit, and had small meetings in our homes. Funding came from a Saskatoon Council on Aging which operated in the 1970s, all levels of government and the Canadian Association on Gerontology.

I would like to recognize the late Delores Dzubin who was co-president with me on both the interim and first boards. Delores chaired the first Elder Abuse Project. I remember her engaging smile and her practical approach. We were saddened by her death and we miss her.

Today's Council, a much more complex organization, continues to seek to improve the dignity, health and independence of Saskatoon seniors. Its success attests to the knowledge and commitment of many, many people over the past 15 years.

Older Adult Abuse Awareness Day June 15

"Your World, Our World - Free of Elder Abuse"

Forum sponsored by the Saskatoon Council on Aging
8 a.m - 4 p.m.

McClure United Church
4025 Taylor Street East
\$20.00

For more information,
call 652-2255

Travels With My Walker

By Jeanette Dean

Not walking very well doesn't mean that you have to give up travelling! Chris and I have always loved travelling and photographing faraway places. When it became clear that, for me, walking at a normal speed would never be possible again, we still had lots of the world we wanted to explore.

I could get around well at home with a cane but that was too slow for sightseeing. I did not want to slow down any group so I had to find something more useful. My second-hand, very basic walker was the answer. I practised until I could do a long distance at an average speed without panting, and I was ready to go.

During 2005, my walker became an experienced traveller, visiting 14 countries. It was treated with great care, wrapped in plastic bags on airlines, stowed away on buses, cars and vans and given pride of place on a tender. On a cruise ship it went many times round the deck, up and down gangplanks, and along interminable hallways.

In Europe, it was never silent as it often had to rattle over cobblestones and along tiled hallways in magnificent palaces. However, members of our group were often envious when it was a seat for me during times we were expected to stand and listen to a guide. Several Europeans asked me where I had bought it and how much it cost.

This was nothing, though, compared with its reception in Asia and especially in China. I walked along the Great Wall with it and all round the exhibition Hall in Xien that displayed the

terra cotta warriors and got many curious looks, but when I was hurrying along the narrow streets of Old Shanghai the walker became a star. People pointed and took pictures.

What were they looking at? Not me, but my walker. It was touched by many passersby and I was repeatedly asked, "How much?" I didn't see another walker on our Asian travels, or many elderly people with canes.

I feel very fortunate to be able to keep on travelling in this way and I hope if you are in a similar situation, you will be encouraged to try going with a walker. There are two things to remember, though:

◆ Be considerate. Inform airlines, bus companies, cruise

ships, tour organizers that you would like to bring a walker along. Think of your fellow travellers. Do not slow them down or demand special consideration.



Venturesome threesome, Jeanette and Chris Dean and Jeanette's walker, outside the Summer Palace in Beijing.

◆ Be flexible. The walker will not take you up pagoda steps, down church crypts or up towers or on a camel. You will have to miss out on some experiences but there is so much you can see and enjoy.

As for me, I kept all the labels on my walker to remind me, during the past snowy winter, of some wonderful experiences.

Jeanette Dean is a member of the Publication Committee.

Keeping Your Back Healthy

BY BRENDA TEMPLE

Back problems are a very common health concern with many causes. The main source of back pain as we become older is related to the normal breakdown of the spine, which begins in our 20s. Therefore, it is never too early to take care of your back.

Here are ideas to keep your back in good shape:

Posture

The spinal column in the centre of your back is "S" shaped (when viewed from the side). Try these tips in the following positions to maintain the "S" shape, for minimal stress on the muscles and ligaments in your back:

Sitting

- Have your back and thighs at a 90-degree angle and keep your back straight.
- Keep both feet flat on the floor (you may need a short footstool to be able to do this).
- Snug your hips to the back of the chair.
- Try a lumbar support (a rolled towel taped to a chair, or a lumbar cushion).
- Do not sit too long, and try to change position between standing, walking, and sitting often.

Standing

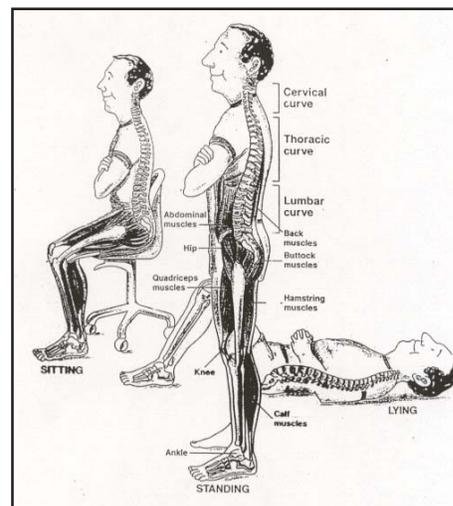
- Keep your head up.
- Try to not round your shoulders inward, tilt them forward or bring them towards your ears.
- Tuck your stomach in, use these muscles to keep your chest lifted.
- Keep hips forward to avoid a sway back.

Exercise

For many people the key to a healthy back is proper exercise. Through exercise you can strengthen your back and stomach muscles. You can also improve the flexibility of your back. However, it is important to keep in mind the following ideas:

- Remember to always warm up your muscles before you exercise or do heavy tasks, such as yard work.
- Walking and/or water exercises are highly recommended for people with back problems.
- Do stretching exercises throughout the day. Start as soon as you wake up by stretching in bed.
- Try some "active" relaxation. In a lying position, focus on deep breathing, listen to soothing music, and imagine you are in a wonderful place.

If you have a back problem, the right exercise program may help you keep it under control and make it easier to do your daily activities. However, it is important to talk to your doctor or a physical therapist about which exercises you can do to relieve back pain, stay fit and prevent re-injury.



Maintain curves in sit, stand and lift

Drawing courtesy of Kinetik Program, Saskatoon Health Region

Sources

- Arthritis Society - phone 244-9922, toll-free 1-800-321-1433, website: www.arthritis.ca
- <http://www.elderlyhealthservice.com>
- Older Adult Wellness Program, Public Health Services, Saskatoon Health Region

Brenda Temple is a recreation therapist with the Saskatoon Health Region's Older Adult Program

Musing on the Mysteries within the Medical Encyclopedia

As people get older, I've found that the things they like to talk about get more and more focused on one thing: how sick they are. Or, if they happen to feel well that day, how sick their spouse, friend or neighbour is.

That's why no one over 40 should be without a medical encyclopedia. Alas, there are so many things to know and so little time! If doctors knew one percent of the stuff in a medical encyclopedia, they would be gods. But since they don't know much more than you or I, they are mainly good for two things: ordering more tests ("OK, Mr. Figbert, our first battery of tests found that the frammis on your femoral nerve was overheating, so today we want to put you back on the hoist and get a complete readout on your exotoxins"); and prescribing antibiotics ("How unfortunate that your lower torso was eaten by army ants. Take these pills and see me again in two weeks.").

What about Whipple's Disease? you ask. Let's see – malabsorption (check), diarrhea (check), abdominal pain (check), weight loss (check), swollen lymph nodes (check), anemia and fever (check). And the clincher: "Treatment is

with antibiotic drugs for at least one year."

Medical school is highly overrated. You can quote me on that.

Then there are all those "studies" that show things — usually medical things. For example, did you know that taller men (those over 6 foot 1) have a decreased risk of heart attack (two-thirds the risk of men 5 foot 7 or less)?

Or that infant death rates are 31.9 percent higher in areas having waterlogged soils compared with areas with dry ground?

Lately, I've been thinking of things that are in need of study. Principle No. 1 is to have a conclusion in mind before the study even begins. That way you can bend the facts and findings into fantastic new shapes without having to adjust your prejudices. Here are a couple of conclusions I have already reached. Add your own if you like. It's fun!

■ Doing unto others as you would have others do unto you might not be a real good idea if you're a masochist.

■ If you can't do it right, learn to enjoy doing it wrong.

Michael Gillgannon

Michael Gillgannon is a member of the Publication Committee.

"Who Can I Turn to?" Caregiver Forum

May 24, 9:30 am – 2:30 pm

McClure United Church, 4025 Taylor St. E.

Speakers representing:

■ **Client/Patient Access Services (CPAS)**

CPAS provides access to community services and assists transition through the health care system. Information on mandated services e.g. home care, access to long-term care, respite

■ **Services for Seniors**

Home support services e.g. cleaning, homemaking, companionship and errands; outside services

■ **Volunteer Services**

Meals on Wheels and other volunteer services

COST: \$10 at the door (includes lunch)

Free On-site Elder Care: University of Saskatchewan student nurses will offer companion care to a limited number of care receivers at McClure Place. Free registration and lunch for care receivers.

Elder Care Subsidy: Limited number of subsidies available for those who must hire a substitute caregiver for their care receiver at home.

Free Transportation: Transportation within city limits to and from the forum for a limited number of people.

Register by calling 652-4411 by May 19