

COMING of AGE

A Publication of the Saskatoon Council on Aging

Centre offers vital resources

Seniors' Resource Centre

240 - 22nd Street East

652-2255

Dedicated to promoting the dignity, health and independence of older adults.

The Resource Centre has information on many topics, such as:

Healthy Lifestyles

Elder Abuse

Housing

Caregiving

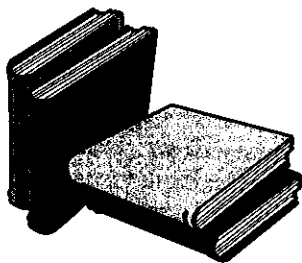
Safety

Leisure

Self-help

Programs

and much more!



June Gawdun looks over the pamphlets available at the Seniors' Resource Centre

This Resource Centre is for you. You are invited to visit it weekdays between 8 a.m. and 5 p.m., or telephone for information,

652-2255

INSIDE

Plays for seniors	2
Keep hugging	3
Talking to your doctor	4
Using drugs wisely	5
Housing	6
Leisure	7
Seniors and crime	8

Working Against Abuse

Saskatonians are much more aware of the problem of elderly abuse thanks to an October conference at Manitou Beach and the Saskatoon Committee on the Abuse of the Elderly.

Sponsored by the University of Regina's Seniors' Education Centre, the two-day conference attracted 150 seniors. After workshops and speakers, they had a clearer idea of what they could do to prevent abuse and intervene if it occurs.

Members of the Saskatoon Committee on the Abuse of the Elderly who attended came away better informed in such areas as the social and legal aspects of abuse. They learned how Swift Current is tackling the problem.

Also present was newly-appointed facilitator Sandra Hart, who is carrying out the committee's mandate to gather information on financial abuse. She has interviewed bank managers, crisis intervention staff and other agencies dealing in some way with financial exploitation of the elderly. She found them concerned and cooperative, ready to help the committee find ways of intervening.

Agencies and individuals are joining the committee. Through subcommittees it is working to promote and educate professionals and public, do research on financial abuse, and assemble a directory of local resources which might help in all areas of elderly abuse.

Acting by the book

Three 10-minute plays on elderly abuse presented by Saskatoon Ageless Players book-in-hand theatre at a recent Watrous conference were so well-received that Kay Nouch, writer, director and producer, put them into her second book of short plays for seniors.

All the plays include specific instruction for book-in-hand theatre so parts don't have to be memorized.

Kathleen Nouch founded Saskatoon Ageless Players in 1974, mainly so she could direct and act.

But she also wanted to give seniors who had longed to act but had no chance — and feared they couldn't memorize lines — opportunities to perform in legitimate live theatre. She wanted to make live theatre available, free, to people who couldn't afford to go to expensive plays and hire babysitters.

Book-in-hand theatre mushroomed, with almost 500 shows to date. Many who saw the first play

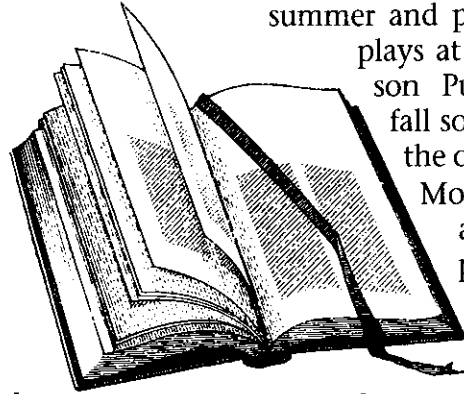
say they have not missed one since, Mrs. Nouch reports.

Ageless Players perform anywhere they are asked and are in demand for conventions and teaching films on aging. They produce a free full-length play every summer and perform three short plays at the Frances Morrison Public Library each fall so people can choose the ones they want.

More than 300 people age 17 and up have participated. Some, like May Britnell, who acted in most plays until recently, now assist by phoning.

Up to now, Mrs. Nouch, now 84, has written most of the plays herself, but she is gradually turning over the reins to actress and playwright Joanne Gifford.

Ageless Players has had no grants for 13 years and exists on donations and most of what Mrs. Nouch makes from sale of the books and professional acting. The books are available from 320 Fifth Ave. North, Saskatoon S7K 2P5, the new one for \$5 plus 84 cents postage and the first for \$10 plus \$1.15 postage.



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Rx: Lots of Hugs

"We are each of us angels with only one wing. And we can only fly embracing each other."

— Luciano De Gresconza

By Mickey MacLellan

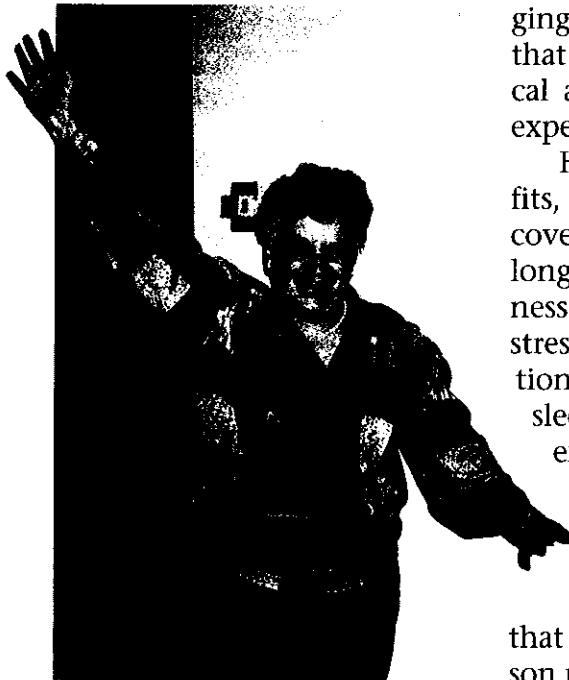
The word 'hug' comes from the Scandinavian, Webster's Dictionary says, akin to the old Norse word 'hugga,' to comfort or console. As a verb, it means to put arms around and hold closely; as a noun, a close, affectionate embrace.

Why hug?

In *Codependent No More*, Melodie Beattie reports that doctors in the early 1970s began studying a mechanism within the nervous system which, like morphine, helps alleviate pain and subdue trauma and shock. These morphine-like endorphins are secreted to soothe pain and promote general well-being, Beattie says.

"One method of increasing endorphins protection ... involves hugging. That's right, hugging. When you turn to a fellow human being and you put your arms around one another, this starts the endorphins flowing and the raw edges are removed by the warmth of a loving friend.

"Your dog is no dummy when he jumps up for a rub on the chest or a rub on the head. He's getting his endor-



Mickey MacLellan shows the best hugging stance (above), and demonstrates with Lillian Murphy.



phins up and keeping himself mellow."

Another writer says, "Hugging is a miracle medicine that can relieve many physical and emotional problems, experts say."

Hugging has many benefits, researchers have discovered. It can help us live longer, protect us against illness, cure depression and stress, strengthen family relationships and even help us sleep without pills. It is an excellent tonic.

How to hug: To simplify the awkwardness involved, here is one method that could be used. Each person raises the right arm to the two o'clock position and the left arm to five o'clock. Turn to face your partner. The hug follows naturally.

Warning: Cultural differences may make some people feel uncomfortable and object to hugging. It may cause fear or stress. Try to be sensitive to their feelings. Remember also not to get too exuberant; bear hugs can result in broken ribs!

To find out more about hugging, read Kathleen Keating's *Hug Therapy: The Wonderful Language of Hugs*.

And remember, you need:

- Four hugs a day for survival
- Eight hugs a day for maintenance
- 12 hugs a day for growth
- 27 hugs a day to feel as if you were in heaven!

How to talk to your doctor



By Dr. John Bury

When I go to my doctor, I talk to her in a way that will make her diagnose the disease I have already decided I have.

This is the worst way of talking to doctors, if you expect them to arrive at the correct conclusions. But even though I was a practising physician until five years ago, I do it.

The first principle when talking to your doctor is to be completely frank and as accurate as possible in describing your symptoms or problems. Make quite sure your doctor understands.

It is often helpful to write down what you want to talk about and refer to it just before you see the doctor. Some physicians get irritable when a patient produces a list of complaints in the office, particularly if they are having a busy day.

If you feel you are being rushed, tell the doctor and suggest you make another appointment when you can have more time and focus the visit on your principal problem. If this doesn't work then just persevere, despite all those poor souls in the waiting room.

If you have particular fears — about the possibility of cancer, for example — then come right out with them. You will be surprised how often your worst fears are groundless.

This is very important; doctors are often surprised how apparently intelligent, sensible people seem to be muddled when they talk to them, not realizing that underlying unexpressed anxieties muffle the patients' thinking processes.

If that is the case with you, spit it out early, and then you will be able to get on with the matter at hand.

The second principle is to make sure you understand what the doctor has said. Don't leave the

office until you know the nature of your illness, how serious it is and how long you should expect to remain ill or need treatment.

In particular, be quite clear about when and how you should take your medicine and what side effects you may expect. Always remind the doctor of the other medicines you are taking.

Because of the deductible now required by the Drug Plan, it may be pertinent to ask the doctor how much a prescription will cost. If it is very expensive, ask if there might, perhaps, be a cheaper alternative.

Don't bully your doctor, but remember that your transactions are between equal partners and must be satisfactory to both.

Dr. John Bury practised at the Saskatoon Community Clinic until 1988.

Age can affect hearing

Hearing loss is a normal part of aging which affects at least a third of us over age 65. As we age, the delicate hearing apparatus in the middle ear becomes stiffer and less responsive to softer and higher-pitched sounds.

Communication is more difficult because we miss some of what's said to us, and we may lose the important information we need for memory and thought processes to function well. Along with this may be a buzzing or ringing in the ears.

A hearing evaluation can be done for \$20 at the Saskatchewan Hearing Aid Plan office in the Sturdy Stone Building (phone 933-5694). If there is significant loss, a hearing aid may be prescribed. A hearing aid costs less through the Hearing Aid Plan, and professional and technical services are provided without charge.

If you decide to buy a hearing aid from a private company, check the dispenser's qualifications and ask about charges for service. There should be at least a one-year warranty and a month or so trial period.

The Consumer and Commercial Affairs brochure 'Hearing Aid Information' can be obtained at the Council on Aging Resource Centre.



Learning about drugs

By Margaret Mack

Before we buy a car, a refrigerator or even a can of food, we want to know how it was made, how it compares with competing products and how safe it is.

Do we ask ourselves the same questions about each drug we use? Because seniors generally use more medicines than other age groups, we face more risk of having problems with them. It is important that we know what they do for us and to us. Do new drugs conflict with our previous medications? Are the pills doing any good? What side effects are experienced?

The Saskatchewan Consumer Drug Information Centre was started two years ago as a toll-free telephone service for all Saskatchewan residents, with the goal of encouraging responsible use of medications. Callers can ask about medication use, storage, interactions and side effects.

Licensed pharmacists, working through the University of Saskatchewan College of Pharmacy, answered 1,633 callers in the first full year of operation. General questions, involving more than one subject, were most common; queries about side effects were second.

Are we treating ourselves or harming ourselves

Saskatchewan
Consumer
Drug
Information
Centre



1-800-665-DRUG (3784)

Saskatoon:
975-DRUG (3784)

when we take more pills than were prescribed by our physician, or supplement them with a 'harmless' pill to kill pain? Should we avoid alcohol while we're taking certain medications?

These are questions to think about.

"Often older people are more sensitive to drugs," says a pamphlet distributed by the College of Pharmacy. "They seem to experience more side effects such as mental confusion, dizziness, unsteadiness and drowsiness."

Health can be ours for a lifetime when we follow a healthy lifestyle: eating foods that are right for us,

reducing stress, being active, reducing the alcohol we drink, enjoying satisfying experiences and supportive friends.

Let us be in control of our medicines, too, rather than letting them control us. We have to remember that drugs can't replace our healthy lifestyle.

Each of us has a responsibility to make sure we get the proper information about the drug or medicine our doctor has prescribed, either from the doctor or from the pharmacist. We can also call on the Drug Information Centre.

The Council plans a March workshop on this subject.

Help for aging eyes

As we age, the lens of the eye begins to accumulate scar tissue and light does not penetrate as sharply as it used to. Vision decreases, especially at night, and we need brighter bulbs for reading.

A cataract may form. It might need to be removed and an artificial lens implanted. This simple operation has restored vision for over 95% of patients.

Much more serious is glaucoma, a leading cause of blindness in Canada. Fluid building up inside the eye threatens to destroy the retina's nerve cells. With early detection and proper treatment, the condition can be alleviated.

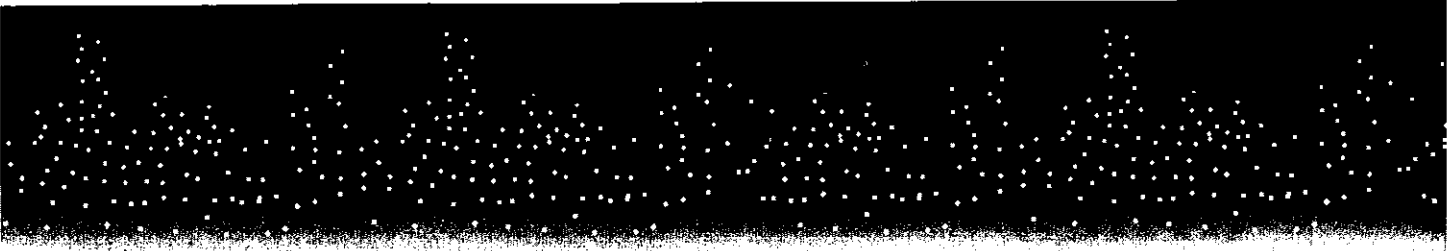
To be sure of catching glaucoma early, seniors must have annual eye checks by their eye doctors. There is a fee, except for seniors on income supplement.

Aids to mobility

The Special Needs Equipment program is operated by the Saskatchewan Abilities Council under contract with Saskatchewan Aids to Independent Living (SAIL) and funded by Saskatchewan Health.

Aids to mobility include wheelchairs, crutches, canes, walkers and home equipment such as wall bars and lifts. There is a charge for some items.

Special Needs Transportation is also operated by the Abilities Council. Any individual with an injury, congenital malfunction or incapacity which makes it impossible to use public transportation may apply for this service. A Transportation Advisory Committee determines eligibility. Phone 384-1150 for information.



By Jenni Mortin

Seniors moving to Saskatoon are one of the city's few growth industries, Jim Wasilenko of the Saskatoon Housing Authority has observed, and the Authority is helping them with one immediate problem.

Its Saskatoon Housing Registry gives information about all senior housing in the city, sets up appointments and will even ensure transportation to keep those appointments.

Mr. Wasilenko estimates — conservatively, he says — a one-per-cent annual growth in Saskatoon's senior population: about 200 seniors come each year to join the almost 20,000 living here.

They look first for a place to live, he says, and the range is wide, the buildings scattered. The Registry gives information on all senior housing, not just the 11 Saskatoon Housing Authority (SHA) buildings, so seniors can "focus on a few properties and choose one that matches their lifestyle."

The Registry gets about 300 calls a day, from seniors and from families, those on low incomes, and the physically disabled. It has no feedback on the results of their searches.

Mr. Wasilenko does not expect the Authority to build more seniors' housing for awhile, after the new South Downtown building opens late this year. Less federal funding is available and other cities are copying Saskatoon's success at getting it. The SHA is working on affordable family housing.

The South Downtown project, which will have 81 units for 110 people, fits SHA criteria for locating senior housing, he says. It has always sought sites

Housing first need for seniors new to city

near parks, churches and transportation. The housing then attracts other services: stores, perhaps, or banking service and a hairdresser on the premises.

"We've been very successful in Saskatoon with our locations," Mr. Wasilenko says.

The new building and its activities will be accessible to 2,600 seniors, he says, in Riversdale, downtown and immediately across the river. It will be a focal point for them.

Nearly three-quarters of SHA tenants are women living alone so safety concerns are paramount. "We have very strong programs about neighborhood security, building security and safety," he says.

For example, the SHA questioned the Saskatoon Fire Department's standard procedure of evacuation in case of fire; it was concerned about the possibility of accidents as seniors walked down stairs to leave a burning building.

Together they have taught a different emergency procedure: stay in your suite, feel the door to see if the fire is on your floor and if so, put wet towels at the door to keep smoke out, and communicate via intercom or even waving out the window.

There is a program to convince seniors never to open building doors for strangers standing at the intercom. "They have a tendency to be nice and open the door," Mr. Wasilenko said.

The SHA buildings have tenant-run Good Neighbor programs, encouraging seniors to get to know and look out for each other. Regular meal programs are evolving, and one successful trial involved the Lions Club and the executive chef of the Delta Bessborough.

Leisure centres are for seniors

By Ginnie Lawman

Want to enjoy your recreation time? Meet new friends? Develop new skills or practise old ones? Five friendly places in Saskatoon are just waiting for your call to help you get started.

Saskatoon's Leisure Services Department operates five sport and leisure centres: the Field House near the University of Saskatchewan, Cosmo Civic Centre in Confederation Park, Lakewood Civic Centre in the southeast, Lawson Civic Centre in the north and Harry Bailey Aquatic Centre on Idylwyld Drive. All are accessible by bus.

Harry Dutka at Leisure Services emphasizes that the Centres are for everyone, from tots to seniors. They offer a wide variety of programs, from swimming and fitness to bird-watching or an afternoon of social card games.

There are make 'n' take workshops — two-hour programs in which you make something to take with you, such as a lamp or a wall decoration. There are one-day workshops on darkroom techniques, copper enamelling and many other crafts and hobbies.

If you want to see what goes

on at the Centres, drop in. The staff are friendly and eager to tell you what is available for you, Dutka says. Tours can be arranged to make you familiar with the facilities.

All the Centres have concessions; you can drop in for coffee or meet friends after a class. Lakewood, Cosmo and Lawson Civic Centres have libraries, so you can borrow a video or a book to relax with after your workout.

The Field House has drop-in aerobic classes for seniors, and Cosmo's 'Golden Goers' is an exercise class in which you go at your own pace.

Although some programs are earmarked for seniors, they can also participate in the adult classes. The emphasis is on enjoyment and socialization rather than competition; beginners are always welcome.

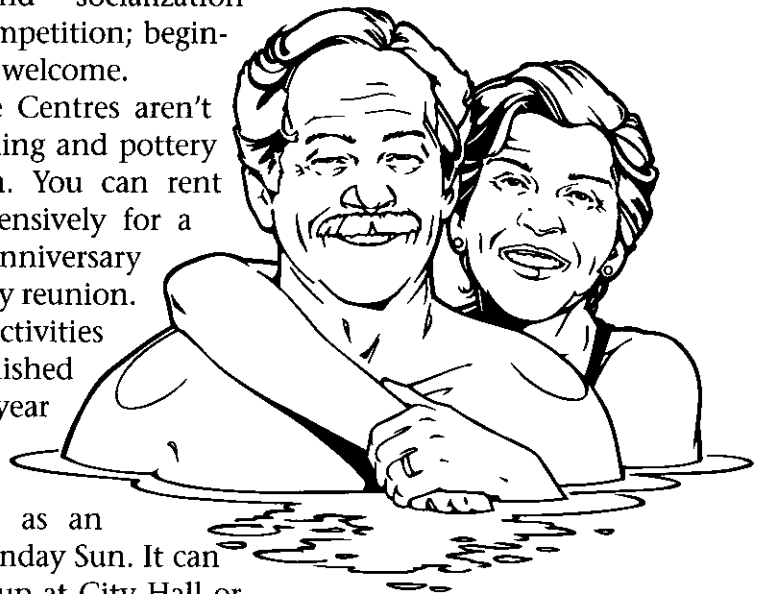
The Leisure Centres aren't just for swimming and pottery classes, though. You can rent facilities inexpensively for a wedding anniversary party or a family reunion.

A Leisure Activities Guide is published four times a year and distributed free to all households as an insert in the Sunday Sun. It can also be picked up at City Hall or

the Leisure Centres. Dutka urges you to give his department a call if you don't find what you want in the guide. If there is enough interest in a new class, the department will do its best to provide it.

Local community associations also provide recreational activities, usually in neighborhood schools. These are listed in the Leisure Services Guide, but if you want to find out from your local association what is offered in your area, call the Area Recreation Consultant for a contact phone number. On the west side, call 975-3383; east side, 975-3378. General information is available from Leisure Services at City Hall: 975-3340. Someone will be happy to help you.

Saskatoon's Leisure Centres are there for everyone. Visit one soon!



Dealing with crime

By Sgt. Don Evers

Crimes against seniors are often referred to as "hidden crimes" because they may be the least reported or documented crimes of any age group. Many people have limited knowledge or experience in dealing with them.

Seniors themselves may be the least informed about crimes which affect their age group. They fear crime more than any group in society and the fear can seem very real, but often it is unjustified: seniors are the **least** victimized age group in Canada. They aren't so much in places where crime occurs; they usually aren't out partying or driving around or in crowds. They may be discouraged from going out by what they hear or perceive as danger. Unfortunately, the fear of crime, whether it is real or perceived, can greatly affect the enjoyment and freedoms of life.



Sgt. Evers

Although crimes against seniors are not as predominant as other types of crime, they still exist and they may be far more traumatic for the victims than those committed against younger people. Frailness, financial burden, confusion and lack of a support network can add to crime's effects. This often results in the older person being re-victimized by trauma and fear.

Crimes against seniors include assault, forcible confinement, threats, theft, fraud, forgery, extortion and criminal negligence. They range from petty theft to embezzlement of money and property, from minor assaults to severe acts of violence or neglect. The most common crimes involve money. The offender may

be a stranger, but usually it is someone the victim knows, perhaps a caregiver or relative.

Hesitant to report

Unfortunately, many older victims are hesitant or unwilling to report a crime; they may fear retaliation, be embarrassed or not know who to talk to. Some victims believe they deserve what they get or feel the police or other agencies can't, or won't, help. If the offender is a caregiver and/or relative, the victim often chooses to put up with things rather than risk embarrassment or separation from family.

The keys to fighting this crime must be awareness and action. We must all learn more about crimes which affect seniors, what types occur, who the victims are, who the offenders are. With improved knowledge we are ready for action.

The first step is **prevention**. Don't allow yourself to become a victim. Be informed, prepared and willing to seek good advice. If you know older people, help them make decisions that will prevent them from becoming victims.

Step two is **intervention**. If you have been a victim, be willing to speak up and regain your rights and freedoms. Get help. If you know someone who is a victim, take the time to care. Encourage them to report the crime and get help.

Crime can eat away at communities. If we don't attack the source, it will destroy the things we need and deserve. Crime, and specifically crimes against the elderly, can be beaten. But only if you and I get involved. Together, we can make the difference!

*Sgt. Evers is Crime Prevention Co-ordinator,
Saskatoon Police Service*