



COMING of AGE

A Publication of the Saskatoon Council on Aging

Change the community to end senior isolation

Improvements in their living environments, mobility, involvement outside the home and access to respite care would ease the isolation which imprisons many city seniors, 111 people told a Saskatoon Council on Aging forum in November.

Their suggestions for changing the community to achieve this confirmed the direction of the Council's three-year project to address isolation, Wilma Mollard, chair of its steering committee, said after the meeting.

"They put meat on the bones of our ideas."

The forum at the Pensioner and Pioneers Pavillion drew representatives of churches, government, seniors' groups, service agencies, tenants' associations, volunteers, the city and businesses such as SaskTel. Bob Pringle, Minister responsible for seniors, attended one session.

Their participation established a basis to strengthen linkages, Mrs. Mollard said. "We

need to work together to do the things we want to get done."

The Council was granted \$85,133 a year for the three year-project by Health Canada's Seniors Independence Program. Co-ordinator Dianne Johns aids the steering committee.

The forum agreed:

- Seniors may be isolated, permanently or temporarily, in houses, apartments and seniors' high rises.

- Isolation may be caused by bereavement, health or economic problems, literacy or language

barriers, safety issues, the effects of medication, lack of information about services, by seniors' families, even by their pride and dignity.

- They can be reached by giving them a reason to feel useful, by less reliance on professional caregiving, by more community activities for everyone, by volunteer visitation, Neighborhood Watch activities, media information programs.

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- Church groups, Home Care, Meals on Wheels, cultural societies, other seniors, doctors, service providers (mail carrier) could contact isolated seniors.

- Wider public awareness, environment improvements such as better snow removal, and more companionship would improve the community's relationship with isolated seniors and increase their quality of life and independence.

Groups made points such as:

Isolated seniors could do many things with family, friends and the community, by cooperating with others and with help from self-help facilities and volunteers, but need incentives.

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Seniors at work...

Many people think seniors curl up at 65, but this article shows they work to improve the world

By Margaret Mack

This past summer I, a Saskatoon senior, was concerned about the site chosen for a gambling casino here: prime, city-owned property in south downtown. I decided to join a group called Citizens for a Quality South Downtown.

It was a dynamic, responsible, dedicated and well-organized group, and I soon felt a sense of excitement and determination to change the direction of those promoting a downtown casino, convention and trade centre.

The challenge, if our group was to force a plebiscite on the issue, was to obtain in less than two months at least 21,150 signatures to deposit with the city clerk. A plebiscite would let Saskatoon citizens decide on the proposed development.

It was a new experience for me to visit malls, churches, private care homes, senior complexes to secure names on the petition, but never have I had such enthusiasm and drive to accomplish a goal. People responded so positively when I sought their signatures that I gained courage.

It gave me the opportunity to socialize, develop skills of persuasion, build self-esteem and gain recognition -- plus much satisfaction when, in the plebiscite, over 80 per cent voted "No" to the casino development.

A retired teacher, I wondered what role a casino would play in educating our youth for the future, since our beliefs and values

seem to be shaped by what we see and hear.

It seemed to me that we should be planning ahead and educating our youth to try innovative ideas and approaches.

What would casinos do for those of our youth who jeopardize their futures through drugs and other tragic choices? Research I studied warned against video lottery terminals -- VLTs - - which are very addictive.

Let us move toward the Age

of Ideas. We are entering a new frontier, a new age that may be termed The Non-Material Society. There will be a struggle with values, norms and attitudes, with culture. Gambling at casinos or playing VLTs should not be behaviors we want to set up for our youth.

The question I put to our elected officials, local and provincial, was and is: Why build a future for our youth on the backs of gamblers?

Many ideas to ease isolation

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Inter-generational activities are excellent. Home Care, transportation, aids to overcome disabilities (headsets in churches and theatres), more volunteers and funds would help.

Living environments of isolated seniors could be improved by railings, mobile phones, daily phone contact, neighbors with a key, locating senior centres near senior housing, using designs for housing for the disabled.

The transit system, crucial to seniors, should be better tailored to their needs, with shut-

tles and bunny buses. The high steps on buses are a problem.

Seniors who don't or can't use the bus may need help getting to and from a private car. The pedestrian environment needs improvement: lighting, crosswalks, snow removal, driver education.

Respite services, including crisis care, are needed for seniors who care for someone else and for those being cared for. There should be funding for caregiver respite, and perhaps a central service or registry of respite resources.

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Sculpted world

Bill Epp's old woman wears apron of snow

By Jenni Mortin

Bill Epp's past, present and future spread around him on his acreage near Martensville, in a unique, expanding world of sculpture. Among the greenery and buildings are many of his large bronze sculptures, many of them female: a woman riding a bicycle, perhaps, or milking a goat. Some are animals, like the bear and deer staring mesmerized at each other.

Mr. Epp's present and future lie in the ideas he conceives in his bright studio filled with art and plants, and the bronzes he and two helpers cast in his foundry, often for other sculptors.

But Saskatonians can see his work every day: the bronze doors on the Ukrainian Museum of Canada, Tribute to Youth for the Jeux Canada Games in 1989, young John Diefenbaker selling a newspaper to Sir Wilfrid Laurier. They can wave to Gabriel Dumont guarding the riverbank, or pat the girl and her dog outside Victoria School.



Thirteen Epp works enrich this city where he spent 34 years, teaching art at Howard Coad Public School, the Technical Collegiate and finally the University of Saskatchewan, after beginning

as a rural teacher in multi-grade classrooms.

Though he always sculpted a little -- whittling, for example -- Mr. Epp got little encouragement until he went to Teachers' College and met Winona Mulcaster. But hanging in his studio is a painting he did in high school.

Only when he got a studio was he able to sculpt, he said, which reminded him sadly of people in seniors' homes with "no place to do anything, especially if you are going to make a mess."

He tells approvingly of a TV show about "really fragile

old people" working with hand chisels to sculpt stone which sat on carts. "You could see their excitement and anticipation of what to do next."

Leaving a mark, a legacy, is "a real motivating factor," said Mr. Epp, 64. "I haven't reached *really* old but I already can't help but think about leaving a legacy. Most of the work I've done I can't sell; people haven't got that kind of money. I'm foolish to invest money in it, but I tend to think of it as a legacy for my children."

He says other artists' work keeps the foundry going, and he enjoys the variety it provides. "Variety is what art is all about because people are different." He also has a sculptors' group.

Because bronze sculptures are first formed in modelling clay, his age doesn't affect his work. His workers make molds from the model. In recent years, he has had help putting the modelling clay on large works.

"If you have good people, you can direct them from an easy chair or a wheelchair."



Make your home safer

By Lorne Glauser

Seniors generally want to continue living in their homes as long as possible. That requires some adaptations of the home as people age. By assessing your own situation, you can make simple adjustments that will increase your safety and prevent injuries.

Statistics show that falls, often in the home, are the second leading cause of injuries and fatalities among seniors. Yet the home is an easy place to make changes that help prevent accidents. Check this list to see how your home meets the safety test.

LIGHTING

● Night lights

Install inexpensive, low voltage units that plug into wall receptacles, particularly to light a path from bedroom to bathroom.

● Stairways

Have adequate lighting in all stairways, with two-way switches at top and bottom.

● Flashlights

Always have a flashlight handy. During a power outage, use it rather than candles.

● Exterior

Have light fixtures or floodlights to illuminate walkways.

Install "dusk-to-dawn" fixtures which illuminate the area surrounding the house.

FLOORING

● Make sure bathroom mats are the non-slip kind.

● Avoid using scatter rugs, especially in high traffic areas.

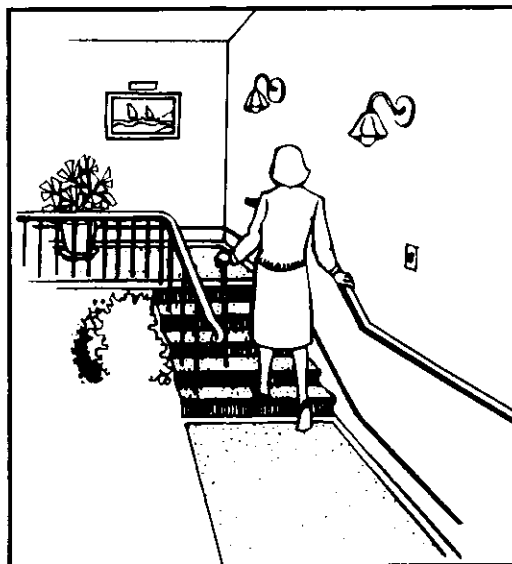
FIRE SAFETY

● Don't overload electrical outlets with several appliances.

● Install a fire extinguisher near the kitchen exit.

● Have a smoke detector on each floor. Check periodically that the battery is alive.

● Have your chimney checked.



PHYSICAL AIDS

● Install a grab bar within the bathtub area and, if necessary, near the toilet. A bar is handy near a step, too.

● Install lever-type faucets or a single lever that can control flow

and temperature.

● Make sure stair rails are securely attached.

● Consider installing handrails along corridor walls.

● If you have hearing loss, contact SaskTel about telephone modifications.

● Consider delayed action exterior door closures. A sudden gust of wind can make a door dangerous.

● Keep frequently-used items on the lowest shelves in the kitchen and bedroom to avoid extreme reaching and climbing.

● Finally, make sure that an easy-to-read list of important contacts -- fire, police, doctor, close friend or relative, etc. -- is near the telephone. And, of course, remember 9-1-1 in emergencies.

The Canada Safety Council has several free publications about home adaptations that can help seniors maintain their independence and make their homes safer. Write to 6-2750 Stevenage Drive, Ottawa, Ontario K1G 3N2.

Information and brochures on home safety are available at the Council on Aging's Resource Centre at 240 - 22nd St. East.

The theme of these publications is "Safeguard Your Best Years". Please do just that!

Seniors



I realized how serious my parents were about running when they came to Saskatoon for my wedding four years ago. Dad got off the plane wearing a nice suit and even nicer running shoes. I was thankful that he changed his shoes to walk me down the aisle!

As a child in Ontario, I belonged to the Cobourg Cycling Club. Our family of seven would go on bicycle tours. We had so many touring and racing bikes in our garage that there was no room for our station wagon.

My parents Jim and Veronica McIlwham, now young seniors in their 60s, switched

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from cycling to running in their 50s because running offered more organized events and a safer environment.

Dad quickly established himself as a credible runner, taking prizes at national events and breaking provincial records. He was the Canadian marathon champion in his age group in 1988, and finished second in his group in the Toronto Marathon last June. At 63, he still holds three Canadian records in the 55-59 category, for 16, 25 and 30 kilometre events.

Mom followed Dad into running and has completed 19 marathons and many other races. Her most recent achievement was taking second place in the 60-plus age group at the Detroit Marathon on Nov. 16.

Together, my parents have earned many prizes and trophies for races in Canada and the United States.

Running keeps them in great physical shape and they like doing it together. They especially enjoy the social aspect, meeting runners from different cities and countries at various events. Quite often Mom writes from a place where they are running and the letter shows how much they are enjoying the experience.

To keep in shape for competitions, they run for about an hour each day. Dad also runs the five miles to and from work all year round.

I asked Mom if she sees herself and Dad running 20 years from now and her response was: "There are seniors in their 80s who run." I took that as a definite "Yes."

My parents aren't unusual. It's quite common now to see seniors 70 and older participating in athletic events. The Canadian Masters' Athletic Association runs track and field events and road races for women over 35 and men over 40. The Saskatchewan Seniors' Fitness Association holds biennial provincial games, the YWCA Club 60 has a walking club. If you have ever seen a workout of the Senior Action Club at the Saskatoon Field House, you probably saw one of its regulars -- age 80 -- running round the track. For a slower pace, the city has several mall-walking clubs.

Information about new senior programs was the main service the Ukrainian Canadian Congress - Saskatchewan Provincial Council could provide them, 63 per cent of respondents to a survey of Ukrainian seniors told the Council.

Many of the 185 respondents didn't know about some of the individual financial programs, group grant programs, health services, housing assistance programs and transportation services available to seniors.

They said the Council could speak out for Ukrainian seniors, organize seniors' issue workshops, help them deal with agencies, and translate new programs into Ukrainian.

The UCC-SPC will put out a seniors' handbook in Ukrainian and English this year, held a

Seniors want information on programs

workshop in November, and invites writing for Seniors' Corner in *Visnyk*, its publication.

Seniors from 70 to 85 were the largest age group responding to the 1993 survey; the age range began at 55.

Only 30 to 50 per cent reported knowing about Unemployment Insurance benefits for those over 65, Old Age Security, Guaranteed Income Supplement and similar financial programs, for example. Of those who did not know, 46 per cent said they didn't need the programs, 41

per cent had not heard of them and 28 per cent did not understand them.

Twenty to 41 per cent knew about housing assistance programs. Of those who didn't know, 41 per cent had not heard of them and 22 per cent did not understand them.

Other seniors and seniors' organizations were the best sources of information, said respondents, with advertisements, brochures and pamphlets, and friends coming next.

Respondents were asked what services they thought they would need in five years, 10 years and 15 years. The most important need in five years would be a medical/dental clinic, they said; in 10 years, home/yard maintenance, and in 15 years, seniors' transportation service.

Considering Two 'Immodest' Subjects

Incontinence: Why Suffer in Silence?

Judging by drugstore shelves with long rows of special pads and garments, it is not uncommon for women to have problems with urinary incontinence.

They may be suffering needlessly. One-quarter of women have some loss of bladder control, but it is **not** a normal part of aging and it can be helped.

Not all urinary problems are the same. There may be a leakage of small amounts of urine, or pressure or stress incontinence after laughing or coughing. More common is the urge that cannot be controlled long enough to get to the bathroom. (You can do

something about this: Stand still, take deep breaths and wait ... in a minute the muscles will relax.)

Inability to control urination can be caused by infection, stroke, diabetes or muscle weakness. It can be a side effect of medication. With an exam and some tests, your doctor can find the cause and suggest treatment.

Just for Men

The older a man gets, the more likely he is to have prostate problems. The prostate is a small walnut-sized organ surrounding the male urethra, the tube that carries urine from the bladder to the outside.

The most common problem is enlargement of the gland; cancer of the prostate is related. The swollen gland narrows the urinary channel, bringing on the symptoms: greater frequency, pain and dribbling; pain in the lower back or pelvis; blood or pus in the urine. Cancer patients may suffer weight loss.

Medical examination and tests are the first step. For early detection, men should have yearly rectal examinations. More than 10,000 Canadian men will develop cancer of the prostate; over 4,000 will die. Prompt medical attention is essential.

Urinary problems are no time for false modesty in men or women. See your doctor.

AGEISM: Discrimination due to age

By Dr. Harry Emson

H.E. Emson MA, MD, FRCPC, Diploma in Medical Law and Ethics, is recognized nationally as a spokesperson on medical ethics, through television interviews, articles and speeches..

The best definition of ageism I can give is discrimination solely based on age. It is commonly used in my field of health care, but valid elsewhere. Discrimination can be open or concealed, overt or implicit.

One classic example in the British National Health Service was the non-referral of patients in end-stage renal failure to a specialist by their family physician. The reason? "Well, everyone over 55 is a bit ropey (deteriorating), aren't they?"

The judgment was paternalistic, the possibility of seeing a nephrologist never mentioned.

It is immoral to discriminate only on account of age.

The practice can be explained, and for some justified, only on strict utilitarian grounds. Investment of health care in an old person will produce less in return, in terms of years of survival, than an equivalent investment in one younger. But to the old one, a year or a month or a day of survival may be of as much value as to anyone else.

The judgment of quality of survival is individual, not corporate, which makes the Quality

Adjusted Life Year such a dubious measure. If we must judge in health care between individuals and make an assessment of their relative worth to receive procedures, if we must ration health care -- as we must -- then the only valid measure is medical and technical: the likelihood of the person benefiting from the procedure.

This is where, for us old ones,

Nutrition Month Recipe Contest for Older Adults

Enter your favorite healthy
and delicious recipe
Win a Prize!

Entry deadline: March 1

For information, call the Older
Adult Nutritionist, Saskatoon
Community Health Unit,
655-4630

the nitty gets a bit gritty. An intervention which might turn the whole process round for the young may in the old be the prelude to a downward spiral of multisystem failure. We do wear out, as a whole and as the sum of our parts. The bad reverse of ageism may be the technological imperative, the unconsidered application of each and every possible procedure to the inexorably failing body.

We must take care that the demand for non-discrimination is not interpreted as the demand for everything, however inappropriate, demeaning, distressing, painful and existence-prolonging it may be. Ageism can work both ways, sending us hence too soon and keeping us here too long.

The true answer to discrimination is the claim to be treated as an individual, not a category; as a person, not a group. What I want, what is appropriate for me, will not be the same as for each 67-year-old male with the same apparent accumulation of problems in a mildly maltreated body.

I may be an aged person but I am an individual, neither to be denied nor to be enforced anything because of my age. I want to be dealt with as me.

Here's looking at us:

Facts about Seniors

There is a lot of misinformation about seniors -- that they are frail, poor, institutionalized, a burden on society.

The facts tell a different story: Most older people live in their own homes, enjoy reasonably good health, live above the poverty line and contribute time and money to the welfare of family and community.

Here are some statistics about Saskatchewan's over-65s:

HOUSING

28% live in Saskatoon or Regina
62% live with spouse or adult child
30% live alone
8% live with others
7% live in institutions
80% own their own homes
5% live in high-rise apartments

INCOME

Basic benefit: Old Age Security
Interest payments major source of income

Seniors have accumulated more assets
Males twice as likely to have private pension incomes
Saskatchewan seniors have lowest poverty rate in Canada
[Poverty level for urban single: \$13,000]
But seniors' income still below that of general population

TRANSPORTATION

Numbers of driver decline with age
67% of those 65-74 drive cars
41% of those 75-84 drive cars
13% of those over 85 drive



In 1988, Statistics Canada reported, 5,361 people aged 60 and over were enrolled in Canadian universities, 4,920 of them part-time.

HEALTH

- About 80% are functionally independent, 13% considered frail
- 90% of seniors consulted a doctor over one year
- 23% use sleeping pills; 14% take tranquilizers
- Common problems: rheumatism, arthritis, high blood pressure, respiratory difficulties
- Physical or mental disability: 47% for women, 44% for men. Rates increase with age.
- Mental health: rate of dementia about 1% of 65-69-year-olds increasing to 38% for seniors over 90
- Disabilities: 80% reported one or more but only 20% reported that these caused major limitations to activities.

LIFE EXPECTANCY

From birth: males, 74; females, 81
From age 65: males, 81; females, 85

*"We live
in interdependence
with family,
neighbors
and friends."*

HELP WITH DAILY LIVING

Home support services offered by a thousand agencies
Family members provide over 75% of needed help
But a high percentage of seniors give moderate support to a relative
80% of seniors use one or more services

Data from "Aging Vignettes," National Advisory Council on Aging. For more detailed information, visit or phone the Saskatoon Council on Aging's Seniors Resource Centre (652-2255)