



# COMING of AGE

A Publication of the Saskatoon Council on Aging

## Resource Centre shifts to 3rd Ave.

The Seniors' Resource Centre of the Saskatoon Council on Aging moved around the corner from 22nd Street to 109 Third Avenue North on Jan. 29.

The Council lost its original lease but found new premises owned by the same company, Canadiana Developments Ltd. It has a little more space, on the main floor and a mezzanine area, at the same cost, says president Bill Bender.

It is not sharing space with Services for Seniors, which moved into Clinkskill Manor, the Saskatoon Housing Authority senior high rise on 19th Street, where space has been provided at no charge.

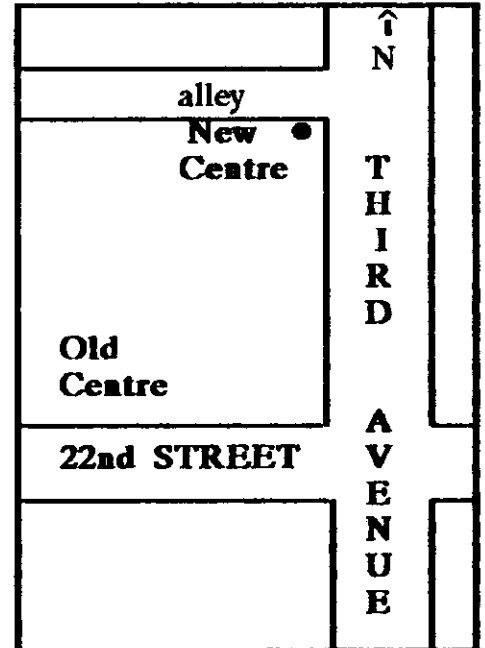
"We're very sorry to have them part from us," Mr. Bender said. "We felt we were very complementary and supportive."

However, he said he understood why Services for Seniors, which has had financial problems, accepted the SHA offer. It

had shared utility bills at the Resource Centre with the Council, though it paid no rent.

The new Resource Centre has an office on the main floor and one on the mezzanine level which "will serve us well for our projects," Mr. Bender said.

Blood pressure clinics will continue in the new premises.



*What a wonderful service!*

## Shuttle valuable to seniors

The Seniors Shuttle Service sponsored by the Council on Aging's Isolation and Older Adults Project and the Corps of Commissionaires has become popular with many Saskatoon seniors.

It is available to those who are socially isolated or needing affordable and accessible transportation. It is aimed at those who need escorted assistance.

"I had the need to take the

Seniors Shuttle Service yesterday and found it a wonderful experience," Helen Jones wrote to the Council. "The driver, John, was a pleasant, friendly, helpful person. He took me to my doctor across the city from home. He then came back for me when my appointment was finished and took me to the Medical Arts for tests etc. Came back again when I was finished

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**New address:  
109 Third Avenue N.**

**Volunteering is  
our way of life  
See Pages 6, 7**

**Winter can't keep  
seniors in  
See Page 8**

# When a special care home is needed

When people are faced with care needs -- for themselves or a family member -- that are unmanageable at home, they find themselves coping with an unfamiliar system. Few of us pay attention to special care homes until our need is personal, when we are frequently under stress. Having information in advance could reduce that stress.

The answers to these commonly-asked questions about long-term care should provide you with basic information. They do not refer to personal care homes.

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there, stopped and waited for me while I went into my pharmacy to get needed prescriptions.

"What a wonderful service!"

The Shuttle Service began Nov. 15 with one van; a trained Commissionaire provided transportation to seniors living in the northwest central area. The service grew steadily, averaging 25 trips daily, so it expanded to all areas of the city using two vans.

Most trips are to medical appointments but the shuttle can take seniors to church, shopping, recreation activities or anywhere else in Saskatoon.

To qualify, a person must be 65 or over and require escorted assistance. The cost is \$4.50 each way and the service is available seven days a week from 7 a.m. to 8 p.m. It can be arranged in advance for evenings.

To use the service, call 221-2464 for connection to a Commissionaire who arranges rides.

**Q. How do I begin the process of admission to a special care home?**

**A.** The admission process begins with the Co-ordinated Assessment Unit; referral by an agency or doctor is not necessary to begin. The care needs of anyone seeking admission to a special care home must be assessed to determine eligibility. The Co-ordinated Assessment Unit provides this service for all 18 facilities in the Saskatoon District.

If you are receiving home care services, the same client care co-ordinator who determined your home care needs will complete your assessment for a special care home. If you are not receiving home care services, call Central Intake of the Co-ordinated Assessment Unit at 655-4346 for referral to someone who will assist you with the application process. If you are in hospital and cannot return home because of increased care needs, the client care co-ordinator or hospital social worker will help with the necessary planning.

**Q. Do I have any say in where I will be admitted?**

**A.** The answer is not a simple Yes or No. One of the system's goals is to be client-

centred, and so every effort is made to respect your preferences. However, initial admission may not be to your chosen facility. If you're in crisis, in hospital or in need of more community services, admission to the first available bed is necessary. Subsequently your name can be placed on a transfer list for the home of your choice, and a transfer will be arranged as soon as possible.

**Q. How do I choose the appropriate facility for me?**

**A.** The staff person responsible for admission to any facility would be pleased to have you tour. You would then be able to make an informed choice of placement to meet your needs. Like personal residences, special care homes have personalities.

**Q. What is the cost?**

**A.** The cost of care to the resident ranges from \$763 to \$978 per month based on income, a rate set by Saskatchewan Health for all special care homes. Costs not included in the basic rate may vary among facilities but generally medication, incontinent products, etc. will be additional costs to the resident.

*Muriel Baxter  
Sherbrooke Community  
Centre*

**Coming of Age** is published by the Saskatoon Council on Aging, 109 Third Ave. 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.

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# *Music through her years*

**W**hen she turned 50, Dr. Isabelle Mills remembers, she told her 83-year-old mother she might begin to feel old "in another 40 or 50 years." She retired from the University of Saskatchewan Music Department as professor emeritus in 1991, and moved into an apartment in 1994, but feeling old hasn't begun.

Probably because she doesn't have time.

She is producing her second benefit concert for the Saskatchewan Abilities Council, on April 12. She serves on the Council's board and the CNIB's Northern Saskatchewan advisory board. She's vice-chairman of the board of the Saskatchewan Institute for the Prevention of Handicaps, and encourages Canadian music -- her specialty -- through her work on the prairie region board of the Canadian Music Centre.

An enjoyable new activity is reporting to church congregations on the background of hymns they select. Monday mornings, she does music at two Saskatoon schools with children with multi-handicaps, and teachers.

All kinds of opportunities come up," Dr. Mills says of her life since retirement.

"I really think that if seniors are accepted, and allowed to do things, there are many things they can do superbly," she says, pointing to the many seniors busy in local organizations.

She worries about references to "the aging population as if it was a problem," and fears that talk about seniors' pensions and use of health care could build resentment among youth. That would be unfortunate, "because seniors are very concerned about the young."



By  
Jenni  
Mortin

*Dr. Mills,  
busy in  
her library*

She was saddened by recent cuts to the CBC and plans to close Radio Canada International (RCI), for they were vital to Canadian music. That was the subject of her doctoral dissertation and her work was helped immeasurably by CBC tapes of Canadian music it had broadcast. She remembers RCI's "marvellous project, recording Canadian music and sending it to our embassies ... a way of showing it to the world."

In 1986, Dr. Mills spent six weeks at the university at Chernivtsi, Ukraine, which has an exchange program with U of S. She took CBC and RCI tapes of Canadian music to colleges and schools there, and External Affairs sent music scores and the Canadian Encyclopedia of Music.

It was a thrilling experience, she says, "and I couldn't have been as successful without CBC and Radio Canada International." She grieves to see them hurt. "We lose what it is we provide to the world if we don't provide our culture."

Dr. Mills grew up in Fleming, in southeastern Saskatchewan, near where her grandfather pioneered in 1882. She remembers concerts in the Opera House in nearby Moosomin, a divisional rail point, by famous artists travelling by train who had to spend the night there.

She studied music at Brandon College and taught there for 21 years before coming to U of S in 1967. She was assistant dean of student affairs for three years, and has always enjoyed her contact with young people and encouraged young musicians -- building bridges across the gulf that can separate old and young.

# Wanted: more doctors who understand geriatrics

*There's a problem with attitudes, says specialist*

Saskatoon, like the rest of Canada, has too few specialists in geriatrics, the study of the sick elderly, says Dr. Earle DeCoteau. And it needs family doctors who take a multi-dimensional approach to their elderly patients.

"Doctors have a bad attitude toward geriatrics. They think they know about geriatrics when they don't ... They fail to look at the big picture."

Doctors often feel "that dealing with the elderly is kind of a hopeless situation" and prefer fields where they can make a difference, quickly. The trend for doctors to go into high-paid specialties is another factor.

Dr. DeCoteau is a rare bird; he chose geriatrics when he needed new challenges after becoming bored in his specialty of rheumatology and immunology. He loves his work, even the challenge of dealing with someone with dementia.

## **Geriatrics Section**

He heads what the sign at City Hospital calls Clinical Gerontology but he prefers to call the Section of Geriatrics in the Department of Internal Medicine. It includes the Geriatric Assessment Unit (GAU) for assessment and short-term treatment, a 60-person ambulatory

assessment unit, a 20-bed rehabilitation unit at Parkridge Centre which also does assessment, and patients in long-term care.

His major career disappointment is that he has been unable to recruit more people into geriatrics. "We need more committed doctors," he explains; the shortage of staff is "ridiculous."

But he is not discouraged, for he believes attitudes are changing. This year two trainees in internal medicine at the College of Medicine have decided on geriatrics, and perhaps a third. Another person is training in Toronto.

"So there is light at the end of the tunnel."

## **Whole Patient**

The people who plan medical school curricula need to appreciate that geriatrics looks at the whole patient and train family doctors accordingly, Dr. DeCoteau says, for these are seniors' usual medical contacts.

While internal medicine is the core of geriatrics, doctors who treat seniors must know about neurology (e.g. dementia, Parkinson's and strokes), psychology (depression, anxiety, com-

petence), orthopedics (falls), uro-gynaecology (prostate, estrogen, incontinence), rehabilitation and pharmacology.

"That's the kind of family doctor we should be producing," he says, and adds hearing and vision to the list.

## **More Attention**

Critics often say that medical schools devote too little time to geriatrics, but Dr. DeCoteau says attitude, not time, is the problem. He'd like to see more attention from students and administrators but he says U of S gives as much time to the subject as any Canadian medical school, perhaps more.

First-year students have nine hours of lectures and visits to patients in the community. There's a second-year lecture, and a 10-week program in geriatrics for two students between second and third year. After nine hours in third year, fourth year Junior University Rotating Student Interns (JURSI's) get two weeks of practical experience in geriatric programs. There are electives, and 10 students in family medicine and 10 in internal medicine spend a month rotation in geriatrics.

Geriatric physicians attend on the clinical teaching unit at Royal University Hospital for

By  
*Jenni Mortin*



# Take care of those feet

*By Mary Helen Richards*

**OUR** feet were meant for walking, and for much more: for balance, for support, for gripping, as shock absorbers and, of course, for moving the body. During our lifetime we will have walked six times around the world. Shoes should be chosen that carry out those functions.

You've heard of 'the little old lady in tennis shoes'. Today everybody is wearing them: jogging shoes with thick rubber soles and big square toes.

**Cost** doesn't have to be a factor. Stores like Zeller's and Wal-Mart sell running shoes for around \$14. Provided they fit properly, these are ideal. Some have velcro straps rather than laces, allowing easy on and off, and adjustment for swelling feet.

Whatever the style of shoe, have it fit snugly at the heel, be firm around the instep, wide across the ball of the foot, and with lots of wiggle room at the toes. A caution for those who

shuffle: Crepe-soled shoes tend to stick to carpets and may stay put while the rest of you keeps going.

*Avoid* the slip-on shoe for daily wear. And if you try to trip along on high heels, chances are you'll just trip. Shop for shoes later in the day and be sure they feel comfortable. With aging, ligaments loosen and stretch, so the foot gets wider and flatter. The shoe size will change also.

*Buy* several pairs of roomy cotton or wool socks and change them daily. Don't use knee-high nylons or socks with elastic tops that can cut off circulation in the lower leg. Long periods of standing, crossing your legs or keeping feet flat on the floor while sitting, and extremes of hot or cold can all slow circulation.

*Do-it-yourself* foot care includes daily washing, drying and oiling, nail care, and inspections for redness and swelling. Avoid special products for corn and callus removal; most contain acid that may burn. And never use scissors or a razor on corns or calluses. Gentle rubbing with medium sandpaper or a pumice stone after your bath will thin down calluses.

*If* you have heat, pain, numbness or tingling, discoloration or redness in any part of your foot, see your doctor. Persons with diabetes need to be extra cautious about sores and injuries to the feet, and should follow special instructions about foot care.

*Ask* the Council on Aging's Resource Centre for pamphlets on foot care. It can also supply names of foot care specialists who make house calls.

## GERIATRICS

*from page 4*

about three months a year, so the JURSI and residents in internal medicine get further exposure to geriatrics.

### **Ideal Situation**

In an ideal situation, every trainee in internal medicine would get at least six months of solid geriatrics experience, Dr. DeCoteau says. And there should be more emphasis on ambulatory geriatrics than on in-patients in the GAU. In-patients are in advanced stages of their illnesses, which can give students the impression that little can be done for the elderly.

More and better role models are needed, and an end to the sequestering of geriatrics from the medical community. And he'd like his field to get more attention from the medical school and the Saskatoon District Health Board.

Still, he says, "we are making a difference."

Police volunteer, church worker, children's friend

# Still happily helping others at 80

*By Teresa Harley*

Bea Wallman is a tiny 80-year-old whose formal education ended in Grade 4, but when she learned that police needed volunteers for their Riverside Community Help Centre, she applied. For two years she listened to people and helped them find the services they needed in the sometimes confusing list of phone numbers and office titles which is modern policing.

She worked different shifts, often on her own until 10.30 p.m., but "I was never frightened, not even when a man came in one evening and began acting strangely." She told him to leave, pushing the emergency button on the telephone. Police officers came quickly and evicted him.

While this was dramatic, Mrs. Wallman prefers to remember playing with the children who dropped in. Her zest for life and sparky attitude must have endeared her to most who came into the Centre.

She attributes her lack of fear to her deep faith that God is looking after her, which has sustained her through life's difficulties. A devoted member of Bridge City Family Church, she is a counsellor at its children's camp, writes plays for the ladies' league and enjoys acting in those plays. She organized a 32-piece youth band and likes to write poetry and songs. She saves her money to take children to dinner in a restaurant.



*"I just can't  
sit still,  
I just have  
to go out  
and about."*

**-- Bea Wallman**

In her younger days in the Yukon, she fostered dozens of children, working to ensure they were helped on the next step of their lives, and is delighted to be 'Grandma Wallman' or 'Koh-kum' to many children here.

Life experience is often more useful than university degrees when dealing with people in trouble, says Sgt. Al Sather of the Saskatoon Police, and Mrs. Wallman was a valued member of the volunteer force.

"Volunteers are unpaid

workers for the city and are governed by the same rules and regulations as salaried employees," he explains. After initial screening, training for Riverside Centre volunteers was mainly on the job. The centre was not a police station and had a limited police presence.

Realizing that it had almost no evening traffic, authorities decided to make changes. The decision was made before the murder last fall of a Montreal police constable alone in a similar station.

The Riverside Centre is closed now, and a fully operational police station opened at Avenue H and 20th Street. Because it is a functional police station, volunteers must be teamed with a constable and will be trained for duties: greeting the public, helping people with complaint reports, photocopying, answering phones and assisting the public when constables are busy.

These changes mean volunteers must reapply, and Sgt. Sather hopes Mrs. Wallman will do so. She has not been well, however, including eye trouble, and wants to make sure her "eyes are good" before volunteering with the police again.

If she can't do that, she may volunteer with a local organization to play with children. She will continue to go with her church choir to cheer up "the old folks living in homes." She knows "I just can't sit still, I just have to go out and about."

# Choose *your* cause

By June Gawdun

**S**eniors are great volunteers. Volunteer jobs can be done as often as you want and when you want, and opportunities abound in Saskatoon.

When you visit the Council's Resource Centre, you probably notice that volunteers are always ready to assist. Six regularly help the office resource manager. Some come to keep their skills up-to-date; others enjoy the socializing and friendships formed through volunteering.

Another 12 dedicated volunteers organize the free blood pressure clinics held at the Resource Centre the first Tuesday of each month from 10 a.m. to 2.30 p.m. More than 100 seniors attend to have their blood pressure checked.

Statistics Canada reports that in 1991, 20 per cent of Canadians over 65 provided volunteer services, and 13 percent of those over 80.

Its National Survey of Volunteer Activity in 1987 found that 44 per cent of Saskatoon residents gave services to the community. Why did they do it?

To help others, said 67 percent. Other reasons:

- † Supporting a cause, 60%
- † Doing something they like, 55%
- † Accomplishing something, 36%
- † Meeting people, 35%
- † Learning new skills, 30%
- † Religious obligations, 22%
- † Giving to the community, 20%.

In order of importance, Saskatchewan volunteers said their activi-

ties let them develop and improve:

- † interpersonal skills -- how to understand and motivate people
- † communication skills -- public speaking and writing, conducting meetings
- † organizational and managerial skills -- how to organize and manage resources
- † fund-raising skills
- † understanding of specific issues.

Saskatoon's many charitable organizations offer volunteers lots of opportunities to do good. If you wonder where to volunteer, check the volunteers section of the Saskatoon Sun, the Saskatoon Community Directory of Information at the Saskatoon Public Library, or the Council's Resource Centre at 652-2255.

Sources: *Royal Bank, Head Office, Advertising; Statistics Canada; Lorraine Greenwood, president, Volunteer Management Group of Saskatoon.*

- Serve on a board
- Deliver meals
- Raise funds
- Escort the blind
- Teach literacy classes
- Coach a sports team
- Give hotline advice
- Find accommodation for the homeless
- Organize a forum
- Provide at-home help
- Help a disabled person shop
- Visit residents in a nursing home
- Read to a child
- Teach basic language skills
- Be a special friend
- Jog in a jogathon
- Be an advocate
- Join a phoning tree

## Medical Dictionary for the New Doctor

**Artery** -- Study of painting  
**Bacteria** -- Back door to the cafeteria  
**Barium** -- What undertakers do after the doctor's treatment fails  
**Caesarean section** -- A district in Rome  
**Cat scan** -- Searching for kitty  
**Cauterise** -- Made eye contact with her

**Colic** -- The sheepdog  
**Coma** -- Punctuation mark  
**D&C** -- Where Washington is  
**Dilate** -- To live long  
**Hangnail** -- Coathook  
**Impotent** -- Distinguished, well-known  
**Labor pain** -- Getting hurt at work  
**Medical staff** -- Doctor's cane  
**Morbid** -- A high offer



# Winter's Worst Can't Stop Saskatoon Seniors

Winter doesn't lock Saskatoon seniors into their homes. They are too busy learning line dancing at the Elks Club, top left, or keeping fit in YWCA gym fitness or aquacise programs. Or, like Claire Doig and Jack Wall, below, they may share a snowball fight.

*Photos by Mary Helen Richards*

