



COMING of AGE

SASKATOON COUNCIL ON AGING INC.
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Celebrating seniors

International Year of Older Persons

By Joy Adams Bauer

This year has been designated International Year of Older Persons (IYOP) by the United Nations and is being celebrated all over the world.

Canada's senior population, among the fastest growing in the world, makes up 12 percent of the population and by 2041 will account for close to 23 percent. This demographic shift will affect families and communities and alter the country's economic, social and cultural fabric.

The IYOP is an opportunity for Canadians to think about these changes and how we can respond to them as a society. Its theme, *Canada, a society for all ages*, highlights the impor-

IYOP Events in Saskatoon

YWCA Older Adults Wellness Conference, March 24
Theme: A Spirit of Change

Wanuskewin Powwow
May 25-27

Theme: Honouring Our Elders

tance of dialogue between the generations, the need for cooperation on senior issues and the need to involve seniors in decisions. It recognizes their important and beneficial role in society.

These IYOP objectives were developed in consultation with seniors and their organizations:

- enhance understanding, harmony and mutual support across the generations

- increase recognition of seniors' contributions to their families, their communities and the country

- help Canadians understand how individual and societal choices and decisions made today will affect individuals and society in the future

- encourage all sectors of society to be responsive to a diverse and aging population in a rapidly-changing world

- create the potential for aging-related products, technology and services.

The Canada Co-ordinating Committee oversees planning and execution of IYOP initiatives across the country. Rev. Wes

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Caregiver Project Gets Funding

The Saskatoon Council on Aging will receive \$105,000 over 36 months from Health Canada to initiate a project to assist informal caregivers.

President Jean Nahachewsky says a steering committee is planning the project. Its aims

are to build a community caregiver network, create an information centre, and increase awareness of the needs and contributions of older adult caregivers.

Bev Peterson and Peggy McLeod head the steering commit-

Senior enjoys computer lessons

By Juana Henriquez

Fifteen minutes before her weekly computer class was due to begin, Marcie Dell was at the Council on Aging office, eager for her next lesson. After taking a word processing class before Christmas, she was learning to use the Internet in a course that ended in late January.

"Computer technology is growing very fast and I don't want to be left out," Mrs. Dell said when asked about her interest

1999: IYOP (from p. 1)

Ashwin of Saskatoon is Saskatchewan's representative.

Many events celebrating the IYOP will be led by Saskatchewan seniors and their organizations. However, everyone can share in planning and organizing community events to celebrate older persons: inviting grandparents to a day care centre or school, involving seniors with students doing oral history projects, having seniors create a "Then and Now" community mural depicting important times and activities past and present.

Community kits are available from Glenda Hanson, IYOP Coordinator for Saskatchewan in Saskatoon, at 933-5023.

Joy Adams Bauer is IYOP communication consultant



Mrs. Dell feels more comfortable at the computer after her classes.

in computers at the age of 81.

When the Council announced its Computer Literacy program of word processing and using the Internet, she was quick to sign up. She and her husband have a computer, and he encouraged her to learn to use it. Her daughters and three grandchildren were pleased that she had the opportunity.

She found word processing quite straightforward and not difficult. "Classes are taught step by step and because it is only two students to an instructor, the learning is easier and enjoyable," she said.

She does not now feel strange sitting at the computer, as she once did. "Now I can practise at home, I can do things with the computer that entertain me, and I can play games."

A retired nurse, Mrs. Dell likes to keep active. In addition to her computer classes, she takes aquacises, goes for long walks when the weather lets her, takes classes for seniors at the University of Saskatchewan, and travels.

She is delighted with her new knowledge. "It is a wonderful idea for the Council to have computer classes for seniors. The cost is very reasonable and we appreciate it. Keep up the good work!"

The Council received a grant for the classes from the Saskatchewan Women's Secretariat. Three sessions have been completed by 60 participants, and others began in February.

Juana Henriquez taught computer classes and worked in the Resource Centre for six months.

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Truly 100 years young

By Lorne Paul

Few Saskatonians have been so honoured by their fellow citizens as Rev. E.A. (Fred) Davies. He was CFQC's Citizen of the Year in 1979, Davies Road in Silverwood has been named for him, and the former Normal School/Teachers College on the Kelsey campus is now the E.A. Davies Centre.

At 100 years, his voice, his alert mind and his sense of humour seem little changed from when I met him 54 years ago. Officially blind from macular degeneration, he lives a remarkably independent life.

It's a life that has taken many turns. A veteran of the First World War and of two years in the coal mines of his native Wales, he came to Saskatoon with his wife Elsie and two children in 1930. Despite the Depression, he was never unemployed.

He began with John East Iron Works, became shop foreman at the Saskatoon Technical Collegiate and in 1941 was in charge of the Army Trade School. In 1947 he was appointed principal of the Canadian Vocational Training School, which later became Kelsey Institute of the Saskatchewan Institute of Applied Science and Technology.

He was still at Kelsey when his life took another important turn. "The church was one of my main interests in life," he says, and his fellow parishioners at St. Luke's Anglican Church "asked the bishop if I could be their minister." In 1968, age 70, he was appointed lay reader in charge of the parish and then deacon. In 1969, urged by the bishop, he was ordained.

He went before a committee that interviews

ministry candidates and found he was old enough to be grandfather to other candidates. He was the only one who would be ordained without formal theological training. But his vast church experience included being a vestry member, warden and delegate to many church synods.

As a licensed lay reader since 1949, he could conduct services in the absence of the clergy and had baptized, married and laid the dead to rest. But only after ordination could he give communion; he remembers how proud he was during his first communion at St. Luke's.

His commitment to the church began in childhood. In Saskatoon, he was an active member of St. George's and then of Christ Church, where he taught Sunday school, was in the dramatic society and for years was Cubmaster of its 5th Saskatoon Wolf Cub Pack. He was a military chaplain and an active Mason, another important aspect of his life.

He retired in 1981 to care for his wife after a stroke, but as Rector Emeritus of St. Luke's, still assists with communion from time to time. With help, he visited sick and shut-ins until a recent illness. On his 100th birthday on May 17, 1998, he assisted at a service.

"The church and the Masons have been my life ... It's been a wonderful life."

Lorne Paul is a member of the publications committee.



Fred Davies: 'a wonderful life'

Helping the speech problems caused by Parkinson's

By Ginnie Hartley

Parkinson's Disease is a degenerative disease characterized by tremor of the limbs or head, difficulty with balance, rigid muscles, a decrease in spontaneous movements and a general physical and emotional slowing down. It is caused by a decrease in dopamine, a substance produced in the brain.

About 50 percent of people with Parkinson's develop difficulties with their speech — including reduced voice volume, slurred or indistinct pronunciation, inappropriately rapid (or slow) rate of speech and decrease in intonation (the "melody" of speech).

These difficulties are due to the rigidity of the lung and chest muscles that control breathing (and so affect voice projection) and decreased efficiency of the muscles responsible for making sounds and articulating words (in the voice box, tongue, lips and jaw). Facial expression may be affected as the muscles of the cheeks, eyes and forehead become involved.

Speech-language pathologists work with people with these difficulties, teaching strategies that can help them overcome their communication problems. It is hard work and daily practice is important to build on improvements. The most difficult and vital part of therapy is carrying over the techniques in the treatment room to the outside world. Phil's story illustrates that.

Phil was 59 and had had Parkinson's for 11 years when I met him. He spoke very softly and very fast, and slurred his words. His face was almost expressionless as we talked. I told him about the importance of good posture and

breathing for clear speech before we began the exercises that would help him become more intelligible. He practised sitting upright with his shoulders back and concentrated on his breathing.

He practised making continuous sounds for longer and longer periods, and making the sounds louder and louder. A computer program gave him immediate visual feedback on his speech; a moving line on the screen went higher as he spoke louder. He said single words very slowly and loudly and gradually progressed to short phrases and

sentences. He practised exaggerating the way he moved his mouth to make the speech sounds clearer. He practised exercises to increase the facial "body language" so important for clear communication.

He practised and practised — and then went away for the summer.

When he returned in the fall, he was ecstatic. Many of his friends had noticed a great improvement in his intelligibility. He was talking louder, slower and clearer and so was much easier to understand. His facial expression reflected his words. He had worked very hard every day practising the strategies he had learned in therapy, and the work had paid off.

The Adult Speech Language Centre at City Hospital runs a Parkinson's Disease group and can also provide individual therapy. Call 655-8180 for information. More information on Parkinson's can be obtained from Ruth at the Parkinson's Disease Foundation of Saskatchewan, 966-8160.

Ginnie Hartley MSLP(C) is a speech-language pathologist in the Rehabilitation Department, Saskatoon City Hospital.



The line on the screen tells the patient how loudly she's speaking.

Much help is available from specialist geriatric team

Over time, many elderly persons develop multiple chronic diseases which interact in complex ways to influence their health and functioning. Many of these seniors can be significantly helped through a comprehensive geriatric assessment.

This assessment is a multidimensional, usually multidisciplinary, diagnostic process designed to measure the medical, psychosocial and functional capabilities and problems of the frail senior. It allows for an all-inclusive plan for therapy and long-term follow-up.

Geriatric physicians are very interested in treating specific medical conditions of old age. However, many problems such as intellectual impairment, falls, poor mobility, incontinence and drug difficulties are best managed by a team of specially-trained physicians, nurses, social workers, occupation, physical and recreational therapists and pharmacists. This team tends to look at the whole patient, including living conditions and status of the caregiver.

These programs utilize drug therapy when necessary, but unlike conventional medical units, they also place great emphasis on rehabilitation and particularly exercise therapy.

The University of Saskatchewan College of Medicine has several geriatric programs. At City Hospital, where the main Geriatric

By
Dr. Earle DeCoteau

offices are located, there is a 10-bed in-patient unit plus two spot ambulatory assessment and treatment programs. In these day hospital programs, patients get the same investigations and treatments by coming in two days per week as they would as in-patients. However, they are generally less ill and live at home in Saskatoon; a bus transports them.

A 20-bed Geriatric Rehabilitation facility at Parkridge Centre emphasizes longer-term rehabilitation for such things as hip fracture and stroke.

The Geriatric Program also offers a home visiting program, in-hospital consultation and both regular and multidisciplinary out-patient clinics. Several nursing home patients in Saskatoon are under the direct care of its physicians, who on occasion assess patients in rural Saskatchewan.

Referrals to the program

should come from a physician, usually the family physician for community-based patients but often a specialist if the patient is in hospital. Most day patients get into the program after evaluation in their homes by our home visiting nurse.

The program is busy. During one month last year, we received 101 referrals.

In addition, we are involved in teaching medical students and residents. Grand rounds are held on a geriatric topic each week at City Hospital.

We are involved in research. Some of the main areas are drugs for Alzheimer's, the role of SPECT scanning in dementia, management of behavioural disturbances of the cognitively-impaired elderly, and such local motor diseases as osteoporosis and arthritis.

Also of interest are newer techniques of assessing cognitive status, plus the assessment of seniors' ability to drive a car safely. (See page 8.) Of late, we have become interested in the role of computerization in patient care, teaching and research.

More information about the program can usually be obtained by phoning our offices, 655-8925. If satisfaction is not forthcoming, contact me at the same number or in the evenings at 652-5507.

Dr. Earle DeCoteau heads the Geriatric Section, University of Saskatchewan College of Medicine.

**The Geriatric Program
offers**

- **assessment**
- **treatment**
- **drug, exercise therapy**
- **rehabilitation**

Still flying on the court at 80

By Teresa Harley



Photo by Dennis Harley

Age has had little effect on Florence Vibert's tennis. At 80, she plays twice a week, at the Lakewood Tennis Club in winter and on outdoor courts in the summer, "in the early morning before it gets too hot."

At Lakewood, she is one of many seniors who keep the six courts under the bubble roof filled every weekday morning, especially in winter.

Her only concession to her octogenarian status is that she now plays doubles rather than singles and does not enter tournaments, because "you have to play for three hours and that's a bit much."

She does still play in golf tournaments and golfs regularly at Wildwood. Determined to be active and fit, she also exercises at the Field House and the YWCA, and walks regularly, either outside or

at a local mall. She gave up curling because it interfered with her tennis.

Since she has been playing tennis for 70 years, it is no surprise that Miss Vibert does not worry about broken bones or sprains. She still uses the overhead power serve. "You'd never do anything if you were frightened of injuries," she says.

She has no specific regime of warm-ups before playing, just keeps moving around the house, up and down the stairs a few times, and has a short warm-up session hitting the ball with the other players before the scoring game begins.

As well as her regular group of six or seven women friends, she plays mixed doubles with whoever is available, men or women, of any age. With all the interest in senior tennis, there is no shortage of partners.

Miss Vibert has always enjoyed being active. As a registered nurse, working on the wards kept her busy, but an administrative job meant frustrating hours sitting at a desk.

"I needed exercise," she says, and she filled that need with square dancing, Scottish dancing, curling and bowling, cycling and walking. She is sure her lifelong love of physical activity contributed to a fast recovery from recent surgery.

Those less experienced at tennis can take heart from three of her recent partners: Kathie Seamer started playing about two years ago, and Lorraine Matshes and Lynne Goshawk just one year ago. All took lessons first. They are retired and enjoy their new skills.

And as Miss Vibert points out, making a commitment to three people and paying rental for a court are incentives to keep on playing. "It's so important for good health."

Teresa Harley is a Saskatoon freelance writer.

Update

After the article about macular degeneration in our Fall 1998 issue, Dr. John Gerrard, who has the dry type of the eye disease, told of his experience at a South Dakota clinic which is studying the effectiveness of nutrients and electrical stimulation in slowing or stopping degeneration of the macula.

Material from Dr. John B. Jarding's clinic says that research in Transcutaneous Electrical Stimulation to the Macula "has shown positive changes in vision" when started at the proper time. It says some patients have shown dramatic increases in visual acuity after treatment, which involves stimulating points around the eye with microcurrent electricity.

During a visit last summer, Dr. Gerrard received the treatment for four days. "After the first day, things seemed clearer," he said, "but I still need a magnifying glass to read."

He brought home a machine with which he stimulates his eyes daily. He watches television through short-focus binoculars and uses a magnifying glass at his computer.

The clinic has treated just over 2,000 people, and Dr. Jarding said that nearly 90 percent improved enough to read another line on the Snellen vision chart. Dr. Gerrard was not able to read more lines. "I'll see how it is in six months."

The US\$1,941 clinic treatment is tax-deductible, he said.

Dr. Gerrard, a retired pediatrician and specialist in allergies who wrote about seniors and allergies in the Fall 1996 *Coming of Age*, has been made an Officer of the Order of Canada for his lifetime achievements, dedication and service to Canadians and humanity at large.

Saskatoon District Health Board public meetings are held the first Thursday of each month at 7 p.m. in the cafeteria side room at City Hospital. For the agenda and minutes, call 655-7998.

Dr. Jarding can be reached at Box 851, 750 University Ave., Hot Springs, SD 57747. Phone 605-745-3175; fax 605-745-4006. E-mail: jar@gwtc.net

Dear Reader,

The Saskatoon Council on Aging has published *Coming of Age* since 1991; 4,000 copies are now distributed. We'd like to know how you like it. Will you tell us by filling out this survey and returning it to us? We want this to be a publication that matters to you; your views matter.

With thanks from the *Publications Committee*

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Information about local facilities for seniors Profiles of seniors
Stories on Health Fitness Finances Travel Food/Nutrition Housing
6. What other kinds of articles would you like to read? _____

Senior finds she is not the driver she thought

By Mary Helen Richards

A long time ago, I was driving a carload of children when an old geezer ran a red light in front of me. I had to jam on the brakes to keep from hitting him. In those pre-seatbelt days, the children flew against the dashboard and got bloody noses and banged heads.

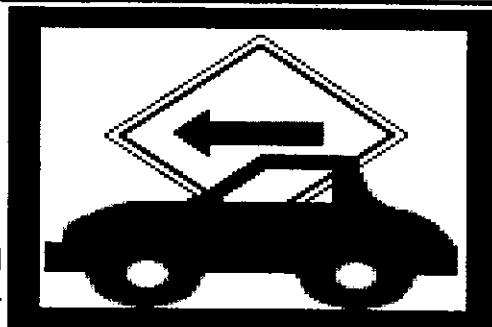
Now I am an old geezer of 79 who has just had a stroke. Am I going to do this to someone else's kids? How well do I drive?

There was a way to find out. The Geriatric Assessment Unit put me in touch with Passport Driver Education, whose instructor, Brian Seidel, gave me about an hour of city and highway driving. At the end,

he went over things that needed correcting. Later, I received a written assessment.

I wasn't as good a driver as I thought. Forty years of driving really added up to 40 years of repeating bad habits. My left turns were sloppy and I tended to drive fast and abruptly. But Mr. Seidel didn't think my driving had suffered a lot from the stroke.

SGI's Medical Review Unit was not so sure. After my notification that I had had a stroke, the Unit sent me to a driver examiner and I failed the test. It took a second test a few weeks later before my driving suspension was lifted. Now I drive with much more attention and much less belief in my own skills.



Perhaps all older people should have a private driving assessment and not wait until dizziness, strokes and suchlike make it mandatory. With aging comes a slow decrease in sight and hearing acuity that elders aren't always aware of. There are more cars and many more driving regulations than when we got our licences. Having a private assessment and maybe a couple of lessons is far better than being responsible for an accident and maybe hurting a child.

Mary Helen Richards, a former president of the Council on Aging, suffered a stroke in April 1998.

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