



C - Health

S - Cancer, Diabetes,
Vision, Fitness
Caregiver Human Resources

COMING of AGE

SASKATOON COUNCIL ON AGING INC.
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Improving the fight against cancer

By Edith Sumner

Cancer history in my family and, more recently, the deaths of two loved friends encouraged me to volunteer in the fight against this disease that will strike one in three Canadians. In 1999, I was asked to represent the Consumers' Association of Canada on the Canadian Strategy for Cancer Control (CSCC), a new Health Canada advisory group on cancer care services.

It could make a difference in how we deal with cancer in this country.

The CSCC had its impetus when cancer agencies came together, knowing they were doing similar work in many communi-

ties: education, support groups, residences for patients in treatment, etc. Their work often overlapped but, more significantly, there were gaps.

All medical, social and volunteer agencies are working at capacity and strapped for resources and personnel, so they asked Health Canada for a national forum to:

- ◆ bring together the knowledge gained through research, clinical and volunteer services
- ◆ collaborate and develop strategies and actions for more effective, efficient care and services.

(Continued on page 2)

Caregiver Centre Grand Opening

Wed., Feb. 21
9-12, 1-3

109 Third Ave. North

Turn a pile of photos into a scrapbook

You've got family pictures stowed away, stuck in albums or adorning walls in family groupings. You're out of room, and you'd like to turn them into a pictorial, narrative and genealogical treasure to share with family and pass on to them.

Scrapbooking is an appealing solution that transforms a pile of photos and albums into a wonderful memory book.

Wendell Stevens tells how to do it, on page 3.

Focus on caregivers who are employees, too

By Jenni Martin

People who are caregivers to a family member are often also employees, which is why the Saskatoon Council on Aging's caregiver project is turning its attention to the workplace.

With its resource line and

caregiver centre up and running, the project is refocusing, working to create awareness among employers of the needs of employees who are also caregiv-

ers, and of ways to assist them.

"People who are caregivers and employees really need to be employed because of the extra costs of caregiving," says Sarah Nixon-Jackle, co-chair of the Ac-

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Co-ordinated approach to cancer threat may improve research, treatment, care

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The result was the CSCC, whose mandate was to identify national priorities, mechanisms to link research to policy and practice, and mechanisms for addressing emerging issues, making course corrections and maintaining partnerships. To produce a Canadian strategy for controlling cancer.

At its final meeting in February, it finalized recommendations for federal Health Minister Allan Rock and the deputy ministers conference in June. That document will serve as a blueprint from which to build future partnerships and implement recommendations.

I sit on the Integration Group which reviews recommendations for their realistic and effective thrust. They have come from task groups that focused on prevention, screening, diagnosis, treatment, supportive care, palliative care, pediatric cancer, research, surveillance, informatics and technology, and human resource planning. Each group has top professionals plus at least one cancer survivor.

I will report on our recommendations in the next *Coming of Age*. We await Health Canada's response with great anticipation.

As a consumer representative on the CSCC, I asked professionals what ordinary

citizens like me could do to bring attention to cancer.

The answer was always similar: Suggest that a person affected by cancer, or close to someone affected, write a short personal letter about the care and services received, emphasizing what was helpful and what was not, and send it to Mr. Rock, the provincial health minister, MP and MLA.

A letter can influence political direction and action, for politicians realize that one letter may represent the opinions of 15 to 30 voters. I've suggested this to many people, and many have responded.

People can donate to the Canadian Cancer Society, Saskatchewan branch, and receive *Cancer Watch*, with the latest research, articles by survivors, guidance in reducing risk, etc.

Information is available through the toll-free hot line, 1-888-939-333, weekdays 9 am -6 pm. I have found their responses helpful and very accommodating.

Make Cancer History! is the Canadian Cancer Society's new theme. Its national president, Gary Semen-

chuck QC of Regina, is married to a cancer survivor. In his October report to *Cancer Watch*, he wrote:

I have often thought that cancer is a word that should always be written in capital letters. It is not a casual word. It's a word of impact. It's a word that conjures up dramatic and traumatic scenarios. I've never heard anyone describe a personal experience with cancer without becoming emotional and intense. It's these stories told by cancer patients and their families that spur people on to become volunteers.

Mr. Semenchuck has a realistic wish list, which he says could come true if everyone in this area worked as a team. He wishes:

- ♦ research discoveries could be implemented sooner
- ♦ effective treatments could be less toxic
- ♦ treatments would target only cancer cells
- ♦ there were more resources to enhance the toll-free information line.

Let's all work together to lower the terrible cancer figures.

Edith Sumner, a nurse by training, is a volunteer in health matters for the Consumers' Association of Canada. She can be reached through its local office, at 242-4909, or fax, 373-5810.

Coming of Age

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Scrapbooking

brings the past to life

By Wendell Stevens

What do you do with all those family pictures stowed away and going yellow in boxes, stuck into albums or adorning walls in family groupings with the old homestead? Eventually, storage becomes a problem, and you'd like a combined pictorial, narrative and genealogical treasure to share with family and to pass on to them.

The current trend of "scrapbooking" provides a fascinating and creative answer, my wife Thelma and I have found. To some practitioners, it can be almost obsessive — and possibly expensive.

The process is to obtain acid-resistant materials along with one's choice of special scissors, pens and possibly decorative stickers. There is then the issue of topic selection. In our case, books have been assembled for each of our six grandchildren, telling their individual family stories; the books can be retained and added to. The intent is to give one to each of them when they are established in their own homes.

Another category of choice was an album dedicated to career, in our case a complete historical account of Thelma's training as a nurse and the places where she nursed, continued on to the vari-

ous reunions. Pictures, newspaper clippings and narrative tell the story.

The family albums require the real research — identifying the individuals and their eras, along with a family tree. Choose the appropriate pictures, each complete with identification, and the whole flow of generations past and present falls into place in ways which a simple written record does not provide. It's

amazing how many pictures can be drawn from old albums, paintings and books, and easily and inexpensively compiled on a single page for the modern methods of duplication and inclusion in one comprehensive album.

The secret of the whole practice is the creative art of fashioning a page. So much of many photos is waste background. When they are carefully cropped in various shapes, perhaps trimmed with decorative edging, it's amazing how much can be included on a single page. Add some stylish edging to the pages, along with a few themed stickers, and the story, duly cap-

tioned, comes to life.

In our case, Thelma has done such a book for each of our families, dating back about four generations and up to the time of our marriage. It's the next 50 years of marriage which will provide the real challenge.



Part of a page from the scrapbook made for Wendell Stevens by his wife Thelma

Living Well with Diabetes

By Jan Johnson

Diabetes is a serious and growing problem. Forty thousand people in Saskatchewan -- four in every 100 -- have diabetes, and it is estimated that another 20,000 also have the disease but don't know it yet.

Seniors are among those groups at high risk of developing (Type 2) diabetes; however, research shows that balanced diet and regular exercise can greatly improve the quality of life of those affected.

Scientists are proving lifestyle can be a contributing factor in the onset of Type 2 diabetes. They now believe that appropriate lifestyle planning can help delay or even prevent its onset in those predisposed to Type 2.

Both Type 1 and Type 2 diabetes are extremely serious and can lead to the same devastating complications, including heart attack, stroke, blindness and kidney failure.

Type 1, usually diagnosed in children, occurs when the pancreas is unable to produce insulin and affects 10 percent of individuals with diabetes. The remaining 90 percent have Type 2, which occurs when the body does not produce enough insulin or when it cannot effectively use the insulin that is produced.

People 45 or older are at risk of developing Type 2 diabetes. Other risk factors include being overweight, being members of Aboriginal, Asian or African American communities, being closely related to someone with diabetes, having given birth to a baby over 9 pounds or having high cholesterol, high blood pressure, heart disease or high glucose levels.

The importance of understanding what to look for and early diagnosis cannot be overstressed. Individuals in high-risk groups should be familiar

with the symptoms, such as unusual thirst, frequent urination, unusual or unexpected weight loss, extreme fatigue, blurred vision, frequent or recurring infections, cuts or bruises slow to heal, tingling in fingers or toes.

However, it is possible to have no apparent symptoms and still be diagnosed at a non-related medical checkup. For this reason, the Canadian Diabetes Association (CDA) recommends that people over 45 be screened for diabetes every three years. Blood sugar levels are the main indicator in diagnosis. The only way to find out if you have diabetes is to go to your doctor and get a blood sugar test.

The CDA wants people to know that a healthy lifestyle may be one of the best 'emerging' treatments in the fight against diabetes. It is a critical part of preventing and/or managing the disease. The first step is education. The second is meal planning, when and how much to eat. The third step is exercise to lower blood-sugar levels, promote weight loss and reduce stress which is important to manage as it affects metabolism.

Life does not have to end with the diagnosis. Living well with diabetes is possible with support from your health care team, your family and your community. Small changes to your lifestyle can keep you feeling great and dealing well with the challenges of diabetes.

For more information, contact your health care professional or the Canadian Diabetes Association at 933-1238 in Saskatoon.

Jan Johnson is Communications Co-ordinator for the Canadian Diabetes Association, Saskatchewan Division.

"I was always tired,
always thirsty.
Thank goodness
I knew the
warning
signs."

Sheila,
newly retired



HELP SOMEONE YOU KNOW.

CALL 933-1238



CANADIAN
DIABETES
ASSOCIATION

ASSOCIATION
CANADIENNE
DU DIABÈTE

www.diabetes.ca

RISK FACTORS FOR DEVELOPING DIABETES

- Being 45 or older
- Being overweight
- Being a member of a high-risk group (Aboriginal peoples, Hispanic, Asian or African descent)
- Having a parent or sibling with diabetes
- Having given birth to a baby that weighed over 9 pounds
- Having high cholesterol or other fats in the blood
- Having higher-than-normal blood glucose levels
- Having high blood pressure or heart disease

***For more information, please contact the Canadian Diabetes Association
933-1238 in Saskatoon***

SYMPTOMS* OF DIABETES

- Unusual thirst
- Frequent urination
- Unusual weight loss
- Extreme fatigue or lack of energy
- Blurred vision
- Frequent or recurring infections
- Cuts and bruises that are slow to heal
- Tingling or numbness in hands or feet

*It is important to recognize that many people who have type 2 diabetes may display no symptoms. For this reason, the Canadian Diabetes Association recommends that people over 45 be screened for diabetes at least every three years. You should be screened earlier and more often if you have diabetes risk factors.

Caregivers may also be busy in the workplace

(Continued from page 1)

tion Committee on the Informal Caregiver Project and a public health nurse specializing in adult wellness.

For that reason, they are among the most loyal employees, says Ms. Nixon-Jackle. But they may hide their caregiving responsibilities, and burdens, out of fear for their jobs, concern about losing job opportunities, or worry about being watched to see if they arrive late or slacken in their work. They may not even consider themselves caregivers, since the responsibilities came on gradually.

These responsibilities can affect the workplace. Caregivers may receive calls, need to phone doctors or call home to check on their family member or remind them of pills, etc. There may be emergencies and they may have to leave work for days at a time.

They may have to give up promotion opportunities that mean moving or longer hours. Their leisure time will be reduced, so they drop out of the

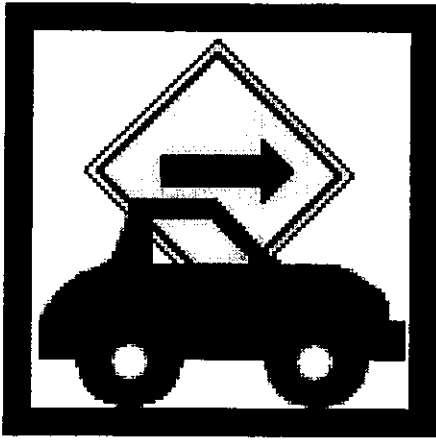
company bowling team and pass on staff social occasions. They may work through lunch to compensate for time on the telephone.

They may be reluctant to reduce their hours of work because that would affect their pension. They may not be aware of the stress of juggling caregiving, job and personal life, but it can affect their health, making them more susceptible to the bugs that float around the office.

How can employers help? Some offer flexible work hours which permit different starting times, lunch hours and leaving times, Ms. Nixon-Jackle says. Some contracts have replaced sick leave with family leave, and do not limit family to children.

Many employers informally allow people to take time for caregiving but generally it is not included in employee assistance plans, she says, "because it hasn't been thought about." Two decades after child care needs became apparent, there is little awareness that family care also makes demands.

Part of the caregiver project this year will be to make employers aware of the exponential increase in caregiving that has occurred, and how it affects the workplace. Ms. Nixon-Jackle is already visiting Saskatoon companies.



Helping Older Drivers Stay on the Road

BY ROBERT SMALES

Growing older doesn't have to mean giving up an active life. While aging imposes physical limitations, many people achieve their greatest success in later years.

Age should never be mistaken as the sole indicator of driving ability. Saskatchewan drivers over 50 represent a wide range of abilities, and no one loses his or her licence solely because of age. However, every driver is an aging driver and the aging process varies from individual to individual.

"Age does affect some of the skills needed for safe driving, like vision and hearing. But it doesn't mean we have to give up driving once we reach a certain age," says Kwei Quaye, Manager of SGI's Traffic Safety Program Evaluation. "As we get older, we depend on driving to maintain mobility and independence, and there are things we can do to ensure we drive safely for as long as possible."

As drivers age, they experience changes in their vision, reflexes, flexibility and hearing, changes that usually start to become more pronounced after 50. Those who acknowledge their limitations and take steps to address them are most likely to maintain safe driving abilities, according to Quaye.

This begins with adjusting driving habits to compensate for physical limitations -- less frequent trips, travelling shorter distances, avoiding peak traffic hours, night driving and freeways or expressways, and driving at slower speeds -- or no longer driving when cognitive abilities begin to deteriorate.

Older drivers have experience, an important factor in safe driving. Generally, they have been behind the wheel for many years, and have handled many different and difficult driving situations. This is definitely an asset on the road, but the ability to

recognize conditions and limitations that come with aging will take a driver further.

Quaye says many drivers do adjust their driving behaviours when they recognize the effects of aging. This, in part, explains why older drivers are under-represented in accident reports. In 1999, drivers 65 and older represented 15.2 percent of licensed drivers and 8.4 percent of drivers involved in accidents in Saskatchewan. However, when collisions per kilometre driven are considered, older drivers' records are surprisingly bad. They have fewer collisions because they drive less and at less dangerous times.

While everyone involved in traffic safety wants to keep older drivers behind the wheel as long as they can drive safely, driving is a privilege, not a right. "It's up to individuals to assess their abilities and adjust their practices accordingly in order to maintain their driving privileges," says Quaye.

Older drivers concerned with their ability to maintain safe driving practices can call SGI to discuss these issues and get its *Older and Wiser Driver* handbook, which has helpful tips on aging and safe driving. The Saskatchewan Safety Council's '55 Alive' safety course is geared at helping older drivers improve their skills.

"SGI's goal," says Quaye, "is to help older drivers stay mobile for as long as possible without compromising their safety and the safety of others on the road."

Robert Smales is an SGI Communication Officer

MACULAR DEGENERATION IS NOT THE END OF VISION, AUTHORS SAY

Macular Degeneration: The complete guide to saving and maximizing your sight

By Lylas G. Mogk MD and Marja Mogk (1999) available at CNIB Saskatoon, \$12.50

If you have an eye condition known as macular degeneration -- what these authors call age-related macular degeneration (ARMD) -- this book will help you understand it. The authors assure you at once that ARMD will not necessarily make you blind though your eyesight will deteriorate. If you take care and do what is recommended, you can continue to lead a life with much independence.

I have found this to be true.

What is ARMD? In my terms, it is a form of degeneration — usually age-related — which causes the central portion of the eye to lose its usefulness, reducing our ability to see straight ahead. Peripheral vision, from the corners of our eyes, remains intact. In time, say the Mogks, you won't be able to recognize a photograph or read a bus sign. But you'll be able to see out of the corners of your eyes and can still describe the checked pattern of black-and-white floor tiles or see a leaf on the sidewalk. With proper aids, you should be able to keep reading.

American ophthalmologist Lylas Mogk is a founding director of the Visual Rehabilitation and Research Centre of the Henry Ford Health System and a member of the American Academy of

Ophthalmology's Low Vision Rehabilitation Centre. Maria Mogk, her daughter, is a freelance writer and has worked for several years in social welfare counselling.

Their little book tells more than you need to know about ARMD and much of it will be difficult to understand, but the publishers say it provides the latest information on:

- ◆ reducing your risk factors
- ◆ experimental treatments and research
- ◆ coping with depression and frustration
- ◆ what families and friends can do to help
- ◆ healthy recipes that could help save your eyes

If you have been diagnosed with ARMD, help is available at the Canadian National Institute for the Blind, 1705 McKercher Drive, Saskatoon S7H 5N6, 374-4545.

Diane Wiker, co-ordinator for client services for this part of the province, can explain in lay terms the meaning of your diagnosis, provide an assessment to help you use your remaining vision effectively and introduce you to low vision aids. She will help you learn techniques to keep on living independently and tell you about peer support groups and recreational opportunities.

Update

The second **Spotlight on Seniors** sponsored by the Council on Aging was so successful — attracting about 500 people and receiving much positive feedback — that the Board has approved Spotlight #11. It's too early to mark your calendar, but keep Spotlight on Seniors in mind for November or so.

The **National Advisory Coun-**

cil on Aging keeps homing in on subjects that affect seniors. Its new report, *The NACA Position on Enhancing the Canadian Health Care System*, says rising personal expenditures for services not insured under the Canada Health Act are especially burdensome for seniors, who need such services more as they age but have reduced or fixed income. NACA proposes a gradual extension of publicly-insured health

care to cover home care, then drug care, health and personal care in long-term care institutions, dental care, vision, hearing and other assistive technologies.

In the meantime, it recommends that the federal government provide a more generous and refundable medical expenses tax credit to relieve the burden of out-of-pocket health expenses which affect seniors more than other age groups.

Visit the Council's new website at
www3.sk.sympatico.ca/scaging

WHO SAYS YOU'RE 700 OLD?



Blind skier Herb Essenburg (left), and his guide, Jorgen Hus

By Herb Essenburg

Once we reach the age of 50, or 55, or 60, or 65, or whatever, there are people who feel we need to be relegated to a rocking chair to vegetate. Not so! If you want, and your health permits, you can probably do almost anything you want to do!

My brother taught me to ski as a youngster, on the banks of the Assiniboine River in Winnipeg. I had a bit of sight in those years and found it a thrill swooping down the riverbank. The river was still open in the middle and my brother wasn't quite sure how to tell me to stop before going into the drink so he would holler, "Fall!" And I did.

In later years, my sight continued to fail and I quit skiing. I

missed it a great deal.

In the early 1970s, cross-country skiing became a popular sport so I bought a pair of skis and with a friend, Jorgen Hus, started my experience in a local park. I was working for the Canadian National Institute for the Blind at the time and found that other blind persons were interested in the activity so we formed a group of blind skiers and volunteer guides which now operates under the wing of the Saskatoon Nordic Ski Club.

Several years ago, I reached that magic senior age, and although I'm not as active on skis as I was, I still really enjoy the activity. By the time you read this, I will have participated in

another Ski For Light event, held in Saskatoon from February 12 to 18.

Ski for Light brings together blind and visually-impaired skiers from all over North America, and sometimes from off the continent. Our group is a mix of younger skiers and a number of us who have earned the award of "SENIOR"!

Why not try it? Cross-country skiing isn't as expensive as downhill, and you can do it right here in Saskatchewan. There aren't the crowds and it's a great way of getting close to nature. Don't let the rocker get you!