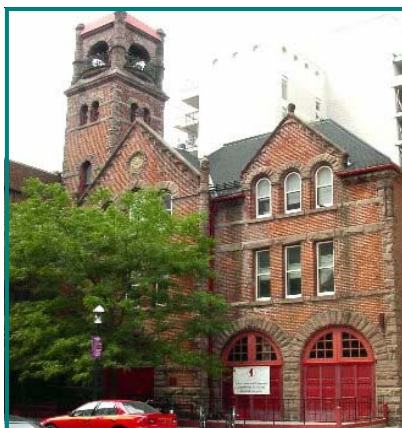


# Caring Matters

## Gilda's Club

The trademark bright red doors of Gilda's Club, located in the Old Fire Hall in downtown Toronto, provide a cheerful and unorthodox, but totally appropriate, introduction to a unique facility. In the lobby a graceful staircase ascends to the second floor and the only reminder that this used to be a fire hall is the fire-fighter's pole in the right hand corner. The atmosphere is warm, welcoming and friendly and it looks and feels like a well designed home. The whole club has been beautifully renovated to provide functional and friendly rooms for family get-togethers, discussion groups, children, crafts and social events. It is, in fact, the perfect environment for the fulfillment of the Club's mission, which is to provide a place where men, women and children with cancer and their family members and friends can plan and build life-changing emotional and social support.

Gilda's Club is named after comedienne Gilda Radner, of *Saturday Night Live* fame, who died of ovarian cancer in May of 1989. She envisioned a place where fears about treatment and survival could be shared and emotional and social support could be provided to supplement medical treatment. Gilda's therapist Joanna Bull and her husband Gene Wilder, together with Joel Siegel and other friends realized her vision. The first Gilda's Club was opened in New York City in 1995 and was the inspiration for others to follow all over North America. The clubs are free for their members and are supported entirely by dona-



tions and money raised through charitable events. As Joanna remarked when she started the program, *"You can't charge for a hug that comes from the heart."*

The Toronto Club is particularly special because it is located in the building that used to be the home of The Second City Review and Gilda was, of course, a prominent member of the cast. How the Club found this home was the result of luck combined with the energy and dedication of the founders of the Toronto Club, Ricki Harris, Lorna Rosenstein and Linda Rechtsman. Lorna, who is herself living with cancer, captures the essence of the Club in the comment *"We don't suffer or struggle with cancer, we live with or are touched by it."* (For those interested in more historical and background information and photos, please visit our web site, <http://www.laservices.ca/articles>).

The Gilda's Club program is unique in its method of program delivery and is based on Joanna Bull's ideas. In her words, *"The shared experience of those of our members living with cancer provides other members, family*

## In This Issue

Gilda's Club provides a fascinating example of what can be accomplished when a few dedicated people put their minds and energies into creating something that they passionately believe in. The Club has now earned an enviable reputation for helping people living with cancer get the most out of life.

Also included in this issue is a piece about seniors and driving and the decisions they face.

Nutrition is a very important aspect of staying healthy and there are some interesting adjustments that need to be made to a normal diet to accommodate physical changes as one ages.

Finally, there is our caregiver profile about another member of our dedicated staff and a little humour.

*fellowship and support needed to learn to live with cancer – not die from it."*

When an individual living with cancer comes to Gilda's Club they are introduced and welcomed in a New Member meeting.

If he or she chooses to join, the staff work in partnership with them to develop their own unique Customized Membership Plan (CMP). The CMP is a tool designed to meet the unique needs of each member. The components of an individual plan can include Support and Networking Groups, Lectures and Workshops and Social Events. Additional support is also available through team building, family meetings and the children's

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# Eat Well; Feel Better!

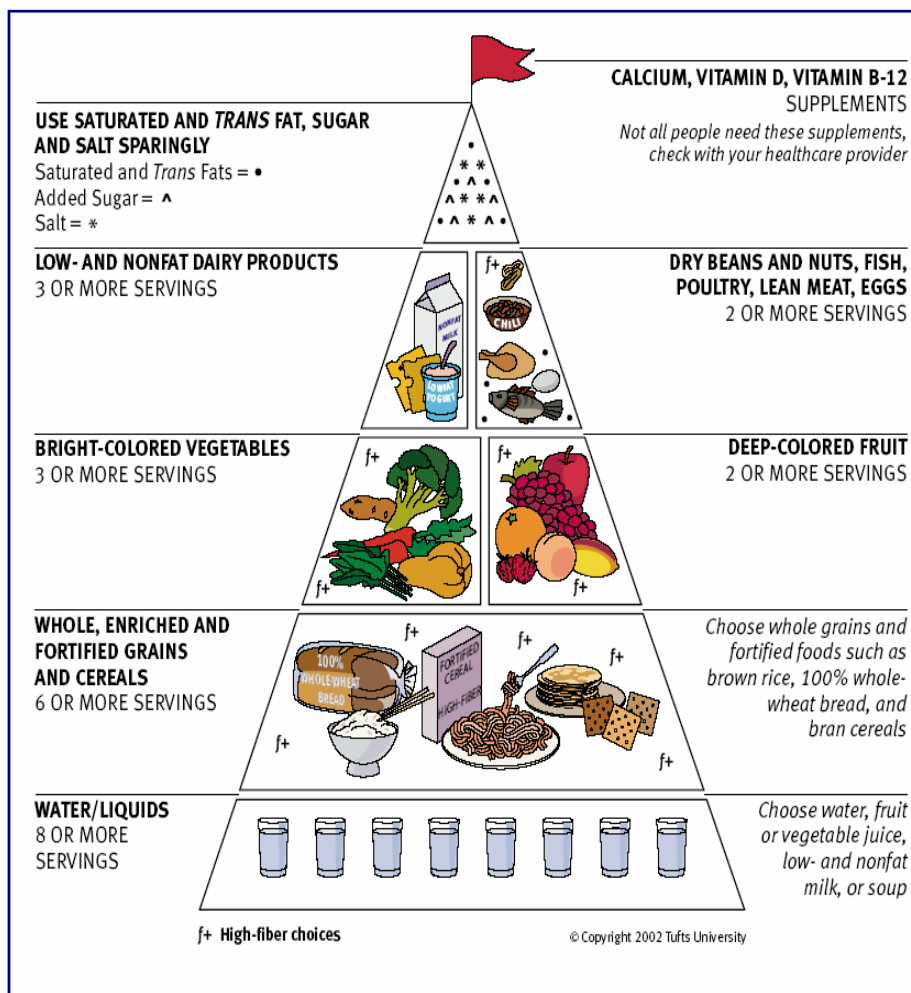
The past thirty years have seen major advances in our general understanding of nutrition and its importance. These advances, combined with better medical knowledge, have also translated into some significant changes in the recommended diet for seniors. At the core of the issue are the physical changes that come with age. In summary, these are as follows:

- Our metabolism slows down so that we don't burn calories as quickly;
- We don't feel as thirsty and can easily become dehydrated;
- Taste and smell sensations are diminished;
- Our digestive system is generally less efficient and finds it harder to process some vitamins and minerals, such as B6, B12 and folic acid;
- Bones become more fragile;
- We may need medication which could interact adversely with some kinds of food and herbal supplements;
- We may suffer from dental problems that make chewing difficult or painful;

Also, many seniors have to cope with loneliness, depression or illness, all of which can affect one's appetite or incentive to prepare food.

The easy part of doing something about all of this is understanding what constitutes a good senior's diet. Because seniors need fewer calories but a nutrient rich diet, the emphasis is on foods that are highest in nutrient value per calorie and can be efficiently digested. This is illustrated in the modified food pyramid (shown above) developed by Tufts University for older adults.

It should be noted that the pyramid is narrower at the base compared to the standard pyramid, indicating fewer total servings.



Because avoiding dehydration and being able to process food efficiently are so important, water becomes the foundation of the diet. Digestion and maximizing nutrients from the foods eaten are the focus of the next two levels of the pyramid which feature fiber, nutrient rich sources of carbohydrates for efficient energy output, and concentrated nutrient-rich vegetables and fruit.

The absence of processed foods, other than grain-rich bread and pasta, is also worth noting. Raw foods are richer in nutrients and easier to digest. The preferred vegetables and fruits are dark and leafy vegetables such as spinach, brightly coloured vegetables such as peppers and squash, and brightly coloured fruit - mangoes, tomatoes, strawberries and citrus fruits.

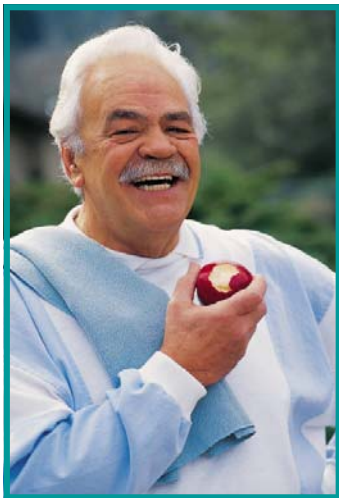
Moving up the pyramid we observe calcium rich dairy products like milk, cheese and yogurt, which also provide protein and a variety of vitamins. On the right are sources of protein low in fats and cholesterol like skinless chicken, fish, beans, nuts and eggs. To derive the maximum benefit from these sources of protein it is best to have a lot of variety in your diet. The final level of the pyramid covers foods that should be eaten sparingly such as saturated and trans fats which are bad for the cardiovascular system and can cause weight gain. Sugar, a highly processed carbohydrate with no redeeming features from a health standpoint, and salt, which encourages water retention and

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is harmful for those with high blood pressure, should be used prudently.

The flag at the top of the pyramid reminds us that seniors may require additional minerals and vitamins if they are unable to get enough from their food. Many seniors need extra calcium, vitamin D and vitamin B12 even if they eat all the right foods, either because of greater need or because they cannot absorb these in the normal way.

So far so good. However, the proof of the pudding (or diet) is in the eating. For many, the issue is less about knowing what they need than actually eating as they know they should. Meal times are not only about providing fuel for our bodies, they are also, ideally, social occasions to be enjoyed. While it is not always possible or (in the case of breakfast), desirable to have company for meals, there are ways to make the occasion, at least, interesting.



*If you know anyone who might like to receive **Caring Matters** please email us at: [info@laservices.ca](mailto:info@laservices.ca)*

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As the population ages, more of us are faced with the question, are we, or our loved ones, still safe on the roads? This can be a very uncomfortable issue to address because many of us are so reliant on our ability to drive to maintain our independence and lifestyle. However, with age come a number of changes that have a big impact on our driving abilities.

Some are purely physical changes that, to a greater or lesser extent, affect everybody as they age. For example, our vision deteriorates, our reaction time slows or our hearing is impaired.

Our vision is crucial for safe driving. However, as we age, our ability to focus on specific objects may deteriorate or our ability to change focus from close to distant objects may be compromised. Many people suffer from poorer near vision. The ability to see fine detail diminishes so that, for example, it takes longer to check our speed or read sign posts. Equally important is our peripheral vision, since over 90% of what we see when we drive is first noticed peripherally. This too may change with age. Finally, many people suffer from poorer night vision and lose their ability to quickly adjust to headlight glare.

As important as our vision is our reaction time which, typically, slows with age. Unfortunately, while we can learn to accommodate our slower reaction time by driving more slowly and increasing the distance between ourselves and the vehicle in front, we cannot anticipate all the weird behaviour that occurs on the roads. This is especially true now, with so many people driving while talking on their cell phones, eating meals, racing or becoming so engrossed in conversations in their car that they are oblivious to what is going on around them.



Another frequent problem that comes with age is impaired hearing. This affects our driving in two important ways. First, people with hearing difficulties tend to be less attentive to their surroundings. Second, age frequently affects our ability to hear high-pitched sounds. This is particularly important when driving because emergency sirens and horns are high-pitched.

Outside agents such as medication can also affect our driving ability in different ways. Finally, our overall energy level tends to decline and our physical responses to such basic things as eating become more pronounced. For example, we may want to have a nap after lunch, as our bodies concentrate on the digestive process.

Having addressed all these negative age-related tendencies, we have already gone much of the way to resolving the dilemma. We can have our eyes and hearing tested, and hopefully either correct the problem or at least lessen its impact. We can be aware of the possible effects of medication and adjust our lives accordingly. We can avoid driving after meals if we are inclined to dose off. Finally, we can be conscious of the importance of our reaction time, and recruit friends and family to monitor how we are doing while driving.

Nevertheless, there may come a time when either we lose confidence in ourselves, in our driving or, in the case of family and friends of the driver, we begin to fear for them.

## To Drive or Not To Drive? (continued)

## Caregiver's Profile

In either case, being open and honest about the situation is most likely to provide a workable solution. If you lose confidence in your driving, make others aware of this so that collectively, your family and friends can find solutions that will work.

It is, of course, more difficult when a parent or older friend or relative has a problem driving but is unwilling to acknowledge it. Under these circumstances, first make them aware of all the physical things that could be influencing their driving and, as far as possible, encourage them to take advantage of whatever remedies are available. If no such remedies are available, then other options need to be evaluated. These will include alternative means of transportation, whether public or private. If public transportation is an option, it may be appropriate to accompany them initially, until they know the routes and the procedures.

If problems remain, talk them through. Be aware of how important driving is to your parent, relative or friend and try to understand why. It may be independence related, such as being able to see friends, go shopping or attend

functions, or it may be psychological and ego related. In any event, discuss what solutions there may be to resolve the problem. Keep the discussion and the relationship open and honest and, if necessary, be persistent. Be prepared for some emotional reactions to any non-driving alternative.

In thinking about this issue, we need to remember that every driver is responsible for a potentially dangerous machine and has a responsibility, above all, not to harm others. We owe it to everyone to take whatever action necessary to keep our roads safe.

Grandpa was driving with his 9-year old granddaughter and beeped the horn by mistake. She turned and looked at him for an explanation. He said, "I did that by accident." She replied, "I know that, Grandpa." To which he said, "How did you know?" "Because you didn't say "idiot" afterwards", she answered.

### Hortencia Bonifacio

'Hortee', came to Canada qualified as both a Personal Support Worker and a Registered Nurse from the Philippines in 1987, and settled in Mississauga.



Initially, she worked in home care, and then joined the Red Cross where she worked for three years. She later joined Living Assistance Services and has looked after a variety of clients, including providing live-in care to her first client for four days a week since she joined us. She has received nothing but sterling reviews from her clients since that time. She is variously described as reliable, an excellent person, and as getting along well with everybody. As one Care Recipient said, "You can't go wrong with Hortee".

Hortee and her husband have now moved to Brampton, where she enjoys reading and cooking (especially pastries) and organizing everything in sight! Thanks Hortee from us and your clients.

## Gilda's Club (continued)

program, "Noogieland". A recent addition is "Pathways to Wellness", which combines (in four separate sessions) the most successful approaches to meeting the special needs of members that the Club has developed over the years.

Gilda's Club also offers meditation, yoga, nutrition, cooking, a nurturing environment, a mental imagery program and laughter. The Club has now attracted over 1,000 members.

The Toronto Gilda's Club is financed by individual, foundation and corporate gifts, and events appropriate to each donor. Two very successful Signature events, the Cutler Golf Classic and the "Its

Always Something" Variety Show are run annually, thanks to sponsor and individual participation. Individuals or corporations can also run their own events to support the club such as a wine auction or a sports event. Finally, if there is a music therapist out there, who could devote some evenings to this cause, come on down!

The Gilda's Club website is [www.gildasclubtoronto.org](http://www.gildasclubtoronto.org) and the phone number is 416-214- 9898.



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