

## Best Friend Fund Launched

By Susan DeWitt Wilder

**Local donor makes \$2,500 challenge to start fund to help with client pet expenses.**

Even aside from the research that demonstrates pets provide companionship and health benefits, Eddie Woodin of Scarborough knows how important pets are to people and especially how significant they are to older people. He also knows there are many older adults who can no longer afford the necessary veterinary care or even pet food.

So Woodin approached the Southern Maine Agency on Aging with the idea of creating a fund to help older clients of the Agency with needs related to their pets. The social workers at the Agency are well aware of the desperate situations some of their clients face in affording care for their pets and are always looking for ways to assist them.

Woodin has made a donation of \$2,500 and is challenging donors to match his contribution one to one to launch the Best Friend Fund. We are very grateful to Planet Dog Foundation, the Banfield Charitable Fund of Oregon, and Fetch, a pet supply store in the Old Port, and a few private individuals who have already stepped forward to make matching gifts to this Fund.

Donations to meet (and hopefully exceed) this match are still needed. Contributions to the Best Friend Fund can be sent to SMAA Development Department, 136 US Route One, Scarborough, ME 04074 or made online at [www.smaaa.org](http://www.smaaa.org). Make checks out to SMAA and please designate the Best Friend Fund as the beneficiary. The Fund will be administered by a committee of Agency social workers.

Questions? Call Susan DeWitt Wilder at 396-6513 or email her at [swilder@smaaa.org](mailto:swilder@smaaa.org).



**Eddie Woodin and his Chocolate Lab sisters, Madison and Morgan, affectionately called the M&M girls. See more people and pets on page 19.**

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## Medicare Editorial

### What will the new Health Care Reform legislation (HR 3590) mean to MEDICARE BENEFICIARIES?

**Stan Cohen, Vice President, Board of Directors, Southern Maine Agency on Aging**

First, there are no cuts to traditional Medicare benefits. The government will not come between you and your doctor and nothing in the legislation rations care or prevents Medicare from covering treatment for a terminal illness. The new law will mean mostly improved benefits for Medicare enrollees. The following are the major areas of change to Medicare:



- **The “doughnut hole” change:** This is a gain for Medicare beneficiaries

who are enrolled in Part D (prescription drug) plans and who do not have especially high incomes.\* Those whose drug costs, computed at the full price, reach \$2830 this year will fall into the coverage gap known as the “doughnut hole.” The new rules will provide up to a \$250 rebate this year to those beneficiaries. Next year brand name drugs will be discounted 50% during the gap and the discount will be increased annually until by 2020 the gap will be closed completely. There is another plus. In 2014 the out-of-pocket amount that one must pay to qualify for catastrophic drug coverage will be reduced.

\*The cost reduction during the coverage gap applies to those with incomes below \$85,000 (\$170,000 per couple). Like Part B, Part D premiums will also be tied to these same income levels.

- **For those who are on both Medicare and MaineCare** and receiving home or community based long-term care, drug co-payments will be eliminated.
- **Free preventive services:** Benefi-

ciaries will be able to get a free annual check-up and a personalized prevention plan with their own health care provider. New preventive services such as cancer and diabetes screenings will be offered with low or zero cost to patients. By 2015 there will be a Medicare physician payment program that aims to reward them for quality rather than volume, and enhance primary care services.

- **Acute care hospitals** will be subject to a Medicare incentive program to improve quality outcomes. Hospital readmissions will begin to be tracked and incentives will be offered to reduce preventable readmissions.
- **Long term care:** Even though Medicare does not pay for long term care, the new law will make it easier for individuals on Medicare to get care in their own homes and communities.
- **An Independent Payment Advisory Board** will be established in 2014 to implement provider payment changes to meet savings targets. This Board cannot change Medicare

eligibility rules or reduce benefits or premium subsidies. It can make limited changes to how Medicare drug plan subsidies are calculated.

- **Accountable Care Organizations:** ACOs will be created under Medicare to help manage and coordinate care for beneficiaries in traditional Medicare. This will improve medical outcomes for seniors.

- **Medicare Advantage:** In Maine, about 30,900 Medicare beneficiaries are enrolled in private health plans called Medicare Advantage (M.A.). That represents just over 11% of the total who are Medicare eligible—much less than the national average of 23%. The extra federal subsidies that are paid to insurers offering M.A. plans are frozen at 2010 levels, and will gradually be reduced to bring them more into line with the cost of traditional Medicare. That means that some M.A. insurers are likely to increase their premiums or reduce extra benefits—or both. The new law, however, restricts the ability of M.A. plans to charge more than Original Medicare for specific guaranteed services and there will be bonus payments to high-quality plans, which will be a gain for those who are covered by them. People in M.A. plans will have to watch for changes announced by their plans, including some that may drop out of the program, and either shop around for another M.A. plan or switch back to traditional Medicare. Starting in 2011, the new law allows people in M.A. plans to enroll in traditional Medicare during the first 45 days of the new year.

Continued on page 15





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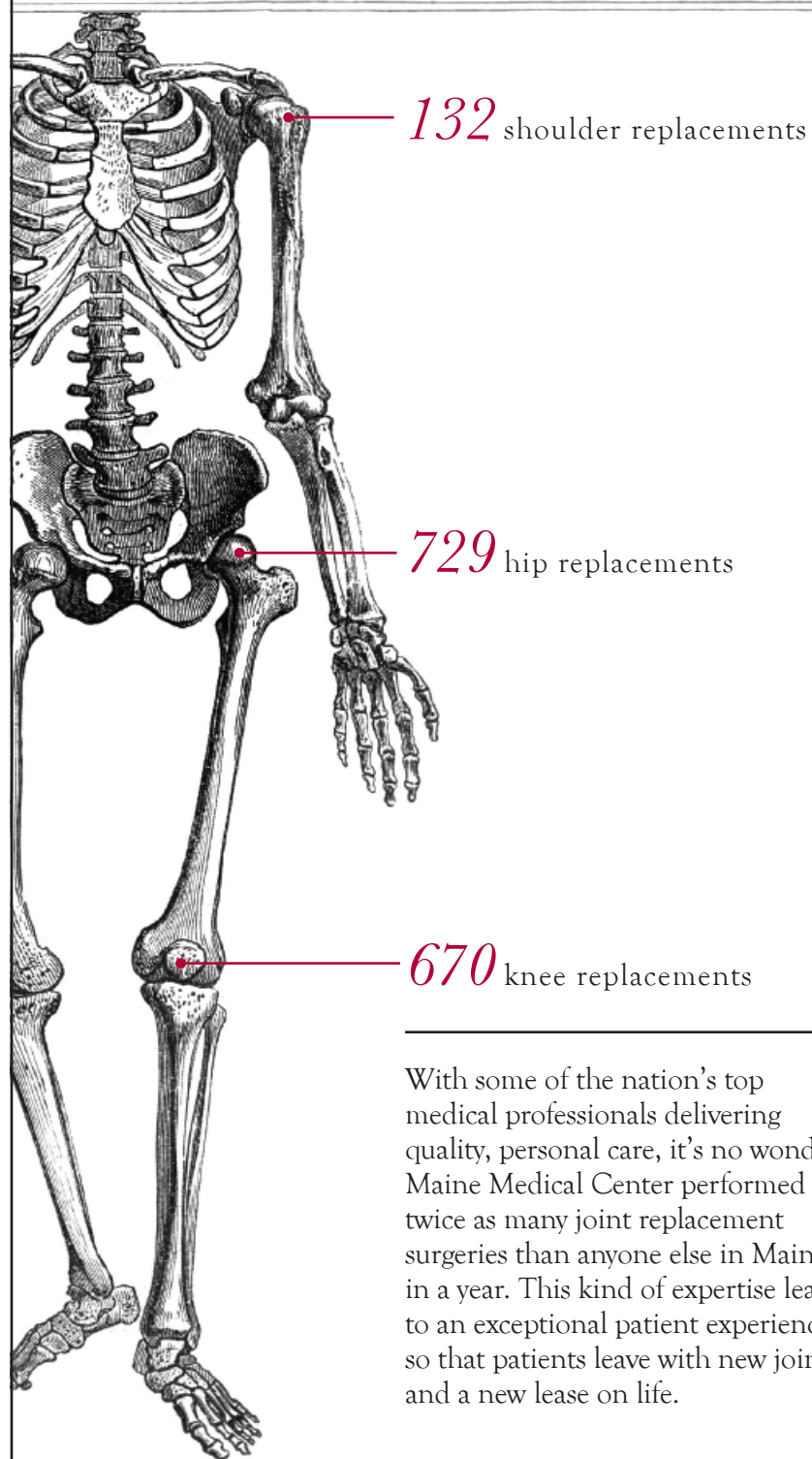
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## Before Cashing in Assets, Pause to Ask About the Effect on Your Benefits

By Linda Sprague-Lambert  
Benefits Specialist, Southern  
Maine Agency on Aging

It all started in 2008. Phyllis' daughter died at age 58. Phyllis was 94 and alone. Her daughter had saved money in tax-exempt bonds and IRAs and her mom was the beneficiary. As Phyllis watched the value drop every month with each new statement, she started to fear there would be nothing left. She cashed them in.

It would be nice if this were the happy ending to this story. Not so! First she had to pay \$40,000 in income tax on the amount she cashed in. Then in October of 2009, she received a letter from Medicare telling her that her premiums for her Part B would soar from \$96.40 a month to \$353.50 every month for all of 2010. That is a total of \$3,085 more than she paid in 2009! No one ever told her that she'd be penalized. The amount of the Part B premium is based on your income for the tax year from two years previous. So the amount for 2010 is based on income from 2008.

Phyllis called me in a panic. Over the next six months, I filed six pieces of paperwork to make an appeal with Medicare possible. Finally, we had a hearing before a U.S. Administrative Judge. Phyllis' income was low enough for 2009 that she did not need to file income tax, but she does not meet one of the life-changing event requirements. I pleaded her case based on her huge drop in Social Security income, down to \$700 a month. Phyllis's Part B pre-

mium will remain at \$353.50 a month for all of 2010 and will go down to \$110.50 starting January of 2011. Her income is only \$700 a month.

The life-changing events that qualify for a new decision about the Medicare B premium are:

- You married, divorced, or your marriage was annulled,
- You became a widow /widower,
- You or your spouse stopped working or reduced work hours,

- You or your spouse lost income from income-producing property due to a disaster or other event beyond your control, or
- You or your spouse's defined benefit pension plan ended or was reduced due to failure of the plan, scheduled cessation of annuity payments, or the death of a spouse who was receiving a pension.

Please think carefully before you cash in bonds, stocks, anything that

raises your income significantly, especially if you are enrolled in Medicare.

*If you live in Biddeford, call Linda Sprague-Lambert at 776-4759 for an appointment to see her at the McArthur Library. She has hours on Monday, Tuesday and Wednesday.*

*If you live in another town in southern Maine, call the Agency on Aging at 1-800-427-7411 or 207-396-6500 and ask to speak with an Elder Advocate.*

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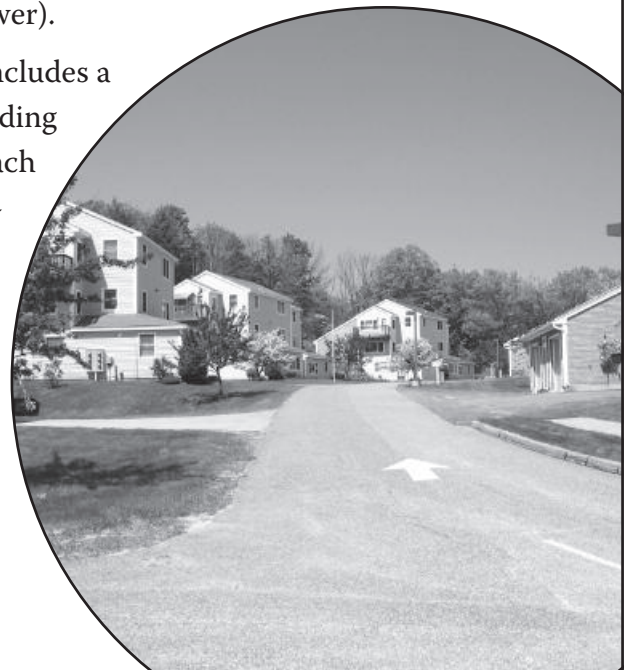
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## Wayside Kitchen Begins Community Meals in Portland

Please come and share in these free meals.

**Meals at PROP's Parkside Neighborhood Center**, corner of Mellen and Grant Streets, Portland. Monday lunches, 11:30AM; and Tuesday dinners, 5:30PM.

**Meals at Hope.Gate.Way**, 185 High Street, Portland. Tuesday lunches, noon; Thursday dinners, 5:30PM.

Wayside Kitchen is a hunger relief organization that is reaching out to provide healthy food—close to home—for persons of all ages in southern Maine. To ask about other locations or to volunteer, call Melissa Gates at 775-4939.

[www.smaaa.org](http://www.smaaa.org)

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 EVA TRUNNELL, AGE 84 AND DOROTHY VINCENT, AGE 70  
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## Senior News

is a publication of

SOUTHERN MAINE  
 Agency on Aging

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For details on advertising in "Senior News," log on to [www.smaaa.org](http://www.smaaa.org) and see Senior News on home page and/or send an e-mail to [seniornews@smaaa.org](mailto:seniornews@smaaa.org). You may also reach "Senior News" representative Nancy Bloch at 396-6588.

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"Senior News" is mailed free for the asking. If you would like to receive "Senior News," call Bonnie Craig at 207-396-6526 or send your name and mailing address to [bcraig@smaaa.org](mailto:bcraig@smaaa.org).

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## Mission Statement

Improve the physical, social, emotional and economic well being of older adults living in southern Maine (Cumberland and York counties).

The Southern Maine Agency on Aging (SMAA) is a non-profit, charitable organization. Services of SMAA are supported in part by state and federal funds from the Maine Office of Elder Services. Learn more at [www.smaaa.org](http://www.smaaa.org) or by calling 207-396-6500 or 1-800-427-7411.



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**Scarborough:** Southern Maine Agency on Aging, Tuesdays, June 29 - August 3, 4 - 6.

**Sanford:** Crossroads UMC Church, Wednesdays, May 26 - June 30, 9 to 12 noon.

**South Portland:** location/date TBD

**Portland:** Washington Gardens, 1133 Washington Ave., June 9 - July 14, Wednesdays, 1-3.

Call Anne Murray at 1-800-427-7411 x529 or 396-6529 to register or online [www.smaaa.org](http://www.smaaa.org).

### Living Well Volunteer Leader Training

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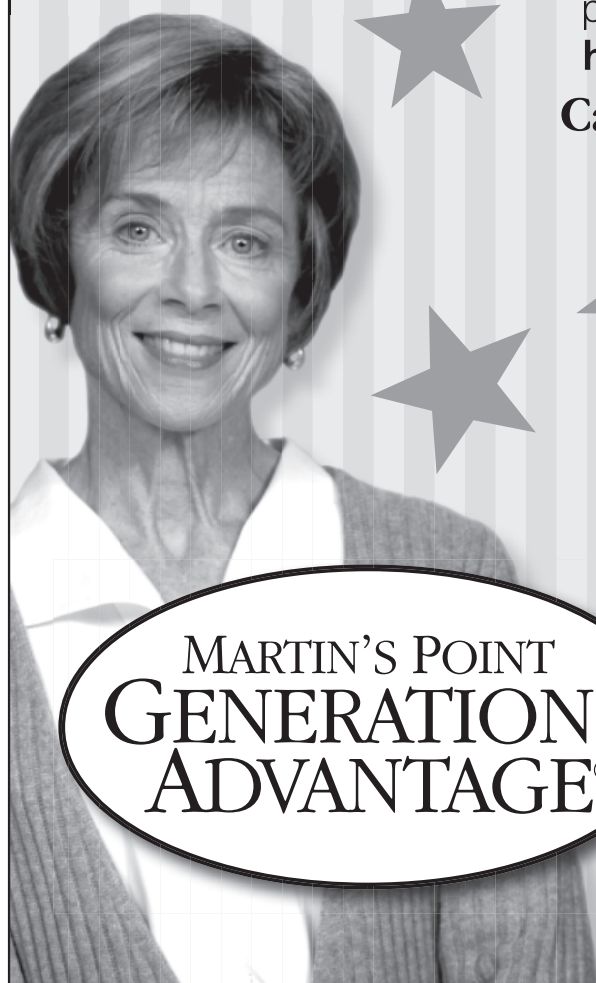
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\*Medicare.gov, 2010 Plan Quality and Performance Ratings. Applies to Prime (HMOPOS) and Value (HMO) plans only. The Select (PPO) plan is too new to have current Medicare ratings. Serving all of Maine except Washington County. Martin's Point Generations Advantage is a Medicare Advantage organization with a Medicare contract.

# Family Caregiver Support Program



Are you helping an older adult manage bills, prepare meals, manage medical services? Do you help with bathing or dressing, household chores, transportation to appointments, or companionship? Are you a senior who is raising someone else's child? **Then you are a Caregiver.**

Is caring for an older loved one leaving you feeling tired, isolated, sad, guilty, stressed? Caregiving may be the most difficult and rewarding thing you'll ever do. The Family Caregiver Support Program can help.

## How (and Why) Employers Can Help Employees Who Are Caregivers

Ann O'Sullivan, OTR/L, LSW  
 Family Caregiver Specialist

**E**ighty-four percent (84%) of the long term care in the US is provided by people who aren't paid for it. The percentage of our population that is growing fastest is the over-85 group, so we can expect a growing need in the future. More than 14 million US workers are also family caregivers. According to a 2004 AARP study, almost 40% of Maine employees had been family caregivers in the last two years.

In addition, the labor force is aging and labor shortages are expected in the coming years. Keeping caregivers and older workers in the labor force longer will be essential to a healthy economy.

Six in ten working caregivers (both men and women) report need-

ing to make workplace accommodations for caregiving. This may include reducing hours, taking time off, refusing promotions, taking early retirement, or even quitting their jobs. Depending on which study you read, the cost to US business in productivity losses due to caregiving responsibilities and stress is between \$17.1 and \$33.6 billion a year. Absenteeism alone is estimated to cost \$5.1 billion. Employers can best serve the interests of their employees and their businesses by anticipating and responding to the challenges their employees face as caregivers.

In the mid-80's, employers began to develop eldercare supports based on the childcare support model. Research shows these efforts have resulted in improved productivity, better performance, reduced disruption of work flow, higher morale among caregivers and co-workers, decreased turnover, decreased utilization of health care and other benefits, and improved employee loyalty.

What benefits can employers offer to support caregiving employees?

- Flextime
- Shared work
- Flexible schedules /workload
- Telecommuting options
- Paid time off programs
- Sick time for family care
- Leave-sharing
- Dependent care accounts
- Flexible spending accounts

- Wellness programs /incentives
- EAP for caregiving issues
- Dependent life insurance
- Long term care insurance

Many of these benefits may already be available in a workplace and employers can simply educate their caregiving employees about using them. They are all, in fact, benefits that could be helpful to non-caregiving employees as well.

Employers can also help employees connect with resources to make caregiving easier, reduce caregiver stress, and support their older family members. This can be as simple (and low cost) as making information about SMAA available, through an intranet or newsletter, or with Human Resources and supervisors. The SMAA website ([www.smaaa.org](http://www.smaaa.org)) includes schedules for upcoming caregiver classes and support groups, as does the "Senior News."

The Family Caregiver Support Program at SMAA has a number of classes that can be offered as on-site lunch & learn programs for employees concerned about an older adult family member. Topics range from resources in the community to stress management to advance directives. Feel free to contact Ann O'Sullivan at SMAA (1-800-427-7411 x 541 or [aosullivan@smaaa.org](mailto:aosullivan@smaaa.org)) for a complete list and to discuss offering caregiver classes at your workplace. We hope to support both caregivers and businesses in this way.

## Savvy Caregiver Classes Scheduled

**S**avvy Caregiver is a training program for family caregivers of people with dementia. Because we know that people often take on the role of caregiver without any preparation or training, Maine's Agencies on Aging and the Alzheimer's Association are offering this program statewide.

This program helps family caregivers develop knowledge, skills, and attitudes to make taking care of a person with dementia easier. As part of the program's funding, we will be collecting data to add to the research on this program, by asking participants to complete pre- and post- questionnaires.

We have upcoming classes scheduled in York, Biddeford, and Bridgton, and we are in the process of setting up others. For more information, please contact Ann O'Sullivan or Kate Dulac at SMAA (1-800-427-7411).

## Kinship / Grandparent Support Group

**Sanford:** Wee Care, support and discussion for kinship parents and grandparents helping to raise children. 2nd Wednesday of the month, 6:30-7:30PM. Contact Thea Murphy at Trafton Senior Center, 457-0080.



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### On-Line Discussion and Support Group

**W**e sponsor a free online support group. This 24 hour/day message board is simple enough for even the least experienced computer user. Log on to connect with other

family caregivers. If you are caring for an aging family member or friend, and you have Internet access, please join us! Contact Kate at SMAA, 1-800-427-7411 x 558 or [online@smaaa.org](mailto:online@smaaa.org).

### Help For People Helping Aging Family Members

#### Spring-Fall 2010

May 17, 3-4:30 PM: **Visual Changes with Aging and Perceptual Changes with Dementia.** Dementia Support Group, Community Partners, Inc., Biddeford. Contact Barbara Alberda, 229-4308.

June 15, 5:30-7 PM: **Options for Older Drivers.** SMAA office in Scarborough. Register through MaineHealth Learning Resource Center at 885-8349.

June 22, 5:30-7 PM: **Stress Management for Kinship Parents.** SMAA office in Scarborough. Register through MaineHealth Learning Resource Center at 885-8349.

June 24, July 1, 8, 15, 22, 29, 2:30-4:30 PM: **Savvy Caregiver.** Southern Maine Medical Center, Biddeford. Contact Kate Dulac at 396-6558 or 1-800-427-7411 x 558 to pre-register (required).

September 7, 14, 21, 28, 5:30-7:30 PM: **Putting the Puzzle Together: Getting Ready to Offer Information, Care, and Support to Older Family Members and Friends.** Falmouth Congregational Church, Falmouth. 4-part series includes understanding geriatric health issues; resources and supports; legal and financial issues; and strategies to make it work. Contact Ann O'Sullivan to pre-register, 396-6541 or 1-800-427-7411, x541.

September 8, 15, 22, 29, October 6 & 13, 3 to 5 PM: **Savvy Caregiver.** Bridgton Community Center, Bridgton. Contact Ann O'Sullivan at 1-800-427-7411 x 541 to pre-register (required).

Please use the numbers listed to register. Feel free to call Kate Dulac or Ann O'Sullivan at SMAA (1-800-427-7411) with questions.

### Caring for Your Aging Family Members

#### Support/Discussion Groups

**Biddeford:** Caring for people with dementia. 3rd Monday of the month, 3-4:30 PM, at Community Partners, Inc. Contact Barbara Alberda, 229-4308.

**Bridgton:** 2nd Wednesday of the month, 1-2:30 PM, at the Bridgton Community Center. Contact Oretta Baker at 647-8095. Respite care is available.

**Portland:** 1st Monday of the month, 5:30-7 PM at the MMC Geriatric Center (66 Bramhall Street). Contact Ann O'Sullivan at 1-800-427-7411.

**Scarborough:** 4th Thursday of the month, noon to 1 PM at SMAA. Contact Kate Dulac at 1-800-427-7411 x 558.

**Windham:** 1st Wednesday of the month, from 6-7 PM at the Windham United Church of Christ, 140 Windham Center Road. Contact Kate Dulac at 1-800-427-7411 x 558.

**York:** Caregiver support group for family and friends assisting an older adult with a chronic condition, 3rd Tuesday of the month, 1-2 PM, at the Heart Health Institute. Contact Susan Kelly-Westman at 351-3700.

**York:** Education/support for people with congestive heart failure (CHF) and their family caregivers, 1st Tuesday of the month, 1-2 PM, at the Heart Health Institute. Contact Susan Kelly-Westman at 351-3700.

**Other areas:** Please call Kate or Ann at SMAA's Family Caregiver Support Program if you are looking for a group in another area. 1-800-427-7411

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**Foot and Ankle Care as We Age**

By Michael Saraydarian, DPM  
Founder, Foot & Ankle  
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Few people realize that as we age our feet change, both in width and length. In fact, it's not unreasonable to gain a shoe size or two over the course of a lifetime. With those size changes come biomechanical changes, which can often evolve to painful problems or conditions. The most common issues are bone spurs, bone prominences, joint restrictions and/or arthritis, calluses, heel spur syndrome, and generalized tightness or stiffness related to tendonitis.

As we age, the skin over our foot and ankle also changes, becoming less flexible and less protective. Our feet basically lose their fat pad and have less 'cushioning.'

Weight gain can be an issue—the average person tends to gain about five pounds each year, which puts more demand on the foot and ankle. Gaining weight can lead to changes such as hammer toes, bunions, deformities, and flat foot deformities especially if you inherited the tendency to these oddities of the feet.

Here are some helpful tips if you are experiencing foot or ankle problems:

1. Make sure you have an appropriate shoe fit for your foot struc-

ture and size. Many people make the wrong choice, often choosing style over the right fit and comfort.

2. Do stretches or a general stretching regime every morning. This can be as simple as rolling your feet on a can of soup or a tennis ball, or drawing the alphabet with your toes to move all the fine joints in your foot. Stretching the area between your knees and heel is good for the Achilles tendon. Your feet and ankles are closely related; any stretching you do will benefit both.

3. If you have ongoing issues that need treatment, the goal should be to resolve your condition with the quickest and most definitive approach to minimize your 'down time.' It is preferable to treat older adults using conservative measures to avoid surgery. If surgery is indicated, the risks and benefits are carefully considered, because recovery time tends to be longer as we age. No two patients are alike, and it's important to match the right treatment to each individual and to promote as much activity as possible.

As always, the general rule of staying active as you age will help to ensure muscle strength and joint mobility not only in your feet and ankles, but from head to toe.



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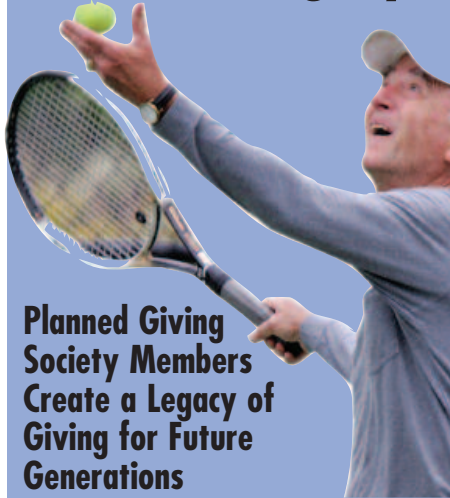


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## Create a Legacy



**Planned Giving Society Members Create a Legacy of Giving for Future Generations**

**D**id you know that there are 24 members of Southern Maine Agency on Aging's planned giving society? This society honors individuals who make outright gifts to the Southern Maine Agency on Aging's endowment of \$2,000 or more and/or make provisions for the Southern Maine Agency on Aging in their wills or through life income gifts or charitable trusts of any amount.

Planned giving society members create a legacy of giving for future generations. Recently a few members of the society got together to discuss what would be the most meaningful ways for the Board and SMAA staff to express our appreciation for their membership. As a result, in September there will be a recognition luncheon at SMAA headquarters for our planned giving society members with Larry Gross and SMAA Board Members. The focus will be on fun! A contest to rename the society from the Millennium Society will be announced with a special prize for the person whose suggested name is chosen.

If you would like to learn more about how you, too, can create your own legacy and join the society members listed below, or if you have a suggestion for a new name for SMAA's planned giving society, please contact me, Peg Brown, Director of Development, at 207 396-6590 or mbrown@smaaa.org

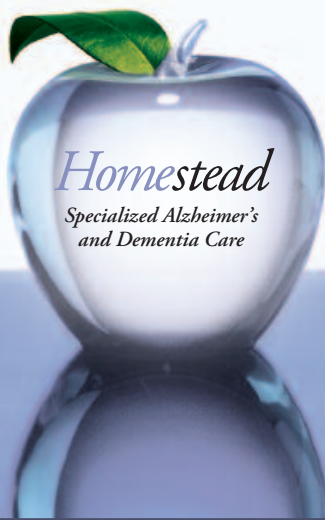
*Peg Brown*

Sincerely,  
Peg Brown

All members of the "SMAA family" are deeply honored to remember and recognize the following members of SMAA's planned giving society. Thank you for sharing our values, supporting our work, and helping to create a legacy of care and significant support.

Clayton Adjutant*	Barbara Craig	Becky Greenleaf	Pauline Murray	William Pizzo
Marjorie Allen*	Charles deSieyes & Carol Ward	Laurence Gross	Roger Newton*	Mona Smith*
Selma Black*	Grace Dussault*	Walter Hichens*	Violetta Lansdale Otis	Howsie Stewart
Wallace Camp	Ellen Dutton*	M. Rebecca Lemieux*	Nancy Payne	Otto Turner*
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## From the Director's Desk National Volunteer Week April 18-24

It was indeed a pleasure to see two banquet rooms full of SMAA and RSVP volunteers for two recognition events in April; one on April 20 in Sanford and the other on April 22 in Portland. In all, 1,500 volunteers were on the guest list for this celebration, and more than 400 attended! Each event featured recognition of volunteers for 5, 10, 15 and 20 plus years of service, a catered luncheon, music by Jack Kazenski and the Sixty-Plus Band, and door prizes. SMAA is exceptionally blessed to receive nearly 70,000 hours of service from volunteers each year in a multitude of positions! As SMAA Board President Don McDowell noted at one of the luncheons, volunteers are the "soul" of the Agency.



**An RSVP volunteer for 27 years, Alma Libby was honored for recently turning 100. She is currently a knitter of mittens and hats for children.**

RSVP is a program of SMAA that places volunteers age 55 or older either in SMAA programs, non-profits, or healthcare settings. If you would like to join this extremely dedicated corps, positions are always available and your time and talent is truly needed.

### May is Older Americans Month

President Barack Obama continues the tradition of honoring the legacies and ongoing contributions of older Americans begun in 1963 by proclaiming "Older Americans Month." This year's theme, "Age Strong, Live Long," is one that reinforces the core of SMAA's work to help ensure that older residents have the services and opportunities they need to help remain as independent as possible. Today's older population spans three generations and many are caregivers, volunteering to provide services for their families and communities. The "Age Well, Live Strong" theme underscores the growing importance of health promotion programs like SMAA's Living Well, Matter of Balance, Easy Adventures and Maine Senior



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## Truslow Adult Day Health Center — offering a safe, fun and stimulating place...during the day

By Susan R. Foote,  
volunteer contributor

The philosophy behind the Truslow Adult Day Health Center, operating in Saco since 1982, is to use love, patience and kindness while helping families meet the challenges of providing care for family members or friends. The Center gives the “gift of respite” for the caregivers of those who attend, while participants gain social and recreational benefits.

“We have a wide variety of people here, ranging in age from their 40’s to their 90’s. Some have physical disabilities and some have emotional challenges. Ninety percent of our participants have some form of Alzheimer’s or dementia,” says Debra Thomas, program manager and a licensed social worker with more than 25 years of experience with older adults. “Keeping their minds engaged and their bodies moving is critical to their overall wellness, and it’s what we do very well here.”

The Center is open five days a week, from 8:00 AM to 5:00 PM. The facility on Lincoln Street, complete with hand rails and colorful walls painted by volunteers to stimulate and soothe, is a secure one, with entrances and exits coded and monitored by staff. Truslow is equipped to offer a variety of activities for more than 30 adults, but most days participants number between 15 and 20. The Center has a minimum of four hours per visit and the average stay is seven hours a day. Each activity’s goal is to help participants maintain or improve their cognitive abilities and enjoy a sense of accomplishment while having fun.

In a large sunny room, about 10 participants are involved in a memory exercise, barely stopping to note as a visitor tours their facility. A staffer moves from one person to the next, coaching and acknowledging a job well done. This room pulses with activities. A large poster-size calendar displays more activities planned for the month ahead. They include charades, arts and crafts, physical exercises and daily lunch and refreshments. Musical performances are offered by a visiting organist and karaoke is available on a flat-screen television. Other activities include gardening on the premises, a bowling league and a Senior Olympics program with other local centers and nursing homes.

Each participant at Truslow benefits from an individual care plan, created by Thomas and her staff that includes a registered nurse, a master social worker, recreation coordinators and medication aides. The plan is created following an initial health assessment including vital signs, weight, mobility level, and ongoing dietary and medical needs. All participants must be able to weight bear

to participate in the program. Staffers administer the health plans and contact caregivers once a month to discuss the plan and events that may have transpired both in and outside the Center.



**Marcell Angers has been coming to Truslow Day Health Center for more than 10 years, which has made it possible for him to live in his sister Jeannine’s home. They are pictured here with Deb Thomas, in the middle.**

The Truslow Adult Day Health Center is a program of the Southern Maine Agency on Aging and licensed by the State of Maine. The hourly fee may be paid by long-term care insurance, Maine Care, the Veteran’s Administration and other sources.

“I always encourage family members to contact us and not let barriers like the cost of the program or the lack of transportation affect their decision,” says Thomas. “We can help troubleshoot funding and transportation. We offer a free, three-hour trial assessment for participants and a monthly support group for caregivers. Our supportive team focuses on the well being of our participants, but we are also available to help caregivers gain resources, make informed choices and enjoy peace of mind.”

*For a complementary visit, contact Debra Thomas, LSW at 283-0166. Truslow Day Health Center is a program of the Southern Maine Agency on Aging, a non-profit, equal opportunity charitable organization.*

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Sedgewood Commons Adult Day Care	Falmouth	(207) 781-5775	Sky-Hy Adult Day Care	Topsham	(207) 725-7577
Kennebunk Nursing Adult Day Health Care	Kennebunk	(207) 985-7141	Harbor Adult Day Program	Yarmouth	(207) 846-0044
The Gathering Place Social Adult Day Center	Kittery	(207) 439-1111	York Harbor Health Care at Sentry Hill	York	(207) 363-5116
Barron Center Adult Day Care	Portland	(207) 541-6620			

Source: Licensing & Regulatory Services, Maine Dept. of Health & Human Services, 2010

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REVIEW

Judith Jones  
Lectures in Maine

Senior Editor and Vice President  
at Alfred A. Knopf

by Pat Davidson Reef

Ageless and wonderful, 83 year old Judith Jones, Vice President at Alfred Knopf, author of four books herself, and editor of Julia Child's *Mastering the Art of French Cooking*, had a rapt audience of 750 for her presentation on March 9 sponsored by the annual Bernard A. Osher Lecture of the Portland Museum of Art. The lecture was held at the Holiday Inn By the Bay.

"Food is an art form," Jones said, and she spoke eloquently of her joy while cooking and living in France in her youth. She described the relaxed pleasure of eating a meal there: "It was really the years in France that taught me how to cook," she said, as she had indicated in her fascinating book, *The Tenth Muse: My Life in Food*, published by Anchor books in 2007.



Photo courtesy of Christopher Hirsheimer.

Cookbook author and editor Judith Jones whose passion and energy for food seems to render her ageless.

In contrast to her conservative parents in Vermont, whose family never used spices in their food, Jones loved garlic and onions, and after graduating from Bennington College, often invited friends to her New York apartment to cook for them. Then, in the spring of 1948, she went to Paris and, at a literary event, met Arthur Koestler. With a letter of introduction from Koestler she met such people as Jean-Paul Sartre, Albert Camus, and Andre Malraux.

While in France, Jones had taken a leave of absence from working at Doubleday because she loved Paris so much. However, during that time, she one day left her purse on a bench in the Tuileries and lost her passport, identification and money. Thus stranded, she decided to find a job in Paris and stay there.

Thereafter, she had enormous good luck. In the lobby of the Lenox Hotel, she happened to hear a person talking on the phone to a magazine editor, and just as the conversation was ending, Jones grabbed the phone and asked who she was speaking to and if she could have an interview. On the other end of the call was

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Robert Evans, editor of "Weekend Magazine," who granted her an interview and then a job as his assistant. Quickly discovering they shared a passion for food, they became good friends and later married, their marriage lasting 45 years until his death in 1996. Among the books they wrote together were The Book of Bread and The Book of New England Cookery.

Jones was also responsible for Doubleday's publishing of The Diary of Anne Frank, which had impressed Alfred Knopf. Knopf later asked her to edit a huge book on French cooking by Julia Child. History was made in the cookbook world when Knopf produced Mastering the Art of French Cooking, edited by Jones. She also edited other cook books representing a range from James Beard to the L.L.Bean Game and Fish Cookbook. Her most recent book, The Pleasures of Cooking for One, was published by Knopf in 2009.

Clearly, the audience for the Bernard A. Osher Lecture loved Jones, and she was not ashamed to say, "I love cooking and eating well. Food is a symbol of love." As Jones said, and demonstrated in her lecture, "The language of food is universal."


*Pat Davidson Reef is a retired teacher of Art History and English, teaches Classic Films at the Osher Lifelong Learning Institute and is a volunteer contributing writer to "Senior News."*

*To submit your writing to "Senior News," contact Eileen Whynot at 396-6512 or ewhynot@smaa.org.*



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## Difficult Conversations...

Talking about tough stuff with the ones you love

by Deborah Belanger, M.Ed. L.C.P.C.



Carol has always cared for her aging parents. This past year it has become increasingly difficult. She has needed to take time from her job and is worried about continuing to miss work. Her siblings don't live nearby, so they don't notice the toll caregiving is taking on her. Her parents can see the strain on Carol but are afraid if she doesn't help out they would not be able to stay in their home.

The summer camp has been in the family for two generations. Many a family celebration has taken place there and it holds special memories for all family members. The upkeep costs are increasing. At one time the first and second generation of siblings could

get together, talk, and make things work. That is not the case now. The adult grandchildren have different needs and varying resources.

It is common for families to struggle with the significant decisions required as we age. It takes courage to have these difficult conversations with those we love, and many times it requires a level of skill. Everyone wants a positive and productive discussion not a playing out of family roles or a gripe session. Yet, it is difficult for all family members to feel satisfied in the end. Even with the best intentions, each person may not feel heard or valued in the process. You want the conversation to be confidential so that friends, neighbors and family not involved only hear your decisions not the details of who was upset by what.

This can be accomplished in a couple of ways. In some cases a respected family member or an objective person could facilitate the process and pull it off splendidly. This person would have a healthy relationship with each significant stakeholder. The family would need to set the goal of the meeting. For example, "We are meeting to collect ideas to make sure Dad gets looked af-

ter while living at home." The difficulties with this may be that the folks know each other too well and family roles start getting played out, such as Amy is the 'emotional one' so folks will discount her input as "she always does this". Or, the person trying to lead the discussion realizes it is their child that is distressed it may be hard to focus on the task and stay neutral.

You may consider using the services of a mediator. This is a person trained to hold these discussions in a safe and comfortable manner. A mediator has the skills to assist families in getting past their sticking points. They can ensure a successful discussion. Mediators have control of the process while the participants have control of the outcome. Folks who have mediated say they felt their point of view was heard by others and that they came away with an understanding of others' viewpoints. This healthy discussion only improves the relationships between people.

After you decide whom will lead the discussion consider the place and time for the discussion. Pick a time that works for everyone and get a commitment to stay for the whole

time from each person. Choose a location that each person is comfortable in and gives you the privacy necessary. The thought you put into planning a difficult conversation will save time and energy once you begin.

*Deborah Belanger has a mediation practice in So. Portland, Maine.*

## Easy Adventures

### Spring/Summer Events

#### Walk & Bird Watch

Scarborough Eastern Trail, 5/20  
Scarborough Nature Center, 5/24  
Scarborough Land Trust, Gervais Farm, 6/8

Contact: Debbie Jones, Senior WOW, 207-730-4156

#### Paddling & Cycling

Easy Paddle Canoe Trip, Bridgton/Moose Pond, June 6  
Bike the Mountain Division Trail, Windham, June 5

Contact: Stephanie Agne, Healthy Maine Partnership, 207-553-5873 or 1-800-698-4959

#### Volksmarch Events

Solstice & Peony 1K, 5K, 10K Walks, Maine Audubon, Falmouth, Friday, June 18, 5:30PM & Saturday, June 19, 9AM

Snowy Egret Day, 1K, 5K, 10K Walks, Scarborough Marsh, Sat. August 14, 9:00 AM

Contact: Carroll Tiernan, Southern Maine Volkssport Assoc., 207-781-2330 x210

#### Horsemanship & Trail Riding

Camp Ketcha, Scarborough, May 21, Contact: Marissa Leighton, 207-883-8977 x 104

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## Exploring Track & Field for Men and Women age 50+

Have you been away from competing for a while? Want to get back on track and have fun at the same time? Come explore some of the events that Maine Senior Games offers for Track & Field. This is your chance to try out an event without pressure or competition. You will be able to participate in four different events! Events being offered: 100M, 200M, 400M, 800M, 1500M, 3000M, 1500 race walk, javelin, shot put, discus, long jump and triple jump. Coaches will be on hand at each event.

Scarborough High School, Sunday May 23, 12:30-3:00. Cost is \$10.

Contact: Jo Dill at Southern Maine Agency on Aging, 207-396-6519 or jdill@smaaa.org

## 5th Annual Snack & Learn

### What's New with Restless Legs Syndrome (RLS)

Friday, June 17, 11:45-1:15

Hosted by Dr. Régis Langelier, Volunteer Leader and RLS Foundation Board Member, at the Southern Maine Agency on Aging, 136 US Route One, Scarborough, Maine.

Hear the latest on RLS from the 2010 National Sleep Conference in San Antonio, Texas. New slide show about RLS. Handouts to share with your healthcare providers and family. Be hopeful about improving your management of RLS and related sleep problems.

RSVP by June 11 to 207-351-5352.

### Medicare Editorial, continued from page 1

- **Nursing Home Transparency:** The new law includes several measures that require nursing homes to meet new standards to improve patient safety and care.
- **The Annual Enrollment Period (AEP)** for both Part D and for Medicare Advantage plans will change (it is currently Nov. 15 to Dec. 31 with an additional 3 months for Medicare Advantage). Starting in 2011 the new AEP will be seven weeks from October 15th through December 7th. For beneficiaries who change plans, this will make it easier for companies to get information and ID cards to them before their new plan takes effect.
- **The new law will add more than nine years** to the life of the Part A trust fund.

Much of the information in this article was obtained from these sources: The National Council on Aging, Medicare Rights Center, The Center for Medicare Advocacy, The Centers for Medicare and Medicare Services, and the actual law itself (HR 3590).

## A Matter of Balance Classes

### Learn to Improve Your Balance

**Fryeburg:** St. Elizabeth Ann Seton Catholic Church, 857 Main St, Fryeburg, Tuesdays and Fridays, May 11-June 4, 1-3 PM.

**Scarborough:** Southern Maine Agency on Aging, 136 US Route One, Scarborough, Tuesdays, June 29 - August 3, 4-6 PM.

Call Anne Murray at 1-800-427-7411 x529 or 396-6529 to register.

### From the Director's Desk, continued from page 10

Games that provide the information and opportunities for older adults to take a proactive role in securing a healthy future. SMAA was an early advocate for healthy aging, and we encourage everyone to adopt the Older Americans Month's theme as a guiding star.

### Dining Out Discounts are Really Popular

The "As You Like It" dining out program has become wildly popular since it started in 2007 with four Maine Medical Center locations. "As You Like It" is a program that offers seniors an opportunity to eat out at participating restaurants and cafés at a reduced cost. It is one of the perks of turning 60!

In addition to the cafeterias and cafés of Maine Medical Center, locations now include the Bonanza Steakhouse in Sanford, Sunday night dinner buffet and music at "Events on Broadway" in South Portland (through June 13), The Southern Maine Community College cafeteria and the dining room at York Hospital. For more details and ticket information, see [www.smaaa.org](http://www.smaaa.org) or call 1-800-400-6325.



### Maine Will Adopt "Silver Alert"

Maine's Legislature has enacted a law authorizing a Silver Alert system that will launch an immediate search for missing persons with dementia. Maine joins 25 other states when the law takes effect in July. The state Department of Public Safety will be working to put together an alert system.

My best wishes to all for an active and healthy spring season. Age Strong, Live Long!

*Laurence Gross*

Laurence Gross  
Executive Director, SMAA

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**EDITORIAL**

**Little League Values**

In my younger days I played Little League and other sports. Those were great times. I can remember the coach telling us to give it 100 percent so when the game was finished you could say to yourself that you did all you could to win. But no matter what the final results were, we were always required to shake hands with the opposing players and give their team a team shout for respect, and a game well played. We were also required to play fairly and leave our feelings about the game on the field and not harbor resent-

ment or vindictiveness. I have carried these important lessons with me throughout my life.

What has happened in Congress? Surely many of them must have played Little League and been exposed to the same fair-play doctrines that I was. Looking at the negative, sarcastic, and even threatening remarks coming out of Congress and the media, I am very disappointed, as I think most of my baby-boomer teammates must be.

For the eight years preceding Barack Obama as President, many changes wrought by government officials were not to my liking. I did

not taunt or make threats but continued to make the political arguments for what I felt was best for the country. This is not what is happening now. What kind of reaction do you expect from the American people when there is toxic reporting from those people who control much of the news media? John McCain said very blatantly that he intends to punish the Democrats and vote against any bill they try to pass for the rest of this year. Is this in the best interest of the American people? There were other remarks directed at our President and officials that were even more frightening

and truly un-American that I am certain most have heard by now.

This behavior spawns hatred and it encourages violence. Why don't we get back to the basics of good sportsmanship and before we speak or act, think about what is best for the American citizen and not what the lobbyists want or how to influence the results of the next election. Let's work hard and play fair.

*Don Caouette is a volunteer with the Grocery Shopping service of the Southern Maine Agency on Aging and contributes to "Senior News." For more information about volunteering call, 396-6520.*

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## Generics: The Sensibly-Priced Drugs

By Lisa Wendler, Pharm. D.  
Geriatric Center  
Maine Medical Center

Have you ever seen a television ad with a vibrant man walking on a windswept beach stating *simvastatin* is what he needs to control his cholesterol? You never will. *Simvastatin* is the scientific name of Merck's original brand-name drug *Zocor*. A generic drug manufacturer will never spend billions of advertising dollars urging patients to "ask your doctor" about their drugs. Without the guaranteed market exclusivity of a patent, it is just not worth it. With a drug patent in place, manufacturers can charge the highest price the market will bear for their brand-name drugs, with pharmaceutical companies earning astonishing profits. These companies will go to great lengths to keep lucrative patents active for their blockbuster drugs.

A generic drug is made only after the brand-name drug's patent has expired, typically after a drug has been on the market for ten to 14 years. Today, a 30-day supply of Merck's *Zocor* 10mg costs \$93, from the website *drugstore.com*. Alternatively, if *simvastatin* 10mg is selected, some medical plans today, charge the patient nothing. The savings for the patient and their health plan can be substantial. When older adults are forced to trade off drugs against home heating or food, many have reported skipping doses or not filling prescriptions. With chronic conditions like arthritis, diabetes, high blood pressure and elevated cholesterol, this non-adherence can seriously compound these patients' medical problems. Doctors may then end up prescribing even more drugs.

Are generics inferior? No, the US Food and Drug Administration (FDA) requires generic drugs to have exactly the same active chemical entity as the original brands. Bioequivalence testing is also required. The generic must be shown to reach the body's absorption site in a similar time and to the same extent. This similarity needs to fall within the FDA required range of 80% to 125%. Millions of people have taken generic drugs for many years; their safety is well established. New medications are much more likely to have unexpected side effects. A classic example of this being *Vioxx*, which was pulled from the market in 2004, due to its heart attack risk.

### Exceptions

There are a few medical conditions, such as thyroid problems and seizure disorders, where a generic drug may not be the best choice. These conditions require a tight performance of the drug. Using one formulation consistently is usually recommended. If consistency is not possible with generics, prescribing the brand-name drug is preferred. Appropriate drug selection is complicated. The use of a generic drug always needs to be discussed with your doctor and health care team.

Just as selection of an appropriate drug is increasingly complex, pricing the drug can be far from simple. What a patient is charged for a drug can be affected by co-payments, drug

insurance programs, drug formularies (which may change annually) and retail chain discounting. Medicine is changing fast, including the way drugs are prescribed and sold. Often a team of healthcare professionals is needed to wade through complex medical information to find the best, safest, and most affordable drug for the patient. Consumers should play an active role alongside their doctors and healthcare team in evaluating treatment options. If you have an insurance plan with a drug formulary, bringing this information with you to the pharmacy




and your doctor will make it possible to explore the availability of lower cost options that are right for you.

In 2009 "Consumer Reports"—the publishing division of Consumers Union—published its first issue of "Best Drugs for Less." The magazine represents good advice, considering independent and unbiased scientific evidence. It is a source of science-based, comparative drug information written in everyday language free from commercial influence. No outside advertising is accepted. This is a source to go to for unbiased comparisons of medications, rather than "the beautiful people walking on that windswept beach on television."



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## Vitamin D: An Oldie but Goodie

Susan Gay, Registered Dietician  
Nutrition Coordinator, Hannaford

It is well understood that Vitamin D plays an important role in maintaining strong healthy bones by helping our bodies absorb calcium. Once added to milk, it contributed to wiping out the childhood bone disease known as Rickets, characterized by soft and often deformed bones, common from 1910 to the 1960's. But is Vitamin D the new "wonder drug?" It just may be. It is now thought to be beneficial for much more than just our bones!

Known as the sunshine vitamin, Vitamin D can actually be made when our skin is exposed to the sun. The ultraviolet rays activate the production of Vitamin D with the help of the liver and kidneys. Unique in this way, we can obtain this important vitamin just by sitting on a park bench on a beautiful day! However it's not that simple. Living in Maine, with limited sunny days at the park, it can be difficult to get the necessary exposure. Depending on location and what season it is, as well as a person's age, skin pigment, and weight status, it is recommended to get roughly 10-15 minutes of sun on the face and arms, without sunscreen, most days. Good food sources of Vitamin D are limited but include fatty fish such as wild salmon and tuna and certain dairy products such as fortified milk, soymilk, and yogurt. Also available with Vitamin D are select cereals and juice.

Scientific evidence implies that adequate amounts of vitamin D may decrease the risk of certain types of cancers such as colorectal, reduce the risk of autoimmune diseases like rheumatoid arthritis, and strengthen the immune system. Additionally, it is linked to improving a multitude of health conditions such as hypertension. The question is, "How much is an adequate amount?" It is thought that 600-800 IU per day is enough for bone health, however, research is showing that higher amounts are required to help reap additional health benefits, such as those listed above. Some folks have higher Vitamin D needs and may require supplements including those living in the northern latitude (which includes all of us!), those over 50 years old, people with darker skin, obese people, and those with fat malabsorption conditions such as Crohn's disease. Ask your physician about testing your Vitamin D level to determine your specific needs. In the mean time, drink your milk and get out and catch a few rays!



This advertorial is paid for by Hannaford for the benefit of "Senior News" and its readers.



RSVP

## Retired and Senior Volunteer Program

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### Join Spring Training

#### Cumberland County

It is time to sign up for training in interesting summer volunteer opportunities.

- Help in a computer lab using and assisting with basic skills.
- An elderly lady who is still very lucid would enjoy having someone come to visit with her. She lives

in the Portland area.

- Do you have skills in marketing? A unique opportunity exists in a Scarborough-based agency.
- Would you like to help seniors keep well and energized? An independent living facility could use some extra hands with their basic physical activity periods.
- If you enjoy gardening, there are many opportunities to dig and plant.

- Seasonal opportunities abound: assisting tourists, guiding in historic houses and many outdoor assignments.

For in-depth information on the above and additional ideas call Priscilla Greene at 396-6521.

#### York County

- A long term care facility in the Saco area is looking for a volunteer who speaks French and a volunteer who speaks Greek to visit and converse with residents who speak those languages.
- The Southern Maine Agency on Aging Nutrition Program needs help with delivering meals on wheels out of the Buxton, Biddeford, Kennebunk, Kezar Falls, Kittery and Sanford centers.
- Many seniors need help with grocery shopping or minor home repairs. Opportunities are available throughout the county.
- Seniors who live in assisted living and nursing care facilities are cheered by visitors from the surrounding community. Opportunities exist to visit residents one-on-one or to help with group activities. Giving even a couple hours a week can make a big difference.

To learn more about these and many other volunteer opportunities from Kittery to Kennebunk, contact Deborah Levine at 603-205-4073 or by e-mailing [dlevine12@yahoo.com](mailto:dlevine12@yahoo.com). For other areas in York County, contact Ken Murray, at 1-800-427-7411 x520 or by e-mailing [kmurray@smaaa.org](mailto:kmurray@smaaa.org)

### Capacity Corps Opportunities

The RSVP Capacity Corps recruits volunteers with professional level skills to provide leadership-level service to non-

profits. Currently we are looking for volunteers to help with the following projects:

- A person with financial skills to help a nonprofit organization relocate their central office to Maine.
- People with marketing skills to help organizations better market their services to the community.
- People with fundraising skills to help organizations develop a planned approach to this needed task.
- Someone with event planning experience.
- People with experience in volunteer management to help nonprofits recruit and support volunteers.

To learn more about these and many other Capacity Corps opportunities contact Paddy Clark by calling 396-6538 or 1-800-427-7411 x538. You may also email her at [pclark@smaaa.org](mailto:pclark@smaaa.org).

### New Volunteers

The following volunteers joined RSVP in February and March 2010. Welcome to you all, and thank you for sharing your gifts with others through volunteering.

Elizabeth Ashton  
Al Atwood  
Emily Ellis  
Ellen Farber  
Barry Freedman  
Ilene Krouse  
Earl Littlefield  
Sue Malcom  
Therese McNeill  
Jack Newton  
Priscilla Schwartz

### New Stations

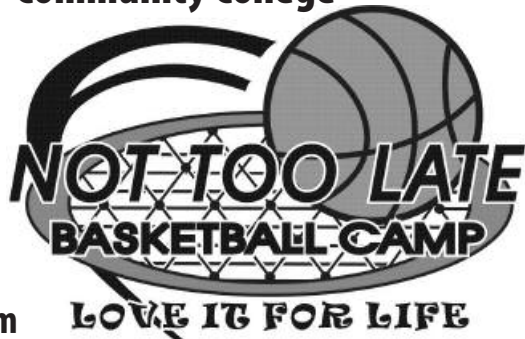
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## Best Friend Fund

The Southern Maine Agency on Aging has a staff of pet lovers, and we're taking this opportunity to introduce a few of them and their pets as well as those of a few our contributors.



**Debbie DiDominicus, Deputy Director of the Agency, and Dixie.**



**Katlyn Blackstone, Community Services Director, with Guster and Hattie.**



**Vivien Eisenhart, Secretary, Information & Advocacy Department, holding Queenie and Butter.**




**Zip, Kathy Palmer's dog, owner of Fetch.**



**Kristen Smith of Planet Dog with Kaya.**



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As one example, if you've had joint replacement in another hospital, we can provide rehabilitation for you close to your home and family, at Bridgton Hospital.

The Skilled Swing Bed Program allows you to receive skilled rehabilitation right here, in your own community, at Bridgton Hospital.

**The Swing Bed Program may include:**

- |                      |                               |
|----------------------|-------------------------------|
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| Occupational Therapy | Psychosocial Support          |
| Speech Therapy       | Comfort Care                  |
| Wound Management     | Longterm Antibiotic Treatment |
| Respiratory Therapy  |                               |

**How is Swing Bed care paid for?**

Swing Bed care is often covered by Medicare, Medicaid and many private insurances. Bridgton Hospital's social worker or case manager will discuss your coverage prior to your transfer from the acute care setting to the Skilled Swing Bed program.

For further information about this program we encourage you to contact Karen Harding, RN,MSN, CS at 207-647-6074.



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