June is Elder Abuse Awareness Month

It is a sad fact that annually hundreds of thousands of our elders are abused or financially exploited. The National Institutes of Health define abuse in several ways:

- **Physical abuse** happens when someone causes bodily harm by hitting, pushing, or slapping.
- **Emotional abuse**, sometimes called psychological abuse, can include a caregiver saying hurtful words, yelling, threatening, or repeatedly ignoring the older person. Keeping that person from seeing close friends and relatives is another form of emotional abuse.
- **Neglect** occurs when the caregiver does not try to respond to the older person’s needs.
- **Abandonment** is leaving a senior alone without planning for his or her care.
- **Sexual abuse** involves a caregiver forcing an older adult to watch or be part of sexual acts.
- **Financial abuse** is taking or withdrawing money or other valuables.
- **Systemic abuse** is involving a caregiver or family member in the older adult’s financial activities.
- **Power-imbalanced relationships** are another form of emotional abuse.
- **Involuntary medication** is another form of physical abuse.
- **Physical neglect** is failing to see to the older adult’s needs.
- **Non-payment** is failing to pay or give the proper level of care.
- **Rejection** is not caring about the older adult.
- **Other forms of abuse** include threats, isolation, and threats of violence.

Signs that abuse might be happening include:

- Has trouble sleeping
- Appears to be depressed or confused
- Experiences weight loss
- Shows signs of trauma, like rocking back and forth
- Acts aggressively.
- Withdraws or reduces activity especially those previously enjoyed.
- Has unexplained bruises, burns, or scars
- Presents with changes in appearance: messy, with unwashed hair or dirty clothes
- Develops bed sores or other preventable conditions

What to do if you suspect elder abuse?

No matter how old we are, justice requires that we be treated as full members of our communities. If we notice some of these signs of abuse, it is our duty to report it to the proper authorities.

In Maine, call 1-800-624-8404 or 711 (Maine Relay) to reach the Office of Elder Services to report suspected elder abuse. The Office of Elder Services provides or arranges for services to protect incapacitated and dependent adults (age 18 and over) in danger of abuse, neglect, or exploitation. Calls may be made anonymously.

If you or someone you know is in a life threatening situation or immediate danger, call 911 or the local police or sheriff.

Let’s do Lunch!

On Wednesday July 10, 2019, restaurants around Southern Maine will be participating in Let’s Do Lunch! Participating restaurants have agreed to give a minimum of 10% of their lunch, dinner, or full day proceeds to Meals on Wheels of Southern Maine.

Restaurants will be advertising their customers that they are joining us in this effort leading up to and on July 10. These restaurants are the very first to sign on and more are joining every day!

If you know a restaurant that would like to be involved, please contact Molly Stokes at 207.396.6547 or via email: mstokes@smaaa.org.
Do you Qualify for the Medicare Savings Program?

Have you heard of the Medicare Savings Program administered by DHHS? This program is also referred to as the “Buy In” even though you are not buying it. If you are on Medicare and meet certain income and asset eligibility, you may be eligible. This program helps pay for your part B premium (being taken out of your Social Security check), your drug plan and your prescriptions, and will prevent you from going into the dreaded “donut hole.” Depending on your income, you may also be eligible for help with the 20% Medicare does not cover. The estate recovery does not apply to this program.

Your income can be higher if you are working or if only one spouse applies for the program. Please call SMAA today at (207) 396-6500 or 1-800-427-7411 to learn more. We encourage people to apply if they are close to income and asset guidelines as some programs may have a disregard when determining eligibility. You can apply directly by reaching out to DHHS in person, online or calling (1-855-797-4357). The Southern Maine Agency on Aging does not determine eligibility for programs.

### Income and Assets

<table>
<thead>
<tr>
<th>Status</th>
<th>Monthly Income Limit</th>
<th>Liquid Asset Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Less than $1,897</td>
<td>Less than $58,000</td>
</tr>
<tr>
<td>Married</td>
<td>Less than $2,567</td>
<td>Less than $87,000</td>
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</tbody>
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Each March SMAA’s Meals on Wheels program invites community leaders to our meal delivery sites to learn about the importance of Meals on Wheels and to meet some of the clients we serve. Community champions, including elected officials, community leaders, and prominent community members, across York and Cumberland counties took part in this terrific event.

We at SMAA thank this year’s participants for their dedication to the older adults in York and Cumberland counties and their support for ending senior hunger.

Thank you to this year’s participants:

- Captain Locke, Berwick Police Department
- Chief Plante, Berwick Police Department
- Mayor Alan Casavant, Biddeford
- Melissa Albert, Eliot
- Administrative Assistant

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- Administrative Assistant

All of the day’s photos are viewable online in the Community Leaders Day Album on our Facebook page (www.facebook.com/SouthernMaineAgencyonAging)
A Normal Day That Went Horribly Wrong

By Terri Anthoine

Editor’s Note: If you’re a regular reader of Senior News, you may recall reading a column by Robert Carson in our January/February issue. Mr. Carson explained how his action caused great harm to Ms. Anthoine which was part of his alternative sentence for the crime he committed. In this issue, Terri Anthoine explains, in her own words, how an ordinary day doing ordinary things was almost her last day and how she turned tragedy into grace.

It was a normal day. On Wednesday, December 13, 2017, I was simply picking up some dry cleaning, or so I thought. My life changed forever when I pulled into the dry cleaner. The next thing I knew, after getting out of my car, was that I was on the ground with people swarming all around me. I could feel something was very wrong. Somehow, I knew I had lost either one or both of my legs. An elderly man had hit me so hard with his car that I was pushed into the back of my trunk making a huge indentation. I was on the ground bleeding to death. I had angels… two angels with tourniquets… who saved my life in that parking lot. As I was being rushed into trauma at Maine Medical Center, I asked the surgeon if he could save my legs. He nodded “no”, and I said, “well let’s do this then.”

Immediately after my surgery, while I was still in ICU, I knew that for me to get better, physically and emotionally, I had to let the anger go. I needed everyone to let the anger go. I couldn’t worry about being angry; I just had to get better to live my life and walk again.

I still think that I can do everything I did before the accident but it’s not true. I need lots of help and I am very lucky that my family and friends have not skipped a beat whenever I have needed anything. They are always there for me. I believe I am extremely lucky as I have seen many amputees who have not gotten is that we all need to live one day at a time and appreciate everything you have now. You never know what can happen in a split second.

I had to let the anger go. I needed everyone to let the anger go. I couldn’t worry about being angry; I just had to get better to live my life and walk again.

No one wants to lose their independence, including me now. I would have given anything to drive while I was recuperating. I can drive now with hand controls and I have gained some, if not all, of my independence back. I would say to older drivers that you don’t have to give up your independence. There is transportation out there to get to a doctor’s appointment, to grocery shopping and to meeting a friend. I highly recommend ITN America. They give you arm-through-arm, door-through-door dignified transportation with affordable fares. Each ride is billed to your account and statements are issued monthly. No money is exchanged in the vehicle and tips are not accepted.

I have lost either one or both of my legs. An elderly man had hit me so hard with his car that I was pushed into the back of my trunk making a huge indentation. I was on the ground bleeding to death. I had angels... two angels with tourniquets... who saved my life in that parking lot. As I was being rushed into trauma at Maine Medical Center, I asked the surgeon if he could save my legs. He nodded “no”, and I said, “well let’s do this then.”

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Terri Anthoine is 61 years old. She’s a Mom to three kids (daughter 33, son 31, and stepson 47) and Mémé to six grandchildren. She has been working as a legal assistant for a law firm in Portland for almost 40 years. She enjoys shopping (even window shopping), dinner with friends, cookouts with her family, hanging out with her sister Deb, and fresh air! She’s on the Board of Directors for ITNPortland.

Celebrate Sam L. Cohen

Join with us on Thursday, June 13 from 4-6PM to celebrate our namesake’s birthday, Sam L. Cohen was born on June 14, 1915 and raised in Biddeford. A successful business man, generosity was a daily expression for Sam. His success continues to benefit so many in our area through the work of the Sam L. Cohen Foundation, including our center which provides better days for people with memory loss.

Our celebration will highlight Sam’s extensive charitable work as well as historical milestones shared by the Biddeford Historical Society, tours of the Sam L. Cohen Center, refreshments and, of course, birthday cake!
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Mission Statement
The Southern Maine Agency on Aging’s mission is to improve the quality of life for older adults, adults with disabilities, and the people who care for them.

Commitment to Reasonable Accommodation:
The Southern Maine Agency on Aging will, with adequate notice and upon request, provide appropriate auxiliary aids and services to persons with disabilities, to assist in effective communication and to participate equally in programs, services and activities. Call 1-800-427-7411 x503 or from the Portland calling area call 207-396-6503 to make your request.

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 provided through the Office of Aging and Disability Services of the Maine Department of Human Services. Learn more at www.smaaa.org or by calling 207-396-6500 or 1-800-427-7411.

The Southern Maine Agency on Aging is committed to providing a safe and welcoming space for everyone regardless of his/her race, ethnic identity, gender, sexual orientation, ability, age, economic status, faith tradition, veteran status or life situation.
Marc and Tricia Dugre were like any couple in their 40s: working, raising kids, fitting in fun on the weekends with friends and family. While not rich, they were happy and enjoyed a great life. When Marc was, at age 47, suddenly having trouble holding a job, things started to change. Tricia noticed Marc was struggling with simple things and having a hard time remembering basic concepts. After a lot of testing which cost thousands of dollars, Marc was diagnosed with dementia. If their story sounds familiar it may be because they were recently profiled in a story by WMTW. The news feature showed their life as it is now but there’s much more to their story.

Despite working hard all of their lives, Tricia and Marc were not set up to handle this type of disability. At 47, Marc was still in his prime earning and saving years and like most people, had a mortgage. The testing process was expensive. Two years after his diagnosis, Marc was able to get on Medicare. At some point, Marc will need to go to an assisted living center and he will need financial assistance but most won’t accept anyone under 62 as they don’t think he will fit in an elderly home.

Tricia still works full-time, caring for Marc and runs the household alone. Doing this by herself is exhausting. She credits her strong faith in God and a great sense of humor to carry her through each day. Like many couples, they were best friends. Tricia has been able to keep a few close friends and they offer her tremendous support. She leans on them to help her care for Marc. She also makes a point of getting exercise every day even if the sun isn’t up yet!

Tricia also worked to build her support team. Her employer is understanding of the situation and she found support from the Sam L. Cohen Center staff. They were able to help her discern a path. Marc now regularly attends the Sam L. Cohen Adult Day Center. He can spend the day being active, in community with others who have memory loss. The Cohen Center helps fill the friend void for Marc. Even though his hunting days are over and he can’t hang out with his buddies, he has friends at the Cohen Center. They recap the latest sports news and share stories and interests.

Tricia would like to see changes made to help others with young onset dementia. For example, there’s no provision for early withdrawal from retirement funds for this diagnosis. She also sees a need for medical providers to understand issues with younger people with dementia. Finding a cure is important but not everyone with early onset can participate in a trial. The current model of drug trials relies heavily on the caregiver managing the process. It’s not possible to get to trial appointments, work, take care of a house, and possibly minor children. Support groups for dementia are often held at times and places for retired people. While the journey might be similar, the issues are different.

For now, they are together and while the disease has worn away a lot of Marc’s memory, there is still the essence of love and devotion when they are together.

DHHS Calls on Saturday

Starting this spring, the Department of Health and Human Services (DHHS) is making calls to beneficiaries on the weekend. DHHS recently added a new call center that increased their call capacity. These weekend calls are now legitimate.

If you have any questions regarding weekend calls, please call the office closest to your town: Biddeford, 286-2408 Portland, 882-2146 Sanford, 490-5463
State-Wide, 287-7526
TTY: Maine relay 711

www.smahaa.org

A Caregiver’s Story — Young Onset Dementia

DHHS Calls on Saturday

Have you Heard about Senior FarmShare?

Spring is here! It is time to apply for the Senior FarmShare. This is a program for those over the age of 60 whose income is less than $32,459 for a one-person household or is less than $30,451 for a two-person household. The Senior FarmShare is a voucher for $50. You must apply through a participating farmer. To learn more, you can call SMAA and ask for a Resource Specialist.

DHHS Calls on Saturday

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Corneal care and surgery, including transplantation
Vitreoretinal care and surgery
Glaucoma evaluation, treatment and surgery
Cataract surgery
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DHHS Calls on Saturday

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Adventures: From all 50 states attended the forum with the goal of illustrating the need for government help to find treatments and hopefully a cure for Alzheimer’s. Both Kristin and Tom have been caregivers to family members who have dementia. Last year the BOLD Act (Building Our Largest Dementia Infrastructure) was signed into law. This act will strengthen the public health infrastructure across the country by implementing effective Alzheimer’s intervention focused on public health issues such as increasing early detection and diagnosis, reducing risks and preventing hospitalizations.

Tom and Kristin participated in a day and a half of training and education, as well as a day visiting with Maine’s Senators. They shared their Alzheimer’s story and thanked them for their support and urged them to back initiatives to find a cure.

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By Heather Shields

Driving in our culture is a sign of independence. Conversely, deciding not to drive any longer seems like a loss of independence. In this issue of Senior News, you can read the first-hand account of a woman whose day started out like any other but ended up with her losing both of legs because of a driver who should not have been driving.

When we take control of this choice and make the decision on our own, choosing not to drive can be empowering. There are plenty of resources for people who decide not to drive any longer. We plan for our retirement and for end of life with advance directives and wills. It actually makes sense to plan giving up driving.

Whether you’re concerned about your driving or you care for someone who you feel should stop driving, here are some steps to help make the decision:

• Do you know how your medical conditions and medications can affect your driving?
• Ask your doctor how your medical conditions can affect your ability to drive.
• Have open and honest conversations with your family about your driving abilities.
• If you’re concerned about a parent, find a way to start the conversation with your parent. Choose a time that is not highly emotional like a holiday visit. Try to help your parent see the issues from the lens of safety and concern. Enlist the help of a trusted physician or peer to help your parent understand the issues.
• Listen to your loved ones and friends when they tell you they are concerned.
• Ask your loved ones to ride as a passenger and be open to their feedback about your driving skills.
• Do friends and family offer to drive rather than letting you drive them? Do you see scrapes on your car? These can be an indication that you hit something but didn’t notice.
• Fender benders are warnings of something bigger that could happen.
• Get a driving evaluation by a professional occupational therapist/certified driving rehabilitation specialist.

• Start researching transportation alternatives in your community. They do exist! Check with your town to get information on Aging in Place programs.
• Deciding to give up driving doesn’t have to mean the end to your independence. And it can give you and your family peace of mind knowing that you won’t hurt yourself or someone else.

About the Author: Heather Shields is an experienced occupational therapist, a certified driving rehabilitation specialist and driving instructor. She can be reached at Pathways Driving Rehab Services www.pathwaysrehabservices.com 207-530-0307.

A meal, and so much more.

“One of the largest volunteer networks in southern Maine delivers 800 meals to homebound seniors struggling with hunger. Along with those meals, they deliver dignity and compassion. Please join me in making a gift today for Meals on Wheels so that no senior goes hungry.”

–Senator George Mitchell

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Out-of-network for private insurance and not a Medicare participant.
Starting on May 13, the Family Caregiver Support Group previously located at Spurwink Services in Biddeford will be moving to the K. Richard Martin Community Center—formerly the Ross Community Center—189 Alfred Street, Room 4, Biddeford. The group will continue to meet on the second Monday of the month.

Any questions, people can continue to reach Barbara Alberda at 207-713-3723 or at balberda@spurwink.org

Funding is currently available to qualified caregivers and care recipients through our Caregiver Respite Program. This program allows a caregiver of a person with a dementia diagnosis to submit up to $3800 in respite care expenses per fiscal year for an 80% reimbursement.

There is a liquid asset cap ($50,000 for a single person; $75,000 for a couple) and the care recipient cannot be receiving any other state funding for home care. These funds can be used to reimburse the caregiver for some of the costs of in-home care (agency or private provider), adult day care, and/or up to two weeks in a facility each fiscal year.

During this training you will explore what it means to receive dementia as a diagnosis, the various stages of the disease process, and how the both the person affected by the disease and their caregiver can have better days through contented involvement in directive activities.

Join us at our next class series:
May 22 through June 16, every Wednesday from 1:30-3:30 PM, Sam L. Cohen Adult Day Center, Biddeford

Savvy Caregiver meets once a week for six weeks. It is important that you plan to attend all six sessions. Pre-registration is required. Please call 396-6541.

This class series is sponsored by the Harvard Pilgrim Healthcare Foundation

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.

Respite care is vital to caregivers, and we want to help. To learn more about this program and how to access the funding, please contact Lori Campbell at 396-6540 or 1-800-427-7411 x540.

Are you Caring for a Family Member with Dementia?
Let Savvy Caregiver Help.

Savvy Caregiver is a 12-hour training for family caregivers of people with dementia and offers:
- Valuable knowledge
- New skills for care
- Improved outlook

During this training you will explore what it means to receive dementia as a diagnosis, the various stages of the disease process, and how the both the person affected by the disease and their caregiver can have better days through contented involvement in directive activities.

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Social Security and OIG Launch Public Service Announcement Campaign

Agency Alerts Public about Telephone Impersonation Scheme

The Social Security Administration (SSA) and its Office of the Inspector General (OIG) launched a joint Public Service Announcement (PSA) campaign addressing a nationwide telephone impersonation scheme. Social Security and the OIG continue to receive reports from across the country about fraudulent phone calls from people falsely claiming to be Social Security employees. Calls can even “spoof” Social Security’s national customer service number as the incoming number on the caller ID. The new PSAs will air on TV and radio stations across the country to alert the public to remain vigilant against potential fraud.

“We urge you to always be cautious and to avoid providing sensitive information such as your Social Security number or bank account information to unknown people over the phone or Internet,” said Nancy A. Berryhill, Acting Commissioner of Social Security. “If you receive a call and are not expecting one, you must be extra careful—you can always get the caller’s information, hang up, and contact the official phone number of the business or agency the caller claims to represent. Do not reveal personal data to a stranger who calls you.”

Social Security employees do occasionally contact people—generally those who have ongoing business with the agency—by telephone for business purposes. However, Social Security employees will never threaten a person or promise a Social Security benefit approval, or increase in exchange for information. In those cases, the call is fraudulent and people should not engage with the caller. If a person receives these calls, he or she should report the information to the OIG Fraud Hotline at 1-800-269-0271 or online at https://oig.ssa.gov/report.

“These calls appear to be happening across the country, so we appreciate SSA’s partnership in this national public outreach effort,” said Gail S. Ennis, the Inspector General for the Social Security Administration. “Our message to the public is simply this: If you or someone you know receives a questionable call claiming to be from SSA or the OIG, just hang up.”

The new PSA addressing the telephone impersonation scheme is available online at www.youtube.com/socialsecurity.

Greater Portland Council of Governments (GPCOG) Receives $70,000 Grant to Increase Transportation Options for Senior, Disabled, and Low-Income South Portland Residents

The Greater Portland Council of Government (GPCOG) recently received $70,000 to pilot a program, called Shopper Links, to increase access to transportation for older adults, people with disabilities, and people with low incomes in the City of South Portland.

The grant, funded through the Federal Transit Administration’s (FTA) National Aging and Disability Transportation Center (NADTC), will allow GPCOG to test two innovative transportation solutions. A city-wide weekly shopper shuttle service operated by the Regional Transportation Program (RTP) which will provide free or low-cost door-to-door transportation to local grocery stores and the City’s Food Cupboard, and a ride-hailing service called GoGoGrandparent that allows eligible residents to receive subsidized trips on Uber or Lyft and schedule these rides with a simple phone call rather than a smart phone app. Both programs are set to launch in May 2019 and will continue throughout the summer and into the future pending an evaluation of their success and available funding.

GPCOG is thrilled at the opportunity to pilot solutions that address transportation barriers for older adults and people with disabilities,” said Zoe Miller, Senior Project Manager & Public Health Specialist at GPCOG. “We will partner with RTP and stakeholders in South Portland to introduce free and low-cost door-to-door transportation for those who need it most. Lack of transportation access is a problem that affects the health and well-being of our most vulnerable community members—resulting in food insecurity and isolation. We hope to take what we learn from the Shopper Links pilot project in South Portland and use it to expand options throughout the region.”

More information about the Shopper Links project can be found at www.gpcog.org/shopperlinks

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Change in Funding for Agewell Programs

Agewell strives to make our programs like A Matter of Balance and Tai Chi available throughout southern Maine. We rely on a range of funding sources to bring these workshops to the community—including grant funding, government funding and participant contributions. During this funding cycle, participant contributions to programming continue to play an important role in making our workshops available in southern Maine, and we are so appreciative of your ongoing support.

Returning students may have noticed a recent shift in our fee structure to a “suggested donation” for all Agewell programs, which is a requirement of one of our grant funding sources. For those who have previously submitted to a Medicare funding sources. For those who have previously submitted to a Medicare requirement or if you are uninsured, please contact us about a sliding scale fee.

Ways to make your home safer:
- Clear clutter from your hallways and stairs, like cords, papers, and clothing
- Make sure all areas of your home are well lit, especially your stairs
- Place a non-slip rubber mat in your tub or shower
- Move or reorganize commonly used items to counter height in your kitchen
- Clear small rugs or the edges of rugs with rug tape, to prevent slipping or tripping

Taking a moment out of your busy life to check your homes for potential hazards can increase your safety and reduce the risk of falling. A little mindfulness and a small change or two can keep you actively engaged in what’s meaningful to you!

Good news for cancer patients:

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Membership in the Dana-Farber Cancer Collaborative recognizes our “demonstrated commitment to excellence by meeting a wide range of standards and best practices in adult medical oncology.”

The benefits include even greater access to Dana-Farber specialists in complex cancers, clinical trials, and more... all of which will enhance our ability to help patients beat cancer and enjoy a long and rewarding survivorship.

Learn more about this exciting news for Maine cancer patients, survivors, and referring physicians at NewEnglandCancerSpecialists.org, or call (207) 303-3300.

Good news for cancer patients:
provide a custom fit, and a sturdy foot bed offers support and stability on uneven ground; or, better yet, wear athletic shoes.

Warmer weather brings its own fall hazards, and it pays to be aware of them. Being proactive can save you a lot of pain and suffering. Fall prevention efforts and other spring safety measures are critical for staying safe and healthy while the weather is warm.

The second annual Charting the Future: Innovation in Dementia Research, Treatment, and Care will take place on Friday, September 13, from 11AM-2PM at the Doubletree by Hilton in South Portland, Maine. Charting the Future: Innovation in Dementia Research, Treatment, and Care is an educational luncheon that brings together a panel of policy makers, researchers, and care providers to share developments in dementia research, treatment, and care.

Details to follow. Visit www.smaaa.org for more information.

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Saturday, May 11 from 10am-12pm
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PS. Dads are welcome too!

September 13, 2019

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What does Universal Health Care Mean?

By Stan Cohen, Bridgton, Maine

The political arena in the spring of 2019 is swarming with proponents and opponents of “universal health care”. That term, however, is used and misused with a large variety of definitions, depending upon who is using it.

Most advocates of some kind of health care coverage expansion support the following basic concepts:

• Access to affordable health care is a basic need. Like police and fire services it should be available to all, not just the privileged.
• Health care is too expensive today and something must change.

In 2016, even with Obamacare, there were about 28 million Americans without health insurance. There appears to be a consensus that the current system needs to be transformed, but any health care system comes with trade-offs. And trade-offs mean that there would be some winners and some losers.

Here is what is being implied by the various labels: (There are currently at least 10 major proposals to expand Medicare or Medicaid)

Medicare for All - All Americans are covered by Medicare® (see footnote for an explanation of the Medicare program)

Medicare for All who wish to join - Everyone is eligible to participate, some would have to “buy-in” in order to have coverage

Medicare for More - The current Medicare age minimum (?) (65) would be reduced so that more citizens would have access to Medicare. Eligibility for Medicaid would also be expanded.

Universal Health care - Can mean a government administered plan or private sector plans, or a mix of both. However administered, everyone is covered. There are no less than 32 countries with some form of universal health care coverage today. Of those, 17 offer single-payer systems. Some countries operate a two-tier system in which the government provides basic health care, with secondary coverage available for those who can afford elective, private care. Examples: Germany and Sweden (theirs are not strictly “single-payer” systems).

Single payer system - Can mean a government administered plan or a private sector plan with one payer. Medicare and the Veterans Health Administration are examples of single-payer systems. Canada’s “Medicare” is another example. “Single payer” is a sub-set of Universal Health Care and is one of several ways to get to Universal Health Care.

A Public Option - A government run system (like Medicare) that is available in addition to private plans.

Socialized Medicine - In a socialized medicine system, the government not only pays for health care but operates the hospitals and employs the medical staff. In the United States, the Veterans Administration (VA) is an example of socialized medicine.

Each of the above models may or may not include one or more of the following outcomes or caveats:

• Outlaw private insurance where it competes with the public plan
• Eliminate (or reduce) co-pays, deductibles and other cost sharing
• Cover drugs
• The plan would be funded by all based on their ability to pay (i.e. taxes)
• Expanded coverage could include dental, vision, hearing, fitness, etc.
• Phase in over a period of years
• Preserve Medicare Advantage plans
• Lower (or no) premiums, but higher taxes
• The Affordable Care Act (Obamacare) becomes obsolete
• Employer sponsored health insurance could be replaced
• Providers (M.D.s, nurses, hospitals, clinics, etc.) certified and controlled by the single payer entity
• Keep cost sharing by the consumer, with some plans eliminating it for those below the poverty threshold.

Medicare is a 5+ decades-old federal program that provides health insurance for Americans 65 and older and for other groups of people with disabilities. Medicare is NOT socialized medicine. Medicaid is a federal program of health care for low income citizens. Medicaid is sometimes referred to as a single-payer system, but it is jointly funded by the federal government and each state government. The funding comes from two sources rather than one.

Traditional Medicare pays doctors and hospitals according to set prices determined by the government, and most medical providers in the United States accept them. It’s also possible to enroll in private Medicare plans that can offer additional benefits, though with a more limited set of health providers. These “Medicare Advantage” plans have annual out-of-pocket limits. Traditional Medicare’s out-of-pocket spending has no limits. Consequently, many beneficiaries also buy private supplemental insurance to limit those costs.

Private insurers handle Medicare drug coverage. Beneficia ries pay premiums, deductibles and co-payments.

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—Michael and Elizabeth M, Shapleigh, ME

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• Approximate round trip fare from Portland/Cincinnati $330
For full details, day-by-day itinerary of this tour, please visit: www.biblesocietyofmaine.org

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A Day in the Life of an SMAA Volunteer
Barbara Bourassa

By Judie Alessi O’Malley

M eals on Wheels Sanford Site Manager Deborah Fulsom refers to Barbara Bourassa as one of her “super volunteers.” Barbara delivers Meals on Wheels (MoW) for the Sanford Meal Site twice a week. On Tuesdays, she delivers all meals going to the pick-up site in Kezar Falls before starting her regular MoW route, giving her an average of driving 94 miles on that day. In addition to her meal deliveries, she sets up, serves, and cleans for the Sanford site’s once-a-month congregate luncheons. By the time you read this article, Barbara will have passed the 1,500 hours of volunteer service mark.

The first thing Barbara will tell you about her volunteer assignment is, “I love my job!” And, she does. She confesses to always being the last driver to return from her route because she takes the time to chat with each of her clients, many of whom look forward to her visits to alleviate their loneliness. She emphasizes the importance of getting to know the people she delivers meals to, so she can tell how they are doing. She reports back to Deborah any time she notices something isn’t quite right, and relies on Deborah’s expertise with SMAA’s programs to get her clients the help they need to improve programs to get her clients the help they need.

Upon Barbara’s first visit to the home of one of her clients, she found a customer who was not in the best of health. She brought food, and spoke with the client’s family to assess what could be done to alleviate their loneliness. She now visits that family twice a week, “I came to see that she needed meals on wheels, and I also wanted to talk with her daughter. She needs the company.”

Barbara leaves her meals on the door and checks in every few days to ensure that the client is receiving the care she needs. She also makes sure the family knows about other resources and services available to them.

Barbara, like most volunteers, is quick to point out that she is not a trained nurse or social worker, but rather someone who is there to help and make a difference. She recognizes the importance of volunteering and how it can make a significant impact on the lives of others.

She’ll tell anyone who will listen, “If you’re bored, sign up to be a driver! The love you get back is worth everything.” Barbara is echoing the findings of a recent report sponsored by the Corporation for National and Community Service that found Senior Corps volunteers frequently “live happier, healthier lives while making a difference in their communities.”

Contact Volunteer Services at 207-396-6595 or volunteer@smaaa.org to learn more about volunteer opportunities in your area.

Meals on Wheels: Volunteer Comes to the Rescue — In a Different Way

I t was the Thursday before Christmas that volunteer Meals on Wheels driver Barbara Bourassa delivered the meals to Joan. Barbara had been delivering meals to Joan for a few years, and knew that Joan’s family was celebrating Christmas. She decided to find a way to make Christmas a little brighter for Joan and her family.

Barbara contacted her niece, Lisa Bennett, who has been with Meals on Wheels on a regular basis. Lisa and Barbara had planned to deliver meals to Joan on the day before Christmas, but Barbara knew that Joan would need the extra support on Christmas Day.

Barbara and Lisa arrived at Joan’s house early on Christmas Day to deliver meals. They found that Joan was alone and feeling lonely. Barbara and Lisa gave Joan a Christmas gift card, a Christmas tree with all the decorations, and a Christmas dinner, too. Joan was overjoyed and grateful for their generosity.

Barbara said, “I love my job, and I love seeing the smiles on people’s faces. Joan was so happy to have someone come to help her on Christmas. She really needed it.”

RSVP Volunteer Services has been dedicated to making sure that volunteers and staff are well-informed about the RSVP program and what it stands for. SMAA proudly sponsors (and serves as a station) with the Retired and Senior Volunteer Program (RSVP) of Southern Maine, for volunteers age 55 and older. RSVP acts as a clearinghouse, connecting volunteers to positions at dozens of nonprofits throughout Cumberland and York counties. RSVP volunteers come from all backgrounds and choose volunteer opportunities based on their interests, skills, and schedule. RSVP provides all its volunteers with a variety of volunteer opportunities from which to choose, careful placement, on-going support, recognition of their service, insurance coverage while volunteering and membership in a national volunteer organization.

SMAA is honored to serve as a sponsor with several other stations functioning within it, including Phone Pals, Money Minders, Medicare, Senior Games and more. With over 600 volunteers, Volunteer Services has been dedicated to making sure that volunteers and staff are well-informed about the RSVP program and what it stands for. SMAA proudly sponsors (and serves as a station) with the Retired and Senior Volunteer Program (RSVP) of Southern Maine, for volunteers age 55 and older. RSVP acts as a clearinghouse, connecting volunteers to positions at dozens of nonprofits throughout Cumberland and York counties.

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Services works to connect each individual to the most rewarding service opportunity—whether through SMAA or another station in Southern Maine.

Questions about RSVP? Please contact Volunteer Services at 207-396-6595 or volunteer@smaaa.org.

**Partnership with SAGE**

In recent months, SMAA has proudly completed the requisite amount of LGBT aging trainings to be listed as a SAGECare Bronze credentialed provider. SAGE is an organization dedicated to improving the lives LGBT elders and their caregivers. Volunteer Services and the Phone Pal program have begun working with SAGE Maine directly to ensure that LGBT volunteers and clients feel comfortable talking about and identifying with sexual and gender identity. The Phone Pal program recently hosted SAGE members at its last training, and has incorporated new inclusive language within the intake process. This has been a wonderful opportunity to further SMAA’s reputation as an inclusive community for people of all backgrounds, and Volunteer Services looks forward to taking their partnership with SAGE to the next level.

**Volunteer Appreciation Luncheon Recap!**

On April 10, over 150 volunteers, staff, and special guests gathered at St. Maximilian Kolbe Church as Volunteer Services honored the amazing individuals who volunteer with SMAA and RSVP. Highlights of this event included musical performances by John Eisenhart and Steven Johns, a fantastic raffle with a wide variety of prizes, and a special volunteer recognition letter from Governor Janet Mills. The luncheon also featured a tribute to Larry Gross, with special guest speakers, former RSVP directors Jeff Newick, Diane Sinclair, Ken Murray, and Carol Rancourt. Volunteer Services was truly thrilled to honor the volunteer “treasures” who selflessly give back to their communities.

**New Volunteers**

We had 45 new volunteers begin their assignments from December, 2018 through March, 2019. Among them are:

- Garrett Barber – Meals on Wheels Driver, Kittery
- Karen Benoit – Matter of Balance Health Educator
- Pam Bowen – Maine Senior Games Program Aid
- Evelyn Campbell – Meals on Wheels Driver, Westbrook
- Heidi Cavalier – Phone Pal
- Linda Coggleshall-Searles – Maine Senior Games Program Aide
- Shirley Curry – Phone Pal
- Miranda Dolph – Maine Senior Games Board
- Willard Dyer – Meals on Wheels Driver, Kittery
- Dianne Flammia – Meals on Wheels Driver, Kittery
- Nancy Fortin – Maine Senior Games Program Aide
- Carol Fournier – Maine Senior Games Program Aide
- Kristin Gould – Tai Chi Educator
- Claire Grant – Activity Aide, Sam L. Cohen Center
- Nicholas Hoar – Meals on Wheels Driver, Kittery and Sanford
- Robin Johnson – Money Minders Bill Payer
- Carol Kingston – Phone Pal
- Pamela Lanz – Matter of Balance Health Educator
- Gail Lieceardello – Matter of Balance Health Educator
- Kelsey McDonald – Phone Pal
- Bonnie Moger – Tai Chi Educator
- Carolyn Neilson – Phone Pal
- Elaine Politis – Tai Chi Educator
- Elisabetta Rea – Phone Pal
- Bill Ridlon – Money Minders Bill Payer
- Sharon Sallinen – Phone Pal
- Cindy Scott – RSVP Advisory Council
- Emily Scully – Meals on Wheels Driver, South Portland
- Bruce Shaw – Clerical RSVP and Money Minders Bill Payer
- Noelle St. Hilaire – Maine Senior Games Board
- Victoria Swerdlow – Money Minders Bill Payer
- Bonnie Tolzmann – Warming Crew
- Erica True – Phone Pal
- Sarah Wheeler – Money Minders Bill Payer
- Patsy Wiggins – Senior Games Board
- Cynthia Williams – Phone Pal
- Deb Folsom, Kezar Falls and Sanford Sites Manager

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**Wildlife & Birdwatching**

- Cemetery is considered a premier birdwatching sanctuary with a variety of wildlife.

**A New Columbarium**—offering an above ground alternative to in-ground burial of cremated remains.

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