

Ethel McMullen Turns 99 on 9.9.09

The East Lebanon Fire Barn was the site of a wonderful celebration for Ethel McMullen on September 9, 2009, her 99th birthday. Surprisingly, Ethel wasn't born at either 9AM or 9PM—but rather 6AM, she tells the group of 25 or so community friends gathered for lunch with cake and ice cream. The party was organized by planner extraordinaire, Isabelle Coleman of Wells.

One of Ethel's great nephews and his son, both named Dan MacKenzie, stopped by on their lunch break. One of her nephews taps maple sugar trees and Ethel boils the sap down for maple syrup. She reports 32 quarts of syrup in 2008 and 22 quarts in



2009. Ethel mows her own lawn and drives a 1982 Toyota pick up truck. She doesn't drive at night or in the rain and snow, but she gets around otherwise and stays busy. "I don't split wood very much anymore but I still carry it to keep my stove going," she says.

Ethel says she "loved" old people when she trained on the medical floor of a hospital when she was in nursing school. "People say that's because you're old. I wasn't always old," she says in her sweet voice. Ethel worked at a VA hospital in North Hampton, Massachusetts until she returned to Maine to help her sister care for their aging parents. She postponed marriage until she was 64.



She was looking forward to baked haddock, "Because that's what I want," for her evening birthday celebration with family.

Ethel shared a poem she wrote in about 1928 when her best friend from nursing school died. Ethel says she still finds comfort in the words.

"But when the trumpet sounds, what joy it will bring. The everlasting flowers will bloom in God's eternal spring."

It's That Time Of Year Again—

Review Your Health Insurance Coverage Before December 31

If you are on Medicare it is time to review your health insurance options and make the choices for coverage to carry you through 2010. This year there are some new challenges facing those who have chosen Medicare Advantage or Medicare C coverage. The Centers for Medicare and Medicaid Services (CMS) have tightened requirements on the insurance products sold. One of those requirements is that all policies sold by a single company must be "substantially different." Some companies have many plans which have very subtle differences. For 2010 the number of similar

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Southern Maine Agency on Aging

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From the Director's Desk

Volunteer and Veteran Appreciation

Veteran's Day was celebrated in a special way at SMAA this year. Along with Martin's Point Health Care, SMAA sponsored a showing of the movie, "The Way We Get By," a documentary about greeters who meet returning, active military at the Bangor, Maine airport. All SMAA volunteers and patients of Martin's Point who are veterans were invited to attend. The film follows the greeters who openly show their joys and struggles as the movie becomes as much about the greeters' stories as about their good deed for returning soldiers. It was a pleasure to have Ellen Stone Benson, one of the greeters, attend the event.



Meals on Wheels: Working Toward Better Health

New Online Referrals

The SMAA website now offers a fill-in-the-blank referral form, which is accessed directly from the home page. Click on "Make a Referral." Usually the first meal can be delivered within 24 hours. Later, one of the SMAA staff will make a home visit. To phone in a referral, call 396-6583 in the Portland area or toll free 1-800-400-6325 24-hours a day. There is no waiting list or income qualification for Meals on Wheels.

Special Diets

Therapeutic or prescription meals can be ordered for delivery by Meals on Wheels volunteers. Menus include entrées and side dishes that are chopped, pureed or suitable for renal diets and prepared by Maine Medical Center. All regular meals are low in sodium and no-sugar desserts are available by request.

All SMAA meals meet one-third of the daily DRI (dietary reference index) using the FDA's 2,000 calorie

menu and are approved by a Maine registered dietician.

November is National Family Caregiver Month

I join my colleagues in honoring family caregivers this month. Every day, in every community caregivers assist friends, relatives, and loved ones with daily tasks, including personal care and homemaking as well as more complex health-related interventions like medication administration and wound care. These dedicated individuals are the backbone of our long term care system.

SMAA's Family Caregiver Support Program is firmly committed to supporting caregivers, who need services and supports to safeguard their own health and emotional well being. Caregivers also need protections against some of the financial burdens often associated with caregiving. By supporting caregivers in their wish to keep family and friends at home, we are all avoiding more costly and confining institutional settings.

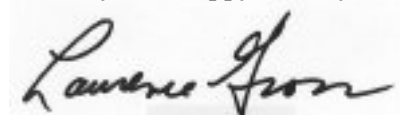
SMAA's Adult Day Health Program, the Truslow Center in Saco, is also a key service for families who need time off to work and safe, social and recreational options for their family member. Truslow Director Debra Thomas offers a complementary visit by calling 283-0166.

Annual Fund Surpasses Goal

Thank you to all of our 1,248 wonderful donors who helped us surge past our 2008-2009 Annual Fund goal and set some new giving records despite a devastating national recession. We were pleased to discover that the number of new donors increased by 24% and gifts from individuals increased by 14%. The \$558,864 received made it possible for the Agency to balance its operating budget and provide vital support for virtually every program and new initiative. We are sincerely grateful for your gifts and philanthropic spirit. Thanks to the people who give, we are truly mission driven and donor supported.

As we look ahead to 2010 and state funding cuts remain a real possibility, your gifts will be ever more critical to enable us to continue improving the physical, emotional, and economic well being of older adults in our region.

I wish all of our readers a healthy and happy holiday season.



Laurence Gross
Executive Director, SMAA

From One Generation to the Next — Volunteering at its Best!

During a conversation with dedicated Money Minders volunteer Maureen Allen, I learned of her and her mother and their volunteer work for the Southern Maine Agency on Aging. I'd like to share her story with you in her words.

Maryann McGreehan, Money Minders Coordinator

In 1986 my mother, Mary E. Maguire, became a volunteer knitter for RSVP working closely with Priscilla Greene, the Coordinator. It was a partnership that

kept Mom's arthritic hands moving. Mom looked forward to Priscilla's visits and loved receiving RSVP service pins at the annual volunteer recognition!

Later, Mom moved in with my husband and me due to her failing health. She couldn't walk around,

but she was constantly knitting hats and lap robes for Priscilla. Once in awhile she'd manage some dish cloths and dish towels for the family, but she loved knitting for Priscilla. At one point, I believe she was her top knitter!

When I turned 55, Priscilla made sure I had a volunteer application. She knew I loved to knit, and that I had already been making hats and mittens for a few years.

Sadly, my mother passed away January 19, 2006. She was 93 years old and had volunteered for RSVP for 20 years. In lieu of flowers at her funeral, my family asked for donations to be made to the Agency's RSVP Program. Friends and family knew how much the program meant to my mother.

Priscilla knew there was a place for me volunteering with the "Money Minders" program. For years I'd been taking care of my mother's and my uncle's mail and checking accounts, before they both died in 2006. It seemed like a natural thing to do. After an interview and orientation and training with Maryann McGreehan, I was ready to go!

My first Money Minders client was a woman who had no relatives living nearby to help. I visited twice a month to help her sort mail, pay bills, balance her checkbook, and be a trusted friend. We had fun, friendly visits where I knew my time was valued and I felt great satisfaction in sharing my skills.

My second client is also a wonderful woman. I go once a month to help balance her checkbook, but our visits are very rewarding in other ways. For example, she collects, I collect. She embroiders, I embroider. She wants to knit again, I love to knit! To my surprise, my client called Priscilla Greene and is now knitting lap robes and is proud to be an RSVP Volunteer. I foresee shar-

ing many friendly, rewarding visits in the future.

I was involved with accounting my entire working career. Volunteering for the Money Minders Program allows me to help people by using some of that knowledge. It's such a good feeling to know I've helped someone who really appreciates my time and friendship. I love going to help! Sometimes I wonder if I'm being selfish because I love the feeling I have when I leave.

If you're thinking about volunteering as a Money Minder, it's important to know that when you first meet your client, you are introduced by Maryann. This is a get-to-know-you visit to make sure you are both comfortable and ensures a successful match. Once you start visiting your client on your own, once or twice a month, that's when your visits take on a story of their own.

Interesting in volunteering? Please call Maryann McGreehan the Southern Maine Agency on Aging at 1-800-427-7411 x523 or 396-6523.

What Money Minders Clients Say —

FROM THE 2009 CLIENT SATISFACTION SURVEY

I would be lost without Money Minders—before I got help my bills weren't paid on time.

I was completely overwhelmed before I got a Money Minders volunteer.

I especially appreciate the help when things come in the mail that I can't understand—things that leave me dumbfounded.

I enjoy the support from my volunteer and the confidence he gives me.

If I didn't have Money Minders I'd be in financial trouble.

If I didn't have Money Minders I'd be in jail!

It puts my mind at ease to know my volunteer will find any mistakes. I don't worry as much.

My life is so much less cluttered—and my mind too. I can't tell you how much freer I am. Thank God!

I feel like a new person since I got a Money Minders volunteer.

Money Minders helps me live independently.

Money Minders was created 10 years ago by the Southern Maine Agency on Aging, a private, non-profit organization. Money Minders are trained, bonded volunteers who provide confidential assistance with budgeting and bill paying to older people in York and Cumberland counties.

Questions?: Volunteering: call Maryann McGreehan at 396-6523; Obtaining a Money Minder volunteer: call 1-800-427-7411, ask for an Elder Advocate; Making a donation: call Susan DeWitt Wilder at 207-396-6513; or visit www.smaaa.org



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Caregiving from Away

Stacey Farrington, MS, RN-BC
MMC Division of Geriatrics
Hospital Elder Life
Nurse Specialist

As I sit to write this article, I reflect on my journey as caregiver to my mother, who is nearing 80 years of age and lives several states away. In just one week I will visit her and sort out her attic, a task neither of us is looking forward to. These kinds of chores, however, are the stuff of caregiving, as is well-known by the more than 7 million adults in the U.S. who provide some form of caregiving to loved ones who live elsewhere (National Institute on Aging / NIA).

Caregiving takes many forms, of course, and may include telephone support, financial assistance, problem-solving, and shared decision-making, or may require more hands-on assistance with home repairs, for example, and transportation to appointments. Similarly, caregiving may be frequent or more episodic, depending on time, distance, and need. Whatever the form and the need, how can we, who may have jobs and families in our own homes to support, provide the loving care needed by our older family members or friends who are in distant places? Fortunately, many resources are available to help provide us information, support, and guidance.

Among these resources is the National Institute on Aging's free publication, "So Far Away, Twenty Questions for Long Distance Caregiver," available by calling 1-800-222-2225 or from the web at www.nia.nih.gov. This guide suggests several ways to plan and assist loved ones from afar, such as the following:

- Know the community, including neighbors and friends who can help.
- Plan ahead to avoid preventable problems and crises.
- Know what resources are available and contact them for help (obtain a copy of the local phone book for handy reference or try the Eldercare Locator service, which can help in finding local resources (1-800-677-1116 or www.eldercare.gov).
- Assist your loved one in keeping up-to-date lists of medications, appointments, and recent illnesses.
- Survey the home and help maintain a safe environment by minimizing clutter, installing or obtaining assistive equipment, and helping with home repairs.
- Assist in planning for medical and financial decision-making in the event your loved one cannot speak for themselves (Advance Directives, Power of Attorney, etc.)

Some of these tasks can be done during phone conversations, and others accomplished on planned vis-



its over time. In addition, the role of caregiver can be shared with other family members and friends so the burden of information and care is not yours alone, and so you can also draw on the strengths and skills of others. When you or other family members cannot be with your loved one, consider hiring a Geriatric Care Manager, for a short or long period of time, to obtain and manage the care needed. The National Association of Professional Geriatric Care Managers can assist in finding a reputable Care Manager (www.caremanager.org).

In southern Maine, contact the Family Caregiver Support Program at the Southern Maine Agency on Aging (SMAA) for assistance in finding the nearest agency on aging in your loved one's area, as well as for general guidance and classes in

caregiver support. Individual and group support is also available and includes an on-line group. You can also meet with SMAA staff in person, or communicate with them by phone or email (1-800-427-7411 or 396-6500). To send an e-mail inquiry log on to www.smaaa.org and fill out the form or send an e-mail to info@smaaa.org.

While you provide assistance for your long-distance loved one, remember to take care of yourself as well. Providing care can be exhausting and sometimes guilt-ridden if you feel that you just can't do enough. Support yourself and learn from other caregivers by contacting the National Alliance for Caregiving (www.caregiving.org). In addition to advocacy and support, the National Family Caregivers Association (1-800-896-3650 or www.nfacares.org) provides helpful tips on such caregiving dilemmas as how to communicate with health care providers, how to choose a nursing home, and what to do when your

loved one is hospitalized.

All of these resources suggest that an important beginning is to talk with your loved one about needs and desires. Next, learn what resources are available and how those listed above can help meet your loved one's needs. Then begin, one step at a time, on the caregiving journey and, whenever needed, be sure to seek support and assistance along the way.

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The Memory Tree is a lasting tribute to our clients, as each handcrafted leaf is engraved with the name of a loved one or friend. The Memory Tree was created and donated by Jac Ouellette, metal sculptor, and is on display in our lobby.

Mission Statement

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

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Intro to Hearing Loss

By Caitlin W. Helstrom,
 Au.D., CCC-A, F-AAA
 Doctor of Audiology



Although about 36 million people in the United States have hearing loss, the condition is most often associated with aging (American Academy of Audiology, 2009). Some individuals are born with impaired hearing but for most people, hearing loss occurs later in life from such causes as prolonged exposure to noise, ear disease, ototoxic medicine, head trauma, or genetic predisposition. Having accurate information, however, can not only help the people with hearing loss but their family and friends as well.

Audiologists define three main types of hearing loss: sensorineural, conductive, and mixed. Sensorineural hearing loss refers to damage located in the tiny hair cells in the cochlea, or inner ear. This type of hearing loss is usually permanent since it is not medically or surgically correctible. In a conductive hearing loss, dysfunction in the middle ear prevents a signal from the environment being transmitted effectively to the inner ear. Children with fluid in their ears from an ear infection, for example, often have a conductive hearing loss when fluid creates a plug in the middle ear. In most cases, however, once the fluid is gone and the ear has healed, a signal can be transmitted and hearing is again normal. The third type of hearing loss, mixed, which has both sensorineural and conductive components, occurs when both the inner ear and middle ear systems have dysfunction.

This article focuses on sensorineural hearing loss, the most common type of hearing loss for older adults. The degrees of sensorineural hearing loss are categorized as mild, moderate, severe, and profound, which have corresponding degrees of adverse effect on communication. Someone with a mild hearing loss, for example, may be fine in one-on-one conversations in quiet surroundings, but will often have difficulty in noisy situations or when speech is very quiet. A person with a moderate hearing loss may have difficulty with conversational speech in quiet, and will often ask people to repeat what was said. These individuals often miss much in group conversations or when there is background noise. Individuals with severe hearing loss will most likely need hearing aids to detect average-level speech and may have great difficulty on a telephone. A person with a profound hearing loss will definitely need hearing aids to perceive speech and most environmental sounds. However, hearing aids may not help some people with profound loss to hear speech and environmental sounds and, if they are a suitable candidate for the treatment, they may be fitted with a cochlear implant.

All degrees of hearing loss can have psychosocial effects, which become greater when the hearing loss is untreated. Such effects include frustration, anxiety, depression, withdrawal from favorite activities, insecurity, and isolation. People with untreated hearing loss may also feel em-

barrassed because they miss words in a conversation or answer questions inappropriately because part of the message was missed. Hearing loss can additionally affect the hearing-impaired person's family and friends, who may become frustrated or annoyed at often having to repeat themselves, or who may feel confused because the hearing-impaired person may be able to hear in some situations, but not others.

Fortunately, most individuals with hearing loss can be helped with modern hearing aids, and different styles are available to meet an individual's hearing needs and cosmetic concerns. However, since hearing aids do not make hearing "perfect," counseling is also important, since there may still be some difficulty hearing in very noisy situations or with groups engaged in fast conversations. Learning communication strategies can further help the hearing-impaired person to listen and communicate more effectively, and thus benefit more fully from the hearing aids.

Friends and family of an older person can be helpful when they recognize symptoms and signs of hearing loss, which include asking people to repeat, giving inappropriate responses to questions, having difficulty understanding in groups, watching a speaker's mouth intently, turning the TV or radio up very loud,

claiming that others do not speak clearly, and/or avoiding social situations. If you think you or someone you know may have hearing loss, go to the American Academy of Audiology's website, www.howsyourhearing.com, to learn more and find an audiologist who can perform a hearing evaluation.

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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.

November is National Family Caregiver's Month

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

In November, we honor family caregivers—unpaid family and friends who assist older adults. Family caregivers provide more than 80% of the long-term care in the United States at no cost. At current rates, this free care is worth more than \$350 billion if money exchanged hands.

The goal of the Family Caregiver Support Program is to help family caregivers continue to assist older adults without becoming exhausted. We look for ways to help reduce caregiver stress and make caregiving easier. SMAA supports family caregivers in a variety of ways, which include:

Information and Referral:

SMAA Elder Advocates offer assistance by phone or in person to help identify resources and services for older adults, including benefit programs, housing, respite, personal assistance, or other programs. We also provide health insurance counseling and education, and can assist with accessing benefits such as Medicare.

Support: We are happy to talk with family caregivers on the phone, by email, or set up a time to meet in person. We have a number of support groups for people assisting older adults (see schedule in this issue), and we also offer an online support group.

Classes for caregivers and professionals: We have a variety of topics, from stress management to planning for eldercare to supporting independence. We are happy to

present lunch and learn sessions at workplaces for employee caregivers (a great way for employers to be supportive of their staff). Training is available for professionals to learn about issues faced by family caregivers and strategies to work effectively with them.

Respite: We are happy to help family caregivers figure out ways to get a break from caregiving responsibilities. We have a small amount of respite funding available, and guidelines allow for some creative problem solving to relieve caregiver responsibilities and reduce stress.

SMAA also offers the **Partners in Caring** program, providing respite reimbursement for people who are assisting a family member with dementia. The care recipient must meet state financial asset guidelines. There is generally a waiting list for this program, but it is worthwhile to get on the list.

Kinship Caregivers: A limited percentage of the Family Caregiver Support Program funding may be used to assist a different group of caregivers—those who are 55 and over and have full-time responsibility for someone else's minor children.

Please feel free to contact the Family Caregiver Support Program for assistance by calling 1-800-427-7411. To all family caregivers, "Thank You" for all you do!

Help for People Helping Aging Family Members

Are you assisting an older adult? Do you spend time helping with errands, household chores, finances, meals, health care or personal care? If so, then you are a family caregiver. The Family Caregiver Support Program can help support you as you help someone else.

Class Schedule

December 1, 6-7:30PM. **Living Options for Older Adults.** Scarborough Adult Education (class will be held at SMAA office). Register at 730-5040.

December 15, 6-7:30PM. **The Emotional Rollercoaster of Caregiv-**

ing. Scarborough Adult Education (class will be held at SMAA office). Register at 730-5040.

February 23 - March 30, Tuesdays, 1:30-3:30PM. **Savvy Caregiver.** SMAA / Scarborough Adult Education; class held at SMAA. Contact Kate Dulac at 1-800-427-7411 to pre-register (required).

February 23 - March 30, Tuesdays, 5:30-7:30PM. **Savvy Caregiver.** SMAA / Scarborough Adult Education; class held at SMAA. Contact Ann O'Sullivan at 1-800-427-7411 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.

Support / Discussion Groups for People Caring for Older Adult Family and Friends

Is caring for an aging family member or friend leaving you feeling... Tired... Isolated... Sad... Guilty... Stressed? Want to talk with other people in this situation and share ideas?

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

Bridgton: Caring for Your Aging Family Members; 2nd Wednesday of the month, 1-2:30 PM (new time), at the Bridgton Community Center. Contact Oretta Baker at 647-8095. Respite care is available.

Portland: 1st Monday of the month, 5:30-7PM 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 1PM at SMAA. Contact Kate Dulac at 1-800-427-7411

York: 3rd Tuesday of the month, 1-2 PM, at the Heart Health Institute. Contact Susan Kelly-Westman at 351-3700

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Tuesday of the month, 1-2 PM, at the Heart Health Institute. Contact Susan Kelly-Westman at 351-3700

On-line support group: This 24 hour/day message board is simple enough for even the least experienced computer user. 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 or online@smaa.org.

Other areas: Please call Kate or Ann at SMAA, if you are looking for a group in another area. Toll-free number is 1-800-427-7411.

Family Caregiver Support Program 2009 Mini-Grants

SMAA's Family Caregiver Support Program (FCSP) was able to award four collaborative mini-grants for 2009. The projects supported this past year were:

Community Partners, Inc. developed resources, and initiated a support and education group for professional and family caregivers of people with dementia. They built on their expertise working with people with developmental disabilities, a number of whom develop dementia in later life. The group will continue to meet on the 3rd Monday of each month from 3 to 4:30 PM at the CPI office in Biddeford.

Maine Geriatric Education Center at the University of New England revised and updated the "Older Adult Resource Toolkit," first issued in collaboration with SMAA in 2006. The project included a survey of current users, update of the Toolkit, dissemination via the Internet, and will include a follow up evaluation with users. Erin Foley, BSW, a social work intern at SMAA this past year, updated the Toolkit.

Jewish Family Services developed an alternative Shabbat service for family caregivers and care recipients who experience disruption in their religious observances due to their caregiving responsibilities. The program was designed with the help of Rabbi Harry Sky, and was well-received by participants. JFS will continue to offer a regular alternative Shabbat program in partnership with local congregations.

Paula Banks Consulting and Two Lights Homecare partnered with SMAA, the Cape Elizabeth TRIAD, and the Cape Elizabeth High School for a Senior to Senior volunteer program to match high school seniors with older adults needing assistance in the community. The program will resume in the fall, and can serve as a model for other communities to replicate in the future.

Thank you to all the grantees for all your efforts on these exciting projects!

Self-care for Caregivers: Getting Physical

by AnneMarie Catanzano, MA
Family Caregiver Advocate

Older adults who serve as caregivers for others may need to be reminded to take care of their own health, and particularly to attend to their own need for physical activity. Risk factors for poor health do increase with age, and 88% of people older than 65 have at least one chronic health condition. However, the more physically active a person is, whether care-giver or care-receiver, the more these risk factors can be minimized.

For example, regular physical activity can reduce the risk of heart disease, diabetes, colon cancer and high blood pressure, can lower the risk of developing depression, and can provide a better quality of sleep. Even when health problems are present, or when a person is frail or very old, physical activity can improve the ability to function well and remain independent. In short, investing a small amount of time in becoming more physically active can produce big dividends in better health, and this is true for the givers as well as the receivers of care.

Fortunately, we do not need to spend hours a day in vigorous activity, since significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all, days of the week. Spending just 30 minutes in activity such as a brisk walk or raking leaves, for example, has remarkable health benefits for older adults.

The following suggestions can help an older caregiver to increase and maintain physical activity, which can in turn help to avoid depression

and lead to better health:

- Consult your health care provider about the level of activity that is safe and appropriate for you. Discuss any medical issues that might interfere with more regular activity and review any symptoms and problems that might determine the activities that are safe for you.

- Make activity a daily part of your life by finding activities that you enjoy that can become a regular part of your routine. Also, find others to join you, since partners can make it more fun, can provide encouragement, and can help overcome problems of transportation or safety.

- Set specific activity goals. Start slowly and build up to increasing levels of activity. Try to be active for 30 minutes a day on a regular basis.

- Check out community programs or local exercise venues for programs directed to older adults. Indoor facilities such as gyms or malls often have walking programs.

If your caregiving responsibilities confine you to home, the following suggestions may be helpful:

- Try easy exercises, done while seated, that your family member may be able to do with you.

- Have a friend come over at a certain time each day and follow an exercise routine on a video or DVD. Exchange videos with friends so you have a variety.

- Remember that housework and gardening can also be moderate exercise, especially if done energetically.

- Dancing is also good exercise, besides being fun and a good mood lifter.

- If 30 minutes seems too lofty a goal, build up to 30 minutes with three 10 minute exercise sessions. If 10 min-

utes seems to take too much time or energy, start with just five minutes.

- Try wearing a pedometer and make it a goal to increase the number of steps you walk each day.

Making some time for exercise is an excellent tool for stress reduction for caregivers. Research has also found that caregivers who exercise regularly have less depression, anxiety, and anger, as well as lower blood pressure, than caregivers who don't. Lastly, taking care of yourself, by doing things that are healthful for you, will help you continue to take care of your loved one.

Online Support for Caregivers

For many caregivers, finding the time to attend a regular support group can be a real challenge.

Support groups provide an opportunity to share information and experiences, and feel a sense of camaraderie. As caregivers may feel all alone in the work they are doing, support groups help to balance that by connecting people who face similar struggles. If you would like to connect with other caregivers but you are having trouble finding the time to attend a group in person, please consider joining our online support group!

The SMAA Family Caregiver online support group is a message board available 24/7. It is free, private and confidential. It is simple to access but you need to send in a request to join. If you have internet access and would like to participate or receive more information, please contact Kate Dulac at SMAA, 1-800-427-7411 or online@smaa.org.

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SOCIAL SECURITY

Now's the Time to Apply Online for a New Year Retirement

By Robert Clark
 Social Security Representative

If you're planning on retiring sometime early in 2010, now is the time to apply for retirement benefits. The most convenient way to apply for Social Security benefits is online—from the comfort of your home or office. Just go to www.socialsecurity.gov/applyonline.

Our website will walk you through the online retirement application process. We will tell you what information you will need to answer

the questions on the application. Further, we will describe the documents you may need to present once you have submitted your application.

Before you start your application, we recommend you get an estimate of your retirement benefit. This too, you can do on the Social Security website at www.socialsecurity.gov/estimator. The Retirement Estimator uses your personal employment history to estimate your retirement benefit. It also will help you to answer some of the questions on the retirement application.

You can use the online application to apply for Social Security retirement or spouses benefits if you:

- Are at least 61 years and 9 months old;
- Want to start your benefits in the next four months; and
- Live in the United States.

You will want to be fully informed of your options and their consequences before applying. The website will tell you everything you need to know about the Social Security "basics" so you'll be ready to retire when you apply online.

Before filing for retirement online or in person, we suggest you have the following information on hand:

- Your date and place of birth and Social Security number;
- Your bank or financial institution's routing transit number and the account number, for direct deposit of your benefits;
- The amount of money earned last

year and this year. If you are filing for benefits in the months of September through December, you will need to estimate next year's earnings;

- The name and address of your employer(s) for this year and last year;
- The beginning and ending dates of any active U.S. military service you had before 1968;
- The name, Social Security number and date of birth or age of your current spouse and any former spouse. You also should know the dates and places of marriage and dates of divorce or death (if appropriate); and
- A copy of your Social Security Statement.

Even if you don't have all the information we need, you should go ahead and apply. We will contact you later if we need additional documentation. Applying online means there is no need for you to go to a Social Security office or wait for a scheduled appointment with a Social Security representative. You can apply online in as little as 15 minutes.

So if you want to start the New Year off as a retiree, or plan to start collecting benefits early in 2010, now's the time to take action. Don't delay; apply online today at www.socialsecurity.gov/applyonline.



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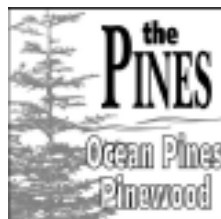


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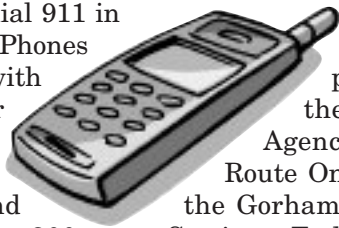


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If you have old cell phones to donate, please drop them at the Southern Maine Agency on Aging, 136 US Route One, Scarborough, or at the Gorham or Westbrook Police Stations. To help collect phones in your church, school or community group, call Mary Hadlock at 396-6509. Thank you!

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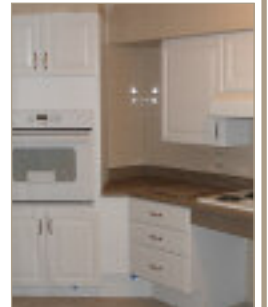


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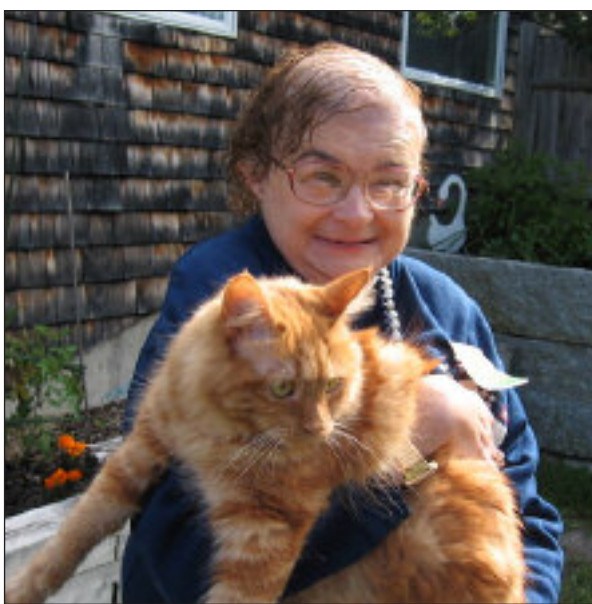


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Truslow Adult Day Health Center's Garden Angel, Kim Thomas from the University of ME Cooperative Extension (right), is pictured in the Truslow garden with Carmen (center) who has spent time working in the garden this year and Center Director, Debra Thomas. For more information on day health center services, contact Debra Thomas at 283-0166.



Truslow Adult Day Health Center participant Charlene gives Haley the Truslow kitty a hug. The day health center program is available from 8-5, Monday through Friday and makes it possible for participants to spend their days engaged in fun, therapeutic activities.

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SMAA if they can accomplish their other objectives. They decide to contribute the stock for a charitable gift annuity. Here is how their situation changes and their financial goals are met. (The figures that follow assume a discount rate of 3.4% and quarterly payments.)

Prior to the Gift

Fair market value of stock	\$50,000
Dividends	1,000
Income tax on dividends (15% rate)	-150
Net spendable	\$850

After the Gift

Contributed for gift annuity	\$50,000
Annual payment received	2,900
Taxed as follows:	
Ordinary Income	850
Long-term capital gain	1,230
Tax-free	820
Income tax (33% x \$850, plus 15% x \$1,230)	-465
Net spendable	\$2,435

In addition to more than tripling their cash flow from the stock, the Webbs receive a charitable deduction of \$20,081, which results in tax savings of \$6,627.

Please contact Peg Brown, Director of Development, at 207 396-6590 for more information.

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SMAA's "As You Like It" Expands to Events on Broadway

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From traditional turkey and all the trimmings to roasted root vegetables to the cranberry fritters with Maine maple butter, there are ample offerings to satisfy everyone's palate. Menu also includes roast prime rib and glazed ham. Serving will be from 11 to 3 at Events on Broadway, 729 Broadway, South Portland. For a complete menu, visit www.ptcmaine.com. For reservations, call 699-5855. Walk-ins welcome. Just \$13 for this huge buffet if you are 60 and older and get your ticket through SMAA, 136 US Route One, Scarborough. Regular price for those under age 60 is \$19.

Sunday Night Dinner and Jazz

Plan on every Sunday! November 22 and 29th special guest Don Doane and friends 6-9PM. Dinner and jazz is \$6.50 for those 60 and older. Regular price is \$12.50. Call 699-5855 for dinner reservations. Walk-ins welcome. Pick up your ticket at SMAA, 136 US Route One, Scarborough. FMI, call 396-6583.

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For example, if the contracted work was not finished:

First, write a letter to the contractor (date it and keep a copy) specifically stating your complaints. If most of the work was satisfactory the contractor should be given the opportunity to complete the job within a reasonable time. If the contractor does not respond or refuses to do more work, you can then hire someone else to complete the job. You can also sue the original contractor for the cost of completing the job properly. To do that, first get an opinion in writing either from your town's code enforcement officer or from another contractor.

If you seek damages for \$4,500 or less or more than \$4,500:

For amounts under \$4,500 you can sue in Small Claims Court, without the expense of hiring a lawyer. You would present there your complaint and supporting evidence such as a written contract if there was one, photographs, written estimates of completion costs, and any correspondence.

For amounts over \$4,500 you must sue in a higher court and hire a private attorney.

If the work done was unsatisfactory:

For very poorly done work, you need not allow the contractor to return to attempt repairs. Instead, write the contractor listing your complaints, obtain written opinions by experts on the work's poor quality, and then sue the contractor as outlined above.

If none of the work was performed:

For agreed-upon but unperformed work, you can cancel the contract by writing the contractor to that effect and request your money back. If the money is not returned you can then sue the contractor for the amount you paid. Again, for amounts under \$4,500 you can go to Small Claims Court.

Door-to-Door Solicitations of Work

The three-day "cooling off" period:

If you agree on home repairs to be done by a contractor/salesperson who has solicited you in a door-to-door situation, you have three days to consider the agreement and cancel the contract without penalty. To cancel the work, write the contractor cancelling the contract and requesting your money back if you have paid in advance.

Use a reputable contractor:

Do not let yourself be talked

into repairs by an unknown person soliciting on your doorstep. Best is to use reputable contractors or someone recommended by a knowledgeable friend who had good personal experience with the contractor. Often the materials used by door-to-door contractors are of poor quality and the work may be done inadequately.

Also, contractors unknown to you may be difficult to locate after they have taken your money. Furthermore, even if you do manage to locate them, they often will have no money to repay you, even if you sue them and win.

Get a written contract:

Before paying any money to the contractor, get a written contract. For repair work costing more than \$3000, a written contract must be in place, which should include such provisions as a warranty for good workmanship.

If you run into problems, get help:

For any type of problem with home repairs, the Maine Attorney General's Office is a helpful resource. If you are not interested in going to court, the Office offers mediation services to help negotiate a settlement with your contractor. You should also report to the Office fly-by-night scammers. The Maine Attorney General's Office can be reached at (207) 626-8800 or online at www.state.me.us/ag.

In addition, the Legal Services for the Elderly Helpline at 1-800-750-5353 can evaluate your problem and advise practical steps to take. Although Legal Services for the Elderly takes a few cases, such as when the client is in danger of losing his/her home due to improper repairs, generally you will need a private attorney if you plan to sue in any court except Small Claims Court. Mediation is required before a case is heard in Small Claims Court.

Financing Home Repairs:

Financing arranged by the contractor can be one of the most serious problems resulting from door-to-door solicitations for repairs. Although the contractor may suggest he can arrange for financing the work and materials, beware! Often the interest rates are very high compared with a regular home equity loan.

To arrange your own financing consider a home equity loan to pay for home repairs. However, it is NOT a good idea to consolidate your home repair loan with other indebtedness such as your credit card or medical or auto loans. If you are unable to keep up payments on that then-larger debt, you may be vulnerable to foreclosure on your home. The Legal Services for the Elderly Helpline (1-800-750-5353) can also counsel you about debt problems.

For further information on all of the above topics please call Legal Services for the Elderly Helpline at 1-800-750-5353.



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EDITORIAL

What Happened to Health Care Reform?

Until recently it seemed predictable that health care reform would occur soon after the new administration was in place. Most agreed that the current system had failed, that the cost of health care was inflated, and that the need to care for 100 million uninsured and underinsured people demanded our attention. Alarms sounded that health expenditures were threaten-



ing to balloon to an unsustainable 20% of the GDP. In consequence, vast armies have materialized to participate in the current battles over health care, battles being waged by "stakeholders" rather than soldiers, and motivated by **greed**. Activists have never been more active, but failure to consider social justice has become embarrassingly commonplace. Self-appointed "experts" on

health care have attempted to orchestrate the ways and means of change while lacking the vital ingredient of experience, never having looked a patient in the eye. Health care reform has also been selected as a focal point for differing with a new president, an opportunity to stimulate turmoil and rouse opposition to everything he tries to do. Meanwhile the clock ticks on, to the advantage of the special interests who relish the status quo. Unsurprisingly, ordinary Americans are confused as they attempt to sort out the issues and take positions. My advice is to consider the source of the information. Is there a conflict of interest? Is there a monetary reward for the people giving advice? Are they knowledgeable and experienced? Do they respect social justice and equality?

Let's explore some true and imaginary problems preventing progress in health care reform.

Problem #1: Health care reform has become too political. True. Politicians need to hear this from the constituents. An independent commission should be established to develop a reform package, using individuals who are experienced in health care administration and who reject political involvement as being inappropriate and beneath the ideals of such reforms.

Problem #2: Change will cause tax increases. False. Costs of a single-payer system would be much less than our current system. Elimination of duplication of effort, of excess CEO and other administrative salary packages, and bringing down stratospheric pricing for drugs and medical devices will ensure lower costs.

Problem #3: The Government lacks skill and experience in running a health care system. False. The Federal Government has abundant skill and experience as evidenced by its successful operation of over 50% of our current system, including military medicine, the Veterans Administration health care system, the NIH, the CDC, the Pub-

lic Health Service, and Medicare.

Problem #4: Drug price control will cause pharmaceutical firms to curtail research, thus impairing the development of new drugs and medical devices.

False. Such research is carried out predominantly by government grant funding plus private non-profit funded sources.

Problem #5: Systems such as universal health care with a single payer will overload health care facilities, causing long waits said to occur in Canada.

Wrong. Wait times in systems such as Canada's are mostly imaginary or are caused by administrative delay and scarcity of equipment—shortages of which the United States does not suffer.

Problem #6: A single-payer system will destroy the health insurance and pharmaceutical industries. False. They are alive and well in single-payer systems all over the world and can adapt to the business climate. Some executives may, however, have a reduction in multi-million dollar salaries and may have to give up a jet.

Problem #7: We cannot afford it. Wrong. We need only wind down a few wars and decline the next one and we will have a surplus of funds for our taxpayers' health care.

Problem #8: Lobbyists for health care vendors prevent reform desired by American voters. True. All polls show Americans favoring a universal single-payer system. However, this is stymied by Congress, led by Senator Baucus, a recipient of more than \$5 million in campaign donations from the health care industry.

Can't we see? Reform is alive and well when we open our eyes to the facts.

Richard C. Dillihunt, MD is a retired surgeon currently living in Portland. Dr. Dillihunt trained and practiced at Maine Medical Center and describes himself as a long term proponent of universal health care and a single payer system. He can be reached at dillihunt8@aol.com.

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From Volunteer to Gold Medalist

by Colleen Myers
Advisory Board Member,
Maine Senior Games

In the summer of 2008 I discovered a group of older track and field enthusiasts competing at Portland's Fitzpatrick Stadium in the Maine Senior Games (MSG). Intrigued, I became a member of the advisory board and thought about training for this year's Track & Field event, but never did actually train. However, although I hadn't gone to this year's Track & Field event dressed to compete, I ended up running both the 1500 meter and the 400 meter because of a "fallen angel" whose real name is Gloria.

As a volunteer, I was stationed at the registration desk and had just heard the 1500 meter race called when a small silver-haired woman ran towards me and fell, flat on her face! She picked herself up and said, "Please help me! I'm coming from the javelin throw, and I need to be down there for the 1500 meter and I just fell and hurt my knee. I'm so nervous! I'm the only woman running in the 1500 and I hate to have to run it by myself."

"You don't have to run it by yourself," I heard myself saying. "I'll run it with you."

"You WILL?" she cried. "Yes," I said, more certainly than I felt. Quickly I filled in a form, ran it to

the time-keeper's table, and got into position with Gloria at the starting line. We were holding hands and a few on-lookers were cheering as the starting gun went off.

"Go on, go on," she urged me. "Those long legs of yours were made for running. Go on, don't wait for me."

So we loped alongside each other for a few dozen meters, and then I jogged ahead, around the track once, twice, three times, each time with a bit more difficulty but with the growing certainty that I could do this. Just as I began to slow down at the end of what I thought was the final lap, the timekeeper said, "Just one more."

I thought I didn't have it in me. Everything in me was begging me to stop, or at least slow down to a walk, but I kept on going because of Gloria. Also, I thought of my teenage children Leo and Clara and their struggles with their cross-country runs, and I kept on running. In consequence, I took the Gold medal in the 60-64 age category, and Gloria, a few lengths after me, took the Gold in the 75-79 category. We got our medals not for being super fast but for being out there when nobody else was!

"What shall we do next?" Gloria asked me. "Call 911?" I joked, but she was serious. Then I met Tom Ryan, a celebrity in the Senior Games world who takes top honors

in meets all across the country in his 50-54 age group. He, too, won a Gold medal that day, though he had to fight for his against a field of strong contenders.

"Now that you're warmed up from the 1500," said Tom, "you should try a sprint race like the 200 or the 400. You wouldn't want to leave here having done just one event." So I found myself queuing up again, for the 400, with Gloria and our new friend Pat from Vermont, who ran a strong race and nearly beat Jerry, a man older than she but younger than Gloria. It didn't matter. We were all in it together, all for one, one for all.

In my business, I am in a small group called Get up and Go, and we took our name from the story of an Olympic skier who realized that she lost the Gold not because she fell, but because she didn't get up as quickly as another skier who also fell. We all fall, but the medals go to the ones who get up the quickest.

That's what Gloria did. And by falling right in front of me, and asking for my help, she gave me the courage to do something I'd been thinking about doing, but not actually doing, for nearly a year. I felt like a champion, she felt like a champion, and, we think, we inspired a whole bunch of people!

I am on the Advisory Board of the Maine Senior Games, and had never competed in an athletic event until I met Gloria Lipton on Saturday, September 12, 2009. She is unforgettable! ~Colleen Myers



Gloria Lipton traveled to Maine from New York to compete in Maine Senior Games. She took the Gold Medal in the 1500 meter for women age 75-79. Read about Gloria in "From Volunteer to Gold Medalist."



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It's That Time Of Year Again,

continued from page 1

plans each company offers must be reduced. In Cumberland and York counties there are five companies who are reducing the number of plans they offer for 2010. They are: Coventry Health Care sold as Advantra Freedom, WellCare Health Plans, UnitedHealth Group sold as AARP, Secure Horizons or Evercare, AETNA and Humana.

By October 31st almost 1,600 people in southern Maine received notices that their Medicare Advantage Plan will not be renewed for 2010. If your policy will not be renewed you must choose a different plan or you will be automatically returned to Original Medicare. This means that you will need to purchase a Medi-gap supplemental plan and a drug plan to have complete coverage. You will have until January 31, 2010 to do so, but if you do not have new coverage in place before the end 2009 you may face a one month gap with no health coverage before your new policy

takes effect.

It is also time to review your Medicare Part D Plan to make sure that it will be as cost-effective for 2010. The number of plans available is changing again this year along with premiums and deductibles. The maximum drug coverage deductible for 2010 will be \$310 with only 15 plans having no deductible this year. There will be 44 Part D plans available in Maine in 2010, 12 have decreased their premiums and 27 have increased their premiums. The average premium increase among the 44 plans is approximately 8%. Don't be caught short with a plan that is priced too high or doesn't cover all of your medications. Make sure to check your Part D options before the end of December.

Southern Maine Agency on Aging will be holding clinics in both York and Cumberland counties to help seniors make informed insurance choices. Make an appointment for a review of your coverage beginning November 15, 2009. See schedule of locations and phone numbers below to call for an appointment.

Make an Appointment for Help Figuring Out Your Medicare Prescription Drug Plan

Open Enrollment is November 15 through December 31

The Southern Maine Agency on Aging provides unbiased help with making decisions about your Medicare options including Medicare Advantage Plans. We strongly recommend that you review your plan every year.

Due to the high volume of people needing help at each clinic, an appointment is required except in Bridgton.

Biddeford, McArthur Library
 Call: Linda Sprague-Lambert at 776-4759, Mondays 11:30AM-2:30PM, Tuesday & Wednesdays 9:30AM-12:30PM

Bridgton Hospital, Lakes Region
 Tuesdays 11/17, 11/24, 12/1, 12/8, 12/15, 12/22, 12/29 9AM-3PM /No appointment needed.

Freeport Library
 Call: 396-6524 or 1-800-427-7411 x524, Tuesdays 11/17, 11/24, 12/1, 12/8, 12/15, 12/22, 12/29, 10AM-noon, Thursdays 11/19, 12/3, 12/10, 12/17, 12/31 10AM-noon

Gorham, Baxter Memorial Library
 Call: 396-6524 or 1-800-427-7411 x524, Fridays 11/20, 12/4, 12/11, 12/18 9AM-noon

Gray Library
 Call: 396-6524 or 1-800-427-7411 x524, Wednesdays.

Kennebunk Library
 Call: 396-6524 or 1-800-427-7411 x524, Mondays 11/16, 11/23, 11/30, 12/7, 12/14, 12/21, 12/28 12:30-3PM

Portland, Mercy at Westgate Shopping Plaza
 Call: 396-6524 or 1-800-427-7411 x524, Wednesdays 12/9, 12/16 9AM-3PM

Portland, Maine Medical Geriatric Center
 Call: 396-6524 or 1-800-427-7411 x524, Mondays 11/16, 11/30, 12/7, 12/14, 12/28 9AM-noon

Sanford, Trafton Senior Center
 Call: 396-6524 or 1-800-427-7411 x524, Monday 11/23, 12/21 9AM-noon

Scarborough, SMAA Office, 136 US Route One
 Call: 396-6524 or 1-800-427-7411 x524, Mondays 11/16, 11/23, 11/30, 12/7, 12/14, 12/21, 12/28 9AM-4PM, Wednesdays 11/18, 12/2, 12/9, 12/16, 12/23, 12/30 9AM-4PM, Wednesday 11/25 9AM-noon, Thursdays 11/19, 12/3, 12/10, 12/17 9AM-4PM, Thursdays 12/24, 12/31 9AM-noon, Fridays 11/20, 12/4, 12/11, 12/18 9AM-4PM

South Portland Library
 Call: 396-6524 or 1-800-427-7411 x524, Thursdays 11/19, 12/3, 12/10, 12/17, 12/31 10AM-1PM

Springvale Library
 Call: 396-6524 or 1-800-427-7411 x524, Friday 11/20 10AM-3PM, Friday 12/11 10AM-3PM

Windham Adult Ed
 Call: 396-6524 or 1-800-427-7411 x524, Mondays and Tuesdays 9AM-3PM

York Hospital
 Residents of York, the Berwicks, Kittery and Wells call 361-6988 for appointments.

Understanding Stroke — It is a Medical Emergency

When I was young, all I knew about stroke was that my grandfather had a “shock,” which meant that he had trouble walking and he cried easily. My neighbor also had one, and he was unable to talk with me while we sat on the porch. In the 18 years since then, as an occupational therapist working in the field of stroke rehabilitation, I have learned much more about strokes.

A stroke is a life-changing event that occurs when an artery in the brain becomes blocked by a blood clot, or has a leak that causes bleeding into the surrounding brain tissue. The resulting loss of oxygen and nutrients to the brain lead to tissue death. Because each area of the brain is wired for a specific function, when an area becomes damaged after a stroke, some bodily function is affected, such as speech, the ability to walk, the use of an arm, or the ability to think clearly. However, recovery is possible with immediate medical attention followed by appropriate therapy.

According to the American Stroke Association, stroke is the third leading cause of death in the US, killing more than 143,000 of the 700,000 people who suffer from stroke each year. Although the elderly are more at risk, stroke has no age barriers and can also devastate the life of the young. More men than women suffer strokes but more women die from them, and the medical and disability cost has reached \$68.9 billion. As overwhelming as these statistics are, there are things people can do to help reduce their risk of stroke.

Knowing the warning signs of stroke is crucial to getting immediate medical attention, since stroke symptoms come on suddenly. Warning signs include a sudden weakness on one side of the body that could include a facial droop, a sudden change in vision or the ability to communicate, sudden confusion or disorientation, and a sudden, severe headache. If a person experiences any of these symptoms, calling 911 immediately is the appropriate response, since stroke is a medical

emergency! Moreover, having timely medical attention can lead to a better chance of recovery.

Recent advances in the medical treatment options for people suffering from a stroke are encouraging. One of the most important new developments is the production of a “clot busting” drug, tPA, Tissue Plasminogen Activator. When administered within three hours of the beginning of symptoms, this drug can lead to dissolving a clot and restoring blood flow to the brain. However, it can only be used for strokes caused by clots that are not bleeding in the brain. Of course there are risks involved in using this drug, and not every patient is able to receive it due to other medical conditions, but there are also surgical interventions that may be appropriate as well. People do need to remember, though, to act quickly and get immediate medical attention.

Understanding how to reduce your own risk of stroke is therefore important, and risks fall into two categories, those you can control and those you can't. Factors that you can't control are age, since the chance for stroke increases with years; heredity, since parents or grandparents having a stroke increases your risk; sex, since more men than women suffer stroke; a prior stroke, a mini-stroke (also known as TIA), and a heart attack, any of which increase the risk of stroke. Since nothing can be done about these particular risk factors, knowing that there are other risk factors that you can change or control is crucial.

You may be able, for example, to exercise some control over factors such as high blood pressure, which is the leading cause of stroke. Also, while people with artery disease, irregular heart rhythm, or heart disease are at higher risk, many of these conditions are managed with good medical follow-up and if necessary medications. Similarly, high cholesterol can be managed through diet, exercise, and medications. Another risk factor that can be controlled by diet and medications is diabetes, which, if left untreated, can

lead to stroke, kidney disease, decreased circulation, and loss of vision. Smoking and alcohol use has also been linked to increase risk of stroke and heart disease, and these are also controllable factors.

Knowing the warning signs and the risk factors for stroke are excellent ways to reduce the risk of stroke and increase the chance for recovery from stroke. In consequence, people who receive regular care from a physician, take prescribed medications, are physically active, eat a heart-healthy diet, and avoid smoking and alcohol use can

lower their risk of stroke. Additionally, people who act fast when experiencing the warning signs of stroke and seek immediate medical attention can help improve their chance of recovery. For more information, contact the American Stroke Association, 1-888-4-STROKE or 1-888-478-7653 or the American Heart Association, 1-800-AHA-USA-1 or 1-800-242-8721.

This article was contributed by Sharon Hartl, OTR/L, Stroke Program Leader at New England Rehabilitation Hospital of Portland.

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- Help seniors who are looking forward to learning how to use a computer. They would like instruction on basic tasks such as sending and receiving e-mail and using the Internet.
- An agency in Freeport has a variety of needs. Here's a chance to choose, from helping in a thrift store to assisting a needy person.
- Help a nonprofit agency by helping to sort clothes for low-income families.
- Promote good health for seniors

by becoming a health educator. Excellent training is provided. All volunteers in this program work in pairs.

- Various organizations need help in many different forms for the holidays. Perhaps you could help sort toys or help out at holiday meals.

These and many other volunteer opportunities are available. All you have to do is pick up the phone and call Priscilla Greene at 396-6521 or 1-800-427-7411, Ext. 521. You may also e-mail pgreene@smaaa.org. Bear in mind that these are only a few of the opportunities that can be yours through RSVP.

York County

- There are a variety of opportunities to help at an assisted living facility in York. Volunteers are needed to visit residents or to help out in a variety of activities including entertainment, social hours, special events and the creative arts.
- A number of child care sites in York County are looking for Born To Read volunteers to come once a week for about an hour and read to the children.

Training materials and tips for finding appropriate children's books are provided.

- There are lots of volunteer opportunities throughout the county to help seniors who live at home. Examples include delivering meals, shopping for groceries, performing minor home repair tasks and teaching health-related classes. Orientation and training are always provided.
- There are also opportunities to help seniors who live in assisted living or nursing homes. Some seniors who live in congregate settings have no family around and would welcome visitors. In addition, the activities programs of these facilities depend on volunteers in order to operate. Opportunities to help in this way exist throughout York County.

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. For other areas in York County, contact Ken Murray, at 1-800-427-7411, Extension 520 or by e-mailing kmurray@smaaa.org.

Recruiting Leadership Level Volunteers for Nonprofits

For 35 years, and still today, RSVP has recruited thousands of wonderful volunteers to help nonprofits by providing direct service or by providing support services to help the organizations operate. Now, through the RSVP Capacity Corps, we are adding a third type of volunteer service: helping nonprofits by undertaking leadership projects that the nonprofits design that will help them increase their ability to serve the community.

Over the last two years we have tested this concept by recruiting volunteers to help with leadership type projects here at Southern Maine Agency on Aging. Now we want to begin to recruit volunteers to do this for other area nonprofits, as well.

If you are interested, please contact Ken Murray by calling 396-6520 or e-mailing kmurray@smaaa.org.



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New Volunteers

The following volunteers joined RSVP in August or September 2009. Welcome to you all, and thank you for sharing your gifts with others through volunteering.

Nina Barton	Kenneth Haskell	Alison McCrady
Stuart Bowen	Joan Hatch	Evelyn Newlyn
Sylvia Del Ponte	Henry Higgins	Diane Raymond
Dolores Ferron	Joan Jagolinzer	Anne Weber
Constance Grant	Anna Johnson	June Wortman

New RSVP Stations

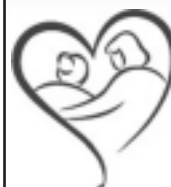
Learning Works of Portland has joined the growing cadre of organizations where RSVP volunteers can contribute their time and talent.

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New RSVP Resource in Southern York County

Several months ago Deborah Levine became an RSVP Coordinator for York County (Kittery to Kennebunk) and has already added many new volunteer positions. In the coming months, she will be publicizing the wonderful opportunities available through RSVP. If you or anyone you know wants to "lead with experience" at one of many RSVP stations in the seacoast area, please email Deborah at dlevine12@yahoo.com or call 603-205-4073 to set up a meeting. She will help you to find a meaningful and stimulating volunteer opportunity.

A Special Opportunity: Join ENCorps Maine

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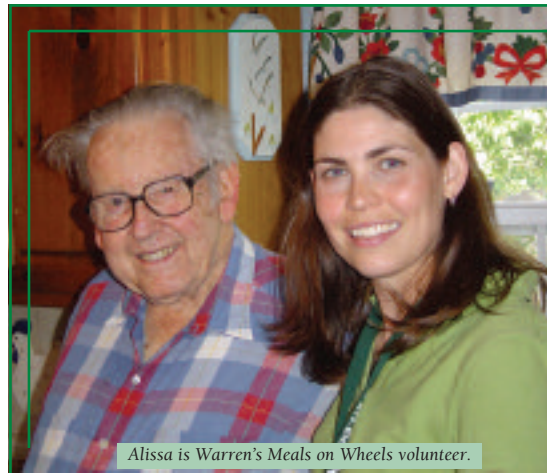
- Over 50?
- Want to meet new people with similar interests?
- Have an idea for sustaining a healthy, prosperous environment but don't know where to begin?

The University of Maine Center on Aging has developed a new statewide program. The Encore Leadership Corps is an exciting new program looking for volunteers who are 50 and older to participate in volunteer activities that support "livable communities for all ages." The community service you complete as a Corps member can be an outdoor project such as improving hiking trails or instituting a dog park. It can also be an indoor effort, such as serving on your community planning board or grant writing for a watershed project. Encore volunteers develop their own project ideas that fit with their interests and local community needs. There is no cost to participate.

An education summit will be held on April 12-13, 2010. This summit will provide you with leadership training and skills development for community volunteer work. Food will be provided as well as transportation and lodging at no cost for those who need it.

After the summit, volunteers will go back to their communities and begin planning and carrying out their ideas/volunteer projects. They will be linked with community organizations via the UMaine Center on Aging for assistance in their project. They will need to report their monthly progress to the Center on Aging. In addition to becoming part of a statewide network of volunteers who will be able to learn from each other in an online forum, on-going training will also be provided.

To learn more, call RSVP of Southern Maine and speak with Ken Murray. He may be reached at 396-6520 or 1-800-427-7411, Ext. 520.



Alissa is Warren's Meals on Wheels volunteer.



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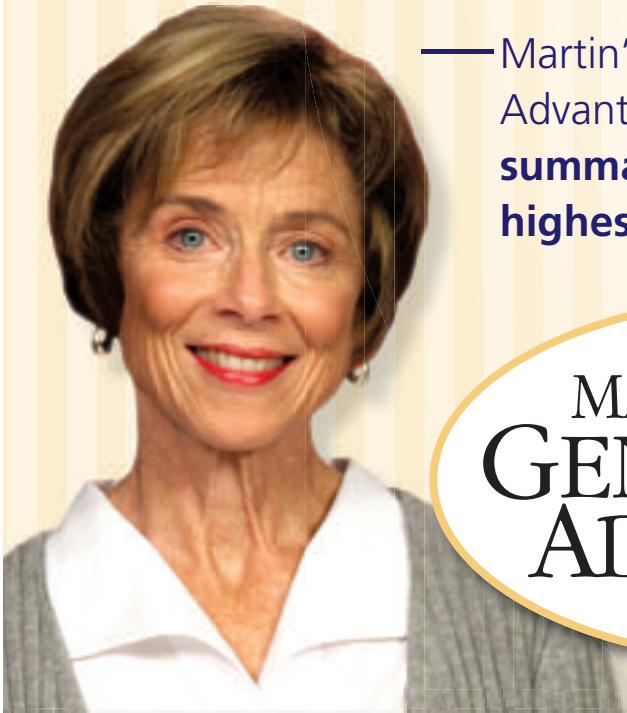
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Dec. 1, 10 am,

Dec. 8, 10 am and 1 pm, and

Dec. 15, 10 am and 1 pm

SANFORD

Trafton Senior Center, 19 Elm St.

Nov. 24, 11 am

SACO

Dyer Library, 371 Main St.

Dec. 14, 10 am and 1 pm

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