



Maine Aging News & Information Update

Maine Gerontological Society

Issue 4
Spring 2007

Bar Harbor Rural Geriatrics Conference May 31-June 1, 2007

Inside this issue:

Mark your calendars! The May 31 & June 1, 2007 dates for the 17th Annual Rural Geriatrics Conference will soon be here. The **Maine Gerontological Society** has partnered once again this year with the Maine Rural Geriatrics Conference *Planning Coalition (MRGCPC)* to offer our annual meeting during this education event. Members of the MGS Board are currently working with the MRGCPC to plan this year's statewide conference.

MGS wants you to know the rich history of the Rural Geriatrics Conference held in Bar Harbor Maine each year since 1989. The original coalition members of MRGCPC formed after they recognized a need for rural downeast Maine to access quality education relating to geriatric health care. Over the last 16 years, the annual conference has evolved to be the

premiere statewide offering for both senior health care and senior health policy education. The MRGCPC has had many MGS member participants over the years. Conference sponsors and other supporters have included many senior health and health related organizations from both the private and public sectors.

The continued success of this conference depends on your attendance. This year's "Integrating Aging Policy & Practice" theme promises to provide attendees with high quality education to inform practice, policy development and enhance the quality of life for Maine's older citizens and the skill set of those who care for them.

What Not To Forget in Geriatric Mental Health Colloquium March 30, 2007

The unique mental health needs of older adults have often been overlooked. "What Not to Forget in Geriatric Mental Health" is a special

clinical colloquium scheduled for Friday, March 30, 2007 on the campus of the University of Maine in Orono.

This program has been organized to address these very issues. It is being cosponsored by the **Maine Gerontological Society** and organized by the UMaine School of Social Work, UMaine Center and Aging, and the Maine Geriatric Practicum Partnership Program.

The program will focus on critical issues in the assessment and treatment of the psychological needs of geriatric patients. In addition, the frequently complex dynamics between family caregiver and frail relatives will be explored with suggestions for effective interventions.

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From the President ...

The 123rd Maine State Legislature will examine over 2,000 pieces of legislation this session. This year there are many important aging-related bills that are vital to older Maine residents and their families. The bills that are being put forth in this session focus on such topics such as saving the homes of people who are enter nursing homes, protecting older adults from unfair health insurance sales practices, supporting unpaid family caregivers, expanding property tax benefits for retired elders, forming a stakeholder group to support community planning for the aging population, and more.

The importance of advocating on a political level for Maine's older citizens cannot be overstated. Opportunities as those that exist now to impact on the well-being of older adults throughout the state do not present themselves on a regular basis. We must all take it as our charge to become involved in the process of promoting aging-related legislation that helps to elevate the quality of lives of those who are exceedingly vulnerable either economically, socially, physically, or emotionally. Now is the time to mobilize any and all forces that can be marshaled in presenting a cogent argument for the passage of legislation that serves the best interests of our aging citizens in the oldest state in the nation.



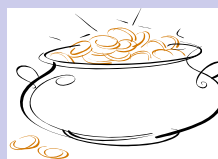
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Geriatric Mental Health Colloquium

Also addressed will be the status of the delivery of geriatric mental health services at both the national and local levels. Made possible by support from the John Hartford Foundation, the Social Work Leader-

ship Institute, and the New York Academy of Medicine, featured speakers include: Robyn Golden, Director of Older Adult Programs, Rush University Medical Center, Chicago, IL; Barry Jacobs, Clinical Psychologist and Family Therapist and Director of Behavioral Sciences, Crozer-Keystone Family Practice Residency Program, Springfield, PA; Janis Petzel, Geriatric and Adult Psychiatrist and Research and Development Coordinator, V.A., Togus, ME; Niamh Holohan, Geriatric and Adult Psychiatrist, Bangor, ME; Larissa Mead-Wescott, Neuropsychology Service, Bangor, ME; Diana Scully, Director, Office of Elder Services, Augusta, ME; Kathy Caliendo, Senior Clinician, Acadia Hospital, Bangor, ME; and Phil Walton, Psychiatric Social Work Supervisor, Dorothea Dix Psychiatric Center, Bangor, ME.

Members of the Maine Gerontological Society receive a discounted registration rate of \$30 instead of the regular \$45 fee. Lunch, all colloquium handouts, and exhibit materials are included. For the full program and registration information go to www.mainecenteronaging.org or call Mary Peters at 207-581-3617 (mary.peters@umit.maine.edu).



Treasurer's Report

The Maine Gerontological Society began 2006 with a bank balance of \$3094.50 and ended the year with a balance of \$3081.05 – a net decrease of \$13.45.

Our 2006 revenue totaled \$1304.00 - all from annual dues. Our 2006 expenses of \$1317.45 included \$1056.95 for Bar Harbor Conference-related expenses and \$250 to reinstate the Maine Gerontological Society as an active non-profit corporation. The remainder of expense was for bank fees. We have no outstanding debt.

Submitted by Roberta Downey, Treasurer

New Addition to the Newsletter! Scholars Section

Fierce with Reality: is an anthology of literature about aging and is an unusually diverse collection of poetry, political analysis, personal narrative, feminist perspectives, folktales, and humor. These writings are intended for a general audience and would work well in classes on aging, psychology, sociology, literature, 20th century studies, and women's studies. Approximately 80% of the contributors to the anthology are women. They include Mary Wilkins Freeman (19th c American), Mary Oliver, Buddha, Mary Meigs, Jane Rule, Judith Ortiz Cofer, Pearl Cleage, Alice Walker, and William Carlos Williams.

Cruikshank, M. (2007). pp. 235 ISBN 13: 978-0-9788628 24.95 each+\$4 postage/handling

Submitted by Peg Cruikshank

National Health Literacy Summer/Fall Institute

2007 National Health Literacy Institutes is regarded as the premier opportunity to learn plain language skills to plan, write, and design effective, accessible information for print and web. This Institute has been sponsored by the University of New England in Maine for the past 15 years.

Both the summer and fall Institutes will be held in Freeport, Maine. The dates for the summer Institute are June 10th-13th and the fall dates are October 28th- 31st.

All details and registration information are at this website: www.HealthLiteracyInstitute.

Scholars Section

MGS is inviting members to submit reviews of their publications to MGS for inclusion in the MGS newsletter .

Guidelines for Submitting Material

Follow these recommendations to include your review for the MGS newsletter:

1. Publications must be no older than January 2006.
2. Limit amount of words to 150.
3. Include: a) your name, title, and affiliation; and b) the name of the publication and publishing house.

Submit to MGS Secretary in Microsoft Word Format.

Factoid!

Maine is the oldest state in the nation with a median age of approximately 41.6 years, while the national average is 36.4 years. Furthermore, Maine's population is aging faster than any other state's. By 2025, one in five Mainers will be over the age of 65 with the 65 to 74 segment growing by 97% and those aged 75 to 84 growing by 55%. (Source: OES 2006 Demographic Trends)

Congratulations to Marilyn Gugliucci

Congratulations to Dr. Marilyn Gugliucci, Vice President of the Maine Gerontological Society and Director, Geriatric Education and Research, Dept. of Family Medicine, Col. of Osteopathic Medicine, University of New England, who has recently been elected to the Presidency of the Association for Gerontology in Higher Education.

MGS Board of Directors

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Maine Legislative Update



WEBSITE NEWS:

The Maine Association of Area Agencies on Aging (M4A) website is now up and running. Visit us at maine4a.org.

STATE LEGISLATURE:

On January 5, 2007, Governor John Baldacci released his budget for fiscal years 2008-2009. The Governor's budget bill, LD 499, has been referred to the Committee on Appropriations and Financial Affairs. Hearings are underway to review the budget.

As the 123rd Legislature begins its work, the following legislative proposals affecting key aging issues have been introduced.

Note: LD (Legislative Document) numbers had not been assigned to these proposals when this article was written.

Meals on Wheels Funding:

Issue:

Motor fuel prices have risen dramatically over the past year; Meals on Wheels programs rely on volunteer drivers to deliver food to participants; and, it is necessary to reimburse the volunteer drivers for mileage to ensure the continued viability of the meals on wheels programs

Proposed Legislation:

"An Act to Provide Supplemental Funding for Mileage Reimbursement for Volunteers for the Meals on Wheels Programs". This bill provides funds to supplement funding for the mileage reimbursement for volunteers for the Meals on Wheels program. \$75,000 is provided in 2007 and \$75,000 is provided in 2008. The funds are to be distributed to each Area Agency on Aging via the guidelines identified in the federal Older Americans Act. Any unexpended funds must be carried forward. Introduced by Rep. Jim Campbell.

Background:

Last Session, LD 1348 was amended and included on the Special Appropriations Table. It provided \$75,000 in funding to be available immediately for 2005-2006. It also required that any unexpended funds must be carried forward.

Volunteer Medical Rides:

Issue:

Many older Mainers need transportation assistance to vital medical services such as kidney dialysis and cancer therapy. They cannot get to those services on their own.

Proposed Legislation:

"An Act to Provide Support for the Volunteer Medical Ride Network" This bill provides funds (\$50,000) to support the Volunteer Medical Ride Network. The funds are to be distributed to each Area Agency on Aging via the guidelines identified in the federal Older Americans Act. Any unexpended funds must be carried forward. Introduced by Sen. John Martin and Rep. Jim Campbell.

Background:

Several years ago the AAAs received a grant (\$50,000 statewide) to establish a volunteer medical ride network with a focus on using volunteers to transport elders to services such as kidney dialysis, cancer therapy, etc. This legislation will provide funds to support and expand this effort.

Community Planning:

Issue:

Maine's communities need to ensure that planning activities are underway to prepare communities for the aging of the population.

Proposed Legislation:

"An Act to Support Community Planning for the Aging of the Population". This bill directs the Commissioner of the Maine Department of Health and Human Services to create a Stakeholder's Group (including Area Agencies on Aging, the University of Maine Center on Aging, the Maine Municipal Association and the State

Planning Office) to review planning activities by municipalities across Maine to ensure that those plans include a component addressing the elder population. Introduced by Rep. Jim Campbell.

Background:

The Blaine House Conference on Aging produced an action resolution that called for the State to require that comprehensive plans for municipalities include a component addressing senior issues.

The Older Americans Act includes a section calling for “planning activities to prepare communities for the aging of the population”, which include:

- Efforts to assess the aging population;
- Activities to coordinate the activities of State and local agencies in order to meet the needs of older individuals; and
- Training and technical assistance to support States, area agencies on aging, and tribal organizations.

Unpaid Family Caregivers:

Issue:

Unpaid Family Caregivers need assistance to cope with the stress and cost of taking care of a family member in need. This need will continue to grow given the expected growth in Maine’s elderly population.

Proposed Legislation:

“An Act to Support Unpaid Family Caregivers”. This bill would provide a \$1.00 check-off on State of Maine tax returns, to go into an unpaid family caregiver tax incentive or deduction fund to be invested for use to begin when the predicted demographics make a big jump (e.g. 2010). There could be other unpaid family caregiver uses for such a fund as well. Introduced by Rep. Jim Campbell.

Senior Employment:

Issue:

More attention is needed concerning senior employment in Maine. As Maine’s senior population continues to grow, more and more seniors want to work or need to work (for financial reasons). There is a need to address current barriers that may exist and ensure that opportunities for senior employment grow as the elder population grows.

Proposed Legislation:

“An Act to Support Senior Employment”. This bill will direct the Commissioner of the Department of Labor to establish a stakeholder’s group that will report back to the Legislature with recommendations to address barriers to senior employment, promote best practices, review benefit reductions for working seniors, and undertake a public education campaign to promote the value of seniors. Introduced by Rep. Jim Campbell.

Background:

An action resolution from the Blaine House Conference on Aging stated: We recommend that the State Legislature establish a working group that will report back to the Legislature recommendations on review laws that are barriers to senior employment, promote best practices, review benefit reductions for working seniors, undertake a public education campaign to promote the value of seniors.

Quality Home Care Coordination Services for Long Term Care Consumers:

Proposed Legislation:

“An Act to Preserve Quality Home Care Coordination Services for Long Term Care Consumers Served in the Community”. This bill appropriates \$518,415 for home care coordination services for consumers of the state funded home based care program. It also provides \$57,064 in matching funds for home care coordination services for the MaineCare home care programs. Introduced by Rep. Jim Campbell.

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DEVELOPMENTS IN FEDERAL POLICY

Fiscal Year 2007 Appropriations:

(Information from the National Association of Area Agencies on Aging)

On January 31, the House of Representatives passed H. J. Res. 20, a final continuing resolution (CR) to finish FY '07 appropriations for the nine (out of 11) appropriations bills that were not completed by the last Congress. The measure, which passed easily by a vote of 286-140, freezes funding for most programs at FY '06 spending levels.

The \$463.5 billion bill includes an additional \$13.6 million and \$6.4 million for the congregate and home-delivered meals programs under the Older Americans Act (OAA), respectively. This represents an increase of 3.5% over FY '06 enacted levels.

The bill also included a \$51.3 million increase for the Title V Community Service Employment for Older Americans program under the Department of Labor. The additional funding is intended to help local Title V programs absorb the additional costs associated with the federal minimum wage increase.

The Senate is expected to take up the CR shortly, but there is concern that the bill may face amendments in that chamber. The current CR expires on February 15.

Fiscal Year 2008 Budget Process Begins: President's Budget Released:

On Monday, Feb. 5, the President released his fiscal year 2008 Budget. Hearings will begin shortly on the President's recommendations, and Congress will develop its own budget resolution.

Negotiating Lower Drug Prices – Medicare:

H.R. 4, The Medicare Prescription Drug Negotiation Act of 2007, requires the government to negotiate for lower drug prices for American seniors and people with disabilities in the Medicare program. The current law explicitly prohibits Medicare from negotiating for lower prices.

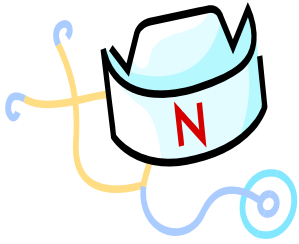
A press release was issued by H.R. 4 sponsor Rep. Dingell and included the following:

"Seniors, individuals with disabilities and the taxpayers of America were done a disservice when the Medicare Prescription Drug bill passed with a provision that prohibited the Secretary of Health and Human Services from negotiating with drug manufacturers for lower prescription drug prices," said Rep. John D. Dingell (D-MI), Chairman of the Committee on Energy and Commerce.

"The ability to negotiate the cost of prescription drugs purchased through the Medicare program has the potential to constitute a tremendous savings to taxpayers. Before we ever trim benefits to senior citizens, we must consider the efficiency of the programs that serve them. In many cases, pharmaceutical drugs are gram-for-gram more expensive to the American public than gold. We have a duty to the taxpayer to get the best bang for the buck, especially on costly pharmaceuticals for which the federal government facilitates purchases in such large quantities. I am proud that this legislation is coming to the House floor for consideration and urge its bipartisan passage," said Rep. Jo Ann Emerson (D-MO).

H.R. 4 passed the House of Representatives on January 12, 2007 by a vote of 255-170. It was then referred to the Senate, which referred it to the Senate Committee on Finance, where it awaits further action.

Submitted by Graham Newson, MGS Board, Legislative Committee



MGS Clinical Corner

Beat the Winter Blues!

By: Amy E. Cotton MSN, APRN,
BC, FNGNA

The holiday season has passed, special gatherings are over, the decorations are (hopefully) put away, and life has returned to our typical day-to-day pattern. My column today suggests winter wellness tips for adults of all ages, not just seniors. The topic of depression is important, particularly at this time of year, for gerontological professionals.

Post-Holiday Blues Some adults experience a sense of sadness immediately after the busy months of November and December. Frequently, the intense energy that goes into planning and looking forward to all the activities during the holidays can leave one with a feeling of disappointment that “it’s over” and for many adults, the physical fatigue can be prominent. Post-holiday blues may last a few weeks into January, with the hallmark complaint of feeling sad the holiday season is over.

Older adults can be at particular risk for post-holiday blues for a number of reasons:

- Holiday reminders of memories “then” and “now” – separation from families during the holidays is difficult, particularly if your home was the gathering place for your family in years past. Memories of loved ones can be particularly acute during this time of year.
- Unrealized holiday expectations – significant planning went into planning family togetherness events. These gatherings can be stressful, particularly if there are family conflicts that arise.
- Spending the holidays alone increases the risk of depression.

Seasonal Affective Disorder Feeling sad or down all through the winter months may be a form of depression known as Seasonal Affective Disorder (S.A.D.) S.A.D. is common for adults living in the northern latitudes where daylight hours are shortened during the winter months, with women being at highest risk. Some typical symptoms experienced include: feeling sad, a lack of restful sleep, feeling tired resulting in less physical activity, social withdrawal, and changes in eating patterns that include carbohydrate craving that can increase weight. Maine’s older adults have unique challenges to stay well during the win-

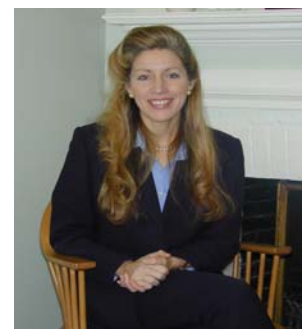
ter months. Falling temperatures and snowy/icy walkways can be a barrier to staying active.

Strategies to Beat the Winter Blues

1. Talk with someone if you are feeling blue - If you are the type of person that knows you feel down during the winter months each year, tell your family, friends and health care provider. Make a plan to stay connected and allow those who care about you to support your wellness.
2. Increase light exposure - Get outside. Natural daylight is best. Alternatively, increased home lighting can help.
3. Stay active – Physical and mental exercise during the winter months is key to feeling well. Consider hobbies, reading, crafts, indoor walking options, and volunteering. Indoor exercises are readily available using videos/DVDs or light weights. Increasing your activity will give you more energy.
4. Healthy eating – The winter months are notorious for seeking comfort foods that may be unhealthy, like chips, crackers or deserts. Try hearty soups, stews or chili as a nutritious option. Avoid too much caffeine as this can actually increase your feeling of fatigue.
5. Talk with you healthcare provider – In addition to these strategies, counseling and possible medications might be helpful. It is never normal to feel sad all year long. Many illness and medications can cause symptoms of depression. A medical evaluation is warranted.

Contact: acotton@emh.org

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MGS Student Chapter

MGS Secretary
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We're on the web!

[www.umaine.edu/
mainecenteronaging/
MGS2.htm](http://www.umaine.edu/mainecenteronaging/MGS2.htm)

("Clinical Corner", continued
from page 7)

If you would like more information about S.A.D., check out the American Academy of Family Physicians website:

<http://familydoctor.org/267.xml>

I hope you use this information to keep yourself and others well during the Maine winter!

Amy E. Cotton, MSN, APRN, BC,
FNGNA

During the past year the MGS designed and implemented a Student Section (SS) of the Maine Gerontological Society that is recognized in the Society's By-laws. The MGS-SS is now underway and provides high school, vocational and college/university students with an opportunity to engage professionally in the field of gerontology and geriatrics.

The purpose of the Maine Gerontological Society Student Section is to support students' interests in gerontology and geriatrics through the study, research, teaching and application of the principles of aging across the life-span. This includes but is not be limited to: access to education resources in gerontology and geriatrics; dissemination of information on aging-related programs and services; writing and/or distribution of aging-related publications and reports; and opportunities to participate in and present age-related research and best practice principles at professional and community venues.

The MGS Student Section promotes interdisciplinary contact and collaboration among gerontology and geriatric specialists. The MGS-SS is also designed to provide support, mentorship, and opportunities for learning and growth in the fields of gerontology and geriatrics to its student members in the areas of health and human services, public health, social and behavioral sciences, biological sciences, public policy, wellness/fitness, etc.

Membership is now available to students who have an *interest* in gerontology/geriatrics and are registered at Maine colleges, universities, vocational and high schools. Students' major or minor field of study may be in any area. Full voting privileges on Society matters are extended to student members in good standing. The officers of the Student Section shall consist of a president, vice president, secretary, and treasurer. Only students enrolled at Maine Colleges or Universities are eligible to be nominated and elected as officers for the Student Section. The student leadership will have an active role in the development of programs and activities, and stimulate the development of student awards.

MGS-SS resources in aging studies include:

1. Mentors who can assist with identifying and/or providing educational opportunities including possible internships, fellowships and/or research opportunities
2. Information on state and national professional conferences
3. MGS committee work as well as other committee opportunities in the field
4. Information about the field of aging and age-related professional organizations
5. Information on: (a) careers in aging; (b) academic programs; and (c) national resources through a link with the Association for Gerontology in Higher Education (AGHE).

If you are interested in applying for membership and/or want to learn more about becoming a future executive officer for the Student Section, please contact Marilyn R. Gugliucci, Ph.D., MGS Vice President and Chair of the Student Section Committee (mgugliucci@une.edu).