



# Maine Aging News & Information Update

Maine Gerontological Society

Issue 2  
Summer 2006

## Upcoming Blaine House Conference on Aging

The Blaine House Conference on Aging is a grassroots conference scheduled for September 21, 2006 to be held at the Augusta Civic Center. Two hundred delegates from around the State will attend this one-day conference. There will be speakers and workshops focusing on key aging issues. The delegates will vote on resolutions to address the issues, and those resolutions will be taken to the Legislature and the Governor's office for further action.

The purpose of the Conference is to identify and bring statewide attention and action to key aging issues important to Maine's older population. The Conference is more than a one-day event. It is a community-based process to identify and act on issues important to Mainers by involving citizens directly in that process.

The purpose of the Regional Forums is to hear directly from community members and to make sure that concerns are considered by the Conference. Through these forums, organized by the Area Agencies on Aging and held throughout the State in August, delegates will be selected to attend the Conference and raise issues for consideration. Key Issues to be considered include:

- \* Healthy Aging
- \* Elderly Safety and Protection
- \* Creative Housing/Services
- \* Caregivers of Older Adults

(both paid and family members)

- \* Transportation
- \* Community Involvement and Volunteerism
- \* Other important issues

### Regional Forums are located at:

#### Aroostook Agency on Aging

- August 21; 9:00 am-Noon  
Northern Maine Community College, Presque Isle
- August 22; 1:00-4:00 pm  
University of Maine at Fort Kent, Fort Kent
- August 23; 1:00-4:00 pm  
Houlton Regional Hospital, Houlton

#### Eastern Area Agency on Aging

- August 21; 1:00-4:00 pm  
Calais Methodist Home, Calais
- August 22; 9:00 am-Noon  
YMCA, Dover-Fox Croft
- August 23; 9:00 am-Noon  
Meadow View Apartments, Ellsworth
- August 24; 1:00-4:00 pm  
Freese's Assisted Living, Bangor
- August 30; 9:00 am-Noon  
Stearns Assisted Living, Millinocket

#### Seniors Plus

- August 15; 9:00 am-Noon  
Morse Community Center, Lisbon
- August 22; 8:30-11:30 am  
Senior Plus Community Center, Wilton
- August 24; 9:00 am-Noon  
Four Seasons Function Center, South Paris

#### Senior Spectrum

- August 15; 9:00 am-Noon  
William Cohen Community Center, Hallowell
- August 17; 9:00 am-Noon  
Lincoln Academy, New-Castle

#### Southern Maine AAA

- August 22; 10:00 am  
York County Community College, Wells
- August 24; 10:00 am  
Southern Maine AAA, Scarborough

• To RSVP or for more information contact:  
1-877-ELDERS

Sponsored by the Office of Elder Services in collaboration with The Muskie School, The University of Maine Center on Aging, AARP, The Alzheimer's Association, Legal Services for the Elderly, The Long Term Care Ombudsman Program, Maine Council of Seniors and other community partners.

Regional Forums are hosted by Maine's Area Agencies on Aging.



## Inside this issue:

<b>Message from Newly Elected MGS President</b>	2
<b>Finance Report from Treasurer</b>	2
<b>Legislative Update</b>	3
<b>Reauthorization of Older Americans Act</b>	3
<b>Reflections on the Rural Geriatrics Conference</b>	4
<b>Old Before Her Time: A UNE Initiative</b>	5
<b>National Advisory Committee on Rural Health &amp; Human Services</b>	6
<b>MGS Clinical Corner</b>	7
<b>MGS Initiates New Student Chapter Section</b>	8

## From the President ...

As the newly elected president of the Maine Gerontological Society (MGS), I find myself somewhat torn between two seemingly incongruent sentiments. On the one hand, I am well aware of the challenges we face as individuals interested in issues affecting older adults in the state of Maine. We are universally impacted by difficulties posed by seemingly constant economic constraints and nagging ageist societal attitudes, despite the fact that we represent diverse perspectives as administrators and planners, policymakers, practitioners, educators, researchers, business people, students, and older adults, among others.

However, I also feel extraordinarily enthusiastic about the ever-growing number of opportunities that we have, from the swelling ranks of professionals committed to advancing elder issues and services, to the mass media attention, to the aging-in of the Baby Boomers. Aging issues are as visible as they have ever been and, I believe, are destined to continue to gain the attention of the larger public.

In trying to reconcile these two divergent lines of thinking, I was advised by a colleague of a fitting quote. Albert Einstein once said,

*“In the middle of every difficulty lies opportunity.”*

A metaphoric light bulb appeared above me and it was then clear that we have but one course ahead, and a very bright one at that. What I mistakenly characterized as difficulties are, in fact, opportunities for us to take united action. Rather than challenges, these are indicators identifying focal areas for MGS purpose and effort.

**In keeping with this vision, the theme of my term will be “opportunity through collaboration.”**

Partnering together we will find and leverage every opportunity to advance purposeful and innovative aging policy and services in Maine and send a ripple out through the state promoting such action

by other organizations, professionals, elders, governmental bodies, and the public-at-large.

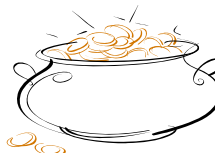
I very much appreciate the commitment you’ve already made through your MGS membership and, in advance, thank you for continued dedication in the form of ongoing membership, committee participation, attendance at conferences, recruitment of others across disciplines and spanning the state, and more.

I know I speak on behalf of MGSs distinguished officers and board members when I say that we value what every one of you brings to the effort and we look forward to working side by side in the coming years.

Lenard Kaye, D.S.W./Ph.D.



### Treasurer’s Report



**MGS is certainly  
alive and well.**

**As of June 20, 2006, the MGS check-book balance totaled \$3,883.50.**

**During the month of June, MGS received income of \$400 from membership dues.**

**We incurred expenses of \$235.00 for incorporation.**

**Thus for the current report, income exceeds expenses by \$821.00.**

Submitted by  
Roberta Downey, Treasurer

## Newly Elected MGS Board and Officers

Board members were elected by general membership during a month long spring 2006 voting period via mail. Membership voted in the following board members:

**Amy Cotton MSN, APRN, BC, FNGNA**  
Bangor

**Marilyn Gugliucci, MA/PhD**  
Biddeford

**Peggy Haynes, MPA**  
Portland

**Durward Huffman, EdD, PE**  
Presque Isle

**Graham Newson, MA**  
Augusta

**Don Sharland, MSW**  
Saco

**Mary Walsh, MEd**  
Augusta

**Elizabeth White, MD,**  
Lewiston

Continuing Board members are:

**Jacqueline Kelly, RNC**  
Poland

**Roberta Downey, MPA**  
Bangor

**Lenard Kaye, DSW, PhD**  
Orono

**Sharon Ann Berz, LMSW-CC**  
Presque Isle

On June 20, 2006 Board members elected their officers. The new slate of officers is comprised of:

**President: Lenard Kaye**

**Vice President: Marilyn Gugliucci**

**Treasurer: Roberta Downey**

**Secretary: Sharon Berz**

Standing Committees include:

Membership/Publicity

Legislative

Education

Finance

General membership is encouraged to participate on the standing committees.

## Older Americans Act Reauthorized

On June 28, 2006, the Senate Health, Education, Labor and Pensions (HELP) Committee unanimously approved S. 3570, "The Older Americans Act Amendments of 2006." One issue that will be addressed before this bill gets to the Senate Floor is the idea of adjusting

the funding formula for states based on the rate of population growth. The National Association of Area Agencies on Aging highlighted the following areas of

S. 3570:

- The National Family Caregiver Support Program will be the only program to receive new monies. NFCSP would be authorized at \$160 million in FY 2008.

- State and area plans must include information on how the agency will coordi-

## Legislation Affecting Maine Elders



Take note that LD 1348 is identical to LD 1703.

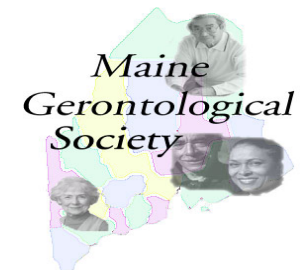
LD 1703 is "An Act to Provide Supplemental Funding for Mileage Reimbursement for Volunteers for the Meals on Wheels Program". LD 1703 was voted by the Appropriations Committee as "ought not to pass." This states that it is because LD 1348 is included in the Special Appropriations table. LD 1348 is known as "An Act to Increase Funding for the Meals on Wheels Program." Both bills contained the same funding : \$100,000.

TABOR, or the Taxpayer's Bill of Rights, is a proposed initiative that limits the growth of state and local revenues or expenditures to a highly restrictive formula—the annual change in population plus inflation. This initiative will be on the ballot this fall. Taxpayers For a Fair Budget is

a coalition that is leading an effort to stop TABOR. Its members include AARP, Maine Center for Economic Policy, the Disability Rights Center, National Resources Council of Maine, The Maine Council of Churches, SEIU and others.

LD 1934 is a "Resolve, To Improve Retention, Quality and Benefits for Direct Care Health Workers." A sub-group chaired by Vicki Purgavie, Home Care Alliance, was created by the Elder Issues Partnership to focus on LD 1934. This bill requires only that the DHHS study options for, and cost of, increasing wages and providing health coverage for direct care workers in state-funded and Maine Care-funded long-term care programs.

Information Provided by  
Graham Newson,  
M4A Executive Director



nate activities and develop long range emergency plans with local emergency response agencies, relief organization and local governments.

- A new program in Title IV would direct the AoA to make grants to states for the development and operation of systems for the delivery of mental health screening

(Continued on Page 8)

## Reflections of a Rural Geriatrics Conference Attendee

The Regency Holiday Inn in Bar Harbor was the setting for the 16<sup>th</sup> Annual Rural Geriatrics Conference which was held on June 1 and 2, 2006. Educators, nurses, social workers, administrators, and other professionals concerned with housing, health, and services for Maine's elderly population gathered for a stimulating two day series of seminars. Issues relating to both policy and practice were explored by the attendees who were addressed by several well versed practitioners and policy makers.

Both mornings were devoted to presentations to all attendees, and each afternoon, concurrent workshops explored a variety of geriatric-related topics. The stage was set early Thursday morning by the opening presentation delivered by Dr. Wendy Wolf, President of the Maine Health Access Foundation (MeHAF). This non-profit foundation, created with the proceeds from the sale of non-profit Maine Blue Cross and Blue Shield to the for-profit Anthem Insurance Company in 2000, controls a fund currently valued at more than \$100,000,000. Dr. Wolf and her staff manage a foundation whose mission is, in part to "... improve the health

of every Maine citizen". With more than \$17,000,000.00 in grants awarded to 115 non-profit and governmental organizations, MeHAF is targeting projects and programs for medically underserved and underinsured Mainers. A current focus is on integration of mental, behavioral and physical health services, with emphasis on patient-centered care. A steering committee of key stakeholders has been formed who will assess current resources and integration activities before making proposals for action strategies to achieve the integration goals. Dr. Wolf's presentation provided a good base for discussion of availability and delivery of health care services across the spectrum.

Dr. Laurel

Coleman followed with a moving presentation on palliative and hospice care for dementia patients. Her experience in long-term care provided a focus for the later discussion on the value of medical interventions and treatment for dementia, when the patient is terminally ill. Dr. Coleman asked the rhetorical question, "how can dementia lead to terminal illness?", and described the actual etiology of a terminal, dementia-induced, illness. Her comments regarding end-of-

life hospice care were well received and generated stimulating discussion.

The session reconvened with a panel of experts, including Maine DHHS Commissioner Brenda Harvey, State Representative Lisa Miller, and Susan Rovillard, from Home Resources of Maine. Commissioner Harvey described the current state of affairs in DHHS, stressing that, as the new Commissioner, she was working toward improved customer service and better provider relations. She detailed the many changes that are taking place in the department. The panel then discussed the issue of need and the availability of resources. The Maine Care (Medicaid) payment system and the state's computer conversion problems were discussed, as was the effort of the Legislature to implement a managed care system for mental health services.

After enjoying lunch, the conference reconvened with eight concurrent workshops that carried forward the theme of integrating policy and practice. Following the workshops, The Maine Gerontological Society convened its annual meeting and presented its newly elected Board of Directors. Acting President Jacqueline Kelly conducted a brief meeting, at which the members were

enthusiastic about the organizational restructuring and confirmed their desire to see the MGS grow and prosper. Members present unanimously endorsed a call for membership growth, and a dues billing was scheduled to be released in June. The meeting adjourned to the adjacent Walsh House for a wine and cheese reception.

Friday's schedule included morning presentations by Marilyn Gugliucci, PhD, Lenard Kaye, PhD, Dr. Lesley Farrow, and Alice Cronin-Golomb. These provided the background for the afternoon's breakouts.

Seven concurrent workshops offered opportunities for participants to discuss wide ranging issues of aging related to hearing loss, pain management, visual changes, and the challenges of caring for gay, lesbian, bisexual, transgendered and intersexed elders.

The two day session registered 105 participants, representing students, government officials, educators, and caregivers from throughout Maine. These stakeholders touch the

(cont. bottom of page 5)

## UNE Special Initiative - *“OLD BEFORE HER TIME”*

### First-Year Student Spends Two Weeks Living in Nursing Home

By Steve Price and Marilyn Gugliucci

Few first-year medical students get their heads out of their textbooks, let alone have any kind of real-world interaction with people the likes of whom may one day be their future patients. Not so for Rana Wakim, age 23, who last year spent two weeks living as a “resident” at Cedar Ridge Center for Health Care and Rehabilitation in Skowhegan, Maine.

Cedar Ridge Center is a 75-bed facility featuring 55 long-term care and 20 short-term rehab beds (skilled unit) in a rural setting. Wakim lived in the skilled unit, mostly among short-term residents receiving therapy or rehabilitation, but roamed the center daily. She shared her room with an 82-year old with dementia. Her task was to conduct qualitative ethnographic research, whereby she needed to “fit in” with the older residents to accomplish a scientific description of a specific human culture - in this case, older adults in a long-term care setting. Wakim slept a lot, played Bingo and Scrabble, ate in the communal dining hall, and cried every day. “It was depressing,” Wakim admits. “Everything these

people worked for – gone.”

Depressing, but highly educational. The first UNECOM student to do such a study, Wakim was inspired while taking a geriatrics course with Marilyn Gugliucci, Ph.D., assistant professor of family medicine. “You really don’t learn the patient aspect of things your first year of medical school,” Wakim notes.

Prof. Gugliucci offered the opportunity to live in a nursing home as a resident to meet Wakim’s goal of learning how to talk with older adults. “I placed the offer on the table and watched Rana’s eyes grow wide. In a matter of seconds, she agreed,” Gugliucci remembers. “This is a groundbreaking research experience for medical students, and Rana is the pioneer.”

Prof. Gugliucci knew the administrator at Cedar Ridge, Stephen Marsden, who instantly approved the idea. According to Prof. Gugliucci, “Steve absorbed the loss of two weeks’ income by giving up a bed while Rana lived there. He embraced this as the learning experience it was intended to be – for Rana, his staff, and the residents. Everyone was better for it.”

Wakim’s first reaction was how boring it was. One Saturday she slept the entire day. But she rallied herself and tried to do eve-

rything the other residents would do, putting herself in their shoes as much as possible. “The residents thought I was very strange,” she says, “but they were wonderful though.”

She particularly enjoyed dining time, when she would talk with the residents. She was impressed how full of knowledge they were. A woman she played Scrabble with every night had a stroke and died four days later. Wakim “cried like it was my own grandmother.”

Part of the research required the student resident to keep a journal, making entries throughout the day. Every other day she would email her log to her professor. Wakim will be presenting her research in January at UNECOM and is writing a report on her observations and discoveries, which she hopes will one day be published in a medical journal to raise the awareness of daily life in a nursing home.

The most complaints she heard from the residents were that they felt neglected, alone, and wanted to see their doctors more. Wakim, according to Marsden, “added a certain quality to their daily lives with her presence. Family mem-

bers come and go, but a 24-hour presence is rare.”

For her part, the experience changed Wakim’s future medical education plans. “Rana experienced the full spectrum of life, death, laughter, and despair over two weeks’ time. That level of intensity has an impact,” states Prof. Gugliucci. This appears to be true: Wakim came to medical school wanting to study emergency medicine. Now she wants to do a double residency in ER and geriatrics.

Wakim, who grew up in Methuen, Massachusetts, says she wanted to be a doctor since childhood. And she had her heart set on being an osteopathic physician. She believes the first-hand knowledge she gained at Cedar Ridge will someday make her a better doctor.

The experience has already taught her a great deal. She says, “The people I met taught me so much...about life, about death, about everything.”

~ ~ ~ ~

(“Reflections...” from page 4)

lives of thousands of Maine’s vulnerable elderly. This annual conference has, once again, provided an opportunity for education, networking, and renewal of commitment to serve the aging population of Maine.

## **June Field Visit to Maine by DHHS's National Advisory Committee on Rural Health & Human Services a Success**

The National Advisory Committee on Rural Health and Human Services (NACRHHS) held its 53rd Meeting in Camden, Maine from June 11-13, 2006. The Committee advises the Secretary of the U.S. Department of Health and Human Services on issues that affect rural communities. Field meetings, such as this one in Camden, are an integral part of the Committee's ongoing work. These meetings are always open to the general public.

Each year, the Committee holds two of its three meetings in rural communities. The meetings provide an opportunity for the Committee to gather information for its annual report from rural providers and citizens. The 2007 report will focus on three key issues: Medicare Advantage in rural communities, Head Start in rural areas and substance abuse in rural areas.

Speakers presenting testimony included: Richard Barringer, Research Professor, Planning, Development and Environment, University of Southern Maine; Kimberly Johnson, Director, Maine Office of Substance Abuse; David Hartley, Director, Maine Rural Health Research Center, Muskie School of Public Service, University of Southern Maine; Stephen Gilson, Professor, Center for Community Inclusion & Disability Studies, University of Maine; Deborah Totten, Assistant Director, Action for Older Persons, Inc.; Carolyn Drugge, Director, Maine Office of Child Care and Head Start; and George Siritis and Laura Schuntermann, Anthem.

Two field site visits were also held at: 1) the Bucksport Community Health Advisory Committee in Bucksport, ME visit which was hosted by Mary Jane Bush, Health Planning Director to discuss issues surrounding substance abuse; and 2) the Head

Start and Children and Family Opportunities program of Washington & Hancock Counties, in Ellsworth, ME, hosted by Jeanie Mills, Executive Director.

Eastern Maine Healthcare Systems (EMHS) and the UMaine Center on Aging sponsored a special reception for NACRHHS members, federal staff, and honored guests.

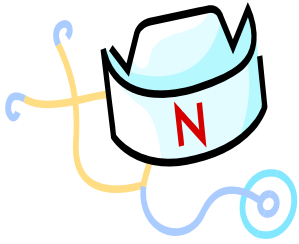
The National Advisory Committee on Rural Health and Human Services is a 21-member citizens' panel of nationally recognized experts which was chartered in 1987 to advise the Secretary of Health and Human Services on ways to address health care problems in rural America. Chaired by former South Carolina Governor David Beasley, the committee's private and public-sector members reflect wide-ranging, first-hand experience with rural issues -- in medicine, nursing, administration, finance, law, research, business, and public health.

The June 2006 visit has received extremely positive reviews by all participants. The State of Maine has left a lasting positive impression on all those who attended.

For more information about the NACRHHS, please visit: <http://ruralcommittee.hrsa.gov/>

The 2006 Annual Report of the National Advisory Committee on Rural Health and Human Services has recently been published. It is available online at: <ftp://ftp.hrsa.gov/ruralhealth/NAC06forweb.pdf>.

Lenard Kaye, DSW/PhD  
Director, UMaine Center on Aging &  
President, Maine Gerontological Society



## MGS Clinical Corner

### Falls Prevention in Older Adults

Any person who has fallen or knows someone who has fallen understands how frightening and, in some cases, life changing a fall can be. Falls in older adults were the leading cause of injury deaths in Maine in 2000-2003 as reported by the Maine Injury Prevention Program, Maine Center for Disease Control and Prevention. This clinical update will focus on risk assessment, evidence-based tools and state & national initiatives on falls prevention.

It is not unusual to see older adults experience social isolation and depressive symptoms after giving up an activity due to the experience of a fall or the fear of falling. Falls risk assessment is key to elder health. When health clinicians are assessing the needs of older adults, the frequent question asked is “have you had a fall recently?” While this is one important piece of the falls risk assessment, health care providers can not stop here. The National Council on Aging (NCOA) has identified other areas to evaluate including comprehensive clinical assessment, exercise for balance & strength, medication management, vision correction and reducing home hazards. The NCOA released the 2005 publication *Falls Free: Promoting a National Falls Prevention Action Plan*. For more information on the specific goals and strategies for this national initiative go to: [www.ncoa.org](http://www.ncoa.org).

Some excellent resources for learning more about evidence-based falls prevention strategies, including assessment tools are:

- A Tool Kit to Prevent Seniors Falls: CDC [www.cdc.gov/ncipc/factsheets/nursing.html](http://www.cdc.gov/ncipc/factsheets/nursing.html)
- National Center for Patient Safety Falls Toolkit [www.psqh.com/mayhun06/falls.html](http://www.psqh.com/mayhun06/falls.html)
- Center for Healthy Aging [www.healthyagingprograms.org](http://www.healthyagingprograms.org)

An exciting development in the State of Maine was

the 2006 passage of LD 1707 (Directing the Commissioner on Health and Human Services to Develop Strategies to Keep Senior Citizens Safe From Falls) and the appointment of the Falls Prevention Coalition. This broad-based coalition is charged with expert review on the effect of falls on older adults, health care costs associated with falls, the potential for reducing numbers of falls of older adults, and effective strategies for reducing falls and health care costs associated with falls. A report on effects of falls on older adults in Maine is due to be released in November, 2006.

I would encourage all my colleagues in gerontology, including researchers, educators, clinicians, planners, as well as aging community members, to work collaboratively and find solutions that address the problems of falling.

Amy E. Cotton MSN, APRN, BC, FNGNA

Contact: [acotton@emh.org](mailto:acotton@emh.org)

#### **Please submit your ideas...**

The mission of MGS is to address policy and clinical issues of interest to elders, caregivers, and those that provide services/care to them.

Input is encouraged regarding potential topics and issues that may be addressed within this clinical corner or in other portions of the newsletter.

Topics of interest may be forwarded to Sharon Berz, MGS secretary ([sberz@aroostookaging.org](mailto:sberz@aroostookaging.org)).

MGS Secretary  
Sharon Ann Berz, L.M.S.W.-cc  
c/o Aroostook Agency on Aging  
33 Davis St.  
Presque Isle, ME 04769

Email: [sberz@aroostookaging.org](mailto:sberz@aroostookaging.org)  
Phone: (207) 764-3396



**We're on the web!**

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

**Older American's Act Reauthorized**

(Continued from Page 3)

and treatments for older individuals who lack access to such services" as well as public awareness and stigma-reduction programs.

Title V changes include: limiting program participation to three years, but allowing up to 20% of participants to be exempt from that limitation; establishing 4 year grant cycles; not following the House's lead and establishing a minimum percentage of community service hours; and including language to stress the community service nature of the program.

**MGS Introduces Student Chapter**

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 (MGS-SS) is to support students' interests in gerontology and geriatrics through the study, research, teaching and application of the principles of aging across the lifespan. 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](mailto:mgugliucci@une.edu)).