

Prime TIMES

..... 2015

AUGUST 19, 2015 | A SPECIAL SUPPLEMENT TO
KENNEBEC JOURNAL | MORNING SENTINEL

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Society of Thoracic Surgeons awards top rating for Cardiac Surgery to CMHVI

The Society of Thoracic Surgeons (STS) has recognized the Central Maine Heart and Vascular Institute cardiac surgery program with its highest rating - three stars. Only 10 to 15 percent of heart surgery programs nationwide earn this honor.

The STS comprehensive rating system compares the quality of cardiac surgery at some 750 hospitals in the U.S. CMHVI is among the top-tier cardiac surgery providers.

The National Quality Forum has endorsed the STS quality measurement program.



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Cardiothoracic surgeons Paul Weldner, M.D., (left) and Carmine Frumiento, M.D.



Growing old(er) ain't what it used to be

BY TERRI HIBBARD
Special to Prime Times

Don't call me a senior citizen. Not unless you want to give me a huge discount.

I was a senior in high school, then I graduated and went to college. I was a senior in college, then I graduated and went on to life — working, marrying, parenting.

So if I'm a senior now, what happens when I graduate?

Oh, right.

That next "graduation" isn't something I'm looking forward to. In fact, I prefer to postpone it as long as humanly possible.

I want to be like David McCullough, the famous and prolific author who lives part of the year in Camden and, at age 82, just published his latest book, "The Wright Brothers." I read that while he was researching that book, he came up with about eight ideas for other books. Way to go, Dave!

He's one of my role models. Another is a fellow in my church, also named Dave. He's a guy who, when he's asked to help with something, always says yes. He laughs a lot, too. And rides his bike for exercise. Dave is 90.

Hilary is another of my role models. You look in the dictionary under enthusiastic and there's her picture. At least it ought to be there. She takes courses like The History of Islamic Art at Colby College — for fun. She also creates art — anything that catches her fancy. At times, her efforts have included quilts and designer coats made fabulous with her



92 year old Dave rides his bike for exercise. Visit a farmers market to get fresh, local produce for a healthy diet.

Photos by Terri Hibbard

colorful designs created with special dyes. Hilary is a not-to-be-believed 92.

So what are the secrets to having not just a long life but one well worth living? Research and observation tells us that curiosity, enthusiasm, sociability, exercise and eating well.

Lucky for me — and you — we're living in the right place. It's easy to find things to enthuse over: We have colleges welcoming the 55-plus crowd, a plethora of churches and organizations to join or volunteer for, libraries, theaters and room to walk, hike, bike, skip rope or cross-country ski (think Quarry Road Recreation Area). And from farmers markets in Skowhegan, Fairfield, Waterville, Augusta, Gardiner and all over our

part of the state, we have the best food you can put on a plate.

If I'm going to insist on living a very long time — and that's a must because I haven't finished the to-do list I started in 1965 when my third child was born. I have to do a lot of things right. And unless you want to sink into a rut that can morph into a grave, you'd better get cracking, too.

Exercise every day. It's sometimes boring, easy to postpone until never, but I tell myself it's my only hope of avoiding that long, slow — and far more boring and painful — decline.

Eat right. Author Michael Pollen said it best. "Eat real food. Not too much." Check out the secrets of the Blue Zones — areas where people

routinely live a healthy active life to 100 and beyond. (Google NPR + Tips from the Blue Zones). In my 20s I was able to cure my sweet tooth by filling up on the best food first leaving no room for hunks of chocolate cake and whole Hershey bars. After a while, super sweet food had no appeal. Honest. And now — sweetaholics rejoice! — dark chocolate is a health food so indulge every day, but "not too much."

Socialize. I love to stay home. Zoning out with "Big Bang Theory" on TV or "Frazier" on Netflix and reading favorite authors like Kent Haurf, Monica Wood, Sue Monk Kidd, or Khaled Hosseini makes me happy. But I have family and friends who won't let me do too much of that. Good thing.

Keep your brain alive. Exercising and socializing are a big part of keeping our brains from becoming mush, but to replace the cells you killed off at those frat parties, you must constantly challenge your mind. Do something you aren't used to doing. Learn to play the ukulele, take pickle ball or square dancing lessons, learn Spanish, take up chess or painting or Scrabble — anything that appeals to you enough to continue.

Check out Realage. Finally, go online and take the test at Realage.com. This calculates your age according to your health and gives solid information about just how to improve any aspect that is shaving off the years.

And don't forget the red wine. Cheers!

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For many, Maine Senior College is the way college ought to be

BY UMA SENIOR COLLEGE
Special to Prime Times

One of the best-kept secrets in the Augusta area appears to be Senior College. Though UMA Senior College has been around since 2001, we still run across senior citizens who haven't heard of it, or if they have, somehow have the idea it's not for them. Senior College in Maine began in 1996 at USM but rapidly spread across the State to 17 branches associated with University campuses or University Colleges.

Maybe the idea of "college" is off-putting, but in reality it's not the same as a regular institute of higher learning. In fact some have said that it is "how college ought to be." It is centered around the idea that learning is not only about improving one's mind but also about have a good time doing it, with classes that are exciting and excellent concerts to attend, all the while meeting new friends and maintaining connections with old pals. In fact, one of the stated purposes of senior college is to enrich the social life of people in the retirement age. Best of all, there are no exams, homework if any is optional, and – up until now – no credit. Students participate for the joy of learning and, for instructors, the sole compensation is the opportunity to teach students eager to learn. The only pre-requisite for any class is being 50 years of age or older. Except for a part-time administrator, the entire operation is run by volunteers at no public expense.

UMASC started off with an emphasis on courses, typically meeting for two hours a week for eight weeks on topics identified by students as subjects they are interested in, or on topics that fascinate a volunteer instructor and for which he or she wants to share knowledge or experience. Opportunities may include excursion activities, such as visiting light houses or waterfalls or museums in Maine. Participants can attend classes on watercolor painting, poetry, wood carving or studying the natural world. Sometimes there are courses of practical value, such as financial and legal issues pertinent to older



UMA photos

Scripting Our Lives class above, Big Trees Nature class right.

people, improving computer and internet skills, or maintaining health by improving balance in both walking and choosing your diet. History courses on the Revolutionary and Civil wars have always been popular. For the more studious, there are literature courses or classes involving political or philosophical issues or the relationship between science and religion. Typically we offer about 22 courses each semester. Not all these topics are offered every semester, but you get the picture. And the cost is nominal. Annual membership in UMASC is \$25 (applicable in any senior college in Maine) and \$30 tuition per course (scholarships available). Almost all the books or other materials are provided free of charge. Oh, yes, there are poetry groups, book groups and walking groups.

Equally exciting is the UMASC Concert Series which brings top-notch popular, folk, Bluegrass and classical music 11 Sunday afternoons a year to



Augusta area residents. Most Concerts are held in UMA's Jewett Auditorium. Ticket prices are intentionally kept low at \$10 for adults, students \$5, children free. The 2015-16 series opens with a Fiddle-iscious concert performed by over 100 musicians led by Don Roy, a program to be presented at Cony High School Auditorium on October 18. Following are; The Easy Happy Show with Marcia Gallagher and Katie Daggett, Jewett, Nov. 18; a Christmas concert with Down East Brass and Jay Zoller, organist, at South Par-

ish Congregational Church, Dec 20; the Gawler and Boardman families with Irish, Celtic and Quebecois repertoire, Jewett, Jan. 24; George Lopez, classical pianist, Jewett, Feb. 7; Dave Rowe and the Squid Jiggers, Jewett, March 13; Daponte String Quartet, Jewett, April 17; and Erica Brown and the Bluegrass Connection, Jewett, May 15.

UMASC's newest program is The Forum on the Future Series, designed to provoke discussion on what kind of future we want for our grandkids or on topics of pressing

interest to Senior Citizens. In the past, expert featured speakers and panelists have given presentations on topics such as Maine's economy, employment, energy resources, health care, education system, and transportation. More recently, the forums have focused on planning care and treatment for later years, such as how to remain in your home and live independently and how to protect yourself from fraud and abuse. The first forum in the 2015-16



UMA photos

Maine Natural World class above

College

CONTINUED FROM PAGE 4

season on Sept. 27 will be on "End of life Decisions: Is Assisted Death an Option?" Other topics will be women in leadership, facilitating multi-generational interaction and expanding internet service to rural Maine. Forums, which encourage audience interaction with the presenters, are free and take place on Sunday afternoons in Jewett Auditorium.

We have an acting group in the course "Scripting Our Lives." Each semester the group decides on a theme for a presentation to be given at the end of the term. This year's presentation – Radio Daze – was the most successful yet. Relying on memories of a time when radio was the primary source of news and entertainment, each member of the class composed a narrative

which they later presented in class. The next step was to create a script in which each narrative flowed into the other. The end result was an overview of radio days that included history, humor, and music from the 1940s to 1960s. The audience attending the performance left the theater smiling and reminiscing about old time radio.

UMA Senior College is fortunate to have had tremendous support from UMA. The University has provided office space, rooms for classes and office help. The work is managed by a series of standing and ad hoc committees, which has proven to be both efficient and effective, and overseen by a capable and dedicated board of directors.

Senior College is a secret you want to be "in the know" on. We hope you will join with us in making our later years fun and full of learning. Call 621-3551 to get on the mailing list.



UMA photos

Woodcarving class.

Pointers for adults returning to school

Today's seniors, particularly those who already have passed retirement age, may find themselves with many free hours to fill now that a job no longer accounts for most of their time. Returning to school may help seniors realize lifelong dreams of finishing a degree, exploring a hobby, getting educated to gain work in a new field, or just to fill some time in a productive way.

Information from the United States Department of Education's National Center for Education Statistics finds the demand for continuing education is still growing. For those aged 35 and older, the center says adult enrollment should grow by at least another 7 percent through 2016.

It's possible to return to school at any age. Adults looking at continuing education possibilities can heed these easy tips to make stepping into a classroom again successful.

- Get some help. Some time may have passed since you last toted textbooks or entered a classroom setting. Things have changed since you last were in school. Sit down with a guidance counselor or a career advisor and go over your

schooling goals to plot out a degree map. This will help you determine which courses to take or what schools will best fit your needs.

- Research schooling options. According to the National Survey of Students in Continuing Education, adult learners prefer post-secondary education that is affordable and close to home. Recognize that many schools now offer online learning, which may be ideal for you if you prefer to learn from the comfort of home. Decide what is important to you in a school, then narrow down your prospects.

- Schedule a campus visit. Tour the campus to get a feel for the school environment. Visit with someone in student services or attend an event for adult learners so you will know what the admissions process entails.

- Get financial assistance. Scholarships, grants and other financial aid are not just for young students. You may be eligible for financial help. Speak with a financial aid advisor to determine your eligibility for programs.

- Decide enrollment status. Do you want to go to school full time or part time or do you want to take classes here and there? Knowing in advance will help you develop the right schedule.

- Take a few refresher courses. Rather than delve into the tough stuff right away, enroll in a few basic classes to ease yourself back into the academic environment. Then next semester you can increase the difficulty level and workload.

- Be prepared for homework and study. You may have grown accustomed to being only accountable to yourself as of late. Once in school you will have assignments and tests. Plan for study time and develop a schedule to allow for school commitments.

- Take it slow. There's no race to the finish line. Going back to school is your decision, and you can go at your own pace.

Adult students return to the classroom for many reasons. Involve family in the decision to continue education and embrace the positive changes that are in store.

Did you know?

You can attend classes on watercolor painting, poetry, wood carving or studying the natural world. Sometimes there are courses of practical value, such as financial and legal issues pertinent to older people, improving computer and internet skills, or maintaining health by improving balance in both walking and choosing diet. History courses on the Revolutionary and Civil wars have always been popular. For the more studious, there are literature courses or classes involving political or philosophical issues or the relationship between science and religion. For more information visit www.umasc.org.

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Report on the Patient Protection and Affordable Care Act

BY JOHN NALE

Special to the Sentinel

After a 4-year rollout, the Patient Protection and Affordable Care Act (ACA) reached full implementation on January 1, 2014. The ACA fundamentally changes the American health care system by creating new standards for health insurance policies, reducing the number of uninsured Americans, increasing accountability for health care costs and rewarding medical professionals who produce positive patient outcomes.

The ACA goes right to the heart of the role of government in people's lives. Not since the New Deal of the 1930s or the establishment of Medicare and Medicaid in 1965 has the government's role in the welfare of its citizenry been more legislatively pronounced.

The ACA comprises consumer provisions, industry provisions and regulatory provisions. The consumer provisions are designed to bring the American people greater access to and more choices in affordable health care and to ensure accountability of those providing their health care. The ACA also comprises industry provisions, such as hospital reporting requirements, recordkeeping, required safety measures, and cost controls. The regulatory provisions cover government action as it relates to oversight, revenue allocation and collection and the relationship between the states and the federal government. This article focuses on the consumer provisions of the ACA.

Fundamental Consumer Provisions of the ACA

The ACA, along with all of its rules, is already an enormous body of law. The following sections detail ACA consumer provisions.

Resources for ACA Advocacy and Utilization

The ACA is a big new law that includes a mass of new statutes, regulations, court decisions, and variances that differ from state to state and county to county. The ACA



Elder Law Attorneys, John and Mark Nale of Nale Law Offices.

Contributed photo

creates education and training programs, uniform insurance plan explanations, and affordable health insurance exchanges, also known as health insurance external appeals.

Affordable Health Insurance Exchanges or Marketplaces

Affordable health insurance exchanges (also known as health insurance marketplaces) are designed to make buying health insurance affordable and easier for consumers, despite an array of confusing choices. The exchanges allow individuals and small businesses to compare health insurance plans, get answers to questions, find out if they are eligible for tax credits for private insurance or health programs such as the Children's Health Insurance Program or Medicaid, and enroll in a health plan that meets their needs. Some states have created their own federally funded exchanges, while other states, purposely or by default for not having created one, rely on the federal exchange.

Due Process Right of Appeal

The ACA includes a uniform

process for the appeal of health care decisions made by private insurers. The patient can petition the insurer to reconsider a decision to deny payment for a service or treatment through an internal appeals process. If the insurer still denies payment after considering the patient's appeal, the ACA gives the patient the right to an external appeals process. The external appeal is conducted by an independent review organization, which decides whether to uphold or overturn the insurer's decision. If the external review overturns the insurer's denial, the insurer must make the payment for the service or treatment.

Consumer Assistance Programs

Most states have long offered help to consumers with health insurance problems. The ACA seeks to improve these services with grants that help states create a new type of resource, Consumer Assistance Programs. The states and territories that apply for these grants receive funds to provide residents

direct help with problems or questions about health coverage.

Summary of Benefits and Coverage and Uniform Glossary.

The ACA makes it easier for consumers to compare insurance plans. For the first time, all health insurance companies must prepare and distribute a uniform Summary of Benefits and Coverage (SBC) and a uniform glossary defining terms and presenting examples of covered events and the costs to the consumer. All insurance companies must use the same standard SBC form to help consumers make an "apples-to-apples" comparison of health insurance plans among different companies. The SBC does for health insurance what the Nutrition Facts label has done for packaged foods. The SBC enables consumers to make simple comparisons in a familiar way. All health plans must provide a uniform glossary and an SBC to consumers and enrollees at important points in the enrollment process, such as upon

application and at renewal.

Electronic Health Records

Adoption of electronic health records and uniformity of systems across health care provider platforms is expected to reduce medical mistakes, speed up treatment and diagnosis, and allow for greater portability of information. The health care system is mired in paper with surprisingly little ability to communicate data among providers, but this is changing.

Guaranteed-Issue Health Insurance and the Forging of Pre-Existing Conditions

As of Jan. 1, 2014, health insurance plans can no longer limit or deny coverage to any person based on a pre-existing condition. This is a sea change that redefines insurance in the United States – and not only for people with disabilities. Prior to the ACA, most insurance plans openly and proudly refused or limited insurance on the basis that a disability was a pre-existing condition.

Doctor Choice and Emergency Room Access

The ACA allows the patient to choose the primary care doctor from the health plan's provider network. Even in cases in which other referrals may be necessary in HMO plans, the ACA guarantees that women can see an obstetrician/gynecologist without needing a referral from another doctor. The law also mandates that the patient can seek emergency care at a hospital outside the health plan's network without prior approval from the plan.

Abrogation of Lifetime and Annual Limits

The ACA prohibits health plans from putting an annual or lifetime dollar limit on the cost of any essential health care. Before the ACA, in addition to a lifetime limit, many health plans set an annual coverage limit. Prior to the ACA, the patient was required to pay the cost of all

More REPORT, PAGE 7

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care exceeding those limits. If the patient could not pay, care was commonly denied, even after treatment began. Plans can still put an annual dollar limit and a lifetime dollar limit on spending for health care services that are not considered essential.

Young Adult Coverage

Under the ACA, if a plan covers children, parents can add a child to, or keep their child on their health insurance policy, until the child turns 26. Before the ACA, insurance companies could remove a child from policies usually at age 19 or at a slightly older age if the child was a full-time student. The ACA makes the status of the child irrelevant. A child can enroll in or remain on a parent's plan whether or not the child is a dependent, married, living with the parent, attending school, employed where a group plan is offered, or eligible to enroll in his or her own plan.

Preventive Care Explanation

Under the ACA, people are eligible for a greatly expanded list of preventive health services designed to help avoid illness and improve health. This is part of the ACA effort to cost shift from treatment to prevention where it makes sense to do so. To encourage use of preventive services, no copayment, coinsurance, or deductible is necessary to receive recommended preventive health services, such as screenings, vaccinations, and counseling. Some preventive services are offered as age specific and others are available to all patients.

Mandatory Health Insurance

The ACA gives Americans the right to expect health care coverage just as they have the right to expect to be beneficiaries of public services such as roads, schools, police, the military and libraries. Following the establishment of

Social Security, Medicare and Medicaid, the ACA manifests the right of all Americans to health care.

Under the ACA, most Americans were required to have health coverage by Jan. 1, 2014. Noncompliant individuals are subject to paying a penalty that is being phased in through 2016.

Cost of Insurance

One of the most common questions asked by advocates and consumers is "How much will I have to pay for insurance?" The ACA implements new cost controls by limiting insurers' profits and overhead. Other factors in the plans' cost-effectiveness for consumers include subsidies, credits and cost regulation.

Rebates and the Medical Loss Ratio

The ACA curbs health insurance costs, in part, by limiting the medical loss ratio. The medical loss ratio is the amount insurers spend on

administrative overhead, marketing costs, and profit. The ACA limits how much of each premium dollar the insurer can spend on things other than providing health care and improving its quality. If the insurance company exceeds that limit, it must provide a rebate of the excess premium dollars.

Plan Levels

There are four levels of plans available on every exchange. Bronze plans pay 60 percent of health care costs, silver plans pay 70 percent, gold plans pay 80 percent, and platinum plans pay 90 percent. Employer-sponsored plans cover, on average, about 85 percent of health care costs, bringing employer-sponsored plans somewhere between the gold and platinum levels. Health care costs not covered by the plans are paid by the insured as deductibles and copays. Premium costs are lower for bronze plans and highest for platinum plans.



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Did You Know?

If you have psoriasis, an autoimmune skin condition marked by red, flaky patches on the body, you also could be at risk for a certain type of arthritis. Psoriatic arthritis, which causes stiffness, swelling and pain in and around the joints, affects up to 30 percent of people with psoriasis, says the National Psoriasis Foundation. While psoriatic arthritis can develop at any time, it is most common in people between the ages of 30 and 50. This type of arthritis can develop slowly or come on quickly and be severe. Just like psoriasis itself, psoriatic arthritis tends to go through periods of flare-up and remission. Typically, the skin condition precedes the joint disease in 85 percent of patients. Keep in mind that a severe case of psoriasis will not necessarily translate into a severe case of arthritis. Psoriatic arthritis may be treated like other forms of arthritis. Doctors may prescribe anti-inflammatory drugs, antirheumatic drugs, exercise and complementary therapies. Those who have psoriasis and have begun to experience joint pain and stiffness should talk to a doctor about potential therapies.

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AARP is working to alert older adults to the dangers of using public Wi-Fi

BY VALERIE TUCKER
Correspondent

Today's digital technology advances move at such a rapid pace that older adults often are frustrated by the never-ending challenge to understand the mysteries of wireless terminology and security requirements.

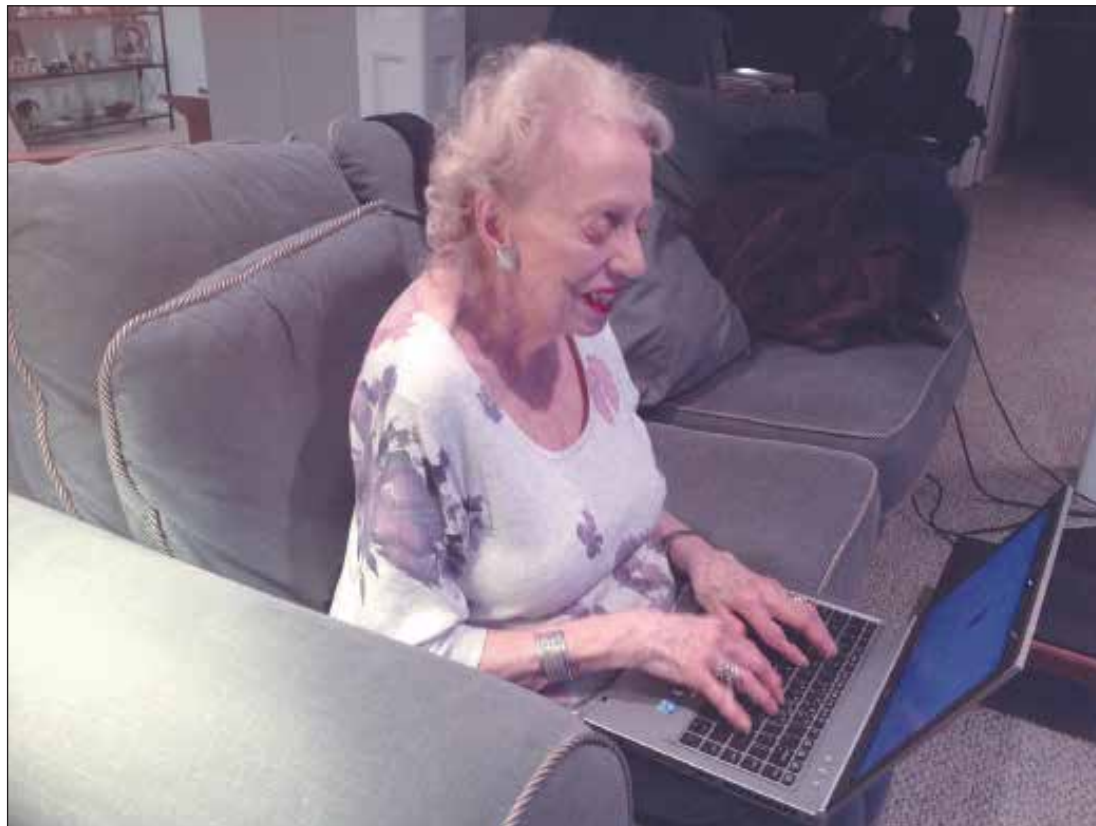
Before today's wireless access, people connected computers, printers and similar equipment with long cables strung through walls and ceilings. Users had to physically plug a device into the network. Today, wireless devices can detect nearby access point signals and connect to both public and private networks.

Usually, most require an encrypted password, allowing access to only authorized users. Businesses, including hotels and restaurants and public institutions, such as schools and libraries, often offer a free public access point, called a wireless hotspot. This wireless use also has expanded to include nearly limitless opportunities for consumers, but also to scammers. That convenience comes with a cost for users who don't understand the risks, according to a Maine advocacy organization for those over 50, AARP.

AARP Inc., formerly known as the American Association of Retired Persons, is a nonprofit advocacy group and recently published survey results that asked internet users about their level of understanding of wireless safety. Nearly half failed a quiz about online and wireless safety, admitting to activity that could put them squarely in the sights of hackers looking to steal their personal information.

Contrary to popular belief, Wi-Fi is not short for "wireless fidelity." It's a trademark name for a technology which uses radio waves to provide these high-speed connections. The non-profit international Wi-Fi Alliance hired a marketing firm to develop a catchier name for its less imaginative industry-standard nomenclature: IEEE 802.11b Direct Sequence. The Wi-Fi label has been widely accepted in the past decade, and the Wi-Fi Alliance continues to operate as a gatekeeper to ensure all wireless devices adhere to industry-specific standards.

Older and familiar wireless technology, such as cordless



Contributed photo by Jane Margesson, AARP Maine

Older adults can find all the information they need to buy, use, and secure their digital gadgets and computers without fear of hackers and scam artists. Jane Magnus, 92, of Windham uses her computer via a secure network at home and has learned the importance of using secure encrypted websites and passwords while using her wireless connection. AARP (www.aarp.org) provides seniors with extensive information about online security through its Watch Your Wi-Fi campaign and their Fraud Watch Network.

phones, television remote controls and walkie-talkies, have been restricted to home use with little need for security. Digital access has expanded the consumer's options dramatically through video-games, smartphones, cameras, tablets and stereo speakers. Users can connect anywhere there's a hotspot to download movies, games and music.

The organization's Fraud Watch Network report, "Convenience Versus Security," shows that 25 percent of respondents use public access to the internet once a week or more.

"A free Wi-Fi network at an airport, hotel or coffee shop is convenient," said Jane Margesson, Communication Director of AARP Maine. "But without a secure network, Americans risk oversharing, leaving themselves vulnerable to attacks by con artists and hackers."

The survey results unveil a high incidence of risky online

behaviors. Among those using free public access, 27 percent say they have banked online in the last three months. Similarly, 27 percent of those using free access have purchased a product or service with a credit card. Of those using wireless access to their financial accounts, almost half say they have not changed their passwords in the past three months. Experts say that online bank account passwords should be changed at least that often. Also, more than half of the respondents said they do not have online access to all of their accounts.

"It is not okay to use the same password on more than one site even if it contains a complex set of letters, numbers and symbols," Margesson said. "Even if you are not using the Internet, if you're in a location that has a public Wi-Fi network, you should learn how to disable your wireless connection."

Margesson also stressed that it is never safe to access websites that request sensitive information, such as banking or credit cards. Learning how to take simple security steps can help. More than 84 percent of people surveyed did not understand the best security protocol for their home wireless connections. The older standard, Wired Equivalent Privacy, or WEP, has been upgraded to WEP-2 encryption, which provides more security. Consumers have many resources to learn everything they need to know about wireless security.

"AARP's Watch Your Wi-Fi campaign is giving Maine seniors the information they need to stay connected without sacrificing their personal security," said Margesson.

Additionally, the organization's newly-launched Fraud Watch Network website features "Four Things Never to Do on Public Wi-Fi." One of those traps is

"AARP's Watch Your Wi-Fi campaign is giving Maine seniors the information they need to stay connected without sacrificing their personal security."

**JANE MARGESSON,
COMMUNICATION DIRECTOR,
AARP MAINE**

falling for a fake public access point.

"Con artists often set up unsecured networks with names similar to a legitimate coffee shop, hotel or other free networks," Margesson said.

The site's advice also suggest never allowing a mobile device to automatically connect to nearby hotspots or accessing an unknown public network that asks for personal information. One other serious problem is that many smartphone users do not use a passcode on their phones.

"Everyone should utilize the password function on their devices," suggests Martha Currier, Complaint Examiner for the Maine Attorney General's Office of Consumer Information & Mediation Services.

Currier said many folks, and older adults especially, just use the SWIPE function to unlock their phone.

"If their phone is lost or stolen, and it has sensitive information on it or automatic passwords on regularly visited websites, they'll open themselves up to potential identity theft and unauthorized charges," she said.

Consumers can visit the new AARP website to learn about scams frequently associated with public access, including the "man-in-the-middle" attack, the "evil twin" ruse and the "Wi-Fi driving" attack.

For more information, visit the Personal Technology website at www.aarp.org for dozens of tutorials, including a video demonstrating the risks of unsecured Wi-Fi. For more information about AARP Maine's work to raise awareness about fraud and scams, email me@aarp.org or call 1-866-554-5380.

At Augusta's Alfond Center for Health the HELP program assists elder patients

These days the Alfond Center for Health is bustling with blue-smocked, yellow-buttoned HELPers visiting patients on 2 West as part of MaineGeneral's Hospital Elder Life Program (HELP). Launched in Feb. of 2015, HELP is a nationally recognized, evidence-based way to improve outcomes for patients at risk for delirium – the confusion that often occurs in older patients with extended hospital stays.

With HELP's targeted patient assessment and active preventive measures, delirium can be shortened if not altogether averted. HELP's goal is to get patients back to previous levels of functioning, reduce their length of hospital stay and return to their home more quickly.

"We do a thorough assessment of patients age 70 and over to see if they meet the program criteria," said Amy Perez-Blaisdell, HELP's elder care specialist and volunteer coordinator. "We have a dedicated nurse practitioner on our team, and we work with nursing staff on the floor. We consult with the medical director and engage the patient and family as part of the process."

Patient experience and impact Dr. Nathan Harmon, a geriatrician and HELP's medical director, emphasizes knowledge is the key to positive outcomes for patients at risk for delirium.

"This program helps family members put a name to uncharacteristic behaviors in their loved ones," he said. "We help them understand what delirium is, how it's assessed and treated. We talk about it close to the time of admission, which can be very helpful. Knowing is really empowering."

With Maine's aging population programs such as HELP become all the more essential.

"HELP can shorten a patient's stay and decrease the likelihood of readmission; it can make the difference between a patient returning home or going to a long-term care facility or even, in some cases, dying due to complications," Perez-Blais-

dell added.

The program is free and patients agree to participate.

A little HELP from our friends

"Relatively simple measures can prevent delirium," Perez-Blaisdell said. "Creature comforts and company have a huge impact. That's where the most crucial member of the HELP team comes into play — the volunteers who come each day to sit and stay a while."

After taking an 8-hour training course, volunteers sign up to work a 4-hour shift anywhere from once a week to once a month. During each shift, they visit four to five patients for about an hour each. Volunteers leave a care plan that helps them understand each patient's condition.

"We greet patients, review their provider and pain level information. We encourage them to move as they can, taking walks or leading gentle stretches," volunteer Elaine Bridge said. "Most importantly, we get them to talk about themselves and familiar things, their kids, their pets . . . relate to them."

"A lot of what HELP volunteers do is intuitive," Dr. Harmon said. "They meet with the patient and get to know them; they sit and have meals and talk. If they see inconsistencies in patient behavior, they tell nursing and medical staff and (that) can help avoid problems."

Karen Garcia, the practice coordinator, notes that in addition to prevention, the peace of mind HELP brings patients and families is important.

"Families know their loved one is being visited and engaged on a personal level—someone is getting to know their story and that matters in many ways," she said. "It's a kind of treatment that complements the clinical work being done. Human presence is one of the most powerful medications on the market."

If you would like to be a HELP volunteer, call Amy Perez-Blaisdell at (207) 626-1150.



"Families know their loved one is being visited and engaged on a personal level—someone is getting to know their story and that matters in many ways," she said. "It's a kind of treatment that complements the clinical work being done. Human presence is one of the most powerful medications on the market."

**KAREN GARCIA, PRACTICE COORDINATOR
HELP PROGRAM**

Contributed photo

Elaine Bridge, HELP volunteer at the Alfond Health Center.

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We have to talk: Initiating difficult conversations

BY ALISON WILLIAMS
Special to the Sentinel

It can be difficult to think that the people who once cared for you may need assistance with their own everyday routine. Deciding when and how to approach the subject with your loved one can be intimidating. The strategy for a successful conversation begins with education.

Begin gathering as much information as you are able prior to sitting down to talk with your loved one. Having a conversation while your loved one is still doing well can limit defensiveness and the feeling of being under attack. Likewise, a well-timed comment after they make a simple request such as bringing the load of laundry up from the cellar can open the door to a deeper conversation. Ask if they are worried about going up and down the stairs and what their plans are for when they can no longer safely navigate the stairs. Let them know you are concerned that they are safe and would like to set aside time for a more formal conversation about future planning.

It is also beneficial to pay attention to small changes; such as the milk in the fridge going sour or a declined invitation to an outing they used to enjoy. Check in with siblings, a spouse or others in the household, and anyone else who may have insight and ask if they are also noticing a decline or whether they share your concerns. Waiting until there is a crisis often results in well-intended but disorganized family members and confused loved ones.

Keep in mind a few key points when discussing concerns with your loved one.

Include your loved one. Ask them what is important to them and what their goals are. Establish a clear understanding of their wishes.

Empathize. "I know this is hard, someday I will have to do the same thing for myself."

Avoid misunderstanding and hurt feelings; steer clear of accusations and arguments during these conversations.

If you are met with resistance, try another approach. Write a letter or wait and start the conversation differently at another time. If safety is an immediate concern, engage others, such as a trusted friend, clergy member or their primary care physician for guidance. Hiring a care manager can also help ease family concerns through assessing needs, creating long-term plans to meet the family and client goals, and coordinating

"If you are met with resistance, try another approach. Write a letter or wait and start the conversation differently at another time. If safety is an immediate concern, engage others such as a trusted friend, clergy member or the primary care physician for guidance."

ALISON WILLIAMS, REGIONAL COORDINATOR BRIDGES HOME CARE



Contributed photo

Having a conversation while your loved one is still doing well can limit defensiveness and the feeling of being under attack.

services and care.

The geriatric care manager with Spectrum Generations is a seasoned registered nurse who can provide an objective perspective along with professional recommendations to ensure safety and quality of life for a loved one who wishes to remain in their home.

Many seniors avoid this conversation because the thought of leaving their home in order to receive care is upsetting. Fortunately, services in the home are readily available by hiring an agency, such as Bridges Home Care, to assist with activities of daily living. Bridges Adult Day Break is also available, offering an inviting atmosphere with social interaction. Keep the idea of assistance positive and start small. Solutions are frequently a combination of family and friends along with a professional network of caregivers.

At Spectrum Generations, we are your local Area Agency on Aging and have been the recognized expert on Aging and Disabilities in the Central Maine Community for more than 40 years; promoting life-long learning, health, wellness, nutrition, community engagement and

social well-being of all older and disabled adults. We will be an invaluable tool as you navigate through this journey.

There is no wrong door when calling Spectrum Generations, we can get you connected with the appropriate services based on your needs. Many of our programs have little to no cost associated with them, or can be supplemented with financial assistance when paying privately isn't an option. Our Meals on Wheels volunteers deliver nutritional food right to a consumer's home. An added benefit is the additional wellness and safety check of a person who is homebound.

Community Case Management, a service for adults with intellectual disabilities, works with consumers to develop person-centered plans that reflect their personal vision for their desired life. Health and Wellness Programs offer many different classes for seniors who are looking to improve mobility or learn a new skill.

If you are already a caregiver, Spectrum Generations offers a family caregiver program, providing support through education, respite and other

resources. Whether you are simply organizing the care or are the caregiver, set time aside to recharge your batteries, it will allow you to be a better family member and caregiver.

Bridges Home Care has been a part of the Spectrum Generations family for almost two decades. Being connected to the Area Agency on Aging allows for a greater network of resources for their consumers. Bridges offers caring and professional in

home support including Personal Emergency Response Units, in-home care via personal support specialists, Adult Daybreak, and care management.

For more information about Spectrum Generations and our programs and services, call 1-800-639-1553 check spectrumgenerations.org and on Facebook.

Alison Williams is the Regional Coordinator at Bridges Home Care.



We've served this community for many years, offering families caring and sympathy in a time of loss. It would be our privilege to serve you in your time of need.

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Legacy Corp will assist caregivers helping veterans and military families

BY KRISTIN OVERTON
Special to the Sentinel

Every day we hear stories of caregivers who cannot attend caregiver support groups because their loved one can't be left home alone or perhaps they struggle to get their own health needs met because of the difficulty of finding respite care. Isolation, depression, and guilt are common feelings with little help available to provide a much-needed break.

Beginning in October, there will be a new way for the members of the Central Maine community to give back to their local veterans and allow their caregivers to have a much needed chance to recharge. Legacy Corps provided by Spectrum Generations. A new volunteer program that provides respite care for veterans and military families, Legacy Corps is about taking care of those who have sacrificed so much for us.

Maine has 127,694 veterans, one of the largest aging populations in the country. This population includes 8,160 who served in WWII, 13,632 who served in the Korean War, 44,602 who served in Vietnam and 31,173 Gulf War veterans. Caregivers of veterans report more than twice the emotional stress of caregivers of adults nationally, almost three times the level of physical strain, and almost four times the level of financial hardship. Legacy Corps is a national volunteer-powered caregiver support program.

A 2010 study Caregivers of Veterans-Serving on the Home front conducted by the United Health Foundation found that, "Not only are caregivers of veterans in their role for a longer period, but their burden of care is also heavier-65 percent are in a high-burden caregiving situation compared to 31 percent nationally. Additionally, 40 percent of veteran's caregivers reported high physical strain as compared to 14 percent of adult caregivers nationally; and 50 percent of veteran's caregivers reported high financial hardship as compared to 13 percent of adult caregivers nationally. The increased burden is due to a greater likelihood



Contributed photo

Legacy Corps provided by Spectrum Generations is a new new volunteer program that provides respite care for veterans and military families.

of helping with the activities of daily living including dressing, bathing, feeding, and dealing with incontinence.

Perhaps because of their increased burden of care, caregivers of veterans report a greater impact of caregiving on their lives than caregivers in general do. Moreover, the caregivers of veterans who have Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or mental illness, such as depression or anxiety are even more likely to suffer adverse effects on their own health, emotional stress, feelings of isolation, the caregiver's marriage and children and finances.

Spectrum Generations was

recently selected to implement a three-year Legacy Corps program to provide volunteer-based visiting services to physically disabled and elderly veterans and their caregivers in seven counties in central Maine. The Legacy Corps is based on recruiting volunteers to commit to a one-year contract which engages them in 450 hours of service to disabled and elderly veterans and their caregivers. Volunteers receive up to 90 hours in training and a monthly taxable living allowance of \$150 a month. A one-year term is approximately 40 weeks (allowing for vacations and sickness) and the member volunteer will provide 10-12 hours of service a week.

As part of the project, Spectrum Generations anticipates being able to provide additional training to those who are veterans visiting veterans. Working collaboratively with a new grant-funded project by MaineGeneral Health's Retired Senior & Volunteer Program, known as RSVP, the two agencies will be able to assist more veterans.

If you would like to make a contribution either by donating or volunteering, contact Jen-

"Caregivers of veterans report more than twice the emotional stress of caregivers of adults nationally, almost three times the level of physical strain, and almost four times the level of financial hardship."

**KRISTIN OVERTON,
CHIEF OPERATING OFFICER
SPECTRUM GENERATIONS**

nifer Fortin at 622-9212 or by email at jfortin@spectrumgenerations.org. For more information about Spectrum Generations programs and services, call 1-800-639-1553 or visit us online at spectrumgenerations.org. Spectrum Generations is the Central Maine Area Agency on Aging and the Aging and Disability Resource Center.

Kristin Overton is the Chief Operating Officer of Spectrum Generations.

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Caregivers can get needed support from a caregiving circle of friends

BY LIZ CRAWFORD
Special to the Sentinel

In my role as the manager of the Family Caregiver Program at Spectrum Generations, Central Maine's Area Agency on Aging, I facilitate support groups for caregivers. While our groups are for family caregivers in general, the majority of the people who attend are people who are providing care to someone with dementia. Support groups provide a safe and comfortable environment for people to share their experiences, concerns, and even joys. To see support group members develop friendships, support each other in times of frustration and grief, and share a laugh from time to time is truly the best part of my job.

At a group recently, a woman said that when she visits her husband who is in a nursing home, she doesn't find it "satisfying." It seemed as though the other caregivers in the group could relate. The word "satisfying" really struck me. I could imagine her at home, alone. I thought of her feeling lonely, depressed, maybe bored, and probably guilty, as that's how many caregivers feel. Perhaps she thinks to herself, "Maybe if I go visit my husband, I won't miss him so much and I'll feel better. It will be nice to see him."

Unfortunately, I assume that when she visits him, the conversation is likely strained and one-sided. He no longer has knowledge of current events, politics, sports, or any of the other things he used to like to talk about. He can't remember their private jokes. He can't remember the names of their grandchildren. He's easily distracted. He's still her husband, but he's not really the same. When it's time for her to leave, she leaves alone. She still misses him. She still feels depressed, maybe even more so after seeing him this way, in this place. She still feels guilty that she can't care for him in their home. She's not satisfied.

Truthfully, I think what this

"It's hard to rationalize the feeling of grief or loss when the person with dementia is still living. This is referred to as an ambiguous loss. It's ambiguous because there is no closure, there is no funeral, and there are no answers."

LIZ CRAWFORD, MANAGER FAMILY CAREGIVER PROGRAM AT SPECTRUM GENERATIONS



woman is feeling is grief. For so many caregivers, the sense of loss experienced with dementia can be confusing and overwhelming. It's hard to rationalize the feeling of grief or loss when the person with dementia is still living. This is referred to as an ambiguous loss. It's ambiguous because there is no closure, there is no funeral, and there are no answers. In the example of the woman from the support group, one can imagine that she no longer has the same relationship with her husband that she once had. While she still loves him, and he probably feels a sense of connection with her, their relationship is no longer the intimate one of a husband and wife. He is no longer a companion for her. This is a loss, despite the fact that he is still physically here. The time she spends with him is unsatisfying because it doesn't help her heal or move forward; it doesn't make her feel any better.

If you know someone like her, be a good friend, listen to her worries, and give her a shoulder to lean on. If you are someone like her, get support from friends, family, or support groups. This can be the most positive way of dealing with ambiguous loss. Joining a support group offers caregivers the opportunity to get information from people who have experienced the same things. It can also be helpful to share lessons learned and funny things that happen along the way. Furthermore, it is al-

ways important for caregivers to remember to take care of themselves and maintain the hobbies and interests they had before taking on the role of caregiver. Spectrum Generations offers a number of programs that can help caregivers maintain some "me time." For example, there are respite funds available through the Family Caregiver Respite Program that allow a caregiver to hire a family member, friend, or someone from an agency to care for their loved one so they can take a break. The



Adult Day Break Program, as well as Bridges Home Care, can provide quality care while a caregiver does something for fun or tends to other necessary business. There is also the Savvy Caregiver Program, a six-week training program for family or friends taking care of someone with dementia. Finally, always remember that diet, exercise, medication management and staying healthy are just as important for the caregiver as for the care recipient.

For more information about the Family Caregiver Support Program, caregiver support groups and other helpful programs, contact Spectrum Generations at 1-800-639-1553, like us on Facebook, or visit spectrumgenerations.org.

Liz Crawford is manager of the Family Caregiver Program at Spectrum Generations.

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How to avoid growing bored in retirement

From the moment young men and women first walk into the office for their first day as a working professional until the day they officially retire, the notion of planning for retirement is never far from their minds. But when the day to hang up the briefcase and donate all those business suits arrives, some retirees wonder what to do next. Some retirees know exactly how they will spend their days when they no longer have to work, while others who decide to play it by ear may find themselves battling boredom.

For those among the latter group, it's important to understand that many retirees find themselves bored once they no longer have to focus on a career. Jobs keep men and women busy and provide a sense of purpose in their lives, so it's understandable that retirees feel bored once those jobs are no longer a part of their lives. But just because you no longer have an office to go to every day does not mean life cannot be as fulfilling or even more fulfilling than it was when you were still working. You just need to find something to avoid succumbing to retirement boredom.

• **Work parttime.** Though it might seem odd to start working right after you retire, a part-time job can provide the type of structure you have grown accustomed



Embracing a new hobby is one way for recently retired men and women to avoid growing bored during retirement.



to without all of the responsibility that comes with a full-time career. Part-time jobs can range from consultancy work that makes use of your professional experience to something entirely different like landscape maintenance at a nearby golf course that gets you out of the house and enjoying the warmer seasons. Whichever you choose, make sure it's something you find fun and interesting.

• **Embrace a new hobby.** Working professionals often say they wish they had time to pursue a hobby. Now that you are retired, you have all the time in the world to do just that. Whether it's perfecting your golf game, writing that novel, learning to cook like a gourmet chef

or whatever else you might have always wanted to do, retirement is a great time to do it.

• **Get in shape.** If retirement boredom has started to negatively affect your mood, one great way to conquer your boredom and improve your mood at the same

time is to start exercising. Exercise is a natural mood enhancer. When the body exercises, it releases chemicals known as endorphins, which trigger positive feelings in the body. In addition, regular exercise has been shown to reduce stress, boost self-esteem and improve sleep. Working out at a gym also is a great way to meet fellow retirees in your community, and the energy you have after exercising may give you the boost you need to pursue other hobbies.

• **Volunteer.** If a part-time job is not up your alley, then consider volunteering in your community. Volunteers are always in demand, and volunteering with a local charity can provide a sense of purpose and provide opportunities to meet like-minded fellow retirees, all while helping to quell your boredom. Retirees who love to travel can combine their passion for volunteering with their love of travel by signing up to work with an international relief organization that travels abroad to help the less fortunate.

Upon retiring, many retirees initially find themselves coping with boredom. But there are many ways to avoid the restlessness of retirement.



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Dating after 50

Sweaty palms, heart palpitations and nervousness are common first date symptoms. Many people can remember the feelings of excitement and fear they felt the first time they went out on a date as a teenager. But those who find themselves back in the dating pool as mature adults quickly learn that dating jitters still may be present even after all this time.

Recent data from the U.S. Census Bureau finds that those over the age of 50 are now divorcing at double the rate of younger people. Loss of a spouse is another reason the over 50 crowd may once again be dabbling in dating.

Recent reports say that 40 percent of online daters today are over the age of 50. Successfully navigating the waters of matchmaking sites or old-fashioned meet-and-greets means reacquainting oneself with a few handy tips.

- **Don't open up with your extended history.** Older daters have more life experiences and potentially a greater number of past relationships. Recognize that you both may bring former spouses and even children to the table, but don't feel the need to delve into all of your adventures (or misadventures) on the first date. Early dates are not for setting the entire course of your relationship. They're for getting acquainted and seeing if this is a relationship you want to continue. Getting too personal right off the bat can sabotage a relationship before it starts.

- **Take it slow.** There's no need to rush anything along. Biological clocks or perceived societal notions no longer may be causing pressing relationship deadlines. Take the first date and any other subsequent dates at a pace that's mutually agreed upon. It may

take several months to years before all of your truths come out, but for now focus on having fun until you're both ready to share more.

- **Look for the positives.** Before you decide a person is not for you, make a note of all of his or her positive attributes. What do you like most about him or her? Initial negativity or doubts may stem from your fear of rejection. Be open to others who may not fit your type.

- **Don't get discouraged.** The person you first meet may not be the right fit. Don't let this turn you off of dating. The right person may be the next one around the corner.

- **Meet in public places.** Many dates begin with online conversations with the intention to meet for a physical date later on. Always keep safety in mind when setting a rendezvous with someone you don't know well. Choose a public meeting spot, such as a busy restaurant. Ask a friend to check in on you via phone call. Consider a double-date if you're weary. Take your own car and meet at the date location rather than being picked up at home.

- **Wait for intimacy.** It may take a while before you feel comfortable getting intimate with someone new. This person should respect your feelings and not pressure you into a physical relationship until you are both ready. Also, give the other person time to grow comfortable with intimacy.

Dating after 50 means taking chances, going slow and exploring new relationship possibilities that make you feel comfortable.

Yearly eye exams can reveal more than just vision trouble

More evidence points to the importance of routine eye exams, not only to pinpoint potential conditions of the eye, but also to serve as windows to diseases that affect the entire body. Now more than ever it is essential to make and keep annual eye exams, as they can help to reveal the first signs of serious ailments.

Doctors from around the world say dozens of diseases — from certain cancers to arthritis to high blood pressure — can show symptoms in the eye. Under the watchful and knowing gaze of an eyecare professional, individuals can get early diagnosis and begin treatment promptly.

According to Dr. Roy Chuck, chair of the Department of Ophthalmology and Visual Sciences at Albert Einstein College of Medicine and Montefiore Medical Center, there are many systemic diseases that can be seen in the eye. In addition to the conditions mentioned, jaundice can indicate liver disease while retinal detachment and bleeding in new blood vessels may indicate hypertension. By looking at the color of the cornea, some doctors can tell if a patient has elevated levels of cholesterol. Many people have had their eye doctors be the first healthcare professional to detect the presence of their diabetes.

If an ophthalmologist suspects an underlying medical condition, he or she will likely refer men and women to their primary care doctors for a more thorough examination.

Going to the eye doctor can do more than ensure your vision is sharp. It's a life-saving decision for many people who have major health conditions diagnosed through the eyes.



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Rebounding from a late start to retirement savings

Some people do not have the ability to begin saving for retirement early on. Others may have brushed retirement savings aside for so long that they are now worried that it's too late to begin socking away money for retirement.

While it's best to start saving for retirement as early as possible, the good news is that it's never too late to start planning for retirement. If your 40th birthday has long passed and you're finally thinking ahead to retirement, consider these catch-up strategies.

• **Research tax-advantageous retirement savings plans.** A financial planner can point you in the right direction, or consult with your employer about employee programs. Deposit money into a 401(k) or 403(b) plan or another retirement vehicle. Jump on any opportunities when your employer matches invested funds. Investigate an IRA and find out if there are any government incentives. Depending on your age, you may be able to deposit more money into such accounts

than other investors.

• **Cut back on expenses.** Cutting back on unnecessary expenses is a great way to save more money for retirement. Figure out where you can save some money you can then allocate to retirement savings. Maybe you can reduce insurance coverage on an older car or raise your deductible? Downsize cable packages or skip that costly cup of coffee on the way to work. Perhaps it's time to look for a smaller, less expensive home or a compact car instead of an SUV. Any money saved now will benefit you when the time comes to bid farewell to the work force.

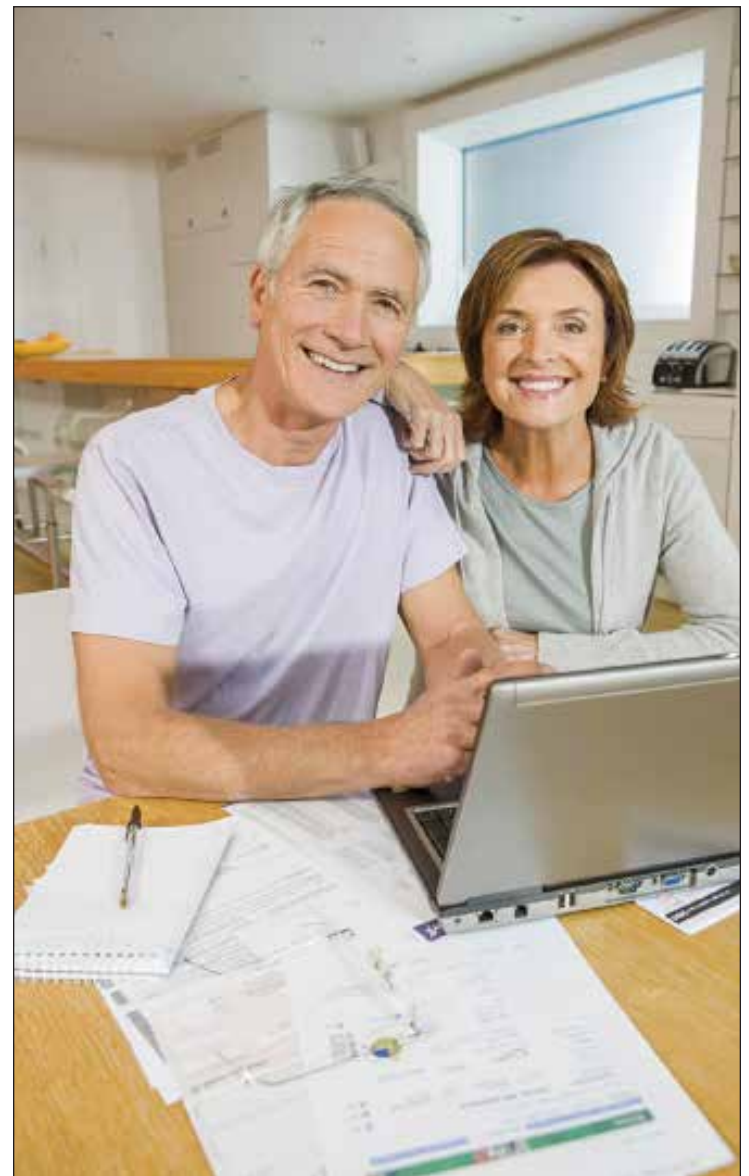
• **Delay your retirement.** Many people who retire find themselves bored and looking for ways to fill their time, and as a result more and more people are delaying their retirement, which also gives them more time to save for that day when they do call it quits. If you want to work less, discuss and negotiate a phased retirement with your bosses that allows you to stick with your employer but gradually

work fewer hours until you retire completely. You may be able to work parttime for several years and retire when you're most comfortable.

• **Consider more aggressive funds.** Even if you are 50 you still have a few decades before retirement, which leaves lots of time to grow your retirement savings. But you may want to consider more aggressive funds that can help you catch up more quickly than less aggressive investments. Just know that aggressive funds may also leave you susceptible to substantial losses.

• **Don't amass debt.** If you're saving for retirement but only paying minimum balances on your credit cards, then you're not really saving. Pay down credit card debt before you begin to set aside money for retirement.

Delaying retirement planning may mean you have to work a little harder to build up a solid reserve. But by following some financial tips and persevering, you can still enjoy retirement with security.





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Steps involved with estate planning

Although inevitable, death is an emotional subject that's difficult to discuss. While estate planning can make people uncomfortable, it is an essential part of securing assets for future generations and can make a death in the family easier for loved ones to handle.

Estate planning is an umbrella term that refers to a host of things that must be done prior to a person's death, including writing a will and even making funeral arrangements. Estate planning attempts to eliminate financial uncertainties and maximize the value of an estate, and allows men and women to state their wishes with regard to long-term health care and guardianship for their children.

When done right, estate planning can prevent family feuds and ensure that the deceased's estate stays in the hands of family rather than being relegated to the government. Estate planning can be a complex process, so men and women should seek help to ensure the process goes smoothly.

Getting started

Estate planning should begin early in a person's life, especially for young parents. It's easy to talk about saving for a home or retirement, but it's not so simple to discuss who will care for your

children should you die while they are still minors.

Those who are not able to sort through these answers on their own should enlist the help of an attorney or a financial adviser, both of whom can take some of the emotion out of the discussion and put it in more practical terms.

The will

A will is an important component of estate planning. Without clearly and legally spelling out your wishes, there is no guarantee that those wishes will be honored. It will be up to a state or province to make potentially life-altering decisions that can impact your surviving family members, and the only way to ensure your wishes will be carried out is to put them into a will.

Although men and women can write their own wills, many people prefer to seek the assistance of an attorney, who can make sure all necessary details are included in the will.

Medical directives

In addition to a will, estate planning includes your wishes if you become incapacitated or suffer from a serious medical condition that precludes you from making decisions about your care and finances. Spouses can be named to make important



health decisions, but you may want to indicate other information, such as life support measures or organ donation, as well. If you have strong opinions on treatment, medical directives and living wills are a necessity.

Funeral arrangements

Another aspect of estate planning concerns funeral arrangements. Many people prefer to make their own

funeral and burial plans so that these heart-wrenching decisions do not fall on the shoulders of grieving family members. Funeral planning may include choosing a burial plot, selecting a casket, indicating cremation, and paying for everything in advance so there is no financial burden on surviving family members. According to the funeral planning website *Efuneral.com*, the

average cost of a funeral in the United States in 2012 was more than \$8,500 for a burial service and \$3,700 for a cremation. That's a considerable expense that you may not want surviving family members to pay.

Estate planning is a process that is difficult to discuss, but one that is essential to maximize your assets and ensure your end-of-life wishes are honored.



Did You Know?

Baby Boomers make up the largest generation of Americans born in United States history. Boomers include anyone born between the years 1946 and 1964, as the number of births began to rise as World War II veterans returned home from battle. The greatest number of Baby Boomers were born in 1957, when numbers peaked at 4.3 million. That equates to roughly eight children born per minute throughout the year. By 2019, the last of the Baby Boomers, or those born in 1964, will be eligible for many senior benefits offered to people age 55 and up. Ten years later, most will be eligible for retirement.

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Medicare coverage when you are in a foreign country

BY SALLY M. WAGLEY
Maine Elder Law Attorney

Many retirees look forward to travel, including international travel. But don't assume that Medicare or your Medicare supplement policy will cover your care in another country, without the purchase of additional insurance.

Medicare has extremely limited coverage for international travel (including nearby Canada), even if there is an emergency. Here's what you need to know:

Medicare Part A will not cover care outside the U.S. unless: a) the nearest hospital is in a foreign country rather than in the U.S. (e.g. Canada or Mexico) or b) you are traveling through Canada to or from Alaska by the most direct route.

Medicare Part B will only cover services outside the U.S. if you are on board a ship that is less than six hours away from a

U.S. port and within territorial waters adjoining U.S. land.

Some Medicare supplement plans and Medicare Advantage plans may cover care while you are traveling outside the U.S. check your policy - but probably only during the first month or two of your trip.

Consider purchasing additional coverage through policies available from private companies. The U.S. Department of State has information on this at <http://tinyurl.com/elr-insurance-abroad>

Note: Medicare *does* cover care in U.S. territories such as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Under no circumstances will Medicare pay for your care if you are *living* in a foreign country. Consider the following:

If the country has a strong national health plan, you pay be able to pay into the plan and

receive coverage.

Look into "expatriate" health insurance plans available from private companies.

If you are moving to a place that is remote or has poor local health care, look into evacuation coverage.

Make sure the coverage includes any preexisting conditions for which you might need care.

Think twice before canceling your Medicare "B" coverage. If you later move back to the U.S., you will incur penalties and have to pay a significantly higher premium.



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Keep your heart running strong

Heart health should be a concern for people of all ages, but especially so for men and women over 50. That's because, according to the American Heart Association, even men and women who are free of cardiovascular disease at age 50 are at a significant lifetime risk of developing the disease.

But heart disease does not have to be an accepted by-product of aging. For example, a 2014 study published in the AHA journal *Circulation* found that maintaining or increasing physical activity after age 65 can improve the heart's well-being and lower risk of heart attack.

In addition to increasing physical activity as they age, older men and women who understand heart disease and learn to recognize its symptoms have a greater chance of minimizing its affects and lowering their risk of having a heart attack.

What are the symptoms of heart disease?

Heart disease is a blanket term used to describe a host of conditions, so symptoms vary depending on each individual condition. The following are some of the more widely known conditions and their symptoms:

- **Hypertension:** Also known as high blood pressure, hypertension is a largely symptomless form of heart disease. The AHA notes that the idea



that hypertension produces symptoms such as difficulty sleeping, facial flushing, nervousness and sweating is a misconception. Symptoms typically do not alert men and women to the presence of hypertension, highlighting the emphasis men and women should place on routine visits to the doctor's office, where their blood pressure can be taken.

- **Heart attack:** The symptoms of a heart attack are different than the symptoms of heart disease that may lead to a heart attack. The former can be found by visiting www.heart.org. Signs that you may be heading toward a heart attack include undue fatigue, palpitations (the sensation that your heart is skipping a beat or beating too rapidly), dyspnea (difficulty or labored breathing), chest pain or discomfort from increased

activity.

- **Arrhythmia:** Arrhythmia means your heartbeat is irregular, and men and women often mistakenly believe arrhythmia only afflicts those who already have been diagnosed with heart disease or have had a heart attack. But arrhythmia can affect even those men and women who have healthy hearts and no history of cardiovascular disease. Symptoms of arrhythmia can vary greatly, from a single premature beat to a series of premature beats that occur in rapid succession. Arrhythmia that lasts long enough to affect heart function may include symptoms such as rapid heartbeat, fatigue, dizziness, lightheadedness, shortness of breath, and chest pain.

How can I protect my heart?

Heart healthy habits take some effort, but men and

women can protect their hearts regardless of their ages.

- **Get sufficient exercise.** At least 30 minutes of exercise per day can protect against disease.

- **Quit smoking.** Smoking increases your risk for a host of ailments, including heart disease. Quitting is a great way to start getting your heart and other parts of your body back on track.

- **Include heart-healthy foods in your diet.** A diet that is rich in fruits and vegetables and low in cholesterol, salt and saturated fat promotes heart health.

- **Don't drink alcohol to excess.** Smoking, drinking alcohol to excess can lead to a host of problems, such as high blood pressure, arrhythmia and high cholesterol, each of which increases your risk of heart disease.

- **Lose weight.** Being overweight or obese is a major risk factor for heart disease. If you have already started to exercise daily and eat a more heart-healthy diet, then you're on your way to losing weight. Consult your physician if diet and exercise don't seem to be helping you to shed pounds.

Heart disease kills millions of people across the globe each year, many of whom are over 50. But men and women who learn about heart disease and how to reduce their risk stand a far greater chance of fighting the disease.

Cholesterol and its relationship to heart disease

High cholesterol levels have long been directly linked to heart disease. But as more research into cholesterol and its relation to heart disease is conducted, some doctors are shifting their views on the relationship between the two.

Statistics from the American Heart Association indicate that 75 million Americans currently suffer from heart disease. And even though one-quarter of the population takes cholesterol-lowering medication and have reduced the fat content of their diets, the AHA estimates that more Americans will die of heart disease than ever before.

More revelations are coming to the forefront regarding cholesterol and heart disease. New research has shown that statin drugs are ineffective at reducing mortality rates in most populations. Furthermore, according to the Framingham Heart Study, which is the longest-running and most comprehensive study on heart disease to date, it was demonstrated that cholesterol intake in the diet had no correlation with heart disease. The study found that men and women with above average cholesterol levels had nearly identical rates of heart disease compared to those with below average cholesterol rates.

More HEART, PAGE 19



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Heart

CONTINUED FROM PAGE 18

Another potential eye opener is that, in addition to cholesterol not affecting heart disease risk, eating high-cholesterol foods does not elevate blood-cholesterol levels as doctors once thought. Ancel Keys, who is considered the “father” of the theory that cholesterol contributes to heart disease, now says that there’s no connection between cholesterol in food and cholesterol in the blood.

If not cholesterol levels and the foods one eats, what, then is responsible for heart disease? Many medical professionals and researchers now believe the primary causes of heart disease are inflammation and oxidative stress.

According to Dr. Dwight Lundell, a heart surgeon and author of the book, “The Great Cholesterol Lie,” foods like refined sugars and vegetable oils used to preserve processed foods may lead to the inflammation that ultimately causes heart disease. Inflammation is the body’s immune response to a foreign invader. Foods high in sugar and saturated fat can exacerbate inflammation. Bacteria and other unwanted substances in the body also contribute to inflammation.

To combat inflammation, people can adopt a healthy eating style. Fatty fish, whole grains, leafy greens, fiber, and nuts can help reduce inflammation.

Exercise also can reduce inflammation. Research from Mark Hamer, PhD, an epidemiologist at University College London, found that, regardless of BMI or weight, study participants who completed 2.5 hours of moderate exercise each week — about 20 minutes a day — lowered their markers of inflammation by at least 12 percent.

When a person exercises, muscle tissue releases a protein molecule called cytokine, which likely prompts an inflammation drop. Just about any type of workout that raises heart rate is effective in helping with inflammation.

The public may have been misinformed about just how vital it is to reduce cholesterol levels. Contrary to popular belief, high cholesterol may not have the same connection to heart disease as doctors once thought. In fact, inflammation may be the bigger component in heart disease risk.



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