



# SOUTH SHORE SENIOR News

For Boomers and Beyond

FREE

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## Single, Again: A Love Story

Local author seeks to  
inspire with her story

*"My book is  
meant to be a  
gift to a man or a  
woman seeking  
hope."*

*- Ellen Hildebrand*



Photo: Courtesy of Neil Wood



## Lobster "in the rough"

# LOBSTER POT

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# Prescription drug campaign update

By Mike Festa,  
State Director, AARP Massachusetts

High Prescription Drug Prices Gouge 50-Plus Americans in Massachusetts and nationwide

Consumers all across America have to choose between filling life-saving prescriptions and paying rent, buying food and affording other essentials. The average annual cost of four widely-used prescription drugs

increased nearly 58 percent between 2012 and 2017, while annual incomes across America increased by just over 13 percent, according to AARP research. In Massachusetts, a recently released AARP survey shows price increases for brand-name prescription drugs far outpace consumer incomes and annual inflation.

In the Commonwealth of Massachusetts, the average annual cost of prescription drug treatment increased 57.8% between 2012 and 2017, while annual income for Bay State residents increased 15.3%.

Nationally, survey findings reveal that the average annual cost for one brand name drug used on a chronic basis was \$6800 in 2017, almost \$1,000 more than in 2015.

- The average older American takes 4.5 prescription drugs, typically on a chronic basis.
- Nearly 80% of every Big Pharma dollar goes to something other than research and development.
- Americans pay double what similar countries pay for the same brand name drugs.
- Big Pharma spent nearly \$169 million for lobbying and more than \$6 billion for advertising in 2018.

‘Stop Rx Greed,’ is a nationwide campaign by AARP aimed at lowering prescription drug prices. The goal of AARP’s sustained campaign is to help drive down drug prices for Commonwealth residents and all Americans by advocating for a variety of legislative, executive, and regulatory actions at both the federal and state level.

AARP is calling on lawmakers to enact solutions that will provide long overdue relief for not just older Americans, but all consumers. Those solutions must lower drug prices and not simply shift costs around in the system. Americans depend on their prescriptions. From cancer treatments to EpiPens, drug companies’ skyrocketing prices are pushing life-saving treatments out of reach for those who need them. We pay among the highest prescription drug prices in the world so drug companies can make billions. No one should have to choose between buying medicine or buying food for our families. That’s not just wrong — it’s shameful.

The Stop Rx Greed campaign includes national television, radio and digital ads, editorial content, emails to members, social media posts, ongoing advocacy and grassroots activity in D.C. and the states, and a petition calling on Congress and the Administration to take action now. As part of the campaign, AARP supports a number of policy solutions at the national and state level to help lower drug prices, including:

- Allowing Medicare to negotiate for lower prescription drug prices.
- Allowing states to negotiate lower prices with drug companies.
- Giving state Attorneys General authority to crack down on outrageous price increases.
- Clamping down on pay-for-delay and other loopholes that keep lower cost generic drugs off the market.
- Capping consumers’ prescription drug out-of-pocket costs.
- Preserving state pharmacy assistance programs.

For more about Stop Rx Greed and how you can get involved, visit [www.aarp.org/rx](http://www.aarp.org/rx). ∞



## NAVIGATING THE FUTURE

### For Caregivers: Why compassion must be a two way street

By Mark Friedman, Owner

Last month I wrote about “Compassionomics,” a research-based proposition for how 40 seconds of compassion can change the dynamics of care in our healthcare system. Behind this data, the founding physicians maintain that compassionate behaviors can be learned; asserting compassion can be transformational to both the giver and receiver of these communications.

As owner of a home care agency, I believe my caregivers are uber-endowed with “compassion” genes. Given the “Compassionomics” research I now contend that compassion must flow both ways; to have home care support be really successful, seniors and families must also exert their own toward caregivers.

I make this case for selfish reasons.

1. We are now in a severe caregiver shortage that will be compounded yearly; 7.8 million direct-care jobs will need to be filled in 2026. We simply cannot afford to lose any of these precious caretakers, seeking instead to encourage more into the field.
2. Anyone who has assumed the role as a family caregiver, however briefly, can attest to the overwhelming emotional and physical demands of this work. Compassion flowing to caregivers is an essential reveal; we must openly value and support their skills, commitments, human connections, and indispensable ability to be great at doing good.
3. There is no technology or APP for this, we are the APP.

Several years ago a consortium including WorkingNation, research and consulting non-profit PHI, and #60CaregiverIssues.org, launched a campaign to raise awareness around the caregiver shortage by calling attention to the needs of this constituency for improved wages, training, support through technology, and other issues. The campaign has so far delivered 60 Briefs, Research studies, journal articles, policy guides, fact sheets, and a storm of media coverage nationally and regionally on the mechanics of the industry.

The work continues. It is impressive and a wakeup call to all of us in who need and provide care: if we do not take better care of our caregivers, there will be fewer of them to take care of us.

**If You Have Been a Family Caregiver, You Know It is Hard**

In recent years there has been a surge of websites, how-to books, YouTube videos and self-help articles dedicated to family caregivers navigating the care for aging parents or loved ones. Anne Tumlinson, founded [www.daughterhood.org](http://www.daughterhood.org) and penned, “The 5 Most Unexpected Challenges of Caregiving” for the Huffington Post. She isolates issues from how physically demanding [caregiving] can be when left to perform professional duties for which one has no requisite skills or training.

Senior health writer Paula Spencer Scott similarly writes about family caregiving, calling attention to “The 5 Biggest Issues That Sabotage Family Caregivers. Here she cites lack of privacy, sleep deprivation, the lone-soldier syndrome, and the overwhelming tasks involved with incontinence and wandering.

While there is no dearth of “virtual-help,” these are the very reasons why families turn to home care for relief and respite.

For many people, hiring home care is a last-resort. It can appear daunting and tricky. This is exacerbated in an unlicensed state like Massachusetts where there are truly NO rules or guidelines for agencies. Most families have explored other options that have failed; they are often in crisis.

My goal in working with families is to align home care with their goals for aging at home; first by keeping it simple, transparent, and personal. It should start with a customized risk assessment which translates to a plan of care to manage the more than 225 potential risk factors, while maximiz-

ing the desire to be fully engaged in life.

**Good Plans, Need Great Stakeholders on Board**

Care plans are shared with key stakeholders; extended families and others involved in the circle of care. Here is where the expectations are set, tasks are specifically drawn, scheduled, and determined. This does not mean that plans cannot change, but everyone is now “on board” and there is clarity of scope and responsibilities. Everyone’s part is understood and boundaries are established by all the players.

Each plan must be deftly woven between the people who matter the most -- the loved one and the essential caregivers providing support. This is when “fit” aligns with “function.” The personality and skills of the caregivers are successfully matched with those of the senior, and when all of this works, the results are stunning.

**Appreciation as a Download**

The number one reason why people are attracted to caregiving is the extraordinary satisfaction in “giving back,” it is never about the money. Studies from Towson University and Portland (OR) State University show the ongoing needs of caregivers, however, align with today’s broad workforce. Most:

- Are also caregiving aged parents/extended family member(s) or grandchildren
- Need time off for doctor’s appointments, sick leave, and vacation
- Want and expect more training, on the job education through online and technology
- Expect life/work balance
- Look for cross/training and job sharing opportunities
- Have day-care / adult-care responsibilities

My agency can deliver on pragmatic needs; from performance recognition and employee distinctions, sick and paid time off, and maintaining work/life balance, to expansive training opportunities, access to comprehensive in-person and online courses, and advanced skills and specialized course instructions in Alzheimer’s, dementia, Parkinson’s, and other complex diagnoses and care.

While we can meet a lot of practical requirements, the front line experiences of caregiving are deeply personal; yes a career and a job, but so much more.

“What Being a Home Care Worker Taught Me About Emotional Labor” was penned by Angelina Del Rio Drake, CEO of PHI. It is a first-person account working with seniors. To fully understand why compassion needs extension to caregivers, the title alone is a give-a-way.

At Senior Helpers, we strive to maintain a culture where each of my caregivers is compassionate and client ready; confident and empowered to do what is right, best, and safe for each senior in our care. This is what a good agency does and what you should expect. At the same time, if we are to retain and attract the quality caregivers we need in our collective futures, every employer and family must understand the importance of making compassion a two-way street in their care. After all, this is such an easy APP to download. Just as the family caregiver needs support and positive feedback, so do professional caregivers. The number one reason for caregiver turnover is they do not feel appreciated by the family they are supporting. Yes, it is a career, a job, but it is so much more.

**About the Author:** *Mark Friedman is the Owner of Senior Helpers Boston and South Shore. Passionate about seniors and healthcare, the goal of his agency is to set a new standard in home care in Massachusetts. First by delivering an exceptional home care experience in a combination of highly trained and high-touch caregivers. And secondly by becoming a significant connection for elders to resources and services in the 75 communities his company serves. [www.SeniorHelpers.com/SouthShoreMA](http://www.SeniorHelpers.com/SouthShoreMA). Contact Mark: [MFriedman@SeniorHelpers.com](mailto:MFriedman@SeniorHelpers.com) ∞*



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Get to know us at [aarp.org/ma](http://aarp.org/ma).

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# Aging with Sass & Class

Every day we wake up and perform our rituals, many of which are quite satisfying. I rather enjoy sitting in my cozy chair, drinking my cup of coffee while I gaze out the window at my garden. Even though I've heard that standing on my head is healthy and brings blood flow to my brain, it's not something I'd prefer to be doing first thing in the morning. That really wouldn't help me get a new spin on things... it would just make me dizzy.

Our rituals can be good for us, and they can be comforting, too (I certainly have no intention of giving up my morning coffee in

my cozy chair). But an unyielding reliance on ritual can be destructive – not only to ourselves, but to society as well.

When we become inflexible, we become robotic. Our program has been activated and we do the same thing day in and day out. That sort of inflexibility can create a limited and narrow life. It can also make those around you stressed. There are those who suffer from OCD, a condition that drives their need to be ritualistic. They are driven to repeat rituals and are often on medication supported by therapy to try to help them. However, the rest of our society is often trapped into wearing, using, doing, or thinking in certain ways because it's hip, or healthy, or because some celebrity is involved.

Every week it's something new. Kale smoothies, spinning, crossword puzzles for your brain, or a new supplement for your joints.

None of the above is necessarily unhealthy for you. But, do these rituals make you happy or are you just doing them because "somebody said so"! If you've become invested in something because "they" decided it was good, then you many want to take some time to assess whether you're really enjoying it. What's great about life is that there are many options. You don't have to ingest a certain drink every morning if you hate the taste just because it's supposed to be good for you. Chances are in a few months "they" will say it's going to kill you.

How far we've strayed from following our inner muse. Lives of bland uniformity lead us away from a life of joy and celebration.

I feel I've finally reached a point in my life where I have finally realized I'm "THEY." I want to be healthy, happy and fit, but I know there are many options to walk that path. I really don't care how many studies they come out with on the benefit of kale smoothies or the dangers inherent in drinking coffee. "They" still don't know if it's good or bad, and frankly, I don't care!

**About the Author:** *Loretta LaRoche is an internationally acclaimed stress expert, humorist, author, speaker, and star of seven one-woman television specials airing on 80 PBS stations across the country. She has spoken internationally to widely diverse clients such as NASA, The New York Times, Microsoft, and a host of other Fortune 500 companies, hospitals and organizations. She has shared the stage with former Presidents Bill Clinton and George Bush, Arianna Huffington, Anthony Robbins, Gloria Steinem, Laura Bush, Mia Farrow and more, before thousands of participants. She is author of seven books, including "Life is Short, Wear Your Party Pants." Her career path has also included many one-woman shows across the country, and her passion for singing has led her to record and produce a jazz album. This summer and fall, Loretta will be on a stadium tour, The Power of Success, in Canada with Tony Robbins. She believes and lives her message, "Life is not a stress rehearsal!" Learn more at her website: [www.LorettaLaRoche.com](http://www.LorettaLaRoche.com). ∞*

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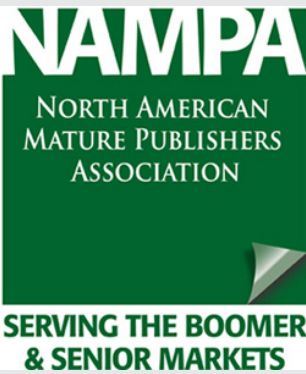
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# Decluttering tip “Where to start?”



By Wendy Oleksiak

One of the most frequent laments I hear in my business is “I want to declutter my home but don't know which room to start in!” If you ask ten downsizing specialists or organizational coaches

this question, you will probably get ten different answers. Why? Because there is no one right way to begin this process. Just as each person's goals will be unique, so too will the most effective method to downsize.

My advice is to begin downsizing in the garage. This allows you to create a “staging area” where you can deposit your items to donate, sell or trash/recycle. When one of my teams works with a client, we remove things in the home as we declutter. We will fill up our van with bags and boxes for donation or recycling and make drop offs on our way home. But I know that for many do-it-yourselfers, these boxes and bags of unwanted items often do not get moved right away and frequently sit for days or weeks in the room that is being decluttered. The result is the

homeowner doesn't get the joy of seeing the room looking stream-lined and doesn't get the same motivation to continue the process to the next room. By clearing out and creating space in the garage for your unwanted items, you can move things out of your newly decluttered room. I am also a firm believer in “Out of sight, out of mind” when it comes to decluttering. By moving items to the garage, you are less apt to be tempted to remove items from your donation bags! Another benefit of creating space in your garage is that many donation organizations will not go beyond the first floor when picking up donated goods (for insurance reasons).

When decluttering your garage, try to part with the items that no longer fit your current life. If you have hired a neighborhood kid or landscaping service to cut your lawn, go ahead and sell or donate your lawn mower (and related objects). The same is true for your snow blower. Part with your camping equipment and volleyball net if these are not activities you see yourself doing in the future. The old rule “If you haven't used it in 18 months, get rid of it!” is always good advice.

To organize your garage, put your bulkiest items (ski rack, bin for outdoor cushions) in the back of the garage, hang bikes and tools on the walls and keep hooks and bins close to the door for reusable shopping bags, dog leashes, and other frequently used items. Lay a clean tarp down on the garage floor to put your boxes, bags and furniture from your decluttering projects within

the house.

If you do not have a garage or are too intimidated to start your downsizing project there (I am terrified of my garage!), start your decluttering in the guest bedroom. This is most often the spot in our homes where we deposit items we don't know what to do with. xt decluttering project.

Where NOT to start? Attics or basements! These spaces are frequently overwhelming and filled with sentimental objects that are difficult to part with (heirlooms, photos, etc.). Save these areas for a later date when you have a bit of experience and success under your belt from other decluttering projects. It will make the process a bit easier to accomplish.

**About the Author:** *As a former Registered Nurse, Wendy Oleksiak understands the importance of trust and accountability in creating a successful partnership. Honesty, hard work and professionalism paved the road to Wendy becoming the top selling agent at her previous firm. Wendy made the move to Compass to utilize cutting edge technology and state of the art marketing that provides her clients with the competitive advantage.*

*Her extensive network within the real estate community ensures that her clients learn about off market properties, and enables her to get her buyers offer's accepted and listings sold for the highest price with the best possible terms.*

*Wendy has lived on the South Shore for 20 years, raised two children and owned homes in the towns of Hingham, Scituate, Cohasset, and Duxbury. Her hobbies include oil painting, paddle boarding, boating hiking, and enjoying the fabulous beaches in the area! You can reach Wendy at 781-267-0400. ∞*

## Wendy Oleksiak sells the South Shore



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## SENIOR FITNESS

# Body Weight, Body Mass Index, and Body Composition



By Wayne L. Westcott, Ph.D.,  
and Rita La Rosa Loud, B.S.

**QUINCY** – As we age, we tend to add body-weight at the rate of 10 pounds per decade throughout young and middle adulthood. Unfortunately, the 10-pound per decade weight gain actually represents 5 pounds less muscle and 15 pounds more fat, for a 20-pound change in body composition. Consequently, what the bathroom scale indicates is a 10-pound problem is in reality a 20-pound problem.

While it is not advisable to add fat, it is even more problematic to lose muscle. Muscle loss leads to bone loss and musculoskeletal weakness. Less muscle tissue also results in a lower resting metabolism, which means that fewer calories are used throughout each day and that more calories are stored as fat. Because muscles function as the engines of our bodies, reduced muscle mass is closely associated with reduced physical capacity to perform activities of daily living.

After age 50, the rate of muscle loss increases

up to 10 pounds per decade. For example, between ages 50 and 60 a post-menopausal woman could lose 10 pounds of muscle and add 10 pounds of fat without experiencing any change in her bodyweight. That is why we place much greater value on body composition assessments than on body weight measurements or body mass index (BMI) calculations. In the example above, comparisons of this woman's body weight at ages 50 and 60 would show no difference, even though a 20-pound detrimental change in her body composition has taken place (10 pounds less muscle and 10 pounds more fat). The same is true regarding the popular BMI calculation. Assuming no change in her height, this individual's BMI reading would remain the same, as BMI calculations consider only height and body weight, not how that weight is comprised.

### Body Composition

Basically, body composition consists of two components, namely lean weight and fat weight. Lean weight includes all of our vital tissues, such as muscle, bone, skin, blood, and organs. Ideally, lean weight should account for approximately 75 percent of a woman's total bodyweight and about 85 percent of a man's total bodyweight. The other component, fat weight, should make up about 25 percent of a woman's total bodyweight and about 15 percent of a man's total bodyweight.

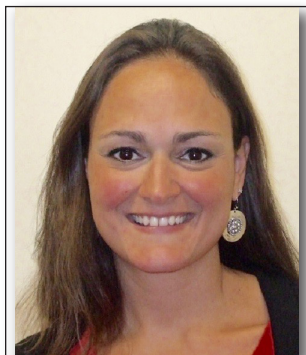
Body composition is far more relevant to health and fitness than body weight. For example, Mary and Nancy are both 5 feet 5 inches

tall. Mary weighs 120 pounds and is 33 percent fat. She therefore has 40 pounds of fat weight and 80 pounds of lean weight. Nancy weighs 140 pounds and is 25 percent fat. She therefore has 35 pounds of fat weight and 105 pounds of lean weight. Although Nancy weighs 20 pounds more than Mary, she has less fat and more muscle for a much better body composition and personal appearance, not to mention greater potential for good health and physical fitness.

Any reader who would like a body composition assessment in our Quincy College Exercise Science Center may call us at 617-984-1716 to set up an appointment. We use a computerized ultrasound assessment system that causes no discomfort and is completed within 2 minutes. There is no charge for the assessment, which will provide a printout with your percent fat reading, actual fat weight, actual lean weight, and a recommended daily calorie intake to maintain or reduce your present body weight. We will also be pleased to provide information for safely and successfully reducing fat and rebuilding muscle through appropriate exercise and proper nutrition.

**About the Authors:** *Wayne L. Westcott, Ph.D., directs the Exercise Science Major at Quincy College and consults for the South Shore YMCA. He has authored 30 books on physical fitness and strength training. Rita La Rosa Loud co-directs the Quincy College Health & Fitness Center and the Fitness Research Studies.* ∞

## Homecare



By Nicole Long,  
MSW, LICSW

**BROCKTON AND PLYMOUTH** - Home-care includes a wide range of services and supports that can be offered to older adults and individuals with disabilities to allow them to live with dignity and independence within the community. Homecare services can be in your own home, or that of a family member or friend, in elder housing or a private apartment. These services could be for short-term needs or for ongoing daily support.

OCES offers multiple programs to support independent living through home-based care options. Some of the services OCES offers include care management, transition support, personal care, homemaking, grocery shopping, laundry, companionship, home delivered meals and more. At OCES, one of our goals is to avoid unnecessary hospitaliza-

tion or to delay long-term care placement.

At times, it is necessary for an individual to be admitted to the hospital or a nursing facility. OCES' Transition Support Program works with individuals to ensure they have all of the necessary services they need before re-entering the community. OCES' registered nurses and Transition Support Advisors will meet an individual at the facility and work with them and the facility staff through the discharge planning process. The end goal is to help an individual return home safely, and to avoid a re-admission to the hospital or facility.

Another service that OCES offers is the Options Counseling Program. This program is available to individuals 60 and older or younger adults who have a disability. This is a consumer-driven program where we can provide individuals with unbiased information about long-term services and supports that an individual may be eligible for. The Options Counselor can provide referrals, information on assistive device resources and other information as needed. This program is a great way to get informed on your options before you are in an emergency situation.

The staff at OCES will assist you in develop-

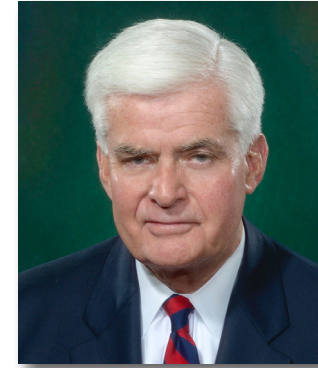
ing a care plan that best fits your individual needs. Our team will help you (and your identified caregivers) determine the most appropriate services and resources to support you where you live.

OCES programs increase the possibility that older adults and individuals with disabilities may remain living in the environment they choose and that caregivers will be able to remain healthy and alleviate some of the stress that comes with caregiving. For more information, visit [www.ocesma.org](http://www.ocesma.org) or call 508-584-1561.

**About the Author:** *Nicole Long is the Chief Executive Officer of Old Colony Elder Services (OCES). Founded in 1974, OCES is a private, non-profit organization proudly serving greater Plymouth County and surrounding communities. OCES is designated as one of 26 Aging Services Access Points (ASAPs) in the Commonwealth of Massachusetts. OCES' mission is to support the independence and dignity of elders and people with disabilities by providing essential information and services that promote healthy and safe living. The agency offers a number of programs to serve seniors, individuals with disabilities, their families and caregivers. For more information call 508-584-1561 or visit [www.ocesma.org](http://www.ocesma.org)* ∞

## HOME EQUITY WEALTH MANAGEMENT

# Skeptical about reverse mortgages? Here's what you need to know



By George A. Downey

**BRAINTREE** – If you're of the mind that reverse mortgages are an inferior product, or worse – a rip-off, put aside this notion for a moment and consider some basics facts and history.

Accounting for over 95 percent of all reverse mortgages today, the dominant program is the HUD/FHA insured Home Equity Conversion Mortgage (HECM) reverse mortgage. Established 30 years ago, the HECM was created to enable senior homeowners (62 and older) the ability to access a portion of their home equity without selling to support themselves in later years and age in place at home.

In those early years of HECM, inadequate regulatory oversight lacked sufficient education requirements. There were some who took advantage to sell seniors inappropriate products and services, and others lured them into fraudulent schemes. Since then, aggressive intervention from regulators, enforcement officials, and industry leaders have put numerous protections in place. Nevertheless, the reputational issues linger among the uninformed.

The U.S. government developed, insures, and continues support for this program which is specifically designed for senior homeowners.

### Reverse Mortgage Misconceptions

The root cause of reverse mortgage cynicism emanates from [factual] ignorance and misconceptions. Understandably, the product is different and more complex than traditional mortgage loans. For many, the benefits may appear “too good to be true”, which rouses suspicion that is easily validated by the misinformation and misconceptions.

Moreover, too many professional advisors, who should know more, are among the uninformed that perpetuate the stigma. Additionally, past and ongoing press coverage has been predominantly negative as well as inaccurate and misleading. So, it's understandable how confusion and suspicion abound.

Experience gained over the years resulted in a multitude of changes that thoroughly improved the value, safety, and sustainability of the program. These changes were implemented to protect the interests of borrowers, lenders, and the FHA Mutual Mortgage Insurance fund that guarantees the program's sustainability and performance.

The FHA insurance is the foundational support that enables the HECM program to deliver its unique terms and protections to both borrowers and lenders.

Compared to a traditional (forward) mortgage or home equity line of credit (HELOC), HECMs have unique terms favoring senior borrowers.

Salient features include:

- No monthly payments required. Voluntary payments are permitted with no pre-payment penalty.
- Credit line growth – the undrawn balance of the credit line increases continuously to provide more funds later to offset living cost increases.
- No maturity date – loan repayment not due until the home is sold or no borrower resides in the property and the loan remains in good standing.
- Non-Recourse loan – neither borrowers nor heirs incur personal liability.
- Loan repayment amount will not exceed the property value at the time of repayment.
- Funding amount established at closing – not affected if future property value declines
- Borrower obligations are limited to:
  - Keeping real estate tax and property obligations current
  - Performing basic maintenance
  - Living in the property as primary residence

Fortunately, change has begun as research from retirement think tanks and academic institutions endorse the importance housing wealth can add if included in the retirement planning process. In fact, studies have established that, properly utilized, the inclusion of housing wealth in retirement planning has the potential to improve cash flow, increase liquidity, reduce longevity risks, and extend retirement security.

Enlightened financial and retirement professionals are recognizing this as an opportunity to lessen consumers' primary anxiety – fear of running out of money in retirement. In a nutshell, that is the objective of the reverse mortgage. Clearly, housing wealth utilization should be a fundamental consideration in retirement planning. How it should be used is dependent on each individual's circumstances and desires.

### To Learn More:

Consultation with a Certified Reverse Mortgage Professional (CRMP) is highly recommended to receive thorough and objective information about reverse mortgages, other options, and how to determine which, if any, may best fit your situation.

A complete list of CRMPs by state is available at the National Reverse Mortgage Lenders Association: <https://www.reversemortgage.org/About-NRMLA/Certified-Reverse-Mortgage-Professionals>

**About the author:** *George Downey (NMLS 10239) is the founder of Harbor Mortgage Solutions, Inc., Braintree, MA, a mortgage broker licensed in Massachusetts (MB 2846), Rhode Island (20041821LB), NMLS #2846. Questions and comments are welcome. Mr. Downey can be reached at (781) 843-5553, or email: [GDowney@HarborMortgage.com](mailto:GDowney@HarborMortgage.com)* ∞

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## "THE WICKED SMART INVESTOR"

### Summer Synonyms



By Chris Hanson



HANOVER – Bostonians are frequently razzed not only for our accents but our lingo as well. Words like packie, spuckie, and tonic cause puzzled looks from visitors. In the summer, another local word takes prominence: Jimmies. For those of you that don't know, "Jimmies" is Beantown's name for chocolate sprinkles, the bits of candy topping on ice cream cones for added texture. I actually thought all locals use this word, but my research proved otherwise.

To find out what local ice cream makers were actually calling the confectionary delight, I did some supermarket research and sampled the local fare. Friendly Ice Cream uses sprinkles on its menu but Brigham's names a flavor "Just Jimmies." Richardson's in Middleton calls them "Jimmies" but Bliss Brothers in Attleboro refers to sprinkles. So far the score is even. Looking for a tie breaker I searched for an old Bailey's menu but to no avail. I settled on using Cabot's in Newton, which is very reminiscent of Bailey's and also a sprinkles shop.

It's no big twinkie what you call them, jimmies or sprinkles. I'm sure most people know the names are interchangeable in Boston. Two words that are not interchangeable, despite what many people think, are gambling and investing. In actuality the terms are very different. Before we explore the difference between these very broad terms let me inform you I am limiting my discussion to casino gambling and long term, diversified investing. The Wicked Smart Investor concedes that short-term stock market speculation is very close to gambling, which is why I never recommend it.

First, let's talk about gambling, which is defined as "playing a game of chance for money." You can have your choice of games if you take a boat or bus to Encore for the weekend. The casinos advertise frolicking merriment but never emphasize that the odds are stacked against you and, if you keep gambling, you will eventually lose all your money. The house always wins,

that is how the math works. You also have no recourse, that's the way the cookies n cream crumbles. Which, incidentally, is why the ferry returning to Boston Sunday night is unsympathetically called "the loser cruiser."

Next, let's discuss stock market investing. This involves putting money to use in a company offering potential profitable returns. You may purchase stock directly or through a mutual fund. When you hold stock in a company you have an ownership interest in that company. You are the house and that math is skewed in your favor. The cherry on top is that collectively the shareholders have a lot of power. They can oust management that is not making profits for them. In the absolute worst case scenario, if the company goes out of business the shareholders have a claim to the assets of the corporation after the creditors get paid.

If you are fearful of investing and consider it gambling you should ask yourself how you learned this. Did you develop a bias when you learned a day trading neighbor lost all his money in short term stock market speculation? Or the nervous relative that panicked and sold at loss in contrary to professional advice? Then, the market rebounded which it always has in the past. We all know people who can't admit mistakes, so they insist the odds are stacked against them.

The simple fact is that there are many people that get good returns in the market when they follow prudent advice. You can too. In fact order up a double dip of prudent advice on a waffle cone and your financial future could be Jim Dandy.

**About the Author:** Chris Hanson is the author of *The Wicked Smart Investor* blog and a CPA who specializes in financial planning at Lindner Capital Advisors in Hanover. He earned his BBA at the Isenberg School of Management University of Massachusetts and an MBA at Babson College's F. W. Olin Graduate School of Business. He may be reached at (978) 888 - 5395 and you can read his blog at [wickedmartinvestor.blogspot.com](http://wickedmartinvestor.blogspot.com).

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# Q & A with personal trainer, Josh Mavilia

By Maria Burke, RN,  
Owner, Celtic Angels Home Health Care  
Co-authored by Josh Mavilia, Personal Trainer

**Maria:** What types of fitness exercises would you recommend for the senior population?

**Josh:** I think the most common misconception is that folks who are in their 60s, 70s, and 80s need to do ‘different’ exercises, but that’s just not true. The truth is that when we develop fitness programs for seniors, we make sure we incorporate all aspects of the body. For instance, we always include lower body, upper body, and core work in our programs. From there, we can break these categories down into smaller segments like upper body pulling versus upper body pushing and so on and so forth. The same is true for lower body and core or abdominal sections.

We use movement patterns that work for the person. For instance, many people in the senior population have joint replacements or old injuries that they have to work around. Maybe they don’t have full knee range-of-motion because of a knee replacement. We’ll still use some sort of squatting exercise, but customize the range of motion. Or maybe we’ll substitute a different exercise altogether that gives us the same benefit. We choose exercises based on what an individual needs, wants and preferences. We use the word contraindicated. There are no contraindicated exercises, just contraindicated individuals. The same would go if we had a 20-year old person with a knee issue. We’d work around it with a different range of motion or different exercises altogether.

**Maria:** Are there certain exercises that should be avoided for people older than 50 years of age? If so, which ones?

**Josh:** Same answer! There are no contraindicated exercises, just contraindicated individuals. Folks need exercises that are customized to them personally. We take all that into account when we develop a customized program because we want someone to get the most bang for their buck and tossing out entire exercise categories might leave them with less benefit than they could have gained.

**Maria:** Why should someone over the age of 50 exercise and move throughout the day?

**Josh:** Everyone should move throughout the day. I think the answer here is sort of two-fold. First, movement throughout the day is one of the most important factors to weight control. Age-related weight gain is largely related to changes in movement patterns, as well as job changes, so we like to see someone moving and exercising to help reduce that. The second thing is that exercise and movement are what help keep our bones and muscles and cardiovascular system strong. This helps reduce the risk of cardiovascular and metabolic diseases both short-term and long-term. And it’s never too late to start. The body is constantly changing and adapting and even though things might change a little bit more slowly for someone who’s 60 versus someone who’s 20, things will still adapt and you can still

get stronger and build muscle and feel better.

**Maria:** What are some of the health risks by staying sedentary, for example, sitting more than a few hours a day watching television?

**Josh:** A sedentary lifestyle carries the grave risk of both metabolic & cardiovascular issues as well as musculoskeletal disease. Everything from high blood pressure to heart disease to diabetes to osteoporosis to joint problems to muscle loss to just nagging pain in general can be linked to a sedentary lifestyle.

**Maria:** How many times a day should a senior exercise? How many times per week?

**Josh:** People should be moving every day. I think the guideline for a while was 10,000 steps, but science is starting to show us that 15,000 seems more appropriate. You’ll feel better and sleep better and you’ll control your weight better, too. As far as exercises goes, I like to see people engage in some type of strength training at least twice per week, maybe more. Three or four times seems a little more optimal to really see results. Of course the more you exercise the better generally speaking, but a good rule of thumb is anywhere between 2 and 5 times each week depending on your preference.

**Maria:** Tell me about any success stories you’ve had with your senior clients that came to you with a physical challenge and were able to overcome it?

**Josh:** I think, in general, one of the biggest successes I’ve had overall has been showing people with certain limitations that they CAN work-out and work around those things that would otherwise be a challenge for them. For example, one of my members has a condition that makes it difficult for this person to feel their feet and know where they’re placed and sometimes putting too much pressure on their feet is painful. So right away this eliminates a lot of lower body movements, but it’s still important that we somehow achieve a training effect for the lower body (hips, legs) so instead of doing a lot of squatting or deadlifting like we might typically do with someone we use a lot more split squatting & lunging and kettlebell swings. Instead of the bike, we use the rower because your feet are strapped in. And then we do all the regular upper body and core stuff that we could normally do like pushups and inverted rows and dumbbell stuff and planks. This has worked amazingly and this member has been able to increase their strength and athleticism to the point where they were able to hop over a small wooden fence one day and told me the entire story with a huge smile on their face.

**Maria:** What are you feelings about doing Yoga for the elder population?

**Josh:** I’m not a yoga instructor so I can’t answer this one 100% as well as someone who is, but I know that there are a lot of different types of yoga and I’m always a fan of anything that gets someone moving. I think as long as the teacher can include and adapt movements that challenge folks, as well as allow them to succeed, any mode of exercise can have a certain benefit. The nice thing about yoga is that it incorporates strength, breathing, and flexibility all into one workout.

**Maria:** What are the advantages and disadvantages for a senior to do fitness and exercise at home versus in a gym? In a group at a community center?

**Josh:** I think the closer you can move to 1-on-1 coaching, the better. Working alone in your house doesn’t give quite the same benefit as working out with a group, and working out with a group and a teacher in a class, provides excellent, safe instruction. There are loads of well-written exercise programs out there, but many of them require some sort of equipment and they all probably have exercises that you aren’t familiar with. It’s always smart to invest in some sort of coaching because you don’t know what you don’t know and a coach can help fill in those gaps.

**About the Author:** Maria Burke, RN, Owner, Celtic Angels Home Health Care. Maria Burke was born in Middleton, County Cork, Ireland. She is the eldest of six and immigrated to the United States in 1988 to pursue a nursing degree to become a registered nurse. She served as a visiting nurse and from there, launched her own home health care company. Celtic Angels has two offices; Weymouth and Needham and services hundreds of elderly people across Massachusetts with a variety of services including skilled nursing, homemaking services and home health aide and CNA care services. ∞



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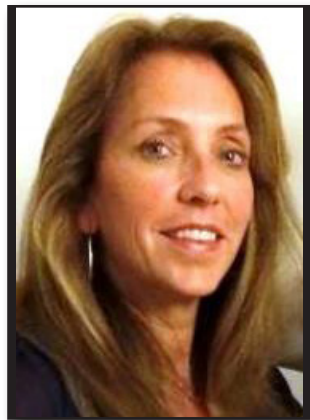
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## ASK THE HIPPIE

The journey that caregivers are on when caring for someone with Alzheimer's/dementia is full of mystery, self-doubt, and loneliness. This column offers a chance to reach out, seek new ideas, and by reading about the experiences of others, learn that you are never alone.

By Phyllis DeLaricheliere, MS

### Embracing the journey: Knowing your Inner Hippie

#### Laughter and Dementia

By Phyllis DeLaricheliere, MS

Researchers are working day in and day out to find a cure for Alzheimer's, but encouragingly, more and more support and data is coming out towards prevention. One way is to maintain your brain's health through diet, exercise, and new challenges. Now add to that, laughter.

I'm not saying that having a diagnosis of Alzheimer's is something to laugh about, but it has been proven that a spoon full of laughter has a wide



range of healthy benefits. Did you know that it takes more muscles to frown than smile? So, get lazy and start laughing.

There is research published that shows the benefit of laughter in lowering stress hormones, strengthening one's immune system, and increasing social interaction -- which decreases depression, and helps in heart disease prevention as it eases anxiety and fear. All these benefits can aid in preventing Alzheimer's disease.

Using laughter with people living with Alzheimer's/dementia can reduce their anxiety, depression, confusion, and frustration. It can be used as a positive tool for redirection while at the same time benefitting the caregiver as well.

With a diagnosis of Alzheimer's/dementia, my concern focuses on the caregivers, for these quiet, hardworking angels suffer so much in silence when they need not to. Currently, according to the CDC, 87% of Alzheimer's patients are being cared for by home caregivers, primarily family. In my research, it showed that 74% of those caring for someone with Alzheimer's/dementia take ill or pass away first. Again, these angels ignore their own needs emotionally, physically, and nutritionally. Stress is their number

*Ask the Hippie... continued on p.15*





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## Want to Glide through Menopause, “No Sweat”?

### Hot News Flash: Hormone Replacement Therapy Gets a Second Look



By **Andrew (Andy) Stein, RPh, PharmD** and **Martha Sloane, MSN, WHNP-BC**

**NEEDHAM** - What's the most challenging part of menopause?

For highly symptomatic women—those

who are unable to sleep because their night sweats are so severe, for example—making sense of conflicting treatment information can be as hard as waking up with soaked sheets.

The average American woman experiences menopause at 51—when she may be in the prime of her career, or enjoying the freedom of the empty nest. For her, untreated menopausal symptoms are more than an annoyance. Unpredictable mood swings, vaginal dryness and hot flushes in the middle of meetings can be a nightmarish intrusion into everyday life. But research linking the replacement of hormones lost during menopause to an increased risk of heart disease, stroke and breast cancer are frightening many women away from any intervention—even though hormone therapy also decreases the risk of osteoporosis and colon cancer.

The good news: Other research indicates that bioidentical HRT, used at the lowest possible dose, for the shortest possible interval, can be an option for women whose symptoms are preventing them from living their best lives. These bioidenticals, derived from plant sources, have the same structure as the hormones made by women's ovaries.

Why the change in outlook? The landmark Women's Health Initiative study of more than 160,000 post-menopausal women, indicating that hormone replacement was associated with serious diseases, has since received

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### Ask the Hippie

*continued from page 14*

one enemy! Therefore, how do we combat this? Laughter. Through laughter, caregivers can improve their mental health, and strengthen their own immune system to help them stay healthy, and relieve stress.

So, learn to laugh, find ways to look at your situation no matter how stressful, and practice laughing. Fake it till you make it and the stress will melt away.

“We don't laugh because we are happy

We're happy because we laugh”

– William James

**About the Author:** *Phyllis A. DeLaricheliere, MS*

further scrutiny. Several factors may have contributed to this result—e.g., the use of synthetic hormones and the women's ages (50-79; an average of 63). Those women who were ten or more years past menopause could have been developing pre-diabetes, coronary heart disease, and other conditions predisposing them to more illness.

Subsequent studies of women using bioidentical hormones are more encouraging. For example, two studies of women in the Northeastern US and in Europe, the KEEPS Trial and the French E3N Cohort Study, showed no increased risk of heart events or breast cancer over five to nine years. These findings offer a ray of hope for women who want to take back their lives. The trick is to start at the onset of menopause, before their ovarian function further declines.

Then the question becomes how and where to start. The bioidenticals on the market typically come in “standard” strengths, and there are limited options for customizing doses.

However, they can be compounded (custom made) to tailor the dosage and format to each woman's size and body chemistry. The formats can include slow release progesterone capsules for those with sleep issues, and suppositories, creams, lotions and ointments, applied locally to bypass the gastrointestinal (GI) tract.

Should you choose the compounding route, make sure that:

- You partner with your healthcare provider and pharmacist to maintain a safe balance between estrogen and progesterone
- Your treatments are sent to independent labs for testing/quality control
- If your treatments are being shipped, their packaging helps protect them from weather extremes

In short, if you or a friend is experiencing menopause, there's no need to throw your “midlife plan” into the furnace. Carefully supervised, “custom-made” bioidentical therapies can glide you through menopause—no sweat!

**About the authors:** *Andrew (Andy) Stein, RPh, PharmD, is owner/general manager/pharmacist with Bird's Hill Compounding Pharmacy of Needham—a full-service pharmacy offering “standard” medications, one-of-a-kind, compounded therapies, and nutritional resources to improve patients' health and wellness. For more information about the pharmacy and its online store, please see [birdshillpharmacy.com](http://birdshillpharmacy.com).*

*Martha Sloane, MSN, WHNP-BC, is the owner of La Femme Ageless, a menopause hormone consulting practice based in Needham. She has been working as a nurse practitioner specializing in women's health for more than 30 years. See [lafemmeageless.com](http://lafemmeageless.com). ∞*

*is a sought after speaker/educator and is getting ready to publish her book: “Embracing the Journey: Knowing your Inner Hippie”. Her passion for finding solutions to the Dementia epidemic has turned into a crusade and she is humbled to be able to touch so many caregivers out there that she respects so much. To book her for a lecture or get on her pre-published waitlist for her book, email her at [knowyourhippie@gmail.com](mailto:knowyourhippie@gmail.com). ∞*

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# THE GRAPEVINE

## Pairing the New England Clambake

By Missa Capozzo

**SHARON** – As a lifetime New Englander, I basically grew up on everything you'd find at a traditional clam bake: a variety of steamed quahogs and littlenecks, mussels, boiled lobster, crab legs, corn on the cob drenched in melted butter, boiled red potatoes, clam chowder, potato, macaroni, and green salads, the list goes on and on. To me, this is the epitome of summertime dining in New England. Little did I know as a child, this culinary tradition would only get better once I was an adult and had a working knowledge of wine to add even more enjoyment to the experience.

Clams (quahogs, littlenecks, cherrystones) and mussels are absolutely delicious steamed and dipped in melted butter. Often times I'll grab an oaked, buttery Chardonnay for that melt-in-your-mouth experience, or I'll grab a zesty and lively Sauvignon Blanc with a bit

more crispness and acidity than a Chard. It's really a matter of my particular mood and preference that day, but either one provides a home run pairing that is sure to please.

I recently posted an entire blog for Lobster Day, highlighting various lobster dishes and my favorite varietals. There are so many delicious choices for perfect pairing, although my absolute favorite is a dry sparkling wine, particularly Crémant de Loire from France, which provides the perfect note of salinity to compliment shellfish, or even a Cave Rosé Brut from Spain for an extra touch of red fruit notes.

King crab legs are one of my favorite choices, although a bit interactive. When I don't mind getting my hands dirty and working for my food, I grab my nut and seafood cracker and get to crackin' those spiny bad boys. Next to my plate of crab legs and pool of melted butter is a perfectly chilled glass of dry Riesling from Alsace, France, or a fruit forward, fuller bodied Pinot Gris.

Clam chowder all year long... comfort food in the winter, beachy goodness in the summer.

My suggested wine pairing is equally as versatile. Two of my favorite varietals, Viognier and Chenin Blanc, both offer a beautiful balance of refreshing fruit and lively acidity with a weightier mouthfeel appropriate for both summertime and wintertime dining.

The sides can be half the delicious fun of a clam bake: corn-on-the-cob, boiled potatoes, salads of all sorts. Every wine mentioned above would pair beautifully with all of these sides. Have fun with the experimenting! No clam bake would be complete without a dry rosé, and a couple more notable suggested wines would include a Pinot Noir from Oregon for all you die hard red wine lovers, and a Grüner Veltliner from Austria. Happy pairing!

Cheers!

**About the Author:** *Missa Capozzo, WSET3, FWS, BWSEd. Missa holds various positions in the wine industry, each of which brings her incredible fulfillment. She teaches students of all levels of experience and interest in classes and leads wine dinners at Boston Wine School, located at VINOvations in Sharon, MA. Missa also works to spread the love for local Massachusetts wines at Hardwick Vineyard & Winery in Hardwick, MA, and is the Director of Sommology at Traveling Vineyard's corporate office in Ipswich, MA, where she leads the wine and food education program for over 5,000 Wine Guides nationwide. <http://winedowntastings.com> <http://www.facebook.com/winedowntastings> [bostonwineschool.org](http://bostonwineschool.org) ∞*

### Cover Story

# Hull author pens inspiring first book, "Single, Again"

By Carol Britton Meyer

Hull resident Ellen Hildebrand's first book, "Single, Again: A Love Story," started out as a blog detailing her "bottled up emotions and thoughts" following a long and difficult divorce, but it also delivers a positive message.

The book is written in the form of a journal in which she shares some of what she calls life's greatest lessons learned during that challenging time. "My book is meant to be a gift to a man or a woman seeking hope," Hildebrand said. "It's about self-love, mindfulness, and manifesting a new life."

Getting a divorce took nearly a decade, and the first seven years were the most difficult ones of her life, she recalled. During the time her marriage was failing, she lost the vision of who she was. This affected her self-esteem and self-confidence. "In my blindness, I stopped loving," Hildebrand said.

This is her true story but written in a way that she hopes will help others find themselves again after being in similar situations." And when [they] do, let it be a love story," she said.

### New path in life

While Hildebrand could have walked away and never looked back -- after all, statistics show that half of all marriages end in divorce -- she didn't do that. Instead, she started writing about the lessons she was learning along the way and her journey as a now-single woman who had lived half of her life married and was now finding a new path in life.

"I wish I could say I sat down to write a book," she said. But first, because of all the inner emotions and turmoil that she was dealing with, blogging seemed a good way to express her feelings. The blog was also titled, "Single, Again."

"The morning after my first blog post I woke up and thought, 'No. You need to share what you're [really thinking] about on the blog' -- which was infidelity, divorce, and dating," she said. And that's what she started to do.

The comma in "Single, Again" is important to Hildebrand because it represents a pause -- "a change in me and a return to something I had been once before. Single, but changed."

The last time she had been single was at age 25, and Hildebrand started wondering where that "carefree, happy, confident girl" had gone



After hearing about Hildebrand through social media, Milton resident Pamela Ford Curran began reading her blog. When Curran's turn came to host a book group discussion, she invited new author Hildebrand to join them as a special guest. After reading "Single, Again," book club members gathered with the author this past June. When Curran's daughter asked her mother why she was reading a book about becoming single again, she responded, "It's so much more than that. We all loved her book, and loved her. We had a lot of discussion about women, motherhood, love, being enough, and faith. We all walked away with something."

over the years. So she started on a journey to find her. "I believe each of us would love to indulge in the fantasy of going back to find ourselves at various times in our lives, but especially after a crisis when we are broken and desperately want to heal," she said.

"I tiptoed into writing the book because when I started to write I was afraid of how what I was saying would be received," Hildebrand recalls. "I wanted to help the version of me that was lying on her bathroom floor in a ball crying, and I couldn't do that without exposing myself."

Each entry was written at a different time, often through her cell phone. "I would be standing in line at Starbucks, eagerly typing my thoughts into my blog," she said. "I began the blog on October 31, 2017 when I was living in Franklin, Mass. in the home where I was married."

### First glimpse of Hull

Earlier that year she had been introduced by a friend to "an amazing man from Hull" -- Neil Wood. "Our first date would be the first time I had seen Hull, and I arrived during the Mother's Day 2017 nor'easter. As I came around the bend of Rte. 228, my eyes could not believe the view of Nantasket Beach. In August of 2018 I bought a house here and finished my book on my front porch overlooking the ocean. I often wonder if I could have written the whole thing here."

The day she closed on her house Hildebrand went to her attorney's office to sign papers and the secretary had a big smile on her face. "We have all been wondering, are you Elin Hilder-

brand the [well-known Nantucket] author?" she asked. "I just laughed. So many times this has happened, and I still remember when I discovered one of her books at the library and thought, 'She has almost the same name as mine!'"

One day after Hildebrand had been working on her blog for some time, Wood printed it out and suggested, "Make this into a book." She decided to do just that, editing and shaping what she had already written and adding an ending.

"I wanted to preserve the blog and also to provide a story that a woman, or man, could put themselves into," Hildebrand said. "Neil had written several books, and his expertise made the publishing of my book possible through Smashwords in December 2018."

Wood noted in an email that authors write books for many reasons -- "a speaking platform, a money maker, a story about their life, etc."

On the other hand, he said, "Ellen wrote hers for these main reasons: to help other women rebuild their self-esteem, self-love, and hope for another 'real' loving relationship and to encourage women to be more kind to other women and to try again to create and find that happiness that lights up someone's heart."

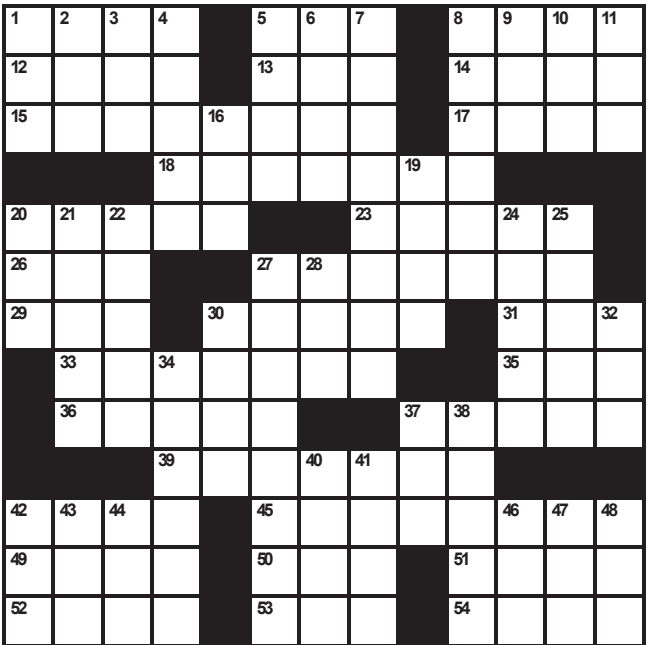
Wood said that although he has known Hildebrand for only 2-1/2 years and has met "hundreds of thousands of people" in his career (consulting, coaching, motivational talks), "I've never met someone so kind, who genuinely cares about others, their happiness, their

'Single, Again'... continued on p.19

## Crossword Puzzle Corner

Answers on page 19

- |   |  |      |
|---|--|------|
| <b>Across</b>   | <b>50</b>  | Type |
| <b>1</b> Mice catchers  | <b>51</b> International money  |      |
| <b>5</b> "Yay, team!"   | <b>52</b> Rock band equipment  |      |
| <b>8</b> Queen of the Olympian gods   | <b>53</b> Not forthright   |      |
| <b>12</b> James Brown's "I ___ Good"  | <b>54</b> Minor  |      |
| <b>13</b> Andes plant   |  |      |
| <b>14</b> A bad sign  | <b>Down</b>  |      |
| <b>15</b> Highest level, of a hotel (2 words)                                     | <b>1</b> Not where it should be  |      |
| <b>17</b> Sack  | <b>2</b> Chinese dynasty   |      |
| <b>18</b> Determined  | <b>3</b> Bulgarian cash  |      |
| <b>20</b> Edict of a Russian tsar   | <b>4</b> Arctic transport  |      |
| <b>23</b> Subarctic evergreen forests   | <b>5</b> Military training org., for short   |      |
| <b>26</b> Kind of cross   | <b>6</b> Healthy berry   |      |
| <b>27</b> Moon holes  | <b>7</b> Army rations  |      |
| <b>29</b> Go off track  | <b>8</b> Sweatshirt with a cap   |      |
| <b>30</b> Gets into harmony with  | <b>9</b> Grounded bird   |      |
| <b>31</b> In other words  | <b>10</b> Matter, in the law   |      |
| <b>33</b> Ousted Egyptian ruler   | <b>11</b> Red army member  |      |
| <b>35</b> Sunday seat   | <b>16</b> Scope out  |      |
| <b>36</b> Italian violin maker  | <b>19</b> Chows down   |      |
| <b>37</b> Mozart contemporary   | <b>20</b> Southwest native   |      |
| <b>39</b> Swedish astronomer who devised the centigrade thermometer               | <b>21</b> Destiny  |      |
| <b>42</b> Mexican currency  | <b>22</b> Gold   |      |
| <b>45</b> A venture that involves great risk but promises great rewards (2 words) | <b>24</b> Having the tatse of a certain fruit  |      |
| <b>49</b> Distinctive style   | <b>25</b> Set, as a price  |      |
|   | <b>27</b> Alphabet derived from the Greek alphabet and used for writing Slavic languages |      |
|   | <b>28</b> Genetic letters  |      |



- |                                   |
|-----------------------------------|
| <b>30</b> Fill                    |
| <b>32</b> Barley beard            |
| <b>34</b> Streaky rashers         |
| <b>37</b> Embrace                 |
| <b>38</b> Plus                    |
| <b>40</b> Going alone             |
| <b>41</b> Very dark               |
| <b>42</b> Legume                  |
| <b>43</b> Freddy Krueger's street |
| <b>44</b> Tree juice              |
| <b>46</b> Tint of color           |
| <b>47</b> Profitable rock         |
| <b>48</b> A heap                  |



# The Power of Palliative Care



By Nicole DePace,  
NP, MS, APRN, GNP-BC, ACPHN  
Director, Palliative Care Consultation Service,  
NVNA and Hospice ([nvna.org](http://nvna.org))

People often mistake palliative care as only end-of-life care. While it is extremely helpful at that time, palliative care is also tremendously supportive for people who are living with a variety of serious illnesses-and is helpful from the time of diagnosis. Palliative specialists are experts in managing pain and complex symptoms and in the communication and coordination of care.

In addition, palliative care provides optimal support and resources to families and caregivers. Typical patients who benefit are those with cancer, kidney or liver disease, COPD, Parkinson's, dementia and heart failure. Though, any patient living with serious illness can benefit from palliative care support.

Focused on the physical, social, psychological and spiritual aspects of living with a serious illness, palliative care is holistic and can be provided throughout the trajectory of an illness and across various care settings, including home, assisted living facilities and skilled nursing facilities. A care team may include physicians, nurse practitioners, nurses, social workers, therapists (physical, occupational, speech), chaplains and dietitians, among others. They assist patients and families with understanding the illness, the treatment options and what to expect in the future, and with coping and developing individualized treatment plans.

Many patients prefer to stay at home when and where possible. Palliative care teams can assist with securing resources that provide the safety and tools to remain at home, even as the illness changes. They also arrange for meals and/or medications to be delivered and provide comfort and support to the caregiver to feel confident in the care they are providing to

their loved one – which can be day and/or night. The care team will spend as much time as needed to understand the patient and family's wishes and to discuss options for care and support that will ensure those wishes are understood and respected by their medical providers.

Yet another benefit, studies have shown that palliative care can help patients stay out of the hospital when it is not necessary to be there. Patients can continue to receive treatment at the same time they are receiving palliative care support, so they are losing nothing in terms of options. Further, patients and families who receive palliative care are gaining an additional layer of support to ensure they are receiving the best possible care and outcomes.

NVNA and Hospice provides the full continuum of care from home health, palliative and hospice to private pay services (NVNA WORKS) to help patients and families. We own and operate the Pat Roche Hospice Home in Hingham, the region's only non-profit residence. As an independent non-profit, we also provide wellness and public health services through NVNA SUPPORTS in 27 South Shore communities from Milton to Plymouth.

**About the author:** *Nicole is the Director of Palliative Care Services at NVNA and Hospice in Norwell. She has practiced as an advanced practice nurse, specializing in palliative care for 10 years, in homes, assisted living facilities, long-term care and in the acute care setting. Today, as director and a palliative care nurse practitioner she oversees the community-based services provided to patients and families throughout the South Shore region. The services are provided in their homes and at assisted living and inpatient settings. Previously, Nicole served as the Regional Director of Palliative Care at Beacon Palliative Care Service, and as a palliative care nurse practitioner at Good Shepherd Community Care/St. Elizabeth's Medical Center. As a registered nurse, she worked as a clinical nurse at Mt. Sinai Hospital in NYC, and as a hospice case manager in New York City's Upper East Side and Spanish Harlem, and as a hospice and quality registered nurse for Beacon Hospice's home care team in Roxbury. She is certified as an Advanced Certified Hospice and Palliative Care Nurse (ACPHN) and is a Board Certified Geriatric Nurse Practitioner (GNP-BC). Nicole is a graduate of Boston College's Geriatric and Palliative Care master's program and is the President-Elect of the Boston Chapter of the Hospice and Palliative Nurses Association (HPNA). ∞*



# Elder Law & Estate Planning

## Special needs trusts – What you need to know

By Patrick J. Kelleher, Esq.

In general, a trust is created when property or assets are managed by a person or firm for another person's benefit. The person or entity who manages the trust is known as the "trustee" and is entrusted with the responsibility of making decisions in the best interest of the person who benefits from the trust, known as the beneficiary. Trusts are advantageous because they provide the ability to place conditions on how and when your assets will be distributed when you die, reduce estate and gift taxes, and allow you to skip the lengthy and expensive probate process.

Special needs trusts are a class of trusts made specifically for the benefit of those with physical and/or mental disabilities. These differ from the typical trust due to the special conditions that often need to be in place to accommodate the specific needs and lifestyle of the beneficiary of a special needs trust. Another one of the main reasons for having this type of trust is to ensure the beneficiary does not render him/herself ineligible for government benefits due to an increase in assets.

Choosing the right trustee for a special needs trust is extremely important and the trustee must be someone you are certain will act in the beneficiary's best interest after your death. Often, this takes place in the form of a trusted family member who knows the beneficiary and his/her needs. However, if your situation doesn't allow for this, the court will appoint a third party to manage the trust according to your written wishes.

One of the important features of a special needs trust is that the assets in the trust will not be counted toward asset thresholds contained in government programs such as Supplemental Security Income (SSI) and Medicaid. The trustee has complete control over the assets in the trust, instead of the beneficiary. For this reason, government programs such as SSI and Medicaid ignore assets in a trust when determining eligibility. Many people are unaware of this and make the mistake of distributing their assets

to a loved one with special needs through a will. This could cause them to exceed the asset limits for SSI and/or Medicaid, thus losing their benefits from these programs.

Special needs trust may also be set up to take the proceeds from a legal settlement on behalf of the person with special needs. This is important for the same reason as mentioned earlier, to ensure a windfall does not preclude the beneficiary from receiving government benefits. Also, in the event the person with special needs is the one being sued, the funds in the special needs trust are protected from being paid out in damages.

Even if you believe your loved one with special needs will never need government benefits, it is still prudent to consider a special needs trust. Special needs trusts can provide for the unique and specific needs of the beneficiary in ways that other types of trusts cannot. Further, you never know what may happen in the future, especially when you're no longer around. It may turn out that your loved one needs these government benefits one day and they'll be glad you provided them this option.

Special needs trusts are an excellent vehicle to ensure your loved one with special needs is taken care of in the event of your passing. However, they can be difficult to set up and it is advised that you consult an elder law attorney who will be able to examine your specific situation and make sure your loved one is taken care of for years to come. If you would like to speak with an attorney regarding your situation, or have questions about something you have read, please do not hesitate to contact our office.

Take Action NOW and attend one of our next free educational Estate Planning & Elder Law Workshops by calling 781-871-7526 or email [pat@elderlawcare.com](mailto:pat@elderlawcare.com)

**About the Author:** *Patrick's mission in life is to help his clients and their families in a meaningful way with Estate Planning, Elder Law, Veterans and Special Needs Planning! For more information visit [www.elderlawcare.com](http://www.elderlawcare.com) or call (781) 871-7526. ∞*

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### 'Single, Again'... continued from page 17

soul, and their well-being. He also noted that, "The main reason I moved to Hull while in the midst of a divorce 10 years ago, was because after running along this beach for 25 years, I always considered Nantasket and Hull to be a 'healing place.' Ellen feels like I do after she's lived here for a year. There's something magical about this beautiful peninsula. It's the perfect place to heal your heart and begin anew."

#### 'A reflection of her heart'

"Some people are selfish, but not Ellen. She's selfless and always finds a way to inspire, encourage, and add a smile to someone's day," Wood said. "Single, Again' is a reflection of her heart. She's one of those rare people who live from their soul."

Pamela Ford Curran of Milton heard about Hildebrand through social media. "I started reading her blog and then followed her success with her book, 'Single, Again,'" she said. "It was my turn to host the book group I'm involved with in June and I contacted her to see if she would like to [be our guest]. Her response was an enthusiastic 'yes.'"

Curran's daughter asked her why she was reading the book because it was about being single, which she thought was "kind of funny," Curran said. Her response was, "It's so much more than that."

The book group members "loved the book and they loved her," Curran said. "We had a lot of discussion about women -- motherhood, love, having enough faith . . . We all walked away with something."

"Single, Again" is available at all online bookstores, including Amazon and Barnes & Noble. Although it was first published in late 2018, when she changed the cover to include her middle initial it was again listed as a "new" book on Amazon. "It's been a number one bestseller on Amazon for several weeks," she said recently.

"The response to my book has touched my heart and has made all the pain of my marriage worth the struggle," Hildebrand said. "I am often asked if I will write another book, and I hope to do so. I've missed writing since 'Single, Again' was published, so I have returned to Facebook and opened up my blog again."

Hildebrand, who works at Bloomingdale's as the business manager for women's fragrances, loves spending her free time in Hull, her new hometown.

For more information or to order a copy, visit <http://bit.ly/SingleAgainbookbyEllenAHildebrand> ∞

### CROSSWORD PUZZLE ANSWERS FROM PAGE 16

1	O	2	W	3	L	4	S	5	R	6	A	7	H	8	H	9	E	10	R	11	A						
12	F	E	E	L	13	O	C	A	14	O	M	E	N														
15	F	I	V	E	16	S	T	A	R	17	O	U	S	T													
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20	U	K	A	S	E				23	T	A	I	G	A													
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52	A	M	P	S													53	C	O	Y			54	T	E	E	N





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25 Stonehaven Drive, South Weymouth MA 02190 [www.fairingway.org](http://www.fairingway.org)

# South Shore Happenings

## Senior Helpers acquires Shipyard Home Health Care

**HINGHAM** - Mark Friedman, owner of Senior Helpers Boston and South Shore, has announced the acquisition of Shipyard Home Health Care of Hingham, MA.

Shipyard, a private duty home care agency, has been owned and operated by Lauren Gregory since 2014 and has provided companionship and non-medical support services to seniors on the South Shore.

Friedman's two Senior Helpers offices currently serve 75 communities in the Metro-Boston, Metro-West and South Shore areas. Friedman cites, "Lauren comes from a PT background and understands the importance of having a clinical, case-driven philosophy of care; which also translates to the need for rigorously trained HHA and CNA caregivers, and customized client-centric care plans. Merging her pool of caregivers brings added depth of resources to us on the South Shore."

"As healthcare has become more complex, so has the ability of seniors to age in place," Friedman contends, "we value our relationships with aging life care experts, social workers, legal and other referring professionals because they too bring a lot of perspective to the journey of aging as we now see it."

While at Shipyard Gregory was an active caregiver; often taking a full client shift to learn first-hand the issues facing seniors, especially around increasingly complex diagnoses requiring more highly skilled caregiving.

After supporting the transition and integration into Senior Helpers, Gregory's future includes nursing school, asserting, "I have fallen in love with the senior industry and home care. With a nursing degree, and enriched knowledge, my real contributions in home care still lie ahead of me."

Senior Helpers® Boston and South Shore has offices in Newton and Norwell, Massachusetts. Founded in 2009, its nurse-led model of care effectively helps its clients Age in Place. ∞

## Canasta and Mah Jong

**EASTON** - Canasta comes to Temple Beth Emunah in the Easton Industrial Park every Thursday at 1 p.m. and Mah Jong every Monday at 1 p.m.

Our address is 15A Plymouth Dr., Easton MA 02375. Call or Text Beverly 508-472-3547 to let us know if you are coming.

Temple Beth Emanah is an Independent Egalitarian Synagogue Serving the Metro South Area. [www.templebethemunah.org](http://www.templebethemunah.org) ∞

## Award-winning Paragon Park the Musical returns

Relive memories of summers at Nantasket Beach

**NORWELL** - Seven years after its premiere run, Paragon Park, the Musical is making its return to The Company Theatre stage just in time for the summer arts season. Co-written by theatre Co-Founder, Zoe Bradford, the show debuted to sold-out crowds in 2012. The story begins in 1985 with the dramatic auction of the last of the remaining piece of the Park - the Carousel. The audience is then taken back to 1905 in Hull, Massachusetts, where the opening of Paragon Park created a lively and fascinating summer scene for the Boston elite and thrill-seekers of all ages.

A percentage of each ticket sold will be donated to Friends of the Paragon Carousel. As Hull marks its 375th anniversary, this is the perfect way to relive the glory days of Paragon Park - AND to give back the carousel.

Paragon Park the Musical opens Friday, July 26, and runs through Sunday, August 18.

Tickets are \$47; a percentage of each ticket sold will be donated to Friends of the Paragon

Carousel. As Hull marks its 375th anniversary, this is the perfect way to relive the glory days of Paragon Park, and to give back to the historic carousel. For a complete list of show dates and times, to purchase tickets, or for more information, visit [www.companytheatre.com](http://www.companytheatre.com) or call the box office at 781-871-2787. ∞

## Local history collection moves

**KINGSTON** - The Kingston Public Library is in the process of moving the Library's Local History collections across the street to the Adams Center at 33 Summer Street. These collections include thousands of photographs, deeds, letters, maps, artwork, broadsides, artifacts and other historic materials that chronicle Kingston's rich history.

The Frey-Hoeg Historical Collections Room at Adams Center is a secure and climate-controlled room where the Library will be better able to preserve and provide access these collections. There's also space for researchers to work with Archivist Susan Aprill to uncover the history of Kingston houses, businesses, and families, as well as many other aspects of Kingston history. There's the potential for some spectacular historical exhibits in the beautifully restored upper level, as well.

The move will take several weeks. The Library hopes that the new location will be fully operational sometime in August, with a special opening event in the fall. Watch for details about



when and how you can visit the Local History collections soon. In the meantime, feel free to call 781-585-0517 x6277 or email [history@kingstonpubliclibrary.org](mailto:history@kingstonpubliclibrary.org) with your questions. While move is still in process, the Library may not be able to get back to you right away, but they do want to hear from you. And they hope you'll visit the Local History collections in the new location often. ∞

## Alice's House Fundraiser: August 28 - don't miss it!

**SCITUATE** - Summer is here and it's time to think sun, vacation, relaxation, friends, family and FUN! I know we all try to keep our schedules light but this is one event you don't want to miss. Add this date to your calendar.

- **When?**  
Wednesday, August 28th 6-10 PM
- **Where?**  
The River Club, Scituate
- **What will be so fun?**  
Jimmy Keys - International Musical Comedy Entertainer - LIVE!!  
<https://jimmykeys.com>
- **What's it for?**  
Alice's House, Humarock  
[www.aliceshouse.org](http://www.aliceshouse.org)

Alice's House in Humarock, reopened its doors in July of 2017, after being one of four houses destroyed by fire on March 8, 2012.

That smoking pile of ashes ignited the hearts and souls of this community to come together and rebuild Alice's House. Our dedicated Board of Directors, with the support of many generous individuals, businesses, and families have raised over \$600,000 to rebuild this beautiful sanctuary. Since July, 2017, hundreds of guests have been welcomed to Alice's house and been comforted by the spirit of peace and love that is infused within these walls. Our goal in the next 6 months is to repay the balance of our construction loan - less than \$100,000.

This event could do it! Plan to be part of this celebration. It is expected to sell out so don't wait. Click on the link - buy a single ticket, bring a friend - bring 10 friends and fill a table. ∞



# Randolph man frustrated with Social Security Admin. system

I'm 56 years old, and unfortunately my knees, especially my left one, after years of work, has begun to wear down.

I'm a cook by profession, and was working a hotel maintenance job when my knees simply could no longer perform the duties of cooking or maintenance.

I applied for disability via the Social Security Administration. I never dreamed that this process was so mentally painful that at times I was ready to just say the heck with it.

If you go to the SSA website, you will see photos of elderly people smiling and grinning, sitting before a computer filing for Assistance. Well I can tell you, it's no smiling matter! The repetitious paperwork, the long wait periods, the denial letters that make no sense, and the feeling you are being accused of being untruth-

ful, makes for a very unpleasant experience.

I have been out of work for nine months. I drained my 401K savings. Had it not been for the Good Lord and the loving family God has allowed me to be a part of, I would be homeless and without a car.

To qualify for SSA benefits, you have to be near death, and that near-death experience has to have kept you out of work for 12 months! How do they expect people to survive for 12 months without a paycheck? Then there is no guarantee that you are going to be approved. I have been working for 4 decades, and I am 56 years old. Both of these are supposed to be considered while reviewing my application.

The problem begins with congress. There are some in congress who call social security the second welfare. They think those who apply

for assistance are trying to get over on the system. It's a cruel philosophy!

The SSA used to employ around 63,000 employees, now it's down to 62,000. In the last 10 years they have closed 150 SSA offices throughout the country.

Disability judges used to have assistants, now they don't. The judges used to see about 48 cases, now it's about 40 cases – cases that used to take them 3-4 weeks, now takes 3-4 months. So these few individuals are trying to process all of these claims, and they are just simply overwhelmed.

Which is doing us, the applicants, no good.

I had to hire a lawyer, and mind you this is suggested by SSA. They also tell you right off the bat, that 90% of the applicants get rejected when they apply for the first time. So before you even get out of the starting gate, your running smack right into a brick wall.

I contacted my State Rep. Miss Pressley, and her office has been extremely responsive, and are looking into this.

I also contacted Governor Baker, Attorney General Healey, and I also wrote the new head of the SSA.

Another thing that I mentioned to them was why I was dealing with three different SSA locations? I send paperwork to the Brockton office, then I get calls from the Boston office, then I sent all my medical paperwork down to Kentucky! I had a person call me from the Brockton office, and she didn't even know any of the four different doctors I have been dealing with. I nearly cried (I think I did cry!). I do remember having to go sit down and collect my thoughts, and then I told the young lady I could not believe she did not have this information. It's simply crazy and out of control.

In my letter to my elected officials, I sent a copy of the denial letter I received from SSA along with all of my doctor's notes, and asked them to look them over and tell me if what they are denying me for matches up with what the doctors are saying.

My left knee has two major issues: I have a torn meniscus on the inside of my knee, which the surgeon did not recommend surgery due to the low success rate, and my knee has a lot of arthritis, and it's progressing, and my doctors are recommending a total knee replacement

SSA, in the denial letter, did not mention either of these two issues, nor my age, nor my work history, and they added that my condition will improve over the next few months, thus allowing me to get back to work. I had to go sit down again, as I felt myself getting nauseous and light headed.

I ask you to just go online and type in "complaints against SSA disability," and just read some of the stories. There are folks that are in worse shape than I am, and they keep getting a big old fat rejection sticker.

I'm sure that this is not the first complaint you have heard against SSA, but I just wanted to share my experience with you.

Leon  
Randolph, MA ∞

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