



## End-of-Life Douglas Provide Comfort for Patients and Their Loved Ones



By Marie Fricker

When she got home from working with a hospice patient who had recently passed, death doula Aimee Yawnick of Norwell had to free herself of the emotion. In keeping with her ritual, she added a journal entry about the woman who had died.

"I lit a candle and wrote down what we had talked about together," said Yawnick, "Now the person is on paper. She existed. I didn't know her long, but I had my experience with her and she will carry on, at least in my mind. It helps me complete the circle."

Trained and certified by the Colorado-based Conscious Dying Institute, Yawnick teaches a class called "The Best 3 Months," which asks people how they would live their lives if they had just three months to live.

"The workshop is intended to normalize the conversation about death and dying," said Yawnick, who is a former diet coach and a hospice volunteer. "It makes people realize the importance of living this incredible gift of life right here and now, while they can. Anyone who has ever been diagnosed with a terminal illness doesn't have to be taught that. They know it."

The 3 Best Months curriculum addresses five "domains" within the dying process – Spiritual (last rites, funeral, scripture); Emotional (Do you need to forgive someone or be forgiven?);

Legacy (Do you want to leave a gift for a family member or group? How do you want to be remembered?); Practical (Do you have a will or a health proxy?), and Physical (Would you prefer to be cared for at home or in a medical facility?).

The benefits provided by a death doula go far beyond the needs of the terminally ill patient. "It's so important that the family be given this kind of end-of-life direction so that they're not riddled with undeserved guilt," said Yawnick. "We bring in a blanket of care that is able to provide comfort and peace to the loved one as they express their wishes in that sacred space between two worlds."

End-of-life doulas are not medical personnel. They cannot administer drugs or even

**Cover Story continued on page 13**



  
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# How to Have the Delicate Conversation About Home Health

By Maria Burke, RN  
Owner - Celtic Angels Home Health Care



Talking about home health can be difficult, especially if you fear that all members of your family aren't on board. But it's a necessary conversation, particularly if you or your senior loved one are already having problems that require assistance. Here's how to have the delicate conversation about home health.

**Be Ready to Listen.** The decision to seek home health care impacts your whole family, so it's important to be willing to listen to everyone's perspectives. Consider getting together as a family if everyone is close enough to do so. Have a nice meal so everyone can be relaxed and focus on the conversation at hand.

It's not always easy to discuss major life changes, so be ready to listen to everyone's perspectives. Often, any opposition to home health is due to fear of change and loss of independence, so you may be able to reassure everyone that this is a good change for you, or your senior loved one.

**Talk About How Home Health Care Will Help.** When discussing in-home health care, it helps to list the positives. Talking about how home health care will help you and your senior loved one retain as much independence as possible. Home health care is often less expensive than assisted living or nursing home care, too, so it's less of a financial burden on the family's finances.

Remember, comfort is a valid reason to turn to home health care, too. Most of us would prefer to age in place, either in our own homes or with family members. Home health care makes that possible. So don't be afraid to express that you or your senior loved one would simply feel better about staying in your own home or having your senior loved one age in place with in-home health services to provide the necessary assistance.

**Examine Your Needs.** Often, family members become concerned when they realize their senior loved one is having difficulty. Or maybe you're noticing that you're experiencing difficulties yourself. Maybe medication is being missed. Or meals have become too troublesome to prepare. Have falls become an issue? Or is socialization practically impossible nowadays? All of these are needs that in-home health can meet and address.

So, if you or your loved one are having trouble with your or their daily needs, it's time to talk about in-home health care. Explain the challenges you see and why you feel in-home health care is the best solution. Be sure to point out the ways in-home health care can meet those needs, like meal preparation, medication assistance, transportation, etc. When you focus on the needs, it's easier for family members to see the benefits of in-home health care.

**Suggest a Trial Period.** If your family members still seem reluctant to embrace in-home health care, suggest a trial period. It's often easier for people to agree to a trial than a permanent commitment. Propose trying in-home health care for a set period of time, perhaps a couple of months or a certain number of days per week. Then, come together as a family to discuss how



the trial went and whether you want to continue.

Remember that seniors are sometimes reluctant to accept help, so be sure to allow an adjustment period before ending the trial. Once everyone has a chance to get used to the new routine, there's a good chance they'll agree that in-home health care has been beneficial and be willing to continue in the future.

Talking about in-home health care can be a delicate conversation, but the above tips will help the discussion go more smoothly.

Thinking about starting home health? We'd love to help! Learn more about our services at [www.celticangelsinc.com](http://www.celticangelsinc.com)

**About the Author:** Maria Burke, RN, is owner and founder of Celtic Angels Home Health Care. Maria Burke was born in Midleton, 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 provides a full array of the highest quality in-home health care services with certified and skilled CNAs, HHAs, and RNs. ∞



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## What's at the Movies?

By Marie Fricker

**80 for Brady, Rated PG-13 ★★★★★**

I went to see the much-hyped movie, *80 for Brady*, expecting nothing more than cringeworthy scenes of four grand dames of Hollywood who are past their prime and trying to act perky.



Promos from the film's trailer showed the bubbly seniors – Lou, Trish, Maura and Betty – played respectively by Lily Tomlin, 83, Jane Fonda, 85, Rita Moreno, 90, and Sally Field, 75, taking a trip to Super Bowl LI in Houston in 2017 for the miracle win of the Patriots against the Atlanta Falcons. They are there to drool over their long-time idol, quarterback Tom Brady, who has a minor speaking role and is seen at his finest in

actual game footage (cleft chin and all). Well worth the price of admission.

Our heroines suffer a series of mishaps in their quest to support their hero. They lose their Superbowl tickets, get stoned on gummies, play high stakes poker, win a hot wings-eating contest, and find a new love interest who sneaks them into the nirvana of the Patriot's locker room with Brady and his barely clad teammates.

Did any of this seem over-the-top campy, corny or ridiculous? Not in the least. I thought it would, but the four Oscar-winning stars of this comedy are just too good at what they do to let that happen. Tomlin, Fonda, Moreno and Fields are endearing, funny, and multi-dimensional from the minute we meet them until the credits roll.

Of course, the "Golden Girls" reach their goal, as does Brady, and a good time is had by all, including this hardened movie-goer whose heart was touched by the camaraderie, love and loyalty of these four lifelong friends.

The Patriots win and so do we.

*The film is based loosely on the true story of five senior women who created the "Over 80 for Brady" fan club.*

*Marie Fricker is a South Shore resident whose lifelong love affair with movies began in the Capital Theater in Arlington in 1964. She has a master's degree in print journalism from Boston University and is a published author. ∞*

# MY GENERATION

**TUNE IN!**  
South Shore  
Senior News  
video podcast  
hits the air waves



As announced previously, our newspaper has launched a new video podcast entitled "My Generation." The 20-minute radio and video segment will be aired on our website (SouthShoreSenior.com) on the 1st and the 5th of each month. All shows will be archived on the site, as well as available on podcast portals such as Spotify, iTunes, Anchor and YouTube.

Coming up in March are two dynamic interviews led by Tom Foye, publisher of the South Shore Senior News and former co-host of "My Generation," a long-running Sunday night talk show on WATD. On camera first with Tom is Death Doula Ginny Berzin, who provides comfort and guidance to terminally ill patients



and their families at end-of-life. Ginny shares her stories of the near-death experiences of those she has worked with and her evidence-based belief in an after-life.

Next at the microphone is Nicole Long, the vibrant 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 to promote the independence and dignity of older adults and individuals with disabilities. Find out what's next on Nicole's agenda for the spring and summer months!



If you have an idea for a future video podcast topic of interest to seniors, drop us a note at South Shore Senior News, 412 Nantasket Ave., Hull, MA 02045 or call Tom Foye at 781-925-1515. We look forward to hearing from you! ∞



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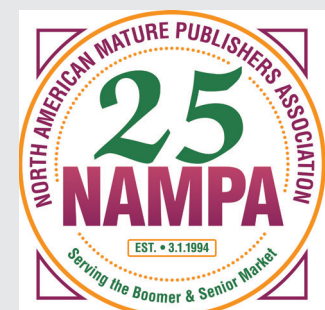
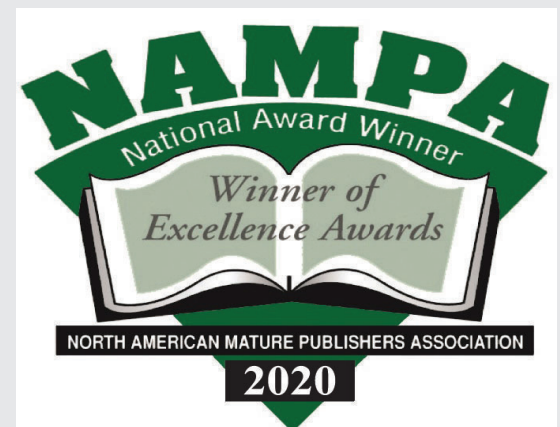
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The Publishers also host and produce a weekly talk radio program, *My Generation*, broadcast on 95.9 WATD-FM, aired Sundays from 7-8:00 PM, and can be streamed live at [959watd.com](http://959watd.com). Audio archives of each podcast can be found at [SouthShoreSenior.com](http://SouthShoreSenior.com) and on iTunes.

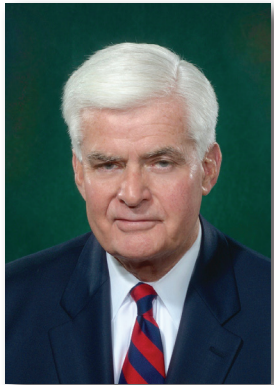




# HOME EQUITY WEALTH MANAGEMENT

## Should You Make Mortgage Payments in Retirement?

Mandatory debt payments reduce retirement income and possibly savings – does it make sense to continue them in later years? There may be a better way.



By George Downey

The answer, of course, depends on one's circumstances. For the few that have sufficient income and savings it may not be a significant problem. For the majority, however, it is a major concern especially when

transitioning from higher income working years to reduced income retirement years.

### Debt won't go away – consider the options.

The obvious problem with debt – it must be repaid or suffer the consequences. The question is how? The traditional way of making payments is to draw from income and/or from savings, but that reduces cash flow for living expenses and potentially depletes savings needed later for planned or unexpected expenditures.

### Home equity may provide a solution.

Thanks to the extraordinary increases in home prices in recent years, home equity is clearly the largest single asset most have. In fact, senior homeowners have amassed 11.7 trillion in home equity according to the S&P Case-Shiller Index. Huge numbers indeed, but it's illiquid and can't be used unless the owner(s) sell, or borrow against it.

For those that don't want to sell, or take on unwanted mortgage payments, a better solution may be a reverse mortgage that was designed specifically to meet the more limited resources and changing needs of aging homeowners.

### Reverse Mortgage Overview

- No monthly payment obligations – voluntary payments are permitted but not required. Monthly charges are deferred until the home is eventually sold.
- Withdrawal options – credit line, periodic payments, lifetime income, or cash as needed,
- Credit line growth – the undrawn balance of the credit line grows (compounding monthly) at the same rate charged on funds borrowed providing more funds in the future.
- No maturity date – repayment not required until no borrower resides in the property.
- Non-Recourse loan – neither borrowers or their heirs incur personal liability. Repayment of loan balance can never exceed the property value at the time of repayment. If loan balance exceeds property value at time of repayment the lender and borrower(s) are

protected by FHA insurance.

- Access to funds and loan terms are guaranteed – cannot be frozen or cancelled as long as the loan remains in good standing.
- Borrower obligations (to keep loan in good standing) are limited to:
  - Keeping real estate taxes, homeowner's insurance, and property charges current
  - Providing basic home maintenance
  - Continue living in the property as primary residence.

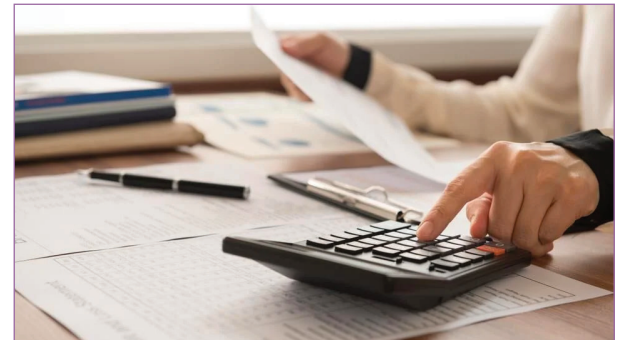
### Good for some – not for all

Reverse mortgages are unique. They were designed to meet the varying needs of older homeowners that want to age-in-place. The terms, benefits and operation are different from traditional (forward) mortgages.

Education is key to understanding if one may be a suitable solution. The recommendation is to confer with knowledgeable and experienced professionals to determine the best course of action for your situation.

### To Learn More

Get the facts and determine if, or how, the various options to utilize housing wealth may



enhance your individual needs and circumstances. For more information, visit the National Reverse Mortgage Lenders Association (NRM-LA) website [www.ReverseMortgage.org](http://www.ReverseMortgage.org), or feel free to contact the author for a private consultation.

**About the Author:** George Downey (NMLS 10239) is a Certified Reverse Mortgage Professional (CRMP) and the founder and CEO 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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## Proven Studies That Health Is Your Wealth: Why Not Start Today?

By Rita La Rosa Loud, B.S.



**QUINCY** – Certain older adults are blessed with good health, but often take their state of affairs for granted. Then there are those less fortunate who are resigned to the card(s) they

have been dealt in life. Whether we have been lucky enough to have been bestowed with good health or not, it behooves us to take charge of it, for as the saying goes, “*health is wealth*.”

Understandably, life challenges *can* get in the way of dealing with health concerns. Yet, in spite of this, we *can* restore and enhance our physical well-being. So, why not start today?

Although my mom was apparently active as a young girl as seen in old photos of her in fencing gear, she was very sedentary as an adult. She was not unlike 70 percent of adult men and women in the U.S. who suffer with life threatening health issues due to an inactive lifestyle, e.g., high blood pressure, cardiovascular disease, stroke, obesity, and diabetes, and I lost her to heart disease. This was the impetus for me to promote all forms of physical activity, particularly resistance exercise, to everyone of *all* ages. Indeed, if mom were alive today, I would encourage her to participate in a fitness program of strength training, aerobic exercise, and stretching.

Although there are many health conditions that we could either prevent, reduce, or improve upon with diet and exercise, I would like to address three common health disorders (high blood pressure, osteoporosis, and diabetes), that have proven health benefits associated with a

comprehensive fitness program. First, a couple of important fitness facts you should know.

### FITNESS FACT ONE

Older adults and seniors who do not participate in strength training on a consistent basis, lose approximately 10 percent of their lean muscle every 10 years, which amounts to 5 to 10 pounds per decade. This loss of active tissue leads to a condition known as sarcopenia, which results in weakening of the musculoskeletal system (muscle, tendons, ligaments, and bones).

### FITNESS FACT TWO

Older adults and seniors who do not engage in regular resistance training, lose 30 percent bone mineral density per decade; that is 1 percent to 3 percent per year, which leads to less dense bones that are associated with undesirable medical conditions such as osteopenia, osteoporosis and increased risk of falls and bone fractures.

### EVIDENCED-BASED HEALTH STUDIES

The following are select evidence-based blood pressure, bone density, and blood sugar studies.

**Blood Pressure Studies.** According to *Kelley and Kelley 2000* meta-analysis, resting blood pressure readings were reduced when partaking in strength training. In a nine-month study combining 20 minutes of strength training and 20 minutes of aerobic exercise, resting blood pressure significantly lowered by 10 mmHg systolic and 5 mmHg diastolic, *Westcott et al. 2011*. It appears that resistance training is just as effective as aerobic activity for reducing blood pressure. Researchers concur that the most effective means for improving resting blood pressure is a combination of aerobic exercise and resistance exercise.

**Bone Density Studies.** Research shows substantial gains in bone mineral density after participation in resistance training. Moreover, nutritional supplementation of protein, calcium, and Vitamin D with resistance exercise has a positive effect on bone mineral density. In a nine-month *Westcott et al. 2011* study, older adults and seniors who strength trained and consumed protein, calcium, and Vitamin D supplements increased bone mineral density by

1 percent. The subjects who strength trained without the nutritional factors, maintained their bone mineral density, while subjects who did not strength train or ingest nutritional supplements decreased their bone mineral density by 1 percent. Consistent with *Gut and Kasper 1992*, strength training and weight-bearing exercise are more productive than aerobic exercise alone for enhancing bone mineral density.

**Blood Sugar Studies.** Boyle’s 2020 research indicates that due to a sedentary lifestyle associated with muscle loss and coupled with fat gain, approximately 30 percent of adult Americans will, unfortunately, develop diabetes by the year 2050. As muscle is a primary locale for glucose storage and utilization in our bodies, loss of muscle tissue triggers the probability of glucose intolerance and an increased risk of diabetes, *Flack et al. 2011*. According to *Campbell et al. 1994*; *Pratley et al. 1994*, resistance exercise is the best means for increasing muscle tissue and muscle metabolism.

In Quincy College’s *Westcott, et al. 2017* study, senior subjects made significant improvements in HbA1c (blood sugar) readings subsequent to strength training on nine fundamental resistance machines, two times per week for three months. This research was conducted in accordance with the *American Diabetes Association’s 2016 Position Statement*, which highly recommended strength training to control Type 2 diabetes. Hence, resistance exercise is an efficient method for increasing muscle mass, reducing body fat, and ultimately reducing blood sugar levels.

### Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College

If you would like to become physically active today and address health conditions you may be experiencing, please consider the *Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College*. We are located at President’s Place, 1250 Hancock Street, Quincy, across from the T-Station. Call Rita at **617.405.5978** to schedule a tour, free training session, or to learn more about our registration process. Free 1- 2-hour parking is available on Hancock, Washington, Coddington Streets plus a parking garage is next to the building for a nominal fee.

**About the Author:** Rita La Rosa Loud holds a B.S. in Exercise Physiology with additional education in Sports Medicine and Athletic Training. She is NASM Certified and has been actively involved in the fitness industry for over 35 years. She is also an author and writes fitness-related articles for various publications. Currently, she is a fitness researcher and directs the COVID compliant, Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College. She can be reached at 617-405-5978 and is available for speaking engagements. ∞

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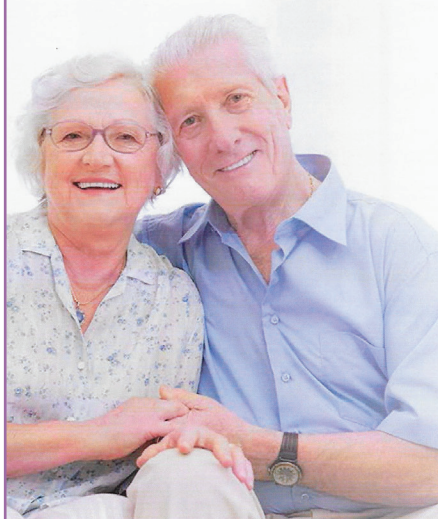
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Do you know a senior that has been or is about to be discharged from the hospital or Skilled nursing facility, but going home alone is not really an option at this time?

Do you know a senior that was recently diagnosed with Alzheimer's or Dementia and you have concerns and questions on how to navigate the healthcare maze and care options?

Do you know a senior seeking independent living, assisted living, memory care or home care support? This is one of the many services we provide to seniors and their families.

Do you know a senior that is concerned about their financial ability to cover the costs of upcoming care concerns?

Are you wondering what resources you can tap into in the community that could ease the burdens of the senior in their current or future circumstances?

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# "THE WICKED SMART INVESTOR"

## 'Bucket List'



By Chris Hanson

One of the first questions I ask my client is, "What are your financial goals?" The importance of this question is paramount, because all planning decisions are dependent on those goals. It is my job to help you conquer your bucket list. So it's kind of ironic that many clients are a little bashful about sharing all their goals. The Wicked Smart Investor is here to tell you let things fly; it's your money and your life after all.

During the pandemic, I revised my bucket list. A couple of years ago, I moved into my sister Margaret's in-law apartment. She has a non-verbal, autistic son Erik, and with school canceled, there was no one to watch Erik during the day. She's a nurse and her husband builds homes, so working at home was not an option for either of them. Erik aged out of the Hanover school system and had no placement in an adult program. We have always juggled our

schedules to care for Erik, but I decided to make this living arrangement permanent, so that has me adjusting my life plan.

You see, for a while, I was planning on buying a two-bedroom cape in Marshfield or Plymouth. I like living near the ocean in towns that have year-round activity. The more I thought about it though, I remember that maintaining a suburban home would be another job. I'd spend my weekend raking leaves, washing windows and scrubbing bathrooms. Then after that, maybe I'd clean gutters, mow the lawn, and wash the floors. Between my business, maintaining a house, and helping with Erik I would not have any free time. Although Erik now is in a day program things are still busy. If I want my own life, I simply have to make adjustments to my plan.

For one change, I decided to indulge my love of stodgy old Boston and buy a small condo in Beacon Hill, and I'll live there on the weekends. The fancy-schmancy name for such properties are pied-à-terre, meaning a small property for occasional use. When I share this idea with some friends, some well-meaning people become critical of my goals.

Let's explore my logic. In Hanover I have a swimming pool, stone walls, and fall foliage. Rexhame beach is a short drive away and I can enjoy wooded walking paths all over town. But I really like city life. I dream of waking up Saturday morning and possibly strolling in the Public Garden, writing in the Athe-

naeum, or kayaking on the Charles. Then, after that maybe I'll attend a Bruins game, see the latest movie at Loews Common, and hit Bova's for a late-night snack. Now this is good living!

Yet people, again with the best of intentions, shared their unsolicited two cents (and if they're in my family they'll put in a whole quarter!). I have been told parking is expensive in town. Well, I'll leave the car in the suburbs. A pack rat informed me that small living units fill up quickly. That's an easy problem to solve, I won't put much in it. I was also warned of tourists and nosy neighbors peeking in my windows. Let me tell you, if people are concerned with what I'm doing then they really have problems!

I did take all the warnings into consideration, but I am sticking to my guns. This arrangement works well for Erik and me. I can be quite a curmudgeon when I want to be.

I strongly encourage you to present and stubbornly defend a realistic bucket list during financial planning discussions. As long as there is nothing illegal on that list, a good financial planner will support your decisions. We all know life can be difficult; indulge yourself when possible.

**About the Author:** Chris Hanson is the author of *The Wicked Smart Investor* blog and a Certified Financial Planner (TM) at Cardea 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 [wickedsmartinvestor.blogspot.com](http://wickedsmartinvestor.blogspot.com). ∞



### Ready to make your next move?

You've lived in your home for many years, and you love it. It has a history — your history.


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- Do I want to live closer to family members?
- Would I like to relocate to a warmer climate?


If you are facing any or all of these issues, it may be time to make a move. I can help. I am a Certified Senior Real Estate Specialist (SRES) specifically trained to meet the needs and unique concerns of buyers and sellers, aged 50 and over.

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# March is Social Work Month



By Nicole Long, MSW, LICSW, CEO  
of Old Colony Elder Services

March is Social Work Month. Each day social workers help break down barriers that prevent people from living more fulfilling, enriched lives. Social workers take a person-centered approach, helping people overcome personal crises like food insecurity, lack of affordable housing, or limited access to health care.

According to the National Association of Social Workers (NASW), the theme for Social Work Month 2023 is "Social Work Breaks Barriers." This theme underscores the innovative ways in which

social workers have empowered people to overcome challenges so they can live to their fullest potential.

Did you know? Social work began over 100 years ago and among those who helped drive positive change in the nation include: Ida B. Wells, a woman's rights activist and anti-lynching advocate; George Edmund Haynes, social worker and co-founder of the National Urban League; and Whitney M. Young, Jr., past president of NASW who, during the Civil Rights Era, worked in collaboration with President Johnson and other leaders to break down the barrier of employment discrimination, according to NASW.

Old Colony Elder Services (OCES), a local Aging Services Access Point (ASAP), provides a variety of services to individuals most in need. Through our programs, we offer significant life-supporting care contributing to an individual's ability to live independently in the community for as long as possible while preserving dignity and quality of life. OCES is the largest provider of these in-home and community-based services for older adults and people living with disabilities in the southeastern part of Massachusetts.

For example, OCES' Supportive Housing Program integrates community resources, information, and services for residents at local housing authority sites. The Healthy Living program provides individuals with tools and techniques to manage chronic conditions and prevent falls. Home Care, Nutrition, and the Family Caregiver Support Programs are among OCES' 20+ programs.

OCES has a team of licensed social workers who break down barriers every day for individuals by providing guidance about a wide range of life

## MARCH IS NATIONAL SOCIAL WORK MONTH



changes and challenges. OCES can assist with physical and mental health issues, housing issues, financial hardships, and other challenges that older adults may face.

During Social Work Month, OCES is raising awareness about how social workers break barriers in all communities, and how the contributions of this essential profession improve our community. We invite you to visit our website, [www.ocesma.org](http://www.ocesma.org), to learn more.

OCES recognizes and appreciates social workers and all who contribute to the social work profession for making a positive difference in the lives of individuals and families.

Sources: National Association of Social Workers. <https://www.socialworkers.org/News/Social-Work-Month>

**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 25 Aging Services Access Points (ASAPs) in the Commonwealth of Massachusetts. OCES' mission is to support the independence and dignity of older adults and individuals with disabilities by providing essential information and services that promote healthy and safe living. The agency offers a number of programs to serve older adults, individuals with disabilities, their families and caregivers. For more information call 508-584-1561 or visit [www.ocesma.org](http://www.ocesma.org) ∞

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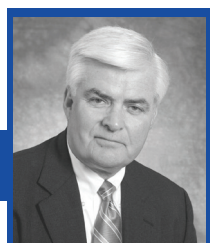
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## Super Dental Care for Seniors



Meet Dr. Richard Wolfert, DMD, owner operator of The Toothboss, a dental practice located at 1121 Main Street (Rt. 18) in South Weymouth. Dr. Wolfert named his practice The Toothboss based on the nickname he received while in the U.S. Navy serving on the USS Midway (CV-41).

Since 1992, The Toothboss has provided oral care for individuals and families on the South Shore. More than 100 of those patients have been coming to The Toothboss for more than 30 years.

The Toothboss provides the essential services like cleanings, X-rays, fillings, etc. Yet we also deliver

the services that are important to seniors:

- Dental implants (including mini-implants)
- Removable dentures
- Veneers and laminates
- Periodontal care
- Oral cancer screenings
- Annual comprehensive review
- And much, much more.



The Toothboss accepts all major dental providers and offers the TBD plan for those without dental coverage. For more information and to schedule an appointment, call 781-335-0604 or visit [Toothboss.com](http://Toothboss.com) and book your appointment online.



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# How do you plan for no dental coverage?

By Dr. Richard Wolfert, DMD



Medicare and Medicaid offer very little in the way of dental coverage. So, if you or your spouse are not still working at a company that offers dental coverage you don't have a lot of options other than paying out-of-pocket. The true irony is that when

we age, we're more prone to the conditions that necessitate a dental plan to mitigate cost.

Fortunately, more and more dental practices are offering their own dental plan as a way to provide dental coverage to seniors and others without dental coverage.

For a nominal fee, these plans will cover the basics. We offer one at my practice. It's called the TBD Plan. The TBD stands for ToothBoss Discount. The TBD plan includes two simple cleanings, a fluoride treatment, an emergency visit and X-rays per calendar year.

These types of plans offer great value if your teeth are in good health. Unfortunately, as we

age we typically face bigger issues. That can include gum disease, loss of teeth and more. That's why if you explore any dental plans, you want to make sure there's some sort of coverage or discount on the more costly procedures.

For example, at my practice, the TBD Plan includes a 20 percent discount on most dental procedures. We also provide a 15 percent discount for the restoration of dental implants.

Many seniors have gum and other periodontal issues. If you're looking into a self-funded dental plan, be sure to ask if there are any considerations for periodontal treatment. Our practice provides a special periodontal plan that provides more cleanings and emergency visits than most other plans offered at other dental practices.

As mentioned in my previous column, there's a ton of evidence linking your oral health to your overall health. This becomes even more true as we age.

For example, recent evidence links excellent gum tissue health to a reduction in atherosclerosis. Atherosclerosis is the thickening of arteries through the accretion of calcium, cholesterol and other substances found in the bloodstream. This condition has been linked to fatal cardio-

vascular complications like coronary heart disease and peripheral arterial disease.

According to the CDC, cardiovascular disease is the leading cause of death in the United States, killing nearly 700,000 people each year – one quarter of all recorded fatalities. On average, deaths and illnesses associated with coronary heart disease cost the U.S. \$219 billion annually.

As we age, we are more at risk for cardiovascular and other diseases. That's puts even greater emphasis on maintaining every day care including brushing and flossing and, just as importantly, at the very least, biannual trips to the dentist. Dental plans like the TBD plan make it possible for seniors without a dental plan to continue regular appointments, while paying a reduced rate for basic and more advanced procedures.

If you are without a dental plan and would like to know more about dental plans like the TBD plan, you can visit [www.toothboss.com](http://www.toothboss.com) or call 781-335-0604.

**About the Author:** Dr. Richard Wolfert, DMD is the owner of The Toothboss, 1121 Main Street, South Weymouth, MA. For more information, call 781-335-0604 or visit <https://www.toothboss.com>. ∞

## OCES Offers Building Better Caregivers Virtual Workshop Beginning March 7th. Registration Now Open

**BROCKTON AND PLYMOUTH** – Old Colony Elder Services (OCES), the non-profit agency proudly serving older adults and individuals with disabilities throughout greater Plymouth County and surrounding towns is offering a free, six-week Building Better Caregivers™ virtual workshop which will be held March 7

through April 18, 2023, from 1-3 p.m.

OCES' Healthy Living Program presents the Building Better Caregivers (BBC) workshop for caregivers who are caring for someone with serious injury or illness, dementia, memory problems, post-traumatic stress disorder or a serious brain injury. The workshop will be held

via Zoom, which is more convenient for many caregivers.

This highly interactive, small group workshop is led by two trained facilitators, one or both of whom are or have been a caregiver.

The Building Better Caregivers™ workshop helps caregivers in a number of ways, such as:

- Managing challenging situations
- Communicating more effectively
- Dealing with difficult emotions and stress
- Feeling more confident
- Setting long and short-term goals

"Caregiving can be an extremely demanding job, and caregivers may experience significant stress, as well as isolation and burnout," explained Nicole Long, MSW, LICSW, Chief Executive Officer of OCES. "This informative workshop offers training in how to provide better care, while also helping caregivers learn how to manage their own emotions, stress and physical health."

To register, call Pat Livie, OCES' Outreach Education Specialist at 508-584-1561 ext. 373 or Donna Forand, OCES' Healthy Living Program Coordinator at 508-584-1561 ext. 237.

To learn more about OCES' extensive programs and services, visit [www.ocesma.org](http://www.ocesma.org).

*About OCES. Founded in 1974, OCES proudly serves greater Plymouth County and surrounding communities. OCES is a private, non-profit organization headquartered in Brockton with a second office in Plymouth. OCES is designated as one of 23 Aging Services Access Points (ASAPs) in the Commonwealth of Massachusetts. ∞*



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# How do you know when it's time to talk about hospice?



**By Toni L. Eaton, RN, BSN, MS, President & CEO of Old Colony Hospice & Palliative Care**

Talking about hospice can be a sensitive matter. Few people want to think about the end of life, whether for themselves or for someone else. So, many families delay broaching the topic. But after working in hospice for decades, I can tell you this—most people say they wish they had started the conversation about end-of-care earlier. Still, how do you know when it's time to start talking about hospice?

If you are asking yourself when it is time to contact hospice, there is a good chance that you or your family member may already be eligible for this healthcare service. Hospice is indeed end-of-life care, but what many people do not know is that going on hospice earlier rather than later is also life-fulfilling and life-affirming for many people.

What do I mean by this? People who go on hospice earlier actually often live longer and are in less distress, allowing them to enjoy more meaningful time with family and friends, studies show.

Still, many families wait until the last days of their loved one's life to call hospice, not knowing that they could have started receiving specialized health care, medications, palliative care, medical equipment, support systems, and supplies related to their illness much earlier. This kind of care improves the patient's quality of life by reducing stress and managing pain. It also improves the lives of family caregivers who can benefit from having someone to lean on and get guidance from during this difficult time.

We also find that while end of life can be a sensitive subject, oftentimes, the patient is relieved when loved ones are willing to talk about it. They are sometimes afraid to raise the topic themselves because they fear it will upset those around them. It is also empowering for patients to voice their wishes instead of having someone choose for them.

Patients today can live for years with a terminal illness. So, how do you know when it's time to consider hospice? First, to be considered for hospice care, the patient's doctor must diagnose the patient as having a terminal illness with less than six months to live, if that illness were to follow the typical progression.

If the patient continues to live beyond the six-month prognosis, and often those who get early hospice care do, they can continue on hospice care as long as a physician recertifies eligibility. If your loved one's condition improves, or if they want to pursue curative treatments over comfort care, they can end hospice care and do that whenever they want and resume hospice at a later date.

There are a few indicators that can help guide you as you consider the question of whether it is time for hospice options. Are there frequent visits to emergency departments or hospital admissions? Has it become more difficult to perform daily tasks such as getting dressed, eating, walking, or using the bathroom? Are there signs of deteriorating health, such as falls, changes in mental abilities, and infections? Are medical treatments no longer working? Does the patient want to end aggressive interventions and lean more toward comfort care? Are symptoms and pain getting more difficult to manage?

If the answer to any of those questions is yes, it may be time to get more information about hospice. Hospice care is covered by Medicare, Medicaid, and most private insurance companies. Hospice works with the patient, the family, and the patient's care team to support them in their home or chosen care facility.

If your aging parents or loved one has a terminal illness and their goals include comfort care, time with loved ones, and improved quality of life, hospice care may be the answer. Hospice care focuses on pain relief and symptom management rather than curing the illness.

Some of the most common illnesses in hospice care include cancers, lung disease, heart disease, liver and kidney disease, and diseases of dementia, among others.

Research has shown pain increases for people in the last two years of life and

becomes most intense in the last four months. Uncontrolled pain can lead to a host of other issues, including difficulty breathing, anxiety, nausea, and trouble swallowing, among other symptoms. Hospice can help ease this.

When you decide it is time to start the hospice conversation, here are a few tips:

- **Research.** Learn as much as you can about end-of-life care and the hospice organizations in your area so you can provide answers and offer reassurance to your loved one.
- **Be Patient.** Provide information but be patient. Empathize with the difficult decisions they face. It can take time to understand the benefits of hospice care.
- **Offer a listening ear.** Listen to their concerns. Talk through different scenarios, ideally before their health is failing.
- **Be supportive.** Ask to attend a doctor's appointment with them. If your parent or loved one agrees, share your concerns with their doctor and ask to have a conversation about hospice.
- **Reach out.** Hospice organizations such as Old Colony Hospice have people who can help you find answers to your questions. They are knowledgeable about end-of-life care and can help you assess your situation.

Talking about hospice can feel daunting, but know you are not alone. And know, too, that it may be one of the most important conversations you may ever have.

**About the Author:** Toni L. Eaton, RN, BSN, MS, is the President & CEO of Old Colony Hospice & Palliative Care of West Bridgewater, a dynamic non-profit hospice serving more than 55 communities south of Boston. OCH also runs the Dr. Ruth McLain Hospice Home in Braintree. For more information, call (781) 341-4145 or visit Old Colony Hospice & Palliative Care at [www.oldcolonyhospice.org](http://www.oldcolonyhospice.org). ∞



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# ELDER LAW MYTH BUSTERS



By Elizabeth A. Caruso, Esq.

**Myth or Fact?** My house is in a trust so it is protected from nursing homes.

**This could be a MYTH!**

First, let's define "protected from nursing homes." Most people, when they say this phrase, are referring to an asset being non-countable after the five-year look back period. Current Medicaid, called "MassHealth" in Massachusetts, statutes say that if an asset is in a qualifying Irrevocable Trust then five years after that asset was transferred into the trust, that asset no longer counts towards the calculation of eligibility for MassHealth to pay for nursing home care.

Many people consider putting their primary residence in a qualifying Irrevocable Trust, but any asset can be transferred into this type of trust. The key word here is "qualifying." An Irrevocable Trust must meet certain criteria in order to qualify for the five-year look back period to begin.

Simply transferring your house to any trust will not trigger the look back period. First and foremost, the trust must be irrevocable. It must be clearly written into the trust that the trust cannot be revoked. Additionally, the grantor, the person(s) creating the trust cannot be the beneficiaries. If you are looking to start the five-year look back period, you must relinquish the beneficial interest in the asset.

The above rules are just two of many specifications that an Irrevocable Trust must include in order to qualify as an Irrevocable Trust that triggers the five-year look back period. If you are confused by these rules or do not know if your trust qualifies with regard to the MassHealth look back period, feel free to reach out for a review of your estate plan.

**About the Author:** Elizabeth A. Caruso, Esq. is an attorney at Legacy Legal Planning, LLC, in Norwell, Massachusetts. She has been practicing estate planning, probate, and elder law on the South Shore for over a decade. If this article has sparked questions for you, please feel free to reach out via phone 781-971-5900 or email [elizabeth@legacylegalplanning.com](mailto:elizabeth@legacylegalplanning.com) to schedule a time to discuss your unique situation. ∞

## SOCIAL SECURITY UPDATE

### Social Security Launches Redesigned Website at SSA.gov



By Delia De Mello,  
Social Security

Have you visited the redesigned SSA.gov yet? In December 2022, we updated our homepage with a new design to help you find what you need more easily.

"SSA.gov is visited by over 180 million people per year and it is one of our most important tools for providing efficient and equitable access to service," said Kilolo Kijakazi, Acting Commissioner of the Social Security Administration, at the launch. "Whether providing service in person or online, our goal is to help people understand what they may qualify for and seamlessly transition them to an application process."

Now, with improved self-service accessibility to online services, you might not have to call or visit an office to get what you need. This helps our staff focus on serving customers who need in-person assistance.

#### Reimagined website prioritizes customer experience

The redesign is intended to provide a clear path to the tasks you need to accomplish. Many of the most visited sections of SSA.gov are now live with a more user-friendly and task-based approach. New pages and improvements based on public feedback will continue to be unveiled in the coming months, as part of our ongoing efforts to improve how the public can do business with us.

When you visit SSA.gov, you can use interactive tools to:

#### Check eligibility for benefits

The new benefit eligibility screener is a convenient and simple way for you to learn if you might be eligible for benefits.

#### Save time on Social Security number (SSN) and card online services

If you lose your SSN card, you may not need a replacement. In most cases, simply knowing your SSN is enough. If you do need a replacement card, you may be able to request it online by visiting our Social Security Number and Card page at [www.ssa.gov/ssnumber](http://www.ssa.gov/ssnumber).

You can also start an application for an updated card or request an SSN for the first time. You may never need to go to an office, but if you do need to visit an office to complete the application then you can save a lot of time by starting online.

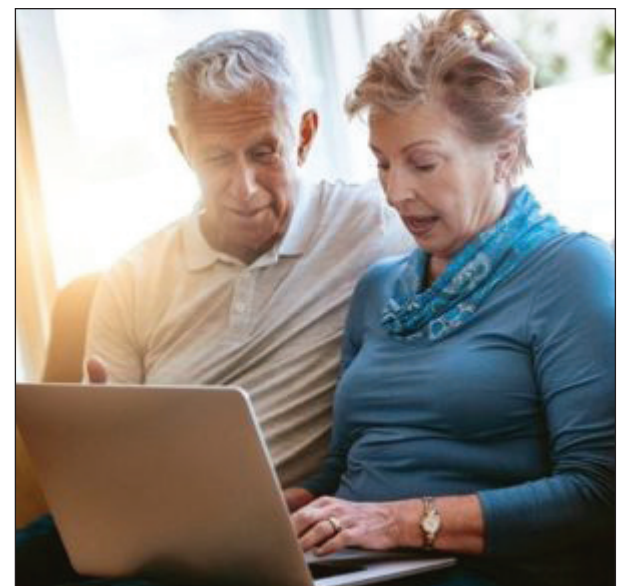
#### Start an application for Supplemental Security Income (SSI)

You can start the application process online and request an appointment to apply for SSI benefits by answering a few questions on our SSI page at [www.ssa.gov/ssi](http://www.ssa.gov/ssi).

#### Apply for Social Security benefits and other online services

For most benefits, you can apply online or start an application online. In many cases, there are no forms to sign. We will review the application and contact you with any questions or if we need more information. Visit our Online Services page at [www.ssa.gov/onlineservices](http://www.ssa.gov/onlineservices) to apply for retirement, disability, or Medicare.

Many Social Security services do not require



an office visit. If you have a personal *my* Social Security account, you can start or change direct deposit, request a replacement SSA-1099, or print or download a current benefit verification letter if you need proof of your benefits.

If you're not yet receiving benefits, you can use your online account to get a personalized *Social Security Statement*, which provides your earnings information as well as estimates of future benefits. The portal also includes a retirement estimator tool and links to information about other online services. We encourage people without a personal *my* Social Security account to create one today at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

Please share this with your loved ones and post it on social media.

**About the Author:** Delia DeMello, metropolitan public affairs specialist, has been with the Social Security Administration since 1986. For information, call 800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov) ∞



## Cover Story

change a bandage. They are simply there to console the seriously ill patient and to allow the family caregivers to take a break from the stress of bedside vigils.

“Having a doula help me out when my wife was in hospice was a godsend,” said Tom Foye of Hull, who recently lost his wife to pancreatic cancer. I had spent several nights in Patti’s room, and when I woke up one morning, a woman named Ginny Berzin came in and said she was there to help. She asked me what kind of poetry and music my wife liked and I told her classical. She said, ‘I’ll stay with your wife. Why not go home for a while and relax?’

“When I returned that afternoon, she was reading a book to Patti with classical music playing softly in the background. Just being able to go home, take a shower and change my clothes was such a great gift to me from this woman, and she was with me holding one of my wife’s hands when she took her last breath. Having Ginny with me was an incredible comfort. She wasn’t a medical person taking a patient’s blood pressure and vitals, just a caring human being, who was always asking, ‘Is there anything I can do to help?’”

Berzin, pictured below, who now works as a volunteer doula at Accent Care (formerly Seasons) Hospice in Milton, has been guiding patients and families through the active dying process for more than 30 years.

“I got the calling to become a doula after five people in my town within an 18-month period asked me to be with them when they died,” said Berzin. “The first was our church organist, a young woman with two little children. I gave up my job in marketing, got trained as a doula and became a hospice volunteer, and loved it. I’ve been doing that work ever since. It’s an absolute honor to be able to help people and their families at the end of their lives.”

Woody Winfree, pictured below, of Florida is an end-of-life doula, a conscious dying coach, a memorial and funeral celebrant, and a home funeral guide and advocate.

“Although we do not perform any sort of nursing duties, we help create an atmosphere of peace, love



Death doula Aimee Yawnick of Norwell

and warmth,” said Winfree, who also attended the Boulder-based Conscious Dying Institute and now trains others there. “The death doula movement is a rekindling of an old tradition – It’s similar to the concept of the birth doula who helped women care for their newborns. Our program trains almost 300 doulas a year in the U.S., Mexico, Russia, and Canada.”

The virtual course in Florida is six months long (some are only a weekend). It provides coaching as well as personal transformational work for each doula so that they get in alignment with their own feelings about dying. They are encouraged to be clear about their personal beliefs and keep their fears in check.

Winfree, Yawnick, and Berzin all firmly believe in the concept of an afterlife as a result of their work as doulas. They have witnessed the passing of numerous individuals, and have seen astoundingly similar experiences among them.

“Many people speak to deceased loved ones who come for them near the moment of death,” said Yawnick. “It is not a lack of oxygen to the brain or hallucinations. Some are on morphine, some are not; some have dementia, some do not. There are too many commonalities in the stories that are told.”

Berzin, who is a devout Catholic, has seen all of her patients, even the atheists, exhibit the same behavior in their last days.

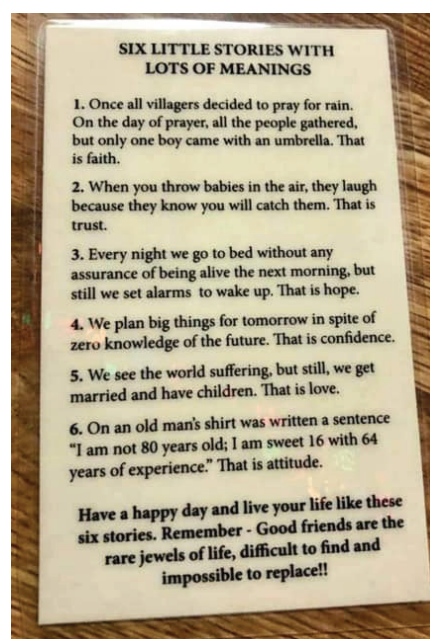
“For most people, the active dying process is very peaceful,” she said. “And near the end, they fixate their gaze on a corner of the ceiling and see or speak to a loved one. It happens with atheists, as well as believers. I had a young man who kept staring at one spot in the ceiling and told me he saw five of his relatives standing in a circle. He said they were waiting to take him

with them, but not just yet. As he continued to gaze at the spot, he named the people, but seemed to hesitate on one of the names. I wrote the names down, circling the one he appeared confused about. When his parents came, I gave them the list. They were shocked when they saw the name that was circled. It was his aunt from California who had died two months earlier, but they had never told their son that she had passed.

“It happens all the time, and it doesn’t have to be someone who believes. I know our loved ones come to bring us home.”

For more information about end-of-life doulas or the Best 3 Months workshop, visit [deathdoulas.com](http://deathdoulas.com), a nationwide collaborative of certified doulas and resources.

“We are all going to have a final day on this earth,” said Yawnick. “No one gets out alive, so let’s talk about it. How can we make the most out of our relationships so that when that inevitable day comes, we can look at each other and say, ‘Wow, what a ride!’” ∞



“I got the calling to become a doula after five people in my town





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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.



## Now I Lay Me Down To Sleep



**Phyllis A. DeLaricheliere, MS**

Growing up, I often was told the older you get the less sleep you need. Well, that's an Old Wives Tale. Our bodies need on a regular basis between 7-9 hours of "healthy" sleep. What does healthy sleep mean? A healthy sleep cycle contains a variety of sleep levels where you land for different durations during these levels as you go through the night. Each level has a purpose/function that is important to our overall health.

The four levels are NREM1, NREM2, NREM3, and REM. NREM1 is the transition from awake to sleep. This is where your body relaxes; heartbeat, breath decreases, muscles might twitch as they relax. This level lasts no more than 5-10 minutes and can be easily interrupted. NREM2: this is still a level where you can have your sleep interrupted but during these 25 minutes you transition into a deep sleep where your body temperature drops and it continues to relax.

For "naps," it's suggested to set a timer to wake up after NREM2. It's enough to allow you to recharge. Often called a "power nap" anything longer than that will make you feel groggy. NREM3, the start of deep sleep where it is difficult to wake up easily and where your body is at its most relaxed state. This is where your body heals, and your immune system recharges. If awoken during this level, you may experience mental and physical difficulties for up to an hour. REM4 is the interesting level as this is where dreaming and creative problem solving happens. During this critical level, your memory consolidates, "It's where your brain does its data backup." Here, your body is at complete rest, yet your brain is active – as if it is awake. Your heart rate can also increase during this level.

Understanding the levels of sleep and their functions, it's no wonder that many studies state that unhealthy sleep habits can lead to heart disease, high blood pressure, memory/cognitive issues and anxiety/depression. It's proven that how we treat our heart affects our brain, through diet, exercise, and sleep. Inconsistent sleep patterns can be brutal on your heart and its functioning which can cause problems with how it delivers blood and oxygen to the brain.

So, what do we do? Many Americans have deferred to sleeping pills to assist them in getting the sleep that they need. New studies are now presenting the theory that sleeping pills and the long-term uses could increase the chances of you being diagnosed with dementia. Although correlation does not mean cause, we do know that sleep aids assist in altering the chemicals in the brain and over a long period of time the end results are unknown. Sedating yourself is unnatural and should not be associated with getting a good night's sleep. It's a false positive.

With so much going on in the world and Post-Covid, sleep is a commodity. But making it a priority is going to keep you healthy both physically and mentally. Here are some tips to try;

- Commit to 7-9 hours of sleep every night. (Making it up on the weekends does not assist in your day-to-day mental health and physical functionality. You can't bank your sleep.)
- Have a regular bedtime and wake up time every day. Even on the weekends.
- Physical activity daily is critical. The body will rest better at night and function better during the day. (Take a walk a day to keep the doctor away)
- Get the natural light. It does not need to be sunshine but daylight early in the morning is so important to our brain health.
- Avoid screens (TV, iPad, laptops, phones) 2 hours before you go to bed. This will begin to train your brain to relax and not a rapid cycle.
- Have your bedroom temperature cooler than the rest of your house. Make sure it's quiet and dark. Darkening shades/curtains work great and white noise does help calm the body and leaves your brain in a "float" stage where it will not begin to run through your day, your tomorrow or your "to do's."
- Before bed, write down what you need to do tomorrow and things you want to get done. Having this out of your head and on paper is the appropriate data dump so your brain will not process it for you at night.
- Finally, avoid eating and drinking a few hours before bed. This will allow your body to not have to work overtime to food process and let it relax as it should through the REM levels. It will also support fewer trips to the bathroom at night. Having to go to the bathroom once during the night is pretty normal, but frequent trips are not good for you. (If it continues, talk to your physician)

SLEEP is REST, RECHARGE, RELAXING and ESSENTIAL for a healthy body, mind, and spirit. Lack of sleep affects our mental state, our body's ability to function and our brain to recall, think and process. SO, GOODNIGHT, SLEEP TIGHT!

**About the Author:** Phyllis DeLaricheliere, MS is an award winning columnist and has been writing her "Ask the Hippie" article for 7 years. She is inspired by Patricia Abbate who encouraged her to write about her passion for educating those about Dementia/Alzheimer's and spreading her message. Her website is: [www.askthehippie.com](http://www.askthehippie.com) and her book will be available this Spring – go to the website to get on the waitlist and to see where she is lecturing next. ∞

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