



Author P.K. Norton, 'Woman of Mystery,' Publishes 5th Crime Fiction Novel



By Marie Fricker

Are diamonds really a girl's best friend or could they be lethal? You'll find out in *Deadly Diamonds*, the fifth installment of Author Paula (P.K.) Norton's

Amy Lynch investigation series of edge-of-your-seat mystery novels. Published in October, the book is already receiving high marks from critics and readers.

WBZ radio personality Jordan Rich writes: "PK Norton is back with another finely cut mystery! It's Amy Lynch at her best, investigating a rash of diamond robberies...Murder is in the air and Amy is in a race to solve the crime before she, too, becomes a victim...She is resourceful, smart and just the kind of woman all of us want to root for."

Norton, a former Abington High School



P.K. Norton attends book signing at the Aria Book Expo in Warwick, R.I.

French teacher and longtime insurance agent, was a late bloomer in the mystery genre field. She published her first novel, *Sweet Dreams, Sweet Death*, at age 67, just five years ago. But now she is on a fast-track to success with four more books hitting the shelves since then.

The character of Amy Lynch is the brain

child of Norton and her late husband, Jack, whom she lost to Parkinson's disease just before the publication of her first book.

"Amy is savvy and sassy and more than a little bit bold," said Norton. "She works as an investigator for New England Casualty & In-

PK Norton... continued on p.6



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Getting the Insurance Company to "Pony Up" for Senior's Medical Claims



By Nancy Muckle
Founder/CEO of Problems Solved

Dealing with medical claims is never easy. When it comes to settling bills, many seniors often experience the runaround from health professionals, medical facilities and, of course, insurance companies.

Getting the coverage you're entitled to shouldn't involve being denied because of bureaucratic inefficiency or human errors in processing claims. It doesn't have to be that way. I can help you break through the clutter of robot-

ic voices that say "We're sorry for any inconvenience" and then not come with satisfactory results.

My company – Problems Solved – deals with these issues all the time. I help seniors and others get the medical coverage they are owed – because I know how to. My company specializes in smashing through the brick walls thrown up by lower-level customer service representatives to work with the senior executives who have the authority to fix the situation – whether it has to do with eldercare, healthcare, travel, automotive, insurance claims

or any other discrepancy involving money.

Recently, I helped a woman with her medical bill dispute. Her claim for an MRI and mammogram – totaling \$2,000 – had been denied four times by the insurance company, one of the largest in the industry. She was at a loss and didn't know what to do.

Until she came to me, that is. As owner of Problems Solved, I'm used to finding ways to mediate these seemingly impossible issues. You see, I worked for years with major corporations and understand their hierarchical structure. I know who to call to get these snags unsnagged.

And that's what I did for this woman. I listened to her as she told me all the details, then knew exactly what to do. I picked up the phone and spoke directly to a senior executive at this global insurance conglomerate. Problem Solved!


At Problems Solved, I find a way to get your money back. If I agree to take your case, I will get results – or you pay nothing. It's as simple as that. We're not lawyers, but lawyers send us their clients with problems that don't need a lawyer. We find a way to resolve an issue through proper inquiries and polite discussion.


Need a problem solved? Call me, Nancy Muckle of Problems Solved at 781-258-9050. Visit my website at www.probssolved.com for details. ∞



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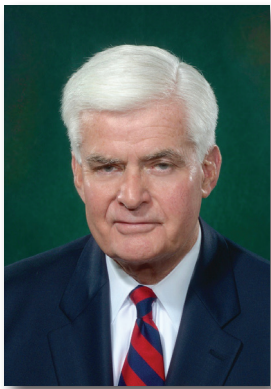


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HOME EQUITY WEALTH MANAGEMENT

New Study: Reverse Mortgages Can Reduce Risks To Market Volatility And Increase Financial Stability

Unprecedented inflation and market volatility are a growing threat to destabilize retirement plans. Retirement experts now confirm that reverse mortgages can be a solution, and should be a fundamental consideration in retirement planning.



By George Downey

BRAINTREE - Asset allocation and diversification are long accepted strategies to mitigate investment risk, which is especially important for those in, or approaching retirement. However, a study published in the Jour-

nal of Financial Planning (December, 2021), co-authored by Philip Walker; Barry H. Sacks, Ph.D., J.D.; and Stephen R. Sacks, Ph.D., provides new light on solving this ominous dilemma.

Coordinated Strategy Reduces Risk, Increases Financial Security

The solution is made possible by the inclusion of reverse mortgages in the financial planning process. The authors are highly respected retirement experts. Moreover, the research and data they compiled are extensive and provide documented proof that a coordinated withdrawal strategy between retirement savings accounts and distributions of home equity from reverse mortgages can significantly increase financial stability and decrease risks from market volatility. You may read the study at the Financial Planning Association website.

Additionally, in a recent article entitled "Reverse Mortgages Could Be Highly Beneficial to Mass Affluent Seniors, Study Finds," Chris Clow, the veteran correspondent from Reverse Mortgage Daily, quoted a Finance of America Reverse statement:

"[T]hose who use a reverse mortgage as a buffer asset in down-years stand to reduce their exposure to market volatility by nearly 10 times and could significantly increase their net worth over a 30-year retirement." (Clow, 2021)

Senior Homeowners at Greatest Risk

Home equity (housing wealth) is the largest single asset of most senior homeowners. Any reduction of value can have a profound and long-lasting effect on retirement finances. Property value declines can and do happen quickly. Value recovery, however, takes considerably more time, which older homeowners may not have.

Fortunately, senior homeowners may have the ability to hedge this risk by locking-in today's values and gain access to more funding now or later when it may be needed.

A Solution to Protect Current Home Value

One of the unique features of reverse mortgages is that the loan amount and terms are established up front and guaranteed for the life of the loan. Traditional home equity loans and lines of credit may be unavailable, frozen, or cancelled in adverse economic times. Reverse mortgage borrowers, on the other hand, are protected from these risks regardless of any future economic or real estate market decline.

A key factor determining reverse mortgage funding amount is the home's current market value. Fortunately, reverse mortgage borrowers can lock-in current record home values, create access to greater funding amounts, and gain protection from the uncertainty of future economic or property price declines.

Unique and Versatile Financial Planning Tool

Financial advisors are recognizing that reverse mortgages make possible borrowing with exclusive features including: (1) no obligation to make payments; (2) no maturity date as long as one borrower lives in the home, (3) receive income tax-free distributions, (4) use funds for any purpose, (5) establish a guaranteed growing line of credit that can't be cancelled, (6) no personal liability, (7) no obligation to repay more than the property value at time of repayment, and more.

Understanding the unique combination of features and versatility provides financial advisors and clients the ability to monetize home equity. In so doing, they can unlock housing wealth to increase financial resources that will improve and extend retirement security – without selling the home.

Reverse Mortgage Common Uses

- Payoff mortgage and other debt
- Establish scheduled distributions to supplement cash needs
- Create a guaranteed growing line of credit for future needs
- Pay health and long-term care costs
- Reduce retirement risks
 - Sequence of return risk
 - Health care and longevity risk

- Fear of running out of money
- Fund contributions to family, church, and charities

Enhanced Planning Potential

Integrating housing wealth into the financial planning process can be a game changer. The elimination of mandatory debt payments plus access to additional income tax-free funding provides homeowners and planners with more planning versatility and greater capacity.

Borrower Obligations – It's A Mortgage – Just Different

Funding and loan terms cannot be frozen or cancelled as long as the loan remains in good standing. Borrower obligations are limited to:

1. Keeping real estate taxes, liability insurance, and property charges current.
2. Providing basic home maintenance
3. Continue living in the property as the primary residence

Good For Some – Not For All

Every situation is different. A reverse mortgage may, or may not, be a good fit based on individual qualifications, circumstances and needs.

To learn more, consultation with a Certified Reverse Mortgage Professional (CRMP) is recommended. CRMPs are certified, experienced, and exam tested professionals pledged to strict observance of the Code of Ethics & Professional Responsibility of the National Reverse Mortgage Lenders Association (NRMLA), Washington DC. More information on reverse mortgages and a list of CRMPs is available on NRMLA's consumer website www.reverse-mortgage.org.

Sources: Walker, P., Sacks, B.H., and Sacks, S.R. (2021, December). To Reduce the Risk of Retirement Portfolio Exhaustion, Include Home Equity as a Non-Correlated Asset in the Portfolio. Financial Planning Association. Retrieved from <https://www.financialplanningassociation.org/article/reduce-risk-retirement-portfolio-exhaustion-include-home-equity-non-correlated-asset-OPEN>

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Aging with Sass & Class

Celebrating the Present

By Loretta LaRoche

I remember a time when New Year's Eve meant trying to figure out if I was going to have a party or where I was going to celebrate. Over the years I stayed home more often, perhaps inviting a few couples over for dinner. As midnight came closer, watches were checked frequently in order not to miss the excitement of bringing in a new year.

Well, my New Year's mentality has changed dramatically. I have shifted my thinking into believing that every moment, every hour, every day, is new. I'm excited to wake up every day and find that I'm still here! I know that part of that shift is my age. I now recognize more than ever the importance of savoring my life to the fullest when possible, since we never know when that possibility will be taken from us. I have met so many individuals who were planning celebrations that never occurred due to some unfortunate circumstance that got in the way.

This is not a column meant to dissuade anyone from gathering with friends and family to bring in the New Year, but rather to encourage the practice of celebrating life in the day to day! We often take the day we're in for granted, since it is easy to believe that tomorrow will be here before you know it. Unfortunately, our tomorrows become yesterdays in the blink of an eye. One of my favorite metaphors for life is as follows: "Yesterday is history, tomorrow is a mystery, and today is a gift, that's why they call it the present." If we could actually embrace this mentality, life would indeed be healthier and happier.

This is not an easy path to follow. After thirty years of teaching stress management I would like to share some of what I've learned and what others have taught me. Every morning when you wake up, you are literally being given the opportunity to redirect your life. As you get up, shout, "I'm back!" Then focus on what you are going to create for the day.

Open your heart and mind to the excitement of possibilities. Smile often and open the door to new ways of being. Make an intention to renew what you might have lost in yourself: enthusiasm, spontaneity, childlike wonder for a pile of leaves, a puddle, or a funny little bug. Expand the unique you, have fun with yourself as if you were the most interesting person to be with.

Be open to accept new things, ideas, and people into your life, which helps to create an ever expanding capacity for joy. This may very well be the best way to bring in the New Year and all the New Years we may have ahead of us.

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. Recently, Loretta was 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. ∞

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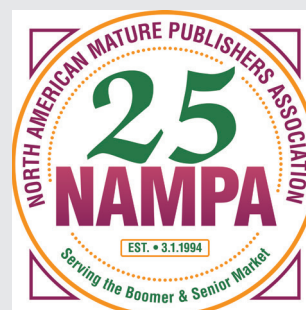
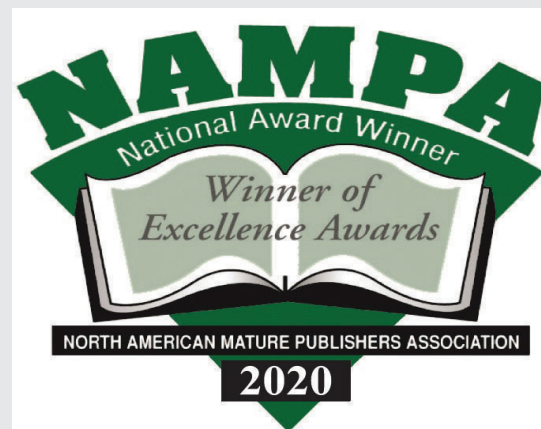
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Elder Law & Estate Planning

Don't Let a Family Feud Turn into a Legal Feud



By Patrick J. Kelleher, Esq.
ElderLawCare.com

HANOVER AND QUINCY – The drama, the cost, the lost time, the broken relationships – there are so many ways that family problems about end-of-life care for a parent and inheritance can have serious repercussions when these problems reach the status of a legal filing and court case. You can take steps moving beyond the possibility this might happen and create (or amend) your estate plan seeking to diffuse these potential issues before they become legal challenges.

Every situation is unique. Everybody's family has a different mix of personalities, degrees of wants versus needs, and problem-solving skills. The American family system is more complex than ever, with a 2021 divorce rate hovering around 50 percent, divorces, remarriages, committed long-term partner relationships, biological children, stepchildren, and physical decentralization from other family members.

Fights occur in families that are rich and poor. It turns out the dollar amount is often irrelevant. Problems stem from mismatched expectations, including but not limited to:

Sibling rivalry – Tensions between siblings tend to boil over after the passing of a parent. This situation can be especially true when inheritable assets go to step-siblings. Grief often triggers reflection, and memories of clashes and disagreements never settled tend to present themselves in real-time. The settlement of your estate can become the battleground to settle the score of a long-time feud. Avoid the situation by appointing a professional fiduciary as your trustee. If you do not prefer this option, select a family member trustee with no stake in the rivalry to mitigate its effects.

The economic disparity among beneficiaries – Socio-economic imbalances of estate heirs can destabilize the entire process. A wealthier heir may afford to hold an inheritable asset, while less economically stable heirs may want to sell for immediate financial gain. The problem seems to become compounded by the number of inheritors. You can avoid these disputes by leaving specific instructions as to the preservation or sale of real property. You may opt for "cash-out" provisions that will pay the less financially stable heirs the value of their stake in the real property and allow the more financially stable heir to retain full ownership.

Co-trustees – Even family members with great relationships and the best of intentions can clash as to the administration of your estate. All it takes is two inheritors and one grandfather clock. Executors must move quickly and decisively to administer an estate because all inheritors are waiting for their share of the payout. Avoid this problem and name only one to administer your estate.

Beneficiary dependency or mental illness – Irrational behavior that becomes part of an already sensitive situation, like your death and the settlement of your estate, will slow progress and create ill will. Any history of psychological instability or substance abuse threatens to derail an orderly process. To avoid situations with chemical dependency, create contingencies for that heir to test clean for a specific time or establish a discretionary trust where a competent trustee handles access to assets on behalf of the addicted individual. In the case of mental illness, establish a special needs trust or build specific provisions into your base trust. This protection permits the beneficiary to qualify for government assistance and still receive trust disbursements.

Undue influence – End-of-life care for a parent usually falls to one person (often a sibling) handling most of the caretaking. The uneven workload and intimate daily contact can leave the caretaker believing they are entitled to more and coerce the parent to change documents to the caretaker's benefit. Undue influence is more often than not a product of the other offsprings' apathy. Prevention includes paying close attention to the increasing susceptibility of an aging parent and, use digital

means – audio-video cameras, digital monitors that track change in blood pressure, et al., to identify parent stress and prevent caregiver coercion for personal gain.

Late marriage – Love knows no bounds. Late in life, marriages happen, and you can expect resentment of your new spouse by existing heirs, particularly in a blended family with children who are primarily, or only, on the settlor's side. Divorces, remarriage, and deaths make updating your estate planning documents a must. Upon remarrying, it is essential to place assets in your trust or modify your existing trust and your existing will to clarify the division of assets.

Advance benefits to one heir and not others – If one of your children needs financial assistance now or another is starting a fledgling business, yet another might require a down payment for a first home or bailout money from suffocating college debt, you may opt to provide financial help. These scenarios are common but can strain relations during probate among heirs not receiving the same benefit. Avoid this situation by noting in your trust language which heir received an advancement to their inheritance and how to deduct that previously received amount from your estate assets. If you do not, some inheritors may receive a double payout, ruffling the feathers of other heirs.

Estrangement or disinheritance – Children and other potential heirs left out of inheritance typically have nothing to lose by challenging their exclusion. This situation becomes worse in the case of blended families and their complexities, particularly if the sidelined heir pairs the challenge with a secondary claim like undue influence. You can avoid this by keeping your trust updated. A more recent trust will include a more modern disinheritance clause covering changes in this area of law. Make sure you understand the specific language in your trust regarding disinheritance.

A carefully crafted estate plan that accounts for your heirs and potential relationship problems is the first step to reducing a legal challenge stemming from a family feud. Our office knows the problems that may crop up among family members and can address these issues using the appropriate legal entities with clear and specific language. Reducing the possibility of a legal challenge to your estate brings peace of mind to you and your future heirs.

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About the Author: Patrick Kelleher is an author and Estate Planning & Elder Law attorney and founder of the Elder Law Care Learning center in Hanover, Massachusetts. Patrick has been teaching free educational workshops for over 10 years at his learning center and in surrounding communities. Learn more at elderlawcare.com or follow Patrick Kelleher on Facebook because you will learn a lot! His offices are in Hanover and Quincy. You can find Patrick's new book "How to Avoid the Four-Headed Monster" of Estate Planning & Elder Law on Amazon at <https://www.amazon.com/How-Avoid-Four-Headed-Monster-Financial-ebook/dp/B084MB96SK> Our Elder Law Care Team (www.elderlawcare.com) serves families in Boston, Milton, Canton, Randolph, Dedham, Norwood, Westwood, Quincy, Weymouth, Braintree, Weymouth, Hingham, Norwell, Hanover, Hanson, Marshfield, Duxbury, Pembroke, Scituate, Hull, Cohasset, Abington, Rockland, Holbrook, Kingston, Carver, Plympton, Bridgewater, East Bridgewater, West Bridgewater, Plymouth, Barnstable, Sandwich, Wareham, Pinehills, Sharon, Avon, Brockton, Easton, Mansfield, Franklin, Newton, Wellesley, Needham, Bedford, Concord, Lexington including Suffolk County, Norfolk County, Plymouth County, Barnstable County, Bristol County, Middlesex County, Essex County, South Shore, North Shore, MetroWest suburbs, Cape Cod and surrounding communities. ∞



Cover Story

demnity and her job takes her to a variety of places—some exotic; some romantic; some seemingly banal, yet full of surprises and all places where I’ve had adventures of my own.”

Most of the characters in Norton’s books are based on people in her life. “You have to write about what you know,” she said. “I use the names of friends and family in my stories if they are okay with it. I was interviewed a few years back by Patti Abbate and Tom Foye, hosts of the radio show, *My Generation* on WATD and publishers of *The South Shore and Metro West Senior News*. Near the end of the program, Tom asked me if I would make him a character in my next murder mystery and kill him off on Block Island. A character named Tom Foye meets his end in *Deadly Diamonds*.”

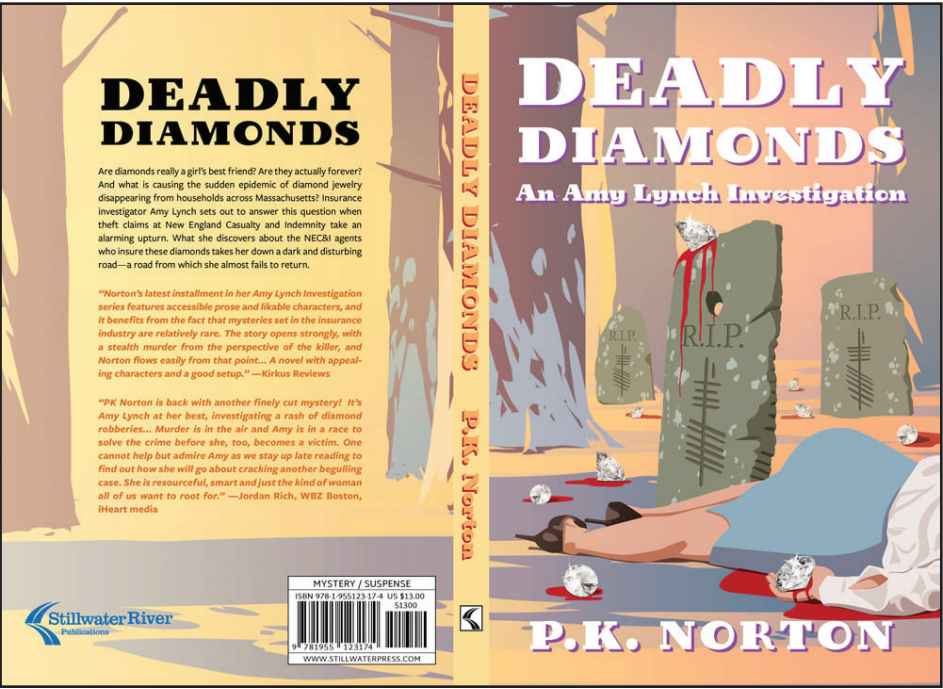
All of Norton’s stories take place in areas she knows and loves—Paris, Key West, Woods Hole, Boston, and her current hometown of Easton, which is the setting of her latest book.

“My husband and I came up with the idea for my first book while having cocktails on the patio of the Brotherhood of Thieves restaurant in Nantucket in 1993,” said Norton. “That was the day when Jack shamed me into it. He told me in no uncertain terms that it was time for me to stop talking about writing a book and just do it. I couldn’t argue with him because he was right. We talked about what kind of novel I should write, and I decided on mysteries because I enjoyed reading them so much. Thus, Amy Lynch was born. We had another drink and discussed various ways to commit murder.”

Norton has been a writer all of her life, but only recently became an author. “The necessary step to go from writer to author is the act of getting published,” she said. “That took me 25 years.”

When her husband lost his battle with Parkinson’s disease in 2017, Norton threw herself into her writing, joining authors’ groups like the “Sisters in Crime,” attending conferences, and learning more about her craft.

While her work as an author has been exciting, so has an unexpected turn of events in her personal life. Norton recently reunited with her “first love,” her high school boyfriend, Tom Zakrzewski, who has become her partner and muse.



“Tom and I had always kept in touch, and I had even used his name for a character I killed off (with his permission) in one of my books,” said Norton, who is now 72 and publishing a novel a year with Stillwater River Publishing in Rhode Island. “I dedicated my new novel to him—‘For Tom, whom I killed in *Deep Secrets*. The good news is that he is back among the living. It seems you can’t keep a good man down—or dead.’

“We are having so much fun traveling to different places to scout out locations and verify facts for the elements of my plots. Of course, I don’t go overboard on the fact-checking. The best part of writing fiction is that you get to make things up.”

Order your copy of Deadly Diamonds, at pknortonauthor.com or on amazon.com. For a list of upcoming book engagements, follow PK Norton on Facebook or email pknorton9@aol.com. ∞

A Pioneer in Compassionate Care

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



Some people quietly go about their business, and as they do, they change the world. They are not after fame or fortune, just making life a little better for those around them. I want to tell you about one of those people – Dr. Ruth McLain. Dr. McLain has not only made thousands of lives a little better, she has also made end-of-life a little easier.

Have you had a friend or family member who wanted to die comfortably at home, in the bosom of family and friends, in cozy and com-
fortable surroundings rather than in a medical setting? We can thank Dr. McLain for helping to make that possible.

One of the early pioneers of the dignity-in-death movement, Dr. McLain, 76, of Canton is among the key individuals who have been critical in building, shaping and celebrating the world of hospice in our region. In the 1970s, when she started advocating for compassionate care at end-of-life to be provided in a non-clinical setting, few had even heard of hospice in the United States. But Dr. McLain steadfastly advocated for the rights of patients to choose this kind of care at the end of life and she became a leader, a mentor, a visionary.

At Old Colony Hospice & Palliative Care, which she founded in 1979, our practitioners and patients know Dr. McLain’s kind and steady guidance as our medical director. She is a true source of inspiration, and I know that no matter the time of day or night we need her, she is there. Even when you wake her up in the wee hours, she never sounds cross or frustrated, but always wants to help and find ways to make it better for the patient, for the patient’s family and for the caregiver. She is the soul of our organization, sets the tone for all of us, and has helped thousands of patients.

Dr. McLain is more than just our medical director though. This region also benefited from her efforts to educate our community about hospice and make hospice care more accessible. She was one of the early doctors to see the benefits of hospice and to advocate for patient access to this care.

She came to the East Coast after graduating from the Columbia School of Medicine at the University of Missouri and settled in Massachusetts after doing her internship and residency at St. Francis Hospital and Medical Center in Hartford and her fellowship at Tufts-New England Medical Center in Boston. She is board certified in Internal Medicine, Medical Oncology and Hospice and Palliative Medicine.

Before the 1980s, patients at the end of their lives on the South Shore had little opportunity to receive care in their home along with regular visits from nurses and social workers there to help make them comfortable.

That changed when Dr. Ruth McLain helped develop the kind of hospice care for the dying that was simultaneously concerned with the comfort and care of patients and their families while at home. It took a person like Dr. McLain – determined, committed, knowledgeable about medical care and family needs – to help shift the landscape and move the hospice movement forward.

A little over 40 years ago, Dr. Ruth McLain was part of an overall health initiative to improve healthcare for cancer patients south of Boston. She chaired the end-of-life portion of the project. Afterward, she found the need for compassionate end-of-life-care so great that she left her private oncology practice in Brockton to oversee Old Colony Hospice, which she launched from a one-room office tucked away in the lower level of New England Sinai Hospital in Stoughton.

A growing number of people are choosing to spend their last days

with hospice care, surrounded by family and friends rather than in a hospital setting. In fact, a *New York Times* story reported that for the first time in 50 years, more Americans chose to die in hospice care rather than in a hospital. It has been a revolution in compassion.

Two years ago, Dr. McLain helped launch another hospice initiative – a six-bed-room hospice home in Braintree run by OCH offering an alternative end-of-life care experience for those who want to die in a home-like environment rather than a hospital setting but cannot do so in their own home. We were thrilled to honor Dr. McLain by naming it the Dr. Ruth McLain Hospice Home, and it will carry her gift forward and expand care in the region.

In the meantime, Dr. McLain quietly continues her support of patients, families, nurses, and other caregivers who work to make people’s lives as dignified, comfortable and meaningful as possible in their last days. When nurses call her repeatedly, sometimes every ten minutes, to adjust medications and revise care, they often apologize for telephoning so frequently or disturbing her at such odd hours. She never minds, and instead thanks them for the work they are doing. When the calls come, she always answers.



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. A native and resident of the South Shore, Toni brings her compassion and experience as a nurse, a veteran, and a community leader to her insightful columns for South Shore Senior News. Her leadership has been honored by several groups, including the South Shore Women’s Business Network. She currently sits on the boards of the Hospice & Palliative Care Federation of Massachusetts and the National Hospice and Palliative Care Organization Regulatory Committee. For more information, call (781) 341-4145 or visit Old Colony Hospice & Palliative Care at www.oldcolonyhospice.org.* ∞

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SENIOR FITNESS

A Better Way to Lose Weight ... It May Surprise You!



By Rita La Rosa Loud, B.S.

QUINCY – Close friends, Mary, age 70, and Sue, age 68, both gained weight while confined at home during the pandemic. Communicating via ZOOM, together they agreed to go on a diet in order to lose the weight while at the same time engaging in aerobic exercise. Their plan was to walk the local mall five days per week for about an hour at a time. Their efforts are to be applauded. Walking is an effective way to burn calories, get the heart pumping, train the lungs, and exercise the body. *But is it the best way to lose weight?* The answer just may surprise you.

I am proud of their determination and hard work, and the fact they got themselves off the couch to participate in a physical activity. Like many of us, they depend on endurance (aerobic) exercise and dieting to drop the pounds. To be sure, this *is* one way to lose the excess body weight.

However, the best approach to attain an ideal/healthy body weight is one that includes both sensible resistance exercise and in increased protein intake. As you will see in the following summaries of weight loss research studies, dieting alone results in significant muscle loss (and metabolic rate reduction) that makes it very difficult to maintain the weight loss. Dieting plus aerobic activity increases the muscle loss, which is definitely undesirable. On the other hand, when reasonable calorie reduction and moderate aerobic activity are combined with basic and brief resistance exercise and extra protein intake, it is possible to both lose fat and add muscle. This prevents metabolic rate reduction, enhances body composition and physical appearance, increases physical and functional ability, and reduces the likelihood of regaining the weight that was lost. Please consider these important factors with respect to weight loss and weight maintenance.

Weight Management Factors

Factors You May or May not Know

- Dieting is a highly effective means for reducing body weight in the short term, but pretty much ensures that the weight will be regained, as this is the case for 90 percent of dieters.
- During the aging process, insufficient strength-related activity results in muscle loss. Consequently, adults that do not engage in regular resistance exercise lose 4-8 percent of their muscle every decade which results in a 2-4 percent decline in their resting metabolic rate.
- Dieting alone results in both fat loss and muscle loss.
- Dieting with aerobic activity results in greater fat loss but an even more muscle loss.
- 15-30 percent of weight lost from dieting (or dieting with aerobic activity) is muscle weight, resulting in an increased metabolic rate reduction and relatively rapid fat regain following the diet program.
- Dieting with resistance exercise results in the highest amount of fat loss with the least amount of muscle loss.
- Dieting with resistance exercise augmented with protein enhances fat reduction while simultaneously increasing muscle tissue and metabolism.

Research Programs

Now, let's look at a couple of studies that reinforce the fact presented above.

Changes in Fat Weight and Lean Weight with Different Weight Loss Interventions. (Beavers et al. 2017 Study).

YOUNG AT HEART PROFILE

Jerry and Claudette Newhall

After retiring in 2015, Claudette Newhall was looking for a place to get and keep in shape. She also felt she needed to lose some weight, and hoped she could achieve this by keeping a regime of exercise and applying good eating habits.

When she read an article about a study on weight loss and strength training at Quincy College, Claudette, decided in 2016 to participate in the study. Lo and behold she lost weight and gained muscle. She especially enjoyed training on the strength machines. Meanwhile, her husband, Jerry, was noticing what was happening to his wife who was attending the fitness center 3 days per week. She reached her ideal body weight plus her strength had greatly improved.

Jerry, who was about to retire, decided to check it out for himself because he too wanted to stay active, and eventually joined the program. Now they both strength train and engage in cardiovascular exercise together 2 days per week and it is now an integral part of their lives. They frequently mention their positive experiences to family and friends, especially those preparing to retire. In fact, Jerry proudly tells everyone that his wife can leg press the same amount of weight he can do!



| Weight Loss Intervention | Fat Weight Change | Lean Weight Change |
|--------------------------|-------------------|--------------------|
| Diet Only | -11.2 lbs. | -2.4 lbs. |
| Diet and Aerobic | -14.1 lbs. | -3.3 lbs. |
| Diet and Strength* | -17.2 lbs.* | -1.5 lbs.* |

Changes in Fat Weight and Lean Weight with Different Weight Loss Interventions. (Villareal et al. 2017 Study).

| Weight Loss Intervention | Fat Weight Change | Lean Weight Change |
|-----------------------------|-------------------|--------------------|
| Diet and Aerobic | -13.9 lbs. | -5.9 lbs. |
| Diet, Aerobic and Strength* | -15.4 lbs.* | -3.7 lbs.* |
| Diet and Strength** | -16.1 lbs.** | -2.2 lbs.** |

Based on the research presented, it should be no surprise now that when resistance (strength) exercise was added into the mix, there was a greater fat loss and most strikingly, the least amount of muscle loss! At this point, you may be wondering, *“But, Rita, how do I tell if I have too little muscle and too much fat?”*

Weight Scale, BMI, Body Composition

Most dieters rely on the scale or the Body Mass Index (BMI) to determine if they are in a healthy weight range. First, the weight scale, while a true measure of body weight, does not indicate what percentage of your weight is fat and what percentage is lean. This is equally true for body mass index (BMI) assessments, as BMI is determined only by height and weight. It is therefore essential to use a body composition measurement (skinfolds, ultrasound, electrical impedance, etc.) to distinguish between lean weight (muscle tissue), and fat weight (adipose tissue). My point is this. Do your best to have a body composition to know how much of your body weight is fat, how much is lean (muscle), and how much you should actually weigh based on these two critical body composition components. For a more complete picture of your muscle to fat ratio, please refer to

Senior Fitness... continued on p.18

How To Make This Holiday Special for Seniors at Home

By Maria Burke, RN

Owner - Celtic Angels Home Health Care



This time last year, we hoped that COVID-19 would no longer be a concern. But new variants and low vaccination rates in some areas have led to rising numbers of COVID-19 cases once again. Since seniors are especially at risk for breakthrough cases, erring on the side of caution and foregoing large holiday gatherings is prudent. But how can you make this holiday special for seniors who have to celebrate at home? Here are some ideas.

Video Chat. Connection is important to seniors and missing out on seeing friends and family for the holidays is disappointing. But video chat is the next best thing. Set up a time to bring everyone together via Zoom or FaceTime on your smartphone. There are also lots of video chat platforms. Talk to a friend or family member for ideas. Ask a young person or grandchild if you have one. They're usually a whiz at it.

Use these video chat platforms to have dinner together, watch grandchildren open presents, or just talk for a while. It helps to see familiar faces, even if you can't be in the same room.

Go See the Lights. It can be good to get out of the house for a bit. Take a drive and look at all the outdoor lights on display. You can limit your drive to your own neighborhood or look up a pro-

fessional display. It's a great way to get some holiday cheer without leaving your car and risking exposure to COVID-19.

Have a Cookie Exchange. Baking cookies has long been a tradition for many families. If you live close to family and friends, organize a cookie exchange. Everyone can bake cookies, decorate them, and make cards. Then, drop them off on doorsteps. Since you're doing it in a contactless way, you won't risk exposure, but it's a wonderful way to remind each other that you care. And cheerful cookie decorations are sure to bring a smile to everyone's face.

Have a Movie and Pajama Party. Put on some cozy pajamas, grab some popcorn and hot chocolate, and put on your favorite holiday movies. This is a fun activity for your immediate household, or you can bring other family members into the fun with a watch party. Many streaming services now offer watch parties so people from different households can watch together. You'll feel more connected, even if you can't be in the same room.

Modify Important Traditions. The holidays just don't feel like the holidays without your favorite traditions. Thankfully, you don't have to give them up entirely. Just modify them. Is there a special food you always have? You can still have it. What about special decorations? A particular book you always read? Whatever makes the holidays special for you, hold on to those traditions and modify them. Even if it's something the entire family usually does together, you can do it in your individual homes and share the experience through video chat. So, think about what's most meaningful to you and get creative!

Go Big on Decorations. If you have to spend the holidays at home this year, going big with deco-



rations is a fun way to add a little more cheer. Filling your home with festive decorations helps the holiday feel special and real even if your gathering is smaller than you'd like. And just think, if the outside of your home is decorated, you're spreading cheer to others too! You can even have a decorating contest with friends and family via photos or video chat and vote on whose decorations are best!

While it's disappointing that COVID-19 is rearing its ugly head once again, the holidays can still be a great joy. Try the above ideas to make this holiday special and reach out to Celtic Angels Home Health Care if you need help with caregiving services.

About the Author: Maria Burke, RN, is owner and founder of 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 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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Kelly is a kind and caring person and I look forward to her coming on Tuesdays. My children are also happy that I have Kelly here to take care of me. It gives them such peace of mind to know if anything goes wrong with me, she will be there to take care of me and let them know.

Sincerely, Susan C.

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Will you outlive your savings? Older adults & money management



By Nicole Long, MSW, LICSW

One of the greatest fears that retirees have is outliving their savings. Concern over having enough money from Social Security, pension (if applicable), and savings (including a 401(k) or IRA) to last a lifetime is not uncommon.

Planning & Budgeting

Planning ahead is key. Most likely, you already know the income you need each month to cover the necessities – food, rent/mortgage, transportation, medical and other expenses. By creating a budget, you'll have a better handle on where all your money is spent each month and can then have more control over it.

Consider ways that you may be able to reduce expenditures, so you can leave more of your savings invested for continued growth. Beyond clipping coupons and enrolling in shopping

rewards programs, consider taking advantage of senior citizen discounts offered by retailers, restaurants, pharmacies and others. All of those dollars saved really do add up over time.

Look for community programs offered free or at a reduced cost to seniors. For example, there are ways to save money on transportation and food. The Massachusetts Bay Transportation Authority (MBTA) offers reduced fares for seniors on the subway, commuter rail, bus and ferry. Many local Councils on Aging (COAs) offer a daily meal at their Community Dining Sites <https://www.ocesma.org/getting-started/nutrition/>. Older adults are invited to attend any Community Dining program and enjoy a nutritious meal and an opportunity for socialization <https://www.ocesma.org/community-dining/>.

Money Management

Worried about managing your money? Unable to tackle that pile of mail? If you're an older adult in need of assistance organizing your finances, the Money Management Program (MMP) at Old Colony Elder Services (OCES) can help. OCES is a non-profit agency proudly serving older adults and individuals with disabilities throughout Plymouth County and surrounding towns. OCES' MMP provides confidential assistance through our well-trained volunteers who can help with budgeting as well as ensure that your bills are paid on time, your bank account is balanced and your financial paperwork is organized.

The more aware you are of how you use your retirement savings, the greater likelihood you'll be able to extend your savings.



The MMP at OCES can help provide you with peace of mind when managing your money. Visit <https://www.ocesma.org/getting-started/money-management-program/> for more information.

For Money Management assistance, outside of OCES' service area, visit the Massachusetts Money Management Program website at <https://www.massmmp.org>.

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

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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.

2022: Fighting Back

By Phyllis DeLaricheliere, MS



WEYMOUTH – We have had a silent enemy amongst our senior population for quite some time now... Alzheimer's/dementia. Studies show that the way it's progressing, by 2050 there will be 12 million diagnosed. We have learned so much about this disease/condition and as a society I'm proud to say, we are talking about it.

Research is expanding and the scientific community is laser focused on finding a cure. There are many drugs out there now, more than ever before, that the FDA has approved. Although none of them provide a cure, quite a few provide some relief of symptoms, slowing down of progression for a bit of time and now a plaque buster. With the disease of Alzheimer's, the deterioration of the brain and the disruption of nerve cells communicating with the brain are primarily caused by plaques and tangles. Aduhelm™ is a new drug and more data is still needed, but

it's focus is to reduce cognitive and functional decline seen with the disease.

Another exciting focus is early detection. Most people say they do not want to know if they are a candidate for Alzheimer/dementia, but wouldn't you want to? Early intervention and care are always a surefire way to increase your chances of managing a diagnosis and putting up the best fight possible. Tests are coming that will look for markers and identifiers to assist in early detection.

What can WE do now, to help OURSELVES and our brains to stay healthy and strong to stand against time, aging, and perhaps Alzheimer/dementia? It's simple, really. Anything you would do to take care of your heart, you are taking care of your brain. Remember, it's an organ too. So, a heart-healthy diet keeps the brain, its blood flow, and tissue healthy. Two of the more popular ones are DASH and Mediterranean.

Exercise. Increase oxygen to the blood and pumping the heart during a safe activity benefits our brains as well. Finally, as important



as diet and exercise for the brain (and heart) is socialization. Engaging and socializing with family and friends and enjoying moments in life, produces endorphins (happy, stress-reducing chemicals) stimulating the brain, lowering our blood pressure, and reducing tension on the heart.

It's a NEW YEAR! Take a breath, enjoy the NOW and eat, walk and talk for your NEW LIFE!

About the Author: Phyllis DeLaricheliere, MS is a well-known educator and lecturer in the world of dementia. She concentrates on holistic approaches to managing the journey of the diagnosis, with a concentration on the HIPPIE Philosophy. Her book "Embracing the Journey; Knowing your Inner Hippie" is coming out in paperback in the new year. Also you can find her on the web: www.ask-thehippie.com ∞

What's Lurking in Your Pantry?

By Natalie Ahern, Owner, All the Right Moves



When was the last time you really looked in your pantry? While many people clean out the refrigerator weekly, most of us rarely go through the shelves of canned and boxed goods. After all, these products are called "non-perishable" for a reason. Right? Well, sort of. Because I help many clients organize and downsize their kitchens, here is some helpful information I have learned.

According to Smithsonian Magazine, "Use by" or "Expiration" dates were first put on grocery store items in the 1970s and became so popular that many manufacturers and stores began to use them on most products. Such a date is not required by the federal government (with the exception of baby formula) and to eliminate confusion, the USDA suggests a "Best if used by..." date.

What do you do with food that has passed its "Best by" date? Prepared foods, deli meats, should not be used after the date on the label. Dairy and meat products will begin to taste poorly shortly after the recommended "used by" dates. But what about the non-perishable items mentioned above? Are they safe to eat? Again, according to the USDA, most canned goods are safe past the expiration date as long as the can is not damaged, rusted or swollen. While this may be true, I do advise caution when eating canned goods that have passed expiration. Packaged goods will lose their flavor after the expiration date. If you have ever accidentally cooked

with expired packaged goods (I have a history with meat loaf and expired bread crumbs), you will know it isn't something you want to repeat!

Perhaps the most common "expired" foods are found in your spice cabinet. The McCormick Spice Company has posted information to help you know how old your spices are. Most spices will last 3-4 years. Any spice in a metal can (other than black pepper) dates back to the 1990s! Any McCormick spices in your cabinet should say "Hunt Valley, Maryland." If it says "Baltimore, Maryland," the spice is at least 25 years old. My sister recently found an expired baking soda in my cabinet; she is an avid baker and told me using expired products in baking will affect the taste and, potentially, the texture.

Unfortunately, you cannot donate expired food. But you can donate the items in your pantry that are unopened, or that you have purchased too much of. Check your town's home page for dates and times of your food pantry location.

When replenishing food in your pantry, put the newest items in the back and older items closer to the front. Think about what you can really use and try to avoid buying too much of any item. Keeping an organized, efficient pantry will help you eliminate food waste and prevent you from making terrible meatloaf with expired bread crumbs!

About the Author: Natalie Ahern, founder and principal of All the Right Moves Boston, has extensive experience in project management, home decorating, and floor planning in homes on and around Boston's South Shore. Whether a client is downsizing, relocating, or aging in place, Natalie manages it all. She is a member of the National Association of Senior Move Managers. You can reach her at 781-724-1681 or visit alltherightmovesboston.com for more information. ∞

"THE WICKED SMART INVESTOR"

Foster a Beneficial Relationship with an Advisor

By Chris Hanson



Collins Bossidy offered this toast:

And this is good old Boston,
The home of the bean and the cod,
Where the Lowells talk only to the Cabots,
And the Cabots talk only to God.

The Wicked Smart Investor hopes the wealthy Lowells and Cabots spoke to their investment advisor as well. Then again, maybe the aristocratic family did not know what to expect from an investment advisor. After all there were no Youtube videos and "For Dummies" books around to educate us. For your benefit, and maybe for some of the old-moneyed Bostonians, I will lay out what your expectation of an investment advisor should be.

1) It's all about you. Don't accept any advice from an advisor that does not put you first. There are advisors that push products that offer them a high commission but eat up your return. To avoid this situation all together, hire a fiduciary. A fiduciary has a legal obligation to put your financial well-being ahead of his interest.

2) Advisors help you create realistic finan-

cial goals. A good advisor will give you the correct answer, not the answer you want to hear. It may be a tough pill to swallow but advisors create financial plans, not fairytales. One day, you'll be thankful the plan was not based on far-fetched expected returns. Despite some initial unease you'll eventually sleep better at night.

3) Unemotional Advice. Our hard-earned money is a loved one; we don't want to lose it! Yet, if you invest too conservatively, it's likely you will not have enough to retire. A good advisor will assess your risk tolerance and steer you toward only compensated risks. Your nest egg will grow faster.

4) Education. You probably will never be an expert in financial matters but a good advisor should provide you with a basic understanding of how your money is invested. There should be no black box. It's quite fulfilling when a client says to me, "You said..." That means they have learned something and have the basis to appreciate my value. This education is ongoing.

5) Regular Communication. Feeling that your advisor is always thinking of you is comforting. Communicating with email and phone calls at least quarterly and an annual meeting is very typical. However, if you feel comfortable meeting more often, just let the advisor know. A good advisor is flexible.

6) Reasonable Fee. If an advisor did not charge you anything, how good would their advice be? If you want great service, you must

expect to pay for it. After all, you are enjoying the benefit of your advisor's education, experience and research. Maybe you can get financial advice from your beloved Uncle Harry for free, but that could be penny wise and pound foolish.

7) Professional referrals. Many advisors specialize in certain areas, which means in order to service your account properly, they must refer you to other professionals. You may be referred to an estate planning attorney, a tax accountant or a reputable insurance broker. These referrals are intended to protect your assets from various perils.

So there you have it, a guide to a beneficial relationship with an advisor. Also, I'd be remiss if I did not mention Dr. Bossidy's relationship with the city of Boston. This distinguished ophthalmologist housed his practice in the swankiest of Boylston Street's medical buildings, yet spent a lot of time treating the needy at Boston City Hospital. Let's raise a glass for and offer a toast to the good doctor.

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. ∞

SOCIAL SECURITY UPDATE

Get Your Social Security Benefit Statement (SSA-1099 / SSA-1042S)



By Delia De Mello,
Social Security

We've made getting your annual Benefit Statement even easier. The Benefit Statement, also known as the SSA-1099 or the SSA-1042S, is a tax form we mail each year in January to people who receive Social Security benefits. It shows the total amount of benefits you received from us in the previous year. You can use this information when you file your tax return, as it shows how much Social Security income to report to the Internal Revenue Service.

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form using your personal *my Social Security account* at www.ssa.gov/myaccount. Look for your replacement SSA-1099 or SSA-1042S for the previous tax year in your personal account after February 1.

If you don't have access to a printer, you can save the document to your computer or email it to yourself. If you don't have a my Social Security account, creating one is very easy to do and usually takes less than 10 minutes.

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- Request a replacement Medicare card.
- Report your wages if you work and receive Social Security disability insurance or Supplemental Security Income benefits.

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If you don't have a personal *my Social Security account*, you can create one today at www.ssa.gov/myaccount.

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 ∞

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Art Matters XXVII: Reflections on various art media

Sculpture, Part 8a – History of Rome – the Republic



By Janet Cornacchio,
President Scituate
Arts Association

In my last column, we continued to look at more of the history of classic sculpture, that of Classical Greece and Hellenistic Greece. Today, let's look at more ancient and classic sculpture – this time that of Classical Rome or the Republic.

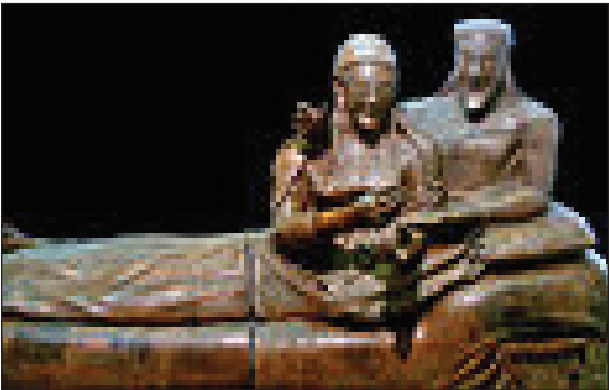
Aside from the inhabitants of the city on the Tiber, i.e., Rome, there were two other major peoples on either side of Rome, to the North – the Etruscans, whose culture and people were soon subsumed into that of the expanding Roman people – and to the South, the Greek cities of the Hellenistic expansion. Most of what is known of ancient Etruria is from their tombs with sculptured terracotta sarcophagi that featured near life-size figures.

While Greek society was male dominant, providing few rights to women, Etruscan society gave equal place to men and women. Women could participate in banquets and public functions and own property. As for Etruscan art, the early pieces are wonderful. The "Sarcophagus of the Spouses," created during the early years of their civilization, displays characteristic affectionate gestures and emotional expressions with the loving couple smiling and intimately posed, a contrast from both High Classical and Hellenistic Greek formal poses and focus on proportions. The legs and body below the waist of this couple is indicated, but unimportant.

As with the Greeks and Romans, the Etruscans employed relief and they favored classical stories like those of the Iliad and Troy; a well-known example depicts Achilles' bosom companion Patroclus' corpse being removed from the field of battle. As their civilization was threatened and their cities incorporated into Roman expansion, Etruscan art reflected the despair of their inevitable decline. Etruria is one of the mysteries of the Mediterranean basin with little written record of its people other than the writings of her conquerors.

Ancient Roman sculpture, unlike the Greek sculpture that preceded it, was designed to serve the political goals of the state, whether the Republic or the Imperium that followed. Greek sculpture focused on beauty and decorative function while Roman works served to impress the plebians and the provinces of the power of the state. That is not to say that Roman works were inferior to those of Greece, rather that they were different. Roman sculpture was frequently executed in marble and ivory, along with terracotta relief works; Greek works were often bronze. Greek artists/sculptors were often the executors of Roman commissioned work, however.

The most important type of sculpture produced in both Ancient and Imperial Rome were relief works. The oldest example of this characteristically Roman art form is the Altar of Domitius Ahenobarbus. Commissioned by the consul Ahenobarbus, for whom it was named, it dates to the end of the 2nd century BCE. The military census, held every five years, is depicted including the sacrifice of a bull, ram and pig to the god of war, Mars. It also shows the magistrate who would determine a citizen's service,



whether the military or in the senate, and in the process assigning that man to a class.

Arguably, Rome was not known for its creative genius, more for its skill at conquest, administration and engineering. Rome's artistic strength was in portraiture – not surprising since the city's strength was in its powerful families and prosperous middle class. Both strata of society featured large family tombs with statues and portrait busts of important ancestors.

One well known example is the bronze head of Lucius Junius Brutus, known as the Capitoline Brutus, one of the few early Italy bronzes from the Republic (pre-Empire) that survived. Coinage also featured similar stern visages and masterful busts of important leaders were dispersed throughout the Provinces for propaganda purposes during both the Late Republic and the Imperium.

Next time we'll discuss the sculpture of the Imperium.

About the Author: Janet Cornacchio is an artist member of Front Street Art Gallery, President of Scituate Arts Association, and a Realtor. You can contact her at jcornacch@aol.com



Pictured clockwise – The Sarcophagus of the Spouses, late 6th century BCE, one of the masterpieces of Etruscan art; The "Capitoline Brutus," dated to the 3rd or 1st century BCE. Example of portrait sculptures; The corpse of Patroclus carried by Menelaus and Meriones with Odysseus watching, Etruscan relief, Volterra, 2nd Cen BCE.



Altar of Domitius Ahenobarbus, deep relief work, depicting sacrifice made during census, marble late 2nd Cen BCE.

Patient Needs at Center of Stroke Care Debate

By Katie Lannan, State House News Service

Ten years after her stroke, Janet Wronski said Monday she still thinks daily about the decision her son made when the ambulance arrived.

He asked the first responders to take her to a larger hospital, where her doctors were, rather than the closest one, she recalled during a Public Health Committee hearing.

Wronski believes she would have been transferred to the larger hospital eventually either way, but only after first waiting in an emergency room and losing time that doctors would have needed to treat her effectively. Instead, she immediately went into a CAT scan, had a clot-busting drug administered and then underwent brain surgery and "ended up coming through," she said.

"It was all because I got to the place where they were ready for me, and like I said, I think about it all the time," Wronski said. "If I had gone to the wrong hospital, I don't know where I'd be right now ... Every day I think about what could have happened if my son didn't make that quick decision he did. I don't know if I would have been dancing with him at his wedding last weekend."

Wronski was one of several speakers to testify in support of bills aimed at making sure stroke patients get the care they need in a timely manner.

Stroke specialist Dr. Lester Leung described strokes as "a race against time," with irreversible damage occurring to brain cells as minutes pass. He said emergency treatments have advanced dramatically in recent years.

"In essence, this is our space age," said Leung, who serves as director of both the Comprehensive Stroke Center at Tufts Medical Center and the director of stroke service at MetroWest Medical Center in Framingham. "As recently as a few years ago, people with devastating strokes causing them to be mute and paralyzed would nine times out of 10 be destined to live in a nursing home, forever dependent on 24/7 care. Now, more than half of those people literally walk out of hospital with minimal or no long-term disability from their strokes."

Leung attributed that progress to "the arrival of an incredibly effective and proven surgical treatment called thrombectomy," which he said is now the standard of care for severe strokes and can only be completed in

comprehensive stroke centers with specially trained surgeons and the right infrastructure.

Allyson Perron Drag of the American Heart Association and American Stroke Association said at least 80 percent of stroke patients should be able to stay in their own community hospitals for treatment.

Perron Drag spoke in support of a bill (H 2253, S 1477) that she said seeks to "establish a system of care to address the whole stroke continuum."

Filed by Rep. Mark Cusack and Sen. Mark Montigny, the bill would task the Department of Public Health with developing criteria for designating hospitals into a tiered system based on their ability to treat strokes at different severity levels.

"Once a tiered system of care was put in place, the Office of Emergency Services would establish, based on what's best for the region, protocols for a point-of-entry plan that would include plans for triage and transport of acute stroke patients," Perron Drag said. "Pre-hospital care protocols and routing currently exist and are in place for both trauma and heart attacks, and EMS would work to further determine how to triage a patient to the appropriate hospital based on the type of stroke."


The Senate last year unanimously passed a version of the Montigny bill, but House leaders did not bring it to the floor for a vote and it died in the House Ways and Means Committee.

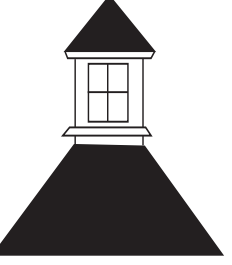
This session, a handful of different stroke care bills are before the Public Health Committee.

Sen. Jo Comerford, who chairs the committee with Rep. Marjorie Decker, asked Perron Drag if she thought it "would be useful for the committee to consider a package of the proposals that are more coordinated."

In response, Perron Drag said the bills "have a lot of similarities." She said bills from Rep. Thomas Golden and Sen. Michael Moore (H 2307, S 1497) focus on the emergency medical services piece, and bills from Sen. Brendan Crighton and Rep. John Lawn (S 1396, H 2345) address how the DPH would regulate a stroke-care system.

"I'm hopeful that -- as you know, we've been working on this for a very long time, feels like my lifetime -- and we could take those six bills and really come out with something that I'm hopeful that everyone can be supportive of and move forward," she said. ∞



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OCES Receives \$16K Donation from Meals on Wheels America

BROCKTON AND PLYMOUTH, MA - Thanks to a generous \$16,000 donation from Meals on Wheels America, Old Colony Elder Services (OCES), the non-profit agency proudly serving older adults and individuals with disabilities throughout greater Plymouth County, was able to provide 2,000 meals to recipients.

Meals on Wheels America, the leadership organization supporting more than 5,000 community-based programs across the country that are dedicated to addressing senior isolation and hunger, provided critical funding for OCES' Grab & Go meals that were distributed to older adults and individuals with disabilities during June, July and August.

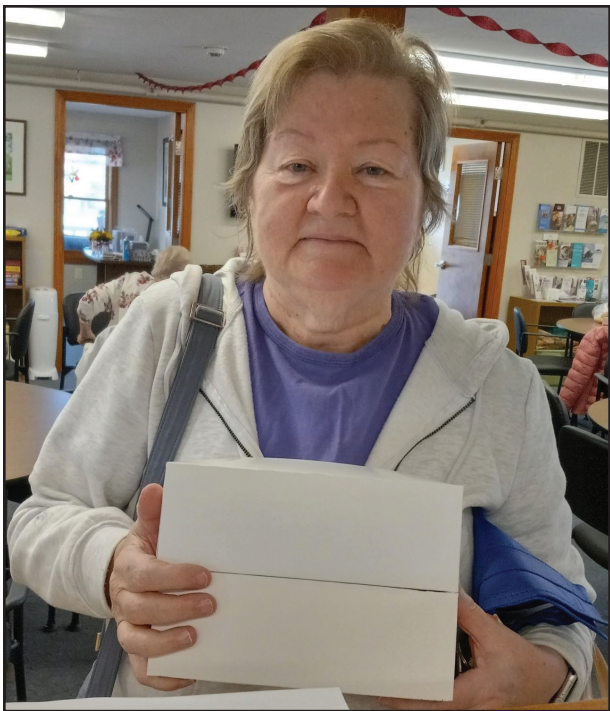
OCES strives to address food insecurity for older adults in greater Plymouth County. A component of OCES' Nutrition Department is their Community Dining program which offers meals at various sites within the communities the agency serves. During the COVID-19 pandemic, OCES Community Dining sites offered Grab & Go meals that provided healthy and delicious nutrition, along with the opportunity to check-in.

"We are thankful to Meals on Wheels of America for the funding to offer 'Grab & Go' meals as an alternative option for individuals like Margaret," stated Brenda Carrens, OCES' Community Programs Director.

OCES Nutrition Department

OCES' Nutrition Department provides vital food services including more than 500,000 meals each year to consumers living in greater Plymouth County. Many older adults benefit from "Meals on Wheels," which provides a daily meal delivered to their homes. For many of OCES' most vulnerable older adults and individuals with disabilities, the delivery is not only a delicious meal, it is often the only social contact of the day. A connection to the community through Meals on Wheels is also a safety check to make sure these individuals are okay. Several of OCES' Meals on Wheels drivers have been cited by local officials for actions that have helped a consumer who has been found in a dire situation.

OCES' Nutrition Program, which consists of Meals on Wheels, Community Dining, and Grab & Go meals, is critical to many older adults. The Program is made possible through



Margaret Joyce, Whitman resident

generous funding from The Commonwealth of Massachusetts' Executive Office of Elder Affairs, organizations such as Meals on Wheels America, as well as other groups and individuals in the community. For more information, contact Brenda Carrens, Community Programs Director at bcarrens@ocesma.org or call 508-584-1561 ext. 252.

To learn more about Meals on Wheels America, visit their website: <https://www.mealsonwheelsamerica.org>. ∞

Senior Fitness...

Continued from page 8

article, *Body Composition ... Why it Matters!* published in the August 2021 Issue.

Research-Based Recommendations

Research has shown when there is a loss of metabolically active tissue (muscle) typically due to inactivity and/or lack of resistance exercise, resting metabolism declines, with a resulting increase in fat weight. As you now understand, dieting alone or dieting in combination with aerobic exercise exacerbates this undesirable situation.

Studies clearly indicate that resistance exercise incorporated with diet and aerobic activity supplemented with higher protein (0.6 – 0.7 grams per pound of ideal body weight) results in the greatest fat loss and the least muscle loss.

Consequently, older adults and seniors would benefit from performing both aerobic activities along with resistance exercise as well as consuming a moderate calorie diet, that includes higher protein intake in the form of lean meats, shakes, or smoothies. *However, do seek medical advice prior to increasing daily protein consumption as higher protein intake also requires higher water intake to prevent experiencing kidney problems.*

For more details on how Quincy College's Health & Fitness 10-week, and 6-month weight loss subjects, and 6-month weight maintenance, study participants effectively increased lean muscle and metabolism and avoided significant increase in body weight and body fat, refer to article, *Proof Is in The Pudding ... Mission Weight Loss!* January 2020 Issue.

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from the Quincy T-Station). In our private group setting, you will be under the supervision of nationally certified fitness trainers who can schedule an appointment to tour our facility and provide you with a complimentary training session. Just call the center at 617.405.5978 and we will return your call. Free one-hour and two-hour parking is available in the surrounding area.

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 fitness publications. Currently, she is a Fitness Researcher and Directs the COVID compliant, Community Health & Fitness Center at Quincy College. She can be reached at 617-405-5978. ∞

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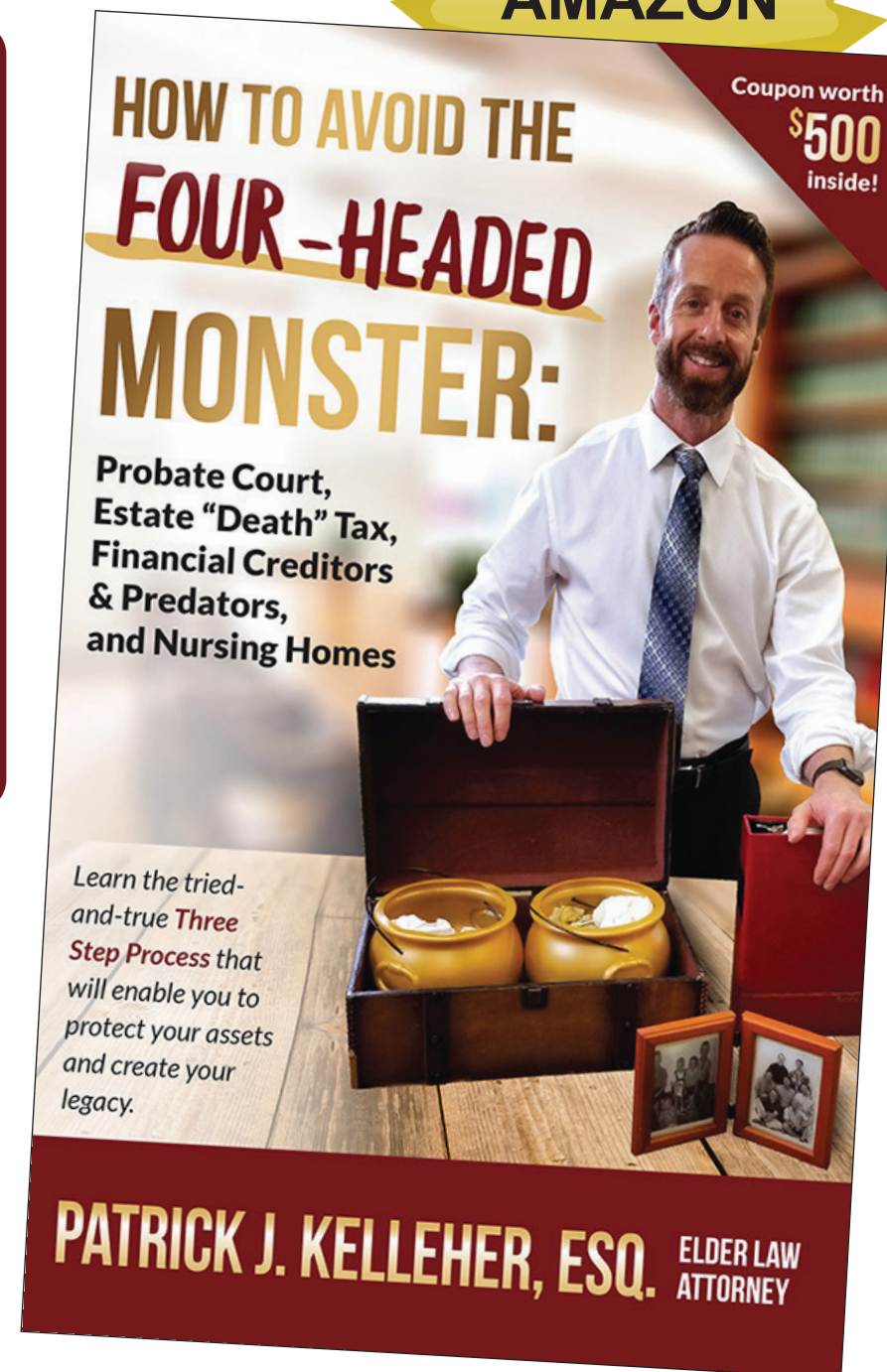
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