



# SOUTH SHORE SENIOR News

For Boomers and Beyond

FREE

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## Family First



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Cover story p. 22

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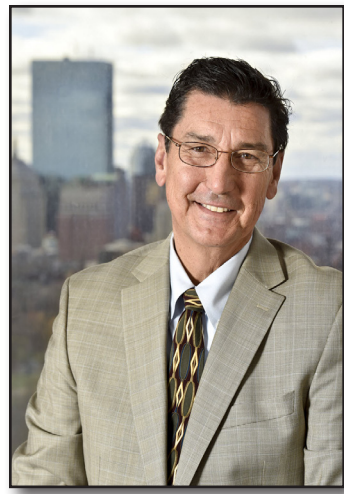
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# AARP Launches 'Stop Rx Greed' Campaign Targeting High Prescription Drug Prices

By Mike Festa,  
State Director, AARP Massachuettts

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

We are calling on Congress, the Administration, and Massachusetts lawmakers to pass commonsense, bipartisan legislation to lower prescription drug prices now. This issue is a top priority for older Americans, and we are launching this campaign to focus on federal and state solutions to cut drug prices.

As part of the campaign, AARP Research conducted a national survey of likely voters ages 50 and older. The survey found that significant majorities of self-identified Republican, Democrat, and independent voters shared concerns about the high price of drugs, and support common-sense policies that will lower prices. Survey findings include:

- 72 percent say they are concerned about the cost of their medications.
- 63 percent say the cost of prescription drugs is unreasonable.
- 90 percent support allowing Medicare to negotiate for lower drug prices.
- 80 percent report taking at least one prescription medication.

Nearly 40 percent say they did not fill a prescription provided by their doctor with cost being the most common reason.

AARP is calling on lawmakers to enact solutions that will provide

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

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

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

For more about Stop Rx Greed, visit [www.aarp.org/rx](http://www.aarp.org/rx). ∞



## NAVIGATING THE FUTURE Plans, Preparation, and a Guy About to Get on a Plane

By Mark Friedman

A guy is standing in line to get on a plane. His phone rings, it's his mom.... No, this is not a silly Facebook joke. I'm the guy and it's a true story. ... "Mark, I need help, your dad fell." Let me fast forward to three weeks later, Dad is OK. Now let me fill in the gaps.

A while ago I wrote about crucial conversations my family had begun around shared responsibilities to support my parent's journey of aging. While our plans were not fully "cooked" we had started and organized the process. We made a few early, but surprisingly essential decisions together; especially the division of responsibilities among us adult children should a crisis arise.

When the call came from Mom, little did I know our plans would be put to the test in real time, for real, so soon. Let me share my recent real time takeaways.

The phone call: Dad routinely volunteers at the local hospital. While on duty in the ER, he took a fall.

**Step 1:** "Triage" the situation: We had to immediately determine what crisis my father was dealing with in order to decide which of us was "on point" to lead the support. Dad's fall was a medical issue; my sister is the lead and I'm back-up. (My sister is a consultant in Medicare and Medicaid billing and reimbursement.)

*Already our plan was working.* Although my sister was not able to be reached immediately, necessitating the initial call to me, I was able to quickly get my sister on the phone. (The back-up plan strategy worked!)

**Step 2:** Execute the Plan: My sister swiftly got the lay of the land. She booked the earliest flight she could to be on site, and on hand, for my parents. (Go sister!)

**Step 3:** Communicate: In our case, text messages, phone calls and emails connected and updated us; we were always on the same page. But more importantly, we ensured Mom and Dad we are there for them with enthusiasm, respect, and support.

**Step 4:** ADVOCATE: Here is where it can get a bit tricky for seniors, especially in today's overburdened hospital, ER, and trauma environments.

Dad fractured his femur. Would this be an "OBSERVATION" or "ADMISSION" to the hospital? There is a significant difference. My sister advocated for admission. An admission provides certain benefits that observation does not. Sometimes referred to as "Inpatient Status," hospital admission status affects Medicare coverage of skilled nursing services (which can cost patients thousands of dollars if paid out of pocket.) Medicare requires a minimum three-day hospital inpatient stay before it will cover the cost of rehabilitative care in a skilled nursing care center. Observation stays, however, regardless of length, do (may) not count toward these follow-on benefits.

**Step 5:** Listen, Gather Facts, Communicate and Make Decisions: As a family, we are fortunate that my sister is knowledgeable about the healthcare system and thoroughly engaged.

Having an additional person in meetings with emergency physicians, specialists and other professionals, listening, asking questions, and taking notes is hugely important and valuable.

Things happen fast and keeping track of details is complex. It is a crisis; emotional and scary. Oftentimes families are asked to make decisions on the spot.

In the absence of a second person – ASK QUESTIONS and TAKE NOTES. Buy a notebook; one you cannot rip the pages out of. Write down generic questions, remember to ask them, and make sure you understand the answers. You are not bothering or annoying the doctors, nurses, or care staff. They get it, and it is their collective responsibility to make sure that you get it too. You need to determine if this was an "episode," or a permanent change in status for your loved one. The answer puts in motion a different set of decisions and clarity is key!

**Step 6:** Work as a team when possible: My sister and I switched roles once Dad was home (my area of expertise). I made home modifications, making it safer and easier to negotiate around with a walker. Together we reviewed the

strategy for care at home, looking at issues of risk and risk mitigation.

**Step 7:** Repeat Step 5

**Step 8:** Play your Role: Never forget your role. As adult children our job was not to "Take Over" but to "Support." We were happy to have clarified the rules of the road in advance. It is critical that families be on the same page as things unfold.

**Step 9:** Know when to step back: In our case, when Dad was on a stable path we could "fade into the background" until needed again.

**Step 10:** Continue the important conversations and process: As a family, we were lucky. This was a recoverable event. It may result in some changes for my parents, but we are anticipating a full recovery. We certainly know more than we did 3 weeks ago. We are still a work in progress (and always will be.)

For those who feel there is no hurry to put plans in place, this recent test for my family only reinforces that yes – there is. What is more critical on any of our list of to-dos than to be prepared to support those we love?

For those who have no natural "team" in place I urge you to build one with the wealth of resources available. Geriatric Case Managers are of great value in navigation and advocacy ([www.aginglifecare.org](http://www.aginglifecare.org)). Senior Centers and Councils on Aging can introduce you to key professionals. Good hospitals have "ombudsmen" working on behalf of today's seniors. Be an educated consumer – get advice from the right people about the right things.

Dad is doing great. He went from hospital, to home with a walker, to now using a cane. Dad and Mom continue their journey of SUCCESSFUL aging.

Mom and Dad, this was written with both love and deep, deep respect. To my sister, brother, mom, and dad... Go team!


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




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Not a week goes by without some research being published on the current amount of obesity in the United States. As of today, 68.8 percent of the population is considered to be overweight or obese. Conversely, 795 million do not have enough food to lead a healthy, active life. I am not going to point fingers at anyone about their weight since I have been overweight perhaps from the time I was in utero. My ability to transition from appearing box-like has been an ongoing process.

I have found that when I attempt to follow what I consider to be a program that eliminates everything I love in lieu of food that tastes like bark, I am bound to fail. It is fascinating how many diet plans are akin to studying to be a hermit living in the woods. I come from an Italian background, so pasta, bread, cheese, and wine were part of almost every dinner. Sometimes there was sausage or meatballs. Vegetables were not omitted. No one was obese, but then no one overate. My grandmother in particular was one for moderation in all things.

I'd like to propose a new way of looking at losing weight, one that can help us become healthier and happier. Why not try an altruistic diet? Altruism involves "walking a mile in someone else's shoes," and can extend life. What if those of us who need to reduce our poundage consider it an act of "giving and receiving." I intend to start donating money to an organization that feeds the hungry for every pound I lose. It can be whatever is affordable. But the reward will not only be about the pounds lost but also about the benefits that come from helping our fellow man.

**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." She believes and lives her message, "Life is not a stress rehearsal!" Learn more at her website: [www.LorettaLaRoche.com](http://www.LorettaLaRoche.com).* ∞



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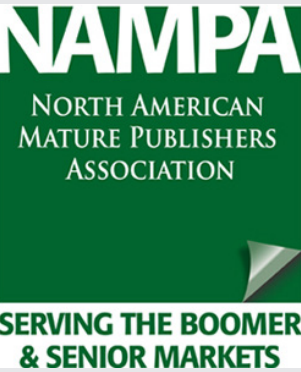


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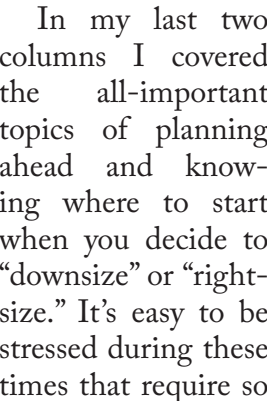
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## Downsizing: Paperwork and sorting



much planning, organizing, packing, cleaning, and paperwork – not to mention the emotional ups and downs that inevitably accompany a move of any size. Just the thought of moving can be daunting, but breaking up the steps involved into small, manageable segments can certainly help ease the stress involved. Making lists you can check off as you go can also help reduce anxiety and give you a sense of satisfaction the more check marks you see.

Perhaps the most difficult task you will face when planning a move is what to do with all your “stuff.” Sorting through years of accumulated personal belongings, from clothes to kitchenware, can be emotionally and physically draining. As you or a loved one moves through such a transition, here are some tips to consider that can help smooth the way, but first, start with preparing, organizing, and sorting through

- Complete address changes:
- Post Office
- credit cards
- bank accounts
- investment/retirement accounts
- Medicare & Social Security
- voter's registration
- family & friends
- driver's license/car registration
- newspaper/magazine subscriptions
- social clubs & places of worship
- notify lawyer, accountant, insurance agent  
and other professionals

Plan on going through one room at a time. Start with the easiest. Don't try to pack now, just sort. Divide furniture and possessions into four categories:

- Use colored tags or stickers to indicate in which category items belong, e.g., green=save, orange=possibly save, blue=donate/sell; red=discard

This is the time to designate items to be given to specific people. Make a list.

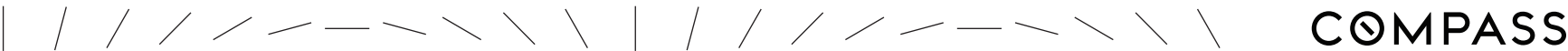
Don't try to sort paperwork or photos at this point, unless it's immediately obvious certain items are not needed or wanted. This kind of decision-making takes too long and is too draining. Pack it up and it can be sorted in the new home. Shred discarded paperwork.

The number of kitchen items might be greatly reduced if you're moving into a condominium with less kitchen storage.

Don't go overboard purging items to take—you can keep some collectibles, especially if they're small. You want the new residence to look like a home, not a motel room.

Next month, I will offer tips for packing, unneeded items and furniture, and finally, all about the big move itself!

**About the Author:** As a former Registered Nurse, Wendy Oleksiak understands the importance of trust and accountability in creating a successful partnership. Honesty, hard work, and professionalism paved the road to Wendy becoming the top selling agent at her previous firm. Wendy made the move to Compass to utilize cutting edge technology and state-of-the-art marketing that provides her clients with the competitive advantage. You can count on clear communication, efficiency, and integrity when you work with Wendy. Most importantly, she strives to keep the stress level to a minimum for all involved. You can be sure that your best interests will always be well represented throughout your transaction. You can reach Wendy at 781-267-0400. ∞



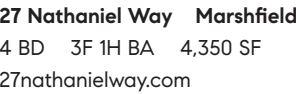
# Why Wendy Oleksiak?

As a former Registered Nurse, Wendy Oleksiak understands the importance of trust and accountability in creating a successful partnership. Prior to her real estate career, Wendy worked at MGH as a nurse in the cardiac and transplant intensive care units. She also worked as a visiting nurse, assisting clients with their medical needs so that they could remain independent in their homes. Wendy continues to utilize these same core skills of open communication, trust, compassion and advocating for her clients in the real estate transaction. Honesty, hard work and professionalism paved the road to Wendy becoming a top selling South Shore agent.

No home is too big or too small - Wendy treats each property with the same careful attention and dedication regardless of size or price tag.



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## SENIOR FITNESS

# Back Strength and Better Golf



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

**Quincy** – Several years ago we conducted a number of studies with recreational senior golfers who wanted to play longer and stronger. We worked with Dr. John Parziale, one of New England's leading physicians for golf enthusiasts who have experienced various injuries associated with the explosive swinging action required for powerful golf drives. Although our study participants' issues included injured knees, hips, shoulders, elbows, wrists, and necks, the most common problem was low back pain, as is the case for adults and older adults in general.

Our prior research with General Motors had demonstrated that properly designed strength training programs can significantly increase low back strength, improve low back function, and reduce low back pain. We wanted our golf study participants to experience the same encouraging results with one additional benefit, namely a more powerful golf swing (faster club head speed) for longer drives. Indeed, the 77 participants in our senior golfers study increased their driving power by six percent after just eight weeks of basic and brief strength training.

Perhaps even more important, they had reduced low back discomfort and were able to play golf for longer periods of time and more days a week. In fact, none of the golfers who performed regular resistance exercise experienced any

golf-related injuries during the playing season.

In addition to feeling better and playing better, the golf study participants made some major physiological improvements. Although their bodyweight did not change during the eight-week strength training program, they actually lost four pounds of fat and added four pounds of muscle for an eight-pound improvement in their body composition. Their muscle gain was matched by a major increase in muscle strength, including a 50 percent improvement in their leg strength. These golfers also experienced significant reductions in their resting blood pressure readings (both systolic and diastolic).

So how did the study participants achieve such excellent results? They performed one set of 12 Nautilus machine exercises, two or three days a week. Although the exercises cumulatively addressed all of their major muscles groups, four of the exercises specifically strengthened the low back and midsection muscles. The entire training session was completed within 40 minutes, including several Stretchmate exercises for enhanced joint flexibility.

If you would like to experience this golf conditioning protocol, you are welcome to try it out at our Quincy College Health and Fitness Center. Just call at Wayne at 617-984-1716 to set up a couple of (free) trial exercise sessions.

If you prefer to train at home, we recommend the following exercises performed with dumbbells or elastic bands, to strengthen the major muscles used in the golf swinging action.

**Squat Exercise** for the front thighs, rear thighs, and gluteal muscles of the hips. Stand tall with feet wider than shoulders-width apart, holding dumbbells by sides. Lower your hips downward and backwards until your thighs are about parallel to the floor (you may touch your buttocks to a chair seat if you prefer). Raise yourself up to a standing position while exhaling. Be sure to keep your knees above your feet

rather than letting them extend too far forward. Use a resistance that enables you to complete about 15 repetitions (about four seconds each) in approximately one minute.

**Chest Press Exercise** for the chest, front shoulder, and rear arm muscles. Lie face up on a bench or piano stool, holding the dumbbells with straight arms directly above your chest. Lower the dumbbells to chest level then press them back up to the arms extended position while exhaling. Use a resistance that enables you to complete about 15 repetitions (about four seconds each) in approximately one minute.

**Bent Row Exercise** for the upper back, rear shoulder, and front arm muscles. Stand with a staggered stance and place your right hand on a bench or piano stool so that your back is parallel to the floor with strong arm support. With your left arm, pull the dumbbell to your chest as you exhale. Use a resistance that enables you to complete about 15 repetitions (about four seconds each) in approximately one minute. Switch arms and repeat with the dumbbell in your right hand.

**Standing Side Twist** for your midsection muscles. Stand tall with your right side towards a closed door, and one end of the elastic band secured in the door. Fold your arms and hold the other end of the elastic band in your left hand. Slowly turn your torso toward the left (counter-clockwise) against the resistance of the stretching elastic band while exhaling. Do about 10 repetitions (about three seconds each), then reverse sides and repeat.

These four relatively easy to perform resistance exercises should provide general muscle strengthening to improve your golf swing driving power. Just be sure to check with your physician before beginning a new physical conditioning program.

**About the Authors:** Wayne L. Westcott, Ph.D., teaches exercise science and conducts fitness research at Quincy College. He has authored 29 books on exercise, including *Complete Conditioning for Golf*. Rita La Rosa Loud directs the Health and Fitness Center at Quincy College, and has also written exercise and fitness books. ∞

**TEAM FOX.** Coach Brett Miller and his wife, Audrey Bevier-Miller, recently had the absolute honor of touring The Michael J. Fox Foundation for Parkinson's Research Headquarters in New York City, and meeting with Team Fox. Brett thanked Rachel, Axi, and James at #teamfox for their time and enthusiasm by posting on his 110 Fitness Facebook page, where he also thanked Michael for his grace and kindness and for all that he and his entire team does for the Parkinson's community. Together, they are keeping the hope alive with members and their families. To learn more about the great work that Brett Miller is doing to help those with Parkinson's at his Rockland-based gym, please visit [110fitness.org](http://110fitness.org).



## "THE WICKED SMART INVESTOR"

# Lanterns

By Chris Hanson



HANOVER – A small passing of time can change the course of history and the value of your investments. Events occurring in minutes have toppled regimes and installed new ones. The stock market has suffered huge declines and enjoyed strong advances within a few trading days.

Let's discuss what may be the most important minute in US history, the night of April 18, 1775 at our Old North Church. Two colonial rebels, Robert Newman and Captain John Pulling Jr. were on a mission to alert fellow rebels of the British Army's advancement route through Boston. After keeping watch for hours they spied troops putting boats in the Charles River. Newman and Pulling burst into the church, climbed a series of staircases and ladders, bringing two lanterns to the steeple eight stories above. Executing a pre-planned strategy, the two hooligans hung the lanterns facing Charlestown to signal the Sons of Liberty members that George III's troops were taking a water route through Boston. It was the beginning of the Redcoats' journey to Lexington where they intended to destroy the rebel's armaments. The lanterns were only displayed for 60 seconds, but that began an immensely consequential series of events as the final catalyst to the American Revolution.

Riders scattered across the region and warned colonists of the British advance. The most famous horseman, Paul Revere hollered, "The Regulars are coming" throughout present day Somerville, Arlington, and Medford. Gathering a sizable militia in Lexington, the rebels surprised the British the next morning. The "shot heard round the world" was fired and the War of Independence had begun. Only 60 seconds set the "colonies" on the course to separate from Britain and eventually became a world superpower.

With a lot less fanfare, a relatively small amount of time has changed the stock market. Let's remember that unlike history, we tend to forget many somewhat seismic shifts in the market. To most people, (except numbers nerds) stock market history is really not that interesting. But bear with me as I discuss a few great days on Wall Street. It happened soon after the Dow Jones reached its lowest level following the 2007-2008 financial crisis. That revolting close was 6,547 on March 9, 2009. On March 23, 2009 the Dow shot up 6.84%. While the huge increase is impressive by itself, it followed increases 5.8% March 10, 3.4% on March 12 and 2.5% on March 17. Yes, there were some losses between March 9 and March 23, 2009, but that is an awfully good run in a few short trading days. In fact, when

the Dow closed at 7,776 on March 23, 2009, that represented an almost 19% gain in 10 trading days. Experts say this was the start of a great bull market. If you were on the sidelines because of fear or inertia, you lost out.

There is a lesson here for average investors. As many steep increases frequently occur at the start of bull markets and in short periods of time, it behooves you to always stay invested. You'll lock in your losses if you sell when the market is low then buy when the market is high. Wicked Smart Investors win when the lightning strikes because they are always invested. There will be no horseman wearing a three corner hat riding on Wall Street yelling "The bull market is coming." We only know that in retrospect.

You will see three corner hats and other colonial era costumes at the Annual Lantern Event at the Old North Church April 14th. The placement of "One if by Land, two if by Sea," a phrase coined by Henry W. Longfellow will be re-enacted.



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

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Ask the Rehab Experts:  
**MANAGING INCONTINENCE**  
Q & A with Lori Brightman, MSP



Women are the caretakers; “female problems” often go ignored and untreated for years. It’s a common misconception that pelvic discomfort or urinary incontinence, particularly after giving birth or as one ages, should be expected and endured. Fortunately, this is simply not true; there are evidence-based rehabilitation strategies which can significantly improve, if not eliminate, these issues for those who seek treatment.

**Q What are the most common conditions you see?**  
Female patients come for treatment of urinary incontinence caused by a weakening of the muscles, or prolapse of a primary pelvic organ (bladder, uterus, rectum, or vaginal vault). Urinary incontinence can mean having a sudden and uncontrollable urge to void, leaking when you cough or sneeze, or a need to void more than every 2 hours. In addition to weak pelvic floor muscles, obesity, smoking, or repeated heavy lifting may be part of

the problem. Other female conditions I treat include pre-and post-partum dysfunction, pelvic floor pain and dysfunction, peri-and post-menopausal symptoms, and breast cancer rehabilitation.

**Q Do men suffer urinary incontinence?**  
Yes, they do – incontinence is quite common, especially with certain prostate conditions. The length of the male’s urethra can put patients at a higher frequency of post micturition dribble (PMD), or drippage after voiding, which can be addressed with therapy.

**Q How common is incontinence?**  
While bladder and/or bowel incontinence affect men and women of all ages and races, 85% of those experiencing urinary incontinence are female. This problem affects roughly 13 million Americans.

**Q Are there different types of urinary incontinence?**  
There are basically four types: 1) Stress incontinence, or urine loss caused by increased abdominal pressure (coughing, sneezing, laughing); 2) Urge incontinence, also known as overactive bladder – urine loss due to involuntary bladder contraction/uncontrollable urge to void; 3) Mixed incontinence, which includes symptoms of both stress and urge; 4) Bladder overflow, due to neurologic dysfunction or inability to void completely.

**Q What are barriers to treatment?**  
Sadly, women wait an average of 9 years to seek treatment for incontinence for a variety of reasons. There is definitely a lack of knowledge that therapeutic or medicinal treatment is readily available. Too many falsely believe that, because it’s so common among their friends and family, it must be a normal part of giving birth, menopause, or aging, and something to suffer through. There is also a certain amount of embarrassment – it’s hard for both women and men to discuss the problem, much less receive treatment for it.

**Q Can you explain the rehabilitation strategies used to manage incontinence?**

To start, each patient undergoes a comprehensive assessment to develop a medical, surgical and gynecological history and identify probable causes of incontinence. In most cases, the second visit involves a pelvic floor muscle exam – vaginal for

females and rectal for males. Based upon this evaluation, physical therapists develop an individualized treatment plan that could include specifically-designed muscle strengthening and relaxing exercises, manual therapy, biofeedback (external sensors), and education about lifestyle management. Sometimes we also address core muscle strength and posture. In some cases, electrical stimulation (internal for females) may be recommended for muscle re-education and strengthening.

**Q Do Kegel exercises really work?**  
Yes! These exercises, named for the researcher who first developed the technique, are used to strengthen pelvic floor muscles. For women, Kegels involve lifting the muscles of the vagina up and in (towards the belly button). For men, the cue is to try to “shorten the penis.” More than half of people do Kegels incorrectly, so learning proper technique is important. The position in which to perform Kegel exercises, along with the length of time to hold a contraction and number of repetitions, is all patient-dependent and based upon the clinical assessment.

**Q Can you talk more about lifestyle management?**  
Education is huge. Understanding normal bladder habits and the role that certain irritants, such as caffeine or alcohol, play in managing the condition can’t be emphasized enough. Diet and hydration may be contributing factors along with medication (diuretics, antidepressants, sleeping pills). While educational goals vary by patient, the following practices work for most: 5-8 voids in 24 hours, voiding at least 6-8 seconds each time, and drinking 48-64 ounces of fluid per day. As a rule, there should be one or less voids per night for those under 65, vs. 1-2 voids per night if over 65 or pregnant.

**Q Does insurance cover therapeutic treatment of incontinence?**  
Yes, most insurance companies cover therapy if patients obtain a referral for incontinence (or pelvic pain or dysfunction). A typical treatment plan would require 1-2 visits per week for 4-12 weeks.

**About the Author:** Lori Brightman is a physical therapist with 15 years of experience, the last six of those focused on the treatment of pelvic floor dysfunction. A graduate of Quinnipiac University, Lori has received extensive training and certification in women’s health areas (pelvic and obstetric PT). Lori sees patients at Spaulding’s outpatient center at 1 Scobee Circle, Plymouth. Lori will speak on this topic Wednesday, April 17 at 1 p.m. at Laurekwood at The Pinehills. RSVP 508.927.6346 ∞.

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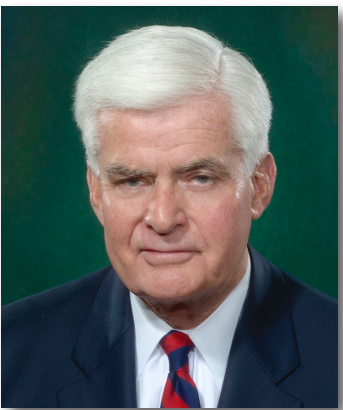
- AFC is an Arc program funded by Mass Health that pays family to care for people with disabilities or elderly adults in a home setting.
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# HOME EQUITY WEALTH MANAGEMENT

## Is Your Home a Good Investment? Maybe Not!

By George Downey



No question, home values in recent years experienced remarkable value increases, especially in eastern Massachusetts. In fact, at the time of this writing, home prices have achieved record levels in many communities. And, senior homeowners are major beneficiaries. Not only have their values skyrocketed, many have paid their mortgage balance down, or off, creating significant amounts of home equity (now called housing wealth).

**It’s the largest asset for many. So, what’s the problem?**  
The problem is that a “good investment” is one that can provide liquidity and/or income to meet the owner’s financial needs. Aging homeowners, for the most part, have not saved nearly enough for retirement. Many assume they can simply wait and borrow what’s needed from home equity. Not so easy anymore as the rules have changed...a lot.

The easy and toxic mortgage lending practices that created the scandalous mortgage crisis leading to the Great Recession (2008 – 2013) changed everything. Since then, lending regulations became more restrictive, requiring more stringent qualifications to protect the banks and the economy. Unless borrowers can meet these new rules defining minimum income, assets, debt levels, and credit scores, they will most likely be declined. Consequently, home equity remains trapped, forcing other considerations that include selling to shore up savings.

**Advanced Planning Sheds Light on Potential Problems**  
Caught unaware and unprepared, this unfortunate reality has, and will continue to affect increasing numbers. To avoid this potential dilemma, the answer lies in – you guessed it, education and planning (the earlier the better). Advance planning, especially with a qualified professional, can provide early warning to potential problems as well as discovering the various ways housing wealth might be used safely and securely. If keeping the home is important, examination of the federally insured

Home Equity Conversion Mortgage (HECM) reverse mortgage is recommended as a starter. The qualifications and terms were designed to accommodate the special needs and circumstances of senior homeowners. This unique program was developed, insured, and supervised by HUD/FHA. The purpose is to enable homeowners (62 years and older), who want to remain in their home, the ability to utilize a portion of their home equity to enhance and extend retirement security without giving up ownership, selling the home, moving, or taking on personal liability.

Compared to a traditional mortgage or home equity line of credit (HELOC), HECMs have unique terms favoring senior homeowners, including:

- No monthly payments are required.
- Credit line growth – the undrawn balance grows as the credit line increases continuously to provide more funds later as living costs increase.
- No maturity date – loan repayment not due until no borrower resides in the property and the loan remains in good standing
- Non-Recourse loan – neither borrowers nor heirs incur personal liability.
- Funding amount established at closing – not affected if future property value declines.

Clearly, the capability to utilize housing wealth most effectively is a vital consideration. Properly used, it can have profound effect on improving and extending retirement security. The key is education - understanding the issues, ramifications, and the choices that may be available to determine which, if any, may be best for each individual.

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



## Parting with Your Storage Unit

By Natalie Ahern

I recently read a Huffington Post article that stated as of 2014, there were more self-storage facilities in the US than McDonalds and Starbucks combined. In fact, one out of every ten Americans rents an offsite storage unit, spending an average of \$2000 annually.

What is in these storage units? In most cases, it’s a collection of items that are no longer useful or important to our current lives: clothing that doesn’t fit, obsolete electronics, text books, and baby furniture. In other situations, the items are sentimental: grandmother’s pie chest or Aunt Eileen’s quilt collection. In almost every case, the items haven’t been opened or looked at in years. They are collecting dust, molding and aging. Why do we hang onto items like this? I own a downsizing company and for most of my clients, making the decision to part with possessions is difficult and a storage unit is an easy way to procrastinate on those decisions.

Let’s tackle the easiest category first...the items that do not have sentimental value. Any items you haven’t used in two years should be donated or sold...clothing, books, games, household items. Period. Be tough on yourself. You are paying money to store items that are not important to

you! Why not make a little pocket change by having a yard sale or selling some of your items online? Or, donate what is in good condition and feel good about helping someone in need.

The more difficult items to let go are the family heirlooms. Can you use any of the items you have stored from relatives? For example, could you use one of Aunt Eileen’s quilts on the foot of your bed or back of your sofa? Could you hang one on the wall? If you have glass bowls or china, could you use these items instead of your everyday dishes? I have had clients use shadow boxes to frame war medals, embroidered handkerchiefs, etc. Do any other relatives want some of these items? If you have exhausted your options for using any stored items, call an antique dealer or auctioneer. There are many local experts who can help you sell your heirlooms. You can use the proceeds to honor your grandmother or Aunt Eileen by donating to a museum or taking a trip to the place your loved one was born.

I recently helped one older adult empty her storage unit. She had rented the space for 10 years and had been inside it only two or three times. Over the course of those ten years she spent \$20,000 in rental fees. Gulp! Thinking about the financial implications of your storage unit may give you the impetus to clean out yours.

**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](http://alltherightmovesboston.com) for more information. ∞

# THE GRAPEVINE

## Let's do Brunch!



By Missa Capozzo

**SHARON** – As spring approaches, so does brunch season. Easter, Passover, Mother's Day, bridal showers, and so on, now is the time of year when brunch becomes a favorite way to share special occasions. What a perfect excuse to drink wine with breakfast (not like we need an excuse, of course)!

I find the food items we traditionally see on the brunch table quite easy and fun to pair with a variety of wines. Egg dishes and quiches are truly delicious with various medium to full bodied dry white wines, including but certainly not limited to Chardonnay, Sauvignon Blanc, and Chenin Blanc. Deviled eggs are equally well paired with the aforementioned wines, but especially with off-dry whites such as off-dry Rieslings and Gewürztraminers.

A variety of seafood is always welcome on the brunch table. Smoked salmon and shellfish such as oysters, shrimp, scallops, and crab are that much more mouth-watering paired with a crisp, high acid white such as Grüner Veltliner from Austria, or Albariño from Rias Baixas, Spain.

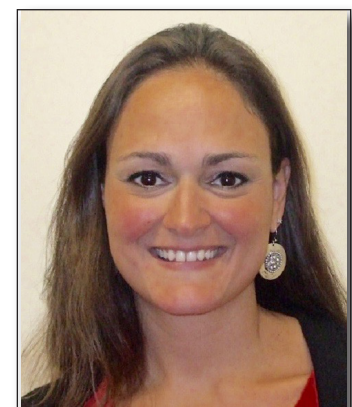
Breakfast meats, with their typical high fat and salt content, pair effortlessly. Sausages are a win with most red wines, regardless of weight or fruit profile. Ham pairs best with various dry and off-dry white wines and lighter bodied, fruit forward reds such as Pinot Noir or Gamay. Sliced

roast beef and tenderloin is delicious with an elegant and refined Bordeaux blend of Cabernet Sauvignon and Merlot. Not to be left out, bacon literally pairs with any wine on the planet. Don't believe me? Give it a try and you won't be disappointed.

Traditional baking spices such as cinnamon, ginger, all spice, and maple pair beautifully with white wines that have a bit of a spice element to themselves, such as Viognier. Viognier is my go-to for anything pumpkin, ginger, or maple flavored, so a natural to serve alongside French toast, pancakes, cinnamon swirl muffins, and a variety of other baked goods.

My favorite part of brunch is the wine cocktails. Mimosas and Bellini Cocktails are a staple at any brunch. Mimosas can be traditional, nothing more than bubbly and orange juice, or you can take a more adventurous approach and add the juice of your choice and a variety of fun garnishes. A Bellini cocktail is traditionally Prosecco mixed with peach puree or nectar. Either choice is an exciting, fruity way to begin any brunch with refreshing springtime flavors. It can be incredibly fun to provide a mimosa bar for your guests. Have several bottles of chilled sparkling wine on ice, then a variety of juices and fruit garnish to choose from. Cranberry, pomegranate, grapefruit, peach, pineapple, apple, passion fruit juices and purees, the choices are endless! The garnishes can be a variety of citrus fruits and berries, and can include sprigs of herbs, mint, thyme, basil leaves, candied ginger and edible flowers. Let your creativity shine by visiting your local farmer's market and obtaining fresh, local, seasonal produce, juices, and herbs for your brunch cocktail bar. Cheers!

**About the Author:** Missa Capozzo, WSET3, FWS, BWSEd, holds various positions in the wine industry. She teaches students of all levels of experience and interest in classes and leads wine dinners at Boston Wine School, in Sharon, MA. She is the Director of Sommology at Traveling Vineyard's corporate office in Ipswich, MA, where she leads the wine and food education program for over 5,000 Wine Guides nationwide. <http://winedowntastings.com> <http://www.facebook.com/winedowntastings>, [bostonwineschool.org](http://bostonwineschool.org) ∞



## April is National Volunteer Month

By Nicole Long, MSW, LICSW  
OCES, Chief Executive Officer

**BROCKTON & PLYMOUTH** – Volunteers provide vital services to others and the community. They generously give their time and effort and deserve our heartfelt appreciation.

There are many benefits associated with volunteering. Volunteers may enjoy better health, have lower rates of depression and tend to be more active. Volunteering is a great way to meet new people, build new friendships, and learn new skills while helping to improve the lives of others.

At Old Colony Elder Services (OCES) our Volunteer Program recruits

people of all ages for volunteer opportunities at nonprofits, town agencies, schools, and other community organizations.

The Retired and Senior Volunteer Program (RSVP) of Plymouth County is an OCES program for volunteers age 55 and older, and is part of the National Senior Corps volunteer network.

Senior Corps is a program of the Corporation for National and Community Service (CNCS), the federal agency for volunteering, service and civic engagement.

OCES has a Volunteer Center in our Plymouth office at 204 South Meadow Road. The Center is a designated space for volunteers to work together on specific projects, such as Letter Writing to Troops for National Days of Service and Remembrance. It is also a place for prospective volunteers to talk one-on-one with Volunteer Program staff who can assist them in their search for volunteering opportunities that fit their skills and interests.

**Here are a few examples of volunteer opportunities:**

- Support OCES' Nutrition Program by delivering Meals on Wheels.
- Support OCES' Money Management Program by helping someone balance their budget and pay their bills on time.
- Help local school children in grades K-3 practice and improve their reading skills. Tutor one-on-one, in small groups or in the classroom between October and May.

April is National Volunteer Month, where we celebrate volunteers of all ages for the important contributions they make in the community.

Thank you to all who volunteer and make life better for everyone!

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

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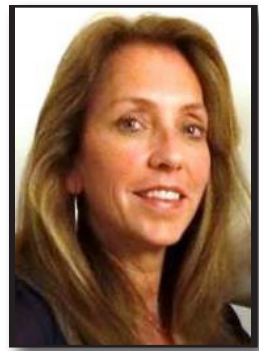
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## ASK THE HIPPIE

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

By Phyllis DeLaricheliere, MS

### Through the Looking Glass

According to the Hippie Philosophy, the first phase of Alzheimer's/dementia is referred to as the "I don't know" phase. During this time, the person diagnosed is aware of their symptoms, withdraws from others, and is fearful that they are a bother. I had an amazing opportunity to interview someone who was well into phase one of their journey and I'm sharing what it's like to go through the looking glass. What follows is just a piece of our conversation, and to protect privacy, names and specifics have been changed.

I met Alyce at a local Dunkin' Donuts, and found her in great spirits and excited about the maple-covered donut that was placed in front of her. Listen in!

**A:** Nice to see you, Phyllis, you look tired. How are you?

**Me:** You are crazy! But that's the way I fly!

**A:** It's the only way I fly!

**Me:** Would it still be ok if I asked you questions about our diagnosis and your new journey?

**A:** Of course you can.

**Me:** I'm fascinated about what you are experiencing, learning, and willing to share on this new journey you are on.

**A:** Oh, I like that.

**Me:** Like what Alyce?

**A:** That you refer to my situation as a journey. That sounds so much more interesting. It can be such a bummer.

**Me:** Tell me more about that, please.

**A:** So many times I don't remember things. People's names, what time my appointment was, or who was coming to visit. I know this is part of the disease, but it's frustrating. But do you know what's more frustrating?

**Me:** No, what's more frustrating?

**A:** That when I forget where I put something, which is normal for a woman my age, especially when I'm in a hurry, my family treats me like a child and tells me not to get upset, that it's not my fault, it's the disease. It's not the disease all the time. And I'm *not* a child and I *should* be allowed to forget without everyone freaking out! Don't you think?

**Me:** (smiling) Yes, you darn well should!

**A:** This journey, can I call it that?

**Me:** Of course.

**A:** This journey could be fun! I'm sure my family doesn't see it that way. They have so many plans and I will probably be ruining them.

**Me:** Why would you be ruining them? Maybe changing them, but you all can still have plans.

**A:** No, not the way we all wanted. I just don't want to be a burden. I'm afraid of how that will change all of us. I've always been the caretaker. When the children were small, I was their everything and I don't want to the play role reversal. My husband doesn't need to become my scrapbook. But they will do it anyway. That's the challenge of this journey. Not being able to be heard. My family will do what they think is right, but it might not be what's best for me.

**Me:** Have you talked to them about how you feel?

**A:** If I had terminal cancer, we would all talk about what we want to do and how we want to spend our time. We would also, as a family,



talk about the care needed and what I want and don't want. But with dementia, they talk as if I no longer understand. Like I'm a stone. It's such an awful feeling. I want to get angry with them, but if I am anything but pleasant, they think the disease is progressing. They think it's a side effect—so irritating.

**Me:** I think there are times when I have done the same thing. Not avoided the discussion, per se, but didn't want the person to have to worry about it. I wanted to take things off their plate, so they did not get stressed.

**A:** The disease is going to do what it wants to do. I can't control it. But, I want to be free to be me and be respected for as long as I'm breathing on this earth. Whether I remember a date, a name, or a stupid address. My husband doesn't even want me to cook anymore. I love to cook. Why Can't I do what I can do as long as I can do it? I think he believes I'm going to burn down the house. Did he think that was not a possibility in the past? What the hell! (she sobs). Sorry.

**Me:** It's ok. Feel what you need to feel and express it.

**A:** I wonder how many donuts a person can eat in one seating? (Alyce shifts the tone and I follow her lead)

**Me:** I'm not sure. But I wouldn't mind trying!

**A:** I think it would be a hoot to have a donut-eating contest. We should do that sometime!

**Me:** Sounds good (laughing).

Our conversation went in another direction, but the takeaway for me was, how muzzled Alyce felt buy not feeling heard. Are we not always our own person? Even if altered mentally, physically, or emotionally? We need to be respected, understood, heard, and appreciated. We all have something to offer, always, and need to be allowed to.

Let me leave you with these relatable quotes from Lewis Carroll's Alice's Adventures in Wonderland:

*"I knew who I was this morning, but I've changed a few times since then."*

*"I can't go back to yesterday because I was a different person then."... Aren't we all?*

If you have a question, or want to suggest a topic, please email me at [knowyourhippie@gmail.com](mailto:knowyourhippie@gmail.com).

**About the Author.** Phyllis A. DeLaricheliere, MS, is a sought-after speaker/educator and her upcoming book, *Embracing the Journey: Knowing your Inner Hippie*, will be published this year. Her passion for finding solutions to the dementia epidemic has turned into a crusade and she is humbled to be able to tough so many caregivers out there that she respects so much. To book her for a lecture or get on the waitlist for her book, email her at [knowyourhippie@gmail.com](mailto:knowyourhippie@gmail.com), or call 802-999-7503. ∞

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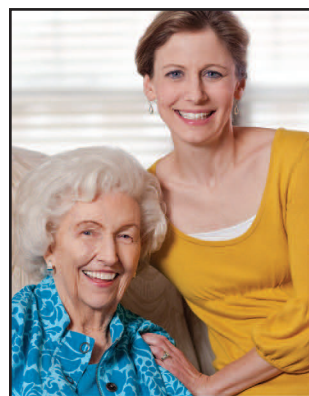
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## Eat for Your Health – the Mediterranean Way

By Cindy Crowninshield, RDN, LDN, HHC



Age well and enjoy doing it!

That's *South Shore Senior News's* mission for its readers, and it fits perfectly with the benefits of the Mediterranean Diet. This eating plan may not only add more years to your life; it's delicious, too! With just a few simple dietary changes at home or at work, you may give yourself many more pleasurable moments. Ready to plan your next five vacations, or troop through museums with your grandchildren? Take time for a Mediterranean eating holiday first—right here on the South Shore!

What is the traditional Mediterranean Diet? It's a natural, wholesome mix of foods like fresh vegetables, fruit, fresh fish, whole grains, legumes, and olive oil. Elegant in its simplicity, this flavorful "prescription for good health" has been linked to many powerful benefits. Research indicates that the Mediterranean Diet may help prevent heart disease, stave off cancer, and improve cognitive function.

Depending on your food choices, how you prepare them (e.g., steaming as opposed to frying), and portion sizes, meals based on the Mediterranean Diet will have fewer calories, less salt and added sugar, more fiber, and less saturated/trans fat than traditional meals while

still tasting great. In short, whether you're looking to take better care of yourself after a bypass or a diagnosis of high blood pressure, or you are seeking alternatives to comfort foods like ice cream, the Mediterranean Diet has something to offer you.

Following are some tips for incorporating this diet gradually:

- Add one to two teaspoons of olive oil every day to your lunch or dinner—as part of a dressing with lemon, on steamed vegetables, or in place of butter. Olive oil is a monounsaturated fat which may help regulate your cholesterol and your blood pressure.
- Eat the equivalent of 1.5 cups of fruit (e.g., a Macintosh apple and mandarin orange) every day to improve digestion. Choose fruit over juice for more fiber.
- Add a tasty grain-based side dish to your meal such as couscous. I love combining this dish with other ingredients such as diced vegetables (e.g., bell peppers in different colors, carrots, celery, and cucumbers), feta cheese, sunflower seeds, chickpeas, and raisins or other dried fruit. Boost up the protein in the dish with salmon, and it will become a complete meal.
- Get plenty of Omega-3 (heart-healthy) oils by eating fattier fishes twice a week. Put tuna on your salad at lunch, and have salmon for dinner with rice and vegetables. If you don't enjoy fish, take a daily fish oil supplement providing 1,100-1,600 milligrams of Omega-3.
- Add other healthy oils to your diet, too, like av-



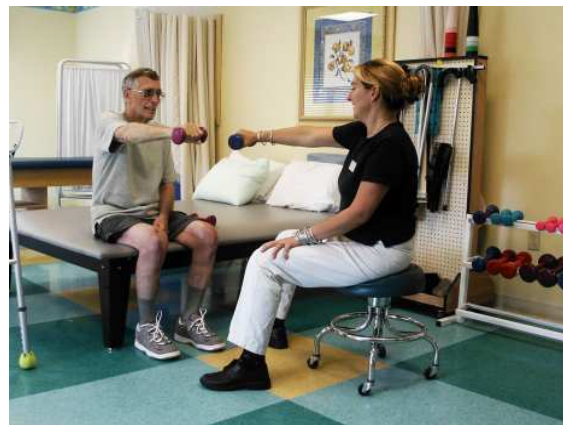
ocado, nuts, and seeds. (Watch portions, though.)

- Change up your breakfast. Try scrambled eggs with vegetables and olive oil, cooked on the stovetop or your microwave. Add a piece of fruit to your morning routine, as well.

The Mediterranean Diet is not only enjoyable; it can be a key part of your plan for a longer, healthier, and more fulfilling life. Explore and continue to savor!

**About the Author:** *Cindy Crowninshield, RDN, LDN, HHC is a licensed registered dietitian and nutrition educator in private practice. Her office is located in Ashland, Massachusetts, and she sees patients throughout Greater Boston and the South Shore. Cindy teaches individuals about the nutrition connection to symptoms and health issues. She empowers patients of all ages to organize themselves in health and wellness through a whole foods approach and making healthy lifestyle changes—using highly individualized nutrition plans. Visit [www.CindyCrowninshield.com](http://www.CindyCrowninshield.com) for more information.* ∞

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## Social Isolation and Aging

By John D. Miller



Imagine what your life would be like if you rarely, if ever, stepped out of your home. You might move from room to room, but your gaze never leaves those four walls, and/or your television. Wouldn't you get a little "stir-crazy?" I know I would.

Being stuck inside can be a particular problem for seniors who live alone. Certainly, there is comfort in a home providing safety, warmth, and familiar surroundings. But, socially and emotionally, the walls around you don't let

anyone in. There may not be any friends or neighbors willing or able to visit. Isolation can have a negative effect mentally, emotionally, and even physically. Aging and isolation is a health risk.

Isolation in the elderly can lead to some distressing health outcomes, and even increase the risk of death. A recent publication stated, "social isolation has been demonstrated to lead to numerous detrimental health effects in older adults, including increased risk for mortality, dementia, increased risk for re-hospitalization, and an increased number of falls."

For an aging widow (male or female), loneliness and social isolation may be their biggest daily problem. No one to talk to. Decisions about meals and nutrition can be easily compromised. When to sleep? Have I taken my medicine? Why should I get dressed?

**Here are some discussion points for families, seniors, and elderly parents:**

**1. Be proactive.** Examine, discuss, and create a plan to address health and aging issues. Whether it's arranging for the delivery of incontinence supplies, pharmacy prescriptions, or making sure your loved one has regular hearing or vision tests. Being proactive with some advance planning regarding a senior's health can help them feel better on a day-to-day basis.

Creating a plan can relieve needless worry. What's more, it can diminish the social anxiety related to hearing, vision, or continence concerns.

**2. Communicate with family, friends and neighbors.** If distance or inclement weather makes it impossible for you to check on your senior loved one as much as you'd like, enlist the help of others who may be nearby and more easily able to visit. Can a neighbor knock on the door and check in? Don't forget to call or email your loved one often to keep those connections strong even when you can't visit in person.

**3. Utilize senior-friendly services.** Can food be delivered? Seniors living alone may be at greater risk of poor eating habits and inadequate nutrition. Consider an online grocery service for food deliveries or an organization such as Meals on Wheels, which can provide not just nutritious food but some personalized social contact.

Obviously, chilly and inclement weather is reason enough to stay indoors for all of us. It is very difficult for the elderly to leave the house while risking dangers like the cold, dangerous driving conditions, ice and frost. Conversely, it is also harder for visitors to reach them.

Even more distressing is the fact that social isolation can lead to loneliness, unhappiness, and undue health risks for our aging population.

Fact. The probability of living alone increases as you age. Have you ever thought about your future this way?

Many seniors get creative with housing, and share living arrangements with family. Others choose to buy in to a senior living community (perhaps assisted living).

For women, the likelihood of living alone is 32% for 65-74 year-olds, but this increases to 57% for those aged 85 years or more. For men, the corresponding proportions are 13% and 29%.

How does this effect our elderly parents? Recent research has shown that feeling extreme loneliness can increase an older person's chances of an early death by 14%. Isolation and loneliness has a tangible effect on

**Isolation...** continued on page 19

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In a world full of large chain pharmacies, our pharmacy, as well as other independent pharmacies, set ourselves apart by offering services that most chain pharmacies do not. If you've never heard of independent pharmacy, there are many differences between us and your average pharmacy.

Independent pharmacies typically do not fill as high a volume of prescriptions as chain pharmacies. This means we have more time for our patients, we know our patients by name, and we can provide each of them with an individualized level of service that is often just too time consuming for large chain pharmacies. Small independent pharmacies don't keep you waiting on hold forever, and you can reach an actual person instead of a machine and you don't have to come back in a few hours to pick up your medications.

Many independent pharmacies such as Crown Colony Pharmacy offer pharmaceutical compounding, which is essentially the process

of making a drug from scratch when a specialized dose or product is needed.

Our specialized services and customer care set us apart from the big pharmacies. Crown Colony Pharmacy chooses to have a special focus on senior care services. We provide the knowledge and assistance needed to make life easier and keep our seniors independent. We help our patients feel confident with their knowledge about what they are taking and why they are taking it.

We monitor all your medications for interactions, and are always available to talk with you about medication questions.

Our specialized senior services program provides assistance with everything you will need, so that taking your medications is as simple as possible. Our program offers easy prescription transfer, with the pharmacy doing all the work needed to get you transferred over. We call your

current pharmacy, we call your doctor, and we organize everything. We know your time is important, and transportation can sometimes be difficult. To make this easier on you, we offer medication synchronization. When we sync all your medications to refill at the same time, you are no longer making trips to the pharmacy every other day. We can sync your medications and we can also package them. With our medication packaging services, we fill your pill boxes for you so you can easily keep track of your medications.

If you need delivery service, just let us know, as we'd be happy to deliver your medications right to you.

What most independent pharmacies would want you to know is that you DO have a choice in your pharmacy service. You don't need to worry that your copays and drug prices will change, as most insurance plans have exactly the same copay prices, no matter which retail pharmacy you choose. Often times, patients report lower copays at independent pharmacies because there are no hidden dispensing fees added into your cost. The one change you CAN count on, is that the level of service and care that you experience will change dramatically for the better!

We are so happy to be a part of this community. So please stop in or give us a call at 617-472-9000. Our staff at Crown Colony Pharmacy is excited and ready to see how we can help you become more independent with your medication treatment. ∞

## Crossword Puzzle Corner answers on page 22

- Across
- 1 Cat's scratcher

5 Madam sheep

8 Snoozing

12 Unthought-out

13 Mont Blanc, e.g.

14 Therefore

15 Represented

17 Prompts unpleasantly

18 Office wear, perhaps

20 Perform penance

23 In abeyance (2 words)

26 Creative

27 Traveled on snow

29 Shack

30 Dictation whiz

31 Razor-billed \_\_\_\_

33 Half woman half fish

35 Spore bearing containers

36 Not humble

37 Spruce up

38 Work up

41 S.A tubers

44 Courtesy

48 Family member
- 49 .001 inch, for short

50 Stage solo

51 Singer, Alicia

52 Ethan Hunt, for one

53 Actor Green of "Buffy the Vampire Slayer"
- Down
- 1 Computer monitor, for short

2 Nonprofessional person

3 Cleopatra's undoing

4 Neigh

5 Heroic

6 Half a fortnight

7 From first to last (3 words)

8 Poem by Virgil

9 Lingerie item

10 Grade A item

11 \_\_ and don'ts

16 Doctor's charge

19 \_\_ China

20 Expression of delight

21 The "Donald"

22 Aquatic mammal

24 Stop

25 Draw out

27 Sports areas

1	2	3	4		5	6	7		8	9	10	11
12					13				14			
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41	42	43			44				45	46	47	
48					49				50			
51					52				53			

28 Garland

30 Complacent

32 Siblings

34 Coffees

35 Spheres

37 Mom-and-pop grp. for short

39 Cause to fall

40 With competence

41 Furniture tree

42 Pool tool

43 One or more

45 Incense

46 Small songbird

47 Exclamation of impatience

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# Key Issues for Home Health Care Agencies



By Maria Burke, RN

I believe that health care is a dynamic, therapeutic, and educational process that continues to evolve, particularly with the ever changing advances in the medical field. With that, I think

home health care agencies have a responsibility to meet certain basic criteria.

### Client Care is Paramount

The first, most significant factor is that the client's health and well-being be of paramount importance. Home health care professionals and caretakers want to make this their number one goal. I think it's easy today to occasionally lose sight of that, particularly with the growing need to cut costs and maximize resources.

### Individualization

Customized care programs work best because each individual requiring in-home care has their own set of unique needs. In addition, their family members also have particular needs and expectations for their loved one's home care. That's why the initial assessments should be done by either someone within the organization who has a strong stake in the company, and beyond that,

has a clinical background. Clinicians or professionally trained, skilled medical staff have the insight, experience, and ability to provide comprehensive assessments, adding tremendous value for both the client and their family.

In-home care extends beyond the client's medical needs. As home care professionals, we want to consider a client's physical and behavioral issues including mental and emotional status and even, in some circumstances, the person's spiritual wellbeing and religious beliefs.

The typical process includes a thorough assessment; leading to a diagnosis; possibly some type of medical, physical or behavioral intervention; and finally an evaluation of the client's situation.

### Training and Continuing Education

With strict HIPPA rules and closely monitored government privacy regulations, it is vital that the home health care agencies maintain pertinent client records. Home health care professionals, whether they are Registered Nurses, CNAs or home health aides, need to have proper professional training and certification before they enter a client's home. They are responsible for educating the client and their family and maintaining documentation. They have a responsibility to the client and their family

members to notify them about any community resources available to them in terms of rehabilitation or convalescent care.

We're fortunate because we have an on-site training facility for new home health care aides. We provide orientation, training, certification, and continuing education for all our in-home health care personnel. As the role of the health care worker changes with expanded health programs, cost-effective hospital management, and professional development, we continue to stand by our philosophy of operating in a client-centered environment. I believe the best way to achieve that is through the hiring of talented, compassionate health care professionals and paraprofessionals who are passionate about servicing the elderly and enjoy working with other spirited individuals.

**About the Author:** Maria Burke, owner of Celtic Angels Home Health Care, 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 serves hundreds of elderly people across Massachusetts with a variety of services including skilled nursing, homemaking services and home health aide and CNA care services. ∞

# Improve your life through music



By Nicole Craven

So many of us have a strong connection to music. We hear a certain song and it takes us back to a memorable summer in our teens, we sing a lullaby to our child and feel a sense of

peace, we feel the stress melt away from a bad day as we listen to a favorite song. When I tell people I am a music therapist, most comment about how therapeutic music is for them. Many of us have had cathartic experiences as we listen to a certain piece of music or make music to help us relax. It's as if music has a magical healing power.

But did you know that there is actually a lot of research and scientific knowledge around how music impacts our brain and development? It's not just magic! In fact, board-certified music therapists use this knowledge every day to help people of all ages, abilities, and stages of life to improve their lives. Music therapy is used to improve cognitive functioning, gross/fine motor skills, social and emotional development. In addition to being strong musicians, music therapists need to have a deep understanding of development (from birth to end of life), counseling techniques, psychology, and medical diagnosis.

So how can music therapy help seniors, those



in memory care, or hospice patients? At Sing Explore Create we sing, play instruments, compose, rewrite lyrics, engage in active music listening activities, and find other ways to help clients participate. The best part for clients is there is NO EXPERIENCE NECESSARY! We find ways for clients to participate in a way that is comfortable for them and help them to grow from there.

Engaging in music interventions offers many benefits to our clients. For seniors, drumming and singing can have health benefits similar to engaging in other physical exercises. It can also assist with speech and motor rehabilitation. Making music with others has also been shown to reduce depression in older adults. For those in memory care, the area of the brain where music is processed is one of the last to be affected by Alzheimer's. Because of this, singing familiar songs and listening to music (preferably live music) can assist in recall and language skills, as well as decrease agitated behaviors for these folks. Finally, music therapy can provide a comfortable environment for seniors and hospice patients to spend time with loved ones, creating positive and meaningful memories. Musical experiences may open the door to conversations with loved ones and reminiscing about the past.

# South Shore Happenings

## Southeastern MA Adult Walking Club Spring 2019

The Southeastern Massachusetts Adult Walking Club meets each weekend on either a Saturday or Sunday, usually at 1:00 pm, for recreational walks. This club is open to people of 16 years of age and older, and there is no fee to join. Walks average 2 to 5 miles. New walkers are always encouraged to participate.

Walks will be led by a park ranger or a Walking Club volunteer leader.

The Walking Club meets at DCR sites across Southeastern Massachusetts. Some DCR sites charge a parking fee.

For more info, visit: <http://www.mass.gov/eea/agencies/dcr/masssparks/passes-and-fees/parking-fees.html>

The rangers recommend wearing hiking boots, dressing in layers and bringing drinking water on all hikes.

### Saturday, April 6, 1-2:30 pm Blue Hills Reservation

Moderate walk, some hills, 4 miles. Old Rte. 128 to Beech Hollow and Doe Hollow. Return via the green dot trail.

Meet at the Houghton's Pond parking lot at 840 Hillside St. in Milton. 617-727-4573, x4

### Sunday, April 7, 1-3 pm Wompatuck State Park

Moderate walk along mixed surface trails, some hills, 4 miles. Hike along Aaron Reservoir and Heron Pond. Wear some plaid and celebrate National Tartan Day. Travel 1.55 miles south from the Visitor Center on Union St. and meet at the Transfer Station on the left. For info, call 781-740-1605 x204.

### Sunday, April 14, 1-2:30 pm Blue Hills Reservation

Moderate walk, some hilly terrain, 3+ miles. Walk from St. Moritz Pond to Sawcut Notch, return on Crags Foot Path.

Meet at the Shea Rink parking lot at 651 Willard St. in Quincy. For info, call 617-727-4573, x4

### Saturday, April 20, 1-3 pm Nickerson State Park

Moderate walk, 3.5 miles, around Cliff Pond, with incredible vistas of spring landscape. Meet at the end of Flax Pond Rd. Enter at the park entrance at 3488 Main St., go up the road and take your first major left, onto Flax Pond Rd. Go to the end of road. For info, call 508-896-3491.

### Sunday, April 28, 1-2:30 pm

### Waquoit Bay Headwaters and Herring

Easy walk, 2 miles, with a few hills in wooded terrain. Encounter abandoned cranberry bogs, pond and river while discovering the herring's route to their spawning grounds. Park at John's Pond Park Conservation area, end of Back Road, Mashpee. For info, call at 508-457-0495. ∞

## Living Gluten-Free Support Group April 15

**NORWELL, KINGSTON** -On Monday, April 15, a "Living Gluten-Free" Support Group will be held the third Wednesday of the month from 6:30 to 7:30 p.m. at the Norwell Big Y in the café. The group is facilitated by Big Y's consulting dietitian, Kathy Jordan MS, RDN.

Join us for a conversation about gluten-free living and sampling of gluten-free products. This support group is in collaboration with the National Celiac Association and Big Y World Class Markets. The event is free and is located at Big Y, 10 Washington Street, Norwell (Queen Anne's Corner).

Big Y is also offering a free supermarket nutrition tour on Friday, April 5 from 11-12:30 at the Kingston Big Y, 182 Summer St., Kingston, MA. Join us for a "Eat for Health Tour". Walk the aisles with Big Y's consulting dietitian, Kathy Jordan, MS, RDN, and learn how to choose and use healthy foods found throughout your local market.

Participants receive a reusable grocery bag filled with coupons, nutrition information, recipes and product samples. Limited to 12 participants per tour so register early! This event is free. To register email [kathyjordanmsrd@gmail.com](mailto:kathyjordanmsrd@gmail.com) ∞

### Isolation... continued from opage 15

adult aging and health. Sleep can be disrupted. Blood pressure may elevate. Overall well-being may decline.

Some seniors enjoy and value quiet and solitude, but that is not the issue -- it is the social component of human interaction, and engagement, that matters.

Age-related health issues like hearing loss, incontinence, or vision loss, can increase this sense of senior isolation.

Elderly, caregivers, and families can play a big part in minimizing this isolation. Think about encouraging your elderly parents to use easily-accessible resources such as hearing aids and walkers. These aids will help keep them more active and socially engaged.

Always a huge issue -- explore transportation options for seniors. Driving skills and weather conditions (visibility; sun glare; road conditions, etc.) may be a bad combination. Try to arrange safe transportation for older adults. Look into locally accessible and senior-friendly public transit, or taxi services. Most community Senior Centers provide transportation services for in-town or out-of-town travel. Also, some volunteer groups may offer ride sharing services.

Some community organizations provide volunteers who call and check in on home-bound seniors

living alone. This social connection and human interaction can provide tremendous elder benefits.

**About the Author:** John D. Miller is the founder/owner of Home Care Partners, LLC, providing private duty, personalized in-home assistance and non-medical care services to those needing help in daily activities and household functions. He can be reached at 781 378 2164; email: [jdmiller@homecarepartners.biz](mailto:jdmiller@homecarepartners.biz) , or online at: [www.homecarepartnersma.com](http://www.homecarepartnersma.com) ∞

## Can't get to the library?

**HULL** – Do you or someone you know need assistance in accessing materials from the library? The Friends of the Hull Public Library would like to initiate a pilot program of delivery of books to those unable to get to the library. As a first step, the Friends are exploring the level of need and interest in the community.

The program would involve having patrons contact the library. A volunteer would then be assigned to meet with the patron to create a library card, if necessary, and discuss the patron's reading preferences. It is anticipated that books would be delivered and collected on a biweekly basis.

Please call the library at 781-925-2295 if you are interested in participating or would like more information. ∞

Our team of music therapists is fortunate to facilitate these musical moments in our clients' lives and help them connect with family members in such a meaningful way. We take great care to get to know our clients and develop a program tailored to their unique needs and that incorporates their musical preferences. We would love to meet you or your loved one. We welcome you to connect with us to learn more about how music therapy services may best serve you.

**About the Author:** Nicole Craven, MAMT-BC, co-founder and Director of Sing Explore Create, LLC, is a board-certified music therapist and music educator. She is dedicated to providing opportunities throughout the South Shore for people of all ages to experience the benefits of engaging in the arts and using music to enhance their lives. You can reach Nicole at 781-803-2117 ext. 4, and learn more at [www.singexplorecreate.com](http://www.singexplorecreate.com) ∞

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## Peg's Picks

### Holy Ghost

Author: John Sandford

If you're a fan of Jon Sandford's work, this Virgil Flower's novel is another great read.

Set in Wheatfield, Minnesota, the plot revolves around three townies who scheme to make an apparition of the Virgin Mary appear, in hopes of bringing people to the town and make big money. Well, the plan doesn't go quite as the trio had planned, and people start turning up dead.

Are the murders related to the miracle or could something else be afoot in this sleepy town? The Feds come in and discover all sorts of crazy things going on.

Another entertaining thriller you'll love.

**About the Author:** Peg is an avid reader and member of a long-standing South Shore book club. ∞

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# Social Security Update

## April is National Social Security Month

By Delia De Mello

It's National Social Security Month and this year we're highlighting some of the time-saving features of the my Social Security account. Once you create an account,

you'll see that we already have your work history and secure information to estimate what you could receive once you start collecting benefits. With your personal my Social Security account, you can also:

- Request a replacement Social Security card;
- Set up or change direct deposit;
- Get a proof of income letter;
- Change your address;



- Check the status of your Social Security application; and
- Get a Social Security 1099 form (SSA-1099).

For over 80 years, Social Security has worked to meet the changing needs of the American public. Today, you can apply for retirement, disability, and Medicare benefits online, as well as take care of other business.

Knowledge is power. You care about your friends' and family's future, so encourage them to create a my Social Security account. Celebrate National Social Security Month by learning what you can do online anytime, anywhere at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.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](http://www.socialsecurity.gov) ∞

## Dare to Downsize!



Tiny monthly articles regarding moving to a smaller place designed to motivate, educate, and entertain!

## Dare to Renovate!

By Randy Veraguas

QUINCY - April showers bring May flowers.

Just because you've downsized doesn't mean you can't feel fresh as a daisy in your new smaller place!

Sometimes downsizing can feel like a storm. So let's focus on the silver lining.

If you have a smaller place, it won't cost as much to renovate it and fix it up to suit your taste. Maybe in the past you had champagne taste on a beer budget. Hopefully now in your smaller place you can afford that champagne. You won't be buying it for 20 guests; you'll only be buying it for one! Get the finest! ;)

It could even pay off. If you want to renovate and you want the most bang for the buck, real estate agents will tell you the bathroom and kitchen remodels are the places to start. So you've got only one bathroom now? Make the most of it! Don't pick the plastic shower inserts, go for the tile!

It won't be as expensive as tiling your old big bathroom! Smaller doesn't have to be less tasteful. Smaller can be just as glamorous as your old bigger place. Or more! Hang that chandelier in your kitchen! Order those hand-painted tiles! Get the deep sinks with the fancy faucets.

Smaller can be better!

So remember when you go through the move it can definitely feel like a storm. With proper planning, it could just feel like lots of rain. It's up to you to find the silver lining in the clouds of Downsizing. I hope you find rainbows and flowers and feel fresh as a daisy in your new gorgeous smaller home.

**About the Author:** Randy Veraguas is the Sales Director at Atria Marina Place. She is also the Creative Producer of the TV Pilot, Dare to Downsize, [www.daretodownsize.weebly.com](http://www.daretodownsize.weebly.com). You can reach Randy at 781-635-5414. ∞

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**Loretta LaRoche and her band**

Hyannis - Loretta LaRoche and her We're Not Dead Yet Quartet, will perform at the Cape Codder Resort Dinner Theater, 1225 Iyannough Rd., Hyannis, on Saturday, April 6, from 8-10 PM. The show will feature tons of Loretta's signature stories and stand-up comedy combined with mirth, mayhem, and music. The girl can sing! Tickets are \$40 per person. For information and tickets, please call 855-861-4370.



Cover Story

# Family is first for Roche Bros.

By Patricia Abbate

WELLESLEY –If you live in one of the suburban communities in Greater Boston, Metro-West or Southeastern Massachusetts, you’re probably familiar with the Roche Bros. regional chain of supermarkets. Boasting 17 stores, including two Sudbury Farms locations and operating an additional three neighborhood concept markets - Brothers Marketplace - commitment to family values and a passion for great food and great customer service has always set them apart.

In 1952, brothers Pat and Bud Roche opened a butcher shop in Roslindale, then quickly added fresh produce to their offerings and soon expanded to include a full grocery department. Growth was on the horizon for the brothers, as they sensed opportunity calling as the post WWII population moved away from cities and began building up the suburbs with brand new communities. In 1959, Pat and Bud opened a grocery store in Needham and another in West Roxbury in 1967. More suburban-based Roche Bros. were in the works.

As a high school student in Westwood, I heard the buzz around town that a big new grocery store was scheduled to open on Washington Street in 1970, and I wanted to work there. In fact, most high school kids from Westwood and neighboring towns filled out work applications in hopes of getting hired, but the competition was intense, so I was thrilled to become a cashier at the brand new facility. It was the first Roche Bros. to incorporate a “department” concept of merchandising, with a bakery, floral department, and a full-service restaurant. Within three months I was promoted to the cash office and would spend my high school and college years behind that courtesy booth with my high school friends. My sister Kati, now a nurse and retired naval officer, worked the grill at the restaurant. Both of us still have many friends from those years at Roche Bros., as through the camaraderie we shared, we became family, and still stay in touch.

Pat and Bud Roche created the tone and the pace for the cheerful and productive environment of their business, always setting an example and investing in their “family” of employees. They toured each of their stores on a regular basis, rushing through the front doors with captivating flourish and the panache of a seasoned politician -- arms waving, broad smiles, calling out hellos to each of us individually, by name. We received higher than average wages, and even part-time student employees could count on vacation pay and a profit sharing check each year back then. Our on-the-job training was top-notch and our managers were great role models. Pat and Bud's community involvement was unmatched, as they supported every youth and need-based cause in the area, a display of selfless philanthropy not lost on their employees and customers. The much-anticipated annual holiday party was not only a fun, dress-up occasion, but served as an opportunity for management to recognize employee service by expressing appreciation with genuine thanks and tangible awards. It was a feel-good event we shared with our family of co-workers. If we had viable suggestions, Pat and Bud listened and often acted on our ideas. At my urging, they supported my desire to write, design, publish, and distribute

an employee newsletter – the *Roche Bros Register*. Although an amateur attempt at journalism, it fueled my creativity, boosted my confidence, and opened the door for a peek inside the executive offices. As a young person, this first experience in the professional world of work would instill in me and my young colleagues a deep commitment to customer service, a desire to excel as a representative of a service-oriented business, and a genuinely strong work ethic – all attributes that have served me well in my professional career and private life.

By 1981, the year Pat’s son Rick graduated from Boston College, the brothers had expanded to five stores, with the addition of Natick and Wellesley. That’s when Rick went to work for the family business. Now the company’s CEO, there was no short cut to the executive suite for Rick, as he worked from the ground up. “I started in the grocery department right after college graduation. It was a least ten years before I got operations management training.”

After Pat and Bud stepped away from the business, brothers Rick and Ed took the helm, and now the third generation is on the threshold, as Rick’s daughter Caitlin is next in line. “She’s transitioning into the business,” he says with pride.

According to Rick, a well-executed transition plan is firmly in place, so Caitlin’s movement into the top position will be smooth. He says, “We have great people, and I let them run the business. I don’t want my daughter to worry about that. Our leadership team is in sync, both operations and merchandise, and they are doing a great job. I trust them.”

Rick has plans to semi-retire in the next few years -- perhaps to spend more time on his passion for writing at his Cape Cod retreat --and his brother Ed is way ahead of him on that front, already in retirement mode.

The second generation brothers have shepherded the business through many years of rapid growth, responding to market trends and needs, innovating and being creative, and in some cases, taking on calculated risk.

The opening of their store in Boston--the first full-service grocery store in the city’s downtown--has been successful since opening in 2015, as a shift from the suburbs back to the city dwelling was taking place. “There is lots of foot traffic there. We have loyal and long-term customers, and we really appreciate them,” he says.

And with the recent addition of three Brothers Marketplace stores, Rick notes, “Brothers is a reaction to where the grocery business has gone in the past five years. When you have Amazon delivering everything to your door that we used to sell in the middle of the store, you don’t need as much floor space.” Brothers Marketplace has that neighborly feel, a place you can find locally-sourced fresh produce, artisan foods, a hand-picked selection of local products, prepared meals, catering services, and grocery essentials. “It’s like back to the future, closer to what Roslindale must have been like, the first story, and it’s pretty cool,” referring to his father and uncle’s first store that featured a butcher shop and local produce and groceries, the very items Brothers Marketplace offers. New Brothers stores will soon be opening



**A family affair.** Roche Bros. second generation owner Ed Roche with his niece, Caitlin Roche. A transition plan is in place as Caitlin will be the third generation to take over the reins of the family business started by her grandfather Pat Roche and great-uncle Bud Roche in 1952.

in Duxbury and Cambridge, and are highly anticipated by their respective communities.

“We are weeding through some of the older, less profitable stores, and they’ll go away eventually, but what we do best, service and quality, will always be what we concentrate on. It’s what got us here today, so we’re expanding and contracting with that in mind,” he explains.

What’s the secret to their success? Rick grins, saying, “It’s always about the people, no matter what you do. If the people are not on track, it’s not going to work. If you take care of your employees first, they take care of the customer.” With more than 4,800 associates in its 20 stores, it’s more important than ever to keep the focus on the employees. Pat Roche always believed that good service comes from happy employees. The company has been on the Boston Globe’s list of the top 100 Boston-area places to work for as long as the list has existed. Rick’s dad adopted a common principle back in 1952, operating by the Golden Rule – to simply treat each other the way we would like to be treated - an operational philosophy that continues to serve the company well. As Rick professes, “It’s always about the people.” ∞

CROSSWORD PUZZLE ANSWERS FROM PAGE 16																					
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## New device stops a cold

New research shows you can stop a cold in its tracks if you take one simple step with a new device when you first feel a cold coming on.

Colds start when cold viruses get in your nose. Viruses multiply fast. If you don’t stop them early, they spread in your airways and cause misery.

But scientists have found a quick way to kill a virus. Touch it with copper. Researchers at labs and universities agree, copper is “antimicrobial.” It kills microbes, such as viruses and bacteria, just by touch.

That’s why ancient Greeks and Egyptians used copper to purify water and heal wounds. They didn’t know about viruses and bacteria, but now we do.

Scientists say the high conductance of copper disrupts the electrical balance in a microbe cell and destroys the cell in seconds.

Tests by the Environmental Protection Agency (EPA) show germs die fast on copper. So some hospitals tried copper for touch surfaces like faucets and doorknobs. This cut the spread of MRSA and other illnesses by over half, and saved lives.

The strong scientific evidence gave inventor Doug Cornell an idea. When he felt a cold coming on he fashioned a smooth copper probe and rubbed it gently in his nose for 60 seconds.

“It worked!” he exclaimed. “The cold went away completely.” It worked again every time he felt a cold coming on and he hasn’t had a cold since.

He asked relatives and friends to try it. They said it worked for them, too, so he patented CopperZap™ and put it on the market.

Soon hundreds of people had tried it and given feedback. Nearly 100% said the copper stops colds if used within 3 hours after the first sign. Even up to 2 days, if they still get the cold it is milder than usual and they feel better.

Users wrote things like, “It stopped my cold right away,” and “Is it supposed to work that fast?”

“What a wonderful thing,” wrote Physician’s Assistant Julie. “No more colds for me!”

Pat McAllister, age 70, received one for Christmas and called it “one of the best presents ever. This little jewel really works.” Now thousands of users have simply stopped getting colds.

People often use CopperZap preventively. Frequent flier Karen Gau-

ci used to get colds after crowded flights. Though skeptical, she tried it several times a day on travel days for 2 months. “Sixteen flights and not a sniffle!” she exclaimed.

Businesswoman Rosaleen says



**New research: Copper stops colds if used early.**

when people are sick around her she uses CopperZap morning and night. “It saved me last holidays,” she said. “The kids had colds going round and round, but not me.”

Some users say it also helps with sinuses. Attorney Donna Blight had a 2-day sinus headache. When her CopperZap arrived, she tried it. “I am shocked!” she said. “My head cleared, no more headache, no more congestion.”

Some users say copper stops nighttime stuffiness if used just before bed. One man said, “Best sleep I’ve had in years.”

Copper may even stop flu if used early and for several days. Lab technicians placed 25 million live flu viruses on a CopperZap. No viruses were found alive soon after.

People have used it on cold sores and say it can completely prevent ugly outbreaks. You can also rub it gently on wounds, cuts, or lesions to combat infections.

The handle is curved and finely textured to improve contact. It kills germs picked up on fingers and hands to protect you and your family.

Copper even kills deadly germs that have become resistant to antibiotics. If you are near sick people, a moment of handling it may keep serious infection away from you and your loved ones. It may even save a life.

The EPA says copper still works even when tarnished. It kills hundreds of different disease germs so it can prevent serious or even fatal illness.

CopperZap is made in the U.S. of pure copper. It has a 90-day full money back guarantee when used as directed to stop a cold. It is \$69.95. Get \$10 off each CopperZap with code **MASS3**.

Go to [www.CopperZap.com](http://www.CopperZap.com) or

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