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Retirement Dreams – or Nightmares

Grudges or gratitude – You get to choose which feeling will dominate your thoughts



By Steven V. Dubin

Ever feel slighted? Dismissed? Ignored? Taken advantage of?

Here are some quick examples: Hey, that guy always runs up the tab with expensive drinks and the priciest entree, then splits the bill with a smile. She never waved to me as I left the neighborhood. He looked over my shoulder at someone he'd rather be talking with.

Aging is a little like becoming the mayor of your own eccentric village. You know which roads are worth traveling, which potholes to avoid, and – most importantly – which arguments are simply not worth the gas.

Here are a few whimsical suggestions for the journey:

- **Don't carry grudges; they're terrible luggage.** They're heavy, awkward, and somehow always end up on the baggage carousel when you least expect them. Travel lighter.
- **Let your face tell the truth.** Laugh lines are not wrinkles; they're the fine print of a life well laughed. Wear them proudly. They're evidence that you've been paying attention.
- **Stop auditioning for people who aren't casting.** Not everyone will understand you, approve of you, or appreciate your particular brand of wonderful. That's all right. You don't need to be everyone's favorite.
- **Forgiveness doesn't require amnesia.** You can forgive someone and still remember not to hand them the keys to your house – or your heart – again. Wisdom has boundaries.

• **Retire from imaginary arguments.** If you find yourself delivering a devastating comeback three days after the conversation ended, congratulations: you've won a debate nobody else attended.

• **Give people room to be imperfect.** You have undoubtedly provided your own share of material over the years. Humanity is a group project, and the quality control is questionable.

• **Choose peace over being right – sometimes.** There are hills worth dying on, but many are merely decorative little mounds of stubbornness. Save your energy for the important battles.

• **Keep a little mischief.** Dance badly. Learn something ridiculous. Growing older should not mean becoming the sort of person who disapproves of bubbles.

• **Notice what remains.** Friends who stayed. Trees that still bloom. Music that still makes you grin. The smell of coffee in the morning. Gratitude is an excellent pair of spectacles: it helps ordinary things sparkle.

• **Remember that letting go is not losing.** Sometimes you release a grudge not because the other person deserves peace, but because you deserve it. Your heart has better things to store than old invoices for emotional damages.

And perhaps the grandest wisdom of all:

• **You don't have to attend every argument you're invited to.**

As the years accumulate, may you become increasingly selective about what gets your attention, your energy, and your blood pressure.

Keep the memories that make you smile. Keep the lessons that make you wiser. Release the resentments that make your shoulders tense.

And whenever possible, laugh.

It's cheaper than therapy, improves the scenery, and makes wrinkles look positively intentional.

I'd love to hear your aging adventures and insights as well. Please email me at SDubin@PRWorkZone.com.

About the Author: *Steven V. Dubin is the founder of PR Works, a lightly used public relations firm based in Plymouth which helps small to mid-sized nonprofit organizations and for-profit companies navigate the overwhelming options of advertising. Steve lives in Plymouth with his wife, Wendy. He is a contributing author to "Get Slightly Famous" and "Tricks of the Trade," the complete guide to succeeding in the advice business. He recently authored "PR 101," an E-book. ∞*



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www.southshoresenior.com

info@southshoresenior.com

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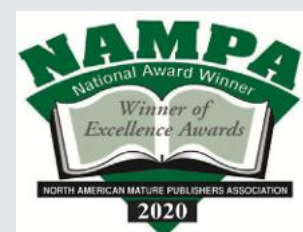
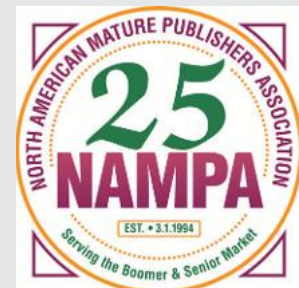
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The Publishers also produce a podcast entitled "My Generation," which covers a wide range of topics of interest to seniors, from dating to downsizing and everything in between. The podcasts air on the 1st and 15th of every month and audio archives can be found at SouthShoreSenior.com and Spotify.

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NAVIGATING THE FUTURE

Most families do not have an aging plan until they need one



By Mark Friedman

Most of us have spent years planning for retirement. We have thought about income, housing, insurance, and perhaps the places we would like to visit. Many of us have also completed an estate plan explaining what should happen after we die. Far fewer have created a plan for the years in between, when we are still very much alive but may need help remaining safe, independent, and connected to the people and activities that matter to us.

That missing aging plan becomes important when driving no longer feels comfortable, medications become confusing, stairs become difficult or a spouse can no longer provide all the necessary help. Without a plan, decisions are often made in an emergency room, a rehabilitation center, or during an exhausted family conversation. At that point, the choices may be fewer, the pressure greater and your voice harder to hear.

This subject is personal for me. I have worked with older adults and their families for more than 16 years, but I am also helping parents in their 90s navigate many of these same questions. I understand how easily loving families can postpone difficult conversations. No one wants to suggest that a parent is losing independence, and few parents want to imagine needing help. Avoiding the conversation, however, does not preserve independence. It can allow a crisis to make the decision for us.

An aging plan should start before that crisis, and it should not begin with a list of services or everything someone believes you should no longer do. It should begin with you and a more personal question: What matters most to you?

You may want to remain in the home where you raised your family. You may care most about staying near friends, continuing to attend religious services, caring for a pet, or spending summers in a place you love. You may want to protect your spouse from carrying too much responsibility. You may simply want your children to continue being your children rather than becoming full-time managers of your life.

The Age-Friendly Health Systems framework begins with “What Matters” and connects it with Medication, Mentation and Mobility, known together as the 4Ms. The order matters. A technically sound plan can still be the wrong plan if it ignores the life you are trying to preserve.

Planning does require honesty. What we want and what we need are not always identical. You may want complete independence while beginning to need help with transportation, meals, household responsibilities, or medication reminders. Accepting limited help does not necessarily mean surrendering independence. In many cases, the right assistance is what allows independence to continue.

Families sometimes make the opposite mistake. They see one problem and assume that everything must change. A fall does not automatically mean someone must move. A missed medication does not necessarily mean memory loss. The cause may be poor vision, confusing instructions, difficulty opening a container, or an inability to reach the pharmacy. Solving the wrong problem can add expense and restriction without improving your life.

I encourage people to examine five areas: safety, autonomy, management of medical conditions, caregiver burden, and quality of life. These considerations are connected. A plan that protects safety but removes every meaningful choice may not be sustainable. A plan that protects independence by placing unlimited responsibility on an aging spouse or one adult child may not be sustainable either.

Caregiver burden can be difficult to discuss because no one wants to feel

like a burden. That is not what this conversation means. The issue is whether the plan depends too heavily on one person. If one daughter schedules every appointment, provides every ride, handles every emergency, and remembers every medication, the family does not have a dependable system. It has one loving person who may eventually become exhausted.

A written aging plan does not need to predict every possible change. It should identify what matters most to you, the people you trust to help, your essential medical and legal contacts, and the circumstances that would indicate that more support is needed. It might state that you will reconsider driving after an accident, a medical recommendation, or repeated episodes of becoming lost. It might describe what help would be acceptable if remaining at home becomes difficult.

Advance care planning is part of this process. It allows you to identify someone to make health care decisions if you cannot speak for yourself and to communicate your preferences before a serious illness or loss of decision-making ability. Completing the documents is important, but so is discussing them. A form stored where no one can find it will not guide a family during an emergency.

Cost and availability also belong in the plan. A service that your family cannot afford or obtain consistently is not a dependable solution. Understand what your insurance covers, what it does not cover, what savings may be available, and which relatives can realistically contribute. These conversations can be uncomfortable, but hidden financial assumptions often produce conflict at the worst possible time.

Begin with one sheet of paper. Write down three things you most want to preserve as you age. Then identify three circumstances that would make your current arrangement unsafe or unsustainable (tradeoffs). Finally, name the people you want involved in helping you make decisions.

Share those answers while you can guide the conversation. The purpose of an aging plan is not to surrender control. It is to preserve your voice, choices, and dignity before a crisis gives everyone too little time and too few options.

About the Author: Mark Friedman is the owner and Chief Education Officer of Senior Helpers Boston and South Shore. Passionate about seniors and healthcare, the goal of his agency is to change the trajectory of aging for his clients and their families first by delivering an exceptional homecare experience in a combination of highly trained and high-touch caregivers, and second by providing education and guidance with and connection to resources and services in the 43 communities his company serves. Contact Mark at MFriedman@SeniorHelpers.com or visit www.SeniorHelpersBoston.com. ∞




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Europe by train: Vast rail network makes it easy to visit several major cities during your trip



By Cynthia Washam

Relaxing is not the first word that comes to mind when I think about the seven weeks I spent traveling by train through Eastern Europe. Then again, I wasn't the one who drove on earlier treks through the

continent. To my husband the driver, relaxation was the train's greatest reward.

"It was nice not to worry about traffic," Bob said, "or people walking in the road."

Not to mention narrow streets, signs we can't read, and in Ireland and the UK, driving on the left side of the road.

You don't have to be an anxious driver, of course, to appreciate Europe's trains. They're comfortable, reliable and travel up to 200 miles per hour. Train passengers on trips of five or fewer hours might even beat air fliers, given the airport commute and need to arrive early.

Eurail's vast rail network made planning our journey easy. The network serves more than 40,000 destinations across 33 countries. We took trains to every major city on our list, including Vienna, Krakow, and Budapest, and every minor one such as Romania's Sibiu and Sighisoara.

As we wound our way through rural Austria our second day on the trains, I remember star-

ing out the window at seemingly endless snow-capped mountains and quaint villages, houses in each one dwarfed by the steeple atop a time-worn church. When I think about that day, and others we spent traveling by rail, the first word that will always pop into my head is "scenic."

Tips for Europe rail trips

- **Start by estimating the number of days you'll spend traveling by train.** For just one or two, buy individual point-to-point tickets. You can do so at the station shortly before departure or cut costs by buying them online in advance.

Travelers planning three or more days of train travel, especially over long distances, can save money with multi-day Eurail passes. Eurail offers passes for three days to three months. Single-country passes are the most economical choice while Global passes enable passengers to visit two or more countries. Bob and I chose a Global pass that gave us 15 days of train travel within a two-month period.

- **Reserve in advance to guarantee a seat. Most passes do not include a seat reservation.** Bob and I paid \$11.50 to \$25 to reserve seats on long-distance trains. Travelers without reservations could luck into an empty seat. They also could spend their trip standing between luggage racks. Reservations are less important on local, commuter trains.

- **Think comfort for long hauls.** Bob and I broke up long journeys with midway stops of



one or two nights. Those break cities – Ceska Trebova in Czechia, and Graz, Austria – were two of our favorites.

For the long ride from Sighisoara to Vienna, we instead traveled overnight in a couchette. Although the compartment accommodated up to four, we were relieved nobody else shared our space. We'd opt for more room next time with a pricier sleeper cabin with mattresses, toilet, and sink.

- **Consider lodging reservations in advance.** Bob and I avoided the stress of wandering unfamiliar streets in search of a place to stay by reserving our rooms in advance. Most lodgings we picked were an easy walk from the train station. The times they were farther away, we traveled to and from the station by city buses.

For more information and reservations, Rick Steves' Buying European Train Tickets is packed with information. Check it out at www.ricksteves.com/travel-tips/transportation/trains/buying-tickets.

Eurail's official site, including route maps, information about passes, and links to secure passes and seat reservations, is at Eurail.com/en. ∞

South Shore Conservatory announces its thrilling lineup for the fall concert season

The South Shore Conservatory recently announced its 2026-27 blockbuster season of premier concerts with exceptional artists, unforgettable music, and inspiring performances for audiences across the South Shore. The season begins at the movies in October with the Firebird Pops Orchestra performing iconic film scores live and concludes with the legendary Tommy Dorsey Orchestra in July 2027.

"Last season showed us that audiences are looking for outstanding live music they can experience together," said SSC Artistic Director Steve Bass. "For 2026-2027, we created a season spanning film music, vocal jazz, Broadway, classical masterworks, Motown, and big band, with many concerts scheduled on weekend afternoons to make attendance easier for families."

Among the season's highlights is one of the final opportunities for audiences to experience the vocal artistry of New York Voices during its farewell tour and summer finale featuring the legendary Tommy Dorsey Orchestra.

Here's the complete lineup – 2026-2027 Season Performances

- **Hollywood in Hingham, Featuring the Firebird Pops Orchestra.** Saturday, October 3, 2026, 3 p.m., Carr Amphitheater, One Conservatory Drive, Hingham

The Firebird Pops Orchestra brings the full power of a live orchestra to Hingham. Families, film lovers, and orchestra fans are invited to experience iconic scores as they were meant to be heard – big, bold, and performed live. This afternoon of movie-music magic showcases John Wil-

liams classics, such as music from "Star Wars," "Jurassic Park," and "E.T." Several SSC students will also be featured as soloists with the orchestra.

- **Little Shop of Horrors, Presented by Harbour Lights Theatre.** October 22-25, 2026, Ellison Center for the Arts, 64 St. George Street, Duxbury

In partnership with South Shore Conservatory, Harbour Lights Theatre presents Little Shop of Horrors, the wildly entertaining musical comedy about a hapless florist, an unexpected romance, and one very hungry plant. This production features an unforgettable score, a fully staged professional production, and a cast of New York City performers.

- **New York Voices: The Grand Finale.** Sunday, November 15, 2026, 3 p.m., Scituate Center for the Performing Arts, 600 Chief Justice Cushing Highway

Take advantage of this last opportunity to experience New York Voices live as the internationally celebrated vocal jazz ensemble brings its farewell tour to Scituate PAC. Known for dazzling close harmony, swing, and sophisticated jazz-pop arrangements, New York Voices has set the standard for vocal ensemble artistry for decades.

- **South Shore Holiday Pops with Atlantic Symphony Orchestra.** Sunday, December 13, 2026, 3 p.m., Scituate Center for the Performing Arts, 600 Chief Justice Cushing Highway

Celebrate the holiday season with a festive afternoon of orchestral favorites, beloved holiday melodies, and joyful music for the whole family. Featuring Conductor Jin Kim and Atlantic Symphony Orchestra in a warm and community-centered program, this concert is designed to capture the spirit of the holidays from the opening notes to the final sing-along. ∞

When forgetfulness becomes something more: Helping a loved one navigate Alzheimer's



By Maria Burke, RN, Founder and CEO,
Celtic Angels Home Health Care

We all forget things. We walk into a room and wonder why we went there. We misplace our glasses or struggle for a moment to remember someone's name. Some changes in memory can simply be part of getting older.

But when memory loss begins interfering with everyday life, it deserves our attention.

As a registered nurse who has spent much of my career caring for older adults and their families, I have seen how difficult it can be for family

members to determine when changes in a loved one are simply part of aging, and when they may indicate Alzheimer's disease or another form of dementia.

Some of the warning signs we encourage families to watch for include memory loss that disrupts daily activities; difficulty planning or solving problems; trouble completing familiar tasks; confusion about time or place; difficulty with visual or spatial relationships; and withdrawing from work, hobbies, or social activities.

These changes do not automatically mean someone has Alzheimer's. However, when they become noticeable or begin affecting a person's ability to function independently, it is important to talk with a physician. Early evaluation can help families better understand what is happening and begin planning for the future.

Caring for the person, not just the disease

An Alzheimer's diagnosis changes many things, but it does not change the fundamental need we all have to feel respected, safe, useful, and loved.

That is something I believe families sometimes need to hear.

As Alzheimer's progresses, a person may have difficulty finding the right words, following a conversation or expressing what he or she needs. Something as ordinary as getting dressed, taking a shower or preparing a meal can gradually become confusing or frustrating.

How we respond matters.

Instead of repeatedly correcting someone, we can redirect. Instead of asking complicated questions, we can offer simple choices. We can speak calmly, make eye contact, allow extra time for a response and maintain familiar routines whenever possible.

Most importantly, we can continue including the person in his or her own life.

A diagnosis of Alzheimer's should never mean that someone suddenly loses his or her dignity or individuality.

Familiar surroundings can provide reassurance

For many people living with Alzheimer's or dementia, remaining at home for as long as it is safe to do so can provide an important sense of familiarity and comfort.

The favorite chair is still in the same place. Family photographs are on the wall. The kitchen looks familiar. The neighborhood, daily routines and even the sounds of the home can provide reassuring connections when other things are becoming confusing.

Professional in-home caregivers can also help establish consistency. Assistance with meals, personal care, medication reminders, companionship and daily routines can provide important support while encouraging independence whenever possible.

Just as importantly, home care can give family caregivers something they desperately need: help.

Caring for someone with Alzheimer's can be enormously rewarding, but it can also be physically and emotionally exhausting. No spouse, son, daughter or other family member should feel that asking for assistance means they have failed their loved one. Quite the opposite. Recognizing when additional support is needed can be one of the most loving decisions a family makes.

There is still so much that remains

Alzheimer's can gradually take away memories and abilities, but there is still a person behind the disease.

There can still be laughter. There can still be music, conversation, a walk outdoors, holding hands, looking through old photographs or enjoying a favorite meal together.

Sometimes the greatest gift we can give someone living with Alzheimer's isn't asking them to remember.

It is meeting them exactly where they are in that moment – with patience, compassion and dignity.

And sometimes, simply being there is enough.

About Celtic Angels Inc.: Celtic Angels Inc. is a trusted provider of high-quality, in-home care services across Massachusetts. Founded and led by Maria Burke, RN, the organization offers companion care, personal care, RN Case Management, and thoughtfully integrated advanced technologies to support individuals living with Parkinson's disease, Alzheimer's, and other neurological conditions. ∞



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Sensible strength training for older adults helps preserve muscle, bone, and overall health



By Rita La Rosa Loud, B.S.
Why strength training matters

As my former colleague, mentor, and author of 30 strength-training books, Dr. Wayne L. Westcott, Ph.D., said, “muscles are the engines of the body.” That simple idea helps explain why regular resistance exercise, also known as strength training, is so important for older adults. Strength training can help preserve muscle, bone, metabolism, energy, and overall health. As we age, our musculoskeletal system naturally weakens; inactivity and the absence of resistance exercise can further restrict movement and diminish quality of life.

Time-efficient strength training

Using appropriate, senior-friendly machines, free weights, bodyweight or resistance (elastic) band exercises can help older adults strengthen the muscles and bones that protect their internal organs and make movement possible – for instance, walking. Just as important, a strength-training program for older adults can be completed in a reasonable amount of time. For example, a research-based, 20-minute strength workout twice a week can help rebuild muscle mass, improve body composition, and increase bone mineral density in a relatively short time – benefits that can carry over into daily life.

Everyday benefits of strength training

Those daily benefits are often where strength training becomes most meaningful. When muscles and bones are stronger, the body is better prepared to move safely, maintain balance, and handle everyday tasks with greater ease.

- For older adults, regular strength training may help:
- Support everyday movement by building a stronger physical frame.
 - Protect joints and ease strain associated with arthritis-related discomfort.
 - Improve strength, balance, and stability to help lower the risk of falls.
 - Support bone health and reduce likelihood of fractures.
 - Improve overall health, physical fitness, and function.

Evidence-based strength training guidelines

According to the American College of Sports Medicine (ACSM 2018) guidelines, resistance training should target all major upper- and lower-body muscle groups, including the legs, hips, core, lower back, chest, upper back, shoulders, and arms. A typical program includes about 8-12 exercises using strength machines, free weights, body weight, resistance bands, or a combination of these methods.

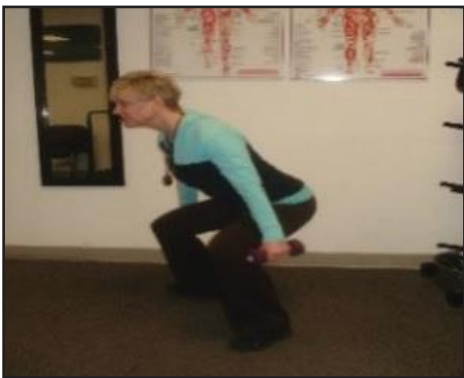
Sample strength training exercises

The examples below show one lower-body exercise performed four ways: with a strength machine, dumbbells, body weight, or elastic bands. Participants should move slowly and with control through a full, pain-free range of motion while breathing normally. These exercises work the hips, thighs, and buttocks and require good posture, alignment, core sta-

EXERCISE	APPARATUS	SET	REPETITION
Seated Leg Press	Strength Machine	1	10-15
Squat	Dumbbells	1	10-15
Wall Sit Squat	Bodyweight	1	10-15
Stationary Lunge	Resistance Band	1	10-15



LEG PRESS: Strength Machine



SQUAT: Dumbbells



WALL SQUAT: Body Weight



STATIONARY LUNGE: Elastic Band

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

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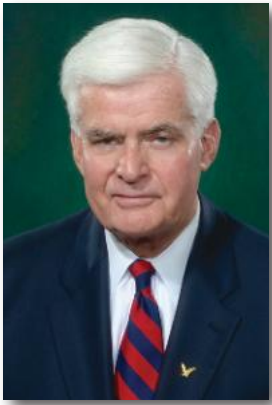
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HOME EQUITY WEALTH MANAGEMENT

Rethinking financial security in an increasingly uncertain world



By George A. Downey

For generations, Americans approaching retirement could plan around familiar assumptions: work, save, pay down the mortgage, accumulate investments, protect the family home and prepare for a reasonably predictable retirement.

Those principles remain valuable. But the environment in which older Americans must make financial decisions is becoming increasingly difficult to predict.

Today's retirees face familiar concerns such as inflation, healthcare costs, longevity and market fluctuations, along with broader uncertainties. Domestic political and policy changes can affect taxes, government programs, healthcare, regulation, and the economy. International conflicts and geopolitical instability can influence energy costs, financial markets, supply chains, and inflation. No one can reliably predict how these developments will unfold or how significantly they may affect individual households.

More recently, artificial intelligence has introduced another uncertainty. AI may ultimately improve healthcare, productivity, financial services, and everyday life. At the same time, its rapid development raises legitimate questions about employment, financial markets, fraud, privacy, cybersecurity, and the ability of older Americans to navigate an increasingly technology-dependent society. Its long-term consequences may be beneficial, disruptive, or some combination of both.

The purpose of recognizing these uncertainties is not to encourage fear or predict a crisis. Rather, when the future becomes less predictable, thoughtful financial preparation becomes more important.

Uncertainty: A different kind of retirement risk

Uncertainty deserves particular attention in retirement because older adults generally have less time and fewer opportunities to recover from major financial disruptions.

A younger person may have decades of future earnings to compensate for an unexpected setback. Someone in retirement may not have that flexibility. A significant market decline, prolonged inflation, unexpected healthcare expense, loss of a spouse, major home repair, or need for extended care can change an otherwise sound financial plan.

At the same time, many older Americans have accumulated substantial wealth in an asset that has traditionally been treated separately

from retirement savings: their home.

This can create an unusual financial imbalance. A homeowner may have significant net worth but limited accessible cash. Someone can therefore be financially secure on paper while remaining concerned about monthly income, unexpected expenses and the possibility of depleting savings.

That distinction between wealth and liquidity may become increasingly important in an uncertain world.

Should we think differently about home equity?

For generations, paying off the mortgage and preserving the home represented financial success. For many families, leaving the home or its value to children remains an important objective, and preserving home equity may be entirely appropriate.

But changing circumstances justify asking another question: Should housing wealth at least be considered as part of a complete retirement financial plan?

Considering home equity does not mean using it. Nor does it mean recommending a reverse mortgage or any other particular financial product. It simply means recognizing the home as part of a homeowner's total financial resources and evaluating whether it could serve a useful purpose if circumstances change.

Depending upon individual needs, alternatives might include downsizing, relocating, refinancing, using a home-equity loan or line of credit, purchasing a more appropriate home, or considering a reverse mortgage. Each alternative has different qualifications, costs, benefits, risks and long-term consequences.

Sometimes the analysis may conclude that the best decision is to leave the home and its equity untouched. That remains a valuable planning decision because the alternatives have been considered rather than automatically excluded.

Planning for what we cannot predict

Perhaps the greatest challenge facing older Americans is not any single economic, political or technological development. It is the accumulation of uncertainties.

We cannot know what financial markets will do five years from now. We cannot confidently predict inflation, interest rates, healthcare costs, government policies, international events, or the ultimate effects of artificial intelligence.

We can, however, prepare for the possibility that circumstances will change.

That means reviewing income, expenses, investments, insurance, emergency reserves,



debts, healthcare expectations and estate plans. For homeowners, it should also include understanding the potential role of housing wealth.

The objective is not necessarily to access home equity today. In many cases, its greatest value may be simply understanding whether, when and how it could become available if needed tomorrow.

That knowledge creates options, and options can become particularly valuable during periods of uncertainty.

Older homeowners should not make important financial decisions because of alarming headlines, political disagreements or predictions about technology. Neither should they assume that financial strategies developed decades ago will automatically remain appropriate for the years ahead.

The more useful question may be: "Do I understand all of the financial resources and alternatives available to me if my circumstances – or the world around me – change?"

There will never be a financial plan capable of eliminating uncertainty. Political conditions will change, international events will surprise us, and technology will continue advancing.

But uncertainty does not require pessimism. It requires preparedness.

For many older Americans, the home represents shelter, memories, and one of the largest financial assets accumulated over a lifetime. Preserving that asset may remain the right choice. For others, carefully using some portion of housing wealth may someday help preserve liquidity, independence, and financial security.

The important objective is to understand those choices before changing circumstances force the decision.

About the Author: George Downey, CRMP (NMLS ID 10239) is the Regional Senior Vice President of The Federal Savings Bank branch located at 100 Grandview Road, Suite 105, Braintree, MA 02184. Contact Mr. Downey at 781-843-5553 / Cell 617-594-3666 / gdowney@thefederalsavingsbank.com, www.thefederalsavingsbank.com/georgedowney ∞

SOCIAL SECURITY UPDATE

Social Security adds new online tool and notices for disability claims



By Delia De Mello,
Social Security

Social Security recently announced major enhancements to mySocialSecurity – expanding self-service options and the notices available to individuals navigating the disability claims and appeals process. The new tools provide you with greater visibility, faster access to information, and more efficient case processing throughout the life cycle of a disability claim.

If you have not created your personal mySocialSecurity account yet, get started today at www.ssa.gov/myaccount.

What's new in mySocialSecurity?

Submit disability adjudication forms online: You can now complete and submit disability adjudication forms directly through your personal mySocialSecurity account, including:

- Form HA-4631, Recent Medical Treatment
- Form HA-4632, Medication Information
- Form HA-4633, Work Background

Online submission helps ensure adjudicators receive information quickly and supports

more efficient case processing.

Track disability claim status online: If you have a pending disability claim, appeal, or recently adjudicated claim, you can now view the status of your case online at the hearings and appeals levels. The claim status tracker provides real-time updates, processing time estimates, and key milestones throughout each level of adjudication. Features include:

- Notification when the hearing office receives a request for hearing.
- Status updates as the hearing office reviews information and prepares the case for hearing.
- Status updates when a hearing decision is issued.
- Appeals request for review status updates, receipt of review requests, and completion of actions.

Access proffer letters securely: You can securely access proffer letters in the mySocialSecurity Message Center. A proffer letter is a notice sent when new evidence is added to a case after a hearing, allowing claimants to review and respond before a decision is made.

Access 26 additional Social Security notices in mySocialSecurity Message Center: You can view electronic copies of your hearing-related notices by logging into your personal account. The following notices are among those now available for digital release to accountholders:

- Notice of hearing
- Request for good cause for late filing
- Request to withdraw a hearing request
- Postponement of hearing
- Amended notice of hearing

You may opt to receive email or text notifications when new documents are available. We will continue to mail paper notices to you and your appointed representatives. This enhancement supports faster case processing and timely communications.

We continue to increase the functionality of mySocialSecurity to ensure that the more than 100 million Americans with accounts have a seamless experience when accessing their personal information. With an account, you have 24/7 access to your personalized retirement benefits and 1099 forms, can receive tailored notifications, request a replacement card, manage benefits or estimate future benefits, request replacement documents, check the status of pending applications, and conduct other services anytime, anywhere, without needing to visit an office or wait on the phone.

Visit www.ssa.gov/myaccount to create a personal mySocialSecurity account.

For more information about our services, visit www.ssa.gov.

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



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As we mark Ageism Awareness Day, how can we be more age-inclusive?

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



October 9th is Ageism Awareness Day, an opportunity to bring attention to ageism in society and its impact on individuals and communities. Old Colony Elder Services joins the American Society on Aging in recognizing Ageism Awareness Day and promoting age-inclusion.

What is ageism?

According to the American Society on Aging, “ageism refers to stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age.” Ageism is one of the most widespread and socially accepted forms of prejudice, and every time someone makes an age-based assumption, it affects us all.

Evidence shows that ageism is pervasive in a number of settings, including health care facilities, workplaces, media, entertainment, and advertising.

Ageism affects all ages during every stage in life. Assumptions based on age can limit opportunities, overlook individual strengths, and create barriers between generations. By recognizing common stereotypes, we can challenge them and focus instead on person’s abilities, experiences and potential.

Ageism shows up in many ways: in how we feel about ourselves as we age; in how people of different ages interact; in biases toward people

Instead of assuming...	Recognize that...
Older adults are unable to use technology.	People of all ages can learn and adapt to new technology.
Older adults are unable to learn new things.	Learning and growth can happen at any age.
Young people aren’t motivated.	Motivation varies from person to person and is not determined by age.
Younger adults lack knowledge or understanding.	Younger adults bring valuable knowledge, skills, experiences, and fresh perspectives.

of other age groups; and through normalized negative messages about aging.

Age-inclusive

The words we choose can help promote age-inclusion. Avoid language that generalized individuals based on age.

How can you tell? Ask yourself whether it is a way you would like to be described. Speak in first person and consider how it makes you feel. Ask yourself if negative stereotypes about people of a certain age are being reinforced.

We need to work together to raise awareness, address ageism and promote age-inclusion. Learn more about ageism on the ASA ageism awareness page at <https://asaging.org/ageism-awareness>.

The American Society on Aging’s mission

The American Society on Aging unites, empowers, and champions everyone striving to improve aging. Since 1954, ASA has developed and led the largest, most diverse community of professionals working in aging in America. As a result, ASA has become the go-to source to cultivate leadership, advance knowledge and strengthen the skills of our members and others who work with and on behalf of older

adults. For further information about ASA, visit <https://asaging.org>.

OCES supports everyone without exception and strives to empower individuals to thrive, age in place, and reach their highest potential. To learn more about OCES’s comprehensive programs and services, visit ocesma.org.

Sources: American Society on Aging. (n.d.) Ageism Awareness Day is Oct. 9. <https://asaging.org/ageism-awareness/>
American Society on Aging. (n.d.) ASA Age-Friendly Communication Guide. <https://asaging.org/wp-content/uploads/2025/09/ASA-Age-Friendly-Communication-Guide-2025-2.pdf>

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

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Open your mail! Medicare prescription plans are scheduled to change in 2027

By Patricia Prewitt, My Personal Rx Adviser



By the time you are reading this edition of The South Shore Senior News, radio and television ads will be in full force for annual Medicare open enrollment that starts October 15 and runs through December 7. It's important to check those notices in

the mail to be sure you aren't surprised about rate or coverage changes for 2027.

The Center for Medicare and Medicaid Services reminds beneficiaries that Medicare plans can change their costs, coverage, provider networks, and pharmacy networks each year. CMS also notes that the lowest monthly premium product may not correlate with the overall lowest costs. Tier structure, pricing, and copays determine total annual prescription costs.

What are the estimated prescription costs for 2027 for Medicare enrollees?

- Increased base Rx premium: The monthly base premium for a standard drug plan is estimated to increase to \$41.33. Your plan may be lower or higher.
- Increased deductibles: The maximum annual deductible for Part D Medicare prescription drugs plans is expected to rise from \$615 to \$700.
- Increased out-of-pocket limits: The out-of-pocket maximum for covered medications increases to \$2,400 annually. It remains that

if your medication is not covered-or not on the Prescription Drug Plan Formulary, your costs may be higher and not be applied to this cap.

- Increased copays/new tier structures: Watch for changes in tier position and copay/coinsurance pricing. What was \$10 in 2026 for a Tier Two drug may jump to \$15 in 2027. My own plan added a Sixth Tier, which did not exist before.

Check your mail: During September all plans are required by law to send via USPS the Annual Notice of Change (ANOC) document to every Medicare enrollee in their plan. Additionally, Medicare will mail the official Medicare booklet entitled "Medicare & You 2027" prior to October 15.

What questions should be asked?

- What will the new monthly premium be for 2027?
- What are your medication copays costs? Did they change?
- Has prescription coverage or tier status changed for needed medications?
- Are doctors still in-network?
- Are dental, vision, and hearing benefits included?
- Is your pharmacy network still the same?
- Is your current plan still offering coverage, or did the plan leave the state?

What is expected to remain the same?

Insulin costs for covered insulin products continue to be capped at \$35 a month or less. The drug payment option continues: If enrolled in 2026, re-enrollment is automatic in 2027.

This allows Medicare subscribers to spread annual costs over 12 months, making payments easier on a fixed income.

Where can I go for help in choosing a plan that works best?

The Plan Finder tool on [medicare.gov](https://www.medicare.gov) offers a comparison tool based on plans offered in your zip code. Have a current list of your medications handy, and know the names of your physicians. Scheduling an appointment at a senior center/Council on Aging with a SHINE counselor may be beneficial. Medicare insurance agents/brokers often represent many different carriers and provide thoughtful guidance about plans for no fee.

Take time during the Medicare Open Enrollment period to evaluate your own medical status and utilization of prescriptions to choose a plan that is the right fit for your needs and budget.

Content provided is for education purposes only and is not intended as a substitute for advice from a qualified medical professional. The opinions expressed within are those of the author.

About the Author: Patricia Prewitt is a local Massachusetts resident who spent more than 30 years in the pharmaceutical industry. Tricia is a consumer education advocate, and loves helping people find ways to save money on their prescriptions. More information and free resources are available on her website at <https://mypersonal-rxadvisor.com/resources> or call her at 508-507-8840. Favorite Quote: "Act as if what you do makes a difference. It does." – William James ∞

It's OK! Releasing yourself from the guilt of feeling relief after losing a sick loved one

By Meghan Fitzpatrick,
Hospice & Palliative Care Representative
Old Colony Hospice & Palliative Care



I did a lot of traveling in August. Because my husband and I have a lovely, adventurous little pup who will go pretty much anywhere as long as she is allowed around people,

several of our trips included her. Others, though, just weren't going to work with a dog in tow.

That meant I found myself waking up several mornings without the need to immediately get up and take her for a walk.

I missed my dog terribly. But I have to admit, it was also kind of nice.

I could stretch. Make a cup of coffee. Sit for a few minutes and wake up slowly without immediately thinking about what needed to be done.

I felt a little guilty about enjoying it.

I love my dog. Was I a bad Dog Mom for not missing everything about her?

It was a familiar feeling, I realized.

Both of my grandmothers passed away after long, heroic battles with disease. One had cancer. The other had vascular dementia. I loved them both deeply, and I was incredibly lucky to have two wonderful, involved grandmothers well into my 20s and one into my 30s.

When they died, I was devastated.

I was also relieved.

When my paternal grandmother was dying from cancer, she had become incredibly weak. She had lost her beautiful, thick white hair, and it was clear that she wasn't enjoying being alive anymore. By that point, our family had become something of a care management agency. We were helping with her finances, healthcare, daily needs, and really, everything.

My uncles were exhausted.

My grandmother was exhausted.

When she died, I remember thinking, "At least we can all rest now."

Then I felt terrible for thinking it. I beat myself up over that thought for weeks.

My maternal grandmother lived well into her 90s, but dementia had gradually taken away so much of the woman I knew. The last time I saw her, I had to introduce myself. She had been living in assisted living and loved it until COVID changed everything and visiting became something we had to figure out through windows and other barriers.

She died in the fall of 2020. Again, I remember thinking, "Thank goodness she's free of all of that, and we don't have to try visiting her through an open window anymore."

For a long time, I thought those feelings meant something was wrong with me.

Now, having spent years around hospice and end of life care, I understand them differently.

Relief is not the opposite of grief.

... Continued on next page

When someone has been sick for a long time, their death can bring an end to suffering. It can also bring an end to the constant worry, caregiving, decision-making, and exhaustion that surrounded their illness. The person we love is finally at rest, and sometimes, so are we.

Feeling relieved that the weight is gone does not mean we didn't willingly carry it.

It doesn't mean we loved someone less.

It certainly doesn't mean we wouldn't pick that weight right back up again if it meant we could have our loved one back.

I think that is what those mornings without my dog reminded me of. I missed her. I would have happily gotten up and taken her for a walk if she had been there. But I also enjoyed, for a few mornings, what it felt like to have one less responsibility waiting for me when I opened my eyes.

That didn't make me a bad Dog Mom.

Feeling relief after someone we love dies doesn't make us bad either.

There isn't much that can make losing someone we love feel OK. Sometimes comfort comes from

remembering the good years. Sometimes it comes from knowing they are no longer suffering.

And sometimes, it comes from finally being able to rest.

It's OK to find comfort wherever you can, even in relief.

About the Author: Meghan Fitzpatrick is a business development representative at Old Colony Hospice & Palliative Care. She has a strong

background in assisted living and dementia care. She is also a trained support group facilitator for the Alzheimer's Association. Her compassion and knowledge make her a vital part of Old Colony Hospice's outreach efforts. She is a trusted resource in the community, connecting with families, providers, and community partners throughout the region and can be reached at mfitzpatrick@oldcolony-hospice.com. ∞



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Breast cancer after 65: Awareness, screening and support still matter



**By Michelle Sonia,
President and CEO
Seniors Helping Seniors
Boston South Shore**

Every October, pink ribbons appear in stores, on sports fields, and throughout our communities in recognition of Breast Cancer Awareness Month. While much of the conversation around breast cancer focuses on early detection, there is another message particularly important for older adults: breast cancer risk does not disappear as we age.

In fact, age itself is an important risk factor. Breast cancer incidence increases with age and peaks among women ages 70 to 74, according to the U.S. Preventive Services Task Force (USPSTF). Rates remain high among women in their late 70s and 80s as well.

For older women and the families who love them, October is a good opportunity to ask a simple question: Are we still paying attention to breast health?

What happens to mammograms as we get older?

For women ages 40 through 74 at average risk, current USPSTF guidelines recommend a mammogram every two years. After age 75, however, the answer becomes more individualized.

The USPSTF says there is currently not enough scientific evidence to recommend either for or against routine mammography for all women age 75 and older. That does not mean women should automatically stop having mammograms when they turn 75. Instead, decisions should be made with a healthcare provider based on factors such as overall health, medical history, individual risk, and personal preferences.

Other medical organizations take somewhat different approaches. The American Cancer Society, for example, recommends that breast cancer screening continue as long as a woman is in good health and is expected to live at least another 10 years.

The takeaway? Don't let age alone make the decision for you. Ask your healthcare provider what screening schedule makes sense for your individual health and circumstances.

Know what is normal for you

Mammograms are important because breast cancer doesn't always cause noticeable symptoms. They can detect cancer before it is large enough to feel. At the same time, knowing your own body remains important at every age.

According to the Centers for Disease Control and Prevention, changes worth bringing to a healthcare provider's attention include a new

lump in the breast or underarm; swelling or thickening; dimpling or irritation of the skin; redness or flaky skin around the breast or nipple; a nipple that begins pulling inward; unusual nipple discharge; changes in the breast's size or shape; or persistent breast pain.

Many of these symptoms can be caused by conditions other than cancer. But a new or unexplained change deserves a conversation with a healthcare professional rather than assuming it is simply part of getting older.

A little support can make a big difference

Keeping up with preventive care can become more complicated as we age. There may be multiple doctors and appointments to manage, transportation challenges, changes in mobility, or simply many competing health concerns.

And if an older adult is undergoing testing or treatment for breast cancer, everyday tasks can become even more difficult. That's where having the right support system matters.

At Seniors Helping Seniors Boston South Shore, we often see firsthand how a little extra help can make it easier for older adults to remain independent while taking care of their health. An in-home caregiver can provide transportation and companionship to medical appointments, help with grocery shopping and meal preparation, assist with light housekeeping, pick up prescriptions, or simply be there on a day when someone isn't feeling her best.

For family members, this kind of support can also provide reassurance – especially when work, children, distance, or other responsibilities make it impossible to be there for every appointment or every day of recovery.

Home care doesn't replace the important role of physicians, nurses, or other healthcare professionals. Instead, it can help bridge the gap between medical care and everyday life.

Massachusetts resource: Need help getting screened?

The Massachusetts Breast and Cervical Cancer Program helps residents connect with breast and cervical cancer screening and other resources. The program offers patient-navigation services that can help with scheduling appointments, finding transportation, understanding test results, and connecting with community resources.

For eligible Massachusetts residents who are uninsured or underinsured, the program may also help cover the cost of breast cancer screening and diagnostic services. Eligibility requirements apply, including age and income guidelines.

Call toll-free: 877-414-4447. Help is available by phone in English, Spanish, Portuguese, Vietnamese, and Haitian Creole.



For women 65 and older who have Medicare or other health insurance, your healthcare provider or health plan can also help you determine where to schedule a mammogram and what coverage applies.

Make October your reminder

Breast Cancer Awareness Month is about more than wearing pink. It is an opportunity to start conversations – particularly conversations we may assume no longer need to happen as we get older.

If you're overdue for a mammogram, make the appointment. If you're over 75 and aren't sure whether you should continue screening, talk with your healthcare provider. If something about your breast looks or feels different, don't wait for your next routine visit to mention it.

And if you have an older woman in your life whom you love, consider asking her one simple question this October: "When was your last mammogram?"

Recognizing the need for care is only the first step. Sometimes an older adult knows exactly what she needs to do but needs a little help getting there. Whether it's a ride to an appointment, a nutritious meal waiting at home, help around the house during recovery, or simply the reassurance of having someone by her side, support can make taking care of our health a little easier.

At Seniors Helping Seniors Boston South Shore, helping older adults continue living safely, independently, and meaningfully at home is at the heart of what we do.

About the Author: Michelle Sonia is the president and CEO of Seniors Helping Seniors Boston South Shore. Michelle grew up in Hanson and lives in Weymouth. She was valedictorian at Notre Dame Academy and holds a bachelor's degree from Harvard University and a master's degree from the University of North Carolina at Chapel Hill. Having worked in management consulting for more than 15 years, she is now excited about making an impact on her community. For more information, visit www.shsbostonsouthshore.com, email info@shsbostonsouthshore.com, or call 781-626-4800. ∞

ELDER LAW MYTH BUSTERS

Trick or Treat? Don't let these estate tax myths haunt your plan



By Elizabeth A. Caruso, Esq.

Halloween is about things that seem scarier than they are and a few things that are secretly scarier than they look. Estate tax planning is full of both. This month, we're separating fact from fiction and calling out a few "tricks" that could cost your family real money if you fall for them.

Trick #1: "Only the ultra-wealthy need to worry about estate taxes."

For federal purposes, that's mostly true; today's exemption is a generous \$15 million. However, that is scheduled to change, and several states, including Massachusetts, impose their own estate or inheritance taxes at thresholds far lower than the federal number. The Massachusetts estate tax threshold is just \$2 million. This means that if you pass away with more than \$2 million, your estate owes a tax on every dollar over that \$2 million mark. While this may seem like a lot of money, with the values of real estate in our area, combined with even modest retirement savings, a lot of people get closer to this number than you may think. This calculation includes all of your assets, even life insurance. Don't let this myth lull you into skipping the conversation altogether.

Trick #2: "A will avoids estate taxes."

A will tells the probate court who gets what. It does nothing to reduce what's owed before they get it. Trusts are the tools that can plan for tax issues. A will alone is just the map, not the moving truck.

Trick #3: "I can set up my plan once and forget it."

Nothing rots faster than a stale estate plan. Tax laws change, exemp-

tion amounts shift, families grow, and assets move. A plan drafted a decade ago may be built for a tax landscape that no longer exists. Treat your estate plan like a house; it needs regular upkeep, not a one-time build.

Trick #4: "Life insurance isn't part of my taxable estate."

Many people assume life insurance proceeds pass to beneficiaries income-tax-free and estate-tax-free. The income tax part is usually right. The estate tax part depends entirely on who owns the policy. If you personally own your policy, the death benefit is includable in your taxable estate.

The Treat: A plan that actually works

The good news? Every one of these tricks has a fix. With the right combination of trusts, gifting strategy, and ownership structuring, most families can significantly reduce, or even eliminate, their exposure to estate taxes. The key is starting before a deadline forces your hand. If it's been more than a couple of years since your estate plan was reviewed, consider this your friendly Halloween warning: don't let outdated assumptions be the thing that comes back to haunt your family.

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



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Buyers will pay what your home is worth, not what your comparative market analysis says

By Korey Welch, Owner of Boom Realty and Senior Mortgage Broker, Loan Factory



Want to know one of the easiest ways for a real estate agent to win a listing? Tell the homeowner their house is worth more than everybody else says it is.

It works.

A homeowner interviews three agents.

One says \$600,000. Another says \$625,000. The third walks in with a beautiful comparative market analysis – otherwise known as a CMA – and says \$685,000. Guess who suddenly looks like the smartest agent in the room?

There's just one problem. The market wasn't invited to the presentation. And eventually, the market gets a vote. Actually, it gets the only vote that matters.

A CMA is an opinion. An offer is money.

A CMA can be an extremely useful tool. I prepare them myself. Comparable sales, square footage, lot size, condition, location, and current competition all matter when determining a realistic asking price. But a CMA is not an appraisal. It's not a guarantee. And it certainly isn't a check someone is promising to hand you at closing.

I recently had a perfect example of this. I was referred a property through a divorce attorney I know. The sellers had previously received a CMA from another real estate agent. When I first looked at it, red flags immediately started going up.

The home was approximately 2,084 square feet. Yet several of the comparable properties used in the CMA were considerably larger – 2,420, 2,508 and 2,598 square feet. The subject property sat on roughly 5,832 square feet of land, while the comparable lots ranged from approximately 10,000 to more than 19,000 square feet.

I also felt the locations of the comparable homes were superior. Then I learned something even more concerning. The agent who prepared the CMA had never even visited the property. That's a problem. You can analyze numbers from behind a computer screen all day long, but homes aren't stocks. Condition matters. Layout matters. Street location matters. Neighborhood position matters. Updates matter. Deferred maintenance matters. Sometimes you actually need to walk through the front door.

The CMA recommended a listing range of \$679,000 to \$689,000. After seeing the property myself and doing my own research, I told the attorneys involved exactly what I thought: "This house isn't selling until it has a five in front of it." I wanted to list it at \$599,900. That wasn't

exactly what everyone wanted to hear. But there's an important difference between telling someone what they want to hear and telling them what they need to know.

My job isn't to win the listing

One seller remained convinced the higher CMA was correct. And I understand why. Who wouldn't rather hear that their house is worth \$680,000 instead of something beginning with a five? But my job isn't to walk into your kitchen, compliment the house, throw the biggest number on the table and hope you sign my listing agreement.

My job isn't to win the listing. My job is to sell the house.

Eventually, we compromised and listed the property for \$674,900. We had activity. People came through the open houses. Buyers looked. Agents gave feedback.

You know what we didn't have? Offers.

Not even the low offers everyone seems so afraid of making these days. And that's when the market begins talking. Sellers sometimes think silence means, "We just haven't found the right buyer yet." Sometimes it does. But when plenty of qualified buyers see your house and none of them are willing to write an offer, the market may be telling you something much simpler: The price is wrong.

The most important time is the beginning

After about a month, I finally got the price reduced to \$619,900. I was still pushing for \$599,900. Again, my message was the same: It needs a five in front of it.

Still no offers. Eventually, after 58 days on the market, we reduced the price to \$579,900. Five days later? Contingent. We had multiple offers. The property eventually sold for \$570,000.

Funny how quickly the market clears things up. But here's the frustrating part: I believe we very well may have received more money had we started around \$599,900 in the first place.

Why?

Because when a house first hits the market, that's when it has everyone's attention. It's new. Buyers receive alerts. Agents send it to clients. People come to the first open houses. There is urgency. There is excitement. There is competition.

But if you come out overpriced, buyers don't negotiate with you. They often just move on. Then the listing sits. Twenty days. Thirty days. Fifty days. Now buyers start asking a completely different question: "What's wrong with it?"

Price reduction follows price reduction, and suddenly the seller who thought they were protecting themselves by starting high may actually end up costing themselves money.

You only get to be the new listing once.

Here's the part that really gets me

The CMA itself contained some excellent advice. It said it was especially important to "price your home right from the beginning."

I couldn't agree more.

The problem is that pricing a home correctly and telling a seller what they want to hear aren't always the same thing. There is tremendous competition among agents for listings. And when multiple agents are sitting at the same kitchen table trying to win the same business, there can be an enormous temptation to be the person delivering the highest number. But an agent does not increase the value of your home by increasing the number printed on a CMA.

If Agent A tells you \$600,000 and Agent B tells you \$700,000, Agent B didn't just create another \$100,000 of equity. They created another opinion – now find the buyer willing to pay it.

Don't hire the highest number

If you're interviewing agents to sell your home, don't automatically choose the agent who gives you the highest suggested price. Ask how they arrived at the number.

Look at the comparable properties yourself. Are they really comparable? Are they substantially larger? Are they on larger lots? Are they in better locations? Are they in better condition? Did the agent even visit your property? And perhaps most importantly, ask the agent this: "If we list at this price and the market doesn't respond, what happens next?"

A good agent should be willing to have the uncomfortable conversation before you sign the listing agreement – not six weeks later after the house has been sitting on the market.

I've been doing this for more than 26 years. Sometimes my job is to tell a seller their house may be worth more than they think. Other times my job is to tell them something they absolutely do not want to hear. That's what they're hiring me for.

The bottom line

Your house is not worth what you want it to be worth. It's not worth what I want it to be worth. And it's certainly not worth whatever number happens to appear at the end of a fancy CMA. Your home is ultimately worth what the market is willing to pay for it.

In this case, one CMA suggested as much as \$689,000. The market ultimately said \$570,000. That's a \$119,000 difference. So, when you're choosing an agent, don't look for the person willing to give you the biggest compliment. Look for the person willing to give you the truth. Because at the end of the day, the market doesn't care what your CMA says.

About the Author: Korey Welch, Owner of Boom Realty and Senior Mortgage Broker (NMLS: 14991) with Loan Factory (NMLS: 320841), is a licensed mortgage broker/real estate broker based in Rockland. For more than two decades, Korey has been helping seniors determine the best fit. For a complimentary consultation, contact him at korey@koreywelch.com, 781-367-3351. ∞



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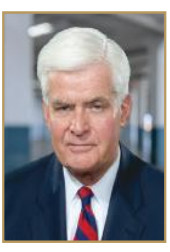
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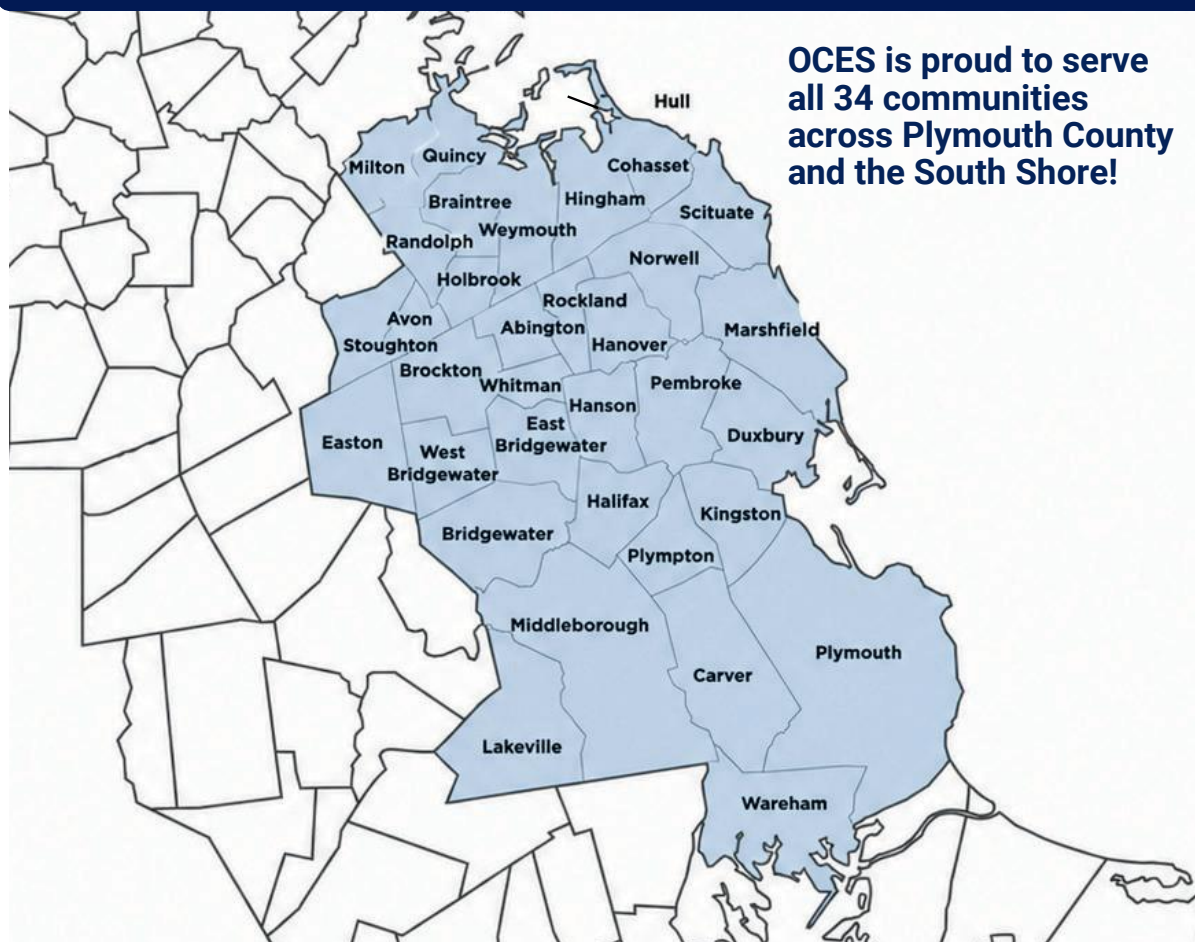
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