

# fiftyplus

## advocate

### Baypath Elder Care Services

Offering support and services for the elder community

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Barbara Jordan, 80, competes in the high jump

# Senior Games

Massachusetts' premier competition to celebrate 25th anniversary

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# Support the CARE Act in Massachusetts

BY MIKE FESTA, STATE DIRECTOR  
AARP MASSACHUSETTS

There are 40 million Americans, 844,000 in Massachusetts, who help care for aging parents, spouses, or loved ones, helping them to live independently in their own homes. These family caregivers



Mike Festa

provide unpaid care valued at \$11.6 billion annually. Caregivers have a huge responsibility and can take some common sense steps that would make the world of difference to them. That's why AARP Massachusetts urges passage of The Caregiver Advise, Record, Enable (CARE) Act to better support family caregivers as they help seniors stay safely at home.

The CARE Act (H. 3911), co-

**Family caregivers help keep their loved ones at home and out of costly institutions like nursing homes.**



sponsored by State Sen. Linda Dorcea Forny (D-Dorchester) and State Rep. Chris Walsh, (D-Framingham) recognizes the critical role family caregivers play in keeping their loved ones out of costly institutions. The bill features three important provisions:

- The hospital patient is provided with an opportunity to designate a family caregiver;
- The family caregiver is notified if the loved one is to be

discharged to another facility or back home;

- The facility must provide an explanation and live instruction of the medical tasks – such as medication management, injections, wound care and transfers – that the family caregiver will perform at home.

In late December, the Joint Committee on Public Health favorably passed the CARE Act

with some very technical changes. The bill is now with the Joint Committee on Health Care Financing. If the CARE Act is passed this legislative session, Massachusetts would join 18 other states that have already passed the CARE Act.

According to the 2015 report “Caregiving in the U.S.,” an AARP and National Alliance for Caregiving study, nearly 40 million Americans in 2014 were providing unpaid care to people who are older, disabled, or otherwise in need of assistance. A quarter were millennials, and half were under the age of 50. By 2020, 117 million Americans are expected to need assistance of some kind, yet the overall number of unpaid caregivers is only expected to reach 45 million.

More information about caregivers:

- When it comes to family dynamics, caregiving is the

CARE Act page 5



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# Baypath offers support, services for the elder community

BY BONNIE ADAMS  
MANAGING EDITOR

**REGION** – One of the most daunting events that can rock a family is when it is apparent that a beloved elder is in need of help due to a medical, physical or emotional change. Compounding this problem is that one often does not know where to look for support, especially if the elder lives alone or far from family.

For anyone facing this situation there is one nonprofit organization, Baypath Elder Care Services, Inc., that can help guide and offer information, resources, and references in a compassionate, supportive way.

As the executive director of the nonprofit organization, which was established in 1977, Christine Allesandro oversees a staff of over 120 employees.

“Our mission to offer home



**Baypath Elder Care Services, Inc., can help guide and offer information, resources, and references in a compassionate, supportive way.**

care and related services enabling people to live independently and comfortably in their homes while promoting their wellbeing and dignity,” she said. “We are a resource to help elders and their loved ones find help and support.”

The organization offers support through the following programs: Adult Family Care; Care

Transitions; Caregiver Support Program; Crisis Intervention; Elder Community Care; Healthy Living; OneCare (a new health care option for Massachusetts adults, age 21-64, who are eligible for both MassHealth and Medicare (dual eligible), such as those non-elderly adults with physical disabilities, developmental disabilities, serious mental illness,

and substance abuse disorders); Senior Housing; Nutrition; Money Management; Ombudsman; Options Counseling (assistance in finding the right home environment for your situation); and Personal Care Attendant and Senior Care Options (a health insurance program for dually eligible Medicare and Medicaid Baypath page 10

## Support the CARE Act

**CARE Act**  
Continued from page 2

norm. If you're not a caregiver now, you were one in the past, or you'll likely be one in the future.

- Family caregivers help their older loved ones with: bathing and dressing; meal preparation; managing finances; transportation; grocery shopping – as well as complex medical tasks like wound care, injections, medication management and more.
- Family caregivers help keep their loved ones at home and out of costly institutions like nursing homes – often paid for by the state through Medicaid.
- The average family caregiver is a 49-year-old female, who takes care of a 77-year-old woman – usually her mother. She provides 20 hours a week of assistance to her loved

one, while also working.

- Some family caregivers are on call 24/7; often they can't even take a break.
- The ratio of potential family caregivers to the growing number of older people has already begun a steep decline. In 2010, there were 7.2 potential family caregivers for every person age 80 and older. By 2030, that ratio will fall sharply to 4 to 1, and is projected to drop further to 3 to 1 in 2050.
- Family caregivers report that the stress of caregiving affects their physical and emotional health, finances and their jobs.
- In 2014, the majority (60 percent) of family caregivers had full- or part-time jobs.

Please call your legislators and let them know that you support the CARE Act in Massachusetts. For more information, call 866-448-3621 or email [ma@aarp.org](mailto:ma@aarp.org).

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# Mass. Senior Games to celebrate 25th anniversary

By BONNIE ADAMS  
MANAGING EDITOR

REGION – When the Massachusetts Senior Olympic Games (MASG) are held at Springfield College this June, there will be hundreds of athletes age 40 and up participating in sports such as track and field, swimming, basketball, tennis, racquetball, table tennis and volleyball. Some participants have been lifelong athletes while others may be taking up a sport after a hiatus. And still others may be trying an entirely new sport for the first time. What they will all have in common is what Davis Cox, the group's state ambassador, calls their unofficial slogan – “Get fit, have fun and make friends!”

Other sporting events, including winter sports, are held throughout the state at different times of the year. Those who participate in the state games have a chance to qualify for the National Games which are held every other year. The 2017 National Games will be held in Birmingham, Ala. (Athletes must be 50 or older to participate in the National Games.)

The reasons why each athlete competes are as different as the athletes themselves. And in their own way, they are each inspiring.

Growing up, Beth Whitman, 51, never thought of herself as an athlete.

“I was never particularly coordinated and didn't enjoy gym class,” she said. “I thought I couldn't really do sports.”

In college, she decided to try aerobics and then joined a women's gym, both of which she enjoyed. But it wasn't until she met her husband Mike three years ago, that she really started having fun, she said, participating in triathlons and 5Ks. Last November, she placed first in her age category in the Corridor Nine Area Chamber of Commerce 5K in Northborough, which served as the offi-



PHOTOS SUBMITTED

**I to r: Mike Whitman, Davis Cox and Beth Whitman**

cial MASG road race.

“Mike is a runner so this is something that we can enjoy doing together,” she said. “And now I know that fitness is a big part of our lives, I want us to be able to do this for the rest of our lives.”

Mike Whitman, 62, ran cross country in high school and college, but then only ran the occasional 5K. It was at the suggestion of a trainer at the gym he had joined last year that he decided to start running again.

“He could see the passion I still had for running and he helped me prepare to start again,” Whitman said.

In spite of a minor injury, he medaled in the MASG's 1,500-meter track event held in June in Springfield.

Four years ago, Dave Brower had never played the game of pickleball. Now, he's not only a medalist, he is also one of the most passionate advocates of the sport in the region. This June he will be overseeing the games as well as play-



**Dave Brower**

ing in a few matches himself.

“It's an easy game to play,” he said. “You have the social aspect and it's also competitive.”

“The Senior Games are great,” he added. “It such an interesting atmosphere – friendly and welcoming, not intimidating at all. Everyone is so happy to be there.”

Fred Thompson, 75, now the president of the MASG board of directors, originally started competing in the MASG for the competition. Now, he said, he does it as a way to not only stay active but also to serve as a role model for others his age.

“I want others to know they can do this, no matter their age,” he said. “I am hopeful more seniors will participate and that we, as organizers, will have more opportunities for them to do so.”

“I also want younger people to see that adopting a healthy lifestyle when you are young will pay off.”

Thompson has competed in

“I looked in the mirror one day and said to myself ‘I don't want to be an old person. I can't end up like this for the rest of my life.’”

*Davis Cox*

the National Games 10 times so far and is looking forward to the games in Birmingham next year. His sports include cycling, triathlon, racquetball and track.

Greg Tooker, 75, has always been athletic, competing in a number of marathons throughout his life. He

also credits his constant diligence to physical fitness with helping him survive a bout with tongue cancer in 2001.

“I had a wonderful doctor and treatment but I also had a positive frame of mind. I kept running throughout my treatment,” he said.

After his neighbor told him about MASG several years ago, he decided to participate, not only in running events but in golf and skiing as well. Since then, he has also competed in the New Hampshire, Maine and Rhode Island senior games.

“I really like the way they are run,” he said. “And the competition level is amazing.”



## Mass Senior Games to celebrate 25th anniversary



Athletes share a moment during the 2015 Senior Games.

**Senior Games**  
Continued from page 6

Tooker now serves as the secretary on the MASG board. He, too, is hopeful that others will realize that although they may have some physical comprises, they will still be inspired, as he was, to join the MASG.

In 2013, when Davis Cox turned 74, he was “overweight and had several physical problems.”

“I looked in the mirror one day and said to myself ‘I don’t want to be an old person. I can’t end up like this for the rest of my life,’” he recalled. “But in spite of my problems, I still felt like a young man in an old man’s body.”

As a youngster he had dreamed of doing the decathlon. And now, thanks to his determination, hard work and most of all

passion for the MASG, he is well on his way. Over the past few years, he has medaled in the pentathlon, competing in long jump, javelin, discus, 100-meter sprint and shotput.

He is also a state ambassador, meeting groups all across the commonwealth to spread the word about MASG.

“It has really changed my life in so many ways,” he said. “I want as many others to feel as I do.”

This year the summer games will be held at Springfield College Saturday, June 18, although there are many other events scheduled for other days in other locations.

Visit the MASG website, [www.maseniorgames.org](http://www.maseniorgames.org), for more information and details on how to register and become a sponsor.

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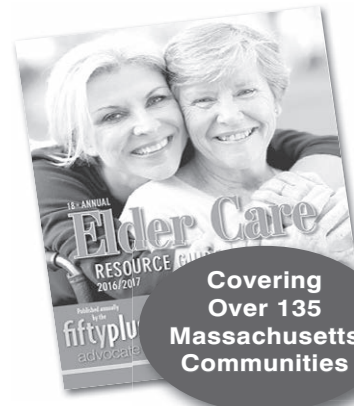
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## resources for caregivers

# Wandering and dementia -aspects and the risk of falling

BY MICHA SHALEV  
MHA CDP CDCM

**W**andering, a complex motor, cognitive and behavioral disorder, is a common symptom among patients with dementia. A con-



## Caregiving Tips

temporary definition for wandering is: "A syndrome of dementia-related locomotion behavior having a frequent, repetitive, temporally disordered, and/or spatially disoriented nature that is manifested in lapping, random, and/or pacing patterns, some of

which are associated with eloping, eloping attempts, or getting lost unless accompanied."

Regardless of complex descriptions and sophisticated definitions and although multifaceted, wandering is easily identified by family members and straightforwardly diagnosed by experienced medical staff.

Older adults and senior citizens with Alzheimer's disease and other forms of dementia are at elevated risk of wandering away from their home or medical care facility, which poses unique challenges for their family and specialized care facilities that house these patients. Wandering puts them in harm's way; they could fall, get into an accident, become a crime victim, or suffer from exposure to the elements.

There are four major steps in

the commonly accepted clinical best practice for wander-risk patients:

1. Identify which patients are at greatest risk of wandering.
2. Correctly supervise at-risk patients.
3. Identify and control wandering triggers in the environment (many times an impossible task)
4. Treat the root causes of wandering (if known).

Although patients do not seem to be disturbed by this phenomenon, the caregiver burden is high as patients with dementia may walk around aimlessly for hours, at times through most of the day and night. The prevalence of wandering differs across studies: 50 percent among community-residing elderly with dementia compared to 21 percent of patients with moderate to severe cognitive impairment in long-term care facilities.

Quality of life is a major concern at the advanced stages of dementia. For the healthy population, walking is a common and favorable leisure-time activity. Walking has both physical and social purposes and may have a relaxing effect on both healthy people and people with dementia. The physical activity may be beneficial for cardiopulmonary function, osteoporosis, muscle fitness, constipation and more. Walking may also contribute to "brain fitness" as it activates brain areas that are responsible for gait. However, wandering in dementia raises safety concerns. The association between

wandering and falls is one such example.

Sleep disturbances were more common among patients with severe dementia who wander than among those who do not. Interestingly, those patients who wander and suffer from sleep disturbances do not preferentially wander at night. Based on these clinical findings, it is generally assumed that although sleep disturbances and wandering co-occur there is no circumstantial association between the two symptoms.

Why patients with dementia wander is an unresolved mystery. It may be a remnant of an evolutionary essential inner drive to move and may also carry an evolutionary advantage. Animals, as well as human beings who wander, increase their chances to acquire food, mate and find shelter. Basic knowledge on the anatomical localization of this behavior is lacking. A SPECT study showed that wanderers with the diagnosis of Alzheimer's disease had more severely reduced regional cerebral blood flow in the left parietal-temporal lobe compared to patients who do not wander. However, the exact meaning of this finding is not clear and the role of other brain areas, such as brainstem, frontal lobes and the reward system, has yet to be investigated.

In view of the growing numbers of patients with severe dementia, the clinical, theoretical and ethical issues regarding wandering should be addressed in future researches.

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**Micha Shalev MHA CDP CDCM CADDCT is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park, 101 Randolph Road, Worcester, as well as the new state-of-the-art Oasis at Dodge Park. He is a graduate of the National Council of Certified Dementia Practitioners program, and well-known speaker covering Alzheimer's and Dementia training topics. The programs at Dodge Park Rest Home specialize in providing care for individuals with dementia and Alzheimer's disease. The facility holds a FREE monthly support group meeting on the second Tuesday of each month for spouses and children of individuals with dementia and/or Alzheimer's disease.**

Shalev can be reached at 508-853-8180 or by e-mail at [m.shalev@dodgepark.com](mailto:m.shalev@dodgepark.com). For more information, visit [www.dodgepark.com](http://www.dodgepark.com). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).



# Shrewsbury octogenarian lives life to the fullest

BY VALERIE FRANCHI  
CONTRIBUTING WRITER

SHREWSBURY – If you are a member of Planet Fitness in Shrewsbury, and work out almost any morning of the week, then you certainly know Marion Kaletski. You might not know her name, but she certainly makes an impression.

The 5-foot, 114-pound spitfire always has a smile on her face and a warm “hello” for everyone she meets. And she is in better shape than most of her fellow exercisers.

Born in Brooklyn during the Great Depression, Kaletski was always a tomboy.

“I grew up playing handball... as well as baseball and football... all on the streets of New York,” she recalled.

She had no problem keeping up with the boys, she said, which earned her a “Most Ath-



Shrewsbury resident Marion Kaletski works out at Planet Fitness four times a week.

PHOTO: VALERIE FRANCHI

letic” title in high school.

It was a time, she said, “when it was proper for girls to earn distinctions like ‘Best Dressed’ or ‘Best Looking.’ I qualified for neither of those.”

She lamented that, when she was in school, academic and sports college scholarships were not available for women.

“I’m so grateful that all of that has changed,” she said.

Kaletski was an honor student, later embarking on a successful career at Quinsigamond Community College before retiring at 71.

She moved to Massachusetts in the 1940s, when she got married. Settling in Shrewsbury, she

took up tennis, skiing, and racquetball. She also tried golf but didn’t enjoy it.

“I seemed to always gravitate toward fast-moving sports,” she said.

Her first foray into aerobics and strength training was at a Gloria Stevens studio, participating in workouts similar to the ones Jane Fonda popularized in the 1980s.

In her early 70s, she joined World Gym and took classes in kickboxing, power step, muscle conditioning, boot camp, aerobics, Zumba, yoga and Pilates.

“The majority of the classes were attended by 20- to 50-year-old men and women, all of whom were very capable and fit,” she noted. “I think working out with this group was a motivating factor, one that was upbeat and fun. I feel mentally surrounding oneself with

Marion Kaletski page 22

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# Baypath offers support, services for the elder community

## Baypath

Continued from page 5

recipients, 65 years of age or older.)

For its Home Care Program, an elder must be 60 years of age or older. For the Respite Program, applicants may be under the age of 60 with a diagnosis of Alzheimer's disease or other related dementia. They must meet income eligibility guidelines and may be required to pay a co-payment.

To qualify for either program, the applicant must need assistance with at least six activities of daily living, including bathing, dressing, eating, transferring, laundry, housework, toileting, meal preparation, medication management, money management, grocery shopping, and transportation. One of those areas must be determined to be a critical unmet need.

Upon referral, Baypath will con-

duct a comprehensive in-home assessment, determine eligibility and needed services, develop a custom service plan, coordinate service delivery and changes in service, and monitor effectiveness and quality of services.

Many Baypath services are free, while others are based on one's ability to pay or offered on a fee-for-service basis. As a designated Area Agency on Aging, the organization and its programs are funded in whole or in part by contracts with the Massachusetts Executive Office of Elder Affairs (EOEA), funds from the Older Americans Act, and donations and grants from businesses, foundations and individuals.

"It's usually a crisis that propels people into action," Allesandro said. "That's human nature. It's best to know about us before you need us but we can help support you when the time

comes that you do need us."

Baypath can also, through its Community Care Transitions Program, help elders who are transitioning from a hospital to home. The program is designed to help empower the patient and reduce his risk of re-admittance to a hospital.

The organization hosts a number of Healthy Living Programs at different sites throughout the month to help individuals with the prevention and self-management of chronic diseases and other health conditions. (Visit [www.baypath.org/Healthy-Aging.html](http://www.baypath.org/Healthy-Aging.html) and click on the calendar icon for more information on the various programs.)

In certain situations where a person qualifies, the agency can provide support and services to those under age 60 such as adult family care, family caregiver support program and personal care attendants, to name just a

few. Visit [www.baypath.org/Under-60.html](http://www.baypath.org/Under-60.html) for more details.

Another feature Baypath offers is a link to a comprehensive website, <http://www.caregiving-metrowest.org> which serves as a source of information, resources and support for Metrowest caregivers.

Baypath serves the towns of Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland and Westborough.

Allesandro noted that if a person is not located in one of the towns Baypath serves, they will direct them to an Area Agency on Aging that serves their community.

Baypath is located at 3 Boston Post Road West in Marlborough. For more information, visit [www.baypath.org](http://www.baypath.org) or call 508-573-7200.

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— Robert Ackerman, Director

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## travel and entertainment

# Exploring the island of Cozumel

By VICTOR BLOCK

**M**uch about the island says Mexico. Archeological sites hint of the rich Mayan civilization that once flourished there. Parts of San Miguel, the only town, retain the charms of villages common throughout the country's mainland.

At the same time, Cozumel displays its Caribbean roots. White sand beaches are fringed by stately palm trees. The center of the island is covered by dense jungle and swampy lagoons.

Lying 12 miles off the east coast of Mexico, Cozumel is known for offering deep sea diving that's among the best in the world. It's ringed by an underwater wonderland of Technicolor coral heads and submarine gardens that are home to an almost unimaginable variety of sea life. Non-swimmers may enjoy close-up introductions to creatures large and small in a glass bottom boat or mini-submarine, during a dolphin show, by checking out resident crocodiles in their lair and observing endangered sea turtle hatchlings making their way to the Caribbean waters where they will spend their lives.

Most travelers to Cozumel begin their visit in San Miguel. Once a sleepy village, it has evolved into a popular destina-



San Miguel shopping area

tion for cruise ships whose passengers patronize shops and restaurants near the docks. Those who venture a few blocks inland find a more mellow setting that retains the heart and soul of the original community.

There, sidewalks are lined by small, family-owned stores and eateries where locals gather. El Mercado, the oldest market on the island, houses a warren of tiny shops and restaurants offering traditional food.

Cozumel derived its name from the Mayans who arrived there some 2,000 years ago. They believed it to be the home

of Ixchel, the goddess of love and fertility. According to legend, their temples dedicated to Ixchel earned her gratitude, and she sent her favorite bird – the swallow – as a token of thanks. The Mayan words “Kozom” (swallow) and “Lumil” (land) were compacted to Kozomil and the name stuck.

More than 30 Mayan sites are scattered around the island. San Gervasio was the most important setting. Sacbes (ancient elevated roads) connect several building complexes there including temples, an ossuary and ceremonial centers.

The temple at El Cedral was another hub of Mayan life on the island. However, when Spanish conquistadors landed on Cozumel in 1518, they destroyed the structure and the remaining portion provides little evidence of its past glory.

Like most Caribbean islands, Cozumel boasts a choice of inviting beaches. Stretches of golden sand line the western shore, facing the mainland of Mexico. On the less-developed Caribbean Sea side, quiet beaches are interspersed among rock-strewn areas, and the strong breakers and undertow discourage swimming.

Cozumel also is home to parks and preserves which show off both Mother Nature's handiworks and man-made attractions. The Faro Celerain Ecological Reserve does both. The park protects a mixture of mangroves, dunes and reef systems that provide refuge for a variety of wildlife, including crocodiles, iguanas and resident and migratory birds.

Exhibits in a towering century-plus-old lighthouse range from maritime navigation to pirates. Cozumel once provided safe haven for buccaneers who roamed the Caribbean Sea, including the notorious Henry Morgan and Jean Lafitte. Some cutthroats hid their ill-gotten treasures in abandoned Mayan

Travel page 13

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# Exploring the island of Cozumel

## Travel

Continued from page 12

structures.

Chankanaab Park includes enough to-sees and to-dos to satisfy many interests. Visitors may stroll through a lush botanical garden, study the colorful inhabitants of a natural aquarium and enjoy a close-up view of the only inland coral reef formation in the world.

The complex includes dozens of replicas of Mayan sites and a working Mayan house that brings to life daily chores like cooking, weaving and planting crops. A more participatory experience awaits those who wish to take part in a temazcal, a Mayan sweat lodge session intended to cleanse both body and mind.

A pleasant surprise during my visit to Cozumel was how much I enjoyed the kind of attraction that I often avoid. Why, I wondered, should my wife and



Mayan ruins

I spend time visiting a cultural theme park when the real Mexico is just outside? However, the aptly named Discover Mexico site provided a number of reasons.

The experience begins with a multi-screen video presentation

that traces the country's history and describes its cultures. This is followed by the main attraction.

We strolled through a setting of tropical vegetation, along pathways shared with turtles and iguanas. The trail passes more than three dozen detailed

scale models of famous Mexican archeological sites and buildings. Replicas of structures from the Mayan, Aztec and Colonial periods stand near contemporary architectural treasures. The result is an all-encompassing walk through history.

Adding to authentic touches in the park, the snack bar serves a variety of typical dishes—and where there's food, there's drink. In Mexico, that often means tequila, which locals refer to as "Mexican water." Visitors to the theme park have an opportunity to discover how tequila is made, then sample tastes of several brands.

Sipping tequila is about as Mexican as it gets. So, too, is much about the island of Cozumel, along with attractions usually associated with the islands of the Caribbean.

For information about visiting Cozumel, visit [cozumel.travel](http://cozumel.travel).



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# One woman, two needles and lots of yarn

By LIZ NOLAN  
CONTRIBUTING WRITER

NORTHBOROUGH - Ande Lockwood was first taught how to knit by a college friend and has never stopped creating and surrounding herself with yarn.

Lockwood is the current owner of Craftworks in Northborough, which is a yarn and fiber shop and artisan cooperative. The original store opened in 1979 and has since expanded in a new location to include the yarn shop.

In addition to knitting, Lockwood's artisan background includes sewing, scrapbooking, jelly making and quilting. She joined the co-op in the late 1980s and became owner in 2012.

The transition to owner has had its challenges for Lockwood but she described them as typical for small business owners. She also acknowledged that she and her husband are in the stage of their lives where their kids are grown



Craftworks owner and avid knitter Ande Lockwood

PHOTO/SUBMITTED

leaving her time and energy to put into the business.

"As a co-op all the jobs were divided amongst the membership," said Lockwood. "As an owner they all become my responsibility - scheduling and all the financials. I have help with display but all the rest lies squarely on my shoulders."

Although her focus is to run the business, her interest in textiles and learning continue.

"There's always a new technique

to learn or new toys to use," said Lockwood.

An example is a square needle that is ergonomically designed to decrease stress and strain for knitters. Different needles are needed for different projects and used with specific types of yarns or lace to produce the desired end result.

Lockwood has an abundance of yarn knowledge to offer customers. In addition to color, yarn can be chosen by its feel, the type of

project, its ability to be washed or dried, or how it will keep its shape. Craftworks specializes in hand-dyed yarns from more than a dozen independent dyers and spinners.

"There are so many different yarns," she said. "The choices are endless."

A variety of technique classes are held at the store including knitting, crocheting, rug hooking and weaving. Classes have a rolling start which offers flexibility for students.

Lockwood feels that age 9 is a good starting point to take a knitting class and suggests to beginners to start with a scarf, to be able to see a finished project at the end of a four-week class.

She personally skipped the scarf stage and continues to be innovative with her patterns. Once the knitting basics are learned, there are many combos of those stitches that can create something new.

Craftworks page 16

## Welcome to the Oasis at Dodge Park



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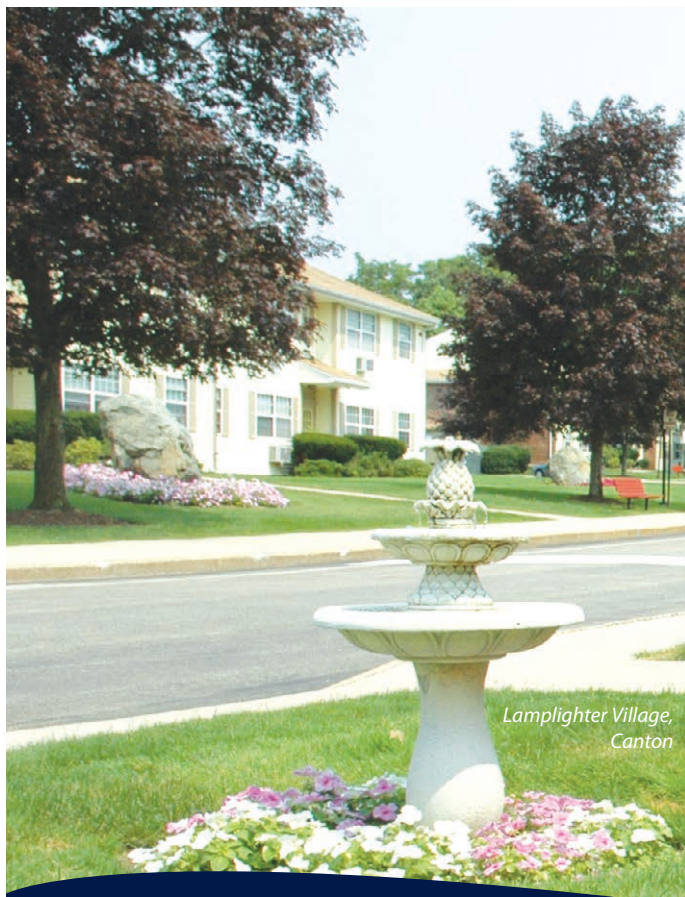


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# Hockey players and cardiac arrest survivor advocate AEDs

By ED KARVOSKI JR.  
CONTRIBUTING WRITER

**H**udson resident Brian Martin, age 59, follows a regular exercise routine including cardio, weight lifting, and an hour playing pick-up hockey year-round Sunday mornings with longtime friends at Valley Sports Arena in Concord. There, he suffered sudden cardiac arrest the Sunday of last Thanksgiving weekend. He's thankful that the facility is equipped with an automated external defibrillator (AED). His hockey buddies used the AED to save his life.

"We skated real hard that day and I was feeling great," Martin recalled. "Afterward, I was sitting in the locker room and just fell over. The guys thought I was joking around, but I wasn't. There were about 20 guys and all were involved somehow. It was a team effort."

They range in age from 40s to 60s and reside in several communities. Among the hockey players is Dr. Eric Holstein of Orthopedic Surgical Associates in Chelmsford.

"Dr. Holstein says hockey is a great sport for guys our age because you slide if you fall and hit the ice," Martin noted. "Whereas, if you fall playing basketball, you hit the court and could get swollen ankles."

Another of the hockey players is T.J. Umina of Concord, who was sitting across from Martin during the medical emergency. Familiar with the facility, Umina yelled for someone to get the AED from the other end of the rink. They followed the AED's verbal instructions.

"Brian Rodgers did mouth to mouth and I did chest compressions," Umina relayed. "Then the machine got thrown into the group of us in all the chaos. After telling us that it was analyzing the heart rate, it beeped and said, 'Stand back.' It administered a shock and he started breathing again."

None of Martin's lifesaving team was trained to operate an AED, Umina noted.



PHOTO/ED KARVOSKI JR.

**Thankful for the automated external defibrillator at Valley Sports Arena in Concord are (l to r) hockey buddies Stephen Rutledge, Brian Martin and T.J. Umina with Joseph Cruzen, the rink's Zamboni driver.**

"I heard they're easy to use, but had never used one and didn't know it gives verbal instructions," Umina acknowledged. "We did it correctly amid a lot of chaos. And we reacted pretty quickly, about three or four minutes."

"Speed is everything," Martin said. "Afterward, I checked a YouTube video, demonstrating how simple an AED is to use. That's why I'm an advocate for this. Every public building and school should have an AED."

Martin was transported by ambulance to Lahey Hospital and Medical Center in Burlington because of its Landsman Heart and Vascular Center. Surgery was performed and a stent inserted by cardiologist Dr. Christopher Pyne. Martin met and spoke with his surgeon a couple hours after the life-threatening incident.

"I thanked the doctor for saving my life with the stent, and he said, 'Don't thank me. Thank your hockey player friends because they did it all.'"

Martin went for two weeks of cardiac rehabilitation at Marlborough Hospital. In addition to returning to his exercise routine, he improved his diet to be more heart healthy.

"My weight does go up and down," he acknowledged. "Even though I'd been exercising it off, this time it caught up with me."

Martin now visits cardiolo-

gist Dr. Daniel Carlucci, chair of medical specialties at Reliant Medical Group. He practices at its Southborough and Worcester offices. Two months after the incident, Carlucci offered him good news. Martin could start playing hockey again as of Jan. 24.

"I was a little nervous at first, but the guys were great," he said. "They were all glad to see me back, shaking my hand and back-

slapping me."

He's also following up with his primary care physician Dr. Anupam Mathur of Hudson. Martin credits his quick recovery to the support of his hockey buddies, as well as his wife Jean, and sons Peter and Tom.

The lifesaving incident was covered on Fox WFX-TV by reporter Blair Miller including an interview with Lt. Bill Whalen of the Concord Fire Department, a first responder on the scene.

"You only have seconds, not minutes, to avoid brain damage," Whalen explained. "Our hope is that all public places have defibrillators and proper CPR training. It makes a huge difference."

Also among Martin's lifesaving team was Stephen Rutledge, executive vice president and chief operating officer of Dimeo Construction Company based in Boston, Hartford and Providence.

Martin added, "The week after my attack, Steve bought defibrillators for all the current Dimeo sites."

For potentially lifesaving information, visit [heart.org](http://heart.org); search AED and CPR.

## One woman, two needles and lots of yarn

Craftworks  
Continued from page 14

"Knitting can be very meditative and peaceful," Lockwood said. "Knitting is very tactile. Some people come to the store at the end of a stressful day to touch the yarn."

She also notices fluctuations in the popularity of crafts such as knitting.

"Anytime the economy is shaky people go back to educating themselves to be more marketable or they go back to doing things at home where they have a feeling of control and satisfaction," said Lockwood.

Craftworks also sells American-made, handcrafted, juried products created by 100 artisans. A

dozen of these artisans work at the store so customers can meet them and discuss their talents.

"I enjoy helping customers find just the right gift for that special occasion, introducing new talent and, in the yarn shop, watching folks learn a new skill or find the perfect project," Lockwood noted.

Lockwood is never too far removed from her role as Craftworks owner. She attends gift shows, art/fiber festivals, and is always on the lookout for gift and craft shops in her travels.

Craftworks is located at 243 W. Main St. in Northborough. Store and class information can be found at [www.craftworkscoop.com](http://www.craftworkscoop.com).



# Senior Athletes: Advocates for wellness

By G. GREGORY TOOKER, CPCU

The debate about national health care rolls on and on. The fact remains, however, that nearly every first world nation on the face of the planet considers access to affordable health care a basic right. The United States has been wrestling with this enormous challenge for years.

Unfortunately, we are home to some of the most unfit people on earth. Poor diet and an increasingly sedentary lifestyle are mostly to blame. Nearly one person in 10 suffers from some form of diabetes. Many cases are of the type two variety, potentially reversible through improved diet and moderate exercise, but often patients opt for the easier but far more expensive pharmaceutical approach.

A wellness-oriented approach is often the more practical and less costly solution to many health challenges. Americans are notorious for back problems of one sort or another. Long stretches at the work station without breaks, aggravating commutes and nightly couch time add up to weak backs and happy chiropractors. Prescription pain killers present another potentially ominous challenge.

Many of us, including myself, have made the decision to pick up the gauntlet of wellness and change our lives for the better. Healthy eating and daily exercise have become a part of our being. When it comes to the question of affordable health care, however, that is not enough. We must become disciples of wellness if our country is to avoid future financial catastrophe as it struggles to shoulder the explosive costs of caring for an aging, unhealthy population. Senior athletes must speak out forcefully if we are to reverse damaging cultural patterns.

What can one individual do, you ask, to halt this seemingly unstoppable juggernaut? As senior athletes, our visibility



MA Senior Games officer and board director G. Gregory Tooker

PHOTO: BONNIE ADAMS

is high. Two women who have contributed significantly to wellness promotion and society in general illustrate the difference one person can make.

Jan Holmquist is a senior athlete who did not lace up her running shoes until the half century mark. Now, she is a national champion in her age group, president of the New England 65+ Runners Club and assistant to the president of the Massachusetts Society for the Prevention of Cruelty to Animals, helping assure the health of our four-legged runners as well.

Heidi Joyce is a senior athlete who lives and breathes the wellness doctrine. Heidi has directed the wellness promotion initiative for the Vermont League of Cities and Towns for years. Its success has made it a national model for health and fitness programs. In what little spare time Heidi has, she executes championship slalom runs down the mountains of Vermont.

There is a large generational bubble known as the Baby Boomers working its way through our society. They are like a tsunami hitting the health care shoreline. Short of large scale wellness improvement among this group, the Medicare dikes will be swept out to sea. The escalating costs cannot be absorbed without dramatic funding increases. At a time when many seniors grudgingly admit their retirement planning hasn't been realistic, how will they meet these increased costs?

The only solution is to reduce health risk through wellness improvement. The Vermont League of Cities and Towns, under Heidi Joyce's guidance, introduced positive wellness incentives that resulted in reduced risk, healthier folks of all ages and REDUCED insurance cost. As "mature" athletes and fit seniors, we must speak out with force and clarity. We need

the active support of both public and private health industry resources if this wellness revolution is to take root and prosper. Given the proper incentives, nearly every challenged individual safely capable of reducing his or her wellness-related health risks will make the effort.

The opportunity for dramatic improvement is before us, waiting for someone to take the baton. Healthy seniors, we challenge you to start the race, passing it to the next generation and thereafter, until we hit the finish line of national senior wellness. Who among us are better advocates to champion this noble cause?

**G, "Greg" Tooker is a runner of 40 years and is a MA Senior Games officer and board director. Formerly a distance guy, he converted to track at age 70. He competes in the Senior Games in several states and at the nationals. Greg lives with his family in Wrentham, Mass.**



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# Documenting over 50 years from institution to independence

By ED KARVOSKI JR.  
CONTRIBUTING WRITER

As owner and producer of Connect Your Stories Productions, Judy Faust, 64, of Stow has begun pre-production on her third documentary, "From Institution to Independence: The Donna Jay Story." Jay is legally blind, and has intellectual and developmental disabilities. She was age 4 in 1960 when their family doctor advised her parents to institutionalize her.

Now age 59, Jay lives independently in her own condominium and worked a fulltime job for over 27 years in Salem. She currently presents workshops for the nonprofit Massachusetts Advocates Standing Strong (MASS) in Boston and serves as its executive board vice chair.

"Donna is turning 60 this sum-



Left:  
Donna  
Jay

mer," Faust noted. "She's going to have a big birthday party in August. I'm thinking about filming that as the end of the documentary. Donna has so much spunk, spirit and determination. She has overcome many obstacles."

Faust is conducting interviews for the documentary this spring with representatives of organizations affiliated with Jay including MASS, the Department of



Below:  
Judy  
Faust

PHOTOS/SUBMITTED

Developmental Services and The Arc. While documenting Jay's ongoing progress, Faust is also aiming to chronicle the state's evolution of handling disability issues.

"We can interview people who have known Donna for five decades and have seen her go from institution to independence," Faust said. "It happened because laws changed, and the civil rights movement advocated for people with intellectual and developmental disabilities. There was a time when intuitionism turned into a disaster and many of them have closed. Like any good documentary, it will include some of that controversy."

Interviews will also be conducted with some of Jay's nine siblings.

"The family has had some challenges," Faust acknowledged. "They have a lot of guilt because they put Donna in an institution. They thought it was the right the thing to do, then found out later that maybe it wasn't. Now the siblings have to try to get along. I have a sister who is visually handicapped, so I know how that can affect a family. It can be very difficult."

Faust wants the documentary to display Jay's active and creative lifestyle. Scenes will be filmed of her dancing, drumming and creating art.

"Creativity is a way of expressing her frustrations, how she sustains herself and how she gets over those times when she has to look at the next mountain to climb," Faust said. "She's a natural in front of the camera. She's got that special quality of charisma."

Jay incorporates her charm into presentations for conferences and organizations helping people with intellectual and developmental disabilities. The documentary will be used for presentations she does with the training team based at MASS, which is mentored by Fran Hogan. Jay sets a good example to follow because she speaks from firsthand experience, Hogan noted.

"Three people go out and train individuals on how to find a real job with real pay," Hogan explained. "They have a PowerPoint presentation and activities where they find out how to do an interview, and how to dress and present yourself to find a job. They learn that it's fine if the first job doesn't work out; you keep trying. That's Donna's motto: 'Keep trying and you can do it.'"

Hogan has worked with Jay as her support broker at MASS for three years. During that time, Hogan has observed Jay's passion for consistently reaching out to her peers and beyond.

"Donna wants to connect not only with people with developmental and intellectual disabilities, but also their parents, family members and individuals who work with them," Hogan said. "She helps get across to the community that they're just like everyone else. They work, they vote, they want to get married, and they want to be an integral part of the community. Most importantly, they have a lot to give."

Faust hopes the documentary will air on public television, and screen at libraries, schools and independent movie theaters. For more information about "From Institution to Independence: The Donna Jay Story" and its fundraiser, visit [tinyurl.com/zc2vet3](http://tinyurl.com/zc2vet3).

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# money matters

## Top ways to use a reverse mortgage

BY ALAIN VALLES, CRMP  
PRESIDENT, DIRECT FINANCE CORP.

Reverse mortgages, also called Home Equity Conversion Mortgages (HECMs), are government-



### Reverse Mortgage

insured loans that allow qualified senior homeowners to convert illiquid home equity into available tax-free cash for immediate or future use. Although reverse mortgages have been available since 1987, they still only account for about 1 percent of the total mortgage industry.

There are 20 million senior homeowners in the U.S., with many facing financial challenges that affect their quality of life. When used properly, a reverse

mortgage may be the solution to living an independent, fulfilling life. But lack of understanding about reverse mortgages has led to many misconceptions including the following:

1. "I will lose my home." With a reverse mortgage you retain full control and ownership of your home. As long as you continue to pay your real estate taxes, homeowner's insurance, and maintain your property you may remain in your home for the rest of your life. You may sell your home at any time with no prepayment penalty. Any profit from the sale after paying off the reverse mortgage is yours. In many cases properties held in a trust or life estate are eligible.

2. "I can't afford to make monthly payments on a reverse mortgage." For qualified borrowers, the unique aspect of a reverse mortgage is there is no requirement to ever make a monthly mortgage payment. This is con-

sidered the "magic" feature of a reverse mortgage! You may receive a lump sum amount of cash, a monthly check for life, or a line of credit to be used if ever needed, all with no monthly payment for as long as you live in the home.

3. "I won't qualify because I have a mortgage on my home." There is no requirement for your home to be free and clear. Many seniors with a mortgage are struggling to make the required monthly payment which is affecting their quality of life. The tremendous advantage of replacing that debt with a reverse mortgage is the significant increase in monthly cash flow, which can reduce financial stress.

4. "Condos are not eligible." If the condominium project is FHA-approved, then typically we can move forward. If not ap-

proved, then we must work with the condo association or management company to determine if it will meet the guidelines. The advantage of getting your condo development FHA-approved is it will generally increase the property value. Unfortunately, very few mortgage companies are willing to invest the resources to help a senior with the condo approval process.

5. "Only someone who is 'cash poor' needs a reverse mortgage." Nothing could be further from the truth. Even if you have no pressing need for cash or monthly tax-free income, a reverse mortgage is a credible estate-planning tool to protect against unexpected life events, such as a health challenge or family emergency. Having a reverse mortgage

Reverse mortgage page 20

Alain Valles, CRMP and president of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England. He can be reached at 781-724-6221 or by email at [av@dfcmortgage.com](mailto:av@dfcmortgage.com). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).

## SUPER CROSSWORD PUZZLE

"Big Mix-Ups"  
(answers on page 20)

### ACROSS

- 1 Place a call incorrectly  
8 "Alley —!"  
11 — toe in the water  
15 Spat  
19 1979 Michael Caine film  
20 Sergeant's inferior  
22 Arab leader  
23 Had a different opinion  
25 Court plea, for short  
26 — the Greek" (1964 film)  
27 Average mark  
28 French department  
29 Ax parts  
30 Mel of the old Giants  
31 1954 hit song with a biblical title  
35 Cyberspace letters  
37 Sigh of satisfaction  
38 Lott of football  
39 Valued highly  
42 "The Thing" star Russell  
43 Lose vigor  
45 Ship out

### DOWN

- 46 Career-completion celebrations  
51 Canadian station name  
52 Spanish arena cry  
53 A — (slightly)  
54 Haughtiness  
58 "So it's you!"  
59 Bank offering for creditworthy customers  
66 Focuses in college  
68 Kochi sash  
69 Quarterback Troy  
70 Like some high-quality models  
77 "I'm cold!"  
78 Bidding site  
79 180 degrees from SSE  
80 — Lingus  
81 Film director Kazan  
82 Formation of new areas of oceanic crust  
89 Mane locale  
93 In the past  
94 Minimal tide type  
95 Sudden pain  
96 Oblong pastry  
98 Bards' dusks  
99 Weight revealer

### DOWN

- 101 Trainers looking for pins  
105 Clumsy ship  
108 Ticket details  
109 Regular pay  
110 Stable scrap  
111 "Along — spider ..."  
113 With 11-Down, settled for  
114 Takes a defensive position  
118 New — (Enya type)  
119 Kiss  
120 Divert  
121 Actors Beatty and Sparks  
122 Bodega, e.g.  
123 Profs' helpers  
124 Any of four long pairs featured in this puzzle

### DOWN

- 1 Seder bread  
2 — the Sheriff"  
3 Terse  
4 Paint crudely  
5 Sitcom actress  
6 NCAA part: Abbr.  
7 Nutlike Chinese fruit

### DOWN

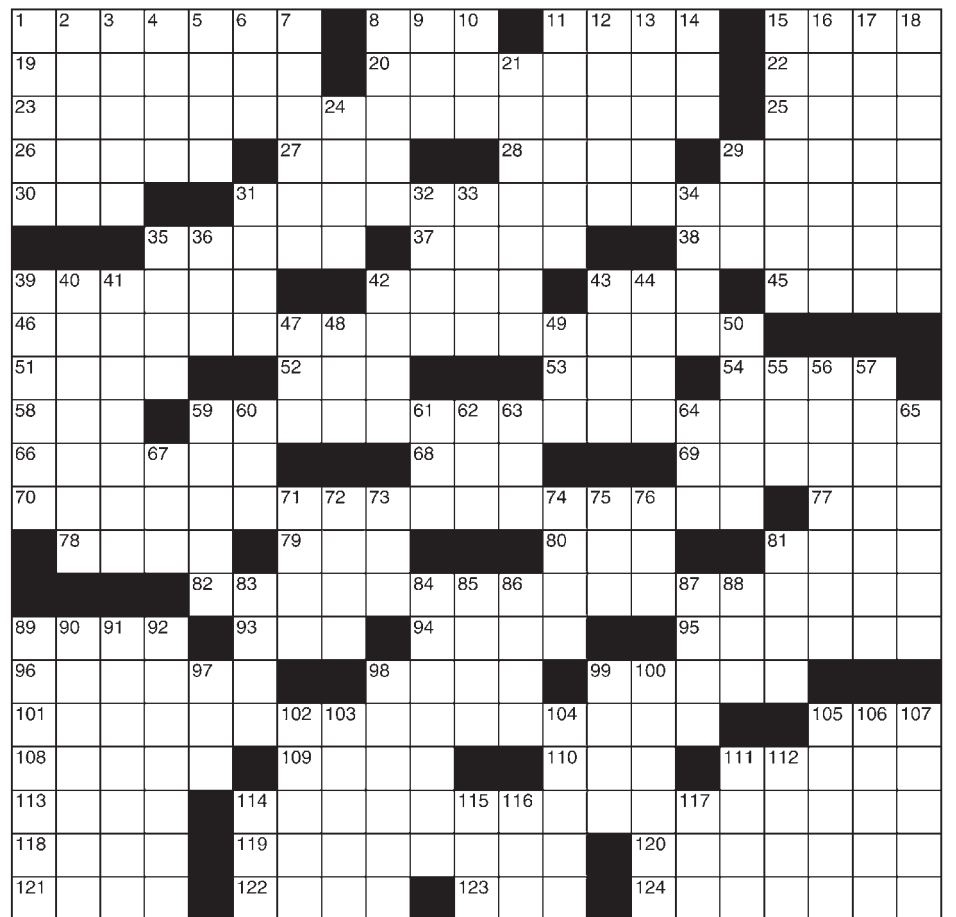
- 8 Band of eight  
9 Sound of awe  
10 Med lead-in  
11 See 113-Across  
12 Dubliners, e.g.  
13 1990s Toyota  
14 Bar brew  
15 Bone attachments  
16 Coca of comedy  
17 Enters one following another  
18 Iced  
21 Like some even distributions  
24 Eye, to Yves  
29 Inflated self  
31 Walk in shallow water  
32 — monde (high society)  
33 Old West's Wyatt  
34 Hankering  
35 Italian opera singer Pinza  
36 Debussy's "La —"  
39 Piece of audiophile equipment, briefly  
40 Divvy up again

### DOWN

- 41 "This pays the rent, at least"  
42 Leg part  
43 Sirius, say  
44 Adjutant  
47 "Li'l ol' me?"  
48 Shade tree  
49 Artery: Abbr.  
50 Composer Erik  
55 Nettle  
56 — "Rose" (Nat King Cole hit)  
57 Eyeballing  
59 Victimizes, with "on"  
60 Blog feed inits.  
61 Electrojet bit  
62 Heat's org.  
63 Up to, informally  
64 Downcast  
65 Anger greatly  
67 One — kind  
71 Hose hitch  
72 Lowdown  
73 Barn hooter  
74 Shocked reaction  
75 Sales staffer  
76 Opp. of departure  
81 Falco of "Oz"  
83 English peer  
84 Amoeba  
85 Wine: Prefix

### DOWN

- 86 Tabula —  
87 Greek vowels  
88 Pointed tool  
89 Ted Koppel, for one  
90 Area of a plot of land  
91 Petitioned  
92 Events after Lents  
97 Cheez- — (crackers)  
98 Breakfast china item  
99 Old Iranian VIP  
100 Et — (and so forth)  
102 "In my dreams!"  
103 Stupor: Prefix  
104 Fowl sheds  
105 "My Cherie —"  
106 Oscar de la —  
107 Casey of countdowns  
111 Irene of "Fame"  
112 Awestruck  
114 Trig function  
115 Have chow  
116 RR depot  
117 — Ho Lee (scientist in 2000 headlines)





# viewpoint

## A place not made for us

By AL NORMAN

In his *New York Times* bestselling book, "Being Mortal," surgeon Atul Gawande explains the rise of nursing homes in America starting in the 1950s.

"Hospitals couldn't solve the debilities of chronic illness and advancing age," he wrote, "and they began to fill up with people who had nowhere to go."

### Push Back

The hospitals lobbied Congress for funding "to enable them to build separate custodial units for patients needing an extended period of 'recovery.'"

"That was the beginning of the modern nursing home," Gawande explained. "They were never created to help people facing dependency in old age. They were created to clear out hospital beds - which is why they were called 'nursing' homes."

Sixty years later, Gawande said, "the core problem persists. This place where half of us will typically spend a year or more of our lives was never truly made for us."

His description of life in a

nursing "home" for one of his friends will resonate with many readers: "All privacy and control were gone. She was put in hospital clothes most of the time. She woke when they told her, bathed and dressed when they told her, ate when they told her. She lives with whomever they said she had to. There was a succession of roommates, never chosen with her input and all with cognitive impairments. Some were quiet. One kept her up at night. She felt incarcerated, like she was in prison for being old."

Over the past 36 years of my working life I have struggled to help people avoid this social imprisonment, and live at home with dignity and independence. People in the home care profession are freedom workers. They believe that all care must be built to maximize autonomy and personal control.

Whether it is in a hospital setting, a "rehabilitation" center, or a nursing facility, the "patient" is not in control. From the moment you put on that "johnny," you feel your personhood slipping away. A nursing facility owner once told me: "I can institutionalize people within a matter of weeks. I can transfer them from being a fairly independent, ambulatory person living on their own home sched-

ule, to being wheelchair-bound, Depends-wrapped, toileted and eating on our schedule, and in bed when we tell them." It's like resetting their internal clock and life rhythms.

We have done well in Massachusetts to "bend the curve" on the number of patient days in nursing facilities by more than a third since the year 2000. We have a projected 15,000 empty nursing home beds today. But we still over-institutionalize the elderly.

According to the Massachusetts Health Policy Commission, in 2012, 36 percent of all hospital inpatients discharged on Medicare in the commonwealth went into a nursing facility. In 2013, Medicare post-acute spending in Massachusetts was \$1.04 billion on institutional care, five times greater than the \$209 million on home health spending. The mean spending per user in a skilled nursing home was \$15,970, versus \$3,242 per home health user.

Nursing facilities still account for half of Medicare post-acute care spending nationally. The Massachusetts Health Policy Commission concluded that "more work is needed to develop guidelines for patient discharge planning."

One of the most obvious tools we have to slow the con-

veyor belt from hospital-to-nursing facility is already state law—but it is virtually ignored. In section 9 of Chapter 118E of the General Laws, it says that "A person seeking admission to a long-term care facility paid for by MassHealth shall receive pre-admission counseling for long-term care services, which shall include an assessment of community-based service options. A person seeking care in a long-term care facility on a private pay basis shall be offered pre-admission counseling."

In practice, most hospitals and doctors are totally unaware of this "pre-admission counseling" option, and consumers know even less. Elders I speak with never had a counseling session about their home care options.

We continue to imprison older people - and the disabled - in buildings that are devoid of any of the comfort and familiarity of home. Consumers say they want to be home, but we ignore them for our own convenience and ease of management. We rob them of control and autonomy, when all they long for is the dignity to remain an individual.

Al Norman is the executive director of Mass Home Care. He can be reached at [info@masshomecare.org](mailto:info@masshomecare.org) or at 978-502-3794. Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).

## Answers to Super Crossword

(puzzle on page 19)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | I | S | D | I | A | L |   | O | O | P |   | D | I | P | A |   | T | I | F |   |   |
| A | S | H | A | N | T | I |   | C | O | R | P | O | R | A | L |   | E | M | I | R |   |
| T | H | O | U | G | H | T |   | O | T | H | E | R | W | I | S | E | N | O | L | O |   |
| Z | O | R | B | A |   | C | E | E |   | O | I | S | E |   | E | D | G | E | S |   |   |
| O | T | T |   | W | H | I | T | H | E | R | T | H | O |   | U | G | O | E | S | T |   |
|   |   |   | E | M | A | I | L |   | A | A | A | H |   | R | O | N | N | I | E |   |   |
| P | R | I | Z | E | D |   |   | K | U | R | T |   | S | A | G | S |   | E | N | D |   |
| R | E | T | I | R | E | M | E | N | T | P | A | R | T | I | E | S |   |   |   |   |   |
| E | S | S | O |   | O | L | E |   |   | T | A | D |   | A | I | R | S |   |   |   |   |
| A | H | A |   | P | R | I | M | E | I | N | T | E | R | E | S | T | R | A | T | E |   |
| M | A | J | O | R | S |   |   | O | B | I |   |   |   | A | I | K | M | A | N |   |   |
| P | R | O | F | E | S | S | I | O | N | A | L | G | R | A | D | E | B | R | R |   |   |
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| N | A | P | E |   | A | G | O |   | N | E | A | P |   |   | T | W | I | N | G | E |   |
| E | C | L | A | I | R |   |   | E | E | N | S |   | S | C | A | L | E |   |   |   |   |
| W | R | E | S | T | L | I | N | G | C | O | A | C | H | E | S |   | A | R | K |   |   |
| S | E | A | T | S |   | W | A | G | E |   | O | A | T |   | C | A | M | E | A |   |   |
| M | A | D | E |   | C | I | R | C | L | E | S | T | H | E | W | A | G | O | N | S |   |
| A | G | E | R |   | O | S | C | U | L | A | T | E |   | R | E | R | O | U | T | E |   |
| N | E | D | S |   | S | H | O | P |   | T | A | S |   | A | N | A | G | R | A | M |   |

## Top ways to use a reverse mortgage

### Reverse mortgage

Continued from page 19

line of credit in place gives peace of mind that one is prepared for the unknown.

A reverse mortgage is not for everyone. There are strict guidelines and protections built into reverse programs and you are encouraged to seek information from a trustworthy and experienced reverse mortgage professional.

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# The challenges of aging

By MARIANNE DELOREY, Ph.D.

Two well-known social psychologists named Alter and Oppenheimer did an experiment in which they had groups of people take



a quick, three-question intelligence test called the CRT. This particular test is rigged so that the most obvious answer is wrong.

## Housing Options

Eighty-three percent of people miss at least one question. However, the researchers found when they made the test harder, people did better. They did this by writing the test in a font that was difficult to read. The conclusion the researchers drew from the experiment is that making people slow down their reading made them make fewer mistakes. In this case, less speed made for more processing time, which in turn led to more careful answers.

Perhaps we can extrapolate these findings to aging. Most people would consider their aging, slowing bodies a detriment. Most people consider physical limitations such as poor eyesight, a measured gait, or even memory loss to be a barrier or a hurdle to living life fully. Perhaps, though, that is

Perhaps slowing our bodies down means we have the chance to think more deeply about life and determine the best course of action more thoughtfully.

not entirely true. Perhaps slowing our bodies down means we have the chance to think more deeply about life and determine the best course of action more thoughtfully. Perhaps, slowing ourselves down means we get to live life with more forethought, resolve and therefore more meaning.

Meet Veronica. Veronica is a very determined lady. She lives in an apartment with stairs but uses a walker. She has learned how to scoot up the stairs while sitting and dragging up her walker with her groceries or whatever else she needs.

Eve is another person who struggles with limitations. Eve's eyes don't work like they used to, but she refuses to move away from her home. She has taken the initiative to melt crayon wax onto her stove and burner knobs so she will be able to feel when the burners are off. She still enjoys cooking, but just has to be a bit more careful about doing so.

Max is another elder who gives his family a run for their money. Max goes out every day,

downtown to the old neighborhood, to see his friends. He is in a scooter, and the neighborhoods are not quite as safe as they used to be. Max does not care. This was home to him and he feels safe. Worse, when it snows, Max takes his scooter out into the road because the sidewalks are not clear. His family has offered to drive him when they can, but Max refuses help.

Most people I know who work with the elderly are reading these stories with their heads spinning. We have all met many elders who in our view are taking unnecessary risks because they are too proud or too stubborn to ask for help. But maybe we helpers are the ones who have it wrong. Maybe these people are challenging themselves by determining how they want to live their lives. They encounter an obstacle – stairs, New England winters, and what-have-you, and decide they are greater than these challenges. They assess what needs to be done and are very thoughtful and determined about coming up with a solution. Perhaps they are taking the only intelligence test that really matters – how to live life on your own terms.

Marianne Delorey, Ph.D., is the executive director of Colony Retirement Homes. She can be reached at 508-755-0444 or [mdelorey@colonyretirement.com](mailto:mdelorey@colonyretirement.com) and [www.colonyretirementhomes.com](http://www.colonyretirementhomes.com). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).

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# Shrewsbury octogenarian lives life to the fullest

Marion Kaletski  
Continued from page 9

younger people makes you forget about your aches and pains.”

Although she has both osteoporosis and atrial fibrillation, which was genetically inherited, she said, “I allow neither to stop me from working out four times a week. I look at it as my job.”

She is proud to say that she can still hold a 15-minute plank and do military-style pushups.

At Planet Fitness, where she has been exercising for the past two years, she devises her own workouts, and works out with a group of about eight women who feel lucky to have her to motivate them.

“She kills us with her workouts,” said group regular Gina. “She is an inspiration to us all.”

“She’s a powerhouse,” added Vicki. “Just amazing.”

Twice a week, she also does a 30-minute circuit with Pam, the trainer at Planet Fitness. Kaletski credits Pam’s expertise for offering her, and others, a very hard and beneficial workout.

In addition, Kaletski hikes, bikes and does her own housework and yardwork. She also does not smoke or drink alcohol.

Now a widow, Kaletski’s “close-knit, wonderful family” includes two children, six grandchildren, and three great-grandchildren – with one on the way.

“How do I feel? I feel 50... I also feel blessed,” she said.

Kaletski said she completed her “bucket list” in 2014, which included bungee-jumping, zip-lining, wall- and rock-climbing, a 26-mile tundra bike ride, the polar plunge, sky-diving and

getting a tattoo.

“My life has been wonderful,” she said. “I have nothing to complain about; and I do not stress about things over which I have no control. I enjoy life!”

Her future objective in life, she said, and the newest addition

to her depleted bucket list, is doing 90 military-style pushups on her 90th birthday.

“Will it happen? Probably not,” she said. “But...that tattoo...I thought that would not come to pass either. Wish me luck!”

## Older adult job fair May 20

REGION - Workforce Central Career Center is partnering with the Auburn Senior Center to host the second annual Older Adult Job Fair Friday, May 20, from 1:30 to 4 p.m. at the Senior Center, 4 Goddard Drive, Auburn. The event is intended for adults over 50 looking for work. Bring your resume for an interview. Entrance is free.

Those interested may prepare for the job fair by attending workshops at the Senior Center Monday, May 9, on “Using Age to Your Advantage” from 1 to 3:30 p.m.; Wednesday, May 11, on “Resume Writing” from 1 to 3:30 p.m.; and Thursday, May 12, “Prepare for Job Fair Success” from 10 a.m. to 12 p.m.

The workshops are free, but registration is required as space is limited. Call Workforce Central Career Center at 508-799-1600, ext. 601 to reserve a spot.



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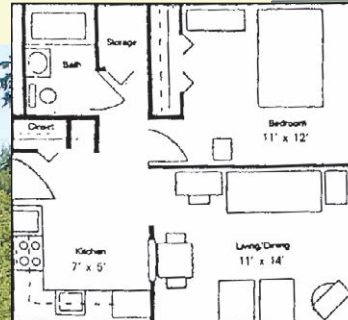
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## ***Your Recovery In Your Own Home***

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### **Personal Care Assistance**

Home Health Aides  
Diabetes Care  
Dementia &  
Alzheimer's Care  
24-Hour Care  
Private Duty

### **Skilled Nursing**

Post Surgery Care  
Wound Care  
Medication  
Management  
IV Administration

### **Rehabilitative Therapy**

Physical Therapy  
Occupational Therapy  
Speech Therapy  
Respiratory Therapy



For personalized service, call  
Linda Belsito: (774) 961-9871

Toll Free: 1-888-292-1809  
[www.centuryhomecare.com](http://www.centuryhomecare.com)

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