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Volunteering:

'A Work of Heart'
at the Brookline
Senior Center

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Alice Bonner, PhD, RN
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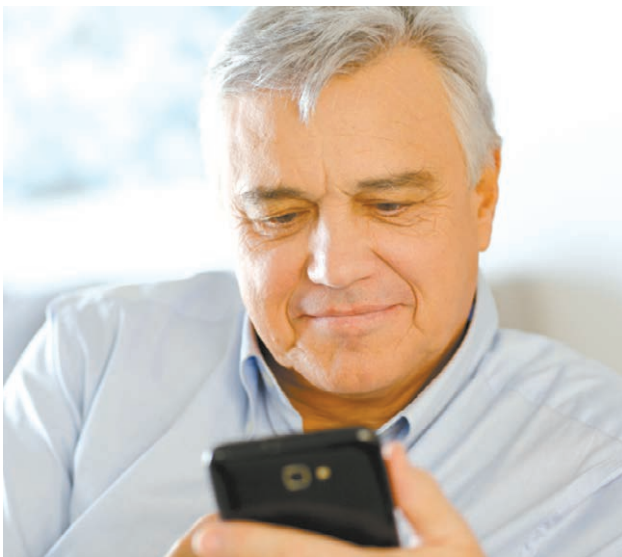
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Train your brain with new smartphone apps

BY VALERIE FRANCHI
CONTRIBUTING WRITER

It is well-known that as we age, our cognitive functioning begins to deteriorate. We forget names, get distracted more easily, and start to lack concentration. Physical exercise and natural supplements can help. But a new, rising trend has become a fun way to keep your mind sharp: brain-training smartphone apps.



Brain-training smartphone apps have become a fun way to keep your mind sharp.

These apps focus on all aspects of cognitive functioning – memory, concentration, attention, spatial recognition and problem-solving, among others. Most claim to have scientific evidence that the apps stimulate the brain and improve these areas.

One of the most popular new apps is Lumosity. Created by a collaboration of scientists and game designers, Lumosity personalizes training programs based on performance and areas of needed improvement. It offers users a daily routine of different brain games to help improve performance in target areas.

According to the website, the creators “either adapt cognitive or neuropsychological tasks used by researchers for decades to test cognition, or ... use their knowledge and research experience to design entirely new, experimental challenges.”

Like Lumosity, Fit Brains aims

to improve your mental performance with a series of brain games that are selected to help you improve weaker cognitive areas. However, unlike Lumosity, Fit Brains feels more like a video game, which may be just what you need to stay motivated and on track. And as you play Fit Brains games, they’ll become more difficult, so you’re always getting a challenging brain workout.

“Brain stimulation creates new neural pathways and connections

that can be used as a sort of ‘brain savings account’, allowing you to draw on this account at a later date,” the website said.

Created by Rosetta Stone – the makers of popular language learning programs – Fit Brains also includes a language component to the brain-training.

BrainHQ works the same parts of the brain as Lumosity and Fit Brains, but adds exercises to work out the eyes for detail and a user’s ability to process visual scenes. One exercise tests your skill in matching people’s names to faces and biographical details – something that often eludes us as we age.

The website asks users to “think of it as a personal gym, where you exercise your memory, attention, brain speed, people skills, intelligence and navigation instead of your abs, delts and quads. Just as our bodies require care and exercise over the course of life, so do our brains — especially as we age.”

These are only a few of the many apps intended to “train your brain.” Most apps are free to try, but require subscription fees to unlock all of the training programs. Visit the app store on your smartphone and search “brain games” or “brain training” to see the options available.

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Publisher: David Bagdon
Publisher Emeritus: Philip Davis
Managing Editor: Bonnie Adams ext. 14
Creative Director: Tina Berthiaume

Advertising Sales:
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Fifty Plus Advocate is published monthly, 12 times annually by Bagdon Advertising, 32 South Street, Westborough, MA 01581.

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‘Volunteering: A Work of Heart’ at the Brookline Senior Center

BY JANE KELLER GORDON
CONTRIBUTING WRITER

BROOKLINE - Five days a week, Agnes Rogers, 96, volunteers at the Brookline Senior Center’s lunch program. Volunteer Director Patricia Burns, 72, said, “First Agnes has her coffee, and then she folds napkins, and sets the table for the 20 to 50 people who have lunch here.”

Burns said that when she thanked Rogers for her efforts, Rogers replied, “I am the one who is thankful. This gives me a reason to get up every morning and get dressed. It gives me a good lunch, and I get to visit will all kinds of interesting people.”

For the past two years, Burns has worked part-time at the Brookline Senior Center. She brings tremendous drive and experience to job from her public health career, mostly at Harvard University.

Burns oversees the efforts of 310 volunteers from teens to Rogers at 96.

“Our volunteers put in the hours of 28 full-time employees,” Burns said.

With good reason, the center’s website calls her programs, “Volunteering: A Work of Heart.”

According to Burns, Brookline Senior Center volunteers create and implement new programs, as well as administrate and provide technical advice for existing programs. They answer phones and, at events, take tickets, help seat people, and set up refreshments.

Senior volunteers teach many of the activities for seniors, including Zumba Gold, Tai Chi and Reiki. Burns said that a podiatrist and two acupuncturists, who are all seniors, see seniors at the center for



PHOTOS/PATRICIA BURNS

Above: Jean Doherty, 75, Volunteer of the Year, with her gift cart



Left: Agnes Rogers, 96, with her lunch cart

a minimal fee.

There is an active food distribution program that is run

by seniors, and provides food for up to 100 people per week, many of whom are seniors. Burns said that Trader Joes and Whole Foods both provide produce, breads and dairy products.

Burns seems especially proud of the SHOP program at the center. Currently 32 high school students do food shopping for 25 seniors, who mostly live in the Coolidge Corner area.

The last time Burns went to Brookline High School to meet with students, one asked how long it takes to shop. Burns said another answered, “It takes about an hour to get the list, shop and bring back the food,” he said. “I always stay at least another hour. These people are really interesting. Their history is what we learn.”

Burns said that although community service is a graduation requirement at Brookline High

School, “I can tell that they enjoy this volunteering. These students are so fresh and full of energy.”

The senior volunteers show enthusiasm as well. Burns said that last year’s Volunteer of the Year, Jean Doherty, 75, who she described as a normally quiet person, made a sandwich board to advertise a craft fair at the center for which turnout was

low. Doherty put on the board and went to Coolidge Corner. Burns said, “Quite a few people showed up. Jean is the go to person if you need something done.”

For information about volunteering at the Brookline Senior Center, contact Burns at 617-730-2743 or pburns@brooklinema.gov. The center is located at 93 Winchester St. in Brookline.



Food distribution area of Brookline Senior Center’s food pantry

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Memory café network serves comradery statewide

By ED KARVOSKI JR.
CONTRIBUTING WRITER

Massachusetts residents living with memory changes and their caregivers are now offered more comfortable meeting places. They're gathering monthly at memory cafés free of charge for refreshments, activities and comradery. Cafés are currently located in Andover, Brookline, Franklin, Lexington, Marlborough, Norwood, Topsfield, Waltham and Westwood.

A network known as the Percolator shares ideas and resources with current and potential café coordinators statewide.

Tammy Pozerycki, owner and director of Pleasantries Adult Day Services in Marlborough, learned of memory cafés in 2009. At the time, the closest café to her was in Dover, N.H. After attending it, she began the Create a Better Day Café at her Marlborough facility. She has seen notable progress since then.

"It has gone from when I started with just myself and the food that I prepared – and no one else showed," she relayed. "To now, there's 15 to 20 guests with volunteers each month. There's no RSVP. Someone who's caring for a loved one with dementia doesn't know until that exact day and time if it's a good idea to take them to a social event. Folks with dementia have good and bad days."

Coordinators suggest contacting them beforehand to confirm the café will be held as scheduled.

The Marlborough café typically features music and pet therapy, with optional offerings such as reiki treatment. Guests have enjoyed chili while watching broadcasts of New England Patriots games.

As part of a nationwide dementia-friendly community movement, Pozerycki is on the local advisory board for Hudson, Marlborough and Northborough. She's working toward es-



PHOTOS/SUBMITTED

Café guests in Marlborough converse in the kitchen.



Left: Pet therapy is popular at the Create a Better Day Café in Marlborough.



Right: A violinist serenades café guests in Marlborough.

tablishing cafés with the senior centers in those communities.

Pozerycki was contacted in early 2014 by Beth Soltzberg, program coordinator at Jewish Family and Children's Services (JF&CS) in Waltham. Soltzberg became aware of memory cafés while researching her plan to start an arts-based program for people living with dementia and care partners.

In March 2014, the JF&CS began the state's second memory café. Its monthly café features guest artists including art educators, dancers, musicians, poets and storytellers. Presentations are participatory, not a performance. Citing a guest of theirs from the Alzheimer's Po-

etry Project, Soltzberg noted that various arts tend to prompt memories.

"Call and response poetry can elicit participation and sometimes reminiscences even from people who have advanced dementia," she said. "Poetry, like music, has a rhythm that seems to be almost inborn. It triggers long-term memory."

Volunteering at the JF&CS Memory Café are students of Brandeis University. Soltzberg believes the intergenerational café is a comfortable setting for all involved.

"People can come and know they're accepted," she said. "We live in a society where there's still a lot of stigma about de-

mentia. People start to stay home. There are tremendously negative health affects to social isolation. It's not a good quality of life when you can't go out and be with people. It's also great to be playful and silly sometimes."

After the JF&CS Memory Café ran for several months, Soltzberg heard from other professionals working with older adults who expressed interest in starting a café. JF&CS spearheaded the launch of the region's Percolator network in autumn 2014.

Percolator meets quarterly at JF&CS with a presentation from a café coordinator, which gives others ideas for theirs. Networking among coordinators allows them to schedule cafés so that guests can attend more than once monthly.

"Cafés are springing up in other parts of the state," Soltzberg said. "Just about every month, professionals come to check out our café."

Emily Kearns, a program coordinator for the Andover Senior Center in the Center at Punchard, attended the JF&CS Memory Café and brought the idea to her community. The Andover café began in June 2015 with a grant from the Massachusetts Lifespan Respite Coalition. Other meeting locations are under consideration including area restaurants and the public library, Kearns noted.

"To create a senior-friendly community means that we have to bring our programs on the road; open it up to wider populations in more neutral and inviting venues," she said. "Memory cafés should be an intergenerational space, so that younger caregivers can come with their loved ones, as well as older caregivers."

Soltzberg welcomes others interested in the Percolator network to contact her at 781-693-5628 or bsoltzberg@jfcsboston.org. A directory of Massachusetts memory cafés with contact information is posted at jfcsboston.org/MemoryCafeDirectory.

How to keep your mind sharp

It's important to take care of your brain as well as your body. Here are 10 things that you can do to help keep your mind sharp as you age.

1. Exercise

Not only will it benefit your physique it will also help keep your brain healthy.

2. Eat right

Many foods, including nuts, fish and red wine, have been linked to a healthy brain. Limit red meat, sweets and overprocessed foods – you will feel and look better.

3. Get enough quality sleep

Try to keep regular hours of when you go to bed and when you get up. Make your bedroom an oasis – try to keep out or minimize electronics.

4. Paint, draw or doodle

Using your brain for a creative artistic pleasure can be fun and challenging.

5. Listen to or play music

Listening to music can lift your spirits but singing or playing an instrument is also an excellent way to stretch your brain in a new way.

6. Learn

something new

Many colleges and senior centers offer engaging, low-cost lectures and classes for older adults. And there are many free webinars and classes that can be viewed online as well.

7. Do puzzles

Crosswords, Sudoku, or jigsaw puzzles are just some of the fun ways you can challenge yourself.

8. Write

Whether you are finally writing that novel you have been meaning to or in a private journal or a letter to the editor of your local newspaper, writing forces you to process your thoughts in a logical, particular way.

9. Socialize

Join a friend or family member for a regular activity such as exercising, going to the movies or other fun pursuit.

10. Volunteer

Volunteer at an animal shelter, school, library, hospital or an organization of your choice. Not only will you be helping the organization, you will feel invigorated and full of purpose.

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resources for caregivers

Managing chronic pain in patients with dementia

By MICHA SHALEV
MHA CDP CDCM

Chronic pain affects 1.5 billion people worldwide, an estimated 100 million of whom live in the United States. Yet we currently have no effective treatment options. Fortunately, research advances have determined some of the ways in which chronic pain changes the brain, and several promising research areas could lead to better treatment



Caregiving Tips

ways in which chronic pain changes the brain, and several promising research areas could lead to better treatment

Chronic pain is usually defined as lasting at least three months or persists after an injury has fully healed. Research has highlighted the association of chronic pain in the elderly to loss of independence, poor diet and social isolation.

approaches.

Chronic pain is a frequent health problem in the elderly and is not part of the normal aging process. The prevalence levels range between 45 percent and 80 percent in line with an age-related increase in patient comorbidity (medi-

cal conditions that present simultaneously in a patient). Chronic pain is usually defined as lasting at least three months or persists after an injury has fully healed. Research has highlighted the association of chronic pain in the elderly to loss of independence,

poor diet and social isolation. Importantly as with many disease processes, chronic pain and the subsequent way it affects one's life, is not evenly distributed throughout the population. Females and patients from a lower socioeconomic status have been shown to report more chronic pain.

Assessing pain accurately and communicating it to the healthcare team is clearly the keystone for effective management of pain. However, there are significant obstacles to doing this accurately in patients with cognitive impairment. These obstacles, particularly language deficits, make it difficult for the patient to convey the pain they are feeling. In addition,

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Elder Care

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Managing chronic pain in patients with dementia

Dementia

Continued from page 8

challenging patient behavior, which is often a result of pain, can make a physical assessment difficult. In line with the fact that many elderly patients suffer from persistent pain, a methodical approach must be taken with patients with underlying cognitive impairment to avoid under-treating a patient for pain syndromes.

Evaluating pain is best done in two distinct parts:

Is the patient experiencing pain? There are a wide range of validated pain assessment tools that can aid healthcare professionals, caregivers and families in making decisions about a patient's pain management. The selected assessment tool can vary between regions and certainly varies between countries. It is im-

portant for healthcare professionals to become familiar and competent with the locally-approved pain assessment tools.

Evaluate the nature of pain syndrome. In simplistic terms there are four chronic pain syndromes that are important to differentiate due to variation in subsequent management. First, the most common syndrome in the general population is pain due to excess of nociceptive (painful or injurious) stimuli. Second, neuropathic pain is an intensively painful syndrome brought about by nerve injury or dysfunction of nerve pathways. Differentiating between neuropathic and nociceptive pain syndromes has important implications for diagnostic and treatment decisions. Third, chronic pain syndrome (or dysfunctional pain syndrome)

is a constellation of syndromes that do not respond adequately to medical care. Finally, in a hospital setting it is common for patients to present with mixed pain syndrome. The classic example is a patient with cancer, who, due to the nature of the disease, can experience a number of different forms of pain

Approaching chronic pain as a national emergency would allow for a better future in terms of both treatments for

chronic pain, costs to society, and individual well-being. It is time to take an honest look at where we are, get rid of unnecessary and unproven treatments, and advance neuroscience to the patient in the form of better treatments. Pain neuroscience has never been so exciting or well-positioned in terms of the potential it offers to change the current impasse. But it will take bold decisions to put into place a vision and plan of action.

.....

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. For more information, visit www.dodgepark.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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Civil rights activist works to instill justice values in younger generations

By LORI BERKEY
CONTRIBUTING WRITER

Growing up in the 1940s and '50s, Yvonne Brown noticed that everyone around her had brown skin, like her. The doctor, the dentist, the shoe cobbler did, too. But the owner of the meat and fresh produce store was white, and the prices of his goods were higher and of poorer quality and less variety than what was available in white neighborhoods. She paid attention to the discrepancies.

Brown saw that the kids at her all-black school were given used text books. She knew that her grandfather, who was a licensed judge, had initially been denied work in the legal field because of his race, and that he worked as a janitor in the meantime. But her sense of self-worth was not molded by these observations. Brown's self-esteem was shaped by the conversations that took place at



Yvonne Brown, 74, of Westborough, shares life lessons of civil rights with her granddaughter, Sydney Battle, 6.

family mealtime.

"Family dining sessions stressed education, strong work ethics and achievement," Brown said. "It was made abundantly clear that no one could limit our dreams or capabilities unless we let them."

Brown became involved in civil rights at an early age as a Girl Scout. In this realm, she found herself having to prove her worthiness during overnight camping trips, and she spoke up about task discrepancies.

She attended a junior high school outside her neighborhood and was met with "curiosity, hostility and acceptance," an experience she believes paved the way for other students. She went on to become the first and only black teacher during the 1960s in an elementary school located in an impoverished white area in Philadelphia.

As an advocate, Brown has sat on advisory boards for schools, Activist page 17

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travel and entertainment

Cheese, truffles and history: Treasure hunting in Piemonte

By VICTOR BLOCK

The platter was covered with what resembled small piles of leaves from a fall lawn raking. The brown, green and black heaps hardly invited sniffing, much less tasting. Yet sniff and taste I did.

Little did I know, before this introduction to “cheese wrapping,” that a tradition in one corner of Italy is aging cheeses by encasing them in leaves. Nor that there are “cheese hunters” who to seek the best leaves in which to wrap cheeses, and know the amount of time each variety should be aged to bring out its best flavor.

The opportunity to learn about this unusual profession is one attraction of a visit to the Piedmont (Piemonte) province in north-western Italy. Others include its lovely landscape of rolling hills blanketed by vineyards, and tiny towns that grew up around stone castles in medieval times. Adding to the appeal are an enticing history, and the fact that while Piemontese food and wine are not as well known as world-famous cuisines like that of France, they should be.

Piemonte derives its name from the phrase “ai piedi del monte” (at the foot of the mountains), and the towering peaks of the Swiss and French Alps are visible in the area. A perfect home base for traveling throughout the



A vineyard in Piemonte

PHOTOS/SUBMITTED

region is Alba, “the town of 100 towers.” That claim dates back to the 12th and 13th centuries, when noble families competed to build ever-taller fortified towers to both provide protection and demonstrate their wealth. Only four of the original structures still overlook the town, but the name has stuck.

Outside of Alba, roads wind through tiny towns of stone buildings that line narrow cobblestone streets. Many hilltops are capped by the massive walls and turrets of an ancient castle.

Each town has own unique appeals. Serralunga d’Alba is one of

11 villages where Barolo wine may be produced. It, and Barbaresco, are Italy’s most prestigious red wines.

The town of Grinzane Cavour, and 12th century castle of the same name, have a strong connection with viniculture. Among exhibits there is the Regional Piemontese Wine Cellar, which offers tastings of the area’s vintages. Also intriguing is the Masks Room, whose soaring ceiling is painted with portraits of fantasy monsters and creatures that range in countenance from droll to macabre.

Napoleon Bonaparte called Ch-

erasco “le plus beau coin d’Italie” (“the most beautiful corner of Italy”) because of its star-shaped Roman bastion and medieval architecture. The town’s elegant porticoed arcades protect pedestrians from sun and rain. Among the sumptuous palaces is the Palazzo Salmatoris, where the ruling Savoy family spent many a summer holiday. A graceful “Triumphal Arch” was donated by a citizen to give thanks that the plague which wracked the region in 1630 spared the citizens of Cherasco.

Anyone who travels to Italy’s

Travel page 13

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Cheese, truffles and history: Treasure hunting in Piemonte

Travel

Continued from page 12

Piedmont region is sure to leave with an appreciation of the importance of both wine and food in the lives of its people, and probably with a few extra pounds as well. Cheese and white truffles hold a place of honor on many a dining table.

Cheese-makers flourished there since the first century A.D. Many farmers continue to follow traditional family recipes, which often call for a mixture of milk from cows, sheep and goats.

A visit with a “cheese hunter” turned out to be one of the more unusual experiences of my trip. Gianna Cora described the process of “maturing” cheeses by wrapping them in various kinds of leaves to both preserve and flavor them. Among the kinds of foliage he uses are those from chestnut and fig trees, as well as cabbage, cauliflower and other vegetables. I also encountered, but chose not to



A local wine cellar

sample, cheeses wrapped in grass, tobacco leaves and goat hides.

Gianna noted that each year he gathers and uses over 100,000 chestnut leaves alone. (I didn't inquire how he knows the number.) Explaining that about three dozen of his neighbors share his

unusual profession, he claimed – without embarrassment at the pun – that he is recognized as “the Big Cheese” among them.

It didn't take long after my arrival in the area to observe and experience firsthand that the Piedmontese people are as serious

about enjoying cheeses as Gianna is about making sure they taste as delectable as possible. Almost every restaurant serves a wide selection of locally produced types. I watched as some diners discussed their selections with the server, asked for small samples before ordering, then nibbled on their choices with an enjoyment that was obvious even from across the dining room.

Enjoyment of the magnificent countryside scenery, ancient towns and intriguing history of the Piedmont region might not be demonstrated so clearly. But this corner of Italy has much to recommend a visit to savor all it has to offer.

For more information about Italy's Piedmont region, log onto www.langheroero.it, then click on the image of the British flag in the upper right corner of the screen to translate the site into English.



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Keeping in touch

By JANICE LINDSAY
CONTRIBUTING WRITER

People don't send many postcards these days.

Here's what we do: Snap photos with our smartphone and whoosh them through the air to

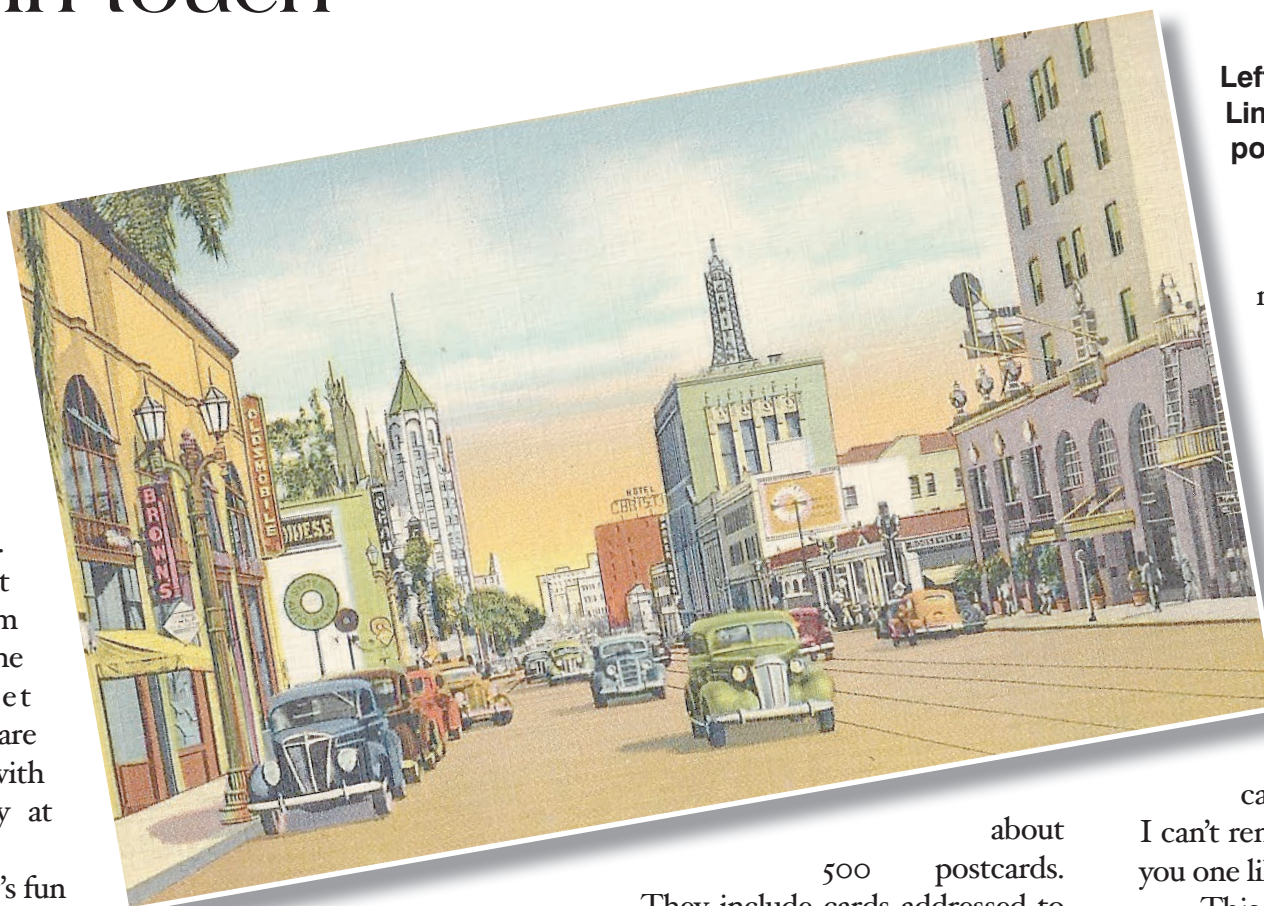


Inklings

friends and family. Or post them on the Internet and share them with everybody at once.

It's fast and efficient. It's fun to see our friends' photos. We appreciate the immediacy of participating in their travels.

But decades from now, who will hold and peruse the photos



Left: One of Janice Lindsay's vintage postcards

we now view on a screen, as I examine the postcards I began collecting when I was a child?

I've recently sorted through

about 500 postcards. They include cards addressed to family members from other family members, some addressed to me, some sent to people I don't remember from people I never met.

Here's Mt. Rushmore National Memorial, the presidents' faces lit for nighttime viewing. It's postmarked Murdo, South Dakota, decades ago. It's from my grandmother, sent on one of the car trips she and my grandfather enjoyed so much. "Dear Janice, Another card for your collection. I can't remember whether I gave you one like this or not."

This little card didn't seem so special when I received it, because then I had my grandmother. But I will never again see that distinctive rounded handwriting

Post cards page 16

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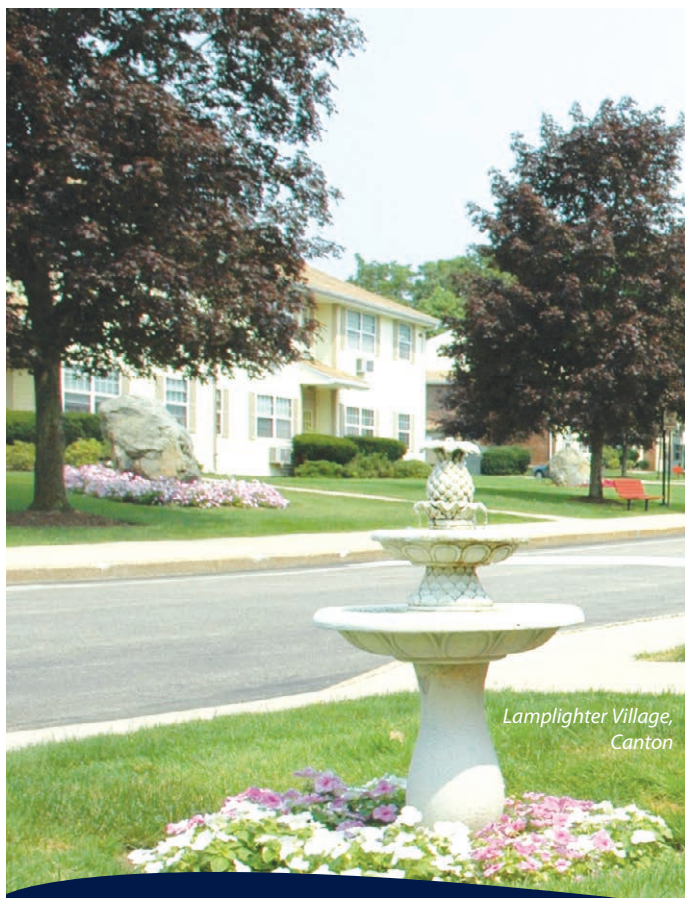


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Physician offers warnings and advice regarding depression

By BONNIE ADAMS
MANAGING EDITOR

According to Dr. Gary Moak, M.D., it's a common misconception that depression is inevitable as you age. And in his new book, "Beat Depression to Stay Healthier and Live Longer: A Guide for Older Adults and Their Families," he makes the case that depression is actually a serious brain disease, often related to changes in the brain associated with the aging process itself.

Moak bases the premise that depression is a disease of the brain based on his more than 30 years as a practicing geriatric psychiatrist who has treated thousands of patients with a wide range of psychiatric and behavioral problems related to diseases of aging. He is the former owner and director of the Moak Center for Healthy Aging in Westborough. He now is an assistant professor of psychiatry at the Geisel Medical School at Dartmouth in Hanover, N.H.

It is normal, he said, to be upset when a major life event occurs, such as loss of a spouse, change in living environment or illness.

"But it's all in how you cope with the situation," he said. "Not everyone gets depressed."

According to the Centers for



Dr. Gary Moak

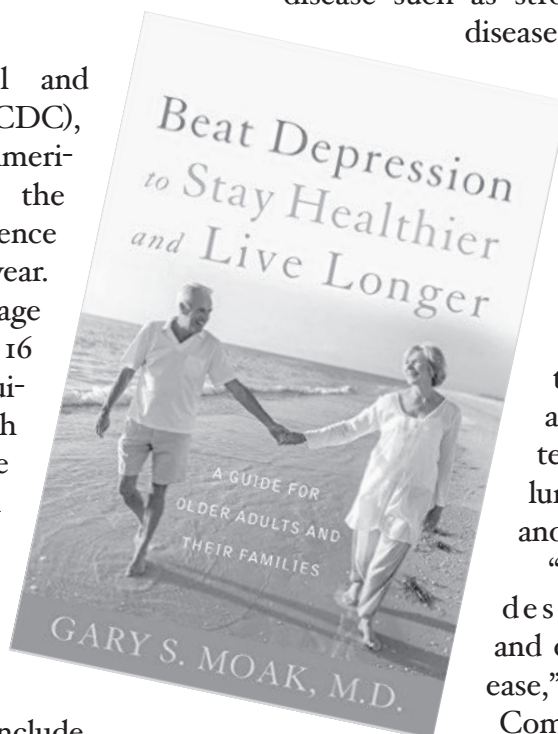
Disease Control and Prevention (CDC), nearly 7 million American adults over the age of 65 experience depression each year. Adults over the age of 65 made up 16 percent of all suicide deaths, with men over 85 the most successful in killing themselves. Depression is almost always a factor.

Signs of depression can include loss or increase in appetite, insomnia or too much sleep, isolation, feeling hopeless, cranky, nervous or guilty for no reason and a sudden lack of enjoyment in favorite pastimes.

Like any other disease, depression should be treated, Moak said.

"You would treat any other part of the body that is breaking down as you age, such as your heart or lungs," he said. "So why wouldn't you treat your brain as well?"

Depression can lead to catastrophic results, he said, when it is combined with another disease. It increases the rate of disease such as stroke, heart disease and Al-



zheimer's disease and worsens conditions such as diabetes, chronic lung disease and cancer.

"It's a very destructive and costly disease," he said.

Compounding this problem is that many physicians do not have enough education or experience when it comes to treating depression in the elderly.

"Too often they do not have enough time to spend with their patients and truly understand what is going on," he said. "Meds

are prescribed in a knee-jerk reaction and often too little a dosage is prescribed."

Geriatric psychiatry is a very specialized field – one needs to be able to understand traditional counseling as well as being able to understand the social systems in place for the elderly, end of life issues and ethical concerns, Moak said. But currently there is a severe lack of geriatric specialists, he noted – currently less than 2,000 in the country. And with approximately 70 million Americans expected to be 65 or older by the year 2030, he said, the results could be disastrous for those afflicted with depression as they age.

"That's why I wrote this book," he said. "I want to be able to help, in a clear, easy-to-understand manner, how serious this problem is but also show there are options."

Moak's book has four sections to help elders and their families: Insight into the signs and symptoms of depression in later life; First-hand accounts from patients suffering depression; Suggestions for prevention and treatment of depression; and The health problems those with depression may face if they do not treat it.

The book may be purchased on Amazon or at major booksellers.

Keeping in touch

Post cards
Continued from page 14

on anything new, or touch something she has recently touched.

When there are no more postcards, there will be no penned remarks to show that this sender actually touched this card. No photos of motels where someone drew an arrow pointing to the window of her room. No earnest attempts to squeeze a long message into a short space. No evidence that people paused during their busy travels to pen greetings to loved ones back

home. No scrawled lines with glimpses of the past, tidbits of life stories, lines to read between. No soft mustiness of aging postcard paper, the elegance of old stamps.

In 1910, my great-grandmother in Rockland, R.I., received a postcard from her sister who lived in Groton, Conn. "I'm sorry you could not come down for Thanksgiving," she wrote. "We past [sic] a very enjoyable day." Both my great-grandmother and her sister held this card in their hands, as I hold it now, wondering why they did not visit on

Thanksgiving.

Here's one dated 1944 from a military hospital in Texas. My grandmother had journeyed there, all alone, from Rhode Island to fetch my uncle, who had taken seriously ill while in Army basic training. She didn't yet have time to write a letter to my grandfather explaining the details; she mailed a hasty summary on a post card from the post exchange.

My collection includes cards touched by aunts, uncles, friends of my parents and grandparents, brothers and sisters, teach-

ers, friends, cards written by my younger self. There's an unsigned, undated card with no postmark, addressed to me, that says "Having a great time. Shook hands with Vice-President Nixon." Whose hand shook Nixon's, then held this card?

As one postcard sender wrote to his friend, my grandfather, in 1911, "[I] trust we will keep in touch with each other." A postcard is, literally, a way to keep in touch.

Contact jlindsay@tidewater.net.

Civil rights activist works to instill justice values in younger generations

Activist

Continued from page 10

churches, health organizations, the National Association for the Advancement of Colored People (NAACP), and others. As a meeting host for the MetroWest Alliance for Workforce Diversity, she delivered a presentation, “Facing the Forces of Mass Destruction,” which addressed “manmade” causes of civil rights violations and how to correct them.

Brown served as president of the NAACP South Middlesex Branch from 2004-2008 and then forged ahead as liaison from the NAACP New England Area Conference to help reactivate the Worcester NAACP branch. She keeps a pulse on current civil rights issues and remains active in her fight for equality.

In recent years she worked on voter empowerment, encouraging people to attend political forums, watch debates, register to vote, and be informed about the issues. She led workshops about Martin Luther King Jr. for elementary school students. She is an active member of Framingham Coming Together, a group comprised of community leaders, including police, clergy, medical workers, and others who hold forum discussions on concerns related to injustice and inequality.

Having learned from her elders, Brown is proud to be a role model for her 6-year-old granddaughter, Sydney Battle. Brown traveled with her to Virginia so she could meet an older relative and learn about family history, segregation and living in the South.

She rode with Sydney on a Chicago sleeping car and taught her about the history of the Pullman porters train workers. She strode with her across the Edmund Pettus Bridge in Alabama to commemorate the 50th anniversary of the Voting Rights March from Selma to Montgomery. They cruised abroad together to learn about the status of women and cultural differences.

The two also traveled by bus with the NAACP to Washington, D.C., to attend President

Obama’s inauguration and visit Martin Luther King Jr.’s monument. Sydney is now the youngest member of the Worcester Branch NAACP.

Brown has hopes for Sydney’s future and the resolution of civil rights concerns. She feels it is essential that Sydney believes in her own capacity to make a difference. She believes it is also impor-

tant for her to remain steadfast to the cause, keep a strong spirit and realize not everyone will agree.

“As she continues to educate herself and others, attainable goals will be realized,” Brown said, “I trust that she will look people directly in the eye and gently use her hands to guide them to the victory of justice and equality.”

At 74, Brown is as focused as

ever on working for positive change.

“I am committed to the cause of civil rights, and I will rise like the steam from a cup of hot tea,” she said. “There may be circles under my eyes and the load may seem heavy, but the strength and determination from within and from above will propel and lift me, for the work must be done.”



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Local and state resources available to support elders' mental health needs

By BONNIE ADAMS
MANAGING EDITOR

BOSTON – According to the Executive Office of Elder Affairs (EOEA), Massachusetts is projected to have 1,178,852 residents over the age of 65 by the year 2020. As such, the department oversees program designed to provide support services, information, options counseling, and education/training to assist older adults in making decisions about things such as healthcare, housing, jobs, nutrition and the next stage of their lives.

The department is overseen by Alice Bonner, PhD, RN, who, as the commonwealth's secretary of elder affairs, has more than 25 years of experience as a geriatric nurse practitioner caring for older adults and their families. Bonner has also held positions in education and has served as the director of the Bureau of Health Care Safety and Quality at the Massachusetts Department of Public Health, and as director of the Division of Nursing Homes in the Centers for Medicare and Medicaid Services in Baltimore, Md.

Recognizing that good mental and physical health go hand-in-hand, Bonner recently highlighted some of the programs the commonwealth offers to assist elder residents with their mental health needs.



Alice Bonner, PhD, RN
Secretary of Elder Affairs

Councils on Aging

Councils on Aging (COA) which are funded by Elder Affairs, serve as a resource for social and support services to elders, families and caregivers. COA outreach can include things such as checking in with the elder via weekly phone calls or nutrition programs which can also serve as a wellness check of sorts.

"The question is often how we find these people who may be living alone and/or are isolated, particularly in rural areas," Bonner said. "We try to honor people's wishes as much as possible and provide outreach to them at their home. This is where the services of a COA can be vital."

Dementia care

Throughout her career, Bonner's research has included studying dementia and how to best help those diagnosed the disease as

well as their families.

"We are learning more about environments that support those with dementia, whether it be in a home or assisted living facility," she said. "It's important to create safe environments and have specially trained staff."

Several Massachusetts communities will soon be piloting a program to establish themselves as "dementia-friendly communities," which seeks to train officials, first responders and others in how to help those with dementia feel more comfortable.

Elder abuse

To help deal with the issue of elder abuse, the EOEA oversees 22 Elder Protective Service (PS) agencies throughout the state. These agencies respond to the reports of elder abuse, which can include physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. Abuse can be reported to a PS or to the statewide Elder Abuse Hotline (800-922-2275).

PACE

PACE (Program of All-inclusive Care for the Elderly) is a Medicare and Medicaid program that helps people meet their healthcare needs in the community instead of going to a nursing home or other care facility. An all-inclusive program, it integrates mental health into overall care.

Peer Specialists

In conjunction with the Department of Mental Health, EOEA offers a Peer Specialist program. An elder who has gone through a traumatic situation, such as a loss of a spouse, living situation or is facing a health crisis, can get specialized training which will then allow them to help another person who is going through a similar situation.

"The elder can say, 'I know it's hard, I've been there, too. I came out on the other side and you will, too,'" Bonner said.

Practitioners

As the population ages, there is an urgent, increased need for those who specialize in treating elders' mental health, including geriatric psychiatrists, psychologists and clinicians.

"There is definitely a shortage of these types of practitioners. We need to encourage med students to go into this field," Bonner said.

One initiative, Greater Lynn Senior Services (GLSS) Elder Mobile Mental Health Program, has been very successful so far, she said. The program delivers a range of critical mental health services to vulnerable elders and integrates them into the home environment in several North Shore communities. In the past seven years, GLSS has helped more than 300 consumers improve the quality of their lives through this program, according to its website.

Suicide prevention

According to the National Institute of Mental Health, among those age 65+, white males comprise over 80 percent of all late-life suicides. Depression is almost always present. About one in five suicide attempts in the elderly ends in death, and firearms are the most common cause.

To help address this problem, agencies in both Bristol and Worcester have instituted elder suicide programs, Bonner said, designed to help those who may be in in peril.

1-800-AGE-INFO

The EOEA's website www.800ageinfo.com offers diverse information and resources for elders and their families. Categories include: Assess My Needs; Find My Regional Elder Care Agency; People with Disabilities; Family Caregiver; Search for Services; and Embrace Your Future.

For more information on the services offered by the EOEA, visit www.mass.gov/elders, www.800ageinfo.com or call 800-243-4636.



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money matters

Reverse mortgage: A lifesaver

BY ALAIN VALLES, CRMP
PRESIDENT, DIRECT FINANCE CORP.

Reverse mortgages have helped tens of thousands of older homeowners avoid serious financial difficulties by converting illiquid home equity into available tax-free cash. Recent changes in this government-insured loan program have helped to significantly reduce the cost while also strengthening protection for the borrower.

Though reverse mortgages were first introduced in 1987, many people still carry misguided ideas about what a reverse mortgage is and how it works. Here

are five common misconceptions about reverse mortgages.

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 can sell your home at any time with no prepayment penalty.

2. "I won't qualify because I have very little income or challenged credit." New reverse mortgage guidelines offer qualified homeowners in these situations the ability to have the lender pay ongoing real estate taxes and property insurance from available loan proceeds for the lifetime expectancy of the borrower.

3. "I can't afford to make monthly payments on a reverse mortgage." The unique feature of a reverse mortgage is there is no requirement to ever make a monthly mortgage interest pay-

ment. This is considered the "magic" feature of a reverse mortgage because 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 your home.

4. "I won't qualify because I have a mortgage on my home." There is no requirement for you to own your home free and clear. Many seniors currently have a mortgage. A large percentage of those people are struggling to make the required monthly payment, which is impacting their quality of life. The tremendous advantage of replacing that debt with a reverse mortgage is the significant increase in monthly cash flow which will hopefully reduce financial stress.

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, a reverse mortgage is a credible estate planning tool that can be used to protect against unexpected life events such as a health crisis or emergency home repair. Having a reverse mortgage line of credit in place gives one the peace of mind of being prepared for the unknown.

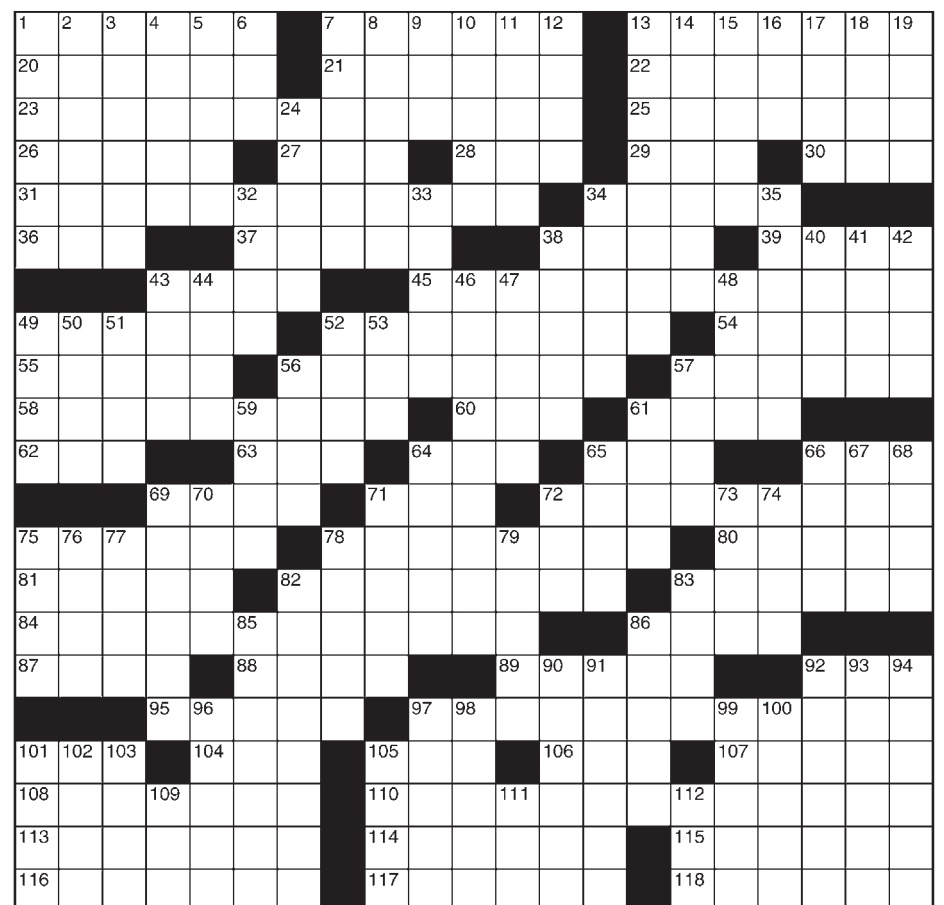
A reverse mortgage is not for everyone. But for many qualified homeowners it is an excellent way to access the equity that has built up in your home, without taking on additional monthly debt payments. There are strict federal and state guidelines and protections built into reverse mortgage programs, and you are encouraged to seek information from a trustworthy and experienced reverse mortgage professional.

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. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

SUPER CROSSWORD PUZZLE

"Mixed Vegetables"
(answers on page 20)

- ACROSS**
- 1 Reinforcing shoe tip
 - 7 Brand of prescription painkiller
 - 13 Toss out
 - 20 Southern African land
 - 21 Give in
 - 22 Big markets
 - 23 Many an earthen plant holder
 - 25 Vegetable mixed inside
 - 110-Across
 - 26 Dog biscuit, to a dog
 - 27 Bit in a stew
 - 28 Canon — Rebel
 - 29 Bakery item
 - 30 — Paese (cheese)
 - 31 Mall with wholesale goods
 - 34 Speakers of Celtic
 - 36 Put- (ruses)
 - 37 "— a woman?": Sojourner Truth
 - 38 Knife cut
 - 39 Writer Oz
 - 43 Diplomacy
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 - 52 Ranks
 - 54 Gorbachev's wife
 - 55 Not sleeping
 - 56 Fills untidily
 - 57 Vegetable mixed inside
 - 23-Across
 - 84-Across
 - 58 Vegetable mixed inside
 - 97-Across
 - 60 It's charged
 - 61 Like slightly spoiled meat
 - 62 "Ta-ta"
 - 63 Pack-toting beast
 - 64 Dell products
 - 65 Vast span
 - 66 DOJ arm
 - 69 Swinging ditty
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 - 87 Begged
 - 88 Corn units
 - 89 1950s Ford
 - 92 Vacation site
 - 95 In a strange way
 - 97 Affect one's emotions
 - 101 Spinks foe
 - 104 Dijon "yes"
 - 105 Sauna sound
 - 106 Part of GPS: Abbr.
 - 107 Made known
 - 108 Vegetable mixed inside
 - 31-Across
 - 110 Surfs while watching TV
 - 113 Intertangles
 - 114 Langston Hughes memoir, with "The"
 - 115 Probes into
 - 116 TV satirist Stephen
 - 117 Party split
 - 118 Double boxing punch
- DOWN**
- 1 Bit of skin art
 - 2 Minimal lead in baseball
 - 3 Some herons
 - 4 — reef
 - 5 Get — start (be tardy)
 - 7 Kind of sail
 - 8 Circle eighth
 - 9 Brand of cable modem
 - 10 Plains shelter
 - 11 "When is — not ..."
 - 12 Reno stakes
 - 13 Loses hope
 - 14 Irreverence
 - 15 Pitcher's talk
 - 16 Dupe
 - 17 Qatari, e.g.
 - 18 Paddy plant
 - 19 Writer Roald
 - 24 In the work already mentioned: Abbr.
 - 32 Dash device
 - 33 Snug
 - 34 Dells
 - 35 Periodic pay
 - 38 Contempt
 - 40 Israel's
 - 41 "In that area"
 - 42 Three-hand card game
 - 43 "Kon- —"
 - 44 "Just —!"
 - 46 Tendency to keep silent
 - 47 Nondairy spreads
 - 48 Overpack
 - 49 Broccoli —
 - 50 Cockeyed
 - 51 Calendar info
 - 52 Lodge group
 - 53 Feed lines to
 - 56 Amount paid
 - 57 See 67-Down
 - 59 Ring of virtue
 - 61 Urge on
 - 64 Braid
 - 65 Isn't right
 - 66 Folder filler
 - 67 With 57-Down, some tavern trash
 - 68 Response to "Nice job!"
 - 69 Texas city
 - 70 "I gotta hand — ya ..."
 - 71 Chart book
 - 72 Bivouac bed
 - 73 Take note of
 - 74 Oscar — Renta
 - 75 Pageantry
 - 76 German car
 - 77 British art gallery
 - 78 Apology word
 - 79 One axing
 - 82 Most flaky
 - 83 RC, say
 - 85 One losing weight
 - 86 "You've gotta be kidding!"
 - 90 Puts down, to a rapper
 - 91 Overhead stadium recorder
 - 92 Most irritated
 - 93 Future D.A.'s major
 - 94 Builds on
 - 96 "Imma la —"
 - 97 — law (old Germanic legal code)
 - 98 Femur locale
 - 99 "Emperor of the Air" author
 - 100 Doorway joint
 - 101 British actor
 - Guinness
 - 102 Jay of TV
 - 103 "— never fly!"
 - 105 Fliers' mil. posts
 - 109 Key near Q
 - 111 23rd Greek letter
 - 112 Bustle



viewpoint

Fighting to come home

By AL NORMAN

Last month I wrote about a 70-year-old friend of mine with diabetes who fought to return home after a hospitalization, instead of going to a rehab. Well, it has happened again.

A 61-year-old woman from Charlestown called me last week. Let's call her "Laura." She is a MassHealth member. She broke her leg, and was sent to a major hospital in



Push Back

Boston. She spent three days in the hospital. At discharge, the staff hospitalist gave Laura a list of three rehabs, and told her to pick one. Laura didn't know what a rehab would be like, but she picked one facility she had heard of.

When she got to the rehab, it felt to her like a nursing home—because it was. Laura went up to her room. As she entered, she saw her roommate scramble quickly to "her side" of the room and pull her curtain divider brusquely behind her. Laura remembered how her mother had died in a

nursing facility, and she did not want to suffer the same fate.

Laura refused to settle into her new room. She told the hospital staff, "I don't want to be here. Please call my son and get me out of here." The hospital called her doctor, who said it was fine with him if Laura was insistent on going home. They put Laura in a wheelchair, and her son came and took her back to Charlestown. She did not spend a single night at the rehab.

Once home, Laura called the hospital's case management office and made a complaint. She was angry that they sent her to a nursing home. She said she was home now, but didn't want her son to do all the caregiving for her. The hospital sent out a home health agency (that they own) to visit Laura, and the home health agency recommended that Laura get some physical therapy (also through a service that they own).

Then Laura called me—because she had seen my column in the Fifty Plus Advocate. She said: "Mr. Norman, it's not right what happened to me. Does this happen to other people?" I asked her two questions: "What help do you want now?" and "Did anyone

at the hospital tell you about your right to free counseling on your home care options?"

I quoted for her this 10-year-old state law: "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." This service is available to anyone, regardless of income.

Laura said no one told her about any home care—they had just given her a choice of rehabs. And her concern now was that her son, who lives on the first floor of the house she owns, was going to have to provide all her care. I told her to call Boston Senior Home Care, and to ask about their personal care attendant program. I said her son—or another family member—could be paid to be her personal care attendant.

After Laura was enrolled as an Aging Services Access Point client, I checked in on her about a week later. She said she was doing fine, that she was starting the personal care service, and that her sister was going to be paid as her caregiver. She told me again when I questioned her that no one

had told her she could have a free pre-admission counseling session, or anything about the personal care attendant program.

I told Laura that most hospitals are unaware of this law, and that many people at MassHealth are unfamiliar with it as well. I told her the hospital was not trying to hide this from her—it's just that hospitals don't know of this service, and their goal is to get patients into the next care setting quickly.

The MassHealth program spends 29 percent more per capita on nursing homes than the national average.

"Massachusetts has a higher rate of discharge from hospitals to nursing facilities relative to the national average," the Health Policy Commission has stated, "suggesting an opportunity to manage post-acute care more efficiently...there are opportunities to deliver more supports in home- and community-based settings, expanding options for patients to receive care in their preferred setting while potentially achieving savings over time."

When Laura insisted on coming home, she not only helped herself, but also helped MassHealth, which is the largest payer for long-term services in Massachusetts. It might have been a struggle if she had seen a pre-admission counselor as called for under state law. Al Norman is the executive director of Mass Home Care. He can be reached at info@mass-homecare.org, or at 978-502-3794. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Answers to Super Crossword

(puzzle on page 19)

T	O	E	C	A	P	L	O	R	T	A	B	D	I	S	C	A	R	D
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Al Norman is the executive director of Mass Home Care. He can be reached at info@mass-homecare.org, or at 978-502-3794. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Moving on

By MARIANNE DELOREY, Ph.D.

Let's face it, moving is hard for anyone. For an elder, especially one leaving their family home, moving involves extraordinary courage,



a financial commitment, and a lot of hard work. Not everyone gets to plan their move, but great things happen when they are able to be

Housing Options

part of the process. Here are a few of my favorite stories about the people who have done this.

Meet Fran. He and his brother built his house on their father's farmland, back when Worcester had farms. He and his wife lived there for 65 years. After losing his wife, Fran moved at the age of 95. Not surprisingly, he has faced a great deal of loss from the transition. He knows that he can keep his memories in his heart of time spent in this great old house. He is also reassured that his granddaughter will be buying the house from him so it will stay in his family. And of course, he brought some prized treasures with him when he moved.

Meet Ed. He was born in Worcester and lived in the same house for 96 years. At the age of 99, he decided it was time to

Let's face it, moving is hard for anyone. For an elder, especially one leaving their family home, moving involves extraordinary courage, a financial commitment, and a lot of hard work.

move. I can't even imagine what it must be like to sort through almost a century of belongings. Even just cleaning out my closet the other day, I was hesitant to throw out old ratty shirts if I remembered special occasions when I had worn them. But Ed is a practical man. He said he loved his house because he knew where everything was, but that it was not difficult for him to pack up and leave when it was time. When Ed moved, he had parakeets. Perhaps having them come along made the transition easier.

Meet Evelyn. She recently had to move to a more supported setting after having lived in a Colony facility for several years. Evelyn had a hard time accepting the need for the move, but her family really felt it was time. Perhaps what made the transition easier on her was that after her sisters had finished packing for her, she unpacked everything and repacked it up. At least she knew then if anything had been left behind.

I asked Fran about how he decided what he'd bring when

he left his home.

"I don't want to talk about that," he replied.

I think it is time to start acknowledging the special courage it takes to move as an older person. I don't know that we can make it easier. So much of the challenge is emotional. Saying goodbye to four walls and a roof may mean more to one person than another. Others may hang on because they can't

bear to part with the idea of their own independence. Still others will miss their sentimental wallpaper, the neighborhood or the layout of their home.

Maybe it is enough to let people know that nobody expects perfection. We all want to be supportive, but we can't truly understand their losses because our losses are different. So what if the elder decides to bring that tacky plastic decoration that nobody ever liked? And who would think that the first razor they ever used, now 80 years old, would be a treasure? If it reminds them of better times, or even of their own resilience, so be it. But maybe, it is also enough for the elders themselves to look around and find the outrageously brave peers. If they can do it well, maybe we can, too.

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

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Aging and mental health conferences to be presented

By ED KARVOSKI JR.
CONTRIBUTING WRITER

The Massachusetts Association of Older Americans (MAOA) and the Massachusetts Department of Mental Health are once again partnering for two aging and mental health conferences to be held in Westport and Worcester. It has been a longtime, successful partnership between the organizations as they continue to present four conferences annually, noted MAOA Executive Director Chet Jakubiak.

“When the federal government began giving community mental health grant funding to the states many years ago, one of the requirements in the federal statute was that the states provide educational opportunities for elders and people who work with them,”



Dr. Angela Haliburda DO, a speaker at the Friday, May 13 conference

he said. “We wanted to use a portion of the federal money to provide conferences around geriatric mental health issues. It’s been a partnership that has worked really well.”

On Friday, May 13, from 8:45 a.m. to 3:45 p.m., the organizations will offer the conference



Rev. David Lima, a workshop panelist at the Friday, May 13 conference

“Person-Focused Community Responses to Elders in Crisis” at White’s of Westport, located at 66 State Rd, in Westport.

“The overall focus of the conference has been catalyzed by the opioid epidemic,” Jakubiak explained. “The issues that older people have around



Joanna Bridger, a speaker at the Tuesday, June 21 conference

opioid addiction and other kinds of medication misuse are being left out of the conversation.”

Substance abuse issues will be explored in four contexts through morning speakers and afternoon workshops. First,

Conferences page 23

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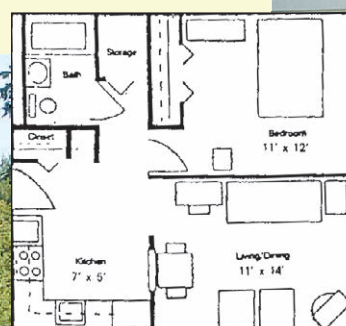
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Aging and mental health conferences to be presented

Conferences

Continued from page 22

some elders are addicted to nonprescription substances or to medications including opioid that have been prescribed as painkillers. Second, some elders are potentially at risk of being harmed by younger relatives who are their caregivers and substance abusers. Third, a large proportion of grandparents who are caregivers to grandchildren live in areas where drug abuse is a problem and they need to be aware of helpful resources. Fourth, elders need to deal with the loss of children and grandchildren who have died from drug abuse.

The morning session will feature two speakers: Carl J. Alves, executive director of Positive Action Against Chemical Addiction, and Dr. Angela Haliburda DO, pain manage-

ment and addiction medicine specialist at St. Anne's Hospital.

Two workshops will be held consecutively in the afternoon. The first workshop will focus on elders facing housing crises. Panelists are Julianne Clark and Gavin Bates, attorneys at South Coastal Counties Legal Services, and the Rev. David Lima, executive minister of the Inter-Church Council of Greater New Bedford.

"They'll discuss issues happening with the increased amount of evictions from both rented and owned housing of elders that are related to mental health and substance abuse," Jakubiak said.

The second workshop will concentrate on behavioral health interventions and treatment with elders in crisis. Panelists are Owen Tidwell,

director of behavioral health services at Coastline Elderly Services, and Michelle Eaton, director of nursing at Brandon Woods of New Bedford.

"Behavioral health interventions and treatments with elders can help mitigate some of the mental health issues that folks have that lead to other problems," Jakubiak noted.

On Tuesday, June 21, from 8:45 a.m. to 3:45 p.m., the organizations will present the conference "Trauma, Aging and Well-Being in Later Life" at Clark University, Higgins University Center, located at 950 Main St. in Worcester. This is a reprise of the organizations' successful conference presented last May in Westport and December in Boston.

The format will be three individual speakers. Joanna Bridger, clinical services director of the Riverside Trauma

Center, will discuss trauma-informed care. Erin Miller, coordinator of the sexual assault and domestic violence program at Newton-Wellesley Hospital, will speak about sexual abuse in the lives of older adults. Anthony Riello of the Worcester Vet Center will discuss trauma and human resilience.

Jakubiak is in his seventh year serving as MAOA executive director. He's pleased that MAOA is able to offer conferences regularly.

"We're an educational and advocacy organization," he said. "These conferences are a piece of what we do to bring some knowledge to elders' families and providers about geriatric mental health."

For more information about MAOA and conference registration forms, visit maoamass.org or call 617-426-0804.



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