FREE | Central MA Edition | Published monthly

July 2015 | Vol. 41 | No. 7 | 24 pp.

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Central MA Edition
Serving the fifty-plus community since 1975
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Fifty Plus Advocate is published monthly, 12 times annually by Bagdon Advertising, 32 South Street, Westborough, MA 01581.

Contact us: Westborough Office: 508.366.5500 - 32 South St., Westborough, MA 01581 | Worcester Office: 508.752.2512 - 131 Lincoln St., Worcester, MA 01605

You're not getting older, you're getting better!

Seniors are now seeing, hearing and eating better than ever thanks to medical advancements

By Valerie Franchi

With all the advances in hearing, vision and dental technology, older adults can actually see, hear and eat better than they did when they were younger.

By far the most common vision problem as we age are cataracts, according to Dr. Marc Leibole of Eye Care and Laser Surgery of Newton-Wellesley. Cataracts are caused by waste that builds up over time in the natural lens of the eye.

"Everyone develops them as they age," Leibole said. "It just depends on how quickly and how severe it is."

Surgery - in which the natural lens is replaced with an artificial one – is the only way to correct the problem.

But, explained Leibole, "in the past patients would still need glasses after surgery to help with distance, reading or astigmatism."

New advances in ophthalmology have made it possible for those suffering from cataracts to see even better than they did before the surgery.

"Doctors use measurements to figure out what lens is best for the patient," Leibole explained. "Measuring techniques have improved in the last 10 years."

In addition, new lenses have become available that correct for both distance and reading vision problems.

"Instead of only monofocal lenses, there are multifocal ones that correct for a variety of vision problems during cataract surgery," Leibole said. "And they have just approved a new multifocal lens that corrects for astigmatism as well."

He noted that the surgery can be performed on patients at any age.

With all the advances in hearing, vision and dental technology, older adults can actually see, hear and eat better than they did when they were younger.

"I had a patient who was over 90 who wanted the surgery," the doctor said. "He had the surgery a year ago and he says it's like a new life. He is seeing like he did when he was 30."

If the new lens does not completely correct vision problems, Leibole added, patients can undergo Lasik procedures to correct any remaining issues.

Lasik, which uses lasers to reshape the cornea, has also improved in the past decade, making it much safer.

Other common eye problems include glaucoma and macular degeneration – the most common cause of blindness in the elderly population.

Unfortunately, Leibole said, not much can be done to prevent vision problems. It is an unavoidable part of the aging process.

He recommended wearing sunglasses, since ultraviolet (UV) light can make cataracts occur earlier, and noted that antioxidants can slow down macular degeneration. Those over age 65, he said, should see an ophthalmologist every year, more often is there is a history of vision problems.

Problems with vision can also lead to the increased chance of falling so it's important to keep up with your eye exams. Health professionals recommend getting your eyes checked at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling. Take time to adjust to new glasses.

Hearing loss is another common effect of aging. According to Dr. Stephen Tobias of Tobias Hearing Aids in Quincy, there have been many advancements in hearing aids in the past couple of years.

"While nothing is as good as normal natural hearing," he said, "hearing aids are getting better able to direct sound. This makes it easier to communicate because it drowns out other noise."

Surgery and cochlear implants are another option for those with severe hearing loss.

As with sight, there is little that can be done to prevent hearing loss. "It's a degenerative part of the aging process," Tobias said. "Seniors shouldn't go to rock concerts – other than that there is not much you can do."

He recommended seeing a doctor as soon as you suspect hearing loss.

"The brain can forget how to hear," he said. "It's a learned process over time. You don't want the brain to get lazy."

As with eye care, be sure to have regular checkups for your hearing as inner ear for problems may also affect your balance.

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Best towns in Central Mass. for seniors – a review of medical amenities

By Marianne Delorey

This article is part of a series comparing the towns in Worcester County for seniors.

The focus of this part is on the medical amenities offered in each community. Above all else, the freedom of choice for our elders is what makes a community friendly. Choices for medical care include the proximity of hospitals and doctors as well as "beds" for those needing more care (assisted living facilities, nursing homes, rest homes and hospices). Municipalities may not be able to lure in a new hospital in order to make their community more elder friendly, but they can benefit their elders by encouraging development of other options, including tax breaks for doctors who are willing to set up shop in smaller towns.

Housing Options

Towns were ranked by both the number of doctors per elderly person and number of beds per elderly person. These rankings were averaged. If two towns had the same final ranking, the towns were compared on the overall picture and how that town compares to others in that category – number and percentage of elderly persons in the town and growth in the elderly population are all examined.

Out of 60 communities in Central Mass., 13 are considered small, with less than 500 elders living in them. However, they are not all equal. None of these small towns had any beds. Although a straight ranking of doctors/elderly person shows that many of these towns receive poor marks, Hubbardston should be called out in particular, because it has the highest rate of growth of seniors in Central Massachusetts. Moreover, they are one of the larger of the small towns, almost identical in size to Princeton. Princeton, on the other hand, gets high marks for having 19 doctors practicing within its boundaries.

The bulk of Central Mass. communities are considered mid-sized, with populations of elders between 500 and 2000. Of these, the town that clearly needs to prioritize their elders is Paxton. With no hospitals or beds and the lowest ratio of doctors to elders in the mid-sized group, the elders in this town have to seek care elsewhere. The best town in this group was Sterling, which had a great doctor/elder ratio and bed/elder ratio for the frailer residents.

Of the 60 Worcester county towns, 12 have older populations exceeding 2,000 people. Of these, the town that should do more for its elders is Millbury. With the fourth highest percentage of elderly residents in Worcester County, Millbury does not have a significant choice of doctors. Moreover, with only a small number of beds, there is little choice for remaining in the community after a medical crisis.

Of these larger towns and cities, Milford had the highest overall ranking. All of the municipalities with a hospital did fare very well in this analysis, and can be considered elder friendly for medical access.

In sum, many of the amenities needed for medical care are easily found in larger cities, but smaller towns may need to improve medical access for their residents. Those towns that are projecting a large increase in their elder populations should take particular note of what their communities are currently lacking.

We encourage readers to comment on how these numbers look to you. Does your town support you? What amenities do you think are missing from your community?

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Getting better
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The teeth are another body part that deteriorates with age, mostly through loss of enamel, lack of proper dental hygiene, and periodontal (gum) disease.

Dr. Hilde Tillman, professor of geriatric dentistry at Tufts University, said that while prevention is still the key to keeping your own natural teeth for as long as possible, new dental techniques can help those who suffer from severe dental problems.

One of the major changes has been the transition from

bridges – which "involve the two teeth on either side to support the bridge," Tillman said - to implants.

Implants, which secure directly to the gums or jawbone, "are better and last a lot longer" than they did in the past.

For those who have lost multiple teeth, dentures are also better and more natural-looking than before, according to Tillman.

Aesthetics are as important to many seniors as is general oral health, and yellowing worsens as we age.

"People need to be careful about whitening," Tillman said. "Many over-the-counter products can damage teeth further. It should be done by a dentist to ensure the best results."

Tillman recommended that those with "very good oral hygiene" visit the dentist every six months; others should go more frequently, every three to four months.

For more information about Eye Care and Laser Surgery of Newton-Wellesley, visit eyecareandlasersurgery.com. For more information about Tobias Hearing Aids, visit www.tobiashearing.com.

Fit in her 50s, former smoker now 'addicted' to adventure races

PHOTO/SUBMITTED

Kris Gleason, 52, toughs it out during the Stone Cat 50 Miler race she completed last November in Ipswich.

By Lori Berkey

LEOMINSTER - When Kris Gleason was in high school, she was sedentary and never did sports. She smoked and considered herself "extremely overweight."

Now, at age 52, she's an extreme athlete. Having started running at age 32, she's achieving her fastest times in her 50s. The Leominster resident won her age group in a recent adventure race, and placed fifth overall in the Stone Cat 50 miler last November in Ipswich.

"I started to run to lose weight," Gleason said, "My neighbor ran and we started to run together. I put one mile together and then three years later I did my first marathon."

Since then, Gleason has run over a dozen 26.2 races, eight of those Boston marathons. Later, she added Boot Camp workouts, and slowly CrossFit became her lifestyle. CrossFit routines involve continually switched up, purposeful moves at a rapid pace, building strength and speed.

"This is not a typical gym where you spend hours picking up dumbbells and socializing, " she said. "We cheer each other on, everyone gets a high-five at the end of workout."

When some of her CrossFit comrades signed up for an adventure race, Gleason decided to give it a whirl.

"I joined in and this became my new addiction," she said.

Since turning 50, Gleason has done five solo adventure races. Her most grueling was an eight-hour competition at Mt. Killington in Vermont.

"It was 15 miles of trails up and down Killington at least five times. There were water crossings that were a quarter mile long, four 12-foot walls in a row; under and over barbed wire fencing for a half mile; pulling yourself through mud, jumping off 15-foot planks," she recalled.

Prior to her 50-miler, Gleason did several 31-mile ultra-marathons - all on trails.

"I love being out in nature with the animals and just me," she said.

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Wandering and Dementia -Aspects and the Risk of Falling

By Micha Shalev

Caregiving Tips

Wandering, a complex motor, cognitive and behavioral disorder, is a common symptom among patients with dementia. A contemporary 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:

• Identify which patients are at greatest risk of wandering.
• Correctly supervise at-risk patients.
• Identify and control wandering triggers in the environment (many time an impossible task)
• 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% among community-residing elderly with dementia compared to 21% 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 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 wander, but 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

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Wandering and Dementia -Aspects and the Risk of Falling

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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 evolutional 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.

Micha Shalev MHA CDP CDCM CADDCT is the owner of The Oasis at Dodge Park, Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 and 102 Randolph Road in Worcester. He is a graduate of the National Council of Certified Dementia Practitioners program, and well-known speaker covering Alzheimer's and dementia training topics. He can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com or view more information online at www.dodgepark.com.

Fit in her 50s, former smoker now 'addicted' to adventure races

Kris Gleason
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One particular animal she loves having on the trails is her daughter's dog, Cali, who keeps pace right beside her. The canine has her own backpack and carries her own water, dish and snacks.

To train, Gleason logs 30-35 miles weekly, with a 16-22 mile run on Saturdays. During the week she adds an intense eight-miler on the treadmill, and 4-5 mile runs on the road rounded out with CrossFit and squat repeats. She's working with a trainer to build the stamina to cross 30-foot-long monkey bars.

Extra-long races gratify her.

"I love ultra-running because it me against the clock," she said, "I do it as a sense of accomplishment. This is the one event I do not try to compete in. This is for me and only me."

Staying nourished during ultra runs is another challenge.

"Because these are about 6-9 hour runs, you burn a lot of calories. I had to learn to eat," Gleason said.

Her ultra-diet consists of potatoes rolled in salt; pretzels, chocolate, and peanut butter and jelly sandwiches. She drinks flat Coke to settle her stomach, and sips about 150 ounces of water per outing.

Exercise is Gleason's savior.

"I love working out. I love the high it comes with it," Gleason said, "Every day I can run, I am thankful I am able to do this. I have a 25-year-old daughter who is now hooked on the gym."

Gleason encourages others to get fit. "Everyone should just try to get out there and move," she said.

Senior women keep in step with patriotic drill team

By Ed Karvoski Jr.

PHOTO/ED KARVOSKI JR.

Peabody Council on Aging Senior Ladies Drill Team: (back, l to r) Pam Kiriaji, Ginny Currier, Virginia Slattery, Judy Cox, Millie Gates, (center, l to r) Phyllis Manoogian, Maureen Moroney, Helen Lang, Paula Cole, (front, l to r) Lee Hardy, Fran Pomakis, drill instructor Carolyn Spencer, Doris Englemann and Peggy Triantafillou. Not pictured are Maria Aquiar and Anne Quinn.

There are more than a few participants and they certainly have reasons to be proud. They're the Peabody Council on Aging (COA) Senior Ladies Drill Team, instructed by retired U.S. Marine Corps Master Sgt. Carolyn Spencer. The team is currently comprised of 15 women in their late-60s to mid-90s.

Established in 1984, the team needed a new instructor in 2002. Spencer felt it was her duty to answer the call.

"I loved march music and drilling – and I still do," she proclaimed.

Spencer enlisted in the Marine Corps soon after turning age 19. She found a mentor while stationed at Cherry Point in North Carolina for six months. A woman master sergeant formed a drill team, which Spencer joined.

"I most strongly remember her leadership style," Spencer said. "She was a wonderful lady, very easy going. I looked up to her; we always looked up to these senior ladies."

That drill team conducted practices outdoors. The current team meets weekly for an hour at the Peabody COA at the Peter A. Torigian Community Life Center and rehearses on its stage. Their former instructor, also a veteran, attended the first practice with

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travel and entertainment

History, art and food are just some of Tuscany's treasures

By Victor Block

Vineyards and groves of olive trees blanket rolling hillsides and spill down into deep valleys. Many hills are topped by an ancient stone villa, its entrance road lined by parallel rows of tall, straight cypress trees.

Vast fields provide a patchwork of colors ranging from the green of crops to golden wheat to the reddish-brown of freshly turned earth.

This is the scenery that greets visitors to the Tuscany region of Italy.

Other attractions include fascinating history, magnificent art, outstanding food and some of the best wines in the world

It doesn't take long after arriving to learn why typical Tuscan communities are described as "hilltop towns." Many are perched at the top of a steep rise that overlooks the surrounding countryside.

Most villages were laid out centuries ago in a maze of twisting, turning, climbing and dipping narrow cobblestone streets that were not intended to accommodate automobiles. Every town has one or more churches, some dating from the 14th century and earlier. Many also boast an ancient fortress, and a museum – or two, or three – that relates local history and displays priceless artistic creations.

San Gimignano towers PHOTO/VICTOR BLOCK

While most museums have outstanding collections, I found myself drawn even more strongly to the magnificent art and architecture that is outside. Statues and elaborate fountains line the streets of cities and towns. Ornately designed wooden doors set off by fanciful brass knockers add to the feeling that entire towns are outdoor art shows.

With unlimited time, one could spend weeks enjoying a different town each day and still not exhaust the supply. Along with their similarities, each one also has its own unique attributes.

My wife Fyllis and I began our exploration in Montalcino, which was close to where we were staying. That hill town, typical in many ways, was settled about 1,000 A.D., and parts of the walls built during the 13th century to protect the settlement still are intact.

The community is surrounded by vineyards that have been producing outstanding wine since the 15th century. That accounts for the large number of enotecas (wine bars) where it can be sampled.

At the weekly Friday market, vendors sell goods ranging from fresh produce and delicious pastries to live pigs, chickens and cheese.

Buonconvento, a short drive away, was a personal favorite. Its medieval town center looks much like it did when it was established during the 1500s, with one exception. In more recent centuries, houses and apartments were built just behind and against the city walls, whose exterior now is peppered with windows.

San Gimignano, known as early as the 1300s as "citta delle belle torri" (city of the beautiful towers), has its own claim to fame. At one time, at least 70 towers loomed over the setting.

They were built during the 12th and 13th centuries by wealthy families, serving both as defensive strongholds and as a demonstration of each owner's prosperity. The 14 structures that remain still provide a spectacular sight for people as they approach the town.

Two other towns also stand out in my mind.

Pienza has been described as the first example of Renaissance city planning. In the mid-15th century, a noted architect was assigned to upgrade the village into an ideal town. The result

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History, art and food are just some of Tuscany's treasures

A roadside vendor PHOTO/VICTOR BLOCK

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is a charming setting in which every lovely piazza, splashing fountain and lane lined by stone houses adorned with an explosion of colorful flowers fits perfectly into its surroundings.

The tiny village of Murlo is as picture-perfect as Pienza in its own way. It resembles a movie set of a typical medieval village, with immaculate stone houses that form what once was a defensive wall. Given its tiny size, we were not surprised to learn that only 17 people live within the walls, while about 21,000 more reside in the surrounding countryside.

What makes Murlo unique is the close association of its present-day residents with the civilization of the Etruscans. They arrived in the area in the 8th century B.C., flourished as seafarers and merchants for more than 400 years, and then were absorbed into the Roman Empire. A recent study of the DNA of residents in and around Murlo today indicates a direct link with their ancestors.

The village of Murlo at one time was under the control of Sienna, but the two could not be more different. Sienna is a bustling city of palaces and towers, many built of bricks with a distinctive brownish-yellow hue known as "sienna."

Any of several must-see sites in Sienna alone would make a visit there worthwhile. Since at least 1283, the Piazza del Campo has been the site of an exciting horse race around its outer edge. The elegant, 14th-century Palazzo Pubblico on one side of the Campo has served as the town hall since it was completed in the 14th century. A graceful bell tower looks out over the square and the entire city.

The beauty and history of Sienna, and all of Tuscany, combine with the Tuscan people's love of life to beckon visitors from around the world. Those who accept the invitation are sure to fine much to appreciate and enjoy.

Senior women keep in step with patriotic drill team

Drill team
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Spencer.

"He started a drill and then he said, 'Okay, you're on your own now,'" she relayed with a laugh. "That's the way you learn – sink or swim!"

Still active with the drill team is charter member Fran Pomakis, now 96.

"One of the girls that was on the original team still participates," Spencer said. "She's got more energy than the rest of us."

Before reporting to practices, Spencer chooses music and choreographs the routines. She strives to pick songs that are lively with a good cadence and recognizable to their audiences. Among the songs they're using are "El Capitan," "March of the Toy Soldiers," "March from the River Kwai – Colonel Bogey," "You're a Grand Old Flag" and "Stars and Stripes Forever."

PHOTO/ED KARVOSKI JR.

Peabody COA Senior Ladies Drill Team members practice with rifles made at the Peabody COA Woodworking Shop.

"I listen to the music many, many times, and I've discovered how the marches are written," Spencer explained. "Every 16 steps there's a slight change; every 32 steps there's quite a change; and every 64 steps there's a decided change."

The weekly, hour-long practice is a good opportunity for exercise, both physically and mentally, Spencer noted.

"The girls are pretty much in motion most of that hour, marching around the stage," she said. "And they have to memorize and remember all the steps, so it challenges their brains."

The practices are also a chance to socialize, Spencer added.

"I really enjoy the camaraderie with this wonderful group of girls" she said. "We have a party at the center every month; we'll get a table and all sit together."

When performing for the public, team members wear formal uniforms and carry wooden rifles, which were handmade at the Peabody COA Woodworking Shop.

"The Woodworking Shop does great work," Spencer said. "They made us two sets

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Senior women keep in step with patriotic drill team

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of rifles."

The team is now practicing routines to be performed in a variety show at the center in the winter. They'll perform opening numbers for both of the show's two acts. They'll also close the show with a patriotic finale featuring a woman dressed as the Statue of Liberty while everyone sings "God Bless America."

Their presentations typically include the service songs of each military branch. Veterans in the audience are invited to stand when they hear their branch's song.

"Veterans love being recognized," Spencer said. "These ladies remember when everyone was patriotic during World War II. Everybody was involved in the defense of the country, working in factories in the war efforts, buying bonds, and fellas going overseas."

Patriotism is a recurring theme for the team's routines, noted Spencer, who served as a Marine four years in active duty and 16 in the active reserve.

"Just about everything I do with the drill team is patriotic," she said. "If it isn't, then the girls and I don't want to do it."

Final bit of work is completed for World War 1 monument

By Bonnie Adams

PHOTOS/SUBMITTED

Left: A bronze plaque lists the names of all 118 residents who served in WW1

Below:The new Shrewsbury World War 1 monument in the center of Shrewsbury

SHREWSBURY – After nine years, work on the new Shrewsbury World War 1 monument, located in front of the Beal Early Childhood Center on Maple Avenue, is finally complete.

The original monument was built in 1933 in honor of Maj. Howard Beal, who was killed in action on the Western Front in 1918. Over the ensuing decades, the monument had deteriorated beyond repair.

In 2006, the WW1 Memorial Committee under formed under the auspices of the Shrewsbury Veterans Council and town manager. The committee organized a major fundraising drive that saw everyone from school children to companies and private benefactors contributing.

The monument was rededicated on Veterans Day, Nov. 11, 2013. And recently, the final piece, a bronze plaque listing the names of all 118 residents who served in 1981, including those eight who were killed in action, was placed at the site.

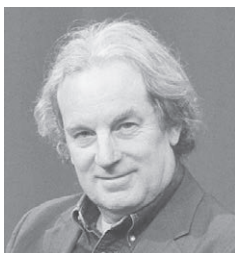
It reads: "The people of Shrewsbury hereby honor the memory of the eight men who made the ultimate sacrifice, and commemorate the service of each resident, all one hundred sixteen men and two women, who served in the First World War, the 'Great War'."

Besides Beal, the other residents killed in WW1 were James E. Conlon, Herbert B. Hapgood, Joseph W. Hickey, Michael J. Nee, Byron E. Stone, Raymond Stone, and James Schouler.

viewpoint

White House has chance to focus on long term services

By Al Norman



Push Back

On May 28, I was one of 200 people who attended an invitation-only White House Conference on Aging event in Boston at the Edward M. Kennedy Institute. The forum featured speeches by Health and Human Services Secretary Sylvia Burwell, who announced a new federal "Million Hearts" initiative, which seeks to prevent one million heart attacks and strokes by 2017. Burwell also announced a new Medicare and Medicaid Innovation Center project to help healthcare providers treat the whole health of their patients to improve heart health and reduce the risk for heart disease and stroke.

There were panels and breakout sessions on retirement security, healthy aging, long-term services and supports (LTSS), and elder justice. For me, the key issue of the conference was long term services.

The WHCOA has written a policy brief on LTSS, which is fine as far as it goes---but it fails to address the major challenge we face in Massachusetts over the future direction of Medicaid---the joint federal and state program that funds most LTSS in America. According to the WHCOA policy brief: "The largest source of long-term services and supports expenditures is Medicaid, funded at both state and federal levels, and estimated at $131.4 billion...Medicaid provides coverage for health care and long-term services and supports for individuals with limited financial resources...States are required to make nursing home care available under their Medicaid programs. However, Medicaid coverage of home- and community-based services is optional."

That last sentence pretty much sums up the problem in America today. Nursing home care is an entitlement, home care is not. But there is an equally challenging problem that the WHCOA brief does not even mention: the medicalization of LTSS.

Governor Charlie Baker's administration is working aggressively to introduce "Accountable Care Organizations" to control more than $3.7 billion in Medicaid LTSS funding. These ACOs are not just insurers---they are providers, like groups of hospitals or physician groups. The medical establishment for years has used nursing facilities as the automatic default for patients who needed to move out of acute care settings. They have had little contact with community-based LTSS providers. In the home care system I work in, very few referrals for home care came from doctors. For many consumers, their first LTSS is a nursing facility. The ACO plan puts all Medicaid LTSS spending under the control of entities that have favored institutional care over community care.

In the past decade, Massachusetts has dramatically shifted care away from institutions---but this was the work of community-based groups, not the acute care providers. If Medicaid money is going to be controlled by health care providers, we need to build in some protections for the consumer. One solution that we have pioneered in Massachusetts over the past decade is the use of an "independent broker" to ensure that Medicaid members have their LTSS needs assessed by someone who does not represent service providers. This "conflict-free care coordinator" is part of two large managed care programs in the commonwealth that serves 55,000 elders and individuals with disabilities.

Even today, LTSS is defined by what it can do for the medical system: reduce hospital readmissions, and lower emergency room visits. LTSS does not even have an agreed upon set of metrics to measure its success. This is because LTSS has been an after-thought. Yet "social determinants" have a big impact on wellness: adequate income, decent housing, good nutrition, and accessible transportation. As one person said at the WHCOA in Boston: "Being able to go to the grocery store for fresh food is as important as taking your medications."

As the LTSS policy brief concludes: "Delivering formal services and supports in home and community-based programs can improve the quality of care individuals receive as well as reduce health care costs."

We cannot consign whole person care to doctors alone. It takes an "Accountable Care Village" to keep people well. Let's hope the White House Conference on Aging addresses these issues at the session that will be held July 13 in Washington, D.C. Our future health care system depends on it.

Al Norman is the Executive Director of Mass Home Care. He can be reached at: info@masshomecare.org or at 9778-502-3794. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

money matters

Are reverse mortgages a scam?

By Alain Valles
MBA, CRMP, CSA

Reverse Mortgage

Home Equity Conversion Mortgages (HECM), more commonly known as reverse mortgages, were authorized by President Ronald Reagan in 1987 and are federally insured by the Department of Housing and Urban Development (HUD). Hundreds of thousands of people aged 62 or older have benefited from this program, which has provided them the opportunity to remain financially independent.

Yet, despite a 27-year history of helping senior homeowners, there still remains confusion over whether reverse mortgages actually work. A client recently shared that her daughter had heard reverse mortgages are a "scam." She wasn't sure why this was so, but had "heard it somewhere." Fortunately, once the daughter learned about the merits of a reverse mortgage, she was in agreement with her mother that it was the best option.

This is a recurring pattern of seniors, adult children, attorneys, estate planners, and real estate agents, to name just a few, who have a poor opinion about reverse mortgages, but don't really know why.

To help dispel this unwarranted negative perception, here's a short summary of the top seven myths about reverse mortgages:
The lender will own your home - FALSE!

You continue to retain ownership of your home. Reverse mortgage borrowers may remain in the home for as long as they wish subject to paying the property charges, which include real estate taxes and insurance. When the home is sold any profit is yours.

Your heirs must pay the loan back - FALSE!

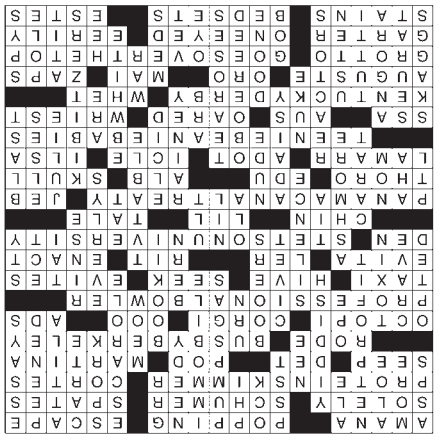
A reverse mortgage is a non-recourse loan and you do not sign personally. The lender is repaid from the sale of the property. Your heirs are not responsible for paying back the loan.
You need income and good credit to qualify – IT DEPENDS!

As of April 27, 2015, all borrowers must provide their income information and have their credit profile reviewed. For those who do not meet the guidelines the lender will "set aside" future amounts to pay the property charges, subject to the available reverse mortgage loan amount.
You must make monthly payments - FALSE!

There are never any mandatory

Reverse mortgage page 20

Answers to Super Crossword

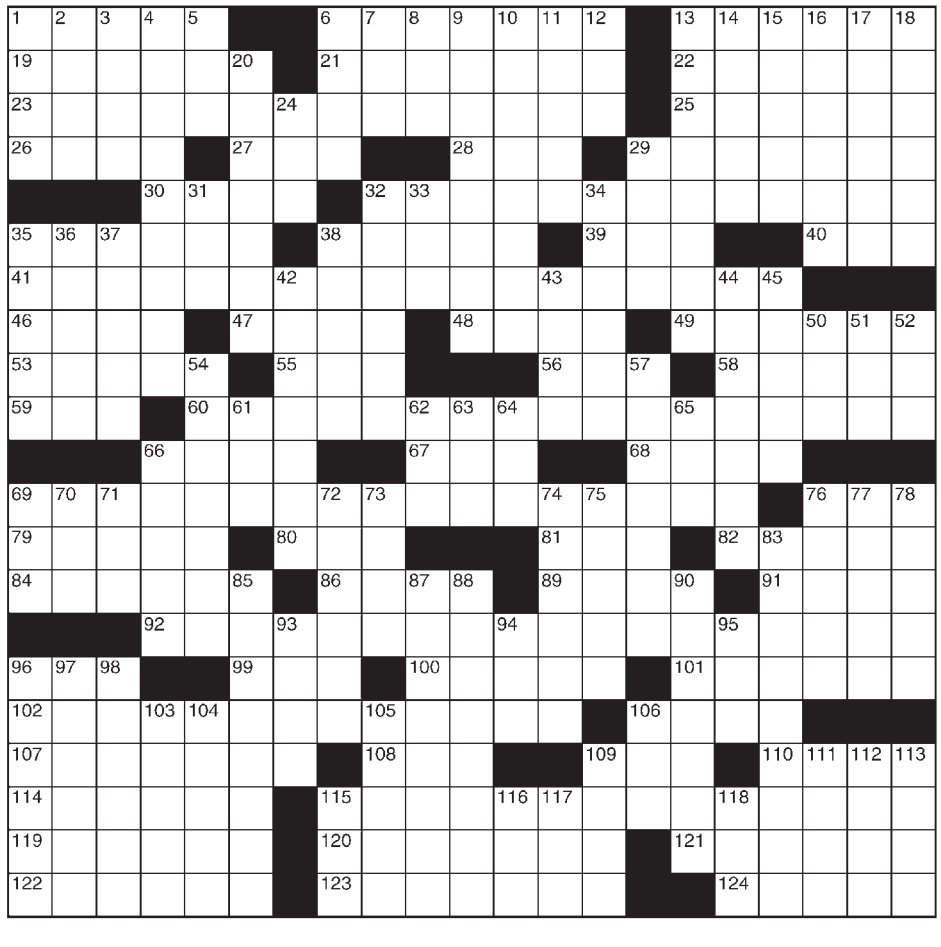


SUPER CROSSWORD PUZZLE

"How About Hat"

ACROSS
1 Big appliance brand
6 Bursting, as a balloon
13 Houdini feat
19 Only
21 New York senator Chuck
22 Sudden floods
23 Device used in saltwater aquariums
25 Spanish conquistador Hernando
26 Filter slowly
27 Cagney or Lacey: Abbr.
28 Seed case
29 Tennis' Navratilova
30 Took a 46-Across, e.g.
32 "For Me and My Gal" director
35 Marine ink squirters
38 Welsh dog
39 Tic-tac-toe row
40 Some Web site banners
41 Person paid for getting strikes
46 Airport idler
47 Apian abode
48 Try to get
49 Online party summonses
53 Madonna musical
55 The Once- — ("The Lorax" character)
56 Gradually slowing, in music: Abbr.
58 Legislate
59 Cozy room
60 Florida school near Daytona Beach
66 Dimple locale
67 Like Capp's Abner
68 Parable, e.g.
69 1977 pact signed by Carter and Torrijos
76 Son of George Bush
79 Painstaking, for short
80 Academic e-mail suffix
81 Tirana's nation: Abbr.
82 Brain holder
84 Hedy of film
86 Just — on the map
89 Diminutive suffix for "part"
91 Mrs. Victor Laszlo, in film
92 Collectible Happy Meal miniatures
96 Nine-digit ID issuer
99 Vienna's land: Abbr.
100 Made a boat move
101 Most twisted, as humor
102 Annual May race
106 Stimulate
107 Artist Renoir
108 Gold, in Italy
109 With 50-Down, rum cocktail
110 Hits with high voltage
114 Small cavern
115 Exceeds limits (or what each of this puzzle's theme items does?)
119 Word before snake or belt
120 Like the jack of hearts
121 In a creepy way
122 Wood dyes
123 Sheets and pillowcases sold as units
124 Rob of "90210"

DOWN
1 Some snakes
2 Further
3 Healing plant
4 Bottom line
5 Bristol brew
6 Furtive "Looky here"
7 Suffix with bull or hill
8 Frat letter
9 Fills up the tank, maybe
10 Not budging
11 In poverty
12 Fido's threat
13 Endive type
14 Hybrid utensil
15 À la —
16 Hun name
17 Flattened by hammering
18 Thoreau writings
20 Like "kvetch" or "schmear"
24 Once called
29 Fluffy's cry
31 Not closed, in verse
32 Many miffed fans, vocally
33 Catering hall vessel
34 "Oh, God! —" (1980 film sequel)
35 Made a pick
36 Want badly
37 Venom, e.g.
38 Spotted, musky cat
42 Hush
43 Swiss capital
44 Brothers Phil and Don of pop/rock
45 Wash cycle
50 See 109-Across
51 Outer: Prefix
52 Hogs' place
54 Actor Shawn of "X-Men" films
57 Stand for an idiot box
61 Hollywood's Carrere
62 Ending for pay or Motor
63 Not any
64 Last: Abbr.
65 Have brunch
66 Gem weight
69 Jim Bakker's old ministry, familiarly
70 Finder's cry
71 — de plume
72 Fresh as —
73 Naked
74 Early blues singer Ma —
75 Spanish national hero
76 Singer Andrews
77 "That's someone — problem!"
78 Explosion
83 Unwelcome advice givers
85 Atomic piles
87 Certain wind insert
88 Flowers named for their scent
90 "Charlotte's Web" author
93 H-bomb, e.g.
94 Wall St. manipulator
95 Add up to
96 Singer Ricky
97 Painter Georges
98 Mohair goat
103 — -frutti
104 St. Paul-to-Fargo hwy.
105 Lorna — cookies
106 Huge battle
109 What docs prescribe
111 Quarreling
112 Magnet end
113 1974 CIA spoof movie
115 Hunk
116 "— of little faith!"
117 Critter doc
118 "— -haw!"



Half a century of help with Medicare

By Kristen Alberino
Social Security Public Affairs Specialist, Quincy, Ma

On July 30, 1965, President Lyndon B. Johnson signed Medicare into law with these words: "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime."

For 50 years, the Medicare program has provided essential health care services for millions of people who are age 65 or older, disabled, or have debilitating diseases. Without Medicare, many people would not be able to pay for hospital care, doctor's visits, medical tests, preventive services, or prescription drugs.

Your Medicare card is the most important piece of identification you own as a Medicare beneficiary since medical providers will request it when you seek their services. If you need to replace a lost, stolen, or damaged Medicare card, you can do it online with a My Social Security account at www.socialsecurity.gov/myaccount. Requesting a replacement card through My Social Security is safe, convenient, and easy. Going online saves you a trip to your local Social Security office or unproductive time on the phone. Request your replacement Medicare card the easy and convenient way — online — and you'll get it in the same amount of time as you would if you applied in an office or over the phone — in about 30 days.

Fifty years ago, Medicare didn't have as many options as it does today. As the largest public health program in the United States, Medicare includes four parts to keep you covered: Part A is insurance that covers inpatient hospital stays, outpatient care in nursing facilities, hospice, and home health care.

Part B includes medical insurance for doctor's services, medical supplies, outpatient care, and preventive services.

Part C is a Medicare advantage plan that allows you to choose your health care coverage through a provider organization. You must have Part A and Part B to enroll in Part C. This plan usually includes Medicare prescription drug coverage and may include extra benefits and services at an additional cost.

Part D is prescription drug coverage. There is a separate monthly premium for this plan; however, people with low resources and income may qualify for the Extra Help with Medicare prescription drug costs from Social Security. Visit www.socialsecurity.gov/prescriptionhelp to see if you qualify.

A recent survey to Medicare beneficiaries asked: Why do you love Medicare? One person stated, "It gives peace of mind not only for seniors, but for veterans and disabled as well." Another satisfied recipient replied, "I most likely wouldn't be alive today without Medicare." These are just two of the millions who endorse Medicare's half-century strong success story.

For more information about Medicare, visit www.medicare.gov.

As Medicare celebrates 50 years, Social Security commemorates 80 years. Learn more about Social Security's 80th anniversary at www.socialsecurity.gov/80thanniversary.

feeling healthy

Task force: Mammograms in 40s a choice, but don't skip at 50

By Lauran Neergaard

Washington - Women should get a mammogram every two years starting at age 50 - and while routine screening brings little benefit in the 40s, beginning it that early should be a personal choice, a government task force said.

Also, there's not enough evidence to tell if new 3-D mammograms are the best option for routine screening or if women with dense breasts need extra testing to find hidden tumors, the U.S. Preventive Services Task Force concluded.

The draft advice is largely a rewording of the task force's controversial 2009 recommendation that drew protests for questioning the usefulness of mammograms for women in their 40s. The American Cancer Society has long recommended annual mammograms starting at age 40 and while insurance usually pays for them, experts feared the dueling guidelines would confuse the public.

In reviewing its recommendation this time around, the government advisory panel is stressing that 40-somethings need to weigh the pros and cons of screening with their doctors.

Mammograms clearly can help prevent deaths but they come with trade-offs: anxiety-provoking false alarms, unneeded biopsies, and over diagnosis, detection of tumors that never would have threatened a woman's life.

"Screening is most beneficial for women ages 50 to 74," said task force past Chair Dr. Michael LeFevre of the University of Missouri.

Compared with biennial mammograms for average-risk women, starting at age 40 instead of 50 could prevent one additional death but lead to 576 more false alarms for every 1,000 women screened, the report calculated. Age aside, the report estimated nearly 1 in 5 women whose tumor was detected by a screening mammogram may be over diagnosed.

On the other hand, women at increased risk because their mother or sister had breast cancer may benefit more from mammograms than the average 40-year-old, LeFevre added.

Urging that kind of personalized discussion is an important clarification, said Dr. Richard Wender of the American Cancer Society, which had sharply criticized the task force's 2009 recommendation. The American Cancer Society currently is updating its own mammography guidelines, due out later this year, to include the latest evidence on those age questions.

"Mammography is the most effective way to reduce the likelihood of being diagnosed with advanced breast cancer, and avoiding a premature cancer death," Wender said.

The task force also recommends:

- Women should undergo mammography every two years between 50 and 74, but more research is needed on whether to continue screening women 75 and older.
- About 40 percent of women have breasts so dense that it's more difficult for mammograms to spot cancer, and they're at higher risk of developing tumors, too. Laws in 22 states require that women be told if mammograms show dense breasts, and some suggest they consider extra testing. The task force said more research is needed to tell if adding tests such as 3-D mammograms or ultrasound exams would improve women's outcomes.
- More research also is needed to tell if newer 3-D mammograms should be used for regular breast cancer screening. The task force said it's not clear if 3-D mammograms improve survival or quality of life, or might worsen over diagnosis.- AP

Are reverse mortgages a scam?

Reverse mortgage
Continued from page 18

monthly principal or interest payments. However, you may make a payment at any time with no prepayment penalty.

Your home must be debt free to qualify - FALSE!

You may have a mortgage on your home that will be paid off with the reverse mortgage.

Only borrowers who need cash "today" can benefit - FALSE!

More and more financial planners are incorporating reverse mortgages as an estate planning tool for future financial security.

Reverse mortgages are expensive – IT DEPENDS!

A reverse mortgage may cost more than a conventional loan. However, it is much less expensive than the cost of a real estate agent commission if you are forced to sell your home, or the emotional cost of relocating to a new property.

Not everyone should obtain a reverse mortgage. But everyone should know the basics. For those who may be considering a reverse mortgage or if your profession includes serving older individuals, I recommend investing 20 minutes to gain insight about how reverse mortgage are aiding retirees to remain independent and achieve their life goals.

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 Read additional articles on www.fiftyplusadvocate.com.

Why getting patients on their feet may speed recovery

By Lauran Neergaard

WASHINGTON - The intensive care unit is a last frontier for physical therapy: It's hard to exercise patients hooked to ventilators so they can breathe.

Some hospitals do manage to help critically ill patients stand or walk despite being tethered to life support. Now research that put sick mice on tiny treadmills shows why even a little activity may help speed recovery. It's work that supports more mobility in the ICU.

"I think we can do a better job of implementing early mobility therapies," said Dr. D. Clark Files of Wake Forest Baptist Medical Center in Winston-Salem, N.C., who led the research and whose hospital is trying to get more critically ill patients up, ventilator and all.

Hospitals have long nudged less critical patients out of bed, to prevent their muscles from wasting away. But over the past several years, studies in ICUs have shown that some of the sickest of the sick also could benefit — getting out of intensive care sooner, with fewer complications — once it's medically feasible for them to try.

This isn't just passively changing a patient's position. It could involve helping them sit on the side of the bed, do some arm exercises with an elastic band or in-bed cycling, or even walk a bit with nurses holding all the tubes and wires out of the way. It takes extra staff, and especially for patients breathing through tubes down their throats, it isn't clear how often it's attempted outside specialized centers.

At Wake Forest Baptist, a physical therapist helped Terry Culler, 54, do arm and leg exercises without dislodging his ventilator tubing, working up to the day he stood from the bedside for the first time since developing respiratory failure about three weeks earlier.

"I cheered, I was clapping," his wife, Ruanne Culler said after two therapists and a nurse finally helped him to his feet.

Hospitals have long nudged less critical patients out of bed, to prevent their muscles from wasting away. But over the past several years, studies in ICUs have shown that some of the sickest of the sick also could benefit.

Biologically, why could such mild activity help? Files focused on one especially deadly reason for people to wind up on a ventilator: acute respiratory distress syndrome, or ARDS, the problem Terry Culler battled. It strikes about 200,000 Americans a year, usually after someone suffers serious injuries or another illness such as pneumonia, and it can rapidly trigger respiratory failure. Survivors suffer profound muscle weakness.

Files' team injured the lungs of laboratory mice in a way that triggered ARDS. The animals were sick but still breathing on their own, and walked or ran on a treadmill for a few minutes at a time over two days.

The surprise: That short amount of exercise did more than counter wasting of the animals' limbs. It also slowed weakening of the diaphragm, used to breathe. And it tamped down a dangerous inflammatory process in the lungs that Files suspects fuels muscle damage on top of the wasting of enforced bed-rest.

When certain white blood cells stick inside ARDS-affected lungs too long, they slow healing. The lungs of the exercised mice contained fewer of those cells — and their blood contained less of the protein that activates them, Files said.

Then Files examined blood frozen from ARDS patients who had participated in an earlier Wake Forest Baptist study comparing early mobility to standard ICU care. Sure enough, patients who had gotten a little exercise harbored less of that protein.

The new research adds to the biologic rationale, but there's already enough evidence supporting early mobility that families should ask whether their loved one is a candidate, said ICU specialist Dr. Catherine Hough of the University of Washington, who wasn't involved with Files' study.

She's surveying a sample of U.S. hospitals and finding variability in how often ICUs try, from those that help a majority of critically ill patients stand to others where no ventilated patients do. Obviously key is whether the patient can tolerate movement. But so is whether hospitals keep ventilated patients sedated despite research showing many don't need to be, Hough said.

"Ask about it every day," University of Washington's Hough advises families. "One of the key messages to ICU families is that critical illness changes frequently. On Monday, the patient might have a good reason not to be moving forward with mobilization, but there's a very good chance it's different on Tuesday." — AP

your home

Water wisely for a beautiful garden and landscape

By Melinda Myers

Too much or not enough water and never when you need it. That seems to be the long time plight of gardeners. Add to these extended droughts, flooding and watering bans. What is a gardener to do? Become a waterwise gardener.

Waterwise is not just about growing drought tolerant plants or eliminating plantings. It is a holistic approach to managing water to avoid flooding that overwhelms sewer systems, improper watering that wastes water, and poor landscape designs that generate too much work and require too many resources.

Make this the season that you incorporate a few waterwise habits into your gardening. You'll find it is good for your garden, the environment and your pocketbook. Start with one or more of these strategies this year.

• Select the right plant for the growing conditions. Plants that thrive in normal growing conditions for your area will be healthier, require less care and need less water. Look for drought tolerant plants that require less water once established.

• Keep water out of the storm sewers and in the garden instead. Prevent flooding while improving your garden. Adding several inches of compost to the top 8 to 12 inches of soil increases the soil's ability to absorb and retain water. This means less runoff into the storm sewers and less frequent watering.

• Use plants to prevent runoff and conserve water. Plant trees, shrubs, and groundcovers to slow the flow of rainwater, increase the amount of water that stays in your landscape for your plants, and to filter water before it enters the groundwater. Install one or more rain gardens to intercept surface water runoff for use by rain garden plants and to help recharge the groundwater.

New innovations and creative ideas are making planters portable and easy to transfer from one location to another.

> "Make this the season that you incorporate a few waterwise habits into your gardening."

• Provide plants with a healthy diet. Use a slow release non-leaching organic nitrogen fertilizer like Milorganite (milorganite.com). You'll encourage slow steady growth, so your plants will require less water and be less prone to insect and disease problems. Plus, the slow release nitrogen encourages healthy growth and does not prevent flowering and fruiting.

• Water wisely. Water plants thoroughly and only when needed. Water the soil, not the plant, using a watering wand, drip irrigation or a soaker hose so less water is lost to evaporation. Water early in the morning whenever possible to reduce water loss during the heat of the day and to reduce the chance of diseases caused by wet foliage at night.

• Manage your lawns to reduce water use. Select drought tolerant grass varieties to reduce watering needs. Prepare the soil before seeding or sodding or aerate and spread a thin layer of compost over existing lawns to increase water absorption and reduce runoff. Mow high to encourage deep roots that are more drought tolerant and pest resistant. Allow lawns to go dormant during hot dry weather. If irrigating, water thoroughly when needed (that's when your footprints remain in the lawn).

• Conserve water and reduce time and money spent on plant care. Mulch the soil around trees, shrubs and other plants with several inches of woodchips, shredded leaves, evergreen needles or other organic material. Mulching reduces watering frequency, prevents soil compaction from heavy rainfall thus increasing water absorption. It also adds organic matter to the soil as it decomposes.

• Repair leaking faucets, fittings and garden hoses. A slow leak of one drip per second can waste up to nine gallons of water per day.

• Look for and use wasted water. Collect the "warming water" typically wasted when preparing baths and showers. Use a five-gallon bucket to collect this fresh water and use it for your containers and gardens. Collect water from your dehumidifier and window air conditioners for use on flowering plants. Do not, however, use this water if environmentally harmful solvents have been used to clean this equipment.

• Check with your local municipality if you are considering using gray water. Once you wash clothes, dishes or yourself, water is classified as gray water and most municipalities have guidelines or regulations related to its use.

• Harvest rainwater if your municipality allows. The ancient technique of capturing rainwater in jugs, barrels and cisterns has made a comeback. Collecting rain when it is plentiful and storing it until it is needed is one way to manage water for the landscape. But first check local regulations before installing a rain harvesting system. Several states have banned rain harvesting, while others offer rebates or rain barrels at a discount to gardeners.

Gardening expert, TV/radio host, author & columnist Melinda Myers has more than 30 years of horticulture experience and has written over 20 gardening books, including Can't Miss Small Space Gardening and the Midwest Gardener's Handbook. She hosts The Great Courses "How to Grow Anything" DVD series and the nationally syndicated Melinda's Garden Moment segments. Myers is also a columnist and contributing editor for Birds & Blooms magazine. Myers' website, www.melindamyers.com, offers gardening videos and tips.

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