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Quality of Life

The lifelong mission of
renowned rheumatologist
Dr. Charles Birbara

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AARP Real Possibilities in

Massachusetts

Recommendations from the Elder Economic Index Report

By Mike Festa, State Director
AARP MASSACHUSETTS

It's no surprise that the older adult population in Massachusetts is increasing rapidly. In 2010, those aged 65 and older accounted for 14 percent of the state's population. However, by 2030, that figure



Mike Festa

will grow to 21 percent. To be economically secure at any age, one's income must cover basic living expenses. If housing, health care, food, transportation and other incremental expenses are not sufficiently covered by household income, we must support effective strategies to fill the gap or the household will suffer severe economic hardship in retirement.

In order to take a closer look at these issues, the Elder Economic Security Commission was established in the fiscal year 2014 state budget and was tasked with examining strategies to increase economic security for older adults and enable older residents to remain in the commonwealth and in their communities. To do so, the Commission was charged with assessing older adults' current level of economic security; identifying policies and programs currently in place to assist older adults; assessing the needs of state and local programming to determine what additional funding is needed; considering a set of best practices to enhance elder economic security; and issuing a final report in April 2016. The Commission established four working groups that encompassed the critically important areas of income, housing, long term services and supports, and health care.

The Commission, co-chaired by state Rep. James O'Day (D-West Boylston) and state Sen.

Pat Jehlen (D-Somerville), was made up of various elder stakeholders and advocates, including AARP Massachusetts.

The Elder Economic Security Standard Index (Elder Index) has calculated that for the counties in Massachusetts, community-dwelling older adults' expenses can vary from \$23,052 to \$45,348, depending on many factors. Long term care needs are an additional expense, which can also vary greatly. A recent report by the U. Mass. Gerontology Institute, using the Elder Index as a measure, found that 63 percent of Massachusetts' retired elder households lacked sufficient income to meet their daily needs. Those figures are more troubling for diverse populations, as the study found that 81 percent of African American and 91 percent of Hispanic senior households' incomes fall below the Elder Index.

The Commission's recently released report identified two general policy recommendations that are designed to address income, housing, health-care, and long term supports and services.

"The recommendations in this report address many potential economic hardships that older adults often face," said state Sen. Pat Jehlen (D-Somerville), Senate Chair of the Joint Committee on Elder Affairs and co-chair of the Elder Economic Security Commission. "The important work of the Commission is already having an impact as the MA Senate recently adopted amendments to its budget addressing the report's recommendations to: fund community-based geriatric mental health services; study feasibility of spouses as paid caregivers; and fund expanding access to home care for those just above the income threshold."

O'Day added, "It was a humbling experience to have served

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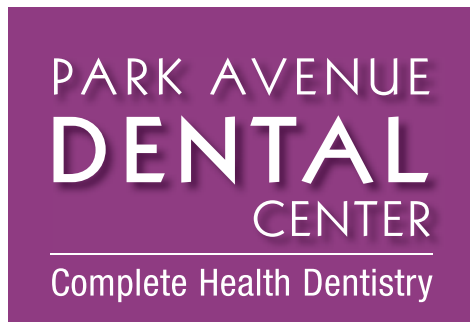


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Restoring quality of life

The lifelong mission of Dr. Charles Birbara

By DAVID BAGDON
PUBLISHER

There are very few Americans who have not been touched by arthritis in some way. Whether it's a parent, sibling, friend or for the many who suffer themselves, the disease is all around us. Currently one out of five adults has been officially diagnosed as having some form of arthritis. And according to the Centers for Disease Control, the number of adults who will have the disease is expected to top 67 million within the next 15 years.

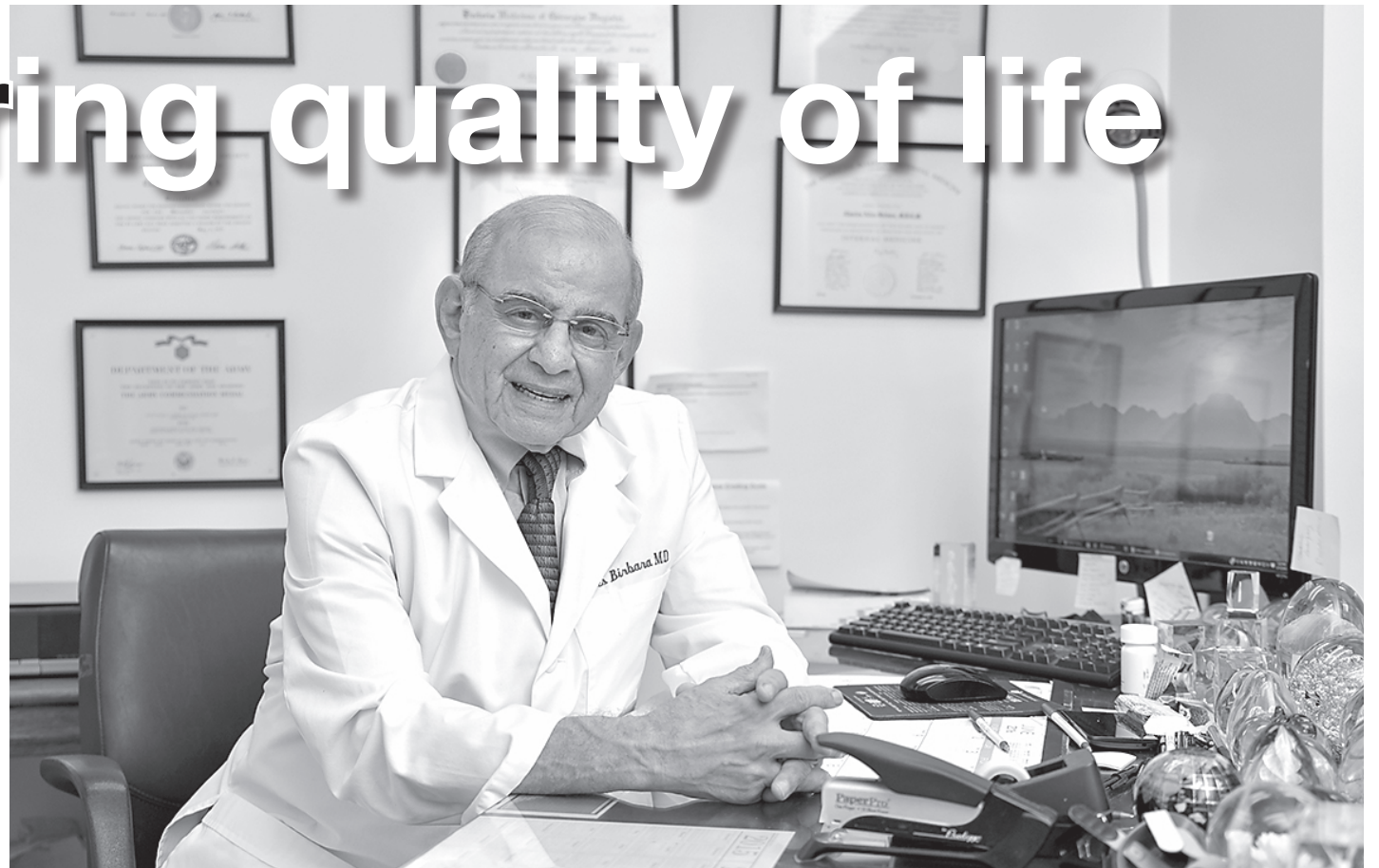
Although many believe that arthritis is a disease of the elderly, nearly two thirds of affected adults are under the age of 65. With statistics like this it's not hard to see why Dr. Charles Birbara, one of the state's leading rheumatologists and arthritis researchers, is a very busy man.

After receiving his bachelor of science degree in biology cum laude from Harvard University in 1958, Birbara went on to complete his medical degree in 1962. Six years later, after two years in the U.S. Army as a captain, Birbara became immersed in the study and treatment of arthritis. He's been an associate professor of medicine and staff physician at the respected University of Massachusetts Medical School in Worcester for the past 27 years.

After learning of his resume, the natural question is what drove him to place such emphasis on the treatment and study of arthritis?

According to Birbara, he became influenced early on by one of his professors at Northwestern University.

"While at Northwestern, one of my professors was a well-known



Renowned rheumatologist Dr. Charles Birbara

PHOTO/ANDY WEIGL/WEIGL PHOTOGRAPHY

“It is so gratifying to know that we can now provide treatments that will produce profound improvements that will allow patients to lead happy and healthy lives.”

Dr. Charles Birbara

pioneer in rheumatology and he challenged me with many complex cases which I found fascinating. A short time later I was serving in the Vietnam War and ran into many soldiers who were suffering from joint problems; this also got me very interested,” he said. “Following my time in the Army I returned to a fellowship at Northwestern and began studying joint diseases.”

Committed to helping patients deal with the effects of arthritis, Birbara's typical schedule involves seeing patients some 10 hours per day. Although most are from Massachusetts, it is not unusual for him to see patients from two and even three states away. Although his reputation is based in large part on the immense experience he has had treating patients, he is also known as a much respected researcher in the field having been the principal investigator on some 500 clinical research protocols.

To satisfy his interest in research, Birbara heads the Clinical Pharmacology Study Group. At any given time, the company is enrolling test participants and conducting drug trials on a dozen or more specific ailments and treatment protocols.

If there is a recurring theme to Birbara's career path, it is a nearly insatiable desire to help people live their lives fully with as little pain and restriction as possible. When asked of a particular case that stood out in his mind, Birbara recalled a story of a very active man who was severely restricted by pain.

“...this patient, who was a well-known pastor, was barely able to walk and it took him 15 minutes to get into the office from the parking lot. Nearly 20 years ago I was able to enter him in an early clinical trial for Humira. After a period of time in the placebo group without improvement, we reentered him into the study where

he received the actual drug and he improved dramatically in only two days, ultimately becoming pain-free,” he said.

This is the very type of success story that keeps Birbara motivated to not only help today's patients but also to pursue new treatments and medications that will have an even greater benefit to patients in the future.

When asked about what exciting developments are on the horizon, Birbara hinted of two or three breakthrough drugs for the treatment of Rheumatoid arthritis, as well biologic agents that target specific molecules and can be tailored to address certain problems such as excessive uric acid.

Add to this the advances to joint replacement therapy and the future is looking much brighter for arthritis sufferers than ever before.

And that realization is something that brings Charlie Birbara a great deal of pride after more than five decades battling this disease.

“I'd like to think my legacy is in the number of patients I've been able to help over the past 50 years,” he said. “It is so gratifying to know that we can now provide treatments that will produce profound improvements that will allow patients to lead happy and healthy lives.”

Physician Focus: A cancer than can be prevented

By FRANCIS P. MACMILLAN, JR.,
M.D. AND RAJ DEVARAJAN, M.D.

Colorectal cancer is the second leading cause of cancer-related death and the third most common cancer for both men and women in the United States. The disease claims more than 50,000 lives each year; only lung cancer causes more deaths from cancer.

Many of the deaths from colorectal cancer, however, are needless. Unlike other cancers, such as breast cancer or prostate cancer, screening for colorectal cancer can save lives by actually preventing the cancer from occurring. But 23 million American adults – about one in three – do not get screened as recommended. As a result, according to the American Cancer Society, more than 135,000 cases of colorectal cancer are diagnosed every year, a far greater number than cancers of the esophagus, stomach, pan-



Francis P. MacMillan, Jr., M.D. and Raj Devarajan, M.D.

creas, or other organs of the digestive system.

As its name suggests, colorectal cancer occurs in the colon and the rectum, parts of the large intestine, and is caused by

unwanted growths called polyps that can turn into cancer.

Unfortunately, the average American vastly underestimates the risk of colorectal cancer. The lifetime risk of this cancer is

about 1 in 20, which represents the likelihood of getting colorectal cancer without screening.

The causes of this cancer result from an interplay of genetics, environment, diet, and lifestyle. In westernized nations, for example, the incidence of colorectal cancer is high, but in other parts of the world, such as Asia, is it low. However, individuals immigrating to the United States, after 10 to 12 years of living here, have the same frequency of the disease as those born or living here for a long time.

That occurrence suggests a connection between the cancer and environmental factors, especially diet. A diet high in fat, low in fiber, with too much processed food and red meat – characteristics of a western diet – appears to have a link to colorectal cancer.

Both men and women are at risk for colorectal cancer, and it is usually found in people over the

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Recommendations from the Elder Economic Index Report

Report
Continued from page 2

on the Elder Economic Security Commission. I am pleased with the improvements being recommended by the commission to assist the commonwealth's elder community in the future."

The Commission concluded that Massachusetts should adopt the Elder Economic Security Standard Index as a benchmark for determining the economic needs of older adults in the Bay State. Other general recommendations are designed to increase or preserve older adults' retirement savings, such as extending the Earned Income Tax Credit (EITC) for working people aged 65 and older; expanding the nonprofit state retirement plan to nonprofits and businesses with less than 100 employees; increasing Supplemental Security Income

payment amounts to commonwealth recipients; and promoting Money Management seminars and counseling to increase financial literacy.

With this new report, the Elder Economic Security Commission's recommendations should help close the gap between income and expenses for our most vulnerable population. Older adults play a vital role in the commonwealth's economy. AARP estimates that each \$1 of the \$13+ billion in Social Security benefits received annually by Massachusetts elders generates \$1.98 in economic activity by the state. Therefore, policies that help elders achieve economic security in retirement benefit us all.

Mike Festa is the state director for AARP Massachusetts. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Physician Focus: A cancer than can be prevented

Physician Focus

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age of 50. While some people with polyps or cancer can have symptoms, such as blood in the stool or stomach pains or cramps that persist, colorectal cancer can begin without symptoms. That's why screening is so important: screening finds the polyps so they can be removed before they turn cancerous.

Screening should begin at age 50 for both men and women, but should occur earlier – at age 40 – if there is a family history of the disease.

Several screening tests are available, including fecal occult blood testing (FOBT), or a stool test; sigmoidoscopy, an examination of the rectum and lower third of the colon; a “virtual” colonoscopy, with x-rays and computers producing images of the entire colon; and actual colonoscopy, a procedure done in a hospital or clinic.

Actual colonoscopy is the test physicians recommend and is regarded as the “gold standard” of screening for colorectal cancer. This test examines the entire colon, and if polyps are found, surgically removes them.

Despite the extra time it may

take (a few hours at the hospital or clinic), and the potential annoyance of cleaning the colon (a necessary step to ensure a proper procedure), a colonoscopy is the test most likely to find something that can cause harm and it's the only test that reduces the risk of cancer. With a colonoscopy and polypectomy (the removal of polyps), an individual can reduce his or her risk of cancer by as much as 90 percent.

Patients should recognize that a colonoscopy is much more than a screening test; it is a test that actually prevents the cancer from occurring by removing the polyps before they become cancer. How often a patient should get a colonoscopy depends on what is found in the first procedure. If no polyps are found, once every 10 years is the recommended schedule. If polyps are found, the test is recommended more frequently, perhaps once every five years or sooner. Whatever the frequency may be, it's worth it. It's a procedure that can save lives.

For more information on colorectal cancer, visit the American College of Gastroenterology at www.patients.gi.org. For a

video discussion, visit www.physicianfocus.org/coloncancer

Francis P. MacMillan, Jr., M.D., is president of the Massachusetts Gastroenterology Association and owner and president of Merrimack Valley Gastroenterology in Haverhill. Raj Devarajan, M.D. is the president of Middlesex Gastroenterology and Endoscopy Center in Acton,

a board member of the Association, and president of the Medical Staff at Emerson Hospital in Concord. Physician Focus is a public service of the Massachusetts Medical Society. Readers should use their own judgment when seeking medical care and consult with their physician for treatment. Send comments to PhysicianFocus@mms.org.

Both men and women are at risk for colorectal cancer, and it is usually found in people over the age of 50.




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Alzheimer's disease: It's impact on the patient and the family

BY MICHA SHALEV
MHA CDP CDCM

Alzheimer's disease is a neurological disorder which gradually destroys or impairs the individual's brain cells. It creates problems in thinking, remembering, and the ability to perform what once were simple tasks such as taking a bath, driving a car, or writing a check. Alzheimer's disease affects more than four million people. Most are 65 years of age and older with a dramatic increase in the incidence of the disease in the 80-plus population. A significant number of people in their 40s and 50s are also affected. Alzheimer's affects men and women, touches all ethnic groups, and crosses all geographic boundaries. It has no regard for a person's education, intelligence, or previous lifestyle. Good health is, of course, important, to the individual's overall ability to function, but it does not prevent or slow the course of the disease. Though the behavioral symptoms appear psychiatric, Alzheimer's is a physical disease. It is not contagious. It is diagnosed by ruling out other conditions which present similar symptoms; however, a clinical diagnosis can be confirmed only



Caregiving Tips

upon autopsy. There are many conditions which cause serious memory loss or confusion in older adults, some of which are treatable and, in some cases, reversible. But memory loss which seriously impairs the person's ability to function is not a normal part of aging and should be evaluated by a physician. Alzheimer's is a progressive disease where the patient gets worse over time. Symptoms may begin with a simple loss of memory and progress to a stage where the person has a complete loss of physical function, ability to communicate, or ability to interact with those around him. At this stage, he will need complete care. There is no cure or treatment at this time for the person with Alzheimer's disease. However, much can be done to support or enhance his remaining abilities. Behavioral symptoms such as wandering, eating difficulties, sleep problems, hallucinations or combativeness can add stress to caregiving tasks if the caretaker does not have an understanding of the disease and how it makes

Alzheimer's affects men and women, touches all ethnic groups, and crosses all geographic boundaries. It has no regard for a person's education, intelligence, or previous lifestyle.

upon autopsy.

There are many conditions which cause serious memory loss or confusion in older adults, some of which are treatable and, in some cases, reversible. But memory loss which seriously impairs the person's ability to function is not a normal part of aging and should be evaluated by a physician.

Alzheimer's is a progressive disease where the patient gets worse over time. Symptoms may begin with a simple loss of memory and progress to a stage where the person has a complete loss of physical function, ability to communicate, or ability to interact with those around him. At this stage, he will need complete care.

There is no cure or treatment at this time for the person with Alzheimer's disease. However, much can be done to support or enhance his remaining abilities. Behavioral symptoms such as wandering, eating difficulties, sleep problems, hallucinations or combativeness can add stress to caregiving tasks if the caretaker does not have an understanding of the disease and how it makes

the patient behave. Family and professional caregivers often become physically and emotionally overwhelmed without training in caregiving skills specific to the Alzheimer's patient.

The stages listed below are provided as a guide to understanding how the disease affects the patient:

Stages of progression in Alzheimer's disease

Early stage: In this stage there are very subtle, sometimes difficult to recognize changes in the person. There may be mood and personality changes which cause an easy going person to become irritable and unpredictable. There may be problems in doing everyday tasks such as remembering to pay bills, preparing a meal; or finding one's way around in a familiar neighborhood. The person often shows poor judgement or may have problems making decisions. Family and friends may notice increased forgetfulness, especially for things which just happened. This can be confusing because the person often can remember very well things which happened a long time ago. This early stage may last 2-3 years. With support, the individual in this stage will continue to function well in the community. You will not see an individual in this stage in the

nursing home.

Middle Stage: This is the longest stage, often lasting 2-10 years or more, and often presents the greatest caregiving challenge. Many of the patients that need a caregiver are in this stage and will be fully dependent and need constant supervision. The patient may:

- Become more forgetful and confused about where he is and he may not recognize family or friends. He may ask the same question over and over because he can't remember the answer or that he asked the question before.
- Hide things and accuse you of stealing them.
- Seem thoughtless and self-centered.
- Behave inappropriately by cursing, hitting others, or rummaging through other patients belongings. He may pace aimlessly or try to leave the facility.
- See or hear things that are not there and may have problems with using language.
- Need help with bathing, toileting, and other self-care tasks.

Final stage: This is the terminal stage of the disease and generally lasts 1-3 years. The patient is bedridden and becomes completely dependent for personal care. Often the patient is unable to communicate with words. He may not recognize himself or others and seems unaware of his environment. Characteristics may include: immobility, increased risk for infection, seizures, incontinence, eating difficulties, and dehydration. The patient is usually immobile at the end of the final stage. The patient may drift into stupor, coma and then ultimately death.



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

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

Instructor helps seniors with physical and emotional balance

BY BONNIE ADAMS
MANAGING EDITOR

Nearly 10 years ago, Joanne Laubacher was at a crossroads of sorts. Like many women, she was juggling a career while taking care of her family which included her three children and her mother, who was facing serious medical challenges.

As she visited her mother in the different facilities where she was being treated, Laubacher was struck, she said, by many of the other seniors she met who were “vibrant, eager to learn something new and very funny.”

“They still had so much to share,” she added.

When her mother ultimately passed away from her illness, Laubacher knew “it was time to make a change, to do something nourishing, not only for me, but for others, too.”

Inspired by the example of her father, Frank Murano, a still-active 95-year-old, she knew that incorporating motion into one’s daily life was essential, for both physical and mental wellbeing.

About five years ago, Laubacher decided to pursue getting her certification to teach chair yoga for seniors. It has been, she said, “the best decision I ever made.”

Now, throughout the week, the youthful-looking 59-year-old holds classes at senior centers, nursing homes and private over-55 developments, including a small class at Harmony Crossing in East Bridgewater. The chair class model allows participants who may not have the strength and flexibility of their younger years to still enjoy the benefits of stretching and gentle movements.

“I love the quote, ‘Start where you are, use what you have and do what you can,’” Laubacher said. “There’s no judgment or comparison here. I don’t always come in with a preconceived plan. I listen to my students and what they need for that day. They might want to really



PHOTO: BONNIE ADAMS

Above: Joanne Laubacher teaches a small chair yoga class at Harmony Crossing.

stretch or they might want to focus on breath work.”

The mental health benefits are just as important, she stressed.

“I teach that’s it’s all about the balance, how to balance the stresses of your life,” she noted. “Many of these students are not only facing their own challenges but also those of family members. Yoga helps them center themselves, to learn to ‘breathe it out,’ and this is an hour they can take to care for themselves, head to toe.”

Before a recent class at Harmony Crossing, the students, all women ranging from mid-70s to early 80s, discussed how chair yoga has affected their lives.

Jeannette Adams has now been taking classes for four years, first at a local senior center and now at Harmony Crossing. Due to a lingering knee injury she is limited to what kinds of physical activity she can do. The yoga classes, she said, help her keep flexible.

“It also helps calm my mind,” she added.

Chris Cassidy is an active octogenarian who tap danced up until just a few years ago.

“But I knew since I couldn’t dance anymore I needed to find something. It’s so important to keep moving – when you can’t do one thing, you need to try another,” she said. “So I decided to try one of Joanne’s yoga classes

at the Abington Senior Center. I then asked her if she would consider teaching here [at Harmony Crossing] and she agreed.”

Like several other women in the group, Jackie Monahan’s husband passed away after a prolonged illness. Taking the chair yoga class was something that helped her through that time.

“I love it,” she said. “It is a good stress relief.”

Laubacher noted that she gets as much out of the classes as do her students.

“I absolutely love doing this; it’s my passion,” she said. “I am so grateful to be able to work with these wonderful seniors.”



Right: Joanne Laubacher

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Recipe box, web of life

By JANICE LINDSAY
CONTRIBUTING WRITER

Many of these loving, funny, helpful women are gone. Some are still with us. But all their spirits linger in my recipe box, thanks to the long-ago wedding gift of a thoughtful friend.

Before my husband and I were married — 48 years ago this month — my friend contacted about 50 of my female friends, relatives, and relatives-to-be, asking them to write their favorite recipes on 3x5 index cards. She collected 150 recipes, most of them handwritten, some typed. She filed them in a yellow plastic recipe box.

Inklings

That box has sat on my

“Many of these loving, funny, helpful women are gone. Some are still with us. But all their spirits linger in my recipe box, thanks to the long-ago wedding gift of a thoughtful friend.”

kitchen counter ever since. It has been opened and closed thousands of times and has collected many more recipes.

The women who shared their recipes so long ago still inspire me and make me laugh, even more than they did then, when I hadn't lived long enough to appreciate how truly special and individual the people are whose lives touch ours as we sojourn on this planet.

My parents' friend whom my sister and I called Aunt Frieda (no relation; “aunt” was honorary), sent a recipe for Apple Harvest Squares. Of course she

would send an apple recipe. She and “Uncle” Henry owned an apple orchard.

It's no surprise that our grandmother's favorite recipes are filed most often under “Cookies” and “Desserts.” Grandma didn't bother much with fruits, vegetables, or balanced meals.

A friend wrote, about her recipe for Cucumber Salad with Sour Cream, “Sounds gruesome, but it's one of the favorites of my family.”

An aunt on the Scottish side of the family sent a recipe for Scottish Shortbread that

contains only three ingredients: sugar, butter, pastry flour. She wrote that the recipe was given to the family by a famous professional baker in Scotland “who came to this fair land of America to be a professional golfer!!! Good luck! I have never dared to try it.”

On the back of Chocolate Deluxe Icing, our aunt in Florida wrote about her trips to Daytona Beach and Fort Lauderdale.

A friend contributed Coq au Vin and a poem: “Coq au vin/ When you dine/Sounds better than/Chicken in wine... N'est-ce pas?”

Another sent Never Fail Pie Crust (Well, Almost Never), writing, “If I can do it, you can do it.”

A second recipe, for Butter Cake with Almond Paste, appears in her handwriting, but is signed from her daughter, who

Inklings page 11

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The loss of a loved one, young, old, expected, or unexpected is traumatic. Making the final arrangements with your funeral home and choosing the cemetery and the final resting place adds more trauma to a very sensitive time. At that time we are asked to make decisions very quickly. All this being said, we can be of assistance in the pre-planning portion and extend to all families an opportunity to benefit from our experience along with easy payment plans and burial options.



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A message from the director...

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— Robert Ackerman, Director

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Recipe box, web of life

Inklings
Continued from page 10

was one year old, with “Best wishes for a very happy marriage to my favorite aunt.” In this case, I’m the honorary aunt.

One friend wrote about her String Bean Casserole, “I got this recipe from my mother-in-law and have received many compliments – even from her.”

Rhubarb Roly Poly, wrote another, “serves six, or one hungry husband.”

A friend’s Tuna Casserole: “Put it in the oven and bake at 350 for ... 15 (?) minutes. You know me. It just has to get hot. I don’t remember how long.”

From my sister, a card labeled Mom’s Good Ole-Fashioned Colonial Chicken holds

no recipe, only a note: “Hey, Jan. I lost my copy so when Mom gives you the recipe, how’s about sending me one?”

Recipes are more than instructions for making delicious food. They’re threads of family history. Ties of friendship and of a shared culture. Glimpses into the personalities of the senders. Strands in the webs of

our relationships, strands that remain with us even after the weavers are gone.

Dick’s cousin contributed her recipe for Never Fail Chocolate Cupcakes. She wrote, “Good enough for royalty.”

In the realm of my life, all these women are royalty.

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National Park Service celebrates 100th anniversary

By VICTOR BLOCK

If you are a fan of our country's national parks, you're in good company. More than 300 million people – about equal to the entire U.S. population – enjoy the National Park system every year. And 2016 is a special year, because the National Park Service is celebrating its 100th anniversary.

The words “national parks” often conjur up images of soaring landscapes and dramatic terrain, but that doesn't tell the whole story. Among the more than 400 units in the park system are smaller, lesser-known sites around the country that have their own special appeals. They include magnificent scenery, overlooked chapters of American history and intriguing learning experiences.

Here are a few:

Westward Ho - In 1849, an artist creating pictures of the Overland Trail leading to the California Gold Rush passed through a region of dramatic granite spires in Idaho that he dubbed “City of Rocks.” When a national reserve was established there 140 years later, the name stuck. The outcroppings soar above sagebrush plain to create an otherworldly landscape.

The site also recalls the westward migration of early pioneers. Deep ruts cut into the ground by wagon wheels remain visible



Great Sand Dunes in Colorado

today. Inscriptions written on large rocks still bear the names of hardy souls who undertook the treacherous journey during the nation's westward expansion.

Pots and pools - Popping mudpots and pools of boiling water are among geological creations that compose the landscape of Lassen Volcanic National Park in California. Jagged peaks tell the story of the area's eruptive past. All four types of volcanoes found throughout the world – plug dome, cinder cone, shield and composite – are found within the park. Gentle trails and scenic overlooks provide access into, and views over, the most dramatic areas.

Inland beach - One of the largest and finest stretches of sand

in the United States is located in landlocked Colorado. The tallest dunes in North America are the central attraction at Great Sand Dunes National Park. Topping them all is the spectacular Star Dune, which peaks at 750 feet.

The diverse landscape also includes rolling grasslands, wetlands, aspen forests and alpine lakes. Visitors may hike or sand sled on the dunes and, when summer sand temperatures can reach 150 degrees, cool off by splashing in Medano Creek or exploring shaded forests and a nearby waterfall.

Early Americans - Some 150 million years ago, a much larger river in what now is Utah attracted 10 different types of dinosaurs to its banks. Their bones remain

embedded in rock at Dinosaur National Monument. Most are fossils of Sauropods, high, long-necked plant eaters which were the biggest creatures ever to walk on earth. Other specimens range from large to small.

Reminders of life of another kind also are found in the area. Rock petroglyphs remain from 800 to 1,200 years ago when Fremont Indians left their marks. Near them stand remains of homesteads of settlers who arrived during the 19th and early 20th centuries.

Navajo Nation - It's the prehistoric Puebloan People who are recalled at Navajo National Monument in Arizona. Three 13th-century dwellings, two accessible to the public, are perched in natural sandstone alcoves on cliffs overlooking wide canyons. The structures include roof beams, hand and foot holds, and other original architectural elements. A museum displays pottery, tools and other items of various Native American groups that took up residence in the Southwest including the Navajo, who live there today.

Famous Family - Many decades after early Spanish explorers encountered families of Puebloan people in the Southwest, another family helped to establish and lead the new nation that was born along the eastern seaboard.

Travel page 13

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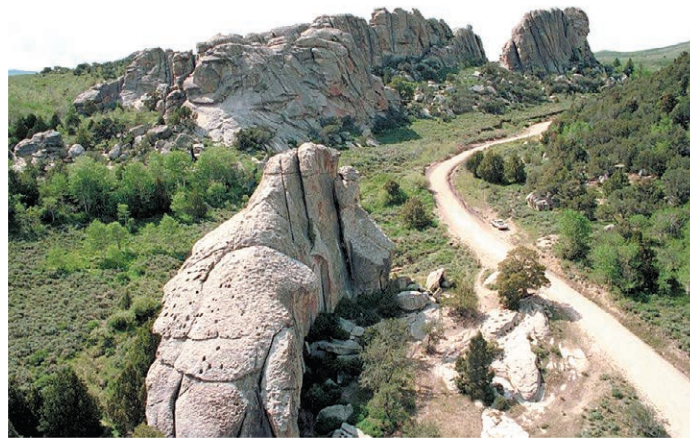
National Park Service celebrates 100th anniversary

Travel

Continued from page 12

A house in Quincy, Mass. named “Peace field” served as home to John Adams, John Quincy Adams and subsequent generations of the famous family from 1788 to 1927. The house, now preserved in the Adams National Historical Park, was originally purchased in 1787 by John Adams, then the minister to Great Britain, who later served as vice president and second president of the United States (1797-1801). John Quincy won fame as a diplomat, member of Congress, Secretary of State and the sixth president (1825-1829). Furnishings in the house include items acquired by each generation of the family.

Park Patron - A lot of credit for the National Park system goes to President Theodore Roosevelt. During his stint as chief executive (1901-1909), “Teddy” pushed through legislation that established five national parks, along



with a bill which empowered presidents who followed him to designate historic and other landmarks as national monuments.

His conservation and preservation efforts are honored on a 91-acre outcrop in the Potomac River. What now is Theodore Roosevelt Island was used in the past by Native Americans as a fishing spot, and a regiment of Black Union Troops encamped there during the Civil War. Visitors today learn about the legacy

of our 26th president at a memorial that includes his statue and most memorable quotes. Teddy would be delighted to stroll along a boardwalk which leads through the quiet marsh and forest setting.

For information about the National Park System, including both its famous and not-so-famous sites, call 202-208-6843 or visit nps.gov.

Left: City of Rocks in Idaho

Below: Navajo National Monument in Arizona



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State ranked as healthiest for older adults

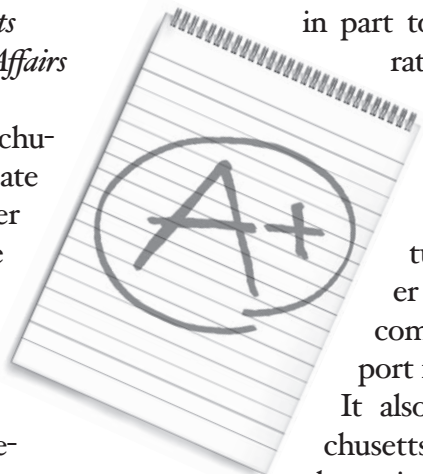
Massachusetts rises from sixth place in rankings of senior population health

*Submitted by Massachusetts
Executive Office of Elder Affairs*

BOSTON - Massachusetts is the healthiest state in the nation for older adults, according to the recently released 2016 America's Health Rankings Senior Report. This is the fourth year the comprehensive analysis of senior population health was published by the United Health Foundation. Last year Massachusetts was ranked sixth.

"This report highlights the outstanding collaborative work being done by state agencies and our private partners in ensuring the health and wellness of our older adults," Gov. Charlie Baker said.

Among the report's findings, Massachusetts scored highly due



in part to reductions in rates of physical inactivity and smoking, a low rate of hip fractures, and greater availability of community support for older adults. It also ranks Massachusetts as number 1 in the nation in two key senior health benchmarks: the percentage of adults aged 65+ who have a dedicated health care provider, and the percentage of adults aged 65-75 who are actively managing their diabetes.

America's Health Rankings Senior Report ranks the health of older adults on a national and state-by-state basis across 35 measures of senior health.

"The findings of this report

are especially encouraging as our senior population continues to increase in Massachusetts," said Marylou Sudders, secretary of the executive office of health and human services. "It is gratifying to see that older adults are living longer and healthier lives and that the state plays a role in helping them maintain their independence and good health – both mental and physical."

"This report reflects successful, collaborative efforts in the Commonwealth that have resulted in improvements in physical health, such as fewer hip fractures and greater self-management of diabetes. We plan to continue with those efforts, as well as focusing on initiatives to improve the mental and cognitive health of older adults," said Alice Bonner, Secretary of the Executive Office of Elder Affairs. "We will continue to build on Massachusetts' strengths in addressing social determinants of health such as food security, nutrition, and our overall commitment to community support to improve the health of seniors."

"This ranking highlights the incredible work being done by stakeholders across the public health and healthcare spectrum to ensure that all citizens of the Commonwealth lead healthy, productive lives," said Dr. Monica Bharel, Commissioner of the Department of Public Health. "Massachusetts consistently

leads the way in public health measures, and we are proud of the work being done by the state and our partners for older adults."

The report, which is meant to serve as a resource for individuals, community leaders, policymakers and public health officials to benchmark each state's performance on key measures of health and wellness, includes specific indicators which illustrate how Massachusetts came to be ranked as first in the nation for senior health, including:

- In the past year, physical inactivity decreased 12 percent from 33.1 percent to 29.1 percent of adults aged 65+ in fair or better health.
- In the past year, smoking decreased 20 percent, from 9.6 percent to 7.7 percent of adults aged 65+.
- In the past two years, hip fractures decreased 23 percent from 6.5 to 5.0 hospitalizations per 1,000 Medicare beneficiaries.
- In the past year, Massachusetts ranked second a measure of community support; that is spending for older adults living in poverty (\$4,053 per individual over age 65 living in poverty)
- In the past year, 96.9 percent of adults aged 65+ had a dedicated health care provider.
- In the past year, 86.2 percent of Medicare beneficiaries aged 65-75 diagnosed with diabetes actively managed their condition.

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Mail-order program for diabetes testing supplies

What you need to know from Medicare

REGION - If you, a friend, or a loved one has Original Medicare and uses diabetes testing supplies, you should know that Medicare is continuing its National Mail-Order Program that helps you get quality supplies while saving money. This program includes all parts of the U. S., including the District of Columbia, Puerto Rico, the

U.S. Virgin Islands, Guam, and American Samoa.

Using a contract supplier

Under the program, you need to use a national mail-order contract supplier for Medicare to pay for diabetes testing supplies that are delivered to your home. If you've been getting

your diabetes testing supplies through the mail and would like to continue to do so, you may need to choose a new supplier starting July 1, 2016.

If you don't want diabetes testing supplies delivered to your home, you can go to any local store (pharmacy or store-front supplier) that's enrolled with Medicare and get your diabetes testing supplies there.

National mail-order contract suppliers can't charge you more than any unmet deductible and 20 percent coinsurance. Local stores also can't charge more than any unmet deductible and 20 percent coinsurance if they accept assignment, which means they accept the Medicare-approved amount as payment in full. Local stores that don't accept Medicare assignment may charge you more than 20 percent coinsurance and any unmet deductible. If you get your diabetes testing supplies from a local store, check with the store to find out how much you'll pay.

You have certain protections when using a national mail-order contract supplier. National mail-order contract suppliers must:

- Make the same items and services available to people with Medicare that they make available to people without Medicare.
- Make sure you get a particular brand of diabetes testing sup-

plies when a doctor or other health care provider prescribes a particular brand to avoid an adverse medical outcome.

- Never influence or try to convince you to switch your current glucose monitor and testing supplies brand to another brand.

Finding a contract supplier

To find a list of national mail-order contract suppliers online, visit Medicare.gov/supplier, enter your ZIP code, and click "Go". Select "Mail-Order Diabetic Supplies" in the Competitive Bid Categories section, and click the green "Search" button at the bottom of the page.

You can also get a list of national mail-order contract suppliers by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Get your questions answered

If you have questions or want more information, Medicare has resources to help you understand the program, including Medicare.gov and 1-800-MEDICARE. Medicare Advantage Plans (like HMOs or PPOs) will notify you if your supplier is changing. Contact the plan for more information.

This information is provided by the United States Department of Health and Human Services.

Stretch it out!

10 ways to improve flexibility

According to the American Physical Therapy Association (APTA), as we age, muscles lose their elasticity unless used regularly, leading to stiffness and soreness. Stretching is the best way to regain and improve flexibility, helping seniors remain active and independent.

By incorporating some simple stretching exercises into your routine, you can greatly improve your flexibility, as well as enhance your balance, posture and circulation, relieve pain and stress, and prevent injuries.

Here are 10 tips for making the most of your stretching exercises:

1. Warm up before stretching with light aerobic activity such as an easy walk.

2. Make sure you know the correct way to do a stretch. Have a trainer model it for you or watch a video.

3. Don't bounce during stretching; this can cause injury.

4. Avoid jerking movements; go slow and make fluid movements.

5. Hold stretches for 60 seconds for maximum benefit.

6. Breathe deeply during each stretch. Don't hold your breath.

7. Stretching should not cause pain. If it does, stop.

8. Stretches should be performed at least three times a week.

9. Don't combine turning and bending back exercises at the same time.

10. Try to keep good posture. Be mindful of the position of your spine during stretches.

In addition to stretching, other forms of exercise, such as yoga, chair yoga and tai chi, also improve flexibility. To locate a class in your area, call your local senior center, health club or wellness center.

Remember, flexibility training will only show benefits if it is done regularly with the correct form and duration of stretch. For more information, visit go4life.nia.nih.gov, a resource created by the National Institute on Aging that offers a free exercise DVD and booklet that provide illustrated examples of stretching exercises. You can order free copies online or by calling 800-222-2225.

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Boston's ZUMIX offers news of interest to seniors

By K.B. SHERMAN
CONTRIBUTING WRITER

BOSTON - Seniors Count, a weekly radio broadcast hosted by staff members of the Massachusetts Commission on Elder Affairs, presents guests and topics of interest to seniors. It is heard each week on Wednesdays at 2 p.m. and Mondays at 9 a.m., streaming on web-based zumix.org/programs/zumix-radio, and is rebroadcast Sundays at 7:30 a.m. on WJIB 740 AM radio.

Seniors Count is an ongoing outreach initiative under the direction of Boston Mayor Martin Walsh (started by the late Mayor Thomas Menino) with the support of Boston's Commissioner on Affairs of the Elderly. The program's purpose is "to identify and reach out to those members of the city's elderly population who live in private housing arrangements and help provide

“It's a 25-minute show featuring seniors as guests, who provide a variety of information and entertainment.”

Tula Mahl

them with the information and services they [may] need.” Since the program's inception in 1999, it has reached many thousands of Boston seniors. In turn, the mission of the Commission on Affairs of the Elderly – which operates as a part of the Massachusetts Executive Office of Health and Human Services – “seeks to enhance the quality of life for Boston's senior citizens through planning, coordinating, and monitoring the delivery of services to the elderly in an efficient and effective manner.”

The Elderly Commission, as Boston's Area Agency on Aging and Council on Aging, pro-

notes the active involvement of seniors in the life and health of their neighborhoods. The Elderly Commission is also a partner agency in the Suffolk County Aging and Disability Resource Consortium (ADRC). The goal of the ADRC is to enhance collaborations between elder and disability service organizations, ensuring there is no “wrong door” when an elder or person with a disability is looking for assistance and services. The Aging and Disability Resource Consortium of Suffolk County sponsors the Boston Center for Independent Living, Boston Senior Home Care, and Central Boston Elder Services. Other senior service organizations are located throughout the state. The Executive Office of Health and Human Services includes the Office of the Secretary of Health and Human Services, Department of Elder Affairs, Office of Health Services, Office of Children, Youth, and Family Services, Office of Disabilities and Community Services, and Department of Veterans' Services.

ZUMIX started in 1991 as a way to counter ever-growing youth violence in Boston. It began as a summer songwriting program with several dozen kids, several hundred dollars, and the hope that giving youth something they could be excited about could change their lives for the better. This expanded to a free outdoor Summer Concert Series and today features year-round events in East Boston. It's broadcast of Boston Seniors Matter is an expansion into a broader market than just youth-oriented programming.

Tula Mahl, deputy commissioner of policy and communi-

cations for the city of Boston's Commission on Affairs of the Elderly, recently spoke with The 50 Plus Advocate.

Mahl produces Boston Seniors Count, and has done so for the past six years.

“It's a 25-minute show,” she explained, featuring seniors as guests, who provide a variety of information and entertainment. From explaining benefits and help available to seniors, the show also features the reading of memoirs, broadcast of plays and opera selections, featured singers, developments in health science (including Alzheimer's care and research) – “anything relevant to older adults,” she noted. Mahl, originally from Texas, attended Wellesley College as an undergraduate and then Emerson College.

In addition to Zumix web radio, Boston Seniors Count is also available on Boston-only Boston Neighborhood Network TV and WJIB radio, as noted above.

Since 2002, work by The Boston Commission on Affairs of the Elderly has been regularly and favorably evaluated by the Gerontology Institute and by the College of Public and Community Service, University of Mass. Boston.

One of the topics covered by Boston Seniors Count is Assisted Living for Seniors at Commonwealth Assisted Living at South Boston. Specially trained caregivers work with residents, their families and personal physicians to create individual care plans to address the residents' needs, while allowing them the freedom to continue to do some things for themselves. Staff is onsite and available 24-hours a day for help with bathing, dressing, medication, and to provide other services such as housekeeping, scheduled transportation and activities.

For more information on Boston Seniors Count and ZUMIX Radio, readers are encouraged to call Deputy Commissioner Tula Mahl, producer, at 617-635-1922.

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money matters

Reverse Mortgages: What's the buzz?

BY ALAIN VALLES, CRMP
PRESIDENT, DIRECT FINANCE CORP.

Reverse mortgages are a unique, government insured loan program that allows eligible homeowners 62 years old or older to access their home equity for immediate cash, a line of credit, a monthly check, or a combination of the three. In all cases, the homeowner has

Reverse Mortgage

the right to never again make a monthly mortgage payment, as long as the real estate taxes and insurance are paid and other requirements are met.

Many seniors have used re-

verse mortgages to

- Access tax-free cash when needed
- Provide funds for home repairs
- Pay off an existing mortgage or other debts
- Have ready cash available for medical emergencies
- Augment retirement plans
- Have money to pay for an active and enjoyable retirement!

Reverse mortgages have gained popularity as a prudent retirement tool to ensure financial stability. But instead of relying on my opinion, below is a list of recent reputable sources that have reported on reverse mortgages.

Forbes -
May 25, 2016

Jamie Hopkins, a professor of Retirement Income Planning at the American College, wrote that retirees should consider home equity as a retirement in-

come source and that financial advisors should be doing more to educate their clients about using it strategically.

Daily News -
May 13, 2016

News reporter Joshua Melberg offers advice for people who are looking to retire within the next decade. "If you don't foresee yourself being able to retire as early as you'd like," he writes, "then you may consider downsizing to a less expensive or more cost-efficient home, or take out a reverse mortgage to access the built-in equity of your current residence."

Money Magazine -
May 11, 2016

"If you're short on cash in retirement but do have equity in your home, you might want to get a reverse mortgage," says Jane Bryant, author of 'How to Make Your Money Last: The Indispensable Retirement

Guide.'"

American Society on Aging Today -
May 2016

"Accessing home equity will become increasingly important in a world where retirement needs are expanding, and the retirement system is contracting," writes Alicia Munell, director of the Center for Retirement Research at Boston College.

Kiplinger Wealth Creation -
May 2016

Scott Hanson, CFP, a financial advisor with over 4,000 clients nationwide, recommends reverse mortgages as one of four ways to create a monthly income stream in his article entitled "4 Ways to Create Your Own Pension."

A reverse mortgage is not for everyone. There are strict guidelines and protections built

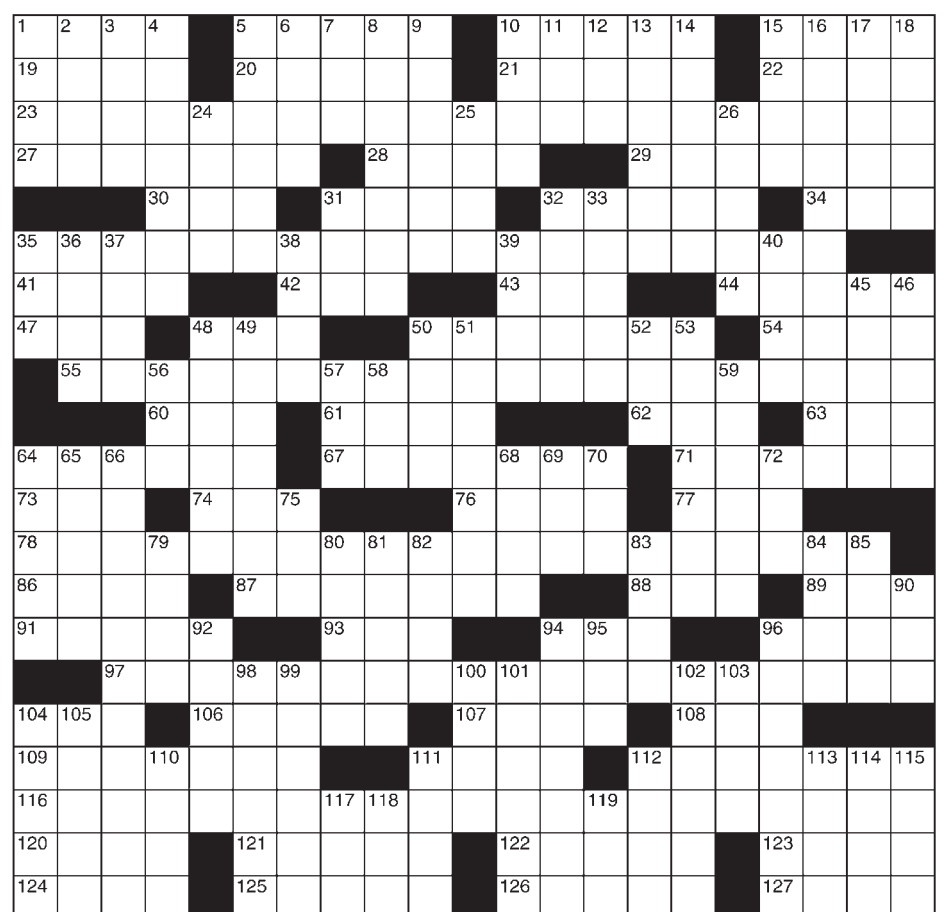
Reverse mortgage page 20

SUPER CROSSWORD PUZZLE

"The Nationalist and the Newborn"
(answers on page 20)

ACROSS

- 1 Mrs. Alfred Hitchcock
5 Had an expectation
10 "C'est moi," in English
15 Car financing co., once
19 Malicious
20 Greater than
21 Of film sound effects
22 Quiet stretch
23 Start of a riddle
27 Like potatoes
28 — a soul (nobody)
29 Coagulated
30 Similar to
31 Have — (know the right person)
32 Online letter
34 Serpent follower
35 Riddle, part 2
41 Wields
42 Kitten sound
43 Flatow or Glass of radio
44 SeaWorld attractions
47 Minivan driver, often
48 Geol., e.g.
50 Smart guy
- 54 Purview
55 Riddle, part 3
60 Many millennia
61 Thrill rider's inhalation
62 Thrown
63 Grafton's "— for Evidence"
64 Graph anew
67 Riddle, part 4
71 Jim who played Ernest P. Worrell
73 Smelter input
74 Lilt syllable
76 Blockhead
77 Is, pluralized
78 Riddle, part 5
86 Befuddled
87 Poison in many murder mysteries
88 Some small batteries
89 Barn bird
91 Bird homes
93 Flamboyant stole
94 Actress Grier
96 Soft cheese
97 End of the riddle
104 "Hostel" director Roth
106 Besmirch
- 107 "May — a favor?"
108 "Gloria in excelsis —"
109 Making out
111 "— all know ..."
112 Buildup of unfinished work
116 Riddle's answer
120 Lead-ins to big days
121 Elvis hit, e.g.
122 Bang or pop
123 Unit of matter
124 Cardinal and cherry
125 Auto type
126 "Eeew!"
127 \$1,000 units, in slang
- 10 Doubtful
11 To boot
12 35mm camera option
13 Resident of Islam's spiritual center
14 Cornea coverer
15 Overfill
16 Like a triplex
17 Patriot Ethan
18 Bonnie's pal
24 Sch. for the Bruins
25 Novelist Sarah — Jewett
26 Manuscript leaf
31 Yes vote
32 Zimbalist of "The F.B.I."
33 Marlins' city
35 "Tasty!"
36 With 113-Down, recently
37 Pixar's lost clown fish
38 "Jake and —" (comedy Web series)
39 River to the Seine
40 Trapped like —
- 45 Cliffside nest
46 Full of lip
48 Suave
49 Situated in the middle
50 Long (for)
51 Blocked
52 Comic actress Gasteyer
53 Blissful state
56 Buddhism, e.g.: Abbr.
57 John Deere Classic org.
58 Dorm leaders, for short
59 Wolfs (down)
64 "Mr. Bean" star Atkinson
65 Wipe chalk from
66 Ale brand until 2011
68 Put on
69 Nabokov's longest novel
70 Male issue
72 Stephen of "Stuck"
75 "— ideas?"
79 Like a Mass: Abbr.
80 African land
81 From here — (henceforth)
82 Ampule, e.g.
- 83 Poet's foot
84 Kin of "neither"
85 Leia, to Luke
90 Piano piece
92 Bridal gown fabric
94 Sit to be painted by, perhaps
95 "Great" bird
96 Schoolchild's burden
98 Dances with dipping
99 Squirm
100 Menu choice
101 Deviating off course
102 "My Cup Runneth Over" singer
103 Bi- plus octa-
104 Go in
105 Go out
110 Hug go-with
111 Port city of Yemen
112 Firm cheese
113 See 36-Down
114 It uses a double reed
115 Places to lift
117 Tally (up)
118 Long of "Premonition"
119 2016 Olympics city



viewpoint

When will lawmakers honor our spouses?

By AL NORMAN

What does Massachusetts have against spouses? Judging by reactions on Beacon Hill, this is not a “spouse-friendly” state.

I have been on a campaign for years now, urging state lawmakers to add spouses to the list of



Push Back

family members who can be paid caregivers. Under Medicaid rules, a person who wants to hire her aunt, uncle, niece, nephew, son, daughter, grandmother or grandfather—can pay them for personal care services at home. But not their husband or their wife.

Every year, we get close to

Reverse Mortgages: What’s the buzz?

Reverse mortgage
Continued from page 19

into reverse programs and you are encouraged to seek information from a trustworthy source. The key is to become better informed about the pros and cons of a reverse mortgage.

I encourage you to invest some time to learn for yourself about reverse mortgages and decide if it may be an option for you.

Call or email me to receive a free copy of the “Use Your Home to Stay at Home” which is the official federally approved consumer booklet for those considering a reverse mortgage.

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.

“Judging by reactions on Beacon Hill, this is not a ‘spouse-friendly’ state. I have been on a campaign for years now, urging state lawmakers to add spouses to the list of family members who can be paid caregivers.”

passage, but there is always an excuse to killing the one sentence bill. It’s too expensive. It will open a flood gate to new people wanting care. We will lose federal matching dollars. Spouses will abuse their spouse. None of these things have come to pass in any of the 17 states that already allow spouses to be paid caregivers. Even the Veterans Administration is now allowing it. Massachusetts veterans returning from Iraq or Afghanistan can hire their spouse to provide their personal care. But our Medicaid program will not allow it.

The state Senate has passed a “spouse as caregiver” amendment to the budget at least twice in the past year. But the plan dies in the House. During a recent Senate budget debate, lawmakers added Outside Section 77A to the budget. It requires Medicaid to produce a feasibility report on the use of spouses as caregivers by De-

cember 1, 2016, and to develop an “implementation plan” for making it happen. The budget is now in a Conference Committee where the House will either agree to do the feasibility report, or it will signal that its mind is made up, and it doesn’t want to be confused by the facts.

Here are the facts:

- An independent study of the California spouse as caregiver program, published in 2012, concluded that “there were no financial disadvantages and some advantages to Medicaid in terms of lower average Medicaid expenditures and fewer nursing home admissions when using spouses, parents, and other relatives as paid providers.”
- Under the Affordable Care Act, the federal government has created four ways for a state to allow spouses to be paid caregivers, including some amendments to our state plan that will increase our federal matching

money by six percentage points.

- Using spouses as caregivers give us another resource to help keep family members living at home together, instead of costing taxpayers millions more in nursing facility care.
- Outside section 77A mandates a study and implementation plan. It commits the state to study the financial and clinical impacts of using spouses. Any implementation plan will have to be voted on by the General Court.
- The government should not be telling spouses they can’t take care of each other. Some seniors don’t want to have to ask their children for help. Government should enable families, not block them.

Please take this column, clip it out, and send it to: Speaker Robert DeLeo, Room 356, State House, Boston, MA 02133. Tell the Speaker, “I want Outside Section 77A in the Senate budget to pass. I want to see the legislature pass ‘family friendly’ legislation, and stop treating our families like they don’t matter.”

Then, if you’re lucky enough to have a spouse, give them a hug, tell them about the letter you sent today, and tell them you love them.

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.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)

ALMA	HOPED	ITSME	GMAC
MEAN	ABOVE	FOLEY	LULL
IFYOUWERETO	FORCEFULLY		
STARCHY	NARY	CLOTTED	
ALA	ANIN	EMAIL	INE
YANKAWAY	ONEOF	INDIAS	
USES	MEW	IRA	ORCAS
MOM	SCI	WISEMAN	AREA
FORMER	PRIMEMINISTERS		
EON	GASP	ARC	EIS
REPLOTT	ASHEWAS	VARNEY	
ORE	TRA	DODO	ARE
WATCHING	GOVERNAN	INFANT	
ASEA	CYANIDE	AAS	OWL
NESTS	BOA	PAM	BRIE
WHATWOULD	YOUBEDOING		
ELI	TAINT	IASK	DEO
NECKING	ASWE	BACKLOG	
TAKING	GANDHI	FROM	ABABY
EVES	OLDIE	NOISE	ATOM
REDS	SEDAN	GROSS	GEEES

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Planting the seed

By MARIANNE DELOREY, PH.D.

"The best time to plant a tree was 20 years ago. The second best time is now." – Proverb

When people think of planning for their later years, they think about saving for retirement.



Housing Options

This is great, but it is not enough. Planting a tree requires thinking about water, soil and sun. People have more diverse needs. They need food, clothing, shelter, and health care. But they also need to fill their psychological needs. Some need something to do, a purpose in being, a goal. This

may be harder to plan for, but it is important none the less.

I sat down and spoke to a small group of ladies recently about their planning for retirement. When they were young and able, their hope was to use their later years to travel. Their bucket list consisted of so many places to go. One noted that she wished she invested earlier such as like-minded friends did so that she could have traveled more.

Now of these three ladies, one is still on the young side. She very much still wants to travel. With some health concerns, this will require a lot more planning on her part and help from family, but it is the one thought that helped her recuperate from a recent hospitalization.

The other two ladies are in their nineties. While their traveling days are coming to an end, they are not completely over. Gone are the days of Hawaii

and Austria. Now they look forward to time at the Cape or in Maine. They also look forward to the quiet time. They enjoy simple pleasures like a card game with friends or some time to crochet.

Regardless where you are in life, everyone needs to think about what they want out of life and how they can accomplish their goals. So, with the goal of making yourself accountable, please call in, write in, or email me a few of the special items on your bucket list. I will devote an upcoming article to the creative and purposeful items that I hear about.

Are you writing the great American novel? Is your goal to see your grandson graduate? Did you want to travel to Africa? Are you rounding out your

music collection? Is your one goal to remain upbeat? To be involved in your family? Tell me what you want to do and why.

Tell me your age. Are you just retiring now? Do you have a plan? Are you 100 plus years old and still have goals? Have you done everything on your bucket list? Did you have a plan when you retired? Which item brought you the greatest joy and why?

I believe strongly that what elders want is vitally important to know. It will help families and caregivers think about you in terms of what you are still capable of doing and it will help invigorate the next generation to plan. We may not have enough time to enjoy the tree that will grow as we age, but we need to plant it anyhow.

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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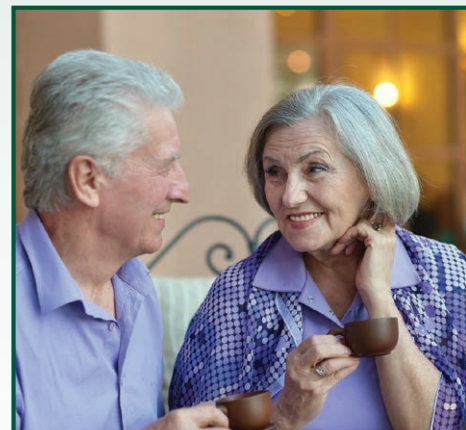
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