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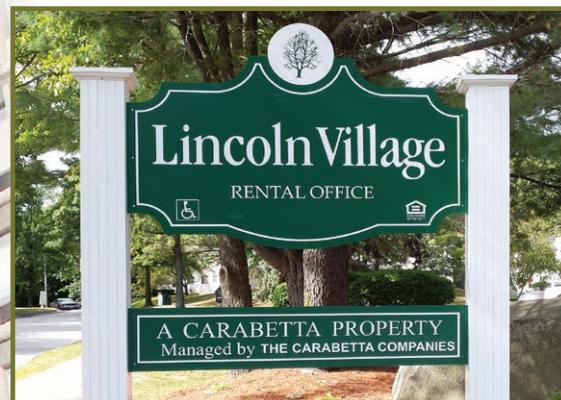
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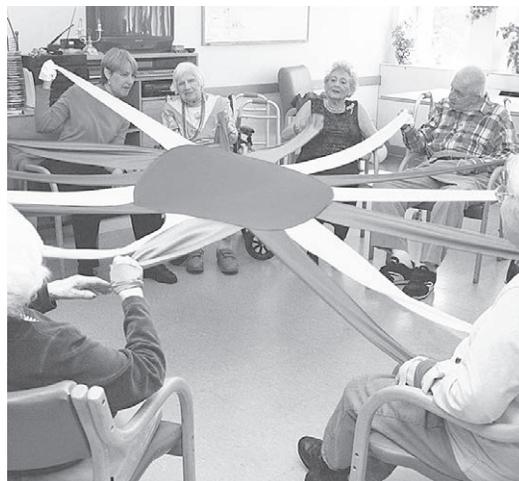
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Cindy Merchant 508.366.5500 ext. 15
Barbara Clifford 508.366.5500 ext. 19

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Seasoned actress continues to go on with the show

By ED KARVOSKI JR.
CONTRIBUTING WRITER

Tilly Sweet personifies the showbiz motto, “The show must go on!” She’s a retired registered nurse with over 50 years’ experience in community theaters. Now, she serves as director of the Senior Dramatic Society of the Concord Council on Aging (COA).

“Once theater is in your blood, you absolutely fall in love with it,” she declared.

Her theatrical interest began as a dance student at age 2. She acted in plays from grades one through 12, then studied nursing in college.

“The nursing program didn’t allow time for extracurricular activities,” she noted. “Then community theaters came along – and that’s where I’ve been ever since.”

She and her late husband, Jack, formerly lived in Arlington. There, they were members of the Arlington Friends of the Drama (now known as AFD Theatre). Her family’s 1967 relocation began their involvement with the Concord Players.

Sweet divided her time between working as a nurse and raising four children, while performing onstage and behind-the-scenes with several community theaters. In addition to the Concord Players, she worked with Acme Theater in Maynard, Lexington Players, Vokes Theatre in Wayland and Winchester Players.

She has found less physically demanding ways to remain active in theater since 1986, when her vehicle was struck in a head-on collision.

“I’ve been suffering with major nerve damage in my head, neck and back ever since,” she shared. “If I had the seatbelt on, I wouldn’t have had anywhere near those injuries.”

In the 1990s, she and Jack



Current members of the Senior Dramatic Society of the Concord Council on Aging are (back, l to r) Herb Mallinson, Jim Stoessel, Fran Gardella, Carol Latham, Bill Haynes, (front, l to r) Joanne Hines, Tillie Sweet, Bob Carter and Carol Jones.

performed improvised murder mysteries as fundraisers for the Orchard House, an historic museum in Concord. It was the home of the Alcott family including Louisa May Alcott, who wrote and set her novel “Little Women” there.

“Louisa May Alcott was a woman before her time with an incredible imagination,” she said. “Doing the murder mysteries was a great way to raise money. The Orchard House did very well and I had a lot of fun. With improvisation, you have to be ready for anything; the secret is to stay in character.”

Additionally, Sweet portrayed Marmee, the mother in “Little Women,” at the Orchard House in its “A Country Christmas” celebrations up to 2012. Marmee was based on Abigail May Alcott, who was one of the first paid social workers in Massachusetts.

In the late-1990s, the then-activities director at the Concord COA asked Tillie and Jack to help begin the Senior Dramatic Society.

“Jack had just retired and at that point I was unable to work because of my injuries, so I said ‘What the heck, it sounds like fun,’” Sweet relayed.

Jack passed away in 2012. A year later, the activities director retired.

“The drama group put their heads together and informed me that I was now their director,” Sweet explained with a chuckle “They’re people who always wanted to do some sort of performing, but never tried community theater such as the Concord Players. They’ve actually put on some really good performances.”

The group meets for two hours twice monthly from September through June. Membership has ranged from 12 to 8 participants, most in their 70s to 90s. They perform staged readings at their COA and the United Women’s Club of Concord. According to their COA newsletter, “The only requirements are the ability to read and laugh.”

“We spend a lot of time laughing,” Sweet acknowledged.

“Most people who watch our staged readings don’t care how well we do. As long as we’re having fun, then they’ll have fun, too.”

Sweet has also been involved with the Concord Travelling Players, an outreach group of the Concord Players, since its inception in 2011. Currently comprised of 10 retirees, this group performs staged readings at assisted living facilities, retirement homes and COAs.

“It’s great fun working with seasoned actors,” Sweet said. “Collectively, we probably have about 1,000 years of theater experience. We’re bringing entertainment to people who can’t get out, so we’re doing a service for the community, which has been our intent from the beginning.”

Now living in Acton, Sweet continues to enjoy interacting with performers on each end of the theatrical experience spectrum.

“At our age, people think it’s wonderful if we can get up onstage and talk at the same time,” she joked.

Mantalk at the Worcester JCC needs a few good men



Nancy Greenberg, Worcester JCC senior adult/cultural arts director, with some of the Mantalk participants.

PHOTO/SUBMITTED

By JANE KELLER GORDON
CONTRIBUTING WRITER

WORCESTER - Every Tuesday morning from 7:30-9 a.m. at the Worcester Jewish Community Center (JCC), a group of senior men meet for breakfast, to catch up on the current events, and maybe solve a trivia puzzle. Then at 9 a.m. sharp, it's time for Mantalk, facilitated by Nancy Greenberg, the JCC's senior adult/cultural arts director.

Greenberg, who has led Mantalk for the past 16 years, said, "When I walk in at 9 a.m., the off-color jokes end, but the camaraderie continues. We always start with announcements, and then the guys let me know if someone is away on a cruise or if their grandchild is getting married."

Two or three times a month, 52 weeks a year unless there's a holiday or inclement weather, Greenberg arranges for a speaker at Mantalk. The rest of the time, she leads a more in-depth spirited discussion about current events.

"We attempt to solve the problems of the world," she said.

Many of the speakers are politicians or political hopefuls, and health profession-

“This is a really fun, low key place for senior men to connect. We are looking for a few good men, and I promise each of them, they will love Mantalk.”

Nancy Greenberg

als. Recent speakers have included: Timothy Murray, the former lieutenant governor who is now president and CEO of the Worcester Regional Chamber of Commerce, State Sen. Harriette Chandler, D-Worcester, and Kevin O'Sullivan, president and CEO of the Massachusetts Biotechnical Initiatives.

Most weeks there are from 15 to 20 in attendance, although now and then there is a crowd of 30. A handful of men, in their 70s, are referred to as the "kindergartners." Many among those in their 80s and 90s are veterans for the Korean Conflict and WWII.

Among the group, there are several retired pharmacists, salesmen including one who worked for Fuller Brush, teachers, a lawyer, an owner

of a travel agency, and a print shop owner. Most live independently, either at home or at The Willows at Worcester, a local senior living community.

Mantalk member Allie Hersh, 84, said, "It's the highlight of my week." Howie Fish, also 84, added, "I really look forward to Tuesdays."

Greenberg recalled, with fondness, two 100th birthday parties that the group held a few years ago. One was for Abe Kravitz, who had been the executive director of Congregation Beth Israel in Worcester. He and his wife Lillian were married for 80 years, and both lived past 100.

"Abe and Lil were a lovely couple," Greenberg said. "They both grew up on farms in Westborough, and were from the

only Jewish families in town."

The other party was for George Gershman. He was a beekeeper and inventor of a health drink that's still on the market.

Mantalk was launched about 35 years ago at the Jewish Service Center for Older Adults. For a long time, the fee was \$1 to cover bagels and coffee; it's now \$2, which is collected in a basket circulated among the men.

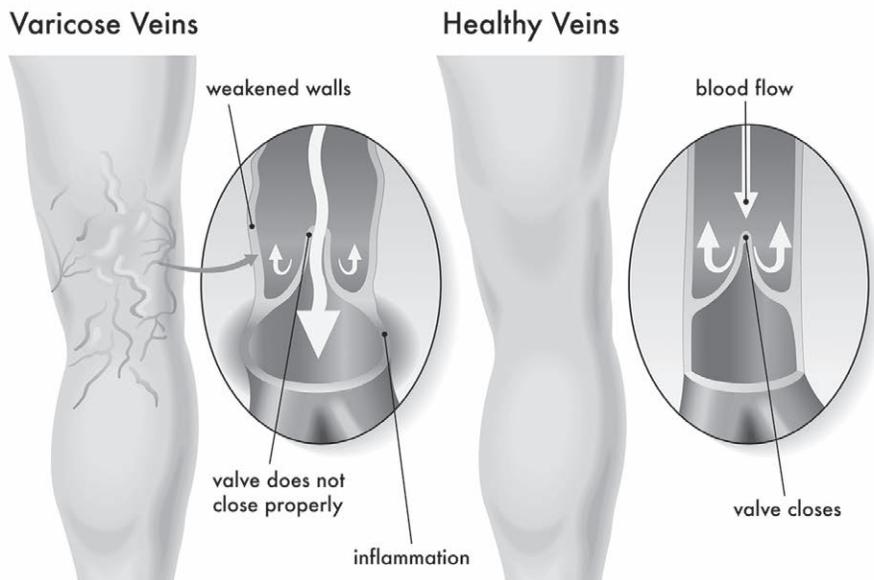
Most of the attendees are Jewish, but not all, and the center is open to everyone. There is no need to be a JCC member to participate.

Greenberg said that the group has regenerated even as some of the men have aged out. She does have concerns about the group's future, given that, "People are working longer, and men don't tend to do social things as much as woman."

"This is a really fun, low key place for senior men to connect," she said. "We are looking for a few good men, and I promise each of them, they will love Mantalk."

For more information contact Greenberg at 508-756-7109 x232 or ngreenberg@worcesterjcc.org.

What are varicose veins and how can they be treated?



BY DR. BORIS BERGUS M.D., R.V.S.

For much of our lives we go about our business relatively unconcerned with our circulatory systems. However, due to a variety of causes, varicose veins can crop up causing both cosmetic and functional problems. Once a patient notices these troublesome veins it is a wise idea to get a professional assessment. Many times patient's primary care provider will refer them to a phlebologist specialist.



Dr. Boris Bergus M.D., R.V.S.

Varicose veins can be influenced by many factors including age, genetics, activity level and even type of employment. They often present as blotchy purple spider veins on the lower extremities. The reason they often appear on the lower legs has to do with gravity.

As you probably remember from high school biology, arteries take freshly oxygenated blood from the heart and, with the help of gravity, pump it away from the heart. Veins on the other hand must work against gravity as they push the blood back upwards towards the heart. As this system becomes overworked, blood can often pool in the legs and ankles

forming varicose veins. In addition to an undesirable appearance, this pooling can result in pain and swelling.

Treatment options

The first step in addressing a problem with varicose veins is to see a specialist more commonly known as a phlebologist. After an assessment, your phlebologist will recommend a course of treatment depending on the severity of your condition. Minor conditions can often be treated with non-invasive techniques such as compression socks and herbal treatments.

If the cause is more advanced, the physician will review a number of treatment options which may include laser treatments, sclerotherapy, ultrasound and surgery among others. Often times, a specialist may combine more than one treatment in order to best address the patient's needs.

The good news is that most cases are highly treatable and the procedures are generally well tolerated.

The first and most important step is to advocate for yourself and let your healthcare provider know you are concerned. From there, your phlebologist can best assess the treatment options that will meet your goals.

Dr. Boris Bergus M.D., R.V.S. is the director of Americas Vein Centers located in Norwood, Mass., Southborough, Mass. and East Greenwich, R. I.

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A rarely suspected cause for memory impairment

By MICHA SHALEV

It's long been known that sleep plays a strong role in memory consolidation, but now, research is showing that age-related changes to the sleeping brain disrupt the normal pathways to memory formation, leading to that "forgetfulness" we associate with growing older.



Caregiving Tips

Sleep and senior memory impairment

Once of the exciting recent discoveries scientists have made in the area of sleep and memory research is that there is a link between poor sleep and memory loss in the aging brain. Neuroscientists at the University of Cali-

“Age-related changes to the sleeping brain disrupt the normal pathways to memory formation, leading to that “forgetfulness” we associate with growing older.”

fornia, Berkeley, reported their findings in a recent study that compared memory retention in groups of younger adults and older adults. Conducted in 2012 and released in Nature Neuroscience, the study found that in elderly people, age-related deterioration of the prefrontal cortex region of the brain was associated with a failure to achieve the kind of deep, slow-wave sleep that helps the brain consolidate memories and information.

Though it may seem there is nothing that we can do about the inevitable changes that happen

in our brains as we age, there is a hopeful angle to the outcome of this study. The researchers' findings may help future studies pinpoint new treatment angles for age-related memory loss. In fact, scientists are already designing studies to determine whether enhancing sleep in older adults can improve their overnight memory retention.

Can lack of sleep add to dementia risk?

There is another, more serious reason to tackle the problem of poor sleep in seniors: the risk of

developing cognitive impairment or dementia later in life. Not only do people get less deep sleep as they get older, according to the National Institutes of Health, they are more likely to experience disruptions to their sleep schedule, suffer from insomnia or sleep apnea, or develop movement disorders like restless legs syndrome that keep them from getting a good night's sleep. Scientists are now finding that some of these sleep disruptions are associated with impaired cognition and, in some cases, the later onset of dementia.

Dr. Kristine Yaffe, a psychiatrist at the University of California, San Francisco, has co-authored numerous studies looking at the relationship between sleep and cognition in older adults. One of those studies, published in 2011, found that older women with sleep-disordered breathing—

Dementia page 9

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Memory impairment

Dementia
Continued from page 8

seen in conditions such as sleep apnea—had an increased risk of developing cognitive impairment five years later. In another 2011 study, older men who experienced incidents of waking up at night after initially going to sleep showed poorer cognition than those with normal sleep patterns. In many of these cases, treating the causes of sleep problems like apnea may be able to reduce the risk of dementia later on.

In the end, however, it's important to remember that there is

not a simple cause-and-effect relationship between sleep and dementia risk, or sleep and memory loss. The interactions between sleep, brain changes, and cognitive impairment are complex, and just as there are many factors that cause changes in sleep as our loved ones get older, there are numerous causes for age-related mental decline. Getting a good night's sleep is just one piece of the puzzle. If you do have trouble at night, consult your physician about the issue. Maybe a visit to a sleep lab and/or ruling out sleep apnea is needed.

.....

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

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

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Dance therapist connects with multiple generations and needs

By ED KARVOSKI JR.
CONTRIBUTING WRITER

A longtime passion for dance progressed to working as a dance/movement therapist for Donna Newman-Bluestein. In recent years, personal family experience compelled her to focus her work on helping people with dementia.

“My father had dementia and I saw that the care he was given was not anywhere near good enough,” she shared. “People with disabilities who cannot speak and advocate for themselves get minimal care. I want to right that wrong.”

As a modern dance student while attending college, Newman-Bluestein was inspired by seeing performances of the Alvin Ailey American Dance Theater three consecutive nights. On the third night, she liter-



PHOTOSUBMITTED

Donna Newman-Bluestein (pictured right) leads dance/movement therapy groups with older adults and people with dementia throughout eastern Massachusetts.



ally dreamt of pursuing a dance-related career. She shared her dream with a co-worker, who suggested she consider becoming a dance therapist.

“It clicked right away and I never looked back,” Newman-Bluestein said. “For myself, I understood that dance was about healing.”

Now, Newman-Bluestein is a board certified dance/movement therapist, mental health counselor and educator. She has worked for over 35 years with people of all ages and abilities in mental health and medical rehabilitation settings. Since 1992, she has been a senior lecturer and teaches the clinical supervision class to second-year dance therapy interns at Lesley University in Cambridge. Additionally, she provides trainings and workshops internationally.

As owner of Dance for

Dance therapist page 14

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travel and entertainment

Hawaii: So much more than beaches

By VICTOR BLOCK

Some vacationers soak up sun on beaches with white, black and even green sand. Nearby, skiers speed down snow-covered slopes of a dormant volcano. Other people check out a surreal moonscape of hardened pitch-black lava and hike through a lush tropical rainforest.

If this sounds like a continent-wide choice of activities, it's because the island of Hawaii in ways resembles a miniature continent. Since it shares its name with the state, it's often referred to as the Big Island to avoid confusion, and with good reason. It's almost twice the size of the other Hawaiian islands combined.

Visitors find a miniature world that encompasses virtually every kind of landscape. Cactus-dotted desert lies near rain forests. Barren lava fields contrast with waterfalls plunging into verdant valleys.

Volcanoes National Park is one of the few places to come face-to-face with an active volcano. Mauna Loa has erupted 33 times in the past 175 years, most recently in 1984.

Kilauea is the world's most active volcano. It has been erupting since 1983, and last year the lava flow invaded populated areas and prompted an evacuation by some residents. Lava flows from Kilauea add about 42 acres to Hawaii Island every year.

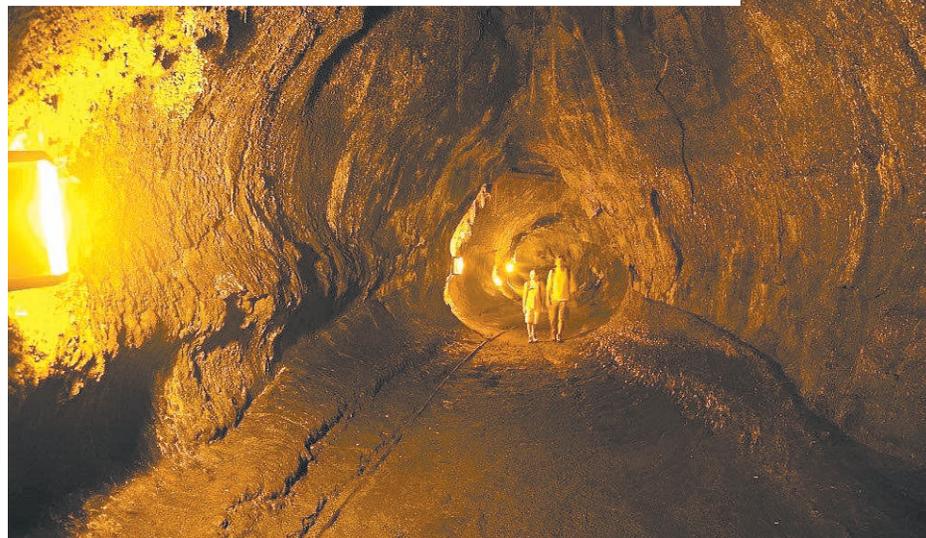


BIG ISLAND VISITORS BUREAU/KIRK LEE AEDER

Waipoo Valley

Those massive mountains also have another claim to fame. They measure more than 30,000 feet from their base far below the sea to the summits, making them taller than Mount Everest. Because of their height, enough snow falls on the volcanoes during winter for skiing.

The Crater Rim Drive in the park leads to several major attractions. The Jaggar Museum provides a detailed introduction to volcanoes, and the overlook outside offers a breathtaking panoramic view. The Thurston Lava Tube was formed when an underground river of molten lava ran out of its channel and the walls cooled and hardened. The aptly named



HAWAII TOURISM AUTHORITY/TOR JOHNSON

A couple stands in a lava tunnel.

Devastation Trail leads through an area that was buried beneath a thick blanket of cinders during an eruption of Kilauea in 1959.

Along with volcanoes and the usual sun-and-sand vacation ac-

tivities, there are plenty of other reasons to visit Hawaii Island. For fishermen, waters off its Kona Coast are known as the best in the world for catching giant blue

Travel page 13

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Hawaii: So much more than beaches

Travel
Continued from page 12

marlin.

Much bigger sea life drops by during whale-watching season, from December through May. While Humpbacks have top billing, it's also possible to spot sperm and melon-headed whales.

For people who prefer to keep their feet on firm ground, hiking opportunities are outstanding. Volcanoes National Park alone offers 150 miles of trails.

For history buffs, the story of the island's past is as intriguing as what greets visitors today. The earliest settlements were established by Polynesians who arrived after a long ocean voyage in large double-hulled canoes. Estimated dates of their arrival span hundreds of years, from the fourth to

eighth centuries.

Clues to the lifestyle of the ancient Hawaiian civilization abound. They include remnants of villages, temples (heiau), agricultural mounds and other archeological remains.

Some relics, like royal fish ponds constructed to satisfy noble palates, and petroglyph lava rock carvings have been incorporated into the grounds of hotels. The images depict humans, birds and other recognizable forms as well as undecipherable lines and dots. Their precise meanings are unknown, but scientists believe that they record births, deaths and other major events, and perhaps include astronomical symbols.

One of the more intriguing sites is the Pu'uhonua o Honouliuli National Historic Park, a

reconstructed royal compound. Known as the "City of Refuge," it served as a sanctuary for people who angered the gods in some way. Transgressors who were able to reach this sacred place were absolved by a priest and allowed to go free. The compound encompasses temples, sacred burial places, petroglyphs and other reminders of ancient times.

Another chapter of island history comes alive in the Waipio Valley, a six-by-one mile gash in the land rimmed by 2,000-foot high cliffs over which numerous waterfalls cascade. The meandering river they create gave the valley its name which means "curved waters."

Also known as "Valley of the Kings," it once was home to many rulers, and contains remains of important temples. Visitors may view the valley from a small overlook, or take a guided tour into it.

In contrast with the view at the bottom of a deep valley is the opportunity for a look at the stars as few people have seen them. Hawaii Island is home to one of the most renowned astronomical sites on the planet. Perched above the cloud cover on a dormant volcano, 13 powerful telescopes are trained on the sky.

Because of the high elevation, clear air and minimal light pollution, the stars resemble glitter scattered overhead. Guided tours include transportation, warm parkas and dinner.

An opportunity to peer at stars in a way that few people have isn't the major reason why most people visit Hawaii Island. It's but one in a long list of attractions that appeal to various interests well beyond the beaches, no matter what the color of the sand.

For more information about the Big Island, call 800-464-2924 or log onto gohawaii.com/hawaii-island.

Tips for quitting smoking

Submitted by the Central Mass. Tobacco Free Community Partnership

Region—If you're a smoker, quitting is the most important step you can take to protect your health, decreasing the risk of lung disease, cancer, and even early death.

If you want to quit and tried in the past, don't give up. It often takes several tries before you can quit for good. However, with planning and support, you can become tobacco-free.

Fortunately, most health insurance plans cover quit-smoking medicines. The Massachusetts Smokers' Helpline at 800-QUIT NOW (800-784-8669) is also available for free coaching seven days a week from 7 a.m. to 1 a.m. to support you through quitting. You can get four weeks of free nicotine patches at the Helpline (with medical eligibility). The combination of free coaching and cessation medication can make you three times as likely to quit for good.

Quitting smoking can be hard—here are five ways to make it easier:

1. Set a quit date. Choose a quit day this month; give yourself about two weeks to prepare.

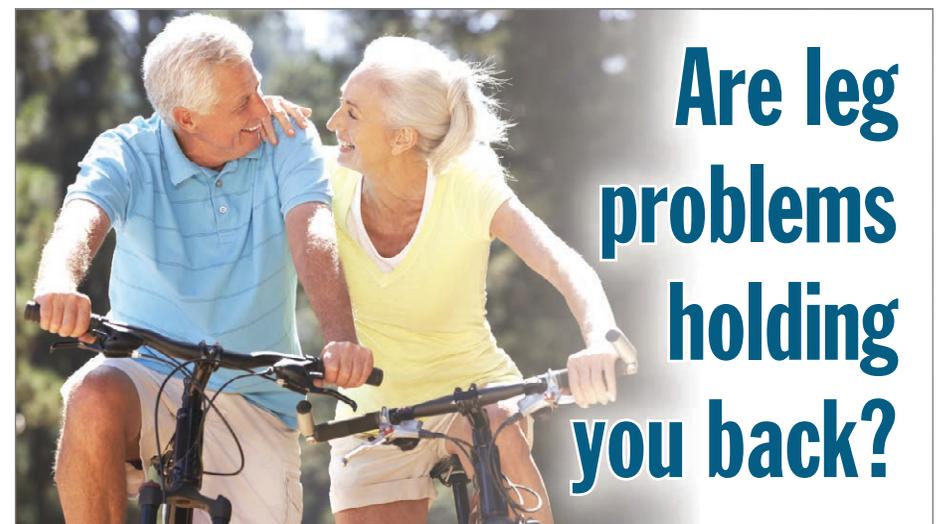
2. Tell your family and friends you plan to quit. Share your quit date with important people and ask for their support. Daily encouragement and planned activities can help you stay on track. For example, a smoke-free lunch date or game night could help distract you.

3. Anticipate and plan for challenges. The urge to smoke is short—usually only three to five minutes. Those moments can feel intense. Before your quit date, write down healthy ways to cope with cravings so you can get past them. Healthy choices include drinking water; taking a walk or climbing the stairs; or calling or texting a friend.

4. Remove cigarettes and other tobacco from your daily routine. Throw away your cigarettes, lighters and ashtrays. Clean your car and home. Old cigarette odors can cause cravings.

5. Talk to your doctor about quit-smoking medications. Over-the-counter or prescription medicines can help you quit for good. Your quit coach and pharmacist can also provide guidance.

For more information, call 800-QUIT-NOW or visit makesmokinghistory.org.



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Dance therapist connects with multiple generations and needs

Dance therapist
Continued from page 10

Connection, Newman-Bluestein leads dance/movement therapy groups with older adults and people with dementia throughout eastern Massachusetts. Groups typically meet monthly.

“They may or may not remember my name, but for the most part they remember me as somebody they like to be with,” she relayed. “Their eyes brighten when they see me. They do remember people. We’re all hardwired to connect with other people – that includes babies and people with dementia. The rest of us forget it, but at those two points in life it’s really important to remember.”

Of all art forms, she feels that dance allows the greatest feeling of vitality.

“Instead of seeing what people with dementia can’t do, I see what they can do – and

they’re joyous,” she explained. “There’s a humanness happening; not the feelings of suffering from isolation that they’re generally experiencing. Because dance therapists read nonverbal behavior, we’re able to understand what a person may be saying through their movement, or through their vocalizations if they can’t speak.”

Therapy is also effective for people who use canes, walkers or wheelchairs by doing seated dancing, Newman-Bluestein noted.

“Everybody moves what they can,” she said. “I try to get them to engage as much of their body as possible. By doing that, I’m encouraging them to express their feelings and ideas as much as possible.”

A common trait she has found among people with dementia is their name recognition, which prompts positive feedback.

“Regardless of what else they may or may not know, they know when their name is spoken,” she said. “Everyone is glad to hear their name over and over again. The more I do that, the more they offer and the livelier they get.”

Her dance/movement groups typically include props such as balloons, hats and streamers. While similar groups use a parachute, Newman-Bluestein instead invented a stretchy interactive device called the Octaband.

“Through multiple sensory modes they’re getting the message, ‘I’m connected; I’m an individual and I belong to this group,’” she said.

As a performer, Newman-Bluestein is one of eight members ranging in age from 26 to 93 of the Back Pocket Dancers. Based in Cambridge, the intergenerational dance company

performs throughout eastern Massachusetts.

“Every member of our group is highly valued for our unique contributions,” she said. “Every one of us is inspired by the 93-year-old. And we’re also joyous to have the 26-year-old with more energy than those of us who are older. Each of us brings our own perspective.”

Newman-Bluestein stresses that people with dementia also offer unique contributions.

“With so many more people becoming older, there’s more of an awareness of dementia,” she noted. “As the alarms about the situation have rung globally, we not only hope for a cure for people with dementia in the future, we need ways of helping them feel their gifts and not just their failings. They have many gifts.”

For more information about Donna Newman-Bluestein, visit danceforconnection.com.



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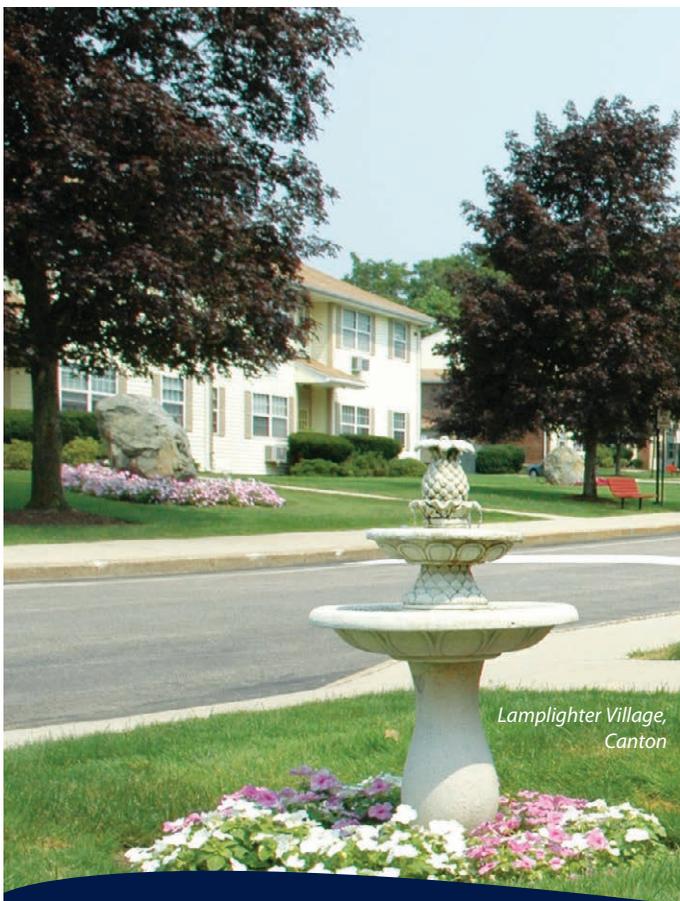


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Waiting and waiting and waiting...

By JANICE LINDSAY
CONTRIBUTING WRITER

Doctors call it “the waiting room.” That is what I’m doing. I have a sore throat. I arrived on time for my appointment. I checked



Inklings

in. I paid my co-pay. And now I am waiting. I have been told, “It will be a few minutes.” Uh, oh. “It will be a few minutes” is doctor-office code for “I hope you brought a snack and you’re starting to read a Victorian novel, because we are Backed Up.”

I am prepared. I have toted today’s fat newspaper.

In order to concentrate on my newspaper, I must block out the loud health-TV’s repeating segments offering advice on scary things that go wrong with human bodies. I must try not to overhear the receptionist’s phone conversations with other patients. I must ignore the round young woman who sits across from me, her back to the TV because she prefers to stare at a middle-aged lady with a sore throat trying to read a newspaper.

Normally, I read the fat newspaper in 45 minutes but, under these conditions, it takes longer. I am not quite finished when my name is called at last.

In the quiet examining room, I settle into a chair between the blood pressure machine and the white counter-top scattered with mysterious boxes, bottles, and jars.

I hurry through the final

pages of my paper.

The doctor will arrive any second.

She doesn’t.

Providentially, a glossy color poster on the wall to my left displays drawings of the insides of an ear, nose, and throat. I see that ears, noses, and throats are filled with reddish, curvy, squishy-looking fleshy stuff. The ear text reads, in part: “The auditory ossicles vibrate and the footplate of the stapes moves at the oval window.”

I am not making intellectual progress.

I read a taped-on-the-wall notice about managing diabetes when you have cold, flu, or infection, though I do not have diabetes.

I read about how to avoid foot problems. I do have feet.

High on the cupboard door opposite me, a poster shows how big a lump in your breast must be before you can detect it during self-examination, how big for the doctor to find it, how big for a mammogram.

On the wall to my right, another cheerful full color poster shows a cutaway of a human head: “Pathways to Migraine.”

I do not even want to think about that.

I am beginning to feel not at all well.

Finally, my gaze rests on

something completely different, a large oil painting of what looks like a Mediterranean village. A flowered walkway follows the curves of a brilliant blue bay. Pink stucco houses peek out among lush gardens on sunny hillsides.

But I must not tarry in this comfortable pretend world that doesn’t belong within the unsettling medical world in which I am currently lodged.

I perform an act that I have resisted until this very moment. I look at my watch. I was to have attended a meeting a short distance away, which was due to start more than an hour after the end of my scheduled appointment. That meeting began 10 minutes ago.

Maybe I’ll leave, I think. I’ll request a refund of my co-pay. But insurance gods decree that, in order to see another doctor, I must first get a referral from this one. My sore throat and I are trapped. So we wait.

Suddenly, a knock on the door! It is the doctor!

I call, “Wait! I’m not ready!”

Not really. I say nothing.

The doctor offers a sweet, almost apologetic smile.

“Today,” she explains, as if she is sharing breaking news, “We are Backed Up.”

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Salem Lifelong Learners stay sharp with variety of courses

BY ALEXANDRA MOLNAR
CONTRIBUTING WRITER

What do journaling, backyard astronomy, and Italian all have in common? They are all courses offered by Explorers Lifelong Learning Institute of Salem State University.

Explorers, one of more than 400 Lifelong Learning Institutes across the country, offers a multitude of courses in two main semesters for people ages 50 and over.

In the midst of its fall semester, which extends from July through December, the program had almost 300 members who hail from the greater Salem region, including from towns such as Gloucester, Ipswich, Beverly, and Middleton.

Although courses are open to anyone 50 years or older, most participants are in their late 70s and early 80s, with some even in their 90s. Explorers, which has existed since 1992, offers morning and afternoon courses from Monday through Thursday with each course running two hours long.

Jeanne Louizos, president of the board of directors and chair of the curriculum committee, dedicates many hours a week to her positions, both of which are done on a volunteer basis. As the curriculum committee chair, Louizos is in charge of developing the curriculum and creating the course catalog. Each semester, she sends a course proposal form to interested presenters and then pieces



Salem Lifelong Learners can take classes in a variety of interesting subjects.

all of the courses into a schedule.

Louizos, who has been with Explorers since 2002, believes that the program is important because it “keeps your brain well-oiled,” she said. “People really want to stay stimulated. [You] can do that at home with a cross word puzzle, but [it’s] nice to do it in a social area.” She added that the courses are “good for the whole mind and soul.”

The teachers, also called presenters, are usually current Explorers members, many of whom are former teachers, engineers, scientists, and other professionals retired from their fields. In order to enroll in classes, one must purchase a membership which is valid for one year. Members may take up to five courses per semester, and they have ac-

cess to the Salem State University Library among other benefits.

Many of the courses, such as Conversational Italian, repeat over the years, while other courses are introduced to the catalog for the first time. German Conversation, Beginning Spanish Conversation, and Journaling are some of the new courses this year. Current Events, where students meet to discuss local, national, and international issues based off of news readings, has been one of the longest running and most popular classes.

Some classes are discussion based and do not demand any time outside the classroom while others have homework assignments that students must complete each week. If students want to learn about computing, they can take

“Mac Computers for Beginners,” while those who are interested in grape varietals and wine regions can sign up for “Wine Basics.”

Louizos herself recently took two courses, “Radio: the Master of Imagination” and “Help for Hearing Loss.” The radio course lasts 10 weeks while the hearing loss class is only three sessions. Radio is Louizos’ favorite course, as she grew up listening to radio shows. In that particular class, students learn about the history and evolution of radio through listening to clips of radio shows, observing radio-era visuals, and participating in discussions.

In addition to the intellectual aspect of the courses, students and leaders enjoy the social part of having lunch together in between classes and attending the Friday morning coffee hour. The coffee hour is a two-hour session featuring speakers presenting on a variety of topics, ranging from recollections of a former CIA agent to mindfulness meditation.

Explorers also offer two intersessions which occur between the regular semesters; one runs in January and February and the other in July and August. During this time students may attend programs for two mornings each week.

The Explorers Center Office is located at 10 Federal Street, Salem, Mass. If you are interested in becoming a member, visit <http://explorerslli.org> or call 978-744-0804.

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money matters

Will you be able to afford to 'age in place'?

BY ALAIN VALLES, CRMP
PRESIDENT, DIRECT FINANCE CORP.

I love my home. It is familiar, cozy and the place where I feel most secure and comfortable. I never want to leave. In fact, few people are eager to make a change in where they live, even as they grow older and their needs change. Studies have shown that 90 percent of adults over the age of 65 would prefer to stay in their current residence as they age.

In recent years there has been a powerful trend across the U.S. called "aging in place." The U.S. Center for Disease Control de-

fines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." What aging in place really means is remaining in the home of your choice for as long as you want.

But as we grow older you may face the challenge of being able to afford to continue to live in your own home. Mortgage or home equity line payments become burdensome, credit card balances grow, expensive medical issues arise, house repairs need attention, and the never ending increase of real estate taxes - all put a squeeze on your budget. At a time when you should be able to relax and enjoy your home, financial pressure can force an unwanted move.

These issues, along with many other quality of life reasons, are why the U.S. Housing and Urban Development Agency (HUD) au-

thorized home equity conversion mortgages - more commonly called "reverse mortgages" - for homeowners age 62 or older. A reverse mortgage can provide the financial relief needed to allow retirees to enjoy and afford "aging in place" right in their own home.

One reason HUD oversees and promotes reverse mortgages is so that more seniors will be able to remain independent in their own homes. HUD knows that the majority of older homeowners have substantial home equity but minimal liquid savings, which is known as being "house wealthy, cash tight."

The most popular feature of a reverse mortgage is that no monthly mortgage payments are required. By allowing qualified borrowers to access their home equity, funds

from a reverse mortgage can help overcome life's financial challenges and give options to how to live a more secure and rewarding life.

Aging in place is something I am planning on doing. Thanks to the financial freedom afforded by a reverse mortgage, many other seniors will be able to stay in the place where they are most comfortable and secure.

But before you think a reverse mortgage is a cure all, you need to know that there are many components to understand, including the recently enacted financial assessment requirement and mandatory non-profit counseling. Not everyone should get a reverse mortgage, but everyone should know about them. Give me a call today to learn more about the pros and cons of reverse mortgages.



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.

SUPER CROSSWORD PUZZLE

From End to Beginning
(answers on page 21)

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| <p>ACROSS</p> <p>1 With a leg on either side of</p> <p>8 "What — thou?"</p> <p>14 Curt</p> <p>20 Be afraid to</p> <p>21 Stock market worker</p> <p>22 Pasta piece</p> <p>23 Province capital on the Yellow River</p> <p>25 Over there</p> <p>26 Old-time actress</p> <p>27 Countless years</p> <p>28 Aves. and blvds.</p> <p>29 — Jima</p> <p>31 See 50-Down</p> <p>32 Tasty tidbit</p> <p>35 Director of the Humphrey Bogart film "Sahara"</p> <p>38 Reduces to bits, as a potato</p> <p>41 Chief ore of lead</p> <p>43 Luau necklace</p> <p>44 Foofaraw</p> <p>45 Chair part</p> <p>48 Winner's sign</p> <p>49 "So long!"</p> | <p>51 The Beatles' "— Be"</p> <p>56 Greek philosopher known for paradoxes</p> <p>59 "Avata—" actress</p> <p>61 Ribald</p> <p>62 Word after church or film</p> <p>63 Of the back</p> <p>64 Cotton machines</p> <p>65 Yale alum</p> <p>67 "La Loge" painter</p> <p>69 Penguin of Antarctica</p> <p>71 Me, to Mimi</p> <p>73 European country capital</p> <p>78 Piloted</p> <p>79 Not hidden</p> <p>81 Without delay</p> <p>82 — Lanka</p> <p>84 Stadium row</p> <p>85 Kia sedan</p> <p>89 Stare open-mouthed</p> <p>91 Eagerly excited</p> <p>94 Animal-filled attraction in Georgia</p> <p>96 Israel</p> <p>98 Extrapolate</p> | <p>DOWN</p> <p>1 Carving tool</p> <p>2 Funny Mort</p> <p>3 Very, in Paris</p> <p>4 Label again</p> <p>5 Gerund suffix</p> <p>6 One napping</p> <p>7 Communal character</p> <p>8 Erwin of film</p> <p>9 Parabolas' paths</p> <p>10 Game with five dice</p> <p>11 Thomas who founded GE</p> <p>12 VIP in D.C.</p> <p>13 Allribute</p> <p>14 "— home?"</p> <p>15 Jeering shout</p> <p>16 Sonata movement</p> <p>17 Cow dangler</p> <p>18 Appeal earnestly</p> <p>19 On — firma</p> <p>24 Blood type, informally</p> <p>30 Polish labor leader Lech</p> <p>33 Major city of Norway</p> <p>34 Shirley's sitcom friend</p> <p>36 Toil away</p> <p>37 "To — a Mockingbird"</p> <p>38 Motorola cellphone</p> <p>39 Inking</p> <p>40 Imagine</p> | <p>42 Meadowland</p> <p>46 String after D</p> <p>47 Maestro Solti</p> <p>50 With 31-Across, hubby's assent</p> <p>52 Verge</p> <p>53 Red braking signals</p> <p>54 Many a navel</p> <p>55 Stunned with a gun</p> <p>57 Olive loved by Popeye</p> <p>58 Lustful look</p> <p>59 Storied masked swordsman</p> <p>60 Jai —</p> <p>63 Formal fiats</p> <p>66 Suffix with final or moral</p> <p>68 Romney's 2012 rival</p> <p>70 "— Kapital"</p> <p>71 Actress Gaynor</p> <p>72 Kitchen bulb</p> <p>74 Mil. truant</p> <p>75 Vigilant</p> <p>76 Hail — (cry "Taxi!")</p> <p>77 Slightly warm</p> <p>80 "Dies —" (hymn)</p> <p>83 "Norma —"</p> <p>86 Wolf down</p> <p>87 Grenade filler</p> | <p>88 "Open up!" follower</p> <p>90 Propylender</p> <p>92 Redding of song</p> <p>93 Like slightly spoiled meat</p> <p>95 Ensnare</p> <p>96 Closing letter</p> <p>97 Little plateau</p> <p>100 Talk like Porky Pig</p> <p>104 Railroad switches</p> <p>106 In the house</p> <p>107 Before long</p> <p>109 Related compound</p> <p>110 Bicolor beast</p> <p>111 Flynn of film</p> <p>112 Family group</p> <p>113 Daisy cousin</p> <p>114 Clowns</p> <p>116 Enthusiasm</p> <p>117 Minerals in thin layers</p> <p>121 Aged, once</p> <p>124 Descartes of philosophy</p> <p>125 Culturally pretentious</p> <p>126 Maiden</p> <p>128 Meal scrap</p> <p>130 Ottawa loc.</p> <p>131 That,</p> <p>132 High, snow-capped peak</p> |
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Columnists offer helpful advise for woman dealing with loss

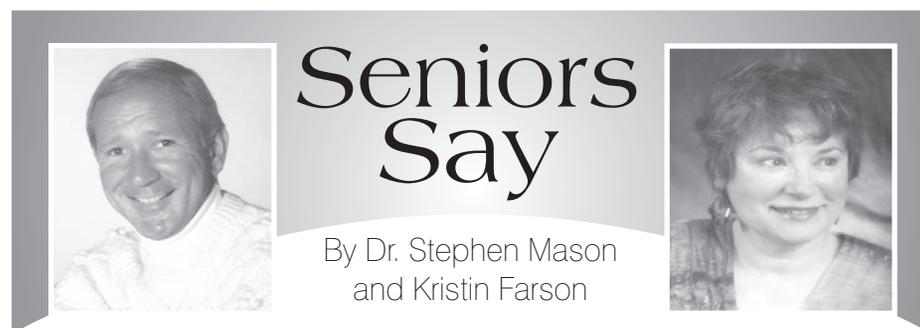
Q My husband and I live next door to a friend who just lost her devoted husband of 40 years. To make matters worse, they had no children and her cat died a few months ago. I don't know what to say or do when faced with such terrible sadness.

Dr. Mason says:

The loss of a spouse is always found at the top of those lists that rate the different kinds of stressing events the average person is apt to encounter. This is because losing a spouse will affect every other area of that individual's life. For that reason, it's difficult to predict the kind of help your friend will need the most so the best advice is to simply make yourself available, keeping in mind that this is a time when widows later report having felt the most alone and the most abandoned.

Interestingly enough, male and female friends react differently in this situation. Men see themselves as problem solvers so may want to take on a chore or complete a task that the missing spouse would have handled. Women are much better at watchful waiting. They are more suited to reacting to needs, whatever they are, as they arise.

Even though we're taught to see men and women as equal, there are some gender



specific ways in which they relate. For example, in a psychology class, students were told they were about to be tested for a much coveted advanced placement. They were then divided into male/female groups and moved into tiny waiting rooms. Both groups were already suffering from anxiety but while the men felt even more stress when standing close, the women felt less. The point here is that, even without doing anything specific, just being there will provide your friend with a much needed, much appreciated, sense of comfort and support.

Kristin says:

"Call me if you need anything," is the common refrain heard after a funeral. The grieving person, however, will rarely call for what he or she needs is the deceased person to return.

Grief is not about logic. It's expecting the familiar footsteps, that voice you know as well as your own, the comforting presence of having another half. It's the overwhelming sense of unfairness.

And it's never linear. Grief doesn't dissolve a little bit every day, until it's gone. Our hearts and minds don't heal on some kind of one-size-fits-all schedule. I've seen a woman, two years after the death of her husband, be reduced to tears by a song playing on a car radio. And I've spent time with a widower, who after

catching a whiff of his wife's favorite perfume, suddenly became too tired to talk.

Especially painful is the act of eating alone. Many people lose weight during this time. So don't just drop off food; share it. Touch her hand, her shoulder and, if your friend's receptive, give her spontaneous hugs. But mostly listen without trying to cheer her up right away. The recent widow will need to talk about what's

she lost. Let her.

In the weeks to come, you might want to take her to an animal shelter. She may not be ready to adopt another critter, but the thought will be planted. Do not just show up with a cat!

If you need a reason to "be there" for your friend, sharing her grief will make you more capable of working through your own - when the time comes.

Stephen Benedict-Mason is a psychologist, a former professor, syndicated columnist and radio talk show host. Mason is a member of MENSA and a recipient of CSICOP's Citizen Sane Award for promoting reason and skepticism in the media. An accomplished sailor and pilot, he lives with his wife Sheilah in Southern California.

Co-columnist Kristin Farson has compiled over 25 years of experience working with seniors, including co-hosting radio show "Better Times After 50" on AdviceRadio.com.

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There is no 'I' in team

By MARIANNE DELOREY, Ph.D.

Over the summer, I play softball with a bunch of other women in my town. I am older than and not as nimble as my younger teammates. Even if I were, I've never been particularly athletic.



Housing Options

is there to back me up and we keep playing. I am part of a team. That is what teammates do.

One day, I was to play catcher. Usually, when I catch and there is a play at home, the pitcher

But, they let me play and I enjoy my time on the field. Granted, I am always a bit worried that I am going to mess up, but even when I do, someone

backs me up. To be honest, actually, she usually makes the play. Maybe because she is closer or maybe because whoever is throwing the ball has seen me catch so they throw to her instead. On this particular day, someone forgot that I was not a great ball player and they threw the ball to me for a play at home. Miracles happen, and this day I caught the ball and the runner was out. My teammates exploded with praise. For the rest of the game, everyone was patting me on the back and remarking at what a great catch I had made.

After a little while, it occurred to me that if the pitcher had caught the ball, there would have been a nod of approval and the game would have continued. She did not warrant the same kind of praise because everyone expected she would make the catch. I was being applauded not because I

caught the ball but because they didn't think I could.

This made me think of our family members, our residents, and our clients. When someone gets old and has a harder time doing what they used to do, all of us in the eldercare field sing their praises. We tell them how impressed we are that they are still walking instead of using a scooter, still writing their own checks, or even still ordering their own meals. We overdo the praise to the point that we probably make them as uncomfortable as I felt on that softball field. We treat them as if they are incompetent. Worse, we try to take responsibility away from them by offering them help when they could manage on their own. We encourage dependence instead of making

it easier for them to continue to care for their own affairs.

I was speaking to one resident recently about getting a homemaker. She said, "What else am I going to do all day? I will accept help when I need it, but for now, cleaning my apartment keeps me busy and gets me a little bit of exercise."

I think that day on the softball field is a good lesson for us eldercare professionals. We are part of a team, but that team's success depends on the success of the elder. Let them make the catch at the plate. Let them fail sometimes if it means they get extra playing time. Sit back and watch before leaping in to help. He or she might surprise you. It may take a bit longer, but your elder just might knock one out of the park.

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

SHINE helps seniors, disabled with Medicare issues and questions

By K.B. SHERMAN
CONTRIBUTING WRITER

The SHINE Program (Serving the Health Insurance Needs of Everyone) is a Massachusetts health insurance assistance program providing health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. It is administered by the Massachusetts Executive Office of Elder Affairs along with elder service agencies, social service and community based agencies, and Councils on Aging. The program is partially funded by the federal agency Centers for Medicare & Medicaid Services.

SHINE supplies to towns in the 50 Plus Advocate area a series of DVDs that inform citizens about Medicare and changes to Medicare access. Called Medical Choices, the DVD, produced by

The SHINE program provides health insurance information, counseling and assistance to Massachusetts residents with Medicare.



the Massachusetts Executive Office of Elder Affairs, is broadcast once a month on public TV and made available locally through the Central Massachusetts Agency on Aging in West Boylston. The 28-minute DVD is mailed to each central Massachusetts local cable company for broadcast to their service areas. The contact number for the Central Mass SHINE program is 1-800-243-4636. SHINE has also teamed with Milford TV ([http://mil-](http://milfordtv.net/)

[fordtv.net/](http://milfordtv.net/)) to create an on-going series of live television broadcasts discussing Medicare and other topics.

SHINE deals in many areas of health insurance, including Medicare Part A, Part B, and Part D; Medigap insurance, Medicare HMOs, retiree insurance plans, prescription drug programs, Medicaid, Medicare assistance programs (QMB, SLMB and QI), and other programs for people with limited resources.

Typical questions for SHINE counselors include:

- What does Medicare pay for?
- What is "Medigap" insurance?
- Which Medigap policy is best for me? When can I buy a Medigap policy?
- Where can I get help paying for my prescription drugs?
- What is "Medicare + Choice" or a "Medicare Health Plan"?
- How do I appeal a denial of service under Medicare or a Medicare HMO?

What do "balance billing" and "accepting assignment" mean?

The regional office is located at 60 North Bow St., Milford. It provides services to more than over 60 cities and towns in Central Massachusetts. SHINE is administered by the Massachusetts Office of Executive Affairs under a grant from the Administration for Community Living. The Central Region office partners

viewpoint

Tell legislators about home care

BY AL NORMAN

If you think you're seeing more elderly people at the grocery store, the bank, and the movies - you are. In the period 2010 to 2030, the 65+ population in Massachusetts will increase by approximately 60 percent - while the under 65 population will decrease by approximately 4.5 percent. In the first two decades of this century, the commonwealth will add around 585,000 more people over the age of 65.



Push Back

As our older population grows, so does the cost of caring for them. According to the Executive Office of Elder Affairs, an estimated 61,200 elders, or 6 percent of the 65 and older population in Massachusetts, are qualified for either a nursing facility or home care services. As the elder population grows, there will be 7,400 additional elders requiring nursing facility level services in the next five years, and a total of 87,100 elder residents needing these services by 2030.

The average nursing facil-

ity cost to Medicaid monthly is \$5,995, compared to the average monthly cost of home care supports at \$1,858. By diverting individuals from nursing facilities to home settings, the distribution of costs would change and overall long term services and supports (LTSS) costs would be reduced.

Since the year 2000, we have cut the number of Medicaid-paid patient days in nursing homes by 34 percent. But the number of people in nursing facilities in the commonwealth is still above the national average. If we could lower our nursing facility use, which is now 40.6 beds per 1,000 elders, to the national average of 28.1 beds per 1,000 elders, we could save taxpayers \$6.3 billion by the year 2030.

So given the greying of our population, and the cost savings from keeping people at home—you would think that policy-makers would be doing everything in their power to shrink the number of people in nursing facilities, and expand our capacity to keep elders at home.

In fact, we have been making some progress in “rebalancing” how we spend our tax dollars between institutional care and home care. As of 2013, Massachusetts ranked ninth in the country for the percentage of its long term

services spending on community care (5 percent. Eight other states spend a higher percentage of their long term services spending on community care: Oregon, Minnesota, Alaska, Vermont, Arizona, Washington, California and Wisconsin. Oregon ranks first at 77 percent of LTSS spending on home and community based services.

Things have been slowly changing over time. In 2009, Massachusetts ranked 22nd in the nation for its percentage of community care spending. By 2014, the commonwealth reported that 45 percent of its long term services dollars were being spent on community care services. But if Massachusetts were to spend at the same rate as Oregon (77 percent), our state would see a shift of \$765 million into these services. Our state's total long term services spending in 2013 was \$4.463 billion, of which community care was \$2.671 billion. An Oregon percentage shift would increase community care to \$3.436 billion.

Our state likes to boast that it has a “community first” policy for elders, but here are a few bills that did not pass in the State Legislature this last year that would improve home care:

S. 361, to raise the income eligi-

bility limit for home care from \$27,000 to \$35,000 a year.

H. 534, a “small home” housing program for up to four unrelated individuals as a way to bring people out of nursing facilities.

H. 70, to allow spouses to be paid as caregivers by Medicaid

H. 113, to allow people who need cueing/supervision to get personal care attendants

H. 1022, to end age discrimination in the Medicaid program by making the income and asset rules for seniors the same as more general rules for people under 65.

We don't have a lot of time to set the table for our aging population expansion. We know our elders want to live at home, and we know it's less expensive to care for them at home. If we do nothing, we will have long waiting lists for care, and rationing of services.

Cut this article out, and send it to your state representative and state senator at this address: Mass. State House, 24 Beacon St, Boston, MA 01233. You can find all their names and room numbers at: <https://malegislature.gov> or call 617-722-2000 and ask for your legislators by name.

Al Norman is the Executive Director of Mass Home Care. He can be reached at 978-502-3794, or at info@masshomecare.org. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

SHINE helps seniors, disabled with Medicare issues and questions

SHINE
Continued from page 20

with Council on Aging, Elder and Disability Service providers and other public and private community-based organizations. The Massachusetts Council on Aging (MCOA) is a non-profit membership organization comprised of municipal Councils on Aging. Their mission is to support the independence of adults 60 and older by advocating for pro-

grams and services to meet their needs, promote the growth and quality of Councils on Aging and senior centers and strengthen the professional skills of Council on Aging staff.

One Care, a new program, is available to adults age 21-64, who are eligible for both MassHealth and Medicare (dual eligible). The One Care target population includes non-elderly adults with physical disabilities, developmen-

tal disabilities, serious mental illness, and substance abuse disorders. The goal of One Care is to provide higher quality care for dual eligible adults under age 65 at a lower cost than MassHealth and Medicare provide separately.

Trained SHINE volunteers offer free, confidential counseling on all aspects of health insurance to anyone on Medicare at 1-800-MEDICARE (633-4227), seven days a week, 24 hours a day.

Answers to Super Crossword

(puzzle on page 18)

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your home

Resolve ice dams quickly

By MARK J. DONOVAN

If you own a home in an area of the country where you get cold and snowy winters, then you've probably already experienced ice dams. If, on the other hand, you are a first-time homeowner or a new transplant who has just purchased a home in a region of the country with harsh winters, then you may be unfamiliar with ice dams. If you fall into one of these two latter types of homeowner categories, then it's important that you become familiar with ice dams and know how to resolve them quickly.

Ice dams form along roof edges when snow melts on the roof. They can cause major damage to the home, including water damage and structural damage. They can also cause mold and mildew growth.

Ice dams are caused by warm, moist air from the main living area of the home rising into the attic and getting trapped inside it. This air heats up the underside of the roof sheathing, which in turn causes the snow to melt on the roof. As the snow melts, the water drips down toward the roof edges where it then refreezes. Over just a couple of days, the refreezing snowmelt forms ice ridges known as



Unchecked roof ice dams can wreak havoc on your home. Using a roof rake, remove as much snow as possible.

ice dams.

The ice dams prevent additional snowmelt from dripping off the roof, which causes them to become bigger. And that's just the beginning of the problems.

As the water backs up underneath the roof shingles, it inevitably works its way into cracks in the roof sheathing, where it then begins to drip into the attic. From there, drywall ceilings become soaked and damaged, and mold and mildew growth begin to form in the attic. However, the water damage doesn't stop in the attic. Often the water finds its way further down into the home and sometimes

between wall paint and drywall, causing large water

bubbles to form that eventually burst. Also, when the temperatures drop, the water underneath the shingles freezes up, causing the shingles to buckle and become potentially permanently damaged.

The best long-term solution for preventing ice dams is to ensure that your attic is well-insulated so that no warm air from the lower living areas of the home makes it up into it.

Secondly, it is critical that

the attic have sufficient and unblocked ventilation. Ventilation should include soffit vents near the roof eaves, as well as a ridge vent or gable vents near the top of the roof. The ventilation ensures that any warm air that does enter the attic is quickly dissipated before it can cause any roof snowmelt.

If you do see ice dams forming on your home's roof edges, then one quick solution for preventing water issues is to place ice melt socks on the roof edges. Ice melt socks are simple to make. Simply pour a couple of pounds of ice melt into lengths of nylon stockings. Then tie off the stockings.

Next, place an ice melt sock every 4 to 6 feet along the roof edge, on top of the ice dam ridges, making sure to place them perpendicular to the roof's edge. In just a few hours, they will begin to melt channels into the ice dam ridges so that additional roof snowmelt can drain off the roof.

When the warm weather returns, resolve your attic's insulation and ventilation shortcomings to prevent ice dams from forming in the future.



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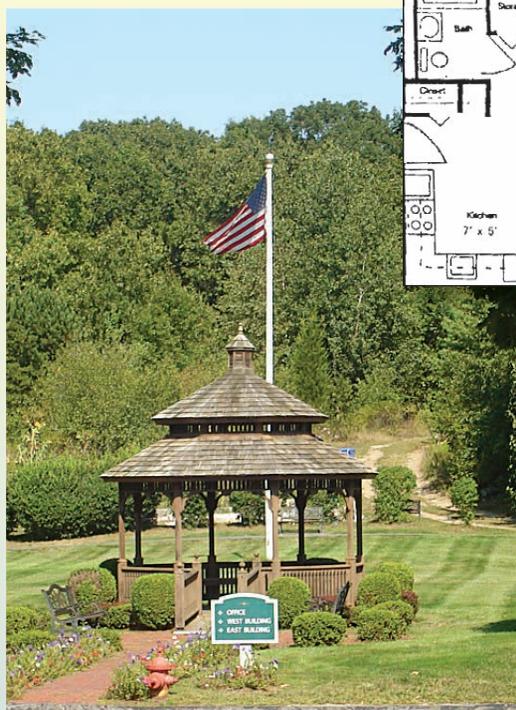
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- Monthly activities include: exercise classes, birthday parties, book mobile, blood pressure screens and podiatrist
- Manicured walking paths with garden plots
- Ideally located in Natick residential bus route
- Pets okay under 20 lbs.



Relax in Park-like setting



Comfortable floor plan

Sherwood Village Apartments

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