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 THE SALEM NEWS

Thursday, February 15, 2018



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Phone scammers target older residents, collect billions

WILLIAM PATRICK
TRIBUNE NEWS SERVICE

Imagine answering a phone call, announcing you won big. You're the Publisher's Clearing House winner: \$2.5 million, as well as a brand-new Mercedes, wait for you to pick them up.

If this sounds too good to be true, it's because it is.

Luckily, local resident Fred Brandt realized this; unfortunately, not everyone is as savvy about avoiding scams. Experts estimate tens of billions of dollars are lost a year through telemarketing scams.

"This guy called me, saying he was Dave Sayer from Publisher's Clearing House, and that I'd won," Brandt, 79, told the Tribune News Service. "He sounded like he was reading from a script."

The caller, which Brandt's caller-ID identified as phoning from Jamaica, told him he had won \$2.5 million and a new Mercedes. All he had to do was pay the necessary taxes. It was at this point, Brandt said, that he became suspicious.

"He told me I needed to do a Walmart-to-Walmart transfer of \$550 to cover taxes and fees," Brandt said. "I told him that wasn't an option."

Not to be deterred, the



Courtesy photo

would-be thief instructed Brandt to open a savings account for the minimum amount required by the bank — then give him the account and routing numbers so PCH could wire his prize.

Instead of going to the bank, Brandt went to the

police.

"These cases are hard to investigate, because they rarely originate locally," said Palestine Police Capt. Mark Harcrow. "Many originate from overseas and use false or spoofed phone numbers."

Although they are difficult

to pursue, Harcrow said, victims of phone-scams should report them to the authorities.

"Typically, scammers prey mostly on the elderly," he said. "I don't know if it is by design, or if it is because senior citizens are more

likely to report them, but most of our complaints are from older residents."

The PPD has responded to 22 complaints of telephone scammers in the past four months. Some scams are more prevalent than others.

"We're seeing a lot of IRS phone scams now, probably due to tax-season," Harcrow said. "Another popular one is someone claiming to be local law enforcement, requesting bail money to release a relative from jail."

Neither the IRS, nor any law enforcement agency conduct business, or collect money, over the phone, Harcrow said. Victims should get as much information as they can from the caller, then hang up and immediately notify the authorities.

Representatives from PCH, the focus of the latest scam, agree.

"We want to know right away," said a supervisor for PCH. "We take these sorts of issues, as well as our brand-name, very seriously."

So seriously, in fact, that PCH has instituted a telephone and online "scam hotline," where potential winners can check the validity of their prize and report attempted fraud.

"Once we receive the

information, we immediately share it with federal and local law-enforcement," the supervisor said. "We then provide customers with the National Fraud Information Hotline to help them become more aware."

The U.S. Department of Justice estimates that nearly \$40 billion is lost every year to telemarketing scams. Most victims are older than 50. There are steps, however, to avoid becoming a victim.

■ Do not reveal any personal information on the telephone, under any circumstances.

■ Do not agree to pay any upfront taxes or fees for promised sweepstakes winnings.

■ Do not wire money or allow someone to come to your home to pick up money.

■ Give to reputable charities only. The safest approach when giving to victims of a natural disaster is to go with one of the big, established groups, like Red Cross.

■ Report an internet or telemarketing scam to the National Fraud Information Center at 202-835-3323 or www.fraud.org

Harcrow said the best way to avoid a scam is common sense: If it seems too good to be true — it is.

These annual checkups help seniors not only survive — but thrive

Wellness coaching program spreads to 12 states

By MELISSA BAILEY
TRIBUNE NEWS SERVICE

Bea Lipsky shuffled into her wellness coach's office one morning last fall and parked her walker by the wall. Lipsky, 89, had had a trying year, enduring a hernia operation and two emergency room visits for heart problems. She's losing her hearing, and recently gave up her dream of riding in a hot air balloon for her 90th birthday.

That day, though, she was filled with pride: She told her coach she'd achieved her goals for the year, including attending her grandson's wedding in China.

Lipsky spent two months training, doing leg curls and riding a stationary bicycle, to build up the strength to make it through a 10-day trip to China, accompanied by an aide. "It was absolutely divine," she told coach Susan Flashner-Fineman, who works at the retirement community in Canton where Lipsky has lived for the past four years.

Lipsky's check-ins with Flashner-Fineman are part of a wellness coaching program, Vitalize 360, that the Orchard Cove community started eight years ago in collaboration with the Kendal nonprofit senior living organization in Pennsylvania.

When seniors arrive at Orchard Cove, a coach measures their health and wellness in an hourlong, one-on-one session, assessing common problems for seniors, like loneliness, pain and distress. The coach also asks about seniors' families, friendships, and spiritual life. Then the seniors meet with their coach every year before their physical checkup with a doctor to talk about what matters



Aram Boghosian for The Boston Globe/Kaiser Health News

Resident Bea Lipsky works out in the gym on her 89th birthday at Orchard Cove in Canton.

most to them.

The coaches, who come from a variety of backgrounds, including fitness, social work and chaplaincy, help seniors set goals for the year — which could be physical, social, intellectual or spiritual. These goals become the focus for the seniors' medical team, and the seniors follow up with their coaches every three months to stay on track.

Wellness coaching aims to rethink how we treat aging, said Aline Russotto, Orchard Cove's executive director. "We used to be at our very best when somebody was in crisis," she said.

But Orchard Cove staff think they can help residents live healthier and happier lives by shifting the focus away from "fixing what's broken," said Russotto, to "living your best day every single day until the end."

Dr. Atul Gawande, author of "Being Mortal" and

an expert on end-of-life care, calls the Vitalize 360 approach "transformative." It recognizes that "even as you may have health issues and frailty and the difficulties that can come with aging ... people have lives worth living. And in fact have a lot more life worth living," he said.

When young people become disabled, others often help them find ways to contribute to the world, he noted, but that is much less true for older people.

"I see it as the kind of thing that you'd like to see go populationwide," Gawande said. "You'd like to make it routine."

Since the program started at Orchard Cove, fitness participation — the proportion of residents who exercise at least three times a week — has more than doubled, from 30 to 77 percent. One study found participants felt significantly less depressed than a control group, with a

notable jump in the number who said they felt "delighted with life."

The program itself has spread to 35 communities in 12 states, reaching more than 2,600 older adults in independent or assisted living. Since existing staff can be retrained to serve as coaches, the program isn't costly, though there is an annual fee for training and data-tracking software.

Flashner-Fineman, who spent a decade as Orchard Cove's fitness director, travels to new sites several times a year to run a three-day training to teach new coaches the skills they'll need to work with patients and run standardized assessments. She and her colleagues also train health professionals, leadership and other staff on how to orient their care around seniors' goals.

At Orchard Cove, where the average age is almost 90, Flashner-Fineman coaches

a wide range of seniors, including younger, healthy residents, like 74-year-old Janet Donnoe, a retired consultant.

In a recent visit, an energetic Donnoe announced "great progress" on her fitness goals. She now gets up at 5 a.m. on Tuesdays to drive off-campus for nearly two hours of aqua "boot camp" and weight training. Flashner-Fineman asked if Donnoe, who moved there recently, is making time to meet her neighbors, too.

Programs like this have emerged because seniors are living longer and defying predictions of cognitive and functional decline, said John Morris, a researcher at the Institute for Aging Research at Hebrew SeniorLife, which operates Orchard Cove. Morris designed the assessment tool that Vitalize 360 uses and is helping retirement communities track participants' wellness.

Esther Adler, a 93-year-old poet, writer and former Hebrew school teacher, moved to Orchard Cove in 2012, a few years after her husband died. She set a goal to "be a productive person" but didn't know exactly how.

After learning about her background in an extensive intake interview, staff invited her to start teaching Hebrew to patients on the skilled nursing floor. Adler discovered their memories were too short for language lessons, and started teaching Bible lessons and prayers instead — a practice she has continued for three years.

Adler, who also finds purpose in writing poetry and helping neighbors through hospice, has proved resilient amid physical setbacks: She broke her pelvis last year when she tripped in the lobby of a hotel room in Poland, the night before the premiere of a documentary about her life.

"They thought I would never walk," Adler said. "Here I am, I'm walking."

Lipsky, despite her successful trip to China, confessed she feels "hesitant" about the year ahead. "I'm not as active as I'd like to be," she said. As she spoke, her right hand started shaking — a new symptom she hadn't yet told her doctor about.

But Lipsky lit up talking about achieving another goal, finding a new way to cope with loss. She sat with her granddaughter two weeks before and dialed up a medium on Skype to try to communicate with her husband, Sidney, who died three years earlier.

She said it helped the family grieve and brought her happiness. Since the experience, she said, "our lives haven't been the same."

In the year ahead, she plans to attend another wedding, this time in Canada, and continue "finding unexpected things that bring me joy."

What happened? One day you wake up old

BY GINA BARRECA
TRIBUNE NEWS SERVICE

People age all at once. Nobody gets old gradually. One day you look at yourself and — whoa.

Let's say you've looked more or less the same since 2002, or 2012 or 1996: Just pick the year when you last chose to sing along to a brand-new pop song on the radio, and let's consider that year the time you put your age on "pause."

But suddenly, overnight — through a combination of the kind of nefarious magic found in cheap time-traveling fantasy novels blended with the rudimentary technology found in episodes of "Star Trek" (which you are old enough to remember) — you are transported into Elder World. You've fast-forwarded with a vengeance.

You wake up wondering why you're surrounded by old people only to realize

that you are one of the old people. You might call yourself a boomer, a rocker, a legend or a classic, but at a certain point you realize most respectful people are calling you "Ma'am," "Sir" or, most unnervingly, "Hon."

Now that Ringo Starr is most properly and without irony addressed as "Sir Ringo" and Meat Loaf has been referred to as "Mr. Loaf" by The Wall Street Journal as far back as 2004, we need to reassess how we think of ourselves and consider the best forms of address.

During a Q&A after a recent event, I was asked by a member of the audience how I react when called a syrupy "Dear" or "Hon" by a server or sales associate who might be slightly condescending because I'm the same age as the bad grandma who never remembered their birthday.

I told the audience that I

always say, "Hiya, Toots," and promise to let them know when I'd like their assistance.

Look, I worked retail when I was in my 20s and remember all too well how weird it was to think that anybody over 35 could want, well, anything.

When I worked at Bloomingdale's, there was a dainty and beautiful woman, easily in her 70s, who regularly used to buy carefully fitted suits from the designer section. I got nervous every time I saw her because I was scared she'd have a heart attack in the dressing room.

Thinking back, however, what I remember most vividly is how fabulous she looked. I now wonder what her story was and wonder about whom she was meeting in those flattering, charming and elegant clothes.

Maybe you've got a

different response to sudden aging. Maybe when you wake up and see that you're older, you don't say, "Whoa," but instead, brush it off and think, "So what if my hair is a little wild? I'm only going to the mailbox."

The only trouble is that this can lead to thinking, "Nobody will notice if there's a stain on my shirt. Or that it's misbuttoned. Or inside out. After all, there are only a few people in the studio and, sure, I'll be on air discussing international politics, but it'll only be for a couple of minutes."

Or maybe one day you catch yourself thinking, "You know what would make a great Valentine's present this year? Matching compression socks." And then, especially if you can find a coupon, you actually buy them.

As we grow older, we need to adjust to the changes in the world and in ourselves.



Metro Creative

We need to update our playlists, our vocabularies, our ideas and our expectations.

Aging well is like riding a Harley: It's important to keep up a steady speed and lean into the turns. We have to adjust our center of gravity.

Nature helps most of us with that last part whether or not we make the request. The rest of the tuneups we need to implement on our own.

Yet my Facebook friend Linda Thompson argues, "Old is a transient state:

It comes and it goes. All one needs is a new love, any love, to become young again."

OK, so you probably shouldn't buy the new love compression socks until the relationship has traveled a few miles into the journey.

But almost anything can be made intriguing by those of us who understand what it's like to go to sleep as Annette Funicello and wake up as Bea Arthur.

Say "arch support" like you mean it, Toots, and — whoa.

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Adult Foster Care of the North Shore provides financial and emotional solutions to families

Adult Foster Care of the North Shore is a one of a kind organization. For the last 15 years they have been providing financial and emotional solutions to families in need of care for a disabled or chronically ill loved one (clients). Many Adult Foster Care clients are already living with a parent, child or other family member who qualifies as a caregiver. Others are placed in homes with compassionate and diligent caregivers.

In 2000, Dr. Cynthia Bjorlie left her private practice of 17 years and opened Adult Foster Care of the North Shore after reading an article in the NY Times about "Foster Seniors," a program in New Jersey. Having always been interested in the care of people who cannot manage alone, she decided to

develop her own program in Massachusetts. With a grant from the Robert Wood Johnson Foundation, she started Adult Foster Care of the North Shore.

Since 2001, Adult Foster Care of the North Shore has grown to a staff of 30 and now serves over 400 clients. The difference between AFCNS and other similar companies is that, even though they share the same mission, the staff at Adult Foster Care of the North Shore actually lives the mission. They believe in a more compassionate and people-focused approach that produces great results.

If you are interested in becoming a paid caregiver for a disabled family member or qualified disabled adult, visit AdultFosterCareNS.com or call today at 978-281-2612.

About the Program:

This innovative program provides caregivers with a monthly payment for taking care of a disabled or ill adult. Caregivers are special, dedicated people who may take care of a family member or a new friend and welcome them into their own home.

Caregivers are reimbursed up to \$1,500 monthly, tax-free, for personal care services. Each and every caregiver is supported by Adult Foster Care's professional staff that helps train the individual regarding the personal care needs of their clients. Adult Foster Care carefully and selectively matches clients with caregivers to ensure compatibility.

Adult Foster Care of the North Shore provides the following financial and emotional support:

Financial Support: Through MassHealth, a monthly, tax-free stipend is given to the caregiver.

Health & Social Support: Clients and caregivers are assigned a nurse and care manager who visit the homes regularly. Staff members can answer questions about health issues and serve as a resource for medical training, education and needed interventions. On call support is available 24 hours a day, 7 days a week.

General Resource Support: Seasoned nurses and care managers can identify vital resources including:

- Adult Day Health Programs
- Specialized work and community support programs
- Mental health counseling
- Guardianship and health care proxy information
- Transportation services

"Adult Foster Care of the North Shore has offered unwavering support from day one.

When I was admitted for emergency surgery, the AFCNS team made sure my brother was in good hands while I recovered."



~ Toots, Caregiver to Brother, George

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Tips for seniors to stay safe behind the wheel

As men and women age, various factors may affect their ability to drive. In addition to issues with memory, seniors may have failing eyesight and physical limitations, and their reaction time may slow down. In such instances, seniors' ability to safely operate a motor vehicle may be questioned.

Age alone is not a reliable measure of driving ability, but many of the issues that affect one's ability to safely drive a vehicle tend to appear as men and women near their golden years.

Losing the ability to safely operate an automobile can greatly reduce a person's independence. That is why periodic driver evaluations may be met with some reluctance. Aging men and women who don't want to avoid potential conflicts with concerned family members can take their own steps to ensure they maintain their ability to safely operate a motor vehicle.

Schedule a driving safety evaluation

When drivers' abilities to operate a motor vehicle become suspect, a thorough evaluation should be scheduled. The evaluation should not be handled by a family physician or family member, but by an unbiased third party like a certified driving rehabilitation specialist. This is a therapist who has special certification to assist people with disabilities, including older adults, with driving. They can help individuals with adaptive equipment or techniques if driving issues stem from something that can be addressed.

Figure out if the car "fits" the individual

A program called CarFit can help drivers assess if their car is suited to their abilities. A team of trained technicians and/or health professionals work with participants

to ensure their vehicles are equipped for maximum safety and comfort. A properly adjusted vehicle is as important as one's cognitive and physical abilities. Adjustments can include mirror placement, good foot positioning and sitting at the proper distance from the steering wheel. People can learn about an upcoming event at car-fit.org.

Take a driver improvement course

Driver improvement courses are provided by various organizations, including some insurance companies. AARP also has a Driver Safety Course to lower the risk of traffic violations, collisions and injuries. Completion of these courses can help drivers enhance their abilities behind the wheel and may result in lower premiums for mature drivers.

Keep the mind and body fit

Regular exercise and a



Metro Creative

Driver improvement courses and safe driving evaluations can help seniors feel comfortable and confident behind the wheel as they age.

healthy diet can be assets for mature drivers. Mental fitness techniques and brain exercises can improve reaction

time, while aerobic and strength-training workouts can keep the body in shape. Driving is one of the key

avenues to personal independence. Strengthening seniors' driving abilities is a goal of many organizations.



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TURNING A NEW PAGE

Book clubs having a 'senior' moment

BY ALLIE SHAH
TRIBUNE NEWS SERVICE

Armed with books and an intellectual appetite, about a dozen residents of Summit Place Senior Campus arrived in the great room on a recent evening, eager to feed their hungry minds.

For the next hour, they snacked on brownies and sipped pink lemonade and coffee while chewing over their latest book club selection, "A Wrinkle in Time" by Madeleine L'Engle.

Associate librarian Julia Sjoberg kept the conversation going, prompting the women with questions such as: What makes a book a classic? And, is this particular children's book worthy of the distinction?

"To me, it is a classic," Ruth Fingerson, 78, volunteered. "Because in 1962 and in 2017, girls need to get the message that they can be agents in their own lives."

The others nodded solemnly in agreement.

As they continued comparing notes about the book's characters, themes and plot, the women also told stories about their own lives.

Fingerson, a retired elementary school teacher, talked of her experience first reading "A Wrinkle in Time" years ago. Others shared anecdotes about their children and grandchildren.

"This does give them a chance to get to know their neighbors," said Susan Woodwick, service manager for outreach for Hennepin County Library in Minnesota, where the senior community is based.

The county library system is helping to launch book clubs like the one at Summit Place in an effort to foster more social interaction among older adults and to

help keep their minds active.

The senior book clubs have emerged as a way to get books and other library materials to people who have trouble getting to the libraries. So far, there are nine retirement communities, senior centers and libraries in the county with clubs.

"This can really be transformative in these settings, where sometimes it can be a tough setting to break into socially," Woodwick said. "Sometimes the most active reader may not be out there socially."

Older adults are especially vulnerable to social isolation, studies have shown.

Prolonged social isolation has been linked to depression, high blood pressure and dementia, among other conditions. Health risks of social isolation are akin to smoking 15 cigarettes a day, according to the AARP Foundation's Connect2Affect program.

Meanwhile, research shows that learning new things and connecting socially may help to keep the mind sharp. In fact, joining a book club is one of the activities recommended by the Global Council for Brain Health to help strengthen the aging brain.

Doing an activity with others makes it more likely that you'll continue to do it, according to the council. That evidence resonated with Woodwick, who said that the seniors who participated in the county libraries' book clubs reported that they are now reading more.

The libraries offer book club kits, including large-print books, and discussion questions, as well as a professional librarian who can lead the discussions.

"We wanted to make them more friendly," Woodwick said, noting that the conversations were not meant to be



JEFF WHEELER/Tribune News Service

Ruth Fingerson demonstrates a time travel concept by folding a piece of paper during the discussion of "A Wrinkle in Time." Loneliness and lack of engagement are big health concerns for older adults, which is why book clubs for seniors living in assisted-living facilities are catching on.

stuff. "We're mindful that this is not English Literature 101. That's not the purpose of these discussions."

People living in senior residences can become isolated easily. The clubs give them an opportunity to socialize and to exercise their minds, through reading and through listening to others' perspectives.

A recent survey of participants in the Hennepin County Library senior book clubs revealed that 19 percent reported that they changed their opinion about something after the discussion.

"That's a reminder that people are continuing to think about what's going on in the world," Woodwick said.

It's not only the senior residents who are getting something out of the book clubs.

"The librarians say it's the most rewarding part of their job," Woodwick said.

Having friends or a community of colleagues is a strong defense against depression and anxiety, particularly as we age, said Alison Romstad, a geriatric nurse practitioner for

Fairview Health Services.

Maintaining strong social connections also can lower hypertension (abnormally high blood pressure), which is often the precursor to heart disease, she said.

Making the transition from living in one's own home with known neighbors to senior housing with new people can be difficult.

"Just the whole concept of meeting new friends can be tough," Romstad said. "It's tough for us in kindergarten, and that same struggle continues for us when we're in our 80s and 90s."

While reading is a solitary activity, it's one that challenges the mind — another key to aging well. Taking part in group discussions, in which participants are listening to other people's thoughts and ideas, also sharpens the mind.

"It's that stretching of the brain that keeps it young," Romstad said.

The senior book clubs have featured all kinds of books, including a few, such as "A Wrinkle in Time," that were once widely banned. The most popular book titles have included: "I Am

Malala" by Malala Yousafzai, "The Wright Brothers" by David McCullough and "A Man Called Ove" by Fredrik Backman.

And while the libraries offer fiction and nonfiction books to the clubs, they have noticed a clear preference from the group members. "We continually hear from our readers that they want more nonfiction," Woodwick said.

More than 200 people have been served by the senior book clubs since 2015, when a grant from the Friends of Hennepin County Library and Allianz Life made it possible for the library to buy the book club kits.

Back at Summit Place, Sjoberg asked the women about time travel — a concept explored in "A Wrinkle in Time."

"If you had the opportunity to time-travel, would you?" she asked.

"If you have to go through the airports, then no," said Bev Folkestad, 83, whose answer elicited laughter from around the room.

Connie Magoffin was up for it. "I definitely would time-travel," she said, "but I don't

know which time period I'd visit ... maybe the future?"

Members of the Summit Place book club said participating in the every-other-month discussions gives them something enjoyable to do, and something to look forward to.

"The kinds of people who would want to join a book club are my kind of people," said Fingerson, who has been an avid reader all her life, but is new to book clubs. "I like to be challenged, to have new things to think about and new books to read."

She stays active in other ways, doing swimming pool exercises a couple of times a week and attending the communal dinners. But the book club offers rigorous intellectual stimulation.

"You never know what ideas are going to come popping out of the minds of these people — they are all smart people," she said.

The club provides another benefit for Fingerson, who is a caregiver for her husband, who has Parkinson's disease. "It gets me thinking about other things. It's a stress reliever."

Read, socialize to maintain mental acuity while aging

Aging is associated with or linked to a host of mental and physical side effects. For example, many adults expect their vision to deteriorate as they grow older. Such a side effect can be combatted with routine eye examinations that may indicate a need for a stronger eyeglass prescription, a relatively simple solution that won't impact adults' daily lives much at all.

While physical side effects like diminished vision might not strike much fear in the hearts of aging men and women, those same people may be concerned and/or frightened by the notion of age-related cognitive decline.

Some immediately associate such decline with Alzheimer's disease, an irreversible, progressive brain disorder that gradually destroys memory and cognitive skills, ultimately compromising a person's

ability to perform even the simplest of tasks.

But age-related cognitive decline is not always symptomatic of Alzheimer's disease. Learning about Alzheimer's and how to maintain mental acuity can help aging men and women better understand the changes their brains might be undergoing as they near or pass retirement age.

Is Alzheimer's disease hereditary?

The National Institute on Aging notes that only a very rare form of Alzheimer's disease is inherited. Early-onset familial Alzheimer's disease, or FAD, is caused by mutations in certain genes. If these genes are passed down from parent to child, then the child is likely, but not certain, to get FAD. So while many adults may be concerned about Alzheimer's because one of their

parents had the disease, the NIA notes that the majority of Alzheimer's cases are late-onset, which has no obvious family pattern.

Can Alzheimer's disease be prevented?

Studies of Alzheimer's disease are ongoing, but to date there is no definitive way to prevent the onset of the disease.

How can I maintain mental acuity as I age?

Researchers have not yet determined a way to prevent Alzheimer's disease, but adults can take certain steps to maintain their mental acuity into retirement.

■ **Exercise regularly.** Routine exercise may be most associated with physical benefits, but the NIA notes that such activity has been linked to benefits for the brain as well. For example, a 2011 study published in



the journal Proceedings of the National Academy of Sciences of the United States of America found that aerobic exercise training increases the size of the hippocampus, leading to improvements in spatial memory. The NIA also notes that one study indicated exercise stimulated the brain's ability to maintain old network connections and make new ones

vital to cognitive health.

■ **Read more.** Avid readers may be happy to learn that one of their favorite pastimes can improve the efficiency of their cognitive systems while delaying such systems' decline. A 2013 study published in the journal Neurology by researchers at Chicago's Rush University Medical Center found that mentally active lifestyles may not prevent

the formations of plaques and tangles associated with Alzheimer's disease, but such lifestyles decrease the likelihood that the presence of plaques or tangles will impair cognitive function.

■ **Stay socially connected.** Maintaining social connections with family, friends and community members also can help prevent cognitive decline. Epidemiologist Bryan James of the Rush Alzheimer's Disease Center studied how social activity affected cognitive decline, ultimately noting that the rate of cognitive decline was considerably lower among men and women who maintained social contact than it was among those with low levels of social activity.

The idea of age-related cognitive decline strikes fear in the hearts of many men and women, but there are ways for adults to maintain their mental acuity well into their golden years.

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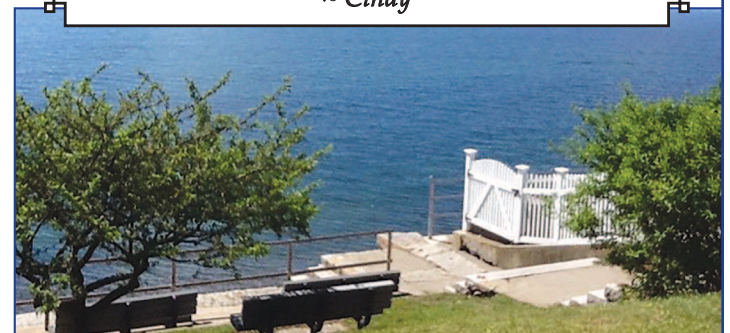
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~ Cindy



Want to keep that heart pumping? Start exercising before 65

By LESLIE BARKER
TRIBUNE NEWS SERVICE

If you're younger than 65 and have never exercised, start now. It'll reverse damage to an aging or sedentary heart, plus set the stage for a reduced chance of heart failure in the future.

Such are the findings of a two-year study conducted by the Dallas-based Institute for Exercise and Environmental Medicine, a collaboration between UT Southwestern Medical Center and Texas Health Presbyterian Hospital Dallas. Study results were published recently in *Circulation*, a journal of the American Heart Association.

There are two caveats: To get the most benefit, people need to start before age 65. They must also work out four to five times a week, varying intensity and duration.

Dr. Benjamin Levine, senior author of the study and director of IEEM, says the study shows that if you want to remain vigorously active as you age, "exercise needs to be part of your personal hygiene."

"It's not something that gets added onto the end of the day: You brush your teeth, you change your clothes, you eat your food," he said. "You do these things for personal hygiene. Exercise is as important as these. You need to find ways to incorporate it."

Three years after being part of the study, Mae Onsry hasn't stopped exercising. "If I haven't done it, I'm like, 'Oh my gosh, I didn't do it today! I have an hour before the sun sets. I can do it!'" said Onsry, a now-avid walker who is 66 and lives in Dallas. "It's so addictive."

She had never followed a workout routine before volunteering to be part of the study, but adapted easily to the three- and later four-day weekly schedule. "I don't want to get sick when I get old," she said. "The heart, you can do something for it."



Onsry was one of more than 50 men and women ages 45 to 64 who were recruited to help answer this question: "How much of aging is related to gradual loss of function of cells over time and how much to conditioning?"

Participants were divided into two groups.

Half, including Onsry, participated in supervised cardiovascular exercise; the control group focused solely on yoga and balance training.

At the end of two years, the control group showed no cardiovascular benefits. But the exercise group showed an 18 percent

improvement in their maximum oxygen uptake, or how the body uses oxygen, during exercise. They also had more than a 25 percent improvement in compliance, or elasticity, of the left ventricle of the heart.

Why is that important? "Imagine a brand new box of rubber bands," Levine

said. "You take them out of the box, stretch them and they snap back. Stick them in a drawer for 10 years and what happens? They're stiff; they've lost elasticity. That's what happens to many parts of the human body. Think of your eyes — you need bifocals; your skin — you get wrinkles. Your muscles and your joints and your heart."

The left ventricle is significant because it's the chamber that pumps oxygenated blood back into the body.

"When the muscle stiffens," Levine said, "you get high pressure and the heart chamber doesn't fill as well with blood. In its most severe form, blood can back up into the lungs. That's when heart failure develops."

Previous IEEM studies had shown that by age 70, the effects on the heart of aging and being sedentary couldn't be reversed. Researchers, though, found late middle age to be "the sweet spot," said Levine, who holds the S. Finley Ewing Chair for Wellness at Texas Health

Dallas and the Distinguished Professorship in Exercise Sciences at UT Southwestern, where he is a professor of internal medicine.

Although results of the study didn't come as a surprise, he said, what did was "how dramatic the effect" of exercise was.

Levine, who hasn't missed more than two days a week exercising in 40 years, recommends workouts with "diversity in duration, intensity and mode. I think everybody should do one long workout a week, at least an hour. I don't care if it's tennis or a bike ride or a brisk walk with the family or Zumba. It's good for the soul as well as the body."

Everyone should also do one day of high-intensity training, which alternates short bursts of energy with rest periods. "That's one of the most effective in everything we do," Levine said, "and supports burst activities like running for a bus or having a fright."

That leaves two to three days for 30-minute workouts in which you're "breaking a sweat, being a little short of breath but able to carry on a conversation," he said. Round out the week with at least one day for a strength-training session.

"It's my prescription for life," he said. "I think our society needs to be reorganized along that strategy."

One more thing: Even if you've passed that "sweet spot" age, don't let that stop you from exercising, Levine said.

"Even if you're over 65 (when you start), there are still benefits," Levine said. "I don't want there to be the takeaway of it being too late. If you want to preserve the youthful structure of your heart, even if you're in late middle age, you can still do that. After that time, it's no longer possible. You can still get benefits, many, but if you wait too long, you can't reverse the damage or alter the structure of your heart."

Swim and stretch your way to greater flexibility

Men and women may begin to feel less flexible as they get older. According to the University of Maryland Medical Center, that loss of flexibility is because muscles lose both strength and elasticity as the body ages.

A lack of flexibility can make men and women more vulnerable to certain types of injuries, including muscle strains and tears. While people might not be able to maintain the flexibility they enjoyed in their 20s, there are ways to combat age-related loss of flexibility.

■ **Stretch frequently.** Stretch major muscle groups, such as hamstrings and shoulder muscles, several times per week. When practicing static stretching, the goal is to gradually elongate the muscle being stretched before holding the elongated position, and ultimately allowing

the muscle to return to resting position. As flexibility improves, elongated stretches can be held for 30 seconds. Avoid stretching muscles that are sore or injured, and discontinue a stretch if you feel pain or discomfort.

■ **Include yoga in your exercise regimen.** Practitioners of yoga typically love how this unique discipline that exercises the body while relaxing the mind improves their flexibility. Many yoga poses are designed to improve the strength and flexibility of muscles, and some physicians may even recommend yoga to aging patients. Yoga DVDs or streaming sessions can be great, but beginners may want to visit yoga studios or sign up for classes at their gyms so instructors can personally ensure they are doing each pose correctly. As their flexibility improves, men and women

can try more difficult poses and classes if they desire.

■ **Get in the pool.** Swimming is another activity that can help aging men and women improve their flexibility. Strength-training exercises are an important component of a well-balanced exercise regimen, but such workouts tend to focus on one or two muscle groups at a time. That means other muscle groups may be inactive and tighten up as a result. Swimming works the entire body, which helps all muscle groups stay loose and flexible. One or two swimming sessions per week can contribute to great gains in overall flexibility, especially for men and women who remember to stretch when they get out of the pool.

Flexibility may decrease as men and women age, but there are various ways to combat the natural loss of flexibility.



Swimming helps all muscle groups stay loose and flexible.

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Financial advisers recommend that adults budget for housing costs in retirement so they can continue to live comfortably.

Account for long-term retirement expenses

Retirement planning involves more than just investing in a 401(k) and/or IRA. Individuals who hope to live comfortably in retirement must account for various expenses, including those associated with their health.

A 2013 report from the U.S. Senate's Commission on Long-Term Care found that each year, an estimated 12 million adults in the United States require some type of long-term care. Planning for the following potential expenses can help men and women ensure they will have enough money to live well in retirement.

■ **Housing:** Many individuals would prefer to spend their golden years living in their own homes. However, adults who can no longer take care of themselves and/or their homes may need to move.

Homeowners who simply want to downsize may be able to finance their transitions to retirement communities by

selling their existing homes. But those who need to move into assisted-living facilities may find that even selling their homes might not provide enough capital to pay for such residences.

According to Genworth's 2016 Cost of Care Survey, the annual cost of assisted-living facilities greatly varies by state, with costs as high as \$65,550 in Massachusetts and as low as \$30,438 in Missouri. Whether they invest in long-term care insurance or develop another plan with their financial advisers, men and women must consider ways to finance potential housing costs in retirement.

■ **Renovations:** Home renovations are another potential

cost in retirement. Aging men and women who can no longer comfortably navigate staircases, but are otherwise healthy may need to renovate their homes to account for their limited mobility. Such renovations might include the installation of a staircase chair lift and/or a ramp connected to the entryway of a home. Some may even need to convert a first-floor den or living area into a bedroom, which may also require adding a full bathroom.

■ **Maintenance:** Homeowners who want to stay in their homes in retirement must also factor potential maintenance costs into their retirement plans. Aging men and women may no longer

be capable of maintaining their properties in retirement. Consider the potential costs of landscaping, home maintenance and maid services when making a retirement plan.

■ **Transportation:** Diminishing vision and slower reaction times compel many retirees to give up driving. But retirees who still enjoy getting out and about will still need a way to get around. Moving to a retirement community with daily shuttle service to and from town centers is one way for seniors who no longer drive to get around. But men and women who do not want to move to such communities will need to find alternative means of transportation, the costs of which can add up quickly.

Financial freedom in retirement is a goal for many working professionals. Attaining such freedom involves planning and saving for all potential expenses in retirement.



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An estimated 60 percent of people will need extended help in their lifetimes.

Plan ahead for long-term care needs

Failing to plan for long-term care expenses may leave aging men and women with little or no assets late in life. AARP says that the cost of long-term care continues to rise and the array of options can make it difficult for families to find the best, most affordable care.

The median monthly costs for a semi-private room in a U.S. nursing facility hovered around \$6,800 in 2016, according to The Genworth Cost of Care Survey. That adds up to roughly \$82,000 per year. Individuals who only anticipate hiring a home health aide should know that such options cost an average \$3,800 per month.

Retirement savings can quickly dry up when long-term care is required. Individuals need to keep in mind that, in 2014, the Social Security Administration said the average month retirement income from Social Security was just \$1,294. The National Care Planning Council says that at least 60 percent of all individuals will need extended help during their lifetimes.

AARP says that the cost of long-term care continues to rise and the array of options can make it difficult for families to find the best, most affordable care.

Ongoing care can last for many months or years. Long-term care needs, including assisted living and nursing home stays beyond a few months, may not be covered by federal health insurance programs, such as Medicare. As a result, it is up to individuals to find ways to finance their care.

Long-term care insurance

Long-term care insurance is one of the ways to offset costs of care for later in life. But many people are unaware that this type of insurance exists. Long-term care insurance is a safety precaution that can be purchased early in life to plan to help pay for expenses aging men and women may incur in their golden years. New York Life Insurance says that policy holders will be reimbursed for qualified long-term care costs up to

a maximum daily benefit amount. Coverage varies, but policy premiums generally increase with the age of the applicant.

Government aid

Government aid is available for U.S. residents, but qualifications vary and it is usually limited to those with financial hardships. Medicaid pays for the largest share of long-term care services in the U.S., according to the Administration on Aging. But to qualify, one's income must be below a certain level and the person must meet minimum state eligibility requirements.

Financing long-term care is something individuals must consider as they make their plans for the future. It is a large expense that cannot go unaddressed, even though the need for care might be in the distant future.

Living comfortably on less

Many people look toward retirement with mixed feelings. There is the anticipation and excitement of no longer having to stick to a set schedule. However, there may be some trepidation about living without a steady income.

Bloomberg financial experts found the number of Americans age 65 and older without a disability that weren't in the labor force rose to 800,000 in the fourth quarter of 2016. This has become a long-standing trend of Baby Boomers leaving the workforce and entering retirement.

Yet, a Statistics Canada study of people between the ages of 60 and 64 who had left long-term employment found 43 percent of them were working again, most within a year of leaving their job. Although boredom may have compelled many of those people to reenter the workforce, some may have started working again to make ends meet. Researchers found the higher the earnings in one's late 40s, the more likely a retiree is to go back to work.

While retirees may need to alter their spending habits, it is possible to live happily on less. Here are some ways to do just that.

■ **Accurately assess home expenses.** The National Foundation for Credit Counseling says the cost of home-related expenses accounts for roughly 45 percent of spending for retirees. Individuals can add up exactly how much their homes are costing them and then decide if downsizing is a practical solution. Downsizing has a host of benefits, not the least of which is reducing housing-related expenses.

■ **Invest in health care.** Unexpected health care costs can quickly deplete individuals' finances. That's why it is essential to have a solid insurance



Bloomberg financial experts found the number of Americans age 65 and older without a disability that weren't in the labor force rose to 800,000 in the fourth quarter of 2016.

plan in place. Health care planning also may include thinking ahead to long-term care, such as assisted living and nursing homes. One may have to make concessions elsewhere, but investing in health care can assuage concerns men and women might have about the cost of living in their golden years.

■ **Use alternative transportation.** Cars can be expensive. A budget-friendly alternative to driving is to use public transportation or transportation services provided to seniors free or for nominal fees.

■ **Take advantage of senior discounts.** Many restaurants, stores and service

centers offer discounts to seniors. The starting age for discounts may vary from store to store, so always ask before cashing out.

■ **Shop for food differently.** Bulk buys may have been appropriate when there were kids running around, but empty-nesters can cut back on food expenses. Shopping sales and making more meals at home can help seniors save money. The market research firm NPD Group found that in-home meals cost roughly one-third of what it costs to eat the same food at a restaurant. Save dining out for special occasions.

The tech age: Seniors becoming more plugged in to life



Metro Creative

Seniors are increasingly using technology to manage their lives and stay connected.

Technology is the future, and digital communication has opened many doors for people around the world. Although younger generations have grown up with technology at their fingers, baby boomers and older adults did not. But in spite of that, studies show that growing numbers of seniors are open to the idea of technology and even seeking ways to further their use and knowledge.

According to a 2014 study by Pew Research Center, 59 percent of seniors regularly use the internet — a 6 percent increase from the previous study conducted in 2012. Today, 67 percent of adults age 65 and older say they go online.

Pew also says that, although seniors consistently have lower rates of technology adoption than the general public, 4 in 10 seniors now own smartphones, which is more than

double the amount that did in 2013.

While stereotypes have long painted seniors as technologically inept, seniors are actually more socially and digitally engaged than ever before. Seniors use technology in many different ways. Some use mobile apps to manage medications and doctor's appointments and monitor their fitness regimens.

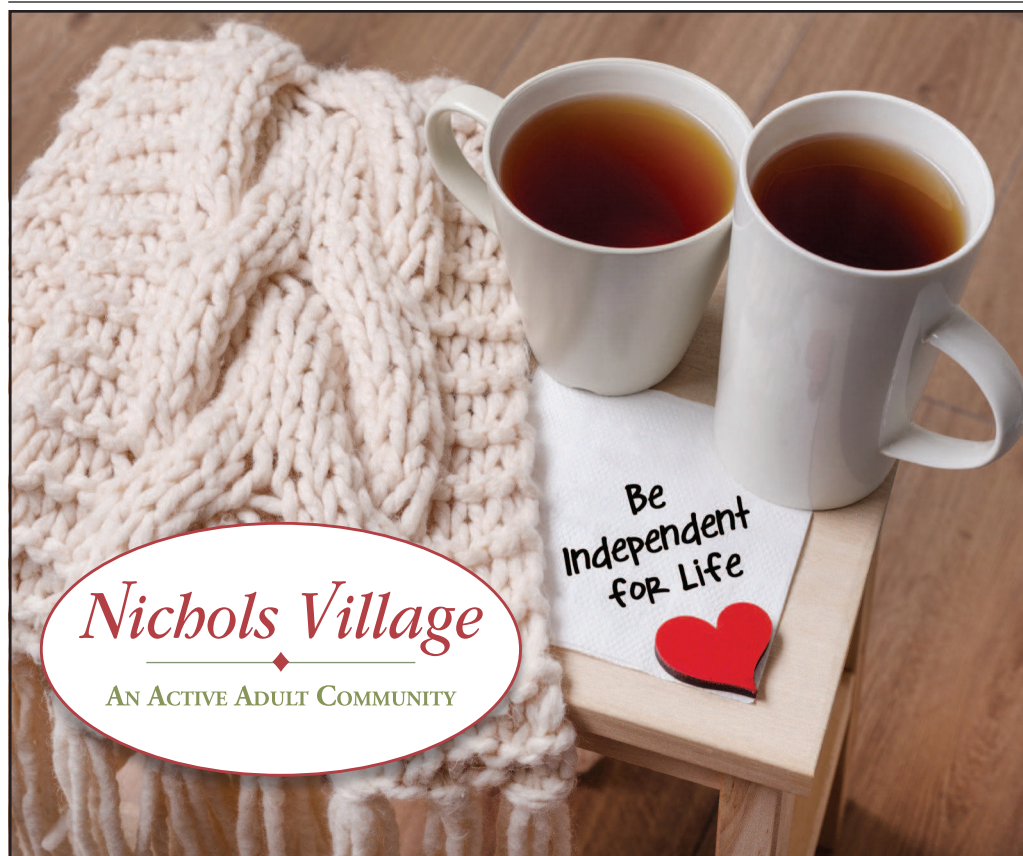
Some families employ 24/7 alert systems or smarthome technology to keep seniors comfortable and safe at home for as long as possible. Noninvasive, "smart" technology can analyze factors such as whether or not doors are left open, if there has been movement in a home, or whether appliances/lights are on or off. This represents a great way for families to stay informed and provide assistance even if they are not nearby.

SilverSurfers, a

senior-based information website, says other tech that seniors are embracing includes online dating; audio and digital books; online shopping, which is especially valuable to seniors who have mobility issues; and social media, which can keep seniors connected to others and feeling less lonely.

A study conducted by researchers from the University of California, San Francisco, found 18 percent of American seniors live alone, and 43 percent report feeling lonely on a regular basis. Loneliness can increase death risk. Social media and internet connectivity can be an important tool in helping seniors feel like active members of society.

Technology is no longer just for teenagers or active workers. Seniors are increasingly embracing technology and becoming a fast-growing demographic for tech usage.



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The health benefits of grandparent-grandchild relationships

In the not-so-distant past, extended families were the norm, with multiple generations residing on the same street, if not in the same house.

Today, the family unit is largely an amalgam of different situations. The rise of two-income families has pressured parents into finding options for child care. Quite often, grandparents once again step in to offer guidance and support for youngsters. This can be a good thing for both the grandparents and the grandchildren.

Although a bevy of psychological research focuses on parent-child relationships, new evidence points to the benefits of the grandchild-grandparent relationship as well. Close relationships between these different demographics is often a sign of strong familial ties.

A study from researchers



The benefits of grandparent-grandchild time go both ways.

at Boston College discovered that emotionally close ties between grandparents and adult grandchildren reduced depressive symptoms in both groups. Research at

the University of Oxford among English children between the ages of 11 and 16 found that close grandparent-grandchild relationships were associated with

Research at the University of Oxford among English children between the ages of 11 and 16 found that close grandparent-grandchild relationships were associated with benefits, including fewer emotional and behavioral problems and fewer difficulties with peers.

benefits, including fewer emotional and behavioral problems and fewer difficulties with peers.

Adults and grandchildren alike benefit from relationships with their elders. Grandparents can provide a connection and exposure to different ideas while providing a link to family history and knowledge regarding traditions and customs not readily available elsewhere.

Nurturing grandparent-grandchild experiences may be easy for families where grandparents live in the same house or close by. For others, it may take some effort. The following are some ways to facilitate time spent together.

■ **Schedule regular family reunions or get-togethers.** Host or plan multi-generation events that bring the family together and expose children to various members of their family.

■ **Promote one-on-one time.** Have grandchildren spend time with grandparents in intimate settings. Alone time can be good for both and offers each undivided attention. A meal at a restaurant or time spent doing a puzzle or craft can be interesting to both generations involved.

■ **Video chat when possible.** If distance makes frequent visits challenging, use technology to bridge that gap. Send photos, letters and

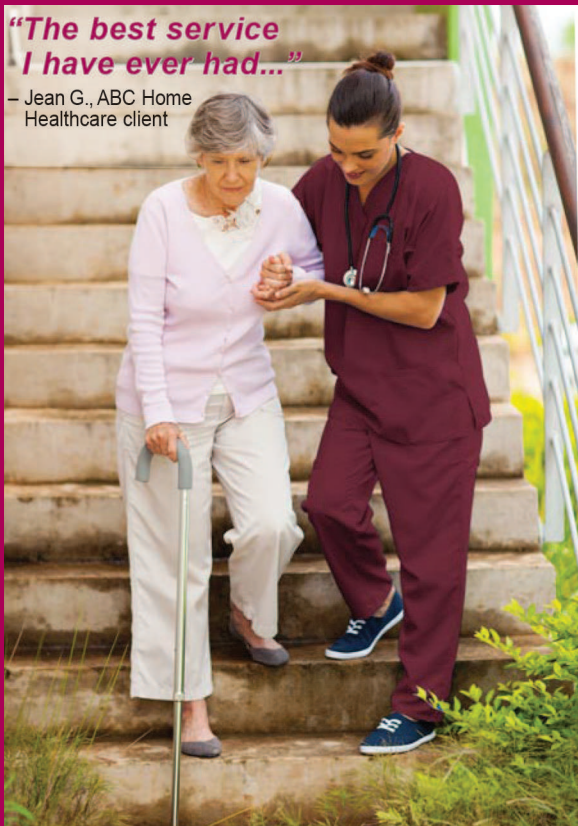
electronic communications. Tech-savvy grandparents can use Skype or Facetime to stay in touch and speak one-on-one with their grandchildren.

■ **Share skills with each other.** Either generation can play teacher to the other. Grandparents may have certain skills, such as baking, sewing or wood crafts, that they can impart that may not be readily taught today. Children can help grandparents navigate computers, video games or sports activities.

Grandchildren can help grandparents feel younger, and grandchildren can learn new experiences from their grandparents.

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Thomas T. Riquier, a Certified Financial Planner™ professional and president of The Retirement Financial Center, has been helping people with retirement financial questions for more than 47 years. Tom is a member of Ed Slott's Master Elite IRA Advisor Group™, and is an investment advisory representative offering securities and advisory services through United Planners Financial Services. The Retirement Financial Center and United Planners are independent companies.

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Source of article:
Ed Slott & Co. LLC

How Your Inherited IRA is Taxed

Have you inherited an IRA? What type of IRA is it? Your answer will matter a lot when it comes to your tax bill. Inheriting a traditional IRA will have very different tax consequences than inheriting a Roth IRA.

Consider the following example. Let's say Peter named his three children as beneficiaries of his traditional IRA. He never made any nondeductible contributions. When his children take distributions from the inherited traditional IRA those distributions will be fully taxable, but not subject to penalty. What if Peter converted his traditional IRA to a Roth IRA more than five years ago? All distributions from the Roth IRA paid to his children would be tax and penalty free. That is a very different result.

Traditional IRA

If you were named the beneficiary of a traditional IRA, you will most likely face income tax consequences. This is because most funds in traditional IRAs are tax-deferred but not tax-free. Uncle Sam will eventually want his share. Distributions to beneficiaries will be taxable to the beneficiaries in the year taken. You can minimize the tax impact by stretching distributions over the longest period of time the rules allow, your life expectancy in the "Single Life Table for Inherited IRAs."

Are there ever times when a distribution from an inherited traditional IRA would not be taxed? Yes. The exception would be if there is any basis in the IRA. If so, that would be nontaxable and distributed in accordance with the pro-rata formula. How would there be basis in the account? This can happen in one of two ways. The deceased

IRA owner either made non-deductible IRA contributions or rolled over after-tax funds from an employer plan during their lifetime. Any basis can be uncovered by reviewing the deceased IRA owner's federal tax returns. They would have had to track their basis on Form 8606. That is the same form that you can use to claim basis when you take a distribution from an inherited IRA.

Roth IRAs

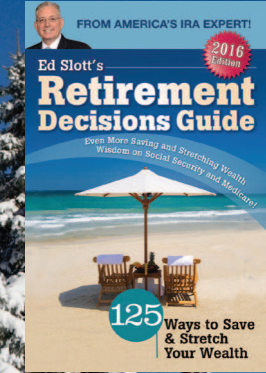
What if you are the named beneficiary of a Roth IRA? Roth IRAs work very differently. Tax-year contributions and converted funds are always tax-free when paid to beneficiaries. This makes sense because these funds are after-tax funds. The deceased Roth IRA owner has already paid taxes on them. Earnings will be tax-free if the five-year holding period that began with the deceased IRA owner's first Roth IRA contribution is met. If not, earnings will be taxable until the five-year holding period has been satisfied. The good news for you is that earnings will not be considered distributed from the Roth IRA until all contributions and converted funds are paid out. The 10% early distribution penalty never applies to a distribution to either a traditional or Roth IRA beneficiary, regardless of their age or the age of the IRA owner.

The bottom line is that Roth IRAs are a great deal for a beneficiary. Most distributions will be income tax and penalty free.

Any questions? Contact us by phone or email.

Material discussed is meant to provide general information and it is not to be construed as specific investment, tax, or legal advice.

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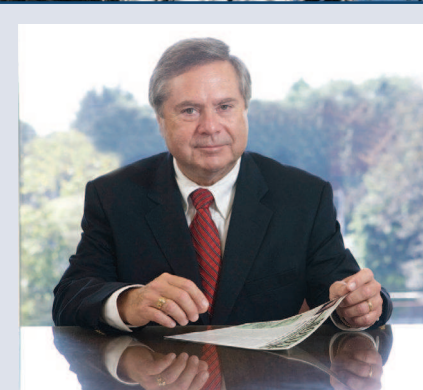
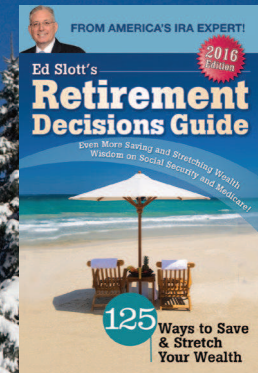


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Keep doing what you love

Hobbies can combine work and play in retirement

By NANCY COLLAMER
TRIBUNE NEWS SERVICE

After decades of hard work, you're nearing retirement age and looking forward to long days spent outdoors, online and on the road. But, maybe you haven't decided how to use up all that free time — or you enjoy the structure that work brings.

Continuing to work in retirement isn't uncommon. A 2017 report conducted by the Transamerica Center for Retirement Studies found that 53 percent of U.S. workers expect to retire after age 65 or don't plan to retire, while 56 percent intend to take on part-time work.

Instead of picking up random jobs to fill the day, older adults can consider turning a hobby into a business or finding work in their field of interest. It's an option that allows retirees to make a little money to pad their savings while practicing their passion.

■ **Teach what you love:** Whether you're a skilled photographer, chef or engineer, chances are you can find work teaching. You can set up shop in your home — like your neighborhood piano teacher — or teach at a local adult education program or school.

Alternatively, you can become an instructor for online instructional platforms like Udemy. But, if you prefer face-to-face interaction, Craigslist is a good place to find tutoring work.

If you have a knack for editing video, YouTube is a great place for you to



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Sharing skills and talents, such as gardening or cooking, allows older adults to continue doing what they enjoy in retirement, while also making a little extra money.

post instructional videos, product reviews and more. Although you won't make a ton of money at first, successful YouTubers can rack up quite a bit off ads shown on their videos.

■ **Sell your own products:** In the past, crafty individuals had the opportunity to sell handmade goods only at fairs and farmers markets. But because of the proliferation of online marketplaces, you can now sell your creations worldwide.

Etsy is the best-known marketplace for artisans, but there are plenty of smaller sites you can consider, like ArtFire and Zibbet. You can also use eBay to sell your creations. Even if you don't make a lot of money, you can file a tax



deduction for your hobby to help offset costs.

A lot of online craftspeople make shirts, posters and knickknacks for trendy TV shows like "Game of Thrones" and "Doctor Who." These shows have large audiences that are

looking for unique items they can display or wear.

■ **Write about your experiences or crafts:** Whether you carve wood sculptures or explore hiking trails in your community, chances are you can find people online interested in what

you do.

Start a blog and post photos of your creations, favorite trails or foods you cook. If you enjoy writing, create a DIY blog that provides step-by-step instructions with photos. You can even post your work to

Instead of picking up random jobs to fill the day, older adults can consider turning a hobby into a business or finding work in their field of interest.

Instagram or BuzzFeed, which might help boost sales or viewership.

If you don't want to bank on ad revenue and sponsorships for income, pick up freelance writing assignments on sites like Mediabistro and FlexJobs.

Yoga enthusiasts need mats; cooks need knives; and gym rats need fitness journals. If you can invent a product that fills a gap in your field of interest, you can make quite a bit of money.

As an enthusiast, think about products that would make enjoying your hobby safer or more efficient. You can even make pins and bumper stickers so other enthusiasts can share their love for a hobby. If you're not sure whether there's a market for something you have in mind, make a prototype for yourself and share it online to gauge interest. You might be surprised by the reception and end up starting a small business.

■ **Lead a tour:** Americans are on the move. In 2016, they took 1.7 billion trips for leisure, according to the U.S. Travel Association. That amounts to \$683.1 billion in travel spending for the year. With so many travelers on the go, you can set up and run bird-watching groups, brewery tours or bike tours, leading tourists to attractions around your community.

The company Cheese Journeys, for example, offers a behind-the-scenes look at how cheese and

wine is made. Tourists can sign up for tours to meet culinary experts and get hands-on experience in a new city.

■ **Find part-time work:** From the baseball fan who writes about spring training for his local paper to the movie enthusiast who works as an usher at the local arts center, finding a job related to your hobby is a wonderful way to blend work and fun. Think about the places you like to spend your free time — ballparks, bookstores, gardening centers — and see if they have any part-time job openings.

You can even find seasonal work for resorts, national parks and tourist attractions. CoolWorks has job openings for tour guides, community managers and guest services at resorts, letting you enjoy the outdoors, meet new people or just have a picturesque workplace to enjoy your golden years.

■ **Rent out your space:** Do you like meeting new people and have extra space in

your home? You can rent out rooms to travelers. This could be one of the best money-making hobbies for retirees who live in big cities or near popular vacation destinations.

Think about that extra room in your house, basement or even garage and how it can be used to accommodate vacationers. Once you consider how you can use the space, you can then pick the platform to advertise and promote your residence. There are many options, including Airbnb, Craigslist and Zillow.

■ **International house-sitting:** Imagine spending some time away at a French vineyard or in the countryside of Italy. If traveling is a hobby of yours in retirement, why not have your stay paid for by house-sitting internationally?

With websites like Mind-MyHouse, there are many options to connect international homeowners to house sitters. The website is free to homeowners, but house sitters pay \$20

to join. So although it's not directly paying you in cash, you will be saving on your lodging while helping house-sit abroad. If you want to make some cash, you can rent out your place while you take a house-sitting assignment. For more information, check out House Sitting Magazine, a free online publication.

■ **Run errands for others:** Retired people often want to remain helpful, as they enjoy the feeling that they're needed. If you're handy, efficient and like completing tasks, but still want to make extra cash, consider giving a hand to others.

Technology has made it simple to get paid for helping others by moving furniture, completing handyman tasks or serving as an assistant. For example, TaskRabbit connects people who want to outsource jobs with people who have the ability to get them done. For this website, you bid on an assignment, and if accepted you're paid

upon completion.

■ **Drive for a ride-hailing service:** For some, fun hobbies include driving. If you're a retiree who loves to be in the car rather than sitting at home, you can make some decent cash being a professional driver for those who need rides through services like Uber and Lyft. The best part is you don't have to accept a ride request, which keeps you in control of your schedule.

■ **Become a consultant:** What sets a retiree apart from everyone else? A lifetime of experience. One of the most lucrative hobbies for a retiree is becoming a professional consultant. You can work as a consultant in your professional area or become a consultant in a hobby that you like and are good at.

For example, maybe you're a great gardener and received "yard of the month" more than once in the neighborhood. Advise others how they can get a garden like yours.



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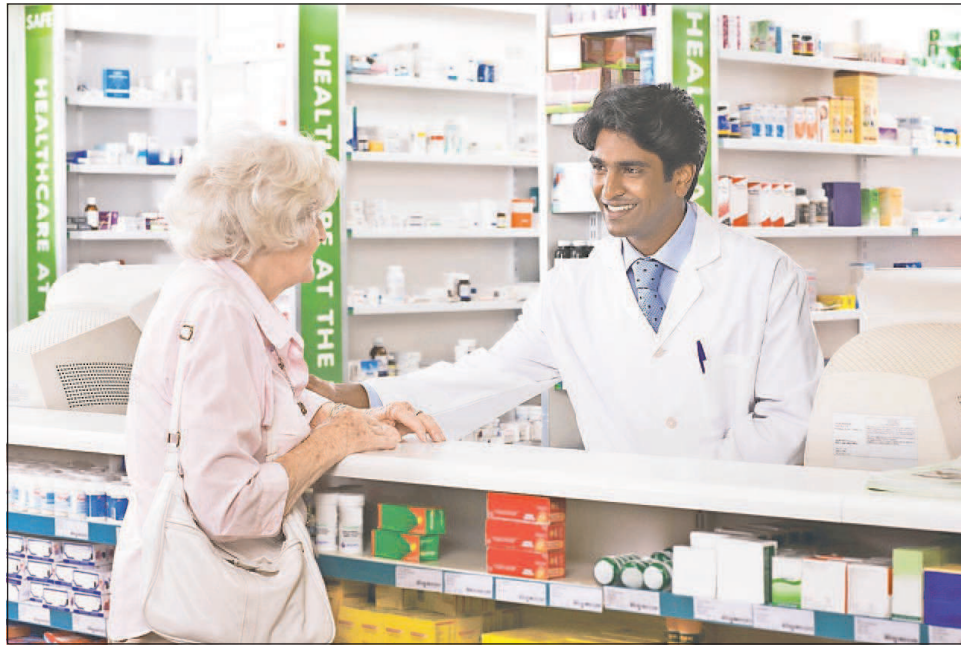
Addicted seniors: Opioid use rising among older patients

The public is quickly learning that drug abuse goes beyond the illegal substances that are purchased on the street. Abuse of drugs extends to the prescription medications sitting in many medicine cabinets.

While teenagers and young adults may be the first to be stereotyped as prescription drug abusers, seniors may have unwittingly become mixed up in one of the most misused prescription classes: opioid pain relievers.

The problem of opioid abuse has been a growing issue for years. The National Institute on Drug Abuse estimates 2.1 million people in the United States suffer from substance abuse of opioid pain relievers. Older patients are increasingly and repeatedly prescribed opioids to address chronic pain from arthritis, cancer and other problems that become more apparent as people age.

Data from U.S. Medicare



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Seniors should request the lowest dose possible when prescribed opioids and only take the pills when absolutely necessary to avoid becoming addicted.

recipients found that, in 2011, roughly 15 percent of seniors were prescribed an opioid after being discharged from

the hospital. When followed up on three months later, 42 percent were still taking the medication. Fast forward to

2015, and almost one-third of all Medicare patients were prescribed opioid painkillers by their physicians,

says AARP.

AARP also indicates nearly 3 million Americans age 50 or older have started to take painkillers for reasons beyond what their doctors prescribed. Experts from the Physicians for Responsible Opioid Prescribing warn that dependence on opioids can set in after just a few days. Discomfort and side effects can occur when the pills are stopped. Opioids can decrease pain at first, but many people find they can be less effective over time. As a result, patients need to take greater amounts. Although many people can take opioids in small doses for short periods of time without problems, many find themselves overcome by a troubling addiction. Some doctors prefer not to use opioids as a first line of treatment for chronic pain.

Another possible risk of opioids among seniors is that the medication can cause

disorientation that may lead to falls and fractures. The senior care resource A Place for Mom also says that prescription narcotics may increase risk of respiratory arrest. What's more, an older body may not absorb and filter medicines as effectively as younger bodies can. This means that older adults might become addicted to or have side effects from a prescription drug at a lower dose.

Seniors concerned about opioids can discuss other options with their doctors, such as nonopioid medications and alternative therapies for pain management, like massage or acupuncture. If opioids are prescribed, ask for the lowest dose and don't exceed the time frame for taking the medicine. Only take the pills when absolutely necessary, and never mix opioids with alcohol or other substances.

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Fainting spells for elderly linked to blood clots

Falls are one of the greatest risk factors for injury among the aging population. When falls are attributed to fainting spells, people may be very eager to get to the source of the fall. Doctors have found that blood clots may attribute to fainting in the elderly.

Information published in the journal *Clinical Geriatric Medicine* found that the elderly are at a higher risk of blood clots because of their reduced mobility. Blood clots may result in deep vein thrombosis, or DVT, and could lead to a pulmonary embolism if left untreated.

DVT is a common problem involving the veins of the legs. Blood pooling in the legs may cause a blood clot to form in the deep veins of the lower leg, impairing blood flow back to the heart. A pulmonary

embolism, or PE, occurs when a clot dislodges from the leg veins and travels through the bloodstream to reach the heart and lungs. According to the health site Aging Care, as many as 1 million Americans suffer from blood clots every year, often resulting in hospitalization.

While swelling in the legs, cramping in the lower legs, skin color changes, and warmth of the skin where the clot is located can signal a problem, symptoms of a pulmonary embolism may vary greatly. Shortness of breath, chest pain, cough, and rapid or irregular heartbeat can all occur, The Mayo Clinic reports. Researchers are finding that, in some cases, fainting episodes also may be indicative of a pulmonary embolism. Italian researchers revealed that, among 560 patients hospitalized for

a first-time fainting spell, 1 in 6 had an embolism.

People who are experiencing fainting spells should be on the radar for other symptoms of PE, the American College of Chest Physicians advises. However, it's important to note that fainting can be attributed to dehydration, a drop in blood pressure and heart-rhythm disturbances as well.

Certain risk factors put people at a higher chance for DVT and pulmonary embolism. These include:

- Prior surgery
- Certain cancers
- Cardiovascular disease
- Bed rest that causes blood to pool
- Sitting for long periods of time
- Smoking
- Being overweight

Use of compression stockings to move blood more efficiently, physical activity, leg elevation,



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One million Americans suffer from blood clots every year, often resulting in hospitalization, according to studies.

anticoagulants and pneumatic compression can help prevent the formation

of clots. Because pulmonary embolisms can be life-threatening, people

experiencing fainting or other symptoms are urged to speak with their doctors.



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Preventing dementia: Taking stock of the promising, the disappointing and inconclusive



Damian Dovarganes/Associated Press

There is no proven intervention for preventing late-life dementia, a new study concludes.

BY MELISSA HEALY
TRIBUNE NEWS SERVICE

What's proven to prevent the development of dementia after the age of 80?

Not brain training, not medication, not regular exercise, not a healthier diet and not a busy social calendar, according to a series of recent reports.

But ask the question a bit differently, and the answer is not quite as discouraging: What should you be doing anyway right now that might delay or prevent the development of dementia late in life?

Some combination of all of the above.

Most of us hope to live well into old age, and doing so with our marbles intact is typically a condition we attach to that wish. But half or more of Americans over the age of 90 will be beset with some type of dementia, and 1 in 10 people age 65 and older has Alzheimer's disease.

Scientific research, in its highest and most rigorous form, has done little to illuminate a single path to prevent or forestall dementia and cognitive decline. That grim conclusion emerged

in four reports published by the Annals of Internal Medicine.

Culling the highest-quality research it could find on preventing Alzheimer's disease and other dementias, the Minnesota Evidence-based Practice Center concluded that cognitive training has not been shown definitively to work. Neither have prescription medications or over-the-counter dietary supplements. They couldn't even find a single exercise regimen that fit the bill.

These findings underpinned a recent report by the National Academy of

Medicine on preventing dementia. But while the Minnesota group found an absence of decisive effects, it documented some highly suggestive evidence that some things were helpful — in particular, for the effects of exercise, and for strategies, including medications, that manage diabetes and control high blood pressure and worrisome cholesterol at midlife.

Several studies, the group noted, suggested that those who perform aerobic and/or resistance training fare better in staving off cognitive decline and dementia than do more sedentary folk.

"We believe that those findings provide a signal that physical activity offers cognitive benefit," the Minnesota group concluded. The problem, they added, was that studies did not go on for long enough, or enroll enough participants, "to show the true long-term effect of a physically active lifestyle."

Meanwhile, the Minnesota data analysts wrote, studies that follow large populations over a long period of time "mostly showed that diabetes, midlife hypertension, and midlife hyperlipidemia were associated with increased dementia risk" and that use

of cholesterol-lowering statin drugs and non-steroidal anti-inflammatory medications such as ibuprofen "was associated with lower dementia risk."

Rigorous clinical trials failed to find clear benefits for such medications, the analysts noted. But the kinds of trials that would do so would have to take into account so many factors that play a role in overall health, and for so long, that they are "not likely to be logistically or financially feasible."

"All evidence indicates that there is no magic bullet," Dr. Eric B. Larson, an internist

with a focus on Alzheimer's disease, wrote in an editorial. Despite the incomplete science, patients still want their doctors to give them concrete advice.

"When people ask me how to prevent dementia, they often want a simple answer, such as vitamins, dietary supplements, or the latest hyped idea," wrote Larson, the executive director of Kaiser Permanente's Washington Health Research Institute.

"I tell them that they can take many common-sense actions that promote health throughout life and may help to avoid or delay" Alzheimer's disease and related dementias.

Among those actions, Larson includes not smoking, engaging in regular physical activity; controlling diabetes, hypertension and cholesterol; and maintaining a healthy diet and weight.

"Engaging in cognitively stimulating activities and avoiding social isolation also are probably beneficial," Larson wrote. And as patients age, doctors "should do what

we can to correct their vision and hearing loss."

"Note that none of these recommendations has harmful side effects," he added.

Knowing the many things that go into making a brain healthy and resilient, a mixed approach just makes sense, said Keith Fargo, director of scientific programs and outreach for the Alzheimer's Association.

"You can't make one good choice in your life and expect that's going to have an impact," Fargo said. "But we do believe if you make a number of choices, the totality of those things together can make an impact. After all, your doctor doesn't just say, 'Take your statin.' The medical advice is to make a broad effort to live a healthier lifestyle, and that's good advice for protecting your brain health as well."

The Alzheimer's Association has distilled many research findings into an easy guide for patients called "Ten Ways to Love Your Brain"; see alz.org for more information.



Kathryn Scott/Tribune News Service

Meghan Morrissey, founder and executive director of Sensory Outings, leads people with Alzheimer's and other forms of dementia in life-enrichment activities that promote self-worth and independence, like this watercolor painting workshop that included Mary Hauschild.

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'Memory books' can help older loved ones recall the past

By MELISSA RAYWORTH
ASSOCIATED PRESS

Family photo albums can help jog an elderly friend or relative's memories, but consider taking the photo book idea one step further: Create a "memory book" that combines personal photos with brief family stories and historical information.

These can be used to help people struggling with memory loss, and give younger family members a window into older relatives' lives.

Memory books are also useful in helping older people introduce themselves to caregivers and provide topics for conversation, says Ann Norwich, director of the adult gerontology nurse practitioner program at York College of Pennsylvania.

By illustrating and explaining details from the person's past, Norwich says, the books cue caregivers and other visitors to ask better questions.

That can prolong positive conversation.
Where to start

You can make a memory book by hand with scrapbooking supplies, but creating one online might be more practical: It can be reprinted if it's misplaced or damaged, and you can make copies for other family members.

Many websites, including Shutterfly.com and Blurb.com, offer templates for photo books. Choose one that offers page layouts with plenty of space for text.

The cost will vary depending on the length of the book, and the quality of the cover and paper.

Choosing your subject

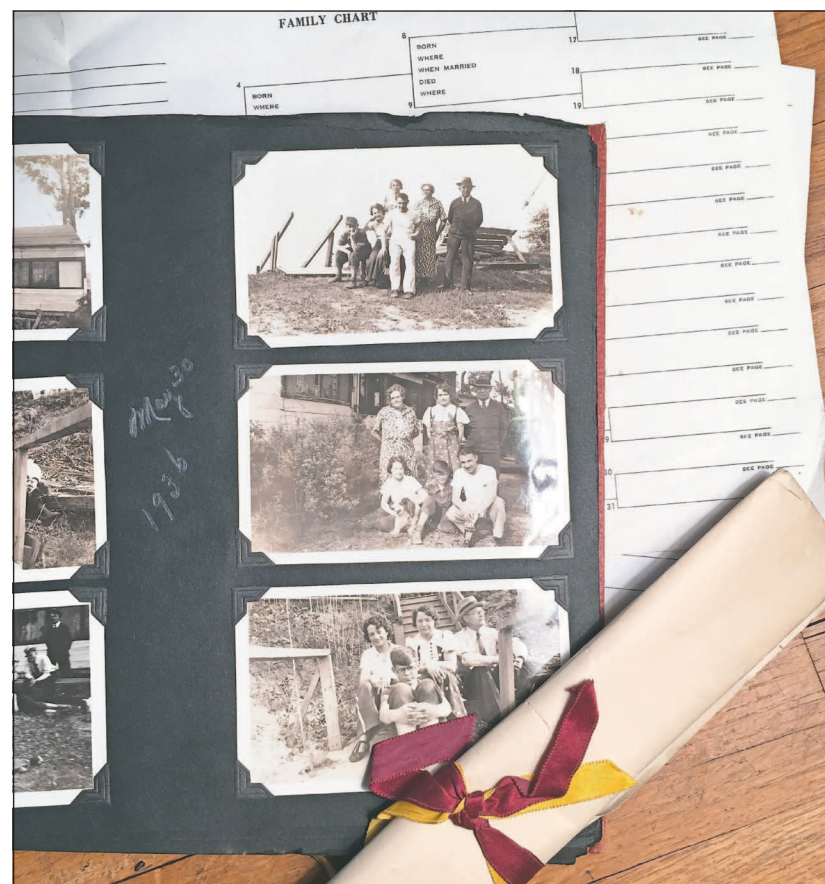
It's helpful to narrow down your project to one subject — for instance, one decade in your relative's life, or the various cities where they've lived. Consider what was important to your relative, perhaps asking other family members

what memories might bring the most joy to your relative now.

One fun option: Focus on the events that happened in your relative's life when they were in their 20s. Gwynn Morris, associate professor of psychology at Meredith College in North Carolina, says researchers have found that our clearest memories are those of early adulthood. This "reminiscence bump," Morris says, may mean that an elderly relative can tell you book-worthy stories about their experiences as a teen or 20-something, even if they're having trouble remembering more recent experiences.

You might also want to focus on moments when your friend or relative achieved something important to them or made a difference in the lives of others.

Whatever aspect of their life you choose to focus on, spend some time asking them questions and, with their



Historical photographs and mementos sit ready for inclusion in a memory book. Memory researchers say if older family members struggle to recall faces in photo albums, consider pairing the images with brief family stories in personal books chronicling their lives.

Melissa Rayworth
photos via AP

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permission, record the conversation. If they have photo albums, page through those with them and see if they can identify faces and places.

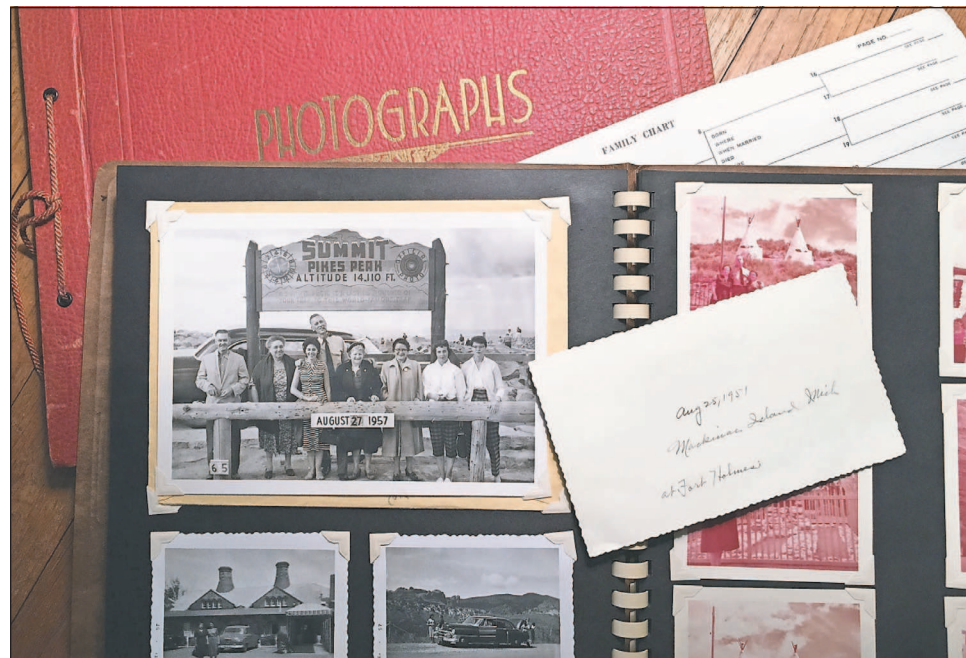
Then interview other family members about the same topic or era, and ask for any related photos they might have.

Beyond photographs

Next, hunt for other elements to include. Along with photos, you might bring in scans or photos of a marriage license, diploma or ephemera such as a photo of a matchbook from a long-ago favorite restaurant.

Another bit of memory research that can help: Morris says gerontologists separate “episodic memory,” meaning memories from your personal life, from “semantic memory,” which is knowledge of historical facts and news. Research suggests that semantic memories stay with people longer than personal, episodic memories.

Cuing those semantic memories of what was going on in the world during a particular era can help trigger more personal memories from



Historical family photographs are perfect for inclusion in “memory books” that help elderly family members remember the stories and events of their lives.

that time. So if you’re creating a memory book for your grandmother about her life in the 1950s, research historical events then. Search online for news stories and photographs (the Smithsonian’s online archive is one of many

sources of historical photos in the public domain).

Laying it all out

Once you’ve gathered all your raw material, translate your interviews and research into paragraphs that will reconnect your friend or

relative with their past and accomplishments. It can be helpful to use shorter sentences and keep stories brief, especially if your loved one is beginning to have trouble following a narrative.

Then, cull through the



Melissa Rayworth PHOTOS via AP

Along with including family photos in a memory book for an elderly person, consider also placing photos or scans of significant memorabilia, like diplomas or invitations to events.

photos and paperwork you’ve gathered to find the best visuals to tell your stories. Take time laying out the paragraphs and images on the templated pages, making sure you’re not packing too much information into each page. Ideally,

the memory book will delight your relative, but not overwhelm them.

Finally, choose a particularly good photograph to include on the cover, then proofread your project to make sure it’s perfect before ordering printed copies.

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For elders, trips to the ER are often a tipping point

By JUDITH GRAHAM
KAISER HEALTH NEWS (TNS)

Twice a day, the 86-year-old man went for long walks and visited with neighbors along the way. Then, one afternoon he fell while mowing his lawn. In the emergency room, doctors diagnosed a break in his upper arm and put him in a sling.

Back at home, this former World War II Navy pilot found it hard to manage on his own, but stubbornly declined help. Soon overwhelmed, he didn't go out often, his congestive heart failure worsened, and he ended up in a nursing home a year later, where he eventually passed away.

"Just because someone in their 70s or 80s isn't admitted to a hospital doesn't mean that everything is fine," said Dr. Timothy Platt-Mills, co-director of geriatric emergency medicine at the University of North Carolina School of Medicine, who recounted the story of his former neighbor in Chapel Hill.

Quite the contrary: An older person's trip to the ER often signals a serious health challenge and should serve as a wake-up call for caregivers and relatives.

Research published last year in the *Annals of Emergency Medicine* underscores the risks. Six months after visiting the ER, seniors were 14 percent more likely to have acquired a disability — an inability to independently bathe, dress, climb down a flight of stairs, shop, manage finances or carry a package, for instance — than older adults of the same age, with a similar illness, who didn't end up in the ER.

These older adults weren't admitted to the hospital from the ER; they returned home after their visits, as do about two-thirds of seniors who go to ERs, nationally.

The takeaway: Illnesses or injuries that lead to ER visits can initiate "a fairly



Dreamstime/TNS

A visit to the emergency room for an older individual often leads to more complications down the road.

vulnerable period of time for older persons" and "we should consider new initiatives to address patients' care needs and challenges after such visits," said one of the study's co-authors, Dr. Thomas Gill, a professor of medicine (geriatrics), epidemiology and investigative medicine at Yale University.

Research by Dr. Cynthia Brown, a professor and division director of gerontology, geriatrics and palliative care at the University of Alabama at Birmingham, confirms this vulnerability. In a 2016 report, she found sharp declines in older adults' "life-space mobility" (the extent to which they get up and about and out of the house) after an emergency-room visit, which lasted for at least a year without full recovery.

"We know that when people have a decline of this sort, it's associated with a lot of bad outcomes — a poorer quality of life, nursing home placement and mortality," Brown said.

Other research suggests that seniors who are struggling with self-care

(bathing, dressing, transferring from the bed to a chair) or with activities such as cooking, cleaning and managing medications are especially vulnerable to the aftereffects of an ER visit.

Why would seeking help in an ER often become a sentinel event, with potential adverse consequences for older adults?

Experts offer various suggestions: Seniors who were previously coping adequately may be tipped into an "I can't handle this any longer" state by an injury or the exacerbation of a chronic illness, such as diabetes or heart failure. They now may need more help at home than what's available, and their health may spiral downward.

Other possibilities: Seniors who fall and injure themselves — a leading cause of ER visits — may become afraid of falling again and limit their activities, leading to deterioration. Or, underlying vulnerabilities that led to an ER visit — for instance, depression, dementia or delirium (a state of acute,

sudden onset confusion and disorientation) — may go undetected and unaddressed by emergency room staff, leaving older adults susceptible to the ongoing impact of these conditions.

In response to concerns about the care older adults are receiving, the field of emergency medicine has endorsed guidelines designed to make ERs more senior-friendly. With the rapid expansion of the aging population, which accounts for more than 20 million ER visits each year, "our traditional model of emergency medicine has to shift its paradigm," said Dr. Christopher Carpenter, associate professor of emergency medicine at Washington University School of Medicine in St. Louis.

The guidelines call for educating medical staff in the principles and practice of geriatric care; assessing seniors to determine their degree of risk; screening older adults deemed at risk for cognitive concerns, falls and functional limitations; performing a comprehensive medication review;

making referrals to community resources such as Meals on Wheels; and supplying an easily understood discharge plan.

Starting this month, the American College of Emergency Physicians is launching an accreditation program for emergency rooms, certifying at least a minimal level of geriatric competence — another effort to improve care and outcomes for older adults. Three levels of accreditation — basic, intermediate and advanced — will be offered.

For each of these levels, ERs will be required to provide walkers, canes, food and drink, and reading glasses to older patients. For intermediate and advanced accreditation, physicians will have to oversee improvement initiatives, such as limiting the use of urinary catheters in older patients. Also, changes to the ER environment such as nonslip floors and enhanced lighting will be required, along with amenities such as hearing devices, thicker mattresses and warm blankets.

"My biggest piece of advice is get there and stay by their side throughout the experience, because things happen very quickly in emergency rooms, and these are difficult environments to navigate under the best of circumstances," said Dr. Kathleen Unroe, associate professor of medicine at Indiana University School of Medicine.

Family members can help older adults during and after a visit to the ER.

Dr. Kevin Biese, chairman of the board of governors for American College of Emergency Physicians's geriatric ER accreditation initiative, offers these recommendations:

■ **Escape the crowd.** "Ask for a room, instead of letting your loved one stay out in the hallway — a horrible place for seniors at risk of delirium. Tell staff, who may have put Mom, for example,

in the hallway because she is a fall risk and they want to keep an eye on her, 'I'll watch Mom and make sure she doesn't get out of bed.'"

■ **Supply a full list of medications.** Ask the doctor or nurse to make sure that your list is the same as what's in (the hospital's) computer. If not, have them update the computer list. Don't leave without knowing which medications have been stopped or changed, if any, and why.

■ **Focus on comfort.** Bring eyeglasses and any hearing-assist devices that can help keep your loved one oriented. If you think Mom is in pain, encourage her pain to be treated.

■ **Educate yourself.** Know what happened in the ER. What tests were done? What diagnoses did the staff arrive at? What treatments were given? What kind of follow-up is being recommended?

■ **Communicate effectively.** Utilize teach-back. "When the nurse or doctor says, 'OK, you're supposed to do this when you get back home,' say, 'Let me see if I understand. I hear you say take this medication on this schedule. Did I get that right?'"

■ **Follow through.** "Ask 'How is Mom's regular doctor going to know what happened here? Who's responsible for telling him — do you make that call or do I? And how soon should we try to get in for a follow-up appointment?'"

■ **Keep tabs on your loved one.** Finally, "you need to see the few days after a visit to the ER as a time of critical importance, when increased vigilance is required. Arrange for some extra help if you can't be around, even if only for a few days. Check in frequently on Mom and make sure her needs are being met, her pain is being adequately controlled and she's not getting delirious. Does the plan of care that she left the ER with seem to be working?"



Renovations can keep seniors safe at home

Feeling safe and secure at home is a priority for any homeowner. But safety is of particular concern for aging men and women who are at greater risk of being involved in accidents at home than younger men and women.

Harvard Health Publishing says that accidents at home are among the leading causes of injury and death in the United States. The chances for fatalities increases as one ages, and by age 75 and older, men and women are almost four times as likely to die in a home accident as people a decade younger.

As people age, their balance, eyesight and general physical abilities can begin to diminish. Furthermore, a fall or incident that may only bruise a younger individual can cause more serious breaks or damage for seniors, resulting in potentially lengthy recovery times.

The Home Care Assistance organization says that one million elderly people are admitted to the emergency room for injuries every year. People concerned about the safety of their homes or the homes of their aging loved ones can retrofit such properties to make them safer.

Falls

According to The Senior Social Club, which offers care and community services to seniors, falls are the most common accidents affecting seniors. One out of every three seniors age 65 and older falls at least once a year.

In addition to working with doctors to improve mobility and modify medications that may cause unsteadiness, changes around the home can help. Grab bars placed in bathrooms and high-traffic areas can help seniors stay more

stable when changing from sitting to standing positions.

Potential tripping hazards should be assessed. Area rugs without nonskid backings, clutter on floors, extension cords that extend into walking areas, and uneven flooring pose tripping hazards. Anti-slip coatings can be added to floors to reduce the risk of tripping.

Poorly lit staircases and entryways also can contribute to falls. Consider the installation of motion-activated lighting so that dim areas can be automatically brightened when necessary. A nightlight or LED lights placed near molding can help guide seniors to the bathroom during midnight visits.

Physical limitations

Arthritis can impede seniors' ability to turn on and off appliances, water faucets or handle certain kitchen tools. Kitchen and bathroom modifications can

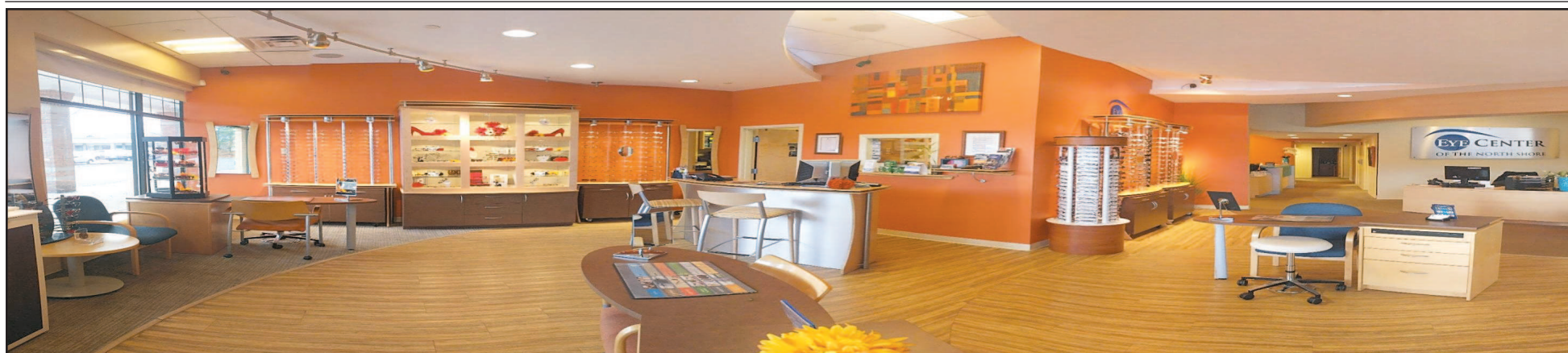
include the installation of ergonomic and user-friendly handles and spigots.

Task lighting can make it easier to prepare meals, and appliances that automatically turn off after a certain period of time can be a safety feature for forgetful individuals.

Reorganize kitchen cabinets to make commonly used items as accessible as possible.

Smart homes

Friends or family members can have greater control over seniors' homes by installing smart home systems. This way they can remotely adjust thermostats, control lights, view cameras, engage locks or alarm systems, and much more without having to be at the home. This can allow seniors to maintain their independence while offering peace of mind to their loved ones.



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Tips, tricks for setting sail on vacation with ease

Cruising can be an ideal vacation for people of any age, but particularly for seniors. Cruises combine all-inclusive meal packages with accommodations, breathtaking ports of call and pre-arranged activities, so vacationers do not have to lift a finger for days on end. Cruising also can be a social activity, meaning singletons can meet up with other like-minded people and enjoy the cruising experience together.

Cruise Lines International Association, a global organization advocating for the cruising community, found that 25.8 million passengers expected to take a cruise last year, and various cruise companies invested more than \$6.8 billion in new ocean vessels.

Whether a person is new to cruising or is a seasoned ocean or river traveler, there are always techniques to try to score great deals or enjoy



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The convenience of cruising makes it a popular vacation option for older adults.

the experience even further.

Consider these tips and tricks, courtesy of Royal Caribbean, The Cruise Critic, the Travel Channel, and other vacationing experts:

■ **Research the ships, and not just the cruise lines.** Cruise

lines each offer their own amenities and are known for certain features. One cruise line may be a better match for young singles, while others may cater to families. In addition, certain ships may have their own special features such as water slides,

athletic events, casinos and more. Choose a ship that meets your needs.

■ **Arrive the night before.**

There's no need to rush to the port to board the ship. Extend the vacation a little further by arriving a night or two before and checking into

a nearby hotel. Some hotels may offer free parking or shuttle service to the ship.

■ **Choose a close port.** Select a port within driving distance to avoid airline costs and the extra hassles of coordinating luggage and travel to the port.

■ **Book dining ahead of time.** Cruise ships often have a main dining room and then specialty restaurants. If you want a particular meal, make reservations before leaving port. Certain restaurants may offer discounts or perks, such as a free bottle of wine or premiere seating.

■ **Understand what's included.**

Cruise ships have many foods and drinks that are included in the packaged price. Certain branded items, such as specialty coffees or ice creams, may be available at an additional charge, as are premium drinks. But chances are you can find a free, similar version elsewhere on the ship.

■ **Explore special discounts.** When shopping for a cruise, see if there are discounts available for seniors, teachers, people in the military, or those who belong to certain clubs. Cruise lines often love to incentivize, so it pays to ask about discount pricing.

■ **Make a list of activities.** It can be easy to get overwhelmed by all of the offerings on a cruise ship, so much so that there's some stress over trying to fit it all in. Recognize that you can't see or hear it all, and prioritize what's important to you. Make sure you have plenty of time to relax.

■ **Book at the right time.** Cruises may be more available after Labor Day when kids go back to school and the weeks between Thanksgiving and Christmas when others are too busy to travel.

Cruising can be an ideal vacation for travelers who are savvy enough to do their research.

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Giving from the heart: Tips for charitable donations

People often gain a greater sense of purpose and happiness after giving to charity, and seniors are no exception. According to a study from Merrill Lynch and Age Wave, today's retirees are almost six times more likely to define success by generosity than their wealth when compared to seniors of yesteryear.

Seniors' eagerness to give makes them prime targets for charity fraud. Giving in retirement while avoiding fraudsters is challenging, but seniors who recognize their vulnerability can reduce their risk of falling victim to criminals.

Research before giving

To ensure a donation will be spent in the way it was intended, seniors should thoroughly research organizations before becoming

donors. One of the first places to start is Charity Navigator. A 501(c)(3) public charity, Charity Navigator has been guiding the public regarding charities since 2001. Their analysts research thousands of financial documents, rating charities on accountability, transparency and performance, among other criteria.

Individuals also can research charities by getting recommendations from friends and family, as well as learning about organizations through the Better Business Bureau. Online rankings and scam alerts can help with decision-making as well.

Don't feel pressured

High-quality charities do not need to resort to pressure tactics to solicit funds. Similarly, individuals should not feel put upon to donate

because of gifts received in the mail. Such gifts commonly include notepads and return address labels. Seniors should make donations based on how they feel about a particular charity and the difference they want to make.

Be aware of sound-alike charities

Some fraudulent charities like to piggyback on the success of reputable organizations. They may operate under names that sound similar to legitimate charities or create business logos that are nearly identical. People should not be fooled by these tactics.

Explore all the ways to give

Seniors can give back in various ways. Charitable gift annuities and charitable trusts are great ways to give,



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Seniors are advised to do their research before making a charitable donation.

and older adults can even donate senior discounts through a giving site called Boomerang Giving. Seniors also can volunteer their time.

Donate directly

Contact a charity directly to donate instead of using a middle person or

unconfirmed entity on the phone. Use a credit card or check so there is a receipt of the donation.

Opt out of information sharing

Donating to one charity should not result in a deluge of solicitations from others. Individuals should tell

a charity they do not want their personal information shared. This also helps to reduce the risk of being contacted by bogus charities.

Seniors who give to charity reap many rewards. But safeguarding one's finances is of paramount importance when donating to charity.

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In shape for surgery

Growing trend aims to have patients prepped for procedures

By JUDITH GRAHAM
TRIBUNE NEWS SERVICE

Surgery can be hard on older adults, resulting in serious complications and death far more often than in younger patients. But many seniors aren't adequately prepared for the risks they might face.

Innovative hospitals such as Duke University Medical Center, the University of California-San Francisco Medical Center and Michigan Medicine are working to change that. In the week leading up to surgery, they prescribe exercise to seniors, make sure they're eating healthy foods and try to minimize anxiety and stress, among other initiatives.

Research suggests these interventions can enhance seniors' readiness for surgery and potentially lead to improved outcomes. "Changing how we approach older patients is really an imperative," said Dr. Emily Finlayson, director of the Center for Surgery in Older Adults at UCSF.

In that vein, the American College of Surgeons plans to launch a national effort to improve surgical care for seniors, after defining a broad array of standards that hospitals should meet. The goal is to promote and recognize "centers of excellence in geriatric surgery" across the U.S., said Dr. Ronnie Rosenthal, chairman of ACS' geriatric surgery task force.

New evidence from Duke's POSH (Perioperative Optimization of Senior Health) program demonstrates the value of prepping at-risk seniors for surgery, a strategy endorsed by the newly published standards.

In January, researchers reported that older

The Patient Preferences Project at the University of Wisconsin School of Medicine and Public Health has developed and is testing a list of useful questions for older patients. Even if your local hospital doesn't have a program like those at Duke, Michigan Medicine or UCSF, you can ask your surgeon to address these questions:

- Should I have surgery?
- What are my options?
- What is likely to happen if I do have surgery? If I don't have surgery?

adults who went through the POSH program before major abdominal operations spent less time in the hospital (four days versus six days for a control group), were less likely to return to the hospital in the next 30 days (7.8 percent vs. 18.3 percent), and were more likely to return home without the need for home health care (62.3 percent vs. 51.1 percent). They also had slightly fewer complications.

POSH is an interdisciplinary model of care, bringing together surgeons, geriatricians, anesthesiologists and social workers while actively engaging older patients and their families. Seniors referred by surgeons attend one- to two-hour appointments at Duke's Geriatric Evaluation and Treatment Clinic, where they receive a comprehensive geriatric assessment focused on their functioning (what they can do, with what degree of difficulty), mobility, cognition, medications, nutrition, existing medical conditions and support at home from family or other caregivers, among other factors.

Making sure that older patients understand what surgery might mean for

PATIENT CHECKLIST

■ In your opinion, will surgery make me feel better? In your opinion, will surgery help me live longer? If so, how much longer?

■ What should I expect if everything goes well? What will my daily life look like after surgery? Will I have any tubes or drains put in during or after surgery and will I need them at home?

■ In your opinion, how will this surgery affect my other health problems (such as diabetes or high blood pressure)?

■ After I leave the hospital, what type of care do you think I will need?

■ What happens if things go wrong after surgery? Can you describe serious complications and explain what those might mean for me?

■ If I'm too sick to speak for myself, how can I make sure you know my wishes? If I decide to appoint someone to make medical decisions for me, what do I need to do to make those arrangements official?

before surgery to repair a large hernia.

"I hadn't had any major surgery, ever," said the retired Navy rear admiral who is now associate vice chancellor for alumni relations at North Carolina State University. "They went to great lengths to brief me on every little thing — not only the medical procedure itself, but what I could expect physically and emotionally afterward. That really gives you a sense of confidence that things are going to go well."

At Michigan Medicine, an academic health center operated by the University of Michigan, a similarly intentioned but pared-down program focuses on four objectives before surgery: walking more, getting lungs ready through breathing exercises, eating well and relaxing (spending time with friends and family, getting enough sleep, minimizing stress). Participants get daily text reminders and can log their progress through a patient portal in the hospital's electronic health record.

Empowering older patients to take action before surgery instead of sitting around and worrying is the program's "magic



Dreamstime

Surgery can be hard on older adults, and many seniors aren't prepared for the risks they might face. Hospitals are introducing new programs to ready patients and address their concerns.

sauce," said Dr. Michael Englesbe, a professor of surgery at Michigan Medicine who is involved with the program.

Difficulties with billing Medicare for preoperative consultations and restructuring how physicians practice are the biggest challenges to implementing this kind of model widely. Still, "a lot of vendors are developing education and activity-tracking programs around surgery, and I expect these kinds of programs will become part of the standard of care in the not-too-distant future," Englesbe said.

At UCSF's Surgery Wellness program for older adults, patients are seen by a geriatrician, nutritionist, physical therapist, occupational therapist and a health coach. Consultations last about 90 minutes and result in concrete suggestions for seniors and their families as

well as referrals, if needed, to specialists who can undertake more extensive evaluations.

Hoping to expand the reach of UCSF's approach, Finlayson and colleagues are developing a website and digital app, Prehab Pal, that will walk older adults and their caregivers through surgery prep. Created with input from seniors, it will have large-text fonts and easy-to-use design features. "We're putting the final touches on the first product and will pilot in March," Finlayson said.

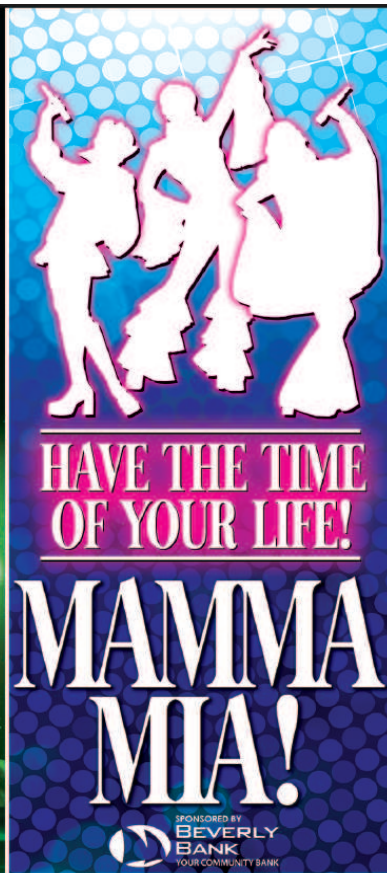
For patients, knowing how to ask the right questions before surgery and appointing a surrogate to act on your behalf during and immediately after surgery is critically important, noted Rosenthal of ACS, who is also a professor of surgery and geriatrics at Yale University School of Medicine.



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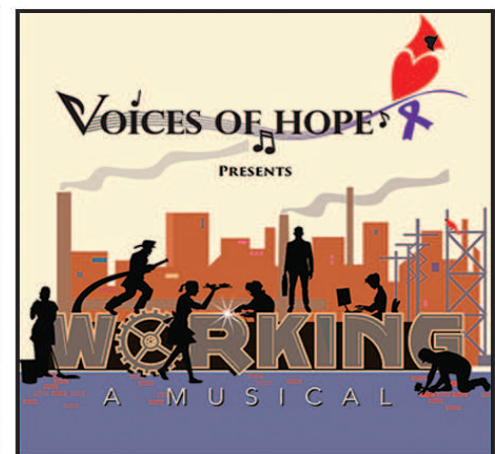
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