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Communities gear up for boomers' 'rocking' second act

By Brian Goslow

WORCESTER —

Talk about impact. Every 7.5 seconds, a member of the baby boom generation turns 50 and could still have almost another 50 years of life ahead. Yet, said Sandy Markwood, CEO of the National Association of Area Agencies on Aging (n4a), most policy makers outside the aging field don't take the coming age wave of older adults into consideration.

Speaking at the recent Re:Generation at 50+, Lives Re-Defined, Communities Re-Imagined conference, Markwood said nearly half the communities in the United

States have not even begun to address the aging population issue. Those that have are starting to change their social program services and physical design to become lifelong communities, in part, due to the advocacy efforts of people like those attending the conference.

Attendees came from throughout New England and represented area colleges, the realty, attorney and aging consultant fields, assisted living and skilled housing facilities and non-profit, local government and community agencies.

"The aging of boomers will have a dramatic social impact on the physical and economic future of our communities in regard

to housing, health, transportation, land use planning, public safety, parks and recreation, workforce development and education and volunteerism and civic engagement," Markwood said.

"By their sheer numbers, boomers are creating a new definition of aging, a new interest in aging and a new attitude of aging," she said. It also requires being referred to as something different from that of their parents and grandparents. "Should we call them older adults or seniors? Boomers or Zoomers? Is 50 the new 30?" asked Markwood.

To accentuate changing attitudes, Markwood contrasted Tina Turner shaking it onstage at 61 and the iconic image of Whistler's Mother in her rocking chair at the same age. "It prompts the question, 'What kind of rocker do you want to be?'" she said.

That question is not only being asked of those who are at or nearing retirement age, but the multiple generations of baby boomers born between 1946 and 1964. "The differences are very dynamic," she said.

Most boomers like to hold onto their youth, regardless of their age," Markwood said. They still want to rock 'n' roll — as demonstrated through a cartoon of a senior asking for his senior discount while buying tickets to a Rolling Stones concert — and, as they did in the 1960s, boomers will continue to change the face of the United States through their involvement in social issues.



Tina Turner is still shaking it onstage at 61.

"They'll continue demanding, 'We want what we want and we want it now,'" said Markwood, acknowledging that that attitude could be both good and bad when perceived by society-at-large. "It's positive if it's a positive force for change."

Thus, it'll be crucial in any discussion on programs demanded by boomers that they show how these programs would be universally beneficial. "As ambassadors you have to ask, 'Is it good, is it good planning, is it good for everybody?'" Markwood said. "If you had better sidewalks with better crossing and signs, it certainly helps make it easier for those who need a little more time to get across, especially seniors or those with disabilities. It wasn't that long ago I was pushing my child across the street in a stroller and it would have been helpful

ROCKING page 3

Knitting, quilting, canning: Old crafts popular again

By Colleen Newwine Tebeau

Whether Jennifer Worick saved money by knitting herself a scarf depends on how you do the math.

"Instead of going out and shopping, which is something I enjoy, I can throw myself into my crafts," said Worick, of Seattle, who spent \$120 on the hand-spun, hand-dyed yarn, and hours working on the scarf.

But "it's not just about the bottom line. I don't make things to save money primarily. The lifestyle is about being less consumptive," added Worick, author of *The Prairie Girl's Guide to Life* (Taunton, 2007) and an advocate of old-fashioned hobbies.

The satisfaction of getting back to simple pleasures — as well as the potential to save money in hard times — seems to be driving a resurgence of crafts and do-it-yourself hobbies.



Worick

Ball, the home canning company, reports sales of canning jars are up about 30 percent in the last year. Quilters and knitters celebrate being hip. As for cooking, about 45 percent of Americans say they are eating out less this year to save money, a nearly 12 percent increase from 2007, according to BIGResearch, a Worthington, Ohio-based firm that does consumer research.

TV shows like *Project*

CRAFTS page 3

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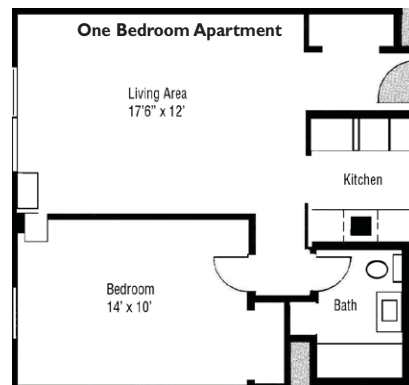
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► Rocking

Cont. from page One

to me too.”

Long-term planning will be key, whether for individuals, families or communities. It's time for society to acknowledge, and plan accordingly, that most of us are going to live a lot longer than generations before us, Markwood said. “Will your community be meeting your needs at 65, 75, 85, 95 — and yes — 105 isn't out of the question for some of you in this room,” she said. “There has to be a degree of personal responsibility. We planned for college. We planned for our career. We planned for our family. (Now) we need to plan for our aging.”

Many children think Medicare will cover all their parents' health expenses. “We have to let them know this isn't the case, so they can start planning or get their parents thinking about planning,” said Markwood, who felt the perceived upcoming strain on government services can be averted, in great part, with programs that focus on health

promotion and disease prevention.

“In this nation, less than 5 percent of healthcare funds go to prevention. Most goes to acute care. Many over 65 die of chronic cases that could be delayed or outright prevented through proper programs.”

While no one knows how the flood of boomers will affect traditional aging-related services, one thing is for certain — everyone would like a single point of entry for services in their community. “They don't want to have to call five different numbers,” Markwood said. “We need to answer the demand for person-centered services and take the ‘No wrong door’ approach and develop a place where people can get the information they need to make the best decisions possible.”

Boomers won't collectively follow in the steps of their parents and leave their current homes for other parts of the country. With almost two-thirds owning their homes, housing innovations are needed to help them stay in their own homes, if they wish, for as long as possible. Doorways may need to be wide enough to accommodate a walker

or wheelchair; layouts may have to be modified to allow for a first-floor bedroom.

Housing for older residents is a work-in-progress, with affordable assisted living, continuing care retirement communities, zoning changes for different types of housing units in existing neighborhoods and the use of technology in keeping people in their homes all part of the mix. “No one boomer is the same,” Markwood said. Moreover, unlike a long-held stereotype, “not all want to live in age-specific communities.”

She noted how many communities around the country are creating organizations such as Boston's Beacon Hill Village and the newly formed Neighborhood Connections in Worcester to help residents age in place by providing personal one-on-one service assistance programs.

Markwood acknowledged the efforts



Markwood

of Congressman James McGovern, D-3rd Congressional District, who also addressed the conference, to develop not just elder-friendly elements but livable communities for all ages.

McGovern, who's not yet eligible for his AARP card, said he's seen how retirement has changed in his lifetime, from where it meant being put out to pasture to where communities are beginning to count on their involvement.

“It's inspirational to walk on the campuses of Assumption and Worcester State College and see people not only in their 20s, but in their 60s, 70s, 80s and 90s,” McGovern said. “They're going back to get their degrees and then mentor and share their experiences with the younger students.”

For more information: www.n4a.org, www.cowc.org.

► Crafts

Cont. from page One

Runway, cable channels like HGTV and the Food Network, and the ubiquity of home-maker doyenne Martha Stewart have all helped raise the profile of do-it-yourselfing. The Internet has helped crafters connect with each other, suppliers and markets.

For many do-it-yourselfers, like Worick, saving money is a perk but not the point.

Cathy Rakers keeps chickens in her backyard in Portland, Ore., and estimates the cost of their eggs at about a third of what she might spend on eggs at the store. Likewise, when she goes to you-pick berry farms and brings home berries for jam, she figures the results are cheaper than mass-produced jam.

Yet even if the cost were the same, she would still prefer raising the chickens

and canning the berries herself. Trained as a pharmacist, Rakers battled cancer with a mix of mainstream medicine and holistic treatments, including revamping her diet.

“I want to touch it every step along the way,” Rakers said. “I like knowing what's going into it.”

Jeff Sword of Baltimore, who buys green coffee beans and roasts them himself, estimates they cost about half what already roasted beans would. But when he considers the cost of his coffee roaster and adds

bean shipping costs, he figures his hobby “would eventually pay for itself but it might take a while.”

His real savings, he said, come from brewing his own coffee at home and taking it to work in a Thermos, skipping a stop at a coffee shop.

Sword also enjoys making his own beer, more because he can personalize it to his taste than because it's economical. “There is a direct correlation between the cost of the

stuff you use and the quality of the results you get,” he said.

Therein lies a challenge many hobbyists face: Once you start canning your own peaches, for example, your palate might learn the difference between the more expensive organic peaches lovingly put up without fillers and additives and the store-brand canned peaches.

Sarah Smith began gardening a few years ago when she bought a home

in Ann Arbor, Mich., that already had a plot. She learned to make wine, yogurt, pickles and sauerkraut, among other foods.

“Ultimately, I'm not sure if we're saving money but it feels better,” said Smith, who documents her projects on her blog, jandssmith.blogspot.com.

Smith said her mother knew how to sew and can — traditional homemaker activities — but found freedom in not having to do those things. So Smith didn't pick them up as a child, and is learning



Martha Stewart has all helped raise the profile of do-it-yourselfing.

now as an adult.

That experience is common these days, said Pati Palmer, a sewing teacher for decades and now president of Palmer/Pletsch Publishing, which has its own line of sewing patterns with McCall's.

“I have been in the sewing industry since 1968 and have seen the home economics classes thrive then disappear,” Palmer wrote in an email. “I think the women's movement in the '70s made them out of fashion but now we are realizing the good they did for children, especially those who were engaged in school through more tactile ways such as art,

sewing, music, shop, etc.”

Lifetime TV host and home design expert Kathy Peterson learned to sew when she was a kid, then drifted away from it. She later began making crafty projects for the home as a release for the stress of her job as a producer and director.

“Crafting got a bad rap because it was granny squares and it was very dated,” said Peterson, host of *The Balancing Act*. “It's become hip again.”

And hopefully economical, too. “My motto is, ‘use your creativity, not your credit card,’” she said. — AP

Long-term care health coverage a hidden casualty of economic slide

CHAMPAIGN, Ill. —

Many Americans have lost more than just retirement savings because of the economic meltdown, says an authority on the subject.

Richard L. Kaplan, a University of Illinois professor and elder law expert, said older retirees also may now be short of funds for costly long-term medical care such as nursing homes if their health fails.

“This is one of those silent crises that people don't think about because they don't get a statement every quarter showing how much their long-term health care risks have increased,” Kaplan said. “They get a statement that their 401(k) is down, but most don't relate that loss to their increased long-term-care cost exposure.”

Many retirees and workers nearing retirement have counted on retirement savings to insure against health-care expenses that are not covered by Medicare, such as nursing homes, at-home care and assisted-living facilities, he said.

But those once-healthy nest eggs have collapsed with the stock market, which could ultimately leave retirees unable to pay for long-term-care costs, including an average \$77,000 for a year's stay in a nursing home, Kaplan said.

“This is a wake-up call for people who were willing to use their own resources for long-term care expenses, figuring that they'd never outlive their savings,” he said. “The point is that now, after a 45 percent drop in the stock market, they just might.”

With the market-driven decline in the value of retirement assets, many older Americans may be taking a second look at long-term-care insurance, Kaplan said.

“But that insurance... has only gotten riskier in the last few months,” said Kaplan.

Hefty premium increases for existing policyholders are now surfacing among the industry's largest companies, Kaplan said. Three leading insurers — Genworth

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Economy likely to move up Medicare's insolvency

By Kevin Freking

WASHINGTON —

Federal health officials estimate that the struggling economy will speed up by one to three years the exhaustion of the Medicare trust fund covering hospital and nursing home care.

Trustees for the Social Security and Medicare programs warned last March that the trust fund for Medicare Part A would become insolvent in 2019. But the chief actuary for Medicare recently said the economy will likely generate less revenue through payroll taxes than the trustees had projected.

Once the trust fund is exhausted, the federal government will continue to pay for hospital care and other services, but it initially would only have enough money coming in to cover 78 percent of estimated costs.

Trustees issue a once-a-year report on the financial conditions for Social Security and Medicare. In the fall, the trustees get an update that tells them what's happening versus what their

latest projection indicated. In the latest update, Medicare's top actuary braced the trustees for a deterioration in Medicare's finances.

"Right now, we know that we're in the start of the recession. We don't yet know how severe it might be," Richard Foster, chief actuary for the Centers for Medicare and Medicaid Services, said in an interview. "We did a very, very rough estimate suggesting that because of the recession, the exhaustion date might advance anywhere from one to three years."

That estimate would place the exhaustion of the Part A trust fund somewhere between 2016 and 2018.

Foster said that higher unemployment as well as smaller wage increases are behind the projected drop in revenue for Medicare Part A. Services covered through the Part A trust fund include inpatient hospital care, nursing home care, hospice and home health.



Leavitt

Health and Human Services Secretary Mike Leavitt, one of the trustees, said that Foster's update reinforced his concern that too many people view Medicare's finances as one that is in the distant future.

"We're not talking about some future president. We may be talking about this one," Leavitt said, referring to President-elect Barack Obama.

Over the past year, Leavitt has frequently talked about Medicare drifting toward a financial disaster. He said Congress will be forced to take action by raising taxes, cutting benefits to seniors or reducing payment rates for health care providers. But those changes can be less severe the sooner that

Congress acts.

"The more you anticipate the problem, the better chance you have of averting disaster," he said. "That's why the trustees here are frantically trying to get people's attention to say you have to start now." — AP

Pushing more doctors to ditch the prescription pad

WASHINGTON —

The push for paperless prescriptions is about to get a boost: Starting this month, doctors who e-prescribe can get bonus pay from Medicare.

For patients, the benefits are obvious — from shorter drugstore waits to increased safety, as pharmacists no longer squint to decipher doctors' messy handwriting.

But persuading U.S. doctors to ditch their prescription pads for electronic prescribing so far has been a long, uphill battle.

Still, the movement is gaining steam as

Medicare warns that its bonus payments are for a short time only: Holdouts still sticking to paper in 2012 will find their Medicare payments cut.

And continuing the push for medical information technology is a key part of President-elect Barack Obama's health-reform plans, in hopes that moving to computerized records — not just prescriptions, but all those troublesome paper charts that contribute to medical errors and wasted care — ultimately could save millions of dollars a year.

What's a paperless prescription? When the doctor writes it by computer and

sends it directly to the drugstore by computer, there's no little piece of paper to get lost or stolen anywhere along that trail.

Some doctors do write prescriptions via computer but then hand the patient a printout, or it arrives at the drugstore as a fax. Those don't count as true electronic prescribing.

The biggest reason for the paperless push is to improve safety. More than 1.5 million Americans are injured every year by medication mistakes. Deciphering doctors' chicken-scratch — was that 100 milligrams or 100 micrograms? — does play a role. But perhaps more important, electronic prescribing systems can flash an alert if the dose seems wrong or patient records show use of another drug that can dangerously interact.

By avoiding unnecessary medication

injuries, the government predicts e-prescribing could save as much as \$156 million over five years.

It can save patients cash, too. Most insurance plans divide their formularies into tiers with escalating co-pays. E-prescribing can let doctors debating which drug to recommend to take into account patient cost. The Medicare incentive is an extra 2 percent in reimbursement rates in 2009 and 2010, and smaller bonuses the next three years.

A bigger barrier: Narcotic painkillers and other controlled substances that account for 20 percent of all prescriptions are banned from electronic prescribing. The Drug Enforcement Administration is working on rules to allow that switch. — AP



State launches website comparing health care quality and costs

BOSTON —

Massachusetts consumers now have access to a state sponsored website to compare quality of care and cost at area hospitals and outpatient facilities. The new site, www.mass.gov/myhealthcareoptions, the first of its kind in the nation, provides what was once confidential information about how much insurers pay individual hospitals for surgical procedures such as knee replacement surgery, angioplasty and mammogram, to name a few.

The move is required as part of the state's new health insurance law.

"This cost information shown on the website will help consumers and employers understand what their health insurance premiums pay for," said Katharine London,

executive director of the Massachusetts Health Care Quality and Cost Council (HCQCC) in a statement. The HCQCC is in charge of the website and is also mandated by the state to establish goals for improving health care quality, containing health care costs, and reducing racial and ethnic disparities in health care.

"Transparency is vitally important in both controlling costs and improving quality in the health care industry," said Secretary of Health and Human Services Dr. JudyAnn Bigby, who also chairs the Council. "Our hope is that the website will empower consumers to spend health care dollars more efficiently and motivate providers to improve quality and decrease their costs," she said in a statement.

Red Sox fans can show their loyalty for eternity

ROCKLAND —

Lifelong Red Sox fans can now take their love of the team to the next level — eternity.

A Massachusetts funeral home recently took delivery of the first Red Sox casket, which features the team logo on the exterior as well as the inside.

The casket is manufactured by Eternal Image of Michigan, which has a licensing agreement with Major League Baseball.

Bob Biggins, co-director of Magoun-Biggins Funeral Home in Rockland, told *The Boston Globe* families in mourning often want their loved ones buried with favorite items. In the past, that's included Red Sox paraphernalia; the casket takes it to the next step.

Biggins said the family that chose the \$3,000 Red Sox casket bearing serial number 0001 did not hesitate in picking it for their father. — AP

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Obama aide asks Americans for health care stories

WASHINGTON —

President-elect Barack Obama and his aides are determined not to repeat the mistakes the Clinton administration made 15 years ago in trying to revamp the nation's health care system. Some of the lessons learned: Move fast, seize the momentum and don't let it go.

Tom Daschle, Obama's point man on health reform, discussed the early strategy for revamping the nation's \$2 trillion health care system. Details of Obama's proposals won't be finalized for a while, but the political and public relations strategy is coming into place.

The strategy began with giving people the chance to highlight their concerns and experiences. Daschle invited people around the nation to hold what amounts to house parties from Dec. 15-31. Obama's transition team is gathering the information that's provided from those meetings and posting the material on its website, change.gov.

By asking anybody and everybody to share their health care experiences, Daschle is confronting one of the major criticisms of 15 years ago: that the effort to craft former President Bill Clinton's plan for universal coverage was too secretive.

The effort expands the circle of people who believe they have a stake in next year's debate over the issue, analysts said. Unlike most developed countries, the United States



Daschle and Obama

doesn't have universal health care, though a few states are working on offering it.

"Last time, we're talking 15 years ago, in part because the process was done behind closed doors, it was hard to see what the impact would be on people," said John Rother, public policy director for the advocacy group AARP. "It was about systems, it was about budgets, it was about insurance companies. It didn't translate to people very easily."

"They are clearly trying to do it differently and help the American public see the case for reform in human terms," he said.

Daschle maintains the efforts to bring about universal health coverage in the first two years of the Clinton presidency took too long. In a book published earlier this year, he urged the next president to act immediately to capitalize on the goodwill that greets any incoming administration.

Once Congress does take up a health plan, it also can't divert attention to other subjects, he said.

"Let's not put it down, let it lie there for months and months and figure out a time when we can get back to it later," Daschle said at a Colorado Health Care Summit organized by Sen. Ken Salazar.

Nevertheless, any health care overhaul will have an enormous price tag. During the campaign, Obama said he planned to pay for expanding health coverage in part by

increasing taxes on the wealthy and requiring larger businesses to provide health coverage or contribute a portion of their payroll to a new public insurance plan. The current recession provides a significant obstacle to both options.

Daschle did not provide any details about how the incoming administration would pay for expanding coverage. Instead, he made the case that not dealing with health care would make the country's economic problems worse because companies like General Motors spend more on health care than steel and Starbucks spent more on health care than on coffee.

Daschle outlined an array of problems with the current system familiar with many of its participants: high costs, lack of access and mediocre quality. He said the myth has long been that the U.S. had the best health care system in the world, but statistics and an increase in medical tourism show that's not the case.

Many of the interest groups integral to revamping the health care system have acknowledged that the status quo can't continue. But details will determine whether an agreement amenable to all sides is possible.

Health insurers put out their own plan recently that mirrored some of Obama's proposals, like expanding government programs such as Medicaid to help the poor. But the insurers' plan also differed with Obama's on two key points. They want to require that people buy health insurance, while Obama only supported a coverage mandate for children. They also oppose requiring companies to provide insurance or pay into a pool, referred to as the "play or pay" mandate. — AP

Medicare insurers' profits exceed expectations, and it reveals

WASHINGTON —

Health insurance companies that serve the elderly and disabled in Medicare are realizing significantly higher profits than they anticipated, resulting in the companies getting \$1.3 billion more than projected, congressional auditors say.

Under a program called Medicare Advantage (MA), the federal government pays insurers for delivering Medicare benefits. The insurance companies' payments are based, in part, on their anticipated revenues and expenses. If the companies had been more accurate, they could have spent much of that \$1.3 billion on enhanced health benefits or lower monthly premiums, and they still would have main-

tained their expected profit margin, the Government Accountability Office (GAO) said in a newly released report.

The GAO studied the Medicare Advantage program for 2006, the most recent year for which figures were available.

Rep. Pete Stark, D-Calif., who requested the analysis, said the government spends more on beneficiaries when they're in Medicare Advantage than if they're in traditional Medicare, about 13 percent more on average.

"This puts to bed this idea the plans are offering tremendous extra benefits with the overpayments," said Stark, a frequent critic of the program. "The overpayments are going to profits."

The Associated Press obtained a copy of the correspondence from the GAO to Stark.

Stark, chairman of the House Ways and Means health subcommittee, said he will push for legislation next year that would lower the government's payments to insurers, an idea that President-elect Barack Obama backed on the campaign trail. But supporters of the MA program said participants are happy with their benefits, and they note that millions have enrolled in the program in recent years as a result.

Any attempts to scale back payments to private insurers would lead to benefit cuts or higher premiums for seniors in those plans, supporters of the program contend. About three-quarters of Medicare's 45 mil-

lion beneficiaries are still enrolled in traditional Medicare, in which the government pays health care providers a set fee for particular services.

The insurance plans also spent less covering medical expenses than anticipated, with 83.3 percent of revenue going to medical expenses. They had projected that nearly 87 percent of revenue would go to expenses.

In responding to the report, federal officials said the insurers' estimates for expenses were within a standard range, given the difficulty in forecasting medical trends and spending. They also stressed that Congress set up the payment structure for MA plans to make sure beneficiaries had wide access to the program. — AP



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Health clubs gear programs for those with ailments

By Jamie Stengle

DALLAS — When Patti Kiernan found out she had osteoporosis, she decided it was time to find a more focused workout.

The 61-year-old signed up for a fitness program at her Dallas gym that's geared specifically for women with health problems. Kiernan liked the four-week Female Focus program so much she's still in after two years.

"I just felt that this was the right way to go," said Kiernan, who also began taking medication and saw her bone density improve after a year. "Plus, there were other women in the program who had the same problem."

More and more clubs are offering exercise programs fine-tuned for people coping with a variety of ailments, said Joe Moore, head of the International Health, Racquet and Sportsclub Association. He said the number of programs has grown along with the number of studies showing the health benefits of exercise.

Medical and fitness experts say that exercise not only elevates the mood and energy levels, but helps control weight — a contributing factor for many diseases.

For breast cancer patients, "being overweight or gaining weight post diagnosis is a huge risk factor" for recurrence, said Colleen Doyle, director of nutrition and physical activity for the American Cancer Society.

Her group and the American College of Sports Medicine are devising a special certification for people who work with cancer patients on exercise programs.

Julie Main developed such a program after she was diagnosed with breast cancer in 1993. She was inspired after her doctor mentioned that she seemed to be going through

treatment better than other patients.

She told him one thing she was doing was continuing to exercise.

"He said, 'Most of my other patients don't do that.' I said, 'Well, maybe they should,'" Main said.

Now president of West Coast Athletic Clubs with five gyms in California, Main teaches other health clubs how to set up programs similar to her twice-a-week, 10-week program. Her free programs are done in collaboration with the Cancer Center of Santa Barbara and focus on strength-training.

"With cancer, people feel too tired to exercise, but if they exercise the fatigue is less," said Christine Brown, the Cancer Center's wellness manager.

In suburban Boston, patients are referred to the Dedham Health and Athletic Complex after they've been diagnosed with anything from heart disease to arthritis to diabetes, said Lloyd Gainsboro, co-owner and director of business development.

Sixty-day programs that cost \$60 emphasize strength and cardiovascular training and are taught in an area of the gym with more carpet and sofas and fewer "spandex and beautiful bodies," Gainsboro said.

Participants in the Female Focus program at Dallas' Cooper Fitness Center pay \$580 for an evaluation, eight training sessions, two lectures — one on exercise and another on nutrition — and a workout booklet to help them continue their routine.

Program founder Colette Cole said the evaluation helps her tailor the workouts to each participant and their capabilities.

The program appealed to Gretchen Montgomery, who was feeling some trepidation about resuming exercise after a bout with food poisoning and an emergency hysterectomy in the spring.

"I loved that it wasn't a room of workout babes," Montgomery said.

Ellen Orzel did two sessions of the program last spring, about a year after a double mastectomy. After the surgery and treatment, she was weaker and carrying 20 extra pounds.

"I was comfortable going in there, knowing I could tell her I had a mastectomy," she said.

Orzel said she was less sore, stronger and lost about half of the extra weight.

"My whole upper body just really felt so much better," she said.

Experts say such programs can also serve

as a support group.

"There's no substitute for the camaraderie that forms among those that know what the other is going through," said Brown of the Santa Barbara center.

Dr. John Phippen, a cancer specialist at Baylor University Medical Center, said that he tells his breast cancer patients to try to walk three to five hours a week.

"To me, it's killing several birds with one stone — preventing osteoporosis, reducing cancer risk, perhaps most important of all, reducing cardiovascular risk," Phippen said.

And while joining a fitness club might help keeping up with an exercise routine, he said it's not necessary.

"You can just start at your own front door with your comfortable walking shoes and away you go," he said.



The most effective moisturizers do not need to be expensive

Retail stores carry an overwhelming array of moisturizer choices. There is something for everything — from eyelids to feet — at prices from less than \$10 to more than \$100. The good news is that it's hard to go wrong. Most, if not all nonprescription moisturizers help smooth skin and replenish moisture in the outermost layer of the skin.



But products with claims that go beyond the basics probably aren't worth the extra cost. In fact, higher cost doesn't correlate with a more effective product. Selecting a moisturizer often comes down to personal preference. Take these tips into

consideration when it comes to selecting a moisturizer for:

- The face or other acne prone areas: Use products designed specifically for the face. Other moisturizers may clog pores.

- Extra dry skin: Look for a product with petrolatum as one of the top three ingredients. Products containing glycerin, lactic acid or urea can provide an extra boost. However, they

may sting on application, especially for those with cracked skin.

- Sensitive skin: Almost any moisturizer ingredient can cause skin irritation or allergy, but fragrances, dyes, lanolin and the

preservatives parabens and formaldehyde tend to be the most common offenders.

Moisturizers work best when used daily and immediately after a bath or shower. Well-hydrated skin feels better — soft, smooth and pliable — and it's healthy,

too. In well-hydrated skin, dead cells of the skin's outer layer are more compact and orderly. This better shields the body from germs and allows dead skin cells to shed without becoming scaly or flaky. — Newswise

Making a nap work for you

For many of us, taking an afternoon nap is a great way to refresh when we're feeling sleepy. A recent issue of *Harvard Men's Health Watch* discussed napping, its risks, its benefits and tips to make it work for you.

People who are sleep deprived feel groggy during the day and may fall asleep when they least want to. Poor sleep at night may

be caused by not devoting enough time to sleep or by medical problems that disrupt sleep, such as restless legs syndrome and obstructive sleep apnea. And in some cases, daytime sleepiness can result directly from medical problems such as depression or an under active thyroid.

NAP page 9

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Aggression between nursing home residents is common

When people hear about elder abuse in nursing homes, they usually think of staff members victimizing residents. However, research by Cornell University faculty members suggests that a more prevalent and serious problem may be aggression and violence that occurs between residents themselves.

Although such aggression can have serious consequences for both aggressors and victims, the issue has received little attention

from researchers, and few proven solutions exist to prevent resident altercations, says Karl Pillemer, director of the Cornell Institute for Translational Research on Aging at the College of Human Ecology. He has co-authored two articles this spring — in *Aggression and Violent Behavior* and in the *Journal of the American Geriatrics Society* — on resident-to-resident mistreatment.

Both studies report that verbal and physical aggression between residents is common

and problematic, and that more research is necessary to identify risk factors and preventative measures.

"Anyone who spends much time in a nursing home will observe arguments, threats and shouting matches among residents, as well as behaviors like pushing, shoving and hitting," Pillemer said.

"Given that nursing homes are environments where people live close together, and many residents have lowered inhibitions because of dementia, such incidents are not surprising," he said. "Because of the nature of nursing home life, it is impossible to eliminate these abusive behaviors entirely, but we need better scientific evidence about what works to prevent this problem."

The studies found 35 different types of physical and verbal abuse between residents at a large urban nursing home. Screaming was the most common form of aggression, followed by such physical violence as pushing and punching or fighting.

In related work, the authors found that 2.4 percent of residents reported personally experiencing physical aggression from another resident and 7.3 percent reported experiencing verbal aggression over just a

two-week period. Most respondents rated the events as moderately or extremely disruptive to daily activities.

In another study, 12 nurse-observers identified 30 episodes of resident-to-resident aggression on just a single eight-hour shift, 17 of which were physical.

Research also indicates that victims are more likely to be male, have behavioral problems like wandering and be cognitively impaired.

While such incidents are difficult to prevent, these types of studies will help nursing-home staff manage aggression among patients, Pillemer said.

"At present, staff have few solutions available to them and typical interventions in the nursing home may have negative consequences for aggressive residents, including the use of psychotropic medications or isolation of the resident," said Dr. Mark S. Lachs, who co-wrote the article. "We hope our work will help inspire a vigorous search for programs that work to prevent aggression and violence among residents in long-term care," said Lachs, co-chief of geriatrics at Weill Cornell Medical College. — Newswise



Are men or women more likely to have memory problems in very old age?

Women over 90 are significantly more likely to have dementia compared to men in their 90s, according to a study recently published in the online issue of *Neurology*, the medical journal of the American Academy of Neurology.

Research shows that dementia risk for both men and women increases from 65 to 85, but this most recent study is one of the few that looks at people over 90.

"While men don't typically live as long as women, those who do make it to age 90 appear to be much less likely to have dementia and also have a shorter survival time when they do have dementia," according to study author Maria Corrada of the University of California at Irvine.

Researchers reviewed an analysis of about 900 people 90 and older. Of those,

375 had dementia.

The study found that women were nearly twice as likely to have dementia in their 90s compared to men. The results also showed that the likelihood of having dementia doubled every five years in women but not in men.

"As more and more people reach age 90, our findings provide further evidence that more needs to be done to provide adequate resources to care for the increasing number of very old people with memory problems," said Corrada.

The study found that women with a higher education appeared to be as much as 45 percent less likely to have dementia compared to women with less education.

The 90-plus age group is the fastest-growing segment of the senior population. — Newswise

Do you have a wound that will not heal?

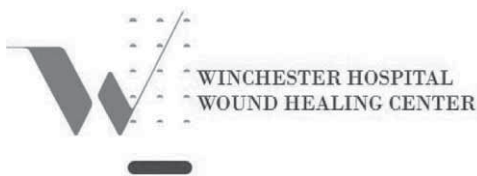
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Stay local, Boston has great haunts on the cheap

By Karen Testa

BOSTON —

This is the cradle of patriotism, the site of Paul Revere's historic ride and home to the USS Constitution.

But it's also home to a new greenway, high fashion at low prices, discount theater tickets, great public transportation and cool places to eat well on a budget.

The combination of old and new, historic and trendy, gives Boston its unique personality.

There's a lot to choose from, well beyond clam "chowdah" (chowder), the patriots of 1776 and historic Faneuil Hall.

But first...

Pahk your cahr: Here's the secret of why Bostonians "pahk their cahr in Hahvid Yahd," because it's too expensive to park it in the city.



Old Granary Burying Ground

The city's public transit, "the T," is just \$2 per ride, with kids free.

In good weather, the most affordable and efficient way to navigate Boston is on foot. And the best way to see the most historic sites — for free — is along the Freedom Trail.

You can start anywhere along the red-brick pathway that winds and bends through historic Boston — from Boston Common to the Bunker Hill Monument. There are 16 official sites but plenty of fun unofficial stops along the way, too.

Historic haunts: Some of the most intriguing figures in the nation are spending their eternal rest in the area. Just one free visit to the Old Granary Burying Ground provides a history lesson for the thousands who come each year to see the graves of noted patriots John Hancock, John Adams

and Robert Treat Paine, who all signed the Declaration of Independence.

Also buried here are Paul Revere, who famously rode through the night to warn that the British were coming, and victims of the Boston Massacre, the spark that helped fuel the Revolution. Established in 1660 in what used to be the southernmost portion of the city, the burial grounds are now in the heart of the downtown bustle, just steps from the Boston Common and the Park Street subway station. It's one of three cemeteries on the Freedom Trail, www.thefreedomtrail.org.

Go green: One of the newest ways to enjoy Boston is with a stroll along the Rose Kennedy Greenway, www.rosekennedygreenway.org. This string of parks and fountains replaces a giant eyesore of an elevated highway, which was taken down and buried beneath the Big Dig.

High fashion-low prices: Boston also has bargains for the fashion-addicted. Among the boutiques on the Back Bay's Newbury Street is The Closet, at 175 Newbury between Dartmouth and Exeter Streets, known for 30 years for its high-end designer consignments. The Second Time Around consignment chain has several stores in the area, including at 176 Newbury, 219 Newbury and 82 Charles St. In the North End, Karma Designer Consignment at 26 Prince St. has designer consignments and vintage clothing.

Over the river: If you want another view of the city, take a quick T ride or a walk a bridge over the Charles River to Cambridge. Enjoy the spectacular Boston skyline, visit the Harvard Coop bookstore, or take in the street performers in Harvard Square. When you're done, check out Grendel's Den, just off Harvard Square. By law there can be no official "happy hours" in Massachusetts, but all food is half-price with \$3 drink purchases at dinnertime at this great student haunt, www.grendelsden.com.

Boston's Broadway: Get half-price same-day tickets to shows in Boston's theater district at the BosTix booth at Copley Plaza or Faneuil Hall. The tickets also are



Rose Kennedy Greenway

listed online at www.BosTix.org.

Good eats: Breakfast at The Paramount on Charles Street requires a healthy appetite, and some attention to protocol. Don't try to sit down before your food is ready at the counter. The unique seating policy — waiting in line while your food is prepared — keeps customers from Massachusetts General Hospital and tourists moving in and out of the door, www.paramountboston.com.

Taste the rich Italian history in Boston's North End at Regina Pizzeria for the best, cheap pizza in town. Boston's "original pizzeria" has been serving up slices since 1926, www.reginapizzeria.com.

If you can't decide between Italian, Chinese, seafood, steak or virtually anything else, take a walk through

Faneuil Hall Marketplace, where nearly every food or drink craving can be satisfied. To save some dough, grab your food to-go at one of the more than 40 eateries and enjoy some people-watching instead of eating at a sit-down restaurant. There is seating available inside the hall, www.faneuilhallmarketplace.com.

For more information on visiting Boston, check out with the Boston Convention and Visitors Bureau, www.bostonusa.com.

— AP



Faneuil Hall Marketplace

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Medicare will continue paying for oxygen supplies

WASHINGTON —

Medicare officials are working to quell growing worry by the elderly that they could lose access to lifesaving oxygen supplies starting this month.

The concerns are unfounded and stem in many cases from misleading representations from medical equipment companies, which are unhappy with a change in federal law that kicked in Jan. 1, according to the Centers for Medicare and Medicaid Services.

Out of concern that Medicare overpaid for oxygen, lawmakers capped at three years the length of time the government will pay a rental fee for oxygen concentrators.

However, the supplier is required to continue to maintain the equipment for up to five years. With the start of the new

year, the three-year cap kicked in for some patients.

Medicare officials provided the Associated Press with an example of correspondence given to the elderly in recent weeks. It came from a Centerville, Ohio, company: "This letter is to inform you that over the next six weeks, Halsom Home Care will have to pick up the oxygen equipment you have been using," the letter said. "Unfortunately, due to the decision by Medicare, you will probably not be able to obtain this type of equipment from any other company. This would leave you without any home oxygen services."

Medicare officials said that a provider's obligation to continue furnishing oxygen equipment ends after five years. At that point, Medicare will begin making rental payments for up to another 36-month period. — AP

► Nap

Cont. from page 6

Voluntary napping, on the other hand, is not a sign of sleep deprivation, illness or aging. In fact, a "power nap" can be helpful as well as enjoyable. Many studies of shift workers and other volunteers have reported that a nap as brief as 20 minutes can improve alertness, psychomotor performance and mood.

Naps, however, aren't trouble-free. One problem is sleep inertia, or grogginess and

disorientation that may accompany awakening from deep sleep. The second problem is nighttime wakefulness.

To get the benefit of a quick snooze without being caught napping:

- Plan to take your nap at a good time in your daily sleep-wake cycle; for many people, sometime between noon and 4 p.m. is best.

- Don't sleep too long; a 20- to 40-minute nap may refresh your day without keeping you up at night.

- Give yourself 10 to 15 minutes to wake up fully before you resume a demanding task. — Newswise



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Budget-friendly decorating tips from the experts

By Melissa Rayworth

Those glossy furniture catalogs in your mailbox offer a pleasant vision of home decorating. They show how easy it is to order up a stylish, thoughtfully designed living space where everything blends smoothly.

But where do you fit in that equation? Many of us live in homes that look “very Ikea” or “very Pottery Barn,” but express nothing at all about the people who live there.

“You take more ownership of the space when you put it together yourself,” said interior designer Janine Carendi. But “retail stores ... have created an environment that makes it easy for people to buy an ensemble. So, oftentimes, the home does look exactly out of the showroom.”

Design experts say adding a dose of personal expression to your living space is simpler and far cheaper than you might think.

Go shopping at home: Designer Brian Patrick Flynn is a huge fan of mixing old and new items to give rooms texture. Search your attic, basement and garage for hand-me-downs and relics from your childhood.

“Find any sentimental object with character, personality or a great story,” he said, “and make it the centerpiece of a space.”

An old side table that belonged to your parents might look great next to the new sofa

you bought last year. And don't be afraid to make inherited pieces your own: “Maybe a piece of furniture your grandmother gave you is not the prettiest color,” said Carendi. Try spray painting or staining it a new shade.

Designer Mallory Mathison suggests placing a stack of your favorite books in the living room. What we read speaks volumes about us.

It's also fun, she said, to explore your home in search of collections you don't know you have. Got one pretty clock on a table in your bedroom, another in a hallway and a third in your living room? Group them together, and it's a collection.

Seek inspiration in unexpected places: “Look in your closet,” Carendi said. “Do you really like patterns? Or a solid color? Bring that into your space.”

Find new uses for textiles that have history, said Flynn. Cover throw pillows with fabric from the prom dress you can't part with. Or frame a swatch of that Hawaiian shirt you wore in college. Flynn's duvet cover is made partly from a Halloween costume he wore as a child.

Flea market finds: Haven't got any hand-me-downs? Comb flea markets and antique shops for pieces that grab your attention or evoke memories.

“Looking for things that strike you is more important than saying, ‘I'm looking for a 30-inch-high table that's round,’” said Mathison.



Comb flea markets and antique shops for pieces that grab your attention.

Carendi said flea markets are great for things like frames, mirrors and tables. A bit of glossy spray paint and a \$5 item becomes a great focal point for a room. Secondhand sofas

and chairs can be riskier, since the stuffing may be past its prime.

When professionals decorate a room, the best parts are often the one-of-a-kind pieces, said Flynn. Be a little daring, he said, and go as kitschy as you please — even if it means buying a garden gnome for \$10. “If it makes you laugh and it makes you happy, buy it. It adds personality, and you can't get that at the big box stores.”

A bonus: Secondhand goods are, of course, eco-friendly.

Get artsy: There may be a local artist

whose work strikes you and doesn't cost much. Or homeowners can buy a canvas and “explore their own artistic urges,” said Mathison.

And while you've got the paint out, she said, try stenciling family members' monograms on their bedroom walls or headboard.

Give photos a facelift: Having pictures around is important, said Carendi. Mix photos from different times in your family's history, said Mathison, and use several frame styles.

Technology gives us the freedom to add our own artistic take to old photos: “I like to take old photos and have them blown up to enormous scale,” Flynn said. “Or take a photo and crop it to maybe just show one side of your grandmother holding her favorite purse.”

Where have you been?: Use items that recall places you've been or were gathered during your travels, said Mathison. Consider framing postcards or maps of cities you've enjoyed visiting or places you've lived. Some maps are free to download and cost just a few cents to print.

Simple as these projects are, they can change the look and feel of your home. “As you choose accessories and artwork, they become a story,” Carendi said. “And you take more ownership of the space because you put it together.” — AP

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Homeowners refinance, put savings in piggy banks

When mortgage rates dropped to the lowest levels in almost a year, Warren Zeger seized the opportunity to slash \$720 off his monthly mortgage payment by refinancing his home in Potomac, Md.

Just don't expect him to spend the savings.

"I'd love to tell you I'm going to spend it to help prop up the economy, but we've tightened our belts," said Zeger, 61, a retired attorney. "I plan on holding on to it."

Zeger echoed homeowners The Associated Press interviewed nationwide who have taken advantage of lower rates since Nov. 25. They planned to stuff the money they saved under the mattress or pay off bills. Refinance activity has surged as interest rates tumbled about 1 percentage point to around 5.5 percent in response to the Federal Reserve's plan to scoop up \$600 billion of mortgage-related securities.

"We've had a lot homeowners waiting for some time" for this drop in rates, said Ritch Workman, co-owner of Workman Mortgage in Melbourne, Fla.

The fed's move was the latest in an unprecedented series of actions to help stabilize the housing and credit markets as well as the broader economy. However, pushing down mortgage rates may only have a muted effect on the economy. That's because more than a quarter of homeowners with a mortgage can't qualify for a new loan, and many who can are so financially stretched that little of the money they save will end up in store cash registers.

"If you're worried about making it month to month and your mortgage is your biggest payment you're not going out to buy a car ...," said Guy Cecala, publisher of *Inside Mortgage Finance*, a trade publication in Bethesda, Md.

Stuart Cassell in Sarasota, Fla., is putting

his \$80 monthly refinance savings into his nest egg. Marcus Leef's \$150 monthly savings is going to daycare costs and personal savings. Leef, a consultant in Hartford County, Conn., has seen his stock portfolio plummet 40 percent, his retirement savings plunge by half and his corporate stock tumble by 60 percent this year. He's not optimistic.

"My view is the economy is in the toilet.

It's going to get worse before it gets better," he said. "If rates drop another point tomorrow, I'll (refinance) again the day after."

Those are the luckiest homeowners. Les Berman, a mortgage broker in Encino, Calif., said most borrowers contacting him have interest-only mortgages and they want to lock into a fixed-rate loan. They're not saving any money each month

if they do that; instead, they're taking higher payments to get out of riskier loans.

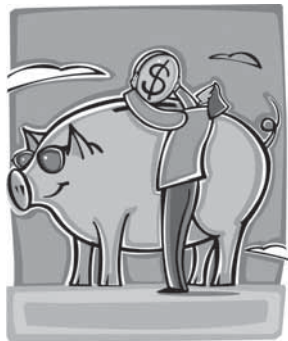
"They want that security. They want to protect themselves against the future," he said, even if it means shelling out more each month.

Brokers are turning away thousands of borrowers because they just won't qualify for a refinancing. Pava Leyrer, president of Heritage National Mortgage in Michigan, said about 40 percent of the homeowners calling her likely won't get a refinance because of falling home values, credit issues and job loss.

Likewise, Brad Cohen, vice president of Mason Dixon Funding in Rockville, Md., said as many as two-thirds of borrowers he's talked to don't qualify because they owe more on their mortgage than their house is worth.

An estimated 12 million U.S. homeowners are in that situation and declining home prices only exacerbate their situations. Low interest rates won't be enough and if they fall into default or foreclosure; that will only make the current financial crisis worse.

"There's no plan in place to help them right now," Cohen said. — AP



Snow shoveling can be hazardous, so take precautions

Snow shoveling tends to be an unpleasant task — this mundane seasonal chore combines heavy lifting and cold weather, resulting in sprains and strains, particularly in the back and shoulders, as well as lacerations and finger amputations if shovelers do not take the proper precautions. The American Academy of Orthopedic Surgeons (AAOS) offers the following tips to prevent injuries while shoveling:

- Check with your doctor. Because this activity places high stress on the heart, speak with your physician first. If you have a medical condition or do not exercise regularly, consider hiring someone to remove the snow.

- Dress appropriately. Light, layered, water-repellent clothing provides both ventilation and insulation. It is also important to wear the appropriate head coverings, as well as mittens or gloves and thick, warm socks. Take a break if you feel yourself getting too hot or too cold.

- See what you are shoveling. Make sure that your hat or scarf does not block your vision. Watch for ice patches and uneven surfaces. Avoid falls by wearing shoes or boots that have slip-resistant soles.

- Clear snow early and often. Begin when a light covering of snow is on the ground to avoid trying to clear packed,

heavy snow.

- Warm up your muscles. Shoveling can be a vigorous activity. Before you begin, warm up your muscles for 10 minutes with light exercise. Be sure to include your leg muscles. Heart attacks and similar injuries are sometimes the result of working the smaller muscles of your arms and back while not using the large muscle groups of the legs.

- Pace yourself. Take frequent breaks and replenish fluids to prevent dehydration. If you experience chest pain, shortness of breath or other signs of a heart attack, seek emergency care, such as by calling 9-1-1.

- Use a shovel that is comfortable for your height and strength. Do not use a shovel that is too heavy or too long for you. Consider buying a shovel that is specially designed to prevent too much stooping. Space your hands on the tool grip to increase your leverage.

- Push the snow instead of lifting it, as much as you can. If you must lift, take small amounts of snow, and lift it with your legs: Squat with your legs apart, knees bent and back straight. Lift by straightening your legs, without bending at the waist. Then walk to where you want to dump the snow; holding a shovelful of snow with your arms outstretched puts too much weight on your spine. — Newswise

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Five questions on retirement for 'Parachute' author Nelson

By Dave Carpenter

CHICAGO —

The classic three-legged stool approach to retirement security of an employer pension, Social Security and personal savings is looking wobblier than ever these days.

Traditional pensions are fast disappearing, the long-term outlook for Social Security is cloudy and retirement accounts have been walloped by stocks' steep decline. The turmoil in financial markets has wiped out some \$2 trillion from Americans' retirement accounts since the middle of 2007, the Congressional Budget Office said recently — more than 20 percent of their value.

"This is certainly the most uncertain time in many decades for people approaching retirement," said John Nelson, co-author of *What Color Is Your Parachute? For Retirement* with Richard Bolles of the best-selling *What Color Is Your Parachute?* career guide.

Nelson, 49, a retirement researcher and lecturer in consumer science at the University of Wisconsin, created a retirement model that has been selected for the retirement readiness program for federal employees. His Retirement Well-Being Model is a research- and philosophically-based tool designed to factor in health and

happiness, as well as finances, as people plan and set goals for retirement.

Here are excerpts of his comments from a recent interview with The Associated Press:

Q: What general advice do you have for people in their 50s and 60s who have seen their retirement accounts shrink and now figure they will have to delay retirement or scale back their goals?

A: Start taking better care of your health. It's easy to say you're going to work longer, but many people effectively retire because their health deteriorates to the point where they can't work any more.

Do some type of assessment that gives you specific insight from a biological perspective about changes you could make to improve your state of health. A site that I like is www.realage.com. That's a very specific, science-based tool that allows you to do some planning for your own health in retirement and gives you a better idea about whether you really could be healthy enough to work those extra five years if you need to.

Q: You recommend an alternative to the three-legged stool approach to financial security in retirement. Describe your approach. What are its advantages?

A: The acronym is PERKS for the five primary sources of retirement income for most people: The P is personal savings, E is

employer plans, R is real estate or your residence for most people, K is keep working and S is Social Security. Those additional two sources are how you turn the shaky three-legged stool into a more solid five-pillared model. The more sources you have to plan for and to build up over time, the more flexible your retirement will be.

Q: Besides saving more money, what is the single most important strategy for planning a fulfilling retirement?

A: Many of us thought that we'd simply be able to consume happiness in retirement, because we'd have plenty of money to buy and do the things that we wanted. What this is helping us to see is that the other forms of happiness come from being engaged with life, through work or volunteering or social relationships. Those are paths to happiness that do not require as much income as the idea of just buying a fun, happy retirement.

Q: What can you do to address a big drop in your portfolio if you are unable or unwilling to continue working full-time in retirement?

A: Delay accessing your retirement accounts through whatever means, and that's probably working part-time. Just

giving your portfolio time to rebound is at least as important as trying to save more.

At least on a temporary basis, you can replace the income that you would have been drawing from your portfolio. If your portfolio is down \$100,000 and you're on the verge of retiring, if you earn just \$5,000 from a part-time job for the first few years of retirement, that can help replace the income you would have drawn from that missing part of your portfolio.

Q: How might people who already are retired need to reduce their plans and expectations amid what's happened recently?

A: The real question if you are going to have a reduction in your retirement income is how do you approach that. You can approach that as involuntary poverty...

Or you can start thinking along the lines of the voluntary simplicity movement, which is the idea of consciously creating a life that's outwardly simple but inwardly rich.

So it's your choice — involuntary poverty or voluntary simplicity. It's mostly the way you look at it. — AP



Nelson

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Prices for generic drugs falling in US

TRENTON, N.J. —

Finally, a bit of good healthcare news: US prices for generic prescription drugs, which already cost as little as one-third of what their brand-name cousins do, have been getting cheaper and are likely to keep doing so.

The causes? Ultra low prices for generics offered by giant retailers and drugstore chains and intense competition as generic drug makers fight for sales, according to the health information firm IMS Health.

Pricing pressures forced down sales of generic drugs in the United States 2.7 percent in the year ended in September, even though the number of generic prescriptions filled increased 5.4 percent, IMS reported.

Murray Aitken, a senior vice president at IMS, said the competition is particularly intense for drugs that had been brand-name blockbusters — recent examples include the osteoporosis drug Fosamax and cholesterol fighter Zocor — where “there can be as many as 20 generic manufacturers competing for [market] share.”

In 2006, discounter Kmart, followed by Wal-Mart Stores Inc. and Target Corp., began offering a large number of popular generics for just \$4 or \$5 per month, passing on their savings from buying in large volume as a strategy to attract more shoppers.

Other major retailers with in-store pharmacies and even drugstore chains have followed suit, with some now offering generic drugs for as little as \$10 for a three-month supply. — AP

Medicare launches nursing home five-star rating system

The federal government just launched a five-star rating system for the nation's 16,000 Medicare and Medicaid-certified nursing homes, adding a new dimension to its Nursing Home Compare website medicare.gov/nhcompare.

Each nursing home is awarded from one to five stars according to the quality of care it provides in three key areas: performance on a three-year review of health inspections; staffing levels; and, how the facility scored on 10 quality measures. Each facility is also given a cumulative score.

The rating system goes from a high of five stars or “much above average,” four stars for “above average,” three for “about average,” two for “below average” and one for “much below average.” Rankings are dynamic and will be updated at least quarterly.

► Casualty

Cont. from page 3

Financial, John Hancock and MetLife — had never before raised premiums for existing policyholders, but recently bumped rates by as much as 18 percent, he said.

Those rate increases come as policyholders grow older and may have no realistic alternative to paying higher rates, said Kaplan, a member of the National Academy of Social Insurance.

“The practice of raising rates on existing policyholders is a breach of faith and a slap in the face to those seniors who tried to do the right thing and take responsibility for their long-term-care needs,” he said.

The economic downturn also has sparked concerns about whether insurers will still be in business when policyholders ultimately

file claims, Kaplan said. One of the industry's largest carriers recently saw its credit rating downgraded, he said, and another essentially dumped all of its policies on a state-administered trust.

Pennsylvania insurer, Consec, recently transferred many of its long-term care policies to Senior Health Insurance of Pennsylvania, a new state-supervised, not-for-profit trust, a move that will affect more than 140,000 Consec beneficiaries, according to a *Wall Street Journal* report. Consec officials said the transfer was made so the company could concentrate on its core business. According to the *Journal*, the policies lowered company earnings because they were under-priced and needed continuing capital infusions to meet the long-term needs of policyholders.

“These state trust funds try to guarantee policies in the event a company fails,

but they have serious limitations, such as caps on benefits,” he said. “Their problems will be compounded further if several companies fail because the fund's assets can be depleted pretty quickly.”

Critics of the transfer said it might set a precedent for other struggling insurance companies. According to the *Journal*, the transfer “comes at a time of growing concerns about whether many long-term care policies will pay off when needed, or will require drastic premium increases.”

The *Wall Street Journal* reported that about eight million Americans hold long-term care policies.

Because of the new risks, Kaplan said prospective policyholders should carefully examine benefits, scaling back coverage to

keep premiums within their means. For example, he said adding home health-care coverage can raise premiums up to 50 percent, but is often inadequate because it typically provides just eight hours of care rather than a full day.

“I think that the essential take-away is that private-market solutions are fraught with uncertainty and that prospective policyholders need to be sure that they will be able to afford the policy if there are significant rate increases,” Kaplan said. “Retirees may need to buy lower benefit coverage because what they can afford today may not be what the policy costs down the road, regardless of the company involved.”



Kaplan

This report is compiled from press releases.



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Money can't buy happiness, but happiness has more buying power

By Sondra L. Shapiro

Happiness is contagious; like yawning, but naturally more uplifting. Before you roll those eyes in doubt, this Pollyanna-ish claim pans out in newly released research done by two very respectable scientists, James Fowler of UC San Diego and Nicholas Christakis of Harvard Medical School.



Just My Opinion

I'm just tickled pink; more jovial than usual, to learn that my happiness literally triggers a chain reaction that benefits not only my friends, but also my friends' friends, and my friends' friends' friends. This state of bliss can last up to one year, according to the study's authors.

Christakis and Fowler used data from the Framingham Heart Study to recreate a social network of 4,739 people whose happiness was measured from 1983 to 2003. To assess the participants' emotional wellbeing, the researchers relied on answers to four items from the Center for Epidemiological Studies Depression Scale: "I felt hopeful about the future," "I was happy," "I enjoyed life" and "I felt that I was just as good as other people."

The research shows that happiness loves company. Happy people tend to cluster together and, on the surface, people with more social contacts seem generally happier. The authors observed, however, that what matters is not just the total number of connections but the number of happy ones.

On average, every happy friend increases your own chance of being happy by 9 percent. Each unhappy friend decreases it by 7 percent.

Essentially, one person's emotional state can be influenced by someone he or she doesn't directly know — a result that was "surprising" to researchers. Happiness spreads in a social network up to three degrees of separation: You are 15 percent more likely to be happy if you are directly connected to a happy person; 10 percent if it's the friend of a friend who is happy; and 6 percent if it's the friend of a friend of a friend.

"One of the key determinants of human happiness is the happiness of others," said Christakis. "An innovative feature of our work was exploring the idea that emotions are a collective phenomenon and not just an individual one."

Conversely, sadness does not spread through social networks as "robustly" as happiness. In this case, happiness appears to love company more so than misery.

Contrary to what your parents taught you, popularity does lead to happiness. Happy people were inclined to be at the center of social networks and had many friends who were also happy. Having friends or siblings nearby increased people's chances of being upbeat. "Imagine an aerial view of a backyard party," Fowler explained. "You'll see people in clusters at the center, and others on the outskirts. The happiest people tend to be the ones in the center."

There are several practical implications to this work,

not least of which, Fowler said, might be to take greater responsibility for your own happiness because it affects dozens of others. "The pursuit of happiness is not a solitary goal. We are connected, and so is our joy," he said.

Certainly, the results of this research, which, began 20 years ago, come at a time when we need it most. With so much doom and gloom over the economy, it's almost too much to accept that something that is free can be so, well, freeing.

Essentially, one person's emotional state can be influenced by someone he or she doesn't directly know...

Fowler said the data shows that having \$5,000 extra increases a person's chances of becoming happier by a negligible amount, while having a great relationship with a happy friend pays off in spades. Even the friend of a friend of a friend "can have a greater influence than hundreds of bills in your pocket," he said.

Sure, money puts food on the table but something as simple as happiness can also have a substantial impact on our quality of life. Other studies have shown that when people are happy they get sick less.

So, cast off any cynicism and embrace the news. There's so little to be "happy" about these days that just hearing the results of this research is uplifting. So, start a chain reaction by passing on the news to everyone you know. That way you can ensure your place at the "center" of your group.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. She can be reached at sshapiro.fiftyplusadvocate@verizon.net. Read more at www.fiftyplusadvocates.com

Time to feed the economical home care golden goose

By Al Norman

The meltdown on Wall Street has not only had a profound effect on millions of Americans watching their pensions and their investments plunge, but it's also had a significant impact on revenues coming into the state of Massachusetts. It also holds a simple lesson in animal husbandry: don't starve the goose that lays the golden egg.

Budget leaders on Beacon Hill are trying to do disaster control by warning that the current year will not be the end of budget cuts. They are now saying that spending levels could drop another 8 percent in the fiscal year that begins this coming July 1. Granted,

they are using 8 percent as a ballpark figure — but add to that the normal increases one would expect to see in a budget year, and we are looking at a loss of revenue in the double-digit range.

The dust is now settling around the cuts this year to the home care program. Mass Home Care has estimated that by June of 2009, there will be more than 2,500 fewer elders in the basic home care program because of the cuts made by Gov. Deval Patrick in October. Everyone knows the governor did not want to see



elders cut from the home care program. Still, the \$7 million deleted from the home care program for seniors was the largest drop in 18 years, and real people are being hurt by it. Elder Affairs has been doing everything in its power to make the cuts easier, but caseloads will be dropping.

Editorial This may seem like a necessary solution to declining revenues — but the reality is that cutting home care is a financially imprudent course. Here's why:

•In 2007, nursing home patient days paid for by MassHealth were 2,780,000 days lower than in FY 2000. Using a conservative figure of \$180 per day for the cost of a nursing home, the Commonwealth in 2007 saved \$500 million through lowered institutional utilization. That means half a billion dollars could be invested in community-based care without costing the Commonwealth more than it would have been spending on nursing home care seven years ago.

•A great deal of that savings is attributable to several home care alternatives that can keep disabled people living in the community. Two of these programs are the Enhanced Community Options Program (ECOP) and the Community Choices program. These two programs combined (8,506 elders at home) save taxpayers \$451 million annually. The combined cost of the ECOP and Choices program in 2008 will be around \$107 million. The net savings to the state is therefore \$344 million.

The shift from institutional spending to community-based care we call "The Community First Dividend" is not just a

programmatic strategy. It's an investment strategy. The "Community First Dividend" should be reinvested in community-based programs, or we interrupt the cycle of "shift and save" that is cost-avoiding hundreds of millions of dollars.

That's why it's short-sighted to cut programs like basic home care. The elders who are enrolled in the home care program are all coping with a significant level of disability that requires them to seek assistance with tasks like bathing, eating and dressing. By failing to address their needs today, we hasten the tomorrow that finds them needing nursing home care. Home care can delay or completely avoid nursing home placement. If we fail to invest in such preventive care, we merely shift care to costlier settings.

Yet when you look at spending, it was home care that took the cuts this October, and it was home care that had to start restricting admission into home care. This makes no sense financially, and it makes no sense clinically. Even worse, it makes no sense politically, because as seniors get word that home care is being slashed, and therefore resulting in the denial of care — there will be an outcry.

If lawmakers want the home care Golden Goose to keep laying those golden eggs — they better feed the goose from time to time, instead of starving it. We have to look at these home care programs as an investment strategy — not a drain on a limited budget.

Al Norman is the Executive Director of Mass Home Care. He can be reached at 413-773-5555, or at info@masshomecare.org.

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Pharmacists offer ways to cut drug costs

Consumers can cut prescription drug costs with just a little bit of work, according to pharmacists Stefanie Ferreri and Jena Ivey at the University of North Carolina at Chapel Hill, who offer the following tips:

•Do you have more than you need? Individuals should check with their doctor or a pharmacist to ensure that prescriptions are not being renewed needlessly or that another medication is being taken for the same thing.

“Put all your medicines in a paper bag and take them to your doctor or a pharmacist,” Ferreri said. Reviewing everything at once is also the best way to spot drugs that could have undesirable interactions when taken together.

•Go generic. Generic drugs are easily the best way to save on prescriptions. Ferreri said they are as effective as brand names but cost 30 to 80 percent less.

Since Wal-Mart introduced its \$4 generic-drug program, many other retailers have followed suit. Target, CVS, Kroger and others — including many independent pharmacies — offer the same pricing on a standard list of drugs.

To find out whether particular medications have generic equivalents, talk to a pharmacist or check the FDA’s definitive Orange Book available at www.fda.gov/cder/ob.

•Cheaper options. Physicians do not always know the prices of the drugs they are prescribing or might be uncomfortable

bringing up the subject of money with a patient, Ferreri said.

Tell your doctor if a drug is too expensive and ask if there are alternatives. Even if there is no generic equivalent, there may be a similar name-brand drug that offers a less expensive generic.

“For example, Lipitor has no generic equivalent, but Zocor does. Both drugs help lower cholesterol,” Ferreri said. “If your doctor agrees, switching to simvastatin, which is Zocor’s generic version, could save you around \$90 a month.”

•Shop around. “Just because one place has the best price on one of your drugs, it doesn’t mean they have the best price on all of them,” Ivey said. “I have seen prices on brand-name drugs vary significantly

from one pharmacy to the next.”

However, be cautious about going online, Ivey said. Beware of buying from a website that is or claims to be in another country.

“There’s no way for you to be sure of what you are actually getting,” Ivey said.

Consider whether the standard 30-day supply of a medicine is the best value. Buying more pills at once will lower the cost per dose. This is true even for drugs on retailers’ generic \$4 programs, Ferreri said. While a 30-day supply is \$4, a 90-day supply is only \$10, not \$12.

On the flip side, buying a 30-day supply could be a waste if trying a new drug. “There is no sense in buying a month’s supply of a new drug if you find out it doesn’t work,” Ferreri said.

•Free is not always the best deal. “Drug company reps tend to provide doctors with the latest medicines that may or may not be better than old standbys,” Ferreri said. “You may experience some sticker shock once the freebies dry up.”

•Cut doses. Buying higher-dose pills and cutting them in two is an option for some people. Double-strength medicines are usually nowhere close to double the price, Ivey said.

However, be sure to talk to a doctor or pharmacist before trying this, she warned, because many medicines such as time-release formulas, capsules and oddly shaped pills cannot be safely divided at home. — Newswise

New study firmly ties hormone use to breast cancer

Taking menopause hormones for five years doubles the risk for breast cancer, according to a new analysis of a big federal study that reveals the most dramatic evidence yet of the dangers of these still-popular pills.

Even women who took estrogen and progestin pills for as little as a couple of years had a greater chance of getting cancer. And when they stopped taking them, their odds quickly improved, returning to a normal risk level roughly two years after quitting.

Collectively, these new findings are likely to end any doubt that the risks outweigh the benefits for most women.

It is clear that breast cancer rates plunged in recent years mainly because millions of women quit hormone therapy and fewer newly menopausal women started on it, said the study’s leader, Dr. Rowan Chlebowski of Harbor-UCLA Medical Center in Los Angeles.

“It’s an excellent message for women: You can still diminish risk (by quitting), even if you’ve been on hormones for a long time,” said Dr. Claudine Isaacs of Georgetown University’s Lombardi Comprehensive Cancer Center. The results are from the Women’s Health Initiative, which tested estrogen and progestin pills that doctors long believed would prevent heart disease, bone loss and many other problems in women after menopause.

The main part of the study was stopped in 2002 when researchers saw surprisingly higher risks of heart problems and breast cancer in hormone users.

Since then, experts have debated whether these risks apply to women who start on hormones when they enter menopause, usually in their 50s, and take them for shorter periods of time. Most of the women in the federal study were in their 60s and well past menopause. — AP

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