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Published Monthly / FREE / July 2010 / Vol. 36 / No. 7 / 20 pp.

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For more information, visit aarp.org/getthefacts.

Happy and content at the half-century mark

By *Sondra L. Shapiro*

It was on one of those glorious warm May days that I decided to play hooky from work and hit the beach with two friends, who were also MIA from their daily responsibilities.

Not a cloud in the sky, 85 degree temps, lots of laughs, topped off by a great book — Joanne Harris' *Chocolat*.

Small moments can bring the most joy. Three hard-working, successful women stopping to appreciate life. None of us feeling guilty for doing so. At one point, as if on cue, we all proclaimed, "Today is a gift."



Just My Opinion

This attitude is a far cry from the go-getter, guilt-ridden woman I was in my 20s, 30s and 40s. These days I'm comfortable in my skin — figuratively and literally — no matter that it is somewhat more abundant. Sure, I sometimes feel overworked. But, overall I would describe myself as being happy, a state of being I discovered I share with my over-50 cohorts. The findings of a recent study headed up by Dr. Arthurs Stone of New York's Stony Brook University, which was published online in the journal *Proceedings of the National Academy of Sciences*, found that after age 50, life perceptions are more positive and feelings of worry or stress decline — regardless of certain life circumstances. Stone and his colleagues found that data from a 2008 Gallup phone survey of over 340,000 Americans confirms earlier reports that overall feelings of well-being improve as people pass middle age.

Who would have thought that we are much happier than 20-year-olds? It seems that looking forward — which we do in our youth — is more stressful than looking back — which we tend to do when we're older. Living in the moment is the best. But perhaps we need to be a lot older to appreciate those little things that fall by the wayside when we are younger and in more of a hurry.

"The study is important because it compares patterns of response using two distinct methods for measuring well-being," said Stone. "One is a single measure of global well-being, as in how satisfied are you with your life, and the other a series of measures of positive and negative aspects of emotional well-being, as in how did you feel yesterday."

Two of the negative emotions, stress and anger, showed declines throughout life. The pattern for worry, another negative emotion, tended to hold steady until about age 50, when it took a sharp decline. Sadness showed a slightly inverted U-pattern over age.

Though there are no conclusive reasons as to why we are happier after reaching the half-century mark, I have my own theories.

Twenty years ago I wouldn't consider hitting the beach during a "work day." I would have been too consumed with putting in my time at the office to further my

career. I just don't feel the pressure now. Perhaps it is because I finally realized that when I stop chasing after things, I have time to appreciate my accomplishments. Also, because I'm not frantically trying to cram so much into each day, I am more clearheaded, which allows me to be more efficient, ultimately getting more done.

I also keep my emotions in check — well most of the time anyway. Rarely do I react to situations; rather I take a step back and think about the proper response.

When I look back on even the most disturbing events of my life, it's almost like seeing them through a slightly out of focus lens; the sharp edges are gone. Those situations don't seem as bad or as important as they did when they first happened. I have a clearer perspective. I have learned to not sweat the little things and to use my life's worth of experiences to methodically solve the big problems, or accept the times when they can't be solved.

These days I appreciate the company of my husband and 20-year-old kitty, Falene, and just hanging out with my friends.

I have more attainable goals: Instead of dreaming of writing that great novel, I'm just happy to get this column written by deadline.

Though I still watch my calorie intake, I'm not as restrictive. I give in to those urges for that double-chocolate cookie that my favorite bakery sells. After that last bite, I never feel guilty. In fact, I feel rather proud that I put that cookie into proper perspective. It's not going to make me fat.

I have a sense of satisfaction and accomplishment after a session on my treadmill each night. I no longer feel the urge to push myself with those grueling workouts, as long as I am healthy. What's a wrinkle here and bulge there, anyway?

Little things rock my world these days. As a piping plover monitor in my "second" town, I was overjoyed when I discovered a pair of plovers engaged in their mating ritual. What a rare experience. I couldn't imagine a greater thrill.

I am never going to be famous, or rich — though in my 20 and 30s those aspirations took up so much space in my head.

In those days, I had an entire mountain to climb. These days from my vantage point at the summit, I am content and satisfied when I reflect on the track of my journey. I give myself a pat on the back and want nothing more than to appreciate what I have, right now. I am the healthiest I will ever be and am surrounded by the people I love most.

And so, this day at the beach, we three girlfriends laughing about our "old lady hands," could not be swayed from our good mood even as we were momentarily distracted by a very buff, bikini clad 20-something, who was so obviously strutting her stuff. Who would want to be her anyway, with all the stress and pressure to be so perfect?

Nope, I was just too happy that I didn't feel guilty about playing hooky from a day at the office.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Contact her at sshapiro.fiftyplusadvocate@verizon.net or read more at fiftyplusadvocate.com.

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Starting a late-life business rewarding, challenging

By Brian Goslow

WORCESTER —

David Papazian woke up one day and decided he was going to open an art gallery to coincide with his 50th birthday. “In six months, it was open,” he said. “Done.”

The path to his dream was made easier by his having already owned a local hardware store. In that instance, however, he had taken over a 30-year-old business. “When I opened the doors there, the people who walked in were already sold on what they wanted to buy,” Papazian said.

Opening an art gallery was a whole different animal. Papazian had slowly learned about the art business while living in Arizona after graduating from college, but didn’t passionately begin purchasing art until he met his future wife, Gina, 15 years ago.



Rob Cooper and Pam Pacelli Cooper of Verissima Productions.

Though the Papazians opened their gallery in Worcester’s Canal District to realize a dream, businesses that were started last year — for all age groups, but especially for women and entrepreneurs over 45 — saw a doubling of the percent that were started out of necessity rather than opportunity, according to Babson’s 2010 Global Entrepreneurial Monitor report.

David, now 54, and Gina Papazian, now 41, chose their roster of internationally recognized artists from connections made while attending ArtExpo New York. “We were already looking at artwork and artists we liked prior to opening a gallery,” David Papazian said.

As part of an agreement for receiving startup funding from a local bank, Papazian underwent U.S. Small Business Administration program training through Clark University’s Small Business Development Center.

“I went in full force and did a lot of promotion and advertising, and went to business-to-business meetings (to generate

clients),” Papazian said. “When you turn 50, you don’t have a lot of time for a learning curve and to make income. I might have gone more slowly if I was 30.”

At 50, individual start-up entrepreneurs in Massachusetts are slightly older than the national average of 47, are more optimistic and tend to have a lower fear of business failure, according to the Babson report. The study, released by Babson College in Wellesley, noted most individuals who start new businesses are already working full time.

When the study was being compiled in 2008, the number of start-ups in the state was at the highest level it had been in recent years. The past two years, however, have seen that number drop due to economic uncertainty. “The same things that spurred growth in entrepreneurship in 2008, when turned upside down, caused the decline in entrepreneurship in 2009,” said I. Elaine Allen, research director for the Arthur M. Blank Center for Entrepreneurship at Babson College.

“Prior to the financial and housing crises, money was available to start and grow businesses either through banks, personal housing refinancing or through angel investors (informal investors) and venture capital,” Allen said. “In 2009 this money disappeared and entrepreneurs were reluctant or unable to finance their ventures alone.”

Major challenges for starting a new business include establishing the necessary infrastructure, licensing, permits and utility costs.

Each new business owner takes the step of being his or her own boss differently. Some, like Papazian, switch fields mid-career, having already gotten a taste of being a business owner. Others take knowledge garnered in their professional field and use it to create their own companies. Some, like Graham West, just know they want to be their own boss and seek out their best opportunity.

West, 62 of Marshfield, had spent over 30 years in the restaurant business when he was laid off in 2004. While he couldn’t find a full-time position to replace the one he lost, he did find work as a consultant, and served as interim president for a Connecticut food company. But he always wanted to own his own company.

To accomplish his goal, he hired an intermediary who represents buyers. “I did a fairly extensive direct mailing campaign (to business owners) of 600 letters,” West said. “We got 60 responses. I made an offer on one business, got the financing to purchase it and then they decided not to sell.”

Then he found Morgan Awning, a Woburn-based company that manufactures custom-made canopies, awnings and other building covers. “I did look for food-process or manufacturing opportunities, but instead found something interesting I could use my marketing skills on,” West said.

He funded the purchase through savings and from his 401K. Today, Morgan Awning employs approximately 12 people. “I do all the buying, scheduling, bill paying and sometimes I go out and do installations with the guys,” West said. “I was always a hands-on person.”

The first two years, business grew 48 percent. “Then the economy tanked and we’ve been scrambling,” said West, who averages 60 to 70 hours a week on the job, to which he travels 80 miles roundtrip each day. “Normally, I get up at 4:30 every weekday and am here from 6 to 6 and work a half-day on Saturday,” he said.

His advice to those who’d like to follow in his footsteps: “Do your due diligence and understand what you’re buying, be it a cus-

tomers list or inventory stock and recognize what your employees are capable of and be ready to put your time into it,” West said.

Pam Pacelli Cooper and her husband, Rob Cooper, started Verissima Productions after she had spent 28 years as a family therapist and oral historian and he had worked for PBS and WBZ-TV’s public affairs department filming, editing, writing and producing documentaries for 25 years. At the time, they were 51 and 53 respectively.

“My husband was doing freelance corporate videos; I was doing full-time work as a professional family therapist,” Pacelli Cooper said. “A friend of ours was turning 75 and I said to my husband, ‘Let’s go up to Montreal and make a historical video of his life for his birthday.’”

The experience lit a fuse in Pacelli Cooper. “What started out happening was I became very interested in finished products in my life,” she said. “You don’t have that in my profession.”



Grossman.

LATE-LIFE page 4

SCORE guides new entrepreneurs

By Brian Goslow

Seymour Salett, chairperson of the Boston chapter of SCORE, a non-profit volunteer organization that assists entrepreneurs through one-on-one advising sessions, said his office this year has counseled over 4,000 people who want to start a business or are already in business.

“We’re seeing a very large number of people who are disenchanted with the large corporate structure — ‘nobody appreciates me’ — and they’re willing to make less money but want to run their own business,” Salett said.

The big difficulty — especially these days — is securing the financing to get started. Having a good credit rating is a necessity, as is a viable business plan. Salett’s office helps budding entrepreneurs formulate a presentation to be given to banks, credit unions, family and friends.

“There are 150 banks in the Commonwealth, most will not fund startups; maybe five, at most, will,” Salett said. “You have to go to family and friends and articulate your project and have an exit strategy for their investment.”

“When you borrow from family and friends, it has to be arms-length. You have the same obligation to them as you would to a bank. You need a date you’re going to pay them back, be it in five or 10 years, the amount of interest you’ll pay them and a kicker at the end.”

Another important part of starting a business is understanding who your customer is. “You can have the best product in the world but if nobody needs it, what good is it?” Salett said. “The product needs to have a benefit that impacts their customers.”

Most budding entrepreneurs find it difficult to determine the cost of doing business. “You have to consider rent, utilities, advertising and staff, which are your expenses,” Salett said. When seeking funding, people need to be able to explain their business plan and understand that even with a strong plan, the cost of starting a business means it takes at least six months to achieve sales that’ll reach the break-even point.

Then there’s the most important factor, which many new business owners tend to forget. “They need to include a salary for themselves,” Salett said. “How are you going to sustain yourself? How are you going to live until you break even?”

Salett also shares a bit of cold reality. “The largest number of new businesses don’t make it,” he said. “Those who have a responsible business plan with proper financing have a strong chance of making it. Those who come in with great ideas of all these things they want to do, if they don’t understand the market, only a small percentage of them make it.”

For more information: scoreboston.org.

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Eastern Massachusetts Edition
131 Lincoln Street, Worcester, MA 01605
Serving the Fifty Plus Community since 1975
(508) 752-2512 • FAX: (508) 752-9057

Bookkeeping: ext. 6, Circulation: ext. 7, Sales Manager: ext. 5

Publisher: Philip Davis
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Members of the Associated Press.

Read more at www.fiftyplusadvocates.com

- Fifty Plus Advocate is published monthly, 12 times annually by Mar-Len Publications, Inc. 131 Lincoln St., Worcester, MA 01605.
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► Late-life

Cont. from page 4

The pair formally opened their company in 2004, purchasing nearly \$30,000 of production equipment and renting office space after procuring several small loans. "He does the editing and shooting and I do the research, the interviewing and the music research," Pacelli Cooper said.

The company's work has included *Samuel Bak: The Art of Speaking the Unspeakable*, a 37-minute documentary that aired on PBS; a half-hour presentation on The Warren Group and its 135 years in the publishing field, utilizing video interviews and archival material to tell the story; and *Down the Cape*, which documented three generations of a family that was moving out of a Cape Cod cottage the family had called its summer home for 75 years.

"That's a specialty of ours," Pacelli Cooper said of the Cape documentary. "Many people are having to downsize and leave their family homes of three, four or five generations. You can't take it with you. If the older person has a video of the place, then the grandchildren and great-grandchildren won't lose out on the tremendous history they have.

"We do a lot of research," she said. "When I interview people in their late 70s, 80s and 90s, they give simple surface answers. We pride ourselves in getting the deeper story. It's important to me to preserve these kinds of things. I'm going to do more house and home histories."

Pacelli Cooper envisions that she and her husband will continue running the

company for as long as they're physically able.

Michael Grossman, 67, started My Green Mind, an online retailer of "any kind of product that makes for a green planet," out of his Narragansett, R.I. home in January, 2008. It's his third business. His first, Cruises of Distinction, was a retailer of cruises marketed through direct mail and catalog solicitation that he formed in the early 1980s. When he sold the assets of the company in 1994, he thought he'd retire.

Retirement didn't fit him though, and he created Office Organix in 1996, a company that sold adaptive equipment for computers; products were aimed at creating a healthy computer office and to provide adaptive computer peripherals and furniture for people with special needs. He eventually sold to his employees in January, 2008, and started My Green Mind, where he marketed the company using the tools that had worked successfully for him prior to the explosion of the Internet as a business tool.

"It took a year to realize the old marketing rules had changed and adapting to the new ones has been a struggle — especially without a younger staff who might be familiar with the newer ways to market," Grossman said. To get up to speed, he took a series of web-related courses at the Rhode Island School of Design and took online marketing and software classes from web resources such as HubSpot.com.

"What's really happened in marketing is the workload has doubled," Grossman said. "To advertise, you need the publica-



Rob and Pam Pacelli Cooper

tion and digital version and an e-blast. The load for marketing has really doubled (from what it was when he started out nearly 30

years ago)."

Currently, My Green Mind consists of Grossman, his wife and part-time staff he calls in when the workload warrants it. "I run it out of an office over my garage," he said. "We have daily UPS shipments; we ship biodegradable waste bags and rechargeable batteries that hold a charge up to a year, out of here. If it's a bigger order, for a town, for instance, we arrange a drop shipment from the supplier."

Grossman acknowledges that selling environmentally friendly products that will attract customers to his website won't be easy. "It's the first time I've tried to retail low-cost products and make a profit," he said. "It's challenging, but we'll get there."

FDA to disclose more safety info on new drugs

WASHINGTON —

Doctors and patients will be able to get more up-to-date information about the risks of the latest drugs as federal health regulators begin posting summarized safety reviews online.

Under a new policy, the Food and Drug Administration (FDA) said it would begin publishing summaries of potential safety issues with recently approved drugs.

The FDA is tasked with reviewing the safety and effectiveness of all prescription drugs before they reach the market. But some side effects only show up after the drugs are launched and taken by millions of patients across the country. Additionally, most drugs are prescribed for alternate uses and patients groups, giving rise to unforeseen

safety issues.

Typically the FDA only alerts the public when there is a pressing safety issue. But the new updates will provide a comprehensive look at the safety of all new medications approved by the FDA.

The FDA's safety summaries will incorporate side effect reports from doctors, patients and hospitals as well as the FDA's own original research. The FDA has collected this information for decades but has only shared it with the public in the occasional press release.

The agency plans to publish the summaries on a quarterly basis. Each new drug, including drugs approved back to September 2007, will receive a safety summary within roughly two years of approval, according to the FDA. — AP

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— Joseph Casper, Casper Funeral Services,
www.CasperCremation.com

Senior centers promoting nutrition, exercise as keys to longer life

By Brian Goslow

BOSTON —

At age 67, Nancy Mathews of Woburn has become something of a watchdog when she goes out to eat with friends. Concerned with potential health effects, she has found herself observing the food her friends are eating. "I hate it when they reach for the cake," Mathews said. "I'll ask them, 'Do you really want to eat that?'"

Health-oriented education programs she attended at the Woburn Senior Center and Lahey Clinic inspired her health-conscious advocacy. "I'm much more aware of salt and sugar and their connection with diabetes and blood pressure now," she said. "I don't have it (either condition), thank God."

While "everything has a little salt," Mathews, whose home hasn't had salt, pepper or sugar on its dining table since the early 1980s, has found ways to reduce her intake of the three substances through the programs. That included switching to a low-sodium whole-wheat cracker she first sampled at the Lahey Clinic. "I've since brought them and introduced them to people at the senior center in Woburn," she said. "They like them, but I don't know if they

buy them for themselves."

More and more health-oriented programs, both educational and exercise in nature, are finding their way onto senior center calendars. Jessie McNeil, a registered dietician for Salter HealthCare, has presented programs on "Bone Health and Nutrition," "Heart Healthy Food," "Diabetic Diet Simplified," "How to Read Food Labels and Recipe Substitutions" and "Can Vitamins, Minerals and Herbal Supplements Be Beneficial?" Salter HealthCare regularly sponsors health programs at senior centers in Arlington, Lexington, Woburn, Medford, Winchester and Burlington.

"Bone health and nutrition go hand in hand," McNeil said. "As our bodies age, it's extra crucial for balance and strength. That extra exercise and body toning in your 60s will help you in your 70s when they (doctors) tell you to do some more. You prepare yourself by keeping your weight in check."

As people age, they often gain weight, which contributes to the wearing out of their joints, which will then make it tougher to do housework and gardening; diabetes and other diseases also tend to creep in during a person's 70s and 80s. "That's the way it is, as you get older," McNeil said. "You know

it's going to happen, just don't let it go (your weight) into the extreme." Exercise and healthier eating will help prevent excessive weight gain.

McNeil tells her attendees of her programs to take control of what they put into their bodies. "It's not just getting your annual checkup — you need the whole package of attitude," she said. "I get them reading food labels during shopping trips and try to convince them to eat produce grown by local farmers, which they can get at local farmers' markets, especially in the late spring, summer and fall. They'll get fresh, valuable vitamins that haven't been frozen."

She recommends getting five servings of fruits and vegetables a day. "I have participants focus on having 25 to 30 grams of fiber per day," McNeil said. Fresh fruit — an orange or an apple — has 3 to 5 grams of fiber. Salads, beans and carrots are also good sources of fiber."

Reducing fat intake is another area McNeil emphasizes in guiding seniors to better health. "Most of my participants with cardiac issues are trying to cut back," she said. "In an average day, you should have 40 grams of fat. A piece of a fried chicken breast is 20 grams; a rotisserie-cooked chicken breast is 6 grams."



McNeil

Substituting a McDonalds Grilled Chicken Sandwich for a McDonalds Quarter Pounder with Cheese, will significantly reduce your day's fat intake — and leave room to feel less guilty about your side order selections.

The best way to work on your health will always be exercise. Bone health, flexibility and muscle strength are all important health

EXERCISE page 16



RESEARCH STUDY Opportunities

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Those that complete the study will receive \$350.

Contact Stephanie, 617-732-5186, for more information.



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Sexual satisfaction ebbs for 45-plus set

NEW YORK —

Americans 45 and older are far more open to sex outside of marriage than they were 10 years ago, but they're engaging in sex less often and with less satisfaction, according to a major new survey by AARP.

What's the problem?

AARP's sex and relationship expert, sociologist Pepper Schwartz, thinks financial stress is a prime culprit.

"The economy has had an impact on these people," she said. "They're more liberal in their attitudes, yet they're having sex less often. The only thing I see that's changed in a negative direction is financial worries."

The survey is based on detailed questionnaires completed last year by 1,670 people 45 and over. The AARP, which represents 40 million Americans over 50, conducted similar surveys on sexual attitudes and practices in 1999 and 2004.

One of the most pronounced changes over the 10-year span dealt with sex outside of marriage. In the 1999 survey, 41 percent of the respondents said nonmarital sex was wrong. That figure dropped to 22 percent in the new survey.

Yet sexual activity — marital or not — seems to be less frequent overall for this age group. In the new survey, 28 percent said they had intercourse at least once a week, and 40 percent at least once a month — both categories were down roughly 10 percentage points from 2004.

Asked if they were satisfied with their sex lives, 43 percent in the new survey said yes, down from 51 percent in 2004.

One intriguing finding: Respondents who had a partner but weren't married had sex more frequently and with more

satisfaction than respondents who were married.

"These long-term married couples may get a little less interested," Schwartz said. "Older people in nonmarried relations work harder at it and enjoy it more."

Schwartz, a professor at the University of Washington and author of 16 books on relationships, said it was notable how even respondents in their 70s and 80s stressed that sex was important to their quality of life.

"The big difference as people age is not that sex becomes less important but that a partner becomes less accessible," she said.

Gender differences were pronounced in several responses. Men think about sex and engage in it more often than women, and are about twice as likely as women (21 percent versus 11 percent) to admit to sexual activity outside their primary relationship.

With many older men likely to have multiple partners, Schwartz expressed concern that only 12 percent of the survey's sexually active single males reported using condoms. She cautioned that even the elderly should not ignore the risk of sexually transmitted disease.

The survey asked respondents what would improve their sexual satisfaction. Twenty percent of the women and 37 percent of the men said better health; 14 percent of the women and 26 percent of the men said better personal finances.

One heartening development, Schwartz said, was that more older singles are venturing onto online dating services.

Epitomizing that trend are Tony Cost, 74, and his wife, Rosemary, 68, of Cherry Hill, N.J., who met in 2007 through the online dating service eHarmony and married in May 2008.

Tony Cost said he had been a widower for about three years before trying eHarmony.

"It was just a point in my life where I decided I wanted to do more than just sit. I wanted to look for someone to share the rest of my life with," he said.

The couple said they exchanged 55 e-mails before their first face-to-face meeting, a dinner at a restaurant that went on for five hours as they chatted.

"It was like we'd known each other forever," said Rosemary, who'd been divorced about 10 years before trying the online dating.

Speaking of his generation as a whole, Tony Cost said there's more interest among divorced and widowed singles in finding new partners.

"We're living longer, we want to enjoy life," he said. "There are a number of incentives to take that first step and reach out."

AARP said the survey had an error margin of plus or minus 2.4 percentage points for questions answered by all respondents. — AP



Oral care important for the older population

By Dr. Steven Rinaldi

Older Americans make up a growing percentage of the population.

As we continue to live longer, the need for proper oral care is vital to maintain natural teeth and enhance the quality of life. Some people think that it is inevitable to lose your teeth as you age, but this is not necessarily true, according to the Academy of General Dentistry. We can all keep our teeth longer by maintaining good oral health. In fact, a lifetime of good dental care — which includes brushing, flossing and regular dental checkups — can help you keep your teeth well into retirement.

When you get older, however, your dental care needs may change. For instance, 25 percent of people between

the ages of 65 and 74 have severe gum disease. Uncontrolled gum disease has been associated with increased risk of heart disease and strokes. People with diabetes are more prone to infections and need to be especially aware of the possibility of having gum disease. Gum disease is a "silent" disease that often goes unrecognized until advanced symptoms like looseness of the teeth occur. Older adults with poor oral hygiene may suffer from gum disease without being aware of it.

What can you do to maintain good oral health and help prevent gum disease?

- Drink water and use toothpastes and rinses that have fluoride in them.
- Brush at least twice a day and floss daily.
- Get an electric toothbrush and flosser or use handles or other adaptations to

make brushing and flossing easier.

- See a dentist regularly.
- Don't smoke or use smokeless tobacco products.
- Limit the amount of alcohol you drink.
- Check for side effects of medicines and report them to your doctor/dentist.
- Make sure to get dental care before having surgery or treatment that may cause problems with your oral health.

Caregivers should learn how to take care of the teeth of those who are not able to take care of their own teeth. Any changes in dental health and overall health should be reported to both your dentist and primary care doctor.

Millions of Americans have lost all their teeth and wear dentures. Many have become frustrated because they don't stay

securely in place. This not only affects their ability to eat and digest food, but also their speech and confidence in social situations.

Fortunately, the mini dental implant technology offers a simple and affordable approach to tooth replacement, usually about half the cost of traditional dental implants. Also, crowns are placed and dentures secured in two hours with a gentle, non-surgical approach. Healing time is greatly reduced.

To find out more about mini dental implants visit www.SnapsinDenture.com. If you are interested in a free consultation or would like to find out about Healthy Living Programs for Seniors, contact Dr. Steven Rinaldi at 978 475 9141. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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Older Americans show alarming uptick in substance abuse, says study

A new study reveals that between 1992 and 2008, the proportion of substance abuse treatment admissions involving individuals aged 50 and older nearly doubled — from 6.6 percent of all admissions in 1992 to 12.2 percent in 2008.

The study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), also shows a sharp rise during this period in the proportion of older Americans admissions related to illicit drug abuse — even though alcohol abuse is still the leading cause for admissions involving this age group. Among its more notable findings the SAMHSA study reveals that from 1992 to 2008 the proportion of admissions among this age group due primarily to:

- Heroin abuse more than doubled from

7.2 percent to 16.0 percent.

- Cocaine abuse quadrupled from 2.9 percent to 11.4 percent.

- Prescription drug abuse rose from 0.7 percent to 3.5 percent.

- Marijuana abuse increased from 0.6 percent to 2.9 percent.

At the same time, admissions primarily related to alcohol abuse decreased from 84.6 percent in 1992 to 59.9 percent in 2008.

The proportion of older American treatment admis-



sions involving multiple substance disorders has nearly tripled from 13.7 percent in 1992 to 39.7 percent in 2008. For example, the proportion of admissions involving any alcohol abuse in combination with any cocaine abuse more than tripled from 5.3 percent in 1992 to 16.2 percent in 2008.

While the study showed that over three quarters of all older American treatment admissions initiated use of their primary substance by the age of 25, an increasing proportion of admissions involved substances that had only been initiated within five years prior to admission.

In 2008, cocaine abuse was the leading primary cause of admissions involving substances initiated in the past five years (26.2 percent) among older Americans, with prescription drug misuse a close second (25.8 percent).

“These findings show the changing scope of substance abuse problems in America,” said SAMHSA Administrator Pamela S. Hyde, J.D. “The graying of drug users in America is an issue for any programs and communities providing health or social services for seniors.” — NEWSWISE

The full report is available on line at oas.samhsa.gov/2k10/229/229OlderAdms2k10.htm. For related publications and information, visit www.samhsa.gov.

Are you applying sunscreen correctly?

You’ve gotten the message about the importance of sun protection, you’re stocked up on sunscreen that’s at least 15 SPF, and you’re diligent about putting it on before you head outside. Once you’ve gotten this far, there’s no reason to risk sunburns by applying it incorrectly. But, all too often, that’s exactly what happens, said a Saint Louis University dermatologist, who said that people often dab on too little sunscreen to protect themselves adequately from the sun’s rays.

“If you’ve gone to the admirable effort of buying and applying sunscreen, make sure it’s working while you wear it,” said Quenby Erickson, D.O., Saint Louis University assistant professor of dermatology and Mohs surgeon.

Erickson warns against the following mistakes and offers tips for making sure your sunscreen is working:

- Too little — Lather it on. Adults need the equivalent of a

shot glass full of sunscreen to cover their whole body. And be sure to cover all skin that’s exposed to the sun. Don’t forget about your ears, back of your neck, tops of your feet, and, if you’re balding, the top of your head.

- Too late — Timing is important. Apply sunscreen 30 minutes before heading outdoors, and reapply every two hours and after swimming.

- Too far away — If you use a spray, aim the bottle two to three inches away from the body. It’s also important to rub spray sunscreen into the skin for full coverage.

- Too old — Sunscreen has an expiration date, and it can be less effective if it’s past its prime. If you’re using the recommended amount of sun block, it’s less likely to sit on the shelf long enough to expire. An adult should get around four uses per bottle. — NEWSWISE



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Exploring our country's smaller national parks

By Victor Block

Here the words "national park," and you're likely to picture soaring landscapes and vast vistas. But dozens of other places, while much smaller, little known and overlooked by the great majority of travelers, also have much to offer.

A Washington, D.C., landmark combines a history lesson with an inviting outdoor experience. Theodore Roosevelt Island, a 91-acre outcrop in the Potomac River, honors the president who had perhaps the greatest impact on conservation.

Native Americans used the island as a fishing spot, and Union Army troops were stationed there during the Civil War. Visitors today may learn about the legacy of our 26th president at a memorial that includes a statue of Roosevelt and some of his most memorable quotes, during a hike

along gentle trails through marsh and forest terrain. For more information, call 703-289-2500.

One of the least-visited places in the National Park system lies 30 miles south of Washington, D.C., near La Plata, Maryland. The Thomas Stone National Historic Site recalls an interesting tidbit from the American Revolution.

Thomas Stone was among the 56 signers of the Declaration of Independence whose names are unknown to most Americans. He was among the few moderates in the Continental Congress who continued to seek peaceful reconciliation with England right up to the end.

This story is recounted during tours of "Haberdeventure," the plantation that Stone purchased in 1770. After he set out to build a modest home, his father died and five of his younger siblings came to live with his family. The sprawling home reflects several stages of construction as it was expanded to handle the growing extended family.

Visitors may tour the house, farm buildings, park grounds and family cemetery. For more information, call 301-392-1776.

A much better-known signer of the Declaration of

Independence, and his equally famous son, are recalled at the oldest presidential birthplace in the United States. The mansion in Quincy, Mass., named Peacefield, served as home to John Adams, John Quincy Adams and two subsequent generations of the famous family.

The oldest part of the structure was built in 1730 to 1731 and purchased in 1787 by John Adams, who served as second president of the United States (1797-1801). His son John Quincy won fame as a member of Congress, secretary of state and the sixth president (1825-1829).

The Georgian style home contains furnishings contributed by each generation of the family. Adams National Historic Park will be open this year until Nov. 10. For more information call 617-773-1177.

A much earlier period of history comes alive at Russell Cave National Monument at Bridgeport, Alabama. The cave served as home to prehistoric people for more than 10,000 years, beginning around 6500 B.C. Ranger-led tours take visitors to the cave shelter, and demonstrations explain the use of primitive tools and blowguns, spear throwers and other primitive weapons.

A video presentation at the visitor center depicts the life of early North American inhabitants. For more information call 256-495-2672.

More recent history is recounted at a fort that played a major role in expansion of the fledgling United States from east of the Mississippi to the west coast. Fort Scott National Historic Site, located in the Kansas town of the same name, was established as a frontier army post in 1842. For the next three decades, soldiers from the fort surveyed unmapped countryside, provided escort for pioneers heading west, and maintained peace between Plains Indians and settlers moving into their territory.

Twenty historic structures recall the story. An interesting innovation is a tour that uses visitors' own cell phones to describe Fort Scott's exciting past. For more information, call 620-223-0310.

Some 150 million years before either Fort Scott or the United States existed, other residents roamed around a



A cannon demonstration at Fort Scott National Historic Site

large river that ran through what now is northeastern Utah. The bones of 11 kinds of dinosaurs remain embedded in a rock wall at Dinosaur National Monument.

Most of the fossils are of Sauropods, huge, long-necked plant eaters that were the biggest creatures ever to walk on land. Others are remains of plant eaters that ranged in size from large to small, as well as of some carnivores.

Visitors may view fossil bones during a short walk along the Fossil Discovery Hiking Trail, and in the visitor center. For more information, call 435-781-7700.

Another small museum, located in northern Arizona, displays remnants of a different kind. Pots, tools and cultural items are among exhibits at Navajo National Monument. Of greater interest are three intact cliff dwellings of the Ancestral Puebloan people who grew corn, beans and squash, and hunted wild game. The monument contains three short hiking trails that lead to interesting overlooks. Lucky visitors may hear the cry of an intriguing grasshopper mouse, a carnivorous little animal that emits a surprisingly realistic wolf-like howl. For more information, call 928-672-2700.

Another Indian tribe, the Shoshone, made their home further north in an area of present-day Idaho characterized by a breathtakingly dramatic landscape. A large basin contains a concentration of spectacular erosional granite outcrops and monoliths, some as tall as a 60-story building.

A westward-bound pioneer, heading for California in 1849 during the Gold Rush, described the region as a "City of Rocks." The name stuck when Congress established City of Rocks National Reserve in 1988.

Along with its other-worldly landscape, the site recalls the history of westward migration during the mid-19th century. Ruts made by wagon wheels still are visible. Hundreds of inscriptions, written with axle grease on large rocks, serve as reminders of the hardy souls who undertook the treacherous journey to seek riches and a better life. For more information, call 208-824-5519.

For information go online to the National Park Service at nps.gov.



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When it's time to take the keys away from a loved one

The decision on when an aging loved one should stop driving is never an easy one, but the issue becomes even more complex — and heart-wrenching — when the loved one also suffers from dementia or Alzheimer's disease. How do you know when someone is no longer safe to drive? How do you gently explain this to him? How do you take away her car keys without taking her dignity as well?

"While some people with dementia can still drive safely for a time, nearly all people with dementia will eventually have to give up driving," said Dr. Donald J. Iverson, with the Humboldt Neurological Medical Group, Inc. in Eureka, Calif., and Fellow of the American Academy of Neurology (AAN). "It's important for doctors to discuss this with patients and caregivers soon after the diagnosis since driving cessation may affect the patient's and caregiver's quality of life."

AAN recently issued guidelines, presented at its annual meeting, to help caregivers and doctors determine when people with Alzheimer's disease and other forms of dementia should stop driving.

Caregivers should trust their observations of unsafe driving when deciding if a loved one is no longer safe behind the wheel, the guidelines advise. Caregivers who rated a patient's driving as "marginal" or "unsafe" were often proven right when the patient was given an on-road driving test, the AAN's research found. However, patients who thought their driving was safe were not necessarily right in their own assessments.

"While patients with mild dementia, as a group, are



higher-risk drivers, more recent studies have shown that as many as 76 percent can still pass an on-road driving test and can safely drive," Iverson said. "We need to provide guidelines for caregivers and doctors caring for these patients to identify those at higher risk of unsafe driving, without unnecessarily restricting those who are safe drivers."

If you're acting as caregiver for a loved one with dementia symptoms, watch for signs of declining driving ability, the AAN guidelines advise. These may include:

- Accidents or tickets.
- Aggressive or impulsive behavior.
- Decreased miles being driven.
- Always avoiding certain driving situations, such as

driving at night or in the rain.

While the observations of caregivers who know the habits and skills of their loved one are instrumental in determining if someone is no longer safe to drive, a number of tests can help identify the risk as well. These include the Clinical Dementia Rating (CDR) scale, which measures brain functions such as memory, judgment and problem solving. The Mini-Mental State Examination (MMSE) also measures brain functions such as memory, language and spatial ability. While these tests may help to show if a person has dementia and the severity of the disease, alone they're probably not enough to determine if someone is unsafe to drive. Caregivers and doctors need to make the final assessment.

When patients receive diagnoses of dementia, they and their caregivers should begin talking to their doctor about the eventual need to stop driving. That way, when the time comes, the conversation will be a little bit easier, the AAN suggests.

Patients, caregivers and doctors should also research their state's laws, since some states require doctors to report medical conditions that may impact an individual's ability to drive safely.

"It is important that the decision to stop driving be directed by a doctor who is trained and experienced in working with people with dementia and their families," Iverson said. "Doctors should be aware that assessing driving ability is a complex process. More than one source of information is needed to make a judgment. In some situations, a dementia specialist may be needed."
— ARA

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One out of every five older Americans are financial swindle victims

WASHINGTON —

More than 7.3 million older Americans — one out of every five people over the age of 65 — have been victimized by a financial swindle, according to a new survey by Investor Protection Trust (IPT).

That statistic is why a new partnership was formed — among IPT, the North American Securities Administrators Association, the National Adult Protective Services Association, the American Academy of Family Physicians, the National Area Health Education Center Organization and the National Association of Geriatric Education Centers — to offer an educational campaign.



The Elder Investment Fraud and Financial Exploitation prevention initiative will train medical professionals to spot older Americans, who are vulnerable because of mild cognitive impairment.

Because medical professionals deal frequently with older people, they are ideally positioned to identify victims. They will work together to refer cases to each other, whether it is to report fraud to securities regulators, convey abuse to Adult Protective Services workers or refer a patient to a clinician for further medical evaluation.

“Our goal is to improve the communication among medical professionals, older Americans, adult children and state securities regulators in order to head off financial swindles before the damage is done,” said IPT President and CEO Don Blandin.

Of particular concern for exploitation are seniors with mild cognitive impairment who can perform most daily functions, but have trouble or become confused with some tasks, such as following their medicine regimen and managing their finances.

A 2008 Duke University study found that about 35 percent of the 25 million people over age 71 in the U.S. either have mild cognitive impairment or Alzheimer’s disease. This makes them especially vulnerable to financial exploi-

tation, including investment fraud.

Key findings of the survey of 2,022 American adults — including 706 adult children with at least one parent aged 65 or older and 590 adults who were aged 65 or older and had children — include the following:

- Half of older Americans exhibit one or more of the warning signs of current financial victimization. For example, more than one out three seniors (37 percent) are currently being pitched by “people (who) are calling me or mailing me asking for money, lotteries, and other schemes,” while a much lower 19 percent of adult children believe that their parents are being pressured in such a fashion.

- Almost half of those aged 65 or over (44 percent) got at least two out of four questions wrong about basic investment knowledge.

- About one out of three older Americans (31 percent) said they are vulnerable in one or more ways to potential financial victimization.

- Only 5 percent of adult children in touch with their parents’ doctors report “the healthcare providers ever mention(ing) any concerns about your parents handling of money or relayed any concern from your parent about handling money.” However, of that same group, nearly 20 percent report the health care provider has mentioned concerns about “your parents’ mental comprehension.”

Only 2 percent of Americans aged 65 or older say their healthcare provider has ever asked about “how you are handling money issues or problems.”

- Four out of 10 children of parents 65 or older are “very” or “somewhat” worried that their parents “have already become or will become less able to handle their personal finances over time.” Among those over the age of 65, more than a third (36 percent) are “very” or “somewhat” worried about being less able to handle money issues over time.

State securities regulators and participating medical professionals now have available the project’s *Clinician’s Pocket Guide* and an informational brochure for patients/investors. The pocket guide — which outlines common red flags, how to ask about a patient’s financial capacity and what types of referral may be needed — can be used to train medical staff, as well as functioning as a handy reference card. The brochure tells how to protect against elder financial fraud and where to get help.

With a grant from the Investor Protection Trust, clinicians and geriatrics faculty from the Baylor College of Medicine in Houston, Texas developed the program.

Information was gathered from the Investor Protection Trust report and press release.

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Government gets an earful on 401(k) proposal

By David Pitt

DES MOINES, Iowa —

What happens when the government considers tinkering with retirement accounts and asks for citizen input?

It gets plenty.

Government officials began seeking comments in February on a proposal to add an annuity option to retirement plans. Such an option would potentially turn a portion of a retiree's savings over to an insurance company in exchange for a monthly check.

Annuities reduce the chance retirees will outlive their savings. In addition, the risk of losing money if the stock market drops is minimized.

However, retirees lose the upside potential of the stock market, and the flexibility to spread out their investment portfolio.

The departments of Labor and Treasury requested input on the annuity issue as they pondered solutions to a serious problem that plagues current savings plans — retirees running out of money.

The government expected the usual responses from insurance and investment industry groups, but not hundreds of letters and e-mail from workers and retirees.

"KEEP YOUR SLIMEY HANDS OFF MY MONEY," says one letter.

By the May 3 deadline, 700 responses were received, far more than usual.

"The (proposal) was not even out on the street for an hour and we started getting these comments," said Phyllis Borzi, the assistant secretary of Labor in charge of employee benefits. "I don't think anybody here has ever had anything quite like this."

By comparison, a recent request for comments on retirement account investment advice rules attracted just 24 letters.

The Center for Retirement Research at Boston College estimated in an October study that nearly half of U.S. households will not have enough income to maintain a preretirement standard of living, even if they work to age 65.

The problem is getting worse as companies continue to eliminate pensions and workers must save on their own through a 401(k) plan. Most don't save enough.

In addition, the stock market downturn in late 2008 and early 2009 reduced retirement accounts by an average of 30 percent. Although market returns have helped many

regain lost ground, workers within a few years of retirement won't have time to recoup their losses.

The Employee Benefit Research Institute says nearly half of the oldest baby boomers — those born between 1948 and 1954 — who earn an average of nearly \$41,000 per year, are at risk of not having enough money to meet basic expenses and medical costs not covered by insurance.

The government's proposal under consideration would change federal rules to allow a portion of 401(k) and Individual Retirement Accounts to be used to buy an annuity that would provide retirees a

guaranteed monthly income for life.

Although there are many types of annuities, they are investment products sold by insurance companies. The buyer turns over a sum of money in exchange for receiving a monthly check either for life or a specified number of years.

Few existing 401(k) plans offer an annuity option. A 2009 Hewitt Associates survey said just 7 percent of employers

include such an option inside the 401(k) plan and 2 percent plan to add the option this year.

About 14 percent of employers offer annuities as the form of payment for final distribution, when a worker leaves the company to retire.

It may take some persuading to get investors to buy into the annuity idea. Many oppose it because they'd rather be in control of how they spend the pile of money they've accumulated and they don't like the risk of losing it if they die early.

Significant education will also be needed to explain the complex annuity contracts.

Workers with a 401(k) often transfer their savings into an IRA after they leave their job or retire, investing the money in a mix of stocks and bonds. Most retirees withdraw enough to supplement Social Security and hope market conditions allow them to earn enough to make the money last. With many retirees living into their 80s, however, accounts dwindle and it's becoming more common to outlive one's nest egg.

Borzi said the plan was never to force anyone to buy an annuity, but many comment letters indicate that's how many people interpreted the proposal.

The government's request for informa-



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► Government

Cont. from page 14

tion asked for responses to the questions: Should some form of lifetime income distribution option be required for defined contribution plans? If so, should that option be the default distribution option, and should it apply to the entire account balance?

Many saw that as an indication the government is considering requiring some or all of an account to be converted into an annuity.

"I strongly oppose the idea of the government taking away my hard-earned savings in exchange for an annuity," wrote Robert Newman, of Wentzville, Mo.

Some said they will pull money from retirement accounts, even if they have to pay a penalty, to get it out of the government's reach if annuities are required.

"I am appalled and insulted that you would consider yourself in a better position than I to know what is best for me in regard to my own money," wrote Steven Gruber, of Syosset, N.Y.

Borzi said the intent is to consider whether employers should be required to offer annuities or other alternatives for workers and not as a requirement for them to buy anything.

"This is all about giving people choices," she said.

The 401(k) industry likely will not add an annuity option unless the government requires it, said Nancy Jones, a spokeswoman for Allianz Life Insurance Co.,

which sells annuities.

When you've got an industry that's pretty well entrenched, having some sort of requirement will promote an annuity option in a much stronger way than just telling employers, "we encourage you to do this," Jones said.

Industry groups and individual companies generally support the idea of choice but oppose mandates.

New York Life Insurance Co., a leading annuities provider, said the government should encourage annuitization, perhaps through a tax incentive, but not require it.

Forcing annuities on people could create a backlash, said Tom Kmak, CEO and founder of Fiduciary Benchmarks, a company that provides fee data to retirement plan providers.

"If you mandate that everybody puts their money into an annuity, what happens to the guy who dies at 69 and his widow is now not going to get \$230,000 because the annuity was purchased for a 20-year period and he lived for two (years)?"

The volume of letters and range of issues raised may lead to public hearings or round-table discussions to further explore some of the concerns, Borzi said.

It's too early in the process to determine what changes the Labor Department might propose and whether Treasury officials revise tax rules to encourage annuities.

"If the comments turn out that people are saying to us the market is handling this, go away, we can," Borzi said.

The government could end up doing nothing, she said. — AP

Things to consider for a VA pension

By Tracey Ingle

I talk with a lot of veterans who are disappointed they don't qualify for a Veteran's Pension, and dismiss the whole subject from their minds. This is a common mistake. The pension benefit is usually needed at a time of crisis, or right after. It's a time of being overwhelmed, confused and trying to get too much done without the right support system yet. There is plenty that can be done now to reduce the stress you will undoubtedly experience later.



Veterans Information

•Develop a life care plan — Many of us have emergency plans for how we'll react to a storm, a power outage and any number of the curves life throws our way. But do you have a plan for how you will react to long-term illness or disability? A Life Care Plan is essential, especially for folks in their 70s and 80s. And the time to create that plan is before you need it, while you have the luxury of time to think and reflect. Talk with the members of your family who are likely to be part of your support network. Consider how your Veteran's Pension can help, by giving you options. Which might you be willing to try? The senior center? An adult day care? Assisted living residence?

•Save all your medical receipts — Many veterans qualify for a pension earlier than they realize. Qualification is heavily based upon unreimbursed medical expenses, which can add up quickly. Keep all your medical

receipts so you can review them periodically. There's some math to do to see if you qualify. Add up all the regularly recurring medical expenses you paid for (for you and your spouse), the ones for which there was no insurance reimbursement. Subtract those from your gross household income. If the difference is less than the pension benefit available, you qualify. In order to qualify for the full benefit, the result must be zero or less. But even if the result is greater than zero, you might still qualify for a partial pension.


•Update your estate plan — If you find you have sufficient medical expenses to qualify for a Veteran's Pension, but have too much net worth, updating your estate plan might make all the difference. A well placed trust can help protect assets and qualify a veteran for a pension. Make sure you work with an attorney accredited by the Veteran's Administration to counsel veterans on pension benefits and well-versed in Medicaid benefits. Otherwise, you may be in for a shock — things you may do to receive a Veteran's Pension could disqualify you from Medicaid later. You need an attorney who can help you avoid or plan for both challenges.

Just because you may not need or qualify for a Veteran's Pension yet, doesn't mean you don't need to be thinking about it. The more you can be prepared for the day you do need it, the less stress you'll have. Your family will thank you. You'll also thank yourself.

Tracey Ingle is the probate puzzle person and principal of Ingle Law. She can be reached at 508-281-7900 or tracey@inglelaw.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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Ask a Designer: *White can be fresh, practical*

By Melissa Rayworth

When interior designer Betsy Burnham redecorated her office recently, she made a decision that surprised her staff: She focused on the color white. White walls, white ceilings, white furniture, even white chandeliers.

"I'm a huge color fanatic," she said, "but I just think white makes color pop so beautifully."

Her favorite colorful accessories "never looked as good" as they do now against a white backdrop. "White is crisp, it's young and it's really flexible."

Decorating with white can be intimidating. But, said designer Brian Patrick Flynn of *decordemon.com*, "used correctly, white lets other things truly work as the breakout stars."

Yes, there are potential pitfalls in working with white. But it can, honestly, be a versatile and practical option.

"White is a trick designers use to modernize things," said Flynn. Traditional pieces of furniture and scuffed wooden floors are revitalized by white paint. Their imperfections are transformed into appealing texture.

Designer Taniya Nayak, host of HGTV's *Destination Design* and HGTV.com's *\$100 Half Day Design* series, loves spray-painting old picture frames and mirrors a glossy white.

"It instantly gives them a fresh, mod look," she said.

The backdrop of a white floor and walls makes familiar furniture, window treatments and accessories stand out in a new way.

White can feel traditional when paired with ornate pieces, or utterly modern with streamlined furniture and chrome.

"White can also kind of work as a mediator, between soft and loud colors. You can use it to work as a bridge between two colors," said Flynn.

And a room that's primarily white is easily redecorated with little expense.

Most surprising, white items can be easy to care for. Many white fabrics are chemically treated to be stain-resistant (or you can have them treated), and all-white slipcovers can be laundered with bleach. White vinyl, a favorite of Flynn's, doesn't stain. And glass tops can protect white tables.

Be careful in selecting upholstery, of course, and especially carpeting. A white carpet is "a train wreck waiting to happen," said Flynn, unless you can easily clean it (surprisingly, fluffy flokati rugs are often machine washable) and won't mind doing that often.

Flynn loves doing white walls and furni-

ture with bold color on the ceiling, in accessories and in the interiors of bookcases.

Nayak recently created a nautical look for her HGTV series that pairs white furniture, ceilings and columns with dramatic navy blue walls and splashes of yellow.

If you prefer something preppier, she said,

try white and navy with a bit of bright green. (Other color combos she likes: Rooms done entirely in black and white, or white with gray and chartreuse accents.)

If you have a room with large windows, you'll make the view more of a focal point by doing a very white room. "The view becomes your art," said Nayak.

These designers say the options for working with white are numerous.

White decor contrasts well with textured stone or concrete floors, and looks glamorous paired with lots of green plants. Another choice: "Find wallpaper that's tone-on-tone, or white but embossed with texture," Nayak said. "Wallpaper is huge right now."

Choose your shades of white carefully.

"You want it to be livable, not like Liquid Paper," Burnham said. "If there's too much blue in it, it's just going to be blinding."

Some whites are warmer, with a slightly yellow undertone, while others have a cool, bluer tinge. There are also greenish whites, purplish whites and many other varieties.

If you're using several white elements in one room, a mix of cool and warm whites can clash. And remember that changes in daylight (from golden sunshine to the gray light of a cloudy day) may change the way a particular shade of white appears.

If you're using glossy white paint, it will draw attention to imperfections in ceilings, walls, floors and furniture. If that's not appealing to you, Nayak said matte paints are better for hiding imperfections: "Matte is a flat look, but washable."

One worry about very white rooms is that they can feel cold or impersonal. "I love bringing in wood tones" in floors, ceilings or furniture, said Nayak. "That's the No. 1 way to warm up a white room."

Anything from a pale natural wood to a darkly stained finish can work with white.

All three designers suggest mixing in strokes of color or even a bit of animal print, rather than doing a room entirely in white.

"I'm absolutely blown away and captivated when somebody can successfully pull off an all-white room. But to really pull it off," he said, you have to be "a master with texture, scale and shape," Flynn said.

"I love all-white rooms to look at, but I don't necessarily know I could live in one." — AP



► Exercise

Cont. from page 6

parameters, especially with regard to fall prevention. Dr. Steven Chang, staff physician with Kosmix RightHealth and a family medicine practitioner at the University of California Davis Medical Center, said falls are the primary cause of accidental death in the elderly and account for over 90 percent of hip fractures, which cause significant morbidity.

"Participating in regular exercises that emphasize muscle tone, balance and flexibility is a must," Chang said. "Weight bearing exercises and a healthy diet will contribute to bone health, which reduces the risk of osteoporosis as well. Failure to

exercise regularly results in poor muscle tone, decreased strength and loss of bone mass and flexibility."

Steven Levesque, owner of Fitness Your Weigh in Groton, has presented programs at the town's senior center on staying strong in the latter years. Customers at his business location are put through "boot camp," one-hour classes with cardiovascular conditioning, full body strength and flexibility training.

But people shouldn't be deterred by the thought of a tough military-like structure. Levesque runs his programs so that each person works to his or her own ability. One class has a 20-year-old that exercises next to a 67-year-old. "The biggest age group I have is the 50s and 60s, plenty in their 70s, some in their 80s and a 93-year old," he said.

There's an instant payoff for improved strength. "Many people 50 and older never attended aerobics or have been a walker or swimmer. Holding a stretch for 30 seconds or a minute can seem like an eternity but you feel so much better afterwards," Levesque said. "When they get home, they run after their grandchildren who then see the benefits of staying stronger themselves."

Levesque focuses on improving his program participants' bone, muscle and joint strength. "Like others things, if you don't use it, you lose it," he said. "If you don't do any stretching, you lose their flexibility. If you don't pay attention to your balance, you start to lose your balance."

He suggests a few ways to improve balance in the comfort of home. "You can do something even as simple as standing on

one foot with a chair or tabletop near by," Levesque said. "Time yourself to see how long you're able to stay up and work to strengthen your weaker leg. Work on it daily, adding five or 10 seconds at a time. You can do it while you're washing the dishes." Another exercise is pretend tightrope walking, with one foot going directly in front of the other.

Regardless of age, no one is ever too old to begin something new, especially something that's going to be beneficial in the years ahead, Levesque said. And it will benefit others as well. "People are seeing their parents still alive and active in their 70s and 80s and see they have their minds and physical strength, which gives them a better general awareness of the benefits of exercising and eating healthier," he said.

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'Sex and the City 2': Can 40+ dress fabulous?

By Samantha Critchell

NEW YORK —

There's a telling scene early in *Sex and the City 2* when 52-year-old Samantha, played by 53-year-old Kim Cattrall, spots a gold, beaded bustier mini-dress that she thinks will be perfect for a big red-carpet moment.

The saleswoman is the first doubter. "Is it maybe a little young?" she asks.

Carrie, Samantha, Charlotte and Miranda have fashion confidence like few others — on film or in real life. But the sequined armor these women wear along with their micro-minis, harem pants and stiletto heels suffers a few chinks over one issue: Do they dress their age?

Samantha's friends question the mini-dress, too. But an even more important movie moment is when Samantha rocks the dress, putting conventionalists and teenager Miley Cyrus, who is on the same red carpet in the same dress, in their place.

Throughout the movie, the posse parades around in the most au courant clothes, seemingly not deterred at all by the fact that designers often use lithe, lean teenage runway models as muses instead of the 40-plus successful shopaholics the characters now represent.

Some of the outfits are knockouts and incredibly flattering — like the pleated, flame-colored sundress worn by Carrie (Sarah Jessica Parker) on the beach, and the plunging V-neck gown with metallic studs worn by Miranda (Cynthia Nixon) to a wedding — but there also are the misses.

It shouldn't be assumed, though, that Charlotte's (Kristin Davis) dorky strapless candy-cane get-up or Carrie's ill-conceived logo-T-and-poufy-ball-skirt combination would look any better on a 25 year old.

"I think it's all about where the individual is in what

they are comfortable and confident wearing," said accessories designer Brian Atwood, who crafted two pairs of 6-inch (15-centimeter) heels for Carrie's closet. "I don't like to dictate boundaries to anyone. I think it's the whole package. I've seen older women in their '80s-style rhinestone jackets with short miniskirts, but anyone would look ridiculous in that."

A chic, sophisticated stiletto is another story, Atwood said. "Some women just like high heels. They help give you great legs and they give you height. Women like how they feel in heels and what it projects."

An honest analysis of one's assets — and trouble spots — as well as lifestyle and personal style will get you farther in developing a flattering, appropriate wardrobe than counting birthday candles, say the experts.

"You need to know what parts of your body should be shown off," advised Deborah Lloyd, co-president and creative director of Kate Spade New York. The actresses in *Sex and the City* surely work hard at keeping their figures in good shape so they can pull off some daring things, she said.

Lloyd points to first lady Michelle Obama as an example of a woman who highlights her strengths — those toned arms, in particular — and maintains a youthful, modern look with interesting silhouettes and bright colors, while never trying to dress too young. "Fashion as you get older is about an evolution, not just about changing your look because you're older," Lloyd said.



'Carrie' has fashion confidence.

"It will never be an exact science on how to dress to flatter as we age, regardless of lifestyle and budget," said Avril Graham, executive fashion editor at *Harper's Bazaar*. "However, women should always consider that elegance and good taste generally go hand in hand, regardless of age. And common sense should always prevail."

Charla Krupp, author of the books *How Not To Look Old* and *How To Never Look Fat Again*, draws a sharp line between fashion-forward and trashy. Tops that are too low cut, skirts that are too short, dresses that are too tight are fashion don'ts — period, Krupp said.

But, she noted, the reality of getting older is that what's considered the appropriate neckline or hemline

is indeed a little more covered up.

"You don't want to be so obvious. I'm not saying you can't be sexy when you're older — Sarah Jessica Parker succeeds in this, and so does the Miranda character," Krupp said. "They are classy, grown-up, sophisticated and sexy women. What you don't want is to look like you raided your daughter's closet."

Also, steer clear of anything too trendy, advised Atwood. "You've already done that in your life."

Graham, however, doesn't want women to be afraid of fashion or trying something new. "Women of every age and budget have more choices to have freedom of expression with their clothing choices and arguably it has resulted in women having a more youthful appearance than previous generations." — AP

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Checks arriving for those affected by Medicare Rx doughnut hole

BOSTON —

Last month Massachusetts Medicare recipients who have fallen into the prescription drug coverage gap began automatically receiving \$250 rebate checks to help with drug costs and other expenses, as part of the new health care reform law. About 300,000 Bay State seniors may face the doughnut hole in 2010.



"These rebate checks are the first step to gradually close the Medicare prescription drug doughnut hole — and help make prescription drugs more affordable for people in Medicare," said Deborah Banda, state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State.

Research shows that people who have trouble paying for their prescription drugs are more likely to skip doses or stop taking their medications altogether.

This can lead to more serious health problems and higher long-term costs both for them and the health care system as a whole.

AARP Massachusetts member Patricia Liberti has fallen into the Medicare prescription drug doughnut hole repeatedly. Each year, once hitting the coverage gap, she has spent thousands of dollars for the medicine that keeps her healthy and out of more expensive care. "The rebate check is definitely a step in the right direction," Liberti said. "It's \$250 I didn't have before. And, next year, I'll have even more help, when I can get a good discount on brand name prescriptions."

Starting in 2011, people who reach the Medicare prescription drug doughnut hole will receive a 50 percent discount on all brand name and biologic drugs, and a 7 percent discount on generics. Over 10 years, more discounts will be applied for both brand and generic drugs until the coverage gap completely closes in 2020.

The U.S. Department of Health and Human Services (HHS) began mailing the first group of Medicare prescription drug rebate checks on June 10. Checks will continue to be mailed throughout the year as more people reach the doughnut hole.

Five facts that people in Medicare should know about the rebate check and their prescription drugs:

- Checks will be mailed automatically. People in Medicare Part D who have paid more than \$940 in out-of-pocket drug costs should automatically receive a check after reaching that threshold.

- Your check will be mailed to the address Social Security uses to reach you. If you need to change your address, call Social Security at 800-772-1213. You may also report a change of address by calling or visiting your local Social Security office.

- Receipts can help you track your spending. Medicare tracks your drug costs for you, but you should save your receipts just in case. If you think you've reached the doughnut hole and don't receive your check within a few months, having your receipts handy will be helpful when talking to Medicare.

- Protect yourself against scams. If someone says they can help you get your check faster by paying them a fee, immediately report this scam or any similar fraud to the local police or to the attorney general at 617-727-8400. You should also report any suspected scam to Medicare by calling 800-MEDICARE (800-633-4227).

- You may be able to save on your prescription drugs. By entering the name of each of your drugs, its dosage, and how often you take it into AARP's Doughnut Hole Calculator www.aarp.org/doughnut-hole, you can see when you are likely to enter the doughnut hole. This tool will also identify less costly drugs available in your Part D plan and will print out a personalized letter that will help you begin a conversation with your physician about switching to lower-cost alternatives.

To learn more — or ask questions, visit AARP's web page devoted to providing information about the health care reform law: www.aarp.org/getthefacts. To receive a free informational brochure, *How the New Health Care Law Benefits You (D19272)*, call AARP Massachusetts toll free at 866-448-3621.

Connect with AARP MA online at www.aarp.org/ma, www.facebook.com/AARPMMA and www.twitter.com/AARPMMA. AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates.

Keeping people from being sent back to the hospital

By Al Norman

Have you ever known someone who went into the hospital, came back home, and then within a month or so, was readmitted?

These kinds of "readmissions" are more common than most people realize. According to a recent federal report, re-hospitalization is a "frequent, costly, and sometimes life-threatening event." Given that Medicare beneficiaries comprise 46 percent of hospital admissions, hundreds of millions of dollars in Massachusetts could be saved by preventing readmissions.

Researchers estimate that 20 percent of Medicare beneficiaries who are

discharged from hospitals are readmitted within 30 days and 33 percent are readmitted within 90 days. The national fiscal impact to Medicare as a result of unplanned hospital readmissions was \$17.4 billion in 2004. In addition to these financial costs, re-hospitalization can increase the risk of health complications, resulting in greater disability for consumers.

Research has shown that 28 percent of hospitalizations can be avoided. As many as 40 percent of the hospital trips from nursing homes are not necessary, because they could have been handled as an outpa-

tient visit, or the consumer could have remained in the long-term care facility, or their conditions did not warrant inpatient care.

According to a state report released last January, Massachusetts shares many of the care transitions challenges that the rest of the country faces. The report identified "care fragmentation" as a key problem in

the Massachusetts healthcare system. "Patients and families are unassisted as they navigate across different providers and care settings," the Care Transitions report said, "and state leaders believe that poor communication and lack of clear accountability for a patient among multiple providers lead to medical errors, waste, and duplication."

Research in recent years on care transitions activities shows that when consumers receive coaching after they are discharged from a hospital, they have lower re-admittance rates than those who had no coaching at all. Here in Massachusetts, a group of 70 care managers who work for Aging Services Access Points were trained in April in "The Care Transitions Intervention (CTI)," which is a four-week hospital-to-home care program during which patients with complex care needs and family caregivers work with a coach. The program includes a hospital and home visit and three follow up phone calls, in which the coach focuses on:

- Supporting the consumer in developing and maintaining a personal

health record;

- Helping the consumer and family members to understand when and how to obtain follow-up care; and

- Role playing with patients to ask the right questions to the right health care providers to get their needs met across the various follow-up care settings. In this model, consumers and their family members play a more active role in managing the patient's condition and developing self-care skills. They learn about medication self-management, how to pay attention to symptoms and recognize warning signs that trigger the need for care. Families are also given instructions on how to respond to various health alerts.

A study of the Care Transitions program showed the program cost was \$196 per patient. Another study reported that consumers who were coached saw an estimated annual cost savings — above the cost of the intervention — of \$844 per patient.

Under the new Patient Care Protection Act, the federal government has offered \$2.5 million in competitive contracts for up to six states to expand their "Care Transitions" efforts.

Massachusetts should be one of the states applying for this important care transitions initiative to keep people living at home, and from having to be readmitted to the hospital.

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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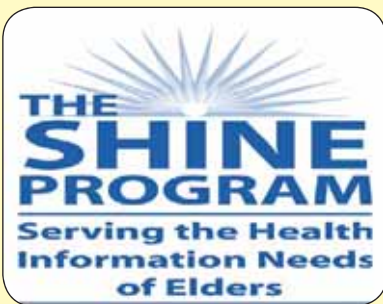
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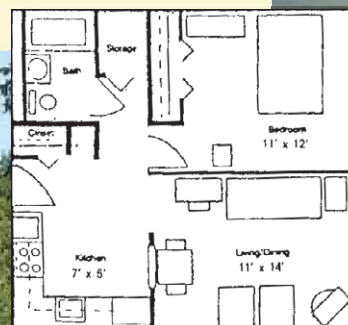
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