



A Martha's
Vineyard summer
page 10



Easy spring
cleaning tips
page 16



Put the kibosh on
that migraine
page 8

Find Index of Caregiving Services on page 3!

fifty plus advocate

36th
year

Published Monthly / FREE / June 2010 / Vol. 36 / No. 6 / 20 pp.

BOSTON METRO-WEST EDITION



Movers and Shakers answer the call

PRE-SORT STANDARD
U.S. POSTAGE PAID
PERMIT NO. 597
WORCESTER, MASS.

Fifty Plus Advocate • 131 Lincoln Street • Worcester, MA 01605

CURRENT RESIDENT OR

**There are Clear Options
to See Better!**

New England Eye Center has
solutions for your cataracts.



Find a location
near you.
See page 12

Trust in yourself if you want to make your life better

By Sondra L. Shapiro

Whom do I trust? If you really want to know, I trust my friends, otherwise they wouldn't be my friends.

I trust most family members; the ones I don't I keep at arm's length.

Finally, if you want to know if I trust my government, the answer is more complicated.

I trust myself to vote for individuals who I believe share my general philosophy. Once those people get into office I am often disenchanted with some of the decisions they make

on what is presumably my behalf.



Just My Opinion

So, I would have checked off "basically content" with the federal government, which was one of the questions asked in a survey to gauge public sentiment of government that was part of a new report by the Pew Research Center. The report by Pew was based on a series of questionnaires about the public's opinions on government. The main survey, which was conducted in March among 2,505 adults, found that just 22 percent trust Washington almost always or most of the time. Nineteen percent are "basically content" with the federal government.

These numbers represent the lowest measures in half a century — with a steady decline happening since 2002, when a Gallup poll showed overall satisfaction at 59 percent.

Americans are frustrated (56 percent), rather than angry (21 percent) about the goings on in government. Pew attributes this general mistrust to a "perfect storm" of conditions: a dismal economy, an unhappy public, bitter partisan-based backlash and epic discontent with Congress and elected officials.

Americans fear Washington has become too big and powerful. We want less government oversight, with the exception of greater regulation of major financial institutions. Many Americans (30 percent) actually fear the federal government is a threat to personal freedom.

For the most part, the public is singling out members of Congress, rather than a broken political system, as the problem.

If Republicans think this is a time to celebrate — with mid-term elections coming up — the poll shows equal opportunity disillusionment over both parties. Lackluster confidence in congressional incumbents is approaching an all-time high.

Pew reports the Tea Party movement, a small but fervent anti-government constituency, could also be a wild card in this election. Especially since independents say the movement represents their point of view better than does the Republican Party, which traditionally fares well with independents.

Over the last year, favorable opinions of Congress have declined by half — from 50 percent to 25 percent.

When asked to comment on a series of criticisms aimed at elected officials in Washington — that they care only about their careers, are influenced by special interests, are unwilling to compromise and are profligate and out-of-touch — no fewer than 76 percent agreed with each statement.

While job ratings for the Obama administration are mostly negative, they are much more positive than the ratings for Congress; 40 percent say the administration does an excellent or good job while just 17 percent say the same about Congress, according to Pew.

Though Americans have a better view about government agencies and institutions, favorable ratings have been declining for the Department of Education, the Food and Drug Administration (FDA), the Social Security Administration, the Environmental Protection Agency, NASA and the Centers for Disease Control (CDC).

The most serious complaints are that government runs its programs inefficiently (50 percent) and that it has the wrong priorities (38 percent).

Such disenchantment begs for some kind of action. The question remains do we have the energy or inclination to do something drastic?

Kevin Phillips wrote *Arrogant Capital: Washington, Wall Street, and the Frustration of American Politics* in the mid '90s, theorizing on why our country came to be embroiled in such a political quagmire. He opined that Washington "has become like a fortress, more and more bloated and inefficient at a time when the rest of America has cut back and toiled to rebuild itself."

He suggested five changes to improve the system: Disperse power away from Washington; curb the role of lobbies, interest groups and influence peddlers; regulate speculative finance and reduce the political influence of Wall Street; reverse the trend toward greater concentration of wealth; and shift U.S. representative government more toward direct democracy.

This last suggestion intrigues me since it would empower the public to steer its destiny. Phillips suggested that we ratify an amendment to the Constitution that sets up a mechanism for holding nationwide referenda.

"The citizenry" would replace Congress and the president in making certain national decisions. A national advisory commission or citizen's group would oversee the system.

Some of Phillips' text is scarily prophetic when you consider all that has happened since he wrote *Arrogant Capital*. Yet, I wonder where our country would be today had we taken to heart his recommendations.

While it is highly improbable or even illogical to redesign the framework of our government, at its core, Phillips' philosophy ratifies the notion of governing by public sanction.

So, what are our options? The easiest and most logical action is to cast off frustration and embrace the political process. But, most of us don't have enough time — with family and work obligations stretching us to

AARP®



Keeping Prescription Advantage strong in Massachusetts may be up to you.

Sixty thousand older residents count on Prescription Advantage, the state's pharmacy assistance program that works in tandem with Medicare Part D. It's a lifeline that keeps them healthy and out of more expensive care. As legislators finalize the state budget, help us let them know how important Prescription Advantage is to Massachusetts seniors and their families.

Call Senate President Therese Murray and Speaker of the House Robert DeLeo at 1-888-259-9789 today. Urge them to restore full funding to Prescription Advantage.

For more information, visit aarp.org/ma.

HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING

TRUST page 18

FEATURED STORIES

| | |
|---------------------------------------|----|
| Volunteers raise the roof | 5 |
| New American frugality | 5 |
| Drug prices higher than ever | 6 |
| How private health plans rate | 6 |
| Reality TV follows retiree high jinks | 7 |
| Can Medicare be saved? | 9 |
| Community embraces Indian culture | 13 |
| Soc. Sec. just needs tweaking | 17 |
| The Walton's life back in vogue | 19 |

DEPARTMENTS

| | |
|-------------------------|----|
| Feeling Healthy | 8 |
| Home Improvement | 16 |
| Just My Opinion | 2 |
| Money Matters | 14 |
| Resource for Caregivers | 12 |
| Travel | 10 |
| Viewpoint | 18 |



Living the frugal life **15**



An Indian welcome **13**



Senior Shenanigans **7**



Living like the 'Waltons' **19**

ABOUT THE COVER

Ira (l) and Barbara Smith prepare to load a mattress at the Household Goods Recycling of Massachusetts. p. 4

INDEX OF SERVICES IN THIS ISSUE

ADVOCACY

AARP..... p. 2

AFFORDABLE SENIOR HOUSING

Avalon Bay Blue Skies Advantage... p. 6

Peter's Grove p. 14

Sherwood Village p. 20

Woodhaven Elder Housing..... p. 8

ASSISTED LIVING

Renaissance Gardens @ Brooksby Village p. 13

Traditions of Wayland p. 11

ATTORNEY, ELDER LAW

Ingle Law..... p. 20

CREMATION SERVICES

Casper Cremations..... p. 15

DENTURE / IMPLANTS

Dr. Steven Rinaldi p. 14

ENTERTAINMENT

Foxwood's Resort and Casino..... p. 11

EYE CARE SERVICES

New England Eye Center..... p. 12

EVENTS FOR SENIORS

United for Elders Expo 2010..... p. 19

HEALTH CARE INFORMATION

SHINE Program..... p. 6

MEDICAL RESEARCH STUDIES p. 7

Hip Fracture ~ Spaulding Hospital

Menopause Study ~ Brigham & Women's Hospital

Memory ~ Neurocare

NURSING HOME

Sherrill House p. 16

STAIRLIFTS

Andrews Elevator + Access p. 9

SUBSIDIZED HOUSING

Academy Knoll Apartments p. 8

Congregational Retirement Home p. 15

Framingham Green p. 11

Irving Street Apartments..... p. 11

TINNITUS TREATMENT

Ring no more p. 13

Thank you for supporting our advertisers

Mass. volunteer honorees are enriching America

By Brian Goslow

BOSTON —

It's been over 20 years since Barbara Smith received the call from a woman on behalf of her sister and 15-year-old daughter fleeing the violence in El Salvador. The caller, a refugee herself, had lost her husband to El Salvadoran violence in 1985.

"She called my church and asked if any of the parishioners could help fill her apartment with furniture," said Smith, who put a note about the request in the church's bulletin. "We got such an outpouring of goods that we had so much left over."

So much furniture remained that Barbara and her husband, Ira, decided to start Household Goods Recycling of Massachusetts (HGRM) in their Acton garage in 1990. Since that time, they've helped tens of thousands of people resettle, inspiring hundreds of volunteers to assist them in their mission.

The Smiths, both 79, were recently honored as recipients of 2010 MetLife Foundation Older Volunteers Enrich America Awards and named "Gold Winners" in the community champion category.

The award recognizes the outstanding contributions of volunteers age 50 and older to local communities. A blue ribbon panel from the National Association of Area Agencies on Aging selected 26 volunteers from across the nation.

The Smiths were joined at an early May awards ceremony in Washington, D.C. by fellow Massachusetts resident Virginia Lemire, 73, of Lincoln. Lemire was honored for her work as a SHINE health benefits counselor, medical advocate and Safe Meds volunteer for Minuteman Senior Services of Burlington and for initiating a senior meals program in her hometown.

In 2004, HGRM moved from the Smiths' garage to a larger facility in Acton. Nearly 300 volunteers are helping victims of fires or floods, women and their children fleeing domestic abuse situations, people moving into their own apartments from shelters or halfway houses, war veterans down on their luck and recent immigrants to the United States.

"We see 50 to 70 families a week," Barbara Smith said. "Some just need furniture, a bed or a sofa. Some families take just a little but increasingly, they need everything." She estimated that a third of the families HGRM sees are starting a home from scratch.

"They're very respectful of people's dignity and know the people are having a tough time or they wouldn't be there," said Virginia Miria of the Smiths. Miria handles HGRM's communication and fundraising duties and nominated the couple for the award. "They don't want to be seen as a charity and they don't want the people they help seen as getting charity. They see it as a way to get them on their feet and on with their lives."

The Smiths met in upstate New York, where Barbara attended Potsdam State

University (now the State University of New York at Potsdam) and Ira was an ROTC student at Clarkson University before serving in the Army Signal Corp in post-combat Korea. Along with raising six children, Barbara taught school; Ira went onto a career in management consulting. The Smiths moved to Massachusetts when Ira got a job with Raytheon.

While continuing to serve as the organization's co-executive directors, the Smiths have passed the administrative duties onto others, setting up a board of directors of like-minded people, many of whom come from its volunteer base. That suits the couple fine; they've got people to help. "Most days, we don't feel our age," Ira Smith said. "We're very fortunate to be healthy and young and this work over the last 20 years has kept us this way."

"It's great exercise," Barbara Smith added.

"They are in such amazing, knock on wood, great physical shape," Miria said. "They are in there, moving things around, picking up couches, all the time, almost every day. They insist on being the ones who distribute the items. They're on their feet the whole time."

While the Smiths' road to volunteerism was inspired by a stranger's phone call, Lemire's inspiration was her mother.

After retiring from a stressful career in medical research at Concord Communications in Marlborough at age 63, Lemire just wanted time alone. "After dealing with a large number of people each day, I just wanted the phone to stop ringing and people to stop coming to my door," she said. "I was a hermit for a year."

That changed when Lemire saw a newspaper article on the SHINE (Serving the Health Information Needs of Elders) counseling program. Overseen by the Massachusetts Executive Office of Elder Affairs, the program provides free health information, counseling and assistance to Medicare beneficiaries and their caregivers.

Her interest was piqued because her mother was having trouble understanding her Medicare forms back in her home state of Iowa. "I wasn't able to help her directly but through the article, I learned there were programs similar to SHINE all over the country so I knew there was one that could help my mom," Lemire said.

Soon afterwards, Lemire contacted Minuteman Senior Services in Burlington to become a SHINE counselor. Over the past 10

years, she's invested endless hours keeping up with changing regulations for Medicare, Medigap and HMOs and engaging in large amounts of client contact at the Concord Council on Aging. "I love it when people call when they turn 65 and I can explain to them how Medicare works," she said.

Minuteman Senior Services volunteer services coordinator Debbie Barr, who nominated her for the award, said Lemire is able to clearly analyze what needs to happen — then take the appropriate action. "She has a reputation for being tenacious if she feels someone is being taken advantage of," Barr said.

Lemire's toughest case occurred after a client mistakenly gave a credit card instead of a health insurance card after being rushed to the emergency room. By the time the case reached



Lemire working on the Holiday Gift Project that she helped coordinate in December 2009 when she was serving as a member of the Commonwealth Corps

Lemire, months had passed and the hospital had billed both her client's credit card and Medicare account. Eventually, she was able to help her client get the full amount reimbursed. "Like any institution, the wheel turns slowly," Lemire said. "The lesson was to never show your Master Card in a hospital."

Lemire also

appointments as a medical escort, an advocate program she helped create with other Minuteman volunteers. It's intended to allow seniors to continue to live at home safely by ensuring they have the transportation and assistance needed to get to their medical appointments and return home knowing what steps to take to remain healthy.

"She talks with them a lot about what they want to happen at an appointment and makes sure they bring a list of medications, recent treatments and recent medical issues to it," Barr said. "The (medical escort) volunteers sit in during the appointment to make sure any health-related questions are asked and

answered. Afterwards, they go over what was covered with the patient and discuss what the next appointment should be for."

Lemire also helped start a Safe Meds at Home program for seniors who otherwise might have to move to a nursing home because they couldn't manage their medications. She helps her clients prepare and take the correct dosages on schedule. "I don't touch the pills," she said. "The actual work takes 15 or 20 minutes, but sometimes, I'm there for an hour and a half," said Lemire, who may be the only person a client will see that week.

While participating in Gov. Deval Patrick's Commonwealth Corps program to encourage volunteer workers to try out new potential professions, she learned that her hometown was one of two of the 16 towns Minuteman serves that didn't have a senior dining program. "Someone said they thought Lincoln didn't need it (due to its relatively high per capita income)," Lemire said. "I said economics wasn't the point, the sociality of the experience was."

Along with longtime town volunteer Al Schmeitzler, she investigated making such a program a reality, starting with the town's senior center and its board of directors. "Their reservation was, 'Don't touch our volunteers; we don't have enough as it is,'" Lemire said.

Lemire and Schmeitzler's enthusiasm was infectious: St. Anne's Episcopal Church offered use of its dining room and certified kitchen facilities; the Newbury Court assisted living retirement community in Concord agreed to have its chef prepare meals for the monthly gatherings; The Friends of the Lincoln Senior Center provided start-up funding; the COA helped secure a \$750 tax write-off against property taxes for a program manager; and Lemire enlisted the help of two local real estate offices, whose staffs provide five rotating teams of servers.

Barr said it's just another example of Lemire's can-do spirit. "She needed the support of the local boards to bring the facility up to code and find a staff to run it for a whole year," Barr said. "It's the first time the town has had a lunch program where people can get a warm meal and hang around and socialize afterward. The meal site really brought together the things she's done in supporting seniors."

AARP volunteers help Mattapan family renovate their home

BOSTON —

Anne St. Juste, 42, worked hard to move her family into their own home, situated in a safe Mattapan neighborhood. The elementary school teacher — and single mother of five — purchased the house at foreclosure only a few months ago. A true "fixer-upper," St. Juste needed some help to make the house more livable for her children, ages 11 to 19, and her 72-year-old mother.

So, to the rescue came AARP's Create the Good and Rebuilding Together Boston, a non-profit organization working in partnership with skilled labor and volunteers to stabilize and restore the houses of low-income homeowners and non-profit-owned facilities in Boston.

On April 24 — Rebuilding Together Boston's National Rebuilding Day

VOLUNTEERS page 5

fifty plus
ADVOCATE

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
Executive Editor /
Assistant Publisher: Sondra Shapiro: ext. 136
Staff Reporter: Brian Goslow
Travel Writer: Victor Block
Art Director: Susan J. Clapham: ext. 142
Bookkeeper: Stacy Lelune: ext. 6

Research Study Advertising: Donna Davis: ext. 130
Boston Metro / Boston South Sales Manager:
Reva Capellari: ext. 5
Sales:
Cara Kassab: ext. 125

- Fifty Plus Advocate is published monthly, 12 times annually by Mar-Len Publications, Inc. 131 Lincoln St., Worcester, MA 01605.
- Fifty Plus Advocate accepts no responsibility for unsolicited manuscripts or materials and does not return them to sender. Retractions for any inaccuracies will be printed when necessary. Unsolicited letters to the editor become the property of this newspaper and can be reprinted in part or in whole unless otherwise stated. Fifty Plus Advocate columnists writing under a byline are expressing their personal opinions and not necessarily those of the newspaper.

Members of the Associated Press.

Read more at www.fiftyplusadvocates.com

► Voluneers

Cont. from page 4

— nearly 50 AARP volunteers converged, resolved to turn St. Juste's house into a home. Over a span of nine hours, the group painted every room — transforming dark and gloomy into bright and sunny. They cleaned and painted the kitchen, removed old carpet, installed a new screen door and light fixtures, and repaired broken windows. Volunteers also worked outdoors, tackling yard cleanup, repairs and landscaping.

"I feel so excited about the renovations," said St. Juste. "We couldn't do it all by ourselves. The renovations will help make our house healthy, clean and safe."

AARP Massachusetts State President Linda Fitzgerald summed up the experience, saying, "We used sweat, elbow grease, and pure-hearted determination to make this house a better place, a safe place for the St. Juste family. Whether you have five minutes or five hours — nine in this case — your contribution really can make a world of difference."

One of the AARP volunteers, Linda Wheeler of Roxbury, wanted to get involved in the effort to do more in her community. She said, "Home modification is important because it helps people stay warm and comfortable in their homes." Another volunteer, John Mears of Jamaica Plain, was determined to "help seniors



AARP volunteers, Bonny Mears of Jamaica Plain (l) and Linda Wheeler of Boston prepare paint buckets at a Mattapan home during the Rebuilding Together Boston's National Rebuilding Day event.

make their homes safer, more convenient and energy efficient."

According to Rebuilding Together Boston, more than 550 volunteers participated in National Rebuilding Day locally, renovating eight sites across the city of Boston.

St. Juste came to the United States from Haiti more than 10 years ago. She put herself through Cambridge College, earning a bachelor's degree in education. She said, "I have five kids. I struggled. But, I made sure they got everything. I went to school and worked hard."

To find out about volunteer opportunities go to www.createthetgood.org or www.aarp.org/ma.

Frugality among consumers is outliving recession

By Jeannine Aversa and Bernard Condon

Even as the economic recovery plods ahead, many American consumers are refusing to come along. They're not spending freely — and they have no plans to.

Many of them have steady income. They aren't saddled by high debts. They don't fear losing their jobs. Yet despite recent gains, they've lost so much household wealth that they're far more cautious about spending than before the recession.

Their behavior suggests that the Great Recession may have bred a new frugality that will endure well into the recovery. And because consumers fuel about 70 percent of the economy, their tightfisted habits means the rebound could stay unusually sluggish.

That's the picture that emerges from an Associated Press survey of leading economists and interviews with more than two dozen ordinary Americans. The new AP Economy Survey asked 44 leading economists whether the recession created a "new frugality" among consumers that will outlive the recession. Two-thirds said yes.

They had in mind people like Marjorie Feldman of suburban St. Louis, who retired three years ago as a systems analyst for a utility company. The stock investments in her retirement account have sunk 15 percent from 2007. The value of her home is down 20 percent.

"I had retired assuming I'd make money" off the investments, said Feldman, who's in her early 60s. "I just don't feel as confident

in the economy, and I never will again. I won't spend money the way I used to."

Feldman's husband works full time in academia. She has a part time job preparing tax returns at H&R Block. But her prime earning years are behind her.

"I don't think it will ever get back to where it was before," she said of her nest egg. "I won't spend money the way I used to."

Scott Hoyt, senior director of consumer economics at Moody's Economy.com, notes that baby boomers, in particular, enjoyed spending sprees for most of their adult lives as their assets steadily grew.

"But the recession changed that," Hoyt said. "Many have retirement and children's education looming. All of a sudden, they see their balance sheets decline in a way they've never seen before."

To be sure, many shoppers, especially the wealthy, are buying into the recovery. Partly on the strength of consumer spending, the economy emerged from recession last year and has been growing steadily, if moderately, since.

Yet many who became penny-pinchers during the recession are in no mood to start shopping again with abandon for clothes, cars and home additions. They've discovered the peace of mind that comes with rebuilding savings, shopping more prudently and learning to live with less.

At their nerve-wracked peak last year, Americans socked away 6.4 percent of their disposable income. That compared with less than the 1 percent hit at one point

FRUGALITY page 15

Do You Want HOUSING INFORMATION mailed to you?

Please check off all the facilities that you would like to receive free, no obligation information from. You can check off as many locations as you like. Your name will not be used for any other purpose.

Active Adult Communities

- Oak Point - Middleboro

Affordable Apartment

- Avalon Bay Blue Skies Advantage

Assisted Living Facilities

- Atrium at Faxon Woods
- Memory Impaired Facility, Quincy
- Renaissance Gardens @ Brooksby Village
- Assisted Living, Peabody
- Traditions of Dedham - Assisted Living, Dedham
- Traditions of Wayland - Assisted Living, Wayland
- The Stone Institute / Pettee House - Newton

Fair Market Apartments

- Cambridge Court Apts. - Cambridge
- Woodhaven Elder Housing - Sherborn

Subsidized Apartments

- Academy Knoll - Marlborough
- Cambridge Court - Cambridge
- Cardinal Madeiros Manor - Boston
- Congregational Retirement Home
- Melrose
- Cushing Residence - Apts., Hanover
- Douglas House Apts. - Brockton
- Fairweather Apts. - Beverly, Danvers, Peabody, Salem
- Framingham Green Apts. - Framingham
- Hamilton - Wade House Apts. - Brockton
- Irving Square Apts. - Framingham
- Lamplighter Village - Canton
- Millhaus Apartments - Upton
- Peter's Grove - Apts., Hudson
- Sherwood Village - Apts., Natick



fifty plus

advocate

FREE HOUSING INFORMATION

(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____ State _____ Zip _____

Phone* _____

Attn: Free Fifty Plus Housing Information

Fifty Plus Advocate, 131 Lincoln St., Worcester, MA 01605

*We cannot process without your phone number. It will be used only in regard to the properties that you have marked.

z-3
6.10

Seniors aren't flocking to quality health plans

WASHINGTON —

Millions of seniors signed up for popular Medicare Advantage insurance plans don't get the best quality, an independent study found.

How the private plans score on a quality rating system set up by the government is about to have a direct impact on insurers' finances — not to mention seniors' benefits and premiums. President Barack Obama's health care law ties what the plans get paid by the government to the quality they provide, for the first time.

There seems to be plenty of room for improvement.

The study released by Avalere Health, a major consulting firm, looked at the health

plans that seniors pick, according to the plans' scores on a government rating system designed for consumers. The ratings, available on Medicare's website, assign one to five stars for quality, with one signifying poor performance and five excellent.

The analysis found that 47 percent of Medicare beneficiaries are in plans that rate three stars or two — medium to fair quality. Just 23 percent were signed up in plans that rate four or five stars — very good to excellent quality. Many of the rest were in plans not yet rated.

"There is obviously a wide variance in performance," said Dan Mendelson, president of Avalere, which specializes in crunching health care data for government and industry.



"These ratings are about to become much more important. When you start linking quality to payment, you can bet the plans are going to be very motivated to bring the scores up."

For years, private plans have enjoyed

generous payments from the government, currently averaging 9 percent more than the cost of care in traditional Medicare. The government's benevolence enabled most plans to offer lower out-of-pocket costs and extra benefits, compared with traditional Medicare. About 11 million seniors are signed up, nearly one-fourth of Medicare recipients.

That's about to change under the health care overhaul. Payments are being trimmed back starting next year for all plans, to correct what Obama says is wasteful overspending. However, beginning in 2012, the law directs Medicare to award bonuses to plans that score four stars or better.

The payment shift means that high-quality plans will find it a lot easier to keep offering extra benefits, while others will struggle. Indeed, Medicare's own analysts predict an exodus from Medicare Advantage back to the traditional program after the cutbacks begin.

The government's rating system evaluates plans according to several measures, including customer service, prevention and medical care for people with chronic health problems.

Medicare spokesman Peter Ashkenaz said the report validates the goals of the health care law. "By aligning payment with quality, the new legislation will drive improvements in quality across all plans," he said.

The insurance industry did not challenge the Avalere study but raised questions about Medicare's rating system. — AP

On the Net: Medicare plan finder, tinyurl.com/ddc6ak.

Consumers face skyrocketing prescription drug prices

WASHINGTON —

A new AARP Rx Watchdog report finds consumers were hit with nearly 10 percent increases in brand name drug prices over the 12-month period ending in March. The 9.7 percent jump in manufacturer prices for brand name drugs widely used by people in Medicare was the largest 12-month spike since AARP began tracking drug prices in 2002. By comparison, general inflation during the period remained nearly flat at 0.3 percent.

The report by AARP's Public Policy Institute finds that prices for specialty drugs widely used by people in Medicare climbed nearly as quickly — 9.2 percent — as brand name drugs. This typically expensive group of drugs, which includes biologic and injected drugs, is often used to treat cancer, multiple sclerosis and other serious chronic conditions. Specialty drug costs can range from \$1,000 to more than \$20,000 per month.

While brand name drug prices continued to soar, the report found prices of generic drugs widely used by people in Medicare

fell by 9.7 percent between April 2009 and March 2010. The average annual cost of therapy for a person taking three generic medications decreased by \$51 during this period, a marked contrast to the \$706 increase experienced by a person taking three brand name prescriptions.

AARP's Doughnut Hole Calculator can help people in Medicare's Prescription Drug Program find lower cost drugs that can save them money and keep them out of Medicare's coverage gap. The calculator, available at www.aarp.org/doughnuthole, finds available options based on their current prescriptions and creates a customized letter to help people start a conversation with their doctor about switching to lower cost drugs.

The list of prescription drugs analyzed in the AARP Rx Watchdog report is based on the drugs most widely prescribed to people in Medicare Part D. Price changes are measured using changes in the wholesale acquisition cost (WAC) as published by the Medi-Span Price-Chek PC database.

AFFORDABLE HOUSING AVAILABLE:

Blue Skies Advantage

Rent the best for less. Imagine living in luxury for less than you ever thought possible. Blue Skies Advantage may be just right for you. We are currently accepting applications for 1-, 2-, and 3-bedroom apartment homes with Professional On-Site Management, and a 50% Low-Income and/or 80% Moderate-Income affordable housing program. Low-Income Guidelines Apply.

For application forms contact:

Blue Skies Advantage
(866) 579-2716
www.BlueSkiesAdvantage.com

Applications may be submitted via fax, mail or email at the following:

Blue Skies Advantage
AvalonBay Customer Care Center
2901 Sabre Street, Suite 100
Virginia Beach, VA 23452
Fax: 757-486-4155

Email: BlueSkiesAdvantage@AvalonBay.com

Minimum/Maximum Income Limits (per household)

1 Bedroom: \$14,736 - \$52,950
2 Bedroom: \$18,552 - \$66,150
3 Bedroom: \$20,496 - \$76,750



Income Limits Vary Per Community and Household Size and May Change With or Without Notice. AvalonBay Communities, Inc.



Do You Want to Save \$4,000???

Social Security Extra Help Rules Have Changed!!

You May Be One of 5,000 Beneficiaries Now Eligible for This Program.

1. Do you have Medicare Prescription Drug Coverage?
2. Is your monthly income at or below \$1,373/individual, \$1,841/couple?
3. Are your resources at or below \$12,510/individual, \$25,010/couple?



If you answered yes to these three questions, you may save up to \$4,000 in prescription drug costs this year.



To find out if you qualify for this program, call your Regional SHINE Program at
1-800-AGE INFO
1-800-243-4636 (Option #3)

SHINE (Serving the Health Information Needs of Elders) is Administered by the Mass Executive Office of Elder Affairs In Partnership with the Friends of the Milford Senior Center, The Massachusetts Councils on Aging and other local agencies.

Sunset Daze gals talk stripper poles, reality TV

By Derrik J. Lang

LOS ANGELES —

At first glance, Joanne Hauncher and Sandy Miracle-Jones do not seem like typical reality TV stars.

Both over the age of 60, the seniors count golf and charity work among their many hobbies and call the sprawling Sun City Grand retirement village in blazing hot Surprise, Arizona, home. Look a little closer, though, and golden girls Hauncher and Miracle-Jones are just as bawdy and ready to party as any *Real World/Road Rules Challenge* contestant.

The pastimes of Hauncher, a married, 63-year-old retired real estate agent, and Miracle-Jones, a 68-year-old widow who recently began dating again, also include downing glasses of vino and practicing their gun skills. The women star alongside a handful of other Sun City Grand residents in WE tv's *Sunset Daze*, which recently premiered on the WE tv network.

While this is not the first time seniors have received the reality TV treatment — 72-year-old retired Navy SEAL team leader Rudy Boesch outwitted, outplayed and outlasted almost all of the youngsters on the first season of *Survivor* — the salacious promos for *Sunset Daze* promised an unprecedented eye-popping, jaw-dropping view of the golden years.

In the first five minutes of the premiere episode alone, an elderly couple canoodle in a hot tub, several seniors guzzle wine, and Miracle-Jones boasts about her "battery-operated boyfriend." However, the rest of the debut is more subdued,



The cast of *Sunset Daze*

with Hauncher and her gal pals setting up Miracle-Jones on a series of blind dates with eligible bachelors.

The saucy Hauncher and saucier Miracle-Jones are ready for their reality TV close-up. In a recent phone interview, the ladies, who were friends before being cast on the docu-reality series, discussed auditioning for the show, working a stripper pole for the first time and being compared to those hard-partying twentysomethings from MTV's *Jersey Shore*.

AP: How were you selected to be on the show?

Miracle-Jones: It was all about being at the right place at the right time. We were hanging out at our favorite place just having a pinot grigio, and someone approached us and wanted to interview us, and we said sure. As a result of that interview, I was one of the people they picked. I thought to myself, "Why not? I'm retired. Every day is a Saturday."

AP: How did the two of you become friends?

Hauncher: I've known Sandy ever since she moved down here, which has been about four or five years. Sandy is a

widow. She came in one day and was just sitting there by herself, so me and my girlfriends said, "Why don't you just pull up a chair and come on over and talk to us?" Bingo. That's how the friendship started. We just started hanging out together.

AP: In the first episode, you visit a shooting range. Is that something you normally do in your real lives?

Hauncher: We belong to a gun club in Michigan, so that wasn't foreign to me, but there's a lot of things we did in the show that were foreign to me. I have never pole danced in my life. I didn't even know what it was. It's not easy. You have to have a little bit more acrobatic know-how than I do. I tried it. I was not successful. My husband just laughed at me.

AP: What does the Sun City Grand community think about the show?

Miracle-Jones: I think a lot of people are as excited about it as much as we are, but there are probably a few of them going, "Hmmm." ... I know me, personally, and some of the other members of the cast, have had people approach us and ask, "How can we be a part of this?" So I think they're pretty supportive of it.

AP: How do you feel about how folks from your generation have been portrayed?

Hauncher: When we moved here, some people said they were bored. I have not found that to be true, but it's not all fun, fun, fun. At our age, there are people, Sandy being one of them, that all of a sudden, a child comes back and lives with you. Being a senior citizen is not without its challenges, be it issues with alcohol or drugs or being handicapped. — AP.



RESEARCH STUDY Opportunities

Join thousands of volunteers leading the way to medical breakthroughs!

Healthy Women Ages 45-75

Participate in a research study testing the effects of menopause medications on blood vessels.

This study involves:

- 9 visits over 5 months
- Blood & urine sampling, study medication, and non-invasive monitoring and imaging tests

Compensation up to \$1000.

Contact information:

(617) 732-8538
or cchen32@partners.org



BRIGHAM AND
WOMEN'S HOSPITAL

Have you had a hip fracture?

If you have had a hip fracture and are aged 60 years or older, you might be eligible to participate in a research study at Boston University. People who qualify for this study will receive either:

- a DVD-based home exercise program which is supervised by a physical therapist or
- a nutrition education program for 6 months.

Measurements of your progress will take place in your home at 6 and 9 months. All exercise or nutrition visits and materials will be provided to you in your home. There will be financial compensation for your time.

Please contact Kira at:
617-638-1981 or kwilke@bu.edu

BOSTON
UNIVERSITY

SAVE
TIME

FREE INFORMATION,
No-OBLIGATION

(Check off the study and a research study coordinator will call you.)

- Hip Fracture
~ Spaulding Hospital
- Menopause Study
~ Brigham & Women's Hospital
- Memory ~ Neurocare

✂ CUT OUT THIS COUPON AND MAIL TO:

Fifty Plus Advocate, 131 Lincoln Street, Worcester, MA 01605

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: *REQUIRED () _____

*We cannot process without your phone #. It will be used only in regard to the studies you have marked.

z-3.6.10

Avoiding the painkiller-overuse rut in migraines

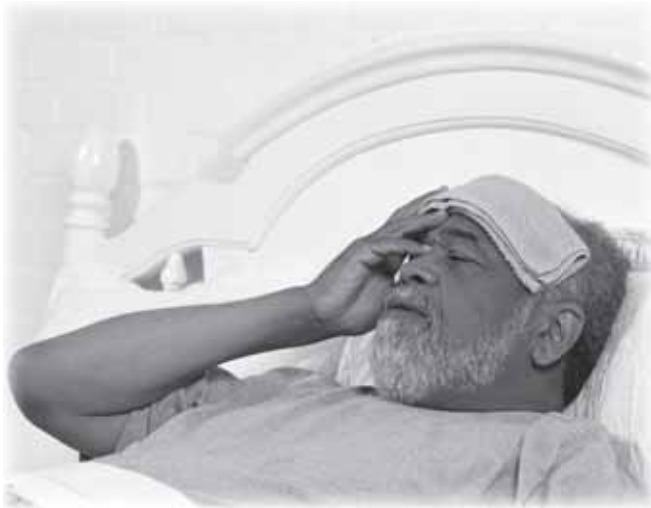
WASHINGTON —

Those pain pills you think help your migraines? Take too many and you could make them worse. Overusing painkillers can spin migraine patients into a rut, spurring more headaches that in turn require more pain medication. A very unlucky fraction even get what is called chronic migraine, where they are in pain more days than not, and new research suggests certain prescription painkillers, including narcotics, increase that risk.

Do not misunderstand: Treating migraines, properly, is important. The bigger message is to try migraine-preventing medicines if the tenacious headaches strike regularly, so that you do not fall into the painkiller rut like Rena Cerbone did.

"It was a double-edged sword," Cerbone said of a period when only one pain reliever dulled her migraines and then invariably triggered rebound headaches a day or so later. "I was taking Fiorinal on a daily basis just to function."

For the estimated millions who suffer migraines — mi-graineurs, they are called — lack of sleep, tempting treats and the stress of travel are common triggers.



The head throbs, usually on one side, anywhere from a few hours to three days. Nausea and sensitivity to light and sound are common. Moving makes it worse. Some people can sense them coming with visual disturbances like seeing pinpoint of light, although lacking that classic "aura" does not mean you do not have a migraine.

Fortunately for most patients, migraines are occasional miseries. Studies suggest that about a third of migraine sufferers have them often enough to be candidates for prevention medications that can cut the frequency in half. Yet, only about 10 percent use them.

And depending on acute painkillers more than a few days a week

can signal overuse.

"Most people outside the specialty community are not aware of the concept," said Dr. Stephen Silberstein of Thomas Jefferson University, a spokesman for the American Academy of Neurology. "I think there's an epidemic in the U.S. of patients having frequent headaches, taking their pain pills over and over again, and winding up in more pain."

Overusing any pain medication, over-the-counter

or prescription, can cause a rebound headache once it is stopped.

But occasionally, in frequent migraine sufferers, the brain gradually becomes more sensitive to pain so they worsen even more. When they're having pain 15 or more days a month, it's called chronic migraine or "transformed migraine." No one knows exactly how many people get that bad, although migraine specialist Dr. Richard Lipton of the Albert Einstein College of Medicine said some estimates suggest there could be as many as 5 million in the U.S.

"Chronic migraine is a condition we should be trying to prevent," said Lipton, who also heads New York's Montefiore Headache Center and studied whether particular medicines are linked to this worst-case pain.

The study tracked 8,200 episodic migraine sufferers for a year, and found 2.5 percent worsened to a state of chronic migraine. Those who took two classes of prescription medications — drugs containing narcotics, such as Percocet, or drugs containing barbiturates, such as Fiorinal — were most likely to worsen, Lipton and colleagues reported.

Risk increased with higher doses.

Over-the-counter standbys, from plain acetaminophen to the anti-inflammatories called NSAIDs — ibuprofen, naproxen and their cousins — were not linked to chronic migraine. The NSAIDs even showed a hint of protection. Migraine-specific painkillers called triptans likewise showed no risk at low to moderate use, becoming a risk factor only after 10 pain days a month. — AP

Oral health and missing teeth linked to your wellbeing

By Dr. Steven Rinaldi

The treatment, management, and prevention of oral diseases in seniors will improve not only the conditions of their mouths, but also their overall health and well-being. Some researchers believe that inflammation in your mouth is linked to other health problems in the rest of your body. According to the Mayo Clinic, the following conditions may be linked to poor oral health:

- Heart Attacks;
- Strokes;
- Diabetes;
- Osteoporosis; and
- Pneumonia.

Brushing your teeth both in the morning and at night with fluoride toothpaste and

flossing before bed are the best ways to keep your mouth healthy. Eating Healthy calcium-rich foods, like milk and yogurt, will help keep your teeth strong. Fiber-rich foods like apples, broccoli and almonds, stimulate saliva production, which reduces the number of bacteria in the mouth. Avoid sticky foods like taffy, gummy candies and caramel that cling to your teeth, providing the fuel that harmful bacteria need to multiply.

As we age, tooth enamel can become discolored and dull. Avoiding substances known to stain teeth (coffee, tea, red wine and tobacco products, for example) can help prevent stains in the first place. A whitening toothpaste can add an extra brightening boost. Regular trips to your dentist are just as important as your daytime and night-

time oral routines. That's because seeing your dentist frequently gives him or her the opportunity to catch problems early — before they turn into major trouble.

For those adults who are missing teeth, many have trouble chewing certain foods, such as fruits and vegetables. As a result, they eliminate these from their diet at great risk to their health. Eating a lot of junk food will cause weight gain that can lead to cardiovascular disease and diabetes. Also, many denture wearers have become frustrated with their teeth 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, America's tooth loss crisis can be helped with mini dental implants. This therapy has been one of the most significant

advances in dentistry in the past 25 years. The mini dental implant technology offers a simple and affordable approach to tooth replacement, usually at about half the cost of traditional dental implants. Also, crowns are placed and dentures secured in two hours with a gentle, non-surgical approach, so healing time is greatly reduced. Patients can hardly believe the improvement in their abilities to eat, speak, laugh and smile.

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.fiftyplusadvocates.com.

One Bedroom Apartments

— AVAILABLE IN AN INTIMATE COUNTRY SETTING —

For residents over 60 years of age and able to live independently.

Fully carpeted, cable ready, elevator access.

The rent is \$984.00 per month plus resident pays electricity for heat and hot water.

Call Claire McClennan at 781-237-6498

Woodhaven Elderly Housing

Village Way • Sherborn, MA 01770



Subsidized Elderly Housing

- 1 and 2 bedroom apartments
- wall to wall carpeting
- modern kitchens w/ garbage disposals
- air conditioning • parking
- spectacular community space
- heat / electric and hot water included



Now accepting applications for one and two bedroom apartments.

Section 8 Housing - 62 and older annual income limits.

\$46,300 for one person ~ \$52,950 for two people

Academy Knoll Apartments

22 Broad Street, Marlboro, MA 01752

TEL: 508-481-2330 • FAX: 508-485-6469



An Equal Housing Opportunity



Fact Check: Can overhaul law save Medicare?

Editor's Note — An occasional look at assertions by government officials and how well they adhere to the facts.

By Ricardo Alonso-Zaldivar

WASHINGTON —

President Barack Obama's health care overhaul law cuts about \$500 billion from Medicare in the next 10 years and spends most of that to cover uninsured workers and their families.

Democrats say retirees have nothing to fear because those cuts will help push off Medicare's insolvency until 2029 — a full 12 years from current projections.

Democrats say retirees have nothing to fear because those cuts will help push off Medicare's insolvency until 2029.

"This law doesn't weaken Medicare. It strengthens it and extends its life," Obama said at a Miami fundraiser in April.

Sound too good to be true? Sorting out what the overhaul means for Medicare's finances can be confusing. Federal accounting practices allow the health program for people 65 or older to get a credit — an IOU — for savings that actually will largely get spent to cover younger generations.

Some questions and answers on what's looming as a sensitive issue in the congressional elections this fall:

Q: Can the government use Medicare savings in the health care law to pay for covering the uninsured now — and also apply them to make good on future obligations?

A: No. That would be like spending the same money twice.

The Medicare trust fund for inpatient care will get a credit for savings obtained under the law — a special interest-bearing Treasury security that can't be traded on the open market. But when those IOUs must be cashed in to cover hospital care for baby boomers, the government will have to borrow, raise taxes or cut spending somewhere to make good.

Two agencies that provide nonpartisan advice to lawmakers have reached the same conclusion.

The Congressional Budget Office said the majority of the Medicare savings under the legislation "would be used to pay for other spending and therefore would not enhance the ability of the government to pay for future Medicare benefits." Its analysis came in a March 19 letter to Rep. Paul Ryan of Wisconsin, the top Republican on the House Budget Committee.

Recently, Medicare's own economic forecasters issued a similar verdict in a report to lawmakers that discussed how the overhaul law affects Medicare's trust fund.

"In practice, the improved (Medicare) financing cannot be simultaneously used to finance other federal outlays — such as coverage expansions — and to extend the trust fund, despite the appearance of this result from the respective accounting conventions," said Medicare's Office of the Actuary.

Q: OK, I'm not an actuary. Translation, please?

A: Economist John Palmer, a former Medicare trustee who helped oversee program finances, uses a simple analogy to describe what's happening.

Imagine the government as a family, said Palmer, and Medicare as a student getting ready to go to college. He saves money and puts it in a cookie jar. The parents take the money out of the cookie jar and leave behind an IOU, while spending the money for the family's day-to-day needs.

"When the time comes for the kid to go to college, he is going to cash in the IOUs," said Palmer. "The kid has got a guarantee he is going to get that much money back from the parents, but the family as whole doesn't have any more resources. From the parents' point of view, they've got to make that IOU good, and they have spent the money on something else."



Palmer

Q: It sounds like a Ponzi scheme. Does that mean seniors will be left high and dry?

A: Palmer says he does not think so.

"It's hard to imagine that the government would actually default on that, rather than decide to raise taxes, or increase the deficit," said the economist, now with the Maxwell School at Syracuse University. "The least palatable option would be to suddenly tell senior citizens, 'I'm sorry, you are not going to get the Medicare that you expected.'"

But make no mistake — closing Medicare's future funding gap will be harder now that some of the easier sources of savings have been tapped to finance the health care bill. Lawmakers may have to face wrenching decisions, such as raising the age of eligibility from 65. And the bill will come due at a time when a nation struggling with higher debt is even less able to pay than it is now.

"We did it for a good cause, which was the expansion of coverage," said Palmer. "But down the road, when further steps have to be taken to close the Medicare deficit, then we will have fewer options available because we've already done some of the easier things." — AP

Your first step towards independence.

Mention this ad and receive \$100.00 off your purchase.



andrews
elevators+access

1900 West Park Dr. Suite 280
Westborough, MA 01581
Toll free 877-878-8710
Office 508-983-2501
www.andrewselevator.com

Stairchairs - Elevators - Wheelchair Lifts - Installation & Service

- ◆ Free in home evaluation
- ◆ A distributor of all major brands
- ◆ Reliability, service and quality
- ◆ Factory trained technicians
- ◆ Rental program available



Call today toll-free **877-878-8710** for a Free in home evaluation.

By Victor Block

It took scant minutes after arriving on Martha's Vineyard to get a fix on what the island is all about.

I passed winding driveways leading to mansion-size homes with gentle names like Swans Way and Sweet William Path. Ricketty roadside tables were laden with flowers, eggs and vegetables for sale, and hand-written signs indicating how much money to leave for purchases made on the honor system.

Martha's Vineyard is best-known as a tony hideaway for celebrities, politicians, and the rich and powerful.

If visitors think they see Ted Danson and Mary Steenburgen, James Taylor or Carly Simon, they're probably right.

They are among folks who discovered the appeals of the 9-by-23 mile, triangular shaped island. One resident describes it as "big enough to hide out on and small enough to do just about everything you want in a few days."

My wife Fyllis and I agree with that observation. Our plan was to delve into the island's history, sample the full menu of activities, and hopefully learn what makes it so special to luminaries. We weren't disappointed on any score.

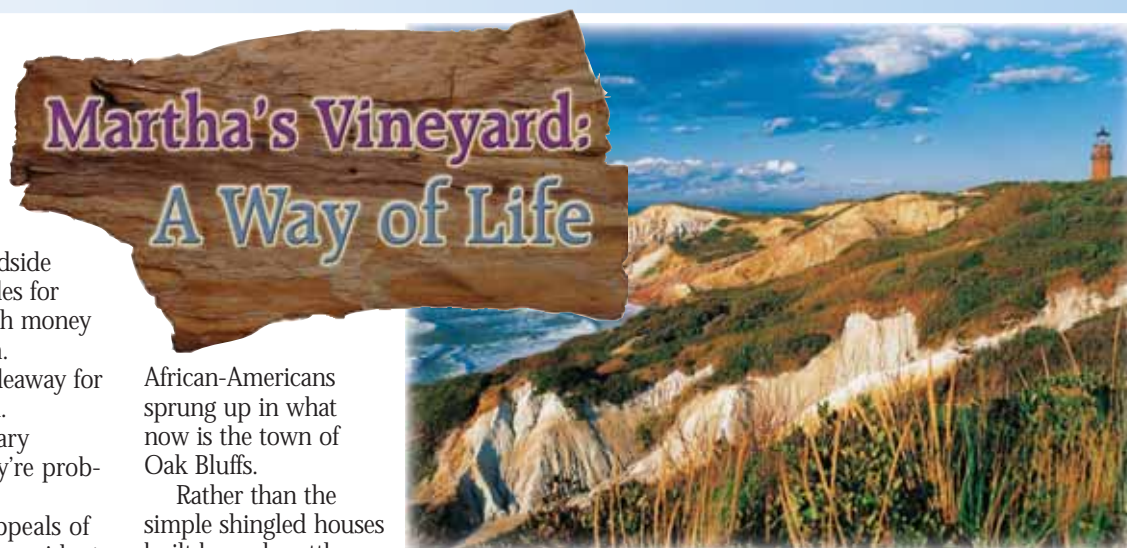


Gingerbread houses at Oak Bluffs

(photos courtesy of martha's vineyard chamber of commerce/peter simon)

The history of Martha's Vineyard encompasses the Wampanoag Native Americans, immigrants from England, African-Americans and an influx of people from Portugal. A small Wampanoag reservation serves as reminder of some 400,000 members of that tribe who inhabited nearly 70 villages throughout New England in the 1600s. They were there as a parade of explorers began to arrive, and when the first English settlements were established in the mid-17th century.

It wasn't long before slavery came to the island to provide work on whaling ships and on the sheep farms that produced wool and woolen cloth for export. After slavery was abolished in 1783, a small neighborhood of free



The cliffs at Aquinnah

African-Americans sprung up in what now is the town of Oak Bluffs.

Rather than the simple shingled houses built by early settlers, homes in Oak Bluffs show a very different face. They are whimsical wooden cottages — referred to as gingerbread houses — adorned by turrets and towers, fancy trimmed gables and porches, all painted a variety of pastel shades. That enclave became and remains a vacation destination for African-American doctors, lawyers and other professionals from major East Coast cities.

Each of the other towns on Martha's Vineyard also has its own distinct character. Vineyard Haven was one of New England's busiest ports during the time of wind-powered ships and whaling. Today it's home to the largest year-round population on the island. Its historic neighborhood contains a number of 19th-century houses.

Wandering in Edgartown is akin to a stroll through an early 19th-century seaport. Brick sidewalks along narrow tree-shaded streets lead past stately Greek Revival homes that were built by whaling captains. Clinging to its nautical past, Edgartown is a popular yachting center with a protected harbor.

The Martha's Vineyard Museum provides an interesting introduction to the island's history through exhibits ranging from furniture and everyday household items to documents and paintings. A whaleboat and fishing boat recall early days of those activities. Individual exhibits pay homage to the Wampanoag Indian, English, African-American and Portuguese segments of the population.

The other tiny towns are located at the rural, western end of the island. Stone fences enclose gently rolling fields where sheep graze, oblivious to the spectacular views of the Atlantic Ocean in the distance.

The village of West Tisbury is little more than an intersection overlooked by a church, town hall and general store. The largest homes once were owned by sea captains and some are occupied by their descendants. Alley's General Store, which has been in business since 1858, is a gathering place for locals and visitors alike.

The 963 residents (by latest census count) of Chilmark

live among low hills with views of the ocean. For visitors, it serves primarily as a landmark for two other destinations.

Menemsha is less a town than a working harbor. Weather-beaten boats chug out to sea and return with catches of fish and lobster, which restaurants and carryout shops prepare. Many locals rate Larson's as the best place to order clam chowder, lobster rolls and fried clams.

Aquinnah on the eastern tip of the island is known for a mile-long stretch of multi-colored cliffs overlooking the beach. Nature has fashioned layers of sand, clay and gravel into a kaleidoscopic mixture of reds, whites and grays.

Those seeking an even more isolated setting may hop aboard the miniscule "On Time" ferry for the one-minute ride to Chappaquiddick. That tiny dot in Edgartown Harbor became an island in 2007, when a storm breached the land connection.

Seclusion is what residents of "Chappy" seek, and seclusion is what they enjoy. For visitors, attractions include a seven-mile-long beach, one paved road and a number of sand tracks for hiking and biking. Plovers, terns and other birds make their home in the salt marsh. Most day-trippers also explore Mytoi, a 14-acre Japanese garden with meandering paths, fish-filled ponds, a graceful arched bridge and varied plantings.

Along with an inviting beach on Chappaquiddick, Martha's Vineyard has more than a dozen stretches of sand that tempt warm-weather visitors. Three-mile-long South Beach near Edgartown is most popular, and most crowded, during summer months, especially by people who like wave action. Those seeking more gentle surf prefer the Oak Bluffs, Menemsha or Joseph Sylvia beaches.

The list of other to-do's extends to outstanding fishing for bluefish, striped bass, bonita and other scrappy fighters; spotting some of more than 300 species of land and water birds that inhabit and visit the island; and pedaling on 44 miles of flat bike trails and roadways.

As hikers, Fyllis and I had a wide choice of trails from which to choose. We opted for the Manuel F. Correllus State Forest, a 5,100-acre tract of grasslands, woods and meadows crisscrossed by eight miles of flat hiking tracks.

For more information, call the Martha's Vineyard Chamber of Commerce at 508-693-0085 or log onto www.mvy.com.



Read previous issues
of the

fifty plus
advocate

On-line at www.fiftyplusadvocates.com

Now all four editions of the *Fifty Plus Advocate* newspaper are on-line for an entire year. **Miss an issue? No problem!** Download it to your computer and read it at your leisure. Save important information for future reference.

Currently serving the mature market of Massachusetts with four monthly editions in Boston, Boston South, Boston Metro-West and Central Massachusetts.

For advertising information call Reva at 508-752-2512, ext. 128.

TRADITIONS OF WAYLAND



Gracious independent and assisted living in the historic, renovated Paine Estate

Residents at Traditions of Wayland find a comfortable senior living community tailored to their needs. We offer:

- A beautiful community surrounded by gardens and acres of conservation land
- Assistance available for all daily-living activities with staff on duty 24 hours a day
- A choice of activities every day
- Three fine-dining meals served each day
- Scheduled local transportation

Discover Traditions of Wayland for yourself. Call today to schedule a tour.

Traditions

OF WAYLAND

10 Green Way | Wayland, Massachusetts
508.358.0700 | www.atriaseniorliving.com

121-36302

Managed by Atria Senior Living Group, Inc.

NOW OFFERING A CHANCE TO WIN A FOXWOODS VIP BUS PACKAGE

GREAT DEAL...BEST BET!

When you ride the bus to Foxwoods.

Peter Pan

Servicing Lowell & Framingham

Your Bus Ticket includes a **BONUS PACKAGE**

- \$15 Food or FREE Festival Buffet
- \$15 Keno
- A chance to win a Foxwoods VIP Bus Package



FOR TICKET PRICES & INFORMATION
CALL 800-343-9999

peterpanbus.com

Other restrictions may apply. Packages apply to patrons 21 years or older. Offers apply to participating line runs only. Seating is by a first-come-first-serve basis. Schedules are subject to change without notice.

1-888-BUS-2-FOX
1-888-287-2369 • foxwoods.com



Why is Framingham such a great place to live?

FRAMINGHAM GREEN



Now accepting studio & 1BR applications.

- On-Site Management
- Convenient to Downtown, Restaurants & Medical Centers
- Small Pets Welcome
- Attractive Community Room
- Social Activities & Recreation
- Small Pets Welcome
- Heavily lighted landscaped grounds
- Ample Parking

Call -508-872-0500 for details & community amenities.

www.peabodyproperties.com



Framingham Green
136 Maynard Road
Framingham, MA 01701

*Must be 62 or over, handicapped or disabled and meet income eligibility requirements of Section 8 Program.

IRVING SQUARE APARTMENTS



Now accepting 1BR & 2BR applications.

- Downtown Framingham Steps to:
 - Commuter Rail Bus Stop
 - Restaurants
 - Medical Centers
- Heat Included
- Wall to Wall Carpeting
- Laundry Rooms
- 24 Hour Maintenance
- Attractive Community Room with Cable TV
- Private Park

Call 508-875-4400 for details & community amenities.

www.peabodyproperties.com



Irving Square Apartments
75 Irving Street
Framingham, MA

*Must be 62 or over, handicapped or disabled and meet income eligibility requirements of Section 8 Program/LIHTC

Questions from end of stair-climbing wheelchair

WASHINGTON —

The nation's first stair-climbing wheelchair hit the market with a bang but disappeared with a whimper, a casualty of price that raises a big question: How much will society agree to pay for high-tech help for the disabled?

Johnson & Johnson quietly sold the last iBOTs this spring, shuttering manufacturing of a wheelchair that doctors had greeted five years ago as potentially revolutionary for the freedom of movement it promised — but which failed to sell more than a few hundred a year.

Now iBOT users who fear their chairs wearing out are joining high-profile inventor Dean Kamen — best known for his Segways — in lobbying Congress for reimbursement changes that they hope could revive a technology that left the market with a \$22,000 price tag but that Medicare deemed worth about \$6,000.

Price wasn't the only factor in the iBOT's demise. Only a small fraction of the paralyzed even were candidates because the high-tech chair required, among other things, use of at least one arm and certain upper-body control.

Still, disability specialists say the iBOT saga has ramifications beyond one gee-whiz but far-from-perfect wheelchair. It raises the issue of how the nation handles different kinds of medical equipment.

Take this example from Dr. Michael Boninger, who directs the University of Pittsburgh Medical Center's rehabilitation institute: Medicare routinely pays tens of thousands of dollars for hip replacements to keep the elderly walking pain-free.

But a 70-year-old who can't undergo that operation must become too impaired to easily care for herself at home before being approved for a basic electric wheelchair — when short stands in the kitchen are less of an issue than going to the grocery store, Boninger said.



Medicare said that's how Congress wrote its rules.

"The wheelchair is maybe the most enabling technology in medicine, period," Boninger said. "What it is, is discriminatory policy."

The iBOT episode also sends a cautionary signal about pricey innovation. New technology requires scientific evidence that it changes users' lives in ways existing alternatives cannot, said Henry Claypool, the new director of the federal Office on Disability, which advises the secretary of Health and Human Services.

The iBOT's wheels rotate up and over one another to go up and down steps, using gyroscopes that sense and adjust to a person's center of gravity. Yet by the end of 2006, Medicare had concluded that the stair-climbing function and other features — lifting users to standing height and powering over uneven turf — weren't medically necessary for at-home care; it would pay only the basic electric wheelchair price. Medicare does provide far pricier wheelchairs, equipped for certain pressure-easing motions or to handle breathing equipment, when doctors deem them required.

J&J blamed reimbursement in part for lack of a "sustainable market," but pledged to provide iBOT users repair service through 2013. — AP

A little exercise can extend survival even in 'oldest old'

CHICAGO —

Even in the "oldest old," a little physical activity goes a long way, extending life by at least a few years for people in their mid- to late 80s, Israeli researchers found.

The three-year survival rate was about three times higher for active 85-year-olds compared with those who were inactive. Getting less than four hours of exercise weekly was considered inactive; more than that was active.

The results "clearly support the continued encouragement of physical activity, even among the oldest old. Indeed, it seems that it is never too late to start," the researchers wrote in a recent *Archives of Internal Medicine*.

They noted that exercise reaped benefits even for previously sedentary 85-year-olds; their three-year survival rate was double that of inactive 85-year-olds.

Oldsters didn't have to be super-athletes to live longer; walking at least four hours weekly counted, even if it was just in 15-minute strolls a few times daily.

Active octogenarians also reported less depression and loneliness and a greater ability to perform daily tasks.

Researchers took into account factors that also affect survival, including participants' overall health and whether they smoked, and still found that activity levels were strongly related to longevity. — AP

"Do you have Cataracts?"

Learn about your options. We now have Premium Intraocular and Multifocal Cataract Replacement Lenses that enables you to see near, far and everywhere in-between.

- Reduce/Eliminate glasses
- Safe, proven procedure
- Reduce/Eliminate contact lenses
- Revolutionary technology

See the Difference, Now. Call New England Eye Center Today to make an appointment for an eye exam to learn about all your options for Cataracts. We accept almost all insurances and health programs. Learn more about Cataracts, Our Doctors and New England Eye Center by visiting us online at www.BostonCataract.com.



Eight Locations:

BEVERLY:

83 Herrick St., Suite 2003
Ph: 978-922-4003

BOSTON @

TUFTS MEDICAL CENTER:
260 Tremont St., 11th Flr.
Ph: 617-636-7800

BRIGHTON @ ST. ELIZABETH'S

MEDICAL CENTER:
11 Nevins St., Suite 205
Ph: 617-783-5050

BROOKLINE:

1371 Beacon St., Suite 100
Ph: 617-734-1396

CAMBRIDGE @ MT. AUBURN

HOSPITAL:
300 Mt. Auburn St., Suite 41
Ph: 617-876-3660

FRAMINGHAM:

181 Concord St.
Ph: 508-879-3204

LEOMINSTER:

20 Commercial Rd.
Ph: 978-534-6100

WELLESLEY:

1 Washington St., Suite 212
Ph: 781-237-6770



Affiliated with Tufts University School of Medicine

Visit us on-line at www.BostonCataract.com.

**ANNUAL EYE EXAMS ARE
IMPORTANT IN THE EARLY
DETECTION AND PREVENTION
OF EYE DISEASE.**

Burlington program helps older Indians integrate into community

By Brian Goslow

BURLINGTON –

Rita Shah knew the challenges and frustrations of trying to get the nearly 500 Indian seniors in the greater Burlington area to interact with the community at large. In some instances, a language barrier had been a major problem, especially during an emergency.

The Burlington Council of Aging has set out to change that through India-themed programs and lunches; it also hired Shah as its part-time bilingual outreach worker earlier this spring.

"We're building the social network," Shah said. "Those who attend might not speak the (English) language or get around the community much, but at our events, they get to meet new people."

A Wednesday noontime vegetarian Indian lunch has proven to be a real ice-breaker. Not only has it attracted members of the Indian community — which makes up just under 5 percent of the town's population — but those from the Chinese, African-American and Anglo communities as well. They've bonded over Indian bread, curried peas with rice and veggie pakoras.

"They all love talking about how to make the food items and they exchange different kinds of recipes," Shah said. Thanks to her long-running relationship with the Indian Association of Greater Boston, she knows many of the owners of Indian restaurants

in the area, who have donated food for the lunches.

"It's a very good experience; we're all talking together," said volunteer Chandra Shekar Meanikam. "Several of the Indian people know English, some only know their own language." When possible, interpreters are on hand. The center hopes to get funding to create an English class for Indian residents.

"That is the greatest thing," added Arulmuthu Kolandaiswamy, 70, another volunteer. "It's bridging the gaps. In my community, it's good to do some English talking and interacting as well."

As word of the program spread, more Indian seniors who didn't have transportation to the senior center let it be known they didn't want to miss out on the fun. Others have stepped in to help.

"People who are close by pick each other up," said Sushila Patel, 67. "Some of the people, their spouses work and they don't have a second car or they're home by themselves."

Meanikam said some seniors in the local Indian community spent much of their recent time homebound. "Now they come here and talk to each other," he said. "They're so happy here. They get a lot of



Attendees at a recent Indian Social Time at the Burlington Senior Center

pleasure and mental satisfaction."

There's also Indian Social Time, during which Shah sometimes leads discussion groups that are often based in the spiritual beliefs of its participants. For those born in India with children or grandchildren who were born here, cultural norms can be hugely different.

"We talk about their life here and their life in India and life as a whole," Shah said. "We talk about how to be tolerant and aware of the situation you're involved in at the time and the good and bad that happens to you because of their karma."

Learning how to talk with younger relatives and explain why you do things the way you do and the beliefs behind them can be invaluable, especially for seniors living with their children and grandchildren.

"You explain the culture to them so they understand," Shah said. "You teach them about the values of life and to respect their elders. They learn from each other and through helping each other."

Shah said the seniors have returned to the center with stories of what they've been able to do to help their children get past the age barrier. "It's helped make them a happier family," she said. "It's great to have these multi-generational families learn to look at and be tolerant of other people's beliefs."

There's another invaluable element of getting people talking to one another.

"We had some elder abuse cases where the seniors couldn't speak English so nothing could be done," said Shah, who has worked with the senior center and Burlington Police Department on elder abuse cases for eight years. "Until they ask for help, there's nothing we can do. It's a small community. People like to keep their privacy. I tell them when I'm helping them to get services I'll keep the information to myself."

She pointed out that a long-standing belief of Indian culture is that abuse issues are kept within the family so that it doesn't bring shame to the family as a whole. Through her programs, Shah hopes to reverse that belief. Reporting abuse is made more difficult by the language barrier.

"Especially in the case of senior South Asian community members, if they don't

BURLINGTON page 17

Give your loved one the care she needs.

And the lifestyle she deserves.



Renaissance Gardens, the extended care neighborhood at Brooksby Village, offers a range of expert support to meet each resident's needs. We also put your loved one within reach of an abundance of social activities and conveniences.

- Unique restaurants
- Wellness classes and Aquatics Center
- Shopping trips, live music, and hobby groups

Call 1-800-917-1322 for more information. Only a handful of residences are available!

Renaissance Gardens
at BROOKSBY VILLAGE

Assisted Care | Dementia Care | Short-Term Rehabilitation | Nursing Care
www.TheCareExperts.com

Your loved one does not have to currently live at Brooksby Village to move to Renaissance Gardens. Located on the gated Brooksby Village campus on the North Shore.

Hearing a constant BUZZING in your ears?



It's called Tinnitus. Anyone at any age can develop this debilitating condition that affects an estimated 60 million Americans, just like you, who suffer from the constant ringing or hissing in the ears, with no relief in sight until now!

Why Are Your Ears Ringing?

The most common cause of Tinnitus is noise damage to the ear, followed by head injuries, certain medications and even stress. It is reported that 12 million of the estimated 60 million Americans that suffer from Tinnitus, show such severe side effects, such as anxiety, insomnia and even depression, that they are unable to lead normal lives. There is no cure and until now, patients were told they had to "deal with it".

High Risk Hearing Loss Careers

| | |
|------------------|------------------------|
| ✓ School Teacher | ✓ Construction Worker |
| ✓ Truck Driver | ✓ Musician / Guitarist |

Finally A Solution Found

After 40 years of living with Tinnitus, Mel Lambert found a homeopathic solution to the problem that he and millions of others were facing every day. Lambert, the author of "10 Steps to Living Tinnitus Free" and creator of Ring No More, used his background in the health and wellness industry and first hand experience with Tinnitus, to formulate a safe and effective homeopathic solution, developed to work with your body's own healing mechanism to drastically reduce the pain and discomfort of dealing with the constant ringing, hissing, and buzzing day after day.

Special One Time Promotion

Ring No More is not available in stores. To ensure you receive our one of a kind proprietary formula, Ring No More is available by phone order only, direct from the laboratory. We are so confident that Ring No More will quiet the Ringing and provide such life changing relief from Tinnitus in 30 days or less that we are providing a 30 day RISK-FREE trial by calling us direct. Call right now and ask how to receive a FREE SUPPLY and a FREE COPY of "10 Steps to Living Tinnitus Free" with your order.



1-800-265-3105
Call Now for your Free Supply

7 important things to know about living wills

By Dave Carpenter

President Barack Obama's recent recommendation that all Americans get living wills resonated with those who have been urging the same thing for years.

Call it a quibble — they just wish he had used different wording.

Living wills allow people to specify how they want to be cared for if they become so ill or incapacitated that they're unable to make decisions about their health. Such wills have long been advocated in some form by everyone from estate planners, lawyers and medical ethicists to groups such as the American Medical Association and the American Bar Association.

The failure to have such a document in place can result in the need for a wrenching family decision on whether to withdraw life support, or even a high-profile legal battle such as that involving Terri Schiavo.

Living wills, however, technically are limited in scope and are often confused with regular wills, which deal with transferring property at death. For those reasons, some experts hate the term and say Obama should have used more specific or just broader terminology.

"The term is really inaccurate" for what the president meant, said Kim Dayton, director of the Center for Elder Justice and Policy at Williams Mitchell College of Law in St.

Paul, Minn. "What he's really talking about is an advance directive for health care."

"Living will" tends to be used synonymously with "advance directive," but legally only applies when someone is diagnosed with a terminal illness.

An advance directive is much more comprehensive and allows you to both give a broad range of health care instructions and designate someone to make decisions on your behalf when you are incapacitated. In most states, the law allows you to do both in a single document.

Here are seven key things to know about living wills, or advance directives:

1. Why is a living will important?

It can provide direction and reduce ambiguity during a difficult time by spelling out your wishes on the use of feeding tubes, resuscitation and other procedures that might be needed to prolong your life. Ultimately that should comfort your loved ones and reduce the chances they will be divided over whether additional measures should be taken.

2. Can't they be dealt with when you get sick?

That's what a lot of people seem to think. Only a small minority have living wills despite promotion by various groups. The rest presumably see no pressing reason to have one.

But Schiavo was seemingly healthy and just 26 when she

experienced respiratory and cardiac arrest in 1990 that left her severely brain-damaged and in a persistent vegetative state. The St. Petersburg, Fla., woman had no living will. Her husband, Michael, fought his in-laws in court for years to end her life. Schiavo died in 2005.

3. Can I draft one myself?

Yes. Going to a lawyer can be helpful in order to get advice, learn what medical issues could arise or find out what would happen if you don't have one. But it is not necessary in order to set up these legal documents.

4. How do I get one?

Forms can be obtained online as well as from many hospitals.

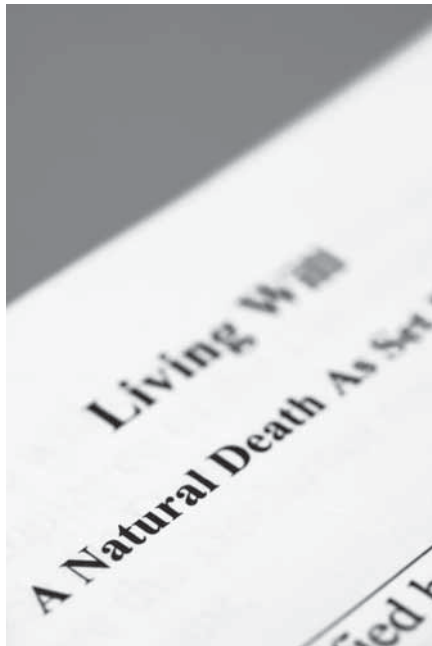
Caring Connections, a program of the National Hospice and Palliative Care Organization focused on improving end-of-life care, offers free downloads of the advance directive or living will form for each state at its Website: www.caringinfo.org/stateaddownload.

Aging With Dignity, a nonprofit group, publishes an advance directive called *Five Wishes* that can be purchased for \$5 at www.fivewishes.org/five-wishes.php.

The U.S. Living Will Registry, a private organization that promotes the use of advance directives and stores them online to make them available to health care providers, charges \$125 for lifetime service. But it also makes its services available through member providers that offer them discounted or free to their patients. For more information visit www.uslivingwillregistry.com.

Because it's a legal document, make sure your form adheres to rules for your state.

5. What should it say?



LIVING WILL page 15

Missing Teeth or Loose Dentures Holding You Back?

Mini Dental Implants Will Change Your Life!



Eat, Talk & Smile with Confidence

- Secure Dentures or Place Crowns in "Two Hours"
- Half the Cost of Traditional Implants
- Gentle, Non-Surgical Approach



FREE CONSULTATION

Dr. Steven J. Rinaldi

63 Park Street, Andover, MA 01810

978-475-9141 www.SnapsinDenture.com

PETER'S GROVE

An Affordable Senior Community

*Enjoy City Living
in our Country Setting*

Fully Carpeted Efficiency and One Bedroom Apts

Fully Appliance Kitchen

24 hr Emergency Maint

Coin Op Laundry

Generous Closet Space

Resident programs

Heat & Hot Water Included



Community Room w/Pond View

Rental Office: 11 Lake Street,
Hudson MA 01749

978-568-0670 TDD 1-800-232-0782

Financed by Mass Housing



► Frugality

Cont. from page 5

during the pre-recession boom. The savings rate has since dropped to 3.1 percent. Yet few expect it to approach the near-zero savings rate that would signal high-octane spending has roared back.

Susan Wilson, 55, a freelance PR specialist in Scottsdale, Ariz., said her business is picking up. But her spending isn't. Wilson still feels burned by the recession, when she lost her home to foreclosure.

"Shame on me," she said. "I wasn't paying enough attention to my financial

health. That will never happen again."

Wilson is renting now. She traded in her leased car for a used car she could buy outright. She's started growing her own vegetables and air-drying her laundry to save money and stay out of debt. She's looking to buy a home, but not one with an outsize mortgage.

"I'm looking for pretty much the smallest house I can live in," she said.

Interviews with ordinary Americans suggest a new frugality endures even though consumer spending has risen for five straight months and retail sales for three.

In the AP's new quarterly survey, a

► Living Will

Cont. from page 14

The standard forms available online or through reputable organizations will take care of the content. Fill in the blanks, have it witnessed and notarized and you're done.

Just make sure you also get health care power of attorney, which many advance directives incorporate. Laws vary state by state as to what happens if people don't have one or both of these documents.

If you want a customized living will, consult an attorney.

6. Do doctors honor them?

Not always, especially if there is disagreement within the family.

The American Bar Association's (ABA) website on living wills warns that "you should be aware that just having a written advance directive by itself does not ensure that your wishes will be understood and

respected." Studies have shown, the ABA said, that advance directives do little to influence end-of-life decisions without communication with your likely decision-makers before a crisis occurs.

Accordingly, it's a good idea to discuss the issue with your doctor in advance and give him or her a copy of the document.

7. What common mistakes do people make?

Simple as the process can be, oversights are frequent. They include failing to update a living will done years ago; not updating it when you change states; not also getting health care power of attorney; not telling whomever you named to act on your behalf, and not telling a spouse or other obvious choice that you named someone else.

Other pitfalls: getting too specific with preferences under various medical scenarios, which risks leaving some out, and not storing the document safely or where relatives will find it. — AP



majority of economists agreed that a new frugality will persist even as the recovery gains firmer footing.

"I would call it a 'mini age of austerity,'" said Sean Snaith, an economics professor at the University of Central Florida.

"Consumers will not run up multiple credit cards to their limits, and when buying a house the objective will not be to get the maximum square footage for which they can afford the payment. A higher savings rate will be in place for several years."

Jeff Thredgold, an economist at Thredgold Economic Associates, predicts "less impress-my-neighbor-type spending" in coming years.

Count Keith Flowers of Manassas, Va., in that category. He's decided that the hit he took in the housing slump requires him

to continue to rein in spending. He's cut off his landline phone and has become a regular at discount retailer Costco.

He isn't worried about losing his job in business development at an information technology company. What's led him to cut back spending is the sunken value of his condominium. He bought it in 2005 for about \$270,000.

"I doubt right now it's cracking \$100,000," Flowers said.

Rajeev Dhawan, director of Georgia State University's Economic Forecasting Center, said: "I think the chances of us being big spenders in the next 10 years are pretty low."

The housing boom inflated so much household wealth, Dhawan said, that the real estate bust spooked consumers. Household net worth — the value of assets like homes, checking accounts and investments minus debts like mortgages and credit cards — has risen for three straight quarters. But economists say consumers would need a stronger and prolonged increase in wealth to lead them to ratchet up spending. Net worth would have to rise an additional 21 percent just to get back to its pre-recession peak of \$65.9 trillion.

Some economists put their hopes for the economy in the rich, who are spending more freely than the rest of the population. They hold out hope that this will encourage more hiring and stimulate spending by the less wealthy. More spending could increase companies' revenue, which allow them to boost hiring and pay. And that would lead their employees to spend more.

— AP

Cremation ... Why Pay More?

\$1,395⁰⁰ "Simplicity" Cremation.

"No Membership or Extra Costly Charges."

Professional, Caring and Dependable.

Serving all of Massachusetts:

Toll Free **800-314-1890**

or **617-269-1930** (Boston)

or **508-444-3307** (Cape Cod)



A+ rated by



AVAILABLE 24 HOURS A DAY

ALL MAJOR CREDIT CARDS AND STATE ASSISTANCE ACCEPTED

Visit Us Online: www.CasperCremation.com

CONGREGATIONAL RETIREMENT HOMES

Efficiencies &
One Bedrooms



- Serene Countryside Setting
- Vibrant Social Community
- Independent Living
- On-Site Resident-Coordinator
- Professional On-Site Management
- 24Hr Emergency Maintenance
- Large Community Room
- Conveniently Located Laundry Rooms
- Beautiful Landscaped Grounds
- Well-Lit On-Site Parking and Walkways

Conveniently Located Near:

- Downtown Melrose
- Senior Center
- Commuter Rail
- Bus Stop

Congregational Retirement Homes
200 West Foster Street
Melrose, MA 02176

Call **781-665-6334**
Fax: (781) 665-8884
www.peabodyproperties.com

*Income guidelines apply. Applicants must meet HUD eligibility criteria of 62+ of age/ handicapped or disabled.



Transforming your home for spring

By Susan Zevon

On the leafy street where I grew up, spring brought blazing forsythia and a canopy of fresh green blooms. But for me, the season never truly arrived until the afternoon I would come home from school to find our apartment transformed.

My mother and our housekeeper would work all day stripping the windows of draperies, installing screens, polishing wood floors and furnishings, and covering the sofa and chairs in crisp green and white chintz. These were the days before air conditioning, yet even on a hot summer day that apartment seemed cool.

Today, few households boast a full set of summer slipcovers, but there are easy and inexpensive ways to refresh your home for spring.

It starts with the ancient ritual of spring cleaning.

"Spring cleaning has been a part of history for thousands of years, and it is often integrated into the religious practice of cleansing the home prior to a spring festival," housewares designer Rosanna Bowles writes in her recently published *Coming Home: A Seasonal Guide to Creating Family Traditions* (Stewart, Tabori & Chang, 2010).

In Atlanta, Ga., where the summers are long and hot and there is a tradition of gracious decorating and entertaining, designer Suzanne Kasler welcomes the season by cleaning, paring down and changing accessories. She advises clients to do the same.

"New books on the coffee table, a change of accessories and a few fresh flowers can make a huge difference," she said. She finds the color blue, "a water color," especially cooling.

Spring is a good time to experiment, said Stan Williams, author of *The Elegant Thrifter* blog spot.

"Move the furniture around, change the direction of the rug, reevaluate your window treatments for the change in light, take down the drapes and roll up the rugs," he advised.



"Thrift shop finds give you the liberty to experiment," Williams believes. "Buy a piece, experiment and if you don't like it you can donate it back and take the tax deduction."

You might try moving indoor furniture outside, and vice versa. Williams suggests transforming old pieces: creating a tiered plant stand out of an old dresser, covering old wingback chairs in white vinyl for a cool and contemporary look, painting an old table with bold black and white.

Bowles suggests putting a piece of furniture in storage to open up a room.

She also likes to temporarily replace accessories that are dark and seem wintry with ones that provide fresh, light accents. Set the table with pastel dishes and fresh flowers.

Other ways to renew your home for spring without spending a lot of money, she said, include letting in the light (except at noon) and, when the sun sets, opening drapes and windows to let in fresh air.

Clear the kitchen and bathrooms, counters and all, of clutter. Lighten the bedding, using 100 percent cotton sheets and blankets when possible.

And when going through those closets and cabinets, donate what you no longer like or need to a thrift shop or charity, or sell it. — AP

Cleaning the house for spring

Spring-cleaning tips, adapted from Erin Bried's *How to Sew a Button: And Other Nifty Things Your Grandmother Knew* (Ballantine Books, 2009):

PSchedule the spring cleaning (to get into the proper mindset). Have all of the proper supplies on hand and set aside plenty of time.

PMake a checklist, room by room, of what needs to be cleaned. In each room, dust every surface, wipe down dirty walls and doors, vacuum and/or mop, steam clean rugs if necessary, wash light fixtures, remove and clean drapes or blinds, beat cushions, rugs, pillows and mats (outside), and clean windows inside and out.

PRoom-by-room specialty tasks:

Kitchen: Wipe out fridge, defrost and wipe out freezer, clean oven, organize pantry and drawers.

Bedroom: Flip and rotate mattress, change bedding, wash pillows (if washable), swap out winter clothes for summer clothes (donate anything no longer worn).

Bathroom: Besides the usual cleaning of toilet, shower, sink and counter, clean out the medicine cabinet and drawers.

Prioritize tasks. If you have helpers, delegate tasks. If not, make sure you can finish what you start to avoid bigger messes. — AP

THE ROAD FROM OUR HOUSE LEADS STRAIGHT TO YOURS

Our Return to Home Program™ takes you from hospital to home

The Return to Home Program,™ located on our second floor, is designed to prepare patients to return to their homes as quickly as possible following a hospitalization.

At Sherrill House, our patients enjoy access to exceptional services and programs, including:

- Comprehensive rehabilitation delivered by our experienced in-house team of Physical, Occupational, and Speech Therapists
- Fully equipped, 2,200 sq. ft. state-of-the-art sunlit gym overlooking Olmstead Park
- 24-hour Skilled Nursing Care and a Primary Care Nursing Model
- Nutritional Counseling by our full-time Dietician
- Award-winning Music Therapy Program
- Complex Wound Management
- Fully appointed patient rooms with complimentary cable, phone, and wireless Internet access
- Patient and Family Lounge with concierge service for refreshments
- Ongoing Patient and Family Education
- Interdisciplinary Discharge Planning with home care services as needed
- Pastoral Care with our full-time Chaplain
- Convenient location, minutes from all major Boston hospitals and accessible by public transportation



Sherrill House
A Not-for-profit Skilled Nursing & Rehabilitation Center

Call 617-735-1775 to schedule a personal tour or visit www.sherrillhouse.org to learn more.

135 South Huntington Avenue • Boston, MA 02130 • 617-735-1775
www.sherrillhouse.org

Social Security needs small 'tweaks'

WASHINGTON —

Social Security faces a \$5.3 trillion shortfall over the next 75 years, but a new congressional report says the massive gap could be erased with only modest changes to payroll taxes and benefits.

Some of the options are politically dangerous, such as increasing payroll taxes or reducing annual cost-of-living increases for Social Security recipients. Others, such as gradually raising the age when retirees qualify for full benefits, wouldn't be felt for years but would affect millions.

Many wouldn't affect current recipients, according to the report by the Senate Special Committee on Aging. Sen. Herb Kohl, chairman of the committee, said small "tweaks" are all that is needed to bolster Social Security's finances for future

generations of retirees.

Currently, 53 million Americans get Social Security benefits averaging \$1,067 a month. In 75 years, 122 million, or one-fourth of the population, will be drawing benefits.

On its current path, Social Security is projected to run out of money by 2037, largely because of aging baby boomers reaching retirement. For the first time since the 1980s, Social Security will pay out more money in benefits this year than it collects in payroll taxes. The longer action is delayed, the harder it will get to address the program's finances.

"Modest changes can be made over time that will keep the program in surplus," Kohl, D-Wis., told The Associated Press. "They are not draconian, as the report points out, and they can be done



and will be done."

The report lays out options for fixing Social Security, but doesn't endorse any of them.

Kohl said lawmakers will probably combine several options to ease their impact. No action is expected this year, with midterm congressional elections looming in November. Lawmakers have said they hope to take up the issue next year.

Social Security is financed by a 6.2 percent payroll tax on wages below \$106,800. The tax is paid by workers and matched by employers. Older Americans can apply for early retirement benefits, starting at age 62. They qualify for full benefits if they wait until they turn 66, a threshold that is gradually increasing to 67 for people born in 1960 or later.

The entire \$5.3 trillion shortfall over the next 75 years would be wiped out if payroll taxes were increased by 1.1 percentage points for both workers and

employers. It would also disappear if Congress started taxing all wages, not just those below \$106,800, said the Senate report, citing projections by the actuaries at the Social Security Administration.

On the benefits side, more than three-fourths of the shortfall would vanish if Congress reduced annual cost-of-living increases by 1 percentage point each year. Social Security recipients get annual increases based on inflation. This January, for the first time since automatic adjustments were adopted in 1975, there was no increase because prices decreased last year.

About 23 percent of the shortfall would be gone if Congress gradually increased the age when retirees qualify for full benefits from 67 to 68. Nearly a third of the shortfall would disappear if the full retirement age were gradually increased to 70.

The Social Security trust funds have built up a \$2.5 trillion surplus over the past 25 years. But the federal government has borrowed that money over the years to spend on other programs. The government must now start borrowing money from public debt markets — adding to annual budget deficits — to repay Social Security.

The Senate panel's report was presented to President Barack Obama's deficit reduction commission, which is expected to review all entitlement programs in the search for savings. — AP

► Burlington

Cont. from page 13

know the (English) language or the resources that are out there for them, they don't know who to reach out to," Shah said. "They don't know whom to trust and whom not to trust. We keep it (our discussions) 100 percent confidential. We want to make sure they're secure and their basic needs are met."

Slowly but surely, more of the Indian residents in town are visiting the Burlington Senior Center not just for the Indian

lunches, but other activities as well.

"The first time I came here was for Senior Stretch and some yoga programs," Patel said. Thanks to the stretch program, she learned a few new dance steps she shared with her grandchildren. That allowed her to find a way to break down the generational barrier between them. "They show me their dance steps and I show them mine," She said.

Patel, just about to leave for the Indian Social Hour, said she likes the Burlington Senior Center. "It's a very welcoming atmosphere," she said. "I meet new people all the time and I'm making new friends."



Do You or a Loved One *NEED* Caregiving Services?

You will be contacted by a service provider via phone or e-mail based on your preference. Please check off the category/categories you would like to receive information about. Fill out the coupon below and return to:

Attn: Caregiving Services Reader Response

Fifty Plus Advocate, 131 Lincoln St., Worcester, MA 01605

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Attorneys, Elder Law | <input type="checkbox"/> Home Care | <input type="checkbox"/> Mobility Aids |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Housing, Assisted Living | <input type="checkbox"/> Reverse Mortgages |
| <input type="checkbox"/> Cremation | <input type="checkbox"/> Housing - Fair Market Apartments | <input type="checkbox"/> Senior Real Estate Specialists |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Housing, Rest Homes | <input type="checkbox"/> Stairlifts |
| <input type="checkbox"/> Funeral Homes | | |

Please fill out the information below.

I live in _____, MA

I am looking for services in _____, MA

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

*Phone Number: _____

If you would prefer to be contact by E-mail, please provide on the line below:

E-Mail: _____

* Required

FPA CARESRV6 10

What you need to know about the new Health Care Reform law

By Deborah E. Banda

Since national health care reform has been signed into law, have you figured out yet what you need to know? AARP is here to help. The new law will make many changes for the better — some may even surprise you. Did you know, for example, that members of Congress will be required to buy their health plans through state-run insurance exchanges — like the Massachusetts Health Connector Authority — as part of the new law?



AARP and You

For one 61-year-old AARP member from Worcester, having the chance to get health insurance through the Health Connector was a relief. A small business owner, she had been among the ranks of the uninsured. The Health Connector provided her with a variety of options, and she selected one that met her needs — a higher deductible, lower premium plan.

But, not everyone will buy health coverage through exchanges. If you get insurance through your employer, you can continue to do so. In fact, you will have new benefits and protections. Starting this September, insurance companies can no longer place lifetime limits on what they will pay for your care; annual limits will end in 2014. Further, they will have to spend the bulk of the money you pay for your coverage on medical care, as opposed to overhead.

Also: All new insurance plans will have to provide many preventative services and screenings for free.

If your employer offers a family plan, you can keep your children on your plan until they turn 26. And, no

child under age 19 can be denied coverage because of pre-existing medical conditions.

For those who rely on Medicare, the prescription drug doughnut hole will close completely by 2020. This year, if you enter the coverage gap, you will receive \$250 toward your drug costs; in 2011, you will get a 50 percent discount on all brand name and biologic drugs, and a 7 percent discount on generic drugs; over 10 years, you'll continue to receive more discounts for generic drugs as well as brands until the gap is eliminated.

If you're in traditional Medicare, starting in 2011, you will be able to get an annual physical plus many preventative services at no cost. Medicare Advantage enrollees will need to check with your individual plan to find out if the services will be free.

And, speaking of Medicare Advantage, yes, Medicare will stop paying more for people currently enrolled in many of these private plans than for those in traditional Medicare. The overpayments will gradually be phased out and replaced with a system that rewards the plans that meet quality standards for care and service. Will these changes cause some plans to raise premiums, or drop extra benefits like routine vision care and health club memberships, or even leave Medicare? We will need to monitor this carefully — especially since so many Medicare beneficiaries have seen their premiums skyrocket over the last few years.

Bottom line, according to the *AARP Bulletin*, there are 10 things you need to know, today, about the new health care reform law. It will:

- Help 32 million more Americans get insurance.
- Make coverage denial for preexisting medical conditions a thing of the past.
- Guarantee basic benefits for everyone in Medicare, make preventative services free for most, and gradually

close the "doughnut hole" in the Part D program.

- Set up a temporary program in July to help people with preexisting health conditions obtain coverage.
- Provide new benefits for most people who already have insurance.
- Leave medical decisions in the hands of you and your doctor.
- Require most people to have coverage by 2014 but offer subsidies for those with moderate or low income and make more people eligible for Medicaid.
- Create state-run insurance exchanges — like the Massachusetts Health Connector — offering a menu of private insurance plans for people who are uninsured, self-employed or between jobs.
- Offer immediate tax credits to help small businesses buy insurance for employees.
- Keep Medicare financially sound for nearly 10 more years and reduce the U.S. deficit by an estimated \$142 billion.

Another great aspect of the new health care law is the creation of a long-term care insurance program that will allow you to make contributions while you are working in return for future cash benefits to help pay for home and community based services.

To learn more — or ask your own questions — please visit our web page that is 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 at 866-448-3621.

Deborah Banda is the state director of AARP Massachusetts, which serves more than 800,000 members age 50 and over in the Bay State. Connect with AARP MA online at www.aarp.org/ma, www.facebook.com/aarpma and www.twitter.com/aarpma.

Don't let the state pass the elderly imprisonment bill of 2010

By Al Norman

No one should be forced to enroll in a health plan they did not freely choose to join. Yet that's what lawmakers on Beacon Hill are trying to do. Legislation is under consideration that would automatically enroll more than 130,000 low-income seniors on Medicaid into managed care plans they did not choose.

They would be locked into a plan with no way out for 90 days. Only after three months would they be allowed to disenroll.

Because this is such a blatant coercive act, the bill uses the term "passive enrollment

with an opt-out" instead of the words "forced enrollment." Ask anyone on the street what "passive enrollment with an opt-out" means, and watch the confused answers.

The legislation, H. 4052, must be acted upon by June 8. It is currently in the legislature's Joint Health Care Committee. The theory behind the bill is that it will save the state millions of dollars by forcing elders into managed care. It doesn't matter that they might have to give up their doctor or specialist. It doesn't matter that their hospital may not be



participating in the plan. This is being done for the convenience of the state — not for the needs of the consumer.

And that's precisely where this bill goes wrong. All health care plans should be consumer-centered, not provider-centered. If a plan offers excellent benefits, let seniors freely choose to join in. I like to think that seniors are smart enough to make their own decisions about which health plans they like, rather than having lawmakers on Beacon Hill directing them into plans they do not want.

To make matters worse, during budget debate, the House adopted a similar 'passive enrollment' plan. As a result, this idea of forcing people into health plans they don't want is now before the Senate.

The fact is: Medicare law does not allow seniors to be deprived of their access to what is known as "fee for service" Medicare. That is the original Medicare — in which you don't have to look over the list of doctors and hospitals, because there is no limited network to deal with. Congress would first have to change this

law — and I hope they never do.

In addition, current federal law does not allow any savings that these managed care plans create for Medicare to remain with the state. Medicare is a federal program, and any savings they keep. One study from 2008 said that if Massachusetts forced seniors into the managed care plans, it would cost the state \$989 million in the first 12 years of the plan.

Some seniors love managed care plans. They are free to join them. The point is, it should be your choice alone which plan makes sense for you. In many parts of the state these managed care plans do not even have an office or a network.

We have to actively oppose this "passive enrollment" proposal. Please cut this article and send it to your state senator. If you don't know who that is, call me and I will tell you who your senator is. Don't be herded into a plan you don't want.

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

► Trust

Cont. from page 2

the max as it is — to run for office or start a movement.

That leaves us with the best weapons we have always possessed but rarely use. If we all put an hour a week aside to write letters, send emails or call our elected officials to

the point of distraction, we should get their attention. And, of course we can vote at every opportunity.

When it comes right down to it, the trust factor stops with us.

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

Enjoy Home Delivery of fifty plus

You can enjoy the convenience of having your **Fifty Plus Advocate** delivered to you at home, insuring you that you will never miss an issue. Just fill out this coupon and enclose payment.

1 year - \$18 2 years - \$34 3 years - \$48

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If change of address or renewal, place mailing label here and your new address.

MAIL TO: **fifty plus**
131 Lincoln St., Worcester, MA 01605

More multigenerational families living together

By Hope Yen

WASHINGTON —

Goodnight, John-Boy: Driven partly by job losses, more multigenerational families are choosing to live together as “boomerang kids” flock home and people help care for grandchildren or aging parents.

About 6.6 million U.S. households in 2009 had at least three generations of family members, an increase of 30 percent since 2000, according to census figures. When “multigenerational” is more broadly defined to include at least two adult generations, a record 49 million, or one in six people, live in such households, according to a new study by the Pew Research Center.

The rise in multigenerational households is heavily influenced by economics, with many young adults known as “boomerang kids” moving back home with mom and dad because of limited job prospects and a housing crunch.

But extended life spans and increased options in home health and outpatient care over nursing homes have also played a role. So, too, has a recent wave of immigration of Hispanics and Asians, who are more likely to live with extended family.

“With the reality of 78 million baby boomers coming into an aging demographic, we need more housing choices for caregiving,” said Elinor Ginzler, AARP’s senior vice president for livable communities. “It can be a great opportunity for connectedness across generations, but also an opportunity for conflict if family members don’t keep communications lines open.”

An AARP analysis of census data shows that Hawaii had the highest share of multigenerational households, followed by California and Mississippi, due partly to a scarcity of affordable housing. North Dakota was least likely to have several generations living together.

Other findings from the Pew and AARP studies:

- The most common multigenerational family is an older parent who owns the house, living with an adult child and grandchild.

- Older women are more likely than older men to live in a multigenerational household.

- While multigenerational families are increasing, the number of adults 65 and older who live alone is edging lower, from a peak of 28.8 percent in 1990 to 27.4 percent in 2008.

Multigenerational households are not new. According to the Pew report, in 1900 about 57 percent of people ages 65 and older lived with extended family. Life in such a household was dramatized in the popular 1970s television series *The Waltons*. Living in the Virginia mountains during the Depression, the Walton family had three generations under one roof, their togetherness symbolized by a round of goodnights that included teenage son and series narrator John-Boy.

After World War II, Social Security, Medicare and medical breakthroughs prompted healthier, more financially secure older adults to live on their own. By 1980 and 1990, just 17 percent of seniors lived in a multigenerational household.

The share of older adults in multigenerational homes is now increasing again, to about 20 percent.

“The government will continue to provide a social safety net for older adults, but given today’s demographic

and economic realities, it’s not clear that this public safety net will be as robust in the future as it is now,”

said Paul Taylor, a co-author of the Pew report. “That could increase the trend toward family members providing care for elderly parents — a role that families have taken on throughout human history.”

Today’s multigenerational families include George Lee, 82, and his wife, Grace, 74, of Honolulu, who live in an apartment that is attached to a three-bedroom house occupied by their 50-year-old daughter, 61-year-old son-in-law and two college-age grandchildren.

While life isn’t always perfect, the Lees say that everyone gets along well partly by carving out their own spaces, having a sense of fair play when it comes to household chores and having separate

front doors and kitchens.

“Because of the cost of housing in Hawaii, we felt that we needed to offer the kids housing so they can get a start on their careers and afford college,” said George Lee, who with his wife rents the home to their daughter. “We actually sometimes go for a couple of weeks without bumping into each other, but we also do a lot of helping out with the grandchildren.” — AP

On the Net: AARP, www.aarp.org; Pew Research Center, pewsocialtrends.org; Census Bureau, www.census.gov.



Multigenerational living was dramatized in the 1970s television series *The Waltons*.



CENTRAL BOSTON ELDER SERVICES

5th Annual

United For Elders EXPO 2010



Friday, June 25, 2010

UMASS Boston Campus Center

100 Morrissey Boulevard Boston, MA 02125

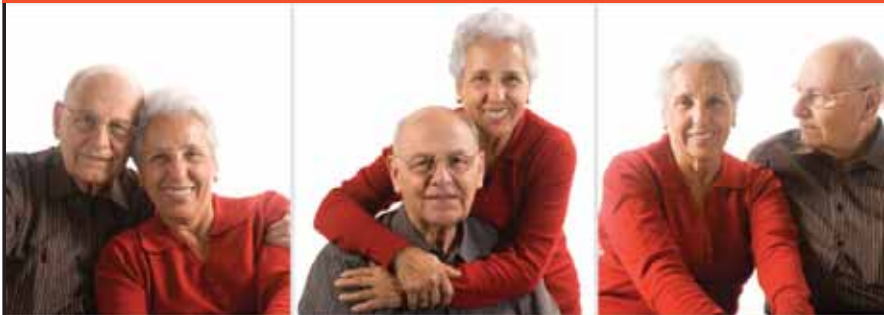


- Free to the Public - Handicap Access
- Advanced Registration Required for Lunch and Workshops

Exhibit Fair • Workshops • Crafts & Arts Fair & Entertainment

Registration Deadline June 4, 2010 To Register Call 617.277.7416 ext. 334
 TTY 617.277.6691 or visit us online at www.centralboston.org

Maybe there *is* more we can do.



We understand that caring for a loved one with memory loss is challenging.

We are currently conducting a research study of an oral investigational drug for mild to moderate Alzheimer's disease and are looking for male and female individuals who:

- Are between 55 and 85 years of age
- Have been diagnosed with or are having symptoms consistent with mild to moderate Alzheimer's disease
- Have a caregiver who can accompany the participant to study visits, give the participant the study medication, and report any side effects the participant has with the study medication
- Are willing to attend approximately seven visits over a four month period with their caregiver

Qualified participants will receive study medication and all study-related medical care at no cost. The study medication will consist of either the investigational drug or a placebo (an inactive look-alike pill) taken orally.

For more information, or to see if you may qualify for this study please contact:



Call 800-958-1218
or 617-581-6434
or email rbell@neurocareinc.com
or register on our website at
www.neurocarecenterforresearch.com

**THE \$1,950 A MONTH
BENEFIT FOR VETERANS
THE VA DOESN'T WANT
YOU TO KNOW ABOUT.**

Many Veterans and spouses qualify for a little known VA benefit designed to help them stay at home and out of a nursing home. It can also pay for assisted living. The benefit ranges from \$1,056 a month for widows to about \$1,950 a month for couples. Our **FREE** report outlines the benefit and what it takes to qualify. Call now for your free special report.

Call anytime 1-508-281-7900



ESTATE PLANNING AND ELDER LAW
PUZZLES WORTH SOLVING

TRACEY A. L. INGLE, ESQ.

56 CENTRAL STREET, SOUTHBOROUGH, MA 01745
WWW.INGLELAW.COM

Affordable Living at its Best

Now Accepting Applications for 62 Years or Older

Income Guidelines: \$31,550 single / \$36,100 couple

Applications available for the under 62 permanently disabled

- Heat and hot water included
- Qualified Applicants pay 30% of adjusted income
- 24 hour emergency maintenance
- Seasonal trips
- Monthly activities include: exercising classes, birthday parties, book mobile, blood pressure screens and podiatrist
- Manicured walking paths with garden plots
- Ideally located in Natick residential bus route
- Pets okay under 20 lbs.



Relax in Park-like setting



Comfortable floor plan

**Sherwood Village
Apartments**

143~145 Mill Street, Natick, MA 01760

Call at 508-651-1811 for details

