



**Drugs, booze
addictions spike**
page 17



**Guide to
retirement security**
page 14



**Ecuador is more
than the Galapagos**
page 10

Find Index of Caregiving Services on page 3

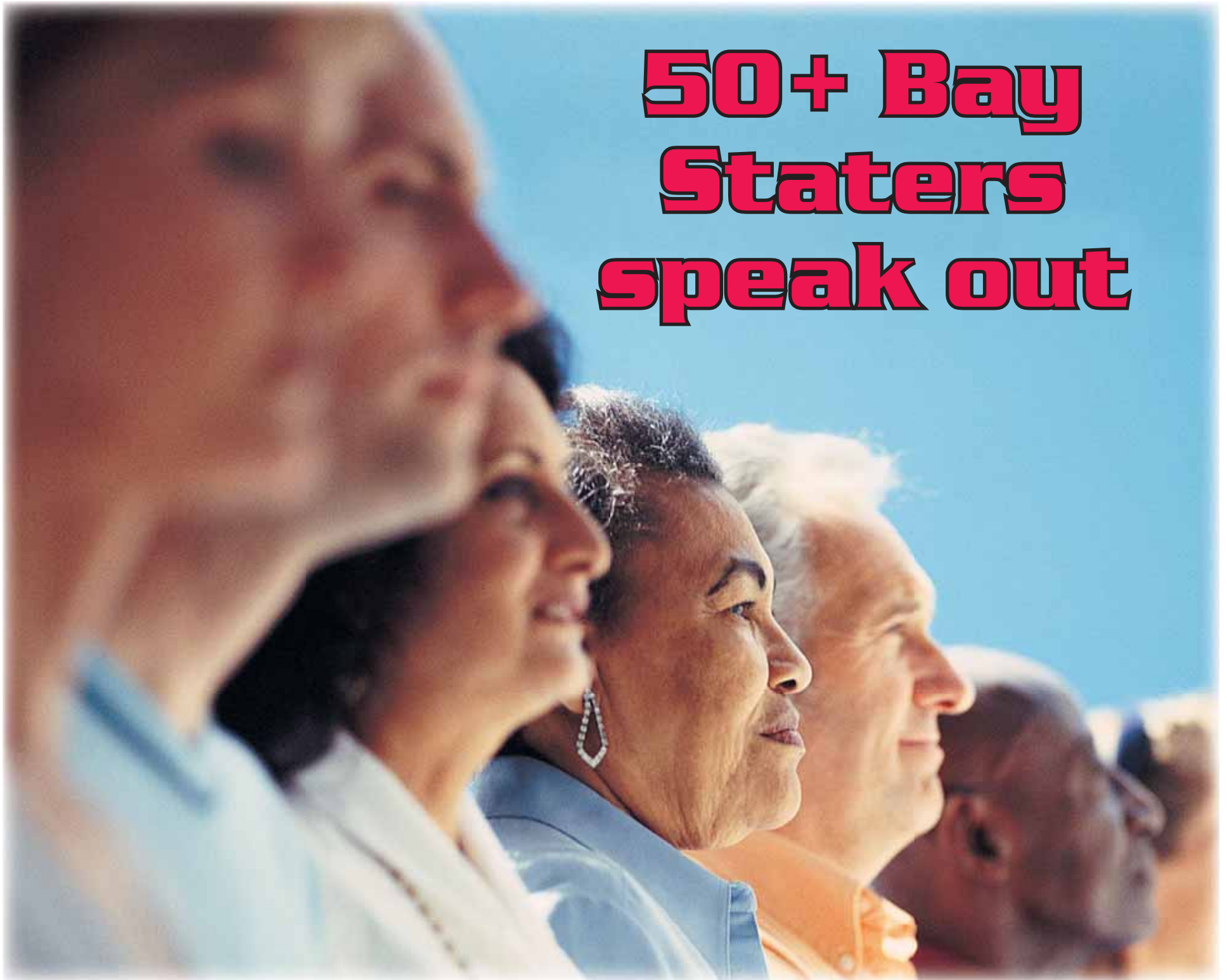
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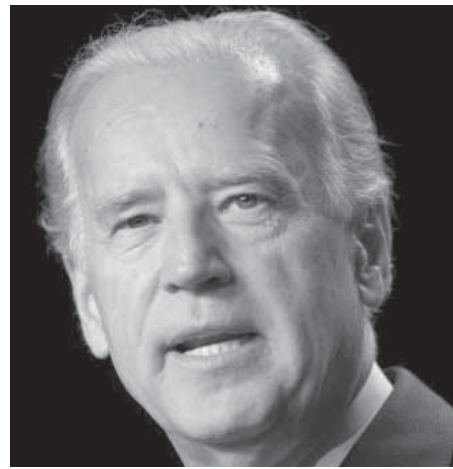
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FEATURED STORIES

Nonpartisan groups says overhaul Medicare	6
Men narrowing gender gap	6
Grandson seeks credit for great-grandfather	9
Tips for dating online	12
Medicare blocks costly meds	13
A cheaper eye drug gets approval	13
Kids moving home hurt parents	15

DEPARTMENTS

Feeling Healthy	17
Home Improvement	16
Just My Opinion	5
Money Matters	14
Resource for Caregivers	13
Travel	10
Viewpoint	8



Medicare overhaul? **6**



A moving memoir **13**



Dating points **12**



Personalize your space **16**

ABOUT THE COVER

Survey: What's important to Massachusetts 50 plus population? — page 4

INDEX OF SERVICES IN THIS ISSUE

ADVOCACY

AARP..... p. 5

AFFORDABLE SENIOR HOUSING

Peter's Grove p. 15

Sherwood Village p. 12

ASSISTED LIVING

Merrimack River Valley p. 11

ATTORNEY, ELDER LAW

Ingle Law..... p. 19

Summers, Summers & Associates .. p. 15

CREMATION SERVICES

Casper Cremations p. 14

DENTURE / IMPLANTS

Dr. Steven Rinaldi p. 9

HEALTH CARE INFORMATION

SHINE Program..... p. 19

HEALTH PLANS FOR SENIORS

Evercare..... p. 2

Senior Whole Health Care p. 18

HEARING SERVICES

Mario Hearing & Tinnitus Clinics..... p. 16

HOME IMPROVEMENTS

Shelf Genie..... p. 16

SecurityBath p. 19

MEDICAL RESEARCH STUDIES p. 7

Brain Blood Flow ~ Brigham & Women's Hospital

Insulin Study ~ Beth Israel Deaconess Medical Center

Tai Chi Study ~

Tufts New England Medical Center

NURSING HOMES

Golden LivingCenters p. 20

Golden LivingCenter - Lexington

SENIOR VOLUNTEER OPPORTUNITY

YMCA..... p. 11

SUBSIDIZED HOUSING

Millhaus Apartments p. 9

Summerhill Glen..... p. 11

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Bay State retirees share hopes, fears for future

By Brian Goslow

BOSTON —

Karolyne White, 71, of Framingham, hasn't been able to fully enjoy her retirement years, despite having worked her entire life, first as an educator, then in the Massachusetts Department of Education's Office of Health and Safe and Drug-free Schools.

The past 16 years have been physically challenging: She's been hit twice by drunk drivers, forcing her to endure long periods of rehabilitation — including the rebuilding of one leg just after she retired in 2004; her rehabilitation continues to this day.

White's battle isn't made any easier by having to balance a budget that recently left her unable to afford a much-needed heart pill. She worries that the future measures of the 2010 Affordable Care Act will not be implemented (especially the full closing of the prescription donut hole) or that the law will be overturned.

"I don't want them to screw it up," she said. "They keep wanting to tinker with this."

White was among 400 state residents who participated in an AARP phone survey earlier this year to determine which issues were of primary importance to the organization's over 800,000 state resident membership.

Though most (71 percent) said they were very satisfied with their communities, there is worry about the future and the ability to stay put for as long as possible (40 percent) or at their current residence (42 percent). There is concern about having accessible sidewalks with good street lighting (39 percent) and the ability to be able to drive around their community (25 percent). There is also worry regarding the availability of alternative housing options (40 percent).

Finances weigh heavily on the minds of those who participated in the "Voices of 50+ Massachusetts" survey, with a large majority (92 percent) saying having enough money to meet daily expenses was their top concern, followed by a desire to make sure their retirement finances were adequate (89 percent) and would allow for a comfortable post-workplace lifestyle (88 percent).

Finances also come into play in terms of having quality long-term care options when needed (85 percent) and being able to afford the cost of health care and having their prescription drugs filled (83 percent).

The preservation of Medicare (88 percent) and Social Security (85 percent) in their current form were the top issues of concern.

"The majority of the people we spoke to said that Medicare is very important to them but they're apprehensive about the program going forward," said Deborah Banda, state director of AARP Massachusetts. "It (the passing of the health care plan) should be giving seniors peace of mind but now we're seeing Medicare is being attacked on another front with this proposal to turn it into a voucher system which, in our opinion, will pretty much make health care unaffordable for older persons."

White calls the proposal by Congressman Paul Ryan, R-Wis., to replace Medicare with a voucher system "ridiculous." She hopes the health care law stays in place — with tighter monitoring enacted to keep costs down

by exposing fraudulent billing practices and multiple checkups for the same thing.

She said discussion on television and radio talk shows on the possible repeal of the health care law and misinformation on what it does and what it will provide in the years ahead has caused great confusion.

Rick Goldberg, 64, a public relations consultant who lives in Winchester, sits on the AARP state advocacy committee, serving as its district coordinator in working with Congressman Ed Markey, D-Mass., on issues of importance to AARP's membership. "I have been working to keep Social Security and Medicare in place because they are separately funded and not related to the deficit," Goldberg said.

Sixty-seven percent of respondents to the AARP study said they had major problems paying for their prescription drugs. And while 98 percent said staying healthy was one of their most important goals, 60 percent said they didn't have the resources they needed to stay healthy.

Last year, White had \$4,000 in prescription costs; she's counting on \$11,000 for 2011. "I've had to cut back. And when I had medicine I needed to have every day, I had to take some every other day because I just didn't have the money for the refill and that's scary," White said.

"This is about health care," Goldberg said. "I believe, and studies will show it, that once everyone in the commonwealth gets in the habit of seeing a primary doctor each year, and takes more responsibility for themselves, that the population will be healthier and it will cost less because they won't be going to emergency rooms for critical care which can be avoided with prevention."

All the programs in the world won't help if individuals don't take responsibility for their own health, he said. "Good health is a combination of primary doctor visits, nutrition, exercise, being connected with other people, spiritual peace — all that

kind of stuff," Goldberg said. "It's based on the responsibility of the person, not the insurance company or the doctor."

If we're barely able to get what we need when we're healthy, it should come as no surprise to learn we're not prepared to deal with any major illnesses that come our way. The AARP study found only 14 percent of respondents were "very confident" in their ability to pay for three years of long-term care, if necessary; another 20 percent were "somewhat confident." More striking is 32 percent were "not at all confident" and 20 percent "not very confident" that they were prepared to financially deal with extended health emergencies.

The economic downturn of recent years should serve as an example to people of all ages of the need to plan long-term for their retirement years, whether they're baby boomers nearing their 60s or younger folk just starting their careers. AARP's Banda said we, as a nation, have to learn to look at the big picture, not only saving for that new car, house or our a children's college education, but our retirement years, from the moment we enter the work force.

"That's something we can educate people about, showing them how to do it and how much they're going to need," said Banda, who pointed out the importance of getting start saving toward their retirement needs from day one. "If we can start that now, with people going forward, I think it will ease some of the challenges and concerns (about Social Security and Medicare) that we're hearing from people."

Banda noted that while many boomers now reaching retirement age are pointing toward the downturn and loss in investments as the main reasons for their unpreparedness, the reality is that even when the economy was booming, as a nation, we were very bad at saving.

On a state level, when it comes to budget concerns, protecting kindergarten through grade 12 education scored with 80 percent of the AARP respondents, followed by transportation, construction and road maintenance and care services that allow people to stay in their home (78 percent); and local government aid to fire, police, parks and recreation (77 percent).

"Our members are very concerned about their children and their grandchildren," Banda said. "If we increase services and

supports for the aging population, that's also going to be a benefit for their kids and their grandchildren because there'll be improvements to their neighborhoods, there'll be improvements to transportation. If you're making the streets safer for the aging population, you're making them safer for the younger folks, too. If we improve infrastructure, that helps everybody."

No better example of how true this is, Goldberg said, is the state's readiness when western Massachusetts was devastated by tornadoes in early June. "We have an infrastructure of emergency response for both alerting people and being there to help them," he said. "That made a major difference in a loss of life, considering our tornadoes were 39 miles long and up to half a mile wide."

"There were state and municipal police in Springfield neighborhoods, telling people to seek shelter in advance and while the tornadoes were coming down, there were ambulances and firemen from all over the state who were pouring into the area."

Goldberg plans to continue working to discourage the slashing of budgets on all levels that would lead to the closing of fire stations, laying off of police and pulling of ambulances staffed by emergency medical professionals off the road. "Those who want the cuts, when there's an emergency, they'll be yelling, 'Rescue me, rescue me,'" he said. "They can't have it both ways."

Hitting the road and traveling has long been equated with retirement, so it was no surprise to find the ability to vacation at the top of the dream list of 41 percent of survey respondents. A quarter plan to use their time on hobbies and personal interests followed by spending time with family and friends (8 percent); continuing to work (6 percent); being in good health (5 percent); and being strong in faith and spirituality (4 percent).

Meanwhile, White would be happy to just walk normally again. Her foot is currently bandaged, keeping her from working towards her goal of being able to walk a mile-and-a-half.

Once she's back walking without bandages, White plans to move from her house to an apartment where she won't have to worry about cleaning the yard, shoveling the snow and covering "those awful oil bills."



White



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Hello retailers, we would appreciate a welcome mat

By Sondra Shapiro

My friend and I meet for dinner at our favorite sushi restaurant. As we exchange pleasantries, the waitress hands us two menus, one listing sushi, the other the restaurant's regular items. The colors and design are lovely to look at. I only wish we didn't need to interrupt our discussion to seek out better light to read the miniscule type describing the dishes.



Just My Opinion

It's a lazy, rainy Sunday, and I'm trying to catch up with back issues of my decorating magazines. Too bad I need a magnifying glass and every light turned on in the room to make out the tiny, fancy white type describing where to purchase the items listed in the articles.

During a supermarket run, I am forced to walk from one end of the store to the other for a loaf of bread and oranges. In between the excruciatingly long, narrow aisles, are grills, pots and pans, outdoor furniture and other items that have nothing to do with groceries.

Such practices are tough for consumers of any age, but most especially for us aging folks. Weakening eyesight, joint problems and hearing weaken with each birthday.

Not only is it unnecessarily challenging to traverse the business world, the trek makes me feel older than my 57 years. When I have to give up reading a magazine article or forgo a menu item because I can't read the description, I feel frustrated and helpless and — old.

Far too often I go into a clothing or accessory store only to have music blasting so loud, I can barely concentrate on the merchandise. Not to mention, it makes me feel unwelcome.

At my weakest moment, I wallow in absurd thoughts that this is a deliberate attempt by businesses to snub their noses at us aging consumers. Realistically, until now, older customers haven't been on the radar, period. Within the next 10 years, though, those 65 plus will swell to almost 30 percent of the population. According to a 2009 Gallup poll, baby boomers constitute the largest bloc of American consumers. Though the lean economy has made us more frugal, quality-minded shoppers, we are still spending money — and businesses are beginning to notice us.

We aren't fickle spenders like the younger generation, and we have more bucks to spread around. Who cares that we eschew youth-oriented, splashy and hip Abercrombie & Fitch for the more sensible, streamlined Chicos. All money is green, after all.

"Consumers have gotten better at being recessionary shoppers and now it's up to the retailers to make sure they are delivering to the customer on multiple fronts," Corinne Asturias, a consumer strategist for baby boomers said in a 2009 issue of *Retail Traffic Magazine*. That same article said that we budget-minded boomers are apt to frequent supermarkets, drugstores, mass

merchants, office and pet supply stores and home improvement establishments. These shopping habits help stimulate the economy.

Because of our vast numbers, the Associated Press reported that National Retail Federation members are becoming more accommodating to us.

Retail anthropologist Georganne Bender concurs, singling out a drugstore chain that is re-setting its counters, not putting its merchandise up too high or down too low.

Half the over 65 population has some kind of arthritis, which makes it difficult for older shoppers to reach high shelves or stoop to bottom ones, Bender told the Associated Press.

I had first-hand experience this weekend at the supermarket when I crouched down to the bottom shelf to retrieve some chunk white tuna and suffered sharp pain in my knees. I was so embarrassed because I had to slowly and calculatingly maneuver myself back up, while juggling six cans. And, I work out regularly.

CVS is one of those companies doing its best to court the aging market. A very welcome addition is the magnifiers that are starting to turn up on shelves for us to better read the tiny print on vitamin bottles and other products.

If this trend is just the beginning, I would greatly appreciate:

- My favorite health food market widening its rows and amping up the lighting. And, please, please get rid of the funky signage that is difficult to read.

- Coupons with simple colors and larger font type so I can easily read the expiration date and other coupon stipulations like whether it's 50 cents off on one or two items.

- Magazines not running stories with white type on dark backgrounds.

- Restaurants using simpler, larger type for menu items (or at least provide magnifiers at each table). They could also improve lighting. True, low lights are mood enhancing. But, the gesture is counterproductive when patrons have to squint or jump from their seats in search of sufficient light to read the menu. Let alone rummage around in pockets or pocketbooks for magnifying glasses.

- Grocery stores reverting to the term.

I'm not going to buy my gas grill from you. But, I will purchase my hotdogs, hamburgers and condiments at your establishment. Just don't make me walk the million steps necessary to bypass all the non-grocery items to get my food and staple shopping done.

- Better lit parking lots at malls and other shopping venues.

With retailers' willingness to make concessions to aging consumers comes the added benefit of helping people of all ages. Loud music, small, fussy type on signs, long, narrow aisles are not welcoming in general.

Since boomers have always been trendsetters, let our aging needs lead the way to universal consumer friendliness — A welcome mat truly meant for everyone.

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

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Nonpartisan panel suggests major changes for Medicare

WASHINGTON —

As Vice President Joe Biden and congressional negotiators hunt for budget cuts, major Medicare changes that could squeeze billions in savings got a boost recently from a nonpartisan panel of experts that advises lawmakers.

Those changes are already under consideration in the budget talks, officials say.

One idea would revamp Medicare's outdated copayments and deductibles to provide better protection against catastrophic expenses, but it could lead to seniors paying a bigger share of the cost for some everyday services. The goal is to save taxpayers money by discouraging overtreatment.

The impact on individual seniors is less clear. Few details are available, but such changes could create winners and losers.

Seniors with high medical costs would gain from having a limit on their financial exposure, protection that Medicare doesn't now provide. Those who see the doctor often for more manageable problems could end up paying more. Overall, premiums for private insurance that many seniors get to fill in Medicare's gaps could become more affordable.

The other idea under consideration would shift nearly 9 million high-cost beneficiaries with both Medicare and Medicaid into managed-care insurance plans, to better coordinate services and cut duplication.

The Medicare Payment Advisory Commission did not endorse any specific approach, but its traditional midyear report

to Congress made clear that both issues are overdue for a fix.

"The status quo ... has led to care that is often not coordinated, sometimes inappropriate, and occasionally risky to patients," said the report, referring to Medicare's traditional fee-for-service benefit. "It has also left beneficiaries with rising ... premiums and out-of-pocket costs and has left taxpayers with the unsustainable burden of financing the program."

The aim should be "to give beneficiaries better protection against high (out-of-pocket) spending and to promote incentives for them to weigh their use of discretionary care, without discouraging needed care," said the report from MedPAC, as the commission is known.

Officials familiar with the negotiations between Biden and leading lawmakers of both parties said the two Medicare options are under consideration. The officials spoke on condition of anonymity because the budget talks are confidential.

Biden's goal is to find savings that will help the administration reach a deal with congressional Republicans to increase the nation's \$14.3 trillion debt ceiling. That's needed to prevent the government from lurching into an unprecedented default on its interest payments to creditors,

which could destabilize the already wobbly economy.

Prospects for the talks are uncertain, since both political parties are locked into their positions. House Republicans are on record that they will not vote to approve a debt increase without deep spending cuts.

Democrats, meanwhile, are taking a hard line against any reduction in Medicare benefits, including increased copayments for visits to doctors and hospitals.

A sweeping overhaul of Medicare and Medicaid backed by House Republicans seems to have no chance. Instead, the budget negotiators are looking at a list of proposals outlined last year by President Barack Obama's deficit reduction panel. Most involve cuts in payments to medical service providers and drug companies, but some would affect seniors directly.

The deficit panel estimated that revamping Medicare's cost-sharing rules would save \$110 billion from 2012 to 2020. Additional savings would come from limiting the ability of private insurers to fully shield seniors from Medicare's out-of-pocket costs. Many seniors purchase private "Medigap" coverage that caps their total annual costs and allows them to escape a bewildering assortment of Medicare deductibles

and copayments.

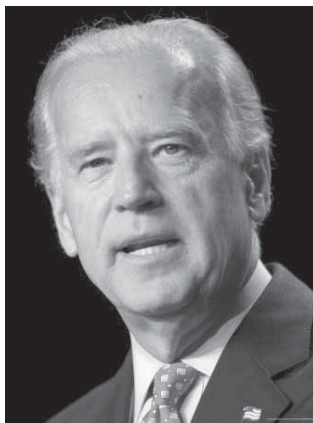
For example, Medicare's hospital deductible is \$1,132 for the first 60 days, while the annual deductible for doctor visits is \$162. There is no copayment for the first 20 days in a nursing home, but beneficiaries must pay full cost after 100 days.

Obama's deficit panel recommended a single annual deductible of \$550 for hospital care and medical services, with a 20-percent copayment on health spending above the deductible. The copayment would drop to 5 percent for costs over \$5,500. Beneficiaries would pay no more than \$7,500 a year total out-of-pocket, a consumer safeguard now missing from Medicare.

But there would be a trade-off.

Under the panel's proposal, Medigap insurance plans would be prohibited from covering the first \$500 in cost sharing, and could only cover half of the next \$5,000. Except for low-income seniors and some with employer-provided retiree coverage, beneficiaries would be responsible for at least \$500 of their medical expenses, and as much as \$7,500.

The second proposal, shifting high-cost beneficiaries into Medicaid managed care plans, would save \$12 billion from 2012 to 2020. This group includes many low-income people, patients in nursing homes, and individuals with multiple complicated health problems. They receive coverage both through Medicare and Medicaid at a cost well above that for typical beneficiaries in either program. — AP



Biden

Census: US men narrowing the gender gap of old age

WASHINGTON —

Women still outlive men, but the gender gap among U.S. seniors is narrowing.

New 2010 census figures, released recently, show men are narrowing the female population advantage, primarily in the 65-plus age group. It's a change in the social dynamics of a country in which longevity, widowhood and health care for seniors often have been seen as issues more important to women.

In all, the numbers highlight a nation that is rapidly aging even as Congress debates cuts in Medicare, an issue with ramifications for the growing ranks of older men.

"We know in the past because of

women's longer life expectancy, women put more emphasis on health care issues because they lived to an older age and often had to rely on the pensions of their husbands," said Jen'nan G. Read, an associate professor of sociology and global health at Duke University.

"I would expect men to become more aware and involved in health care now that they may be affected in the same way as women," she said.

Over the past decade, the number of men in the U.S. increased by 9.9 percent, faster than the 9.5 percent growth rate for women. As a result, women outnumbered men by just 5.18 million, compared with 2000, when there were 5.3 million more women than men.

The male-female ratio in the U.S. also increased to 96.7 from 96.3 in 2000, reflecting the narrowing of the female advantage in overall population. (A score of 100 signifies equal numbers of men and women; a male-female ratio of 95, for example, would mean there are 95 men for every 100 women in the population.) There hasn't been such a sustained resurgence in the U.S. male population since 1910, when medical advances started to increase women's life expectancies by reducing deaths during pregnancy.

Broken down by subgroups, men were more numerous than women among those 34 and younger as more boys than girls tend to be born.

At age 35 and higher, the female popu-

lation historically has been the majority as men were more likely to die prematurely from accidents, homicide or risks caused by workplace stress, alcohol, smoking or other factors. By age 85, the number of women typically is more than twice that of men. Life expectancy at birth is 80.8 years on average for women, compared with 75.6 for men.

But over the past decade, the gender gap has narrowed. Since 2000, men who were 65 and older increased by 21 percent, nearly double the 11.2 percent growth rate for women in that age group. Among those 65-74, the male-female ratio also has narrowed sharply. The number of

CENSUS page 7

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Cont. from page 6

women in that age group exceeds men by roughly 1.5 million, down from 1.8 million in 2000.

As to the increase in the male population, demographers cited greater incidences of lung cancer and job-related stress factors such as alcoholism among

women. They noted a shift first seen in 1990, as women increasingly worked outside the home and after their smoking rates hit a peak in the late 1960s. Recent immigration also played a role as male laborers from Mexico entered the U.S. in search of jobs.

The District of Columbia, Rhode Island, Maryland, Massachusetts and New York had the largest shares of women. On the other end of the scale, Alaska,

Wyoming, North Dakota and Nevada had higher male proportions, due partly to mining or construction industries that drew new workers.

Mark Mather, an associate vice president of the Population Reference Bureau, noted that the changing gender ratios already are having a social impact. For instance, the share of women ages 65 to 74, who are widowed, dropped last year to 24 percent from 44 percent in 1960.

The share of older people living alone who are female also declined, to 71 percent from 75 percent in 2000.

"If current trends continue, men's life expectancy will approach that of women in the next few decades, creating more of a gender balance in the oldest age groups," he said. "This has wide implications for family relationships in old age and caretaking, with more potential partners for older women." — AP



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Are you in? Join the fight to protect Medicare and Social Security

By Deborah E. Banda

As the temperature heats up this summer, so does the fight to protect Medicare and Social Security. By the beginning of August, we must stop the U.S. Congress from making harmful cuts to Medicare and Social Security as part of a deal to pay the nation's bills. Let's not mince words: Right now, Medicare and Social Security are under attack. Congress is considering proposals that would make cuts to both programs, the impact of which could be disastrous for real people — including both future retirees and today's seniors.



AARP and You

Yes, contrary to some claims, these cuts could dramatically increase health care costs for those who are now age 55 and older — threatening their access to doctors, hospitals and nursing homes — and reduce the benefit checks they rely on to pay their bills.

Older Americans have worked their entire lives to earn their Medicare and Social Security benefits. Most believe that changing the rules in the middle of the game is not fair, and that when Congress changes the rules, they will pay more and get less.

About a million Massachusetts residents rely on Medicare. They pay an average of \$5,500 annually, out of their own pockets, for medical expenses. And, that number is rising every year. Meanwhile, their Social Security benefits remain modest by any standard, at approximately \$14,000 a year.

AARP asks all members of Congress to remember that they are not just negotiating budget numbers on a

spreadsheet. They are dealing with the lives of real people — our families and loved ones, our friends and neighbors.

Absolutely, Congress needs to make some tough choices to address the country's large and growing debt. But, AARP believes instead of hurting today's seniors and future retirees, there are better ways to reduce the deficit. And, it's all about priorities.

For starters, Congress should cut wasteful government spending. And, it should close tax loopholes as well as special interest tax breaks for companies that make billions of dollars in profits, but pay little or no taxes — before considering harmful cuts to programs that are a lifeline to millions of older Americans.

For example, oil companies are earning record profits, yet they get special tax deductions, preferences and credits, totaling billions of dollars over the coming decade. Tobacco companies continue to get more than \$200 million in subsidies. In total, all tax breaks and loopholes cost the federal government an estimated \$1 trillion each year.

In addition, the nation must tackle ever-rising health care costs. And Medicare should not be singled out. We should improve the way health care is delivered throughout the entire system — focusing on prevention, better care coordination for people with chronic illnesses, and incentives that reward doctors and hospitals for providing high quality care as opposed to seeing more patients or running the most tests.

Further steps can be taken specifically to reduce Medicare costs, such as preventing expensive hospital readmissions and cracking down on overbilling by providers. Congress should also stand up to the drug companies; Medicare spends billions of dollars on high priced drugs because less expensive generic drugs are prevented from coming to market in a timely manner.

As for Social Security, it did not cause our nation's budget problems, and should not be weakened to fix them. Social Security faces no immediate crisis — except from Congress right now. Social Security can pay 100 percent of benefits for the next 25 years. After that, with modest, gradual changes, the program can stay strong for decades.

The vast majority of Massachusetts residents age 50 and older say Medicare and Social Security are very important to them, according to a recent AARP survey. They also have concerns about the programs meeting their needs.

The promise of Social Security has endured since 1935; the promise of Medicare, since 1965. They embody our deepest values as Americans. Our obligations to one another, between generations — parents and children, grandparents and grandchildren, those in retirement and those at work, the able-bodied and the disabled.

For more than 50 years, AARP has been fighting to ensure older Americans have affordable health care and financial security in retirement. We will continue to fight to stop Congress from making a deal to pay the nation's bills that includes harmful cuts to Medicare and Social Security. We will work with both political parties to help ensure that both programs remain strong for today's seniors and future retirees.

Are you in? Call your Member of Congress today at 888-722-8514; urge him or her to protect Medicare and Social Security. Or, visit aarp.org/protectseniors to send an email.

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

Brown backs radical change to Medicare, for 10 days

By Al Norman

What a difference 10 days can make. On May 13, U.S. Sen. Scott Brown, R-Mass., was speaking before the Newburyport Chamber of Commerce about the federal budget. He raised eyebrows when he began talking about a controversial budget resolution submitted by Rep. Paul Ryan, R-Wis., which would convert Medicare into a voucher program, Medicaid into a capped block grant to states



Push Back

and Social Security into personal savings accounts.

The newspaper in Newburyport quoted Brown as saying: "The leaders will bring forward (Budget Committee Chairman Paul Ryan's) budget, and I will vote for it, and it will fail. Then the president will bring forward his budget, and it will fail. It will be great fodder for the commercials."

Ten days later, the junior senator from Massachusetts corrected his course. On May 23, Brown published an op-ed on the web-

site *Politico*. "While I applaud Ryan for getting the conversation started," Brown wrote, "I cannot support his specific plan — and therefore will vote 'no' on his budget."

Seniors across Massachusetts were happy to see Brown flip-flop on this issue.

Brown explained why he was throwing Ryan's plan under the bus: "First, I fear that as health inflation rises, the cost of private plans will outgrow the government premium support — and the elderly will be forced to pay ever higher deductibles and co-pays. Protecting those who have been counting on the current system their entire adult lives should be the key principle of reform."

"Second, Medicare has already taken significant cuts to help pay for Obama's health care plan. The president and Congress cut a half trillion dollars to the private side of Medicare — meaning seniors are at risk of losing their Medicare Advantage coverage."

"Another key principle is that seniors should not have to bear a disproportionate burden. But that doesn't mean we do nothing. If Medicare is to survive for current beneficiaries and future generations, we must act."

As for solutions, Brown suggests we should be "making improvements" to Medicare, like eliminating waste, fraud or abuse. He also wants to increase "congressional oversight" of how Medicare reimburses providers; and to "institute tort reform to limit frivolous lawsuits." These are minor reform issues that will not fundamen-

tally alter how Medicare operates.

The bottom line for Brown: "I do not think it requires us to change Medicare as we know it. We can work inside of Medicare to make it more solvent." This is what elderly groups in Massachusetts wanted him to say in the first place.

A few days after his *Politico* column ran, Health & Human Services Secretary Katherine Sebelius used the same website to brag about Medicare reform under President Barack Obama. She noted, for example, that the new health care reform law will close the Medicare Part D "donut hole" for drugs. "First, we sent \$250 checks last year to nearly 4 million beneficiaries, who had reached the donut hole, to help defray their costs," Sebelius wrote. "Second, this year we're giving a 50 percent discount on brand name drugs for seniors in the 'donut hole.' And we'll keep providing additional relief until 2020 — when the Part D coverage gap will be closed."

The secretary warned, "Shifting huge costs to seniors and disabled Americans and taking away key benefits is the wrong way to move forward." It is safe to say Sebelius was directing her remarks to lawmakers like Brown, who needed 10 days to figure out he was on the wrong side politically of Medicare and Medicaid reform. But "Medicare as we know it" is still under attack.

Al Norman is the executive director of Mass Home Care. He can be reached at 413-773-5555 and at info@masshomecare.org.

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Southbridge man seeks credit for great-grandfather

By Brian Lee

SOUTHBRIDGE —

While most people his age seem to be thinking about what's next for them, 20-year-old Tyler Thompson is fascinated by the past — particularly his great-grandfather's.

Charles R. Thompson, who died in 1975, was a World War I Army veteran and prisoner of war in Germany in 1918.

Charles Thompson's ordeals weren't well known to the family because Charles, who went on to be a head foreman at the former American Optical Co. after he served the country for two years, never talked about it, the family said.

Tyler Thompson set out to gain military recognition for his great-grandfather, recently taking steps to get a Purple Heart on behalf of the family.

Tyler Thompson learned about his ancestor's war experiences when he was going through medals, dog tags and other belongings of his late grandfather, Willard R. Thompson, a Navy SC3 and longtime town police sergeant, who died in 2007.

That's when Tyler Thompson came across his great-grandfather's close-to-the-vest tale. It was in a dusty box that looked as though it hadn't been opened in decades, he said.

Inside were letters written by his great-grandfather to his family, and articles and military records about his POW experience.

Charles Thompson enlisted in the U.S. Army on April 27, 1918, training at Camp Devens and serving in France later that year.

A private in Company D, 58th Infantry, 4th Infantry Division, he wrote a letter to his parents, who were living in Oxford that was published in a local paper on Dec. 12, 1918.

The family hadn't heard from him in four months.

After he was set free from Camp Rastatt, with help from the American Red Cross, Charles Thompson wrote the family from a hotel in Vichy, France.

All other soldiers on his flank, at least 20 of them, were killed before he was captured, he wrote.

He lay hidden in hollow, dug-up ground under deadly machine-gun fire from the Germans for 25 hours.

"I took the little pictures out that you sent me and looked at them. I thought it was my last chance of seeing you all," he wrote.

Contemplating running away during the night when it rained, he found that the Germans had set up flares. He planted his face and body into the ground.

Captured Oct. 1, 1918, he was beaten until he couldn't walk. In a separate beating he lost two fingertips.

In the prison camp in Montmedy, about 100 prisoners were packed to a cell, with fleas and lice so thick they couldn't sleep.

"The fellows walked the floor all night long," he wrote. "Some were poisoned from head to foot."

They were fed "a piece of black bread" and soup twice daily. He cried out in hunger, he wrote.

"I don't know how he survived," Tyler Thompson said.

Tyler Thompson said even his father, Robert C. Thompson, who was close to Charles Thompson, going out together on early morning fishing trips, didn't know what to say when Tyler Thompson showed him the materials about him.

Tyler Thompson's mother, Susan L. Thompson, said Charles Thompson's wife, Bertha, who lived to be 100, once told her that Charles Thompson had gotten gassed in the camp and came back a very different man — quiet and keeping to himself. But little else was known.

Tyler Thompson said the Purple Heart, which was mailed to him in recent weeks, is from Graco Awards, the Army's

supplier for medals and pins.

The Purple Heart is a U.S. military decoration awarded in the name of the president to those who have been wounded or killed while serving on or after April 5, 1917. The first real American decoration meant for the common soldier, 1.7 million Purple Hearts have been awarded, including 4,400 since Sept. 11, 2001, according to John Bircher, spokesman for the Military Order of the Purple Heart.

Originally the Badge of Merit, Purple Hearts were awarded retroactively to a number of World War I and II soldiers, Bircher said.

Tyler Thompson said he has reached out to U.S. Sen. Scott Brown, R-Mass., for Charles Thompson's prisoner-of-war medal, the only accolade that's pending.

He said part of the challenge of garnering the keepsakes is that he is not the next of kin.

"I'm really proud of Tyler," his mother said. "He's like our family historian. As much research as he did on his dad's side — he also did a lot on my side."

Last year, Tyler Thompson went through the National Archives with his grandmother and obtained various accolades for his other grandfather, Roland Gregoire: a World War II Victory Medal, European Campaign Medal, two Bronze Stars, Marksman Medal, American Campaign Medal and the Honorable Discharge lapel pin.

Mrs. Thompson said Tyler Thompson, who works for his father doing landscaping, has always enjoyed history. The personal family connection brought that interest to another level.

"After his grandfather passed away he started researching — and it all started from him finding that little metal box."

Tyler Thompson said he is most impressed that his great-grandfather survived and managed to live a normal life despite what he went through.

"He raised a family and never drank, never swore," Tyler Thompson said. "He always kept on going." — AP

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Exploring Ecuador without the Galapagos Islands?

By Alicia Chang Guayaquil

ECUADOR —

No offense against the Galapagos Islands. Home to giant tortoises, blue-footed boobies, marine iguanas and other exotic creatures, the archipelago off Ecuador's coast ranks for me and many other travelers among the top places to visit before I die.

Yet with only two weeks to spend in Ecuador, we drew up an itinerary that bypassed the famous islands in favor of a whirlwind mainland trek that would take my husband and me from the mountains to the rain forest to the southern highlands and finally, the Pacific coast.

Ecuador may be one of the smallest South American countries, but its outsized natural and cultural wonders are unparalleled.



The climb to the lighthouse in Las Penas Guayaquil is worth the trek.

We ended up with an itinerary that took us to five very different places: Quito, the capital; a jungle lodge; the colonial city of Cuenca; the surf town of Montanita; and the country's largest city, Guayaquil.

We planned and booked our trip using guidebooks, Internet reviews and word-of-mouth from friends who once lived there.

Sometimes we winged it, showing up at a hotel without a reservation, and we used a variety

of transportation — planes, boats and buses — to travel from region to region. Our only requirement was that we experience the different Ecuadorean climes to sample the country's diversity.

Our journey began in Quito, ringed by dramatic volcanic peaks and boasting a revitalized Old Town, a historic center of lively plazas, soaring churches and colonial architecture where we spent most of our time.

Several mornings, we sat on a bench in the Plaza Grande, the main square, and watched couples strolling hand-in-hand, men in business suits breezing by, indigenous women selling their wares and shoeshine boys looking to make a few quarters.

We stood in line for an hour to tour the Palacio del Gobierno, the Presidential Palace, flanked by two toy soldier-style guards in ornate gold and blue. We got a peek at the grandiose dining hall, the room where the president sits with his cabinet ministers and a space filled with por-

traits of past Ecuadorean presidents.

For a bird-eye's view of the city, we hopped on the Teleferiqo, a gondola ride that takes passengers up the flanks of Pichincha volcano. Once at the top some 13,400 feet (4,084 meters) high, we climbed the trail to the volcano, but did not go to the summit because of clouds and mist that obscured the view.

We soon traded the Andes altitude for the Amazon jungle, flying into the oil town of Coca. From there, we boarded a motorized canoe for a 2 1/2-hour trip up the Napo River to the Yachana Lodge, one of several eco-lodges overlooking the Amazon River tributary.

During a night hike and day trek into the rain forest, we encountered monkeys, toucans, bats, lizards and countless insects. We got our wildlife fix, even if it was not the Galapagos kind. After hiking, we visited a medicine man and tested our blowgun skills using a stuffed parrot as a target.

The lodge, with its comfortable rooms and private balcony hammocks, is operated by the nonprofit Yachana Foundation, which also runs a technical high school for indigenous and mestizo students living in the Amazon.

From the rain forest, we flew south to the quaint colonial city of Cuenca known for its cobblestone streets and artsy feel. Our timing was not perfect since our only full day fell on a Sunday, when most museums and stores are closed.

We hit what we could, including the El Sagrario, the old cathedral turned religious museum, and the Museo de Arte Moderno (Modern Art Museum). We spent part of the afternoon ambling the banks of the Tomebamba River and admiring the colonial houses that seemed to hang precariously over it, and passed some time on the steps of



The Teleferiqo gondola ride over Quito



Cuenca is known for its cobblestone streets and artsy feel.

the neo-Gothic Catedral de la Inmaculada Concepcion, the newer of two cathedrals in the main plaza.

Time to leave quaintness behind. We barreled west by bus to the sprawling seaport of Guayaquil, a jumping off point to the Galapagos. Instead, we took a three-hour bus ride up the Pacific coast past sleepy fishing villages to the surf town of Montanita.

High season here is December to May, so it was relatively quiet. But the warm water and rideable waves drew swimmers and surfers despite the drizzly weather. We circled back to Guayaquil after a brief beach stay. Ecuador's largest city has undergone a facelift in the past decade, shedding much of its rough-and-tumble image. Its refurbished waterfront boardwalk, known as the Malecon, is pedestrian-friendly and attracts locals and tourists alike.

North of the Malecon is the bohemian Las Penas, Guayaquil's oldest neighborhood housing art galleries and restored homes. We climbed the winding staircase of more than 400 steps to the lighthouse, where we were rewarded with stunning city views.

Guayaquil was the last stop in a packed two-week sojourn through Ecuador. Even after visiting five distinct places, there was still a lot left to experience: A spine-tin-gling bus ride down the Avenue of the Volcanoes; driving the length of the Ruta del Sol, Ecuador's version of the Pacific Coast Highway; and camping in the national parks. — AP

If You Go:

Quito: www.quito.com.ec, Yachana Lodge: www.yachana.com, Cuenca: www.cuenca.com.ec, Montanita: www.montanita.com, Guayaquil: www.inguayquil.com.



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Tips for dating online the second time around

By Leanne Italie

NEW YORK —

Baby boomers are swelling the ranks of online dating sites and John Valentino is a happy veteran.

At 57, after a decade of pushing profiles and awkward meet-ups with strangers, he's married to 54-year-old year Debbie, a former Marine he met online two years ago.

"I had plenty of lemons before lemonade, believe me," said Valentino, a furniture salesman in Long Branch, N.J.

One prospect said he was too old. Another went out with him to win a bet with a co-worker. A third told him all about her two grown sons and "their careers in the penal system, only they weren't guards."

That's when Valentino ventured onto a site that caters to older people — at the time called SeniorPeopleMeet.com. He quickly let go of his prejudice against the word "senior" and found Debbie, who has war stories of her own about trying to find a mate her age online.

"On other sites, most of the men who would contact me were a lot younger," she said. "I would say why are you writing me, I'm looking for somebody my own age. I made it very clear in my profile. They would say I want the experience of dating an older woman."

Dating online the second time around — after divorce or the death of a spouse — isn't always second nature among the nation's 78 million boomers, let alone

people who are 65 and older. But neither is it all that scary.

Boomers often have unrealistic notions of how to hunt for love and companionship, said Pepper Schwartz, a sociology professor at the University of Washington in Seattle, sex and relationship expert for AARP and developer of an algorithm to make matches more meaningful on the dating site PerfectMatch.com.



John Valentino, (l) and wife Debbie Martinez sitting at a table during a family member's wedding in Highlands, N.J.

(ap photo/margaret garcia)

"People 65 or older, they're picky in a different way," she said. "Young people tend to go for looks, period. Older people often have a little bit more leeway on what somebody looks like, but then they have all these other kinds of requirements that

may or may not be realistic."

For example, a snowbird with a second home may be looking for a mate willing to winter in Arizona. Others may unnecessarily limit possibilities by ruling out partners with health issues.

In addition, Schwartz said, "Men are very interested in women being self-sufficient. Women are deathly afraid of becoming nursemaids, but long lists can really hurt. I hate the word settle, but you need to be practical."

Schwartz said most are looking for a long-term relationship within a five-year span of their own age.

Based on the Census Bureau's 2009 American Community Survey, which samples 3 million U.S. households, as well as 2010 census data released so far this year, people 65 and older comprise roughly 13 percent of the population born between 1946 and 1964. The 65-plus age group will amount to nearly 1 in 5 Americans by 2030.

Boomers ages 55 to 64 are the fastest-growing age group since 2000, jumping 43 percent to about 35 million.

The number of people ages 45 to 54 also rose sharply, up 18 percent to 45 million as young boomers moved into the ranks.

Rob Briscoe, a 50-year-old software developer in Chicago, divorced four years ago after 21 years. He missed the rise of online dating about 16 years ago.

When he joined HighLifeAdventures.com, "I was just trying to get out."

The site, which recently morphed into SocialOne.com, arranges group activities in select cities, from dinner out to hang gliding, for people of all ages. His two kids, ages 18 and 19, were guardedly supportive.

"I joined because the events were so interesting. There's sky diving, hot air ballooning, kayaking, camping. They were all bucket list items. My kids said, "Are you sure Dad?" "

In about seven years of dating online, 58-year-old Becky Olson in suburban Chicago gave up on the profile-driven approach with no success and turned to the same group meet-up site as Briscoe. The site prearranges group events and activities for its members.

"I didn't find true love but I found something better — friends," she said. "I joined to find a man but it took me about six months to settle down and realize, wow, this is really fun and I just prefer to relax. No pressure."

On eHarmony.com, an industry leader, people 50 and older are one of the fastest growing segments among its more than 33 million users worldwide. The same goes for competitor Match.com, which said about 25 percent of its members are between 50 and 65. Boomers on Match have grown 89 percent in the last five years, site officials said, including 71 percent after a divorce and 11 percent who were widowed.

DATING page 15

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Memoir highlights caregiver's long-term health care challenges

By Jerry Harkavy

Decades after screen star Bette Davis famously declared that “growing old is not for sissies,” Estelle Gross expanded on the woes of the ailing aged with her lament that people live too long and die too slowly.

On the day after the Sept. 11, 2001 attacks, after helping cover that story for *The New York Times*, an exhausted Jane Gross was finally able to drop by the nursing home a few miles north of ground zero where her mother had just moved to what would be her final residence. In a furious maternal vent, she greeted her daughter by saying, “I wish those planes had hit this building.”

Gross was a feisty octogenarian with a grab bag of chronic conditions that for nearly three years forced her to rely on others to carry out the simplest of daily activities. On the other hand, her cognitive abilities remained sharp until the end, a contrast to many others in her nursing home who endured the ravages of Alzheimer's disease and other types of dementia.

Gross' ordeal, and that of her daughter as principal caregiver, is one that is becoming more widespread as baby boomers are compelled to reverse the roles of their childhood and take on the challenging task of becoming their parents' parents.

In her book, *A Bittersweet Season: Caring for Our Aging Parents — and Ourselves* (Knopf), Gross, who went on to launch a blog called *The New Old Age*, recounts her own experiences in shepherding her mother through the intricacies and indignities of long-term care.

The narrative begins in 2000 with Estelle Gross' move

from Florida to New York, a “reverse migration” that is becoming more common for parents who need chronic care. It ends in 2003, when she died at 88 in a nursing home after a decline that left her paralyzed, incontinent, unable to speak and unable to eat on her own.

An incisive reporter with a fine eye for detail, Gross laces her account of her mother's decline and its impact on her own life with suggestions and warnings for other caregivers who find themselves in similar situations: Avoid the chaos of hospital emergency rooms, assume that costs associated with long-term care are not reimbursable by Medicare, find a family doctor, internist or — best of all — a geriatrician to manage the inevitable cascade of medical problems.

Gross recounts a succession of middle-of-the-night phone calls, emergency summonses from the workplace, financial costs that swiftly escalate and the need to play social engineer to ensure that nursing home staff aren't slacking off when the need arises to change diapers or prevent bed sores.

“Once a parent has passed 85, easy and affordable passages are few and far between. Believing you're going to get one is magical thinking,” she wrote.

The book is written from the perspective of the caregiver — more often a daughter than a son — whose relationship with the parent can be fraught with decades of resentment and other family baggage. In the author's case, however, the ordeal brought her closer to her mother.

The path isn't smooth, but rather an all-consuming and emotional roller coaster ride that Gross describes as “living in a soup of fear, guilt, heartbreak, resentment, loneliness and exhaustion from bearing the weight of so much responsibility.”

While Gross' memoir outlines the end-of-life decisions that often confront health care providers, clergy and ethicists, her mother's ability to think rationally until the end gave her the control that others must often surrender. Instead, she exits on her own terms, without sentiment or self-pity.

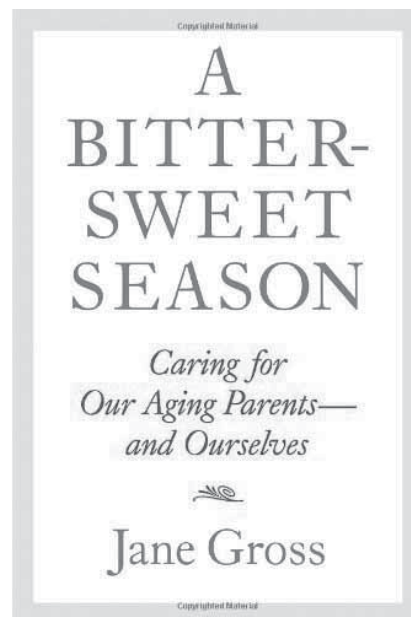
A Bittersweet Season: Caring for Our Aging Parents — and Ourselves is sure to become required reading for anyone with an elderly parent who depends on long-term care. It's also a worthwhile

read for anyone who is interested in America's health care system as it braces for the demands posed by demographic changes that include a sharp rise in the group now termed the “old old.”

Of course, the time to read the book is before the crises begin to mount, to be better prepared to make wise decisions and deal with whatever arises. — AP



Gross



Seniors face Medicare cost barrier for cancer medications

WASHINGTON —

Chemotherapy is now available in a pill, but if you have Medicare, you may not be able to afford it.

That's what happened to Rita Moore when she took her prescription for a medication to treat kidney cancer to her local drugstore. She was stunned when the pharmacist told her a month's supply of the pills would cost \$2,400, more than she makes.

Medicare prescription plans that cover seniors like Moore are allowed to charge steep copayments for the latest cancer drugs, which can cost tens of thousands of dollars a year. About 1 in 6 beneficiaries are not filling their prescriptions, according to recent research that suggests a worrisome trend.

Traditionally, chemotherapy has been administered intravenously at a clinic or doctor's office. Pills are a relatively new option that may represent the future of cancer care.

Moore, 65, has an advanced form of kidney cancer. As she faced a life-and-death struggle, both her cancer and kidney specialists agreed a drug called Sutent offered the best chance. It's a capsule you can take at home.

But Moore was unprepared for what happened when she went to fill her prescription.

“What can you do when the only thing out there that can maybe give you some quality of life is unaffordable? I was devastated. I didn't know what to do,”

she said.

Private insurance companies that deliver the Medicare prescription benefit say the problem is that drug makers charge too much for the medications, some of which were developed from taxpayer-funded research. The pharmaceutical industry faults insurers, saying copayments on drugs are higher than cost sharing for other medical services, such as hospital care.

Some experts blame the design of the Medicare prescription benefit itself, because it allows insurers to put expensive drugs on a so-called “specialty tier” with copayments equivalent to 25 percent or more of the cost of the medication.

Drugs for multiple sclerosis, rheumatoid arthritis and hepatitis C also wind

up on specialty tiers, along with the new anti-cancer pills. Medicare supplemental insurance — Medigap — doesn't cover those copayments.

A recent study in the *Journal of Oncology Practice* found that nearly 16 percent of Medicare beneficiaries did not fill an initial prescription for pills to treat cancer, a significantly higher proportion than the 9 percent of people with private insurance who did not follow through.

Forty-six percent of Medicare beneficiaries faced copayments of more than \$500, as compared to only 11 percent of patients with private insurance. Among people of all ages, 1 in 4 who faced a copayment over \$500 did not fill their prescriptions. Cancer is more prevalent among older people.

Medicare officials say there are currently no plans to rework the design of the prescription benefit.

The prescription plan is designed so beneficiaries who are poor or near poverty face only token copays. The new health care law gradually closes the coverage gap known as the “doughnut hole.” This year, the new law provides a 50 percent discount on brand name drugs for those in the gap.

“The underlying problem is with the basic structure,” said Joe Baker, president of the Medicare Rights Center, a New-York based advocacy group.

One solution would involve requiring drug plans to lower copayments for cancer pills. But the trade-off is likely to be an increase in premiums for all beneficiaries. — AP

FDA panel unanimously backs Regeneron eye drug

WASHINGTON —

A panel of federal health experts voted unanimously in favor of a new eye drug from Regeneron, bringing the company one step closer to competing against a blockbuster Roche drug that currently dominates the market.

A Food and Drug Administration (FDA) advisory panel voted 10-0 last month that Regeneron's drug is a safe and effective treatment for a condition that can lead to blindness in seniors, according to an agency spokeswoman. More than 200,000 new cases of the condition, called wet macular degeneration, are diagnosed each year.

The FDA is not required to follow the group's advice, though it often does.

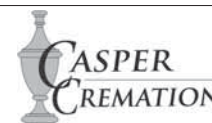
If approved, Regeneron's injectable drug will be the first product to compete with Roche's Lucentis, which posts sales of \$1.5 billion annually. The FDA is scheduled to make its final decision on approval by Aug. 20. If approved, Regeneron and its partner Bayer Pharmaceuticals will co-market the drug under the brand name Eylea.

Analysts have high expectations for Regeneron's drug because it requires fewer injections than Lucentis: once every two months, versus once a month. Company executives say the extended dosing regimen should appeal to both doctors and patients.

Wet, age-related macular degeneration is the most common cause of blindness among older Americans. The condition causes new blood vessels to grow in the eye and leak blood and fluid, damaging the retina and distorting vision.

The “dry” form of the condition is the most common type of macular degeneration, with the “wet” form considered the more advanced version of the disease.

Regeneron may face its toughest competition from another Roche drug called Avastin, which is chemically similar to Lucentis. Avastin is a cancer drug that doctors have used for many years to treat the eye disease even though it is not approved for that purpose. Specially-formulated injections of Avastin cost just \$50, compared with \$2,000 for Lucentis. — AP



Boomers retire, shift to income-producing products

By David Pitt

When it comes to the stock market, investors are no longer in a code red state of anxiety. But it's still code orange.

The market bottom was just two years ago, so investors are still fearful of steep losses. They're looking for more ways to guarantee that they can turn their savings into a steady income stream without totally handing over control of their money.

"We refer to it as the retirement paradox," said Lynne Ford, CEO of individual retirement services for ING Financial Services.

The contradiction is that today's retirees want control over their retirement money yet they want advice and help on how to make it last, she said.

Much of the new expectations come from the baby boomer generation reaching retirement age. It's been estimated that 10,000 people will turn 65 every day this year. That pace then continues for the next 19 years.

Those reaching the traditional retirement age are just coming off a dreadful recession that pulled down home values and retirement balances, experiences that have changed the way they think about saving, investing and spending. The expectations of this group are different for several reasons:

- A new fear of losing money caused by the recession and market downturn has investors wanting guarantees that they won't lose their principal or at least assured of a certain level of income.

- Bank failures and high profile fraud cases have investors less willing to turn money over to an adviser. They also don't want to lock it all up in products that limit the ability to react to changing costs like health care or gas.

- Workers change jobs frequently and as a result have savings in multiple locations, which may include a mix of 401(k)s, IRAs and brokerage accounts. They want help to pull it all together.

- Fewer pensions mean workers must save enough of their own money to supplement Social Security, which typically replaces 40 percent of pre-retirement income. Saving enough is a big challenge since today's 65-year-old retiree will likely need 20 years or more of income after leaving work.

Today retirees are increasingly focused on maximizing the income they generate from their retirement savings.

In many cases, a portion of the funds

may be used to buy an annuity.

Annuities are insurance products that provide a stream of income from a lump sum of cash. Retirees may use all or part of their savings to buy an annuity.

It's becoming more common for advisers to recommend annuitizing at least enough savings to pay food, housing and other basic expenses. That leaves the remaining portion of savings to be spent as needed.

Sorting through all the choices, however, is complex and many workers entering retirement need help.

"They don't have a road map on how to bring all this stuff together and that's where a sense of being overwhelmed comes from," said Ford, the ING retirement specialist. "They don't see how it all comes together."

That's where employers and the companies that provide retirement plans can step in and help by providing more holistic advice, Ford said.

Some of the major retirement savings account players have rolled out new programs in recent months.

Vanguard Group launched an IRA with an annuity option. Money from a 401(k) is

rolled over to an IRA as the worker retires. Vanguard partnered with Hueler Companies Inc., which provides online quotes and comparisons of various annuity products. Educational tools help retirees find the mix of products that meet their income goals.

The Profit Sharing/401k Council of America (PSCA) recently said it will make available to its member companies the same IRA rollover and annuity purchasing option as Vanguard. The nonprofit PSCA has 1,200 member companies with about 6 million employees.

MetLife Inc. in March teamed with bond giant PIMCO to create a retirement product in offering PIMCO mutual funds. These funds are designed to provide monthly payments to help protect against inflation risk. In addition, the retiree has an option to separately purchase a MetLife annuity to provide monthly lifetime income after mutual fund distributions end.

Other companies with new programs include:

- Putnam Investments: Began offering a suite of income-oriented funds that aim to help retirees develop strategies for monthly income. They will account for varying levels of risk to address changing financial needs throughout retirement.

- Fidelity Investments: Offers an online



SHIFT page 15

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► Dating

Cont. from page 12

The site where John and Debbie Valentino met has since become OurTime, with 1 million members and in the same corporate family as Match. OurTime boasts: "At last! A dating site that not only understands what it is to be over 50, but also celebrates this exciting chapter of our lives."

Thirty percent of its users surveyed said they're looking exclusively for a serious relationship. About 20 percent are looking exclusively for something more casual and the rest are open to either.

OurTime users ages 50 to 64 said their top priority is a long-term relationship, while those 65 and older said companionship was their main goal. The site's membership has grown more than 400 percent

since 2009. About 65 percent of the members have been divorced and 25 percent widowed.

According to the research firm comScore, the number of online dating site users overall who are 50 and older has grown twice as rapidly as all other age groups. Usage by the 50-plus set is up 8 percent across sites.

A 2009 Pew Research survey showed that the typical boomer believes old age doesn't begin until 72 — not 65. That goes a long way in explaining why IAC, the parent of OurTime, did away with "senior" in the site's name.

"It's a vibrant group and that term doesn't have broad appeal," said Greg Blatt, IAC's CEO.

Gail Saltz, a psychology professor in New York and OurTime's relationship expert, said people over 50 — especially women — can feel more comfortable on

retirement.

Those are just a few examples of how companies that have specialized in helping workers save are jockeying to hang on to the assets as employees move into the retirement drawdown phase.

"They've seen this tidal wave coming and they've been issuing dozens of new products over the last several years with all sorts of different twists to try to capture their fair share of the market," said Leslie Prescott, a consultant and author of a new report on retirement trends for Financial Research Corp. "I'm guessing in the next few years it is a major trend that's going to shift the market." — AP

sites where they're not competing with younger faces.

"In addition, you're going to not only be a good competitor but you're going to find other like-minded people who are looking for that, so you don't have to put yourself out there," she said.

Scott Valdez, who owns VirtualDating Assistants.com, a dating concierge service for all ages, said stretching the comfort zone is the first hurdle for older newbies who grew up with different notions about privacy and are trying to adjust to tell-all life online.

"Posting a profile with pictures for other members on the site to see is not negotiable," he said. "And you've also got to be willing to proactively contact people without letting it bruise your ego when they don't respond."

His other tips:

- See what's inside a site before you open your wallet. "Matchmaking sites like eHarmony and Chemistry aside, virtually all online dating sites make it extremely easy to take a peek inside and peruse the profiles that are already there

before you pay."

- Avoid an avalanche of adjectives.

"When you write your profile, avoid using a long laundry list of adjectives to describe yourself. Instead, figure out a way to illustrate that you possess those qualities without making direct statements like 'I am adventurous and spontaneous.'"

- Don't be a penpal. "Online dating is about weeding through the masses to find a few good bets, so focus on your local matches first and don't take too long to move things to in-person so you can test the chemistry. As long as you're getting together at a public place, meeting a potential love interest online is no more dangerous than meeting him or her at the grocery store."

- Keep the first date simple. "Online, all you've got is text and a few photos that could have easily been taken in the previous decade. So don't get stuck in a four-course meal with someone you've never met. Keep it short and sweet. A single cup of coffee. There will be plenty of time for a real first date if the chemistry is there." — AP

► Shift

Cont. from page 14

tool to help investors assess income needs, structure a portfolio and develop a withdrawal strategy. The tool combines a variety of bond funds, target-date and asset allocation funds to reach the goals. Managed accounts and annuities may also be used in the mix.

- Financial Engines: Its managed account program provides steady monthly payments from a 401(k) account. It uses various investment strategies to produce income then offers an option to buy an annuity in

Adult kids moving home hurt parents' retirement finances

A recent survey suggests that baby boomers' adult children may be interfering with their parents' retirement planning.

About 54 percent of the boomers aged 50 to 64 who responded to a TD Ameritrade survey said they have had adult children move back in with them for at least three months. And 42 percent of the baby boomers said it

hurt their finances to have their adult children return home.

TD Ameritrade's Lule Demmissie said parents should be careful not to set a bad precedent by financially supporting their children.

Maritz conducted the phone survey of 1,007 adults between March 23 and April 11. The margin of error is plus or minus 3.1 percentage points. — AP

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Decorating with personal photographs

By Melissa Rayworth

When we decorate our homes, we express ourselves through the furniture we buy and the colors we select. But perhaps no element of decorating says more about us than the personal photographs we display.

But which belong on display? And how can we use them to make a room more beautiful and more personal?

Here, three interior designers share tips and tricks — and also vent their pet peeves — for using personal photos in home decorating.

Candid shots, rather than posed portraits, will help visitors to your home understand who you are, said Genevieve Gorder, an HGTV television personality.

Brian Patrick Flynn, editor of DecorDemon.com, agrees: “When I fall in love with a photograph, it’s 100 percent of the time because there’s a personal link to it.” His favorite is “a family photo that looks like a moment in time was captured.”

Think like a photo editor, Flynn said, paring down your library of images to tell your story. Photos don’t have to be flawless, but they have to say something about you.

If you’re having professional photos taken, consider hiring a photographer who will capture family members doing activities

they love, rather than posing at a studio.

And Flynn’s not a fan of everyone dressing alike: “In real life, you don’t all wear the same button-down shirt and jeans. So don’t do it in a photo.”

“The main thing about personal photos is to remember that they’re personal,” said Los Angeles-based interior designer Betsy Burnham. “They’re not art. They don’t take the place of art.”

Consider which photos are best in more private spaces of the house, such as bedrooms or an upstairs hallway, and which belong in rooms where you greet guests, she said.

Burnham said to choose photos that are interesting. “Let friends look at something that’s going to pique their curiosity or make them comment,” she said.

“Oftentimes we’re not the best of photographers,” Gorder said.

“But with all the tools we have, it’s really easy to make (poor photos) into something great,” she said. “Scan them, tweak them, crop them in a way that’s non-symmetrical.”

You can also crop to emphasize key elements. In many personal photos, “only

30 percent shows people; the rest is background and sky,” said Flynn, so faces can’t be seen unless you’re viewing them up close.

Technology also allows you to create new items out of your favorite photos, including customized coffee-table books from sites like Shutterfly.com. Flynn sometimes makes photo murals for clients — a single image blown up to nearly wall-size “and printed on the sort of vinyl used to make billboards,” he said.

Look through your collection of photos “and find that one image — it could even be a still life of your grandmother’s purse sitting on a counter in a childhood home — that tells a story,” Flynn said.

“Once you find the photo, contact your local digital printer and get an estimate on how much it would cost to have a gigantic vinyl print done, and get estimates of what it would cost to install,” he said. “It can completely kick-start the design of a house and its mood.”

A collection of photos can be the perfect way to decorate hallways and staircases.

“Make a statement by choosing one big wall for an enormous gallery grouping

and mixing up, say, 20 different framed photos from throughout the years, some in really thick, traditional baroque gold frames, some ultra modern stainless steel, others lacquered bamboo,” Flynn said. “Those varying textures and shapes and finishes will tell a story that accentuates those beautiful images.”

Keep things close enough together on the wall that it’s clearly a set, he said. “People sometimes stagger them with huge gaps in between and you don’t know if it’s a collection or not.”

Collections of framed photos also can look great on a side table or piano. On a flat surface, be sure to vary heights, maybe mixing in a vase or other tall objects. If you prefer only minimal contrast in frames, you can combine ones in similar colors or textures, said Burnham. Silver frames in different sizes, some simple and others ornate, can work well together, she said. Or try a mix of wood, horn and tortoise shell frames.

Frames can also be used to comment on photos: A bold modern frame offsets the drama of a serious portrait, for instance. Just don’t make all the frames identical.

All three designers urge choosing photos that celebrate what matters to you, and displaying them where you’ll enjoy them most: “It’s what moves you,” Burnham said. “If you love something, it’s gonna work.” — AP



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HELPING PATIENTS HEAR BETTER FOR THREE GENERATIONS

Big spike recorded in older drug, alcohol addicts

By Matt Sedensky

WEST PALM BEACH, Fla. —

They go around this room at the Hanley Center telling of their struggles with alcohol and drugs. They tell of low points and lapses, brushes with death and pain caused to families. And silently, through the simple fact that each is in their 60s or beyond, they share one more secret: Addiction knows no age.

"I retired, I started drinking more," one man said. "I lost my father, my mother, my dog, and it gave me a good excuse," said another.

A remarkable shift in the number of older adults reporting substance abuse problems is making this scene more common. Between 1992 and 2008, treatment admissions for those 50 and older more than doubled in the U.S. That number will continue to grow, experts say, as the massive baby boom generation ages.

"There is a level of societal denial around the issue," said Peter Provet, the head of Odyssey House in New York, another center offering specialized substance abuse treatment programs for seniors. "No one wants to look at their grandparent, no one wants to think about their grandparent or their elderly parent, and see that person as an addict."

All told, 231,200 people aged 50 and over sought treatment for substance abuse in 2008, up from 102,700 in 1992, according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Older adults accounted for about one of every eight seeking help for substance abuse in 2008, meaning their share of treatment admissions has doubled over the 16-year period as other age groups' proportions shrunk slightly.

The growth outpaces overall population gains among older demographics. Between 2000 and 2008, substance abuse treatment admissions among those 50 and older increased by 70 percent while the overall 50-plus population grew by 21 percent. Experts say that's because boomers have historically high rates of substance abuse, often developed three or four decades ago, that comes to a head later in life.

"The baby boom population has some experience with substance misuse and is more comfortable with these substances," said Dr. Westley Clark, director of SAMHSA's center on substance abuse treatment.

Treatment professionals believe the actual number of older people with substance abuse problems is many times larger than



At the Hanley Center (from l to r) Judy Vitrano, Don Walsh, Gifford Dean and David Beuttenmuller (ap photo/wilfredo lee)

the amount seeking help.

While the number of older people with substance abuse problems is booming, relatively few facilities offer treatment programs specifically for their age group. Most pool people of all ages together; many divide by gender. Those that do offer age-specific programs say it helps participants relate to one another and keeps them focused on themselves, rather than mentoring younger addicts.

Provet said some have questioned whether it's worthwhile to target efforts at seniors, who generally have fewer years left to benefit from treatment than younger people. He dismisses that reasoning, comparing it to arguing that a cancer patient should be

turned away from chemotherapy or radiation treatments simply because they're 65.

Besides, older participants at Odyssey House have the highest completion rate — 85 percent during the last fiscal year.

"It's almost as if they say, 'this now is my last shot. Let me see if I can get my life right finally,'" he said.

Among those taking that approach is Henry Dennis, who at 70 has used heroin for the past 50 years. He came to Odyssey before, relapsed and was arrested

for drug possession. Dennis said he's seen at least a dozen friends die of drug use, but it wasn't enough to make him stop.

Now in his eighth month of treatment, he said he finally has the resolve to quit.

"I'm going to get it right this time," said Dennis, who has worked a variety of odd jobs. "I don't want to die, not just yet."

Dennis' treatment is paid for by the state of New York. Many pay out of pocket. Medicare offers some coverage for outpatient treatment but generally doesn't cover inpatient programs.

Experts have observed a rise in illicit

SPIKE page 18

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Drugs before surgery help women avoid mastectomies

Taking hormone-blocking pills for a few months before breast cancer surgery can shrink tumors and allow many women to have just the lump removed instead of the whole breast, a new study suggests.

This approach is sometimes tried now in Europe, and the study was the first large test of it in the United States. It won't change practice right away; a second study is starting to try to repeat the results and identify which drugs work best.

Ultimately, though, this new approach could affect the care of tens of thousands of women each year with large tumors whose growth is fueled by estrogen. It might give them not just a gentler surgery option, but also may let many of them skip chemotherapy.

Before being treated with the hormone blockers, most of the women in the study were facing likely mastectomies because their tumors were too large for less drastic surgery.

"Half of them wound up having successful breast-conserving therapy," said Dr. John Olson, breast cancer surgery chief at Duke University, who led the study.

Results also have been sent to a scien-

tific journal and are under review.

Of the more than 200,000 breast cancers diagnosed each year in the U.S., about 70 percent have their growth fueled by the hormone estrogen.

The study involved 374 women at more than 100 sites around the country whose tumors were especially sensitive to estrogen. Doctors already know that chemotherapy is less effective in such women, and they wanted to see whether hormone-blocking drugs would work well enough to allow more of these women to be treated without removing their breasts.

Tamoxifen used to be the gold standard hormone blocker, but newer drugs called aromatase inhibitors do the job with fewer side effects.

The women in the study were randomly assigned to get one of three such medicines: Pfizer Inc.'s Aromasin, Novartis' Femara or AstraZeneca PLC's Arimidex. They cost from \$340 to \$420 a month, although Arimidex is available in generic form and patents on the others expire within a few years.

After four months, 71 percent on Femara, 67 percent on Arimidex and 61 percent on Aromasin had tumors shrink

by half or more. Half of the women who were originally told they needed mastectomies were able to have lump-only surgery, as were about 82 percent of those who were thought to be marginal candidates for the less severe operation.

Only 23 women saw their tumors grow 25 percent or more in the four months that surgery was delayed.

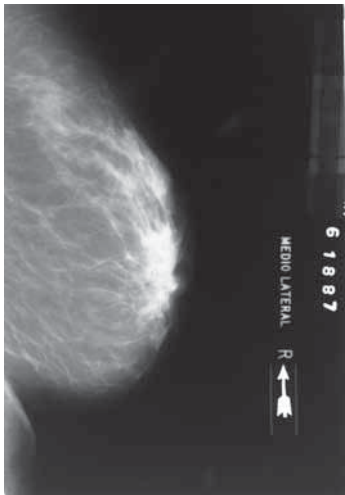
That risk is fairly small and compares to what studies testing chemotherapy before surgery have found, said Dr. Harold Burstein, a breast cancer special-

ist at Dana-Farber Cancer Institute in Boston who heads the oncology society's expert panel on hormone treatments.

For most women, delaying surgery to try tumor-shrinking treatment is a reasonable option, he said.

The side effects of hormone treatment are milder, mostly hot flashes and joint pain, Olson said.

A National Cancer Institute grant paid for most of the study; Pfizer and Novartis contributed some support. — AP



► Spike

Cont. from page 17

drug use, while treatment for alcohol has dropped even though it remains the chief addiction among older adults. The 2008 statistics show 59.9 percent of those 50 and older seeking treatment cited alcohol as their primary substance, down from 84.6 percent in 1992. Heroin came in second, accounting for 16 percent of admissions in that age group, more than double its share in the earlier survey. Cocaine was third, at 11.4 percent, more than four times its 1992 rate.

Surveys show the vast majority of older drug addicts and alcoholics reported first using their substance of choice many years earlier, like Dennis. That lifelong use can lead to liver damage, memory loss, hepatitis and a host of other medical issues. A minority of people find comfort in drugs

and alcohol far later, fueled by drastic life changes, loneliness or legitimate physical pain.

Don Walsh, a participant at Hanley's support group, falls into the latter category. He is among 19 men and women who gather on this day in the room with pale blue walls and the calming whir of a fish tank. One comes in a wheelchair, another with a walker; one dozes off during the session.

Walsh, a 77-year-old lawyer, said he didn't develop a problem with alcohol until he retired a year ago. His relentless schedule of 12- to 14-hour days disappeared into a series of leisurely lunches and dinners where the wine flowed freely. One day, he blacked out in his garage. Had it happened while he was driving home, he thought, he might have killed himself and others.

After six weeks of treatment, Walsh said he no longer craves alcohol.

"I have a new lease on life," he said. — AP

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Senior Whole Health Senior Care Options (SCO) Program is a health plan with a Commonwealth of Massachusetts/EOHHS contract. Enrollment is voluntary. MA SCO_2011_191 4/11/11

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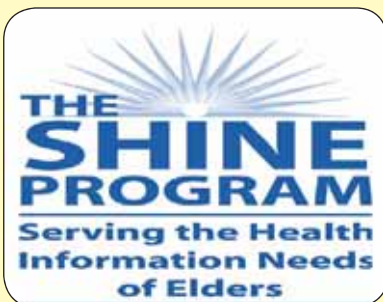
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You May Be One of 5,000 Beneficiaries Now Eligible for This Program.

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.

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