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Caregivers lend each other ideas and a helping hand

By Brian Goslow

Once a day, Bob “Fritzie” Cobb, 83, lovingly takes the hand of his wife, Doris, 81, and carefully leads her to their car for a recreational drive. “The world is very threatening to her now,” he said. “I’m always clutching her hand. It seems to be very important to her.”

Keeping his wife secure is the most important thing in Cobb’s world. The Attleboro couple are celebrating their 60th year of marriage; the past four have been the most difficult as Doris slowly succumbs to Alzheimer’s disease.

Those drives are invaluable to them. “The way we’re looking at it is, if you can have a consistent pattern, it’s a good thing,” Cobb said.

A good-humored man, Cobb said his biggest challenge is the future. “Wondering how is this all going to end and can I maintain a consistent caring pattern. I told someone a little while back, ‘I’m living in Eugene O’Neill’s *Long Day’s Journey Into Night*.’ My world is upside down and I can’t put it back together.”

Caring for a loved one was the number-one source of stress for 69 percent of 1,000 family caregivers surveyed in a recent study on the financial and emotional costs of care giving. The study was conducted by Caring.com, an online website that provides support and information for caregivers.

Fifty-eight percent spent over 10 hours per week and 22 percent 40 hours weekly providing care-giving services that included shopping, talking with doctors and obtaining and administering medicine. That dedication has come at a financial and professional cost; 42 percent spend more than \$5,000 for caregiving annually — with over 60 percent concerned about the effect that has had on their own long-term savings.



Johnson

Seventy-four percent have either changed their employment situation or are no longer working. “They had to take a leave of absence or leave the job itself,” said Robin Joy, vice president of marketing for Caring.com. According to AARP, 30 million households provide care for an adult over the age of 50, with that number expected to double over the next 25 years.

As the numbers grow, more caregivers are seeking outside support — not only for their caregiving duties, but for their own peace of mind and health. Many are finding it at caregivers support groups.

The Norfolk Adult Day Health Center in Norwood has hosted a caregivers group on the last Tuesday of each month for over a decade; the center also provides respite care, if needed. “Some people just walk in unannounced and some are regulars,” said director Marybeth Lynch. The meetings are part informational, part sharing, with attendees talking about what they’ve been through since

the last meeting.

Cobb, who attends the Norfolk center meetings, finds strength in being amongst others with similar experiences. “Birds of a feather do flock together,” he said. “There’s a comfort in it.”

He said it’s important for caregivers to find someone to share their experiences with, especially at the start of the caregiving process. “You’re not always going to like what you hear, but you need to hear it,” Cobb said. “It’s about learning how to handle circumstances and how to be comforting, not confrontational. That’s important in dealing with people with Alzheimer’s or dementia. A lot is learned by experience and we’re happy to share ours.”

Some caregivers, Lynch said, feel they’re guilty of not having done their best for their loved one. “Others will tell them, ‘Give yourself credit. Look at what you’ve done and where your husband (or wife) would be if you weren’t there every day,’” she said.

At a recent meeting, a woman explained how her husband had been getting more difficult for her to handle and that she thought she might have to put him in a nursing home. Others who had overcome similar situations shared their experiences with her. “Seasoned caregivers have their tricks of the trade to problems that may seem insurmountable to first time caregivers,” Lynch said. “They’ll share information on doctors and gerontologists; it’s a good place to get good advice.”

Peggy Thornton, 81, looks after her husband of almost 60 years, Dave, 84. Three days a week she brings Dave, who has advanced Alzheimer’s, to the Norfolk center, where she recently attended her first caregivers meeting. She also attends Alzheimer’s caregivers support group meetings at St. Timothy Catholic Church in Norwood.

“At first you feel it’s an overwhelming problem and you don’t know what to do,” Thornton said. “At the meetings, you get suggestions.” Another first-time attendee noted that the gathering turned out to be different than she expected — especially the parts filled with laughter. “She was told, ‘You have to laugh or cry — so we laugh,’” said Thornton.

The Thorntons’ five children help with their father’s care to varying degrees. “They come over so I can do this and that,” Peggy Thornton said. “One day a week, I get out for the day. I go bowling in the morning and play cards with female friends in the afternoon.” She won’t reveal her bowling average, which has been slowly decreasing. “I say I should quit and help out my team, but they remind me we’re out to socialize, get out of the house and have a good time together,” she said.

When dementia leaves loved ones unable to interact as they used to, the result can be heartbreaking for their spouse. “Being a care-

giver in this situation is so isolated and lonely — they’ve lost a partner and a loved one,” Lynch said. “They’ve been looking forward to their golden years and they’ve turned out to be not so golden. Instead, it’s a struggle to get through the day.”



Doris and Bob Cobb

The caregiver’s social options also may become limited, leading to an even larger feeling of isolation. “They’ve lost their friends because people don’t want to go out with someone with dementia,” Lynch said. “It can be an embarrassment or too much of a struggle to bring them out. So the caregivers don’t go out.”

That makes caregiver support meetings even more essential, said Joyce Colletto, a community liaison nurse and support group facilitator for the Alzheimer’s support group at the Attleboro Community VNA. When it comes to caring for someone with “memory disorder,” as she prefers to call dementia, each person is different. “Some have behavioral issues; for others, it’s the memory loss,” she said. “The most you can convey to (the caregiver) is that it’s helpful to have others who are going through similar situations and who can understand what you’re going through to talk with.”

Among the subjects discussed at the Attleboro meetings have been what to do if a loved one with dementia insists on driving and how to handle irrational behavioral issues. “A person with dementia can become agitated or paranoid,” Colletto said.

That’s also been a major topic of discussion at the Norfolk meetings. Joy Bugeau, 76, of Westwood, one of the few men at the meetings. “They’ll tell us, ‘He beats me up.’ I tell them to call 911. They respond, ‘He’ll get upset.’ Of course he’ll get upset. But you get help. Their husbands, whose minds are questionable, are beating them up. They get mad and forget it’s their wife (they’re attacking).”

Having attended the meetings for a while, Bugeau hopes he provides comfort to newcomers having trouble coping with their caregiving situation, using his own personal

experiences as examples.

Three years ago, Bugeau noticed his wife, Barbara, 71, was having memory problems. But convincing the woman he’s been married to for more than 50 years that she should see a doctor proved impossible. So their daughter, a registered nurse, manufactured an emergency that led to Barbara Bugeau getting a full checkup where she was diagnosed with Alzheimer’s.

“Stopping her from driving was a challenge,” Bugeau said. “I told her she couldn’t drive until she renewed her license.” After being overwhelmed by the study material, Barbara failed the test and eventually forgot about wanting to drive.

Barbara Bugeau has been spending weekdays at the Norfolk center for nearly a year. “Without it, she’d have to be in a nursing home because she needs care 24/7,” said her husband. “If I couldn’t do that (adult day care), I couldn’t do it. During the weekends, she stays here at home. When Monday morning comes, I’m exhausted.”

The Norfolk group has taught him the value of accepting circumstances as they are and to go with the flow. “I realize nothing in Barbara’s behavior is Barbara,” said Bugeau. “You have to remind yourself you’re with someone else (when they have Alzheimer’s). Don’t fight it, take it.”

For now, he values their time together at home, surrounded by memories and artifacts from their many years of travel. He’s even found a way to turn her afternoon return from day care into a celebratory event. “I crush her pills and mix them in with some ice cream and caramel or butterscotch sauce and stir it up into a cold drink and call it a cocktail,” Bugeau said.

As more boomers age, the demand for caregiver groups will grow. When the Mansfield Adult Day Health Center held a pre-Christmas potluck gathering to judge interest in starting a caregivers group, it was overwhelmed by the turnout of nearly 100 people.

“It was a chance for them to know they’re not alone and there are other people whose journeys are similar,” said director Carol Falcone. “They talked about the sadness, health challenges and anger.”

Afterwards, attendees said they found the event cathartic and enjoyable and a monthly early evening caregiver group was established at the Mansfield site.

Not all caregivers live near their loved one. Dr. Kathy Johnson, founder and CEO of Home Care Assistance of Palo Alto, Calif. and co-author of *Happy to 102: The Best Kept Secrets to a Long and Happy Life* (Home Care Press), looks after her mother, who is in her late 80s and lives 2,500 miles away in New Jersey.



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Beloved actor helps put a face on nation's elder abuse 'pandemic'

By Sondra L Shapiro

Tears with my morning coffee. That's not the best way to start the day. Yet, that's how it began when I turned on the news and saw one of the nation's most beloved actors, Mickey Rooney, 91, pouring out his heart to lawmakers about the abuse that made him feel powerless against supposed loved ones.

A lock on his fridge, \$400,000 stolen, his passport taken — these are just some of the atrocities Rooney has endured.



Just My Opinion

"I felt trapped, scared, used and frustrated," Rooney told a special Senate committee considering legislation to curb abuse of seniors. "But above all, when a man feels helpless, it's terrible."

That sense of helplessness is a condition that begins and ends the day for hundreds of thousands of elderly nationwide, in what is being referred to as a "silent pandemic."

"I was told to shut up and be quiet: you don't know what you're talking about," said Rooney.

Such cruelty toward anyone, let alone an elderly person, is beyond comprehension. Yet, according to a new Government Accountability Office (GAO) study, 32 states reported 378,000 individuals suffered elder abuse or neglect last year. Massachusetts had 20,000 of those cases — with an average of 54 new reports coming in everyday.

According to Mass Home Care, for every one case of abuse, 24 go unreported because victims are afraid, embarrassed and ashamed.

So it took courage for Rooney, a public figure, to step forward. "For years I suffered silently, unable to muster the courage to seek the help I needed," Rooney said.

His experience proves that elder abuse happens to people from all walks of life. "If elder abuse happened to me, Mickey Rooney, it can happen to anyone," he said during his Senate testimony.

Various factors appear to place older adults at greater risk: Physical and cognitive impairments, mental problems and low social support.

According to the GAO report, relatives and friends are responsible for the brunt of mistreatment. By definition, abuse can be physical, sexual, emotional, financial or neglect by a caregiver. It was Rooney's stepson, Chris Aber, who purportedly withheld food and medicine and meddled in his personal finances.

Rooney obtained a restraining order from a judge in Los Angeles to keep Aber away from him until an April 5 court hearing.

The GOA report found that resources for protective services are not keeping pace with the increasing caseload and complexity of each report. Although the Older Americans Act of 1965 has called attention to the importance of federal leadership in the elder justice area, it has not been a national policy priority. The Federal

Administration on Aging (AoA) is supposed to provide that leadership, but has done very little.

The GAO report advises:

- Health and Human Services, which oversees AoA, determine the feasibility of providing guidance to state-level adult protective services.

- The attorney general facilitate the development and implementation of a state/federal data system.

- Congress consider requiring HHS to conduct a periodic study to estimate the extent of elder abuse.

What it all comes down to is that something needs to be done on behalf of our nation's most vulnerable citizens.

According to the GAO report, bad economic conditions has forced most states to level fund or cut funding for adult protective services (APS).

Here in the Bay State, a law protecting older people has been on the books for 27 years. It requires certain "mandated reporters," such as doctors, nurses, police, firefighters, directors of home health agencies and home care agencies to file a report if they have "reasonable cause to believe" that an elder has been abused or neglected. But anyone can make an abuse report.

If an investigation confirms abuse or neglect, the elder is offered an array of support services. In cases of serious abuse, a report to the district attorney is made for possible prosecution.

A lack of funding has forced protective agencies here to "triage" some abuse reports, leaving them only partially investigated. Mass Home Care claims child abuse and domestic violence programs are funded 31 times higher than protective care for the elderly.

Statewide, advocates are seeking an appropriation of \$17.2 million — slightly above the 2010 appropriation level of \$16.7 million that was available before \$1.45 million was cut back from the appropriation last summer.

Recent federal and state attention to this issue should instill in local lawmakers an urgency to appropriately fund adult protective services at levels that can make a difference. Nationwide, the publicity should encourage victims of abuse, who have been too afraid or ashamed, to come forward. Take it from Mickey Rooney, who risked so much by appearing publicly.

"Please, for yourself, end the cycle of abuse and do not allow yourself to be silenced any longer," Rooney said.

"You are not alone and you have nothing to be ashamed of. You deserve better. You deserve the right to control your life." During the recent Senate hearing, Sen. Richard Blumenthal D-Conn, said elder abuse is a "hidden scourge in our society. ... But these are crimes, and they should be reported. It is unacceptable in our society that we allow so many elders to be victims"

How could such cruelty toward the vulnerable not bring tears to our eyes?

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



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Social Security would fund mid-life education, says author

By Brian Goslow

With nearly 10,000 people a day turning 60 and the widespread fear they'll eventually bankrupt Social Security, at times it can feel the United States is inevitably headed for a battle between young and old over how federal government dollars are spent.

Marc Freedman, founder and CEO of Civic Ventures, a San Francisco-based think tank on boomers, work and social purpose, hopes to help stem that tide with the publication of his new book, *THE BIG SHIFT: Navigating the New Stage Beyond Midlife* (PublicAffairs).

He hopes the book will inspire national policy change with regard to preparing Americans for the second half of their lives and encourage the 50 and older population to become engaged so they're seen as a healthy, vibrant resource when it comes to funding programs specifically meant for them.

"I really fear that a lot of the predictions about the friction of an aging society will come true if we're not actively investing in keeping this group engaged," Freedman said in a recent interview. "We're starting to see this older people-younger people conflict when in fact the group that is going through these transitions now is into largely uncharted territory."

Freedman's book is built around the belief that most U.S. residents, whether through necessity or choice, will seek out new career directions during the post-50 portion of their life.

While it's generally understood that we're living much longer lives, as a society, we've yet to adjust to this reality with

programs to help those reaching mid-life get a second round of higher education to explore which career path they'll travel next.

"When we were coming of age the first time, there was college and other kinds of institutions and signals that at least helped somewhat," said Freedman, 52. "You knew what you were supposed to do to make the transition to the stage called adulthood."

"Now people are different than when they were 30, particularly in the 60-to-80 period, and yet they're not old in any way, certainly not like their grandparents were. This period is so ill defined. There isn't any clear set of expectations; there isn't even a name for it."

To remedy this, Freedman's book includes one major suggestion sure to turn heads: the institution of "a gap year for grown-ups," where people, generally in their 50s, would be given a year off for reflection and renewal while they're exposed to new vocational experiences.

This would be underwritten through Social Security; participants would agree to delay when they would begin getting their full-time Social Security payments by a time equal to the time they spent in school, either one or two years. This would offset their period of no income as they add to their education. The payoff for society is having their experience available for an extended period of time.

"So that raises the question, not what you're going to do for the next 18 months, but what you're going to do the next 18 years," Freedman said. "It makes the argument for a lot of careful thinking, planning



Freedman

and preparation, for going back to school, for doing an internship, for exploring for a few years before settling into a new path.

"The biggest difficulty for people looking to go in this direction, is getting started, especially for people who are thrust into this stage involuntarily, whether through a layoff or downsizing."

Freedman pointed out that Massachusetts is ahead of the curve when it comes to preparing for this kind of second career course, crediting second-half life exploration organizations such as Discovering What's Next of Newton, New Directions of Boston and the Harvard Advanced Leadership Initiative, which he called a beacon of a new kind of higher education for people over 50.

"It's much easier if you can have somebody like these organizations there to bounce ideas off of, to have workshops in this area where they can talk to peers who have gone through the same kinds of transitions," Freedman said.

Freedman suggests mid-life Americans could also be helped to thrive by revamping higher education programs. People who plan to work 40 or 50 years could receive the necessary retraining and retooling and have access to internships, fellowships and national service programs in exploring second career options.

At the same time Freedman is promoting more opportunities for the country's 50-plus residents, budget shortfalls are causing many of the same programs to be cut. The Massachusetts Service Alliance and AmeriCorps program, which administers 169 national service programs statewide, is

threatened with huge, if not full, funding cuts.

This makes the political engagement of those who would benefit from the programs Freedman promotes imperative. "What's been lost (in current political debate aimed at cutting, not adding, new programs) is the stake that all generations have in doing and making these investments," he said. "On one hand, you really need to be creative when big societal changes are occurring. I think we're much more likely to have the problems that people talk about being associated with an aging society if we're in this reactive posture of retrenchment."

"On the other hand, if we were finding more ways for people to be engaged with their experience, to feel vital, it'll lead to prolonged health and having a much broader world view and understanding of the needs of other people in society."

Baby boomers wouldn't be the only ones to benefit from the institution of these programs. "They're just the first group to pass into this phase; their children and grandchildren will eventually move in the same direction," Freedman said. "So turning this period into a time of fulfillment, engagement and connection is something that younger people have a stake in as well. It's a time for people to come together and understand the possibilities for these people and for society to invest in it."

Discovering What's Next presents a breakfast talk by Marc Freedman on April 8 from 8:30-10:30 a.m. at the Newton Cultural Center. The \$25 registration fee includes a continental breakfast and copy of *The Big Shift*. Call 617-467-5438.

► Caregivers

Cont. from page 4

She encourages going online to learn as much as possible on the subject. Most senior centers, she's found, can provide caregivers with a wealth of resources and support, free of charge.

"If you have the financial means, have someone from a home care agency provide respite care for you, or have friends or family members help out," Johnson said.

She's seen neighbors, family friends, fellow churchgoers and relatives help caregivers out; the key is asking them. "It might

be something as simple as asking a relative to help with doing some shopping for you and dropping the items off or asking them, 'I need the weekend off — could you stay here?'" she said. "You might be able to make it part of your dad's care that they stay over the first weekend of each month. I see people bartering services all the time."

For all the attention given to the dementia sufferer, Johnson said it's essential that caregivers learn to identify when they need help. "A high level of stress leads to burnout and eventually, disease," she said. "Reach out for help because it is out there. Otherwise, you can allow yourself to get to the point where you become overwhelmed and immobile."

Alzheimer's caregivers number 15 million

WASHINGTON —

Far more people than previously believed are providing billions of hours of unpaid care for Alzheimer's patients.

Nearly 15 million caregivers — most of them family members but also friends — provide care for people with dementia, according to a new report by the Alzheimer's Association.

An estimated 5.4 million Americans have the mind-destroying disease. That it takes so many more people to care for them reflects the burden of an illness that not only robs

its sufferers of the ability to do the simplest activities of daily life — but that patients can survive in that increasingly incapacitated state for years, even a decade or two.

Those caregivers provide 17 billion hours of unpaid care, valued at more than \$202 billion. Previously, experts had used a count about a decade ago to estimate that about 10 million caregivers provided 8.5 billion hours of unpaid care for Alzheimer's patients. — AP

Online: Alzheimer's Association: www.alz.org.



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Average 401k balances reach 10-year high

By David Pitt

Most 401(k) account holders continue to plug away at setting aside a portion of their pay. That consistency, along with a rising stock market, helped push balances in plans managed by Fidelity Investment to a 10-year high, the retirement plan provider recently said.

An analysis based on 11 million accounts showed the average balance rose to \$71,500 at the end of December.

For participants continuously active in saving for the past 10 years, average balances rose to \$183,100 at the end of last year from \$59,100 at the end of 2000, Fidelity said.

To put the numbers in perspective, however, keep in mind baby boomers between 46 and 54 should have about 14.6 times their final salary saved in order maintain a similar lifestyle in retirement, according to calculations by human resources consultant Aon Hewitt.

Let's say you're a baby boomer making \$60,000 a year. That's means you would need about \$876,000 set aside. Total savings should include workplace accounts like a 401(k), accumulated Social Security benefits, and any pension or other retirement savings you may have available.

The Fidelity study shows workers are remaining consistent with their contributions. The average amount workers defer from their paychecks into their 401(k) plans remained at 8.2 percent for the eighth straight quarter.

That contribution level still falls short of the common advice of planning experts who recommend setting aside 10 to 15 percent of your salary. That figure includes an employer match, which is most often about 3 percent. Assuming most workers receive the common match, they are at least reaching the low end of the suggested savings range.

About 8 percent of the companies offering 401(k) plans through Fidelity reduced or eliminated the employer match at the height of the recession. Since then 55 percent of those have indicated they plan to reinstate the match within 12 months.

"At the end of the day, saving at appropriate levels, saving continuously and ensuring that you have the appropriate asset alloca-

tion are the most critical components to help ensure that you have sufficient savings for retirement," said Beth McHugh, vice president of market insights at Fidelity.

The Fidelity study also indicated the recession and stock market downturn may have turned the focus of more workers toward retirement planning. About three out of four active participants contacted Fidelity by telephone or Internet in 2010 and more than 1.1 million took advantage of online tools.

Of those who used the savings tools, 47 percent increased contributions to their 401(k)s by an average of three percentage points from 4 percent to 7 percent. — AP



More American adults hobbled by arthritis

A surprising jump in the number of Americans hobbled by arthritis may be due to obesity, according to health experts.

About 22 percent of U.S. adults have been told by a doctor that they have arthritis, the Centers for Disease Control and Prevention (CDC) reported. The statistic comes from national telephone polling of tens of thousands of adults in 2007 through 2009.

That translates to nearly 50 million people with the joint disease. It's also roughly the same percentage with arthritis as reported in a 2003-2005 study.

But there was a significant jump

in adults who said their joint pain or other arthritis symptoms limited their usual activities, to 9.4 percent from 8.3 percent. That means more than 21 million adults have trouble climbing stairs, dressing, gardening or doing other things, up from less than 19 million only a few years before, the CDC researchers estimated.

That jump was "more than we would have expected," said Dr. John Klippel, president of the Atlanta-based Arthritis Foundation.

Klippel said the increase probably was due mainly to baby boomers, who are at an age when they are more likely

to suffer osteoarthritis, the most common form of arthritis. It breaks down cartilage and causes pain and joint stiffness.

He added that a complicating factor is high rates of baby boomers who are overweight and obese. Extra weight puts more pressure on arthritic joints, making the problem worse, he said.

The percentage of people who were hobbled was more than twice as high in obese people as those who were normal weight or were underweight, the CDC researchers found. Obesity can lead to or worsen osteoarthritis in the knees, the researchers wrote. — AP

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Open flow: Plan well before knocking down a wall

By Melissa Rayworth

If your home was built within the last decade, odds are it was designed with an open plan. The kitchen flows seamlessly into the family room, and few walls separate the living and dining areas.

But what if your home is a bit older? In the 1970s and 1980s, "houses were built with a separate great room, separate small living room, separate small dining area" and a kitchen walled off from the rest, said Ellen Goode, professor of interior design at Meredith College, in Raleigh, N.C. Phrases like "formal dining room" and "breakfast nook" were selling points.

Today, many owners of those houses want the flexibility of an open plan, and are knocking down walls to get it.

Kitchens are frequently merged with other rooms to create a larger, more inviting family area.

"The kitchen is the hub of the household," said Paul J. Zuch, president of the National Association of the Remodeling Industry.

Another reason why walls in older homes are coming down is because beds, sofas and other possessions are larger than they were a generation ago, said Dorcas Helfant, past president of the National Association of Realtors.

Knocking down a wall may seem pretty easy, and it can be. But doing the demolition and rebuilding, and figuring out how to decorate the new combined space can be complicated, said Vern Yip, designer for HGTV's *Urban Oasis*.

Planning is vital, he said. And as potential DIY projects go, this one is best left to a professional.

Demolishing a wall doesn't have to be expensive or complicated, assuming nothing is hidden inside. But it's likely there is some mix of electrical wiring, heating ducts,

plumbing, even sewer and gas lines snaking through the wall's interior.

Those items will need to be rerouted. And new electrical outlets will need to be installed elsewhere, perhaps in the floor, to make up for any that are removed.



Another potential cost: Walls originally built before 1978 probably have a base layer of lead paint. Even if they've been repainted since then, the removal must be done in compliance with safety guidelines. A certified remodeler can test for lead, Zuch said, and remove it properly.

Most important, a load-bearing wall (which kitchen walls often are) will have to be replaced with architectural columns or some other type of support. So it's wise to have the wall assessed by an expert before doing any demolition.

In addition, there are costs that can't be measured in dollars and cents: With a flowing floor plan, noise is harder to contain.

Despite the difficulties and costs, said Zuch, "consider the benefits of changing the floor plan." If an open plan means family members can spend more time together and really

enjoy the space, he said, "it may be well worth the effort."

It also may add to your home's resale value. "Space sells and flow sells," Helfant said.

From a design perspective, knocking down a wall brings opportunity and a few hurdles.

"A home always seems much larger with fewer walls, even though you haven't expanded your exterior envelope," said Yip. "You open the possibility of more natural light pouring into parts that previously couldn't access natural light."

But once a wall is down, "you don't have Space A separated from Space B, so it all needs to work together," he said. A kitchen and family room may both need to be redecorated if they're now connected.

Furniture can be used to delineate specific areas, but homeowners may not know how to accomplish that. "I see this all the time: I don't know where to put my sofa, don't know where to put my TV, because you've removed all your interior walls," said Yip.

Goode said partial-height walls or standing screens can help avoid a barn-like feeling and make areas more distinct.

One strategy Yip likes is to "lay out your furniture (in advance) as if you've already removed the wall, or sketch out a space-plan on a piece of paper so you actually know this is going to work for you."

"You want to make sure the rooms still function like you'll want them to function," he said.

Helfant recommends consulting with an interior designer or home stager to plan the new space and determine whether an entire wall or just a portion should go.

When budgeting, Yip said, don't forget things like new flooring, replastering the ceiling, new crown molding and baseboards. — AP

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Elder Abuse is a social pandemic, according to lawmakers

Actor Mickey Rooney told Congress, March 2, that he was left powerless by a family member who took and misused his money.

"I felt trapped, scared, used and frustrated," Rooney told a special Senate committee considering legislation to curb abuses of senior citizens. "But above all, when a man feels helpless, it's terrible."

The 90-year-old film and television star told lawmakers that elder abuse comes in various forms, including physical and emotional. In his case, he described the abuse as financial.

In his testimony, Rooney did not identify the family member he contends abused him. But he has obtained a restraining order from a judge in Los Angeles keeping his stepson, Chris Aber, away from him until an April 5 court hearing.

Rooney has accused Aber in court filings of withholding food and medicine and meddling in his personal finances.

Sen. Herb Kohl, D-Wis., who chairs the Special Senate Committee on Aging, said the elderly are particularly vulnerable because they are "often fragile" and their abusers usually stand little chance of getting caught.

As the national stage focused on elder abuse, Massachusetts, Sen. Katherine Clark, D-Melrose, and Rep. Paul Brodeur, D-Melrose, recently convened a special legislative briefing at the State

House on the subject of elder abuse. More than 100 people attended the event.

"Although it is not thought of as a social pandemic," Clark said, "abuse of the elderly is increasing at an alarming rate in Massachusetts." According to Clark, there is an average of 54 new reports of elder abuse every day in Massachusetts. Studies show that for every one report made, 24 cases of elder abuse go unreported.

Brodeur said, "My experience as the former acting general counsel for the Executive Office of Elder Affairs will be helpful in raising awareness about elder abuse and describing the challenges of providing elder protective services in the current budget environment."

Protective caseworker Krystle Brown from Mystic Valley Elder Services presented a profile of one of her elderly clients who was physically assaulted by her husband, a Vietnam-era veteran who was suffering from post-traumatic stress syndrome.

Middlesex County District Attorney Gerry Leone and Disabled Unit Chief Marian Ryan spoke of the need for frontline preventive work, to help divert cases from reaching the district attorney's office.

ney's office.

"Of all the necessary and important programs and services supported by state funds, no program is more important than the elder protective services program," said Dan O'Leary, executive director of Mystic Valley Elder Services.

"You have to be ready to go at a moment's notice and be prepared to deal with what can be explosive and traumatic situations."

The Commonwealth has had an elder abuse/protective services law for 27 years. In 1984, a total of 1,529 reports were investigated. This year, an estimated 19,554 reports will be investigated. That's more than two new abuse filings every hour of every day.

"Violence against seniors is not a comfort-zone topic," Clark said. "It's one of those 'dark corner' issues that people don't like to talk about."

According to Mass Home Care, elder abuse is not just physical and sexual violence. It includes emotional abuse, as well as neglect by a caregiver, financial exploitation and self-neglect. Most abuse is at the hands of relatives or friends, and each report can be volatile and even dangerous to investigate.

The abuse law requires certain "man-



Rooney

dated reporters," such as doctors, nurses, police, firefighters, directors of home health agencies and home care agencies to file a report if they have "reasonable cause to believe" that an elder has been abused or neglected. But anyone can make an abuse report.

If an investigation confirms abuse or neglect, the elder is offered an array of support services. In cases of serious abuse, a report to the district attorney is made for possible prosecution.

Despite the state elder abuse law, funding for elder abuse has not kept up with other protective programs, according to Mass Home Care. Child abuse and domestic violence programs are funded 31 times higher than protective care for the elderly.

Last June, the protective services program was cut by \$1.45 million because of late federal matching funds. When the federal funds arrived last fall, the protective funding was not restored.

Lack of funding has forced these protective agencies to "triage" some abuse reports, leaving them only partially investigated. Advocates are now seeking an appropriation of \$17.2 million, slightly above the 2010 appropriation level of \$16.7 million before the cut-backs of last summer.

Material for this report comes from the Mass Home Care bulletin and the Associated Press.

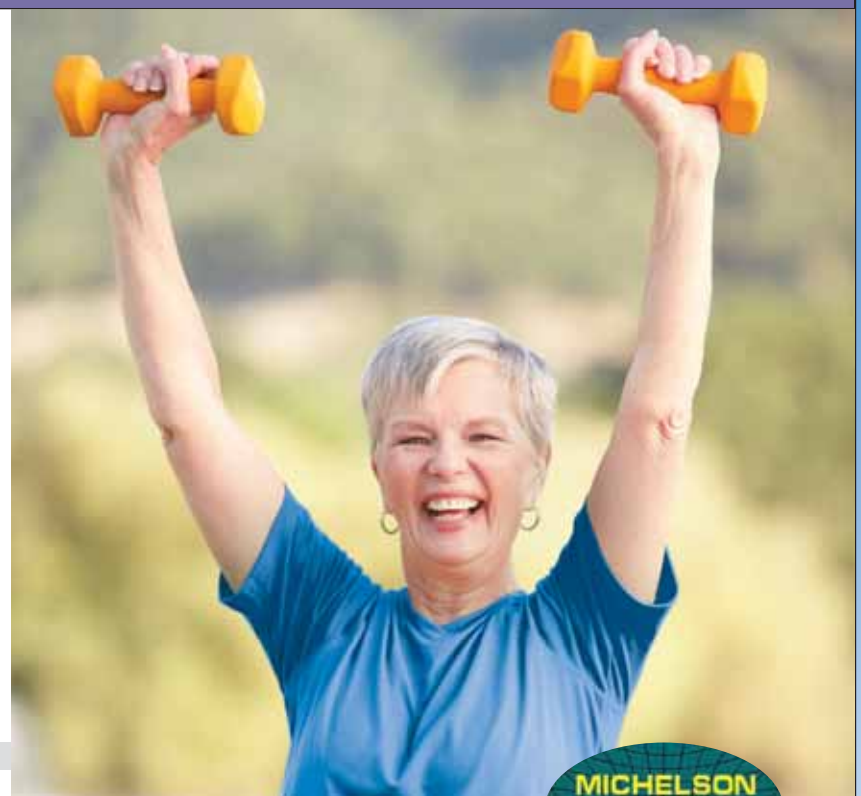
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Montreal, for a 'round the world' experience

By Victor Block

Following a bountiful breakfast of dim sum, my wife Fyllis and I strolled along lanes lined by shops selling merchandise both familiar and unknown to us. Some stores displayed unrecognizable animal body parts, others herbal remedies said to heal a hospital full of ills.

Lunch meant a steaming bowl of pasta accompanied by a glass of Chianti wine, and a pause to watch several men competing in a lively game of bocce.

The day ended by sampling the European charm of cafes overlooking cobblestone streets packed with people strolling and riding in horse-drawn carriages.

This 'round-the-world' tour didn't require much travel. A comfy pair of walking shoes is all we needed to explore the intriguing neighborhoods which combine to make Montreal a kaleidoscope of cultures and customs.

Along with its well-deserved reputation for French flair, a surprising melange of other nationalities share the scene. During our first day, we concentrated on Old Montreal (*Vieux-Montreal*), the Old Port (*Vieux-Port*) and neighborhoods within a short stroll.

The cafes and shops of the city's old neighborhood lend a distinct Parisian air. The first European settlers arrived in 1642, and some buildings that still stand trace their history back to the 17th century.

At the *Vieux-Port*, working docks have been replaced by a menu of attractions and activities. Cruises and outdoor exhibits vie for attention with the Montreal Science Center. Its displays range from the surprisingly interesting story of operation of a major harbor and a multimedia representation of the human brain to ancient archeological treasures and props from *Indiana Jones* movies.

Very different settings lie but a short walk away. Arches spanning a narrow street and rooftop pagodas announce that you've entered Chinatown, which was born in the 1860s when Chinese workers came to Canada to toil in mines and on the railroads. Today, some the workers' descendants run restaurants and shops, and take part in traditional



A horse-drawn carriage in Old Montreal

(courtesy tourisme montreal)

exercises in any open space large enough to accommodate them.

Food, arts and entertainment characterize three neighborhoods that Fyllis and I combined into another day of sightseeing. Not surprisingly, dining is a focus of much that occurs in Little Italy, where one of Montreal's largest cultural groups arrived and set up shop in the late 19th century. It's not easy to ignore mouth-watering aromas of pasta and pizza wafting out of trattorias and cafes.

Arts in a variety of forms have been a trademark of The Plateau neighborhood since the 1960s. That's when it became a magnet for writers, artists and musicians, a role it continues to fill. It also is where young professionals and other members of the "in" crowd socialize.

The Latin Quarter (*Quartier Latin*) would feel at home in the area of Paris for which it was named. As in the French capital, streets teem with life and restaurants and watering holes attract multi-generational throngs of fun-seekers. Bookstores, movie houses and theatres add a cultural touch to the ambience.

During our last day of sightseeing, Fyllis and I combined a dramatic overlook of the city with a journey beneath it. Rising to a height of 765 feet at the tallest of its three peaks,

Mont Royal is more hill than mountain. Yet it holds a place dear in the hearts of many residents.

Originally called *Mont Real*, it gave the city its name. The rise is blanketed by woods laced with hiking trails that pass beneath century-old trees. The setting provides opportunities to spot some of the more than 140 species of birds, and offers dramatic views over the city below.

Another favorite haunt for locals and tourists is an 18-mile network of underground walkways connecting some 2,000 shops, restaurants, entertainment venues and other attractions where it never rains or snows, and the temperature is always perfect. This vast subterranean space, the largest underground complex in the world, provides indoor access to department stores, hotels, museums, theatres and cinemas along the streets above.

Unfortunately, Fyllis and I didn't have time to explore other equally enticing neighborhoods. Little India, Little Greece and Little Portugal are among concentrations of people from various

countries, where shops sell traditional items and restaurants serve typical food.

Mile End, a tiny area of the Plateau borough, is the most diverse neighborhood of all. Artists, film-makers, hipsters and a virtual United Nations of immigrants call it home. Among people I passed on the street were a red-wigged Lady Gaga wannabe wearing what appeared to be pajamas, and both men and women displaying elaborate tattoos on most of their exposed skin.

Scenes like these lend Montreal a very distinctive air. Beneath the veneer of a large, modern city is a potpourri of neighborhoods that combine to provide a rich and varied lifestyle for residents, and an inviting experience for visitors.

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Study: Why seniors go from home care to nursing homes

BOSTON —

A newly released study finds that seniors who are transferred from home care to a nursing home either lacked sufficient informal caregiver support, needed 24/7 care, were considered a safety risk or had medical and functional problems that overwhelmed their caregivers.

According to the research, by the Gerontology Institute at the University of Massachusetts/Boston, 3,627 elders were transferred from home care into a nursing home during fiscal year 2010.

According to Mass Home Care Executive Director Al Norman, who commissioned the study, "Our goal is to reduce the number of elders who leave home care heading for institutions. To do that we need to learn more about what they need, and how we can provide it."

One of the goals of the study was to examine why these clients were discharged, and what type of services could have helped them avoid going into an institution.

Nursing home patient days in Massachusetts have fallen by nearly 20 percent compared to the year 2000, but Mass Home Care, which represents 30 home care agencies across the state, is seeking additional ways to develop services to fill in the "care gaps" in the current range of community options.

The study included interviews with care managers, an analysis of discharge data records from three different home care programs, and a review of journal notes kept by care managers for terminated clients. Data from 40,650 records were included in the sample examined.

The mean age of individuals included in the analysis was 80 years old. Seventy-five percent were women, 47 percent were widowed and 62 percent lived alone. The average income of those included in the sample was \$16,338 per year.



From the analysis of the home care data, it was determined that the most common disease was hypertension (64.8 percent). Other maladies included Alzheimer's disease and short-term memory problems, diabetes, psychiatric issues, chronic pain, balance issues and impaired vision.

Thirty-seven percent of the subjects said they take nine or more medications daily. More than 75 percent said they were not physically able to shop, cook and/or feed themselves. More than 29 percent said they had a primary caregiver living with them.

In terms of their advance medical planning, the report found that most elders had not taken care of the basic health care pre-planning recommendations: 55 percent said they do not have a health care proxy; 71.6 percent do not have a power of attorney; and 85 percent have not prepared any advanced medical directives.

The study also examined the reason why frail elders were being transferred to a nursing home. From this study, the authors wrote: "Often the need for 24/7 support and supervision is combined with other factors, such as the intensity of care required (e.g., two-person assist) to result in a situation that makes care managers feel they can no longer meet the client's needs at home ... A lack of informal support at home was also frequently cited as a reason for discharge into a nursing home."

The number of medical conditions among clients may also influence nursing home placement. Clients with a larger number of chronic conditions may be more likely to be discharged into a nursing home.

The report concludes "as the baby boomers are aging, the nation needs to address issues concerning the provision of long-term care services for older adults and challenges in supporting them for their preference to remain in their homes and community."

The report also suggests a list of interventions that could enhance the delivery of home care, such as: improved services for medication management; evidence-based fall prevention programs; improved coordination with medical providers; use of negotiated risk assessments with clients and family members; intermediate steps between care at home and care in a nursing facility, through the use of such settings as a small group home; 24/7 in-home supports that offer the ability to assemble care plans on short order, including coverage for overnight care and weekends; and the ability to self-manage chronic conditions.

Material for this report comes from the Mass Home Care bulletin.

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Connecticut professor studies 1950s heyday of TV haymakers

By Jim Shelton

NEW HAVEN, Conn. —

Long before *American Idol* and *Jersey Shore* came along, America's reality TV stars duked it out with real dukes.

They had colorful nicknames like "Bronx Bull" and "Sugar Ray," and their shenanigans sparked a national ritual of families gathering in front of the television — particularly on Friday nights.

Yet it's almost as though these prime-time pugilists have been erased from the memory banks of popular culture. They get no credit for helping create the first TV generation; they attract no notice as symbols of 20th-century manhood.



Ortega

Troy Rondinone, an associate professor of history at Southern Connecticut State University, thinks he knows why.

"We rhapsodize about the greatest generation now, but in the late 1960s, popular culture really bashed that generation," Rondinone, 37, explained. "Boxing took a real beating because it was considered a relic and barbaric. Most cultural commentators said it was anachronistic and relegated it to an older age."

"It was an entertainment colossus, but it vanished from TV by the early '60s. It's all but forgotten." Rondinone has spent the past few years

researching the phenomenon of TV boxing, from its impact on the television industry to its influence in American households. He's in the process of writing a book about it, geared to a mass audience.

"Once upon a time, boxing dominated TV in a way we can't fathom today," he said. "It was regularly watched by 20 percent of Americans. At one point, in the late 1940s, as much as 50 percent of programming was boxing."

Of course, Rondinone himself might never have known this, if he hadn't been looking for a more interesting workout a few years back.

Rondinone, a native Californian, admits he isn't the obvious choice to resurrect popular interest in TV boxing.

He wasn't a boxing enthusiast; in fact, he didn't follow sports very closely at all. But a chance encounter changed all of that.

He'd grown bored with his normal workout on a treadmill and decided to try his hand at boxing to stay in shape. This led him one day to an old school basement in Hamden.

"I saw a couple of heavy bags, a ring and this old, grizzled man, who introduced himself as Gaspar 'Indio' Ortega. He told me what equipment I needed to get."

Ortega proved to be a patient, thorough instructor. Rondinone did a lot of sit-ups and a good deal of jumping rope.

The next time Rondinone returned to California, he told his father about his new boxing mentor, Gaspar.

"My dad said, 'Gaspar Ortega?'" Rondinone recalled.

"I said, 'You know this guy?'"

"Know him? I used to watch him on TV all the time."

At that point, Rondinone said, his academic curiosity kicked in. He knew he'd stumbled onto a rich, unmined vein of cultural history.



Rondinone

Ortega, for his part, found Rondinone's interest intriguing.

"When I met him, I thought he was another gringo," Ortega laughs. "I thought, what the heck is he doing?"

Ortega, 74, of East Haven was one of the most popular TV boxers in the country. By

Rondinone's count, he appeared in roughly 30 televised bouts, primarily in the 1950s.

Born in Mexico, the half-Indian, half-Mexican welterweight accumulated a professional record of 131-39-6, with 69 knockouts. He fought many of the top pugilists of his era (including Tony DeMarco, Kid Gavilan and Emile Griffith) and sometimes wore a Native American headdress into the ring. He is a member of the World Boxing Hall of Fame.

"At that time, I didn't really speak one word of English," Ortega said of his TV boxing days. "I never had a chance, with all my training, to have someone teach me."

But he quickly realized the power of television. People in New York City, where he fought, would stop him in the street. Once, when he returned to Mexico, a thousand people greeted him at the border.

"Kids followed me all over Tijuana," Ortega said. "In California, I would see women looking at me. They'd ask if I was Indio Ortega. I wondered, how do these people know everything about me?"

Rondinone has some theories. He said Ortega was at the center of a highly visible activity that symbolized much about America.

For one thing, Rondinone said, TV boxing gave many baby boomer kids a chance to bond with their dads.

"I think about my dad, sitting there as a boy, watching with my gruff grandfather, who was in the Battle of the Bulge," Rondinone noted.

"You have to remember, this was an enormous wave of veterans who were young fathers," he said. "They were a generation raised in hardship, now living in the 1950s, this time of abundance and atomic terror. What did they want to watch? Combat."

Boxing perfectly fit the bill. It offered a simple, elegant morality, with a winner and a loser. Also, it was cheap to produce for TV, with a visual image much easier to see on an early TV screen than baseball or football.

"It became the manhood ritual of the 1950s," Rondinone said. "This is what fathers wanted their sons to emulate, in a crazy time."

The Gillette Cavalcade of Sports, on NBC, led the pack with popular Friday night fights broadcast from Madison Square Garden. Jimmy Powers was the main announcer for many of the shows, which featured such

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Adult foster care offers alternative options

By Sara Kincaid

BISMARCK, N.D. —

Evergreen Manor is an apt name for the home on a wooded lot on Apple Creek Drive. Not everyone names his or her home, but not everyone's home is an adult foster care facility. Erv and Peg Schadler have operated adult foster care out of their home for 14 years.

Adult foster care is a way for aging or terminally ill adults to live in a home-like setting and have a caregiver around the clock. They're usually more independent than people who enter nursing homes, but their care may have reached beyond the ability of their family to care for them.

"They are a part of our family," Erv Schadler said.

There are more than 3,000 elderly and individuals with disabilities in the adult foster care program in Massachusetts. As this paper was going to press, Gov. Deval Patrick temporarily put a hold on a \$4 million cut slated to take place on March 15.

Adult foster care can be an economical choice for families. It can also be a fraction of the cost of a nursing home or assisted living facility. One woman who lived at Evergreen Manor in Bismark had to move into a nursing facility, and ended up paying \$8,000 a month, or two-and-a-half to three times the amount she paid on a monthly basis for adult foster care, Peg Schadler said.

The Schadlers are licensed by the state

and federal government to provide adult foster care. She can take up to four women. When they started 14 years ago, they started with two. As the number of people she cared for grew, they eventually added on to their home. First a sunroom, which houses the dining room table where everyone eats their meals. Then additional bedrooms and bathrooms.

The day usually starts at 8 a.m. Peg Schadler gets the women, whom she affectionately calls "the ladies," up and takes care of whatever morning needs they have, such as bathing or dressing. Erv Schadler gets breakfast ready.

If you ask Erv Schadler, he'd say that all they do is eat. They eat lunch at noon, there's another meal in the afternoon, and then dinner is done by 6 p.m.

"It seems all I do," Erv Schadler said, with a laugh. "I'm always cooking."

Each room is furnished. Residents can bring in some personal belongings, such as photos. Two of the rooms are private, and

have their own half bath. The other room is semi-private in that the two residents share a bathroom. There is one bathroom with a walk-in shower that the residents use to bathe.

In addition to flat panel televisions in each resident's room, there also is a TV in the living room. In the foyer is a baby grand piano. Peg Schadler sometimes plays it for the residents and sings.

In the summertime, the large deck is filled with deck furniture, there's an awning to provide shade and residents can listen to the radio outside.

Sometimes, the Schadlers take the residents for car

rides to see the emergence of spring or Christmas tree lights, depending on the time of year. They sometimes take the women to Prairie Knights Casino or to the Heritage Center for outings.

Families are expected to help take their relative to doctor appointments and other appointments, such as hair appointments. The Schadlers will take a resident, if someone

else isn't able to do so.

The length of time a resident stays at the home depends on the person's health. One woman had cancer, and was there for about a week. A woman who lives there now has been there 13 years. If a person gets to the point that they need 24-hour assistance, need lifting in and out of bed or become wheelchair bound, the Schadlers meet with the family and talk about finding a new place that is better able to accommodate the resident's additional health needs.

A book mobile comes by the home with a selection of large print books that the residents can check out. When there are holidays or the Schadlers have family gatherings at the house, the residents are included. The Schadlers' grandchildren also are common fixtures at the home. They like to call the residents to meals, and talk with them. On one wall of the living room is a selection of artwork by the youngest grandson.

The Schadlers operated a dairy farm before moving to Bismarck. They had friends in Minot who did adult foster care, and they kept encouraging Peg Schadler to do it. She took classes to become a certified nursing assistant. She had done administrative work all her life, and her husband started selling insurance when they moved to Bismarck. — AP

For information about the Adult Foster Care program in Massachusetts: MassHealth, 800-841-2900 or The Executive Office of Elder Affairs, 800-243-4636.



GOP: Retirees should have larger stake in health, finances

By Andrew Taylor

WASHINGTON —

Republicans in charge of the House are facing two unappealing options on the budget.

One is to lead with their chins and offer politically toxic cuts to Medicare, Medicaid and, perhaps, Social Security. Or, they could play it safe — but then endorse trillion-dollar deficits that would enrage their tea party backers.

Rep. Paul Ryan, the party's point man on the budget, is gearing up for a fight on the former, betting that American voters won't rebel this spring when he offers up controversial cost curbs on those popular benefit programs.

Even those tough proposals wouldn't balance the budget anytime soon. But Ryan said Republicans elected to take on Washington's budget mess must keep their promises in spite of the political consequences.

"I think the country's ready for this kind of discussion even though we are going to lead with our chin and they're going to demagogue us," said Ryan, R-Wis.

In a recent wide-ranging interview with The Associated Press, the chairman of the House Budget Committee said the House Republicans' budget proposal for the 2012 fiscal year that begins Oct. 1 will propose fundamental changes to Medicare and Medicaid, the giant health care programs that cover 100 million Americans and whose combined costs rival the defense budget.

Ryan offered no specifics, saying details are still being hashed out.

Ryan, 41, a rising figure in the GOP, has been tasked with both schooling the 87 Republican freshmen on the brain-numbing intricacies of the budget and devising a plan to wrestle the deficit under control. Both are big challenges.

"I see a willingness to embrace big things, I see a willingness to tackle the problem," Ryan said, describing the sentiment among Republican freshmen elected on a wave of concern about the growing scope and reach of government.

Even if successful, Ryan acknowledges, the government's budget still won't balance for quite some time.

Majority Leader Eric Cantor, R-Va., conceded that the government's budget can't be balanced this decade without cutting into current retirees' Medicare and Social Security benefits, something Republicans have said they're unwilling to do. But many tea party activists and junior

lawmakers still believe the red ink can be reduced to zero with just a bit more pain, according to Ryan.

Endorsing reduced Social Security checks for future seniors or raising the retirement age is viewed by many Republicans as well as Democrats as political suicide without cover from President Barack Obama. And some see the effort as futile when Republicans control only the House and a presidential election just over the horizon.

Under the arcane — and decidedly imperfect — congressional budget process, Ryan is directly responsible for writing a sketchy, nonbinding blueprint each year for running the government. The resolution doesn't require the president's signature, but it does set the framework for changes to spending or tax policy in follow-up legislation.



Learn from *Groundhog Day*: Stop making these 5 money mistakes

By David Pitt

Is there a shadow cast over your financial life? Maybe that's because you're stuck in a seemingly endless cycle of paying too much in taxes, fees, and penalties.

Many of us are like Bill Murray's weatherman in the movie *Groundhog Day*, when it comes to managing our own money. We're searching for a way to break through repeating the same financial mistakes and reckless habits.

The good news is that greater self-awareness can help. Just as it enabled Murray's arrogant forecaster to escape reliving the same day in Punxsutawney, Pa.

A useful first step is to track your spending.

Write down your spending for three months and keep receipts, even for the smallest of items. This will help you better understand what's draining your wallet. And you'll be able to spot potential problems, like unnecessarily exposing yourself to ID theft.

If you're ready to liberate yourself, consider these commonly repeated financial mistakes, and some ways to kick the habit:

- Paying ATM fees — Tracking your spending will help with this. Too often people pay an ATM fee out of convenience but don't keep tabs on how often they're throwing away a few dollars.

If you regularly find you're not near an ATM operated by your bank, consider taking out enough cash for a week. You can leave some at home so you're not tempted to spend. This may also help you stick to a budget.

Also take advantage of getting cash back from your debit card when you're making a regular purchase like groceries. This removes the need for an ATM, but be sure to keep track of these withdrawals.

- Carrying a credit card balance — A balance of a few thousand dollars may not cause undue anxiety, yet tack on an average interest rate of 14 percent or more and you're talking about a burden that will last for years.

Use the calculator at Bankrate.com to estimate how long it will take to pay off a balance making only minimum payments, tinyurl.com/rbj9fz. The answer may snap you out of complacency. You can also enter different payments to create a plan to pay off your debt faster.

The economy is improving so you may be receiving more credit card offers. If you're paying a significantly higher interest

rate than what's being offered, consider a balance transfer. But scrutinize when the introductory rate will lapse, and factor in the balance transfer fee. This calculator at CreditCards.com can help you determine your potential savings, tinyurl.com/4f8f38j.

- Shopping online with a debit card — It's important to choose your plastic wisely when shopping online. It's smarter to use a credit card because it will offer additional consumer safeguards, such as return protections.

If you use a debit card, a thief can potentially start withdrawing money from your account right away. And this may only lead to escalating problems. For instance the zapped balance might not cover scheduled payments,

and result in overdraft fees. So if you have the money in your account, make an online purchase with a credit card and immediately pay off the balance to avoid interest charges.

This potential hazard underscores the need for a separate emergency fund. If you are the victim of fraud it may take some time for the bank to sort out what hap-

pened. Maintaining a separate account will ensure access to funds to get by.

No matter how you use your debit card, it's important to check account balances frequently to spot any irregularities as soon as possible.

- Failing to be tax savvy — Cutting your tax bill requires year-round attention. For instance, a threshold question is whether to itemize your deductions and that requires some recordkeeping.

For 2010, taxpayers can itemize or choose the standard deduction allowed by the Internal Revenue Service, which is \$5,700 for single filers or \$11,400 for married couples filing jointly. If you've kept good records you may be able to save a sizeable sum by itemizing significant expenses for medical care, mortgage interest and taxes, or charitable contributions.

Also if you're an e-filing holdout, realize that software can help you save money. Tax preparation programs ask questions to obtain data that should help you maximize your savings. For example, if you made an energy-saving home improvement last year, tax software can help you determine if you qualify for a tax credit.

- Not getting ready for winter — Conduct an energy audit to determine if additional insulation, new doors and windows can save you money. It may be too late for this winter, but insulation also keeps cool air in during the summer. — AP



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Plan for your future long-term care needs, now

By Cathleen Summers

You may be taking care of elderly parents now or looking at that possibility in the near future. According to a report from USA Today/ABC News/Gallup Poll, 41 percent of baby boomers are helping take care of elderly parents by providing personal help, financial assistance or both.



Legal Briefs

If financial planning and long term care planning have not been done previous to the need for care, the burden often falls on the caregiving family member. Decisions about how care will be paid for, who will be responsible for managing the estate as well as how the long term care will be given can cause stress and contention among family members.

It is best for parents and all family members to be involved in planning for future financial needs before the need for such care occurs. A loved one's financial resources could change dramatically with the occurrence of a stroke, illness or onset of dementia. In order to plan financially for long term care, you need to know what the costs are now and what they will be in the future.

Every year MetLife does a survey of long term care costs. Its 2010 survey shows that the average daily rate for private nursing

home care is \$229, which is up from \$219 in 2009. The assisted living monthly base rate rose to \$3,293 in 2010 from \$3131 in 2009. Home health aids average \$21 an hour. Here in Massachusetts, we have found that the average private nursing home is costing our clients between \$11,000 and \$13,000 per month.

Planning financial needs can be very difficult, considering you do not know when long term care will be required or how long it will be needed. You can determine what will be needed in certain living situations. For example, staying in your home for care may require private home care assistance, travel accommodations to doctor appointments, help with shopping, meals, medical supplies and medication and possibly a 24-hour attendant.

Even if a family member is doing most of the care, eventually professional care may be required or a move to a nursing home may be necessary. When evaluating your present income and assets you need to consider the following:

- What are my care options?
- What type of long-term care can I afford?
- Do I have long term care insurance?
- Are there assets I can sell?
- If I stay at home, how will I pay for care?
- Do I have to sell the house to pay for other living arrangements?
- Are there other financing alternatives?
- Do I have life insurance or the means to pay for a funeral and burial?

•How will my spouse be provided for financially?

- Should I do Medicaid planning?
- Do I have all of the necessary legal documents in place?

Knowing your needs and financial resources is paramount before making any long term care decisions. Working together, both parents and family members can ease

the stress and burden of elder care.

Cathleen H. Summers is a founding partner of Summers, Summers & Associates, P.C. an elder law, estate and life planning law firm located in Acton. She may be reached at www.summersatlaw.com or by calling 978-263-0006. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Times are changing when it comes to funeral planning

By Joe Casper

The more things change, the more they remain the same. However, for the American funeral these are changing times.

One of the biggest changes is the preference of cremation over burial. Cost is the main factor. All crematories in Massachusetts are located on cemetery grounds.

The average charge for the crematory is about \$450. The cost for an average private cemetery, a grave opening and grave box could cost on average \$5,000.

Neither the crematory nor the cemetery pay commission to the funeral home.

The tradition of the funeral home coordinating all of the cemetery arrangements, then adding it to the bill — with no profit to them — is a mystery.

Recently, a woman purchased two graves in a very prestigious cemetery.

With the grave opening and vault the cost came to more than \$16,000. The

cemetery salesperson said, "Make sure you bring us a check the morning of the funeral."


The person who purchased the graves believed the funeral home received 20 percent. This is untrue, the funeral home receives nothing from the cemetery.

When a family chooses cremation over a burial, there is no reason for the funeral director to push burial over cremation. The funeral home gets nothing either way.

More people are having a traditional service with a wake followed by a cremation. They have visiting hours and a priest or a minister presides over the wake service.

Another choice is direct cremation. After the person is removed from the place where they died, all the paperwork is completed and 48 hours later they are taken to the crematory. A memorial service follows at a church or some other location. The family makes its own plans and arrangements.

PLANNING page 16



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Long-term care: Planning for the future

By Ron Pollack

It's nearing tax time, and that's a good time to think about financial planning. And when you make financial plans, don't forget to include long-term care needs you or your spouse might have in the future.

Long-term care is expensive, and Medicare does not cover the costs. And there are other reasons to plan ahead, to learn about your options for care *before* you need help. That way, if you need care suddenly, you and your family won't have to scramble. Equally important, you won't end up in a nursing home just because no one knew alternatives were available.



Families USA

Long-term care isn't only about nursing homes. There are many options for care and support that can help you stay at home longer or even avoid a nursing home altogether. The "home- and community-based services" that can help you stay at home range from homemaker help, such as help preparing meals, to care

provided by health professionals like nurses, and a lot in between: personal attendants can help you with daily activities and adult day services and respite services can give family caregivers a needed rest. You may want training to learn new skills if, for example, you start having vision trouble, or perhaps home modifications can help you get around your house better so you can keep living at home.

What services are available will depend on where you live. Many seniors rely on state programs, like Medicaid, for their care. In states whose Medicaid programs invest more on home- and community-based services, there are generally more of these services available for everyone — even for people who don't use Medicaid.

The good news is that the Affordable Care Act — the new health care law — includes several new programs that will help people who need long-term care stay at home longer. New programs will give states financial incentives to expand the home- and community-based services they offer. Educational grants will ensure that there is an adequate, and adequately trained, workforce to provide home care as the population ages.

Starting in 2014, the spouse of someone receiving care at home will be protected from having to spend all

the couple's assets in order for their husband or wife to qualify for Medicaid; today, that protection exists only if the person needing care is in a nursing home.

The law also includes a new voluntary federal long-term care insurance program, Community Living Assistance Services and Supports (CLASS), that will help pay for care. CLASS will be available to working adults, regardless of age or health, probably in 2013. To be eligible for benefits, you'll first need to be enrolled for five years. After that, if you need long-term care, the program will provide an average benefit of at least \$50 a day (\$18,250 a year), adjusted for inflation.

You can use that money to pay for assistance or other things you need to help you stay in your home. The program pays as long as you need care.

You still need to do your homework — plan your finances and learn what's available where you live. The Administration on Aging's ElderCare Locator, at 800-677-1116 or www.eldercare.gov, can help you find services in your community.

Ron Pollack is the executive director of Families USA, a national organization for health care consumers. It is nonprofit and nonpartisan, and its mission is to secure high-quality, affordable health coverage and care for all Americans. Online: www.familiesusa.org.

Governor Patrick's adult day care blunder attracts protestors

By Al Norman

Several hundred people from across the state visited Boston recently — but they were not there to take in the sites. They assembled in the cramped hearing room of the Division of Health Care Finance and Policy to protest Gov. Deval Patrick's plan to cut the rates of the adult day care program, and ultimately to close down many of these centers.

Elders and individuals with disabilities filled the hearing room, spilled out into the reception area, and watched the hearing on TV monitors, because even the lobby was too crowded to move.

According to the Massachusetts Adult Day Services Association, the Patrick plan recently delayed cuts, that would have amounted to roughly 8 percent to the day care program, and on July 1, the governor would eliminate

day care services for 96 percent of the enrollees — leaving only 500 of the most "complex" cases eligible for the program.

A number of day care providers wrote to me saying these cuts would force them to turn off the lights forever.

This day care plan runs counter to the "Community First" Olmstead Plan that the governor embraced in his first term. One

Push Back

of the core principles of that plan is that "people with disabilities and elders should

have access to community living opportunity and supports," and that "the principle of Community First should shape state elder and disability policy development and funding decisions."

Instead, community first has come to mean the community programs are the first to get cut. Yet in the past decade, programs like adult day care have been partly responsible for a remarkable 29 percent drop in nursing

facility patient days paid for by Medicaid. This will save the state nearly \$600 million this year alone.

Nursing facility expenditures in 2004 stood at \$1.61 billion, and five years later at the same \$1.61 billion. Yes, we still spend nearly three times more per capita on nursing home care than states like Oregon, Washington and Virginia — but we are bending the curve on nursing facility use dramatically. But the dividend from community care savings is not being reinvested in programs like adult day care, adult foster care and home care — all of which were cut in the Governor's 2012 budget.

The first person to speak at the Feb. 24 Boston hearing was State Sen. Richard T. Moore, who is the chairman of the Joint Health Care Committee. "We can expect," Moore said, "if the cuts are not reversed, over 11,000 elderly and disabled residents of the Commonwealth, who receive nutrition, exercise and health checks in a safe and caring environment to lose these services. Many, sooner or later, will be forced prematurely to choose a life of dramatically less independence to leave the homes they've worked for and live in a nursing home where they will

become the financial and legal responsibility of the Massachusetts Medicaid program. What a terrible shame. Shame on us for abandoning this worthwhile program that has allowed so many people to remain in their homes, in their communities, retaining a decent level of independence."

Moore warned that these cuts would not save money. "The likely outcome of the proposed rates will leave hundreds of caring people out of work and will force many small providers to close their doors ... The steps being taken today will reduce the options available to those aging baby boomers. Who will help to care for them? ... The message that the proposed rates send to caregivers and adult day health administrators is that your work is not sufficiently valued."

I do not believe that the state legislature will allow these cuts to stand. If the governor's commitment to Community First is more rhetoric than revenue, then, indeed, shame on this administration for forcing all these people to fear for their independence and safety.

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

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Cont. from page 15

Should the family choose to put a death notice in the newspaper, they are responsible for writing it. The newspaper will call the funeral home to confirm that the person is deceased.

If people wish to scatter the cremated remains they do so at a location of their choice. Some people choose to have the cremated remains buried in a cemetery grave. The cemetery will charge an interment fee, which can range from \$600 to around \$1,200.

With fewer traditional burials, the cemetery has increased the cost for interring cremated remains to offset the loss of regular interment fees. In greater Boston, interment fees for private cemeteries begin at \$1,600.

Each cemetery has its own price list of services and sets its own policy regarding what consumers are allowed to do. Prices and options vary.

Joseph Casper is with Casper Funeral Services in Boston. He can be reached at 800-314-1890 or email him at jc@casperfuneralservices.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

150 years of dieting fads and still no quick fix

By Lauran Neergaard

WASHINGTON —

Before there was Dr. Atkins, there was William Banting. He invented the low-carb diet of 1863. Even then Americans were trying out advice that urged fish, mutton or “any meat except pork” for breakfast, lunch and dinner — hold the potatoes, please.

It turns out our obsession with weight and how to lose it dates back at least 150 years. And while now we say “overweight” instead of “corpulent” — and obesity has become epidemic — a look back at dieting history shows what hasn’t changed is the quest for an easy fix.

“We grossly, grossly underestimate” the difficulty of changing behaviors that fuel obesity, said Clemson University sociologist Ellen Granberg, after examining archives at the Library of Congress. She believes it’s important to show “we’re not dealing with some brand new, scary phenomenon we’ve never dealt with before.”

Indeed, the browning documents are eerily familiar.

Consider Englishman William Banting’s account of losing almost 50 pounds in a year. He did it by shunning “bread, butter, milk, sugar, beer and potatoes, which had been the main (and I thought innocent) elements of my existence” in favor of loads of meat.

His pamphlet, *Letter on Corpulence*,

Addressed to the Public, quickly crossed the Atlantic and become so popular here that “banting” became slang for dieting, Granberg said.

While obesity has rapidly surged in the last few decades, we first changed from a nation where being plump was desirable into a nation of on-again, off-again dieters around the end of the 19th century, Granberg said.



Before then, people figured a little extra weight might help withstand infectious diseases that vaccines and antibiotics later would tame. It also was a sign of prosperity. But just as doctors today bemoan a high-tech, immobile society, the emergence of trolleys, cars and other machinery in the late 19th century scaled back the sheer number of calories people once burned, Granberg explained. Increasing prosperity meant

easier access to food.

“An excess of flesh is to be looked upon as one of the most objectionable forms of disease,” the Philadelphia Cookbook declared in 1900. Low-cal cookbooks hadn’t arrived yet; the calorie wasn’t quite in vogue.

By 1903, La Parle obesity soap that “never fails to reduce flesh” was selling at a pricey \$1 a bar. The Louisenbad Reduction Salt pledged to “wash away your fat.” Soon came an exercise machine, the Graybar Stimulator, to jiggle the pounds. Bile Beans promoted a laxative approach.

As the government prepared to update U.S. dietary guidelines that recently came out, the Library of Congress culled its archives and, with Weight Watchers International, gathered experts recently to discuss this country’s history of weight loss.

Granberg re-counted how real nutrition science was born.

The government’s first advice to balance proteins, carbohydrates and fat came in 1894. A few years later, life insurance companies reported that being overweight raised the risk of death. In 1916, the Department of Agriculture came up with the five food groups. Around World War II, charts showing ideal weight-for-height emerged, surprisingly close to what today is considered a healthy body mass index.

Diet foods quickly followed, as did

weight loss support groups like Overeaters Anonymous and Weight Watchers — putting today’s diet infrastructure in place by 1970, Granberg said.

Yet fast-forward and two-thirds of Americans today are either overweight or obese, and childhood obesity has tripled in the past three decades. Weight-loss surgery is skyrocketing. Diet pills have been pulled from the market for deadly side effects, with only a few possible new ones in the pipeline.

More and more, specialists question how our society and culture fuel overeating.

“Should it be socially desirable to walk down the street with a 30-ounce Big Gulp?” asked Patrick O’Neill, president-elect of The Obesity Society and weight-management director at the Medical University of South Carolina.

Negotiating a weight-loss menu for a family with different food preferences is a minefield that affects how people feel about themselves and their relationships with loved ones, added Clemson’s Granberg, who began studying the sociology of obesity after losing 120 pounds herself.

“If what you need is a nutritionally sound, healthful weight-loss plan, you can get 100 of them,” she said. “That, we have figured out in the last 100 years. It’s how to do all this other stuff that I think is the real challenge.” — AP

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People spend more time being sick than a decade ago

Increased life expectancy in the United States has not been accompanied by more years of perfect health, reveals new research.

Indeed, a 20-year-old today can expect to live one less healthy year over his or her lifespan than a 20-year-old a decade ago, even though life expectancy has grown.

People spend more time being sick than a decade ago

From 1970 to 2005, the probability of a 65-year-old surviving to age 85 doubled, from about a 20 percent chance to a 40 percent chance. Many researchers presumed that the same forces allowing people to live longer, including better health behaviors and medical advances, would also delay the onset of disease and allow people to spend fewer years of their lives with debilitating illness.

But new research from the University of Southern California (USC) shows that average period of life spent with serious disease or loss of functional mobility has actually increased in the last few decades.

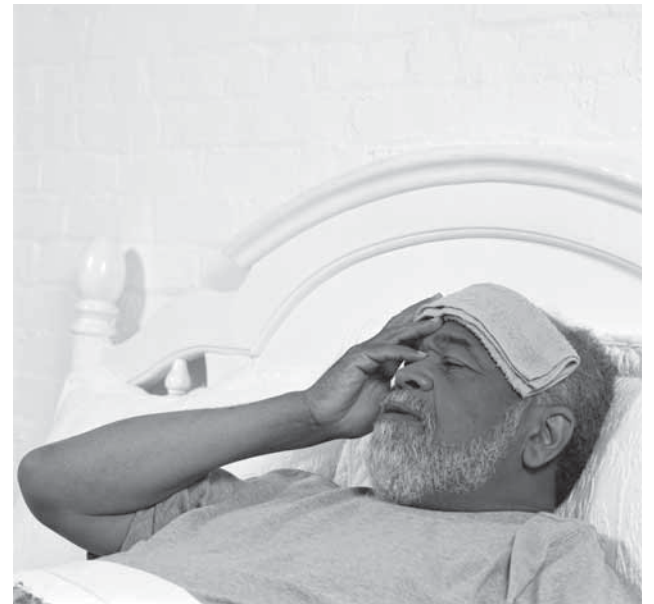
"We have always assumed that each generation will be healthier and longer lived than the prior one," said researcher Eileen Crimmins, AARP chair in gerontology at USC. "However, the compression of morbidity may be as illusory as immortality."

While people might be expected to live more years with disease simply as a function of living longer in general, the researchers show that the average number of healthy years has decreased since 1998. People spend fewer years of life without disease, even though they are living longer.

A male 20-year-old in 1998 could expect to live another 45 years without at least one of the leading causes of death: cardiovascular disease, cancer or diabetes. That number fell to 43.8 years in 2006, the loss of more than a year. For young women, the expected years of life without serious disease fell from 49.2 years to 48 years over the last decade.

At the same time, the number of people who report lack of mobility has grown,

starting with young adults. Functional mobility was defined as the ability to walk up 10 steps, walk a quarter mile, stand or sit for two hours, and stand, bend or kneel without using special equipment.



A male 20-year-old today can expect to spend 5.8 years over the rest of his life without basic mobility, compared to 3.8 years a decade ago — an additional two years unable to walk up 10 steps or sit for two hours. A female 20-year-old can expect 9.8 years without mobility, compared to 7.3 years a decade ago.

"There is substantial evidence that we have done little to date to eliminate or delay disease while we have prevented death from diseases," Crimmins explained. "At the same time, there have been substantial increases in the incidences of certain chronic diseases, specifically, diabetes."

From 1998 to 2006, the prevalence of cardiovascular disease increased among older men, the researchers found. Both older men and women showed an increased prevalence of cancer. Diabetes increased significantly among all adult age groups over age 30.

The proportion of the population with multiple diseases also increased.

"The cost of maintaining and providing care for people with chronic conditions is an important part of determining the economic well-being of countries with established social security and government-provided health services," Crimmins said. — Newswise

► Heyday

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greats as Archie Moore, Rocky Marciano, Sugar Ray Robinson, Willie Pep and Rocky Graziano.

"They were like western gunslingers — who were also very popular at that time," Rondinone said. "You could hear the impact of the glove hitting a guy's head, and there were characters with back stories. You can argue that our acceptance of violence on TV today, and the popularity of reality TV, had their start with this."

And the money was good, Ortega remembers.

Television bouts guaranteed \$4,000 for him, he said. If his handlers negotiated a

good deal, he could come away with \$5,000 or \$6,000 per fight.

Then America lost interest.

Rondinone said advertisers in the 1960s began to shift their focus to the emerging youth market.

By the end of the decade, popular culture was upended by youth music, fashions, hairstyles and slang. The Vietnam War escalated. Boomers everywhere clashed with their elders, rejecting much of what they'd known as children.

TV boxing went the way of the crooner and the poodle skirt.

"I think the boomers are ready to reminisce about those Friday night fights again," Rondinone said. "In their own way, they helped fuel a sea change in our culture." — AP

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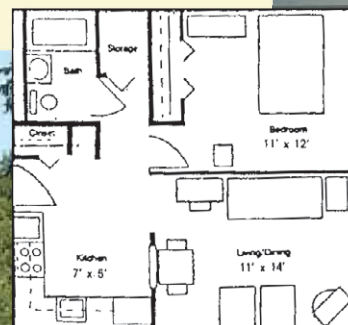
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