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Boomer consumers rule

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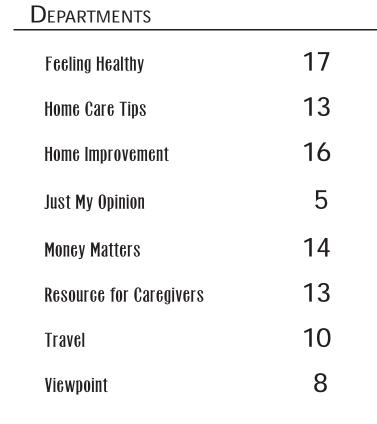




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Boomer consumers adjust to economic, lifestyle realities

By Brian Goslow

s the economy rebounds, baby boomers are not likely to change frugal spending habits that were shaped during the recession. The once spendthrift generation no longer maxes out credit cards or leverages home equity without considering the possible consequences.

That doesn't mean the 76 million consumers isn't a buying force. Far from it.

They're still spending money on things they enjoy and things they'd like to do, and to fulfill their wants as much as their needs," according to Matt Thornhill, founder and president of The Boomer Project. "But they're being more practical and responsible about it. They're being more responsible about their money when it comes to buying products and services.

The Richmond, Va.-based Boomer Project develops marketing strategies for companies looking to market their products to baby boomers. Thornhill formed the company in 2003 with John Martin, president and CEO of SIR Research. They are the co-authors of Boomer Consumers: Ten New Rules for Marketing to America's Largest, Wealthiest and Most Influential Group.

It's not just attitudes about money that are changing.

'We're going to see more impetus on well being and maintaining your health and wellness," Thornhill said. "If you let yourself go, you're going be frowned upon because you're costing more money to maintain than someone who

Big companies will push the idea of a well-being lifestyle and personal responsibility hard to the boomer market. "Over the past 40 years, we've made it that you're a social pariah if you smoke a cigarette," Thornhill said. "Over the next 20 years, we're going to try to do the same thing about being out of shape and obese.

While the need for self-maintenance has been a growing mantra for health care advocates, as a whole, the message has yet to catch on wide-scale. "But it's going to, especially as boomers start to realize the warranty on their bodies is running out and they have to use it or lose it," Thornhill said.

'The reality is the older you get, the harder it is to get out of bed in the morning. The knees are sending a signal to your brain saying that this is not like when you were 35 anymore," he said. "You may think you have an attitude like 35, but the plant equipment isn't holding up like you're 35. There'll be kind of an individual motivation that will come from there.'

Earlier this year, in an article titled 10 Ways Boomers Will Transform 2012, Thornhill and Martin wrote, "Health systems, rather than shopping malls, will become the center of communities; exercise programs and services from kettlebell (exercises that work the entire body) gyms to local aquatic centers will thrive; and pharmacies and food markets will become more wellness oriented.

Similarly, developers are Martin (I) and Thornhill including fitness centers in new retirement and assisted living communities. "It's really about taking care of yourself while you can still live independently and them providing care for you when you can't live independently. We're seeing that trend develop."

Of equal importance is keeping an active mind.

Because of "responsible consumerism," boomers will also live a more environmentally friendly lifestyle. Thornhill points out that many boomers came of age around the time of the first Earth Day in 1970, and related activities have been part of their lives ever since.

"They're still spending money on things they enjoy and things they'd like to do, and to fulfill their wants as much as their needs."

Matt Thornhill

Ten New Rules for Marketing

to America's Largest, Wealthiest

and Most Influential Group

Matt Thornhill & John Martin

"The vast majority of boomers today think they're being green," he said. "They're starting to think about how they're going to leave the planet, they're motivated by their legacy so we think they'll stay engaged in that.

This great recession happened at a time the green movement was picking up speed and it happened at a time that boomers who had been über consumers for the last 40 years were reaching a stage of life when they realized, you know what, it's not so much about having more stuff. You remember the bumper sticker, 'He who has the most stuff wins?' Boomers would now say that it's he who has the best experiences or the most experiences before he dies wins," Thornhill said.

While boomers may be looking to cut back on their purchases, Thornhill said, "the longevity economy" will provide business opportunities for "industry after industry" that offers products and services that help boomers stay vital as they grow older.

"Anything that helps boomers stay in their homes and live longer and be connected socially in their homes is going to be a big business," he said. "From remodeling to making an age-friendly home to putting technology in place that connects you up so you can stay at home to providing services in the home. Products to physically adapt the home to be easier to live in as people grow older will be popular. Technology products will allow people to stay

connected with their caregivers, family and friends while living in their own homes. Homes will become "more age-friendly," Thornhill said.

At the same time, demand for more traditional in-home non-medical and personal care — such as cooking, housecleaning, grocery shopping

> or just companionship — will continue to grow.

Where existing support programs are cut for budgetary reasons or are not available, "villages" will continue to spring up in communities able to cover their costs.

Such a model follows in the footsteps of Boston's Beacon Hill

Village where members, for a set annual fee, can access services ranging from rides, house sitters and delivered meals to plumbers, electricians and tax experts, and enjoy social and cultural programs with other members. Not

everyone, however, has the financial resources to pay for village membership. One alternative that is slowly catching on is virtual villages and caring collaboratives where

people volunteer time to provide services to someone in need.

"Every hour that they give to help somebody becomes an hour they can get in help from someone else," Thornhill said. "They call these volunteer time banks where you can make deposits and later on, make withdrawals and, for example, get somebody in the caring collaborative to go with you to a medical procedure or to drive you home.

There are approximately 100 time bank programs in the United States with 11 Massachusetts-based programs, including ones in Boston (BackBone Community TimeBank), Cambridge (Metro Boston), Gloucester, Salem, Marshfield, Cape Cod, Worcester and Orange (North Quabbin). Most are not age-specific.

One reason time bank collaboratives

were formed was that, while most people are willing to help, people needing help typically are reluctant to ask for what they need. "They're of the mindset, 'I don't want to bother anybody; I don't want to ask for help,' "Thornhill said. "If you were asked, you'd help in a heartbeat.'

Another development impacting how the boomer generation lives is that a third of them — approximately 25 million out of 76 million boomers — are currently unmarried; a growing number of them are living together platonically.

'They never married or they're divorced or separated or they're widowed," Thornhill said. "As they hit 50, 60 and beyond, they're looking around, going, 'Hey, I've got one kid, who lives in Seattle and I live in Boston, my kid's not going to be able to take care of me, I don't want to move to Seattle, what am I going to do?' "The answer, he said, may lie in assembling a network to act almost as "a family of convenience" as opposed to blood relatives.

Thornhill said this housing trend is a Golden Girls scenario where friends move in together and provide care for one another. "They're going to pal up with other boomers and kind of take care of each other," he said.

And, like it or not, economic realities will continue to cause generations of families to move back in together. "The good news is boomers tend to have very strong relationships with their millennial age children, there's not a huge generation gap between them (as compared to previous decades)," Thornhill said. "They like the same type of music; both generations like rock 'n' roll. It's not as drastic as it would be back when the boomers were living at home and their parents liked Frank Sinatra and Tony Bennett.

Thornhill and Martin's next book, Age Ready: Your Guide to a New Future in an Older World (LINX Publishing), due later this spring, explores what communities, organizations and companies can do to get ready for 2030 when the United States is predicted to have twice as many people over 65 as today.

'That's the most fundamental change that is coming to America and the world and it will cause the most dramatic change. It's an irreversible truth — we're going to have an older demographic composition in the world in 2030," Thornhill said.

'That really is going to change everything."

For more information: The Boomer Project, boomerproject. com; TimeBanks USA, timebanks.org.



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Gov. Patrick, do you care about your aging constituents?

By Sondra L. Shapiro

hat does it say about our state when its top elected official ignores the most vulnerable among us?

At its worst, Gov. Deval Patrick's actions show an unconscionable disregard

for his older constituents.

Just My
Opinion

At best, the governor's

behavior proves a disconnect, resulting from the lack of leadership at the state level tasked with serving the elderly and their caregivers. The Executive Office of Elder Affairs (EOEA) once filled this void.

Let's give the benefit of a doubt and say it's the latter.

Established in 1970 as one of the first secretariats in the country, the EOEA was a highly visible and influential office, with its head reporting directly to the governor. Because the secretary was usually plucked from the aging network, he or she brought expertise and clout that enabled initiatives benefiting the state's aging population.

The turning point came in 2003, when Gov. Mitt Romney put EOEA under the Health and Human Services (HHS) umbrella, insisting it would still maintain its influence. The mere fact that it was now functioning under the auspices of HHS greatly diminished its authority.

At the time, the aging network prophetically warned the demotion was contrary to the needs of seniors, one of the fastest-growing demographic in the state. Today, there are some 653,000 households with someone over the age of 60. Many are comprised of family caregivers and frail elderly.

"Despite having worked hard their entire lives, nearly half of all seniors in Massachusetts struggle to meet their basic needs," said Carolyn Villers, executive director of Mass. Senior Action Council (MSAC). "With this population expected to double by the year 2025 we need to ensure the Commonwealth is planning ahead to ensure the supports are in place." In January, MSAC joined other advo-

In January, MSAC joined other advocacy groups who sent a letter to Gov. Patrick urging him to restore EOEA as a cabinet agency, giving the secretariat the full responsibilities it has under state law. As of this writing, the governor has yet to respond to that letter.

Last month AARP, the Massachusetts
Association of Older Americans (MAOA),
the Massachusetts Councils on Aging and
Senior Center Directors, Mass Home Care,
and the MSAC issued a statement accusing the governor of lacking an agenda
that supports the elderly and once again
demanding that he re-instate EOEA as
a full secretariat. They lambasted the
Patrick administration for diminishing the
EOEA secretariat to a department status
without legislative authority and contend
the weakening of the office has been
occurring incrementally for the past three

The action represented a breaking point caused by "a troubling series of proposals, decisions and developments that have hit hard at services for vulnerable elders," according to the statement issued by the groups. They said:

•The governor has proposed cutting the elder nutrition budget that would result in a loss of 250,000 meals. According to the AARP Foundation, more than 140,000 older adults in Massachusetts risk going hungry every day.

•There are 1,100 elders on a waiting list for enhanced home care, and since March 1, the basic home care program also has a wait list for the rest of the year.

•The MBTA is proposing fare increases and service cuts and changes to The Ride that disproportionately impact elders, especially since many are not able to drive.

•Councils on Aging (COA) funding has been cut by 10 percent — a counter-intuitive action because the services provided by COAs can save money in the long run. According to David Stevens, executive director of Mass. Councils on Aging, these agencies provide vital services, including congregate meals that keep seniors independent, healthy and engaged in their communities. "Without them, many seniors would need more expensive supports and care," said Stevens.

The demotion of EOEA means HHS has taken over much of the decision-making regarding the \$3 billion accounts making up long-term care. This despite the statutory language directing EOEA to manage these services and accounts. It makes no sense for HHS to handle these programs and services since aging concerns transcend heath care. "It's about transportation, housing, community service, employment opportunities and more," said Chet Jakubiak, executive director, MAOA.

A national report issued last fall by AARP shows Massachusetts ranks in the bottom half, at number 30, of all states when it comes to the overall affordability and quality of long term services and supports — including home care, adult day health services, residential services such as assisted living and nursing homes, and support for family caregivers.

More recently, a report by Wider Opportunities for Women found that over half of the state's elders typically face a budget shortfall of at least \$10,248 annually, making it impossible for them to meet even their most basic needs for food, health care and shelter. Massachusetts ranked the worst of all states.

(Related story page 6, Editorial page 8)

"Bottom line: Massachusetts seniors are worse off now than they were a few years ago, and it's not just because of the recession," said Deborah Banda, director of AARP Massachusetts. "We know many tough decisions must be made as our economy struggles to recover. But what does it say about our values when the state has more than \$1 billion in its rainy day fund and our leaders aren't willing to dip into it to protect meals for our seniors?"

The groups are calling on elected officials at every level, from town halls to the State House, to develop action plans for meeting the needs of the growing aging population statewide and in their respective communities.

This commitment must begin at the

CONSTITUENTS page 8



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Bay State single seniors face cost of living gap

By Brian Goslow

he Elder Economic Security Standard Index found Massachusetts the worst in the country when it comes to single senior renters being able to make ends meet, with their median income covering only 62 percent of their everyday needs.

That means many state residents 65 and older who live alone and rent their own apartments face an average annual \$10,248 shortfall in covering basic living expenses, according to the findings of a recently released study by the Washington, D.C.-based Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts Boston.

The median elder income in this category was \$16,800 in the state.

(Related editorial page 8)

The numbers add up in a less favorable way in Massachusetts then the other states, but it's bad all over," said Jan E. Institute at the McCormack Graduate School of Policy and Global Studies at the

University of Massachusetts Boston. "Things don't look great anywhere.

The survey found that an older single resident in the state needs \$27,048 a year to live independently. Čhet Jakubiak, executive director of Massachusetts Association of Older Americans (MAOA), called the findings "a warning," while noting the numbers do not include the monetary value of federal and state aging network services that help residents battling economic hardship. These programs include SNAP (the Supplemental Nutrition

Assistance Program), the former food stamp Security Income); fuel assistance; and health

were worth approximately \$2,000 a year. Yet, administrators overseeing these life-

line programs are being pressured to trim costs in order to balance their budgets.

"Cuts in programs and services and restraints being put on eligibility standards are making them available to fewer people," said Jakubiak. This is making "getting by' even tougher.

"Households facing these grave income disparities are placed in the position of making untenable choices between rent or utilities, utilities or nutritional foods and so on," said WOW's President and CEO, Donna Addkison. "The need for gap-

filling programs looms large as does the need to connect older adults with the limited but

ences between their income and basic living expenses getting by?

"There are a lot of very unfavorable ways in which the gap might be closed," Mutchler said. "There are the stories we're familiar with, the stories about people who aren't taking the medications they need to take because they can't afford them; people who are not eating a nutritious diet; people who are living in housing that is not up to standards.'

In some instances, parents and grandparents are moving in with their children and grandchildren out of economic neces-

Necessity is driving many seniors to work well into their "retirement" years. "They really have to in order to have any hope of living independently," Mutchler said.

For more information: Wider Opportunities for Women, wowonline.org; Gerontology Institute at UMass Boston, umb.edu/gerontologyinstitute; Massachusetts Association for



Mutchler

ou've Earned a Say, AARP's national campaign, is taking the debate about Medicare and Social Security "out from behind closed doors in Washington and making sure that all Americans have a voice in the discussion about their future," according to an AARP press release.

During the You've Earned a Say Massachusetts kickoff event, more than 100 seniors and their families gathered at Springfield's St. Anthony's Church to participate in a community conversation facilitated by AARP Massachusetts State President Linda Fitzgerald.

Citing research that shows 95 percent of Americans think Washington should spend more time listening to ordinary citizens like them when it comes to decisions about Medicare and Social Security, she said, "You've worked too hard to let the next president and Congress make decisions about the future of Medicare and Social Security without hearing from you.

'We've earned our Medicare and Social Security benefits, and we all have a right to speak up about how to strengthen these pillars of retirement security for generations to come," Fitzgerald said. The Springfield residents shared their opinions and ideas about the future of



Martha Pappas of Springfield during question and answer time

Medicare and Social Security, and also had the opportunity to "vote their views" during interactive polling.

According to Fitzgerald, results of new AARP research emphasize the importance of Medicare and Social

Security to older Americans, and outline some of the challenges facing the program in the coming years.

In the survey, 98 percent of respondents said Medicare is important to people's health in retirement, but only 54 percent are confident it will be there for them throughout their retirement. Similarly, 96 percent of respondents believe Social Security is important to people's financial security in retirement, but only 49 percent are confident it will be there for them.

The average Social Security benefit is \$14,000 a year, and in the Bay State, seniors typically rely on Social Security for more than half (56 percent) of their income. Meanwhile, the commonwealth's seniors pay about \$6,800 out of pocket annually for Medicare premiums, co-payments and deductibles.

Over the next few months, AARP Massachusetts will facilitate more than 30 You've Earned a Say community conversations across the state, hold telephone town hall meetings to hear from Bay Staters, and sponsor webinars for those interested in sharing their views online. AARP volunteers will also distribute You've Earned a Say questionnaires (see page 8 for copy) at public events and activities. The questionnaire is also available at www. aarp.org/ma.

Health overhaul unpopular, but not as feared by Americans

WASHINGTON —

ttacked as a rationing scheme and praised as a lifesaver, President Barack Obama's health care law remains as divisive and confusing as ever. But a new poll finds Americans are less worried that the overhaul will undermine their own care.

An Associated Press-GfK poll shows that Americans are less concerned their own personal health care will suffer as a

Shortly after the law passed in 2010, nearly half — 47 percent — said they expected the quality of their care to worsen. Now just 32 percent say that's their worry.

Most of the law's major changes have yet to take effect, and dire predictions — of lost jobs, soaring premiums and long waits to see the doctor — have not materialized. Provisions that have gone into effect, including extended coverage for young adults on their parents' insurance and relief for seniors

with high prescription costs, only had a modest impact on health care spending.

Of the law's opponents, 55 percent now say their care will worsen. But in April 2010, soon after the law passed, that share was 67 percent.

Overall, half of Americans say they don't think the quality of their care will change, while 14 percent expect it to improve.

The poll found that 35 percent of Americans support the health care law overhaul, while 47 percent oppose it. That's about the same split as when it passed. Then, 39 percent supported it and 50 percent opposed it.

The law limits how much health insurance companies can charge older adults. Opposition remains strongest among seniors, many of whom object that Medicare cuts were used to help finance coverage for younger uninsured people.

"We were supposed to have a nice, relaxed retirement, and now we are scared," said Nancy Deister Knaack, 65, of Leawood, Kan., a retired special education teacher. "We don't know what's going to happen."

Confusion about the complex legislation has not helped Obama sell it to the public, contributing to an atmosphere in which wild charges about potential repercussions readily find an audience.

Only about three in 10 say they understand the law extremely or very well. Most, 44 percent, say they understand it just somewhat, while 29 percent say they understand it not too well or not well at all.

On the key issue before the Supreme Court, however, public opinion is clear. Nearly six in 10 in say they oppose the law's requirement that Americans carry health insurance, except in cases of financial hardship, or pay a fine to the govern-

Opponents argue that such a mandate is an unconstitutional expansion of federal power, amounting to Congress ordering private citizens to buy a particular product.

The administration and many experts believe that the overhaul cannot work without an insurance requirement. The law guarantees that people with pre-existing medical problems can get coverage. Therefore, without a mandate, many healthy people may just postpone buying insurance until they get sick, driving up costs.

Even many Democrats are uneasy about the insurance requirement, although it can be fulfilled by getting coverage through an employer, a government program or by directly buying a policy, in many cases with the help of federal subsidies.

While opposition to an individual insurance requirement remains strong, the poll found that 60 percent support putting the obligation on employers. Businesses are currently under no legal requirement to provide insurance, and the law would penalize medium to large companies that fail to do so. — AP

Gay seniors get support, friends in Mass. program

By Susan Lahoud

SHARON —

ver the past two decades, Sarah de Ris has driven hundreds of miles to get to lesbian, gay, bisexual and transgender (LGBT) events, "just to be in that environment."

The 72-year-old now only has to drive a mile down the road.

For older adults who did not come out until later years, it's now often a matter of getting out to mingle with others in their communities to share common ground.

Under a first-time initiative in the state, the Sharon Council on Aging, in conjunction with HESSCO Elder Services, an agency that serves local communities including Foxborough, Plainville, Norfolk and Wrentham, is hoping to provide a supportive social gathering place as well as educational and health care programming specific to lesbian, gay, bisexual and transgender seniors.

Launched in September, the effort has already attracted an average of 30 seniors at each of its once-a-month lunches from neighboring and even more distant communities, stretching into Boston and Rhode Island.

And they're hoping to attract more participants from the Attleboro area.

"We're trying to reach out into the LGBT community and pull people in who are

isolated and alone," said Jayne Davis with HESSCO. "We want to pull them into a safe place where they can socialize," and find out about available resources specific to their needs, she said.

The program was the result of a meeting last May involving representatives from various community groups including visiting nurse associations and churches, she said.

The National Gay and Lesbian Taskforce has estimated that there are more than 3 million gay, lesbian, bisexual and transgender Americans over age 65.

The Lakeside Cafe in the Sharon Adult Center is the sixth such program for LGBT seniors in the state, and the first in a council of aging building, Davis said.

De Ris is happy the group exists. "I'm so thrilled to have this in this community," she said. "I think a lot of LGBT elders in the suburbs are isolated."

She suspects there are many more elder lesbian women who have not come out who could benefit from the program.

She said finding understanding, acceptance and talking with people of her age going through some of the same issues that she's going through means less isolation.

The gatherings have included musical programs and holiday parties, along with guest speakers addressing issues specific to lesbians and gays.

Having a place to go to discuss those issues and others is among the needs of the community, said attendees at the luncheon, including Ellen Green, who will soon celebrate her 80th birthday.

The Medfield resident said she "jumped at the chance" to be among a community of people where she would be free to talk about what she'd been through coming out as a lesbian and her needs now as she ages.

She said it was quite an experience — being married to a man, having children and then battling breast cancer in 1994 — before really being able to start reaching out and coming out.

"I had things I wanted to say and I figured I'd better say them now," she said of the cancer scare.

Green said her attempts over the years in trying to drum up support for LGBT group in other communities did not pan out.

But she did find herself growing and speaking up for herself "and those without a voice."

Green said that depending on the situation, she likes to educate and encourage understanding and acceptance, and the idea that "our humanity is shared though our orientation may not be."

De Ris, who came out after her divorce from her husband in the late 1990s when she was in her 50s, said "you just don't know when you're going to encounter acceptance or worse "

She said when she worked at Wheaton College, the professors and LGBT staff made her feel comfortable.

She said it took some "adjustment" for her two then adult children in accepting her newly-announced status, as well as dealing with the divorce.

But she feels "elders coming out is a way to combat homophobia."

Of course, feeling welcomed and accepted is crucial. But just as important, especially for elder adults, is having transportation to get to events and places to meet. HESSCO has just recently received a grant that allows it to provide transportation, which includes being able to pick people up from the nearby train station.

Jim Flavin, 74, took the train ride from Somerville with Camille Bourgue.

"It's fun, it's a lovely place and I like that it's during the day," said Flavin, adding that "it's something to do and you're among your people."

Davis, of HESSCO, said that's part of the aim of the program, which she hopes will attract more LGBT people.

"There are folks right in our backyard that we need to bring out of their apartments to where they can feel safe and welcome," she said. "We want them to go from invisibility to inclusion." — AP



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Viewpoint

Make your voice heard on Medicare, Social Security

t's time to take the debate about Medicare and Social Security out from behind closed doors in Washington so you can make your voice heard. That's why AARP has launched You've Earned a Say — so you can have a say in the future of Medicare and Social Security. You've worked too hard to let the next President and Congress make decisions about the future of Medicare and Social Security without hearing from you.

You've Earned

When it comes to securing the future of Medicare and Social Security, which of the following do you expect?

- A) More funding will be needed to maintain the same benefits
- B) Benefits will be reduced
- Either A or B
- D) None of the above

Make your voice heard. Fill out the questionnaire below, and send it to AARP Massachusetts, One Beacon Street, Suite 2301, Boston, MA 02108; you may also email responses to ma@aarp.org.

What do you think?

Check one option for each of the following questions:

Which of these statements do you think describes Social Security the best?

- A) Social Security is okay as it is
- B) It needs minor changes
- C) It needs major changes
- D) It is in a state of crisis

Which of these statements do you think describes Medicare the best?

- A) Medicare is okay as it is
- B) It needs minor changes
- It needs major changes
- It is in a state of crisis

Do you expect to get more back from Medicare and Social Security than you have contributed, less, or about the same?

- A) More
- B) Less
- C) Same

When it comes to changes being made to Social Security and Medicare in Washington, which of the following describes you best:

- A) I want to make my voice heard
- B) I want to make my voice heard, but I don't think it will make any difference
- C) I am not interested in being involved.

Do you believe that it is important to strengthen	Medicare and Social Security? Why or why
not?	
Name:	
Address:	
·	
Phone:	
Email:	
AARP member number, if applicable:	

AARP Massachusetts will be holding You've Earned a Say community conversations throughout Massachusetts, as well as telephone town hall meetings and webinars. Find out more by visiting www.aarp.org/ma or call 866-448-3621.

Massachusetts elders face worst "independence gap" in nation

By Al Norman

arch roared in like a lion with the release of a report by a national **■** group called Wider Opportunities for Women (WOW), which found that seniors in Massachusetts face the largest gap in the nation between income and the cost of basic expenses. You might call this disparity the "independence gap" because it threatens older people's ability to keep financially afloat.

The WOW report found that elders in the Commonwealth are coping with a \$10,248 income shortfall, as measured by an "Elder Index" that measures the costs of basic expenses compared to seniors' typical (median) income. But even worse -

gap is the biggest in the country — making Massachusetts the hardest place for seniors to make ends meet.

All of us who call

Massachusetts home know that the cost of living is high. But this new report quantifies the disparity between what seniors have to live on, versus what it costs to live.
Using their "Elder Index"
yardstick, WOW and the Gerontology Institute at U Mass/Boston found that an elder living alone and renting an apartment

independently. In fairness, the study also found that

needs an average of \$27,048 a year to live

there was no state where media income was equal to the basic cost of living for seniors. But our state happens to be the worst.

Donna Addkison, the CEO of WOW, told the media: "Growing old in Massachusetts is

> Push Back

getting more and more expensive. Even though we may not be able to avoid getting

older, we can't afford it either. Working $\bar{\mbox{\sc g}}$ hard is no guarantee you'll be able to cover your most basic expenses when you retire."

The Elder Index looks at basic living needs, like housing, food, transportation and health care. It provides more insight than the one-dimensional "poverty level" data that the federal government releases. Simply put, the new data shows that seniors in Massachusetts have to struggle harder than their counterparts in the rest of the country to keep their heads above water.

According to Chet Jakubiak, the executive director of the Massachusetts Association of Older Americans (MAOA), who worked with WOW and U Mass/ Boston on the new report, U.S. Census data shows that the median income among all households in Massachusetts dropped

nearly 5 percent during 2010. But Jakubiak said elders likely saw an even greater income drop. Rising costs and falling income have led to a weakening of older residents' economic security.

Jakubiak said the problems go even deeper. "Another contributing factor is the failure to develop a clear, comprehensive, administration-wide public policies or guidelines to respond to the untenable economic situation of the state's elders," Jakubiak said. "In short, prices are up, income is down, public benefits are slashed, and there is no public policy to address elders economic conditions. So here we are, worst in the nation."

Today in Massachusetts, seniors account for nearly 20 percent of the population. They are the "lost 20 percent" of our demographic — because public officials have failed to create either a vision or an agenda to help these citizens remain independent.

As Jakubiak says: "Far too many elders live every day on the edge of economic disaster. That's a disgrace.

Al Norman is the executive director of Mass Home Care. He can be reached at 978-502-3794, or at info@masshomecare.org

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➤ Constituents

Cont. from page 5

top. By reinstating The Executive Office of Elder Affairs to its rightful autonomous position Gov. Patrick would convey an understanding of and caring about the needs of his constituency. A strong EOEA

can educate and guide policy makers and public officials to ensure strong programs and supports for seniors and caregivers.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro. fiftypusadvocate@verizon.net, follow her on Twifter at shapiro 50 plus or read more at www. fiftyplusadvocate.com.



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Travel and Entertainment

ar outdoor museum ancient cultures

By Victor Block

"You want to spend two weeks on Rhodes?" our Greek friend asked.

'You'll go out of your mind.'

Fast forward two months. After our trip, my wife, Fyllis, and I recalled that warning and agreed that we had been wrong. We should have stayed on Rhodes

Hearing the word "Greece" can conjure up multiple images. Whitewashed villages gleaming in the sun. Seas that range in a spectrum of color from light turquoise to dark blue. Archeological sites that trace the roots of much of Western civilization.



Tiny chapel

Rhodes has it all, conveniently packed into an area about one-seventh the size of Massachusetts that allows visitors to discover its allures and attractions at a leisurely pace.

The island is an outdoor museum of reminders of peoples who have passed through — the seafaring Phoenicians, Persians, Roman Empire and Ottoman

The city of Rhodes is perched at the northernmost tip of the island where an ancient settlement rose more than 2,400 years ago. Monuments from every period since then stand in silent testimony to its

long history.

The old walled section is the largest inhabited medieval town in Europe. Ancient building and fortifications manifest an atmosphere of the Middle Ages as authentic as that found anywhere.

Many of the most impressive structures date back to the period between 1307 and 1522 A.D., when the Order of Knights of St. John of Jerusalem ruled and left imposing evidence of their presence. The Street of the Knights, lined by former residences, leads to the fortress-like Grand Master's Palace. An archaeological museum is located in what served as the main hospital of the Knights. Hippocrates Square, the Old Town's main shopping area, is lined by imposing stone buildings that today house restaurants and bars.

Despite its population of only about 1,100 people, Lindos vies with Rhodes as a magnet for visitors. It's a quintessential Greek village of white houses, dazzling in the sunlight, perched on the side of a steep hill. Looming above is the acropolis, a cliff topped by graceful columns that are remnants of the Temple of Athena. Also intriguing is an outdoor auditorium carved into a rocky cliff that could seat 1,800 spectators.

Located near the middle of Rhodes, Lindos is well situated for day trips to

beaches and other attractions. Like many destinations in Europe, beaches that range from soft sand to rounded pebbles line Rhodes. The best are strung along the east coast of the island.

Despite the allure of sand and sun, Fyllis and I managed to tear ourselves away to delve into a mixed bag of historic sights. Driving through the countryside, we followed roads that snake over rolling hills and low mountains. Landscapes vary

from arid, rocky terrain near the coastline to verdant forests in the interior.



ancient Kamiros introduces the lifestyle of its original inhabitants during the 6th and 5^{th} centuries B.C. The site spills down a hillside overlooking the sea. On the top level stood a temple complex of Athena and a covered reservoir, large enough to supply water to several hundred families through a network of terra cotta pipes.

The main settlement, on a lower terrace, consisted of a grid of streets and houses adorned with mosaic floors and

painted wall decorations. The remains of public baths include hot and cold chambers, and an underground system for heating the

Equally inviting is contemporary life encountered in tiny unspoiled mountain villages, which in many ways has changed little over generations. Residents of Ärchangelos are known as master artisans who make pottery and weave carpets and tapestries using the same

time-honored methods as their forebears.

Anyone driving into the village of Appolonia need only follow the wonder-

Gail Schwartz

to give you

a tour or

e-mail

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ful aroma to find the little bakery of the same name. It turns out breads and cakes that were mentioned in The Iliad, using recipes handed down by generations of local families.

Kritinia is one of the prettiest villages on Rhodes. Clinging to a hillside, the town of about 550 inhabitants offers panoramic views of the sea in one direction and, in the other, of Mount Attavyros, at 3,985 feet the tallest spot on the island.

For an excellent meal, and opportunities to meet friendly locals, stop at any of the small tavernas that you pass when driving between and in villages. The owners often are the cooks and wait staff, and even if they speak no English, they go out of their way to help you order.

As ubiquitous as tavernas throughout Rhodes are churches. While the major religious edifices attract most visitors, Fyllis and I found equally inviting the tiny white chapels that are scattered around the island. Many of these miniscule structures can accommodate only a handful of worshippers.

For more information, call the Greek National Tourism Organization at 212-421-5777 or log onto visitgreece.gr.

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Resource for Caregivers

Millions now manage aging parents' care from afar

By Matt Sedensky

WEST PALM BEACH, Fla. risty Bryner worries her 80-year-old mom might slip and fall when she picks up the newspaper, or that she'll get in an accident when she drives to the grocery store. What if she has a medical emergency and no one's there to help? What if, like her father, her mother slips

into a fog of dementia? Those questions would be hard enough if Bryner's aging parent lived across town in Portland, Ore., but she is in Kent, Ohio. The stress of caregiving seems magnified by each of the more than 2,000 miles that separate them.

"I feel like I'm being split in half between coasts," said Bryner, 54. "I wish I knew what to do, but I don't." As lifespans lengthen and the number of seniors rapidly grows, more Americans find themselves in Bryner's precarious position, struggling to care for an ailing loved one from hundreds or thousands of miles away.

The National Institute on Aging (NIA) estimates around 7 million Americans are long-distance caregivers. Aside from economic factors that often drive people far from their hometowns, shifting demographics in the country could exacerbate the issue: Over the next four decades, the share of people 65 and older is expected to rapidly expand while the number of people under 20 will roughly hold steady. That means there will be a far smaller share of people between 20 and 64, the age group that most often is faced with caregiving.

Bryner first became a long-distance caregiver when, more than a decade ago, her father began suffering from dementia, which consumed him until he died in 2010. She used to be able to count on help from her brother, who lived close to their parents, but he died of cancer a few years back. Her mother doesn't want to leave the house she's lived in for so long.

So Bryner talks daily with her mother via Skype, a video telephone service. She's lucky to have a job that's flexible enough

that she's able to visit for a couple of weeks every few months. But she fears what may happen when her mother is not as healthy as she

"Someone needs to check on her, someone needs to look out for her," she said.

Many long-distance caregivers say they insist on daily phone calls or video chats to hear or see how their loved one is doing. Oftentimes, they find another relative or a paid caregiver they can trust who is closer and able to help with some tasks.

Yet there always is the unexpected: Medical emergencies, problems with insurance coverage, urgent financial issues. Problems become far tougher to resolve when you need to hop on a plane or make a daylong drive.

"There are lots of things that you have to do that become these real exercises in futility," said Ed Rose, 49, who lives in

Boston but, like his sister, travels frequently to Chicago to help care for his 106-year-old grandmother, Blanche Seelmann.

Rose has rushed to his grandmother's side for hospitalizations, and made unexpected trips to solve bureaucratic issues like retrieving a document from a safe-deposit box in order to open a bank account.

But he said he has also managed to get most of the logistics down to a routine.

He uses Skype to speak with his grandmother every day and tries to be there

whenever she has a doctor's appointment. Aides handle many daily tasks and have access to a credit card for household expenses. They send him receipts so he can monitor spending. He has an apartment near his grandmother to make sure he's

comfortable on his frequent visits.

Even for those who live near those they care for, travel for work can frequently make it a long-distance affair. Evelyn Castillo-Bach lives in Pembroke Pines, Fla., the same town as her 84-year-old mother, who has Alzheimer's disease. But she is on the road roughly half the year, sometimes for months at a time, both for work with her own Web company and accompanying her husband, a consultant for the United

Once, she was en route from Kosovo to Denmark when she received a call alerting her that her mother was having kidney failure and appeared as if she would die.

She needed to communicate her mother's wishes from afar as her panicked sister tried to search their mother's home for her living will. Castillo-Bach didn't think she could make it in time to see her mother alive once more.

"I won't get to touch my mother again," she thought.

She was wrong. Her mother pulled through. But she says it illustrates what long-distance caregivers so frequently go

Lynn Feinberg, a caregiving expert at AARP, said the number of long-distance caregivers is likely to grow, particularly as a sagging economy has people taking whatever job they can get, wherever it is. Though caregiving is a major stress on anyone, distance can often magnify it, Feinberg said, and presents particular difficulty when it must be balanced with an inflexible job.

"It's a huge stress," she said. "It can have enormous implications not only for someone's quality of life, but also for someone's

It can also carry a huge financial burden. A November 2007 report by the National Alliance for Caregiving and Evercare, a division of United Health Group, found annual expenses incurred by long-distance caregivers averaged about \$8,728, far more than caregivers who lived close to their loved one. Some also had to cut back on work hours, take on debt of their own and slash their personal spending. — AP

For more information, www.fiftypluscaregiv-

Tips for managing an elder's care from a distance

Caring for an aging parent or other relative can rank among the most stressful tasks a person can ever take on. But doing so from a distance makes it even more

Some tips for long-distance caregivers:

•Keep in regular contact with your loved one and, if possible, use video chats so you can make visual assessments. Seniors often defy stereotypes with their handle on technology and can master useful tools like Skype or other video chatting services, such as on the iPad.

relatives, neighbors or friends. Ask them for help when you need it and rely on them for on-site advice on how your loved one is doing.

 Keep handy vital information such as prescriptions, a living will, phone lists of doctors and financial information.

•Seek out the help of a geriatric care manager, who can line up in-home services for your parent or other relative and assist in other caregiving tasks.

•Utilize new technology to help monitor your loved one. There are now consumer products that can dispense • Find allies closer to the person you're caring for: other pills, track sleep and bathroom activity and monitor blood

• Pay attention to subtle clues from your relative that might hint at underlying problems. Are they continuing to socialize? Paying their bills? Maintaining the house?

•Take care of yourself, too. Make sure you get breaks when you need them and find an outlet for emotional support. If you're not cared for, you won't be able to take good care of your loved one either. — AP

Sources: National Institutes of Health, AARP, interviews with caregivers.

There are ways to prevent a disabling fall for a loved one

By Jeannette Sheehan

very year one in three individuals over the age of 65 fall. In fact, falls ■are the leading cause of injury death among seniors. Whether you are living at home, with your children, or in a senior community, you will want to stay safe and learn how to keep from falling.

Home Care Tips

Q. Why is fall prevention such a big deal? A. Falling is not just a matter of landing on the floor with a bump. A fall can cause serious injury, including broken bones. Even a slight fall may cause problems. If you are afraid, you're more likely to stop moving around and getting out to see friends, and this can lead to physical weakness — even

depression. (See www.cdc.gov/mmwr.)

Q. Is it true that the medicine I'm taking can cause me to fall?

A. Many medications can increase your risk for falls. Blood pressure medication may lower your blood pressure, which can make you dizzy when you stand up. Sleeping pills and anti-anxiety medications also increase the risk of falling if taken incorrectly. Check with your doctor about your medicine.

Q. How could my hearing or vision keep me from falling?

A. Your ears and eyes help you know what is going on around you. If your hearing or vision are impaired, you may not hear the cat under your feet, or see the edge of a step.

Q. It sounds like changes to my house could be expensive — won't I have to pay

A. Many fall prevention measures are simple, no-cost steps you can take yourself. Start by removing clutter and other obstacles from areas where you walk, and be sure you have enough lighting — especially night lights. Stair rails and grab bars in the bathroom are helpful. Did you know that if your favorite chair is too low you risk falling when you get up?

Q. I'm afraid that if I start exercising I may fall and get hurt.

A. If you begin with kick-boxing, you probably will get hurt. There are many exercises and exercise programs perfect for older Americans, including Tai Chi and even yoga. You can practice balancing in your own home with simple exercises. Here's one: Stand at your kitchen counter, holding onto the edge. To improve your balance, stand on one foot and hold for several seconds,

then repeat with the other foot. Then walk in place to increase your strength. You can even walk in place while sitting in a chair.

For more information: Department of Public Health falls hotline, 800 227-7233. Contact your local senior center about fall prevention.

Useful websites include:

www.cdc.gov/ncipc/duip/preventadultwww.nsc.org/safety_home/ Resources/Pages/Falls.aspx.

Jeannette Sheehan, MSN, RN, a board certified nurse practitioner, is founder and owner of ABC Home Healthcare Professionals, 233 Albion St., Wakefield. She can be reached at 781-245-1880. Visit their website at www. abchhp.com. Archives of articles from previous issues can be read on fiftyplusadvocate.



How secure are your retiree benefits?

By Dave Carpenter

Retiree benefits aren't as secure as they used to be, as auto and airline workers and others have learned in recent years.

Kodak workers are among those who will experience the changes as the company reorganizes under bankruptcy protection. Kodak wants to end health care benefits for about 16 thousand retirees who are over age 65 and eligible for Medicare. Other companies are doing the same, either in or out of bankruptcy.

The biggest pain is likely to be felt by baby boomers, who are mostly still in the workforce but facing increasing prospects that their employers may freeze their pensions, reduce or eliminate company matches in their 401(k) plans and shrink health benefits

"Baby boomers would do well to recognize that they're not going to be looking ahead to as comfortable a retirement as their parents had," said Olivia Mitchell, head of the Boettner Center for Pensions and Retirement Security at the University of Pennsylvania's Wharton School. "Their parents had a secure Social Security system, generous Medicare system, defined-benefit pensions and retiree medical benefits."

Traditional pensions are fast vanishing and the other areas all are considered fodder for potential cuts in the years ahead.

But workers who have been retired for 10, 20 or 30 years are feeling it, too, because some also are losing health and life insurance benefits.

Here is an overview of key concerns for retirees and near-retirees

concerning benefits:
Ω: How can a compa

Q: How can a company promise benefits and then renege on them years later? Are there no protections for workers?

A: It's perfectly legal for companies to eliminate benefits that have not yet been earned.

Pensions, medical benefits and even vacations all are considered to be voluntarily provided benefits. It's more common in other countries to have mandatory insurance and vacations, said

Rebecca Davis, legal director of the Pension Rights Center in Washington.

So-called anti-cutback rules in the federal tax code offer some protection. They generally prohibit a company from taking away any accrued benefits. But that's not the case with future benefits. And the precedents set by companies since the early 2000s point toward increasing reductions.

Q: How vulnerable are pensions?

A: Pension assets generally are not at risk in a company bankruptcy because pension cash must by law be kept separate from business accounts. But some retirees with higher paying pensions may not get the full

amounts.

Pensions offered by private employers are typically secured by the Pension Benefit Guaranty Corp., which takes over failed pension plans to continue paying retirees. But the federal agency caps the benefits it pays out to retirees annually. The maximum for 2012 is \$55,841, so if your employer goes under your pension benefit is capped at that amount.

Outside of bankruptcy, the bigger risk for retirees is having their pensions

frozen, meaning the amounts handed out in retirement will be thousands of dollars less per year than they were told. "The law gives companies the opportunity to break promises to their workers," said Davis.

And almost no company still offers pensions to new employees. Only 14 percent of private sector workers still had traditional, defined-benefit pensions in 2010, according to the Employee Benefits Research Institute.

That's down from 28 percent in 1990.

Q: What benefits are the likeliest to be

A: Health benefits. Unlike with pensions, retiree health care benefits are not protected by law, said Ed Beltram of the nonprofit National Retiree Legislative Network.

Most companies have "reservation of rights" clauses that effectively say they reserve the right to change or eliminate benefits such as health care and life insurance. Hundreds of companies have taken advantage of them to reduce or eliminate those benefits in the past decade.

In bankruptcy, benefits can be reduced or wiped out with a judge's approval.

One typical reduction that particularly hurts retirees is when companies reduce life insurance from a year's salary to \$10,000 or less, Beltram said. Retirees who wish to have more life insurance can find it unaffordable or impossible to secure new policies in their 60s, 70s or 80s.

Q: What about company-sponsored 401(k) retirement plans?

A: Your 401(k) or other defined-contribution account, if you have one, is protected by law. The assets in the plan are yours and are managed for you by a service provider hired by your employer.

Many companies froze the matching

SECURE page 15

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Medical bills can wreck credit, even when paid off

By Carla K. Johnson

CHICAGO —

ike and Laura Park thought their credit record was spotless. The ■ Texas couple wanted to take advantage of low interest rates, so they put their house on the market and talked to a lender about a mortgage on a bigger home in the Dallas-Fort Worth suburbs.

Their credit report contained a shocker: A \$200 medical bill had been sent to a collection agency. Although since paid, it still lowered their credit scores by about 100 points, and it means they'll have to pay a discount point to get the best interest rate. Cost to them: \$2,500.

A growing number of Americans could encounter similar landmines when they refinance or take out a loan. The

Commonwealth Fund, a private foundation that sponsors health care research, estimates that 22 million Americans were contacted by collection agencies for unpaid medical bills in 2005. That increased to 30 million Americans in

Surprisingly, even after the bills have been paid off, the record of the collection action can stay on a credit report for up to seven years, dragging down credit scores and driving up the cost of financing a home. An estimated 3.4 million Americans have paidoff medical debt lingering on their credit reports, according to the Access Project, a research group funded by health care foundations and advocates of tougher laws on medical debt collectors.

Medical bills make up the majority of collection actions on credit reports, and most are for less than \$250, according to Federal Reserve Board research.

The Parks had no idea a billing error they'd sorted out a year earlier — they never actually owed the \$200 - could affect their credit. They didn't know the bill for a copayment on a PET scan Mike needed had been sent to a collection agency.

"We've prided ourselves in having impeccable credit. We worked hard to establish that," said Laura Park, a 51-yearold office manager married to a 53-yearold firefighter. They are going ahead with the home purchase while trying to fix their credit report.

Matt Ernst, a vice president at Mortgage Lenders of America in Overland Park, Kan., said medical collections frequently turn up on credit reports.

"We see a ton of them," Ernst said. They have an impact on financing, he said, but even he didn't realize how much until he learned that someone with a FICO score of 680 — which is considered good, but not excellent — will see their score drop up to 65 points because of a medical collection.

"I didn't know a medical collection would hammer it that hard," Ernst said. "Our investors require a 620 to even get

It's a problem for insured and uninsured alike. Outright billing mistakes, confusion over whether a claim will be paid by insurance and disputes between insurance companies and doctors — all can lead to medical bills being sent to collection agencies.

Congress is considering legislation

- the Medical Debt Responsibility Act — that would require credit agencies to delete paidoff medical debt from credit reports within 45

The bill has bipartisan support in the House. A Senate version was also introduced.

Debt collectors support the legislation in the House, according to ACA International, a trade association. A key foe of an earlier bill was another group representing the nation's credit bureaus. The Consumer Data Industry Association, which hasn't taken a position on the revised bill, said that lenders need to see a consumer's patterns of behavior over time and even paid-off medical debt is relevant to whether the consumer is a good risk.

Most hospitals and physician groups use collection agencies to go after late bills after 60 or 90 days, rather than hiring more staff. It makes financial sense to share the amounts collected with an agency. "If you don't collect anything, it's worth zero," said Richard Gundling of the Healthcare Financial Management

Hospitals started relying on debt collectors in the 1980s, said Chicago-based health care consultant Jim Unland.

The Affordable Care Act, President Barack Obama's health care law, bars taxexempt hospitals from using "extraordinary collection actions" until it has made "reasonable efforts" to determine whether a patient qualifies for financial assistance. But it's still unclear how that will be interpreted and whether reporting late bills to a collection agency would be considered extraordinary, Unland said. — AP

> Secure

Cont. from page 14

contributions to 401(k)s after the financial meltdown of 2008. The good news: In one recent study by business consultant Towers Watson, 75 percent of the mid- to large-sized companies that had lowered or suspended their 401(k) contributions have resumed them — three-quarters at the same

level as before.

The big 401(k) danger for retirees and workers alike is having their accounts heavily dependent on their employer's stock. If the company gets into financial trouble or files for bankruptcy, the collapse of the stock can devastate savings. The prime example: Enron Corp. Enron employees held nearly 60 percent of their retirement assets in company stock when the shares went from \$90 to nothing. — AP

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Home Improvement

Getting creative with color: how to do it right

By Melissa Rayworth

Striped staircases and lavender walls? They're not just for high-profile designers anymore.

Home-decorating TV shows and glossy shelter magazines have many homeowners embracing the bold, unexpected use of color that cutting-edge designers love. But creative color can be tricky. Three experts offer advice on doing it right:

The edgiest colors can be tamed nicely by pairing them with natural wood tones.

Bursts of color are perfect for areas that normally get little attention, said Cortney Novogratz, co-host of the new HGTV series *Home by Novogratz*. Stairs, alcoves and unused corners of rooms, she said, are spots "that people don't realize they can really dress up and have fun with to show a reflection of who they are as homeowners."

For her show's first episode, she painted a beach house staircase white with pink and blue stripes from top to bottom. This narrow approach to the second floor suddenly became bright and inviting.

Black and white. Red and green.

Brown and light blue. These common color palettes surface frequently in home decorating. Freshen up these typical pairings by bringing in a third color no one would expect, said Brian Patrick Flynn, HGTV blogger and founder of DecorDemon.com.

"If you really want chocolate brown with pale blue, which has been done to death, then add something like celery green," he said. "All of a sudden, it's fresh and you've made it your own."

If you love wild colors like bright orange but aren't sure how to decorate with them, Flynn suggests using a bright hue alongside a very dark and a very light one. Orange might be a disaster mixed with green and yellow, but it can look sophisticated when used with silver and dark charcoal.

Being adventurous with color doesn't always mean using loud hues. Betsy Burnham, founder of Los Angeles' Burnham Design, recently chose lavender for the entryway of a home in Beverly Hills.

Her client had expected the walls of this two-story space to be painted a classic neutral — maybe cream or taupe. Lavender was an unexpected choice, but the owner was thrilled: It gave the entry-



way subtle drama without looking outrageous.

Paint is inexpensive and easy to apply, so it can be the perfect vehicle to bring in wilder colors. But Flynn finds that some homeowners are intimidated by choosing a bold or quirky color for their walls: "They feel like it's permanent, even though it isn't," he said.

If you prefer neutral walls, you can easily bring in edgier colors with furniture, window treatments and accessories. Novogratz suggests another option: Choose vibrant pieces of art, and then frame them in brightly colored frames. She and her husband, Robert, who is also her design partner, sometimes take

basic wooden picture frames and repaint them in a vivid red lacquer.

No color is off-limits, provided you choose the right shade. Even pink doesn't have to be saved for children's bedrooms, Novogratz said.

A tip from Burnham: If you want to use a color like teal or chartreuse but are worried it will be overpowering, look for what she calls a "dusty" version of these colors — one that's tempered by a bit of gray.

The edgiest colors can be tamed nicely by pairing them with natural wood tones.

Burnham often adds furniture with black wood finishes to rooms where she has used intense colors.

Novogratz did the same in a master bedroom where she used a single shade of bright yellow for the walls and floor. A large wooden bed in the center of the room created a calming break from the energizing yellow that filled the space.

Overall, said Flynn, give yourself permission to experiment and indulge your creativity. "Every time I do my own space," he said, "I think of it as a canvas where I can experiment with completely unusual color combinations." — AP

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Feeling Healthy

Trimming super-size with half-orders, plate colors

By Lauran Neergaard

WASHINGTON —

Call it the alter-ego of super-sizing.

Researchers infiltrated a fast-food Chinese restaurant and found up to a third of diners jumped at the offer of a half-size of the usual heaping pile of rice or noodles — even when the smaller amount cost the same.

Giant portion sizes are one of the culprits behind the epidemic of bulging waistlines, and nowhere is the portion-creep more evident than in restaurants with French fry-heavy meal deals or plates overflowing with pasta. Now scientists are tapping into the psychology of eating to find ways to trim portions without people feeling cheated — focusing on everything from the starchy sides to the color of the plates.

"The small Coke now is what used to be a large 15 years ago," laments psychologist Janet Schwartz, a marketing professor at Tulane University who led the Chinese food study. "We should ask people what portion size they want," instead of large being the default.

Restaurants are paying close attention, said prominent food-science researcher Brian Wansink of Cornell University. His own tests found children were satisfied with about half the fries in their Happy Meal long before McDonald's cut back the

size, and the calories, last year

"We'll be seeing some very creative ways of downsizing in the next couple of years," predicts Wansink, author of *Mindless Eating:* Why We Eat More Than We Think.

But let's call it "right-sizing," said Duke University behavioral economist Dan Ariely. Right-size suggests it's a good portion, not a cut, he said.

Couldn't you just get a doggie bag? Sure, if you've got the willpower to stop before your plate is mostly clean. Lots of research shows Americans don't. We tend to rely on visual cues about how much food is left, shoveling it in before the stomach-

to-brain signal of "hey wait, I'm getting full" can arrive.

So Schwartz and Ariely tested a different approach: Could we limit our own temptation if we focus not on the tastiest reason we visited a restaurant — the entree — but on the side dishes? After all, restaurants

can pile on calorie-dense starches like rice or pasta or fries because they're very inexpensive, filling the plate so it looks like a good deal, Schwartz said.

A popular Chinese franchise at Duke

University, with a mix of students, staff and visitors to the campus hospital, allowed the researchers in at lunchtime.

In the serving line, customers pick the rice or noodles first. The standard serving is a whopping 10 ounces, about 400 calories even before ordering the entree, said Schwartz. There was no half-size option on the menu board.

In a series of experiments, serv-

ers asked 970 customers after their initial rice or noodle order: "Would you like a half-order to save 200 calories?" Those who said yes didn't order a higher-calorie entree to compensate. Weighing leftovers showed they threw away the same amount of food as customers who refused or weren't

offered the option.

A 25-cent discount didn't spur more takers. Nor did adding calorie labels so people could calculate for themselves, the researchers report in a recent *journal Health Affairs* — concluding the up-front offer made the difference.

Anywhere from 14 percent to 33 percent chose the reduced portions, depending on the day and the mix of customers.

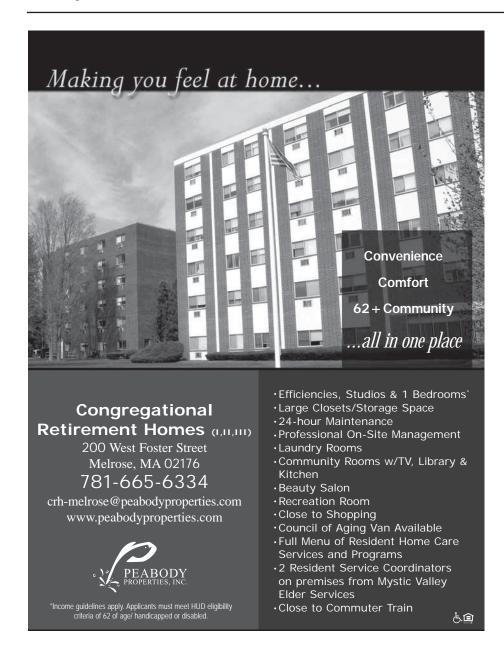
Even 200 fewer calories can add up over time. And other tricks can trim portions without people noticing, whether dining out or at home. Cornell's Wansink found people served 18 percent more pasta with marinara sauce onto a red plate than a white one — and 18 percent more pasta alfredo onto a white plate.

A stark contrast "makes you think twice before you throw on another scoop," explained Wansink. His own family bought some dark dinner plates to supplement their white ones, because people tend to overeat white starches more than veggies.

Wansink's other research has found:

- •Switching from 11-inch plates to 10-inch plates makes people take less food, and waste less food. The slightly smaller plate makes a normal serving look more satisfying.
 - People think they're drinking more

TRIMMING page 18





Meet Ginny

Ginny lives in her own apartment and enjoys going out to dinner often with friends. A true social butterfly, her wheelchair doesn't hold her back, she is an active member of the Red Hat Society, Handicapped Commission and

the Multiple Sclerosis Society.

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More men who want to look their best try plastic surgery

By Ana Veciana-Suarez

MIAMI — ichael Bell was tired of looking tired. He'd had enough of the pesky questions about whether he had slept well.

"I wanted to look as good as I felt," said the retired educator, 53. "My face didn't show how much energy I really had."

So, after months of research, he got a little help for his sagging eyelids from a plastic surgeon. And he looks younger. Even his friends say so.

Forget droopy eyes. Bid farewell to those telltale wrinkles. And say sayonara to turkey neck. A small but growing group of middle-aged men are going under the knife to hold back the relentless march of time. They're also getting Botox injections, soft tissue fillers and chemical peels in pursuit of a youthful look.

Procedures for men grew by 2 percent in 2010, led mostly by baby boomers — those born between 1946 and 1964 — who are getting more comfortable with the idea that a little cosmetic help can go a long way. It's the first uptick since 2007, according to the American Society of Plastic Surgeons (ASPS), who say the change also signals that people are growing more comfortable spending money on themselves after the recession.

The biggest increase has been in minimally invasive procedures — Botox and soft tissue fillers, primarily.

"It's more acceptable," said Ivan Malave, 50, who had his eyelids tucked, his eye-

brows raised and then a hair restoration procedure for good measure. "My father would've never ever thought of doing this,

but I definitely feel I made the right decision."

Men of all ages are growing more comfortable with the idea of getting help for their looks, from special creams to injections or laser. Popular plastic surgery reality shows and affordable financing have also fueled the interest. Men see guys like themselves — not

just celebrities or actors — improving their appearances on these shows and learn they can get the same results without taking too much time from work.

Alfredo Amoedo, for instance, had surgery for the annoying bags under his eyes on a Friday and was back at work by midweek.

"If you feel sick, you take a medicine," Amoedo, 50, explained. "If you work out, you take a supplement. This is pretty much the same."

Local doctors say boomers are reaching an age where exercise may no longer be able to fight off gravity. Hence, in 2010, facelifts for men rose 14 percent and liposuction 7 percent nationally, according to ASPS.

"For the baby boomer generation," said

Dr. Jeffrey S. Epstein, a Miami and New York plastic surgeon who specializes in hair restoration and facial plastic surgery,

"looking good and looking young has always been very important. Now they want to stay competitive and they want to look good."

About 70 percent of Epstein's patients are men, most of them in their 40s and 50s. In some cases, job insecurity is fueling interest in cosmetic surgery. "It's a tougher job market, so they

want to look better and younger," said Seth R. Thaller, chief of plastic and reconstructive surgery at the University of Miami Miller School of Medicine. "They want to look less tired and more alert."

Carlos Wolf, a Miami plastic surgeon, said many of his male patients look at cosmetic surgery as "an investment in their future. I often hear, 'I'm between jobs, but I need to look good for interviews.' Or, 'I look older than I feel.' " He said men are willing to try something they believe will give them an edge in an interview or a deal.

Some men are prompted to visit the plastic surgeon for other reasons. Quite a few find themselves suddenly single and want to date again.

Men's expectations of cosmetic surgery are vastly different from women's, according to local doctors. Men take much longer to make up their mind about a procedure and they tend to do a lot of research. They usually come to consultations alone, though wives or girlfriends sometimes tag along for support.

Men also tell surgeons they don't want a drastic change in appearance, just enough to make them look better. — AP

> Trimming

Cont. from page 17

from a tall skinny glass than a short wide one even if both hold the same volume, a finding Wansink said was widely adopted by bars.

•Beware if kids eat from the adult bowls. He found 6-year-olds serve themselves 44 percent more food in an 18-ounce bowl than a 12-ounce bowl.

Restaurants are starting to get the mes-

sage that at least some customers want to eat more sensibly. Applebee's, for example, has introduced a line of meals under 550 calories, including such things as steak. And a National Restaurant Association

And a National Restaurant Association survey found smaller-portion entrees, "mini-meals" for adults and kids, and bite-size desserts made a new trend list.

It's all consumer demand, said association nutrition director Joy Dubost: More diners now are "requesting the healthier options and paying attention to their calories." — AP

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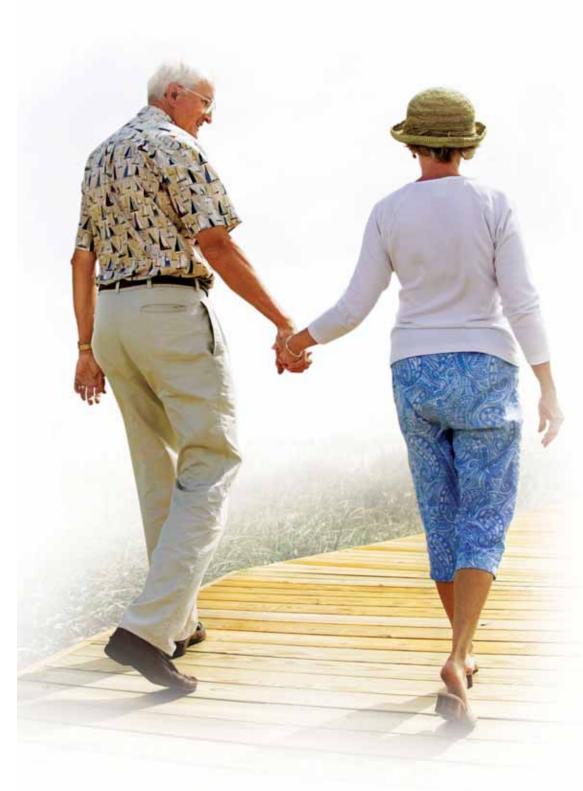
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