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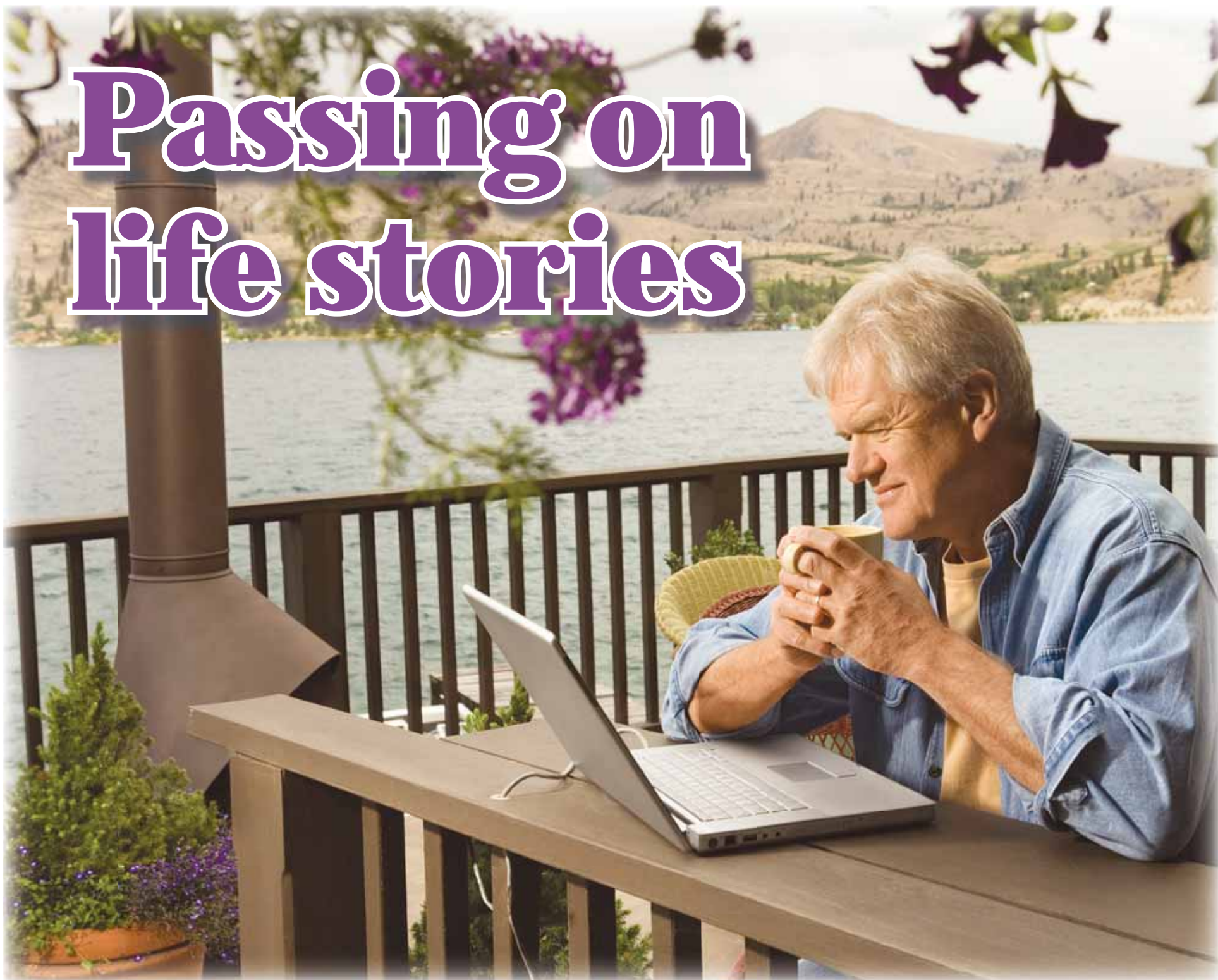
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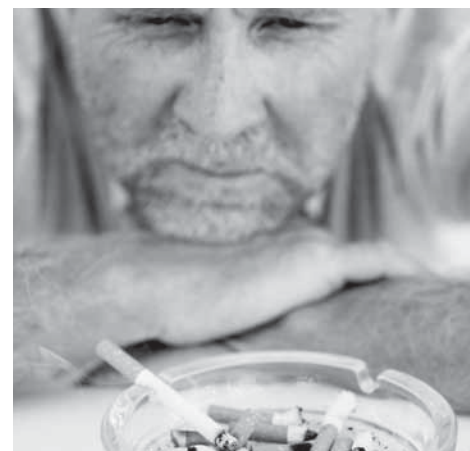
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Writing workshops uncover family histories, forgotten memories

By Brian Goslow

Lorraine Clifford has always been interested in her family history, even when much of it wasn't quite clear.

After meeting some relatives on her mother's side in her hometown of Watertown, she traveled to Newfoundland to see where her mother's parents came from. "I really wanted to go back and see the place where my grandparents had grown up and met and where my grandfather had built a house for his wife," said Clifford, 70, who committed her memories of the trip to paper when she returned home.

However, a bigger part of her family tree was about to reveal itself as she delved into her genealogical roots. "I recently found out — within the last year — that my father had a half-sister, who is 86 years old, living in Minneapolis," Clifford said.

The discovery occurred through a combination of researching Arlington town records and the help of a woman Clifford met on Facebook in a group dedicated to Crowell (her father's surname by birth). "She conducted a Google search and found a matching name, address and telephone number," said Clifford, referring to the woman she met on Facebook. "She said, 'Lorraine, if you haven't tried this, call it and good luck.'"

Clifford called the number in Minneapolis and introduced herself to her aunt for the first time, explaining how, through her research, she had untangled a family history that included divorces, adoptions, name changes and in her aunt's case, a reversion to using her maiden name's first initial.

"I contacted her daughter and told her that I really would love to come out there and visit with my aunt," Clifford said. They ended up spending a long weekend together where they just talked and talked about past family life. "She could answer some of my questions and I could answer some of hers, but we didn't have all the answers. But that was OK, because we had found each other."

Clifford put some of her recollections of the visit into words during a "Writing and Reminiscence" Writing Workshop at the Watertown Senior Center. She hopes to use that writing, and that from her trip to Newfoundland, as the starting point for a larger life story to be given to her children.

Jennifer Quinlan, who previously ran a memoir-writing group at the Perkins School for the Blind's now-closed Elder Learning Center, hosted the Watertown workshop.

"I was lucky to get started with a group of about four women who had some sort of visual impairment," Quinlan said. "They were either born blind or developed macular degeneration, or something like that, when they were in their 50s or 60s, so they had that in common. But they were also interested in writing about their life."

Quinlan learned how to make her writing group participants feel comfortable discussing events from their lives that they

had perhaps never previously revealed. At Perkins, and now at the Watertown Senior Center, Quinlan asks her class to keep what's discussed among themselves.

She recently completed her first six-month workshop at the Watertown Senior Center, where the participants were 60 and older. "They wanted to pass their knowledge — and/or wisdom — on to their family," she said. "Maybe sometimes just explain something that was confusing, or seems confusing, maybe explain to their children why we (their parents) got divorced ... Some of them are nervous about it, but it's something they want to share."

Believing "if you can talk, you can write," to get participants on the right track, Quinlan asks them to write a short piece about their life.

"For one particular person who thought she couldn't write, I suggested that she imagine she was writing a letter to someone," Quinlan said. "So she wrote letters to her father. I think that helped her find her voice and to realize that she could write. Once people share their first story, and experience the reaction that they get from the group, they realize they do have something to say that strikes a chord with others."

Exploring the past can have health benefits.

"Writing is indeed cathartic, which is why therapists frequently give clients writing assignments," said Tina B. Tessina, Ph.D., (aka "Dr. Romance"), a psychotherapist and author of *The Ten Smartest Decisions a Woman Can Make After Forty*.

"Whether hand-written, in a beautiful blank book, scribbled on scraps of paper or saved on your computer, a journal is one of the best ways to examine and sort out your feelings. Writing can help you figure out what's important to you and where you want to go next in your life," Tessina said.

While many set out to document their past do so with the intention of leaving something behind for future generations, many times they find it reveals things in their life they never considered before or, by taking a fresh look on them, they reverse painful memories.

"Writing about your history — and expressing your feelings about it — can heal old wounds," Tessina said. "It can focus, support and enhance your life and help you understand more about yourself and others in your history. It's a great way to trap important memories and elusive moments and keep them forever."

Writing a memoir may also afford the



Kendall Dudley (l) with journaling and life design students in Morocco

opportunity to take another look at relationships which may lead to making repairs or saying what you never said but wanted to," said Erica Curtis, a marriage and family therapist based in Santa Monica, Calif. "Even if you are not able to actually speak to those people, creating a fantasy scenario in writing where you make reparations can be a healing experience."

"There are of course the additional benefits of leaving behind a legacy for family members and friends through not only the passing down of history but of wisdom as well."

"This has been identified as a key developmental task of adults who are in their later life," Curtis continued. "Throughout the recalling and recounting, there may be the opportunity to experience deep emotions, sometime feelings that were previously repressed because it was not safe or functional to experience them at the time of the event. Having such a cathartic experience can also bring a sense of resolution and closure."

Nikki Zapol, 68, of Cambridge, said the biggest benefit she's received from taking the "Memories, Stories and Reflections: Ongoing Project in Life Story Writing" course at the Cambridge Center for Adult Education has been the documentation on paper of memorable life moments that she hadn't thought about for years. Without that, there would be no record of those events.

Kendall Dudley, 70, of Belmont, owner of Lifeworks and program chair for the Life Signing/Finding Network for professionals over 50, has taught the class for the past 17 years. He's developed a way of getting extraordinary memories out of his students, not only through the exploration of the big moments in their lives, but those split-second sensations which have remained in the back of their psyche ever since.

"Kendall has encouraged us to break out of the usual mold of writing one sentence

after the other, one paragraph after the other, in traditional ways," Zapol said. "He has us 'free write' — take off from phrases, images, smells. This has led me to remember things I might not otherwise remember, but also to really enjoy keeping a journal, which includes primitive drawings, colors, words written big and small, sideways."

Another non-traditional exercise Dudley has his students undertake is writing their autobiography using "the Twitter version of writing," he said. He acknowledges the challenge this creates. "How could you possibly write your life story in 35 words and really cover every aspect of it — your 14 marriages and your 37 children and all those somehow

get covered in those 35 words? What this does is, it activates our memory which starts sorting data."

Once the words start popping out onto paper, it's time to consider why they came out at this point in time — and whether they have more to contribute to the years to come than those gone by.

"This is the other part of looking at life-story writing," Dudley said. "It's not just about recording the past and making sense of the past but exploring what is its significance for the future. How can my life be more meaningful by understanding more about the past?"

Zapol found this process has led her to stories, vignettes and impressions from her life that she hadn't previously considered part of her tale. "I've found that if I don't get hung up on whole sentences and polished writing, which is what we had to do in school, I come up with pieces that make me feel good because they are true and that I am even surprised to read afterwards because they feel right. I'm seeing how the stories of my life shape the person I am now."

She's become close with some of her classmates, especially after a small group of them joined Dudley for a travel, cultural and writing excursion to Morocco. "We know some things about the way we view the world, our families, ourselves and others — we've gotten a glimpse into each other's souls," Zapol said.

For more information on upcoming Writing and Reminiscence Writing Workshops, contact Jennifer Quinlan at jsquinlan@gmail.com; Kendall Dudley, kendalldudley.com; for details on the next "Memories, Stories, and Reflections: An Ongoing Project in Life Story Writing" course at the Cambridge Center for Adult Education, which begins on April 9, visit www.ccae.org/catalog/detail.php?id=565243.

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New AARP head a very capable leader

By Sondra Shapiro

With the economy still in the skids, affecting programs and services for aging Americans nationwide, it is comforting to know there are advocates in the trenches fighting the good fight.

The newest member to join the ranks is the very accomplished Michael Festa, 58, the recently appointed state director of AARP Massachusetts. The name will be familiar to many since Festa began his career as an assistant district attorney in Middlesex County, then served as a state rep from Melrose from 1999 to 2007 when he was named Elder Affairs secretary, serving until 2009. Festa also had a long-standing law practice in his hometown of Melrose.



Just My Opinion

Throughout his career, Festa has shown a sharp knowledge of and passion for the concerns of the state's older residents. As a state representative, he was famous for his annual senior appreciation luncheons held in his hometown.

"Seniors have been great to me. They don't ask much; they are reluctant to ask. So the idea of throwing a free lunch where seniors could hang out, listen to some entertainment, have a little fun for a few hours, really appealed to me," said Festa during a 2007 *Advocate* interview.

"When I left the district attorney's office in 1981 and began to practice law in Melrose, the client base included seniors. And as an attorney, you get to know the intimate concerns of your clients. They have financial concerns, health issues ... so, you build up an appreciation for their challenges," he said during that same interview.

As a representative, Festa was visible, accessible and caring toward the population he was elected to serve, according to those advocates representing the state's older population and caregivers.

He was the lead sponsor of the "Equal Choice for Senior and Disabled Persons" law and led successful efforts to increase state and federal funding for home care, long term care and elder protective services. During his tenure he received the Outstanding Achievement and Representative of the Year award from the Silver Haired Legislature in 2006. The Massachusetts Home Care Federation recognized him as Elder Advocate of the Year in 1999 and 2006.

Upon learning about Festa's AARP appointment, Mass Home Care head Al Norman said, "Mike Festa combines executive experience in state elder affairs with legislative expertise and intuitive advocacy skills. He will be a terrific resource not just for AARP, but for the entire elderly population in the state."

It was Festa's experience and knowledge that appealed to Gov. Deval Patrick, when he tapped him to head the state's Elder Affairs office.

The Romney administration had downgraded the Elder Affairs secretariat to the point of irrelevancy by removing the independent status that had it positioned direct-

ly under the governor, to one buried under the large umbrella of Health and Human Services. But Gov. Patrick promised Festa that he would be allowed the autonomy to make decisions benefiting the 50 plus population. During his stewardship, Festa oversaw the expansion of senior employment and civic engagement opportunities, as well as increased access to resources and services for abused elders. Festa also identified technology solutions to enhance the agency's ability to monitor costs, analyze and disseminate data and create efficiencies to better deliver services to seniors.

Unfortunately, Festa's passion and need for independence proved too much for the powers that be — his stint was cut short. It was a discourteously executed exit for a man who had initially resisted accepting the position until he received assurances from the governor that he would be allowed the necessary independence and support to do the job properly.

The state's loss is AARP's gain. In its wisdom, AARP has made a perfect choice in Festa, who replaces Deborah Banda, who accepted a position with AARP's national office to help develop its 50 plus-worker initiative.

"AARP hired me because they recognized what I have done in the past. I understand how policy is made, how budgets are put together and how priorities are determined," said Festa. "I can be a lead advocate in the public eye as issues come up." Festa also knows many of the state's legislators, the governor and his team, and the current Elder Affairs Secretary, Ann Hartstein. "It's the door-opening that comes with the long-standing relationships," he said. He also acknowledges that those relationships reach across both sides of the aisle, as befitting his new appointment to the non-partisan AARP. "The 50-plus community is a common language we will have," he said.

In this role, Festa will lead the development and delivery of AARP's community programs, advocacy and information for its members.

During a recent interview with the *Advocate*, Festa talked about his new role as AARP head, a position he admits has extra challenges in the still very weak economy. He talked about the differences from his time at Elder Affairs to today's climate for the aging population.

"Now I am seeing that 50 plus population, not as a government bureaucrat but as a state director who is trying to give voice to over 800,000 AARP members," he said.

"There are major issues when you speak of the economy and money and deficits that seniors are caught up in. With the cost of living stuff, the cost of fuel, food ... those have exacerbated over time," he said.

"I just enjoy being with an organization — AARP — that is in the forefront of issues that affect the senior population. Joining at this time, the emphasis is not just the older seniors, but also the 50 plus world. There are people in their 50s who are part of the sandwich generation. They are raising kids or grandkids. They are taking care of their frail elders. We want to connect with them more as an organization."

He spoke of the difficulty people over the age of 50 have finding work. "There's

LEADER page 8

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AARP
Real Possibilities

ReServe Boston helps boomers rejuvenate careers

By Brian Goslow

BOSTON —

Membership development coordinator at a statewide gerontology association.

Volunteer income tax assistance site coordinator at a one-stop career center.

Fundraising campaign manager at a Boston area university.

These are a sample of the job opportunities currently available through ReServe Greater Boston, a recently established nonprofit agency that matches professionals 55 and older with nonprofit and government agencies seeking highly skilled workers.

ReServe Greater Boston is operated by Boston-based JVS in collaboration with Discovering What's Next of Newton. The national ReServe office is based in New York City.

The organization was started in 2005 by three entrepreneurs who wanted to address the lack of opportunities for older adults looking to put their professional skills to good use after the conclusion of the primary part of their career.

JVS' stated mission is to "empower individuals from diverse communities to find employment and build careers, and to partner with employers to hire, develop and retain productive workforces."

Discovering What's Next seeks to inspire "a new way of thinking about life and work after 50 through personal discovery, peer support, focused resources and dynamic programming" for older adults seeking to remain actively engaged through retirement alternatives.

The three-way partnership originated at a meeting two years ago between JVS CEO Jerry Rubin and Phyllis Siegel, who serves on ReServe's national board and lives in Boston.

At the time, JVS was looking for a way to provide opportunities for older workers.

"I told her (Siegel) that in our career moves division work and efforts around professionals in the job market, we were really finding a great deal of challenge with older workers

because of the recession," Rubin said. "Even as the job market was improving, older workers were really taking it on the chin and just having a very hard time getting back to their original jobs and careers."

Siegel suggested Rubin explore the ReServe model.

The ReServe Greater Boston office compliments others in New York City, Baltimore, Miami, Milwaukee, Newark and New York State's Westchester County.

JVS' career moves division focuses specifically on professionals who are trying to find employment and trying to restart or change careers. While ReServe and Discovering What's Next concentrate on older workers, the individuals JVS services range from just out of college to mature workers.

The needs of older workers changed significantly when the recession hit. Previously, JVS's career moves department focused on individuals with lots of talents and skills who were "too young to retire" and wanted to give back and utilize their talents doing something fulfilling and exciting.

"A lot of individuals who were over 55 found themselves in a very challenging situation (during the recession) where, it wasn't just that they were too young to retire — and there are still many, many people in that situation — but there were many people who found they really didn't even have the option to retire," Rubin said. "Their retirement funds had lost value, they were out of work, whatever the case may be."

"These individuals want to take their talents and pivot into something new because their occupation or even entire industry is not going to come back for them. ReServe gives them an opportunity to move into a non-profit or a public organization and use their talents and skills, whatever those may be, in a very different industry."

Rubin said the ReServe model works most successfully when people take their transferable skills and apply them to a new setting and learn that new profession on the job. "For example, if somebody is an accountant from a large accounting firm, they could apply those skills to a human service



Rubin

agency and learn the world of human services," he said. "They're bringing very strong transferrable skills and learning the environment."

"It's important for people to think about all that they have done and really value it and put a value on it because the organizations we're placing ReServists in need that talent and are willing to pay for that talent."

Participating organizations pay an hourly fee for services provided by ReServists, two-thirds of which goes to the worker with the other third divided between JVS/ReServe and a company that oversees

the payroll administration.

One of the first Boston ReServists is managing a group of volunteers providing free tax assistance for low-income individuals.

In its early months, most of ReServe Boston's staffing opportunities have been inside the Route 128 Greater Boston region with one partnership with a Framingham organization.

"Our goal is to expand the capacity of the non-profit and public sector to address community and social challenges and opportunities," Rubin said. "There are just wonderful organizations that are out there looking for this talent and our goal is to match them up."

ReServe Greater Boston invites anyone who's recently found him- or herself out of work or is looking to re-enter the workforce to visit its downtown Boston office for one of its First Impressions informational sessions, which are currently filled through May.

"If people are thinking about what they're going to do next, I encourage them to come to one of our sessions," Rubin said. "We'll help them walk through the opportunities we have available and have them really think through their talents and how they can be applied in a really fantastic way."

For more information on ReServe Greater Boston, visit www.reserveinc.org/greaterboston or call 617-399-3191.

Survey: Many conflicted on government spending cuts

WASHINGTON —

As President Barack Obama and lawmakers spar over huge federal deficits, they're confronted by a classic contradiction: Most Americans want government austerity, a survey shows, but they also want increased spending on a host of popular programs: education, crime fighting, health care, Social Security, the environment and more. Less for

defense, space and foreign aid.

The newly released General Social Survey asked people whether they believe spending in specific categories is "too much," "too little" or "about right." It covers the public's shifting priorities from 1973, when Richard Nixon was president, through 2012 with Obama in the White House.

"Despite a dislike of taxes, more

people have always favored increases in spending than cuts," wrote the survey's director, Tom W. Smith, of the independent research organization NORC at the University of Chicago.

While people's priorities shift over the years, they've not changed on one category. Foreign aid has been stuck firmly in last place since the survey began. Last year, 65 percent of those surveyed

thought there was "too much," 25 percent checked "about right" and a slim 11 percent said "too little." The numbers are not much changed from 1973 — when 73 percent said too much on foreign aid, 22 percent just right and 5 percent too little.

Various polls have consistently shown the public believes foreign aid is a far big-

SURVEY page 21



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Applying for Obama health care plan not easy

WASHINGTON — Applying for benefits under President Barack Obama's health care overhaul could be as daunting as doing your taxes. The government's draft application runs 15 pages for a three-person family. An outline of the online version has 21 steps, some with additional questions. At least three major federal agencies,

including the IRS, will scrutinize your application. That's just the first part of the process, which lets you know if you qualify for financial help. The government asks to see what you're making because Obama's Affordable Care Act is means-tested. Once you're finished with the money part, picking a health plan will require additional steps, plus a basic understanding of insurance jargon.

The law says virtually all Americans must carry health insurance starting next year, although most will just keep the coverage they now have through their jobs, Medicare or Medicaid. The government estimates its online application will take a half hour to complete, on average. If you need a break you can save your work and come back later. The paper application can take 45 minutes.

The new coverage starts next Jan. 1. Uninsured people will apply through new state-based markets, also called exchanges. Middle-class people will be eligible for tax credits to help pay for private insurance plans, while low-income people will be steered to safety-net programs like Medicaid.

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Social Security Chained CPI: How much would you lose?

By Linda F. Fitzgerald

One million Massachusetts residents age 65 and over receive Social Security. While the average annual benefit of \$14,200 is less than many people think, the fact is Social Security keeps more than 40 percent of Bay State seniors who receive it out of poverty.

For many of us, Social Security has become an economic lifeline. Seniors are living longer, and costs are rising for health care, medicine and utilities. Meanwhile, our interest rates on savings and home equity are shrinking.



AARP and You

Social Security is also critically important for younger people who receive survivors or disability benefits from this program. My family knows this first-hand. When my son-in-law Chuck passed away suddenly five years ago, Social Security kept his family going. As the survivor of a deceased worker, his teenage son receives Social Security benefits — benefits that Chuck earned during his working life.

That's why we all need to be vigilant and well-informed about attempts to cut our hard-earned Social Security benefits. Right now an innocuous sounding plan, the chained

CPI, is circulating in Washington. Proponents describe it as simply a technical adjustment to better calculate the cost of living.

But in reality, this adjustment is a significant benefit cut. Over the course of a lifetime, the chained CPI would cost the average senior thousands of dollars. The cut would get deeper each year as we grow older.

This proposal would take a disproportionate toll on women, who typically live longer than men, are more likely to rely on income from Social Security and are more likely to be poor.

A 92-year-old woman or man receiving Social Security would lose a full month's worth of benefits. Is there anyone who thinks the typical 92-year-old has that kind of money to spare? Is this really the kind of priority we're proud to set for our country?

Just last year, we heard from so many politicians who promised never to cut Social Security for today's seniors. And yet the chained CPI shreds that promise, cutting benefits that current seniors have earned through a lifetime of hard work.

Supporters of the chained CPI portray it as a more accurate reading of the cost-of-living. That assessment reflects a profound misunderstanding of the real-life choices most seniors confront to make ends meet.

First of all, the current CPI does not even recognize that seniors spend more on health care, which grows faster than overall inflation. And second, the chained CPI assumes that

when the cost of something you normally buy rises, you can simply switch to a lower-cost substitute.

If only life were that easy.

For most of us, it is not simply a matter of comparative shopping at the supermarket. We already choose lower cost options, and we also spend much of our money on basic goods such as health care and utilities that don't have lower-cost substitutes.

Social Security is a self-financed program that provides earned benefits. It didn't cause the deficit and it shouldn't be cut to fix Washington's budget problem.

The next time you hear an elected official in Washington talk about the great value of Social Security or how the middle class is the backbone of America, ask what that official's view is on chained CPI. This is where the rhetoric meets the real-life record of those who represent us. We will be listening closely, and urging our members to make their voices heard to protect their hard-earned benefits.

Find out how much you would lose under the chained CPI plan. Visit aarp.org/whatyoulose.

Linda Fitzgerald is the volunteer state president of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma; Like us at www.facebook.com/AARPMMA and follow us on www.twitter.com/AARPMMA.

Two guys in a restaurant: The truth about government spending

By Al Norman

These two guys walk into a restaurant and order a sirloin steak — well done. One of the men is a social worker at the local welfare office, and the other is the branch manager of an area bank. Both guys leave a \$20 bill under their plate.



Push Back

While clearing the table, the waitress sees the two \$20 bills, and detects no difference between the bills — even though one customer worked for the government, and the other works in the private sector.

In point of fact, the \$20 bills are identical. The waitress holds them both up

to the light to see if they have authentic watermarks — but both bills are the real thing.

Despite this simple transaction, there are many people, including some economists, who say that the man who got his \$20 bill from the government is somehow of less value than the man who works in the private sector. Many members of Congress also believe that “the government does not create jobs.” The only job-creators you hear them talk about are the private entrepreneurs. Anyone employed in the public sector is a drag on the economy and the taxpayer. Yet back at the restaurant, the waitress cannot tell the difference between the customers. Her restaurant took in \$40. The public dollar and the private dollar spending created the same impact on the economy.

On March 1, when the automatic sequester cuts of \$85 billion in fed-

eral spending began, it was obvious to some that reduced government spending would have the same impact on the economy as reduced private spending. The Congressional Budget Office predicted that the sequester cuts (\$42 billion of which will happen in this federal fiscal year which ends Sept. 30) would result in the loss of about half a percentage point of Gross Domestic Product for this year. Even worse, the sequester will mean a loss of 750,000 jobs. Using my restaurant analogy, those 750,000 workers won't be buying lunch at the restaurant. And that's a real loss to that business. Eighty-Five billion dollars a year is only about a half of 1 percent of the U.S. economy. But the point is: Government itself can be an engine for growth, and slowing down government spending slows down the recovery.

In addition, the sequester as passed will

mean 712,882 less meals on wheels for Massachusetts seniors, 171,492 less meals at congregate meal sites, 117,662 fewer rides, 2,783 less hours of legal aid, 20,183 fewer information counseling sessions and 2,067,576 lost gallons of home heating oil assistance.

Our public spending is a great stimulus to the economy, and slashing payrolls or cancelling government contracts all hurt the economy. It is a myth that only private sector spending matters, and that government spending is bad for the economy.

The next time someone starts ranting to you about how government spending is bad for the economy, open up your wallet and pull out two \$1 bills. Ask your friend to identify which bill is the public dollar?

Al Norman is the executive director of Mass Home Care. He can be reached at 413-772-6289, or at info@masshomecare.org.

► Leader

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a lot of prejudice out there that has to be dealt with,” he said.

“I am not as constrained as one would be in an administration. There were some things (then) that I could not say or do. There are the rules of the road in a government role. Part of taking this job is that a lot of the issues that I care about are shared by AARP. To me it's like riding a bike again.”

Festa admits the AARP role is much more expansive than the narrow focus of program development and money. “We are looking across society and putting our stamp on things like volunteerism,” he said. “There are a lot of members who want to be more engaged and we want to be that connective tissue. We also want provide outreach.”

Festa said he will not be chained to a desk, but plans to visit cities and towns across the state, saying, “We don't want to lose sight of where the real action is ... in the community.”

“AARP is a very big national (organization). We are leading the fight against the chained CPI (consumer price index used for determining Social Security increases); we are fighting to preserve Medicare. These are big national issues. But, every member lives in a community, we need to relate to them more where they live and what they do,” he said.

While his government job was dealing with numbers, his experience as an attorney taught him to see faces. “When you are a lawyer counseling families who are challenged with estate planning, trying to preserve the few assets they have accumulated and the squeeze they feel, there is a scariness regarding long-term care choices. I witnessed the challenges faced by caregiv-

ers. I have been in my office with the door shut, (getting to know clients) intimately,” Festa said.

Festa said every budget, whether it is state or federal, is a statement of values. “It is the government and society saying these are the things that matter,” he said, singling out cuts in home care that have resulted in a waiting list for vulnerable, financially-strapped seniors. When a small investment, totaling in the hundreds, is given to a frail senior to remain living independently, it reduces the thousands of dollars it would cost for institutional care, Festa said, adding, “I don't think as advocates we can ever concede there are other priorities. The reason why government exists is to reflect the will of society. The people who are affected by home care cuts want to stay at home longer, to enjoy life's experiences in their home.”

Finally, Festa said AARP will work to re-establish Elder Affairs as a cabinet level

position. “From personal experience I appreciate the value of the independent secretariat,” he said. “We are confident that sooner or later that view will prevail — and we hope that there will be a healthy compromise and acknowledgement that it's a win-win. To have that voice in the cabinet is a voice that is needed, and it strengthens the hand of the administration to figure out where priorities should be. Frankly, it gives confidence to the public that this very important segment of society is part of the conversation.”

In the meantime, the state's 50 plus population can rest easier knowing that a very capable advocate is working on its behalf.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro.fiftyplusadvocate@verizon.net. And follow her online at www.facebook.com/fiftyplusadvocate, www.twitter.com/shapiro50plus or www.fiftyplusadvocate.com.

Mediterranean-style diets found to cut heart risks

By Marilyn Marchione

Pour on the olive oil, preferably over fish and vegetables: One of the longest and most scientific tests of a Mediterranean diet suggests this style of eating can cut the chance of suffering heart-related problems, especially strokes, in older people at high risk of them.

The study lasted five years and involved about 7,500 people in Spain. Those who ate Mediterranean-style with lots of olive oil or nuts had a 30 percent lower risk of major cardiovascular problems compared to those who were told to follow a low-fat diet but who in reality, didn't cut fat very much. Mediterranean meant lots of fruit, fish, chicken, beans, tomato sauce, salads and wine and little baked goods and pastries.

Mediterranean diets have long been touted as heart-healthy, but that's based on observational studies that can't prove the point. The new research is much stronger because people were assigned diets to follow for a long time and carefully monitored. Doctors even did lab tests to verify that the Mediterranean diet subjects were consum-



ing more olive oil or nuts as recommended.

Most of these people were taking medicines for high cholesterol and blood pressure, and researchers did not alter those proven treatments, said one study leader, Dr. Ramon Estruch of Hospital Clinic in Barcelona.

But as a first step to prevent heart problems, "we think diet is better than a

drug" because it has few if any side effects, Estruch said. "Diet works."

People in the study were not given rigid menus or calorie goals because weight loss was not the aim. That could be why they found the "diets" easy to stick with — only about 7 percent dropped out within two years. There were twice as many dropouts in the low-fat group than among those eating Mediterranean-style.

Researchers also provided the nuts and olive oil, so it didn't cost participants anything to use these relatively pricey ingredients. The type of oil may have mattered — they used extra-virgin olive oil, which is minimally processed and richer than regular or light olive oil in the chemicals and nutrients that earlier studies have suggested are beneficial.

The study involved people ages 55 to 80, just over half of them women. All were free of heart disease at the start but were at high risk for it because of health problems — half had diabetes and most were overweight and had high cholesterol and blood pressure.

They were assigned to one of three

groups: Two followed a Mediterranean diet supplemented with either extra-virgin olive oil (4 tablespoons a day) or with walnuts, hazelnuts and almonds (a fistful a day). The third group was urged to eat a low-fat diet heavy on bread, potatoes, pasta, rice, fruits, vegetables and fish and light on baked goods, nuts, oils and red meat.

Independent monitors stopped the study after nearly five years when they saw fewer problems in the two groups on Mediterranean diets.

Doctors tracked a composite of heart attacks, strokes or heart-related deaths. There were 96 of these in the Mediterranean-olive oil group, 83 in the Mediterranean-nut group and 109 in the low-fat group.

Looked at individually, stroke was the only problem where type of diet made a big difference. Diet had no effect on death rates overall.

The Mediterranean diet proved better even though its followers ate about 200 calories more per day than the low-fat group did. The study leaders now are analyzing how each of the diets affected weight gain or loss and body mass index.

The Spanish government's health research agency initiated and paid for the study, and olive oil and nut producers in Spain and the California Walnut

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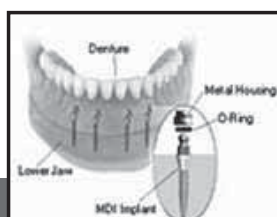
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Acute bronchitis differs from a head cold

By Dr. Roxanne Latimer

Acute bronchitis is a very common diagnosis especially at the height of cough and cold season. It consists of an abrupt onset of lower respiratory tract infection and is distinguished from a cold because of a few unique characteristics. It is a lower respiratory tract infection as opposed to a head cold. It produces a cough that persists rather than dissipates throughout the course of the illness. Annually, 5 percent of the general population in the United States develops acute bronchitis. It is most common in the fall and winter months.



Healthy Lifestyle

The cough can produce sputum, chest pain occurs on occasion, and wheezing is also a possibility. There may be significant mucus production or it could be mostly dry. Usually the cough is worse at night and with exercise. Cold air and talking can also trigger the cough spasms. The cough can last longer than two weeks in 50 percent of patients and more than four weeks in 25 percent.

Other causes of prolonged cough include post nasal drip, pneumonia and asthma.

Viruses that cause head colds usually

cause acute bronchitis. Some of them include coronavirus, rhinovirus, respiratory syncytial virus and adenovirus. In the past, it was believed that acute bronchitis was a bacterial infection and therefore antibiotics were used. After many studies showed no improvement with antibiotic use and other studies confirmed that bacteria were not in the airways during a bronchial infection, the standard of practice is to no longer treat acute bronchitis with antibiotics.

Treatments are aimed at symptom reduction since most bronchitis is caused by viruses for which there is no treatment. Cough suppressants can be helpful as the cough can be worse at night and prevent sleep. Over the counter cough suppressants are limited in their efficacy.

Honey is shown to be as equally effective as many of the over the counter cough medications. If symptoms are more severe, occasional bronchodilators are needed. These are prescription inhalers typically used for asthma. If symptoms have progressed and inflammation of the airways is now the main culprit causing the cough, steroid inhalers or even oral steroids may be necessary for treatment. Sometimes running a humidifier at night may be helpful as humidified air may be easier to breathe.

Complications from acute bronchitis are rare. Occasionally pneumonia can develop. This usually presents the infected with fever, shortness of breath and a change in the pattern of coughing.

Often a chest x-ray is used to help make the distinction between bronchitis and pneumonia.

Acute bronchitis is mostly a viral infection that leads to a prolonged cough. Occasionally people develop asthma-like reactions, which contribute to the prolonged cough. This does not necessarily mean the patient has developed asthma

but the treatments are similar.

Dr. Roxanne Latimer is the lead physician at Doctors Express in Natick, a seven-day walk-in urgent care center. She can be reached at 508-650-6208. Visit their website, www.doctorexpress.com/FraminghamNatick/about. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com

► Mediterranean

Cont. from page 9

Commission supplied the food. Many of the authors have extensive financial ties to food, wine and other industry groups but said the sponsors had no role in designing the study or analyzing and reporting its results.

Rachel Johnson, a University of Vermont professor who heads the American Heart Association's nutrition committee, said the study is very strong because of the lab tests to verify oil and nut consumption and because researchers tracked actual heart attacks, strokes and deaths — not just changes in risk factors such as high cholesterol.

"At the end of the day, what we care about is whether or not disease develops," she said. "It's an important study."

Rena Wing, a weight-loss expert at Brown University, noted that researchers provided the oil and nuts, and said "it's not clear if people could get the same results from self-designed Mediterranean

diets" — or if Americans would stick to them more than Europeans who are used to such foods.

Dr. George Bray of the Pennington Biomedical Research Center in Baton Rouge, Louisiana, said he would give the study "a positive — even glowing — comment" and called it "the best and certainly one of the largest prospective dietary trials ever done."

"The data are sufficiently strong to convince me to move my dietary pattern closer to the Mediterranean Diet that they outline," he added.

Another independent expert also praised the study as evidence diet can lower heart risks.

"The risk reduction is close to that achieved with statins," cholesterol-lowering drugs, said Dr. Robert Eckel, a diet and heart disease expert at the University of Colorado.

"But this study was not carried out or intended to compare diet to statins or blood pressure medicines," he warned. "I don't think people should think now they can quit taking their medicines." — AP

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Dover, Delaware, *a way of life preserved*

By Victor Block

DELAWARE —

In a museum as eclectic as it is entertaining, my wife Fyllis and I gaze at an exhibit that rekindles memories of our youthful jitterbugging days. Later, we chat with a young man steering a plow pulled by six sturdy horses.

Welcome to Kent County, a surprisingly inviting destination where touches of history, which greet visitors around every corner, combine with vestiges of contemporary life in the slow lane.

The historic center of Dover, Delaware's capital, retains the charm it did when laid out by William Penn in 1683.

The Dover Green is where a Continental Regiment was mustered during the Revolution, and where, in 1787, Delaware's delegates gathered at the Golden Fleece Tavern to ratify the Constitution, making it "the first state."

The Old State House, completed in 1791, served as Delaware's Capitol for more than 140 Years, until the Legislative Hall replaced it in 1933. A five-minute audio-visual presentation followed by a guided tour brings to life the people who once deliberated within the walls of the graceful Georgian-style structure.

Located around the corner from the imposing Old State House is the tiny John Bell House, which dates from the mid-1700s. It was owned by three generations of a family that operated a series of taverns around The Green.



Johnson Victrola Museum

The little wooden structure now serves as an interpretive center and the starting point for tours. Our costumed "historical interpreter" shared information that ranged from facts and figures to interesting tidbits about life as it was when members of the Bell family lived there.

After taking in our fill of early Americana, Fyllis and I set our sights on the long list of other attractions in and around Dover. A short stroll led us to the Johnson Victrola Museum, which we found to be as fascinating in its own way as our truncated history lesson.



Amish baker at Spence's Bazaar

Delaware native Eldridge Johnson founded the Victor Talking Machine Company in 1901. The museum, which honors him, houses collections of more than 100,000 old records, antique phonographs and memorabilia that trace the history of recorded sound. Especially amusing is an assortment of early hand-cranked "talking machines" with oversized listening horns.

An introduction to a more contemporary chapter of history is available at farmers' markets that take place in and around Dover. Our stroll through Spence's Bazaar combined the usual appeals of a sprawling open-air shopping experience and a first encounter with representatives of the Amish community that has found a home in the area.

Dressed in their distinctive "plain people" attire, the Amish offer for sale a variety of fresh-baked breads and pies, homemade fudge and other hard-to-resist, diet-busting foods. Non-edible items included a jukebox, priced at \$2,200, which contained records with songs like *At the Hop* and *See You Later Alligator*, which prompted memories of our long-past teenage years.

Equally enjoyable were encounters with the Amish lifestyle during a drive in the countryside. We passed tiny shops and tidy farms that line narrow, winding roads. A young man guiding a six-horse team pulling a plow paused to chat with us.

The main feature at Shady Lane Selections is a large collection of quilts, one of which Salina Yoder was working on when we arrived. She was using a foot-pedal-powered sewing machine, in keeping with the Amish practice of eschewing electricity.

Even this long list of attractions and activities doesn't exhaust the possibilities. The somewhat oddly named Air Mobility Command Museum, which is housed in a World War II hanger, is home to more than two-dozen aircraft. They include an open-cockpit biplane and a retired jumbo jet whose passengers included U.S. presidents and vice presidents and the Queen of England.

The Bombay Hook National Wildlife Refuge encompasses 16,000 acres of habitat for waterfowl, songbirds, shorebirds and other wildlife. Close-up animal encounters are available for those who set out on gentle walking trails or who prefer drive-by sightings from their car.

The section of the Coastal Heritage Scenic Byway that runs through Kent County meanders through marshlands that skirt Delaware Bay and leads to small fishing villages. A personal favorite was Leipsic, a tiny hamlet where working boats used for fishing, crabbing and oystering often are tied up at the dock. Fyllis and I received a lesson in crabbing from two watermen as they unloaded bushel baskets of creepy, crawly crustaceans they had just retrieved from the traps they tend.

For more information about Dover and Kent County, call 800-233-5368 or log onto www.visitdover.com.



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Frequently asked questions about Medicare prescription drug coverage

By Ron Pollack

Medicare drug coverage options can be complicated. So, here are answers to some of the most commonly asked questions.

Q. What are the different ways that Medicare offers prescription drug coverage?

A. Most people with Medicare get coverage through Medicare Part D. If you have Original Medicare (Parts A and B), you can add a Medicare Part D prescription drug plan for an additional premium. If you have a Medicare Advantage plan (sometimes called Medicare Part C), it probably includes Part D drug coverage, but you should check the plan to be sure. Some people have prescription drug coverage through a former employer. If this coverage is as good as or better than Part D coverage, you can keep it and you don't need to sign up for Part D.

Q. When can I join or change drug plans?

A. When you first become eligible for Medicare (usually around your 65th birthday), you can sign up for a Part D plan or a Medicare Advantage plan when you enroll in the rest of Medicare. Be sure to sign up within three months of your 65th birthday to avoid a penalty. Then, each year between Oct. 15 and Dec. 7, Medicare has an open enrollment period during which you can change Part D plans or switch in to or out of a Medicare Advantage plan.

Q. What is a formulary?

A. A formulary is a list of medicines that your prescription drug plan covers. This list determines how much you will have to pay out of pocket for a prescription (your copayment). The amount varies depending on the category of drug: Generics are usually the cheapest, preferred brand-name drugs are more expensive, and non-preferred brand-name drugs are the most expensive.

Some plans have four or more levels of copayments. Drugs that are not listed on the formulary are not covered at all. If drugs that you currently take aren't on a plan's formulary, or if they are very expensive, you should check out other plans.

Q. What will I pay in premiums, deductibles and copayments?

A. Premiums for prescription drug plans vary widely. This year, the national average is \$30 per month, but there is a big range across geographic areas and for different Medicare Advantage and Part D plans. Deductibles, which refer to how much you must pay out of pocket every year before your plan will kick in, range from \$0 to \$325 this year. Copayments vary from plan to plan.

Q. So what is the doughnut hole?

A. The doughnut hole — a feature of Medicare Part D since 2006 — is a big gap in drug coverage. Before the Affordable Care Act became law, when you reached an initial limit of total drug expenses (\$2,970 in 2013), your drug coverage stopped — meaning you had to

cover 100 percent of your drug costs — until you spent \$3,764 out of your own pocket.

Thanks to the Affordable Care Act, the doughnut hole is shrinking. This year, you will save 52.5 percent on brand-name drugs and 21 percent on generics at the pharmacy while you are in the doughnut hole. By 2020, the doughnut hole will be completely eliminated.

Q. What if I can't afford a Part D plan?

A. You might qualify for the Extra Help program that's run through Social Security. You can find out more at the Social Security website, www.socialsecurity.gov/prescription-help, or by calling 1-800-MEDICARE. Some states also have their own programs to help

people with high drug costs.

Q. Where can I get help choosing a plan?

A. Selecting the right plan can be difficult. Try the Plan Finder at Medicare.gov, or call 1-800-MEDICARE. For personalized assistance, ask for a referral to a counselor at your state's SHIP program.

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. For more information: www.familiesusa.org.

Families USA



Care

Cont. from page 7

Here are some pros and cons on how the system is shaping up:

•Pro: If you apply online, you're supposed to be able to get near-instantaneous verification of your identity, income, and citizenship or immigration status. An online government clearinghouse called the Data Services Hub will ping Social Security for birth records, IRS for income data and Homeland Security for immigration status.

•Con: If your household income has changed in the past year or so and you want help paying your premiums, be prepared to do some extra work. You're applying for help based on your expected income in 2014. But the latest tax return the IRS would have is for 2012. If you

landed a better-paying job, got laid off, or your spouse went back to work, you'll have to provide added documentation.

•Pro: The new system could still end up being simpler than what some people go through now to buy their own insurance. You won't have to fill out a medical questionnaire, although you do have to answer whether or not you have a disability. Even if disabled, you can still get coverage for the same premium a healthy person of your age would pay.

•Con: If anyone in your household is offered health insurance on the job but does not take it, be prepared for some particularly head-scratching questions.

If you just want to buy health insurance in your state's exchange, and are not interested in getting help from the government, you'll still have to fill out an application, but it will be shorter. — AP

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Elder abuse, use of shelters rising

By Dan Sewell

MASON, Ohio —

She raises her hands to her snow-white hair in a gesture of frustrated bewilderment, then slowly lowers them to cover eyes filling with tears. The woman, in her 70s, is trying to explain how she wound up in a shelter that could well be where she spends the rest of her life.

While the woman was living with a close family member, officials at the Shalom Center say, her money was being drained away by people overcharging for her grocery shopping, while her body and spirit were sapped by physical neglect and emotional torment. She says she was usually ordered to “go to bed,” where she lay in a dark room, upset, unable to sleep.

“She just yelled at me all the time. Screamed at me, cussed me out,” the woman said of a family member. “I don’t know what happened. She just got tired of me, I guess.”

The Shalom Center offers shelter, along with medical, psychological and legal help to elderly abuse victims in this northern Cincinnati suburb. It is among a handful in the country that provide sanctuary from such treatment, a problem experts say is growing along with the age of the nation’s population.

The number of Americans 65 and over is projected to nearly double by 2030 because of the 74 million baby boomers born in 1946-64, and the number of people 85 and over is increasing even faster rate. The number of seniors being abused, exploited or neglected every year is often estimated at about 2 million, judging by available statistics and surveys, but experts say the number could be much higher. Some research indicates that 1 in 10 seniors have suffered some form of abuse at least once.

“That’s a big number,” said Sharon Merriman-Nai, project director of the Clearinghouse on Abuse and Neglect of the Elderly, based at the University of Delaware.

“It’s a huge issue, and it’s just going to get bigger.”

Recognition of and mechanisms for dealing with elder abuse are many years behind strides that have been made in child abuse awareness and protection, according to experts.

Getting comprehensive numbers of the abused is complicated, said experts, because the vast majority of cases go unreported out of embarrassment, fear of being cut off from family — most abuse is at the hands of relatives — or confusion about what has happened.

Abuse sometimes comes to light only by chance. County-level adult protective services caseworkers can get anonymous tips. In one recent Ohio case, a hair stylist noticed her elderly client was wincing in pain and got her to acknowledge she had been hit in the ribs by a relative. Another Shalom Center patient was referred by sheriff’s detectives who said his son beat him.

“Are these older people going to be allowed to live their lives the way they deserve to?” said Carol Silver Elliott, CEO of the Cedar Village retirement community, of which the Shalom Center is a part. “We really are not addressing it as a society the way we should.”

The Obama administration has said it has increased its focus on protecting American seniors by establishing a national resource center and a consumer protection office, among other steps. But needs are growing at a time when government spending on social services is being cut on many levels or not keeping up with demand.

The price for not getting ahead of the problem and preventing abuse of people who would otherwise be healthy and financially

stable will be high, warned Joy Solomon, a former Manhattan assistant prosecutor who helped pioneer elder abuse shelters with the Weinberg Center for Elder Abuse Prevention, which opened in 2005 at the Hebrew Home community in New York City.

“My argument always is, if all you do is come in when the crisis has occurred, it is much more costly than preventative care,” said Solomon, director of the shelter, which takes in about 15 people a year. “We’re going to have to pay for it anyway.”

She and others in the field say the first steps are to raise public awareness and train police, lawyers, criminal justice officials and others to recognize and respond to signs of abuse.

Prosecutors often have been reluctant to pursue elder abuse cases, which can be complex because of medical and financial complications, the witness’ ability to testify or reluctance to testify against relatives, according to research for the National Institute of Justice.

In suburban Los Angeles, Orange County started an Elder Abuse Forensic Center nearly 10 years ago; it helps police, geriatrics specialists, lawyers and social services workers coordinate efforts to identify, investigate and prosecute abuse cases.

New York City started its Elder Abuse Center to 2009 to bring a multi-organization approach to the problem.

In New York, part of the Weinberg Center’s mission is to help other communities replicate it. It has assisted shelter startups in upstate New York, Connecticut, Rhode Island and Minnesota along with the Shalom Center in Ohio.

The center marked its anniversary in



January. While more than 40 people have been referred to the nonprofit, faith-based center, only three have gone through with admittance, signs of the reluctance of people who fear losing family relationships — even if they are bad — or the feeling of being at home.

Set up as a “virtual shelter” because victims are integrated into the full Cedar Village retirement community, it is meant to provide 60- to 90-day emergency stays while caseworkers provide help and seek out the best alternative, such as with a different caregiver or relative.

In the case of the woman who complained of abuse in a relative’s home, a call to adult protective services by someone familiar with her led to an investigation and her referral to the shelter.

She has little money, health problems and few alternatives, and after a while, she asked if she could stay at Cedar Village permanently. Caseworkers and officials at the nonprofit, faith-based home agreed that was the best place for her.

The center asked that her identity be protected for this story because the close relatives who allegedly abused her don’t know where she is.

She paints, plays in a residents’ bell choir, plays bingo with others regularly, and has her own room and TV to watch favorites such as *Ellen* and reruns of *I Love Lucy*.

The healthy diet the center keeps her on means she misses some of her favorite foods — beans and corn bread, fried pork chops. But she loves the tuna salad, the group activities and having a life with people who care about her.

“I’ve got quite a few friends,” she said. “They’re just nice people here. I have somebody to talk to, and I appreciate it.”

Online: National Center on Elder Abuse, www.ncea.aoa.gov; The Weinberg Center, www.m.hebrewhome.org/weinberg-center.asp; National Institute of Justice, www.tinyurl.com/a9v48yc.

Communicating end-of-life wishes with an advance directive

By Judith Boyko

Imagine this: You have a terminal condition. You are deteriorating and slip into a coma. Another scenario: You are in a major accident and need life-saving measures to survive. In either case, decisions about your medical care must be made quickly.



Caregiving Tips

Have you told your loved ones about your wishes for end-of-life care? Do they know whether you wish to be kept alive through artificial means if you need life-sustaining support? Do they know if you are an organ donor?

Can you imagine your loved ones *not* having this information, thereby being forced to make choices based on what they

think you might want?

Most people do not want to contemplate the end of their lives; it’s uncomfortable. However, advance directives ensure that one’s wishes about end-of-life care and treatment are respected, and they spare loved ones from having to make difficult decisions on their own. Advance directives also ensure that one’s religious, spiritual and personal values are met with respect and dignity at end-of-life.

National Healthcare Decisions Day, which takes place on April 16, is an observance during which all Americans are urged to make their end-of-life care wishes known by drafting advance directives that include a living will and appointing a healthcare agent.

Although not legally binding in Massachusetts (one of the few states where this occurs), a living will indicates what type of medical treatment is preferred — and not wanted — at the end of life. It includes preference for and fears about specific treatments; whether or not one wants to

receive artificial nutrition or hydration; ventilation; dialysis; and even funeral preferences (burial versus cremation). It may also include a DNR — an order to medical personnel indicating a preference to not be resuscitated if one’s heart stops or if one stops breathing.

A healthcare proxy is a form that designates an individual (“agent”) to make decisions on behalf of someone unable to do so in the event of a personal medical emergency. The agent should be a trusted family member or friend who knows the patient well and can serve as the patient’s advocate when the patient is unable to speak for him or herself.

Since a living will is not legally binding in the Commonwealth, it is recommended that an individual lists treatment preferences in the healthcare proxy and limit the decisions that an appointed agent may make on his/her behalf.

Each state has a specific, legally-binding advance directive form that can be downloaded at www.caringinfo.org. Each state

also has specific laws regarding advance directives. Then, consult with an attorney to ensure the form is complete and accurate. Bring a copy to your doctor’s office for inclusion in your medical files. And discuss your wishes in person with anyone involved in your healthcare.

This National Healthcare Decisions Day, give yourself and your loved ones peace of mind by having a conversation about your end-of-life wishes and preparing an advance directive. Ensure that at the end of your life, you will be treated with the dignity you deserve and spare your loved ones additional trauma during a difficult time. For more information, visit nhdd.org.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Natick Visiting Nurse Association and New Century Homecare Services. She can be reached at 508-651-1786 or at infonvna@natickvna.org. For additional information, visit www.centuryhealth.org, www.natickvna.org or www.newcenturyhomecare.com.

Difficult choices can lead to the best care

By Brenda Diaz

Making the decision to place a loved one in a community may be one of the hardest choices to face. However, it may be the best option.

Is your loved one at home alone? Are they isolated? Depressed? Do they need 24 hour care? Or do they need someone to check in on them a little more often than you are able? Being able to honestly answer these questions will help determine your needs.

Change is difficult, especially for a senior who has been independent. However, there are positive benefits of being in a community with others in similar circumstances. Being among their peers offers good relationships,



socialization, sense of being and purpose, plus the additional care they may need.

Senior home care options: Some home care agencies strictly provide care while others can assist with household chores. This is a great option for loved one who may need additional help on a regular basis. Most agencies require payment by the individual.

Caregiving Tips

Adult day programs: If your loved one is isolated at home and would benefit from partaking in meaningful activities, a senior center or adult day care program may be the perfect solution. A senior center is intended for those who are independently living in the community and require minimal supervision. Senior centers provide a robust calendar of activities, such as day trips, exercise programs and classes.

An adult day program meets the needs of seniors who need more dedicated care and supervision. These activities allow a greater quality of life and safety while they remain living at home. Both options typically provide transportation.

Assisted living communities: They offer independent living with various levels of care. The physical settings provide a home-like atmosphere. People in these communities enjoy the independent lifestyle while being part of a self-contained community.

Long term care communities: When 24 hour care is needed, they offer a comprehensive circle of care, including three meals per day, single or shared bedrooms and daily entertainment.

Once a decision has been made regarding the level of care your loved one needs, purchase a notebook and create a star system for each location you visit or call.

While visiting take note of the staff. Are they smiling? Do the residents seem happy? Are they dressed appropriately? Are the activities aligned with what your loved one likes? Are the hallways cluttered? Are the outside grounds well kept? One key question to ask is what their staffing ratio is. This will tell you how many certified nursing assistants they have per shift and how many nurses are available per day. Once this process has been completed you are ready to make an educated and final choice.

Brenda Diaz is the director of community relations at Wingate Healthcare. She can be reached at Wingate of Needham or Wingate of Sudbury, 781-707-6106. Visit their website at www.wingatehealthcare.com and wingatehealthcare.com/location_needham.php. Archives of articles from previous issues can be read on fiftyplusadvocate.com.

Stay in your home forever: Your bedroom serves many functions

By Cindy Tulimeri and Karen DeRosas

Your bedroom serves many functions such as sleeping and dressing.

During the day your bedroom may seem perfectly safe. But in the dark of night, when fatigue sets in, the bedroom can be a dangerous place. So, the space should be made safe all times of the day.

Consider the height of the bed. Is it too high or too low? Do your feet hit the ground

Home Care Tips

when you are sitting? If you require a step stool, then it is time to lower your bed. Removing the box spring can do this. In an older style bed, it is sometimes necessary to place a piece of plywood under the mattress for a solid base. When your bed is low, it is more difficult to

stand, making the process susceptible to falls. Placing furniture risers under each leg of the bed is a simple solution. These can be found in most stores selling bed and bath items.

Frequent urination at night and/or

urgency is a common complaint as one ages. Multiple trips to the bathroom in the middle of the night — especially if you need to get there quickly — can be hazardous if you are not prepared. Quick position changes can alter your blood pressure, making you unsteady on your feet. Take a few seconds in each position when going from lying down to sitting and standing. Install a bed rail to help with getting in and out of bed.

Lighting is a key component to staying safe. Unfortunately, people think that they know their home and they may not need additional lighting. Unexpected items in

the pathway or leg of a chair could have been avoided if you had adequate lighting. Motion sensor night lights are now available at large department and hardware stores. The night lights should light the path to the bathroom at night. They turn on automatically as you walk. Other options include easy to reach lights on the bed side table or leaving lights on at night.

Closets and drawers should be organized with your frequently used items at easy to reach places. Less frequently used items

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FDA not getting key info on risky drugs

WASHINGTON —

The Food and Drug Administration (FDA) is not receiving key information from drugmakers about whether some of the riskiest prescription drugs on the market are being used safely by doctors and patients, according to a new report by government inspectors.

The report's findings suggest that pharmaceutical companies have largely ignored recent federal requirements designed to manage the safety of high-risk medications. That means American patients could be at greater risk of injury from dozens of drugs with serious side effects.

The report from the Department Health and Human Services' (HHS) Office of Inspector General is the first

independent review of a five-year old program designed to give the FDA more control over prescription drugs. Beginning in 2008, the FDA gained the power to require manufacturers to develop risk-management plans for new drugs. The plans, known as Risk Evaluation and Mitigation Strategies, or REMS, can include a range of requirements:

- Patient brochures warning about drug side effects.
- Specialized training for doctors who prescribe some drugs.
- Limited distribution of drugs by certain hospitals or pharmacies.

But when HHS inspectors reviewed the FDA's assessments of these plans, they found that the majority were apparently



not meeting their goals of improving patient safety, according to the report. Examples of goals for the plans include preventing drug exposure in pregnant women and educating doctors and patients about safety risks.

Only seven out of the 49 REMS plans reviewed by inspectors were meeting all their goals, according to the report. Inspectors said 21 of the plans were clearly not meeting their goals, while another 21 were missing too much information to draw any conclusion about their performance.

Among 19 plans for the riskiest drugs — which have requirements like special doctor training or limited distribution — only one was meeting all of its goals. Eight plans were not achieving their goals and another 10 were missing too much information to draw a conclusion.

The report does not identify specific companies or drugs.

In many cases, inspectors say drug

manufacturers are not submitting enough information about whether patients understand the risks of their drugs. One patient survey included responses from just three patients. In other cases, manufacturers did not include reports of adverse reactions to their drugs. Other companies failed to keep track of the number of doctors who had been certified to prescribe their products.

Inspectors point out that these drugs would probably have been rejected for safety problems without the REMS requirements.

Langford's report concludes that drugmakers are failing to follow up on REMS requirements because there is little downside. The FDA cannot penalize companies that don't submit all the information needed to tell whether REMS are working or not. The report recommends that the FDA ask Congress to give the agency the power to impose fines and other penalties on companies that don't cooperate.

While the FDA agreed with most of the report's findings, the agency was noncommittal on this last suggestion in its written comments about the report, stating, "this recommendation should be considered if another opportunity arises to pursue legislative changes."

The FDA's stance may reflect the historical reality that Congress rarely passes small fixes to existing health care laws, especially without pressure from the public. — AP

► Bedroom

Cont. from page 16

should be stored in areas that someone could assist you with reaching.

Using organizing items such as over the door shoe racks and hooks can be helpful to keep items at an easy to reach height. Depending on your height and ability, closet racks can be lowered, which can be particularly helpful to those using wheelchairs or who have shoulder limitations. A chair that is at least 18 inches off the ground and has arms should be placed in the bedroom. Sit as much as possible to

prevent falls when dressing.

An occupational or physical therapist can create an individualized plan to keep you in your home forever.

Cindy Tulimeri is a Certified Occupational Therapist and Karen DeRosas has her masters in Physical Therapy. Both have an Executive Certificate for Home Modifications through the University of Southern California. As the founders of Independent Living Innovations, they have extensive experience working with elders and adults with disabilities. They can be reached at www.iliseniorservices.com, by calling 617-877-4036 or 978-866-8782 or emailing cindy@iliseniorservices.com.



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5 ways to keep inflation from ruining retirement

By Dave Carpenter

Inflation is the long-term threat stalking every portfolio.

The effect may not be very noticeable in the short run. But by the time you're deep into retirement, inflation can deal a devastating blow to your savings.

Inflation's impact is like that of high blood pressure — that's what Francis Fennie of LPL Financial in Redwood City, Calif., tells his clients. "You may not feel it, but if you don't do anything to guard against it, it's massively damaging to your financial health over the long run."

Years of historically low inflation may have lulled consumers into underestimating the consequences.

But higher rates have finally arrived. Consumer prices have risen 3.2 percent in the past 12 months, the highest level in two and a half years. That brings inflation back to near its historical annual average of about 3 percent.

Many financial planners find it hard to impress upon their clients just how serious a risk inflation can be.

Consider the case of a 65-year-old couple with retirement savings of around \$600,000.

Financial models show that they should be able to withstand annual inflation of 3 percent throughout their retirement,

assuming they're collecting Social Security and able to earn an average annual return of 6 percent on their savings. But if inflation creeps up by just one percent, it's likely they would run out of money before both reach full life expectancy.

Even modest inflation is causing Marlis Risberg, a retired office worker from Forest Lake, Minn., to make some changes. The 70-year-old, who is divorced, started taking Social Security four years ago and finds that the \$1,000 checks don't go nearly as far as they used to. She also has a small pension and some certificates of deposit, but it's all barely enough for basic needs.

"Gas, groceries, medical supplies — everything's going up," she said. "You name me one thing that isn't, aside from the rates on CDs."

The impact of inflation on retirees tends to be higher than that for others, too, especially in later years of retirement. A large chunk of their expenses tends to be from health care, and those costs are rising faster than overall inflation.

Risberg hears neighbors in her retirement community talk every day about

how their income doesn't cover what they thought it would. Some are buying fewer groceries so they can afford their medications. Others are taking out reverse mortgages.

They're holding down spending, either out of necessity or in an effort to ensure they'll still have something left to pass along to children and grandchildren.

So what can be done to offset inflation besides spend less?

For starters, you should acknowledge that inflation needs to be factored into retirement planning.

About 45 percent of retirees fail to account for the effects of inflation, according to a recent study by the Society of Actuaries. And only 5 percent of pre-retirees age 45 and older have a financial plan that extends to or beyond their life expectancy — a long time span that gives inflation more time to erode a portfolio.

Individuals need to take both inflation and longevity into consideration and plan for multiple scenarios.

Here are some moves that can help compensate for future inflation:

1. Invest for growth. You need to make

sure your assets continue to grow and generate interest income so your purchasing power stays intact.

Today's retirements can easily last two or three decades, adding to the financial challenge.

"If you're planning to manage your portfolio in retirement the way your grandfather did, you'd better wake up," said Christine Fahlund, a senior financial planner for investment firm T. Rowe Price. "Those retirements were maybe 10 or 15 years long. And they had pensions."

A \$100,000 cash nest egg will be worth just \$55,400 after 20 years with annual inflation of 3 percent, as calculated by T. Rowe Price. After 25 years, or age 90 for someone who starts with that amount at 65, it's down to \$41,200. Both scenarios assume a 6 percent annual return on investments.

That makes leaving portfolios mostly in cash, CDs or other conservative investments with very low returns — a popular retirement strategy in years past — a very risky gambit.

Better to have 40 percent to 60 percent in stock at retirement age; you can lower the percentage slightly as you get into your 70s and 80s. A balanced or blended mutual fund that also includes a large percentage of bonds will lessen the risk if you're uncom-

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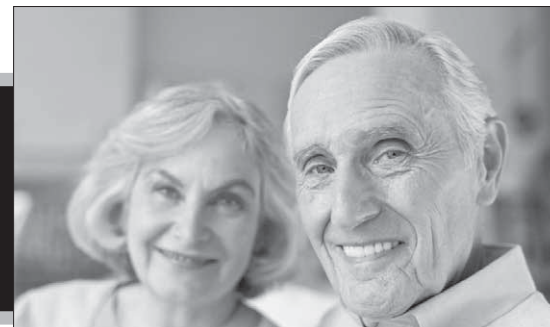


Notice to Seniors, Veterans and the Disabled

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Urge your adult children to have their own estate plan

By Linda T. Cammuso

Most informed seniors have an estate plan, but what about their adult children? All too often, estate planning is perceived as a need for only the older (and wealthier) generation. However, younger people, especially those with minor children, need to have an estate plan (a will, durable power of attorney, health care proxy and possibly a trust) in place in case of a serious illness, injury or death.



Legal Briefs

A common reaction from younger adults on this topic is: "Why would I want an estate plan? My house is mortgaged and I have no money to leave to heirs. I'll consider it later, when I'm older and well established." This is a dangerous and faulty viewpoint.

Here are a few discussion points for you when speaking to your children:

Medical and financial emergencies can happen at any time. What would happen if you became disabled or incapacitated? Who will take care of your financial and health-care decisions? What would happen to your estate if instead of dying, you became disabled or incapacitated? It isn't only seniors who need an estate plan — you do too. At the very least you should have a health care proxy and living will. Additionally, a durable power of attorney will allow a trusted family member or friend of your choice to manage your finances and sign legal documents for you in a disability scenario.

An estate plan protects your minor children. Without an estate plan, control of the minor's inheritance will be taken over by a court-supervised guardian or conservator. Depending on the laws of the state where the

minor lives, when the minor reaches the age of 18 or 21 all of the remaining guardianship funds will be turned over to the child. If both parents die while the children are still minors, a judge decides who will raise the children. Is that what you want for your children?

If you are thinking about marriage, a prenuptial agreement should be considered. This can protect what assets you currently have or significant assets that you expect to inherit. Although not romantic, this can safeguard your future financial situation.

If you don't have a life insurance policy yet, it's time. Unlike seniors, your generation can get term life insurance inexpensively. A life insurance policy provides financial security for your family if you were to die prematurely. Insurance proceeds can be used for paying off a mortgage, outstanding medical and other bills, replacing lost income and for your children's care and education.

It is important that individuals designated in an estate plan know where to find financial records and passwords. Urge your adult children (and do this yourself) to make a list of accounts and passwords (including your computer's password) and put that list in a safe place. And of course, no matter what your age, you should update your documents as your life situation changes.

None of us knows what the future holds. Encourage your adult children to do the "adult thing" and see an attorney to draft estate planning documents that are appropriate to them.

Linda T. Cammuso, a founding partner at Estate Preservation Law Offices and an estate planning professional, has extensive experience in estate planning, elder law and long-term care planning. Linda may be reached at www.estatepreservationlaw.com or by calling 508-751-5010. Archives of articles from previous issues may be read at www.fiftyplusadvocate.com.

Fidelity: 401(k) balances grew 12 percent in 2012

By Mark Jewell

BOSTON —

Employee 401(k) accounts are growing fast, thanks to the surging stock market and increased contributions from workers and their employers.

The average account balance grew nearly 12 percent last year, reported Fidelity Investments. The average was \$77,300 at the end of 2012, up from \$69,100 a year earlier, according to Fidelity, the nation's largest 401(k) administrator.

The average balance is up sharply since the stock market hit bottom in early 2009, following the financial crisis. Back then, the average was \$46,200.

In the final three months of last year, 401(k) balances rose a modest 2 percent. The average balance was \$75,900 at the end of the third quarter.

The S&P 500 and a broad U.S. bond market index finished the fourth quarter largely unchanged, although there was plenty of drama. Stocks tumbled following President Obama's re-election as it appeared talks to avert the "fiscal cliff" would become fiercely partisan. But the market recovered as negotiators slowly

made progress, ultimately reaching a Jan. 1 deal to avoid severe tax increases and delay spending cuts.

For the full year, the S&P 500 posted a return of 16 percent and bonds were up about 4 percent as corporate profits improved and the economy continued to recover from the Great Recession.

Fidelity estimates that about two-thirds of last year's increase in the average 401(k) balance was attributed to investment returns and one-third to worker contributions and employer matches.

Over the past 10 years, those two components have played a roughly equal role in boosting account balances, with 53 percent attributed to contributions and 47 percent to market gains.

"You really need to contribute to your account, because those contributions have an equal weighting to the market appreciation over the long term," said Beth McHugh, vice president of market insights at Boston-based Fidelity.

Investment earnings and contributions can grow tax-free in an employer-sponsored 401(k) account, which is a key reason why they're a popular way to save for retirement. — AP

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Medicare paid \$5.1B for poor nursing home care

SAN FRANCISCO —

Medicare paid billions in taxpayer dollars to nursing homes nationwide that were not meeting basic requirements to look after their residents, government investigators have found.

The report, released by the Department of Health and Human Services' (DHH) inspector general, said Medicare paid about \$5.1 billion for patients to stay in skilled nursing facilities that failed to meet federal quality of care rules in 2009, in some cases resulting in dangerous and neglectful conditions.

One out of every three times patients wound up in nursing homes that year, they landed in facilities that failed to follow basic care requirements laid out by the federal agency that administers Medicare, investigators estimated.

By law, nursing homes need to write up care plans specially tailored for each resident so doctors, nurses, therapists and all other caregivers are on the same page about how to help residents reach the highest possible levels of physical, mental and psychological well-being.

Not only are residents often going without the crucial help they need, but the government could be spending taxpayer money on facilities that could endanger people's health, the report concluded. The findings come as concerns about health care quality and cost are garnering heightened attention as the Obama administration implements the nation's sweeping health care overhaul.

Investigators estimate that in one out of five stays, patients' health problems weren't addressed in the care plans, falling far short of government directives. For example, one home made no plans to monitor a patient's use of two anti-psychotic drugs and one depression medication, even though the drugs could have serious side effects.

In other cases, residents got therapy they didn't need, which the report said was in the nursing homes' financial interest because Medicare would reimburse them at a higher rate.

In one example, a patient kept getting physical and occupational therapy even though the care plan said all the health goals had been met, the report said.

The Office of Inspector General's report was based on medical records from 190 patient visits to nursing homes in 42 states that lasted at least three weeks, which investigators said gave them a statistically valid sample of Medicare beneficiaries' experiences in skilled nursing facilities.

That sample represents about 1.1 million patient visits to nursing homes nationwide in 2009, the most recent year for which data was available, according to the review.

Overall, the review raises questions about whether the system is allowing homes to get paid for poor quality services that may be harming residents, investigators said, and recommended that the Centers for Medicare & Medicaid Services tie payments to homes' abilities to meet basic care requirements. The report also recommended that the agency strengthen its regulations and ramp up its oversight. The review did not name individual homes, nor did it estimate the number of patients who had been mistreated, but instead looked at the overall number of stays in which problems arose.

In response, the agency agreed that it should consider tying Medicare reimbursements to homes' provision of good care. CMS also said in written comments that it is reviewing its own regulations to improve enforcement at the homes.

"Medicare has made significant changes to the way we pay providers thanks to the health care law, to reward better quality care," Medicare spokesman Brian Cook said in a statement to AP. "We are taking steps to make sure these facilities have the resources to improve the quality of their care, and make sure Medicare is paying for the quality of care that beneficiaries are entitled to."

CMS hires state-level agencies to survey the homes and make sure they are complying with federal law, and can require correction plans, deny payment or end a contract with a home if major deficiencies come to light. The agency also said it would follow up on potential enforcement at the homes featured in the report.

Greg Crist, a Washington-based spokeswoman for the American Health Care Association, which represents the largest share of skilled nursing facilities nationwide, said overall nursing home operators are well regulated and follow federal guidelines but added that he could not fully comment on the report's conclusions without having had the chance to read it.

Once residents are ready to go back home or transfer to another facility, federal law also requires that the homes write special plans to make sure patients are safely discharged.

Investigators found the homes didn't always do what was needed to ensure a smooth transition.

In nearly one-third of cases, facilities also did not provide enough information when the patient moved to another setting, the report found. — AP



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Your chances of dying by 2023? Test offers a clue

By Lindsey Tanner

CHICAGO —

Want to know your chances of dying in the next 10 years? Here are some bad signs: getting winded walking several blocks, smoking and having trouble pushing a chair across the room.

That's according to a "mortality index" developed by U.S. researchers for people older than 50.

The test scores may satisfy people's morbid curiosity, but the researchers say their 12-item index is mostly for use by doctors. It can help them decide whether costly health screenings or medical procedures are worth the risk for patients unlikely to live 10 more years.

It's best to take the test with a doctor, who can discuss what the score means in the context of patients' own medical history, the study authors say.

The index "wasn't meant as guidance about how to alter your lifestyle," said lead author Dr. Marisa Cruz of the University of California, San Francisco.

Instead, doctors can use the results to help patients understand the pros and cons of such things as rigorous diabetes treatment, colon cancer screening and tests for cervical cancer. Those may not be safe or appropriate for very sick, old people likely to die before cancer ever develops.

The 12 items on the index are assigned points; fewer total points means better odds.

- Men automatically get 2 points. In addition to that, men and women ages 60 to 64 get 1 point; ages 70 to 74 get 3 points; and 85 or over get 7 points.

- Two points each: a current or previous cancer diagnosis, excluding minor skin cancers; lung disease limiting activity or requiring oxygen; heart failure; smoking; difficulty bathing; difficulty managing money because of health or memory problem; difficulty walking several blocks.

- One point each: diabetes or high

blood sugar; difficulty pushing large objects, such as a heavy chair; being thin or normal weight.

The highest, or worst, score is a 26, with a 95 percent chance of dying within 10 years. To get that, you'd have to be a man at least 85 years old with all the above conditions.

For a score of zero, which means a 3 percent chance of dying within 10 years, you'd have to be a woman younger than 60 without any of those infirmities — but at least slightly overweight.

It's hardly surprising that a sick, older person would have a much higher chance of dying than someone younger and more vigorous, and it's well known that women generally live longer than men. But why would being overweight be less risky than being of normal weight or slim?

One possible reason is that thinness in older age could be a sign of illness, Cruz said.

Other factors could also play a role, so the index should be seen as providing clues but not the gospel truth, the research suggests.

Grants from the National Institute on Aging and the American Federation for Aging Research helped pay for the study.

The researchers created the index by analyzing data on almost 20,000 Americans over 50 who took part in a national health survey in 1998. They tracked the participants for 10 years. Nearly 6,000 participants died during that time.

They previously used the test to predict the risk of dying within four years. They said their new effort shows the same index can be used to predict 10-year mortality.

Dr. Stephan Fihn, a University of Washington professor of medicine, said the index seems valid and "methodologically sound."

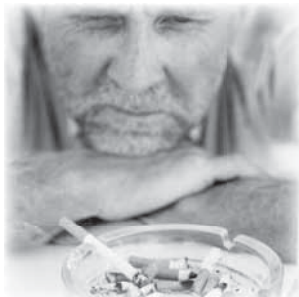
But he said it probably would be most accurate for the oldest patients, who don't need a scientific crystal ball to figure out their days are numbered. — AP

tive again as U.S. military involvement in Iraq increased and has been negative ever since.

Conversely, Social Security has always been in positive territory. Most people have favored increased spending on this program since the mid-80s, with the exception of 1993 and 1994.

On other issues: Most Americans in the poll favored increased spending for assistance to the poor (64 percent), improving the nation's health (61 percent) and Social Security (56 percent). Most also favored greater spending on domestic and social issues including education (76 percent), developing alternative energy sources (62 percent), reducing the crime rate (59 percent), improving the environment (57 percent) and dealing with drug addiction (56 percent).

Despite all this support for increasing spending, the survey found that 52 percent believed their own federal income taxes last year were too high, 46 percent said about right and just 3 percent said too low. — AP



► Survey

Cont. from page 6

ger slice of the spending pie than it actually is.

Foreign aid amounts to loose change, hovering for years at 1 percent or less of the federal budget, compared with defense spending and "entitlement" programs like Social Security and Medicare. The survey shows the public is largely opposed to cuts in entitlement programs but tilts toward cuts in the defense budget.

Support for defense spending has swung back and forth between negative and positive over four decades. It posted a -28.4 in 1973 near the end of the politically divisive Vietnam War, turned positive in 1978 and peaked at +48.9 in 1980. It returned to negative territory from 1983 to 2000. But after the Sept. 11, 2001, terrorism attacks and the start of the war in Afghanistan, support for more defense spending again went positive — through 2004. But it turned nega-

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z-3

It's not easy being 'emerald' green

By Kim Cook

When Pantone LLC announced that emerald green was its Color of the Year for 2013, reaction among designers and interior consultants was mixed.

The company, which creates and matches colors for the home and fashion industries, picks a top hue each year based on current use and expected continued popularity.

For New York color consultant Debra Kling, emerald green's boldness means it should be used only as an accent. "Emerald might be one of those polarizing colors like purple — you either love it or hate it, and certainly could get tired of it fast," she said.

Other shelter style arbiters, however, such as Elle Décor, heralded the color by featuring luxe goods in emerald green, including fabrics from Scalomandre, Schumacher and Phillip Jeffries, and Baccarat water glasses.

Greens have been strong for a while because of interest in nature, Leatrice Eiseman, executive director of Pantone's research arm known as the Pantone Color Institute, has said. She calls green "a color of growth, renewal, healing, unity and regeneration."

So can you decorate with emerald green without becoming overwhelmed by it?

New York designer Elaine Griffin thinks you can, as long as you're careful.

"There's no getting around it, emerald is flat out dramatic. Which means it's best used in small doses, as accessories," she said.

For those liking the color enough to consider paint, Griffin has a suggestion. "True emerald should go in

tiny spaces like foyers or powder rooms, and then dining rooms, which always benefit from a theatrical touch. But it's too harsh a color for rooms in which you linger."



JC Penny offers the PANTONE Universe™ Emerald Green collection.

Consider malachite accessories. "Malachite is emerald at its best, so take your inspiration from there. Malachite boxes, printed fabrics like Tony Duquette's for Jim Thompson, bedecked plates and table lamps are all fab," Griffin said.

Some colors pair well with emerald, and can give a visual pop to a room. Griffin likes yellow and brown, "like a sun-dappled forest." As preppy go-withs, try raspberry, peacock, Prussian blue, pale rhubarb and turquoise.

And Kling notes that emerald pairs well with other greens: "In contrast to any other color family, the human eye perceives that no two greens clash. This is because we're accustomed to seeing every variant of green coexisting harmoniously in nature."

Where shouldn't you use the hue?

"Avoid upholstering a long-term piece like a sofa in emerald — I promise the visual thrill will be gone in a matter of months," Griffin said.

At Wayfair, you'll find Joy Carpet's 3D graphic Highrise rug in a great emerald. Glass drawer knobs and pulls might be a fun way to introduce this green too (www.wayfair.com).

JC Penney's got a bedding and bath collection created in partnership with Pantone; there are several pieces in emerald, trimmed with white or cream (www.jcp.com).

At Lamps Plus, find Arteriors Home's Roma emerald cased glass and Greens Circle Rings Ovo table lamps, as well as the smart Kite pillow in an emerald ikat print (www.lampsplus.com).

At Homegoods, there are some striking emerald wine glasses priced quite a bit less than Baccarat, and a good selection of emerald throw pillows and picture frames as well (www.homegoods.com).

Emerald is considered the stone of Venus, and there may be a little luck of the leprechaun at work too — more reasons to give it a try. — AP

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► Inflation

Cont. from page 18

fortable about being in stocks.

2. Delay taking Social Security.

Inflation protection is built into Social Security; benefit amounts are revised annually to account for cost-of-living increases. But there were no such adjustments the last two years even while food costs climbed. And taking steps to ensure that your monthly check is as large as possible will help in your battle against inflation.

If you file for Social Security benefits as soon as you're eligible at age 62, your payments are reduced by about 30 percent from what they would be at full retirement age — 66 to 67 depending on year of birth. After full retirement age, the monthly check increases by 8 percent for each additional year you delay up to age 70.

3. Buy an inflation-indexed annuity.

Annuities — investment products in which you generally pay an insurance company a sum of money and get back a stream of payments for life — scare off many retirees and pre-retirees. They have a reputation for being complex and loaded with fees. But more financial advisers are touting them as a way to receive the guaranteed lifetime income that pensions once provided. You need to analyze the terms carefully and choose a financially healthy insurance company that's poised to be around for decades.

The initial annual payout rate for an inflation-indexed annuity should be about 5 percent of the purchase price

if you retire at age 65, said consulting actuary Steve Vernon. It's likely to be a bit more if you're a single man, a little less if you're a single woman or part of a married couple. Consumer websites such as AnnuityAdvantage.com and DirectAnnuities.com provide rundowns of the various types of annuities and available rates.

4. If your pension does not adjust for inflation, create a side account.

The purchasing power of your monthly pension payment, if you are fortunate enough to have one, will shrink dramatically over the course of a long retirement. To prepare for that, retirees and pre-retirees alike should set up a separate account that can be tapped periodically for additional income.

It could be a short-term bond fund with less volatility than a stock fund, suggests Fahlund, since it is not being counted on as your primary source of retirement income.

5. Supplement Medicare with other insurance.

Buy Medigap supplemental coverage that fills in benefit gaps in traditional Medicare. And consider buying long-term care insurance in your 50s or 60s to help ensure that significant medical expenses later in retirement don't wipe out your assets. Even without considering the additional costs that advancing age brings, health care costs for families rose 7 percent in the past year and have doubled in nine years, according to a recent report by actuarial firm Milliman.

Significant inflation is almost certain to continue for both health and long-term care expenses. — AP

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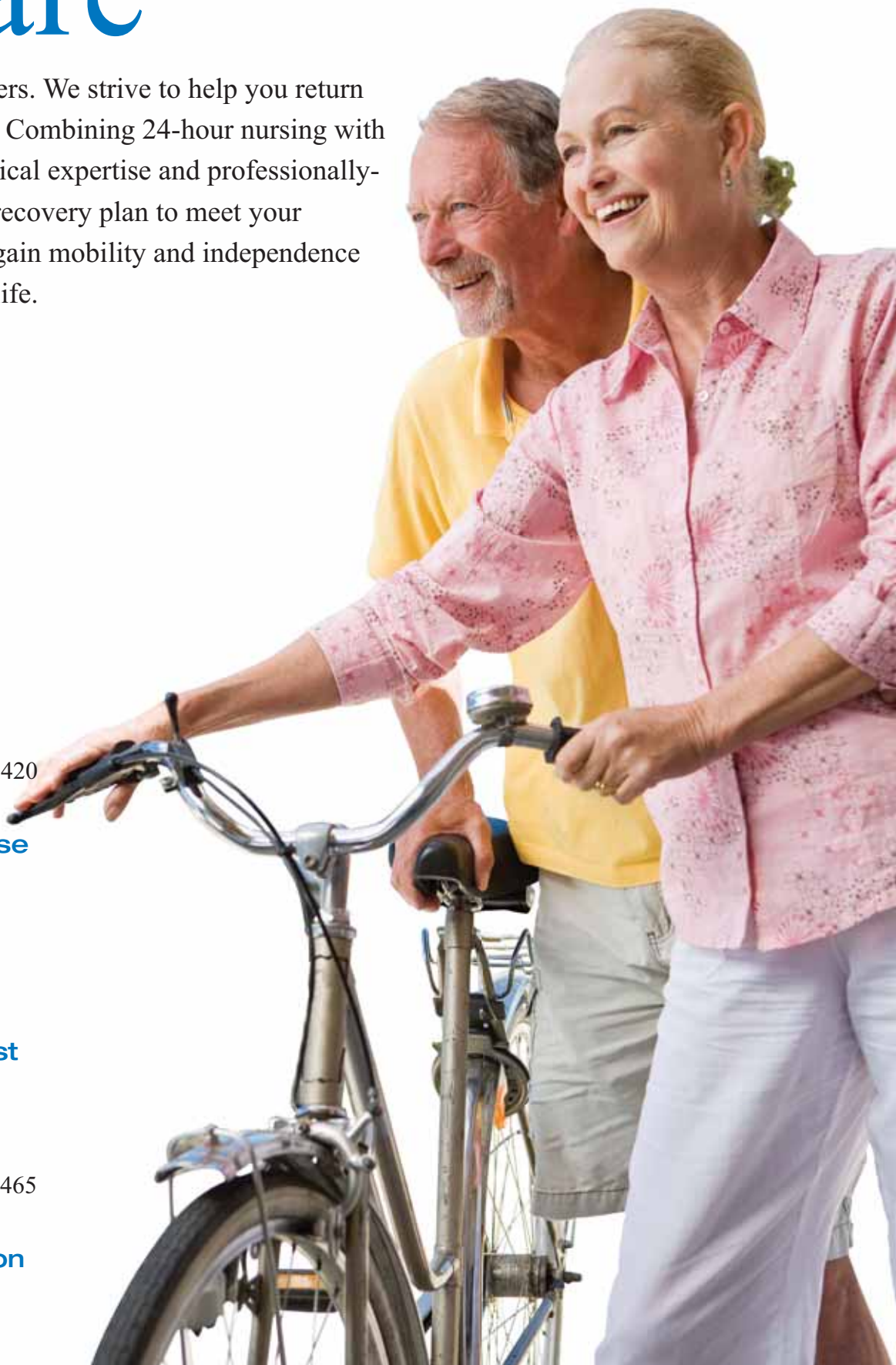
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