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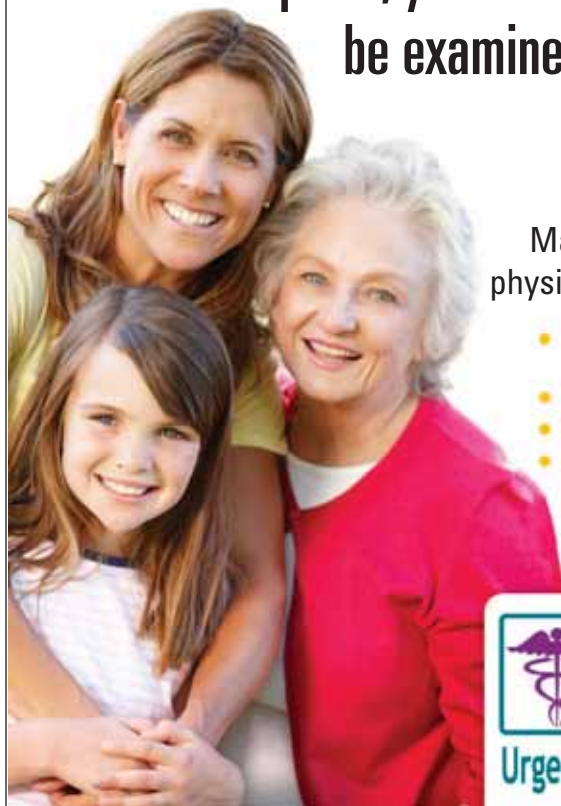
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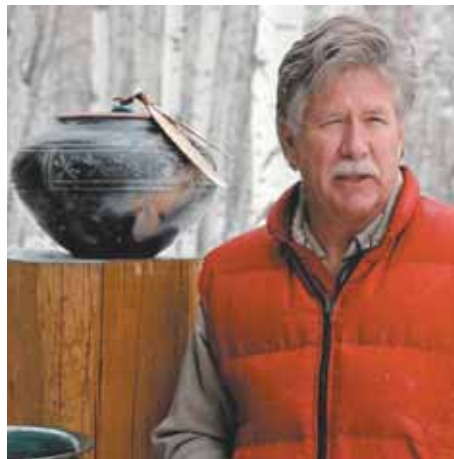
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# How to make the downsizing process less emotional

By Brian Goslow

When Heidi J's mother decided it was time to prepare to move from her longtime Boston area home to a nearby life care community, she was faced with the challenge of what to do with her collection of antiques.

"She had 50 years of 'treasures' stored in a basement, garage, closets, drawers, etc. which could not all fit in her new apartment," said Heidi, who asked that her last name not be used to protect her mother's privacy.

Heidi was fortunate to have had the benefit of time — approximately two years after her mother, then in her early 80s and widowed, first expressed her desire for a new living space — to help prepare her for the move by deciding what to do with the amassed collection.

"Downsizing had to be a team effort," she said.

Going through each piece together was like opening "time capsules," with Heidi's mom remembering where she got each artifact and the story that went with each one. "However, reminiscing about each and every item only made them more difficult to part with," Heidi said. "Sometimes the process was stressful, as we knew she could only take a fraction of her belongings to her new apartment."

Many of the items were given to family members. Others were offered to antique dealers, a transaction that was sometimes difficult as Heidi's mom felt her "treasures" were worth way more than what the dealers were willing to pay for them. "My mantra was, 'We can't take all this stuff with us,'" Heidi said. "Over time she was willing to sell more items and pocket a little mad money."

A professional moving service brought a small assortment of items to Heidi's mom's new home, while storing whatever items remained.

"It was a very emotional process," Heidi said. "Downsizing and moving is saying goodbye to not only a house and the things in it, but to bygone times. There is a finality to it. A period at the end of a sentence."

Years ago, many items from a downsize would end up at the local dump. These days, professional move managers can help find willing buyers for in-demand items and non-profit organizations that have families that can benefit from donated items.

Laurie Nordman, owner of NextStage Associates, a professional move management company based in Westborough, said

the best time to downsize is when someone is doing it by choice, and has the luxury of time in making decisions on what to do with prized items.

The best scenario for her clients, time wise, is when they have approximately two months for the process. "We set up a weekly appointment with them and we just sort of work at it a little at a time, and by the time they're ready to move, by the time the house is ready to be listed, they're ready and they haven't had to make any fast choices," she said.

In addition to providing improved time management, Nordman said, a move management company often has a better idea of what items might have value and reusability.

"If there are things someone wants to consign, things that are (perceived to be) popular and desirable, that changes over time," Nordman said. "A lot of times, the families will throw away the stuff that's actually popular now and save the stuff that had the value when they bought it. What a lot of clients don't realize is what people want now is stuff from the '60s and '70s."

One example would be good china, which many perceive to have great value, so they hold onto it for decades, even if it's never used, while throwing out currently-in-demand '60s-era Mod plastic dishes.

When it comes to what family members want, "use creates meaning," said Nordman. "Very often when we're talking to people, they say, 'My kids don't want the good china' and what I often say is, 'How often did you use it?' Because if you used it twice a year, it has no memories for them. But ask them (their children) if they want the cookie jar or ask them if they want the bowl they ate their cereal out of, chances are pretty good that those are the things they want."

Catherine Evans, 64, of Maynard, decided it was time to downsize when she realized her house contained "too much unused stuff." Without a timetable, she and her husband are going through the process themselves, with the help of their teenage grandchildren. "It's been great," she said. "We have these discussions as I tell the stories connected to the pieces. It lets them know me and my husband better — and differently."

But Evans' upbringing makes it somewhat difficult for her to discard things. She grew up on a farm where folks created what they needed out of whatever was available. "You didn't go to the store for a 'something,'" she said. "It has always been for me, well, that I might need it sometime."

Secondly, she's an artist who's made a name for herself repurposing discarded materials. "My creativity kicks in. I see multiple uses for most things," Evans said. "I can think of dozens of things to use an empty toilet paper tube for."

Then there are the emotions that return with each object in the house. "Every single

piece of paper has to be rethought," Evans said. "Every old photo brings back memories. With some things, it feels like broken dreams, things I hoped for that never materialized."

Toni Coleman, a psychotherapist based in McLean, Va., has worked with people going through downsizing or are helping their parents with it; she has personally gone through it with her own parents and in-laws.

"The overwhelming feelings folks experience are a sense of loss over their youth and past life and a nostalgia about what they have lost and must give up as they move into the later stages of their lives," Coleman said. "They may make attempts to hold on to things they no longer need and offer resistance to those helping them declutter. They also often push their kids and/or grandkids to take useless and unwanted things and use them as a way of holding on to their past and memories."



A downsizing work-in-progress: Catherine Evans' attic

Sometimes the pressure to downsize comes from relatives.

Clinical psychologist Natalie Gelman has been running a discussion group on aging at the Mastick Senior Center in Alameda, Calif. When the subject of downsizing came up, some of the participants felt they were being hassled to do so by their children and as a result, were resentful and angry toward them.

"What stood out for me as the strongest issue was that they felt their power and control were being challenged," Gelman said. "They did not like being parented and felt capable of making their own decisions." They generally believed the objects they had stored away were too valuable to discard, but the perceived value was not always financial. Rather it was frequently tied to memories the owners felt were too precious to dispose of.

So where's the best place to start a downsizing project?

With books. Once someone has read a book, most likely, he or she is not going to read it again, pointed out NextStage Associates' Nordman, noting that books are perfect to offer to others.

That includes that pile of cookbooks taking up valuable space. "We always can tell the best cookbook in the house because it's the one with the most dog ears and the most grease stains — that's the cookbook that you

keep," she said. "The one that doesn't even have the binding cracked, that's the one you can donate (or pass onto a friend) because that cookbook has never been used and it probably never will be."

For the most part, unless there's a rare book, it's not cost effective for Nordman's company to try to sell a collection. It normally tries to match the books with a charity that can do something with them.

People who haven't made the transition to computers tend to be paper savers. "That's tough," Nordman said. "For example, if you're got recipes from the '80s that you've never tried, yet they're still sitting there in your box of recipes, you have to ask yourself, 'Am I ever going to make this or do I just like the idea of someday making this?' If it's something that you actively use, if it's a friend, then you keep it. If it's an acquaintance, you think about keeping it, and if it's a stranger, you let it go."

Before getting rid of personal papers, Nordman suggested contacting a lawyer and banker to make sure they have no further use. Then, to protect that information from getting in the wrong hands, take advantage of shredding services at office supply stores. "They shred by the pound," she said. "You can have 40 years of no-longer-needed records gone in a matter of 30 minutes as opposed to you spending weeks and months and years with a little cheap shredder trying to do it all."

Whether it's newspaper or magazine articles, recipes, paper items, tools, linens, kitchen items or tablecloths, Nordman shares one basic rule to make the downsizing process much easier: "Realistically, if you haven't used it in the past five or six years, chances are pretty good you're not going to need it, so it's probably OK to let those things go," she said.

When Nordman's company surveys a customer's property, it prioritizes the client's wishes as well as where items that aren't being sold or given to family members can find new homes. For example, kitchen items can be utilized by Household Goods Recycling of Massachusetts in Acton, yard tools by Habitat for Humanity, women's clothing can make a difference at Abby's House in Worcester, and More Than Words in Waltham has homes for all those books you'll never open again.

Nordman estimates that 30 percent of her company's business is caused by an "unanticipated transition" due to a sudden death or an illness forcing someone to move. "We can more than handle an emergency transition and we can do it really well — it takes the stress out of it for the family," she said.

*Resources: Household Goods Recycling of Massachusetts, [www.hgrm.org/](http://www.hgrm.org/); Habitat for Humanity, [www.habitat.org/](http://www.habitat.org/); Abby's House, [www.abbyshouse.org/](http://www.abbyshouse.org/); More Than Words, [mtwyouth.org/](http://mtwyouth.org/); NextStage Associates, [www.nextstageassociates.com](http://www.nextstageassociates.com).*

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# Acceptance and pragmatism, American style prevails

By Liz Sidoti

**Editor's Note: Just My Opinion will return next issue.**

WASHINGTON —

It's a counterintuitive notion in an era where it's easy to feel like Americans are sitting in judgment of one another every day. Yet here it is right in front of us: When it comes to social policy in the United States, a new pragmatism prevails in a number of surprising ways.

## Guest Column

In a relatively short span, American views have shifted on everything from gay marriage to marijuana legalization to illegal immigration and, perhaps, more. New laws, predictably, have followed. And, today, parts of this country now allow gays to wed and people to smoke marijuana for fun, while Congress is debating whether to permit millions of people in the country unlawfully to stay.

Like it or not, this is what appears to be happening: We are becoming a country that's becoming more accepting rather than exclusive as technology and globalization combine with generational, ideological and demographic changes that are reshaping the nation's very fabric.

With the lessons of war and recession fresh in our minds, is it possible that the period we just underwent gave us some perspective? When people are worried about feeding families in the face of tough economic times and staying safe in the face of terrorism threats, do we no longer have the bandwidth to worry about whom others sleep with, what they smoke or whether they're living here legally? Have we reordered our priorities, becoming so focused on existential challenges that we don't have room for as much judgment in our lives anymore?

Certainly, prejudice still exists and it will likely forever. But the numbers agree. When it comes to social policy, at least, we are changing.

President Barack Obama remarked on how far we've come before an audience of young people in Belfast recently, when he invoked his own nation's history of discrimination while praising the peace achieved so far in Northern Ireland.

As the Supreme Court prepared to rule on gay marriage, a Pew Research Center survey found that for the first time in its polling just over half — 51 percent — of Americans favor allowing gays and lesbians to marry legally. It also found that 72 percent say that legal recognition of same-sex marriage is "inevitable." This comes a year after Obama declared his support for it.

With two states deciding last fall to legalize pot for recreational purposes, Pew also found in April that most Americans — 52 percent — now back doing so. It's the first time in more than four decades that a majority has taken that position. Support for legalization has risen 11 percentage points since 2010. As recently as a decade ago, only about one-

third backed making marijuana legal.

And as Congress tackled immigration reform, a CBS News/New York Times survey in April found 83 percent favoring an eventual path to citizenship for people in the country unlawfully. That was 20 percentage points higher than what a Pew poll found in 2007, the last time the country engaged in a debate over the issue.

At first glance, these swings in public opinion, and the political changes that at times grudgingly follow, seem easy to explain: Our culture is increasingly defined by the younger, more liberal, more accepting generation, but our system of laws remain defined by the older, more conservative, less tolerant generation.

Partly. That explanation belies the complexity of what's really going on. Attitude shifts, including greater acceptance of differences, tend to follow times of high stress.

Certainly millennials, people born since 1980 who are now generally between 18 and 32, play a large role in the country's reshaping.

This generation of Americans skews left ideologically, growing up in the polarized period of the George W. Bush years and rallying behind Obama in the period since, becoming more liberal than the previous generation and even their parents' baby boom generation. They came of age at a time when images of the burning World Trade Center towers and unemployment lines likely were seared into their memories as they determined what mattered to them — and, perhaps as importantly, what didn't.

Their impact on the nation's fabric is similar to the impact young people had on the nation in the late 1960s, only in reverse.

But the influence of millennials is only one factor contributing to this public opinion swing.

Other demographic changes — racial and ethnic — are also at play in a nation where whites have long been a majority. They are on pace to lose that status in the next generation, somewhere around the year 2043, as fast-growing Latinos exert their dominance. All that has helped fuel changes in American views about reforming the nation's patchwork immigration system.

And then there's the ideological shift, with significant swaths of both the right and the left showing a be-and-let-be libertarian bent, wary of government intrusion in their personal lives. That strain is evident in both views on pot and gays, and, to some extent, immigration as well.

Contributing to all that is the fact that we're more connected than ever, with seemingly unlimited information literally at our fingertips and the ability to communicate with someone on the other side of the world through a handheld device — something so recent, yet already so universally accepted that we tend to overlook its power.



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PROUD AFFILIATE



ACCEPTANCE page 8

# Judges: Social Security pushes approval of claims

WASHINGTON —

Driven to reduce a huge backlog of disability claims, Social Security is pushing judges to award benefits to people who may not deserve them, several current and former judges told Congress.

Larry Butler, an administrative law judge from Fort Myers, Fla., called the system “paying down the backlog.”

A former Social Security judge, J.E. Sullivan, said, “The only thing that matters in the adjudication process is signing that final decision.” Sullivan is now an administrative law judge for the Department of Transportation.

The House Oversight and Government Reform Committee is investigating why many judges have high approval rates for claims already rejected twice by field offices or state agencies. Two current and two former judges spoke at a subcommittee hearing.

The number of people receiving Social Security disability benefits has increased by 44 percent over the past decade, pushing the trust fund that supports the program to the brink of insolvency.

Social Security officials say the primary reason for the increase is a surge in baby boomers who are more prone to disability as they age. Deputy Social Security Commissioner Glenn Sklar noted that the vast majority of disability claims are initially denied.

To qualify for benefits, people are supposed to have disabilities that prevent them from working and are

expected to last at least a year or result in death.

According to Social Security data, there were errors in 22 percent of the cases decided in 2011, Sklar said. He said some errors were procedural and did not necessarily result in incorrect decisions.

“The true wrong rate would be less than 10 percent,” Sklar said.

Nearly 11 million disabled workers, spouses and children get Social Security disability benefits. That compares with 7.6 million a decade ago. The average monthly benefit for a disabled worker is \$1,130.

An additional 8.3 million people get Supplemental Security Income, a separately funded disability program for low-income people.

Social Security disability claims are first processed through a network of local Social Security Administration field offices and state agencies called Disability Determination Services. About two-thirds of initial claims are rejected, according to agency statistics.

If your claim is rejected, you can ask the field office or state agency to reconsider. If your claim is rejected again, you can appeal to an administrative law judge, who is employed by Social Security.

In 2007, the average processing time for a hearing was 512 days. Today it is 375 days, Sklar said. The agency has reduced the wait time even as the number of applications has increased.

But the judges who testified recently said the quality

of their decisions has suffered.

So far this budget year, the vast majority of judges have approved benefits in more than half the cases they’ve decided, even though they were reviewing applications typically rejected twice by state agencies, according to Social Security data.

Of the 1,560 judges who have decided at least 50 cases since October, 195 judges approved benefits in at least 75 percent of their cases, according to the data analyzed by congressional investigators.

None of the judges who testified spoke of being specifically ordered to award claims. Three said they had been pressured to decide cases without fully reviewing medical files.

The judges described a system in which there is very little incentive to deny claims, but lots of pressure to approve them. It requires more documentation to deny a claim than to approve one, said Sullivan, the former Social Security judge. Also, rejected claims can be appealed while approved claims are not.

If Congress doesn’t act, the trust fund that supports Social Security disability will run out of money in 2016, according to projections by Social Security’s trustees. At that point, the system will collect only enough money in payroll taxes to pay 80 percent of benefits, triggering an automatic 20 percent cut in benefits.

Congress could redirect money from Social Security’s much bigger retirement program to shore up the disability program, as it did in 1994. But that would worsen the finances of the retirement program, which is facing its own long-term financial problems. — AP



Sklar

## 90-year-old Lowell man sinks second hole-in-one

By Christopher Smith

PELHAM, N.H. —

After Methuen High Athletic Hall of Famer and longtime golfer Bucky Boehm, 90, had a cataract repaired a few years ago, he called his doctor to tell him that he might have put the first synthetic lens in cockeyed. “What do you mean?” the doctor replied.

“Well, every time I putt, the ball goes to the right,” Boehm replied.

“When I do the other one, I’ll put it in to the left,” his doctor joked back.

Boehm, who turned 90 on April 28, certainly didn’t hook a recent shot right at the ninth hole of Pine Valley Golf Links in Pelham, N.H.

Using his 8-iron, he sent his ball straight down the fairway and it landed for a hole-in-one from 125 yards out.

For Boehm, who now lives in Lowell and began golfing in about 1956, it was his first hole-in-one since 1985 when he played for the telephone league.

“It felt great but you can’t see it go in the hole because it’s uphill,” Boehm said. “This other fellow I play with, he was on (the green). I thought that was my ball. He walked over to it and said, ‘This is my ball, Bucky.’”

Boehm presumed he had hit his over the green. His friend suggested he look in the sand trap.

“I couldn’t see it and then I started walking up toward the hole and I got there and I saw the ball in the bottom, and I said, ‘Hey, Billy, it’s in the hole,’” Boehm recalled. “I said, ‘You come and look before I take it out.’”

Boehm graduated from Methuen High in 1941. He played football and basketball for the Rangers. Seventy-two

years later, he’s still going strong. He plays golf five times a week and has a 22-handicap.

“My legs are gone,” he said. “I ride (the course) most of the time and I have a little emphysema. But outside of that, I feel pretty good. I think chipping is probably the best part of my game. I used to be a great chipper and putter, but my putting is a little off.”

He and his wife moved to Lowell after getting married. His wife passed away about six years ago.

“She was a sweet gal and we had a great time,” Boehm said.

His son and daughter also live in Lowell.

“And they keep checking up on me to see if I’m OK,” Boehm said. “I have great kids.”

Boehm said he is the first person ever to be inducted into the Methuen High

Hall of Fame. That was in 1981.

He actually played in 833 professional baseball games from 1946 through 1951. He reached as high up as Triple-A in 1946 with the then-minor league San Diego Padres of the Pacific Coast League.

In his professional baseball career, he batted .253 with 47 homers, 43 triples and 141 doubles.

“(Hitting) kept me out of the big leagues,” he admitted. “I couldn’t hit enough.”

Boehm played in the minors with left-handed pitcher Bobby Shantz who was the 1952 AL MVP, as well as southpaw All-Star pitcher Lou Brissie.

“I still correspond with a couple of them who I played in the minors with,” Boehm said.

“I have some good memories,” he added. — AP/ The Eagle-Tribune

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# Program teaches seniors how to use the Internet

By Tara Bahrampour

WASHINGTON —

Sitting in the basement of Shiloh Baptist Church in Northwest on a Monday morning, Alice Jones placed her weathered hands on the sleek iPad as if it were a magical portal to another planet.

To the 75-year-old retired hospital worker, it was.

"I need to be out in this new world of pushing buttons," said Jones, one of 50 District residents who received iPads recently, the start of a pilot program to distribute the devices to seniors who are at risk of isolation and depression.

The program is aimed at the tech-uninitiated, like Jones — who doesn't use ATMs for fear they will eat her card. "I've got to get computerized," she said with a chuckle, and nine other seniors seated near her nodded. "What's that Google? I want to find out about this Google stuff."

The \$250,000 pilot, which will bring iPads, computer training and home Internet service to 100 seniors over the next year, is a program of the AARP Foundation, an AARP-affiliated charity, and is being administered in the city by Family Matters of Greater Washington, a social-services organization.

The initial recipients, most of whom live in Ward 2, will attend classes twice a week for six months to learn how to use the Internet, Skype, email and social-media platforms such as Facebook. Fifty more began classes in July. Comcast is providing discounted Internet service, and Netgear is donating modems.

The goal of the program is to combat the isolation that can set in as seniors retire and their close friends and family members die, lose touch or move away.

Isolation is an "unrecognized crisis among seniors," said Tom Kamber, executive director at Older Adults Technology Services, which developed the program and is training its volunteer instructors. "A lot of older people feel, in the digital age, that they are not relevant or included."

A 2012 study by the European Centre for Social Welfare Policy and Research, affiliated with the United Nations, found that Internet use increases social connections, both online and face to face, among people 65 and older. And a Pew Research Center study found that last year, for the first time, more than half (53 percent) of people 65

and older were online.

Understanding the mysteries of the Internet can lift a veil dividing generations, Kamber said. "What happens when someone gets an iPad in their hands? They think, 'I felt like things were passing me by, and now I feel like I'm part of it.'"

In the District, the program selected low-income seniors at high risk of being disconnected from friends and family, said Najeeb Uddin, the AARP Foundation's vice president of technology.

"We're targeting people on the verge of being isolated and depressed. Their spouse might have passed away," he said. "It's about connecting to the community. It just happens to be that we're using technology to do it."

Participants, whose levels of isolation were assessed at the beginning of the program, will be reassessed after six months using an evaluation developed by Cornell University. If positive changes are reported, the program will be expanded on a national level, an AARP spokeswoman said. The foundation is also considering launching a similar six-month pilot in Sioux Falls, S.D., targeting rural seniors.

At an ice cream social to kick off the program, seniors took notes in careful cursive. Not a smartphone was seen among them.

Bertha Grant, 83, who lives alone in a senior citizens building in Ward 6, said she had never used the Internet.

"I didn't have any use for it," she said. "I figured at my age, I was too old."

William Goode, 72, a professional caddie wearing a bow tie and straw hat, agreed. "Why would I think I would ever need it?" he said.

But Goode is an artist, and Ali Muhammad, one of the trainers, pointed out that he could create a website for his art.

"Now why would I want to create my own website?" Goode asked.

"So people, without coming to your house, they can see your work," Muhammad said, and Goode nodded in approval.

Thelma Pugh, who declined to give her age, said she wanted to learn how to "load



some tunes."

"I see people walking around," she said, putting her fingers to her ears and pantomiming a person rocking out. "I want to hear what they're listening to."

Sitting in the classroom as the instructor showed the class how to take photos of each other, Charles Triggs said that when his marriage broke up six or seven years ago, his access to a computer also dissipated.

"I left it with her," said Triggs, a 66-year-old resident of Ward 2. "I just feel left out."

## Survey: Patient access mixed in Mass.

BOSTON —

A new survey finds roughly half of the state's primary care practices are closed to new patients and wait times to see a primary care physician remain long.

The findings are in the Massachusetts Medical Society's annual patient access study released last month.

According to the study 51 percent of family physicians and 45 percent of internists are cur-

rently accepting new patients.

A year ago, the survey found 50 percent of family doctors and 51 percent of internists open to new patients.

The latest survey found the average wait time for a non-emergency appointment with a primary care doctor to be 39 days for family physicians, an improvement from 45 days last year. But the wait time to see an internist was 50 days, up from 44 days a year ago. — AP

They say, 'Contact us on such-and-such-dot-com.' I can't do that."

With his iPad, he said, "I won't feel left out any more. I'll be part of the world again."

Patrick Saunders said he last took a computer class in the 1980s and hoped that some of what he learned would come back to him.

Virginia Toney, 72, said she looked forward to having the Bible at her fingertips without having to carry the book around. Clayton Sweeney, 60, said he planned to surprise his children with his new computer savvy.

The seniors, born in the 1920s, '30s and '40s, said they have had to get used to a lot

of changes since they were young. Like not being able to find a pay phone on every corner. Like seeing people walk down the street with wires trailing from their heads, looking like lunatics talking to themselves.

But a few had already begun to venture into connectivity. Sterling Patrick, 66, who had a little experience with texting, offered his classmates some tips.

"Like if you want to say, 'I love you'; you write, 'I love' and the letter U." — AP

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# Five reasons why volunteerism is good for you

By Michael E. Festa

I see the power of the volunteer firsthand. AARP volunteers work every day to help people 50+ turn dreams into real possibilities, to strengthen communities and to fight for issues that matter to families.

Here in the Bay State, our volunteers save residents money on their taxes through AARP Foundation Tax Aide. They keep our roads safe through AARP Driver Safety. They help low-income seniors remain independent in their homes through the Massachusetts Money Management program. They enroll eligible seniors for SNAP, the Supplemental Nutrition Assistance Program. And, they make their voices heard at the State House and in Washington, DC on issues like Medicare and Social Security.

According to the U.S. Bureau of Labor Statistics, people over 65 volunteer the most hours — an average of 96 hours per year, almost two hours every week. These dedicated individuals have a positive impact on their communities — while improving their own lives as well. Yes, volunteering is good for you too.



## AARP and You

Whether you have five minutes, five hours or five days, consider volunteering for these five reasons:

- You will help people in your community live their best lives. The number one reason to volunteer may be obvious: helping those in need is a good thing. Whether by making a phone call to a legislator, improving a child's reading skills, or helping a neighbor balance his or her checkbook,

volunteers make a difference, one person at a time.

- You will feel connected. Studies have shown that staying socially connected is related to good physical and emotional health, especially for older people. When talking with our dedicated AARP Foundation Tax Aide volunteers earlier this year, many told us that they truly valued and appreciated the friendships they made with other volunteers — and their clients.

- It will help your career. Out of work, or looking for your "what's next" activity? Volunteer experience can help round out your resume. Many of the skills acquired in volunteer work can be transferred successfully to the paid workforce, and companies can identify and recruit top talent in today's multigenerational workforce by considering persons with

volunteer experience as potential employees.

- You will be happier. Research shows that volunteering helps with depression and improves mental health. Taking time to help others in need puts your own problems into perspective, and may provide a much needed break from everyday stresses and problems.

- You will live longer. Numerous studies have found that volunteers live longer and have lower rates of disease than those who don't volunteer, no matter what age. According to a health and retirement study by University of California, volunteers over age 65 had less than half the normal risk of dying compared to their non-volunteering peers. The maximum health benefits came from volunteering 40 to 100 hours per year, or one to two hours each week.

So what are you waiting for?

To find volunteer opportunities near you, visit [www.createthegood.org](http://www.createthegood.org).

Michael E. Festa is the state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at [www.aarp.org/ma](http://www.aarp.org/ma); Like us at [www.facebook.com/AARPMMA](http://www.facebook.com/AARPMMA) and follow us on [www.twitter.com/AARPMMA](http://www.twitter.com/AARPMMA).

# Photo ids: What's wrong with this picture?

By Al Norman

In hard financial times, people are driven to do things that they would not ordinarily do. This goes not just for low-income folks struggling to make ends meet financially — but also for state officials looking to respond to charges of fraud and abuse in our public assistance support system.

Case in point: putting photo identification on electronic benefit cards, or EBTs.

In late June, the General Court on Beacon Hill was crafting legislation to deal with the highly publicized issue of welfare fraud and abuse. During debate in the senate, lawmakers included a provision requiring that EBTs carry photo IDs. For homebound elders and individuals with disabilities, a photo requirement on the Supplemental Nutrition Assistance Program (SNAP/food stamp) cards presented two major challenges — getting out to have a photo taken and being able to have families and caregivers use the card on behalf of a homebound recipient.

A coalition of elder advocacy groups, led by AARP Massachusetts, objected to the mandated photos and send a letter to the senate arguing in part:

"The current proposal of adding a photo identification on the SNAP card would create a burden on vulnerable older residents, many of whom may rely on others to purchase their food or would need to travel to a site for recertification and to obtain the identification. We believe that government has a responsibility to design and implement programs in ways that promote rather than discourage, participation by all who are eligible, including legal, noncitizen residents ... In the Commonwealth of Massachusetts, over 45 percent of all SNAP households include one or more elder or disabled member."

During floor debate, the senate added an amendment offered by Sen. Cynthia Creem, D-Newton. Her amendment requires the state to exempt the following



groups from the photo ID requirement:

- Applicants and recipients of Supplemental Security Income who apply through the Social Security Administration;
- Applicants and recipients who apply

## Push Back

through the simplified elder application and for whom the state has granted a waiver of the

face-to-face interview due to a hardship;

- Residents of group homes for the blind or disabled;

- Individuals in residential substance abuse treatment programs whose benefits are paid through authorized representatives and individuals and agencies designated as authorized representatives for persons who are elderly, blind or disabled.

The Creem amendment also authorized the state to issue "an electronic benefits transfer card that is authorized to be used without photo identification." Finally, the Creem amendment requires the state to "identify any current cardholder who may have barriers to complying with such requirement, including but not limited to

cardholders who are elderly or disabled, cardholders residing in group homes or other residential treatment settings, or cardholders who rely on family members or an authorized representative to assist them ..." and to "promulgate regulations to ensure that such barriers do not prevent such individuals from receiving benefits ..."

One state senator, who clearly was not thrilled with the idea of putting photos on EBTs, told me that she was approached one time in a grocery store by someone who offered to sell her a food stamp card at half of its value. This isn't just a sign of fraud — it's a sign of desperation. We still have thousands of seniors in this state who need SNAP cards to help put food in the table. We need to make sure that we don't make them feel like criminals with ID cards that stigmatize them for being poor. And we need to make sure their family and paid caregivers can use the cards if the elder is homebound.

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

## ► Acceptance

Cont. from page 5

We're also more exposed to different people and ideas, given that the around-the-clock media environment picks up on — and promotes — changes in societal attitudes. Just look at programs like *Weeds*, *Modern Family* and *Ugly Betty*.

Diversity, it seems, is all around us to larger degrees than ever before, a byproduct of globalization. By being exposed, matter-of-factly, to different people with different beliefs, it's hard to see how we wouldn't eventually become more open to including and accepting others who look or act different than the majority.

Even if we wanted to go back to being more exclusive, could we? It's hard to imagine that in this increasingly open society, at least socially, America could turn back in the other direction. As the president put it: "Each successive generation creates a new space for peace and tolerance and justice and fairness."

So while there will always be some degree of prejudice in the world, the United States — a nation engaged in a constant quest to figure out who we are and what we believe — will probably continue chipping away at it, one generation at a time.

Liz Sidoti is the national politics editor for The Associated Press. Follow her on Twitter: <http://twitter.com/lisidoti>.

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## Therapy as good as surgery for knee repair

By Marlynn Marchione

**Y**ou might not want to rush into knee surgery. Physical therapy can be just as good for a common injury and at far less cost and risk, the most rigorous study to compare these treatments concludes.

Therapy didn't always help and some people wound up having surgery for the problem, called a torn meniscus. But those who stuck with therapy had improved as much six months and one year later as those who were given arthroscopic surgery right away, researchers found.

"Both are very good choices. It would be quite reasonable to try physical therapy first because the chances are quite good that you'll do quite well," said one study leader, Dr. Jeffrey Katz, a joint specialist at Brigham and Women's Hospital and Harvard Medical School.

A meniscus is one of the crescent-shaped cartilage discs that cushion the knee. About one-third of people over 50 have a tear in

one, and arthritis makes this more likely. Usually the tear doesn't cause symptoms but it can be painful.

When that happens, it's tough to tell if the pain is from the tear or the arthritis — or whether surgery is needed or will help.

Nearly half a million knee surgeries for a torn meniscus are done each year in the U.S.

The new federally funded study compared surgery with a less drastic option. Researchers at seven major universities and orthopedic surgery centers around the U.S. assigned 351 people with arthritis and meniscus tears to get either surgery or physical therapy. The therapy was nine sessions on average plus exercises to do at home, which

experts say is key to success.

After six months, both groups had similar rates of functional improvement. Pain scores also were similar.

Thirty percent of patients assigned to physical therapy wound up having surgery before the six months was up, often because they felt therapy wasn't helping them. Yet

they ended up the same as those who got surgery right away, as well as the rest of the physical therapy group who stuck with it and avoided having an operation.

"There are patients who would like to get better in a 'fix me' approach" and surgery may be best for them, said Elena Losina, another study leader from Brigham and Women's Hospital.

However, an Australian preventive medicine expert contends that the study's results should change practice. Therapy "is a reasonable first strategy, with surgery reserved for the minority who don't have improve-

ment," Rachele Buchbinder of Monash University in Melbourne wrote in a commentary in the medical journal.

As it is now, "millions of people are being exposed to potential risks associated with a treatment that may or may not offer specific benefit, and the costs are substantial," she wrote.

Surgery costs about \$5,000, compared with \$1,000 to \$2,000 for a typical course of physical therapy, Katz said.

One study participant — Bob O'Keefe,

*THERAPY page 10*



## Implanted 'bracelet' helps treat chronic heartburn

**A** tiny magnetic bracelet implanted at the base of the throat is greatly improving life for some people with chronic heartburn who need more help than medicine can give them.

It's a novel way to treat severe acid reflux, which plagues millions of Americans and can raise their risk for more serious health problems.

It happens when a weak muscle doesn't close after swallowing as it should. That lets stomach juices splash back into the throat. Drugs like Nexium and Prilosec reduce acid. But they don't fix the underlying problem, called GERD, or gastroesophageal reflux disease.

The Linx device, made by Torax Medical Inc., of St. Paul, Minn., is a ring of titanium beads with magnets inside. Doctors place it around the weak muscle at the base of the esophagus in a half-hour operation using a scope and "keyhole" incisions in the belly. The ring reinforces the weak muscle to keep it closed, yet is flexible and expands to let food pass when someone swallows. The ring comes in multiple sizes; it is about a half-inch in diameter and expands to about 1.5 inches. People don't feel it once it is implanted.

The device costs \$5,000; the operation

*IMPLANTED page 10*



## Meet Ginny

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

Ginny has been attending a PACE day center for five years. Knowing the PACE team is there to support her as her needs change, she says **"I am able to focus on enjoying and living my life."**

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# New advances in cataract surgery

By Dr. Steven A. Nielsen

It's a fact — as we age, so do our eyes. Most people over 40 will develop cataracts over time, and most will seek some type of procedure to restore their clarity of vision.

Luckily, cataract surgery is the most common surgical outpatient procedure in the United States. Even better, advancements in technology have led to the development of all-laser cataract surgery. Both traditional and all-laser cataract procedures are effective ways to restore crystal clear vision. And both offer a number of lens replacement options, enabling the patient to choose a lens that will best suit their lifestyle and budget. Here is a brief synopsis of both traditional and all-laser cataract surgeries.

Many patients have often assumed that cataract surgery involves the use of a laser. This is entirely understandable, as patients are aware of the exacting precision offered by surgical techniques using a laser. However, traditional cataract surgery requires the manual use of surgical instruments. In traditional cataract surgery, the surgeon uses a blade to make a microscopic incision, or access point, to allow access to the cloudy lens causing blurred and distorted vision. The surgeon then carefully breaks up the affected lens using high-energy sound waves, and removes it. Next, a new lens is inserted. The surgeon uses measurements taken a few days before the procedure to align the new lens (called



an IOL, or intra-ocular lens) in the eye.

Recently, cataract surgery received a major advancement with the approval and introduction of a bladeless, or all-laser, procedure. Unlike traditional cataract surgery, the surgeon uses a laser to create the access incision. The laser is also used to break up the affected lens, using less energy and optimizing reproducibility. In other words, the surgeon is able to make the same exact incision each time. The laser method also reduces post-operative inflammation.

## Vision Quest

Another advantage of all-laser cataract surgery is that it provides the surgeon with real-time, three-dimensional imaging of the patient's eye, allowing for true customization of the lens replacement procedure. These exacting specifications are not attainable with traditional cataract surgery. This procedure also enables the surgeon to improve astigmatism with precise corneal incisions.

As with any corrective procedure, it is important to schedule time with your ophthalmologist to have your questions answered and your concerns addressed. He or she will be able to assist you in deciding which type of cataract procedure is best for you.

Dr. Steven A. Nielsen is the chief ophthalmologist at The Nielsen Eye Center. To schedule a consultation or examination, call 617-401-8542 daily between 8 a.m. and 4 p.m. or email [resco@golasik.net](mailto:resco@golasik.net). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com)

## ➤ Implanted

Cont. from page 9

can run \$12,000 to \$20,000 depending on hospital charges, said Dr. John Lipham, a surgeon who offers it at the University of Southern California and at Hoag Memorial Hospital Presbyterian in Newport Beach. Many insurers cover it for patients who are not helped enough by antacid medicines.

As many as 20 million Americans have GERD. It's not just a quality-of-life issue: Chronic acid reflux can raise the risk of a condition called Barrett's esophagus, which in turn can raise the risk of throat cancer.

"No one doubts that reflux should be treated," but most people get enough relief from acid-lowering medicines, said Dr. Brian Reid. He's director of the Barrett's esophagus program at Fred Hutchinson Cancer Research Center in Seattle.

Lipham and other doctors recently published a study of the device in 100 patients in the *New England Journal of Medicine*. All had had reflux for at least 10 years and were getting worse despite using antacids.

After having the magnetic ring implanted, the acid measured in their throats greatly decreased. Quality of life improved substantially for 92 percent, and within one year, 86 percent no longer needed acid-lowering medicines.

The most frequent side effect was difficulty swallowing, which occurred in 68 percent of patients right after surgery. That dropped to 11 percent after one year and 4 percent after three years.

Six of the 100 had to have the device removed. In three it was because swallowing problems persisted. Other problems prompted removal in the others.

The device is available so far in 24 states. — AP

## ➤ Therapy

Cont. from page 9

68, of suburban Boston — was glad to avoid surgery for his meniscus injury three years ago.

"I felt better within two weeks" on physical therapy, he said. "My knee is virtually normal today" and he still does the recommended exercises several times a week.

Robert Dvorkin had both treatments for injuries on each knee several years apart. Dvorkin, 56, director of operations at the Coalition for the Homeless in New York City, had surgery followed by physical therapy for a tear in his right knee and said it was months before he felt no pain.

Then several years ago he hurt his left knee while exercising. "I had been doing some stretching and doing some push-ups and I just felt it go 'pop,'" he recalled. "I was limping, it was extremely painful."

An imaging test showed a less severe tear and a different surgeon recommended physical therapy. Dvorkin said it worked like a charm — he avoided surgery and recovered faster than from his first injury. The treatment involved two to three hour-long sessions a week, including strengthening exercises, balancing and massage. He said the sessions weren't that painful and his knee felt better after each one.

"Within a month I was healed," Dvorkin said. "I was completely back to normal." — AP

# Medicare won't pay for Eli Lilly Alzheimer's agent

WASHINGTON —

Eli Lilly & Co. said it will push ahead with a first-of-a-kind imaging chemical designed to help screen for Alzheimer's disease, despite a negative ruling by Medicare officials.

The Centers for Medicare and Medicaid Services reported it will not cover the chemical, called Amyvid, which highlights brain plaque in medical imaging scans. The government program provides health coverage to more than 47 million seniors, and is the largest payer for prescription drugs in the U.S.

In its decision, posted online, Medicare

said more trials are needed to prove the tool works. The government will pay for patients enrolled in future studies, but not for general use.

The radioactive imaging agent works by binding to beta-amyloid plaques and causing them to show up on positron emission tomography, or PET, scans of the patient's brain. The presence of these plaques may help indicate that a patient with cognitive problems has Alzheimer's disease, although such a scan does not definitively show that.

Eli Lilly, which is based in Indianapolis, has said Amyvid is one tool intended to help find the cause of a patient's cognitive decline.

The ruling is an unexpected setback for the product after European Union regulators endorsed the chemical in January. The U.S. Food and Drug Administration approved the drug for sale in 2011.

"Lilly remains steadfast in our request for Medicare coverage of beta-amyloid imaging agents for the appropriate patient population," said Wei-Li Shao, director of the company's Alzheimer's business, in a statement.

Eli Lilly and Co. paid \$300 million in 2010 to acquire the drug and its developer, Avid Radiopharmaceuticals Inc.

Avid Radiopharmaceuticals CEO Daniel

Skovronsky said in a statement the Medicare ruling "may stifle future innovation aimed at improving diagnosis."

Doctors currently diagnose Alzheimer's disease by observing patients and administering physical and mental tests. The disease is the sixth-leading cause of death in the U.S. and the most common form of dementia, a term for brain disorders that affect memory, judgment and other mental functions.

Alzheimer's attacks neurons in the brain, leading to problems with memory, thinking and behavior. There is no cure for the disease, and scientists are not even sure what causes it. — AP



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# Barge cruise offers luxury, history, food, wine

By Sondra Shapiro

FRANCE —

**D**om Pierre Perignon, the 17th century French Benedictine monk, is erroneously credited with the invention of sparkling wine. In fact, this winemaker spent a lifetime trying to keep the bubbles out of Champagne.

That fascinating tidbit was typical of the in-depth exploration offered during a recent six-night sojourn aboard a slow luxury barge through the Champagne wine region — located about 100 miles east of Paris.

Our trip began in the town of Chateau-Thierry where our barge was docked amid a traveling carnival. As we eight passengers boarded, we made our way through a throng of children interacting with a menagerie of animals. While sipping our welcoming glasses of Champagne onboard, we watched a camel and llama grazing nearby. This small town tableau absorbed us into the local culture from the start.

From the majestic cathedral of Reims and medieval hilltop city of Laon to the somber reminders of two world wars fought on its soil, the Champagne region offered much to explore and to learn about above and beyond the sparkling wine for which it is famous. Of course there was also plenty of opportunity to sip bubbly during visits to the famous Moët & Chandon and the family-owned Champagne House of Ployez Jacquemart.

The all-inclusive itineraries offered through French Country Waterways appeal to the traveler who prefers a more comprehensive experience.

Our four-cabin barge had a homey, French inn feel, with common areas comprised of a comfy salon, elegant dining room, book-lined library and an outdoor space for dining or enjoying the scenery. Warmly decorated and spacious staterooms are stocked with bottled water, robes and fresh cut flowers. There is free Internet, too.

What guests will not find are televisions or radios. The English speaking crew of six — hailing from France, Germany and Italy — enthusiastically pampered and catered to just about every whim. The young staff was friendly yet professional.

The slow pace of the trip — the barge travels a bit more than 90 miles during the entire week — offers lots of time to take in the sights, sounds, history, food and wine of the

region.

Typically, the Princess would spend half the day wending its way through the canals, amid bucolic landscapes dotted with brilliant yellow rapeseed fields, quaint farms and villages. We contented occupants often spent time reading, chatting or gazing out the window for glimpses of wildlife or farm stock. Other times we were let off at one of the numerous locks to walk the towpaths alongside the barge. Bicycles were available, but we always chose to hoof it in the name of exercise.

The other part of the day, we were zipped away for excursions in a Mercedes van driven by the versatile Claire Smithson, a crewmember and our personal guide.

We would return late afternoon to a cocktail hour featuring a sampling of unique appetizers followed by a four-course candle-lit dinner. Using local produce, dairy, poultry, fish and beef, Chef Carlos Valle skillfully prepared sumptuous mealtime offerings. The fresh butter served with every meal was a religious experience, even if artery clogging.

Lunch and dinner included two wines — a red and a white — and a cheese course described in detail and presented with fanfare by our knowledgeable server. French Country Waterways material boasts that more than half of its wines are from Grand Cru — a designation indicating a favorable reputation for wine production — and Premier Cru — the highest level of five within the Grand cru classification — vineyards. The cheese course always offered three local French specialties such as Compté, Roquefort, Camembert and others.

Chef Carlos made appearances at lunch and dinner to describe the menu. Though I shamelessly admit that most of us passengers, along with a crewmember who will not be named, usually snuck a peak at the bill of fare before our chef came out to proudly describe it. No description, however, could equal the actual presentation and flavor combinations we enjoyed each day. The meals on board were so special that even the evening we had an included dinner onshore at the two Michelin-starred Les Crayeres in Reims couldn't compare.

When we weren't eating, we were exploring. Our first day we visited the American Cemetery and World War I battlefields of Belleau Wood. It was a somber outing as we wandered amid the rows of crosses and Stars of David marking the final resting places of 2,289 young American Marines who never made it home from the battle fought



Crewmember Sarah Greenstreet describes the evening cheese course



The Princess

during the summer of 1918. The battlefield was a visual contrast of horror and beauty, as traces of shell holes and trenches were still visible amid a forest of wild flowers and trees.

The next day was our first introduction to the region's star product. We spent the morning at the abbey of Hautvillers, the burial place of the iconic Dom Pierre Perignon. Then we traveled to the Champagne capital, Épernay, and home to Moët & Chandon. Our group was led on a private tour through the wine caves where we got a lesson in champagne-making and learned the history of the Champagne house that produces the most famous bubbly in the world — Dom Perignon. The tour ended with a tasting featuring a rosé and a white Champagne from Moët & Chandon's most recent vintage, 2004. The following day we visited the smaller, family owned House of Ployez Jacquemart.

During the morning of our stay in Reims, we took a stroll to the Museum of Art, followed by an afternoon visit to the 13th century cathedral. This majestic wonder is where French kings were once crowned. Though the Germans heavily damaged the cathedral during World War 1, it was fully restored by 1938 with its rose windows, ornate carvings, tapestries, whimsical choir clock and captivating Marc Chagall stained glass windows all intact.

Our last day, we docked in the quaint little town of Maizy and boarded our Mercedes van to visit the medieval hilltop city of Laon. Stuck in a time warp — boasting quaint streets, shops and a cathedral — we fans of Dan Brown novels were especially enthralled by an authentic Knights Templar church.



Dom Perignon at sunset (photos by sondra shapiro)

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# Oasis to serve Alzheimer's, dementia sufferers

By Brian Goslow

WORCESTER —

The owners of the Dodge Park Rest Home and Day Club have announced plans to construct a two-building nursing and rest home complex for Alzheimer's and dementia sufferers.

The 82-unit Oasis at Dodge Park will be built across the street from the current Randolph Road facility, on the site of the former Odd Fellows Home, a local landmark built in the 1800s that has gone unused for two decades and will soon be demolished to make way for the new facility.

Construction of Oasis at Dodge Park will start this fall with the opening scheduled for October 2014.

"We found an increased need for individuals with memory impairment, dementia and Alzheimer's to be cared for in a setting and environment that is not a nursing home," said co-owner and executive director Micha Shalev. "Most of those people we have right now, at Dodge Park, and those people who would be across the street, are people that would not be able to be cared for in assisted living. They need a higher level of care and they need better direct-care staffing in order to accommodate their activity of daily living."

The ability to acquire the property immediately across the street was crucial to Shalev's and co-owner and administrator Ben Herlinger's ability to expand the institution while not compromising their mission to be hands-on owners. "We knew it would be easier for us to continue our management style on both campuses, with one across the street from the other," Shalev said. "One of the unique and key features we have at Dodge Park is that we are on site and involved with all operations 24/7."

Shalev and Herlinger said they instill a resident-centered program at Dodge Park and strive to have



Proposed design for the Oasis at Dodge Park

families feel like co-partners in the care of their loved ones by making themselves available by cellphone or e-mail around the clock. "It's a very unique system where the owners are on the floor," Herlinger said. "We know everyone and the residents and their family members know us."

The expansion became necessary as the current facility, licensed for 60 people, was getting more requests for placement than it had capacity for. The new complex is designed to house individuals with dementia and Alzheimer's disease with different levels of activities and accommodations depending on need.

Shalev and Herlinger said the concept for the design of the Oasis at Dodge Park came from their nearly 27 years in the assisted-care and nursing-home business. They wanted a facility that would have the feel of luxurious hotel-style living, but with a home-like feel. To keep residents active physically and mentally, the facility will be constructed to encourage the enjoyment of the outside world, with a large central courtyard and backyard gardens intended to keep their senses active in fully secure areas.

"They will be able to roam around completely. They won't be able to leave, but still will be able to enjoy the freedom to go sit down at the patio and have some coffee there or walk with their children and stroll in the garden we're going to have between the two complexes on the Oasis site," Shalev said.

Two dining rooms will be built around the courtyard,

allowing residents to see the outdoors while they eat. The main living room will have a two-story high ceiling and have lots of glass for exterior viewing. "In any portion of the building, residents will have access to full daylight and exterior landscaping," Shalev said.

Programs at Oasis at Dodge Park will build on the original facility's offering of constant

activities from 7 a.m.-9:30 p.m., seven days a week, to keep residents engaged. The owners found clients who used to have behavior problems open up once they participate in arts and crafts and painting programs and they look forward to their next project. Music and sing-a-longs also have proven to be invaluable in getting residents who might have been inactive and silent to become talkative.

These breakthroughs are "part of the most rewarding aspect of what we do," Herlinger said. "It is the most rewarding feeling you've ever felt. You get a hug or a kiss, even a look of recognition from somebody who has full dementia — they recognize you and you can see it in their eyes, it's the most rewarding thing."

Residents with limited mobility will be encouraged to walk around — thus the Oasis design of welcoming places filled with plants, where residents will want to frequent and, if they've got green thumbs, participate in the upkeep.

Technology also will play a role in residents' lives with big screens supplying information that will help keep them in the moment. "Here they can see the weather, what activities and what meals are being offered (on a given day) in beautiful color in a large font," Shalev said. "This makes a big difference for them."

For more information: call 508-853-8180 or visit [www.dodgepark.com](http://www.dodgepark.com).

## Minimizing feelings of isolation for an Alzheimer's sufferer

By Judith Boyko

Isolation. Frustration. Solitude. Loneliness. Depression. Sadness. Heartache. Forgetfulness. For many, these are some of the words that come to mind when they think Alzheimer's disease.

What is it?

According to the Alzheimer's Association, Alzheimer's "is a type of dementia that causes problems with memory, thinking and behavior." Individuals suffering from this debilitating disease — the sixth leading cause of death among Americans — experience significant and notable cognitive, emotional and physical changes.

How prevalent is it?

According to the National Institutes of Health, about 5.3 million Americans have Alzheimer's disease. A study conducted by the RAND Corp. and the University of Michigan concluded that if no cure is found for Alzheimer's disease, 140,000 people over the age of 65 in Massachusetts alone will have Alzheimer's by the year 2025.

How do we handle it?

First: Be kind. Remember that your loved one with Alzheimer's is still a person with

emotional, physical and spiritual needs. Treat her with sensitivity and patience. A soft touch on her hand or shoulder can go a long way.

Second: Communicate. Your loved one may need extra time to process things you are saying to her, so exercise patience while communicating. Ask questions that will

enable her to reminisce, but give her time to respond. It may take her a little more time than

usual to formulate a response.

Third: Stay positive. By fostering positive emotions in your loved one, you will increase her comfort level and decrease levels of stress and anxiety.

Reduce isolation.

The World Alzheimer Report found that 40 percent of people who have the disease indicated that they feel "excluded from everyday life."

By involving your loved one in enjoyable activities like watching old movies, listening to music or sharing stories of her youth, you may distract her from negative feelings like anger or depression. Look through old photo albums to foster memories of her past, which will add enrichment to her days. Help her keep her dignity by eating nice meals with her or helping her to maintain good hygiene.

Although independence is imperative for

people suffering from Alzheimer's, it is also paramount to enable them to feel part of a community. Caregivers should encourage their loved one to participate in groups that offer music therapy, for example, which "can shift mood, manage stress-induced agitation, stimulate positive interactions, facilitate cognitive function and coordinate motor movements," according to the Alzheimer's Foundation of America.

Bottom line?

We've all heard the Golden Rule myriad times: treat others the way we want to be treated. It's a good rule to keep in mind when caring for a loved one with Alzheimer's: treat her as a person; help her maintain dignity

and independence; foster communication of emotions; and help her participate in activities that are enjoyable and fulfilling.

Support them, encourage them and help them make decisions on their own.

But remember: keep it simple.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Natick Visiting Nurse Association and Distinguished Care Options. She can be reached at [info@natickvna.org](mailto:info@natickvna.org). For additional information, visit [www.centuryhealth.org](http://www.centuryhealth.org), [www.natickvna.org](http://www.natickvna.org) or [www.dco-ma.com](http://www.dco-ma.com). Archives of articles from previous issues can be read at [www.fifty-plusadvocate.com](http://www.fifty-plusadvocate.com).

## Moving mom and dad: Some practical tips

By David J. Dowd

Moving is a major life stressor at any age. Whether you are young, or old it can be a burden mentally and physically. Moving one or both parents has additional challenges when you consider finances and how to prepare and sell a parent's home. Here are some important tips to help make the transi-

tion smoother:

- Don't wait for something bad to happen: Moving a parent or parents is easiest when they are able to have a voice

### Housing Options

in the decisions being made. Meet with them to discuss potential options and devise a time frame in which they can transition into



MOVING page 16



# New England better on primary care than most of U.S.

By Dave Gram

PLAINFIELD, Vt. —

Ronald Pitkin, 84, remembers the day in the early 1960s when his brother Belmont got a gash in his leg while the two were cutting firewood. They went to the office of the town physician, Dr. Frank Corson.

Corson worked alone, and Pitkin was drafted to be his assistant. "He told me 'You're going to have to scrub up.' I was the operating room nurse that day."

Now Pitkin gets his health care at The Health Center, a sleek, modern clinic that houses primary care, dentistry, psychiatry and other specialties under one roof. It's one of eight facilities in small towns around Vermont that charge based on patients' ability to pay. They provide primary care to about 25 percent of the mostly rural state's residents, and experts say they're a key part of the reason why Vermont leads the country in primary care doctors per capita.

"This is a terrific health care center," Pitkin said recently as he waited for a checkup with the center's senior physician, Dr. John Matthew. "It's more care, and help in general, for less dollars than just about anywhere."

With Vermont leading the way, five of New England's six states rank in the top six for primary care doctors per capita, according to data from the Association of American Medical Colleges. The sixth, Connecticut, ranks 12th. As the national shortage of primary care doctors is expected to increase after the federal Affordable Care Act takes

full effect next year, some are looking to New England's states with an eye to what they've been doing right.

Several factors contribute to New England's relatively strong position. Among them: strong public health programs ensuring that high percentages of residents have health coverage, meaning fewer doctors deliver uncompensated care. Massachusetts, which enacted a universal health care program in 2006, has about 97 percent of its residents carrying health coverage. In Vermont, it's about 94 percent.

The high rates of people already insured means "we will not experience the same (influx of newly insured patients) in Vermont as in other states that have very high rates of uninsured people or low Medicaid eligibility," said Mark Larson, commissioner of the Vermont Department of Health Access.

Medical schools in New England, including the University of Vermont College of Medicine and the University of Massachusetts Medical School, have increased their emphasis on educating doctors for primary care in recent years, officials said. Vermont and New Hampshire augment a federal program that offers partial loan forgiveness for doctors willing to work in under-served areas with a similar state program.

In rural northern New Hampshire, Edward Shanshala, executive director of Ammonoosuc Community Health Services, said he tries to use the lifestyle as a lure when recruiting new doctors. "If you like to hike, bike, ski, fish and things like that

— great," he said.

Doctors also have time to see more patients because physician's assistants and nurses deliver some basic care to patients, said Brian Rosman of the Boston-based consumer group Health Care for All.

"The goal is to have everybody working at the top of their license," Rosman said. "Doctors should do things that really need doctors."



Even in New England, though, the picture is "far from rosy," said Dr. Joseph Gravel, president of the Massachusetts Academy of Family Physicians. Starting family physicians at his Lawrence office make \$130,000 a year; specialists can make three or four times that much, Gravel said. With many

new doctors facing student loan debts in the hundreds of thousands of dollars, the incentives are clear.

A physician workforce study by the Massachusetts Medical Society (MMS) reported that even a state ranking third in primary care doctors per capita had experienced a shortage for eight consecutive years. Half of all primary care physicians were not accepting new patients, with others reporting long wait times.

MMS spokesman Rick Gulla said the per-capita numbers may overstate access. "Many physicians in the state are teaching, doing research or other activities. Some of those physicians only see patients a day a month, and this also affects patient access to care."

And the need for care is increasing, too, as the general population ages. Maine has

the nation's highest median age; Vermont is second.

"It seems like not only is Maine's general population aging, but a significant percentage of primary care practitioners is also getting to an age of retirement," said Vanessa Santarelli, CEO of the Maine Primary Care Association, which promotes and supports 20 federally qualified health centers across the state.

And sometimes the hiking, skiing and fishing just aren't big enough attractions, Shanshala said. He described some of the lengths to which he's gone to recruit physicians. When doctors in training leave after brief stints, he invites them to return for the company picnic and tries to keep in touch in case they ever want to come back.

Still, the picture New England is better than elsewhere, Gravel said. He cited a 2007 report in the *Journal of the American Medical Association* saying that among new medical school graduates just beginning their residencies, just 3.3 percent nationwide were going into family practice.

Strong support from the community and from Vermont's political leadership were among the chief satisfactions of Matthew's 40-plus-year career, he said. Good primary care leads to good overall health, he said, noting Vermont has been ranked the healthiest state for several years running — six, according to the United Health Foundation. — AP

AP writers Holly Ramer in Concord, N.H., and David Sharp in Portland, Maine, contributed to this report.

## ► Moving

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a more appropriate living situation. Don't wait until one or both parents become sick and unable to participate in the decisions or the process. Delaying this conversation will only increase the stress and can contribute to their refusal to move.

- Separate the decisions and tasks: Deciding to move is difficult enough, but it can be overwhelming when combined with settling on where to move and what to do with the property and a lifetime of possessions. These are important, but separate concerns.

- Put safety and quality of life first. If

your loved ones are at risk of falling or leaving the stove on, don't delay moving them until you sort out possessions or sell the house. The same applies if they are lonely or bored, or if worry about the house affects their quality of life. Many seniors are house poor or slaves to the home they claim they cannot live without. It is understandable that they are comfortable there, but are they truly happy or capable of remaining in their home? Moving to an independent or assisted living environment can be a surprisingly enjoyable alternative, so make some visits and hear what these facilities offer. Moving in with adult children and grandchildren can also provide special rewards.

Before selling, do your homework and

create a strategy: When it is time to sell, begin with a strategy for downsizing and selling. Speak to a specialist, such as a realtor who focuses on elders, or a senior move specialist. Find out what other houses in the neighborhood are selling for. You want to price the house for the current market or you will be paying taxes and carrying costs longer. Beware of agents who may tell you what you want to hear just to get the listing. And remember, there's a lot more to selling a home than listing it.

Find resources on the Internet: Research options for your special senior by using websites and blogs and reading reviews on living environments for seniors. Explore various options before you make any time consuming or finan-

cially significant decisions. The Internet can provide you with information and resources you were not aware of, such as move managers.

The process of moving mom and dad is not easy, but if you follow these simple tips you will find yourself less stressed and your parents will enjoy life in a new environment sooner.

David Dowd is founder of Sell Moms House.com, which provides free advice and services to prepare and sell a home. He can be reached at 774-696-6124 or by email at david@sellmomshouse.com. Visit [www.sellmomshouse.com](http://www.sellmomshouse.com) for more information. Archives of articles from previous issues can be read on [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).



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# Aging Americans helping to fuel pain killer sales explosion

NEW YORK —

Sales of the nation's two most popular prescription painkillers have exploded in new parts of the country, an Associated Press analysis shows, worrying experts who say the push to relieve patients' suffering is spawning an addiction epidemic.

From New York's Staten Island to Santa Fe, N.M., Drug Enforcement Administration (DEA) figures show dramatic rises between 2000 and 2010 in the distribution of oxycodone, the key ingredient in OxyContin, Percocet and Percodan. Some places saw sales increase sixteenfold.

Meanwhile, the distribution of hydrocodone, the key ingredient in Vicodin, Norco and Lortab, is rising in Appalachia, the original epicenter of the painkiller epidemic,

as well as in the Midwest.

The increases have coincided with a wave of overdose deaths, pharmacy robberies and other problems in New Mexico, Nevada, Utah, Florida and other states. Opioid pain relievers, the category that includes oxycodone and hydrocodone, caused 14,800 overdose deaths in 2008 alone, and the death toll is rising, the Centers for Disease Control and Prevention said.

Nationwide, pharmacies received and ultimately dispensed the equivalent of 69 tons of pure oxycodone and 42 tons of pure hydrocodone in 2010, the last year for which statistics are available. That's enough to give 40 5-mg Percocets and 24 5-mg Vicodins to every person in the United States. The DEA



data records shipments from distributors to pharmacies, hospitals, practitioners and teaching institutions. The drugs are eventually dispensed and sold to patients, but the DEA does not keep track of how much individual patients receive.

The increase is partly due to the aging U.S. population with pain issues and a greater willingness by doctors to treat pain, said Gregory Bunt, medical director at New York's Daytop Village chain of drug treatment clinics.

Sales are also being driven by addiction, as users become physically dependent on painkillers and begin "doctor shopping" to keep the prescriptions coming, he said.

"Prescription medications can provide

enormous health and quality-of-life benefits to patients," Gil Kerlikowske, the U.S. drug czar, told Congress in March. "However, we all now recognize that these drugs can be just as dangerous and deadly as illicit substances when misused or abused."

Opioids like hydrocodone and oxycodone can release intense feelings of well being. Some abusers swallow the pills; others crush them, then smoke, snort or inject the powder.

The AP analysis used drug data collected quarterly by the DEA's Automation of Reports and Consolidated Orders System. The DEA tracks shipments sent from distributors to pharmacies, hospitals, practitioners and teaching institutions and then compiles the data using three-digit ZIP codes. — AP

## Aging AIDS epidemic raises new health questions

WASHINGTON —

AIDS is graying: By the end of the decade, the government estimates, more than half of Americans living with HIV will be over 50. Even in developing countries, more people with the AIDS virus are surviving to middle age and beyond.

That's good news — but it's also a challenge. There's growing evidence that people who have spent decades battling the virus may be aging prematurely. At the recent International AIDS Conference, numerous studies are examining how heart disease, thinning bones and a list of other health problems typically seen in the senior years seem to hit many people with HIV when they're only in their 50s.

The graying isn't just because people are surviving longer. Some of it comes from older adults being newly diagnosed, a trend U.S. health officials say is small but

slowly growing. Yes, grandparents still have sex — and that's an age group missed by all those hip safe-sex messages aimed at teens and 20-somethings.

"They let down their guard," is how Dr. Kevin Fenton of the Centers for Disease Control (CDC) and Prevention puts it.

Already, a third of the nearly 1.2 million people living with HIV in the U.S. are over 50, and by 2020 half will be, Fenton said.

People 50 or older accounted for 17 percent of new HIV diagnoses in 2009, according to the CDC's latest data. That's up from 13 percent in 2001.

Today, people who are diagnosed and treated early can expect a near-normal lifespan, Dr. Anthony Fauci, infectious disease chief at the National Institutes of Health, told The Associated Press.

The new focus is on what these pioneering survivors

can expect as they reach their 50s, 60s and beyond. They're now getting chronic illnesses such as heart disease, diabetes, kidney disease and osteoporosis — some of the common ailments when anyone gets old. But studies suggest people with HIV may be at higher risk for some of those illnesses, or get them earlier than usual.

Massachusetts General Hospital scanned the arteries of people with and without HIV, and found the HIV patients had more inflammation inside their arteries, putting them at risk for the kind of clots that trigger heart attacks. That's even though the HIV patients had their virus well-controlled and weren't that old — their average age was 52, according to researchers.

HIV triggers body-wide inflammation as a person's immune system tries to fight the virus, a process that persists and can quietly damage organs even with good medications, CDC's Fenton said. — AP

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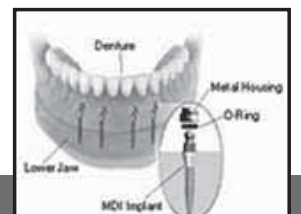
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## 6 tips on managing your 401(k) plan effectively

By Alex Veiga

The run-up in stock prices this year could tempt even the most hands-off investor to wade into their 401(k) and make some changes.

The Dow Jones industrial average, Nasdaq and Standard & Poor's 500 indexes are each up more than 20 percent over the past 12 months. But experts suggest investors tread cautiously and avoid major changes aimed at timing the market.

"It's a retirement account. You are investing for not months or even years, but decades into the future," said Eric Tyson, author of *Personal Finance for Dummies*.

"Most people, including most professional investors, are not very good at market timing," he said.

Even if you're a set-it-and-forget-it investor, unless you've pulled out of stocks altogether — as some investors did right after the 2008 financial crisis — it's likely the stock portion of your 401(k) account has grown significantly in the last few years.

A new survey from Fidelity Investments shows that the average balance of its 401(k) accounts hit a record high in the first quarter of \$80,000. That's up 8.4 percent from the same period last year, and represents an increase of 75 percent since the stock market hit bottom in the first three months of 2009, the company said.

In contrast, some 1.6 percent of inves-

tors age 55 or older who eliminated stocks from their portfolios when stocks collapsed in 2008, and never rebalanced their holdings, saw their portfolios grow just under 26 percent since the first quarter of 2009, Fidelity said.

Still, making periodic adjustments to your plan's asset allocation is a wise move, and part of remaining engaged with your overall retirement strategy.

Here are six ways to efficiently manage your 401(k):

1. Get the basics right: Don't leave money on the table. If your company offers to match up to a certain amount of your 401(k) contribution, make sure you're putting in enough to qualify for the maximum.

Once you have that covered, save as much as you can, as early in your working years as you can.

How much? Experts vary on this, but a common benchmark is to set aside 15 percent of your pay, including any matching funds from your employer. Under IRS rules, the maximum contribution is \$17,500 this year.

That means, if your employer is matching up to 3 percent of what you put in, you

need to pitch in another 12 percent. If your employer's match is more generous, you can put in less, said Beth McHugh, a vice president of market insights at Fidelity.

2. Don't bank entirely on winning investments. The market rises and falls, and timing may not be on your side — just ask folks who began relying on their retirement savings as the market hit the skids in 2008.

One good way to maximize your savings is to put more money

into the plan.

"Those who continued to not just remain invested, but remained committed to making contributions, are the ones that were able to come out ahead in the end," McHugh said.

Since the first quarter of 2009, Fidelity's 401(k) accountholders have, on average, contributed 8 percent of their pay to their plan. It was slightly higher before that.

3. Periodically assess retirement cost. Making sure your financial needs are met in retirement requires having a sense of what those costs will be. And not just the basics, but any travel or other major purchases. You'll also need to update that plan, particularly as you get closer to your post-work life.



By some estimates, retirees will need 85 percent of their pre-retirement income coming in from several sources, including Social Security, 401(k) plans and other retirement accounts, a pension or similar employer-sponsored plan, and personal assets, such as other investments, savings or real estate.

"If you're behind saving or want to retire at an earlier age, you may find when you crunch the numbers that to reach your goal you should be saving 15 or even 20 percent," Tyson said. "If you're at a point in your earnings career where your earnings are relatively high but you don't think it's going to last, you don't want to keep working as hard, you may want to save 20 percent to 25 percent of your income during a certain period."

Fortunately, there are a bevy of online calculators that can help craft an estimate for how much you'll need to put away for retirement.

Look for these on the websites for large 401(k) plan managers such as Vanguard, Fidelity or T. Rowe Price.

A couple of alternatives: The AARP's retirement calculator and [www.Bankrate.com](http://www.Bankrate.com).

4. Rebalance your asset mix. Experts recommend taking a look at your asset mix — how much you have invested in certain funds of varying risk, or say, the proportion of your 401(k) invested in stocks versus

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# DOMA Decision: What it means for estate planning

By Linda T. Cammuso

The Commonwealth of Massachusetts legalized same-sex marriage in 2004. While the intent was to put same-sex couples on equal footing with heterosexual unions in this state, federal law prevented those couples from enjoying the same rights as their heterosexual counterparts.



## Legal Briefs

Without federal recognition, same-sex spouses were required to file separate federal income tax returns, they could not receive Social Security survivor benefits and they were ineligible for some federally funded programs such as Medicaid — even those programs administered by the state.

All that changed when the U.S. Supreme Court ruled, on June 26, that the Defense of Marriage Act (DOMA) is unconstitutional and that it is discriminatory for the federal government to treat legally married gay couples any differently than it treats legally married heterosexual couples. By striking down DOMA's definition of marriage, the Supreme Court decision now makes as many as 1,000 federal laws and regulations available to same-sex married couples.

This ruling has a profound impact on estate planning and asset protection planning. Expanded financial and estate planning benefits that have become available to same-sex couples include:

- **Federal Estate Tax Marital Deduction:** Same-sex married spouses may now transfer unlimited assets to each other, both during their lifetime and following the first spouse's death, without having to pay any federal estate or gift tax — providing that the recipient spouse is a U.S. citizen.

- **Gift splitting:** Currently an individual can give up to \$14,000 to as many recipients as they wish without incurring a gift

tax. Same sex couples may now combine this annual exclusion, called gift splitting, to give any person \$28,000 free of gift tax implications. • **Retirement plans:** The Employee Retirement Income Security Act of 1974 now applies to same-sex couples. It gives same-sex spouses full spousal rights to each other's retirement accounts, including spousal rollover planning, which allows the surviving spouse to rollover the deceased spouse's IRA or other qualified retirement plan to the surviving spouse's own account and postpone the required minimum distribution until the year following the survivor's 70th birthday.

- **Veteran's benefits:** Previously domestic partners have been ineligible for many military benefits such as health care and survivor payments. The Department of Defense intends to make the same benefits available to all military spouses as soon as possible.

- **In the realm of long-term care/nursing home planning,** Massachusetts had previously clarified that same-sex marriage would be recognized under the MassHealth regulations. However, the expanded federal protection means same-sex spouses can now engage in typical nursing home planning — such as gifting assets to each other — without the federal gift tax, estate tax and capital gains tax consequences they previously faced.

For the same-sex couple who has an estate plan, it's time to create a new one to take advantage of all the opportunities available. For those who have not done planning — it's time begin the process to fully protect yourselves and your loved ones.

*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. She may be reached at [www.estatepreservationlaw.com](http://www.estatepreservationlaw.com) or by calling 508-751-5010. Archives of articles from previous issues may be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).*

## ► Managing

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bonds or other investments — and tweak them occasionally.

"Whether the market is up or the market is down, it's always a good time," said Philip Rousseaux, president of Everest Wealth Management Inc. "It's kind of an automatic way of always selling high and buying low."

Simply put, if you're heavily invested in a segment of stocks that have gone up sharply, you bring down your position on that a bit and shift the funds over to a segment that's undervalued.

Rousseaux recommends rebalancing at least on a quarterly basis.

Tyson, on the other hand, said every three to five years is just fine, unless the market has undergone a significant downturn.

As a general rule, stocks are going to be more volatile and risky in the short term, but reduced over the long-term. With bonds, it's reversed. They're less volatile in the near term, but there's a chance that they're not

going to give enough of a return in the long term, sapping your funds for retirement.

5. Resist timing the market. Making major changes to your 401(k) to profit off a market trend can be risky, and experts suggest avoiding it altogether.

"Market timing changes people make are often made on emotional reactions to events," Tyson said. "It's better to have an overall allocation, and stick to that."

And if you do take a shot and miss, don't wait on the sidelines for a time to jump back into the market.

"You don't want to compound that mistake by continuing to engage in more market-timing," Tyson said.

6. Play catch-up. A law passed in 2006 allows workers over 50 to beef up how much they contribute to their 401(k) plans and other individual retirement accounts. It's aimed at helping those workers closer to retirement age put more tax-deferred money aside while they're still working.

This can be especially helpful if you've incurred a big loss over the years during a market slump. — AP

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# Start a new career as an artist? These folks did

By Jennifer Forker

One was a stockbroker, another a computer whiz. There's a therapist and a small-business owner. Each retired from a traditional career and launched into another in the arts.

"Do I still have nightmares about the other (job)? Yes," said Bill Sanders, a Steamboat Springs, Colo., ceramics artist who is retired from the lumber and wood flooring business he owned for 20 years. He said he still wakes up sometimes in a cold sweat worrying about whether some shipment is making it to a job site on time. Then he realizes he doesn't need to worry about that anymore.

These days, Sanders, 64, keeps to the outdoors — he skis during the winter and volunteers for the U.S. Forest Service during the summer — and creates his artwork, which includes dishware, decorative pots and sculptured horses.

He learned the basics of ceramics as a teenager living in Southeast Asia. He kept at it while growing his Honolulu lumber and flooring business to include eight employees and more than \$1 million in inventory by the time he sold the company in 1997.

Then, he and his wife, Barbara, also an artist, moved to Colorado, and he turned to his lifelong love of ceramics more intentionally.



Sanders

"Clay is kind of cool. It's just dirt," said Sanders. "If you don't like what you did, you just throw it back in the bucket and then you can make something else."

Jennifer O'Day, 61, of Austin, Texas, is a former stockbroker who said her mixed-media artwork nourishes all her senses.

"It really sharpens my ability to see visually and perceptively and I think tactilely," said O'Day. "It's not just about my mind and my hand accomplishing something. It engages that whole mind-body-soul thing."

She was born into a business-oriented family, so that was in her blood, she said. The art she nurtured.

"I wanted to do something that was closer to the bone and less about the money," O'Day said about the portraits she now assembles.

It's not just about my mind and my hand accomplishing something. It engages that whole mind-body-soul thing," she said.

There's one aspect of her old stockbroker life that she sometimes misses: engaging with clients.

Geri deGruy, 59, also enjoyed her previous career, as a therapist in private practice, although it was emotionally grueling working with many of her clients,



Hoch



O'Day mixed media art

who were abused women.

"Toward the end of my practice, there was a feeling sort of like PTSD," she recalled.

She turned from being a therapist to the textile arts, which required that she slow down.

"I started seeing form differently. I started seeing repetitive patterns," said deGruy, who creates small art quilts and mixed-media collages. "My eye was developing, my seeing was changing."

She still works every day.

"Always our time is short — we never know," deGruy said. "I have that urgency every day. I don't want to waste this moment. I don't want to miss this opportunity to play with color."

Judy Hoch, 72, of Salida, Colo., finds parallels between her former career, as

a computer engineer, and her current one as a jewelry maker.

"Jewelry making is just engineering on a very small scale," she said.

Hoch spent a dozen years at IBM, where she became a senior engineer and earned two patents, then moved into a computer software job, from which she was laid off in the early 1990s.

"I had to do something after that," she recalled. "Going back to work in high tech when you're 50-some-thing, it

wasn't a real good idea. It wasn't going to work."

She took jewelry and metals classes at a Denver-area community college and got hooked. She relies on her mechanical engineering training when fusing metals or cutting stones.

"It's a lot of fairly sophisticated measurements," Hoch said. "There are so many technical things so engineering is a very useful skill to have."

While she describes her years in high-tech as fun — "like working with puzzles" — jewelry-making taps her creative energy.

"You spend a week away from it and you get terrible withdrawal," she said. — AP



deGruy

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# Grandparents providing more care for grandkids

By Ashley May

YORK, Pa. — When Heather Robinson, a single mom, was severely injured in a car crash in November 2010, her parents took care of her 13-month-old son, Christian. Without their help, she said, she would have had to put him up for adoption.

"They 100 percent took care of me and my son," Robinson said.

Betsy Robinson, 68, and her husband, Russell, 69, cared for their daughter and grandson for about two years in their Lower Chanceford Township home.

***"I thought when my daughter moved to Palmyra, it was the end of the world."***

— Kelly Funk

"I can't imagine not doing that," said Betsy.

Their time together forged a special bond. Even though Heather and Christian now live in Alexandria, Va., they visit at least every other week.

"I miss him," Russell said.

While the Robinsons' situation was partly fueled by need, more and more grandparents are getting involved in their grandchildren's lives. And their involvement extends beyond the holidays and usual family functions.

In fact, today's grandparents provide more care, money and advice to grandchildren than they ever have, according to a 2012 AARP survey of 1,904 grandparents.

Becky Gillan, AARP senior vice president of research and strategic analysis, said in some cases, grandparents are assuming the role of primary care givers.

"It's not just taking the grandkids to their grandparents' place for Sunday brunch anymore," she said. "Grandparents are actively involved on a daily basis. They are involved financially — helping with medical, education, dental expenses."

Gillan said grandparents indicate that it's important for them to spend money on and even spoil their grandchildren.

"During the recession, the one thing grandparents didn't cut back on was their grandkids," Gillan said.

Jean Koppen, director and research fellow with AARP, said research also showed that Grandpa is more involved than he ever was in playtime with the grandkids.

"The boomers have grown up in a culture where there is less of a gender role," Koppen said. "Grandpa missed out when his children were young, but he is not going to lose this second chance."

Grandparents are making grandchildren more of a priority and sharing responsibilities with parents.

They provide day care and want grandchildren to stay close: More than one in 10 grandparents surveyed said they provide day care services while parents are working. Also, about seven in 10 grandparents live within 50 miles of their closest grandchildren. More than one-third of the grandparents surveyed indicated that their grandchildren had lived with them for more than five years.

Kelly Funke, 48, baby-sits both of her grandchildren, Brynn Elicker, 2, and Rylan DeNunzio, 1. She babysits Brynn three days a week, and Rylan whenever his parents

are out of town.

Babysitting is such a priority for Funke, she sometimes takes vacation time from work to do it.

"I say all of this with a smile," Funke said. "I'm glad that I'm able to do that."

She never wants her grandchildren to move away, because she said she loves seeing them weekly.

"I absolutely want them to stay close," Funke said. "I thought when my daughter moved to Palmyra, it was the end of the world."

Brynn lives 10 minutes away and Rylan lives an hour away.

Some grandparents go one step further and offer their home to their grandkids, like Mark Foreman of Dover Township did.

When Foreman's stepson fell on hard times, Foreman took him in — along with his stepson's 6-year-old son Michael Hagarman, his stepson's fiancée and her two children.

Because Foreman, who works as a contractor with the government, travels a lot for work, Foreman told his stepson that he could stay at his place for as long as he needed.

"They have the run of the place," Foreman, 56, said. "I help them out if they need anything."

When Foreman is traveling, he keeps in touch with his family at home by phone or Internet.

They pay for educational materials, toys and play space: A quarter of the grandparents in the survey indicated that they spend \$1,000 or more on their grandchildren.

Susan Ilyes, 60, from York Township, estimates spending about \$1,500 annually on her granddaughter, Addison. Ilyes and her husband, Floyd, keep the 3-year-old when Addison's mother, who is single, is working, which is every other week.

Addison has her own bedroom, complete with toys, books and a Kindle Fire, all bought by Ilyes. There is even a computer, but Addison doesn't use that yet.

"I want her to have the best that I can give her because her father is not in the picture and she's our only grandchild," Ilyes said.

She also wants her granddaughter to feel comfortable and know that she is an important part of the family.

"Basically this is home to her, too," Ilyes said.

Sandy Billet, 55, from West Manchester Township, also created a space for her 6-year-old grandchild. Billet's sunroom is a play place for grandson Brennan DeWitt. Brennan, who lives two blocks away, has an arts-and-crafts table, Legos, drawers of trucks and cars, and a drawing board. Billet even has a small table in the sunroom for Brennan to eat lunch with friends, when they visit.

"We are very close," Billet said. "He calls me Meme."

They are active, too. Billet also bought a basketball hoop for the driveway so they could shoot hoops this summer.

"I'm up in age and I have my job," Billet said. "I can spend my money foolishly on my grandchild."

She estimates she spends at least \$1,000 annually on Brennan.

"Being a grandparent is so much better than being a parent, because you get to love them and spoil them and, then, give them back to the parent," Billet said.

— AP

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## Summer can inspire decor all year

By Melissa Rayworth

**T**he sun-drenched colors and inviting textures of summer provide plenty of decorating ideas. The trick is doing it right.

But with a light touch and strategic choices, your home can be brightened all year long by the fleeting beauty of summer.

Above all, “do not be literal with summer,” said Los Angeles-based designer Betsy Burnham. Avoid putting up a sign that says, “Gone Fishin’” or displaying a collection of seashells on a table, she said.

Instead, try examining the colors inside a handful of shells, then decorating a room in those shades. Or upholster one piece of furniture in crisp, summery linen, rather than slipcovering an entire room that way.

Designer Joe Lucas of Lucas Studio in West Hollywood, Calif., agrees. A mix of sand-colored paint and ocean blue fabrics can be a tasteful reminder of summers by the shore.

Here, Burnham, Lucas and decorde-mon.com founder Brian Patrick Flynn offer tips on successfully using summer as your design inspiration.

“Summery interiors are best described as relaxed,” Flynn said. “While autumnal

and wintry spaces are packed with rich velvets and earthy palettes, summery spaces are super-light, unstructured and pretty darn casual.”

Flynn uses deliberate contrast to point up that casual feeling: “I like to juxtapose super-relaxed elements such as slipcovers or bedding made from washed linen with super-tailored elements such as tailored tartan or pinstripe accents. The result is preppy, but still casual.”

One option is a palette of muted summer colors (sandy beiges, soft driftwood grays, nautical blues), which can be used throughout a room without overpowering it.

Lucas is a fan of very pale gray wall colors that include just a hint of green or blue. They look great alongside natural, pale wood furniture.

Flynn recommends “washed-out blue” wall colors, such as “Krypton” by Sherwin-Williams or “Drenched Rain” by Dunn-Edwards. “Blues with the perfect amount of gray in them tend to be timeless and also work as ‘new neutrals’ — colors with tons of personality which tend to work well with almost every other hue out there.”

These muted blues pair beautifully

with white, he said: “The mix of blue and white together is totally timeless, plus it can be mixed up in many different ways to update the look. Almost all colors accent blue and white well.”



The other summery option is to go vivid, using grassy greens, geranium reds, deep corals and the teal of tropical waters. Done right, these colors can elevate the look of a room.

“I’m a huge fan of teal and coral,” Flynn said. “I especially love them together, since it strikes the perfect balance of feminine and masculine.”

But tread carefully. To balance out these saturated colors, Burnham suggests bringing in plenty of crisp white.

“People always think that they have

to have their wood finished in a stain,” Burnham said. “Why not a painted finish? Paint your bookcases white... It’s summery, but livable year-round. Or try painting a floor somewhere in your house, like a guest room floor.”

Lucas agrees: “We’re always pushing clients to paint out their dark cabinets,” he said. “Everyone thinks their library has to be stained a rich mahogany or dark walnut,” but there are better approaches. “Paint it an off-blue-grey or lacquer it a fun, brighter color.”

“I use tons of linen in summer-inspired spaces, as well as cotton and textured wovens,” Flynn said. Also, he said, “sea grass and sisal are other summery textures which will never go out of style.”

The key with these materials, said Burnham, is moderation. Materials like rope or weathered wood are great “as long as you don’t have a room full of any of those items. One sisal carpet, a rattan chair or a rattan seat on a wood chair,” is all you need, said Burnham.

Also, “glass is summery,” she said, “but not cut glass. Just simple, New England looking pieces.”

Lucas points out that grasscloth is also both summery and stylish. — AP



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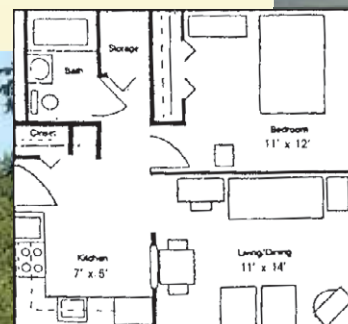
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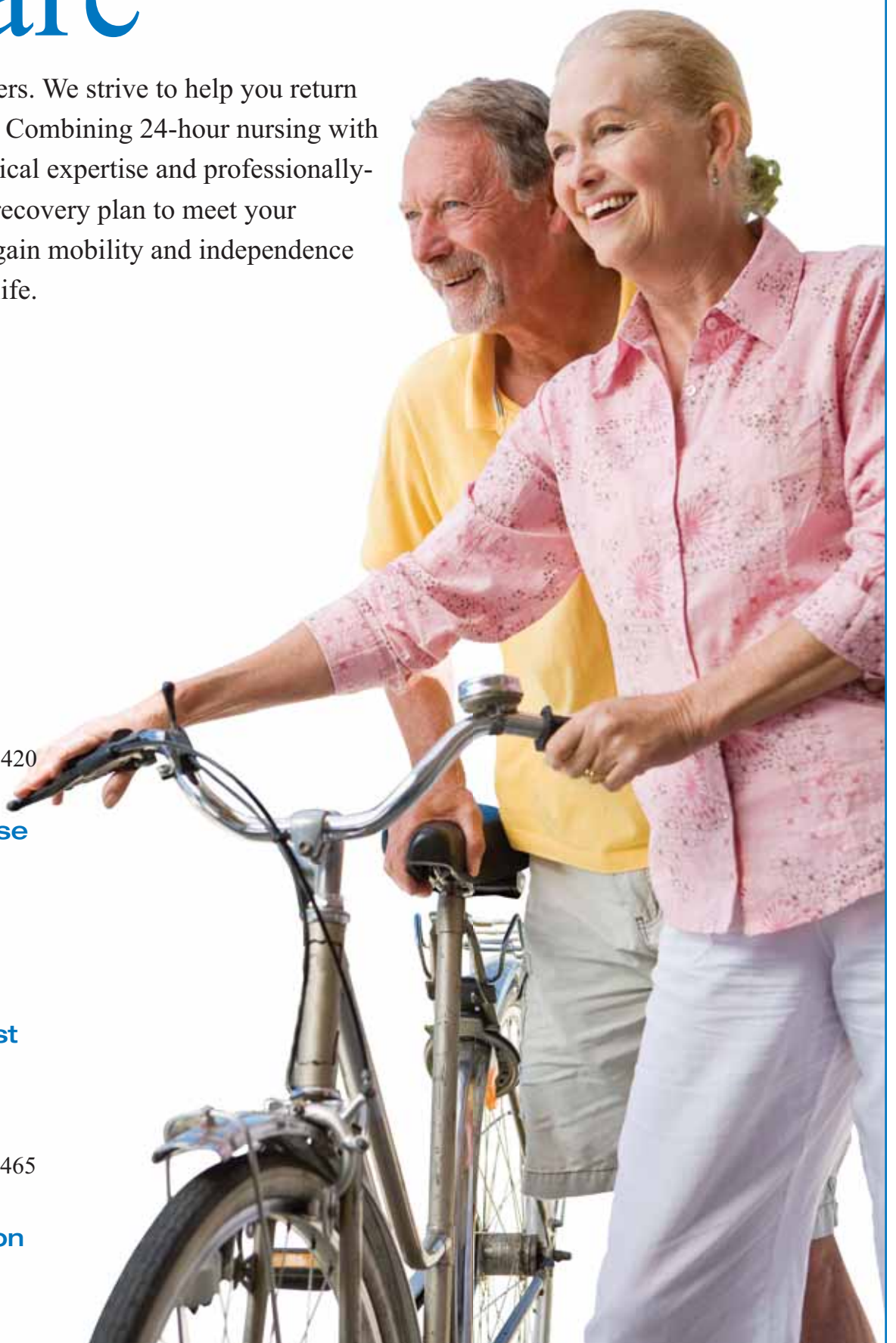
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