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'Granny Nannies' learn the ropes to raising today's grandkids

By Brian Goslow

Two years ago Evelyn and Ralph Diaz began exploring retirement communities in Virginia and Florida. Simultaneously, they were frequently driving up to Worcester from their Queens, N.Y. home to visit their son, Rick Diaz, his wife, Danielle, and their two children, Jacob and Jianna.

As a close-knit family, Evelyn Diaz knew she and her husband would want to see their grandchildren as much as possible. "I asked him, 'Do you want to move to Florida and have to drive or fly to see your grandchildren two or three times a year?'" she said. "I said that wasn't what I wanted."

Meanwhile, Rick and Danielle's children had gotten to an age when they needed separate rooms; also, the cost of their childcare had reached \$800-\$1300 a month. "For a while, we were paying more for childcare than our mortgage," Danielle Diaz said. "We were a sinking ship from having to pay for the little one and after-school care for the older one."

A solution was found when the senior Diazes agreed to move to Worcester. Rick and Danielle Diaz initially sought a multi-family home where Rick's father, who has bad knees, and mother would live on the first floor.



Scott

Instead, they found adjacent homes in a quiet community. Ralph and Evelyn, both 54, now look after Jacob, 8, and Jianna, 6, after classes on school days as well as when the children are home sick.

Though this seems an ideal setup, grandparents, who provide childcare, may find that some things have changed since they were busy raising their own children. Lois Young-Tulin, author of *The Granny Nanny: A Guidebook for Modern Grandmothers, Conscious Grandmothering or What Every Grandmother Should Know About Babysitting*, started work on her book shortly after her first biological grandchild arrived, having quickly found out that many of the ways she raised her children are no longer accepted by a new generation of parents.

"The rules had changed; it's not like getting back on the bicycle and riding the same way like when we raised our kids," said Young-Tulin, 71, who interviewed 70

women of varied cultures and economic backgrounds for the book. Among the biggest changes in childrearing she found are young children are fed differently these days, there's a better understanding of allergies and, as was clearly pointed out to her, babies are no longer allowed to sleep on their stomach or have blankets.

"It was winter and I was babysitting, my grandson was in the crib and it was cold; I got a blanket and put it over him. When my daughter-in-law came home, she was, 'You're not allowed to do that. They cannot sleep with any blankets. They can smother,'" she said.

Although today's grandparents were advised to put their babies to sleep on their stomachs to avoid choking on their own spit-up, it's been learned more recently that the risk of sudden infant death syndrome (SIDS) is higher in babies who sleep on their stomachs. "Now they're also saying no bumpers on the side of the crib because they can get stuck under them," she said.

"Because the babies now sleep on their back, they don't get the strength to start crawling unless they have a certain amount of 'tummy time' during the day," said Young-Tulin. "That was all new to me, but by the second grandchild, I was like an old pro."

Young-Tulin also realized that being a good grandparent meant going by the parents' rules. "Their rules have to be respected," she said. "If they have certain rules like (put the child in) time out, or if they don't want them glued to the television or going out and getting toys whenever they want, I abide by the parents' rules."

Evelyn Diaz agrees with that. "I had friends who had bad relations with their daughter-in-law because they wanted to rule," she said. "I told Danielle, 'We're the grandparents; you're the parents. We

raised our son the way we wanted. We're here to back you up. We're not here to override your childrearing.'"

Letting things fester can make little problems into big ones. "If I disagree with something, I say it and it doesn't happen again," said Danielle Diaz. "Rick and I raise our kids with the belief it takes a village and we are open to input." Prior to their parents' arrival, the couple had an in-house day care person for their children. "Having their grandparents help raise them is a good change," she said.

"We eat together almost every day of the week; on Saturday and Sunday, we have family breakfast or brunch," Evelyn Diaz said. "For the sake of the kids, we keep everything on an even keel — there's no cellphones and they have to take their hats off."

While they live next door to one another and enjoy doing many things together, both Diaz families also enjoy separate outings, with Evelyn and Ralph frequently hosting visits from their friends from back in New York.

There's one tradition that's never missed, however.

"Every Saturday morning, I send Danielle a text message with 'Coffee' and a smiley face on it," Evelyn Diaz said. "Five minutes later, she's at my door with a mug and that's how we start our weekend."

Along with establishing rules for raising the grandchildren, Young-Tulin said it's important not to commit to what you can't handle. The Wyncote, Pa. resident has eight grandchildren so she's learned to balance the ones that live relatively close by with those further away. Every Sunday,



Young-Tulin babysits Dylan East, 10, of Palm Beach Gardens, Fla., via Skype and Apple Computer's Facetime, a built-in camera component. "His parents have something to do for an hour so we play games and he tells me everything about his school," she said. "It's amazing and immediate. I understand what's going on in his life and am not waiting for a letter to come."

Young-Tulin found grandfathers are much more involved in helping to raise their grandchildren than in past generations. "I think they watch their sons or sons-in-law; men are more involved parents (than in the past)," she said. "The role models are reversed. The child who has a baby, who is male, is teaching the grandfather." These days, it's not out-of-the-ordinary to have the dad stay at home while mom works. "It's a different gender that's changing the diaper, nurturing and being home with the baby."

She found "Granny Nannies" were more prevalent in the African-American, Hispanic and Asian communities. "There's a different family feeling for the elders in the family,"

ROPES page 7

Grandparents play a bigger role in child-rearing

WASHINGTON —

America is swiftly becoming a granny state. Less frail and more involved, today's grandparents are shunning retirement homes and stepping in more than ever to raise grandchildren while young adults struggle in the poor economy.

The newer grandparents are mainly baby boomers who are still working, with greater disposable income. Now making up 1 in 4 adults, grandparents are growing at twice the rate of the overall population and sticking close to family — if their grandkids aren't already living with them.

Grandparents in recent decades have often filled in for absent parents who were ill, battled addiction or were sent to prison. The latest trend of grandparent involvement, reflected in census figures recently released, is now being

driven also by the economy and the graying U.S. population, including the 78 million boomers born between 1946 and 1964 who began turning 65 this year.

"We help out in terms of running errands, babysitting, taking the grandkids to doctors' appointments and for back-to-school shopping," said Doug Flockhart of Exeter, N.H., listing some of the activities that he and his wife, Eileen, do for their five kids and seven grandchildren. But that's just the start.

They also pitch in with health care payments for family members due to insurance gaps, and their pace of activity has picked up substantially since their daughter, who lives three blocks away, just gave birth to her first child. Flockhart, a retired architect, likes the family time even if he and his wife worry about their grandkids' futures. Their oldest

grandchild is 16.

Flockhart's situation is increasingly common, demographers say.

"Grandparents have become the family safety net, and I don't see that changing any time soon," said Amy Goyer, a family expert at AARP. "While they will continue to enjoy their traditional roles, including spending on gifts for grandchildren, I see them increasingly paying for the extras that parents are struggling to keep up with — sports, camps, tutoring or other educational needs, such as music lessons."

Goyer and Peter Francese, founder of *American Demographics* magazine who is now a population analyst for the MetLife Mature Market Institute, base the latest numbers

ROLE page 7

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Setting goals for New Year's and how to keep them

By Sondra L. Shapiro

Making a New Year's resolution is an exercise in temporary happiness. At its heart, a resolution is a practice in self-delusion, doomed to failure. Right? So, why should we set ourselves up to fail? Aren't our lives challenging enough without adding to the burden of having to live up to some-



Just My Opinion

thing?

Every Jan. 1, echoes of looming disappointment can be heard from near and far. I'm going to:

- Spend more time with family and friends.
- Exercise more.
- Lose weight.
- Quit smoking.
- Enjoy life more.
- Quit drinking.
- Get out of debt.
- Learn something new.
- Help others.
- Get more organized.

When I hear friends proclaim they are throwing out their cigarettes or dusting the cobwebs from their treadmills I shake my head, convinced such grandiose proclamations are not enough to jumpstart change.

I speak from experience, cringing when I recall all the broken promises I made to myself — a failing that smacked me right in the face as I did research for this column. Shortly after New Year's I took an online test, compliments of psychologist and author Richard Wiseman.

Wiseman's little exercise is designed to help assess whether the techniques we intend to use to achieve a goal will succeed. The lowest score is between eight and 11, a mid score is 12 to 20 and a high score is 21 to 24.

With an embarrassing score of 14, I have a lot to learn, although I'm in good company. According to a 2007 survey conducted by Wiseman, 88 percent of the 3,000 participants failed in attaining their New Year's resolutions.

Lest we think too badly of Dr. Wiseman for pointing out our all too human foibles, he followed up with 10 ways to help us succeed in the future:

- Make only one resolution — The chance for success is greater when we direct energy into changing one aspect of our lives.
- Be reflective, not impulsive — We should begin thinking about the changes we want to make a few days before New Year's Eve.
- Avoid previous resolutions — Why should we begin the year by setting ourselves up for failure and disappointment.
- Don't run with the crowd and go with the usual resolutions — Instead think about what you really want out of life.
- Breakdown a goal into a series of



steps — Focus on creating sub-goals that are concrete, measurable and time-based.

•Share resolutions with friends and family — A cheering gallery should increase the fear of failure and elicit support.

•Regularly think about the benefits of achieving a goal — Create a checklist of how life would be better once an objective is met.

•Allow for small rewards for sub-goals — Recognizing milestones create a sense of progress.

•Make plans and progress concrete — Keep a handwritten journal, a computer spreadsheet or cover a notice board with graphs or pictures.

•Expect to revert to your old habits occasionally — Treat any failure as a temporary setback rather than a reason to give up.

So much of what happens around us is disconcerting and out of our control: The bad economy, rising gas prices, shaky governments in the Mideast, famine in East Africa, our sons and daughters dying in the war in Afghanistan. The setting of some attainable goals can establish a sense of empowerment and pride of accomplishment, says the good doctor.

My New Year's resolution is to give Dr. Wiseman's suggestions for success serious consideration. The problem is, I've already flunked one of the rules. I didn't start considering his suggestions until after New Year's.

See, I'm already being too hard on myself, setting myself up for failure. So, I guess my resolution is to begin his exercise of contemplation next Dec. 27.

Did I mention fighting procrastination is one of the resolutions I have been making every New Year's for as long as I can remember? Has it occurred to any of you readers that this column is appearing in the February edition of this paper?

Case in point.

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

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7 resolutions for retirees in 2012

By Dave Carpenter

Retirees may be past the days of resolving to work out more or buy fewer \$4 coffees. Yet when it comes to money in particular, resolutions may be even more important for those living on fixed incomes.

From financial nuts and bolts to more holistic aims, here's a look at seven worthy resolutions for retirees in 2012:

1. Get disciplined about money matters. Retirees should set up a formal budget and stick to it. Being thrifty without a plan only goes so far when unexpected expenses arise, especially at an age when health care costs can start to mount.

It's also wise to record your financial goals and plans, such as how much money you expect to withdraw from savings every month.

"The more detailed the information about your spending requirements and investment goals, the greater your chances of success," said Bob Stammers, director of investor education for the nonprofit CFA Institute for financial analysts.

2. Attack your debt. Along with putting on pounds, new retirees are prone to running up debt with their newfound freedom. Paying off credit card debt should be a top priority.

After the card debt is zeroed out, use only one card and pay off the balance monthly. If an emergency expense leads to a balance, don't let it linger or it will erode retirement savings.

If your savings are languishing in a money market account or certificate of deposit earning practically nothing, you can put a chunk of it to greater use by paying off a credit card with an interest rate of 15 or 20 percent. Having savings yields at rock-bottom lows presents a rare opportunity to instantly improve your finances.

"There may never be a better time than now to clear up all of your credit card debt," said Michael Kresh, a certified financial planner in Islandia, N.Y.

3. Invest in dividend-paying stocks. It's tough for retirees to get meaningful income on their money from the traditional sources. The best-paying money market and savings accounts yield just 1 percent, five-year CDs no better than 1.95 percent, according to Bankrate.com. Even the U.S. Government's 10-year Treasury note has been hovering

around 2 percent.

For a bit more risk in the short term, blue chip stocks that pay dividends offer a combination of reliable income and good odds for share price appreciation over the long haul.

Income investors have few alternatives to dividend stocks in this environment, said Howard Silverblatt, senior analyst for Standard & Poor's.

The average dividend stock yielded 2.8 percent in 2011, and investors can better that with such blue chips as General Electric Co., 3.8 percent, or Pfizer Inc., 4.7 percent. Other good options include dividend-heavy mutual fund T. Rowe Price Equity Income (PRFDX), which gets a gold-medal rating from Morningstar, and exchange-traded fund Vanguard Dividend Appreciation (VIG), which carries a five-star rating.

4. Get your estate plan in order. Make sure your estate plan and financial documents are updated. Tax laws change and documents may be out of date. Beneficiaries may need to be revised.

Set up a review with an attorney and investment adviser to make sure all of your plans are current. If you need help finding a financial planner near you, check the website of the National Association of Personal Financial Advisors, findanadvisor.napfa.org/Home.aspx.

A basic estate plan includes a will, living will, durable power of attorney and health-care proxy.

5. Be more generous. Resolve to be more charitable, giving to worthy causes for others as well as your loved ones. It's rewarding and makes tax and financial sense too.

Remember that you can give gifts of up to \$13,000 annually without triggering taxes. Helping a younger family member can also set an admirable precedent that reinforces the importance of charitable giving.

You may want to consider a charitable gift annuity, in which you donate to a large charity and receive regular lifetime payments in return.

"In times of very low interest rates and declining returns on assets, this is a good way for retirees to increase their cash flow and get an income tax deduction while helping a charity," said Michael Dribin, a trusts and estates attorney for Harper Meyer



in Miami.

6. Check into long-term care insurance possibilities. Consider getting a long-term care policy. It may already be too expensive if you have health issues or are well into retirement. But note that roughly a fifth of those who sign up for coverage do so at age 65 or older, according to the American Association for Long-Term Care Insurance.

About 70 percent of people over 65 will require long-term care services at some point. And neither private health insurance nor Medicare pay for the majority of the services people need — help with personal care such as dressing or using the bathroom independently. That can be a devastating financial burden without coverage. An

assisted living facility costs an average of \$38,280 per year, a semi-private room in a nursing home runs \$73,000 and home health aides charge \$19 to \$21 an hour, according to the insurance association.

A typical long-term care policy costs upwards of \$4,000 per year for a 65-year-old couple. By 70, for those still able to qualify, that more than doubles. So don't delay on this one.

7. Stretch your body and mind. Choose daily pursuits that keep you physically, mentally and socially engaged.

There's abundant evidence that continued physical activity helps people live longer, feel better, avoid depression and keep their mental skills sharp.

"Functional disabilities shouldn't keep you from exercising," said Dr. Amy Ehrlich, a geriatrician with Montefiore Medical Center in the Bronx, N.Y.

She puts frail elderly patients on a walking program. If they can't walk, she puts them on a swimming program. And if they can't swim, she has them take a water aerobics class.

Studies show that people benefit from efforts to stay cognitively sharp — from doing a daily crossword to playing games to reading. Maintaining social ties also is critical. Older people who volunteer in schools, for example, feel happier, more useful and more satisfied with their lives. — AP

Boomers' aging casts light on geriatrics shortage

By Matt Sedensky

PALATKA, Fla. —

In this sleepy, riverside town in north-east Florida, 86-year-old Betty Wills sees the advertisements of obstetricians and gynecologists on the main road's billboards and has found specialists ranging from cardiologists to surgeons in the phone book.

But there's not a single geriatrician —

a doctor who specializes in treating the elderly — in all of Putnam County, where a fifth of the county's 74,000 people are seniors.

"I looked," Wills said. "I didn't find one."

It's a nationwide shortage and it's going to get worse as the 70 million members of the baby-boom generation — those now

BOOMERS page 7



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► Boomers

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46 to 65 — reach their senior years over the next few decades.

The American Geriatrics Society says today there's roughly one geriatrician for every 2,600 people 75 and older. Without a drastic change in the number of doctors choosing the specialty, the ratio is projected to fall to one geriatrician for every 3,800 older Americans by 2030. Compare that to pediatricians: there is about 1 for every 1,300 Americans under 18.

Geriatricians, at their best, are medicine's unsung heroes. They understand how an older person's body and mind work differently. They listen more but are paid less than their peers. They have the skills to alleviate their patients' ailments and live fuller, more satisfied lives.

Though not every senior needs a geriatrician, their training often makes them the best equipped to respond when an older patient has multiple medical problems. Geriatricians have expertise in areas that general internists don't, including the changes in cognitive ability, mood, gait, balance and continence, as well as the effects of drugs on older individuals.

But with few doctors drawn to the field and some fleeing it, the disparity between the number of geriatricians and the population it serves is destined to grow even starker.

"We're an endangered species," said Dr. Rosanne Leipzig, a renowned geriatrician at Mount Sinai Medical Center in New York.

Geriatricians rank among the lowest-

paid medical specialties, with a median salary of \$183,523 last year, according to the Medical Group Management Association, which tracks physician pay. That sounds like a lot, but many other specialties pay two or three times more, while the average doctor graduates with \$160,000 in student loan debt.

Just 56 percent of first-year fellowship slots in geriatrics were filled last academic year, according to a University of Cincinnati study, while the number of physicians on staff at U.S. medical schools' geriatric programs has generally been trending downward.

Many young doctors aren't receiving even basic training in caring for older patients. Only 56 percent of medical students had clinical rotations in geriatrics in 2008, according to the study.

Various efforts around the country have aimed to increase both those choosing the geriatrics specialty and the level of training all doctors get in treating older patients.

The federal health overhaul law also includes a number of provisions aimed at increasing geriatric care. Last year, under the law, 85 grants totaling \$29.5 million funded a range of geriatrics training programs for doctors, dentists, mental health professionals and other medical workers.

people, surveys indicate. The 8 percent share of children now living with grandparents is the largest in at least 40 years — and it is believed to be the largest share ever, the population experts say.

In all, there are 62.8 million grandparents in the U.S., the most ever. They are projected to make up roughly 1 in 3 adults by 2020.

Nearly half the states had increases of 40 percent or more over the last decade in the number of grandchildren living with grandparents.

In 2009, households ages 55 or older spent billions of dollars on infant food, clothes, toys, games, tuition and supplies for grandchildren, according to the Bureau of Labor Statistics. — AP



For now, though, the shortage continues.

"The shifting demographics is causing other primary care physicians to focus more on frail older adults but they do not have the training or experience to manage complex older adults with multiple chronic diseases," said Dr. Peter DeGolia, director of the Center for Geriatric Medicine at University Hospitals Case Medical Center in Cleveland.

Karen Roberto, director of the Center for Gerontology at Virginia Tech, said doctors who aren't trained in geriatrics might have a tendency to discount an older person's problems as normal symptoms of aging, when in fact they can be

treated. She receives calls from people around the state looking for geriatricians, but oftentimes can't offer a recommendation.

"Going from specialist to specialist is not the answer," she said. "Older adults need providers with comprehensive knowledge of their problems and concerns."

As for Wills, she moved with speed around the Edgar Johnson Senior Center, cooking lunch and sweeping the floor before her line dancing class began.

Wills joked about having outlived a number of her doctors, and how Jack Daniels sometimes is the best medicine. She wasn't sure a geriatrician would have all the answers, but she thought they might understand a woman of her age better than other doctors. She was unsuccessful finding one in her county.

"They depend on tests, they depend on machines, they depend on pills," she said. "Sometimes listening to you is better than hooking you up to machines."

— AP

► Ropes

Cont. from page 4

she said, explaining that the family accommodates them rather than putting them in a senior setting. The elders have a keen sense of their ethnic history and use teaching their grandchildren about their roots and heritage as a way to build their self-esteem.

Those communities also tend to have a greater number of single parents, Young-Tulin said, who need one of their parents to help out because they need to work. "It also lessens the living expense if the grandparent moves in," she added.

That tradition of looking after one another continues with Cindy Scott, 51, of Brookfield, who has hosted numerous family members over the years. When her daughter, Tiffany, started to work as a waitress, Scott and her husband volunteered to take their granddaughter, Tianna, on weekends.

"I went on the fact I'm a teacher, I had another daughter at home and a husband, and I like kids around," said Scott, whose mother also looked after Tianna. "I'm from an Italian family and in my family and other Italian families I know, to help out like this is not uncommon. For me, it's a no-brainer. It wasn't a case of how am I going to help. My grandparents helped my mother raise

me and my mom helped me raise Tiffany. It was the way our family worked."

When Tiffany, "a beautiful, smart girl who was on the dean's list" at Framingham State University and who fought social anxiety while trying to balance her studies with three jobs, had a second child, Adrianna, Scott and her husband took Tiffany in for a year, enrolling her in a pre-school program.

Eventually, Tiffany returned home to live with her younger sister and mom, who along with her partner, has found today's job market difficult. And while Scott's husband had been all for taking family members in, it eventually affected their relationship and they're now separated.

"This made it more difficult," said Scott, who spent part of the recent holidays hosting her grandchildren and introducing Tianna to a local park to learn how to use the slide and engage with other children.

"What I took from my grandparents is it's all about the children," Scott said. "It's a long road, it's a struggle, but instead of pointing out this isn't being done and harping on that isn't being done, you focus on what do the children need and what can you do to help them. There are little kids involved. They need whatever support you can give and that is what I do."

For more information: on the web, thegrannynannyguidebook.com.

► Role

Cont. from page 4

partly on separate analyses. Their data were supplemented with the latest 2010 census figures as well as interviews with Census Bureau and other experts.

Currently about 5.8 million children, or nearly 8 percent of all children, are living with grandparents identified as the head of household, according to new 50-state census data. That's up from 4.5 million, or 6.3 percent, who lived in such households in 2000.

Much of the increase in grandparent caregivers occurred later in the decade after the recession eliminated jobs for many younger

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2012 Medicare debate is all about the baby boomers

By Ricardo Alonso-Zaldivar

WASHINGTON —

Baby boomers take note: Medicare as your parents have known it is headed for big changes no matter who wins the White House in 2012. You may not like it, but you might have to accept it.

Dial down the partisan rhetoric and surprising similarities emerge from competing policy prescriptions by President Barack Obama and leading Republicans such as Wisconsin Rep. Paul Ryan.

Limit the overall growth of Medicare spending? It's in both approaches.

Squeeze more money from upper-income retirees and some in the middle-class? Ditto.

Raise the eligibility age? That too, if the deal is right.

With more than 1.5 million baby boomers a year signing up for Medicare, the program's future is one of the most important economic issues for anyone now 50 or older. Health care costs are the most unpredictable part of retirement, and Medicare remains an exceptional deal for retirees, who can reap benefits worth far more than the payroll taxes they paid in during their careers.

"People would like to have what they used to have. What they don't seem to understand is that it's already changed," said Gail Wilensky, a former Medicare administrator and adviser to Republicans. "Medicare as we have known it is not part of our future."

Two sets of numbers underscore that point.

First, Medicare's giant trust fund for inpatient care is projected to run out of money in 2024. At that point, the program will collect only enough payroll taxes to pay 90 percent of benefits.

Second, researchers estimate that 20 to 30 percent of the more than \$500 billion that Medicare now spends annually is wasted on treatments and procedures of little or no benefit to patients.

Taken together, that means policymakers can't let Medicare

keep running on autopilot and they'll look for cuts before any payroll tax increases.

Privatization is the biggest divide between Democrats and Republicans.

Currently about 75 percent of Medicare recipients are in the traditional government-run, fee-for-service program and 25 percent are in private insurance plans known as Medicare Advantage.

Ryan's original approach, part of a budget plan the House passed in the spring, would have put 100 percent of future retirees into private insurance. His latest plan, developed with Sen. Ron Wyden, D-Ore., would keep traditional Medicare as an option, competing with private plans.

Older people would get a fixed payment they could use for private health insurance or traditional Medicare. Proponents call it "premium support." To foes, it's a voucher.

Under both of Ryan's versions, people now 55 or older would not have to make any changes. GOP presidential candidates Mitt Romney and Newt Gingrich praise his latest plan.

How would it work? Would it save taxpayers money? Would it shift costs to retirees as Ryan's earlier plan did? Would Congress later phase out traditional Medicare? Those and other questions must still be answered.

"I'm not sure anybody has come up with a formula on this that makes people comfortable," said health economist Marilyn Moon, who formerly served as a trustee helping to oversee Medicare finances.

White House spokesman Jay Carney said the Wyden-Ryan plan "would end Medicare as we know it for millions of seniors," causing the traditional program to "wither on the vine."

But what administration officials don't say is that Obama's health care law already puts in place one of Ryan's main goals by limiting future increases in Medicare spending.

Ryan would do it with a fixed payment for health insurance, adjusted to allow some growth. In theory that compels consumers and medical providers to be more cost-conscious. Obama does it with a powerful board that can force Medicare

cuts to service providers if costs rise beyond certain levels and Congress fails to act.

Like several elements of Obama's health care overhaul, the Independent Payment Advisory Board is in limbo for now, but it is on the books. If the board survives Republican repeal attempts, it could become one of the government's most important domestic agencies.

The White House wants to keep the existing structure of Medicare while "twisting the dials" to control spending, said a current Medicare trustee, economist Robert Reischauer of the Urban Institute think tank.

Ryan's latest approach is arguably an evolution of the current Medicare Advantage private insurance program, not a radical change, Reischauer said. That's particularly so if traditional Medicare remains an option.

"In the hot and heavy political debate we are in, participants are exaggerating the difference between the proposals," he said.

During failed budget negotiations with Republicans last summer, Obama indicated a willingness to make more major changes to Medicare, including gradually raising the age of eligibility to 67, increasing premiums for many beneficiaries, revamping co-payments and deductibles in ways that would raise costs for retirees, and cutting payments to drugmakers and other providers.

"I was surprised by how much the president was willing to offer in terms of Medicare changes without a more thorough vetting and discussion," said Moon. Obama said he will veto any plan to cut Medicare benefits without raising taxes on the wealthy.

Democrats are still hoping to use Ryan's privatization plans as a political weapon against Republicans in 2012, but the Medicare debate could cut both ways. For the 76 million baby boomers signing up over the next couple of decades, it will pay to be watching.

Online: Medicare: www.medicare.gov; Ryan-Wyden plan: tinyurl.com/ct7utja.

The Social Security payroll tax holiday should end

By Al Norman

I think Congress has it totally wrong on the issue of the Social Security payroll tax. The House and the Senate both passed bills extending the so-called "payroll tax holiday," which was a misguided idea in the first place.

In 2010, workers paid 6.2 percent of their earnings as a Social Security tax, applied to earnings up to \$106,800. That means a worker at the highest earning level paid \$6,621.60 in Social Security payroll taxes. His or her employer paid in the same amount. A self-employed worker paid

both halves — 12.4 percent of their earnings — up to the cap.

But for 2011, Congress gave us all a "holiday" by lowering our payroll tax to 4.2 percent. (Our employer's share stayed at 6.2 percent). The self-employed worker paid 10.4 percent instead of 12.4 percent.

My theory is that very few workers even noticed the payroll tax break, and even fewer changed their buying habits because of it. Here's why: A worker earning



\$45,000 would have paid \$2,790 in Social Security payroll taxes in 2010, which fell to \$1,890 in 2011 — a difference of \$900. If that worker was paid every other week (26.1 pay periods per year) the change in his or her take home pay would have been \$34.50 per pay period. A worker earning \$30,000 would save \$600 a year, or roughly \$23 per pay period.

In a recent NPR story, a reporter asked people on the street if they had noticed their payroll tax cut. Most people said "No." Most people didn't even know what the payroll tax was — they thought their income taxes had been cut. Almost no one interviewed said that the change in payroll tax had stimulated him or her to shop more.

Yet warnings about the end of the payroll tax "holiday" made it sound like the rapture was coming. The International Franchise Association, which represents many fast food restaurants, told the media: "If Congress does not extend the payroll tax holiday, Americans will have less discretionary income, increasing an already high level of uncertainty amongst franchisees about sales and thereby hindering their ability to create new jobs."

But this holiday from the Social Security tax is a foolish idea. For one, it lets off the rich entirely, because a millionaire with taxable wages only pays up to the cap on earnings, which affects only 10 percent of

his or her income. Investors with mostly unearned income pay no Social Security tax at all.

Two: We are taking this money from the Social Security Trust Funds — and politicians have been squawking that Social Security is going bankrupt. This "holiday" is expensive. The bill passed by the House, which extended the payroll tax holiday until the end of 2012, reduced Trust Fund income by \$180 billion. The Senate version, which extended the holiday only through the end of February, 2012, had a price tag of \$33 billion. The expense here is because the holiday provides a little cut — but for 160 million workers.

Social Security can pay out all benefits through the year 2035 and 75-80 percent thereafter. This shortfall needs to be addressed at some point, but it doesn't help to cut the Trust Funds on the theory that people will shop more. I don't think people even noticed their payroll tax break, and if they did, they put what little extra they had into savings. The problem is: once you give people a "tax holiday," when the holiday ends, people think they are getting a tax hike.

For me, this holiday was a bad idea that Congress should have killed — along with the Bush era tax cuts for the rich.

Al Norman is the executive director of Mass Home Care. He can be reached at 413-773-5555 x 2295, or at info@masshomecare.org.

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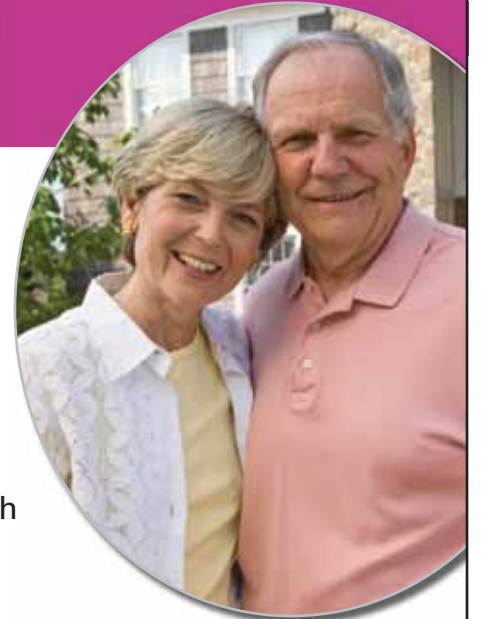
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Italy: Hiking and driving the Dolomites Great Road

By Giovanna Dell'Orto

CORTINA D'AMPEZZO, Italy —

Raniero Campigotto, the owner of a mountain hut nearly 7,000 feet up in the Dolomites range, has resigned himself to the impossibility of serving dinner without having his guests jump up mid-fork through the polenta and grilled sausage and run outside.

They are trying to catch “enrosadira,” the term from a local language called Ladin for the stunning moment when the setting sun makes gray spires glow iridescent pink in this mountain range in northeastern Italy. Picture the jutting rock formations of the southwestern United States, substitute the desert floor with a sea of dark-green spruce forest, and you have what some will argue is the most breathtaking landscape in the Alps.

Last summer, I returned to the area where I had spent my favorite childhood winter skiing breaks, this time for a combined hiking and driving visit along the Grande Strada delle Dolomiti, the Dolomites Great Road.

It stretches just south of the Italian-Austrian border for about 70 miles, starting at Cortina d'Ampezzo, a couple of hours north of Venice. Right before entering town, a road sign reads “Bon azeto,” welcome in Ladin, the ancient language spoken only by an estimated 30,000 inhabitants in the Dolomites.



Great War Museum at Mount Lagazuoi

The road then hikes right up to Campigotto's Col Gallina “rifugio” (mountain shelter) at Falzarego Pass and eventually ends in Bolzano/Bozen in the autonomous and bilingual region of Trentino-Alto Adige/South Tyrol.

The highlight for me was a strenuous four-hour round-trip hike from Col Gallina to Rifugio Lagazuoi where, on its terrace at 9,000 feet, I devoured a heaping plate of tagliolini pasta with meat from the roe deer, a small regional species, while taking in a 360-degree view over

the Dolomites' most striking peaks and valleys.

To the east is the broad basin with swanky Cortina, Italy's answer to Aspen and St. Moritz. The imposing peaks of the Sella Group rise to the west, carved into surreal shapes from the coral-reef-and-volcanic rock mixture that emerged millions of years ago to form the range. The Marmolada glacier glittered in the August sun to the south.

In the cheerful buzz of conversations in Italian and German at the communal outdoor tables, I suddenly realized that I have never seen a place where the majestic beauty of nature contrasts more with the tragic scratches of human folly.

The same trails where athletic mountaineers and fashion-conscious day-trippers with poodles in tow file up and down were carved by hand by the Austrian-Hungarian and Italian armies, which fought bitter trench battles here during World War I.

Less than a century later, mountain-lovers from the former enemies vie for position down improbable tunnels hewn through the sheer rock face to shoot only the perfect Alpine photo.

The sole animosity I witnessed was directed toward a pesky leash-less poodle that dangerously darted between legs on the steepest stretch of trail.

Three generations ago, bloodshed marked the gain of each meter in the stalemated front line. Today, the trailhead parking lot, with license plates spanning the European Union from Portugal to Romania, is itself evidence of a borderless continent.

About halfway up the mountain from the Falzarego Pass to Lagazuoi, at the snow line past fragrant shrubby pines, tiny daisies and violets, hikers with flashlights and safety equipment can leave the main trail and go straight up the mountain through tunnels carved during the 1914-1918 Great War.

Tunnels, machine-gun nests and impossibly cramped living quarters are all part of the free Museo all'aperto del Lagazuoi, one of several World War I open-air museums in the area that provide a striking introduction to this forgotten history.

On a cloudless summer day, it was staggering to read on the many bilingual museum panels of men who shivered through subfreezing storms, hunkered down on the opposite side of a rock face in an improbable high-altitude standoff.



The resort village of Canazei

Even the Great Road was built for strategic reasons, but it is virtually impossible to visualize war among the bursts of red petunias cascading down wooden balconies in its merry villages dominated by onion-steeple churches.

Leaving the Falzarego Pass on SR48, the road precipitously descends into a deep valley, with walls of giant firs allowing a few glimpses of remote chalets, the ruined castle of Andraz and the pastel spires above, some towering above 10,000 feet.

Then it spools up an emerald meadow, bend after bend popular with bikers, to the Pordoi Pass, which at 7,346 feet allows another breathtaking panorama over the massifs all the way to the Cortina basin.

On the other side of the pass, SS48 traces Val di Fassa through resort villages like Canazei that are pure *Sound of Music* fantasy, with their whitewashed houses trimmed in blond wood. The Great Dolomites Road follows SS241 up one last, lower pass with wide views before coming down toward Bolzano/Bozen.

Driving the last stretch of road is literally a comedown, mixed with the realization of how unique the Dolomites are.

There is plenty of mountain scenery ahead, and on this particular summer evening, I had dinner plans at Toblino Castle, which sits in the middle of a lake surrounded by vineyards, a short drive down the autostrada.

But as the sun set in a golden summer dusk, I felt a distinct twinge of regret.

I wished I were up at Col Gallina, where silverware must have been clattering down as people stampeded outside for one last look.

If You Go...

Italy's Dolomites: www.dolomiti.org has information from lodging to hiking and historical attractions. The fastest way to Cortina is from Venice, which has an international airport. — AP

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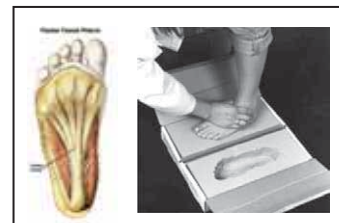
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Aging Americans stay home with aid of 'villages'

By Ben Nuckols

WASHINGTON —

Weaver Shepperson has been blind for nearly 50 years. He's lived alone since his wife died in 1999 and needs transportation several times a month to visit his doctors.

Yet he doesn't plan to move out of the row-house in Washington's historic Capitol Hill neighborhood where he's lived since 1955.

The 80-year-old is part of a burgeoning movement among seniors determined to stay in their homes as long as possible. With the help of nonprofit groups known as "villages," they're enjoying many of the perks that residents of retirement or assisted-living communities receive, at a fraction of the cost.

Shepperson pays \$530 annually for membership in Capitol Hill Village. It enables him to receive a ride to the doctor's office from the village's network of volunteers. The village also takes care of his grocery shopping. Without it, he said he might have had to move into assisted living.

"After the village became available, I stopped thinking about what my other alternatives would be," he said.

Capitol Hill Village is one of the oldest and most robust of the roughly 65 active villages nationwide. It's been around four years and has more than 350 members.

While the village movement is gaining momentum, it's an option unavailable to the vast majority of older Americans. There also are questions about the long-term viability of the organizations.

The desire of Americans to live at home instead of moving into retirement or assisted-living communities — known as aging in place — has always been strong. AARP surveys consistently show that nearly 90 percent of people 65 and older want to stay in their homes as long as possible.

But what if you have to stop driving? Or can't change light bulbs, maintain the yard or get into the attic? For most people, there are few options beyond relying on relatives or neighbors. This was the dilemma that led a group of friends in Boston's Beacon Hill neighborhood to create the village concept. Beacon Hill Village began accepting members in 2002; Capitol Hill Village was one of the first to successfully duplicate the model.

In addition to rides and other favors that volunteers can provide, most villages offer what they call a concierge service — a connection to a list of pre-screened vendors who can provide discounted services such as plumbing or home repair.

About half of the nation's villages are concentrated in the Northeast and Mid-Atlantic. Between 10,000 and 13,000 people are members, according to the Village-to-Village Network, which tracks and coordinates villages around the country. The Washington area is a hotbed for villages, with five within the District of Columbia and three more in the Maryland and Virginia suburbs.

Those statistics, though, underscore the limitations of the village concept: Most are located in densely populated, relatively affluent urban or suburban communities. Their members are also overwhelmingly white — more than 90 percent, according to a survey last year by the University of California, Berkeley.

Despite their members' deep pockets, no village has managed to fund itself through membership fees alone. All rely on donations, grants or, in some cases, the willingness of directors to run them for free.

Andrew Scharlach, a Berkeley gerontologist who's conducted the most extensive academic research on villages, said the village movement remains a boutique phenomenon. But he believes there's potential for growth, and he doesn't think memberships — which tend to average between \$500 and \$700 a year — are cost-prohibitive in most cases.

"Two dollars, a dollar and a half a day is conceivably affordable," Scharlach said. "I think one might conclude that the price of admission, the membership fee by itself, is not going to be an overwhelming barrier for people of modest means."

Scharlach and other experts note that as baby boomers age, the demand for traditional services for the elderly will only increase, making villages a more attractive option. Maureen Cavaola, the executive director of At Home Chesapeake, a village

in Severna Park, Md., said the village model appeals to independent-minded boomers who don't want to think of themselves as old.

That is the case with Lise Beane of Boston's Beacon Hill Village, an over-50 resident, who preferred not to give her age. "When I joined Beacon Hill Village a few years ago, I was a wreck. I had just lost my husband of 25 years. I was sad and lonely," said Beane. "We didn't have children, but we always had community. That made all the difference. I joined Beacon Hill Village and started taking day trips. We went sailing, to museums, historic villages. It wasn't just me alone anymore. I was in the same home I'd always been in, which was a comfort. But now I had a whole new village of friends."

Many villages have subsidized memberships for those who can't afford the full price of a membership. Beacon Hill, for example, charges \$640 for an individual membership and \$925 for a household, but low-income members pay \$110 for an individual or \$160 for a household. About a quarter of Beacon Hill's members are in the subsidized program, and there's a small waiting list for inclusion, executive director Judy Willett said.

Established villages like Beacon Hill and Capitol Hill have sophisticated fundraising operations, but even Beacon Hill lost members during the recession. Others are on much shakier ground.

Gerontologist Nancy Intermill founded Midtown Village in Lincoln, Neb., in 2009, with the help of a federal stimulus grant from the city. It's one of the few villages in the Great Plains, and it's based in a moderate-income community. About 20 households are members in the village, which has no paid staff, Intermill included. She's hoping to get it on solid footing in the next few years before she moves out of state.

The village charges \$480 for an annual household membership, which Intermill described as "a real big sticker shock for some."

"Some understand it. They get it imme-

diately and realize what the benefits are," Intermill said. "Others think about it and think, 'I don't need that right now,' or 'I can't imagine spending that much.'"

Cavaola volunteers her time to lead At Home Chesapeake, another small village with 35 members. She's exploring partnerships with companies that want to reach her member base, but unless she can dramatically increase membership, her village faces a bleak future.

"It's not sustainable, no, absolutely not. But I'm willing to push it through, probably another two years," Cavaola said. "I feel we're on the cusp."

Other villages have tried to entice members with much-lower prices. The One Call Club in Knoxville, Tenn., was launched with the help of a grant and charges just \$50 for a membership. But the grant runs out in July, program manager Kathy Sergeant said, and it needs 2,700 members to be sustainable. It has 500 members.

The University of Tennessee evaluates One Call Club members and has found that emergency room visits have declined among people who join the village. Members have also reported that their overall health has either held steady or improved since joining.

Some villages are open to middle-aged people or to people of all ages. Casey Chandler, 65, has been a member of Capitol Hill Village since it launched, and so far she's volunteered to help others more than she's used the services. But she still says she's getting her money's worth.

Those who rely on villages can't imagine living any other way. Irving Lindenblad, 82, joined Palisades Village in northwest Washington a few years ago along with his wife, who died last year. Lindenblad has kidney cancer, and would have moved into assisted living if it wasn't for the village. Instead, he's staying in the house and neighborhood he loves.

"If you already have your own house, this opens up a whole new field for you. ... Every one of the volunteers I've had has been very high-quality, educated and so on," Lindenblad said. "What surprised me pleasantly is how much of a spirit of generosity there is in the community." — AP

Local information was added to this report.

A richer 2012: A monthly guide to maximizing money

By Candice Choi

NEW YORK —

It's time to pencil some savings into your 2012 calendar.

Throughout the year, there are a variety of steps you can take to pocket some extra cash, whether it's booking airline tickets a month in advance or setting aside tax-free wages to pay for health care costs. In many cases, these are actions that can result in ongoing savings that add up over time.

The problem is that these moves typically require a degree of planning, even if only a minimal amount. And when you're juggling work and the daily tasks of life, such opportunities have a way of sitting on the backburner until it's too late to act.

To ward off another year of missed chances, below is a guide of simple money-saving moves you can make each month in the year ahead. Scan through it now to see whether there are any particular dates or actions you want to flag, and keep the list handy as a reference.

You may discover you've been leaving free money on the table for years.

Start of new year

- **Debt:** It's a perennial New Year's resolution, but there's extra incentive to pay down your debt right now. Cash still isn't earning much interest sitting in deposit accounts, with the average rate for a one-year CD clocking in at just 0.35 percent, according to Bankrate.com. So if you're sitting on any extra savings, consider using it to knock off any accumulating

credit card debt.

- **Taxes:** To make the most of your taxes, designate an office folder or kitchen drawer where you can keep receipts and other necessary paperwork. A common roadblock when filing returns is a lack of documents to claim deductions.

- **College:** Families with college-bound kids will want to get their taxes squared away early. The income and asset figures from the returns will be needed to fill out the Free Application for Federal Student Aid (FAFSA), which should be completed as soon as possible after Jan. 1. An early application improves the chances of receiving aid from multiple sources. To fill out the form, go to www.fafsa.ed.gov.

February

- **Spending:** Flowers can become a big

part of your Valentine's Day spending, especially if you procrastinate. If you plan on sending a bouquet, start browsing websites early to avoid inflated delivery charges on last-minute orders.

- **Credit cards:** Sweeping credit card reforms have banned a number of misleading billing practices. But the new rules don't set guidelines on rewards programs, which cardholders often fail to use to their full potential. Take a few minutes to understand the caps, expiration dates and redemption process of your program; a few tweaks to your spending habits could boost the cash back rewards or points that you earn.

- **Entertainment:** If you realize you

RICHER page 18

Retirement plan providers try new 401k ideas

By David Pitt

Several 401(k) providers have begun rolling out new bells and whistles.

Some of the changes are driven by the realization that many workers haven't saved enough to get them through retirement. In addition, last summer's market volatility amid concerns of a global economic crisis has reduced their balances yet again, prompting many to pull their money out of the market.

"Given the low balances in 401(k) plans, if our industry doesn't help provide better solutions, at some point the government will come under pressure to do something," said Chuck Cornelio, president of defined contribution at Lincoln Financial Group, which provides retirement and other financial services. "Sometimes government solutions are good, sometimes they're not."

Here's a snapshot of some of the new ideas emerging in 401(k) plans:

- Pension-like income from a 401(k) — Workers are increasingly skeptical about their ability to save enough to retire when they'd hoped. As a result, companies in the 401(k) business are trying to come up with ways to offer their accountholders a guaranteed income stream, much like traditional pension plans once did.

The latest effort comes from Hartford Financial Services Group, which has designed a plan that allows 401(k) account

holders to buy what it calls income shares. Each share is guaranteed to pay \$10 of monthly income for life beginning at age 65. A worker could buy 50 income shares during working years to generate \$500 a month in retirement, for example.

The cost of each income share is based on the person's age, current interest rates, and predicated on retirement at age 65. The amount of income from each unit will increase if the participant retires later or decrease if the participant retires earlier. Retirement plan participants can buy shares through regular payroll deductions or lump-sum payments.

The income is provided from an annuity that's an investment option within the 401(k) plan.

Here's an example of how it works.

Let's say Maria, a 30-year-old worker with an annual salary of \$40,000, saves \$200 a month in her 401(k). She wants to be sure she has \$500 a month in retirement to cover basic expenses. In order to do that she could contribute \$86 a month toward the purchase of income shares until age 65. Her total contribution would be \$36,120, yet she would be paid a total of \$120,000 from age 65 to 85 — or \$500 a month. If she lives longer, the guaranteed income would be \$180,000 from age 65 to 95.

Hartford's income shares are portable,

which means that the investor can retain the shares and the guaranteed income they provide if he or she changes employers, or if the worker's employer changes retirement plan providers.



The option should be viewed as another investment choice within a 401(k) plan, said Patricia Harris, director of retirement income products at Hartford.

Workers enrolled in the plan can get help creating a retirement plan that estimates what they'll need to pay in basic expenses and put aside enough to cover that amount.

The concept was to create an option that fills the space of a pension plan for 401(k) participants, but enables workers to control and manage the money on their own, Harris said.

- Small business 401(k) — Small business

owners and their workers may be interested in a new low-cost offering.

The Vanguard Group has launched a 401(k) plan for small businesses; defined as those with assets of less than \$20 million. The plans include index funds and target-date funds for employees to choose from. Employers pay one fee for record keeping and administrative costs. Also included: a call center, participant education materials, and plan sponsor and participant websites.

Vanguard says the total cost is much lower than the industry norm. One of its small business plans — with a mix of its index funds and some active funds, about \$5 million in assets and an average account balance of \$50,000 — would charge 0.32 percent of plan assets. The industry median for small plans between \$1 million and \$10 million in assets is 1.27 percent.

To keep costs down, the plans primarily feature index funds — those that closely mirror the performance of a broad index such as the Standard & Poor's 500. They will include target-date funds, which are diversified funds whose asset allocations become more conservative the closer the investor gets to retirement age.

The small businesses also may offer

RETIREMENT page 15

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Social Security to resume annual statements for people 60 and older

TAMPA, Fla. —

Social Security benefits statements — which officials stopped mailing to cut costs — will again be sent out to selected age groups.

Since the 1980s, Social Security statements have been mailed each year to workers older than 25.

Annual statements will begin being sent again this month to people 60 and older who are not yet receiving benefits, Social Security Commissioner Michael Astrue said in a letter obtained by The Associated Press. One-time mailings to 25-year-old workers introducing them to the entitlement program and their potential benefits will begin being sent by the end of the year, the letter says.

Despite that, the bulk of the 150 million people who had received the statements will not, instead being directed to a website the Social Security Administration (SSA) plans to open in the coming months to allow access to benefit estimates. In Astrue's letter, he also says people who are unable to access the Internet or who have other reasons for needing a paper statement will be able to request one.

Reducing the number of statements

sent out is expected to trim the estimated \$70 million annual bill to about \$3.7 million. The SSA says the Web-based system is expected to cost just a fraction of what mailed statements had.

Sen. Bill Nelson, D-Fla., a member of the Senate Special Committee on Aging, said if businesses must send quarterly statements to employees with 401(k) accounts, the government should do the same. "While the decision is a step in the right direction," he said, "it still doesn't make sense to send to some folks but not to others."

In his letter, Astrue said the statement scale-back was just one of many areas the agency was cutting costs, from consolidating offices to leaving jobs unfilled.

"Budget shortfalls force us to make some very difficult decisions," he said.

Since the 1980s, Social Security statements have been mailed each year to workers older than 25. They include a history of taxable earnings for each year — so people can check for mistakes — as well as the total amount of Social Security and Medicare taxes paid over the lifetime of the worker.

The statements provide estimates of monthly benefits, based on current earnings and when a worker plans to retire.

Scaling back the statements is part of a trend in government to conduct more of its business electronically. A majority of Social Security beneficiaries already have their benefits direct deposited into their bank account. — AP

Medicare savings ideas have missed the mark

WASHINGTON —

There's some bad news for those looking for easy ways to trim Medicare spending.

The Congressional Budget Office says two major approaches tested in recent years mostly failed to reduce spending.

Nonpartisan analysts looked at experiments that promoted better care coordination for the chronically ill, trying to keep them out of the hospital. They also studied experiments that changed the way doctors and hospitals get paid, rewarding

quality instead of volume.

A new report concluded neither approach reduced spending.

Care coordination increased spending in some cases, when added fees for monitoring patients were taken into account.

Payment for value only seemed to save money when providers were given a fixed amount and encouraged to use it efficiently.

Both approaches are part of President Barack Obama's health care overhaul. — AP

► Retirement

Cont. from page 14

money market, actively managed and stable value funds.

•Socially responsible investing — The number of 401(k) plans offering investment choices focusing on companies that promote environmentally sustainable practices, human rights and diversity — known as socially responsible investing or SRI — could double in the next few years, according to a new report.

Business benefits consultant Mercer and the Forum for Sustainable and Responsible Investment surveyed more than 400 companies offering 401(k) plans earlier last year. While 14 percent surveyed said they already offer one or more SRI options, an additional 13 percent said they are discussing an SRI option or intend to add one within the next two to three years. More than 84 percent said they expect demand for socially responsible options

in retirement plans to increase over the next five years.

The survey shows plenty of room for education on the topic since 58 percent of the respondents said they have minimal or no understanding of SRI investments.

Those that offer such options say they do so to align their retirement plans with their company's goals and to meet employee demand.

•Automatic enrollment boosts minority participation — Automatic enrollment has been credited with increasing worker participation in 401(k) accounts. Human resources consultant Aon Hewitt said nearly 76 percent of eligible workers participated in their company's 401(k) plan in 2010, the highest level since the company began tracking data. It credited automatic enrollment with the increased participation.

Vanguard researchers analyzed 2010 data for more than a quarter million participants in seven large defined contribution plans for which Vanguard provides record keeping services. — AP



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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Ask a Designer: Tips on bookcases and other built-ins

By Melissa Rayworth

Interior designer Betsy Burnham doesn't buy many bookcases these days. She's more likely to create built-in bookshelves for the homes she designs.

Ditto for custom-made desks, built-in beds, window seats and more.

"I find so many of my clients are really interested in built-ins," said Burnham, who is based in Los Angeles. "Anywhere there is a niche, we're considering the space as an opportunity to build in."

The popularity of custom, built-in pieces may be partly a backlash against the cookie-cutter conformity of furniture at many major retailers. But for some homeowners, choosing a built-in piece is just practical: Small spare rooms or awkward spaces can take on new life when a built-in is added.

Custom-designed items may seem too costly to be practical. But if you make the right choices, said designer Brian Flynn, founder of decorademon.com, "built-ins don't have to be expensive."

"Everybody hears 'custom' and they freak out," Flynn said, but it's possible to create something beautiful using lower-priced materials. And the cost of a built-in piece may be offset by what it adds to your home.

Small area, big impact

"Built-ins are great for opening up

possibilities in small spaces," said Atlanta-based interior designer Mallory Mathison. Depending on your needs and interests, she said, a small corner of your kitchen can become anything from a wine closet to a children's "art closet" to a built-in coffee station. For those who love to cook, a custom-designed pantry might be worth the cost.

For others, a custom-built bedroom closet might improve the way each day begins.

Burnham gave a small guest room the feel of "a little ship's cabin" by adding a built-in bed with storage underneath.

A small home office can feel more professional with built-in shelving and cabinets.

How to save

"If people want to go the extra mile and go with walnut or high-end exotic wood, you can," Flynn said. But a custom interior for a walk-in closet can be done beautifully and affordably with stain-grade plywood trimmed with MDF (medium-density fiberboard), "which is like particleboard, but it's perfectly smooth and looks great painted."

A smaller closet in a guest room or office can take on the feel of a built-in, Flynn said. Just remove the doors and use the Container Store's Elfa system to customize the space. "You only need a drill," he said,



and the cost is kept down "because you do it yourself."

Another trick: Flynn suggests buying several Ikea "Billy" bookcases, which run about \$50 each. Then have a carpenter add MDF trim to the front to "make them look like they're an inch and a half thick." Three "Bilys" with trim will take up about 8 1/2 feet, he said, which may be enough to fill an entire wall. "Line them up along the wall," he said, "and it gives it a nice chunky look."

Any Style

Built-in cabinetry doesn't have to be stately and made of richly stained wood, Mathison said. A huge range of colors and styles, from ornate to sleek and simple, can work well.

Burnham agrees: "Built-ins don't have

to be boring. You can have fun with painting them, what kind of wood you use, what kind of veneer you use," she said. "And it's a great opportunity to use lots of fun hardware."

For open shelving pieces, Mathison suggests choosing colors and styles based on what you'll be displaying. The built-in should belong to the room.

If shelves will be used for display, rather than being fully stacked with books, paint the interior an accent color so pieces will pop, Flynn said. Mathison likes playing with texture in that spot: antique mirrors, hardwood flooring, grasscloth and textured wallpaper all can "bring a graphic punch and bring in color" to the interior of a built-in bookcase.

Open and closed

Built-ins can show off your most precious items, but they're often prized for hiding clutter.

Custom shelves and cabinets flanking a fireplace offer prime space for displaying treasures, plus room for stashing things like craft projects that are used in a family room.

For open storage, said Flynn, "it makes sense to spend money on decorative baskets." Simple canvas boxes or woven wood baskets can be gorgeous, he said, "or if you want something industrial, go with metal."

A window seat can offer seating plus hidden storage. — AP

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People can lower your breast cancer risk

By Marilyn Marchione

SAN ANTONIO —

Women concerned about breast cancer should worry less about cellphones and hair dyes and worry more about weighing or drinking too much, exercising too little, using menopause hormones and getting too much radiation from medical tests. So says a new report on environmental risks by a respected panel of science advisers.

By environment they mean everything not governed by genes — what's in the air and water but also diets, vitamin use and even things like working night shifts.

And while they lament that most chemicals in consumer goods get little safety testing, they find too few studies in people to say whether there is a breast cancer risk from certain pesticides, cosmetics or bisphenol A, known as BPA and used in many plastics and canned food liners, although it has been eliminated from baby bottles and many reusable beverage containers in recent years.

"We don't have enough data to say 'toss your water bottles,'" said Irva Hertz-Picciotto, chief of environmental and occupational health at the University of

California, Davis.

She headed the Institute of Medicine panel — independent experts under the National Academy of Sciences who advise the government and others. This report was paid for by Susan G. Komen for the Cure, a breast cancer foundation.

"We've done a better job of treating breast cancer than preventing it," said Dr. Michael Thun, senior epidemiologist for the American Cancer Society, who helped review the report.

Weight and obesity matter because fat cells make estrogen, and that hormone fuels the growth of most breast cancers, he said.

Other factors are more complex. Moderate alcohol consumption may lower the risk of heart disease but seems to raise the risk of breast cancer a little.

The report sorts the evidence for higher breast cancer risk factors like this:

- Yes: Hormone therapy combining estrogen and progestin, excess weight after menopause, alcohol consumption and radiation from too many medical tests, especially during childhood. The panel doesn't say how much radiation is too much, but says two or three abdominal CT scans give as much as atomic bomb survivors received.



Mammograms use minuscule amounts and should not be avoided. Oral contraceptives slightly raise breast cancer risk while taken, although cancer rates are very low in the age groups that use them.

- No: Hair dyes and radiation from cellphones, microwaves and electronic gadgets.

- Probable: Smoking.

- Possible: Secondhand smoke, nighttime shift work and exposure to benzene and a couple other chemicals through jobs or from breathing car fumes or pumping gas. It is "biologically plausible" that BPA and certain other plastics ingredients might affect estrogen, which fuels most breast cancers, but evidence is mostly in animals and lab tests — not enough to judge whether they harm people, the panel concluded.

"There's a tremendous desire to blame someone or something" for breast cancer, said Dr. Eric Winer, a cancer specialist at Dana-Farber Cancer Institute in Boston

and chief scientific adviser to the Komen foundation.

"There's a real danger in prematurely concluding that a substance is the culprit and then closing your eyes and not paying attention to what might be a much more concerning factor," or substituting something for BPA that might be worse, he said.

Thun of the Cancer Society agreed.

"One should first do everything possible to address the known risk factors," he said. "If I'm making the choices, I wouldn't put this (BPA) at the top of my list."

However, Laura Anderko, a Georgetown University Medical Center public health scientist, said she was "deeply disappointed" by the report's heavy emphasis on personal responsibility for cancer prevention.

About 230,000 cases of breast cancer are expected to be diagnosed this year in the U.S. Less than 10 percent of cases are due to inherited genes. — AP

Bone drug boosts breast cancer survival

Doctors were mostly hoping to prevent complications and relapses when they gave young women a medicine to keep their bones strong during breast cancer treatment. Seven years later, they found it did more than that: The bone drug improved survival, as much as many chemotherapies do.

The study found a 37 percent lower risk

of death among women who received the bone drug, Zometa. In absolute terms, it meant that 4 to 5 more women out of every 100 were alive seven years later.

It's especially impressive considering that the women took the drug, given as an infusion every six months, for only

BONE page 18

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► Richer

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haven't seen any of the Oscar nominated films even though you've been paying for premium channels, it might be time to trim your cable package. The trial offers you were given when first signing up may also have expired.

- Entertainment: While you're at it, commit to a cap on how much you'll spend on online entertainment each month. It's easy to lose sight of how much you're spending when all you have to do is click "buy."

March

- Travel: If you're planning a spring trip, remember that the best time to book a flight is four to six weeks before traveling; prices for any given flight are generally highest in the few weeks just before and after that time frame. Airlines also offer the most sales on Tuesdays, Wednesdays and Thursdays.

- Spending: As you store away your cold-weather gear, make a list of any items that need to be replaced for next winter. Then hit the clearance sales — and avoid impulse buys by shopping only for items on your list.

April

- Taxes: Don't panic if you haven't filed your taxes yet. You have until October if you file for an extension, but you'll need to pay any taxes that are due.

- Banking: In honor of Earth Day, check to see if you can save a few bucks by opting for e-statements. The monthly service fee for a basic checking account at U.S. Bank, for example, is \$6.95 when customers opt for e-statements. If customers opt for paper statements, however, their monthly fee is \$8.95. And while you're making tweaks to your bank account, consider setting up automatic bill pay to guard against late fees.

► Bone

Cont. from page 17

three years.

"The benefit persists" long after treatment ends, said study leader Dr. Michael Gnant of Austria's Medical University of Vienna. He presented the research in December at the San Antonio Breast Cancer Symposium.

Zometa should now be offered to all patients like those in this study — younger women forced into early menopause by hormone-blocking cancer treatments, some specialists said.

"It's a new standard of care," said Dr. James Ingle, a Mayo Clinic breast specialist who had no role in the study.

Bone drugs called bisphosphonates — sold as Fosamax, Boniva and Actonel — have long been sold for treating osteoporosis. Those are daily pills. Zometa, made by the Swiss company Novartis AG, is given intravenously to treat cancer that has spread to the bone.

Hope that it could do more grew in 2008, when Gnant reported that it lowered the risk of a cancer recurrence in a study of 1,800 premenopausal women with early-stage breast cancer. All had surgery followed by hormone blockers, and half also received Zometa.

Now, with seven years of follow-up, researchers see that Zometa not only helped

keep cancer from coming back, but also improved survival. There were 33 deaths among women given the bone drug and 49 among those not treated with it.

That magnitude of benefit is comparable to many chemotherapy treatments. Researchers think because Zometa strengthens bones, it's tougher for cancer to spread there and the drug may also have direct effects against circulating cancer cells or microscopic tumors.

Zometa's side effects were mostly fever and bone and joint pain, and doctors saw no cases of jawbone decay, a serious problem long linked to bisphosphonates. Zometa costs more than \$1,000 in the U.S. and about half as much in Europe, though the price may drop when its U.S. patent expires in 2013. Novartis helped pay for the study and Gnant consults for the company.

The bone drug proved disappointing though in a large study last year in postmenopausal women, who account for three-fourths of all breast cancers. But there was a glimmer of hope in the oldest patients.

"They benefitted substantially as long as they were well past menopause," said Dr. Peter Ravdin, director of the breast cancer program at the UT Health Science Center in San Antonio, who also had no role in the research.

The cancer conference is sponsored by the American Association for Cancer. — AP

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The cancer conference is sponsored by the American Association for Cancer. — AP

May

- Spending: If you're dining out on Mother's Day, go online to see if there are any deals available at your female relative's favorite restaurants. Start with sites such as BiteHunter.com and Restaurant.com; if your loved-one is a fast food junkie, try EatDrinkDeals.com.

- Home: Before the weather gets too hot, consider investing in a more efficient air conditioner to save on energy costs. Keep in mind that getting a unit that's too powerful for the space you're cooling can be just as wasteful as getting one that's too weak. The recommended capacities for various room sizes can be found at www.energystar.gov.

- College: If you're the parent of a high school sophomore or junior, start planning a tour of college campuses this fall. Think about coordinating the visits with another trip and try to get in as many nearby campuses as possible to minimize travel costs.

June

- Spending: If you have multiple wedding ceremonies to attend this summer, think about where you can cut corners. This could be as simple as limiting how much you spend on new clothes or teaming up with others to buy group presents.

- Home: It's National Homeownership Month and interest rates on mortgages should still be near record lows. If you're still not sure whether you're ready to become a homeowner, check out the renting versus buying calculator on the website of the Department of Housing and Urban Development, 1.usa.gov/jqv-LIT.

Homeowners should check whether it's worth refinancing. The general rule of thumb is that the new rate should be at least about 1.5 percentage points below your current rate. Otherwise the closing costs may not make the savings worthwhile.

July

- Investing: The mid-year checkup on your investment portfolio is even more critical in times of market volatility. You want to be sure that market gains and losses haven't knocked your mix of stocks, bonds and cash out of balance. If you don't have a financial planner, consider rebalancing with the help of an online portfolio tool such as Morningstar.com's Portfolio Manager or one offered by Quicken.com.



- Healthcare: If you're inspired by the Olympics set to take place in London, check whether your employer offers any discounts for health club memberships or programs.

- College: This is the time of year that families apply for private student loans to bridge funding gaps for college. When evaluating the options, be sure you understand whether the loan has a variable interest rate and what the options would be if payments can't be honored. The rates and terms on private student loans are far less forgiving than on federal student loans.

August

- Spending: Several states offer tax holidays on a designated weekend. The timing varies by state, but tax holidays usually start early in the month. If your state had a tax holiday last year, it may run again this year. The Federation for Tax Administrators offers a list of this year's dates and qualifying purchases at www.taxadmin.org/FTA/rate/sales_holiday.html.

- Travel: It's time for a little number crunching. Set aside an hour or two to review your summer travel and recreation expenses. See how much your vacation ended up costing, compared with how much you intended to spend. Make a note of unexpected expenses you could have avoided and file it away for next summer.

September

- College: The rise in college costs has far outpaced the rate of inflation; tuition and fees alone are an average of \$17,000 a year at public universities. In honor of National College Savings Month, consider setting up a 529-college savings plan for your child. These work like 401(k) accounts and let families invest in the market and withdraw money tax-free to pay for education. Each state offers its own plan; families can invest in plan

from any state they like, but there are often tax benefits to picking one from home.

- Spending: The holiday shopping season is rapidly approaching. Keep spending in check by starting to pay down debt and mapping out a budget.

October

- Healthcare: Open-enrollment season arrives in workplaces across the country. Many companies have been tweaking their benefits to keep pace with rising health care costs, so make sure you're still signed up for the plan that best fits your needs. Also consider opening a flexible spending account for health care costs. These accounts let workers set aside tax-free wages for items such as copays and medications.

Don't forget to evaluate how much you spend on medications. Over-the-counter drugs are as much as 50 percent cheaper at Target and Wal-Mart than at local supermarkets, according to *Consumer Reports*. The big box retailers also charge \$4 for a 30-day supply of many generic prescriptions, or \$10 for a 90-day supply. Other chains, such as CVS and Rite Aid, offer similar programs.

November

- Insurance: As you start to review your expenses for the past year, check whether you can cut your auto insurance payment. You may not need as much coverage if your car has aged and depreciated in value since you first signed up for coverage. A clean driving record since then may also qualify you for a lower rate.

- Taxes: Start thinking about the year-end moves to lower your tax bill for 2011. For example, consider maxing out contributions to your retirement accounts.

- College: It's time to have a money talk with new college graduates. The six-month grace period on student loans for May graduates is coming to an end. To make sure your child's credit record remains clean, help work out a budget to juggle payments, rent and living expenses. Graduates who are still looking for employment should investigate their deferment options.

December

- Spending: You don't have to brave the crowds even if you haven't gotten around to your holiday shopping. Check out the hundreds of retailers that participate in Free Shipping Day in the middle of the month at www.freeshippingday.com. Don't forget to tap into social media sites of retailers to stay on top of special sales.

- Giving: If you plan to give to a charity during the holidays, be sure the group you're donating to is appropriately qualified before making a donation. Remember that charitable contributions can only be deducted if you have receipts to back them up. Further guidance is available on the IRS website at tinyurl.com/36syn7. — AP

Pfizer drug lowers risk of breast cancer

CHICAGO —

Millions of women at high risk of breast cancer because of genes, family history or other reasons have a new option for preventing the disease.

A big study finds that a drug cut the risk of developing breast cancer by more than half in women who were past menopause.

The drug is exemestane, sold by Pfizer Inc. as Aromasin and in generic form.

Two drugs are already available for preventing breast cancer — tamoxifen and raloxifene. But these are unpopular because they can cause blood clots and uterine cancer. The study did not find these side effects with the newer drug. — AP

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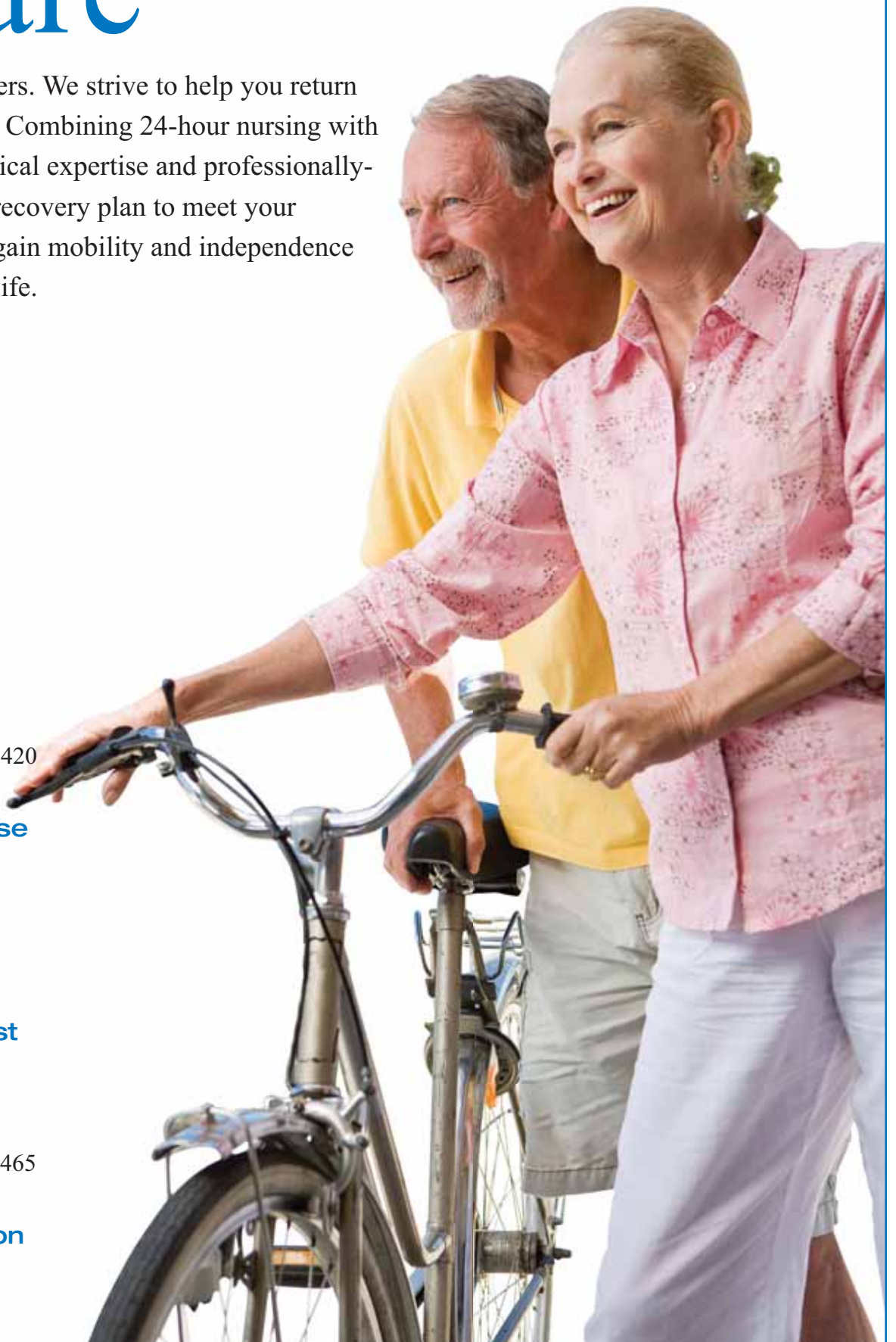
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