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# ***fifty plus*** advocate

**39<sup>th</sup>**  
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# Today's kids sharing everything with parents

By Brian Goslow

BOSTON —

By the age of 18, Teresa Carson was married; by 21, she was pregnant with her son, Robert. "I grew up in a small town in the Midwest and that was what you did," said Teresa Carson, 50, of Worcester.

Growing up, she didn't have a close relationship with her parents and entered adulthood without a map. "Basically, they were there to provide a roof over my head, the clothes on my back and the food on my table," she said of her youth. "The only thing I remember my mother telling me was to find a man with a good trade. It was very awkward; I had to figure it out on my own."



Arnett

These days, parents and kids are more apt to have those kind of life talks — on a regular basis — during what's being called "emerging adulthood" — those years between 18 and 29. The days of "Never trust anyone over 30" seem well past.

A new Generations Study survey conducted by AARP The Magazine found that today's parents have more daily talks and get more weekly face time with their kids than was the case when they were growing up. Those discussions are "deeper," with 79 percent of today's young adults feeling comfortable discussing emotional events with their parents as opposed to 62 percent of boomers when they were young.

According to AARP, some of the reasons for this new "cultural phase" are:

- economic uncertainty in a new political climate;
- cultural response to generational separation of the 1960s and 1970s;
- increasing multicultural landscape causing a cultural shift; and
- fewer strictures on societal ideas such as marriage and sexuality.

When it comes to talking more often, 31 percent of today's young adults say they talk more than once a day to their parents; 13 percent of boomers said they talked with their parents.

Sixty percent of young adults said they visited their parents at least once a week while only 42 percent of their parents had dropped in on their mom or dad on a weekly basis at the same age.

Doreen Dunlevy, 56, of Tewksbury sees her daughter, Kara Dunlevy, 26, almost daily. And, she works for her father, Stephen, 56, in nearby Andover and normally visits during her lunch break. However, since she spends much of her day on the phone, Kara Dunlevy prefers a salad and TV time during her break, rather than chatting with her mother.

More substantive time for conversation occurs during weekend meals. "It lets down all the walls when you come for a dinner and you spend time with each other and you really talk," said Kara Dunlevy, who has

an apartment in Somerville. She said she feels "very comfortable" talking with her parents. "If I have anything going on in my life, I feel I can talk to them and they'll give me their honest opinion and be there for me."

That's especially true when it comes to financial issues. "They definitely have more experience in that department than I do," Kara Dunlevy said. "If I make any big purchases, I go to them."

Similarly, the Dunlevys are "pretty comfortable" keeping their children informed on what's going on in their lives. That includes son Ryan, 27, who lives in Brighton with his girlfriend. While there isn't as much face-to-face time, parents and son talk once a week and get reacquainted during ski trips and other family get-togethers.

"Issues of the family, if someone's having surgery or grandma needs this or that — I keep Ryan and Kara posted," Doreen Dunlevy said. "We're a close family."

That's the opposite of the experience Doreen Dunlevy had with her own parents. "I knew nothing about their personal finances or anything of that nature," she said. "Even health and medical stuff, that was very private. They didn't share that with us."

This change in relationship is due, in great part, to the gigantic change that has occurred in society and the nuclear family over the past five plus decades, according to Clark University psychology professor Jeffrey Jensen Arnett. The author of *When Will My Grown-Up Kid Grow Up? Loving and Understanding Your Emerging Adult* (Workman), which will be published this spring, coined the term "Emerging Adults" in 2000.

While it might be strange to hear about this prolonged adolescence, especially if you grew up at a time when you were expected to be preparing yourself for adulthood during your high school years, it's been in development since 1960, Arnett said.



Kara (l) and Doreen Dunlevy

"If you look to 1960, that is when you begin to see a steep rise in participation in higher education, especially among young women," he explained. "In 1960, only about one-third of young people were going to college and most of them were men. Men were twice as likely to be in college then as women were. Now 70 percent of young people get at least some college and there are more women than men who get higher education."



Teresa (l) and Robert Carson with fiancée Julie

Fueling the move to more education, the country's economy slowly moved from being manufacturing-based to being an information and technology services economy. "That put a higher premium on high school education and post-secondary education than ever before and that's one of the reasons more and more people started getting more and more education," Arnett said. "That in turn pushed the marriage age later, the age of entering parenthood later and having fewer children. More people are having their children when they're in their late 20s and their 30s than in their late teens and early 20s."

The Generation Gap, fueled by the social changes of the 1960s — the sexual revolution, the women's movement, the civil rights movement, the Vietnam War — also contributed to today's closer parent-child relationships. The era brought heated morality debates at home and divided the generations in an unprecedented way. The end result was lifestyle options that would have been unimaginable to most prior to 1960.

"The parents of today's emerging adults pioneered a lot of things that their kids today take for granted," Arnett said. "Things like premarital sex being widely tolerated if not exactly accepted; cohabitation being normative; women, their opportunities and their expectations that they'll have a career — those things all began in their parents' generation."

Carson said one of her proudest moments as a mother was when son Robert returned home for a visit his freshman year in college to ask her about birth control and what the best methods were. "It was all I could do to control myself because I knew I had done something right," she said. "Something had resonated in him because he was OK talking to me about things."

Robert Carson, of Quincy, is now 30. He said there are no discussion taboos between him and his mother. "There's nothing I hide from her," he said. "We talk about anything from relationships to love to dating or alcohol. I can talk to her about anything." He isn't as close with his father who lives out west and who he usually visits once a year.

Though he communicates with his mother every other day through email and calls her once a week; they meet face-to-face each month. "I feel blessed that I'm able to talk with

her about things other kids couldn't talk to their parents about," Robert Carson said.

That includes finances.

"I feel pretty comfortable telling her if I get a new job offer and if I have a new job, about how much it pays," Robert Carson said, adding that while he doesn't necessarily go to his mother for financial advice, "I get advice on what to do with, what to do without and what to watch out for."

He became engaged last year and will be getting married in August. It is likely that his marriage will be quite different from marriages 50 or more years ago.

"The boomers developed this new ideal that marriage should be a soul mate relationship; you should find someone who is your ideal partner," Arnett said. "Marriage became more of a partnership between equals, each of whom would earn an income and would contribute to running the household and raising kids."

"Almost all of today's emerging adults expect to find their soul mate in marriage. That again is a legacy of their parents — it's an ideal that their parents invented, but they grew up with that expectation. It's not revolutionary for them, it's just the way things are and the way things should be."

"People didn't think of work as a place of self-fulfillment. You went to work because you had to, because you were a man you had to support yourself and you had to support a family. Most work was drudgery and something you did to make a living," Arnett said.

Not every family has the same warm relationships the Carsons and Dunlevys share; both the Carson and Dunlevy offspring have encouraged their friends to close any gaps — real or perceived — between them and their parents.

"When I talk to my friends, I tell them how we talk about issues and ask them why they don't talk to their parents (to improve relations between them)," Robert Carson said.

"It's important to try to be together," Kara Dunlevy said. "Unfortunately, our generation is always on our cellphone. Always make it a point at dinner — no cellphones. You can bring boyfriends or girlfriends if you want, but it's just about being with your family. Play a game or something like that — it doesn't have to be a grand vacation but just having some time together and doing something you all enjoy is very important."

A good first step, especially for parents whose children aren't meeting their expectations, is to acknowledge the changes that have occurred and continue to occur. "The proportion of kids going to college is still rising. The marriage age is still rising, the birthrate is still declining and the economy is still moving more and more away from manufacturing," Arnett said.

"I think the emerging adulthood stage is here to stay; people find it very useful, including many parents, to understand it as a new life stage."

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# Gridlock is not the solution to American woes

By Sondra L. Shapiro

It's a new year and a new/old administration and Congress. If only the old could disappear and we could start with a clean slate. The trouble is the same old problem — gridlock — could actually be worse.

This couldn't come at a worse time since the fiscal cliff diversion only postpones hard choices.

The Jan. 1 deal took the easy way out. It aimed to please everyone, at the expense of what is best for the country, long term.



## Just My Opinion

Sadly, this is business as usual.

What could muddy the already murky waters of Washington politics are the recent election results that thin the ranks of "pragmatic, centrist veterans in both parties," as the Associated Press describes them. And so, that could mean even more polarization, less cooperation among congressional leaders and the president.

Though the president and Congress were able to cobble together an agreement to save us from the cliff in the short term, there is still too much at stake and little indication there will be the much-needed bi-partisanship to fix what ails us.

The fiscal cliff measures created a Band-Aid to protect the fragile economy from bursting. The tougher task will be to establish long-term remedies.

The last minute measures actually added to that challenge, according to the nonpartisan Congressional Budget Office. For instance, had all the tax cuts been allowed to expire, it would have saved \$4 trillion from the federal deficits over the next decade. Keep in mind that our government borrows about 31 cents of every dollar it spends.

The so-called fiscal cliff was supposed to be an opportunity to make lawmakers deal with the trillion-dollar annual budget deficits. If nothing is done about the national debt, future generations will suffer the consequences. After all, not even the federal government can keep borrowing without suffering financial ruin.

Under the deal, spending cuts, totaling \$110 billion, that were to take place Jan. 1, were delayed until March 1. So without more negotiations and new agreements, all federal agencies — with no consideration of priorities or importance to various populations — would suffer cuts. Because there are businesses that would see less government subsidy, there could be less hiring and production.

Ultimately the economy might stall.

At the same time if nothing is done about the debt ceiling, the country will lose its ability to borrow.

***If only the old could disappear and we could start with a clean slate. The trouble is the same old problem — gridlock — could actually be worse.***

And there could be a government shutdown the end of March, when the stopgap measure that funds government activities expires.

"This movement away from the center, at a time when issues have to be resolved from the middle, makes it much more difficult to find solutions to major problems," William Hoagland, senior vice president of the Bipartisan Policy Center, a private group advocating compromise, told the Associated Press.

So, this new Congress and our re-elected president need to find a way to cross the divide to find solutions to the problems this country still faces.

The challenge will be how to streamline government without hurting programs that help the nation's most vulnerable. Congress and the president must sufficiently fix Medicare and Social Security without sacrificing the intent of both programs.

With the mixed messages coming out of the November elections, Democrats shouldn't see the results as a signal to hold firm on big spending. Nor should Republicans feel free to willy-nilly slice programs such as Medicare, Social Security or Medicaid as conditions to extend the debt ceiling or for any other reason.

It is mind-boggling why we Americans voted the way we did in this election. Perhaps it is difficult to consider the big picture during political campaigns when sound bites flood the airwaves. Now it is up to Washington lawmakers to leave campaigning behind and rise above partisan politics.

Solutions will be very difficult to work out. It is thin tightrope to maneuver between preserving what are critical lifelines to individual Americans while culling money from budgets. It will take prudent thought, strong compromise and a willingness to make difficult decisions to put us all on the right track.

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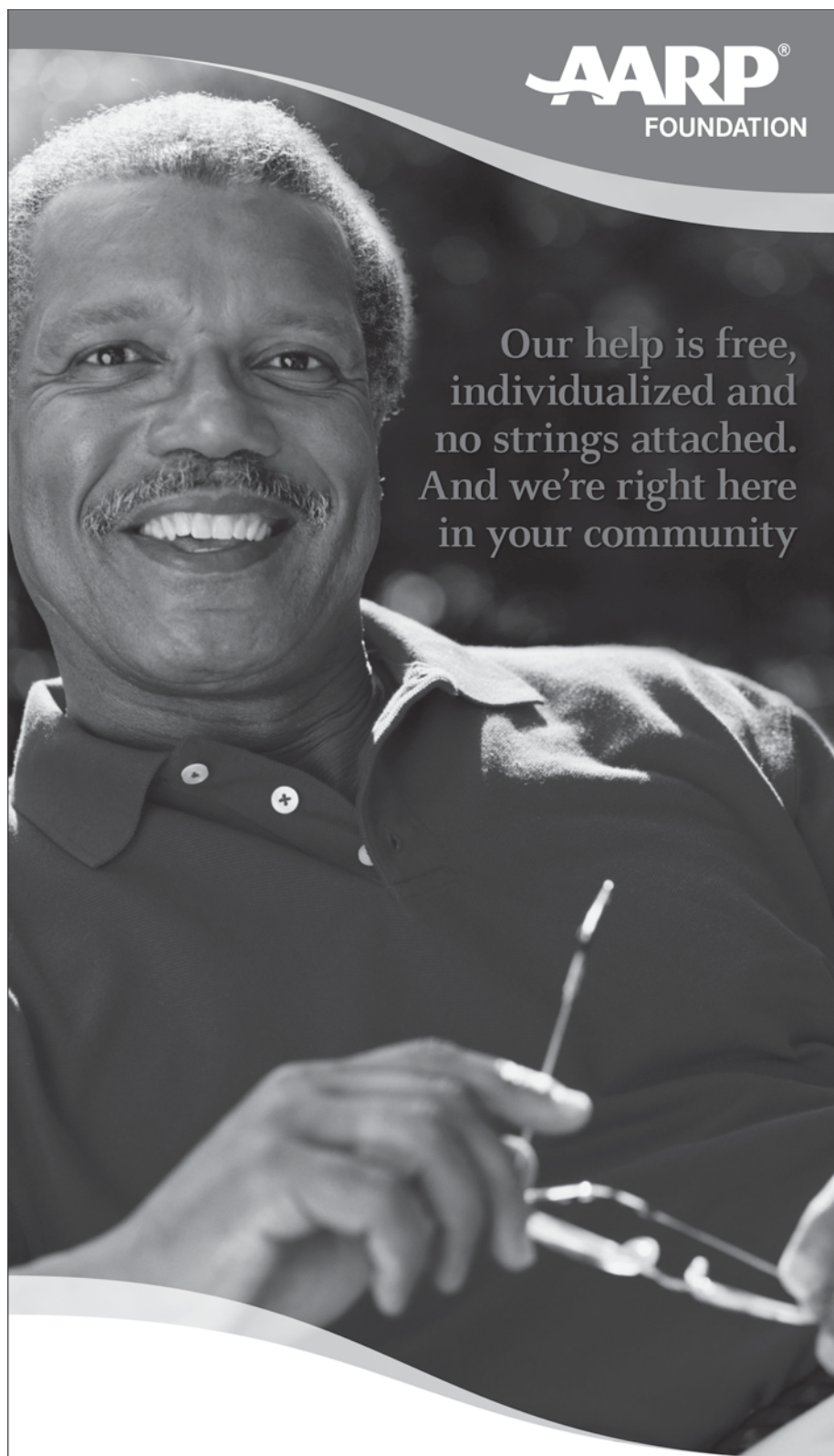
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# Business CEOs call for raising retirement age

By Stephen Ohlemacher

WASHINGTON —

An influential group of business CEOs is pushing a plan to gradually increase the full retirement age to 70 for both Social Security and Medicare and to partially privatize the health insurance program for older Americans.

The Business Roundtable's plan would protect those 55 and older from cuts but younger workers would face significant changes. The plan unveiled would result in smaller annual benefit increases for all Social Security recipients. Initial benefits for wealthy retirees would also be smaller.

Medicare recipients would be able to enroll in the traditional program or in private

plans that could adjust premiums based on age and health status.

"America can preserve the health and retirement safety net and rein in long-term spending growth by modernizing Medicare and Social Security in a way that addresses America's new fiscal and demographic realities," said Gary Loveman, chairman, president and chief executive of casino giant Caesars Entertainment Corp.

Loveman, who chairs the Business Roundtable's health and retirement committee, said the business leaders will be meeting with members of Congress and the administration to press them to enact their plan.

The proposal came as Republican leaders in Congress are calling for spending cuts as part of an agreement to increase the

government's authority to borrow. Treasury Secretary Timothy Geithner said the U.S. will exhaust its borrowing authority as soon as mid-month, raising the possibility of a first-ever national default.

President Barack Obama has said he is willing to negotiate deficit reduction with GOP leaders but insists that those talks be separate from decisions to raise the \$16.4 trillion debt ceiling. Obama has warned that if Congress does not raise the debt ceiling, the economy could crash and Social Security checks and veterans' benefits would be delayed.

The Business Roundtable is an association of CEOs of some of the largest U.S. companies. Member companies account for nearly a third of the total value of the U.S. stock market, according to the group.

The group has been an ally of Obama in the past, endorsing his proposal to raise taxes on high earners during negotiations over the so-called fiscal cliff in December. Obama has embraced some parts of the business group's plan for Social Security and Medicare, but he opposes any plan to privatize Medicare, and has backed away from his earlier support for raising the eligibility age.

The proposal to offer private plans as part of Medicare is similar to a proposal by Republican Mitt Romney when he ran for president last year. Obama and Democrats in Congress campaigned against it, making it unlikely to pass any time soon.

"These ideas were soundly rejected in the last election only a few months ago," said Max Richtman, president and CEO of the National Committee to Preserve Social Security and Medicare.

The CEOs' plan puts them at odds with many groups that lobby on behalf of older Americans.

In a recent speech, A. Barry Rand, AARP's CEO, denounced proposals to increase the eligibility age for Medicare, saying it would shift costs to employers, state governments and individuals.

"This is pure folly and very dangerous," Rand said.



Rand

Retirees can now get reduced Social Security benefits starting at age 62. Retirees must wait until they are 66 to get full Social Security benefits, a threshold that is gradually rising to 67. The eligibility age for Medicare is 65. The business group's plan would make unspecified accommodations for people with physically demanding jobs.

Social Security and Medicare both face long-term financial problems as aging baby boomers reach retirement, leaving relatively fewer workers behind to fund the massive benefit programs.

The trustees who oversee Social Security say the trust funds that support the retirement and disability program will run out of money in 2033, unless Congress acts. At that point, payroll taxes would generate only enough money to pay about three-fourths of benefits.

Medicare is in worse shape. Its trust fund for inpatient care is projected to run dry in 2024, leaving the program unable to cover all its bills.

"The facts are clear: If we want future generations to have access to Social Security and Medicare, America can no longer afford to wait," said Randall L. Stephenson, Chairman and CEO of AT&T Inc. "The time to act is now."

Among the CEOs' proposals:

- Adopt a new government inflation measure that would result in smaller annual increases in Social Security benefits.
- Make initial Social Security benefits more progressive by guaranteeing low-wage workers enough benefits to stay out of poverty, while lowering initial benefits for retirees with higher incomes.
- Require newly hired state and local workers to join Social Security. Some state and local agencies are not part of the system.
- Expand means testing for Medicare benefits so that wealthier recipients must pay more for services.
- Improve Medicare services for low-income people by better coordinating prevention and care for chronic conditions.



Stephenson

## Medical privacy rules get an update

WASHINGTON —

Those medical privacy rules you run into at hospitals, pharmacies and in your own doctor's office are getting an update.

Regulations recently unveiled by the Obama administration create new information rights that should make life easier for consumers. They also tighten restrictions on medical service providers trying to use patient information for marketing, and they greatly expand the list of businesses that can be punished for unauthorized disclosures.

"The government has taken pretty dramatic steps to strengthen privacy protections that previously existed for consumers," said Dianne Bourque, a Boston lawyer specializing in medical regulation. The long-awaited rules carry out a 2009 law promoting electronic medical records and updating federal privacy protections.

On the privacy front, doctors will now have to get prior approval from patients to pitch new medications or medical devices if a drug company or manufacturer is paying for those pitches.

For example, sometimes a pharmaceutical company will pay doctors to send all their heart patients a letter about a new medication. It may not be readily apparent to the patient that the drug company is compensating the doctor for sending the update.

The rules also create new rights for consumers.

For instance, you should find it much

easier to get your medical records electronically instead of on paper. Up to now, some doctors and hospitals have been able to avoid providing records electronically by saying they don't have the capability.

"They won't be able to default to, 'Sorry, we can't send this to your home (computer) system; we have to give you a paper copy,'" said Susan McAndrew, a government lawyer who oversaw the regulations at the Health and Human Services Department.

If you pay cash for a medical service, you can tell the doctor not to share information with your insurer. The sensitivity sometimes arises with people paying out-of-pocket for mental health counseling, McAndrew said.

The onus of complying with the new rules will fall mainly on the health care industry and contractors. One of the most notable changes is that companies that provide support services to doctors and hospitals will now face steep penalties for unauthorized disclosures of patient information.

"The compliance bar for folks who work with health care providers is much higher now," said Bourque.

The rules take effect at the end of September, after a period for health care service providers to learn the new requirements.

The original federal privacy law, the Health Insurance Portability and Accountability Act, known as HIPAA, dates back to 1996. — AP

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# Despite deal, Social Security taxes going up

WASHINGTON — While the tax package that Congress passed New Year's Day will protect 99 percent of Americans from an income tax increase, most of them will still end up paying more federal taxes this year.

That's because the legislation did nothing to prevent a temporary reduction in the Social Security payroll tax from expiring. In 2012, that 2-percentage-point cut in the payroll tax was worth about \$1,000 to a worker making \$50,000 a year.

The Tax Policy Center, a nonpartisan Washington research group, estimates that 77 percent of American households will face higher federal taxes in 2013 under the agreement negotiated between President

Barack Obama and Senate Republicans. High-income families will feel the biggest tax increases, but many middle- and low-income families will pay higher taxes too.

Households making between \$40,000 and \$50,000 will face an average tax increase of \$579 in 2013, according to the Tax Policy Center's analysis. Households making between \$50,000 and \$75,000 will face an average tax increase of \$822.

"For most people, it's just the payroll tax," said Robertson Williams, a senior fellow at the Tax Policy Center.

The package passed by the Senate and House extends most of the Bush-era tax cuts for individuals making less than \$400,000 and married couples making less than \$450,000. — AP



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# U.S. fiscal deal means little sacrifice no long-term solutions

By Charles Babington

WASHINGTON —

The U.S. Congress' frantic resolution of the "fiscal cliff" crisis is the latest in a long series of decisions by lawmakers and the White House to do less than promised — and to ask Americans for little sacrifice — in confronting the nation's growing debt.

## Analysis

The deal will generate \$600 billion in new revenue over 10 years, less than half the amount President Barack Obama first called for. It will raise income tax rates only on the very rich, despite Obama's campaign for broader increases.

It puts off the toughest decisions about more than \$100 billion in spending cuts for military and domestic programs. And it does nothing to mitigate the looming partisan showdown on the \$16.4 trillion debt ceiling, which must rise in the coming weeks to avoid default on U.S. loans.

In short, the deal reached between Obama and congressional Republicans continues to let Americans enjoy relatively high levels of government service at low levels of taxation. The only way that's possible, of course, is through heavy borrowing, which future generations will inherit.

While Americans widely denounce the mounting debt, not so many embrace cuts to costly programs like the Social Security pension system. And most want tax increases to hit someone other than themselves.

"It is a huge missed opportunity," said William Gale, co-director of the nonpartisan Tax Policy Center and a former Republican White House adviser. "Going over the cliff would have put us on a better budget path."

The fiscal cliff's combination of big tax increases and deep spending cuts, which would have kicked in Jan. 1 without a deal, would have provided major political leverage for both Democrats and Republicans to achieve greater deficit reduction as they worked to ease some, but not all, of its bite. In fact, the whole point of the congressionally created cliff was to force the government — which borrows about 31 cents of every dollar it spends — to begin a fiscal diet that would spread the unpleasantness widely.

Instead, Congress and the White House did what they almost always do. At the last minute, they downsized their proposals, protecting nearly every sector of society from serious pain.

The accord leaves most government programs operating as usual, postponing yet again the threat of serious reductions.

Aside from a payroll tax increase, which drew little debate even though it affects almost all working Americans, the compromise will raise tax rates only on incomes above \$450,000 for couples and \$400,000 for individuals. That's less than 1 percent of U.S. taxpayers.

Obama had campaigned for thresholds of \$200,000 and \$250,000. The fiscal cliff's implementation would have made it nearly impossible for Republicans to stop him, if Democrats had held their ground.

That might have produced an ugly scene, rattled the financial markets and sparked even more partisan bitterness. But any step toward major deficit reduction will trigger anger, threats and genuine discomfort for people who receive government services or pay taxes. In other words, everyone.

And such steps can ignite opposition from powerful interest groups, which always stand ready to give money to the campaign opponents of lawmakers who displease them.

Activists on the left and right said the new law doesn't do nearly enough to tame the federal government's borrowing habits. Republican Rep. Darrell Issa said Congress achieved nothing "other than the smallest finger in a dike that in fact has hundreds of holes in it."

**Congress and the White House did what they almost always do. At the last minute, they downsized their proposals, protecting nearly every sector of society from serious pain.**

To be sure, Obama and Republican House Speaker John Boehner flirted at times with a "grand bargain" that would include much larger tax increases and spending cuts than those in the newly enacted law. And high-profile groups such as the Simpson-Bowles commission also recommended tough combinations of tax hikes and spending cuts, calling them necessary even if politically unpopular.

These ideas went nowhere.

Every federal dollar, and every federal program, has avid supporters who can defend their functions. And every sector can explain why higher taxes would burden struggling people at the lower end, and "job creators" at the higher end.

High levels of government service. Low levels of taxation. Big deficits to make up the difference. That's what Americans have demanded and gotten from their federal government for years.

The agreement by Obama and Congress to spare Americans the pain of a fiscal cliff is right in line with that tradition.

Charles Babington covers Congress and politics for *The Associated Press*.

## Obama should never have accepted Social Security COLA cut

By Al Norman

Just before the New Year, I was invited to listen in on a White House conference call. The briefing was not open to the media — so it will never be in the news. The conference call was with a high-ranking staff person for President Barack Obama. The subject was the fiscal cliff.

I remember that at the end of the call, during Q&A, one person asked: "What can you tell us about the White House position on the Chained CPI?"

The White House spokesman hemmed

a little, then started a long-winded answer, which ended with: "We consider this to be a relatively minor adjustment." But many elder advocates would not agree with that statement.

The "chained Consumer Price Index" is a proposed new way to measure how the annual Social Security Cost of Living Adjustment (COLA) is calculated. It is one of the suggested solutions to the "fiscal cliff" discussion in Congress that sur-

faced in mid-December — blessed by the White House.

Most Americans have never heard of this obscure proposal, but it will affect millions of seniors. The Chained CPI is a complicated formula that takes into account changes that average consumers make in their purchases of

goods in response to changes in both prices and quantities of products. The net effect is that a chained CPI results in a lower Cost Of Living Adjustment compared to the CPI formula now in use.

The COLA affects not only Social Security benefits, but federal civilian and military retirement, railroad retirement, Supplemental Security Income (SSI) and veterans' compensation and pensions. All these beneficiaries would feel the impact of a change in the COLA.

The Social Security Administration estimates that use of the Chained CPI would result in a yearly 0.3 percentage point reduction compared to the current COLA increase. This may not sound like a big cut, but the AARP estimates that "adopting the Chained CPI for Social Security benefits would take \$112 billion out of the pockets of current Social Security beneficiaries over the next 10 years. The greatest impact of Chained CPI would fall on the oldest individuals, eventually resulting in a cut of one full month's benefit annually.

Social Security is the principal source of income for nearly two-thirds of older American households, and one third of those households depend on Social Security for nearly all of their income. Half of those 65 and older have annual incomes below \$18,500. The average Social Security retirement benefit today is only \$14,800 a year. A Chained CPI cut would push thousands more retirees into poverty.

COLAs currently are determined using a formula based on increases in the Consumer Price Index for Urban Wage Earners — known as the CPI-W. This measurement is considered biased against older people. Since 2002, the federal government has calculated a CPI-Elderly, which uses a market basket of goods purchased more heavily by elders, like medical costs and prescriptions. The elderly CPI is a better measurement of seniors' true cost of living — but it never has been adopted.

Ironically, this cut in retirement benefits comes at a time when younger workers have been paying less into Social Security due to a payroll tax cut. The White House should never have agreed to a Chained CPI — which hurts millions of current retirees — exactly the people with limited incomes that President Obama said he wanted to protect.

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)



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## Fountain of youth treatment has dangerous side effects

By David B. Caruso and Jeff Donn

A federal crackdown on illicit foreign supplies of human growth hormone has failed to stop rampant misuse, and instead has driven record sales of the drug by some of the world's biggest pharmaceutical companies, an Associated Press investigation shows.

The crackdown, which began in 2006, reduced the illegal flow of unregulated supplies from China, India and Mexico.

But since then, Big Pharma has been satisfying the steady desires of U.S. users and abusers, including many who take the drug in the false hope of delaying the effects of aging.

From 2005 to 2011, inflation-adjusted sales of HGH were up 69 percent, according to an AP analysis of pharmaceutical company data collected by the research firm IMS Health. Sales of the average prescription drug rose just 12 percent in that same period.

Unlike other prescription drugs, HGH may be prescribed only for specific uses. U.S. sales are limited by law to treat a rare growth defect in children and a handful of uncommon conditions like short bowel syndrome or Prader-Willi syndrome, a congenital disease that causes reduced muscle tone and a lack of hormones in sex glands.

The AP analysis, supplemented by interviews with experts, shows too many sales and too many prescriptions for the number

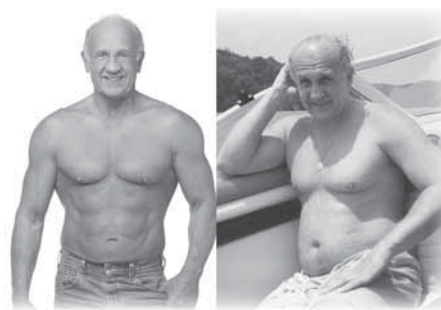
of people known to be suffering from those ailments. At least half of last year's sales likely went to patients not legally allowed to get the drug. And U.S. pharmacies processed nearly double the expected number of prescriptions.

Peddled as an elixir of life capable of turning middle-aged bodies into lean machines, HGH — a synthesized form of the growth hormone made naturally by the human pituitary gland — winds up in the eager hands of affluent, aging users who hope to slow or even reverse the aging process.

Experts say these folks don't need the drug, and may be harmed by it. The supposed fountain-of-youth medicine can cause enlargement of breast tissue, carpal tunnel syndrome and swelling of hands and feet. Ironically, it also can contribute to aging ailments like heart disease and Type 2 diabetes.

Others in the medical establishment also are taking a fat piece of the profits — doctors who fudge prescriptions, as well as pharmacists and distributors who are content to look the other way. HGH also is sold directly without prescriptions, as new-age snake oil, to patients at anti-aging clinics that operate more like automated drug mills.

Years of raids, sports scandals and media attention haven't stopped major drugmakers from selling a whopping \$1.4 billion worth of HGH in the U.S. in 2011. That's more than industry-wide annual gross sales for penicillin or prescription allergy medicine. Anti-aging



Dr. Jeffry Life, supposedly transformed into a ripped hulk of himself.

HGH regimens vary greatly, with a yearly cost typically ranging from \$6,000 to \$12,000 for three to six self-injections per week.

Across the U.S., the medication is often dispensed through prescriptions based on improper diagnoses, carefully crafted to exploit wiggle room in the law restricting use of HGH, the AP found.

HGH is often promoted on the Internet with the same kind of before-and-after photos found in miracle diet ads, along with wildly hyped claims of rapid muscle growth, loss of fat, greater vigor and other exaggerated benefits to adults far beyond their physical prime. Sales also are driven by the personal endorsement of celebrities such as actress Suzanne Somers.

Pharmacies that once risked prosecution for using unauthorized, foreign HGH — improperly labeled as raw pharmaceutical

ingredients and smuggled across the border — now simply dispense name brands, often for the same banned uses. And usually with impunity.

Eight companies have been granted permission to market HGH by the U.S. Food and Drug Administration (FDA), which reviews the benefits and risks of new drug products. By contrast, three companies are approved for the diabetes drug insulin.

The No. 1 maker, Roche subsidiary Genentech, had nearly \$400 million in HGH sales in the U.S. in 2011, up an inflation-adjusted two-thirds from 2005. Pfizer and Eli Lilly were second and third with \$300 million and \$220 million in sales, respectively, according to IMS Health. Pfizer now gets more revenue from its HGH brand, Genotropin, than from Zoloft, its well-known depression medicine that lost patent protection.

On their face, the numbers make no sense to the recognized hormone doctors known as endocrinologists who provide legitimate HGH treatment to a small number of patients.

Endocrinologists estimate there are fewer than 45,000 U.S. patients who might legitimately take HGH. They would be expected to use roughly 180,000 prescriptions or refills each year, given that typical patients get three months' worth of HGH at a time, according to doctors and distributors.

FOUNTAIN page 10

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# Cold hard facts about upper respiratory infections

By Dr. Joseph Sliwowski

At this time of year, physicians are seeing a plethora of patients with upper respiratory infections (URI). Although rarely serious, these mostly viral infections can cause up to 40 days of misery per year. (The average person gets two-to-four URIs per year, each lasting 10 days.) Fortunately, there are proven ways to lower the risk of keeping this situation from occurring:

•A study done at Carnegie Mellon University showed that sleeping eight hours



## Healthy Lifestyle

per night reduces chance of catching a cold by 30 percent.

•A study at Pace University showed that drinking white tea boosts your immune system to fight off germs more than five times the rate of coffee.

•A study at South Carolina University showed that moderate physical activity, such as 30 minutes of brisk walking, could reduce colds by 30 percent.

•A study done in Japan showed that people who gargled with water three times per day had more than 30 percent less chance of having a URI.

•84 percent of us don't do a proven technique to kill germs — wash hands between fingers and under nails for 15 seconds with soap or an alcohol based sanitizer.

•A study in the Annals of Internal Medicine, those who took zinc lozenges such as Cold-Eeze reduced duration of a cold by 50 percent.

•A study of those who took a supplement with pelargonium sidoides, such as the over-the-counter Umcka, reduced the duration of a URI by 50 percent.

Homemade chicken soup can reduce congestion better than over-the-counter cough and cold medicines according to study at the University of Nebraska.

•In a study reported in *British Journal*

of *Nutrition*, college students who took yogurt or a supplement probiotic with *Lactobacillus rhamnosus* and *Bifidobacterium* reduced severity and duration of cold by 30 percent and 50 percent respectively. Health care in general should be focused on putting itself out of business through wellness and prevention. These cold hard facts are a way to start.

Joseph Sliwowski, MD, is the medical director at Doctors Express, North Andover, a seven-day walk-in urgent care center. He may be reached at 978-470-0800. Visit their website, [www.doctorsexpressnorthandover.com](http://www.doctorsexpressnorthandover.com). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).

## ► Fountain

Cont. from page 9

Yet U.S. pharmacies last year supplied almost twice that much HGH — 340,000 orders — according to AP's analysis of IMS Health data.

While doctors say more than 90 percent of legitimate patients are children with stunted growth, 40 percent of 442 U.S. side-effect cases tied to HGH over the last year involved people age 18 or older, according to an AP analysis of FDA data. The average adult's age in those cases was 53, far beyond the prime age for sports. The oldest patients were in their 80s.

Some of these medical records even give explicit hints of use to combat aging, justifying treatment with reasons like fatigue, bone thinning and "off-label," which means treat-

ment of an unapproved condition

Even Medicare allowed 22,169 HGH prescriptions in 2010, a five-year increase of 78 percent, according to data released by the Centers for Medicare and Medicaid Services in response to an AP public records request.

And those figures don't include HGH sold directly by doctors without prescriptions at scores of anti-aging medical practices and clinics around the country. Those numbers could only be tallied by drug makers, who have declined to say how many patients they supply and for what conditions.

FDA regulations ban the sale of HGH as an anti-aging drug. In fact, since 1990, prescribing it for things like weight loss and strength conditioning has been punishable by five to 10 years in prison.

Steve Kleppe, of Scottsdale, Ariz., a restaurant entrepreneur who has taken HGH for almost 15 years to keep feeling young,

said he noticed a price jump of about 25 percent after the block on imports. He now buys HGH directly from a doctor at an annual cost of about \$8,000 for himself and the same amount for his wife.

Many older patients go for HGH treatment to scores of anti-aging practices and clinics heavily concentrated in retirement states like Florida, Nevada, Arizona and California.

These sites are affiliated with hundreds of doctors who are rarely endocrinologists. Instead, many tout certification by the American Board of Anti-Aging and Regenerative Medicine.

The clinics offer personalized programs of "age management" to business executives, affluent retirees and other patients of means, sometimes coupled with the amenities of a vacation resort. The operations insist there are few, if any, side effects from HGH. Mainstream medical authorities say otherwise.

A 2007 review of 31 medical studies showed swelling in half of HGH patients, with joint pain or diabetes in more than a fifth. For proof that the drug works, marketers turn to images like the memorable one of pot-bellied septuagenarian Dr. Jeffery Life, supposedly transformed into a ripped hulk of himself by his own program available at the upscale Las Vegas-based Cenegenics Elite Health. (He declined to be interviewed.)

These promoters of HGH say there is a connection between the drop-off in growth hormone levels through adulthood and the physical decline that begins in late middle age. Replace the hormone, they say, and the aging process slows.

"It's an easy ruse. People equate hormones with youth," said Dr. Tom Perls, a leading industry critic who does aging research at Boston University. "It's a marketing dream come true." — AP

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# Your medical chart could include exercise minutes

By Lindsey Tanner

CHICAGO —

**R**oll up a sleeve for the blood pressure cuff. Stick out a wrist for the pulse taking. Lift your tongue for the thermometer. Report how many minutes you are active or getting exercise.

Wait, what?

If the last item isn't part of the usual drill at your doctor's office, a movement is afoot to change that. One recent national survey indicated only a third of Americans said their doctors asked about or prescribed physical activity.

Kaiser Permanente, one of the nation's largest nonprofit health insurance plans, made a big push a few years ago to get its southern California doctors to ask patients about exercise. Since then, Kaiser has expanded the program across California and to several other states. Now almost 9 million patients are asked at every visit, and some other medical systems are doing it, too.

Here's how it works: During any routine check of vital signs, a nurse or medical assistant asks how many days a week the patient exercises and for how long. The number of minutes per week is posted along with other vitals at the top the medical chart, so it's among the first things the doctor sees.

"All we ask our physicians to do is to make a comment on it, like, 'Hey, good job,' or 'I noticed today that your blood pressure is too high and you're not doing any exercise. There's a connection there. We really need to start you walking 30 minutes a day,'" said Dr. Robert Sallis, a Kaiser family doctor. He hatched the vital sign idea as part of a larger initiative by doctors groups.

He said Kaiser doctors generally prescribe exercise first, instead of medication, and for many patients who follow through, that's often all it takes.

It's a challenge to make progress. A study looking at the first year of Kaiser's effort showed more than a third of patients said they never exercise.

Sallis said some patients may not be aware that research shows physical inactivity is riskier than high blood pressure, obesity and other health risks people know they should avoid. As recently as November a government-led study concluded that people who routinely exercise live longer than others, even if they're overweight.

Zendi Solano, who works for Kaiser as a research assistant in Pasadena, Calif., said she always knew exercise was a good thing. But until about a year ago, when her Kaiser doctor started routinely measuring it, she "really didn't take it seriously."

She was obese, and in a family of diabetics, had elevated blood sugar. She sometimes did push-ups and other strength training but not anything very sustained or strenuous.

Solano decided to take up running and after a couple of months, she was doing three miles. Then she began training for a half marathon — and ran that 13-mile race in May in less than three hours. She formed a running club with co-workers and now runs several miles a week. She also started eating smaller portions and buying more fruits and vegetables.

She is still overweight but has lost 30 pounds and her blood sugar is normal.

Her doctor praised the improvement at her last physical in June and Solano said the routine exercise checks are "a great reminder."

Kaiser began the program about three years ago after 2008 government guidelines recommended at least 2 1/2 hours of moderately vigorous exercise each week. That includes brisk walking, cycling, lawn mowing — anything



that gets you breathing a little harder than normal for at least 10 minutes at a time.

A recently published study of nearly 2 million people in Kaiser's southern California network found that less than a third met physical activity guidelines during the program's first year ending in March 2011. That's worse than results from national studies. But promoters of the vital signs effort think Kaiser's numbers are more realistic because people are more likely to tell their own doctors the truth.

Dr. Elizabeth Joy of Salt Lake City has created a nearly identical program and she expects 300

physicians in her Intermountain Healthcare network to be involved early this year.

NorthShore University HealthSystem in Chicago's northern suburbs plans to start an exercise vital sign program this month, eventually involving about 200 primary care doctors.

Dr. Carrie Jaworski, a NorthShore family and sports medicine specialist, already asks patients about exercise. She said some of her diabetic patients have been able to cut back on their medicines after getting active.

Dr. William Dietz, an obesity expert who retired last year from the Centers for Disease Control and Prevention, said measuring a patient's exercise regardless of method is essential, but that "naming it as a vital sign kind of elevates it."

Figuring out how to get people to be more active is the important next step, he said, and could have a big effect in reducing medical costs.

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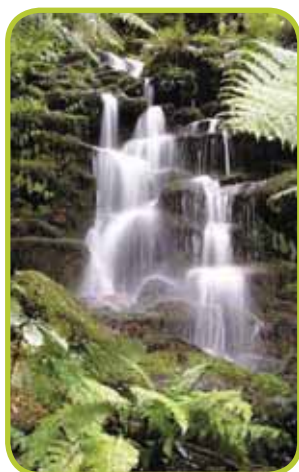


# New Zealand: Magnificence in miniature

By Victor Block

**T**he hiking trail winds through a lush rain forest. Only a trickle of sunlight makes its way through the thick tree canopy above, from which a chorus of birds entertains with a symphony of song.

Towering, snow-capped mountains stretch to the horizon, overlooking valleys where sheep munch on the green carpet of grass.



Forest waterfall

Things to see and do than many much larger countries. Another reason to visit is the weather. Because New Zealand is located below the equator, its seasons are opposite those in the United States. While residents of Massachusetts are shivering in winter cold, visitors to New Zealand bask in warm sunlight and swim off soft sand beaches.

Auckland is a good place to begin a tour of North Island, one of the two major islands that make up New

Zealand. It is known as "Land of 1,000 beaches," and there are plenty of choices where to spread a blanket on the sand.

More visitors are drawn to South Island, which is famous for magnificent views that greet the eye around every turn of the road. The scenery reaches its peak at the top of Mount Cook, which towers 3,754 meters above the landscape. Glaciers move slowly down mountainsides, and the waters of deep fiords (lakes) double the beauty by reflecting their surroundings.

There are countless ways to enjoy this dramatic setting. Active people may prefer mountain climbing, long-distance hiking and whitewater raft trips down rushing rivers. Those seeking more sedate encounters with nature may hike on gentle trails beneath growths of towering centuries-old trees.

There's also a wide choice of water experiences, ranging from boat tours to lake kayaking to whitewater rafting. I opted for a memorable sea kayak paddle through Milford Sound, a dramatic, 21-kilometer long fiord. The four-hour paddle included numerous stops along the way to gaze at the scenery and listen to our guide describe the area's history and geology.

Driving by car on South Island's Southern Scenic Route is equally as magnificent. The highway passes towering mountain peaks topped by snow, tiny villages and waves crashing on the rocky shoreline.

It is this never-ending display of the best that the out-



Kayak Tour Milford Sound

doors has to offer which attracts most visitors to New Zealand. The show also extends to the world of wildlife. Forests are alive with animals and birds, including rare species that have disappeared elsewhere but flourish in this isolated island terrain.

The world's smallest marine dolphin and rarest sea lion are found only in New Zealand waters. The bird life fascinated and amused

me. People walking through the woods are entertained by an overhead concert of chirps, peeps, whistles and other sounds.

Best known is the kiwi, a strange creature with a pear-shaped body, sturdy legs and long beak. The best opportunity to see a kiwi is during an organized spotting excursion at night.

Also interesting is the colorful history of the Maori, Polynesian people who came to New Zealand from other islands centuries ago in large sea-going canoes. Today, about 15 percent of New Zealand's population of four million people is of Māori (pronounced MAH-ree) descent.

The Maori have a close connection with nature and the environment, and do what they can to protect it. Visitors may observe and experience Maori customs and lifestyle during presentations at villages where they live.

*For more information about visiting New Zealand to observe the culture of the Maori people and the magnificent natural beauty there, log onto [www.newzealand.com](http://www.newzealand.com).*



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# Caregivers struggle as Alzheimer's takes its toll

By Taylor Williams

JACKSON HOLE, Wyo. —

The living room of Leslie Jorgensen's basement in Alpine tells the story of how much her life has changed during the last five years.

Sheets stapled to the doorways create the impression of a fully enclosed space. Locks bar the door that opens into the backyard. The sound of a river meandering through the nearby mountains is barely audible, replaced by television static. A rocking chair faces the TV, which was moved from its stand to the floor so the chair's primary occupant, Leslie's sister, RoLene Whittaker, wouldn't knock it down. Pictures on the wall and curtains on the windows are scarce for the same reason.

"She'll hear noises, but she can't really focus on the picture or the story," Jorgensen said. "At first we had to tape up the buttons because she'd be pressing them so much we wouldn't have a picture anymore."

Whittaker was diagnosed with dementia of the Alzheimer's variety at the age of 55. Now 61, she has reached the advanced stages of the disease. It has robbed her of her basic motor skills and made walking without assistance difficult. A woman who made hundreds of skydiving leaps in her younger years has involuntarily traded the freedom of the heavens for the confinement of a basement. She needs round-the-clock aid from her family and professional caregivers to get through the day.

But like many Alzheimer's patients in the advanced phases, she has moments of awareness, flashes of verbal coherence.

When Jorgensen asks herself out loud if her husband is working outside, her sister answers, "I think so. It's OK to go out."

Jorgensen has been her sister's primary caregiver for more than three years. And while she knows no two days are the same, she prepares for the unexpected. She knows she needs to keep the bathroom cabinets locked, to buy easy-to-swallow foods and to let someone else lift her sister when necessary.

Whittaker's family began worrying about her in 2007 during her father's funeral in Utah, where she served as the executor. She seemed distracted, and she struggled

noticeably whenever she had to read something. Two years later, her ex-boyfriend ran into her in a Kmart, and she appeared lost and couldn't find her car. She began falling behind on her bills, forgetting to pay them or signing her checks improperly. She sent \$4,000 for a \$400 car payment. Normally punctual and detail-oriented, Whittaker began showing up late for work and missing meetings. Her employers suspected drug use, and she was eventually let go.

By late 2008, Whittaker was eating as infrequently as once every three days. Her finances were a catastrophe. She had been jailed after an officer pulled her over and attributed her slow and aimless driving to being under the influence. It became clear her declining mental state had left her unable to take care of herself. She had been living in northern California, and obtaining full-time professional care was too expensive. So

Jorgensen helped her move to Wyoming and took her in, an act of compassion that has drastically changed her life.

"It's tough to put into words what you go through as a caretaker," she said. "It takes so much time and effort, along with the pain and frustration of watching a loved one deteriorate. I've had to learn as I go, like a new mother has to learn to raise her child."

In the early stages, Whittaker could still communicate and get around the house. But as

her condition worsened, she became uncharacteristically combative and destructive. She took to dismantling furniture and ripping decorations off the wall. She suffered from insomnia and would roam the house at all hours. When she did sleep, it was rarely without tearing the bedclothes apart first.

Whittaker once followed her dog, Scully, down to the river and couldn't find her way back. Unable to recall phone numbers, she dialed her sister's husband using the voice-command feature on her cellphone. When he answered, she calmly explained she was in the river, and would he please come get her?

Becoming disoriented and experiencing mood swings are common symptoms of middle-stage Alzheimer's. The family consulted medical professionals. But when Whittaker began taking medicine to mitigate those symptoms, she suffered a seizure, so they discontinued the drugs.

When her sister moved in, Jorgensen and her husband

were working full time. They took frequent hunting and camping trips. Their five children and 10 grandchildren could visit as they pleased. But as the disease gradually consumed Whittaker, family outings and visits grew less feasible. There was always the danger of her wandering off or getting hurt if left unsupervised.

The difficulties of squaring Whittaker's outstanding car payments, medical bills and mortgage to creditors in California fell directly on Jorgensen, who acknowledges that the stress may have affected her performance at work. She began to have to use her sick days to cover her sister's various appointments. But she never complained. And though she no longer holds the full-time job she had in 2010, Jorgensen never faults her sister.

Jorgensen's devotion is unwavering, as is her gratitude for the help of her husband and the professional caregivers from Access Home Care and Hospice, who arrive at 7:30 sharp every morning to feed, shower and provide some extra company. The daily struggles can be grueling, but they can also bring people together.

"I couldn't do it without my husband," Jorgensen said. "And the girls in the morning are great about helping me relax and keep tabs on her health issues."

Sandy Dillon, one of Whittaker's professional caregivers, said the challenges of the job yield fulfillment in their own right.

"There's satisfaction in knowing that you're helping people shoulder the burden," Dillon said. "It leaves you with serious compassion and empathy."

Whether they are relatives or professionals at the beginning, caregivers for people who have Alzheimer's become family at the end.

They comprise a large group bound by sacrifice and selflessness. Caregivers provide the people they look after one more reason to keep fighting, often just by showing up and talking.

Erin Crow has experienced this firsthand. The former activities director at River Rock Assisted Living, Crow is one of several caregivers for a Jackson man in his 70s who is battling Alzheimer's. The man, a former Jenny Lake climbing ranger, loves going into Grand Teton National Park and identifying peaks his memory still clings to, and Crow takes him a couple times a month. Simple companionship, profound impact.

"Family members sometimes see what's been lost in a person, but caretakers can see what's left," Crow said. "Caretaking is the most rewarding thing in my life. Everyone has their own techniques with it, but knowing your limitations is just as important." — AP



## Alzheimer's disease is huge burden for US society

Look at some facts and figures about Alzheimer's disease, the only illness among the top 10 killers of Americans for which there's no cure or even a way to slow disease progression:

Human toll: About 5.4 million Americans are suffering with Alzheimer's disease, including 200,000 under the age of 65. The total is expected to skyrocket to 16 million by 2050. Alzheimer's deaths jumped 66 percent from 2000 to 2008. Worldwide, Alzheimer's accounts for half to three-quarters of the roughly 35 million cases of dementia.

Prevalence: One in eight Americans aged 65 or older has Alzheimer's; nearly half of those 85 or older have the neurodegenerative disease. Every 68 seconds, another American develops Alzheimer's.

On their own: About 800,000 U.S. Alzheimer's patients, or more than one in seven, live alone, and many don't have a

regular caregiver. That puts them at higher risk than other Alzheimer's patients for falls, malnutrition, wandering off unattended, untreated medical conditions and accidental death.

Family burden: Last year, about 15 million family and friends provided more than 17 billion hours of unpaid care — valued at about \$210 billion — to people with Alzheimer's and dementia. Many caregivers suffer from depression and high emotional stress, and that physical and emotional toll led to nearly \$9 billion in additional health care costs for those caregivers in 2011.

Financial burden: Direct costs to care for U.S. Alzheimer's patients were estimated at \$200 billion last year, including about \$140 billion covered by Medicare or Medicaid. Unless treatments to slow, stop or prevent Alzheimer's are developed, care is expected to cost \$1.1 trillion, in today's dollars, by 2050.

Related costs: Most Alzheimer's patients have at least one other serious medical problem, and dementia makes treatment for those conditions more com-

plicated. For example, among seniors with diabetes, it costs Medicare 81 percent more to care for one who also has Alzheimer's. — AP

### Home modifications can make your home a safe place

By Cindy Tulimier and Karen DeRosas

Do you want to stay at home for the rest of your life? Nobody looks forward to moving into a long-term care facility. The idea is to plan now for the future.

#### Home Care Tips

You may have put away money in a 401k but have you prepared your surroundings for aging in your own home? Your environment plays a huge role in your ability to maintain your independence. There are simple ways to make your home accessible while not making it look institutional.

If you are planning on doing renovations to update your home, consider some easy changes in design that will allow for better accessibility. Widen your doorways and remove doorway thresholds. Not only does it allow for a wheelchair or walker to easily navigate through the doorway, it opens the room to make it feel bigger.

Removing the threshold reduces the possibility of falls and tripping. Also, grade the entrances of homes by using the ground to reduce or eliminate the need for stairs to enter the home. This will reduce the need for ramps or chair lifts that can be costly later.

HOME page 16



# The benefits of keeping a loved one active

By Brenda Diaz

In today's modern world, being busy is a natural state for most people. But for seniors, it can be an integral part of life. Numerous studies show that seniors benefit both physically and psychologically when participating in activities, whether at home or in short or long-term care facilities.

## Home Care

Staying active can be linked to a longer life. Physical activity helps keep both the body and mind healthy and strong. Social activities offer seniors a sense of purpose and independence as well as stimulation of the mind. Connecting with others who share similar interests is the foundation of a great support system. Everlasting relationships formed among peers are a very

important aspect in this stage of life.

Many seniors continue to work into later life, which makes them feel very productive. When not able to work, and health is failing, doing anything fun may seem impossible. However, keeping seniors engaged is key to their emotional, physical and spiritual wellbeing. Group activities such as yoga can be done in wheelchairs. Participating in musical shows, going on nature trips, celebrating milestones and even bingo are important in maintaining a sense of self. Seniors who take part in these activities lead a more meaningful and fulfilling life.

Five to 10 minutes of physical exercise, which can also be performed in a wheelchair, forms an important part of the socialization, independence and physical wellbeing. Being able to reach into a cupboard, organize a drawer, use the microwave or pull up socks seems like a simple

task. However, when someone is not able to perform the tasks of daily living, it can be very discouraging, debilitating and depressing. Maintaining a healthy exercise routine that can be done sitting down for as little as 10 minutes per day can conserve muscle strength, independence and emotional stability.

Having a group of friends with similar interests is a key factor in leading a happy life. Sharing activities with people of similar interests offers moral support, encouragement and enjoyment. Positive activities have the power to make people feel happy and motivated. When a person is in a state of happiness, their body releases endorphins that fight depression, invigorates the mind and provides a sense of wellness and inner peace.

Mental exercise is just as important as physical exercise. Examples of this are puzzles, word searches, picture taking,

problem solving, working on the computer and reading. Cognitive activities keep the mind healthy, engaged and stimulated. This can be a very exciting time of life when people take a positive approach and enjoy each day to the fullest.

When looking for a skilled nursing care and rehabilitation facility, make sure to check the activities and events calendars, gym facilities and activity rooms. Ask to visit the activities in progress to make sure they are well attended. Observe if residents are being encouraged to socialize.

*Brenda Diaz is the director of community relations at Wingate Healthcare. She can be reached at Wingate of Needham or Wingate of Sudbury, at 781-707-6106. Visit their website at [www.wingatehealthcare.com](http://www.wingatehealthcare.com) or [wingatehealthcare.com/location\\_needham](http://wingatehealthcare.com/location_needham). Archives of articles from previous issues can be read on [fiftyplusadvocate.com](http://fiftyplusadvocate.com).*

## ► Home

Cont. from page 15

General and easy safety recommendations always include removing clutter or items from pathways and stairs. Removing all scatter rugs will improve overall safety throughout your home, particularly if you require a walker or cane for balance.

A non-slip strip inside and out of your bathtub or shower is a great idea. Because a bathroom usually has the hardest surfaces in your home, you certainly don't want to fall there.

So focus on the bathroom to keep you more independent. There are many simple changes that could make the difference between independence and requiring a nursing home level of care. Usually, toileting and bathing is the most common reason a person needs additional assistance. Easy changes include a pedestal sink, which can be attractive, functional and less expensive than a vanity. A pedestal sink will allow a person in a wheelchair to pull all the way up to the sink, letting them reach the faucet.

The use of lever handles on your faucet reduces joint strain. A high toilet is essential for ease with standing and sitting. Grab

bars should always be installed near a toilet. There are very decorative grab bars available now that do not make your home look institutional. Lastly, a zero threshold shower, that is, a shower that is flush with the floor, would let you live in your home more safely. A step in shower is good, but still can limit safety and accessibility as one ages. Also, a shower that has a molded seat should be avoided. Generally, the molded seats are not safe to sit on. They also prevent the use of safer seating options in the shower. There are also a variety of shower and tub seats that can be used when it is not feasible to do major renovations. A

certified occupational or physical therapist should review your needs and home to tailor recommendations to you.

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

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# Older drivers face confusing array of license laws

By Lauran Neergaard

WASHINGTON —

Jerry Wiseman notices it's harder to turn and check his car's blind spots at age 69 than it was at 50. So the Illinois man and his wife took a refresher driving course, hunting tips to stay safe behind the wheel for many more years — a good idea considering their state has arguably the nation's toughest older-driver laws.

More older drivers are on the road than ever before, and an Associated Press review found they face a hodgepodge of state licensing rules that reflect scientific uncertainty and public angst over a growing question: How can we tell if it's time to give up the keys?

Thirty states plus the District of Columbia have some sort of older-age requirement for driver's licenses, ranging from more vision testing to making seniors renew their licenses more frequently than younger people. At what age? That's literally all over the map. Maryland starts eye exams at 40. Shorter license renewals kick in anywhere from age 59 in Georgia to 85 in Texas.

The issue attracted new attention when a 100-year-old driver backed over a group of schoolchildren in Los Angeles recently. That's a rarity, but with an imminent surge in senior drivers, the federal government is proposing that all states take steps to address what the National Highway Traffic Safety Administration calls "the real and

growing problem of older driver safety."

Here's the conundrum: "Birthdays don't kill. Health conditions do," said Joseph Coughlin, head of the Massachusetts Institute of Technology's AgeLab, which develops technologies to help older people stay active.

Healthy older drivers aren't necessarily less safe than younger ones, Coughlin points out. But many older people have health issues that can impair driving, from arthritis to dementia, from slower reflexes to the use of multiple medications. There's no easy screening tool that licensing authorities can use to spot people with subtle health risks. So some states use birthdays as a proxy for more scrutiny instead.

Senior driving is a more complicated issue than headline-grabbing tragedies might suggest. Older drivers don't crash as often as younger ones. But they also drive less. About 60 percent of seniors voluntarily cut back, avoiding nighttime driving, interstates or bad weather, said David Eby of the University of Michigan's Center for Advancing Safe Transportation throughout the Lifespan.

Measure by miles driven, however, and the crash rate of older drivers begins to climb in the 70s, with a sharper jump

at age 80, according to the Insurance Institute for Highway Safety. Only teens and 20-somethings do worse.

That rising risk reflects the challenge for families as they try to help older loved ones stay safe but still get around for as long as possible, which itself is important for health.

The good news: Fatal crashes involving seniors have dropped over the past decade, perhaps because cars and roads are safer or they're staying a bit healthier, said the Insurance Institute's Anne McCartt.

Yet the oldest drivers, those 85 and up, still have the highest rate of deadly crashes per mile, even more than teens. More often than not, they're the victims, largely because they're too frail to survive their injuries.

And seniors are about to transform the nation's roadways. Today, nearly 34 million drivers are 65 or older. By 2030, federal estimates show there will be about 57 million — making up about a quarter of all licensed drivers. The baby boomers in particular are expected to hang onto their licenses longer, and drive more miles, than previous generations.

Specialists say more seniors need to be planning ahead like Jerry Wiseman and

his wife Sandy.

"Absolutely — we want to be as good drivers as we can possibly be for as long as we can," said Wiseman, of Schaumburg, Ill.

At an AARP course, Wiseman learned exercises to improve his flexibility for checking those blind spots. He takes extra care with left-hand turns, which become riskier as the ability to judge speed and distance wanes with age. He knows to watch for other changes.

"We'll be ready when it's time for one of us to stop," he said.

Where you live determines what extra requirements, if any, older adults must meet to keep their driver's license.

Among the most strict rules: Illinois requires a road test to check driving skills with every license renewal starting at age 75 — and starting at age 81, those renewals are required every two years instead of every four. At 87, Illinois drivers must renew annually.

In Washington, D.C., starting at age 70, drivers must bring a doctor's certification that they're still OK to drive every time they renew their license.

New Mexico requires annual renewals at 75.

Geographic variability makes little sense, said Jake Nelson, AAA's director of traffic safety advocacy and research. "Either I'm safe to drive or I'm not. Where I live shouldn't matter," he said.

OLDER page 21



## 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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## Retirees turn more attention to personal legacies

By Dave Carpenter

CHICAGO —

A growing number of retirees are looking to pass along more to the next generation than money and possessions.

Life histories, ethical wills and video recordings are just some of the ways people are leaving their personal legacies for loved ones. Their use is becoming more common and small businesses are emerging to meet the demand.

Some financial planners are encouraging this sharing of values, wisdom and accomplishments as a complement to traditional estate planning.

"There's an element regarding money, but it is really more about affirming your life as a legacy," said Neal Van Zutphen, a certified financial planner in Mesa, Ariz.

People can convey their personal legacy in any number of styles.

They can be brief or book-length, and may include audio, video and photos. Frequently they take the form of an ethical will — a document sometimes referred to as a legacy letter or family love letter that provides a heartfelt personal message beyond the financial particulars. Some advisers, Van Zutphen among them, even give ethical will workbooks to their clients.

Experts can guide the process, or they can

be handled as do-it-yourself projects.

Paul Wilson, a retired psychiatrist in Bethesda, Md., decided to write a memoir so his children and grandchildren would have a fuller understanding of him and of his life in earlier days. It's something he wishes his own grandparents had done.

He expects it to be roughly 60 pages when completed, plus some photographs and newspaper articles. He's considering having it self-published to produce a more polished final product.

Regardless of the final product, the 80-year-old Wilson has found the process a pleasurable one.

"It's therapeutic in that I come out of this learning more about myself — my present and my past," he said. "But the reward is more the experience of allowing myself to wander back to those times, and describe them in words as precise and concise as I can."

The growing interest in this area comes as the population of seniors continues to swell. More websites and books about ethical wills and other forms of personal legacies have appeared, along with entrepreneurial firms to help compile them.

Author Solutions, a self-publishing house



with more than \$100 million in annual revenue, created a firm called Legacy Keepers (legacykeepers.com) a year ago. Drawing on a network of personal historians who conduct telephone or in-person interviews, Legacy Keepers turns the thoughts and recollections of customers into keepsake books or video and audio files. List prices range from

\$975 to \$5,000.

"We're early in the trend, but we think it's going to be huge," said Keith Ogorek, senior vice president at the Bloomington, Ind.-based company. "This feels to me like where self-publishing was a few years ago before it went mainstream."

Members of the Association of Personal Historians (personalhistorians.org) also offer personal legacy services through small businesses with names like Celebrations of Life, Looking Back for the Future and Your Story Here Video Biography.

Susan Turnbull, who heads Personal Legacy Advisors (personallegacyadvisors.com) in Wenham, Mass., has seen her business grow so much that she farms out some of the writing. Her services also include coaching on how to do your own ethical will, a guidebook and a customized final product in both printed and digital form that typically costs \$5,000 to \$10,000.

The ethical will concept, she predicts, will be very appealing to boomers as more retire. "I think baby boomers are going to try

RETIREEES page 19

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# Selecting the right person to handle your estate plan

By Linda T. Cammuso

Choosing the personal representative (the new term in Massachusetts for executor) of your estate is one of the most important decisions in the estate planning process. Likewise, if you have one or more trusts, choosing a trustee to act in the event of your death or disability is critical.



## Legal Briefs

In selecting candidates for these roles, it is important to understand the duties and functions of each. A personal representative's (PR) responsibilities include administering your will, determining and paying your final bills/debts, filing your final individual income tax return and distributing all your probate assets (assets without a joint owner or listed beneficiary). This is a fairly short-term position, and duties are usually fulfilled within the first year of death.

A trustee's job however may last for a number of years. For example, a trust with minor or disabled beneficiaries, or one that is meant to last for a beneficiary's lifetime, will involve a long-term trustee role. A trustee's duties typically involve making decisions about how and when to distribute trust assets to beneficiaries, as well as overseeing the investment of the trust assets and ensuring that annual tax returns are properly prepared and filed.

PRs and trustees usually hire legal counsel as well as investment and tax professionals to guide them in various decisions and financial matters. The PR or trustee need not have these professional skills, and in fact people often choose family members or friends for these roles.

Perhaps the most important factor in selecting the appropriate PR and trustee is trustworthiness, from the standpoint of honesty and integrity as well as responsibility. Since this individual will be responsible for time-sensitive legal and financial matters, it is also critical that the individual

be detail-oriented and capable of multi-tasking.

While people are often influenced by geographic considerations, don't exclude someone as a potential PR or trustee simply because they are located out-of-state. Technological advances have made it possible for a non-local PR or trustee to act just as effectively with the use of local advisors.

Consider also the age of the person you are choosing: older siblings or parents may have great attributes for these roles, but be sure to name alternates in case your first choice predeceases you.

From a family dynamics perspective, it is important to remain mindful of the interpersonal implications if you are contemplating a family member to act as PR or trustee. Consider whether the individual would be capable of remaining objective in the face of pressure, and how family harmony could be impacted. If your family dynamics are sensitive, or if you are simply worried about disrupting family relationships, consider naming a non-related person instead.

Legal, tax and financial professionals, including institutions such as banks, are frequently called upon to serve as the PR or trustee when there is no suitable family member or friend available. Professionals can also serve as a co-trustee or co-PR with a family member or friend; this is helpful both to streamline the more technical functions of the role and to facilitate objective decision making when family dynamics become challenging.

Finally, remember that the choice of PR and trustee is your decision. For the sake of your surviving family members and other beneficiaries, be sure to make this choice carefully and with proper legal advice.

*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).*

## ► Retirees

Cont. from page 18

to reinvent the end-of-life and the way of growing older the way they've reinvented everything else," Turnbull said.

Dr. Barry Baines, a hospice medical director in Minneapolis and author of a book on ethical wills, is credited with planting the seed for the recent surge of interest after suggesting one to a patient who was dying of cancer in 1997. He had remembered reading a book that discussed Jewish ethical wills, first popular centuries ago in the faith with an emphasis on remembrance and legacy.

Baines is now vice president of Celebrations of Life ([celebrationsoflife.net](http://celebrationsoflife.net)), which trains people to work with seniors to write ethical wills and life reflection stories.

"We all want to identify meaning and purpose in our lives," he said. "These meanings, be they an ethical will or a life

reflection story, are ways that give us a lot of significance and purpose."

Beth LaMie, 64, of Kankakee, Ill., found that the personal history concept struck a chord with her and with prospective clients after being laid off from her job as a software manager for IBM.

After taking classes on memoir writing and creative writing, she founded Write On Track ([bethlamie.com](http://bethlamie.com)) about five years ago. She conducts biography writing workshops, helps clients write ethical wills and writes personal life stories for clients mostly in their 70s or older. Prices run from \$300 to \$1,500 for ethical wills and into the thousands for life stories as hardcover books.

Personal legacies, LaMie said, provide fulfillment while also amounting to somewhat of a claim for immortality.

"If you have a book about your life story or at least an ethical will," she said, "there's something tangible for future generations to see." — AP

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# Incubator concept offers support to new entrepreneurs

By Brian Goslow

WORCESTER —

At the age of 54, Stephen Mita found himself unemployed. “It didn’t take as much time to realize that no one was hiring a 54 year old male with middle management skills,” said his wife, Cheryl Mita. “We knew he had to re-invent himself.”

***“In the economy today, it seems like there are a lot of incredibly qualified older candidates vying for jobs against younger candidates.”***

— Brenna C. Ventatesh

The Worcester couple brainstormed and recognized that through their jobs — she’s a personal trainer specializing in senior fitness; he had once worked in the building trade — they were aware of the growing number of seniors who wished to age in their homes.

“They need help not only with the maintenance of the home but in converting their homes into a more senior friendly environment,” said Cheryl Mita, 58. Seeing the opportunity for work, Stephen Mita became a licensed home improvement contractor; when he moved his mother into an independent living facility, he learned of how much assistance is needed to create a safe living environment. Thus, the idea for Sustainable Senior Solutions was hatched.

“We took the ‘Vision’ class at the Center For Women & Enterprise and continued on to take a course in writing our business plan,” Cheryl Mita said. “We were officially open for business in April 2012.” The company provides solutions to seniors that support their decisions to either age in place or downsize and relocate.

The center’s director introduced the Mitas to Running Start, a co-working space and business startup incubator located in Worcester that gives entrepreneurs a professional work environment and programs intended to assist them in starting and

growing new ventures.

They attended a Running Start workshop on developing an elevator pitch to summarize a business and its offerings and made invaluable contacts with the other event attendees. They’ve also utilized the company’s space to take their business out of their home and into an office setting that allows it access to a conference room for business meetings.

Running Start was co-founded by Ryan Leary and Brenna G. Venkatesh to provide an “atmosphere of innovation” for people looking to start a new business or who’ve already started one but aren’t ready or able to afford their own location yet.

For those who’ve suddenly found themselves out of work after decades at the same place but still want to keep working and have imagined owning their own business, Running Start offers the opportunity to slowly feel out what opportunities are available without having to invest a large amount of money.

“In the economy today, it seems like there are a lot of incredibly qualified older candidates vying for jobs against younger candidates,” Venkatesh said. “Often the position goes to the younger person which leaves a pool of qualified candidates simply based on age. Co-working facilities like ours are great places for these people to connect and execute on their ideas together.”

Where a decade or so ago it had become fashionable to work out of your own home, that arrangement led to many feeling isolated. Running Start gives individuals a chance to have both a private and a public setting to bounce ideas off similarly thinking individuals.

“You start with the co-working space with the idea of a shared environment where, if you have a new business, instead of coming and renting an entire space just for yourself, you’re renting a piece of the space and sharing overhead cost, but also getting to be part of a collaborative environment,” Venkatesh said. “You’re working in a cubicle next to different entrepreneurs.”



Running Start co-founders Leary (l) and Venkatesh

A recent study found that budding entrepreneurs who work outside their home are more efficient. “Right off the bat, getting out of your house, you are able to separate your work life from your personal life,” Leary said. Along those lines, for some, Starbucks and other coffee shops and restaurants offering free Wi-Fi have become the new office. By leasing its services and space for affordable rates, Running Start feels it’s offering quality and support in a number of ways, including a conference room that includes a wipe board, media equipment and professional seating.

“It forces them to be more regimented,” Leary said. “There’s the professional aspect of it. Where do you appear more professional — hosting a meeting at a Starbucks or in your living room or hosting it in a meeting room that is set up for business presentation purposes?”

The company is currently soliciting applications for its first incubator grant to help a new business get off the ground. “That is a program where we’ve got a group of advisors that will work as mentors,”

Leary said. “We’ve got an investment fund that we can use to invest in a start-up. We would provide the office space for that start-up. It would all be included in the packaging. In exchange, we receive equity in their venture.”

Anyone can avail themselves of Running Start’s services and utilize its co-working space. “You don’t have to apply,” Leary said. “You can come in here with sort of an idea, spend some time fine-tuning it a bit, crafting it, bouncing it off different people around the space and then come to us with that idea and pitch it to us and see if it’s something that would fit into the incubator program. And if it is, we look forward to working on it. Or if it’s not, you go back to the drawing board and keep working on it until it is something that stands out and will work.”

To encourage new clients, Running Start is offering a “Begin paying when you want” open trial period where users can host a meeting or two at its offices, try out its various work spaces, then decide which level of membership would be best for them.

Currently, a monthly Running Start packages range from \$75-\$199 with “day pass” for \$20; conference room meeting space costs \$25 per hour, \$10 for members.

“We really want to get people in to use this and feel it is worth paying for,” Venkatesh said. One way it’s pulling people in is by offering monthly workshops that are usually held on the first Tuesday of each month. “We cover a different range of topics that are relevant to starting a business,” she said. Afterwards, there’s at least a half hour of networking over beer, wine and food. At one event, a post-workshop talk led to a \$2,900 business deal that wouldn’t have otherwise occurred.

That’s exactly the kind of connection Running Start is seeking. “We’re trying to offer people a place to come and really connect with people and do business,” Venkatesh said.

*For more information: Running Start, 131 Lincoln St., Worcester, MA 01605, or call 774-312-7569 or visit [www.running-startinc.com](http://www.running-startinc.com).*

## Amherst man chronicles life stories for others

By Stephanie Barry, The Republican

AMHERST —

When Ralph Lowen and his first cousin stood before his uncle’s casket at a wake three years ago, his cousin murmured something he had heard before from people in mourning.

“She said: I wish I had asked ...” said Lowen, a painter and former psychotherapist. “And I realized I had heard that countless times before. Loved ones die and those left behind are often left with so many questions, or so many things we wish we had said.”

The comment gave birth to a very fledgling project Lowen launched recently by the same name designed to give terminally ill patients a chance to record their personal history.

“I Wish I Had Asked” appeals to Lowen’s affinity for oral history traditions and history in general, plus as a scholar of emotional complexities in his former job as a therapist in New York City.

Lowen’s own father died when he was just 3, and his

mother, a mathematician, shut down emotionally, he said; not an entirely unusual response to grief.

“Everything sort of went downhill from there ... I have huge gaps in my memory. There are so many things I wish I had asked her,” Lowen said.

“I Wish I Had Asked” has so far been a self-financed venture, with Lowen buying his own equipment to conduct weekly audio recordings of cancer patients with varying prognoses. He records weekly discussion groups through The Cancer Connection, a support center across from Cooley-Dickinson Hospital in Northampton.

Executive Director Betsy Neisner said she has participants at her center who found the recording sessions moving, and even joyous.

“One of the women told me that she can’t remember the sound of her mother’s voice. Now, her family will always have that. And when you’re dying, you start physically looking terrible but you still have your voice,” Neisner said. “She has the recording now and her family will always have it. She still finds it difficult

to listen to, though, because it was a goodbye.”

Neisner said that Lowen has exactly the kind of easy way to make his subjects feel comfortable.

“One woman said Ralph is facilitator, therapist and artist. He made it really easy for her to talk,” she said.

Lowen has a standard list of questions he can use as a starting point, or to spur on the dialogue if it begins to drift away. Some include easy ones like: “What are you most proud of?” and “What is your best memory of childhood?” Others are more difficult, like “Do you think about dying?” and “Are you scared?” or “How do you imagine your death?”

Lowen hopes that the project will become widespread enough for him to seek grants and donations so he can train others to do the sessions and buy more equipment.

“Right now it’s more important for me to be doing it than to make any money at doing it,” he said, but noting that he is aware of his own mortality. “But, I’m getting older. I won’t be able to do it forever and I’d like for it not to end with me.” — AP



## ► Older

Cont. from page 17

Yet when Iowa drivers turn 70, they must renew their license every two years instead of every five. Neighboring Missouri lets 70-year-olds renew every three years instead of every six.

Some states introduce age requirements after high-profile accidents. Massachusetts now requires drivers to start renewing licenses in person at age 75, with proof of an eye exam. The change came after an 88-year-old driver struck and killed a 4-year-old crossing a suburban Boston street in 2009.

This summer, the National Highway Traffic Safety Administration proposed a national guideline for older driver safety that, if finalized, would push states to become more consistent. Among the recommendations: Every state needs a program to improve older driver safety; doctors should be protected from lawsuits if they report a possibly unsafe driver; and driver's licenses should be renewed in person after a certain age, tailored to each state's crash data.

Still, many states say their main focus should be on inexperienced teen drivers and problems such as texting behind the wheel.

"Teens are risk takers. Our older drivers are risk avoiders," said Alabama state Rep. Jim McClendon. Alabama drivers renew licenses every four years, with no older age requirements.

New Hampshire last year stopped requiring road tests when 75-year-olds renewed their licenses. The law was repealed after an 86-year-old legislator called it discriminatory.

It's not the only state worrying about age discrimination.

"You don't want to go around and say, 'This person is 85. We've got to take them off the road.' That wouldn't be fair," said Assemblyman David Gantt of New York, where licenses last for eight years.

On the other side is the family of a Baltimore college student who died last year after being run over by an 83-year-old driver who turned into his bike lane. Maryland just began issuing licenses that last longer — eight years instead of five — despite an emotional appeal from the mother of Nathan Krasnopoler that that's too long for the oldest drivers.

"You should be looking at your drivers to be sure they're able to safely drive. There's plenty of research that as we age, things do change and we may not be aware of those changes," said Susan Cohen, who now is urging Maryland officials to study adding some form of competency screening, in addition to the required eye exams, to license renewals.

Traffic challenges change for older drivers, who are less likely than younger ones to be in crashes involving alcohol or speeding. Instead, they have more trouble with intersections, making left turns and changing lanes or merging, because of gradual declines in vision, reaction times and other abilities, according to the National Institutes of Health.

Scientists are hunting screening tests to check for such things as early warning signs of cognitive problems that might signal who's more at risk. But such screenings are a long way from the local license office. In a closely watched

pilot project, California tried a three-step screening process to detect drivers who might need a road test before getting their licenses renewed — but it didn't reduce crashes, sending researchers back to the drawing board.

Today, AAA's Nelson said in-person renewals are "the single most effective thing states can do to improve safety."

That's because workers in the driver's license office can be trained to look for signs of confusion or trouble walking as people come in — two big clues that they may have trouble behind the wheel — and refer those drivers for a road test or a medical exam to see if there's really a problem.

Virginia, for example, lets even the oldest drivers hold a license for eight years, but starting at 80 they must renew in person and pass an eye test. California has five-year renewals, and starting at 70 they must be in-person with both a written test and eye check.

Those eye tests can make a difference. In senior-filled Florida, 80-year-olds renew their licenses every six years instead of every eight, with a vision check each time. A study found highway deaths among Florida's older drivers dropped 17 percent after the vision test was mandated in 2003.

How long between renewals is best? There's no scientific consensus, but Nelson recommends every four to six years.

Another big key: Programs that make it easy for doctors, police and family members to alert licensing officials to possibly unsafe drivers of any age, so the experts can investigate. But in states that don't allow confidential reporting, families in particular hesitate in fear of backlash if upset relatives learn who turned them in.

Utah adopted confidential reporting in 2008 "to encourage more people to report problematic drivers without the risk of retaliation or repercussion," said Chris Caras of Utah's Department of Public Safety.

Nor should the question be only whether someone should drive or not: Iowa is leading a growing number of states that customize license restrictions to allow people to stay on the road under certain conditions. People with early-stage Alzheimer's or Parkinson's disease, for instance, may qualify for a one-year license; people with other health conditions may be allowed to drive only during the day or within a few miles of home.

In California, older drivers who fail a regular road test sometimes get a re-test on familiar neighborhood roads to qualify for a restricted license. State traffic researchers expect demand for that option to grow, and are preparing to study if that tailored testing really assures safety.

Meanwhile, how can people tell how they do on the road?

•The University of Michigan developed an online self-test to help drivers detect safety changes: [um-saferdriving.org](http://um-saferdriving.org).

•AAA and AARP offer websites with similar tools and links to driving courses: [seniordriving.aaa.com](http://seniordriving.aaa.com) and [www.aarp.org/home-garden/transportation/driver\\_safety/](http://www.aarp.org/home-garden/transportation/driver_safety/).

But ultimately, "the only way you can assess any driver at any age is to sit in the seat next to them and watch them drive," said Coughlin. — AP

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# Design your own chic, comfy bedding

By Kim Cook

There are stores full of exquisite bedding. But fancy sheets, duvets and mattresses can sometimes fall short of our wish lists, in style, price, comfort or all three.

What if you could make your own?

**You don't need to be a professional designer, or even, to create one-of-a-kind bedding that looks as nice as the stuff of dreams.**

You don't need to be a professional designer, or even much of a sewer, to create one-of-a-kind bedding that looks as nice as the stuff of dreams.

First, your existing bedding can be embellished with sew-on or iron-on appliques, available in craft and stitchery supply stores.

Writer and crafter Kim Ray offers suggestions on the website Doityourself.com. Trim the edges of sheets with flowers or butterflies for a feminine touch. Monogrammed initials give a smart, tailored

and custom look. Ray also recommends edging a sheet with lace, making simple ruffles out of rayon seam binding, and embellishing coverlets with flowers made of various-size buttons.

Allison Hepworth of Austin, Texas, chronicles her efforts to creatively and affordably decorate her "cookie-cutter" home on her blog, House of Hepworth. When shopping for a bedding ensemble for her daughter's room, she found what she liked at PB Teen but didn't want to spend \$400. Instead, she bought a couple of basic sheet sets from Wal-Mart, cut one up to make a pretty pink band on the sheets, and used heat bonding to attach a contrasting grosgrain ribbon trim on a comforter and sham. Her final cost was under \$70.

"I rarely sew and couldn't make a dress if my life depended on it," Hepworth said. "I can, however, sew bedding sets and curtains, because it only involves a straight line and patience."

If you'd rather have someone else put your bedding together, check out Inmod's Design Studio at inmod.com. The online option page lets you pick a pattern from a selection of nature and graphic themes.



You then move on to fabric choices — cotton, linen/cotton blend or Dupioni silk, then embroidery colors. You're given the opportunity to see your final design in a virtual room before purchasing.

Got specific colors in mind? You can customize duvets and sheet sets in any

color combination at [www.custom-bedding.com](http://www.custom-bedding.com).

If you want to really customize, you can make your own mattress. Former Manhattan interior designer Lynne Cimino started having back problems and found that the marketplace had options, but pricey ones. Working out of her Marbletown, N.Y., home, she came up with a no-sew buckwheat mattress that's similar to a Japanese futon.

Sections of cotton canvas are filled with the hulls, then twisted and tied in sections for a custom-size finished product that looks like a big billowy cloud. Since the hulls have no nutritional value, she said, pests aren't a problem. The hulls are virtually non-flammable so no harsh retardants are needed, nor is buckwheat typically farmed with pesticides. The cotton covers are machine-washable. You buy both elements separately and do the assembling yourself. Visit [www.openyoureyesbedding.com](http://www.openyoureyesbedding.com).

Nest Bedding of Albany, Calif., offers a range of DIY mattress components including natural latex cores, vegan or cotton and wool covers, kapok and wool comfort layers and toppers at [nestbedding.com](http://nestbedding.com). — AP

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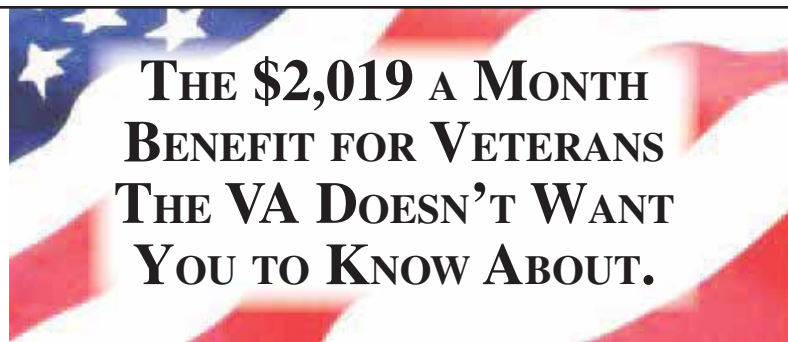
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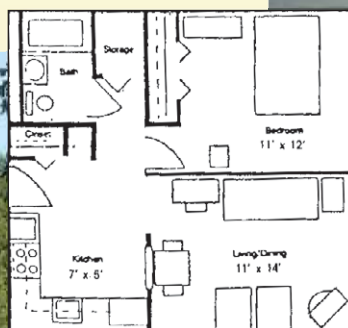
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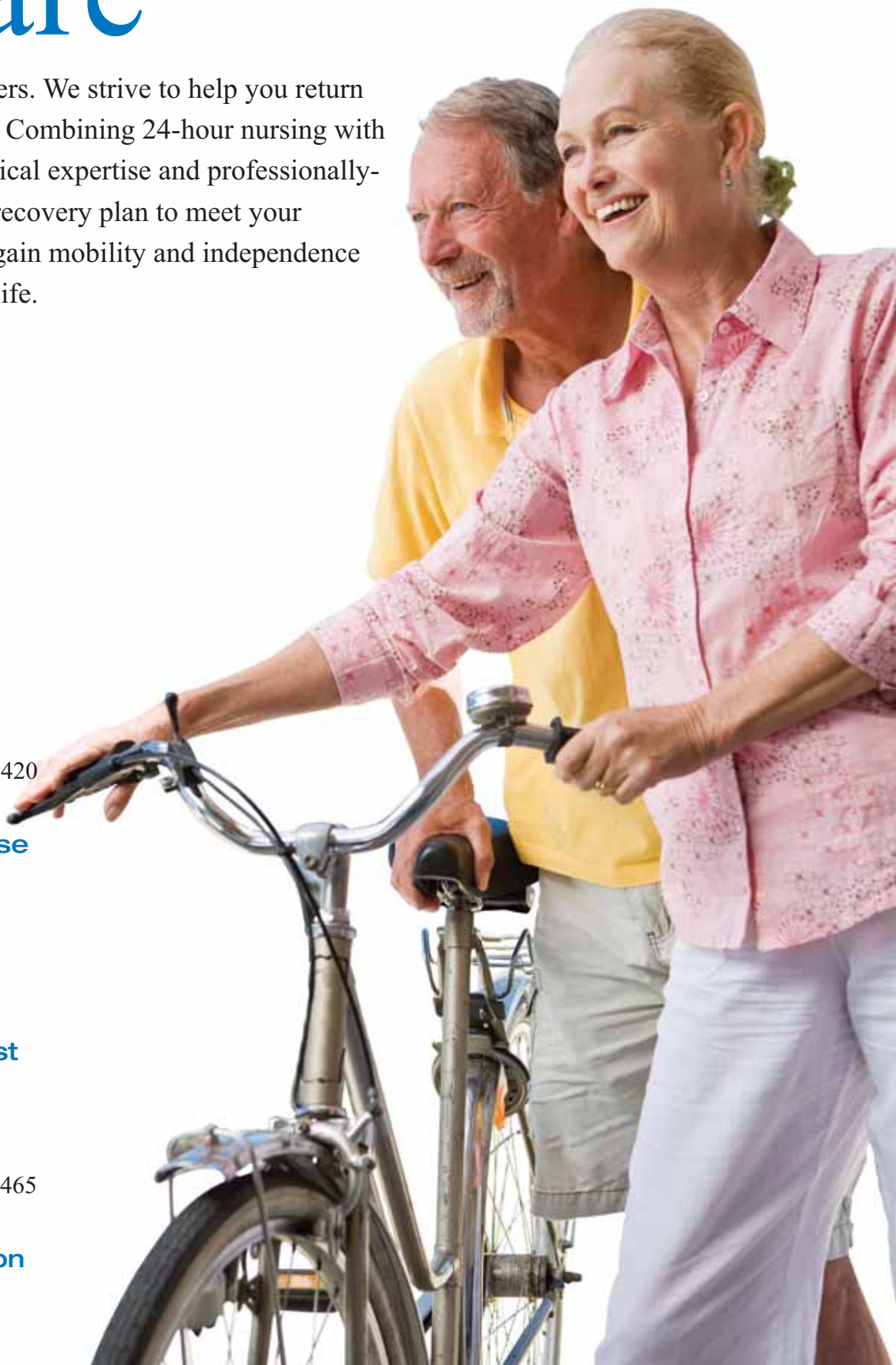
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