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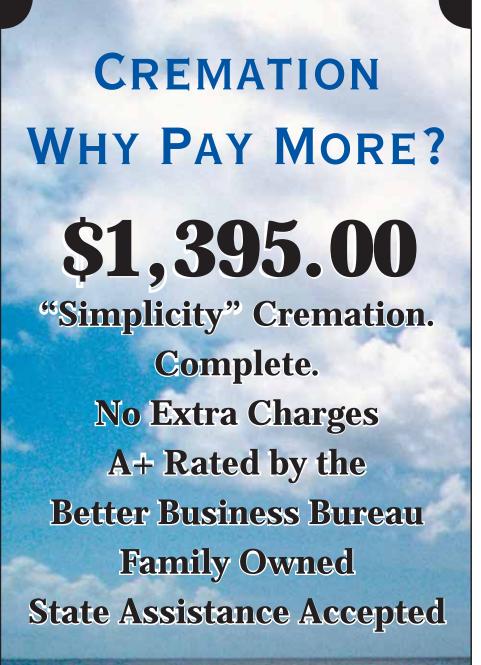
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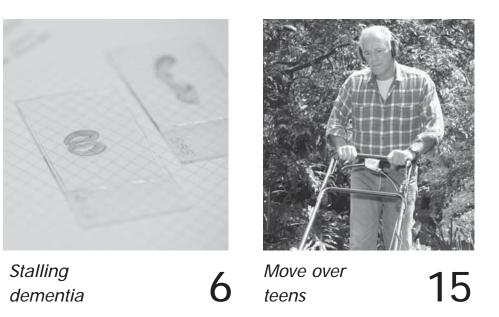
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Corporate eldercare employee programs face challenges

By Brian Goslow

s the nation ages, more workers are juggling jobs with the care of an elder family member. Recognizing the trend, companies stepped in by offering programs and services to help beleaguered employees.

But, when the county began experiencing economic instability, many companies began cutting back on those perks.

The percentage of companies offering eldercare programs dropped from 22 percent in 2007 to 9 percent in 2011.

Similarly, the percentage of companies offering eldercare-related resource and referral programs dropped from 23 percent in 2003 to 9 percent in 2011, while the percentage of employees taking advantage of paid family leave to assist elder loved ones dropped from 33 percent in 2007 to 25 percent in 2011.

These are among the findings of "Best Practices in Workplace Eldercare," a study conducted by the National Alliance for Caregiving for ReACT (Respect A Caregiver's Time), a coalition of corporations and organizations that addresses the challenges faced by employee caregivers and helps to reduce the impact on companies Hunt that employ them.

Resource and referral services are at the center of most eldercare programs, including assistance with information and paperwork related to Medicare, Medicaid and other insurance programs; some also offer geriatric care management services. Among benefits provided by some, but not all of the companies offering eldercare programs are paid time off, flexible approaches to time off and discounted backup home care for emergency needs.

Participating companies in the study came from professional/non-profit associations, health care providers, higher education, the financial industry and insurance, manufacturing, media, pharmaceutical and IT-related industries. One-third of the responding companies started their eldercare programs over the past three to five years.

Referring to companies that have cut back their eldercare programs, Gail Hunt, president and CEO of the National Alliance for Caregiving, said,

"We can hope that when the economy turns around that they will bring those programs back. They had a similar drop-off in childcare. (These are) programs that are easier to get rid of. We hope that that will turn around but even at its heyday, we're talking 23 percent."

Employers began offering programs to assist caregivers over a quarter-century ago. "They did it based on the childcare model, Hunt said. "It was sort of assumed (at first) that the eldercare issue was pretty much the same as the childcare issue. You needed

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Eastern Massachusetts Edition

to have some kind of childcare, regular or specialized, somewhere between your work and home.

However, it turned out eldercare issues are much more complex than childcare: Employees not only need counseling related to the challenges of balancing work, family and looking after a parent, but a better understanding of the help their older relative needs in order to be able assist them properly and secure the necessary help they need to live comfortably. Some businesses offer geriatric care management programs.

'The companies are essentially paying for a geriatric care manager to go into the home to assess what the issues are and design a care plan for the older person and then to work to kind of set it up in place," Hunt said. "That's really the gold standard.³

While many employees have eldercare responsibilities, the number of them utilizing

available services in the workplace has always been low, ranging from 1 to 4 percent. Explanations for these low numbers vary.

One reason is some workers believe that they'd be penalized by supervisors who perceive their caregiver obligations will make them less able to fulfill their work duties, whether that's truly the case or not. Employees were found to be reticent to ask for time

off if they had to explain their situation to a supervisor — even when the company made flextime available.

Donna L. Wagner, associate dean at Health and Social Services College at New Mexico State University, believes workers do have reason for concern.

"(Employers) definitely hold that (having caregiving responsibilities) against them; there's no two ways about that," said Wagner, who also worked on the study. Whether there's a worse "stigma" with respect to eldercare than childcare, is not clear, she said.

Past research found employees were worried about repercussions and whether they should even take their family matters into the business arena. Wagner feels that as growing numbers of older boomers become commonplace in the workplace, companies will act to ensure employees aren't penalized for taking time off to look after loved ones when necessary.

She compares current attitudes to decades ago when growing numbers of women wanted to enter the workforce and employers considered not promoting them — or even not hiring them — if they felt they would eventually have children, causing them to have to take time off from their job.

In a prior study, Hunt said they found that people don't use available corporate eldercare services until they're in dire straits. "Maybe their boss is complaining about all the time they're taking off or telling them they seem distracted at work," she said. "Maybe then, when it really starts to interfere with things at

work, they'll start to use the program. They just don't see this as a workplace issue (until it becomes a highly noticeable problem).

In some instances, employers have added paid time off for caregivers, in addition to vacation, sick and personal days, to their benefits package; others allow employees to use the traditional earned days for caregiving purposes.

The study suggested eldercare program utilization could increase if workplace "gatekeepers" — the line supervisors and managers were sensitized to the issue and that the overall attitude of an organization's corporate culture was important to an eldercare program's success.

It stated that employers of all sizes "are well advised to plan for a growing number of employees who will have eldercare responsibilities in the future," in part, at least, because as the study notes, recent surveys have found that 60 to 70 percent of the current workforce plans on working past the standard age of retirement.

Another possible reason for the low utilization rate of existing eldercare programs is the coupling of a lack of marketing with a lack of knowledge among employees on how the program will benefit them.

'Employees must understand what the program will do for them, need the services or

policies that are offered, trust that using the programs or even revealing their caregiving responsibilities will not lead to negative workplace consequences and be assured that direct supervisors and managers, as well as co-workers, will not hold it against them if they need to make workplace accommodations," the study stated.

None of the employer respon- Wagner

dents in the study mentioned having programs in place to train supervisors and managers about eldercare issues nor were there systematic evaluations to ascertain whether the programs were meeting the needs of both employers and employees.

In terms of employees who participated in the "Best Practices in Workplace Eldercare" study, Hunt said many of the respondents that already had some level of caregiving responsibilities said they didn't use the services offered at their workplace because they didn't feel as if their situation was so dire.

The study suggested that as today's caregivers retire, they'll be replaced by workers who'll have higher expectations from their employers, due to the benefits and policies instituted over the past 30 years, including those tied to child-raising and eldercare. "Strong work/family programs and flexible policies will ensure that employers continue to be attractive to younger workers in the future," the report stated.

Perceived benefits to corporate eldercare program participants included reduced absenteeism, improved productivity, better retention rates, improved recruitment, reduced stress in the workplace and enhanced employee loyalty.

Effective responses to assisting employee caregivers "does not have to be expensive or elaborate" and a good flex-time policy can help the majority of employees who are having difficulty managing work and caregiving, according to the study. "Paid time off and allowing employees to use their sick days and vacation days for caregiving purposes is also a family-friendly policy that sends a supportive message to employees," said the report.

The study found a growing number of companies were moving away from "full-service" comprehensive one-vendor workplace elder services to utilizing programs by more than one vendor that are supplemented by internal staff or Employee Assistance (EAP) programs.

An increasing reliance on technology to provide informational and support services to caregiving employees is also being seen. In the United Kingdom, employers have "telelunch and learns" where employees sign into a live chat room where they can ask questions of an expert on that day's topic. Those that couldn't participate in the live webinar sign on when it's convenience for them to watch the program and read what issues were covered.

Hunt said this idea could easily be adopted as part of a company's eldercare assistance

program here in the United States. For example, if a hospital holds a noontime event, daytime workers are the ones most likely to be able to participate. Technology allows those working other shifts to watch or review the presentation at a more convenient time. "That's the chance you have to reach them with the information," she said.

Asked what they would do if resources were not a factor,

employers said they'd increase the number of subsidized days of home care, provide more paid days off, provide assistance on long term care decisions through access to elder law professionals who provide more in-depth information, expand seminar programs, start a geriatric care management program and provide more hours of paid time for caregivers to meet to support each other.

In light of the low employee participation numbers, workers will have to speak up if eldercare programs are to be maintained and expanded. "It has to have a little bit of bottom up as well as having the recognition by the VP of HR of a big company," Hunt said. "The employees, the working caregivers, have to be receptive to this. They have to start thinking about going to their HR department.'

And, in those instances where companies don't have programs available, workers dealing with eldercare issues should know they could always go online and search for their local eldercare number at eldercare.gov.

"If they only have that one number, in the end that will at least get them started,' Hunt said.

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National Alzheimer's campaign finally puts disease on the map

By Sondra L. Shapiro

t was Christmas, more than 20 years ago, and my husband and I volunteered at a local nursing home to allow workers time off to be home for the holiday.

We were assigned to the Alzheimer's section at lunch time. I was at the other end of the room helping to feed a patient when I heard a commotion. The gentleman my husband, David, was assigned to feed was writhing on the floor, choking. I immediately recognized the man as the grandfather of one of my friends. I hadn't even known he had the disease, let alone was in the last stages where swallowing is often difficult, if not impossible.

It was a horrible scene and one that has

stayed with us for years.



That Christmas incident was the

first direct contact I had had with an Alzheimer's sufferer. Sadly, it hasn't been the last. Through the years I have met dozens of the afflicted and have been honored to interview the family members charged with their care. Two come to mind:

•The wife who still got her husband up and meticulously dressed (the way he always liked it) everyday to take a walk. The love and adoration she had for this shell of a man was as inspiring as it was sadly touching.

•The friend who gave up her full-time job to assume the care of her mother-inlaw, a last stage Alzheimer's sufferer. The older women moved in with the family, who still had young children living at home. Near the end, my friend slept in the woman's room where she was frequently awakened by her mother-in-law's blood curdling screams.

These two stories are not anomalies; far from it. They aptly depict the insidious assault on the brain of Alzheimer's sufferers and the seemingly super-human dedication of those who care for the afflicted. There are seven stages of this disease, according to the Alzheimer's Association — going from the first stage where there is no discernable memory loss, to the final stage when there is severe cognitive decline and sufferers lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement.

The disease is the sixth leading killer and there is no cure or sufficient treatment. Nor is there adequate support for caregivers. There are some minor treatments that temporarily ease some symptoms.

There are 5.4 million Alzheimer's suffers in the United States and without research or breakthrough treatment, those numbers are predicted to rise to 16 million by 2050.

So, it will surprise many to learn that there hasn't been a real national effort in terms of funding and support until now. Last month the Obama administration launched a national strategy that sets a deadline of 2025 to find sufficient treatment or ways to at least stall the disease.

The National Alzheimer's Plan, which involves collaboration between government and non-profit and private partners, will focus on future treatments, early diagnosis and provide resources to help families care for loved-ones at home.

The campaign kicked off by creating a one-stop website, www.alzheimers.gov, that offers information and suggests where individuals can get help in their own communities.

See related story page 6.

At a recent meeting between Alzheimer's researchers and the National Institutes of Health (NIH), it was recommended that the testing of potential therapies should begin prior to evidence of full-blown Alzheimer's symptoms, when it has been too late to make a difference.

"We need to figure out exactly where is the best window of opportunity to battle back Alzheimer's," Dr. Francis Collins, director of the NIH, told scientists at the Alzheimer's Research Summit, using as an example that cardiologists don't test cholesterol-lowering drugs on people already near death from heart failure.

Dr. Reisa Sperling of Harvard Medical School told those gathered at the meeting that Alzheimer's quietly brews in the brain, killing off cells, for 10 years or more before symptoms appear. The Alzheimer's Plan will include:

•A planned \$8 million study — funded by the NIH — of an insulin nasal spray that pilot-testing suggests could help treat/ forestall/prevent Alzheimer's. It's based on growing evidence that diabetes and Alzheimer's are related, damaging how the brain is fueled. The insulin nasal spray can reach the brain without affecting bloodsugar levels.

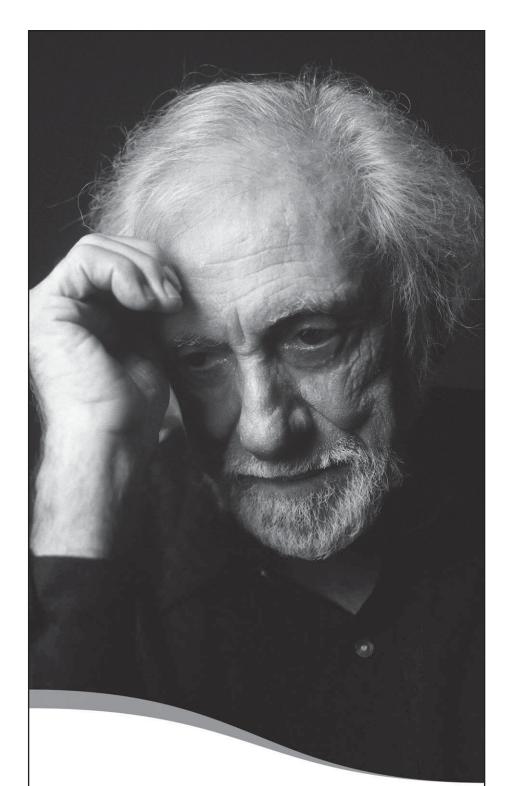
•The NIH is contributing \$16 million to an international study of whether a treatment targeting amyloid, Alzheimer's hallmark brain plaque, could prevent the disease. The study will include people at highest risk genetically of the disease, including Americans and a unique group in Colombia.

•The government will begin offering training to doctors and other health providers on the best ways to care for patients and their families.

This effort is long overdue. Until now, funding for and attention to Alzheimer's disease has been mostly overlooked as dozens of other life-threatening afflictions have received attention. There is a long way to go to catch up and the challenge will be greater because of it. The population is getting older and the disease seems to affect every family at some level. Everyone I know seems to have a story about a family member, friend or co-worker caring for a sick family member.

The Alzheimer's Plan should be a catalyst to combat a disease that has too many sad stories attached to it.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro. fiftyplusadvocate@verizon.net, follow her on Twitter at shapiro50plus or read more at www. fiftyplusadvocate.com. Associated Press material was used.



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Scams targeting seniors continue to proliferate

-

By Brian Goslow

• omething about the tone of the phone call between her husband and the unidentified person on the other end of the line didn't seem right. A person claiming to be their son was trying to strike up a friendly conversation.

"He said, 'Hi Dad. How are you?' and my husband said, 'Who's this?' The voice just wasn't right," said Marilyn Budnik, 81. "And he said, "This is Rob." Now we call our Robbie, Robbie. Everybody calls him Robbie. Nobody calls him Rob.

Budnik took the phone from her husband, Edward "Bud" Budnik, 83, and began asking the caller about his whereabouts. "He said, 'Hi mother' and that isn't what Robbie calls me," Marilyn Budnik said. "I said, 'Where are you?' He said, 'I'm in Cancun. I got a free ticket, all expenses paid and I

flew out Saturday.' " Thinking quickly, she told him, " 'I forgot. When is your birthday?' And with that, he shut down.

The Budniks benefited from the notas-fortunate experience of friends who a few years earlier had received a similar call and in the process, convinced that their grandson was in trouble in another country, wired \$3,000 to a location in Canada. By the time they had second thoughts - no more than an hour later — the money had been picked up and lost forever.

Similar stories are occurring on a daily basis.

The Massachusetts Council on Aging website lists a series of current scams to be aware of: calls claiming to be on behalf of Medicare asking for Medicare or Social Security numbers; a medical card scam in which the caller tells the person they need an additional medical card to take to their doctor's office and then asks for confirmation of their name, address and name of their bank; and an automated phone call claiming to be from their bank (sometimes correctly giving the name of the bank) in which their debit card number is requested.

The Federal Deposit Insurance Corporation (FDIC) recently sent out a series of warnings about e-mails claiming to come from them (as well as Publishers Clearing House) in which recipients are requested to click through to

a website address, the end result of which could result in the installation of malicious software intended to gather personal confidenand tial information, such as passwords and account num-

bers. The advent of social media as a main source of communication among friends and family members has

resulted in an unintentional sharing of informa-

tion that can be used to trick

people into giving up information or money — they wouldn't otherwise

have done. That's where Spencer Police Chief David Darrin believes many of those perpetrators of the "grandparent" phone scam are getting the information they use to try to convince people they're their grandson or granddaughter.

'A lot of times, they pick out the names on social media, people just getting involved in Facebook or whatever (site they use) so they at least know the information," Darrin said. "That's 99 times out of 100 where they're getting the names of relatives."

While most grandparents are "pretty good" about not listing personal information that could be used to compromise their bank accounts and credit cards, when it comes to grandchildren, online, as in person, they can't help wanting to gush about them. "They'll say, what's the harm with put-

ting a grandson's name (on the section for relatives' names on their Facebook page) or even where their grandchildren may be traveling," Darrin said.

Similarly, he said it's surprising how many people put when and where

they're going on vacation on their Facebook page thus tipping off potential thieves to their absence.

People also unwittingly give criminals access to their e-mail and social media accounts. Many people use answers such as their mother's maiden name or first school for their account passwords [`]"sharing" while that information through their Facebook page. "Social

media is one of those things that supplies the crook with a lot of clues into someone's life and how they go about

their business," Darrin said. Users of social media websites would do well to regularly check their privacy settings and general information to ensure that information they don't want publically available isn't easily accessible. This could include e-mail addresses and phone numbers, which sometimes can be added to your page, without your knowledge, if you haven't set your privacy settings properly and a friend has your information stored in their smart phones that they unknowingly transfer onto your page when updating their contacts.

As these kinds of crimes escalate, it's harder for law authorities to keep up with them. "With the Internet, it's almost daily," Darrin said. "You can't even warn anybody anymore because, for the most part, somebody's trying to hack into your information almost on a daily basis."

Everyone needs to be on guard these days, whether they're online, answering the telephone or being solicited by a person offering to repave a driveway for \$50.

"Use the general rule of thumb: If somebody's asking you for personal information or asking you to send money somewhere instantly, those two things — either one or both - should (signal), all right, I've got to take a step back here," Darrin said. Something might not be correct and then either do a little bit of investigation yourself or give the local police a call and have them help you.'

If you get a call similar to the "grandparent" scam claiming to be a relative in trouble, Darrin suggests reaching out to another relative that may be able to verify some information for you. "You can ask them, is this person indeed traveling here, is there any way you can get in contact with them," he said. "If you feel it's urgent and you've go to act right away, call the police right away. A lot of times, with a few phones calls, we can verify what's going on, (and try to ascertain) whether it's something that has to be acted on or it's a scam.'

Many of these scams are being carried out by people who aren't in the United States, making tracking them down, never mind prosecuting them for their crimes, difficult for law enforcement agencies.

"It really is about, if it doesn't sound right, you should pause, especially before you part with information," Darrin said. "You should never part with your information, (just as) you should never part with (money from) your checkbook until you've checked it out.'

Meanwhile, the Budniks, who called the police right away, are telling everyone they know to stay alert.

You've got to stop it in the bud," Marilyn Budnik said. Whether it's asking for the person's middle initial, birthday or similar personal information, such a question tends to throw the caller off. "If you think of these, they'll shut right down. They'll know that you've got them," said Marilyn Budnik.

Scientists hunt ways to stall Alzheimer's earlier

WASHINGTON -

ook for a fundamental shift in how scientists hunt ways to ward off the devastation of Alzheimer's dislease — by testing possible therapies in people who don't yet show many symptoms, before too much of the brain is destroyed.

The most ambitious attempt: An international study announced last month will track whether an experimental drug can stall the disease in people who appear healthy but are genetically destined to get a type of Alzheimer's that runs in the family. If so, it would be exciting evidence that maybe regular Alzheimer's is preventable too.

A second study, based on separate research linking diabetes to an increased risk of Alzheimer's, will test whether a nasal spray that sends insulin to the brain helps people with very early memory problems

The new focus emerges as the Obama administration adopts the first national strategy to fight the worsening Alzheimer's epidemic — a plan that sets the clock ticking toward finally having effective treatments by 2025.

'We are at an exceptional moment," with more important discoveries about Alzheimer's in the last few months than in recent years, Dr. Francis Collins, direc-

tor of the National Institutes of Health (NIH), said during the announcement.

There is no cure, and the five medications available today only temporarily ease some symptoms. Finding better ones has been a disappointing slog: Over the last decade, 10 drugs that initially seemed promising failed in late-stage testing.

Moreover, scientists still don't know exactly what causes Alzheimer's. The chief suspects are a sticky gunk

called beta-amyloid, which makes up the disease's hallmark brain plaques, and tangles of a protein named tau that clogs dying brain cells. One theory: Amyloid may kick off the disease while tau speeds up the brain destruction.

Previous studies of anti-amyloid drugs have failed, but that new international study will test a different

one, in a different way: About 300 people from a huge extended family in Colombia, who share a gene mutation that triggers Alzheimer's in their 40s, will test an experimental drug, Genentech's crenezumab, to see if it delays onset of symptoms. The study also will include some Americans who inherit Alzheimer's causing gene mutations

Meanwhile, there are brain-protective steps that anyone can take that just might help, Dr. Carl Cotman of the University of California, Irvine, told those gathered at the NIH meeting.

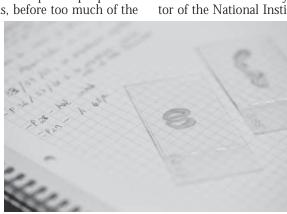
'It's just a well-kept secret," he said.

The advice:

•Your brain is like a muscle so exercise it. Intellectual and social stimulation help build what's called "cognitive reserve," the ability to withstand declines from aging and dementia.

•Getting physical is crucial also. Clogged arteries slow blood flow to the brain, and people who are less active in middle age are at increased risk of Alzheimer's when they're older. "Any time your heart is healthier, your brain is healthier," said Dr. Elizabeth Head of the University of Kentucky.

• Don't forget diet, she added. The same foods that are heart-healthy are brain-healthy, such as the omega-3 fatty acids found in fish. — AP



Retired couples may need \$240,000 for health care

By Mark Jewell

BOSTON ouples retiring this year can expect their medical bills throughout refirement to cost 4 percent more than those who retired a year ago, according to a new projection released by Fidelity Investments.

The estimated \$240,000 that a newly retired couple will need to cover health care expenses reflects the typical pattern of projected annual increases. The Boston-based company cut the estimate for the first time last year, citing President Barack Obama's health care overhaul. Medicare changes resulting from that plan are expected to gradually reduce many seniors' out-ofpocket expenses for prescription drugs.

But Fidelity said overall health care cost trends are on the rise again, so it's raising its cost estimate from last year's \$230,000 figure

"As long as health care cost trends exceed personal income growth and economic growth, health care will still be a growing burden for the country as a whole and for individuals," said Sunit Patel, a senior vice president for benefits consulting at Fidelity, and an actuary who helped calculate

the estimate.

However, this year's 4 percent rise is relatively modest. Annual increases have averaged 6 percent since Fidelity made its initial \$160,000 calculation in 2002.

The projections are part of Fidelity's benefits consulting business. The study is based on projections for a 65-year-old couple retiring this year with Medicare coverage. The estimate factors in the federal program's premiums, co-payments and deductibles, as well as out-of-pocket prescription costs. The study assumes the couple does not have insurance from their former employers, and a life expectancy of 85 for women and 82 for men. The estimate doesn't factor in most dental services, or long-term care, such as the cost of living in a nursing home.

This year's estimate could change significantly. This month, the U.S. Supreme Court will decide whether to strike down part or all of the 2010 health care law, including its centerpiece requirement that nearly all Americans carry insurance or pay a penalty. If the ruling requires significant changes,

Fidelity may update its estimate, Patel said. Although its focus is expanding health

care access to people under age 65, the law also is intended to benefit many retir-



ees by gradually closing what's known as the "doughnut hole" coverage gap in the Medicare drug benefit.

But longer-term, retirees' cost savings aren't expected to offset other factors driving expenses up, such as new medical technologies, greater use of health care services and more diagnostic tests.

Fidelity's finding of a 4 percent increase in long-term medical costs for retirees is in line with recent data from the Employee

Benefit Research Institute (EBRI), said Paul Fronstin, director of health research and education for the private nonprofit organization.

"Costs are going up," Fronstin said. EBRI conducts similar research but, unlike Fidelity, doesn't focus on an average. That's because there are so many variables that impact a retiree's circumstances, including life expectancy and prescription drug costs, Fronstin said.

In its latest annual estimate released last August, EBRI projected that a couple with median drug expenses — meaning half of the population would have higher, and half lower — would need \$166,000 for a 50 percent chance of having saved enough to cover health care expenses in retirement. They'd need \$287,000 for a 90 percent chance.

The findings illustrate the importance of factoring in health care alongside housing, food and other expenses in retirement planning. If medical costs continue to rise faster than personal incomes, many retirees will have to adjust their household budgets so they can cover medical costs, Patel said.

'It's a fixed liability for the majority of folks, and it doesn't vary up or down like food or clothing costs can," he said. — AP



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Viewpoint

Medicare disruptions seen if health law is struck

By Ricardo Alonso-Zaldivar

WASHINGTON -

Cossing out President Barack Obama's health care law would have major unintended consequences for Medicare's payment system that handles 100 million monthly claims from hospitals and other service providers, the administration has quietly informed the courts.

Although the law made significant cuts to providers and improved prescription and preventive benefits for seniors, Medicare has been overlooked in a Supreme Court debate focused on the law's controversial requirement that individuals carry health insurance. Yet havoc in Medicare could have repercussions in an election year when both parties are avidly courting seniors.

In papers filed with the Supreme Court, administration lawyers have warned of "extraordinary disruption" if Medicare is forced to unwind countless transactions that are based on payment changes required by more than 20 separate sections of the Affordable Care Act.

Opponents argue that the whole law should go. The administration counters that even if it strikes down the insurance mandate, the court should preserve most of the rest of the legislation. That would leave in place its changes to Medicare, as well as a major expansion of Medicaid coverage.

Last year, in a lower court filing on the case, Justice Department lawyers said reversing the Medicare payment changes "would impose staggering administrative burdens" on the government and "could cause major delays and errors" in claims payment.

Medicare payment policies are set through a timeconsuming process that begins with legislation passed by Congress. Even if Obama's overhaul were completely overturned, the government still would have authority under the previous law to pay hospitals, doctors, insurance plans, nursing homes and other providers.

"There is an independent legal basis to pay providers if the Supreme Court strikes down the entire law," said Thomas Barker, a former Health and Human Services general counsel in the George W. Bush administration.

But reversing the new law's payment changes from one day to the next would be a huge legal and logistical challenge, raising many questions. How would the government treat payments made over the last two years, when the overhaul has been the law of the land? Would providers have a right to refunds of cuts that had been made under the legislation?

Former program administrators disagree on the potential for major disruptions, while some private industry executives predict an avalanche of litigation unless Congress intervenes.

"Medicare cannot turn on a dime," said former administrator Don Berwick, whose confirmation was blocked by Senate Republicans opposed to Obama's law. "I would not be surprised if there are delays and problems with payment flow. Medicare has dealt with sudden changes in payment before, but it is not easy."

It's not just reimbursement levels that would get scrambled, Berwick said. The law's new philosophy of paying hospitals and doctors for quality results instead of for sheer volume of tests and procedures has been incorporated into some payment policies.

Tom Scully, Medicare chief during former President George W. Bush's first term, does not foresee major problems, although he acknowledges it would be a "nightmare" for agency bureaucrats.

"It is highly unlikely in the short term that any health plan or provider would suffer," said Scully. "They're probably likely to get paid more going forward. If you look at the way the law was (financed), it was a combination of higher taxes and lower (Medicare) payments. That's what you would be rolling back."

Administration officials say they are confident the entire law will be upheld by the Supreme Court and there is no planning to address what would happen if all or parts of it are struck down. Sharp questioning by the court's conservative justices during public arguments has led many to speculate that at least parts of the law will be struck.

Opponents of the law argue that Congress overstepped its constitutional authority by requiring most Americans to have health insurance, starting in 2014. The administration says the mandate is permissible because it serves to regulate interstate commerce, underpinning another provision of the law that requires insurance companies to accept people in poor health. A decision is expected by early summer.

Former officials say it's likely that some form of highlevel assessment and contingency planning is discreetly going on within the administration. It's happened in the recent past.

Last year, when the GOP-led House was threatening to block funding for carrying out Obama's law, Health and Human Services Secretary Kathleen Sebelius wrote to Congress outlining potential consequences. She highlighted the possibility of suspending payments to Medicare Advantage plans, popular private insurance alternatives that cover about one-fourth of all beneficiaries. The overhaul law also included major changes to the payment formula for Medicare Advantage plans. But Scully dismissed the notion that the program would be jeopardized if the Supreme Court throws out the law.

Repeal of the law would also mean that seniors would lose some new benefits, including the closing of the prescription coverage gap called the "doughnut hole," and no-charge preventive services such as an annual wellness physical. — AP

Ending Medicare as we know it, yet again

By Al Norman

A report by the health care advocacy group Families USA says if the House Republican budget proposal unveiled by Congressman Paul Ryan, R-Wis., in late March were to become law, it would undermine the health care for millions of seniors and the disabled, and cost Medicare beneficiaries in Massachusetts \$38.8 million annually in lost prescription drug benefits.

Families USA warns: "(The Ryan plan) ends the Medicare program as we know it and replaces it with an inadequate voucher program. And it will also increase the number of uninsured Americans by eliminating Medicare coverage for 65- and 66-year-olds while simultaneously eliminating other sources of coverage by repealing the Affordable Care Act."

The proposal calls for \$205 billion in cuts over the next 10 years. The most significant potential harm to current beneficiaries comes from repealing the Affordable Care Act, which would

expose millions of current

Medicare beneficiaries to higher prescription drug costs and expenses for preventive care. Under the Affordable Care Act, the cover-

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age gap in the Part D prescription drug program, often referred to as the "donut hole," is gradually closing. In 2011, nearly 3.8 million seniors and people with disabilities who had substantial prescription drug costs received a 50 percent discount on name-

brand drugs while in the donut hole. In Massachusetts, 65,500 seniors received financial

benefits in the Medicare drug coverage gap. Re-opening the donut hole is projected to raise each beneficiary's drug costs by up to \$6,000 per year by 2020.

Push

Back

The Republican proposal itself transforms Medicare into a voucher program. Under the proposal, called "premium support," starting in 2023, seniors and people with disabilities enrolling in Medicare would be allotted a set amount of money to purchase insurance, using their vouchers to pay for premiums for either private health insurance plans or traditional Medicare. The growth of these vouchers is capped and would likely not keep up with health care costs, leaving beneficiaries to make up the difference. The value of the voucher would decline each year relative to the value of current Medicare coverage. According to the Congressional Budget Office, by 2030, the voucher would be worth only 77 percent of current Medicare coverage, and the value would decline to 58 percent by 2050. Beneficiaries who wanted highquality insurance would have to pay additional premiums out of their own pockets. Even though the traditional Medicare

program would still exist, under the Republican voucher plan, it would become weaker and more expensive over time. Older and sicker beneficiaries would be more likely to remain with traditional Medicare because of its nearly unlimited choice of health care providers and good coverage for complex conditions. Premiums in traditional Medicare will rise to cover the costs of caring for these older and sicker beneficiaries. As premiums rise and more people leave the program, it will be less able to negotiate lower prices on services, which will result in higher health care costs.

The Republicans' solution is to cut Medicare and push health care costs onto seniors and people with disabilities. This is not a solution; it is just a cost shift. Medicare faces rising costs because health care costs are rising overall, both for private insurers and for public programs like Medicare. Medicare is, by design, serving an increasing number of seniors as baby boomers get older and join the program.

The Ryan Medicare plan would fundamentally violate the promise that Medicare has made to current and future generations of seniors that they will have access to comprehensive care at a time in their lives when they are most vulnerable.

Cut this article and send it to your member of Congress, urging him or her to oppose the Ryan Budget because it's bad for your health, and the health of all Americans.

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



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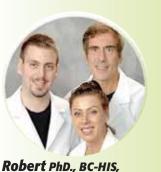
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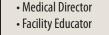
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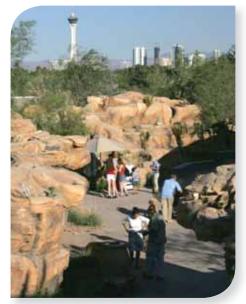
By Victor Block

y first stop was the Eiffel Tower, where I ooohed and aaahed over views from the observation deck 50 stories above ground. Next I wandered among splashing fountains and graceful statues reminiscent of ancient Rome

Then came a gentle canal ride as a gondolier serenaded his passengers in Italian. Finally, I decided, it was time for lunch.

This truncated around-the-world tour wasn't the result of magical time travel. Instead, I was in Las Vegas, where touches of other cities and countries, present and past, are among the wealth of wonders that await visitors.

While Vegas is known primarily as a gambling Mecca, I was there for everything else it has to offer, and what a full menu there is. One could spend days experiencing the strip, the four-mile stretch of Las Vegas Boulevard where most of the largest hotels are located. Many properties offer a list of things to see and do, some free and others reason-



Springs Preserve: Ravine and Vegas skyline



"The Rat Pack is Back"

ably priced, that can fill hour after hour of nonstop activity.

The Eiffel Tower that soars above the scene is a half-size replica of the Paris original. My Roman sojourn took place at Caesars Palace resort, where Julius himself might feel at home. The gondola rides winds through the lobby of the Venetian Hotel.

Each hotel offers its own inducements to attract people to stop by and hopefully spend a few — or not so few — dollars in the casino. A corner of the Bellagio's lobby is transformed into a botanical garden of extensive floral displays that change with the seasons. Nearby is a gallery of fine art where works by the likes of Andy Warhol and Roy Lichtenstein are displayed.

I spent an hour and could have staved longer at the Shark Reef Aquarium at Mandalay Bay. While sharks are the major attraction, gold crocodile, endangered Komodo Dragons and schools of colorful Caribbean reef fish are among the other inhabitants.

Both land and sea life await visitors to Siegfried & Roy's Secret Garden and Dolphin Habitat at The Mirage. Outside, pools are home to several dolphins, and an underwater viewing area offers opportunities to admire those endearing creatures up close and personal.

In the land section of the garden, leopards, white and snow tigers, and white and tawny lions prowl in habitats that are enhanced with trees, climbing rocks and waterfalls.



A gondola ride winds through the lobby of the Venetian Hotel

After dark, La Vegas earns its reputation as "Entertainment Capital of the World." On any night, performers such as Elton John, Jerry Seinfeld and David Copperfield might be appearing on stage.

A nod to nostalgia directed me to The Rack Pack is Back, which recaptures the time when Frank Sinatra, Dean Martin, Joey Bishop and Sammy Davis, Jr., worked the stages, and nightclubs, of the city. Realistic impersonators sing, dance and banter and "Marilyn Monroe" adds to the fun with a show-stopping appearance.

By day, a choice of nearby attractions peckon visitors to leave the strip. The Springs Preserve is a short drive, but very far in terms of setting and experience. One exhibit depicts the geological and biological formation and history of the Mojave Desert. Another illustrates how animal and plant life adapt to the harsh, barren environment. Outside, an eightacre botanical garden and over two miles of gentle walking trails provide opportunities to explore various desert environments and to view native plant, animal and bird life.

For a very different aspect of the area's history I signed up for a half-day tour to Eldorado Canyon and the oldest, most famous abandoned gold mine in southern Nevada. The trip includes exploration of roads and ravines inaccessible to most

vehicles, but it was the Techatticup Mine that has the most fascinating story to tell.

After being located in 1861, it produced millions of dollars in gold ore as miners used picks and shovels to dig three miles of tunnels, working by candlelight. Our guide pointed out traces of candle wax still stuck to rock walls, and remnants of precious metal glistening in the flickering light. She also related exciting stories of times when gun fights over

gold and women transformed the canyon into a rowdy place that even lawmakers refused to enter.

For more information, call 877-847-4858 or log onto www.visitlasvegas.com.



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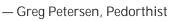
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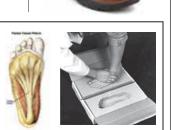
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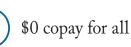
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Assisted living options: What you need to know

By Dave Carpenter

CHICAGO ssisted living may be in your future. That may not be an ideal scenario for most retirees, given its association with a loss of independence. But it's becoming reality for many as living in retirement for decades becomes more common.

There are close to a million residents in some 38,000 assisted living facilities across the country, according to the Department of Health and Human Services. That population is expected to soar as the number of retired baby boomers continues to grow.

But even before their retirement, many boomers are having to deal with placing elderly parents in an assisted living or other type of care facility. That means it's time to do some homework on this residential option - an intermediate step between independent living and nursing home care — and in many cases to cast aside preconceived ideas.

"The name has a connotation of 'I can't live by myself any more,'" said Ellen Eichelbaum, a Northport, N.Y.-based gerontologist whose company, The SpeakEasy Group, consults on aging issues. "But an assisted living facility provides a lot of the social and security issues that seniors are worried about.'

It takes away the burden of having to care for your home and allows you to be part of a community, she said. And if you don't feel well, help is just a button away.

"You can still be near your kids," Eichelbaum said. "You can still go food shopping, you can go to the movies. You just won't have the burden of your house." Here are some things you should know

about assisted living facilities.

They are residential communities that offer different levels of health or personal care services for seniors who want or need help with some daily activities — anything from cooking to transportation to dressing and bathing

What they're not is nursing homes that address major medical needs. They are designed to provide a home-like setting for residents

who want to live independently with minimal assistance.

The average age of residents in assisted living facilities in 2009 was about 87, according to the National Center for Assisted Living, an organization representing long-term care providers. Threequarters of the

residents are female. They stay at the assisted living residence for an average of about 28 months, and the majority then move on to a nursing facility.

Services offered vary widely but typically include 24-hour emergency care, some medical services and help with medications, limited assistance with personal care, meals, housekeeping, laundry, transportation and recreational activities. Large facilities may have private apartments as well as shared and private rooms.

AARP suggests checking with a state or local agency on aging, the Yellow Pages, the Assisted Living Federation of America and the American Association of Homes and Services for the Aging, as well as with friends, neighbors and books on retirement.

If looking on behalf of your parents,

urban areas who have children live within five to seven miles of them, according to Eichelbaum.

The cost of assisted living facilities varies greatly depending on size, loca-

policies pay for assisted living. Medicaid

covers only some services, and not in every

most of the costs, depending on your policy.

But if you haven't bought coverage well

ahead of time, you may not be eligible and

AARP said four out of five residents pay

for assisted living out of pocket. Veterans

who need assistance can qualify for up to

\$1,949 a month if married, \$1,644 if single

or \$1,055 for surviving spouses through the

options for seniors as they age: independent

There are three basic types of living

Aid and Attendance Pension.

Long-term care insurance may cover

facility or every state.

able to afford it.

tion and services. The median rate for a private room is \$3,261 a month, or just over \$39,000 a year, according Genworth to Financial Inc., which compiles an annual costs survey among long-term care service providers. If you need a home health aide on top of that, the median cost nationwide

considering relocating to a community with one that fits you or your parents better. It's probably too late for your elderly parents to obtain long-term care insurance, but getting it for yourself in your 50s or early 60s is an important step to finance your own future care in an assisted living facility or elsewhere.

Getting siblings to agree ahead of time to a plan for an aging parent and how to finance it is important too, said Amy Goyer, AARP's family expert. "If you wait until the crisis time, often the burden just falls on who's closest," she said. "That can be much harder and unfair for some family members."

ment communities are worth considering.

They offer a variety of services for all three

levels within one community. But this tiered

approach is expensive. Entrance fees can

range from \$100,000 to \$1 million, and

monthly charges can range from \$3,000 to

immediate need. Having an idea of the cost

and availability of options in your com-

munity is essential. If local facilities aren't

appropriate or affordable, it may be worth

Do the research before you have an

\$5,000, increasing as needs change.

Doing research on assisted living options ahead of time is critical to finding a good fit for either an elderly loved one or yourself in the future. — AP

The following links have useful information:

•Basics on assisted living: www. Helpguide.org/elder/assisted_living_facilities.htm.

 More basics: Boomers-with-www.elderly-parents.com, bit.ly/vbBO3O.

•Questions to ask: www.WebMD, www. bit.ly/rQXX8x.

•How to proceed: AARP, www.aarp.us/ vQOANg

• Paying: Bankrate, www.bit.ly/tildFS.

•Assisted Living Federation of America: www.alfa.org.



living, assisted living and skilled nursing. check your own local neighborhoods first. To avoid needing to move every time more Most residents of assisted living facilities in assistance is needed, continuing care retire-

More doctors are ditching the old prescription pad

WASHINGTON —

ropping a paper prescription at the drugstore is becoming old-school: More than a third of the nation's prescriptions now are electronic, according to the latest count.

The government has been pushing doctors to e-prescribe, in part because it can be safer for patients. This year, holdouts will start to see cuts in their Medicare payments.

A new report from Surescripts, the largest network for paperless prescribing, shows more doctors are signing up fast.

At the end of 2011, 36 percent of all prescriptions were electronic — the doctor wrote it by computer and sent it directly to the pharmacy with the push of a button, the report found. That's up from 22 percent of prescriptions that were paperless a year earlier.

For patients, the convenience is obvious - shorter drugstore waits. Pharmacists like not having to squint at the doctors' messy handwriting. And computerized ordering systems allow doctors to easily check that a new drug won't interact badly with one the patient's already taking.

New research by Surescripts and some pharmacies and pharmacy benefit managers uncovered another benefit: More patients pick up a new prescription when it's filed electronically.

Doctors know that too often, patients never fill some of their prescriptions. Maybe they lose the slip of paper, or forget to drop it off or decide they can't afford it.

The new research examined 40 million prescriptions, a mix of paper, phoned, faxed or electronic ones — and found a 10 percent increase in patients who fill a prescription when it's e-prescribed.

The main reasons: Drugstores receive every paperless prescription, and they can call patients to come in and pick up their waiting medicine, said Surescripts' researcher Seth Joseph. Also, e-prescribing programs automatically show the doctor which brands are covered by the patient's insurance with the lowest out-of-pocket cost

Even if your doctor is a big e-prescriber, you might still walk out with a few paper prescriptions. That's because there are additional steps that doctors and pharma-

cies must take for electronic prescriptions of controlled substances, such as certain painkillers, and the rules vary by state, Joseph explained.

Medicare is beginning to cut some reimbursements to certain doctors who don't

FDA OKs multiple companies to sell generic Plavix

atients taking the popular blood thinner Plavix now have the option of getting a less-expensive pill, following the approval of the first generic versions in the U.S.

That's because the patent for Plavix just expired. The drug is taken to prevent heart attacks and strokes.

The Food and Drug Administration said it has given seven companies permission to sell generic Plavix, or clopidogrel, in the standard 75-milligram dose. The agency also gave four generic drugmakers approval to sell a 300-milligram dose of Plavix. That's given as initial treatment to patients who have just had a heart attack.

Brand-name Plavix is marketed jointly by Bristol-Myers Squibb Co. and Sanofi SA. They're now offering coupons giving

(Zone 5)

e-prescribe at least a little bit.

Surescripts' report counted 390,000 doctors who were e-prescribing at least some of the time in 2011, and its records show an additional 10,000 had begun by the end of February. — AP

a big discount off the brand price, which is about \$200 per month.

Patients who sign up for the Plavix Choice Card program at www.plavix. com will get a 30-day supply for no more than \$37 through the end of the year, if they are paying with cash or have private insurance. The program is not open to people covered by state or federal health programs, including Medicare and Medicaid, or to residents of Massachusetts, where such programs are prohibited.

According to the FDA, 75-milligram The generics are now available in pharmacies. Among them, Walmart and Sam's Club pharmacies nationwide began selling generic Plavix for about \$40 a month or a \$10 co-pay with insurance. — AP

Money Matters



ASPER CREMATION

Job market challenging for baby boomers

By Kate Giammarise

TOLEDO, Ohio —

Bassociated with cultural and personal changes. But as many boomers have lost their jobs and faced long-term unemployment in the Great Recession, career change has been difficult.

Jack Frech, director of Athens County Job and Family Services in southern Ohio, said he often sees firsthand unemployed baby boomers having a hard time with a career transition.

"They're working at fast food places, restaurants, waiting tables, they're working in retail," he said. "It's very tough out there."

Frech's observation is correct, studies say. Older workers (age 55 and above) have the lowest re-employment rate of any demographic group, according to a research paper released last year by the John J. Heldrich Center for Workforce Development at Rutgers University. While the Great Recession has impacted workers of all ages, older workers have fared especially poorly, the Heldrich Center found.

These workers tend to remain out of work longer, are less likely to be re-employed, and tend to experience sharper declines in wages than younger workers when they do find new jobs. While 7 in 10 out-of-work older workers reported they considered changing their careers to find a new job, only 12 percent enrolled in training for that purpose, the researchers found. Why? Reluctance to change careers before connecting with another employer in their industry and lack of funds to pay for the costs of education and training, according to the paper. Bill Turner, workforce administrator in Ohio, said his agency sees a mix of people who do and don't want to change fields. Many people must first deal with the initial shock and trauma of losing a job and stabilize their life and finances before they figure out their next step, such as a new career field, he said.

Frech believes many older workers end up in service jobs rather than re-tooling for a new career because of the expense of education. By contrast, a service job fulfills the immediate need for income and fits with many boomers' ability to work hard.

"They have a good work ethic. They show up. They follow orders," he said.

The Heldrich Center study notes the current unemployment system is not well suited to address the problems of older workers in a prolonged recession who "may need to undertake long-term — and expensive — retraining programs in order to find another job." It concluded, "Without additional assistance, millions of older workers will be left behind when the economy recovers and will suffer continued financial crises."

The baby boomers James Ford sees tend to fall into one of three categories: people fearful of a career change, those eager to make a change or those who must make a career change because they have no other option. The last category of workers often are forced to take whatever low-wage job they can find.

Ford, deputy director of Ross County Job and Family Services in southern Ohio, said many laid off older workers



don't end up changing careers because the idea is simply too daunting or the fear that employers won't hire them because of their age.

When older displaced workers do find jobs, they typically experience sharp wage declines, according to a policy paper released last year by the Urban Institute.

But Joe Catalano, who coordinates the employment ministry at Blessed John XXIII parish in Perrysburg, said many of the laid off professionals he assisted didn't need to retrain for a new field, they just needed to improve their resume writing, networking and jobsearch skills.

Doris Beach is employment and training coordinator at Experience Works in Toledo, a national organization that helps older adults find jobs. She encourages the clients she works with to retrain and learn new skills. Some of the job-seekers she works with are learning to install security systems, training to drive trucks or forklifts and getting certified to be early childhood educators or nurses' aides.

A recent brief from the National Employment Law Project (NELP) also noted some older workers are considering or have already taken up the ultimate career change early retirement.

Are boomers, who came of age in the era of upheaval in the 1960s and '70s, more able to adapt and change?

"They're living longer, they're educated and most of them want to continue to contribute. You can't just count them out," Beach said. — AP

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Seniors take jobs typically filled by teenagers

PITTSBURGH -

If junior can't get a job, blame grandpa.

Battered retirement investments have

led older workers to stay in, or re-enter, the workforce. And the situation has caused a shift in the average age of workers, with the percentage of young people

What is old school in the world of funeral arrangements?

By Joe Casper

Recently I went into an Asian restaurant and asked the young waiter, "My father loved chicken chow-mein. How is it here?" To which the waiter replied, "Old school."

Funeral Planning

So what is new school?

Based on the waiter's response, it was clear that this remains a choice, but more people are ordering new school.

There is a new school message that lots of people are using when faced with a funeral emergency and they have limited funds.

Old school is where a family chooses a funeral home, calls them, is given the cost and then pays for the services selected.

The new school way people deal with a funeral emergency is to get more choices and make cost comparisons.

They get second opinions because they want to be certain that they are making an

informed decision.

Making any type of funeral arrangement, especially simple cremations, comes down to feeling comfortable with the person you are talking with is credible and giving you direct answers. You are, after all, making arrangements for someone you care about and is very important to you.

If the response to your questions is "maybe" then it should be a "no."

People should choose wisely. Get a list of all of the costs and services which you are considering. If you are comfortable, then proceed. If

not, then start checking additional facilities to get second and third opinions.

You won't know unless you double check. Do your homework.

So are you old school or new school?

Joseph Casper is with Casper Funeral Services in Boston. He can be reached at 800-314-1890 or email him at jc@casperfuneralservices.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com dropping to the lowest level since the U.S. Bureau of Labor Statistics started keeping track in 1948.

At this point, the percentage of people over 65 in the workforce is at its highest rate since 1965, with almost 2 million older workers entering since the start of the Great Recession. There are now almost 7.7 million workers over 65, or 18.5 percent of the workforce. That's 2 million more than the teenage cohort of workers.

It's not just the younger seniors who are still punching the time clock. The number of workers over 75 has never been higher, with 7.8 percent of that age group in the workforce, nearly double the percentage from 1987, when the government starting keeping track. There are now 1.4 million people 75 and older in the workforce.

Dennis Jacobe, chief economist for Gallup Inc. in North Carolina, said his organization has been tracking the same trends and working to understand what's going on.

"There are a couple of different factors," he said. "After the recession and financial crisis, a lot of older Americans lost their retirement nest eggs." Those workers don't have the time needed to recover their investments, so they have to go back to work.

More people are healthy later in life and able to work, so their retirements are spent working part-time jobs that leave them able to take time off to travel but also give them something to do and a paycheck when they return home.

The part-time jobs they desire, though, are a hot commodity with younger workers.

In a recent survey by Gallup, the company found 32 percent of 18- to 29-year-olds were underemployed in April.

The Bureau of Labor Statistics reported that the percentage of the youngest workers, ages 16 to 19, who are working or even trying to get a job, fell to 31.8 percent in April. That's down from an annual rate of 41.3 percent in 2007, before the most recent recession. And the percentage of teens working is far off the annual rates of 51 to 57 percent that the country saw in the 1980s and 1990s. Some of that might be by choice.

In the upper socioeconomic groups, a summer job isn't as important as it once might have been, said John Challenger, CEO of the Chicago-based outplacement firm Challenger, Gray & Christmas Inc.

In past decades, teens would mow lawns or work a retail job for pocket money, but now he said, "Many teens don't want that. They want to go to camp or a summer program or take an internship."

While young people may need jobs to learn responsibility, employers still struggling in a tough economy often aren't in the mood to teach them.

Older workers, Jacobe said, tend to be more reliable. — AP



Home within a home as families live together longer

By Amy Taxin

LOS ANGELES —

t's a home within a home — and it could be coming soon to a home near you.

Builders across the country are revamping home designs to meet the needs of a growing number of Americans who are now living with extended family.

The number of so-called multi-generational households — where adults are living with their elderly parents or grown children — has jumped since the Great Recession forced Americans to rethink living on their own. Demographic experts say it's poised to rise further as baby boomers age, so-called "boomerang kids" walloped by the weak job market stay home longer and ethnic groups such as Asians and Hispanics, who are more likely to live with extended family, continue to grow.

The housing industry is trying to keep up with the changes by adding self-contained suites to single-family homes to enable families to stay close while retaining a greater degree of independence.

"It's not the nuclear family, the American dream family that we see all the time," said Jerry Messman, a partner in national design firm BSB Design. "The builders are starting to respond to it."

After World War II, Americans were encouraged to move out of their parents' house when they reached adulthood and achieve independence at an earlier age. Over the next few decades, young families ventured out to live on their own, separately from their parents, in traditional single-family homes.

Since 1980, however, the number of families living in multi-generational households has steadily climbed, buoyed by a wave of immigration and delayed marriages. After the onset of the Great Recession, the number jumped even higher — rising 10.5 percent in a two-year period so that nearly 17 percent of Americans lived in multi-generational households by 2009, according to a report by the Pew Research Center.

During the last year, builders and home designers have started to respond to the trend by rolling out layouts for single-family houses that include a semi-independent suite with a separate entry, bathroom and kitchenette. Some

suites even include their own laundry areas and outdoor patios for additional privacy, though they maintain a connection to the main house through an inside door.

main house through an inside door. Reanna Cox, 33, bought a new home earlier this year in San Bernardino with a suite that connects to her kitchen through a hallway. Initially, Cox and her husband planned to have his aging parents live there. But when her sister lost her job, Cox invited her to move into the suite with her young daughter.

Lennar Corp., based in Miami, is offering 3,400 square-foot homes that include a roughly 700 square-foot suite in Las Vegas. Standard Pacific Homes of Irvine is offering a self-contained "casita" attached to the main house as an option on its new designs.



Both companies say the plans have been popular since they were rolled out last year.

But it isn't clear what share of homebuyers will buy these homes — especially since immigrant families from Asia and Latin America who have traditionally lived together have long found ways to do so without this option, said Gary Painter, research director at the University of Southern California's Lusk Center for Real Estate. "There certainly is a demand to be close," Painter said. "We just don't have enough in the market to make a definitive statement about whether this sort of kitchenette living or guest house nearby will become a next wave."

Lennar is offering its so-called "Next Gen"

designs in states ranging from California to Texas to Florida. Sales of these multigenerational homes account for a very small percentage of the company's sales but are growing quickly.

The Aliso Viejo-based New Home Company is rolling out a range of options for multi-generational living in the affluent Orange County suburb of Irvine, where the Asian population has nearly doubled in the last decade.

The company's floor plans include a self-contained suite attached to a main house or separate homes that share a common yard and pool. The company has reached out to Asian

buyers by offering touches such as specially designed wok kitchens and dedicated music room.

Builders say the tendency to live together longer comes down to a matter of economics as families of varied ethnic backgrounds cope with the wake of the recession and the needs of aging parents, who may have seen their retirement savings depleted in the downturn. — AP

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Feeling Healthy

Boomers finding space for team, fitness sports

By Betsy Blaney

LUBBOCK, Texas —

The country's largest generation is running, walking, swimming and using exercise machines in hopes of changing the face of aging.

Baby boomers — the 78 million Americans born between 1946 and 1964 — are working to counteract the effects of getting older. They grew up watching Jane Fonda workout videos and were the first generation where large numbers exercised from their early vears onward.



"Are the boomers playing more sports than 20 years ago? I think the answer to that is yes," said Tom Cove, president of Sports Goods Manufacturers Association. It annually surveys Americans about their exercise activities. "The boomers are dramatically more active and the numbers are much more skewed to fitness and outdoor activities."

They sign up for swimming classes and will pay to play basketball or hockey at odd hours in facilities used by youth during the day. People tend to do the same activities as in their youth, said Bill Beckner, research manager for the Virginia-based National Recreation and Parks Association. That could mean new sorts of senior activity centers.

"I keep waiting to see the first senior skate park," he said. "I won't be surprised when it shows up."

And while boomers like their exercise to be social, the number participating in organized team sports is growing slowly because scheduling the time can be difficult. Across all ages, the percentage of people participating in team sports grew by low single digits in the most recent survey in 2011, ending a twoyear decline in sports such as tackle football, soccer, basketball and baseball. Participation had suffered due to the economic slowdown, Cove's survey states.

There is also the problem of availability: Many communities don't have enough fields for everyone who wants to play organized sports.

"Where ballparks are at a premium ... usually they have a priority for the kids," Beckner said.

Les Clemmons, 58, of Lubbock, played softball as a youngster and was happy eight years ago when he found an over-50 league. It grew so popular a few years ago — some games were starting at 10:30 p.m. — that players had to move beyond the one field the city gave the league one night a week. The league, now about 120 players strong, plays at an older city park where it gets two fields one night a week.

The games provide more than just exercise, Clemmons said. Good friendships get built and are "the most important thing," he said. "It's more about camaraderie, teamwork."

His 57-year-old league colleague, banker Gary McCoy, agreed but said players also enjoy the competition.

It gives us that competitive relief, sometimes comic," he said. "It's not the chronological age; it's how you feel."

> Boomers also find themselves playing basketball and soccer early in the morning or late in the day. Where facilities are in higher demand, there is some squeezing out for space. That's where being older literally pays and businesses fill the void.

> Take senior softball leagues, where participation is booming. Games are often played at privately owned and operated facilities.

"They're for-pay, first-class facilities," Cove said. "There is some evidence there is some crowding out (of youngsters). They're looking for who will pay and frankly the older ones are willing to pay."

Hockey facilities in some areas are tough to find for any age, he said.

"There aren't enough hockey rinks in the world," said Cove.

At health clubs, boomers are outpacing younger generations, said Dr. Vonda Wright, an orthopedic surgeon at the University of Pittsburgh Medical Center and a spokeswoman for the American Academy of Orthopaedic Surgeons. Those 55 and older are joining at a rate of 34 percent a year, while the rate for ages 35 to 55 is growing by only 18 percent a year, she said.

A million boomers joined health and fitness clubs between 2007 and 2010, according to a survey from the International Health, Racquet & Sportsclub Association.

Wright said research shows that 70 percent of how we age is lifestyle choices, while 30 percent is genetic.

Doctors say boomers who've been active most of their lives and are reaching their late 50s or early 60s can continue to do so but with modifications. For those who have been sedentary much of their lives, they say, it's never too late to start moving.

It is important for boomers to work to strengthen the muscle groups around joints, like knees and hips, to avoid injury. Numbers crunched by the orthopedic

Numbers crunched by the orthopedic surgeon's group show boomers are already feeling the ouch. Doctors' visits for symptoms and diseases of the musculoskeletal system and connective tissue in 2009 for boomers were markedly higher than five years earlier.

BOOMERS page 18

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Do you hear what I hear? It's all frequency

By Robert Mario

n both animals and humans, vocal signals used for communication contain a wide array of different sounds that are determined by the vibrational frequencies of vocal cords. For example, the pitch of someone's voice, and how it changes as they are speaking, depends on a complex

series of varying frequencies.



Knowing how the brain sorts out these

different frequencies - called frequencymodulated (FM) sweeps — is believed to be essential to understanding many hearing-related behaviors, like speech. Now, a pair of biologists at the California Institute of Technology (Caltech) has identified how and where the brain processes this type of sound signal.

In their paper, the researchers pinpointed the brain region in rats where the task of sorting FM sweeps begins. "This type of processing is very important for understanding language and speech in humans,' said Guangying Wu, principal investigator of the study and a Broad Senior Research Fellow in brain circuitry at Caltech. "There are some people who have deficits in processing this kind of changing frequency; they experience difficulty in reading and

learning language, and in perceiving the emotional states of speakers. Our research might help us understand these types of disorders, and may give some clues for future therapeutic designs or designs for prostheses like hearing implants.

The researchers — including co-author Richard I. Kuo, a research technician, found that the processing of FM sweeps begins in the midbrain, an area located below the cerebral cortex near the center of the brain — which, Wu said, was actually a surprise. "Some people thought this type of sorting happened in a different region, for example in the auditory nerve or in the brain stem," said Wu. "Others argued that it might happen in the cortex or thalamus.

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Boomers

Cont. from page 17 Numbers of hip and knee replacements also

are up. Wright's suggestions for boomers are to work on flexibility, do aerobic exercise regularly, carry a load that uses muscles in three planes of motion, rather than using weight

"I believe we are saving lives by saving mobility," Wright said.

Dr. Mimi Zumwalt, a 50-year-old orthopedic surgeon at Texas Tech University who has injured both of her shoulders during fitness competitions, said active boomers need to

surements in the midbrain, which is located deep within the brain, the team designed a novel technique using two paired — or co-axial — electrodes Previously, it had been very difficult for scientists to acquire recordings in hardto-access brain regions such as the midbrain, thalamus and brain stem, said Wu. who believes the new method will be applicable to a wide range of deep-brain research studies. In addition to finding the site where FM sweep selectivity begins, the researchers discovered how auditory neurons in the midbrain respond to these frequency changes.

Combining physical measurements with computational models confirmed that the recorded neurons were able to selectively respond to FM sweeps based on their

think smarter about their bodies.

"You can't slow down the aging process but at least you can protect" your body better, she said. "You need to preserve whatever your body has left and respect it.'

That's what Sandy Collins is doing. A Lubbock resident who works in the Texas Tech athletics department, she played on the Women's Tennis Association tour in the 1980s and 1990s, climbing to No. 17 in the world. Because of the wear and tear, she has had surgeries on her left shoulder and four on the same knee. She no longer plays competitively but hits with her teenage daughter.

"You learn your limitations quicker and you listen to them more," Collins said. "I understand my limitations and accept them

directions. For example, some neurons were more sensitive to upward sweeps, while others responded more to downward sweeps. "Our findings suggest that neural networks in the midbrain can convert from non-selective neurons that process all sounds to direction-selective neurons that help us give meanings to words based on how they are spoken. That's a very fundamental process," said Wu.

Dr. Robert Mario, PhD, BC-HIS, is the director of Mario Hearing and Tinnitus Clinics, with locations in West Roxbury, Cambridge, Mansfield and Melrose. He can be reached at 781-979-0800 or visit their website, www. mariohearingclinics.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

because I don't plan on having any more surgeries."

Exercise doesn't stop with the boomer generation, though. Athletes near the century mark say it can be the proverbial fountain of youth. Houston's Harry Pepper played baseball, football and some tennis in his younger years.

At 101 he's still competing. Last year he was the sole entrant in the 100-year-olds' division at the senior games. He had to compete to win his division, so he bowled with the 95-year-olds, besting their bronze medal winner's score.

"If you want to live, you've got to move your body," Pepper said. "You lose it if you don't move it." — AP

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