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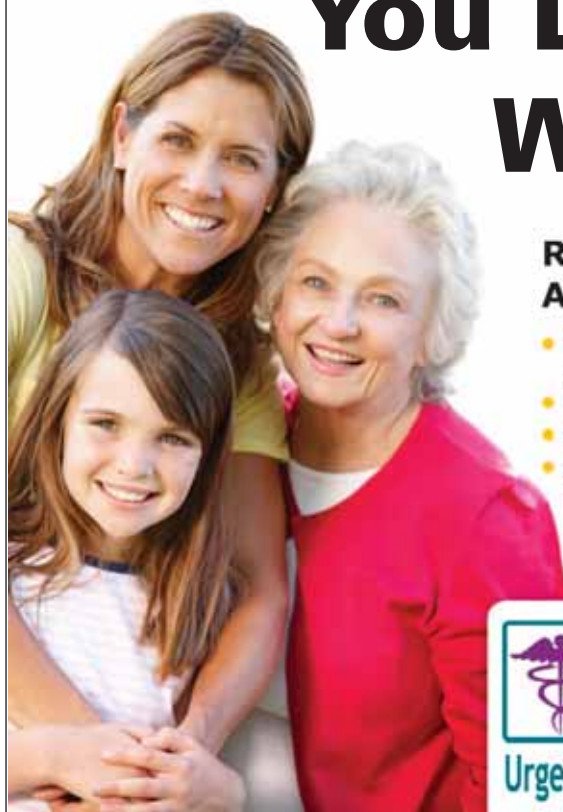
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Advertisers: It's a mistake to ignore boomer consumers

By Brian Goslow

Sharon Sultan Cutler, 66, of Chicago, considers herself as vibrant and eager to go on vacation and buy the same new products as those half her age.

Her only problem? She feels that most advertisers don't speak to her and other members of the baby boomer generation.

"Most boomer (and older) marketing seems to be aimed at those with illnesses — walking canes, for instance," said Cutler, who added that many in her age group "are as active, or maybe more active, than any other generation I know."

She's eagerly awaiting sales pitches in consumer areas that particularly interest her and her generational counterparts — educational opportunities, travel and flashy fun items that fully embrace new technology.

"If you get my interest, my credit card might come out," Cutler wrote in response to a recent article in the *New York Times* titled, "Why Don't Advertisers Care About Me Anymore?"

The piece suggested most advertisers believe that boomers are set in their ways, both in the programs they watch and the products they buy, and as such, don't feel the need to chase after them, as opposed to younger audiences with short attention spans that make them more eager to trying new things and therefore better targets for advertising.

That's a big mistake, Cutler said during a recent interview, especially with people living longer, healthier lives than their predecessors. Older folks also want to feel invited to the party.

"We want to be included, not excluded," Cutler said. "We want to be relevant. We don't want just to be known as sitting in a wheelchair and getting Medicare. Show me dancing at the local dance hall and I'll certainly consider it (a product). But if you show 20-somethings, and only 20-somethings, I don't fit in."

That Cutler and her cohorts aren't included is no accident. A newly released report stated that typically once a group of consumers reaches the "cut-off" age of 49 they are no longer part of the desirable target demographic that includes those 18- to 49-years old.

The study, produced by Nielsen & BoomAgers, said that tradition of focusing efforts on a younger audience, which began in the 1950s, is a fatal marketing move; there are nearly 100 million people in the 50+ segment of the United States consumer market, a number the study predicts will grow 34 percent by 2030. By 2050, they'll

be 161 million 50+ consumers.

So why are boomers being ignored?

"Most marketing departments and advertising agencies are populated by younger GenX (the 32-48 age bracket) and Millennial (ages 18-31) employees," said Chuck Underwood, founder/principal of The Generational Imperative, Inc., an Ohio-based generational consulting firm, and host of PBS' *American Generations with Chuck Underwood*.

"They don't know what it's like to be age 49 to 67, so their best attempts to create advertising for older people often rely upon stereotypes that boomers are rendering obsolete and methodically erasing from American life," he said.

As they have at every previous stage of their lives, boomers will continue to profoundly change the life-

style, consumer and career models from what they had been before, Underwood said. "Some marketers simply lack the generational training — and frankly, the talent — to stay abreast of this rapid change."

Nielsen & BoomAgers' "Introducing Boomers: Marketing's Most Valuable Generations" study agrees, blaming "the tyranny of youth" in declaring, "Madison Avenue has always worshipped at youth's altar and most marketers today are not boomers." It noted that U.S. Census data reveals that 80 percent of workers in the professional and business services sector are below age 55. "If marketing is about discovering insights that inspire great ideas, then we must understand why people behave the way they do by seeing the world as they see it."

While it's well established that boomers have the most money to spend, the study noted there is a continued advertiser bias that believes that older people spend less of what they have on consumer products.

"While this may have been true of past generations, it simply does not apply to this generation," the study noted. "The majority (63 percent) of boomers still have at least one person in the household working full time. Boomers make the most money and they spend what they make."

"Boomers represent the greatest revenue tsunami in American history for marketers of products and services for the aging for two primary reasons," Underwood said. "Their generation controls a disproportionate percentage of our country's wealth and they are massive in number." While older consumers receive plenty of attention from advertisers when it comes to pharmaceutical, retirement living and financial services, according to the study's authors, what boomer consumers are saying is "Put me in your message and your media." And by

media, boomers mean the same outlets being used to reach teenagers, 20-somethings, Millennials and Generation Xers.

This desire may be most evident when it comes to technology.

Boomers not only have the ability and propensity to buy technology products and services, they are also embracing technology as a way to defy growing old, the study reported. "Today's constant stream of new technologies is a virtual fountain of youth for boomers. From a practical standpoint, new technology helps them stay socially and intellectually connected with their contemporary world. Psychologically, it helps them to validate their self-image of being experimental, progressive and perpetually youthful," it noted.

Nielsen & BoomAgers researchers found that boomers represent one-third of all online and social media users. Close to another third of them — 29 million — say they are heavy users of the Internet with over 8 million of them spending 20 or more hours a week online.

They are also prolific online shoppers. "A third of them shop online and the 50+ segment spends almost \$7 billion when there," the report said. "The Internet is also their primary source of intelligence when comparison-shopping for major purchases such as cars or home furnishings." Forty-two percent of all travel is purchased online, and boomers represent upwards of 80 percent of all premium travel.

It's also how boomer consumers are sharing information about purchases they've made, especially when it comes to travel. This generates — or dissuades — new customers for companies, intentionally or not. Whether it's on business websites or social media sites such as Facebook and Twitter, 50+ers respond to word-of-mouth recommendations, referrals and endorsements from other people.

Boomers, Underwood said, have never been, and never will be, blindly loyal to a brand. "If they've purchased five Toyotas in a row over the years but Chevrolet builds a new model they like better, boomers will abandon Toyota in a nanosecond," he said. "This means their generation — and younger GenX and the Millennials will be the same — will remain 'in play' in the marketplace; that is, they can be persuaded by advertising to try a new product or service."

Some marketers have already gotten the message. "The financial-services industry now understands that boomers love to work and will never fully retire, so the

word 'retirement' — which has always been the cornerstone of this industry's message — is being removed from its advertising," Underwood said. "Instead of 'let us help you prepare for retirement,' the message is 'let us help you prepare for what's next.'"

He pointed out that adult diapers for incontinence have been re-designed to be more fashionable and are now marketed as "underwear" instead of diapers, which he called "very much a boomer-targeted change in product development and marketing."

We are in the early years of "a golden era in anti-aging science and medicine," Underwood said, in part because the massive boomer generation possesses a powerful core value of staying "forever young" and is willing to pay big dollars to remain physically, mentally and emotionally well.

"As new anti-aging and 'forever young' products — plastic surgery, Viagra, Cialis, nutritional supplements, retirement-home safety products and others — pour into the American marketplace, we'll see more and more advertising of these products," Underwood said.

Two years ago, Nurse Next Door, a nationally-franchised private duty home care provider, decided to reinvent itself to stand out in "a cluttered industry" by targeting the senior demographic in a lively and fun way — just as those in their target market see themselves.

"We decided to 'ditch the denture cream' and take a radically different approach that has had a significant impact on our business," said Jaclyn Krucik, Nurse Next Door's PR coordinator. "Instead of using stale, clinical images to communicate our healthcare services, we showed seniors living life and ultimately celebrating aging."

Since taking that tack, the company has seen a 20 percent growth in sales and 25 percent growth in its newer markets over the past year.

Regardless of the product, the keys to successfully reaching this demographic are building trust and providing service, according to Donald P. Roy, a marketing professor at Tennessee State University. "The 50+ market grew up accustomed to a higher level of customer service than is the norm today. Companies that invest in customer service and support can position themselves to meet the needs of this demographic."

Cutler, who previously had run 40- and 50-plus expos on Long Island as well as a senior help hotline and lifestyle magazine,



Cutler



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ADVERTISERS page 8

Early feminism didn't prepare women for old age security

By Sondra Shapiro

I once believed that feminism would solve all issues of inequality. But, that was when I was a young, idealistic college student in the 1970s.

Forty years later, I am wiser.

While things are much better for working women, bias still remains.

A woman's median salary is 77 percent of the median salary for a man, according to the National Committee on Pay Equity.

It's true we have come a long way compared to 40 years ago when the pay gap was 56.6 percent, but in the last 10 years the wage disparity has remained stagnant.



Just My Opinion

While women have enjoyed progress in the workplace, traditional nurturing roles at home have changed little. Because women are often juggling work and family obligations, financial security in retirement suffers. Here are the facts: Women leave the workforce to raise children or care for a sick family member; there is a paucity of women in the highest-paid professions; and women typically earn lower wages than men.

According to the study "Juggling Current Priorities and Long-Term Security: Every Woman Needs Her Own Retirement Strategy," 75 percent of women polled said they do not know as much as they should about retirement investing. The study, by Transamerica Center for Retirement, reveals that more than half of women do not have a retirement strategy, despite the fact that 56 percent of women expect to self fund their retirement through 401(k)s, retirement accounts or other savings and investments. While the study only looked at women, and similar problems may hold true in the general population, there are factors unique to women that put them in a more precarious situation.

Because women live longer than men, they need to save more for retirement to cover expenses ranging from cost of living to healthcare. So it is concerning that 56 percent of women answered they had "guessed" when asked about how they arrived at their retirement savings needs.

"There is a striking disconnect among women between how they envision their retirement and how they are preparing to realize that vision," said Catherine Collinson, president of the Transamerica Center for Retirement Studies, which conducted the study. While more than half said they have some form of a retirement strategy, only 11 percent have it in writing. And, only 24 percent factored in costs associated with long-term care.

The center's study sheds an alarming light on women's attitudes and behaviors related to saving and planning for retirement.

The majority of women, 55 percent, are pre-occupied with paying off debt or focusing on basic living expenses, a behavior that men and women likely share in this weak economy. But, women are at a

financial disadvantage to begin with, putting them more at risk in later years. Many women work only part-time because of other obligations, which means less money for savings and the likelihood that a part-time position doesn't offer a retirement plan.

Though 53 percent of women plan to retire after age 65 or not at all, unforeseen circumstances could put the kibosh on a plan to work after traditional retirement age. A person could lose a job, get sick, or family issues could preclude working.

Family obligation is the fundamental reason women plan to continue working past retirement age. Twenty-six percent fear not being able to meet the financial needs of their family. Twenty-eight percent have taken time out of the workforce to act as caregiver for a child or aging parent — 73 percent of these caregivers believe that this time away will impact their ability to save for retirement. Thirty-one percent of the women interviewed reported they expect to provide financial support for a family member other than their spouse.

"Despite unique challenges that women face, there are important opportunities within reach that can help them improve their retirement outlook, such as getting savvy about saving and investing," said Collinson.

Transamerica Center for Retirement offers the following points for women to follow to ensure retirement readiness:

- Develop a retirement strategy and write it down.
- Calculate your retirement savings needs — and save at a level to achieve those needs.
- Consider retirement benefits as part of your total compensation. If your employer doesn't offer you a plan, ask for one.
- If your employer offers a plan, participate and defer as much income as you can.
- Get educated about retirement investing. Seek professional assistance if needed.
- Have a backup plan in the event you are unable to work up to your planned retirement.
- Talk about retirement with family and close friends. An open dialogue with trusted love ones about expectations of either needing to provide or receive financial support should be part of every woman's retirement strategy.

As a young idealist 40 years ago, I, like many women of my generation, was most concerned about equal rights in the workplace. We thought we could do it all and, as it turns out, didn't look at the future realistically. This study shows that family responsibilities still ended up taking priority.

We have made strides in terms of acceptance — though we still have a ways to go. Now the conversation should be how we can empower ourselves into old age. It will take individual perseverance. And as Collinson said, as a society, "we must equip women with the know-how to plan, save and ultimately achieve a secure retirement."

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



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Intergenerational programs provide growth experiences

By Brian Goslow

Last summer, the Somerville Council on Aging "got serious" about the intergenerational opportunities it offered to its 55 and older visitors.

It instituted an intergenerational fitness fun program at its Holland Street Center location. The program is held in conjunction with Tufts Educational Day Care Center (an inclusive all-day school for children 2.9 through kindergarten) whose staff join their 55+ neighbors in belly dancing, moving to Navarassa storytelling, which is communicated through dance, and engaging in Qigong, a program that originated in China that mixes physical postures and breathing techniques.

"The seniors love it and love mixing with the students," said Cindy Hickey, executive director of the Somerville Council on Aging. "Those who can't dance, tap their feet. It's therapeutic as well."

The facility is about to add a walking program to its intergenerational offerings. "We're going to try to go from Boston to Disney — on paper — counting our steps," Hickey said.

Earlier this spring, children from the local elementary school and seniors met at the center to discuss music after the youths played a concert for them. "There were 84

participants ranging in age from 4 to 94," Hickey said. "How cool is that?"

Robert Weathers of California Southern University's School of Behavioral Studies said opportunities like these are invaluable. "In intergenerational programs, a participating younger person receives the benefit that accrues only from exposure to, and interaction with, age and increasing wisdom," he said. "And an older person gets the opportunity to be re-vitalized by rubbing up against new ideas and modes of communicating them, exercising brain, body and soul in the process."

Both generations need each other, said Weathers.

"The younger needs the older in order to be exposed to deeper, more substantial thoughts, life perspectives, moral judgment and artistic endeavors, to name but a few contributions from a life well-lived," Weathers said. "Whereas the older needs the younger to keep that wisdom contemporary and meaningful to the language of the following generations."

The Weston Council on Aging has a number of intergenerational programs out of the Weston Community Center. One program has seniors go into a first-grade reading program in town to help young students learn to read.

The "Shared Voices" program, now in its



Navarassa Storytelling intergenerational event at the Somerville Council on Aging's Holland Street Center

second year, uses common interests and personalities to match five-to-10 seventh graders with five seniors; the students listen to the elders talk about their unique life experiences.

Before they start, the students participate in a class that teaches them how to engage seniors in lively discussion. The four-week program culminates with the creation of a self-directed project. "It can be artwork, a video or a written project that the students show to the seniors at their last meeting," said volunteer Laura Efron.

These experiences have positive lasting effects, said Weathers.

"How some individuals, quite advanced in years, continue to radiate a youthful aura in physical vitality ... and in palpable spiritual

presence ... has a great deal to do with how much exposure to youth and young ideas they maintain well into their senior years," said Weathers. "And the young ones, 'with ears to hear,' get to be the beneficiaries of such radiance and vitality."

To that end, Belmont Health Department's youth and family services program and Belmont Arts, a local community arts organization, have partnered up to offer three intergenerational programs.

The first of which is a mosaic class at The Belmont Council on Aging's Beech Street Senior Center that attract seniors, adults, teens and children. "They love it; the class is very good and really fun," said Janet Amdur, Belmont's youth and family services coordinator. "Their artwork is beautiful and they bring it home."

Two other programs include the Beautify Belmont Community Mural Project and a digital photography competition.

With the onset of warmer temperatures, Somerville's Holland Street Center will begin preparations for its intergenerational raised bed garden, which it started last year.

"The kids from the community helped plant and weed the garden over the summer," Hickey said. "Our mayor, Joseph Curtatone and Anne Hartstein, Secretary of the Massachusetts Executive Office of Elder Affairs, came and made a salad for us."

Medicare increase could ding some in middle class

By Ricardo Alonso-Zaldivar

WASHINGTON —

Retired city worker Sheila Pugach lives in a modest home on a quiet street in Albuquerque, N.M., and drives an 18-year-old Subaru.

Related story page 21

Pugach doesn't see herself as upper-income by any stretch, but President Barack Obama's budget would raise her Medicare premiums and those of other comfortably retired seniors, adding to a surcharge that already costs some 2 million beneficiaries hundreds of dollars a year each.

Due to the creeping effects of inflation, 20 million Medicare beneficiaries also would end up paying higher "income related" premiums for their outpatient and prescription coverage over time.

Obama administration officials say Obama's proposal will help improve the financial stability of Medicare by reducing taxpayer subsidies for retirees who can afford to pay a bigger share of costs. Congressional Republicans agree with the president on this one, making it highly likely the idea will become law if there's a budget deal this year.

But the way Pugach sees it, she's being

penalized for prudence, dinged for saving diligently.

It was the government, she says, that pushed her into a higher income bracket where she'd have to pay additional Medicare premiums.

IRS rules require people age 70-and-a-half and older to make regular minimum withdrawals from tax-deferred retirement nest eggs like 401(k)s. That was enough to nudge her over Medicare's line.

"We were good soldiers when we were young," said Pugach, who worked as a computer systems analyst. "I was afraid of not having money for retirement and I put

in as much as I could. The consequence is now I have to pay about \$500 a year more in Medicare premiums."

Currently only about 1 in 20 Medicare beneficiaries pays the higher income-based premiums, which start at incomes over \$85,000 for individuals and \$170,000 for couples. As a reference point, the median or midpoint U.S. household income is about \$53,000.

Obama's budget would change Medicare's upper-income premiums in several ways. First, it would raise the monthly

DING page 7



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Tufts Medical Center

Cont. from page 6

amounts for those currently paying.

If the proposal already were law, Pugach would be paying about \$168 a month for outpatient coverage under Medicare's Part B, instead of \$146.90.

Then, the plan would create five new income brackets to squeeze more revenue from the top tiers of retirees.

But its biggest impact would come through inflation.

The administration is proposing to extend a freeze on the income brackets at which seniors are liable for the higher premiums until 1 in 4 retirees has to pay. It wouldn't be the top 5 percent anymore, but the top 25 percent.

"Over time, the higher premiums will affect people who by today's standards are considered middle-income," explained Tricia Neuman, vice president

for Medicare policy at the nonpartisan Kaiser Family Foundation. "At some point, it raises questions about whether (Medicare) premiums will continue to be affordable."

Required withdrawals from retirement accounts would be the trigger for some of these retirees. For others it could be taking a part-time job.

One consequence could be political problems for Medicare. A growing group of beneficiaries might come together

around a shared sense of grievance.

"That's part of the problem with the premiums — they simply act like a higher tax based on income," said David Certner, federal policy director for AARP.

Fiscal conservatives say it makes no sense for government to provide the same generous subsidies to people who can afford to pay at least some of the cost themselves. As a rule, taxpayers pay for 75 percent of Medicare's outpatient and prescription benefits. — AP



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Special election 2013: What's at stake

By Michael E. Festa

Bay State voters head to the polls next month — this time to fill the seat vacated by Sen. John Kerry following his appointment to secretary of state. As yet another election season heats up, the stakes are higher than ever for older Bay State residents and their families. Once again, our votes could determine the future of Medicare and Social Security.

Last year, AARP launched "You've Earned a Say," a national conversation about these crucial programs. We heard from people who know the most about Medicare and Social Security: those who count on these benefits each and every month.

In 2012 alone, nearly 14,000 Massachusetts residents completed a "You've Earned a Say" questionnaire. More than half told us that they believe Medicare (58 percent) and Social Security (52 percent) need to be changed to be strong for their children and grandchildren, either through more funding, reduced benefits, or a combination of both.

AARP is fighting for responsible, common sense solutions to keep Medicare and Social Security secure,



not harmful cuts that break the promises we've made to those who've paid in all their lives.

One million older Massachusetts residents rely on Social Security and Medicare. The average annual Social Security benefit is only \$14,200. And seniors pay an estimated \$5,300 every year, out-of-pocket, for health care costs. Social Security keeps one of every three Bay State seniors out of poverty.

AARP and You

We must remain vigilant and well-informed about attempts to cut this vital benefit, including the chained Consumer Price Index (CPI). It's often described as just a technical adjustment to better calculate the cost of living, but in reality, chained CPI means cutting Social Security and veterans' benefits. It means hurting seniors, women, people with disabilities and veterans who've sacrificed so much for this country. It means a cut that gets deeper each year, hitting hardest as Americans grow older and retirement savings start to run out.

The chained CPI assumes that when the cost of something you normally buy goes up, you will substitute a lower-cost item. In reality, this just doesn't work, since many seniors, people with disabilities and

veterans spend much of their money on prescription drugs, utilities and health care — items that don't have lower priced substitutes and whose costs rise faster than inflation.

In these tough economic times, is it fair to cut benefits for seniors living on fixed incomes?

AARP is also fighting to make sure Medicare never abandons its guarantee of affordable health care for seniors, along with choice of doctors and access to quality care. These protections will be just as important for tomorrow's seniors as they are today.

We must find meaningful changes that strengthen Medicare, not harmful solutions that will hurt seniors and their kids and grandkids.

The stakes are high. Before you vote on June 25, find out where the candidates for U.S. Senate stand on issues important to older Americans and their families.

For more information, and to read the AARP Voters' Guide for the U.S. Senate Special Election, visit www.earnedasay.org.

Michael E. Festa is the state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma, www.facebook.com/AARPMMA and www.twitter.com/AARPMMA.

Patrick talks about potholes instead of helping elders in need

By Al Norman

I recently attended a rally on Beacon Hill on the subject of raising tax revenues in Massachusetts.

More than 400 people crammed into Gardner Auditorium in the basement of the State House. At least 100 of those people were from the elder home care system. Some people wore signs, which read, "End the home care waiting lists." Another large sign said, "Invest in Home Care." Scattered throughout the crowd were human services workers from day care programs, personal care attendants and attendants for individuals with disabilities.

One of the featured speakers was Gov. Deval Patrick. Surrounded by all those people who work with children, the elderly and the disabled, I expected the governor to say something about the role of government in protecting the most vulnerable among us. But that's not what the governor came to talk about. He had something else on

his mind.

Potholes.

"I was out on the Pike during the blizzard," the governor began. He described the need to keep up the maintenance on our roads, and added: "The reason we get to depend (on the Pike) is because our grandparents gave us that ... because our grandparents made decisions in their time about what to invest in to make their lives and ours better ... The question now is, whether we are prepared in our time to do for the next generation what our grandparents did for us?" The governor went on to describe our need for a 21st century transportation system. "We need roads that aren't so filled with potholes ... we need safe bridges."

I looked around the room. Had I wandered into a rally of highway engineers or DPW workers? Or construction companies?



The governor told us we needed to have a "grown up conversation about what kind of Commonwealth we want to have." He said, "the folks who are more fortunate, I don't think it is wrong to ask them to contribute according to their ability to pay. That is something I learned from

my grandparents and from my parents. I learned that from whom much is given, much is expected."

I was thinking what I learned from my parents. That when you get old, sometimes you need help. Sometimes families cannot provide such help by themselves. I watched my mother take care of my father during his 15 year battle with Parkinson's. I watched my brother's wife take care of him as he was dying from leukemia. I learned from my

wife that she could drive up to Northern Vermont to help keep her aunt living at home as long as possible.

There are a lot of life lessons we learn in families. But I did not hear any of that in Gardner Auditorium from our governor. He told the crowd, "This is the moment to do for another generation what our grandparents did for us."

I looked up at the sign in the back of the auditorium which read: "Invest in Home Care." But the governor had come to talk about potholes — not the elderly home care budget — which he had level-funded once again.

In a middle of a crowded and noisy rally, it was a very empty moment for me.

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

Push Back

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Cont. from page 4

has "reinvented" herself as an author. Her first book, *Once Upon Our Times (Because Life Isn't a Fairytale): 65 Years Growing Up Baby Boomer*, co-written with longtime friend Cookie Tischler, is due later this year.

The book sets out to disprove the belief that boomers are "out of time, out of touch and past their prime" and instead portrays them as a resilient active generation with money to spend.

"If you want us to like you and build trust with us, then you've got to learn the correct ways to pitch us in an honest way," Cutler said. "If you come up with a blatant 'we're the best, you don't need anyone else but us' pitch that you don't base on some facts, some statistics and some relation to us, you lose us. So pitch to us, but back it up."

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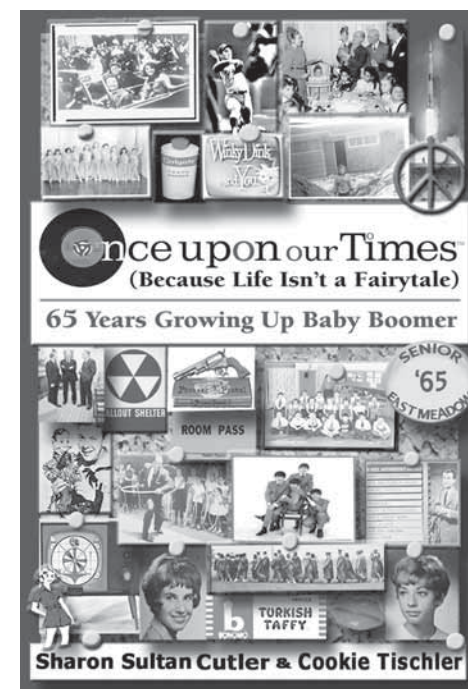
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Cash can bribe dieters to lose weight, study finds

By Marilyn Marchione

Willpower apparently can be bought. The chance to win or lose \$20 a month enticed dieters in a yearlong study to drop an average of 9 pounds — four times more weight than others who were not offered dough to pass up the doughnuts.

Many employers, insurers and Internet programs dangle dollars to try to change bad habits like smoking or not exercising, but most studies have found this doesn't work very well or for very long.

The new study, done with Mayo Clinic employees, was the longest test yet of financial incentives for weight loss. Doctors think it succeeded because it had a mix of carrots and sticks — penalties for not losing weight, multiple ways to earn cash for succeeding, and a chance to recoup lost money if you fell off the "diet wagon" and later repented.

Incentives are "not like training wheels where people learn healthy habits and then will continue them on their own" — you have to keep them up for them to work, said one study leader, Dr. Steve Driver of Mayo in Rochester, Minnesota.

And if you're looking to set up a system like this at work or among friends, the key is to make it self-sustaining, Driver said. The Mayo one did that by having people who didn't lose weight put penalties into a fund that paid rewards to those who did.

It's also a good idea to make people pony up in advance. One woman flew into a tizzy when she stepped on a scale at a weigh-in and was told she'd have to pay.

"She headed for the door" but later came back and paid, Driver said. "People in Minnesota are pretty honest."

Mayo paid for the study and Driver owns stock in Gympact, a company with an Internet program that gives financial incentives for exercising.

The diet study involved 100 obese employees at Mayo Clinic but was not a workplace wellness program. Half were given weight-loss counseling, monthly weigh-ins and a three-month gym membership. The others had those things plus financial incentives.

The aim was to lose 4 pounds a month up to a goal that depended on their starting weight. If they failed, they paid \$20 into a kitty. If they succeeded, they got a voucher to collect \$20 when the study ended. Part of the kitty was used to pay the rewards. The rest was put into a lottery that anyone could win, whether they had made their weight-loss goals or not.

"People saw that if they stuck with it, they had a chance at winning more than they had lost," Driver said.



Participants in the financial incentives group also earned \$10 a month and lottery "tickets" for coming to monthly weigh-ins and texting their weights to study leaders each week, said Dr. Don Hensrud, preventive medicine chief at Mayo. So people could have lost as much as \$240 or won as much as \$360, plus what built up in the lottery fund.

After a year, 27 of the 50 financial incentive participants came out ahead moneywise. About 62 percent of them completed the study versus 26 percent of the other group. The incentives group lost a little more than 9 pounds (4 kilograms) on average, compared to 2.3 pounds for the others.

The results are promising, but people may

need to lose more than 9 pounds to make a big difference in health, said Dr. Kevin Volpp, director of the University of Pennsylvania's Center for Health Incentives and Behavioral Economics.

"There's been an explosion of interest in this" and 86 percent of large employers now provide incentive programs like this, he said.

The cash was a big motivator for one study participant — Audrey Traun, a lab-training specialist who dropped 40 pounds, from 215 pounds to 175 pounds.

"I was impressed. I didn't think I was quite capable of that," said Traun. As the study went on, though, the cash became less important, and "it was actually more motivating to see my progress — pounds lost and how my clothes were fitting," she said.

Traun used the nearly \$400 she earned in the study on a family vacation. — AP

Monovision LASIK allows an active lifestyle

By Dr. Steven A. Nielsen

After the age of 40, we begin to lose the ability to focus, or accommodate, the lens of our eyes. This is not caused by disease or illness — it is just a natural part of the aging process.



When the ability to focus is lost, the eyes cannot adjust or focus images at different distances. This issue is called Presbyopia, which begins to affect just

Vision Quest

MONOVISION page 10



Meet Ginny

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

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

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FDA approves new targeted breast cancer drug

WASHINGTON —

The Food and Drug Administration (FDA) has approved a first-of-a-kind breast cancer medication that targets tumor cells while sparing healthy ones.

The drug Kadcyla from Roche combines the established drug Herceptin with a powerful chemotherapy drug and a third chemical linking the medicines together. The chemical keeps the cocktail intact until it binds to a cancer cell, delivering a potent dose of anti-tumor poison.

Cancer researchers say the drug is an important step forward because it delivers more medication while reducing the unpleasant side effects of chemotherapy.

"This antibody goes seeking out the

tumor cells, gets internalized and then explodes them from within. So it's very kind and gentle on the patients — there's no hair loss, no nausea, no vomiting," said Dr. Melody Cobleigh of Rush University Medical Center.

Cobleigh helped conduct the key studies of the drug at the Chicago facility.

The FDA approved the new treatment for about 20 percent of breast cancer patients with a form of the disease that is typically more aggressive and less responsive to hormone therapy. These patients have tumors that overproduce a protein



Cobleigh

known as HER-2. The approval will help Roche's Genentech unit build on the blockbuster success of Herceptin, which has long dominated the breast cancer marketplace.

Kadcyla will cost \$9,800 per month, compared to \$4,500 per month for regular Herceptin. The company estimates a full course of Kadcyla, about nine months of medicine, will cost \$94,000.

FDA scientists said they approved the drug based on company studies showing Kadcyla delayed the progression of breast cancer by several months. Researchers reported last year that patients treated with

the drug lived 9.6 months before death or the spread of their disease, compared with a little more than six months for patients treated with two other standard drugs, Tykerb and Xeloda.

Overall, patients taking Kadcyla lived about 2.6 years, compared with 2 years for patients taking the other drugs.

FDA specifically approved the drug for patients with advanced breast cancer who have already been treated with Herceptin and Taxane, a widely used chemotherapy drug. Doctors are not required to follow FDA prescribing guidelines, and cancer researchers say the drug could have great potential in patients with earlier forms of breast cancer. — AP

► Monovision

Cont. from page 9

about everyone sometime before age 50. As we age, our natural crystalline lenses begin to stiffen and become less flexible. Consequently, the lens' ability to change focus quickly is slowed, and the range of focus decreases, particularly affecting near vision. This is when most people begin using reading glasses, even if they still see distances well.

Bifocal glasses are usually prescribed to correct this, enabling vision to be acceptable for both distance and near vision. Presbyopia can also be corrected with Monovision LASIK. In this laser procedure, one eye is corrected for distance and one eye for near vision. Typically, the

eye that is corrected for distance is the dominant eye. Incredible breakthroughs have been made in the technology surrounding LASIK procedures. Modern-day research and development has enabled ophthalmologists worldwide to improve the consistency of LASIK surgery results and minimize any risks.

Monovision LASIK developed out of a need to improve upon an earlier procedure called conductive keratoplasty, or CK. It's not that CK did not work — it is, in fact, a very successful treatment for presbyopia. But it is not a permanent solution. Over time, in as little as two years in some cases, CK gradually reverses itself, returning the patient's vision to its original state. Consequently, CK patients face the expense and inconvenience of repeating the surgery or finding another

solution to gain clear vision within a few years of having CK surgery. Monovision LASIK is one of those solutions. This procedure offers several advantages over other methods of achieving Monovision:

- It is permanent with no need to repeat this procedure or find another solution.
- It avoids all the hassle of cleaning and maintaining contact lenses.
- It leaves the crystalline lens intact.
- It is approved for professionals in sports, aviation, emergency medical personnel and other vision intensive professions.

Another great advantage of Monovision LASIK is that the patient is able to experiment with contact lenses or a trial lens in the doctor's office before undergoing Monovision LASIK to make sure he or she

will be able to adapt to this type of vision. This trial period is typically two weeks in length, enough time for the patient to determine whether or not Monovision LASIK is the right choice.

Imagine living your active lifestyle without the hassle of glasses or contacts. Monovision LASIK surgery can make those dreams a reality. Being able to travel and staying active in the community and at home can all be enhanced by this simple procedure.

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

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Disney expansion is like stepping into a fairytale

By Sondra Shapiro

BUENA VISTA, Fla. —

The real magic of Walt Disney World (WDW) is the experiences are ever changing. Rides regularly get a sprucing up or complete makeover. WDW's four parks — Epcot, Magic Kingdom, Animal Kingdom and Hollywood Studios — always have some exhibit or special event going on.

But nothing compares with the latest expansion of the Magic Kingdom — the most extensive in its 41-year history.

The New Fantasy Land pushes WDW's storytelling philosophy to new heights by creating a totally immersive experience that makes a guest feel he or she has stepped into a fairytale.

As guests pass through the grand arches into the landscape of the New Fantasy Land — consisting of the Enchanted Forest and Storybook Circus — they are surrounded by a delightful world of fanciful architecture, waterfalls, grottoes, arched bridges, forests and a massive circus big top.

Even the walkways are festooned with embedded seashells, wagon tracks, banana peels (there are six of them), peanut shells and other paraphernalia typical to each area. The details allow adults and children to experience the themed areas at different levels.

The most dramatic additions to the sky-scape are two new castles — Prince Eric's Castle and Beast's Castle — that join the iconic Cinderella Castle.

During a recent visit, Imagineers — the folks who develop all the rides and landscapes around WDW — frequently used the words immersive and interactive to describe the new design philosophy. "This is a very different kind of meet and greet than we have ever done before," said Dave Minichiello. "The fun part for us Imagineers is it lets us engage and tell those stories a lot sooner, before they board their vehicle and go on their journey."

It also helps lessen the tedium of wait times, since guests are enveloped and engaged before the actual ride.

The Fantasy Land additions pay homage to classic animated Disney movies: 1991's *Beauty and the Beast* and 1989's *Little Mermaid*. Another Disney addition, reflective of the animated film, *Snow White and the Seven Dwarfs*, will debut in 2014, with The Seven Dwarfs Mine Train, a family-style coaster.

Built on the former site of the 20,000 Leagues Under the Sea, the New Fantasy Land features attractions, dining, shopping and character interactions.

Prince Eric's seaside castle is perched atop "Under the Sea: Journey of the Little Mermaid," an attraction that takes guests through scenes from the movie. Clamshell conveyers whisk explorers away to Ariel's underwater world, where special effects and mind-defying technology create the sensation of descending to the ocean floor. Lifelike audio-animatronics bring the beloved movie characters to life.

On to the *Beauty and the Beast* tribute. There's Belle's French inspired village, with its quaint architecture, window boxes and town square. The focal point is a fountain with a massive bronze statue of a self-important Gaston and his beloved sidekick LeFou.

Gaston's eponymously named tavern has a French hunting lodge atmosphere with antlers galore, walls cluttered with darts that missed their mark, wooden tables and chairs, a life-size portrait of Gaston hanging above the fireplace and Gaston's giant leather and wood chair covered with a fur throw.

The establishment features roasted pork shank and LeFou's Brew, comprised of frozen apple juice with a hint of toasted marshmallow and topped with passion fruit-mango foam. Next stop, "Enchanted Tales with Belle," an interactive attraction that allows guests to get close up and personal with the world of Belle, her father, Maurice, and the Beast.

The adventure begins with a walk to Maurice's whimsical cottage. The atmo-

sphere is lush with flowers, trees and a dream-like meadow. Once inside the cottage, the film comes to life with recognizable elements: A massive stone fireplace, stacks of Belle's beloved books, a tableau featuring a mirror above a table, with blue and white basin.

Then onto Maurice's workshop where the eye is overwhelmed with details. There are inventions in various forms of completion, blueprints and tools. A winged lighting fixture that might have been repurposed from one of Maurice's inventions that just didn't work out dangles from the ceiling.



Maurice's Cottage

The centerpiece though — an incongruous piece — is a hanging, ornate gold mirror, a gift from the Beast to Maurice so he could visit his daughter. This item is perhaps the most extraordinary technology to be found in any of the parks. Pixie dust and light bring the mirror to life, creating a portal to Beast's Castle. Guests pass through to the castle where young and old alike will be assigned parts and given props to put on a show for Belle.

The star attraction for this adult was the Be Our Guest Restaurant, housed in Beast's Castle. To create an authentic atmosphere, Imagineers collaborated with the animation

department that worked on the original movie.

A person could spend hours roaming through the restaurant's three dining areas — Rose Gallery, West Wing and Ballroom. Each room is more enchanting than the next.

The Rose Gallery has the music box that Maurice made for Belle and the Beast. Here, it is almost seven feet tall, topped with a dancing Belle and the Beast.

The Ballroom has 20-foot ceilings adorned with painted clouds and cherubs, massive chandeliers and 18-foot windows that look out to the French countryside and — it's not a mirage — there is a light snow falling with gentle winds blowing.

The most dramatic room is the forbidden West Wing with its brooding atmosphere. A glass bell jar containing the enchanted (holographic) rose slowly drops its petals, marking the amount of time left for the Beast to find love in order to turn back to his human form.

And yes, this is a place to dine. And drink, since the eatery serves beer and wine — an anomaly at the park. The restaurant offers quick-service lunch and table-service dinner.

Chef Richard Jennings describes the menu as "French influenced, American cuisine," adding that the most popular dinner items are the shrimp and scallop en croûte and the New York strip steak.

After lunch, it was off to Storybook Circus, an area that harkens back to a romanticized era of the big top, cotton candy and sideshows.

Here is the new home of Dumbo, the Flying Elephant, along with a family coaster ride called The Barnstormer Featuring the Great Goofini, the Casey Jr. Splash 'N' Soak Station water play area, Pete's Silly Sideshow and the Fantasyland Train Station, a stop on the Walt Disney World Railroad.

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New care concepts emerge to meet growing demand

By Jim Fitzgerald

CHESTNUT RIDGE, N.Y. —

At the Fellowship Community's adult home, workers are paid not according to what they do, but what they need. Aging residents are encouraged to lend a hand at the farm, the candle shop or the pottery studio, and boisterous children are welcome around the old folks.

It's a home for the elderly in a commune-like setting, 30 miles from Manhattan, that takes an unusual approach, integrating seniors into the broader community and encouraging them to contribute to its welfare.

"It's a great place to live, and I think there's probably no better place in the world to die," said Joanne Karp, an 81-year-old resident who was supposed to be in her room recovering from eye surgery but instead was down the hall at the piano, accompanying three kids learning to play the recorder.

The 33-bed adult home is at the center of Fellowship Community, a collection of about 130 men, women and children founded in 1966 that offers seniors — including the aging baby boom generation — an alternative to living out their final years in traditional assisted-living homes or with their grown sons and daughters.

At most adult homes, a resident in decline would eventually have to go to a hospital or nursing home. But Fellowship has an exemption from state law that allows dying residents to stay there because "people have wanted to stay, and we have wanted to keep them," said administrator Ann Scharff, who helped found the community.

"We provide a space in which people can prepare to die in a way that is accepted and nourishing to them and fraught with meaning," Scharff said. "It's not something you run away from, but it's part of the whole spectrum of life, just as birth is part of life and is prepared for."

Situated on a hilltop in suburban Rockland County, Fellowship looks a bit like a village out of the past. Besides the farm and the pottery and candle shops, there are a dairy barn

with 10 cows, a print shop, a metal shop, a "weavery" and a wood shop.

The 33-acre farm goes beyond organic, running on "biodynamic" or self-sustaining principles, as much as a small farm can, said Jairo Gonzalez, the head gardener. Solar panels sparkle on the barn roof, and cow manure becomes compost.

Most of the adult home workers live in buildings surrounding it, as do about 35 independent seniors who don't yet need the services but plan to live out their days in the community. At meals, elders, workers and children dine together.

"We don't subscribe to 'Children should be seen and not heard,'" Scharff said.

Caring for the elderly is the main activity, but all the workers also have other responsibilities.

"In a typical work week, someone will be inside helping the elderly, meaning bringing meals, bathing, meds," said Will Bosch, head of the community's board of trustees. "But they'll also be doing building and grounds maintenance, planting, harvesting, milking."

Organizers decline to call it a commune but concede the spirit is similar. The philosophy behind it is called anthroposophy, "a source of spiritual knowledge and a practice of inner development," according to The Anthroposophical Society in America.

Elder care is practiced in somewhat similar fashion in at least two other anthroposophy-inspired communities: Camphill Ghent in Chatham, N.Y., and Hesperus Village in Vaughan, Ontario, near Toronto.

The area around Fellowship has several other organizations with ties to anthroposophy, including a private school, a bookstore and a co-op grocery that sells some of the community's crops. Fewer than half the adult home residents at Fellowship Community have any connection to anthroposophy, at least when they enter, Scharff said.

"We're an age-integrated community built around the central mission of care of the elderly," Bosch said. "The members want to

be of service. They come because they know this is a place where they can contribute."

So Karp, the 81-year-old, teaches music and entertains the community at the piano.



Child's Garden at the Fellowship Community

"I think the reason people really appreciate this place is because they can be active and they can contribute and there's always something that needs doing," Karp said. "And it's nice when kids are glad to see you."

Other residents, or members, as they're called, have found similar niches.

Gwen Eisenmann, 91, a retired poet, leads poetry discussions and also likes to set the table before meals. Larry Fox, 74, a psychologist, treats patients at the Fellowship's medical office and said, "Where could I be at my age and be so happy to get up in the morning and look forward to the day?"

It's difficult, Bosch said, to find people to sign up for the communal life and work. It appeals to "people who are dismayed with the materialism of the world and are trying to get above it," he said, "people who are interested in an alternative lifestyle, not based on pocketing the most money they can for the least amount of work."

When elders come in, they pay a "life lease" of \$27,500 to \$50,000, depending on the space they will occupy in the adult home or the "lodges" surrounding it. In addition, they pay \$700-\$1,500 per month in rent, and up to \$3,000 a month for care, depending

on what they need.

Revenue from the adult home provides 60 percent of the nonprofit Fellowship Community's \$3 million operating budget, with the rest coming from donations and the sale of produce, milk and crafts, home officials said. Donations completely fund the capital budget, make up any annual shortfall and subsidize the adult home.

The adult home is licensed and inspected by the state and is in good standing. It doesn't accept federal or state aid. Workers are paid according to need, and their housing, food and transportation — there are community cars — are included.

"Two people doing the same job might get very different stipends," Bosch said. "One might have children, one might not."

Matt Uppenbrink, 44, a former businessman in the fashion world who now lives at Fellowship with his wife and two children, is on the community's "financial circle" but also does his bit in the adult home.

"When I got my MBA, I didn't think I'd be helping somebody to go to the toilet," he said. "But years ago, with Grandma and Grandpa in the house, that's how it was done. What we do here is like helping a friend or helping a loved one. My dad is in a nursing home, and I wish he had this instead."

Rachel Berman, a 47-year-old former New York City teacher, lives at the community with her 10-year-old daughter.

"We cook, we farm, we care for the elderly," Berman said. "I was in the Peace Corps, and I lived for a while on a kibbutz in Israel, so community life was important to me."

The workers "get to see the stages of an elder's journey, different approaches to the end of life," Uppenbrink said. "You get to see the process happen. It gives you something to work with in terms of your own future."

Online: Fellowship Community: www.fellowshipcommunity.org.

Medication safety: How to avoid bad reactions

By Jeannette Sheehan

Medications can have so many rewarding benefits to our bodies. There are pills to relieve everything from head pain to stomach aches. The worrisome part of all of these valuable medications can be how the medications might interact with one another.

Caregiving Tips

When one doctor prescribes a medication, he or she may not know the other drugs prescribed to you by another doctor or medications you take on your own. Without full knowledge of all the medications, drug interactions can be harmful and have opposite or negative effects.

Consult your doctor and pharmacist about all the medications and supple-

ments you take to prevent harmful drug interactions.

If you take several medications and see more than one doctor, it is crucial that all your doctors are aware of all the medications you are taking. The best way to ensure that you communicate all your medications is by documenting them on a medication record. A medication record can be as simple as a notebook that you carry in your purse or pocket, or a small wallet card. The record should be carried with you at all times. And you should show this information to your doctor and pharmacist at every visit.

When recording your information on your medication record, list each drug and dose. Be sure to include over the counter medicines such as vitamins and minerals, herbal supplements and teas. Also include such medicines as cough and cold, allergy, pain and fever, topical

and laxatives. Even weight management products such as shakes, pills and bars can be dangerous when combined with other medications.

Update your information as things change. It is important to keep the lines of communication open with your doctor and pharmacist.

Some questions for your doctor:

- Is this medication a brand name or generic?
- What does the medication do?
- How will I know it is working?
- When should I start feeling better?
- What should I do if I miss a dose?
- When do I stop taking this medication?

Some questions for the pharmacist:

- What is the name of the medication if different than what your doctor dis-

cussed with you?

- Are there any side effects?
- Do I need to avoid any activities or certain foods while taking the medication?
- How will this medication interact with the medicine I currently take, including over the counter and herbal remedies?
- When taking a medication:
- Have you noticed a change in the appearance of your medication?
- Did you have a reaction to the medication?

Jeannette Sheehan, MSN, RN, board certified nurse practitioner, is founder and owner of ABC Home Healthcare Professionals, 233 Albion Street, Wakefield. She can be reached at 781-245-1880 or online at www.abchhp.com. Archives of articles from previous issues can be read on www.fiftyplusadvocate.com.

Choosing the rehabilitation facility that fits your needs

By Brenda Diaz

Surgery, whether expected or unexpected, is no walk in the park. It is painful, and in most circumstances, recuperation takes much longer than one anticipates.

Selecting a rehabilitation center can be quite an undertaking, especially if it is for an unexpected injury. There are outpatient rehabilitation centers and inpatient care centers. There are benefits to both establishments — your choice depends on the needs of the patient. Outpatient care can be provided in a clinical setting, patient's home or hospital outpatient department. In this scenario, the patient returns to the comfort of his or her home each day.

However, they do have exercises they

must perform at home. Without the proper supervision, some patients can do too little or too much — both can have negative effects on a patient's recovery time. An inpatient care center allows the patient to focus on their recovery without life's daily distractions. Inpatient care also offers the peace of mind of having 24 hour care if needed.

It is very important to tour the facility where

you are interested in having your therapy. It should be inviting, clean, have a friendly staff and also an acceptable patient care rating. After all, if you decide to rehabilitate there, it will be your second home.

When considering a rehabilitation center, there are some important questions to ask to be able to make this important decision. Does the facility specialize in a

specific injury? How many patients have been treated with your injury? What has been their success rate with your type of injury? How large is their therapy staff (physical therapists, occupational therapist, speech therapy)? Are they a dedicated staff? Do they travel? Will you be assigned to one therapist? Being able to create a relationship with one or a few therapists can make your therapy move along a bit quicker.

How many days per week are residents seen for therapy? Some facilities see patients seven days per week, while others do not have weekend coverage. What is the length of the treatment sessions? Do they offer home evaluations? Home evaluations are beneficial to create a plan of action for your return home. What types of equipment does the facility have available? Some facilities have recumbent bikes, recumbent steppers, a gym area and a mock kitchen. The gyms provide the strengthening portion and the

kitchen offers a homelike atmosphere offering patients a smoother transition to their home duties.

Consider the following before choosing the rehab that is right for you:

Does the facility specialize in one type of injury or do they accept all types of injuries? A facility that specializes in your type of injury may provide the quickest recovery time. However, a generalized facility could yield the same results. Be sure to ask if they offer a care plan meeting that your family members can attend.

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



Caregiving Tips

Caregiver burnout: There are ways to conquer it

By Judith Boyko

As Americans live longer and remain independent in their homes, responsibilities for caring for them fall on family members and friends. According to the National Alliance for Caregiving, more than 65 million Americans provide care without pay for individuals in their communities. AARP reports that the "estimated economic value of their unpaid contributions was approximately \$450 billion in 2009, up from an estimated \$375 billion in 2007."

These 65 million Americans — as a result of their stressful caregiving duties combined with other obligations like work and family — are at a higher risk for compromised physical and emotional health than those who do not serve as caregivers or those who have a support system of people who can share caregiving responsibilities.

Oftentimes, caregivers spend energy focusing on their loved ones — but not on themselves. This puts them at risk for depression, anxiety, cognitive decline and other mental health issues. They also have higher levels of stress, report

experiencing lower levels of self-esteem and even resentment toward the individual in their care.

Many caregivers practice preventive care (going to the dentist, getting a routine physical exam) less often, have bad eating habits and sleep less than those who are not weighed down with caregiving duties.

They may even increase alcohol intake to help them cope. Perhaps not surprisingly,

caregivers have a higher mortality rate than non-caregivers.

How can caregivers avoid the negative health consequences of caregiving while successfully managing their own lives?

Perhaps, most importantly, caregivers should know their limits. Setting a schedule for caregiving duties may be helpful to other members of the care team who can step in when the primary caregiver is not available or has other responsibilities to meet.

Caregivers may also encourage independence among those in their charge by setting up new communication technologies, arranging for visits from other family members and friends and even scheduling day trips with members of the community.

Individuals who care for someone with a chronic or terminal condition should learn as much as possible about the illnesses to minimize feelings of anxiety of the unknown and increase caregiving efficacy.

In addition to securing respite from a professional caregiver — such as a home health aide or companion — family caregivers should eat healthfully to keep their energy up. They should also carve out time for activities that are especially enjoyable to them, such as reading; exercising, which can help to relieve stress and benefit one's overall health; getting a massage; or taking a vacation. Regularly writing in a journal may be helpful in sorting out negative or confusing feelings.

Caregiver support groups — whether

in person or online — provide a forum for people in similar situations to share ideas and resources.

Caregiving can be extremely fulfilling. Many caregivers find a strong sense of meaning and satisfaction in helping a loved one. However, without proper self-care, a caregiver will be unable to provide the best possible care for a loved one.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Natick Visiting Nurse Association and Distinguished Care Options. She can be reached at infonvna@natickvna.org or 508-651-1786. For additional information, visit www.centuryhealth.org, www.natickvna.org or www.dco-ma.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.



Caregiving Tips



FEEDING HOMEBOUND — Old Colony Elder Services (OCES), a non-profit Aging Service Access Point, recently held a Mayors For Meals event in Brockton, East Bridgewater, Plymouth and Stoughton. The event was part of the Meals On Wheels Association of America's March For Meals national campaign. Elected officials, law enforcement officers, council on aging directors and OCES representatives from the four communities delivered meals to show support for their community's homebound and hungry seniors. Pictured: Brockton Mayor Linda M. Balzotti (l) delivers a meal to Diane Damon.



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Elder Affairs: \$6.5 million to end home care wait lists

BOSTON, Feb. 28 —

Ann Hartstein, Secretary of the Executive Office of Elder Affairs (EOEA), testified before the Joint Committee on Ways and Means about the FY 14 budget which is now being developed on Beacon Hill.

"I want to start with demographics," Hartstein told lawmakers. "Baby boomers who are now turning 65, are doing so at the rate of approximately 10,000 individuals per day across the country."

"Life expectancy in the Commonwealth is 80.2 years, which is two years older than the national average. In the next decade, the number of people age 60 or older in Massachusetts will increase by more than a quarter of a million, to nearly 1.6 million people. Currently 1 in 5 Massachusetts residents are over the age of 60. That will increase to 1 in 4 by 2030."

"Of these, statistically speaking, two-thirds will need some assistance in meeting their long term care support needs at some point in their lives. People over age 85 are the fastest growing segment of our population, and it is this group of individuals whom are more likely to need assistance to sustain an independent and quality life."

Secretary Hartstein noted that as part of a legislative reorganization a decade ago, the EOEA was granted expanded management control over long term support services. "With the administrative reorganization in 2003, the MassHealth Office of Long Term Care was integrated with the Executive Office of Elder Affairs," Hartstein testified, "thus streamlining and maximizing the programmatic, fiscal, advocacy and policy components of support services for elders and people of all ages with disabilities and thereby eliminating fragmentation and duplication."

"This change integrated the management of Medicaid funding, which pays for a range of home and community based long term care, medical services and services provided in nursing facilities for people of all ages. Elder Affairs and MassHealth's Office of Long Term Care, now called the Office



A recent rally on Beacon Hill regarding raising tax revenues in Massachusetts

of Long Term Services and Supports (OLTSS), is responsible for managing the MassHealth funding for care management and medical support services for elders and persons with disabilities.

"This integration also supports the administration's commitment to Community First, allowing individuals of all ages in need of services to remain in their homes or in the least restrictive settings of their choice."

But critics of the administration, including Mass Home Care, argue that Gov. Patrick never implemented the 2003 reorganization, and in fact made the EOEA report to the Executive Office of Health and Human Services (EOHHS). The governor actually prepared a plan to move MassHealth control back to EOHHS, but when elder advocates objected, the governor withdrew his formal reorganization plan. But he accomplished the same agenda by giving EOHHS operational control over EOEA.

Regarding the Governor's FY 14 budget, the secretary said she was "very pleased to report that the governor's budget recommendations for Elder Affairs offer responsible, balanced and innovative solutions to address the ongoing fiscal challenges facing the Commonwealth. Furthermore, it reflects a strong, ongoing commitment to the elders of the Commonwealth, to the Community First Agenda, and to the maintenance of the home- and community-based system of care we need for people of all ages."

But advocates charge that the governor's budget provides no additional funding for key elderly programs like home care, and the enhanced home care program (ECOP). Secretary Hartstein acknowledged in her testimony that the governor's budget "keep(s) most programs fully intact at FY13 funding levels, ensuring sustainable progress towards our strategic goals and initiatives." But the home care purchased services account has fallen from \$106.7 million in 2009, to \$97.7 million in 2013. The funding that pays for care managers and operations at the Aging Services Access Points is now lower than it was in 2006 — more than seven years ago.

Under questioning from lawmakers, EOEA was asked how much money would be required to end the waiting lists in home care, which have dogged the system for the past 12 months. Secretary Hartstein told Ways and Means that it would cost \$3.4 million to eliminate the home care wait list and \$4.5 million to end the wait list for enhanced home care.

She also said if the legislature funded both programs together, the total cost would be \$6.5 million — because moving Enhanced Community Option Program (ECOP) clients off the wait list opens up home care slots. Upon further questioning, Hartstein said the home care wait list as of mid February was around 800, and the wait list for ECOP stood at 400.

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7 retirement planning myths debunked

By Dave Carpenter

CHICAGO —

No matter how many years you are from calling it quits, it's essential to have some kind of plan in mind for financing retirement.

The days of counting on Uncle Sam and a company pension to carry you through old age are long gone. We're living increasingly in a "yoyo" economy — short for "you're on your own."

But it's easy to get fooled by some of the many myths about retirement planning that exist on the Internet or in misguided advice passed along unwittingly by well-meaning family or friends. Heeding bad tips could cost you in the future when you can least afford it.

Here are some of the most common myths about retirement planning, and the truth behind them.

1: It's OK to postpone saving for retirement until other needs are taken care of.

Don't fall into the trap of thinking it'll be easier to save for retirement in just a few more years. There are competing, expensive needs no matter how old you are — from college loans, wedding expenses to home, kids and their college. Every year you delay means you'll need to save more in order to get on track.

"The best time to start saving for retirement is when you were 22 years old," said Stuart Ritter, a certified financial planner with T. Rowe Price in Baltimore. "The second-best time is now."

2: Medicare will take care of almost all your health care needs.

Medicare covers about half of all health care costs for those enrolled in the program. For the rest, yes, you're on your

own. That means you'll be on the hook for out-of-pocket costs for uncovered services such as long-term health care as well as dental, hearing and eye care, along with supplemental insurance costs.

A 65-year-old couple retiring this year is estimated to need about \$240,000 to cover medical expenses throughout retirement, according to a study of retiree health care costs by Fidelity Investments. Much of that comes in the final years of retirement.

3: You'll need far less income in retirement to maintain the same standard of living.

This may be true in some cases, but it could be a life-changing mistake to count on it. Surveys of retirees have found that many spend as much or more in the early years of retirement than before they retired.

Because retirement spending habits vary so widely, many financial advisers frown on the traditional rule of thumb that you need 70 to 80 percent of your pre-retirement income to maintain your lifestyle. If you reach retirement and find that was a bad guesstimate, "you may quickly find yourself looking for work," said Tim Steffen, director of financial planning for Baird Private Wealth Management in Milwaukee.

You may not need 100 percent of your earlier income. But take some time to analyze what you expect to spend in retirement in order to lessen any anxiety.

4: You can claim Social Security early and still get full benefits later.

Applying for benefits as soon as eligibility begins at age 62 will entitle you to monthly checks immediately. But when you claim early, your benefits will be 25 percent less

than if you had waited until your full retirement age and 75 percent to 80 percent less than if you'd been able to hold off until 70. That remains the biggest misunderstanding among people using the AARP's Social Security Q&A tool, www.aarp.org/ssqa.

"This myth is not only so wrong but also dangerous," said Jean Setzland, AARP vice president for financial security. "When consumers claim their Social Security benefits, they lock in those benefits for life."

Claiming early may still be the right move for some people, such as those with serious medical issues or a family history that suggests they're not likely to live to a ripe old age. But with people living longer and retirement sometimes lasting decades, it's best to make deliberate calculations and see if you can wait longer in order to collect more.

5: You should rely heavily on bonds rather than stocks as you get older.

That common advice made sense when retirements were shorter and inflation didn't have as much time to erode savings. Planning for a 30-year retirement, as you should do now, changes the thinking. So does the fact that the outlook for Treasury bonds isn't as bright, with the government loaded with debt and future inflation fears high.

To figure out what percentage of your investments should be kept in stocks, advisers now recommend keeping 110 or 120 minus your age in stocks, updating the old guideline of 100 minus your age. And consider high-dividend stocks that can replace some of the income that is often sought



RETIREMENT page 19

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Raising your grandchildren? Estate planning a must

By Linda T. Cammuso

Today, more grandchildren are living with grandparents than ever before. According to data collected over the past 40 years, the number of children in the United States being raised by their grandparents has climbed steadily, more than doubling from 3 percent in 1970 to 7 percent in 2010.

There are many reasons for this remarkable change in the family unit that range from parental death or health problems, to substance abuse and child abandonment, as well as to military deployment, among others.



Legal Briefs

Stepping into the role of parent again and opening your home to grandchildren brings with it many rewards, not the least of which is knowing that you have provided them with a nurturing and stable environment they may not otherwise have. At the same time you face many challenges such as using retirement savings to navigate a much-changed child-rearing environment, i.e., daycare, medical care, school and sports activities and everything else that goes along with parenting.

Those responsibilities are compounded with helping your grandchildren overcome significant insecurities and fear they may experience because of their parental situation. Who'd ever thought you'd have to become super mom or dad again?

During the process of rebuilding your lives and theirs, legal measures also have to be taken to ensure that your grandchildren's futures are secure. They include:

- Establishing a legal custodial relationship with your grandchildren either

through adoption — this gives you full legal rights with regard to your grandchildren — or guardianship.

- Designating successor guardians/decision makers as appropriate in the event of your incapacity.

- Creating or revisiting your estate plan to include a will, advance directives, power of attorney and trust documents to ensure that any assets that you may want to leave your grandchildren are properly allocated. Without a valid will, grandchildren may not be entitled to receive a grandparent's property upon death. If you have living children, you may also want to discuss your estate plan with them to avoid future conflict among your beneficiaries.

- Updating beneficiaries on your retirement documents.

- Updating beneficiaries on life insurance policies and/or purchasing additional insurance.

- Ensuring long-term care/nursing home exposure has been considered and addressed as appropriate in your estate plan (since it may be more important than ever to ensure your assets are preserved for those depending on you).

Taking into consideration that you are older now than when you first raised your own children, estate planning makes good sense. If this situation does not apply for you, but you know someone facing these issues, please share this article with them.

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

Obama budget: Trim Social Security, cut Medicare

WASHINGTON —

President Barack Obama sent Congress a \$3.8 trillion spending blueprint last month that strives to achieve a "grand bargain" to tame runaway deficits, raising taxes on the wealthy and trimming popular benefit programs including Social Security and Medicare.

The president's budget projects deficit reductions of \$1.8 trillion over the next

decade, achieved with higher taxes, reductions in payments to Medicare providers and cutbacks in the cost-of-living adjustments paid to millions of recipients in Social Security and other government programs.

The president's proposed spending for the 2014 fiscal year, which begins Oct. 1,

BUDGET page 20

► Retirement

Cont. from page 18

from bonds.

6: Any retirement target-date fund will allow you to "set it and forget it."

It's true that target-date funds are an appealing option for 401(k) and other retirement plans. The funds automatically adjust to a more conservative asset mix approaching retirement and the fund's target date. But they can give consumers a false sense of security and lull too many into ignoring their savings, at their peril.

They also vary widely. A review by the Securities and Exchange Commission showed target-date funds from the same year had as little as 25 percent or as much as 65 percent exposure to stocks.

If you invest in one, understand the "glide path" (how the allocation changes over time), how much and when it turns the most con-

servative, and whether you're paying more in fees than with similar target funds.

7: You'll be able to make up a savings shortfall by retiring later or working part-time in retirement.

That's a hope or last resort, not a plan. It's unwise to rely on future circumstances for your 60s or beyond. Forty percent of retirees surveyed by consulting firm McKinsey & Co. said they were forced to stop working earlier than they had planned, citing health reasons, having to care for a spouse or family member, or a layoff.

Even a job loss well before retirement age can be tough to recover from. People age 55 and over currently spend an average of more than 13 months on unemployment, according to the AARP Public Policy Institute — nearly five months longer than for younger job-seekers. So don't take it for granted you'll be able to make up for years of failing to save enough on the back end of your working life. — AP

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► Budget

Cont. from page 19

would rise 2.5 percent from this year.

The budget projects a deficit for the current year of \$973 billion, falling to \$744 billion in 2014. Those would be the first deficits below \$1 trillion since 2008. Even with the president's deficit reductions, the budget projects the red ink would total \$5.3 trillion over the next 10 years.

The plan includes a compromise proposal that Obama offered to House Speaker John Boehner during "fiscal cliff" negotiations last December. Boehner walked away from those talks because of his objections to raising taxes on the wealthy.

By including proposals to trim Social Security and Medicare, the government's two biggest benefit programs, Obama is hoping to entice Republicans to consider tax increases.

But instead of moving Congress nearer a grand bargain, Obama's proposals so far have managed to anger both the Republicans, who are upset by higher taxes, and Democrats unhappy about cuts to Social Security benefits.

The White House highlighted \$580 billion in tax increases on the rich over 10 years, which would be obtained primarily by limiting deductions the wealthy can take. But the figure climbs closer to \$1 trillion after adding in a 94-cents-per-pack increase in taxes on cigarettes, slower inflation adjustments to income tax brackets, elimination of oil and gas production subsidies, an increase in the estate tax and a new "financial crisis responsibility" fee on banks.

Responding to the budget, Boehner said Republicans were unwilling to go beyond the \$660 billion in higher taxes approved as part of the "fiscal cliff" deal. "The president got his tax hikes in January. We don't need to be raising taxes on the American people," Boehner said.

The president's spending and tax plan was two months late. The administration blamed the delay on the lengthy negotiations at the end of December and then fights over the resulting March 1 automatic spending cuts.

The Obama budget proposal joined competing outlines already approved by the Republican-controlled House and the Democratic-run Senate.

Obama's plan is not all about budget cuts. It also includes an additional \$50 billion in spending to fund infrastructure investments, including \$40 billion in a "Fix It First" effort to provide immediate money to repair highways, bridges, transit systems and airports nationwide.

Obama's budget would also provide \$1 billion to launch a network of 15 manufacturing innovation institutes across the country, and it earmarks funding to support high-speed rail projects.

The president's plan to establish a program to offer preschool to all 4-year-olds from low- and moderate-income families would be financed by the higher tax on tobacco, which the administration said would raise \$78 billion over a decade.

The administration said its proposals to

increase spending would not increase the deficit but rather would be paid for either by increasing taxes or making deeper cuts to other programs.

Among the proposed cuts, the administration wants to trim defense spending by an additional \$100 billion and domestic programs by an extra \$100 billion over the next decade. However, those cuts would actually be less than the automatic spending cuts they would replace in the "sequester" that would have trimmed government spending by \$1.2 trillion over 10 years.

Obama's budget, if adopted, would eliminate future sequester reductions. Those cuts began taking effect on March 1 with an initial \$85 billion in reductions.

The Obama budget proposes cutting \$400 billion from Medicare and other health care programs over a decade. The cuts would come in a variety of ways, including negotiating better prescription drug prices and asking wealthy seniors to pay more.

It would obtain an additional \$200 billion in savings by scaling back farm subsidies and trimming federal retiree programs.

The most sweeping proposal in Obama's budget is a switch in the way the government calculates the annual cost-of-living adjustments for the millions of recipients of Social Security and other benefits. The new method would take into account changes that occur when people substitute goods rising in price with less expensive products. It results in a slightly lower annual reading for inflation.



Boehner and Obama

The switch in the inflation formula would cut spending on government benefit programs by \$130 billion over 10 years, although the administration said it planned to protect the most vulnerable, including the very elderly. The change would also raise about \$100 billion in higher taxes because the current CPI formula is used to adjust tax brackets each year. A lower inflation measure would mean more money taxed at higher rates.

In the tax area, Obama's budget would also implement the "Buffett Rule" requiring that households with incomes of more than \$1 million pay at least 30 percent of their income in taxes.

Congress and the administration have already secured \$2.5 trillion in deficit reduction over the next 10 years through budget reductions and with the end-of-year tax increase on the rich. Obama's plan would bring that total to \$4.3 trillion over 10 years.

It is unlikely that Congress will get down to serious budget negotiations until this summer, when the government once again will be confronted with the need to raise the government's borrowing limit or face the prospect of a first-ever default on U.S. debt.

Early indications are that the budget negotiations will be intense. Republicans have been adamant in their rejection of higher taxes, arguing that the \$660 billion increase on top earners that was part of the late December agreement to prevent the government from going over the "fiscal cliff" is all the new revenue they will tolerate.

The administration maintains that Obama's proposal is balanced. — AP

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Liberals balk at Obama's 2nd-term overtures to GOP

By Josh Lederman

WASHINGTON —

Liberal lawmakers from Congress and a coalition of like-minded groups rallied outside the White House recently, voicing frustration at the Democratic president they say has let them down by proposing cuts to Medicare and Social Security.

One day before President Barack Obama was set to unveil his budget, organizers stacked nine file boxes in front of the White House that they said contained more than 2 million signatures on petitions telling Obama they won't stand for cuts to entitlement programs cherished by the Democratic base.

Their voices joined those of other liberal Democrats who are increasingly declaring their discontent with Obama's second-term overtures to Republicans.

Rep. Mark Pocan, a freshman Democrat from Wisconsin, said the Social Security cuts are an affront to the nation's moral promise. And Sen. Bernie Sanders, a Vermont independent allied with Democrats, offered a bleak warning to any lawmakers who support the measure.

"If they vote to cut Social Security, they may not be returning to Washington," Sanders told about 100 people who gathered with signs that read "No Chained CPI" and "We earned our Social Security."

A key feature of Obama's budget, the chained Consumer Price Index is a new formula for calculating inflation. It would effectively curb annual increases in a broad swath of government programs, but would have its biggest impact on Social Security.

Obama is also proposing \$305 billion in cuts to Medicare over a decade as part of \$1.8 trillion in deficit-reduction over a decade. The White House has said Obama will only agree to those cuts if Republicans

agree to higher taxes.

Rather than congratulating Obama for including the cuts in his budget, Republicans on Capitol Hill accused Obama of holding deficit-reduction hostage to job-killing taxes, illustrating the difficulty for Obama in finding a middle ground that either party can support.

"Democrats and allies understand that this budget the president put forward is not his ideal budget," said White House press secretary Jay Carney. "It is a document that recognizes that to achieve a bipartisan solution to our budget challenges, we need to make tough choices."

But liberal Democrats, fresh off fighting to get Obama re-elected last year, say they're disheartened that Obama isn't sticking up for what they say are core Democratic principles. Many of the groups, including the AFL-CIO and the National Organization for Women, endorsed Obama last year.

Liberal vexation with Obama's nonbinding budget proposal adds to a growing list of issues where some of Obama's longtime allies are imploring him not to give in too much in the pursuit of bipartisan compromise.

White House officials say they're not looking to pick a fight with liberal supporters over the budget or any other issue. Administration officials are reaching out to various groups to explain why Obama believes the measures he's proposing are both best for the country and in line with the values he campaigned on.

But the risk of upsetting the left-flank of the Democratic Party may be less worrisome to Obama now that his last election is behind him. In fact, it could give Obama cover to argue that he's offering concessions deeply unpopular with his base in the name of compromise — and Republicans should, too. — AP



Sanders

Obama Medicare plan to raise premiums for wealthy

WASHINGTON —

President Barack Obama's new plan to raise Medicare premiums for upper-income seniors would create five new income brackets to squeeze more revenue for the government from the top tiers of retirees.

The administration revealed details of the plan recently after Health and Human Services Secretary Kathleen Sebelius testified before the Congress on the president's budget. The details had not been provided when the budget was released earlier.

The plan itself is complicated. The bottom line is not: more money for the government.

Obama's new budget calls for raising \$50 billion over 10 years by increasing monthly "income-related" premiums for outpatient and prescription drug coverage. The comparable number last year was \$28 billion over the decade.

Currently, single beneficiaries making more than \$85,000 a year and couples earning more than \$170,000 pay higher premiums. Obama's plan would raise the premiums themselves and also freeze adjustments for inflation until 1 in 4 Medicare recipients were paying the

higher charges. Right now, the higher monthly charges hit only about 1 in 20 Medicare recipients.

Starting in 2017, there would be nine income brackets on which the higher premiums would be charged. There are only four now.

If the proposal were in effect today, a retiree making \$85,000 would pay about \$168 a month for outpatient coverage, compared to \$146.90 currently.

Under current law, the next bump up doesn't come until an individual makes more than \$107,000. Under Obama's plan, it would come when that person crosses the line at \$92,333. If the plan were in effect today, the beneficiary would pay about \$195 a month for outpatient coverage under Medicare's Part B, rather than \$146.90.

The top income step — currently more than \$214,000 — would be lowered to \$196,000. And individuals in the new top tier would pay 90 percent of the cost of their outpatient coverage, compared to 80 percent currently.

The administration did not provide a comparable table for the effects on married couples. — AP

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z-3

Spring cleaning: 3 quick projects that kill clutter

By Cedar Burnett

Spring is a great time to shake off that winter sluggishness and free yourself from clutter.

But where to begin? Spring cleaning can feel overwhelming.

Never fear: Three professional organizers are here to offer three projects you can do in an afternoon each:

Nikki Havens of Seriously Organized in Bloomington, Minn., recommends starting with your entry hall closet. Small closet or walk-in, use the most convenient spot in your home to your advantage. First, identify the coats you actually wear and pull out anything you don't, along with outerwear that's wrong for the season.

"If you have too much stuff, you can't find anything," Havens said.

After culling your coat collection, she suggests using the floor for frequently used shoes, and adding two shelves directly above them. Buy two color-coded bins for each family member and label them with names.

Place the first set of bins on the bottom shelf. These baskets should be used for seasonal accessories, like hats and gloves in the winter or goggles in the summer.

"If you don't use it a couple of times a week it shouldn't be there," Havens said.

Use the second shelf of bins for what Havens calls the "clutter control center."

These tubs are the place to throw odds and ends as you come in the door.

Finally, Havens recommends removing the hanging bar and installing hooks in a diamond-shaped pattern for coats and bags.

Once you've mastered the hall closet, Brooke Butin and Heather Perrilliat of HeatherBrookes in Los Angeles have a plan for tackling your bedroom closet.

The first thing to do is purge, Butin explained. Create a donate pile, a consignment pile and a give-to-friends pile.

Perrilliat suggests trying on anything you haven't worn in a while.

"Not everyone has the budget to buy new clothes," Butin said. "Look for clothes that could get new life from an alteration"

Once you've cleared out the old, take stock of what's left. Seasonal clothes should be boxed up and put in storage. The rest should be placed on matching hangers facing the same direction and categorized by type — i.e., shirts, pants, dresses.

"You have to make your closet function for you," Perrilliat said. "If you're a jeans and T-shirt person, keep those toward the front."

After you've categorized, organize your clothes by color within each category. Use closet tab dividers between categories if you



want to go the extra mile. These can be particularly helpful with look-alike items — no more struggling to distinguish skinny jeans from bootcut at 6 in the morning.

Butin advised utilizing vertical space for accessories and shoes. The shelf above the hanging bar can house hat boxes and shoes stored in clear plastic boxes. Side walls can hold hooks for handbags, and a corkboard can display jewelry. Belts get messy quickly, she warns, so rolling them and placing them in a basket is your best bet. You can also keep your go-to shoes in a basket on the floor.

With your closets in order, the last, oft-dreaded task is at hand: organizing files. If you have a filing system in place, Mia Carpiello of Organizing Philly in

Philadelphia suggests pulling out every file and seeing what you can get rid of or consolidate. Consult with an attorney about legal documents, but in general, you can recycle or shred any items you haven't looked at in a year.

Receipts and manuals for items you no longer own and any regular bill statements you don't need for tax or legal reasons should also get the heave-ho. Pull out any tax-related files from the previous year and keep them in a separate pile.

If you don't have a filing system in place, "it's best to make a list of which files you'll need before you create them," Carpiello said.

Organize files into long-term reference and temporary action files (i.e., invitations and bills). Long-term reference files should live in the file cabinet, whereas temporary files should be stored on your desk and categorized into actions, such as "To pay" or "To respond."

To keep your desk clutter-free, Carpiello recommends an inbox where you can keep paperwork until you have time to deal with it. Alphabetizing or color-coding files is a personal choice, but all your files should have tabs on the left side instead of in multiple locations. — AP



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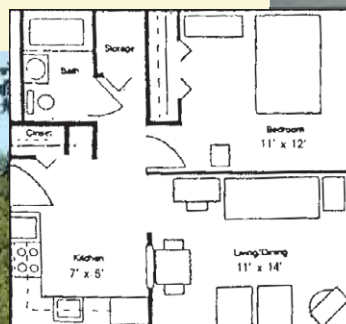
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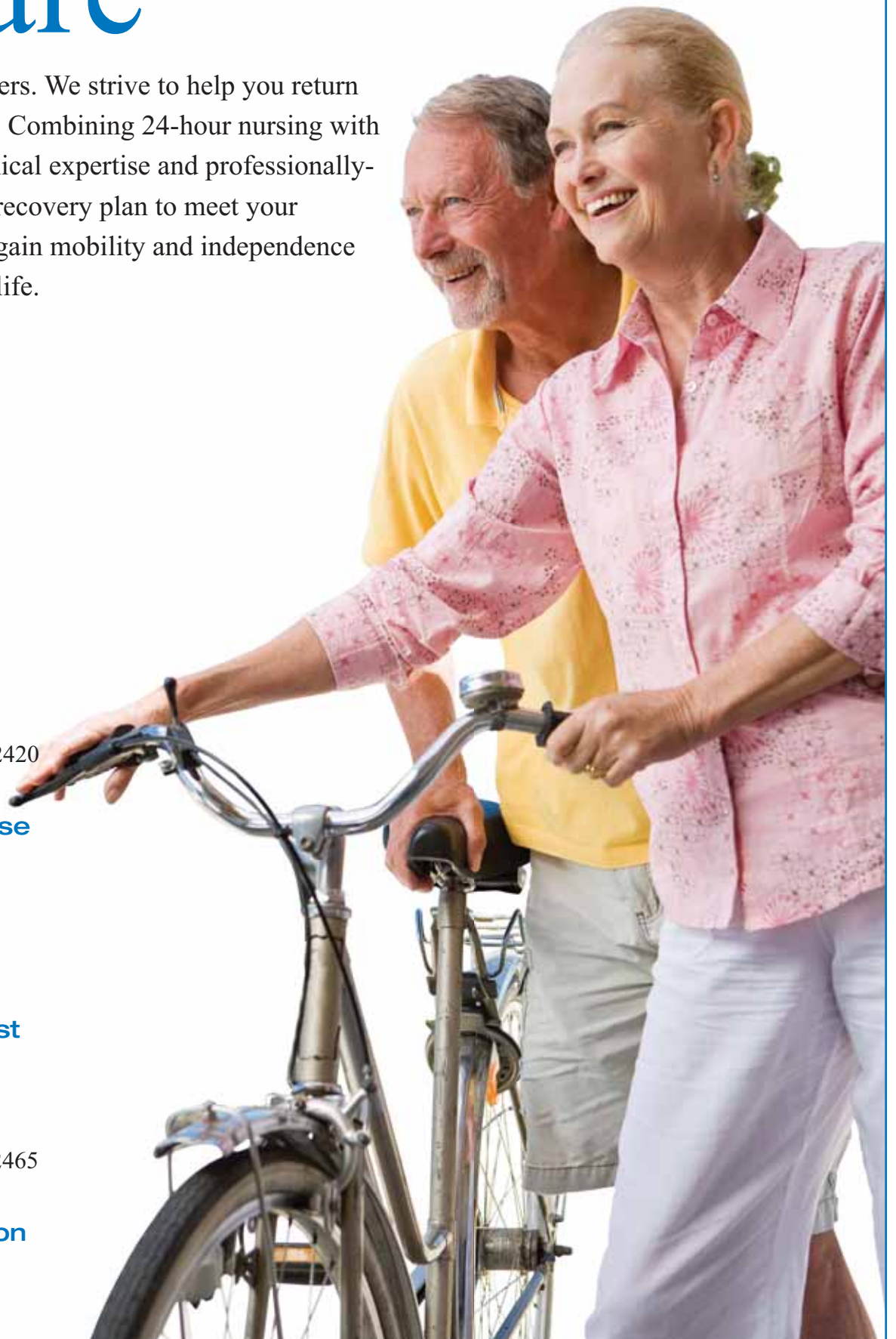
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