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Gov. Patrick, do you care about your aging constituents?

By Sondra L. Shapiro

What does it say about our state when its top elected official ignores the most vulnerable among us?

At its worst, Gov. Deval Patrick's actions show an unconscionable disregard for his older constituents.



Just My Opinion

At best, the governor's behavior proves a disconnect, resulting from the lack of leadership at the state level tasked with serving the elderly and their caregivers. The Executive Office of Elder Affairs (EOEA) once filled this void.

Let's give the benefit of a doubt and say it's the latter.

Established in 1970 as one of the first secretariats in the country, the EOEA was a highly visible and influential office, with its head reporting directly to the governor. Because the secretary was usually plucked from the aging network, he or she brought expertise and clout that enabled initiatives benefiting the state's aging population.

The turning point came in 2003, when Gov. Mitt Romney put EOEA under the Health and Human Services (HHS) umbrella, insisting it would still maintain its influence. The mere fact that it was now functioning under the auspices of HHS greatly diminished its authority.

At the time, the aging network prophetically warned the demotion was contrary to the needs of seniors, one of the fastest-growing demographic in the state. Today, there are some 653,000 households with someone over the age of 60. Many are comprised of family caregivers and frail elderly.

"Despite having worked hard their entire lives, nearly half of all seniors in Massachusetts struggle to meet their basic needs," said Carolyn Villers, executive director of Mass. Senior Action Council (MSAC). "With this population expected to double by the year 2025 we need to ensure the Commonwealth is planning ahead to ensure the supports are in place."

In January, MSAC joined other advocacy groups who sent a letter to Gov. Patrick urging him to restore EOEA as a cabinet agency, giving the secretariat the full responsibilities it has under state law. As of this writing, the governor has yet to respond to that letter.

Last month AARP, the Massachusetts Association of Older Americans (MAOA), the Massachusetts Councils on Aging and Senior Center Directors, Mass Home Care, and the MSAC issued a statement accusing the governor of lacking an agenda that supports the elderly and once again demanding that he re-instate EOEA as a full secretariat. They lambasted the Patrick administration for diminishing the EOEA secretariat to a department status without legislative authority and contend the weakening of the office has been occurring incrementally for the past three years.

The action represented a breaking point caused by "a troubling series of proposals, decisions and developments that

have hit hard at services for vulnerable elders," according to the statement issued by the groups. They said:

- The governor has proposed cutting the elder nutrition budget that would result in a loss of 250,000 meals. According to the AARP Foundation, more than 140,000 older adults in Massachusetts risk going hungry every day.

- There are 1,100 elders on a waiting list for enhanced home care, and since March 1, the basic home care program also has a wait list for the rest of the year.

- The MBTA is proposing fare increases and service cuts and changes to The Ride that disproportionately impact elders, especially since many are not able to drive.

- Councils on Aging (COA) funding has been cut by 10 percent — a counter-intuitive action because the services provided by COAs can save money in the long run. According to David Stevens, executive director of Mass. Councils on Aging, these agencies provide vital services, including congregate meals that keep seniors independent, healthy and engaged in their communities. "Without them, many seniors would need more expensive supports and care," said Stevens.

The demotion of EOEA means HHS has taken over much of the decision-making regarding the \$3 billion accounts making up long-term care. This despite the statutory language directing EOEA to manage these services and accounts. It makes no sense for HHS to handle these programs and services since aging concerns transcend health care. "It's about transportation, housing, community service, employment opportunities and more," said Chet Jakubiak, executive director, MAOA.

A national report issued last fall by AARP shows Massachusetts ranks in the bottom half, at number 30, of all states when it comes to the overall affordability and quality of long term services and supports — including home care, adult day health services, residential services such as assisted living and nursing homes, and support for family caregivers.

More recently, a report by Wider Opportunities for Women found that over half of the state's elders typically face a budget shortfall of at least \$10,248 annually, making it impossible for them to meet even their most basic needs for food, health care and shelter. Massachusetts ranked the worst of all states.

(Related story page 7 Editorial page 10)

"Bottom line: Massachusetts seniors are worse off now than they were a few years ago, and it's not just because of the recession," said Deborah Banda, director of AARP Massachusetts. "We know many tough decisions must be made as our economy struggles to recover. But what does it say about our values when the state has more than \$1 billion in its rainy day fund and our leaders aren't willing to dip into it to protect meals for our seniors?"

The groups are calling on elected officials at every level, from town halls to the State House, to develop action plans for meeting the needs of the growing aging population statewide and in their respective communities.

This commitment must begin at the



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Boomer consumers adjust to economic, lifestyle realities

By Brian Goslow

As the economy rebounds, baby boomers are not likely to change frugal spending habits that were shaped during the recession. The once spendthrift generation no longer maxes out credit cards or leverages home equity without considering the possible consequences.

That doesn't mean the 76 million consumers isn't a buying force. Far from it.

"They're still spending money on things they enjoy and things they'd like to do, and to fulfill their wants as much as their needs," according to Matt Thornhill, founder and president of The Boomer Project. "But they're being more practical and responsible about it. They're being more responsible about their money when it comes to buying products and services."

The Richmond, Va.-based Boomer Project develops marketing strategies for companies looking to market their products to baby boomers. Thornhill formed the company in 2003 with John Martin, president and CEO of SIR Research. They are the co-authors of *Boomer Consumers: Ten New Rules for Marketing to America's Largest, Wealthiest and Most Influential Group*.

It's not just attitudes about money that are changing. "We're going to see more impetus on well being and maintaining your health and wellness," Thornhill said. "If you let yourself go, you're going to be frowned upon because you're costing more money to maintain than someone who is fit."

Big companies will push the idea of a well-being lifestyle and personal responsibility hard to the boomer market. "Over the past 40 years, we've made it that you're a social pariah if you smoke a cigarette," Thornhill said. "Over the next 20 years, we're going to try to do the same thing about being out of shape and obese."

While the need for self-maintenance has been a growing mantra for health care advocates, as a whole, the message has yet to catch on wide-scale. "But it's going to, especially as boomers start to realize the warranty on their bodies is running out and they have to use it or lose it," Thornhill said.

"The reality is the older you get, the harder it is to get out of bed in the morning. The knees are sending a signal to your brain saying that this is not like when you were 35 anymore," he said. "You may think you have an attitude like 35, but the plant equipment isn't holding up like you're 35. There'll be kind of an individual motivation that will come from there."

Earlier this year, in an article titled *10 Ways Boomers Will Transform 2012*, Thornhill and Martin wrote, "Health systems, rather than shopping malls, will become the center of communities; exercise programs and services from kettlebell (exercises that work the entire body) gyms to local aquatic centers will thrive; and pharmacies and food markets will become more wellness oriented."

Similarly, developers are including fitness centers in new retirement and assisted living communities. "It's really about taking care of yourself while you can still live independently and then providing care for you when you can't live independently. We're see-

ing that trend develop."

Of equal importance is keeping an active mind.

Because of "responsible consumerism," boomers will also live a more environmentally friendly lifestyle. Thornhill points out that many boomers came of age around the time of the first Earth Day in 1970, and related activities have been part of their lives ever since.

"They're still spending money on things they enjoy and things they'd like to do, and to fulfill their wants as much as their needs."

Matt Thornhill

"The vast majority of boomers today think they're being green," he said. "They're starting to think about how they're going to leave the planet, they're motivated by their legacy so we think they'll stay engaged in that."

"This great recession happened at a time the green movement was picking up speed and it happened at a time that boomers who had been *über* consumers for the last 40 years were reaching a stage of life when they realized, you know what, it's not so much about having more stuff. You remember the bumper sticker, 'He who has the most stuff wins?' Boomers would now say that it's he who has the best experiences or the most experiences before he dies wins," Thornhill said.

While boomers may be looking to cut back on their purchases, Thornhill said, "the longevity economy" will provide business opportunities for "industry after industry" that offers products and services that help boomers stay vital as they grow older.

"Anything that helps boomers stay in their homes and live longer and be connected socially in their homes is going to be a big business," he said. "From remodeling to making an age-friendly home to putting technology in place that connects you up so you can stay at home to providing services in the home. Products to physically adapt the home to be easier to live in as people grow older will be popular."

Technology products will allow people to stay connected with their caregivers, family and friends while living in their own homes. Homes will become "more age-friendly," Thornhill said.

At the same time, demand for more traditional in-home non-medical and personal care — such as cooking, housecleaning, grocery shopping or just companionship — will continue to grow.

Where existing support programs are cut for budgetary reasons or are not available, "villages" will continue to spring up in communities able to cover their costs.

Such a model follows in the footsteps of Boston's Beacon Hill Village where members, for a set annual fee, can access services ranging from rides, house sitters and delivered meals to plumbers, electricians and tax experts, and enjoy social and cultural programs with other members. Not

everyone, however, has the financial resources to pay for village membership. One alternative that is slowly catching on is virtual villages and caring collaboratives where people volunteer time to provide services to someone in need.

"Every hour that they give to help somebody becomes an hour they can get in help from someone else," Thornhill said. "They call these volunteer time banks where you can make deposits and later on, make withdrawals and, for example, get somebody in the caring collaborative to go with you to a medical procedure or to drive you home."

There are approximately 100 time bank programs in the United States with 11 Massachusetts-based programs, including ones in Boston (BackBone Community TimeBank), Cambridge (Metro Boston), Gloucester, Salem, Marshfield, Cape Cod, Worcester and Orange (North Quabbin). Most are not age-specific.

One reason time bank collaboratives were formed was that, while most people are willing to help, people needing help typically are reluctant to ask for what they need. "They're of the mindset, 'I don't want to bother anybody; I don't want to ask for help,'" Thornhill said. "If you were asked, you'd help in a heartbeat."

Another development impacting how the boomer generation lives is that a third of them — approximately 25 million out of 76 million boomers — are currently unmarried; a growing number of them are living together platonically.

"They never married or they're divorced or separated or they're widowed," Thornhill said. "As they hit 50, 60 and beyond, they're looking around, going, 'Hey, I've got one kid, who lives in Seattle and I live in Boston, my kid's not going to be able to take care of me, I don't want to move to Seattle, what am I going to do?'" The answer, he said, may lie in assembling a network to act almost as "a family of convenience" as opposed to blood relatives.

Thornhill said this housing trend is a *Golden Girls* scenario where friends move in together and provide care for one another. "They're going to pal up with other boomers and kind of take care of each other," he said.

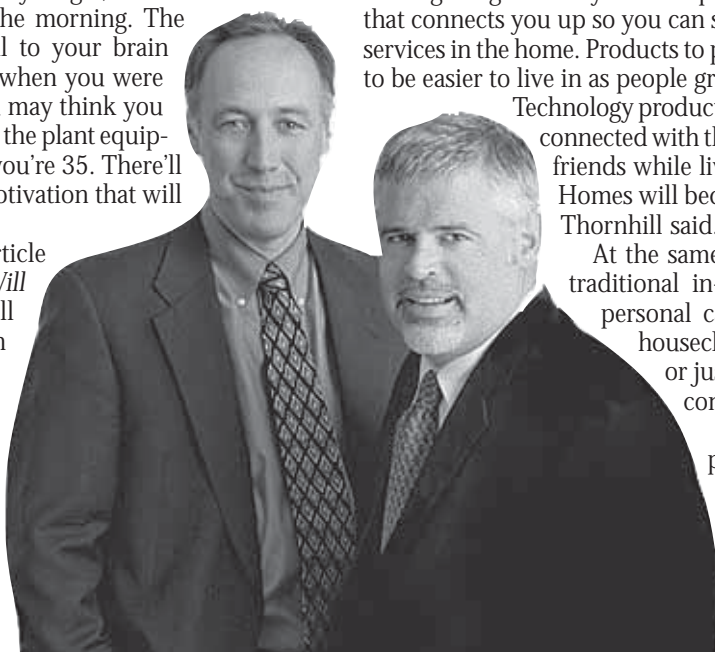
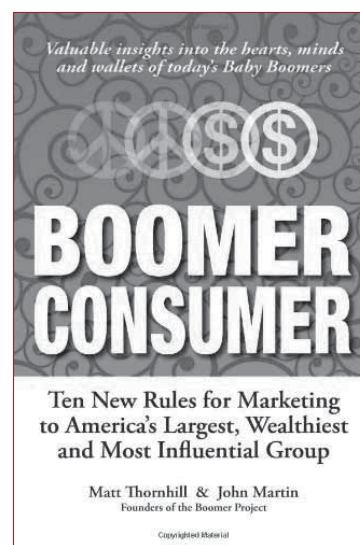
And, like it or not, economic realities will continue to cause generations of families to move back in together. "The good news is boomers tend to have very strong relationships with their millennial age children, there's not a huge generation gap between them (as compared to previous decades)," Thornhill said. "They like the same type of music; both generations like rock 'n' roll. It's not as drastic as it would be back when the boomers were living at home and their parents liked Frank Sinatra and Tony Bennett."

Thornhill and Martin's next book, *Age Ready: Your Guide to a New Future in an Older World* (LINX Publishing), due later this spring, explores what communities, organizations and companies can do to get ready for 2030 when the United States is predicted to have twice as many people over 65 as today.

"That's the most fundamental change that is coming to America and the world and it will cause the most dramatic change. It's an irreversible truth — we're going to have an older demographic composition in the world in 2030," Thornhill said.

"That really is going to change everything."

For more information: *The Boomer Project*, boomerproject.com; *TimeBanks USA*, timebanks.org.



Martin (l) and Thornhill

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Health overhaul unpopular, but not as feared

WASHINGTON —

Attacked as a rationing scheme and praised as a lifesaver, President Barack Obama's health care law remains as divisive and confusing as ever. But a new poll finds Americans are less worried that the overhaul will undermine their own care.

An Associated Press-GfK poll shows that Americans are less concerned their own personal health care will suffer as a result of it.

Shortly after the law passed in 2010, nearly half — 47 percent — said they expected the quality of their care to worsen. Now just 32 percent say that's their worry.

Most of the law's major changes have yet to take effect, and dire predictions — of lost jobs, soaring premiums and long waits to see the doctor — have not materialized. Provisions that have gone into effect, including extended coverage for young adults on their parents' insurance and relief for seniors with high prescription costs, only had a modest impact on health care spending.

Lee Sisson, 63, a semi-retired businessman from Winter Haven, Fla., said he figures that he might be better off personally as a result of the overhaul. For example, it would limit how much health insurance companies

can charge older adults. But self-interest hasn't made Sisson a supporter.

"As a guy that's semi-retired, the law would probably benefit me, and I'm still against it because it's not good for our country," said Sisson.

Most of the drop in people saying they believe their care will worsen actually comes from those like Sisson, who are opposed to it. Of the law's opponents, 55 percent now say their care will worsen. But in April 2010, soon after the law passed, that share was 67 percent.

Overall, half of Americans say they don't think the quality of their care will change, while 14 percent expect it to improve.

The health care debate may be getting less edgy, but it's unclear how much it will help Obama and Democrats heading into a contentious 2012 election season. Americans remain cool to the major domestic accomplishment of the president's first term, even if they like some of the law's provisions.

The poll found that 35 percent of Americans support the health care law overhaul, while 47 percent oppose it. That's about the same split as when it passed. Then, 39 percent supported it and 50 percent opposed it.

Opposition remains strongest among seniors, many of whom object that Medicare cuts were used to help finance coverage for younger uninsured people.

"We were supposed to have a nice, relaxed retirement, and now we are scared," said Nancy Deister Knaack, 65, of Leawood, Kan., a retired special education teacher. "We don't

know what's going to happen."

Confusion about the complex legislation has not helped Obama sell it to the public, contributing to an atmosphere in which wild charges about potential repercussions readily find an audience.

Only about three in 10 say they understand the law extremely or very well. Most, 44 percent, say they understand it just somewhat, while 29 percent say they understand it not too well or not well at all.

On the key issue before the Supreme Court, however, public opinion is clear. Nearly six in 10 say they oppose the law's requirement that Americans carry health insurance, except in cases of financial hardship, or pay a fine to the government.

Opponents argue that such a mandate is an unconstitutional expansion of federal power, amounting to Congress ordering private citizens to buy a particular product.

The administration and many experts believe that the overhaul cannot work without an insurance requirement. The law guarantees that people with pre-existing medical problems can get coverage. Therefore, without a mandate, many healthy people may just postpone buying insurance until they get sick, driving up costs.

While opposition to an individual insurance requirement remains strong, the poll found that 60 percent support putting the obligation on employers. Businesses are currently under no legal requirement to provide insurance, and the law would penalize medium to large companies that fail to do so. — AP

► AARP

Cont. from page 17

In Massachusetts, nearly a million seniors count on Social Security to help pay the bills, and on Medicare for guaranteed health care coverage, according to the AARP release. The average Social Security benefit is \$14,000 a year, and in the Bay State, seniors typically rely on Social Security for more than half (56 percent) of their income. Meanwhile, the commonwealth's seniors pay about \$6,800 out of pocket annually for Medicare premiums, co-payments and deductibles.

Over the next few months, AARP Massachusetts will facilitate more than 30 You've Earned a Say community conversations across the state, hold telephone town hall meetings to hear from Bay Staters, and sponsor webinars for those interested in



Martha Pappas of Springfield during question and answer time. AARP volunteers will also distribute You've Earned a Say questionnaires (see page 10 for a copy) at public events and activities. The questionnaire is also available at www.aarp.org/ma.

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Gay, lesbian seniors get support, friends in Mass. program

By Susan Lahoud

SHARON — Over the past two decades, Sarah de Ris has driven hundreds of miles to get to lesbian, gay, bisexual and transgender (LGBT) events, “just to be in that environment.”

The 72-year-old now only has to drive a mile down the road.

For older adults who did not come out until later years, it's now often a matter of getting out to mingle with others in their communities to share common ground.

Under a first-time initiative in the state, the Sharon Council on Aging, in conjunction with HESSCO Elder Services, an agency that serves local communities including Foxborough, Plainville, Norfolk and Wrentham, is hoping to provide a supportive social gathering place as well as educational and health care programming specific to lesbian, gay, bisexual and transgender seniors.

Launched in September, the effort has already attracted an average of 30 seniors at each of its once-a-month lunches from neighboring and even more distant communities, stretching into Boston and Rhode Island.

And they're hoping to attract more participants from the Attleboro area.

“We're trying to reach out into the LGBT community and pull people in who are isolated and alone,” said Jayne Davis with HESSCO. “We want to pull them into a safe place where they can socialize,” and find out about available resources specific to their needs, she said.

The program was the result of a meeting last May involving representatives from various community groups including visiting nurse associations and churches, she said.

The National Gay and Lesbian Taskforce has estimated that there are more than 3 million gay, lesbian, bisexual and transgender Americans over age 65.

The Lakeside Cafe in the Sharon Adult Center is the sixth such program for LGBT seniors in the state, and the first in a council of aging building, Davis said.

De Ris is happy the group exists. “I'm so thrilled to have this in this community,” she said. “I think a lot of LGBT elders in the suburbs are isolated.”

She suspects there are many more elder lesbian women who have not come out who could benefit from the program.

“There's a joy in connecting and being out, once you feel comfortable being where you are,” de Ris said. “It's the people who don't come out to these that I worry about.”

She said finding understanding, acceptance and talking with people of her age going through some of the same issues that she's going through means less isolation.

“You're a part of a community,” she said.

The gatherings have included musical programs and holiday parties, along with guest speakers addressing issues specific to lesbians and gays.

Having a place to go to discuss those issues and others is among the needs of the community, said attendees at the luncheon, including Ellen Green, who will soon celebrate her 80th birthday.

The Medfield resident said she “jumped at the chance” to be among a community

of people where she would be free to talk about what she'd been through coming out as a lesbian and her needs now as she ages.

She said it was quite an experience — being married to a man, having children and then battling breast cancer in 1994 — before really being able to start reaching out and coming out.

“I had things I wanted to say and I figured I'd better say them now,” she said of the cancer scare.

Green said her attempts over the years in trying to drum up support for LGBT group in other communities did not pan out.

But she did find herself growing and speaking up for herself “and those without a voice.”

She told of being in an exercise class years ago, when someone in the class circulated a petition against gay marriage and people were signing it.

After mustering her courage, she later spoke to the class about how there are LGBTs in most groups, whether they speak up or not, and that she considered the petition “hurtful.”

“It was political. It had nothing to do with exercise class,” she said.

She said while no one “came out” as a result, she did receive applause.

Green said that depending on the situation, she likes to educate and encourage understanding and acceptance, and the idea that “our humanity is shared though our orientation may not be.”

De Ris, who came out after her divorce from her husband in the late 1990s when she was in her 50s, said “you just don't know when you're going to encounter acceptance or worse.”

She said when she worked at Wheaton College, the professors and LGBT staff made her feel comfortable.

She said it took some “adjustment” for her two then adult children in accepting her newly-announced status, as well as dealing with the divorce.

“You can be liberal, but when it's your own mother and her sexual preference...,” she said.

But she feels “elders coming out is a way to combat homophobia.”

Of course, feeling welcomed and accepted is crucial. But just as important, especially for elder adults, is having transportation to get to events and places to meet. HESSCO has just recently received a grant that allows it to provide transportation, which includes being able to pick people up from the nearby train station.

Jim Flavin, 74, took the train ride from Somerville with Camille Bourque.

“It's fun, it's a lovely place and I like that it's during the day,” said Flavin, adding that “it's something to do and you're among your people.”

Bourque, who is nearing age 84, said that “the more times we do this, the more places we go and the more people we meet.”

Talking as they ate lunch, the men noted there hasn't been much mixing with the ladies in the group to date. Each group sat at separate tables.

“It's probably our fault, too,” noted

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Make your voice heard. Fill out the questionnaire below, and send it to AARP Massachusetts, One Beacon Street, Suite 2301, Boston, MA 02108; you may also email responses to ma@aarp.org.

What do you think?

Check one option for each of the following questions:

Which of these statements do you think describes Social Security the best?

- A) Social Security is okay as it is
- B) It needs minor changes
- C) It needs major changes
- D) It is in a state of crisis

Which of these statements do you think describes Medicare the best?

- A) Medicare is okay as it is
- B) It needs minor changes
- C) It needs major changes
- D) It is in a state of crisis

Do you expect to get more back from Medicare and Social Security than you have contributed, less, or about the same?

- A) More
- B) Less
- C) Same

You've Earned a



When it comes to securing the future of Medicare and Social Security, which of the following do you expect?

- A) More funding will be needed to maintain the same benefits
- B) Benefits will be reduced
- C) Either A or B
- D) None of the above

When it comes to changes being made to Social Security and Medicare in Washington, which of the following describes you best:

- A) I want to make my voice heard
- B) I want to make my voice heard, but I don't think it will make any difference
- C) I am not interested in being involved.

Do you believe that it is important to strengthen Medicare and Social Security? Why or why not?

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AARP Massachusetts will be holding You've Earned a Say community conversations throughout Massachusetts, as well as telephone town hall meetings and webinars. Find out more by visiting www.aarp.org/ma or call 866-448-3621.

Massachusetts elders face worst "independence gap" in nation

By Al Norman

March roared in like a lion with the release of a report by a national group called Wider Opportunities for Women (WOW), which found that seniors in Massachusetts face the largest gap in the nation between income and the cost of basic expenses. You might call this disparity the "independence gap" because it threatens older people's ability to keep financially afloat.

The WOW report found that elders in the Commonwealth are coping with a \$10,248 income shortfall, as measured by an "Elder Index" that measures the costs of basic expenses compared to seniors' typical (median) income. But even worse — this

gap is the biggest in the country — making Massachusetts the hardest place for seniors to make ends meet.

All of us who call Massachusetts home know that the cost of living is high. But this new report quantifies the disparity between what seniors have to live on, versus what it costs to live. Using their "Elder Index" yardstick, WOW and the Gerontology Institute at U Mass/Boston found that an elder living alone and renting an apartment needs an average of \$27,048 a year to live independently.

In fairness, the study also found that

there was no state where media income was equal to the basic cost of living for seniors. But our state happens to be the worst.

Donna Addikson, the CEO of WOW, told the media: "Growing old in Massachusetts is getting more and more expensive. Even though we may not be able to avoid getting older, we can't afford it either. Working hard is no guarantee you'll be able to cover your most basic expenses when you retire."

The Elder Index looks at basic living needs, like housing, food, transportation and health care. It provides more insight than the one-dimensional "poverty level" data that the federal government releases. Simply put, the new data shows that seniors in Massachusetts have to struggle harder than their counterparts in the rest of the country to keep their heads above water.

According to Chet Jakubiak, the executive director of the Massachusetts Association of Older Americans (MAOA), who worked with WOW and U Mass/Boston on the new report, U.S. Census data shows that the median income among all households in Massachusetts dropped

nearly 5 percent during 2010. But Jakubiak said elders likely saw an even greater income drop. Rising costs and falling income have led to a weakening of older residents' economic security.

Jakubiak said the problems go even deeper. "Another contributing factor is the failure to develop a clear, comprehensive, administration-wide public policies or guidelines to respond to the untenable economic situation of the state's elders," Jakubiak said. "In short, prices are up, income is down, public benefits are slashed, and there is no public policy to address elders economic conditions. So here we are, worst in the nation."

Today in Massachusetts, seniors account for nearly 20 percent of the population. They are the "lost 20 percent" of our demographic — because public officials have failed to create either a vision or an agenda to help these citizens remain independent.

As Jakubiak says: "Far too many elders live every day on the edge of economic disaster. That's a disgrace."

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

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► Constituents

Cont. from page 5

top. By reinstating The Executive Office of Elder Affairs to its rightful autonomous position Gov. Patrick would convey an understanding of and caring about the needs of his constituency. A strong EOEA

can educate and guide policy makers and public officials to ensure strong programs and supports for seniors and caregivers.

Sondra Shapiro is the executive editor of the *Fifty Plus Advocate*. Email her at sshapiro.fiftypusadvocate@verizon.net, follow her on Twitter at [shapiro50plus](https://twitter.com/shapiro50plus) or read more at www.fiftypusadvocate.com.

How can I get rid of my glasses? Part 2

By Dr. Jean Keamy

Another refractive surgical procedure, PRK or photorefractive keratectomy, has over 20 years of history. PRK, like LASIK, uses the excimer laser to reshape the cornea. The difference between the two procedures is how the second layer of the cornea is exposed. With PRK, a brush or blade scrapes off the epithelium, the first layer of the cornea, so the laser can reshape the second layer of the cornea, the stroma. With LASIK, a flap is made into the anterior stroma to expose the middle corneal stroma.

PRK has a longer healing time than LASIK because that first layer of the cornea must grow back before the vision is clear. This can take between four- to 10 days for most people.

It may also be a more uncomfortable and slower healing process than LASIK, but it also eliminates any risks of making a LASIK flap.

PRK is an ideal procedure for patients

with lower degrees of nearsightedness, farsightedness or astigmatism. Since PRK removes less cornea than LASIK, it may be the preferred procedure for

patients with thin corneas. PRK often has the same outcome as LASIK.

Vision Quest

As with any refractive procedure, it is not recommended for patients who have retinal pathology, glaucoma or cataracts. Discussing all refractive surgical options with a surgeon is the best way to find out what is the best procedure for an individual.

Dr. Jean Keamy is a board certified ophthalmologist specializing in LASIK, PRK, refractive surgery, cataract surgery, eye lid surgery and diseases of the eye and routine eye exams. She owns Keamy Eye & Laser Centre at 24 Lyman St. in Westborough and can be reached at 508-836-8733. Learn more at www.seemedrkeamy.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Group launches website for legal questions

BOSTON —

The Massachusetts Bar Association's Lawyer Referral Service has started a new website to provide basic answers to common legal questions and connect people who need legal help to an attorney.

The website, www.MassLawHelp.com, provides answers to questions in the areas of

family law, labor and unemployment, estate planning, real estate, consumer protection, personal injury, criminal law, personal finance, business, government benefits and immigration. The site can also help users looking for a lawyer to contact the referral service to find an attorney with appropriate experience. — AP

Advice urges wider sharing of heart care decisions

By Marilyn Marchione

A heart device might save your life but leave you miserable. That awful possibility is the reason for new advice urging doctors to talk more honestly with people who have very weak hearts and are considering pumps, pacemakers, new valves or procedures to open clogged arteries.

Too often, patients with advanced heart failure don't realize what they are getting into when they agree to a treatment, and doctors assume they want everything possible done to keep them alive, according to the American Heart Association and other medical groups.

It calls for shared decision making when patients face a chronic condition that often proves fatal and they need to figure out what they really want for their remaining days. If they also have dementia or failing kidneys, the answer may not be a heart device to prolong their lives.

"Patients may feel that the treatment was worse than the disease," said Dr. Larry Allen of the University of Colorado Anschutz Medical Center, who helped draft the new advice.

One of his former patients is an example: a 74-year-old man too weak to go shopping or walk around his neighborhood. He was so miserable that doctors thought he would feel better with a "mini artificial heart" — a \$100,000 left ventricular assist device to

make his heart pump better.

"Even if it goes well, people are left with an electrical cord coming out of their belly" and a higher risk of stroke and bleeding from the nose or throat, Allen said.

The man suffered bleeding problems, needed a breathing machine and spent 10 weeks in the hospital. He and his wife hated that his device kept him tethered to a power supply or gave him only a few hours of freedom on battery power. Some models last longer.

"They came to us a couple months after he went home and said his quality of life was not what he wished" and asked to have the pump turned off, Allen said. The man died about a year ago.

By contrast, former Vice President Dick Cheney, 71, has been living with a heart assist device since the summer of 2010 and reports he's "doing well for now" in his recent memoir. Cheney, who had the first of five heart attacks at age 37, proudly shows off the long-life batteries he wears in a vest.

More than 5 million Americans have heart failure, and the number is growing as the population ages. It occurs when a heart becomes too weak — because of a heart attack, high blood pressure or other condition — to pump enough blood. Fluid can back up into the lungs, causing shortness of breath, weight gain, fatigue and

ADVICE page 28



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Trimming super-size with half-orders, plate colors

By Lauran Neergaard

WASHINGTON —

Call it the alter-ego of super-sizing. Researchers infiltrated a fast-food Chinese restaurant and found up to a third of diners jumped at the offer of a half-size of the usual heaping pile of rice or noodles — even when the smaller amount cost the same.

Giant portion sizes are one of the culprits behind the epidemic of bulging waistlines, and nowhere is the portion-creep more evident than in restaurants with French fry-heavy meal deals or plates overflowing with pasta. Now scientists are tapping into the psychology of eating to find ways to trim portions without people feeling cheated — focusing on everything from the starchy sides to the color of the plates.

"The small Coke now is what used to be a large 15 years ago," laments psychologist Janet Schwartz, a marketing professor at Tulane University who led the Chinese food study. "We should ask people what portion size they want," instead of large being the default.

Restaurants are paying close attention, said prominent food-science researcher Brian Wansink of Cornell University. His own tests found children were satisfied with about half the fries in their Happy Meal long before McDonald's cut back the

size, and the calories, last year.

"We'll be seeing some very creative ways of downsizing in the next couple of years," predicts Wansink, author of *Mindless Eating: Why We Eat More Than We Think*.

But let's call it "right-sizing," said Duke University behavioral economist Dan Ariely. Right-size suggests it's a good portion, not a cut, he said.

Couldn't you just get a doggie bag? Sure, if you've got the willpower to stop before your plate is mostly clean. Lots of research shows Americans don't. We tend to rely on visual cues about how much food is left, shoveling it in before the stomach-to-brain signal of "hey wait, I'm getting full" can arrive.

So Schwartz and Ariely tested a different approach: Could we limit our own temptation if we focus not on the tastiest reason we visited a restaurant — the entree — but on the side dishes? After all, restaurants

can pile on calorie-dense starches like rice or pasta or fries because they're very inexpensive, filling the plate so it looks like a good deal, Schwartz said.

A popular Chinese franchise at Duke University, with a mix of students, staff and visitors to the campus hospital, allowed the researchers in at lunchtime.

In the serving line, customers pick the rice or noodles first. The standard serving is a whopping 10 ounces, about 400 calories even before ordering the entree, said Schwartz. There was no half-size option on the menu board.

In a series of experiments, servers asked 970 customers after their initial rice or noodle order: "Would you like a half-order to save 200 calories?" Those who said yes didn't order a higher-calorie entree to compensate. Weighing leftovers showed they threw away the same amount of food as customers who refused or weren't

offered the option.

A 25-cent discount didn't spur more takers. Nor did adding calorie labels so people could calculate for themselves, the researchers report in a recent *Journal of Health Affairs* — concluding the up-front offer made the difference.

Anywhere from 14 percent to 33 percent chose the reduced portions, depending on the day and the mix of customers.

Even 200 fewer calories can add up over time. And other tricks can trim portions without people noticing, whether dining out or at home. Cornell's Wansink found people served 18 percent more pasta with marinara sauce onto a red plate than a white one — and 18 percent more pasta alfredo onto a white plate.

A stark contrast "makes you think twice before you throw on another scoop," explained Wansink. His own family bought some dark dinner plates to supplement their white ones, because people tend to overeat white starches more than veggies.

Wansink's other research has found:

- Switching from 11-inch plates to 10-inch plates makes people take less food, and waste less food. The slightly smaller plate makes a normal serving look more satisfying.

- People think they're drinking more



TRIMMING page 14

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More men who want to look their best try plastic surgery

By Ana Veciana-Suarez

MIAMI — Michael Bell was tired of looking tired. He'd had enough of the pesky questions about whether he had slept well.

"I wanted to look as good as I felt," said the retired educator, 53. "My face didn't show how much energy I really had."

So, after months of research, he got a little help for his sagging eyelids from a plastic surgeon. And he looks younger. Even his friends say so.

Forget droopy eyes. Bid farewell to those telltale wrinkles. And say sayonara to turkey neck. A small but growing group of middle-aged men are going under the knife to hold back the relentless march of time. They're also getting Botox injections, soft tissue fillers and chemical peels in pursuit of a youthful look.

Procedures for men grew by 2 percent in 2010, led mostly by baby boomers — those born between 1946 and 1964 — who are getting more comfortable with the idea that a little cosmetic help can go a long way. It's the first uptick since 2007, according to the American Society of Plastic Surgeons (ASPS), who say the change also signals that people are growing more comfortable spending money on themselves after the recession.

The biggest increase has been in minimally invasive procedures — Botox and soft tissue fillers, primarily.

"It's more acceptable," said Ivan Malave, 50, who had his eyelids tucked, his eye-

brows raised and then a hair restoration procedure for good measure. "My father would've never ever thought of doing this, but I definitely feel I made the right decision."

Men of all ages are growing more comfortable with the idea of getting help for their looks, from special creams to injections or laser. Popular plastic surgery reality shows and affordable financing have also fueled the interest. Men see guys like themselves — not just celebrities or actors — improving their appearances on these shows and learn they can get the same results without taking too much time from work.

Alfredo Amoedo, for instance, had surgery for the annoying bags under his eyes on a Friday and was back at work by midweek.

"If you feel sick, you take a medicine," Amoedo, 50, explained. "If you work out, you take a supplement. This is pretty much the same."

Local doctors say boomers are reaching an age where exercise may no longer be able to fight off gravity. Hence, in 2010, facelifts for men rose 14 percent and liposuction 7 percent nationally, according to ASPS.

"For the baby boomer generation,"

said Dr. Jeffrey S. Epstein, a Miami and New York plastic surgeon who specializes in hair restoration and facial plastic surgery, "looking good and looking young has always been very important. Now they want to stay competitive and they want to look good."

About 70 percent of Epstein's patients are men, most of them in their 40s and 50s. In some cases, job insecurity is fueling interest in cosmetic surgery. "It's a tougher job market, so they want to look better and younger," said

Seth R. Thaller, chief of plastic and reconstructive surgery at the University of Miami Miller School of Medicine. "They want to look less tired and more alert."



Carlos Wolf, a Miami plastic surgeon, said many of his male patients look at cosmetic surgery as "an investment in their future. I often hear, 'I'm between jobs, but I need to look good for interviews.' Or, 'I look older than I feel.' " He said men are willing to try something they believe will give them an edge in an interview or a deal.

Some men are prompted to visit the plastic surgeon for other reasons. Quite a few find themselves suddenly single and want to date again.

Men's expectations of cosmetic surgery are vastly different from women's, according to local doctors. Men take much longer to make up their mind about a procedure and they tend to do a lot of research. They usually come to consultations alone, though wives or girlfriends sometimes tag along for support.

Men also tell surgeons they don't want a drastic change in appearance, just enough to make them look better. — AP

► Trimming

Cont. from page 12

from a tall skinny glass than a short wide one even if both hold the same volume, a finding Wansink said was widely adopted by bars.

•Beware if kids eat from the adult bowls. He found 6-year-olds serve themselves 44 percent more food in an 18-ounce bowl than a 12-ounce bowl.

Restaurants are starting to get the mes-

sage that at least some customers want to eat more sensibly. Applebee's, for example, has introduced a line of meals under 550 calories, including such things as steak.

And a National Restaurant Association survey found smaller-portion entrees, "mini-meals" for adults and kids, and bite-size desserts made a new trend list.

It's all consumer demand, said association nutrition director Joy Dubost: More diners now are "requesting the healthier options and paying attention to their calories." — AP

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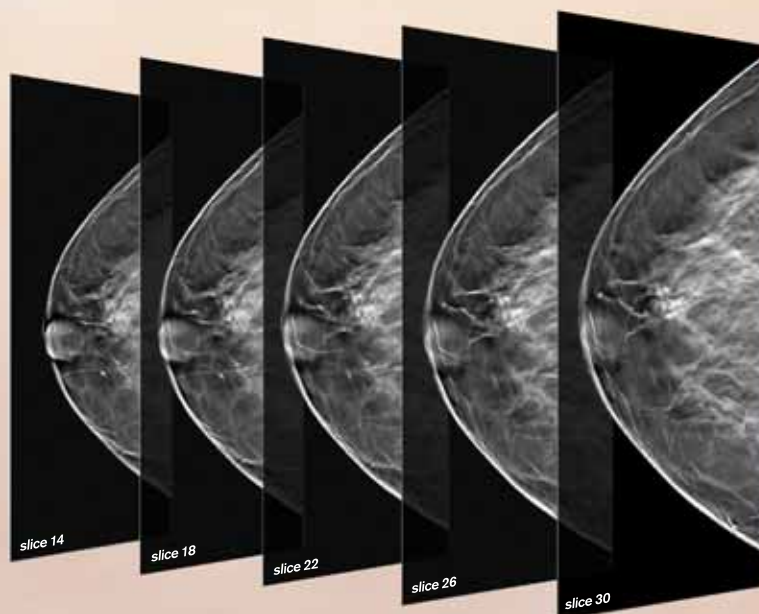
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Rhodes: an outdoor museum of ancient cultures

By Victor Block

"You want to spend two weeks on Rhodes?" our Greek friend asked.

"You'll go out of your mind."

Fast forward two months. After our trip, my wife, Fyllis, and I recalled that warning and agreed that we had been wrong. We should have stayed on Rhodes longer.

Hearing the word "Greece" can conjure up multiple images. Whitewashed villages gleaming in the sun. Seas that range in a spectrum of color from light turquoise to dark blue. Archeological sites that trace the roots of much of Western civilization.



Tiny chapel

Rhodes has it all, conveniently packed into an area about one-seventh the size of Massachusetts that allows visitors to discover its allures and attractions at a leisurely pace.

The island is an outdoor museum of reminders of peoples who have passed through — the seafaring Phoenicians, Persians, Roman Empire and Ottoman Turks.

The city of Rhodes is perched at the northernmost tip of the island where an ancient settlement rose more than 2,400 years ago. Monuments from every period since then stand in silent testimony to its

long history.

The old walled section is the largest inhabited medieval town in Europe. Ancient building and fortifications manifest an atmosphere of the Middle Ages as authentic as that found anywhere.

Many of the most impressive structures date back to the period between 1307 and 1522 A.D., when the Order of Knights of St. John of Jerusalem ruled and left imposing evidence of their presence. The Street of the Knights, lined by former residences, leads to the fortress-like Grand Master's Palace. An archaeological museum is located in what served as the main hospital of the Knights. Hippocrates Square, the Old Town's main shopping area, is lined by imposing stone buildings that today house restaurants and bars.

Despite its population of only about 1,100 people, Lindos vies with Rhodes as a magnet for visitors. It's a quintessential Greek village of white houses, dazzling in the sunlight, perched on the side of a steep hill. Looming above is the acropolis, a cliff topped by graceful columns that are remnants of the Temple of Athena. Also intriguing is an outdoor auditorium carved into a rocky cliff that could seat 1,800 spectators.

Located near the middle of Rhodes, Lindos is well situated for day trips to beaches and other attractions. Like many destinations in Europe, beaches that range from soft sand to rounded pebbles line Rhodes. The best are strung along the east coast of the island.

Despite the allure of sand and sun, Fyllis and I managed to tear ourselves away to delve into a mixed bag of historic sights. Driving through the countryside, we followed roads that snake over rolling hills and low mountains. Landscapes vary from arid, rocky terrain near the coastline to verdant forests in the interior.

A stroll through the extensive ruins of



Kamiro

ancient Kamiro introduces the lifestyle of its original inhabitants during the 6th and 5th centuries B.C. The site spills down a hillside overlooking the sea. On the top level stood a temple complex of Athena and a covered reservoir, large enough to supply water to several hundred families through a network of terra cotta pipes.

The main settlement, on a lower terrace, consisted of a grid of streets and houses adorned with mosaic floors and painted wall decorations. The remains of public baths include hot and cold chambers, and an underground system for heating the rooms.

Equally inviting is contemporary life encountered in tiny unspoiled mountain villages, which in many ways has changed little over generations. Residents of Archangelos are known as master artisans who make pottery and weave carpets and tapestries using the same

time-honored methods as their forebears.

Anyone driving into the village of Appolonia need only follow the wonder-

ful aroma to find the little bakery of the same name. It turns out breads and cakes that were mentioned in *The Iliad*, using recipes handed down by generations of local families.

Kritinia is one of the prettiest villages on Rhodes. Clinging to a hillside, the town of about 550 inhabitants offers panoramic views of the sea in one direction and, in the other, of Mount Attavyros, at 3,985 feet the tallest spot on the island.

For an excellent meal, and opportunities to meet friendly locals, stop at any of the small tavernas that you pass when driving between and in villages. The owners often are the cooks and wait staff, and even if they speak no English, they go out of their way to help you order.

As ubiquitous as tavernas throughout Rhodes are churches. While the major religious edifices attract most visitors, Fyllis and I found equally inviting the tiny white chapels that are scattered around the island. Many of these miniscule structures can accommodate only a handful of worshippers.

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**Young at Heart
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Millions now manage aging parents' care from afar

By Matt Sedensky

WEST PALM BEACH, Fla. —

Kristy Bryner worries her 80-year-old mom might slip and fall when she picks up the newspaper, or that she'll get in an accident when she drives to the grocery store. What if she has a medical emergency and no one's there to help? What if, like her father, her mother slips into a fog of dementia?

Those questions would be hard enough if Bryner's aging parent lived across town in Portland, Ore., but she is in Kent, Ohio. The stress of caregiving seems magnified by each of the more than 2,000 miles that separate them.

"I feel like I'm being split in half between coasts," said Bryner, 54. "I wish

I knew what to do, but I don't." As lifespans lengthen and the number of seniors rapidly grows, more Americans find themselves in Bryner's precarious position, struggling to care for an ailing loved one from hundreds or thousands of miles away.

The National Institute on Aging (NIA) estimates around 7 million Americans are long-distance caregivers. Aside from economic factors that often drive people



far from their hometowns, shifting demographics in the country could exacerbate the issue: Over the next four decades, the share of people 65 and older is expected to rapidly expand while the number of people under 20 will roughly hold steady. That means there will be a far smaller share of people between 20 and 64, the age group that most often is faced with caregiving. "You just want to be in two places at

once," said Kay Branch, who lives in Anchorage, Alaska, but helps coordinate care for her parents in Lakeland, Fla., about 3,800 miles away.

There are no easy answers.

Bryner first became a long-distance caregiver when, more than a decade ago, her father began suffering from dementia, which consumed him until he died in 2010. She used to be able to count on help from her brother, who lived close to their parents, but he died of cancer a few years back. Her mother doesn't want to leave the house she's lived in for so long.

So Bryner talks daily with her mother via Skype, a video telephone service. She's lucky to have a job that's flexible enough

MILLIONS page 21

Tips for managing an elder's care from a distance

Caring for an aging parent or other relative can rank among the most stressful tasks a person can ever take on. But doing so from a distance makes it even more challenging.

Some tips for long-distance caregivers:

- Keep in regular contact with your loved one and, if possible, use video chats so you can make visual assessments. Seniors often defy stereotypes with their handle on technology and can master useful tools like Skype or other video chatting services, such as on the iPad.
- Find allies closer to the person you're caring for: other

relatives, neighbors or friends. Ask them for help when you need it and rely on them for on-site advice on how your loved one is doing.

- Keep handy vital information such as prescriptions, a living will, phone lists of doctors and financial information.
- Seek out the help of a geriatric care manager, who can line up in-home services for your parent or other relative and assist in other caregiving tasks.
- Utilize new technology to help monitor your loved one. There are now consumer products that can dispense pills, track sleep and bathroom activity and monitor blood

pressure, all from afar.

• Pay attention to subtle clues from your relative that might hint at underlying problems. Are they continuing to socialize? Paying their bills? Maintaining the house?

• Take care of yourself, too. Make sure you get breaks when you need them and find an outlet for emotional support. If you're not cared for, you won't be able to take good care of your loved one either. — AP

Sources: National Institutes of Health, AARP, interviews with caregivers.

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When a loved-one needs special care in a facility setting

By Micha Shalev, MHA

An Alzheimer's sufferer residing in a facility will likely depend on personnel to provide personal assistance. He or she may be able to take a bath one day and not the next. This does not indicate that the individuals are being mean, stubborn or manipulative.

Because of the disease, he or she may have reduced ability to remember old skills and may have no control over certain behaviors. Some Alzheimer's residents can do some tasks very well, but will need complete assistance with others. The



facility leadership team must continuously evaluate each task to determine what the resident can still do.

The most common mistake I see is that caregivers assuming that the residents needs help simply because they are slow to respond or do the task poorly. The challenge is to give the residents only as much assistance as they need to support their remaining abilities and to provide structure so that they feel safe and comfortable. A safe and peaceful environment can work miracles on individuals with behavior problems.

Caregiving Tips

► Millions

Cont. from page 18

that she's able to visit for a couple of weeks every few months. But she fears what may happen when her mother is not as healthy as she is now.

"Someone needs to check on her, someone needs to look out for her," she said. "And the only someone is me, and I don't live there."

Many long-distance caregivers say they insist on daily phone calls or video chats to hear or see how their loved one is doing. Oftentimes, they find another relative or a paid caregiver they can trust who is closer and able to help with some tasks.

Yet there always is the unexpected: Medical emergencies, problems with insurance coverage, urgent financial issues. Problems become far tougher to resolve when you need to hop on a plane or make a daylong drive.

"There are lots of things that you have to do that become these real exercises in futility," said Ed Rose, 49, who lives in Boston but, like his sister, travels frequently to Chicago to help care for his 106-year-old grandmother, Blanche Seelmann.

Rose has rushed to his grandmother's side for hospitalizations, and made unexpected trips to solve bureaucratic issues like retrieving a document from a safe-deposit box in order to open a bank account.

But he said he has also managed to get most of the logistics down to a routine.

He uses Skype to speak with his grandmother every day and tries to be there whenever she has a doctor's appointment. Aides handle many daily tasks and have access to a credit card for household expenses. They send him receipts so he can monitor spending. He has an apartment near his grandmother to make sure he's comfortable on his frequent visits.

Even for those who live near those they care for, travel for work can frequently make it a long-distance affair. Evelyn Castillo-Bach lives in Pembroke Pines, Fla., the same town as her 84-year-old mother, who has Alzheimer's disease. But she is on the road roughly half the year, sometimes for months at a time, both for work with her own Web company and accompanying her husband, a consultant for the United Nations.

Once, she was en route from Kosovo

to Denmark when she received a call alerting her that her mother was having kidney failure and appeared as if she would die. She needed to communicate her mother's wishes from afar as her panicked sister tried to search their mother's home for her living will. Castillo-Bach didn't think she could make it in time to see her mother alive once more.

"I won't get to touch my mother again," she thought.

She was wrong. Her mother pulled through. But she says it illustrates what long-distance caregivers so frequently go through.

Lynn Feinberg, a caregiving expert at AARP, said the number of long-distance caregivers is likely to grow, particularly as a sagging economy has people taking whatever job they can get, wherever it is. Though caregiving is a major stress on anyone, distance can often magnify it, Feinberg said, and presents particular difficulty when it must be balanced with an inflexible job.

"It's a huge stress," she said. "It can have enormous implications not only for someone's quality of life, but also for someone's job."

It can also carry a huge financial burden. A November 2007 report by the National Alliance for Caregiving and Evercare, a division of United Health Group, found annual expenses incurred by long-distance caregivers averaged about \$8,728, far more than caregivers who lived close to their loved one. Some also had to cut back on work hours, take on debt of their own and slash their personal spending.

Even with that in mind, though, many long-distance caregivers say they don't regret their decision. Rita Morrow, who works in accounting and lives in Louisville, Ky., about a six-hour drive from her 90-year-old mother in Memphis, Tenn., does all the juggling too.

She has to remind her mother to take her medicine, make sure rides are lined up for doctor's appointments, rush to her aid if there's a problem. She knows her mom wants to stay in her home, to keep going to the church she's gone to the past 60 years, to be near her friends.

"We do what we have to do for our parents," she said. "My mother did all kinds of things for me." — AP

For more information, www.fiftypluscaregivers.com.

The facility leadership and management team must know the residents. In working with each individual, they should be able to answer the questions listed below to all family members at any given time:

- What can the resident do? Examples: Walk without assistance. Simple crafts and activities. Communicate with or without help.

- What does the resident need help with? Examples: Impulse control (screaming, biting, combative behavior, etc.). Using the bathroom (i.e. getting his trousers unbuttoned). Dressing (patient can put on shirt and trousers but needs assistance with buttons, zipper, etc.).

- What are the facility goals for the resident? Examples: Use of remaining skills (i.e. resident draws well so the goal is to maintain this interest and skill as long as possible). Ask about what safety and protocol measures will be used for the loved one if he or she wanders or tries to leave the facility. How will self-esteem be maintained for the resident (i.e. provide opportunities in which he or she experiences success or sense of accomplishment)?

A good care plan is one in which the caregiver continuously monitors the changing needs of the person with Alzheimer's

disease. It is one which neither demands too much or too little of the person. It is all about the balance.

A good care plan is responsive to the unpredictable behaviors of your loved one. The most effective tool in caring for the person with Alzheimer's disease is the training of personnel, the facility's resources to correctly address problems and the ability to choose an appropriate strategy.

Because of the unique nature of Alzheimer's disease and related dementia disorders, success often depends on flexibility, creativity, teamwork and the willingness of the facility and the medical team to try different approaches. What works today may not work tomorrow.

Micha Shalev, MHA, is the owner and administrator of Dodge Park Rest Home and The Adult Day Club at Dodge Park, 101 Randolph Road, Worcester. The facility is holding two free support group meetings a month for spouses and children of individuals with dementia and/or Alzheimer's disease. For information call 508-853-8180 or e-mail m.shalev@dodgepark.com. Visit Dodge Park at www.dodgepark.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

How to choose a hospice residence

By Angela Penny

When a loved-one enters hospice, it is a very difficult time for everyone because it is the end of a life-journey.

Often, end of life care is provided at home by family members, with a hospice team visiting the family throughout the week.

Caregiver Tips

At times this becomes a hardship, physically and emotionally, for a family. Families want to spend more quality time with their loved one and not be the caregiver. It is the most important time to be the wife, husband, daughter, son or friend. It is a time to reminisce, hug, laugh and love.

This is when a hospice residence can assist a patient and their loved ones. A hospice residence provides professional caregivers so that a family can spend quality time with their loved one at the end of life's journey.

Depending on the hospice residence, the family might be able to have the same nursing staff provide services.

When considering a hospice residence, ask what outside providers it is in partnership with and whether these people can see patients at the residence. Will the same nurse, CNA and pastor that saw you or your loved one in your home be able to follow and provide care at the hospice residence?

Also ask about accommodations for family. Are there cots? Beds? What types of private areas are there for families? Lastly, go for a tour or see if the hospice residence provides for a virtual tour online. This may help when making your decision.

Angela Penny, COTA, is director of admissions & marketing for Ichabod Washburn Hospice Residence, 1183 Main St., Worcester, MA and Holy Trinity Nursing and Rehabilitation Center (a non-profit community owned and managed healthcare facility) located at 300 Barber Ave., Worcester. She can be reached at 508-341-7170 (mobile) or visit www.htnr.net.



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College towns draw those seeking active retirement

By Carole Feldman

College isn't just for the young.

With many people seeking a retirement that is culturally active and intellectually stimulating, colleges and universities are working to bring retirees to their campuses and towns, offering them free or reduced-rate classes, artistic performances or lectures. Some have partnered with retirement residences in the area.

For some retirees, it's a homecoming: They're returning to their former campuses with warm memories of the time they spent there as students. Others are moving to be closer to their children, who might be affiliated with the university. For still others, it's just a new adventure.

"People think seniors today are looking for sun and sand and not much else," said Jill Lillie, director of marketing at The Village at Penn State, a continuing care residence in State College, Pa. "But boomers are focused on new challenges. They want to enrich their lives, write a new chapter."

Campus life can provide plenty of opportunities to do that.

"We were tired of looking at old people, and we wanted to get to a place where there was a little more vibrancy, a little more to do," said Al Green, a 1947 Penn State graduate who moved to The Village at Penn State after first retiring to Florida. On a recent fall weekend, he was juggling sporting events, a bridge game and drinks with friends.

Students cite benefits, too. Vicki

Centurelli, an Ithaca College senior from Hingham, Mass., who has volunteered with retirees, said, "Hearing about different experiences allows you to reflect on your own life and see it a little bit differently, which I think is important for college students to do."

Sure, the same types of residential facilities and programming are available in communities around the country, but there's a preponderance in college towns, said Scott Perry, president of Bankers Life and Casualty Company, which put out a study on the best U.S. cities for seniors. Among the criteria it considered were social opportunities, including the number of colleges and universities in town.

"We can't underestimate the importance of keeping our minds active as we age," he said, adding that college communities have the resources to "allow seniors to focus on what they want to pursue in the next stage of their life."

And it's not just intellectual and social. Typically, he said, many large universities will have teaching hospitals and even dental schools, which provide health services for seniors. "They raise the quality of care in the community," he said.

In Ithaca, N.Y., the Longview retirement community offers independent and assisted living, and has a partnership with Ithaca College to promote intergenerational learning. Two or three residents are taking classes at the college, said Brelan Nash, Longview's recreation and volunteer coordinator. Residents also attend plays and

concerts on campus, with transportation provided.

At the same time, some classes for students are held at Longview, and residents can sit in, said Rhoda Meador, director of the Gerontology Institute at Ithaca College. Talking with the seniors can provide context and reality to the students' academic subjects, she said.



Sarah Furie, 20, a junior from Windsor, Conn., who is majoring in television and radio, said student volunteers have taught Longview residents about computers, performed musical programs, and done arts and crafts.

Similarly, student interns teach fitness and art at the Village at Penn State, and help with technology. Sports teams also visit, Lillie said.

Residents can take one class a semester at Penn State. "There has to be space avail-

able and they can't preempt a paying student," Lillie said.

But retirees don't necessarily have to live in a facility partnered with a university to take advantage of programming at a school.

Sam Wolsky, who retired to Tucson, Ariz., from Chicago to be near his children and grandchildren, said he and his late wife, Roberta, found the musical, dance and theater offerings at the University of Arizona an added benefit to their lives there. "There's a smorgasbord of activities that you can be involved in," said Wolsky.

Colleges and universities also attract retirees who want to use their expertise and experience to pursue a second career — teaching. Ron Brown, a 64-year-old patent lawyer, decided to retire to Tucson from Minneapolis in part for an adjunct teaching position at the University of Arizona law school.

He also hopes to take classes. "I have nightmares about forgetting how to do calculus," said Brown, who studied chemistry and chemical engineering and got a PhD before going to law school.

One school — the University of North Carolina at Asheville — has established an on-campus center dedicated to making retirement a fulfilling stage of life. The North Carolina Center for Creative Retirement, founded in 1988, lets retirees in the community "use their lifetime experience to solve some of the problems, make a contribution," said Catherine Frank, the executive director. — AP

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Medical bills can wreck credit, even when paid off

By Carla K. Johnson

CHICAGO —

Mike and Laura Park thought their credit record was spotless. The Texas couple wanted to take advantage of low interest rates, so they put their house on the market and talked to a lender about a mortgage on a bigger home in the Dallas-Fort Worth suburbs.

► Support

Cont. from page 9

Howard Bornstein, 68, saying the three of them are "sort of a clique" because they travel to different events together and otherwise keep in touch.

The elders said they can relate to youths who are dealing with coming out, but they feel that at least they have some peer support.

Bourque said going to gay bars in his younger years meant "you had to look both ways before going in a side or back entrance to make sure nobody you knew saw you."

"Before Stonewall in New York City, everything was hidden," he said, referring to the 1969 uprising at the Stonewall Inn in Greenwich Village that is credited with igniting the gay civil rights movement.

Flavin said that both he and Bourque were interviewed for *Gen Silent*, a documentary by Stu Maddox that follows aging LGBT people from the Boston area. His topic involves inequities in health

Their credit report contained a shocker: A \$200 medical bill had been sent to a collection agency. Although since paid, it still lowered their credit scores by about 100 points, and it means they'll have to pay a discount point to get the best interest rate. Cost to them: \$2,500.

A growing number of Americans could encounter similar landmines when they refinance or take out a loan. The Commonwealth

care and treatment for lesbian and gay people.

Flavin maintains that a lot of people in his generation were "silent, because they wanted to be."

He said times have changed now, with more acceptance, but also because of technological advances. Flavin said gays don't necessarily have to meet up in bars anymore. They can link up online.

He said he has taken part in gay pride parades as a member of a group advocating gay rights.

The lunch at the Sharon center presents just another opportunity for the men "to network, meet people and to be seen," Bornstein said.

Davis, of HESSCO, said that's part of the aim of the program, which she hopes will attract more LGBT people.

"There are folks right in our backyard that we need to bring out of their apartments to where they can feel safe and welcome," she said. "We want them to go from invisibility to inclusion."

De Ris added, "We're a welcoming group." — AP

Fund, a private foundation that sponsors health care research, estimates that 22 million Americans were contacted by collection agencies for unpaid medical bills in 2005. That increased to 30 million Americans in 2010.

Surprisingly, even after the bills have been paid off, the record of the collection action can stay on a credit report for up to seven years, dragging down credit scores and driving up the cost of financing a home. An estimated 3.4 million Americans have paid-off medical debt lingering on their credit reports, according to the Access Project, a research group funded by health care foundations and advocates of tougher laws on medical debt collectors.

Medical bills make up the majority of collection actions on credit reports, and most are for less than \$250, according to Federal Reserve Board research.

The Parks had no idea a billing error they'd sorted out a year earlier — they never actually owed the \$200 — could affect their credit. They didn't know the bill for a copayment on a PET scan Mike needed had been sent to a collection agency.

"We've prided ourselves in having impeccable credit. We worked hard to establish that," said Laura Park, a 51-year-old office manager married to a 53-year-old firefighter. They are going ahead with the home purchase while trying to fix their credit report.

Matt Ernst, a vice president at Mortgage Lenders of America in Overland Park, Kan., said medical collections frequently turn up on credit reports.

"We see a ton of them," Ernst said. They have an impact on financing, he said, but even he didn't realize how much until he

learned that someone with a FICO score of 680 — which is considered good, but not excellent — will see their score drop up to 65 points because of a medical collection.

"I didn't know a medical collection would hammer it that hard," Ernst said. "Our investors require a 620 to even get a loan."

It's a problem for insured and uninsured alike. Outright billing mistakes, confusion over whether a claim will be paid by insurance and disputes between insurance companies and doctors — all can lead to medical bills being sent to collection agencies.

Congress is considering legislation — the Medical Debt Responsibility Act — that would require credit agencies to delete paid-off medical debt from credit reports within 45 days.

The bill has bipartisan support in the House. A Senate version was also introduced.

Debt collectors support the legislation in the House, according to ACA International, a trade association. A key foe of an earlier bill was another group representing the nation's credit bureaus. The Consumer Data Industry Association, which hasn't taken a position on the revised bill, said that lenders need to see a consumer's patterns of behavior over time and even paid-off medical debt is relevant to whether the consumer is a good risk.

Most hospitals and physician groups use collection agencies to go after late bills after 60 or 90 days, rather than hiring more staff. It makes financial sense to share the amounts collected with an agency. "If you don't collect anything, it's worth zero," said Richard Gundling of the Healthcare Financial Management Association. — AP

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How secure are your retiree benefits?

By Dave Carpenter

Retiree benefits aren't as secure as they used to be, as auto and airline workers and others have learned in recent years.

Kodak workers are among those who will experience the changes as the company reorganizes under bankruptcy protection. Kodak wants to end health care benefits for about 16 thousand retirees who are over age 65 and eligible for Medicare. Other companies are doing the same, either in or out of bankruptcy.

The biggest pain is likely to be felt by baby boomers, who are mostly still in the workforce but facing increasing prospects that their employers may freeze their pensions, reduce or eliminate company matches in their 401(k) plans and shrink health benefits.

"Baby boomers would do well to recognize that they're not going to be looking ahead to as comfortable a retirement as their parents had," said Olivia Mitchell, head of the Boettner Center for Pensions and Retirement Security at the University of Pennsylvania's Wharton School. "Their parents had a secure Social Security system, generous Medicare system, defined-benefit pensions and retiree medical benefits."

Traditional pensions are fast vanishing and the other areas all are considered fodder for potential cuts in the years ahead.

But workers who have been retired for 10, 20 or 30 years are feeling it, too, because

some also are losing health and life insurance benefits.

Here is an overview of key concerns for retirees and near-retirees concerning benefits:

Q: How can a company promise benefits and then renege on them years later? Are there no protections for workers?

A: It's perfectly legal for companies to eliminate benefits that have not yet been earned.

Pensions, medical benefits and even vacations all are considered to be voluntarily provided benefits. It's more common in other countries to have mandatory insurance and vacations, said Rebecca Davis, legal director of the Pension Rights Center in Washington.

So-called anti-cutback rules in the federal tax code offer some protection. They generally prohibit a company from taking away any accrued benefits. But that's not the case with future benefits. And the precedents set by companies since the early 2000s point toward increasing reductions.

Q: How vulnerable are pensions?

A: Pension assets generally are not at risk in a company bankruptcy because pension cash must by law be kept separate from business accounts. But some retirees with higher paying pensions may not get the full amounts.

Pensions offered by private employers are typically secured by the Pension Benefit Guaranty Corp., which takes over failed pension plans to continue paying retirees. But the federal agency caps the benefits it pays out to retirees annually. The maximum for 2012 is \$55,841, so if your employer goes under your pension benefit is capped at that amount.

Outside of bankruptcy, the bigger risk for retirees is having their pensions frozen, meaning the amounts handed out in retirement will be thousands of dollars less per year than they were told. "The law gives companies the opportunity to break promises to their workers," said Davis.

And almost no company still offers pensions to new employees. Only 14 percent of private sector workers still had traditional,

defined-benefit pensions in 2010, according to the Employee Benefits Research Institute. That's down from 28 percent in 1990.

Q: What benefits are the likeliest to be cut?

A: Health benefits. Unlike with pensions, retiree health care benefits are not protected by law, said Ed Beltram of the nonprofit National Retiree Legislative Network.

Most companies have "reservation of rights" clauses that effectively say they reserve the right to change or eliminate benefits such as health care and life insurance. Hundreds of companies have taken advantage of them to reduce or eliminate those benefits in the past decade.

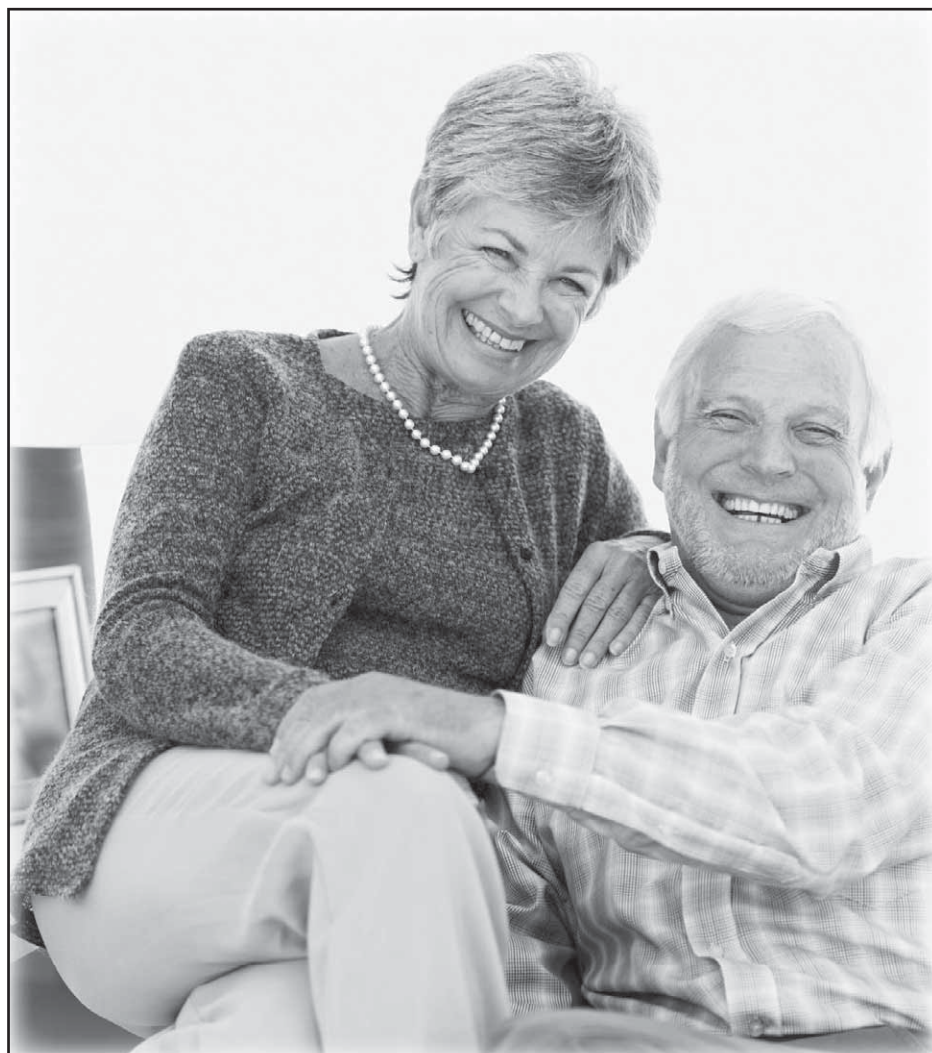
In bankruptcy, benefits can be reduced or wiped out with a judge's approval.

One typical reduction that particularly hurts retirees is when companies reduce life insurance from a year's salary to \$10,000 or less, Beltram said. Retirees who wish to have more life insurance can find it unaffordable or impossible to secure new policies in their 60s, 70s or 80s.

Q: What about company-sponsored 401(k) retirement plans?

A: Your 401(k) or other defined-contribution account, if you have one, is protected by law. The assets in the plan are yours and are managed for you by a service provider hired by your employer.

SECURE page 25



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You can't take it with you

By Marianne Delorey

Americans tend to have more stuff than they need. At no time is this more apparent than when they are downsizing. There are plenty of professional organizers that can help you get a handle on your stuff, but the first step in downsizing should actually be to get a better handle on your future space.

Housing Options

Go to your new space and measure to see what will fit, but don't limit your thoughts to your new room, apartment or condo. Talk to the manager and other residents where you are moving to. Find out what amenities your building will offer that will help you limit what you will need to bring.

Does the building have an exercise room or an exercise program? Are there safe and attractive paths for walking? If so, you might not need your treadmill

and exercise videos.

Are meals available? Don't bring more pots and pans than you will need for the occasional meal. If there is a community kitchen, is it well stocked? Maybe you can do without your 12 cup coffee maker and 60 piece dinnerware set.

Can you host family parties in the common areas? Then bring a loveseat instead of a couch and a four person dining table instead of an eight person table.

What are your responsibilities with regard to cleaning? If you are in an apartment, you will likely need a vacuum, a broom, a mop and some basic cleaning equipment. If cleaning services are provided, you might need even less. If you are going into a condo, you may still want to hang on to your rug shampooer.

How much storage is available? And what are the conditions of that storage? Is it a private, locked space or a communal, shared space? Is it seasonal only? On

YOU page 26

► Secure

Cont. from page 24

Many companies froze the matching contributions to 401(k)s after the financial meltdown of 2008. The good news: In one recent study by business consultant Towers Watson, 75 percent of the mid- to large-sized companies that had lowered or suspended their 401(k) contributions have resumed them

— three-quarters at the same level as before.

The big 401(k) danger for retirees and workers alike is having their accounts heavily dependent on their employer's stock. If the company gets into financial trouble or files for bankruptcy, the collapse of the stock can devastate savings. The prime example: Enron Corp. Enron employees held nearly 60 percent of their retirement assets in company stock when the shares went from \$90 to nothing. — AP

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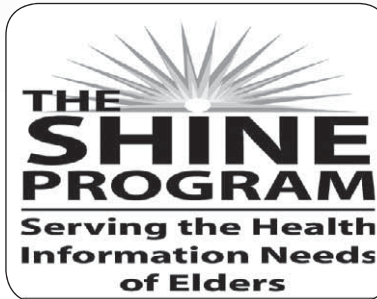
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Medicaid/MassHealth: Emphasizing the need to plan

By Linda T. Cammuso

Nursing home care or the need for long-term-care services is among the most serious financial burden a senior will experience in his or her lifetime. In the United States, the average cost for nursing home care exceeds \$70,000 annually — in fact some nursing facilities in Massachusetts cost well over \$100,000. Given those realities, it does not take much to imagine how soon your finances will be devastated should you, or a loved one, need to move into a nursing facility. If you accumulated assets during your life to leave to future generations, that dream would vanish.



Legal Briefs

Medicaid, known as MassHealth in Massachusetts, is the primary program that funds long-term care and nursing home costs for those who qualify. The application process is riddled with strict rules and regulations that are not easy to navigate and qualifying is not easy. The best time to plan for MassHealth eligibility is before you or a loved one needs care; however you should also know that it is never too late to apply.

Getting the facts about Medicaid/MassHealth eligibility from the right source is important. Often advice from well-meaning friends, family members and

others whom you trust, but who are not fully informed, may actually have damaging effects. When you get advice like: "The government is going to take your house, you need to spend all your money before you go into the nursing home before you can qualify for MassHealth, or you can give your house to a child for \$1" — you need to seriously consider that person's expertise in the area of elder law and the MassHealth application process. Using the wrong individual to help could result in denial of benefits, and the appeal process can be a lengthy, uphill battle.

If you have a loved one who is in a nursing home or who might need MassHealth coverage to help with their care, consider contacting an elder law/ estate planning

attorney for professional help throughout the process. The kinds of services you may expect to receive include:

- A personalized analysis of your financial healthcare considerations relevant to your application;
- Spend down options guidance;
- Clarification about the five-year look back period;
- Preparation of the application and attachments;
- Identification and organization of supplemental materials;
- Communication with MassHealth caseworkers;
- Coordination with the nursing home;
- Appeals for denial of benefits; and
- Ongoing assistance with the annual

eligibility verification process.

It's a sad fact that those who are facing imminent long-term-care situations, and who have not planned adequately, could conceivably lose everything. But you don't need to find yourself in this situation if you are proactive and work with a legal professional who is qualified in estate planning and elder law.

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.

► You

Cont. from page 25

a similar note, ask about the closets. If you saw a model unit, ask about the specific dimension and number of closets.

Ask about rules of use for common areas. Can your grandchildren use the toys in the common area? If you leave a radio in the common areas, will it be safe? Will it be ok with management?

Find out about local transportation. Will you be bringing your car? Do you know what the closest bus route is? Will you need to bring sturdy bags so you can go grocery shopping and haul your food home on a bus? What about a cart?

Determine the rules for the maintenance crew. Will they let you borrow a hammer if you are hanging a picture? Will they help you hang your curtains? What other tools will you need to bring?

Check out the laundry facilities. Are their machines small? If so, you might want to forget about that double plush comforter and bring a blanket and a bedspread.

Are there TVs and a computer in common areas? Is there a lending library? Maybe you won't need such a big desk or work space. Can you tolerate sharing some of these items or do you need your own?

What about outside space? Is there a pool or tennis court? You may want to

make sure your pool floats and rackets don't get buried in the move. If you will have outside space, will you want to garden? Prepare by setting aside your favorite tools and equipment.

Every building is different in terms of what amenities it offers residents. The rules set up by management for common area use will vary from place to place.

Marianne Delorey, Ph.D., is the executive director of Colony Retirement Homes. She can be reached at 508-755-0444 or mdelorey@colonyretirement.com and www.colonyretirementhomes.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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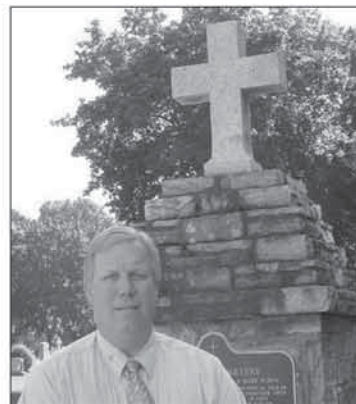
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Losses mount from scams targeting older Americans

By David Crary

NEW YORK —

Boomers beware: Scams, frauds and other financial exploitation schemes targeting older Americans are a growing multibillion-dollar industry enriching the schemers, anguishing the victims and vexing law enforcement officials who find these crimes among the hardest to investigate and prosecute.

"The true con artists, who are in the business of making money off older folks through devious means, are very good at what they do," said Sally Hurme, a consumer fraud specialist with AARP. "They cover their tracks, they use persuasive psychological means to spin their tales."

Elder financial abuse encompasses a wide range of tactics, some perpetrated by relatives or trusted advisers, some by strangers via telemarketing and Internet-based scams.

Researchers say only a fraction of the abuse gets reported to the authorities, often because victims are too befuddled or embarrassed to speak up. Even with the reported cases, data is elusive because most federal crime statistics don't include breakdowns of victims' ages.

Nonetheless, there's ample research to convey the scope of this scourge.

A federally funded study conducted for the National Institute of Justice in 2009 concluded that 5 percent of Americans 60 and older had been the victim of recent financial exploitation by a family member, while 6.5 percent were the target of a nonfamily member. The study, led by psychologist Ron Acierno of the Medical University of South Carolina, was based on input from 5,777 older adults.

A report last year by insurer MetLife Inc. estimated the annual loss by victims of elder financial abuse at \$2.9 billion, compared with \$2.6 billion in 2008.

"Elder financial abuse is an intolerable crime resulting in losses of human rights and dignity," MetLife said. "Yet it remains under reported, under recognized and under prosecuted."

Older Americans are by no means the only target of schemers and scammers, but experts say they have distinctive characteristics that often make them a tempting prey.

Some have disabilities that leave them dependent on others for help; others are unsophisticated about certain financial matters or potential pitfalls on the Internet. Many are relatively isolated and susceptible to overtures from seemingly friendly strangers.

"That's why telemarketing scams are so successful," said Karen Turner, head of a newly formed elder fraud unit in the Brooklyn District Attorney's Office in New York City. "They're delighted to have someone to talk with — they almost welcome the calls."

Coupled with these factors, most older Americans, even in these troubled economic times, have tangible assets in the form of homeownership, pensions and Social Security income that scammers seek to exploit.

Another factor is the older generation's patriotism and respect for authority, according to Sid Kirchheimer, who writes a weekly

"Scam Alert" column for the AARP Bulletin.

"A lot of the scammers pretend to be with the government — they say they're calling from the Social Security Administration or the IRS," Kirchheimer said. "People 65 and over, they often fall for that."

There's a multitude of scam scenarios, some of them new twists on old ploys.

Among the current variations:

- The Grandparent Scam: Impostors, often calling from abroad, pose as a grandchild in need of cash to cope with some sort of emergency, perhaps an arrest or an accident. The grandparent is asked to send money and urged not to tell anyone else about the transfer.

Police in Bangor, Maine, said a man in his 70s was bilked out of \$7,000 in January by a con artist pretending to be his grandson who called to say he needed money to get out of jail in Spain.

In another version, scammers pose as soldiers who've been serving in Afghanistan, and call grandparents claiming to need money as part of their homecoming.

- The Lottery Scam: Scammers inform their target that they have won a lottery or sweepstakes and need to make a payment to obtain the supposed prize. The targets may be sent a fake prize-money check they can deposit in their bank account. Before that check bounces, the criminals will collect money for supposed fees or taxes on the prize.

Police in Holden, Mass., say an 80-year-old woman recently was bilked out of \$400,000 over the course of a year in her efforts to claim bogus prize money. In Los Angeles, authorities said last year that an 87-year-old widower fell for a lottery scam masterminded in Quebec, and mailed \$160,000 in checks that he'd been told was for taxes on his purported \$3.3 million in winnings.

Many recent lottery scam calls have come from Jamaica, to the point where its area code (876) is now cited by anti-scam experts as a warning sign. Other Caribbean area codes also have been implicated.

- The Toilet Paper Scam: Fraudsters often try to convince gullible targets into paying exorbitant sums for unneeded products and services, as exemplified by a scam uncovered in South Florida last year.

According to U.S. investigators, salespeople claiming their company was affiliated with federal agencies told their elderly victims that they needed special toilet paper to comply with new regulations and avoid ruining their septic tanks. In all, prosecutors said the company scammed about \$1 million from victims from across the country, including some who purchased more than 70 years' worth of toilet paper.

Three suspects in that case, all from Florida's Palm Beach County, pleaded guilty to wire fraud. But officials say arrests are the exception, not the rule, especially in telemarketing and Internet scams where there's no paper trail, no face-to-face interaction and the perpetrators are often operating from abroad.

"It's very hard for us to investigate overseas — the likelihood of us finding them and extraditing them is slim," said Turner,

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Getting creative with color: how to do it right

By Melissa Rayworth

Striped staircases and lavender walls? They're not just for high-profile designers anymore.

Home-decorating TV shows and glossy shelter magazines have many homeowners embracing the bold, unexpected use of color that cutting-edge designers love. But creative color can be tricky. Three experts offer advice on doing it right:

The edgiest colors can be tamed nicely by pairing them with natural wood tones.

Bursts of color are perfect for areas that normally get little attention, said Courtney Novogratz, co-host of the new HGTV series *Home by Novogratz*. Stairs, alcoves and unused corners of rooms, she said, are spots "that people don't realize they can really dress up and have fun with to show a reflection of who they are as homeowners."

For her show's first episode, she painted a beach house staircase white with pink and blue stripes from top to bottom. This narrow approach to the second floor suddenly became bright and inviting.

Black and white. Red and green.

Brown and light blue. These common color palettes surface frequently in home decorating. Freshen up these typical pairings by bringing in a third color no one would expect, said Brian Patrick Flynn, HGTV blogger and founder of DecorDemon.com.

"If you really want chocolate brown with pale blue, which has been done to death, then add something like celery green," he said. "All of a sudden, it's fresh and you've made it your own."

If you love wild colors like bright orange but aren't sure how to decorate with them, Flynn suggests using a bright hue alongside a very dark and a very light one. Orange might be a disaster mixed with green and yellow, but it can look sophisticated when used with silver and dark charcoal.

Being adventurous with color doesn't always mean using loud hues. Betsy Burnham, founder of Los Angeles' Burnham Design, recently chose lavender for the entryway of a home in Beverly Hills.

Her client had expected the walls of this two-story space to be painted a classic neutral — maybe cream or taupe. Lavender was an unexpected choice, but the owner was thrilled: It gave the entry-



way subtle drama without looking outrageous.

Paint is inexpensive and easy to apply, so it can be the perfect vehicle to bring in wilder colors. But Flynn finds that some homeowners are intimidated by choosing a bold or quirky color for their walls: "They feel like it's permanent, even though it isn't," he said.

If you prefer neutral walls, you can easily bring in edgier colors with furniture, window treatments and accessories. Novogratz suggests another option: Choose vibrant pieces of art, and then frame them in brightly colored frames. She and her husband, Robert, who is also her design partner, sometimes take

basic wooden picture frames and repaint them in a vivid red lacquer.

No color is off-limits, provided you choose the right shade. Even pink doesn't have to be saved for children's bedrooms, Novogratz said.

A tip from Burnham: If you want to use a color like teal or chartreuse but are worried it will be overpowering, look for what she calls a "dusty" version of these colors — one that's tempered by a bit of gray.

The edgiest colors can be tamed nicely by pairing them with natural wood tones.

Burnham often adds furniture with black wood finishes to rooms where she has used intense colors.

Novogratz did the same in a master bedroom where she used a single shade of bright yellow for the walls and floor. A large wooden bed in the center of the room created a calming break from the energizing yellow that filled the space.

Overall, said Flynn, give yourself permission to experiment and indulge your creativity. "Every time I do my own space," he said, "I think of it as a canvas where I can experiment with completely unusual color combinations." — AP

► Advice

Cont. from page 11

swollen ankles.

Many high-tech treatments are available to treat advanced disease. But they usually don't slow its progression, they just keep people from dying. And that means living longer with steadily worsening symptoms. Patients don't often understand that when they agree to gadgets like a \$30,000 to \$50,000 implanted defibrillator, which shocks a quivering heart back into normal rhythm.

"Defibrillators don't actually make people feel better — it doesn't treat the underlying heart failure. All it does is abort sudden death," Allen said.

More than 100,000 defibrillators are implanted each year in the United States, and one quarter of them are replacement operations because a battery has worn out (they last three to five years). That often is done without reconsidering whether a patient's health has deteriorated so much that the device isn't a good idea, three Harvard Medical School doctors wrote recently in the *New England Journal of Medicine*.

The new American Heart Association advice takes aim at this problem. It urges: •An annual talk between heart failure patients and doctors to set treatment goals for the present and for possible emergencies such as cardiac arrest.

•"Milestone" reviews after any big change such as hospitalization, a defibrillator shock, worsening kidney problems or dementia.

•Discussing not just survival gains but also potential problems from devices or treatments, such as side effects, loss of

independence, quality of life and obligations on families and caregivers.

•Considering palliative care, which does not mean stopping treatment.

The goal is "not only living long, it's living well. People often make decisions about the 'long' without even considering the 'well,'" said Jessie Gruman, president of the Center for Advancing Health, a patient advocacy group. The American Heart Association asked Gruman, who has had several cancers and a heart problem, to review the advice from a patient's perspective.

The worst thing is to have no plan or clear goals when an emergency occurs, she said.

"The person who's ill may not have particular cognitive clarity and the caregivers may be upset and exhausted. They just haven't thought it through — they haven't had a chance to think it through. They've never done this before," Gruman said.

Mary Jane Eaton has thought it through. She's 80 and lives in Aurora, Colo., just east of Denver. Twenty years ago, she had a new heart valve put in that is leaking now. She has heart failure and chest pains, probably from clogged arteries. After talks with her cardiologist, Dr. Jennifer Dorosz, she has decided to treat her fluid buildup with higher doses of water pills and not have any more tests or surgery.

"I can't see that I could go through that," she said. "At my age, I just figure you know what, when the Lord's ready for me, he's going to take me. And I don't want to be taken on the operating table." — AP

Online: Heart Association: www.americanheart.org; Heart failure info: www.nhlbi.nih.gov/health/health-topics/topics/hf.

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► Scams

Cont. from page 27

the Brooklyn prosecutor.

Paul Greenwood, a deputy district attorney in San Diego who runs an elder abuse prosecution unit, says he's been trying to cajole local banks and credit unions to be more aggressive in protecting their elderly customers. One way is for those institutions to contact authorities if they detect suspicious withdrawal patterns.

Greenwood said he's often spoken by phone with overseas scammers, initially pretending to be a potential victim, then revealing who he is.

"They're not in the least affected. They just move on to the next call," he said. "If they're outside the U.S., they're home free."

Nonetheless, Greenwood hopes his fellow prosecutors nationwide will become more aggressive in pursuing charges when they can catch a suspected scammer.

"The cliché is that these are victims with poor memories or who are reluctant to testify," Greenwood said. "We've found we can overcome that. Once you get them into court, the victims have such strong jury appeal that most of time the defense just pleads out."

Cases of financial elder abuse surface at all economic levels of U.S. society. For elderly scam victims of modest means, the results can be catastrophic.

"The abuse can leave a person devastated," Turner said. "They're not young to enough to grow a nest egg again — the nest egg is gone."

For prosecutors and other anti-scam

experts, the most wrenching cases often involve financial abuse by an older person's adult children or other family members who'd been put in positions of trust.

"These people think they're entitled to something — they say, 'I just wanted an advance on my inheritance,'" said Arlene Markarian, an assistant district attorney in Brooklyn who specializes in elder abuse prevention.

She says this type of financial exploitation is often accompanied by physical abuse, and yet many elderly victims balk at reporting it.

"There's the embarrassment factor — no one wants to see relatives prosecuted," Markarian said. "And there's fear of losing your independence — being put in a nursing home. A lot of the times, it's the offender making that threat."

Markarian added another note of caution.

"We're seeing not just older victims but older perpetrators," she said. "Not all old people are sweet."

A case in point: The estranged father of actress Jodie Foster — 89-year-old Lucius Foster — was sentenced to a five-year jail term in December for bilking more than \$100,000 from poor and elderly people in a home-building scheme.

Financial abuse by family members and trusted advisers will be among the targets of the federal Office of Older Americans, part of the new Consumer Financial Protection Bureau. Plans are in the works to provide guidelines for relatives and others on ethical standards for helping handle an older person's finances.

The Office of Older Americans is headed by Hubert H. Humphrey III, a former attorney general of Minnesota who says awareness of elder abuse is growing among law enforcement agencies.

One of the policy advisers working with Humphrey is Naomi Karp, who formerly handled elder-abuse issues for AARP.



She said most states have developed appropriate laws for dealing with elder abuse, and the key question is whether there are enough investigators and other resources to carry them out effectively.

She likened the challenge to a whack-a-mole game.

"As soon as law enforcement or regulatory agencies go after one scam, it's so easy for the con artist to morph with the next best one," she said.

One needed step, according to abuse-prevention advocates, is getting money for the federal Elder Justice Act. Congress passed it two years ago with the aim of helping states combat various forms of elder abuse, but thus far no dollars have been

appropriated to put it in practice.

The FBI is actively fighting elder financial abuse, issuing anti-scam top sheets and tracking the online portion of problem through its Internet Crime Complaint Center.

Special Agent Nick Savage said the center received more than 300,000 complaints last year, reflecting close to a half-billion dollars in losses, with 45 percent of the toll borne by people over 50.

Among older victims, Savage said, there's often a hesitancy to report the crimes.

"A lot of people are ashamed of the victimization and don't want to come forward for fear that they'll be seen silly, that they should have known better," he said.

Looking ahead, there are mixed views on whether the baby boomers, now mostly in their 50s and early 60s, will be less prone to scams and exploitation than their elders.

The AARP's Hurme thinks that's possible.

"They're more assertive, questioning — certainly they've grown up on computers and are more savvy with them, so there is hope," Hurme said. "But I don't think the bad guys are going to go away — they're going to adjust their pitches as the demographics change."

To report abuse in Massachusetts call the Elder Abuse Hotline at 800-922-2275. Online — National Council on Aging tips for avoiding scams: bit.ly/yQ2Swp; AARP scam expert: tinyurl.com/7tlxjmx; FBI Internet Crime Complaint Center: www.ic3.gov.

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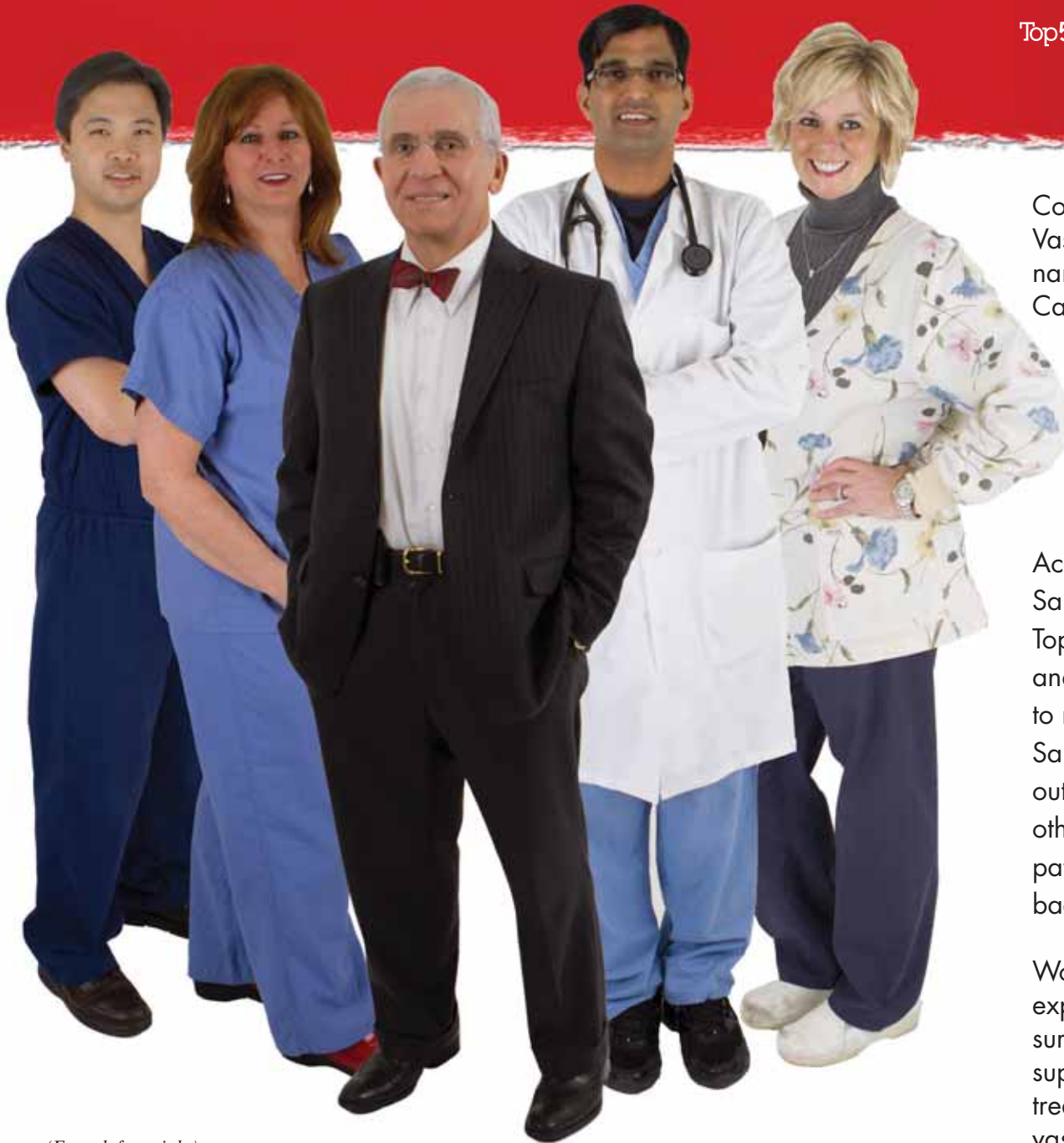
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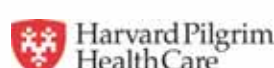
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