

# ***fifty plus***

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**41<sup>st</sup>**  
**year**

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# Baby steps essential with New Year's resolutions

By Sondra L. Shapiro

I'm as guilty as the next person when it comes to breaking New Year's resolutions.

It usually takes a few months to begin slacking off. By the end of the year, exercise and diet take a back seat to holiday glut-tony. Those parties featuring fat laden foods and cocktails are too enticing to resist and the busy schedule leaves little time for the treadmill.

You would think a person who has lived through 61 year's worth of resolutions should know better. I admit when it comes to exerting the willpower to resist the sumptuous holiday cookies and candies left outside our door — gifts from well-meaning friends and neighbors — age offers no defense. If anything, what age has taught me is to be polite and let nothing go to waste.

I feel a sense of camaraderie in the debasing of my body, as a friend confides she has let herself "go to pot" this past year.

Looking tired and pale from a month of holiday reveling, she blames her weight gain on the post-menopausal slowing of her metabolism. Neither of us is fooled since this discussion is taking place during a calorie-rich dinner out. She confides she is going to pay attention to her health in 2015. In between bites of foie gras on buttery toast points, she recites a list of wills — get more sleep, exercise, have a better diet, work less and possess a better attitude. I think I have heard her say this before, but I am too polite and complicit to remind her.

We are both slaves to and victims of the national pastime: the making of New Year's resolutions — a blessing and curse that is sure to ultimately humble the most resolute among us.

If we are honest with ourselves we will discover that resolutions often set us up for failure because the challenge we usually set for ourselves is too overreaching to accomplish. Then there's added disappointment and feelings of failure when we realize we aren't able to fulfill the promise we made to ourselves.

When I think about it, my best successes have been when I set small goals that lead up to a major one — I want to lose weight so I'll start with a 10-day green smoothie diet. After that diet, I will assess progress, then make changes if needed, rather than making a declaration to lose weight by dieting and exercise. I think this applies to New Year's resolutions as well.

From research I have gathered, I learned that failure is more likely when there's too much time between the decision to act, and

the initiation of action. A monumental goal like losing weight does not offer a workable blueprint so we keep putting the goal off. Consider that life is a continual process of change. Each day offers new challenges, so why let old ones pile up to the point where they become overwhelming? Once that happens, it's easier to put issues on the back burner rather than deal with them.

As one researcher believes, we first need to embrace a readiness to change. "Based on the stages of change model: precontemplation (unwilling to make a change), contemplation (considering lifestyle change) and action, you have to want to change your lifestyle to successfully improve your health," said Meg Baker, a wellness expert at the University of Alabama at Birmingham.

To help prepare for any lifestyle change, Baker offers these tips:

- Develop small, short-term goals that will fit into your schedule; these should be realistic.
- Consider the benefits and reasons for the change.
- Talk to a family member, friend or co-worker about goals. This accountability will increase the likelihood of your staying committed to a new gym regimen or smoking cessation plan — and some may want to join you.

Baker confirmed my idea of making minor alterations rather than a sweeping behavior change. She said starting small increases the likelihood of success. Find a form of exercise that you love, make nutritional changes such as packing a lunch or cooking dinner at home. Get digital reinforcements by using tracking systems and apps such as those offered by the American Heart Association, [www.Smokefree.gov](http://www.Smokefree.gov) and the United States Department of Agriculture. Or in my case, beginning that green smoothie cleanse.

Also, consider modifications to the plan. "If the new behavior has lost its luster, switch things up," Baker said. "Variety is the key to life and can keep you from getting burned out. Spice things up by changing your normal exercise routine, finding new healthy recipes online or joining a new class."

About half of the most popular resolutions made each year are health-related, according to a U.S. government pamphlet. In addition to losing weight and quitting smoking other common resolutions include: eating healthier foods, getting fit, managing stress and drinking less alcohol, volunteering, getting a better job, saving money, managing debt, taking a trip and

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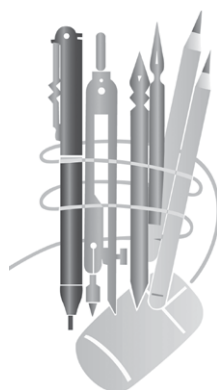
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# Healthy aging is all about attitude

By Brian Goslow

The key to healthy and happy aging takes an attitude adjustment and a behavior change. Just ask Gerry Blight, 61, of Las Vegas, who could have become disheartened when he was diagnosed with heart disease at age 50. Instead, he took a course of action that reversed his physical and cognitive health — becoming more physically active and increasing the amount of writing he did.

“While I cannot discount the advantages of improved blood flow from aerobic exercise, the reading and composition have been incredible and the writing has seriously improved my memory,” said Blight, who has written several screen plays based upon historical events that required a lot of reading. “My recall of historical dates and events would be the envy of any college student.”

When he realized the rejuvenation he was undergoing, Blight set out to write a book on the subject of health and aging. He said the complexity of researching and composing a 90,000 word manuscript and then editing it down to what became *Fittin’ It All In: Adult Fitness, 40 to Forever* improved his mental faculties.

“My health has never been better,” Blight said. “I still see a cardiologist, but the visits are relatively calm check-ups as I follow a good diet and stay active. Earlier this week, I ran four miles on a treadmill and then finished my workout with a one-mile climb on a stair-stepper. I was tired, but invigorated.”

This July, Blight will be competing in the National Senior Games in Minneapolis, Minn., having earned the right by qualifying in field events at the Nevada Senior Games. “It is fun, and the people you meet are amazing,” he said.

While much of the advice given on healthy aging comes from doctors, nutritionists and other health-oriented professionals, sometimes it’s the patients and customers that inspire.



Ayati

A few years ago, Dr. Mehrdad Ayati received some invaluable advice from a female patient, who was nearing age 90. The Octogenarian, who was still living an active life, told him that he should put all his medical tips and advice he has given her during office visits into a book so she wouldn’t have to fit her doctor appointments into his busy schedule.

“I have finally taken her advice,” said Ayati, a clinical assistant professor of medicine and general medical disciplines at the Stanford School of Medicine. Ayati wrote about his female patient in the introduction to *Paths to Healthy Aging*, which he co-authored with colleague Dr. Arezou Azarani. “My visits with her brought a lot of pleasure and enthusiasm for me and were the highlights of my days. God bless her soul, she knew how to live, play and enjoy life to the fullest. She did not let anything get into her way. That is how we should all live.”

Each of the book’s five chapters: Nutrition, Mental Health, Frailty, Overmedication (Polypharmacy) and How to Find a Geriatrician, comes with a series of questions intended to get the reader on the road to learning how to evaluate their current health situation and practices.

When it comes to healthy aging, Ayati believes there is a lot of information out there and most of it is very confusing for his patients, their caregivers and the general public. “Those recommendations for healthy and happy living are hard and often impossible to follow,” he said. “In my practice, I am faced with many disappointed patients who are exhausted from following these unsuccessful and complex steps. Our goal for writing this book was to clarify a few of these misconceptions and simplify the journey.”

Using his professional experience on what course of action has worked best for his patients to achieve meaningful, joyful and healthy lives, Ayati (who, with Azarani) put together a “simple workbook,” intentionally omitting long explanations and complex medical terms to keep things straightforward. “We chose five topics that are of most interest to my patients and kept things simple, short, concise and easy to understand and follow,” he said.

Being pro-active rather than reactive is the key takeaway in the quest for healthy aging. “Many of the medical conditions and ailments the elderly suffer from can be avoided through preventative measures or

by being proactive about their health as they age,” Ayati said. “The more proactive they are, the better they can prepare themselves to live a healthy, happy, high quality and independent life as they age.”

It helps to plan your time so that you’re engaged doing things that you enjoy and are interested in or feel is making a contribution to family, friends or community. “It’s when you are bored, dissatisfied, and feel your life has no meaning — that you are going to die inside — and then your brain, too, is going to decline,” said meditation teacher and author George A. Boyd, founder of the Mudrashram Institute of Spiritual Studies in Los Angeles.

Boyd left his academic and vocational counseling job at the age of 60 to pursue what he considers his life’s work. “It’s been the most creative time in my whole life,” he said. “During this time — a little over four years since I left work, I wrote and published 12 books, presented hundreds of webinars and taught meditation students all over the

world.” Boyd has continued to learn and train, becoming a certified NLP (Neuro-Linguistic Programming) practitioner at 62 and life coach at 64.

To make the most of the second half of life, Boyd said people need a vision of what they truly want to do with their lives, then plan for it and make it happen. “If you are excited, if your life is an adventure, if you are doing what you have always wanted to do, and when you wake up each day and move the boulder further — your brain is not going to decline,” he said.

Getting rid of “I can’t” and “don’t” attitudes can be the most important change you can make on the road to healthier aging, said Murray Grossan, founder of the Grossan Health and Ear Institute, who helps clients with stress management.

Grossan gave an example of a six-week study that required participants to play the Tetris computer game or Bridge. MRI testing then revealed that a new part of the brain began operating.

He also encourages increasing the use of the senses, and teaches his clients to improve their smell recognition. “At the store, test your skills in recognizing what are in the perfumes — rose or jasmine (for example),” Grossan said. Another helpful exercise is improving the sense of touch by going into the closet, closing your eyes and trying to identify clothes and what they’re made of. “Practice when you go shopping

by feeling the material and then read the labels (to see if you were correct).”

While much attention is given to individuals who accomplish great things later in life, Grossan, author of *Stressed? Anxiety? Your Cure is in the Mirror*, said being creative doesn’t mean you have to write a great book. “(Getting) new dishes and new table settings is using your creativity, too,” he said. “Being creative makes you younger, especially when it’s done with humor. Watch any seniors taking an art class — the ones molding clay look younger.”

In her book, *60, Sex & Tango: Confessions of a Beatnik Boomer*, wellness expert Joan Frances Moran shares how she overcame all the stereotypes that came along with getting older. Her big turning point, Moran wrote, was the morning she woke up having turned 64 and found she had no desire to get out of bed. As she just lay there, she realized she needed a playbook to guide the next part of her life.

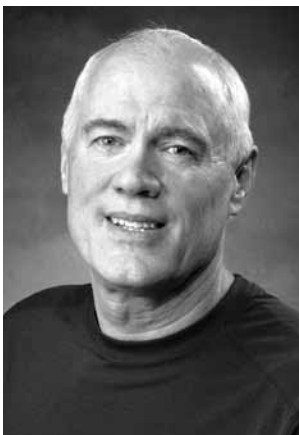
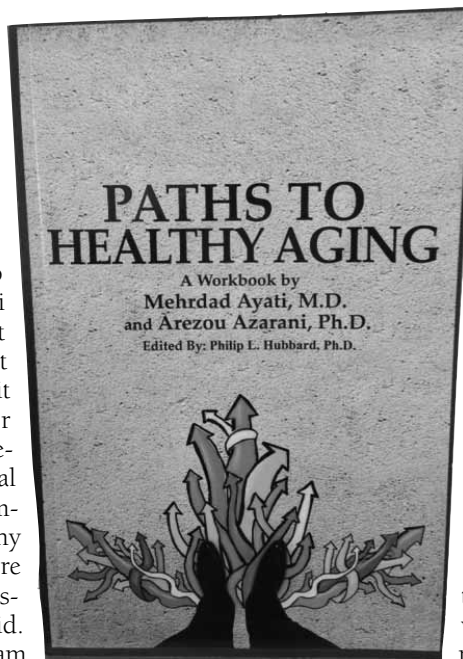
And while, at times, she felt that if she wanted to compete in today’s youth-oriented society she could still feel as if she was 19, what she wanted — and needed — was to embrace and celebrate her true age. “The trendy mantra that 60 is the new 50 is delusional because boomers believed that our world-weary intellect, over the top charm, and scintillating personalities would always give us an advantage over other generations.”

Becoming a yoga teacher and engaging in daily meditation helped Moran find inner happiness with her current self. “Mindfulness inspires new skill sets that quiet the mind, raise our level of consciousness, increase awareness and foster health,” she said. “The practice of mindfulness has

been proven to alter the molecular structure of the brain making us healthier and happier, enhancing self-assurance and the ability to sustain change.”



Boyd



Blight



Moran

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# BayPath Elder Services launches interactive website for caregivers

MARLBOROUGH — BayPath Elder Services, Inc., a Mass Home Care member agency, launched a new website in December devoted to meeting the needs of the steadily growing ranks of MetroWest family caregivers.

*There is also a discussion forum that will allow users to connect with fellow caregivers.*

Funded through grants from the MetroWest Health Foundation, www.CaregivingMetroWest.org provides caregivers in 25 Metro West communities robust access to information, connections to resources and enhanced support. Customized website features developed specifically for Metro West caregivers provide real-time information and state-of-the-art interaction.

“Anyone caring for a loved one knows how frustrating it can be to find needed services and supports,” said Martin Cohen, president of the MetroWest Health Foundation. “That’s what makes this website such an important resource for families, and why the foundation has supported its development.

“Three years ago, the foundation’s MetroWest Commission on Healthy Aging identified the need to expand information and support for caregivers,” added Cohen. “The Caregiving MetroWest site responds directly to that recommendation

by providing a simple and tailored way for families to see what services are available in their community.”

Customized website features developed specifically for www.CaregivingMetroWest.org provide real-time information and state-of-the-art interaction for area caregivers. Those resources include a clickable map of Metro West that allows users to click on each of the 25 towns and cities in the MetroWest Health Foundation’s coverage area to produce a listing of caregiving resources for that community in over 20 categories.

There is also a discussion forum that will allow users to connect with fellow caregivers, share their knowledge and experience, or simply chat about whatever is on their mind to help forge a feeling of community, decrease isolation and provide a measure of respite to caregivers. The site also features an interactive glossary of caregiving terms, a regularly updated blog and an extensive content section covering all aspects of caregiving.

“BayPath Elder Services, Inc. is fully committed to improving the access to information, resources and social connections for caregivers and their elder care recipients who live in MetroWest,” said Christine Alessandro, the executive director of BayPath Elder Services, Inc. “The number of caregivers in MetroWest is growing at a significant rate. This website will greatly enhance our ability to meet the needs of those caregivers throughout MetroWest.”

*Reprint from Mass Home Care newsletter.*

## Advocates urge Gov. Baker to rescind Home Care waitlist

Before he left office, Gov. Patrick notified 27 Aging Services Access Points (ASAPs) that on Dec. 1 certain elders applying for home care services will be placed on a waiting list for care. The waitlist could be in effect until at least the end of June unless Gov. Charlie Baker rescinds the cuts. Advocates are hoping the waitlist will end much earlier.

In a message dated Nov. 28, the Executive Office of Elder Affairs issued a “program instruction” that was used before by the Patrick administration in September of 2008, when several thousand seniors were prevented from receiving home care services.

“Due to recent 9C budget reductions,” the EOE message began, “Elder Affairs will once again need to implement the managed intake process. This process will be effective as of December 1, 2014.” The purpose of a “uniform managed intake” process is to ensure that all elders applying for home care are subject to the same rules, regardless of where they live.

According to the waitlist protocols, elders already referred or assessed prior to Dec. 1 are exempt from the waitlist — but elders seeking help as of that day were to be

put on a waitlist, depending on their level of need. An elder enrolled in a Medicaid waiver, or with mental health or substance abuse issues will not be wait-listed. An elder with protective services needs, or residing in congregate housing or supportive housing also will not be waitlisted. If an elder’s needs increase, they may be allowed into the program.

All elders still will be assessed for need, and those with “critical unmet needs” will be allowed into the program. As openings occur in the waitlist, elders will be admitted to the program based on their “priority level assignment.” There are approximately 28,200 seniors in the home care program today. Funding for the home care program is lower today than it was in 2009 — partly due to budget cutbacks made in the program by Governor Patrick in the fall of 2008.

“There is no good time for a waitlist,” explained Mass Home Care Executive Director Al Norman. “But we encourage all seniors and their families who need care to apply — because this waitlist does not apply to most seniors, and the waitlist will have openings.”

*Reprint from Mass Home Care newsletter.*

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# Book group promotes intellectual and social activity

By Brian Goslow

WORCESTER —

On the third Thursday of each month, just after lunch, a devoted group of local residents from a variety of backgrounds gather at the Worcester Senior Center to discuss the latest selection of its Book Discussion Group.

The group doesn't always read recent titles — in part so participants can get the book free at their local library — sometimes, it goes back to the classics. A number of World War II-based books, reflecting on the age of group members, were recently read in conjunction with the 70th anniversary of the war's ending.

The members hail from a variety of backgrounds. "Some people were always stay-at-home moms with no college education while some were high in finance in the Boston area or had doctorate degrees," said Eileen Lessard, who oversees the group. "It's a cacophony of backgrounds and to see them all mesh together is wonderful."

Lessard is director of Commerce Bank's Royal 50's Club, whose own book club merged with the senior center's then existing group in 2009; she also serves as the treasurer and an executive committee member of the Worcester Senior Center.

Group members take turns choosing the book selections and have the option of leading the discussion of it; otherwise, Lessard leads the meeting, or takes control if members digress off topic.

The turnout any given month depends on the book. The biggest crowd was 22 to dis-

cuss *To Kill a Mockingbird* by Harper Lee. "It was quite a diverse group that had very different ways they looked at the book," Lessard said.

"Sometimes, when you read a book, it comes from your own history or your own life," she said. "Maybe you've just lost someone; maybe your daughter just got married — where you are in life reflects your opinion of a book," she said.

"If you read a book now and you read it five years from now, you can feel totally different about a book. With a book like *To Kill a Mockingbird*, your reaction can be very different in your 60s or 70s as it was when you were in your 20s or 40s.

"When you read something, you read it from your own history and lens. It's interesting to hear how other people look at it; different generations look at things differently. We had a mother and daughter who despite living in the same household with the same backgrounds, they had a wide variety of opinions."

There's a core group of eight to 10 regulars that attend the discussions whatever the book is. "They've become very good friends," Lessard said. "People come early, so we talk early; and then we stay late. It's kind of a support group, to be perfectly honest. The book is our commonality but we talk to each other and share each other's concerns, and



Author Audrey Nicholson (lower left) with members of the Book Discussion

resources as well."

A lot of times, people join the group after they've lost a spouse and are attracted by its low-key nature. "It's a safe haven where they can talk," Lessard said. "It gets you out of the house — the day can be very long when you're sitting alone. We only meet once a month, so it's not like you have a lot of reading to do and you're going to get tested on the book.

Lessard said one of the benefits people get from the group is they get a voice where they might not have had one before. "We have some timid people; they get to interact so it kind of brings them out," she said. "There's no right or wrong. It's a welcoming group. They realize it's not judgmental and you're allowed to have your own opinion."

The discussion period usually follows questions that can be found online for the

specific book. Though some people do just like to wing it. "We always end it by going around the room and have people rate the book on a scale of 0-5 — zero, they didn't like it at all; 5, they loved it," Lessard said. The biggest scoring book ever was *The Glass Castle* by Jeannette Walls.

Every year, the group picks their top three books for the year. They are in the process of voting for the three favorite books of 2014. Last

year's top three were *The Invisible Bridge* by Julie Orringer; *The Passion of Artemisia* by Susan Vreeland; and *I am Hutterite* by Mary-Ann Kirkby.

When the group discussed *Celtic Knots: The Ties That Bind* last March, its author, Audrey Nicholson, who spends part of the year in Worcester, joined the group. "She was wonderful," Lessard said. "We were able to ask her what motivated her to write it and how she wrote the book. She also gave us insight on her next book."

Once in a while, the group meets off-site. It went to a local Chinese restaurant to discuss Gayle Tsukiyama's *The Samurai's Garden* for a change of pace. "That was a lot of fun," Lessard said.

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## Five bad strategies to avoid when dieting

MAYWOOD, Ill. —

Is your New Year's resolution to lose weight? Here are five bad strategies to avoid, according to Dr. Aaron Michelfelder of Loyola University Health System:

Bad strategy No. 1: I'll lose weight at the gym. Working out is good for your health and can help to maintain your weight. But exercise alone is not very effective in shedding pounds. To lose weight, you will need to eat fewer calories.

Bad Strategy No. 2: I'll have to dramatically change my diet. A radical change is

not necessary. A more effective strategy is to simply cut back a few hundred calories a day. When going to a restaurant, for example, eat an apple before dinner to dull your appetite, and then skip the bread before the main dish arrives. Eat smaller portions and ask for a to-go container.

Bad Strategy No. 3: Weight-loss supplements will make it easier. Supplements burn more muscle than fat. And when you stop taking them, you will gain back more fat than muscle, making you worse off than if you had never taken them in the first place.



Bad Strategy No. 4: I want to be like the *Biggest Loser* and shed pounds quickly. A more realistic — and healthy — strategy is to try to lose 1 to 2 pounds per week. If you cut back 500 calories a day (such as a bagel and cream cheese), you will lose a pound a week. If you cut back just 250 calories a day (one candy bar) you will lose 2 pounds a month. "This will provide the slow-and-steady type of weight loss that will be long-lasting," Michelfelder said.

Bad Strategy No. 5: I give up. I'll never get down to a normal weight, so why even try? Do not despair if you do not get down to a trim, normal weight (defined as a body mass index of between 18.5 and 24.9). If you are overweight or obese, losing 10 percent of your body weight will improve your appearance and have significant health benefits, such as lower blood pressure and a reduced risk of diabetes. Even losing as little as 5 pounds will be good for your joints.

As a family physician, Michelfelder fields a lot of questions every January from patients who have resolved to lose weight. He advises them to not try to go it alone. "When you tell other people you are trying to lose weight, they will give you their support, and stop shoving cake and candy your way," Michelfelder said.

Structured programs, such as Weight Watchers and Jenny Craig, can be effective. And attending such programs in person tends to be more effective than participating only online, Michelfelder said.

"For the New Year, most of us should add some weight loss to our resolutions," Michelfelder said. "Obesity is now so common in the United States that it causes more disease and years of life lost than smoking." — Newswise

Aaron Michelfelder is a professor in the Department of Family Medicine of Loyola University Chicago Stritch School of Medicine.

### Take a hike: Enjoying the great outdoors year-round

Just because the weather is cooler, doesn't mean it's time to hibernate. With the proper equipment, preparation and motivation, any time of year is the perfect time to get outdoors for an adventure. And you don't have to look far for a great hike. Across the country, there are 59 gorgeous National Parks and thousands of state parks to choose from, comprising tens of thousands of miles of trails.

So if you are hitting the trail, make sure you're well-equipped to handle whatever comes your way.

- Footwear: Your regular running shoes may serve you well on a gentle slope in the warmer months, but in cool weather at higher altitudes, different precipitation and terrain may require something sturdier,

more insulated and definitely waterproof. Check the weather report and conditions of the trail before you go and outfit your feet accordingly.

- Hydration: Don't be fooled into thinking that staying hydrated is not important in cooler weather. As always, carry more water than you think you may need in case of emergency.

If you're hiking in more extreme weather conditions, you may need an insulated water bottle to handle the temperature. Look for options that are easy to carry and open so you don't need to remove your gloves to quench your thirst.

- Fuel: Whether you're hitting the trail

HIKE page 10

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# Older adults face no added risk from cosmetic surgery

**O**lder adults are at no higher risk for complications from cosmetic surgery than younger patients, according to a recent study by plastic surgeons at Vanderbilt University Medical Center.

The doctors analyzed data from more than 129,000 patients during a five-year period and found no significant difference in the rate of complications for individuals older or younger than 65.

"An increasing number of elderly patients are undergoing cosmetic surgeries every year," said Dr. Max Yezhelyev, the author of the study and a plastic surgery resident at Vanderbilt. "Our study demonstrated that patients over 65 can safely undergo cosmetic procedures with a complications rate similar to younger patients when surgery is performed by a board-certified plastic surgeon."

The study was conducted in collaboration with CosmetAssure insurance company, which collects information on cosmetic surgery complications based on claims

from across the country. The rate of major postoperative complications after cosmetic procedures among elderly patients was 1.94 percent, compared to 1.84 percent for the younger group.

The goal of the study was to identify whether there were any significant differences in outcomes of cosmetic procedures between older patients and younger ones, Yezhelyev said.

Older patients accounted for more than 6,700 of the patients included in the database and had an average age of 69. The younger patients in the study had an average age of 39.

The comparable complication rates were observed despite the older population having higher rates of other health factors such as diabetes and higher average body mass index.

"Similar outcomes of cosmetic surgery in younger and older patients have never

been shown before on such a large scale," Yezhelyev said.



Among the procedures studied, which ranged from facelift to liposuction, just one — abdominoplasty — showed a statistically significant higher rate of complications among the elderly patients. The rate was 5.4 percent for older patients, compared with 3.9 percent for the younger group.

Yezhelyev presented the findings of the study in Chicago at the American Society of Plastic Surgeons' annual scientific meeting.

The doctors also looked at data from patients of more advanced age, specifically octogenarians, and found that there was no difference in complications in patients over the age of 80 undergoing cosmetic surgery when compared to younger patients.

Patients over 80 had complications at a rate of 2.2 percent, compared to 1.9 percent for younger patients. Of the 180 octo-

genarian patients, the average age was 82.

The number of older patients undergoing cosmetic surgery is likely to rise even more as the population ages, Yezhelyev said. The data from the study underlines the safety of such procedures in the old and the young, he said.

Other findings also emerged from the doctors' analysis of the data. Among the older patients, facial procedures were the most common while breast procedures were the most common among the younger set.

The older population also had a higher rate of males — 11.3 percent compared to 6.2 percent for the younger group.

The study was a collaboration of several Vanderbilt plastic surgery staff and residents, including Varun Gupta, M.D., and Julian Winocour, M.D., under supervision of Kye Higdon, M.D. There are more studies underway at Vanderbilt exploring different aspects of safety in cosmetic surgery, Yezhelyev said. — Newswise

## ► Hike

Cont. from page 9

for a leisurely afternoon jaunt or you're powering through a challenging climb, hiking burns calories, especially in colder weather, when your body expends energy trying to restore its natural body temperature. Staying fueled is important.

Pack snacks that are high in energy, easy to eat and won't weigh you down, such as trail mix or granola bars.

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experienced adventurer or a weekend warrior, the tools you choose should be well-designed to handle your pursuits and enhance your experience.

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timepiece, the PRW6000, keeps track of sudden swings in atmospheric pressure, which can help alert users to the pos-

sibility of changing weather conditions. More information can be found at [www.PROTREK.Casio.com](http://www.PROTREK.Casio.com).

- First Aid: Even quick hikes require a basic first aid kit. Be prepared with bandages, antibiotic ointment, antiseptic, splinter removal tools and basic medication.

There's nothing like exploring the beauty of nature year-round. Just be sure to do so safely and wisely. By getting prepped with innovative tools and basic equipment, you can relax and enjoy the hike. — StatePoint



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## Cuba offers friendly people, faded beauty

By Victor Block

Lying on a white sand beach at the edge of the turquoise sea, I could have been at any Caribbean destination. The major difference was that I was enjoying an experience that few Americans could share for more than the past 50 years. That will change under the recent agreement for Cuba and the United States to reestablish diplomatic relations lift trade barriers and ease restrictions on travel to Cuba by people from this country.

My two visits to that island nation were made accompanying the kinds of special groups, including educational, cultural and religious, that have been approved for travel to Cuba in recent years. I found a country of contradictions that combined to make it an intriguing and inviting place to visit.

The streets of Old Havana (Habana Vieja), the original 16<sup>th</sup>-century walled city, are lined by a treasure-trove of architectural gems. Mountain ranges rise dramatically from verdant valleys and fields of sugar cane. And almost everyone I met welcomed visitors with a warm smile on their lips, music in their soul and a mix of resignation and humor about the challenges of their lives.

Even vintage American-made cars from the 1950s — a prized possession for those who can afford them — add to the dichotomy. Well-to-do owners with the resources to do so have lovingly restored some. Most are junkers kept running by a combination of mechanical innovation, imagination and luck.

In recent years, renovations to formerly stately private homes in Havana — many of which now house several families — have been underway, especially in areas where tourists congregate. Given the backlog of structures that have deteriorated, however, there still are countless buildings whose former glory is hidden beneath crumbling



Flower Stands

facades and flaking paint.

Behind its faded beauty, Havana has attractions enough to fill many an interesting day. Some three dozen major museums make the city an art lover's paradise. A number of them offer the unsavory propaganda, and praise for socialism and the Revolution, that visitors to Cuba soon learn to expect. Others would rank as world class wherever they were located, displaying works of art by the likes of Renoir, Rodin and Picasso.

The aptly named Museum of the Revolution focuses upon the uprising (1953-1959) that led to the downfall of the dictatorial ruler Fulgencio Batista and the rise to power of Fidel Castro. Maps, weapons and other exhibits — many with English descriptions denouncing U.S. oppression, imperialism and capitalism — trace the Revolution in detail. An outdoor display area includes the tiny yacht in which Castro and 81 other men landed in Cuba to begin their improbable, and ultimately successful, revolution.

When I sought to exchange the confined space of museums to the world outside, I found the streets and neighborhoods of Havana to offer an introduction to living history. The Plaza de Armas, the most important square, was laid out in 1519, and served as the center around which early Havana arose.

Strollers, fishermen and lovers strolling hand-in-hand frequent the Malecon, a sweeping boulevard between the city and the sea. The stately old villas of sugar barons and other wealthy Cubans who once resided in the upscale Miramar neighborhood, which were abandoned following the Revolution, now house government agencies, foreign embassies and business offices.

To gain a more complete understanding of Cuba, I also explored other areas of the island. Fields of sugar cane and what many cigar aficionados rate as the world's best tobacco yield to rolling plains where cattle graze. Cowboys (vaqueros) riding horses, and farmers guiding plows pulled by oxen, come into view. Hills where coffee



Playing Dominoes



Cigar roller

is grown rise into mountain ranges.

The best beaches on the island rim the northern coastline. The resort complex at Varadero, a two-hour drive east of Havana, has long attracted vacationers from Europe and Canada who have been free to visit Cuba.

Explorations elsewhere on the island provide a wealth of experiences and impressions. Strolling the narrow, cobblestone streets of Trinidad, which was founded in 1514, is to be immersed in a time capsule of Cuba's colonial past. Santiago de Cuba,

the second largest city, is perched in hills overlooking the southeastern coast. Its past includes serving as the capital city during the mid-16<sup>th</sup> century, a slave port and a refuge for French settlers from Haiti.

In the little village of El Cobre just outside Santiago, even the most ramshackle houses are neat, tidy and often decorated by foliage and flowers. Many of the people I encountered there, and elsewhere in Cuba, looked at me with curiosity, then smiled and offered a greeting in Spanish. One man gestured for me to enter his modest hut for coffee and to meet the family, an invitation that my schedule unfortunately prevented my accepting. After looking around to make certain no one was observing us, another rolled up the sleeve of his T-shirt to display for me an American flag tattoo on his upper arm.

This friendliness of people whose lives are challenging and lacking in luxuries is one of my lasting memories of Cuba. Together, my experiences combined to form the confusing, often conflicting, impressions left by that country.

Those recollections linger, along with images of Cuba's natural beauty, glorious if often faded architecture and other attractions. With the lowering of barriers for people from the United States to visit that country, more Americans are likely to take advantage of the opportunity to follow in my footsteps and return home with their own impressions.

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# High-tech toilet seats popular with caregivers, elderly

NEW YORK —

Every so often a revolution transforms something truly basic, rendering the status quo somewhat, well, primitive.

First came covered sewers, then indoor plumbing and flush toilets. Now, one bathroom at a time, another major shift in toilet hygiene is quietly underway. A new generation of toilets may one day make toilet paper — and the need to put one's hands anywhere near the unspeakable — seem like chamber pots and outhouses: outdated and somewhat messy throwbacks reserved for camping trips.

Unlike traditional toilets, the high-tech version washes from behind and — if desired — in front with water. Better models allow for temperature, direction and pressure control, and have retractable spritzing wands and automatic driers as well. The best feature warm seats, automatic motion sensors to raise the lid, buttons to raise the seat, nightlights, self-cleaning mechanisms, music to mask unpleasant sounds, deodorizer spritzers and other conveniences.

So far, the seats seem most popular in larger cities on the East and West coasts, and in areas with large Hispanic populations. They seem to be gaining ground quickly among baby boomers and those who care for the elderly, as well as those interested in high-tech and environmentally friendly products.

Toto began marketing the Washlet in Japan in 1980. Now 74 percent of Japanese households have toilets of the high-tech per-

suation, making them more common there than home computers.

The concept of electronic toilets that cleanse with water — widely known as bidet toilets or Washlets — has spread internationally over time, and dozens of companies around the world, including Inax, Brondell and Kohler, are producing them.

Although most popular in Asia, basic versions are becoming standard in much of the Middle East and South America, where cleansing with water has long been preferred to paper. They are finally becoming more popular in Europe, where “boudoir paper” was introduced in the 19th century, and in equally paper-centric North America.

They have been a long time coming.

In addition to general squeamishness about discussing the way we clean ourselves, some in the U.S. worried about the high-tech toilets' requirement that a grounded electrical outlet be nearby, or thought the early control panels made the toilets look clumsy.

That said, the predecessor to modern high-tech toilets was actually invented in the United States, by Arnold Cohen of Brooklyn, who patented a pedal-operated seat he'd designed as a sort of sophisticated sitz-bath to help his ailing father. He founded the American Bidet Company in 1964, marketing his product as an “American way to bidet” and “the first wash and dry toilet.” But the subject was considered too vulgar for ads.

“I installed thousands of my seats all over



Neorest 750H high tech toilet is Toto's top-of-the-line tankless wonder.

the suburbs of New York, and we had offices all across the country,” said Cohen, whose company still exists. “But advertising was a next-to-impossible challenge. Nobody wants to hear about Tushy Washing 101.”

The place where his invention really took off was Japan. “I licensed to the Toto company and sent container after container to Japan,” said Cohen, whose patent later expired.

Toto came up with a more sophisticated version and by 1980 had trademarked the Washlet. Sleek, electronic and no longer marketed as primarily a bidet, it became available in the U.S. in 1989. But it took another 20 years for mainstream American vendors like Home Depot and Lowe's to embrace the technology and for prices to come down enough for average consumers.

“We bugged Home Depot and other stores for seven or eight years before they finally agreed to carry bidet toilets,” said Steve Scheer, president of Brondell, a San Francisco-based company that has been making high-tech models like the Swash toilet seat since 2003.

Most high-tech seats with important features such as a retractable wand and a drier cost between \$450 and \$1,800, and some basic water-cleansing models made by lesser-known companies now sell for under \$40.

“It's a very experience-driven product, and is hard to explain to someone who's never tried a high-tech toilet. But the taboo is definitely beginning to lift,” Scheer said. “People used to giggle and make jokes when I explained our products. Now a lot of people have heard about them or tried them and are more interested.”

Scheer said the new type of toilet uses much less water and electricity than is required to produce toilet paper. Because the water stream is small and aerated, each “use” of a high-tech seat requires under one- to two-tenths of a gallon of water, he said.

One high-tech seat adds around \$50 to \$60 to the average household's annual electric bill, but saves much more than that on the cost of toilet paper, the companies say. — AP

Online: [www.totousa.com](http://www.totousa.com), [www.brondell.com](http://www.brondell.com), [www.sanicare.com](http://www.sanicare.com), [www.bidets.com](http://www.bidets.com).

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## Older residents are footnotes in the political life of Massachusetts

By Al Norman

The start of a new year always reminds me of what I did not get accomplished the year before. As a lobbyist for the elderly, I admit that often it seems that the list of what I did not get done is longer than what I got done. Here are a half-dozen examples of things that I never got done in 2014:



### Push Back

Small homes for seniors — I have been working for almost a decade to get the state to create “small homes” for up to four elderly people who otherwise would have to be in a nursing home. I got a small grant from a private foundation, and several homes were opened on the North Shore. Then a federal bureaucrat saw a story in *The Boston Globe* about this “back to the ranch” project, and said we did not have guidelines for these homes.

After nearly 10 years, the state has been

unable to write regulations. Despite a promise from state officials, a new Medicaid program to help fund this program was not been submitted as 2014 closed.

Spouses as paid caregivers — I have been trying for at least eight years to pass a law allowing spouses of people on Medicaid to serve as a paid caregiver for someone trying to stay out of a nursing home. You can hire your sister, your Aunt, your daughter, your nephew, your neighbor Ernie — just about anyone — except your spouse. The State Senate unanimously passed this bill last June, but the House let it die. Medicaid staff worked on writing a plan to allow spouses as caregivers. They never completed it.

Cueing for personal care consumers — One of the largest home care programs in the state, the Personal Care Assistant (PCA) program, serves people who need hands on care only. If you have Parkinson's disease, and cannot eat on your own, you can get a worker

to feed you. But if you have Alzheimer's and cannot remember to eat, you get no PCA help, because you don't need hands on care.

Fast tracking of Mass Health applications — Filling out an application for Medicaid is harder than programming a NASA rocket. The 28 page application can take weeks to complete, and requires professional help. A bill to allow care workers to “fast track” Medicaid applications for people coming out of nursing homes back to the community died a slow death on Beacon Hill this past year.

Medication management — language to allow elders to have someone come into their homes and make sure that they take the right medications at the right time went nowhere again in 2014 — even though this is a service that could keep people out of nursing homes.

Ending Medicaid age discrimination — If you are 64 years old and apply for Medicaid, there is no asset limit. But when you turn 65, if you have more than \$2,000 in assets, you cannot stay on Medicaid. This is age discrimination, pure and simple. But no one wants to touch it.

It would be easy to conclude from this list that I am just a lousy lobbyist. That's probably true — but it's not the whole story. Our elected officials are very sympathetic, in theory, to the needs of the elderly. So are the state officials who run the agencies who serve seniors. But despite the fact that seniors are now roughly 20 percent of the state's population, and one of the few demographics growing rapidly, the sad fact is that the elderly agenda is not a priority on Beacon Hill — or anyone else. Want to see how we value the elderly; just watch a few episodes of the *Simpsons*.

I began working with seniors when I was a young man in my 30s. I am now on Social Security. Decades of neglect have passed, and I am still here to tell the truth: older people are a social afterthought. They are a footnote in the political life of this Commonwealth.

Al Norman is the executive director of Mass Home Care. He can be reached at [info@masshomecare.org](mailto:info@masshomecare.org) or at 978-502-3794.

## House rule sets up election-year battle over Social Security

By Stephen Ohlemacher

WASHINGTON —

Buried in new rules that will govern the House for the next two years is a provision that could force an explosive battle over Social Security's finances on the eve of the 2016 presidential election.

Social Security's disability program has been swamped by aging baby boomers, and unless Congress acts, the trust fund that supports it is projected to run dry in late 2016. At that point, the program will collect only enough payroll taxes to pay 81 percent of benefits, according to the trustees who oversee Social Security.

To shore up the disability program, Congress could redirect payroll taxes from Social Security's much larger retirement fund — as it has done in the past. However, the House adopted a rule last month blocking such a move, unless it is part of a larger plan to improve Social Security's finances, by either cutting benefits or raising taxes.

Long the third rail of American politics, tinkering with Social Security has never

been easy. Throw in election-year politics and finding votes in Congress to cut benefits or raise taxes could be especially difficult.

But if Congress doesn't act, benefits for 11 million disabled workers, spouses and children would be automatically cut by 19 percent. The average monthly payment for a disabled worker is \$1,146, or a little less than \$14,000 a year.

Rep. Tom Reed, R-N.Y., said he sponsored the provision in an effort to force Congress to find a long-term solution to the disability program's financial problems.

“By putting this rule into effect, we are sending a clear indication that we're not just going to allow the raid of retirement Social Security to be used to bail out the disability trust fund,” Reed said. “We need real reform. This makes that real reform that much more likely.”

Advocates for older Americans are warning that the rule could be used to help push through benefit cuts, especially since House Republicans have opposed raising taxes.

“It is difficult to believe that there is any

purpose to this unprecedented change to House rules other than to cut benefits for Americans who have worked hard all their lives, paid into Social Security, and rely on their Social Security benefits, including disability, in order to survive,” said Max Richtman, president of the National Committee to Preserve Social Security and Medicare.

David Certner of AARP said it would be a mistake to eliminate the option of redirecting money from the retirement fund, which Congress has done in the past.

“Otherwise, we could be facing a deadline, and certainly over the last couple of years, we've seen Congress seemingly unable to pass bills, even with deadlines in front of them,” Certner said.

At the start of the first day of a new Congress — when Republicans assumed control of the Senate for the first time in eight years — partisan rancor that has dogged Congress for years returned when the House debated its new rules. The 36-page set of rules passed by a vote of 234-172, with all Democrats opposed and almost every Republican in favor.

On page 32 is a provision that allows any representative to raise a point of order if the House tries to pass a bill redirecting tax revenue from Social Security's retirement fund to the disability fund. The House could vote to overcome the objection, but that could be difficult, with almost every Republican supporting the rule that passed last month.

Social Security's long-term financial problems are well-documented, as millions

of baby boomers approach retirement, leaving relatively fewer workers to pay the payroll taxes that support it.

Social Security has more than \$2.7 trillion in reserves, but the retirement program has been paying out more in benefits than it collects in payroll taxes since 2010.

The disability program has been paying out more than it collects since 2005.

Social Security is supported by a 12.4 percent tax on wages up to \$118,500. Half is paid by workers and half is paid by employers.

Most of the payroll tax — 10.6 percent of wages — goes to the retirement fund. The remaining 1.8 percent of wages goes to the disability fund.

Social Security's retirement trust fund is projected to run dry in 2034. At that point, it would only collect enough payroll taxes to pay about 75 percent of benefits.

If the retirement fund and the disability fund were combined, they would have enough money to pay full benefits until 2033, giving lawmakers more time to address their long-term finances.

Reed, the sponsor of the new rule, said his goal is to address the disability program well before the trust fund runs dry.

“As we get through the initial concerns raised by the various groups,” Reed said, “I hope the dust will settle and they'll see that this is a sincere effort to put a long-term solution together that works for everybody.”

Follow Stephen Ohlemacher on Twitter: [twitter.com/stephenatnap](https://twitter.com/stephenatnap)

### ► Steps

Cont. from page 5

re-using and recycling.

Whatever that resolution is, the goal is to make us feel better about ourselves, not worse because our goals are too far-reaching to accomplish.

So, my first resolution is to cut myself

some slack when I interrupt my 10-day green smoothie cleanse with a nice, big juicy cheeseburger.

Sondra Shapiro is the executive editor of the *Fifty Plus Advocate*. Email her at [sshapiro@fiftyplusadvocate.com](mailto:sshapiro@fiftyplusadvocate.com). Follow her online at [www.facebook.com/fiftyplusadvocate](https://www.facebook.com/fiftyplusadvocate), [www.twitter.com/shapiro50plus](https://www.twitter.com/shapiro50plus) or [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com)

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# Preparing for the loss of a dementia sufferer

By Micha Shalev

From many years in this business I found out way too often that adult children caring for a parent diagnosed with dementia and/or Alzheimer's disease are ill prepared for the death of their loved one.

It is a very difficult topic to address even as an administrator of a rest home facility.

"We prepare more for a vacation than we do for loss and death," said Shelley Whizin, a certified death midwife who spoke last year on the topic at a Motion Picture & Television Fund women's conference in Los Angeles.

Laurel Lewis, a nurse and end-of-life expert also on the program, believes "loss can be complicated. It's not just physical separation, but also emotional and spiritual. Usually there's a financial component. You are vulnerable, confused, scared and forced to make big life decisions in an altered state."

On the other hand, Lewis notes, "If you tie things up before the loss, you can live your life more fully and the grieving process may be shorter than if you were in denial."

When we know someone is going to die there it is sometimes accompanied by anticipatory grief. Like the sadness

you experience after a death, you may feel depression, anger, guilt, fear, sadness and denial. The "good" part about it is that there's time to do and say the things you want. You can plan, and you should.

Here are some ways to prepare:

1. Conserve your energy. Rather than be barraged by phone calls and emails from friends and family seeking an update, communicate just one time. It could be a conference call, or a website like CaringBridge. Another site, Lotsa Helping Hands, lets caregivers post the help they need and others sign up for duties. You might also want to create a family website and divvy up jobs. One sibling can make sure all documents are in order and have a master list of passwords, while another can research funeral arrangements.

2. Take cues from the one who is ill. Some people want to talk about what they're going through, or what happens after.

3. Seize the opportunity. You want to feel that you have done everything you can for your loved one and for yourself. Do you need to say thank you, I forgive you, I'm sorry, or I love you?

4. Be good to yourself. Caregivers are always told this, but if you are able to sleep, eat well, exercise, and/or find a place

to vent, you will be in better shape to cope. Support groups, meditation, yoga and short breaks that may include a pedicure or coffee with a friend are good ways to think about you.

5. Don't wait for the funeral. You can say all these wonderful things about the person after he or she is gone. But what about telling that person before he or she dies? You can make a video of the people in the person's life talking about how they feel about him or her. Then share it with that person.

Three days before Whizin's best friend died, she arranged to have eight of the woman's dearest friends fly in from around the country to gather around her "and talk about how much they love her while she could hear them, not at a service when she won't be around," said Whizin. "We were all so grateful to have this opportunity. It eased the pain. We wanted her to know that she had made a huge impact on our lives."

Micha Shalev MHA CDP CDCM CADDCT is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 Randolph Road in Worcester. He is a graduate of the National Council of Certified Dementia Practitioners program, and well-known speaker covering Alzheimer's and Dementia training topics. He can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com or view more information online at www.dodgepark.com



## Caregiving Tips

# Going smoke free in senior housing has legal support

By Marianne Delorey©

"Due to state laws, the restaurant was nonsmoking, which as a nonsmoker pleases me, but as a Libertarian it pisses me off. — Jarod Kintz, This Book Has No Title

As with many other housing providers, our community is in the process of going completely smoke free. Of course, we decided this for all the usual, logical reasons. Namely:

**Costs** — It takes about three times as much money to prep a former smoker's unit as it does to prep a nonsmoker's unit upon turnover.

**Complaints** — Smoke coming from a neighbor's unit is a common reason for complaining about a neighbor.

**Personnel** — Maintenance staff, who have to work in units when something is broken, should not be exposed to carcinogens on the job.

**Safety** — Cigarettes are the leading cause of deaths from fire. This is an even bigger consideration when some residents may be using oxygen.

**Health** — Nobody benefits from smoking. Not the smoker, their neighbors, staff, or anyone visiting them.

The good news for us is that the laws support the decision to go smoke free in apartment buildings. First, despite what a lot of people believe, there is no right to smoke. Of course, it is legal, but as a landlord, we have the right to

## Housing Options

put restrictions on many behaviors in our lease.

For instance, while people have the right to talk, the freedom of speech can get you kicked out of a theater. If you want to discuss the acting with your friend, the expectation is that you would do so outside where it is not going to bother others.

The same is true in housing. Your landlord has a lease that spells out expectations. You have the right to find a landlord and a lease that works for you, and your landlord has a right to put forward a lease that he or she believes will work well for their business and their customers.

A common concern is that banning smoking is discrimination. Legally, you can't treat someone differently if they belong to a protected class. For instance, you can't refuse to rent to someone who is a different religion. Smokers, however, are not a protected class. Moreover,

in some cases it is illegal to refuse to rent to someone who is a smoker, but you can still have a nonsmoking policy because that bans the behavior, not the person.

What about people with disabilities? In housing, we often need to consider how to accommodate a disability in our rules and policies. The best known example is parking. People who, because of a disability, need a space closer to the entrance should be assigned one. This is

the best way to ensure that people with disabilities have an equal opportunity to enjoy the housing environment. The argument could be made that someone who is mobility impaired will have a hard time getting off the property in order to smoke. While this is true, an accommodation to a disability cannot infringe on others. Moreover, a tenant would be hard pressed to have a doctor

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## Identity theft victims face months of hassle

By Brandon Bailey

SAN FRANCISCO —

As soon as Mark Kim found out his personal information was compromised in a data breach at Target last year, the tech worker signed up for the retailer's free credit monitoring offer so he would be notified if someone used his identity to commit fraud.

Someone did. The first monitoring report showed crooks opened accounts in his name at Macy's and Kohl's department stores, where they racked up more than \$7,000 in charges. "My heart basically sank," he said. Over the next seven months the New York City resident spent hours on the phone, most of a day in a police station filing a report, and countless time sending documents to banks and credit reporting agencies to clear his

credit history.

He's hardly alone. The Target hack during 2013's Black Friday shopping weekend was just one in a wave of data breaches that have exposed more than 100 million customer records at U.S. retailers, banks and Internet companies. The latest high-profile hack, at Sony Pictures Entertainment, resulted in Social Security numbers and other personal details of nearly 50,000 current and former Sony employees and film actors being stolen and posted online for anyone to see. While cases are difficult to trace, analysts at Javelin Strategy & Research estimate that one in three Americans affected by a data breach ulti-



mately became the victim of fraud last year — up from one in nine in 2010.

Although banks often absorb bogus charges, it's up to victims to clean up their credit histories and recover stolen funds. On top of lost time, money and emotional energy, victims face the frustration of rarely seeing any-

one pay for the crimes. Identity theft cases are rarely prosecuted, said Avivah Litan, an analyst who studies fraud and identity theft for the research firm Gartner. Local police have limited resources, and criminals are often overseas, "so unless it's part of a bigger pattern, they're not going to spend much time pursuing it."

Kim said a police detective who took his complaint later told him the accounts were opened by someone in California, but Kim never heard any more about the investigation.

In the past year, Target and other major retailers have said they're increasing security. President Obama has urged banks and stores to speed up adoption of "chip-and-pin" payment cards, which are harder to hack. But reports of data breaches continue. And as Federal Trade Commission member Terrell McSweeney said recently, "Disturbingly, the news has seemed to desensitize many people to the real risks created each time an event occurs."

Kim can't be certain Target was the source of the fraud he experienced, he acknowledged. Experts say crooks often steal or buy

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## Your information has been hacked: What do you do?

By Brandon Bailey

Criminals stole personal information from tens of millions of Americans in data breaches last year. Of those affected, one in three may become victims of identity theft, according to research firm Javelin. Whether shopping, banking or going to the hospital, Americans are mostly at the mercy of companies to keep their sensitive details safe. But there are steps you can take to protect yourself against the financial, legal and emotional impact of identity theft — and most of them are free:

### As a rule

- Closely guard your Social Security numbers, as well as credit and debit card information and account passwords.
- Shred unneeded financial records and credit offers.

### Detective work

- Examine credit card bills for irregularities each month.
- Get a free credit report once a year from at least one of the major reporting agencies (Equifax, Experian, TransUnion), and review it for unauthorized accounts. Ignore services that charge a fee for credit reports. You can order them without charge at [www.annualcreditreport.com](http://www.annualcreditreport.com). If you order from each

agency once a year, you could effectively check your history every four months.

### Do paid services work?

• Some experts say there's not much to be gained from a paid credit monitoring service. But if a business sends you a notice of a data breach, it can't hurt to sign up for any monitoring they offer for free. These services will tell you if a new account is opened in your name, but they won't prevent it, and many don't check for things like bogus cellphone accounts

HACKED page 20

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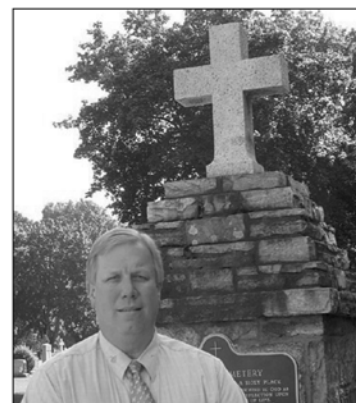


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### A message from the director...

I have worked with many families during the difficult time of the loss of a loved one and know the importance of pre-planning. You will reduce your family's anxiety and make sure your own wishes are carried out by scheduling a no-obligation, information meeting with my office.

— Robert Ackerman, Director

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# Take action before the reverse mortgage rules change in March

By Alain Valles

Over the past 25 years hundreds of thousands of homeowners age 62 years or older have converted the equity in their home into tax-free cash through a reverse mortgage. However, on March 2, new rules go into effect for reverse mortgages. The most significant impact will be that all borrowers will be required to undergo a Financial Assessment review, which is a more detailed look at personal finances.



## Reverse Mortgage

go into effect:

In order to qualify before the rules change, you must complete a reverse mortgage counseling session and be assigned your FHA case number. The case number is obtained from your reverse mortgage company and does not obligate you to do anything. Getting a case number affords you up to six months of extra

time to decide if you want to get a reverse mortgage without being subject to the new rules.

An independent, government approved third party counselor conducts the counseling session. Their mission is to explain the pros and cons of a reverse mortgage and to help you determine whether a reverse

mortgage makes sense in your situation.

The counseling session is strictly informational, and the counselor does not benefit if you get a reverse mortgage.

The challenge is that counseling appointments are rapidly filling up. In Massachusetts the sessions must be conducted in person, which is creating travel issues for people. If you have any interest in learning more about reverse mortgages you should not delay in reaching out to a trusted reverse mortgage professional.

What happens if you miss the deadline?

Starting March 2, reverse mortgage applicants will need to provide income and credit documentation for a Financial Assessment review. For those who do not meet the guidelines there will be a tremendous impact. They will be required to "set aside" a large portion of available loan pro-

ceeds for real estate taxes and homeowner's insurance. In some cases this could amount to more than \$50,000. In other cases, the person may be denied a reverse mortgage altogether.

What should you do today?

Even if you are not considering an immediate reverse mortgage, now is the time to take action and learn the facts, before your options for accessing your hard earned equity out of your home through a reverse mortgage are limited by the new rules.

*Alain Valles, CRMP and president of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England. He can be reached at 781-724-6221 or by email at [av@dfcmortgage.com](mailto:av@dfcmortgage.com). You can read additional articles archived on [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com)*

## ➤ Identity

Cont. from page 18

consumer information from more than one source, and use it to compile a complete dossier on potential victims. That's likely the way hackers two years ago impersonated the rich and famous to get credit reports on Paris Hilton, Michelle Obama and even General Keith Alexander, then-head of the National Security Agency.

Alexander told a public forum last fall that when he tried to file his taxes, he learned someone else had already claimed a \$9,000 refund in his name. Fraudsters also used his identity to apply for about 20 credit cards. The FBI eventually caught a suspect, he said;

the FBI declined comment.

Meticulous by nature, Kim documented every conversation with an investigator or company representative. He was fortunate, he added, that his employer let him use the phone and fax machine where he works. "If I worked at a stricter company, it would have been a nightmare," he said. But Kim was never reimbursed for sending affidavits and other documents by certified mail to various banks and agencies.

While identity theft is certainly a global problem, experts say it's difficult to measure worldwide losses. However, a Department of Justice study estimates identity theft of all kinds was responsible for U.S. financial losses of \$24.7 billion in 2012 — nearly double the \$14 billion lost from all other property

crimes such as burglary and theft. According to Javelin surveys in the U.S., when an existing credit card is exposed and then used for fraud, the average loss is \$1,251.

When a social security number is exposed and then used to open new accounts, the average loss is \$2,330.

Banks take the biggest financial hit, but identity theft victims' out-of-pocket losses can range from an average of \$63 for misuse of credit cards to \$289 for fraud involving social security numbers. Of course that doesn't quantify lost time and stress.

Albert, who didn't want his last name published because he fears being victimized again, learned in 2012 that his personal information was exposed by a data breach at University of Miami Hospital, where he'd

gone for minor surgery. After submitting his federal tax return the following year, the 60-year-old Miami resident found the government had already issued a refund to someone else using his social security number.

It took eight months for the airline reservations employee to get his \$4,000 refund, which he needed to pay off debts. Albert said he doesn't know if the tax scammer used personal information from the hospital breach or some other source. But experts say health records are a treasure trove for scammers, since they may contain financial information, insurance numbers and personal data that can be used to obtain drugs, medical

IDENTITY page 20



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# Medicare to improve chronic care coordination

WASHINGTON —

Adjusting medications before someone gets sick enough to visit the doctor. Updating outside specialists so one doctor's prescription doesn't interfere with another's.

Medicare now pays primary care doctors a monthly fee to better coordinate care for the most vulnerable seniors — those with multiple chronic illnesses — even if they don't have a face-to-face exam.

The goal is to help patients stay healthier between doctor visits, and avoid pricey hospitals and nursing homes.

About two-thirds of Medicare beneficiaries have two or more chronic conditions, such as diabetes, heart disease or kidney disease. Their care is infamously fragmented. They tend to visit numerous doctors for different illnesses.

Too often, no one oversees their overall health — making sure multiple treatments don't mix badly, that X-rays and

other tests aren't repeated just because one doctor didn't know another already had ordered them, and that nothing falls between the cracks.

Medicare's new fee, which is about \$40 a month per qualified patient, marks a big policy shift. Usually, the program pays for services in the doctor's office.

To earn the new fee, doctors must come up with a care plan for qualified patients, and spend time each month on such activities as coordinating their care

with other health providers and monitoring their medications. Also, patients must have a way to reach someone with the care team who can access their health records 24 hours a day, for proper evaluation of an after-hours complaint.

The new fee could enable physicians to hire extra nurses or care managers to do more of that preventive work, Wergin said. Patients must agree to care coordination; the fee is subject to Medicare's standard deductible and coinsurance. — AP

## Sen. Bernie Sanders promises to defend Social Security

By Andrew Taylor

WASHINGTON —

The senator representing Democrats on the Budget Committee vowed to fight efforts by Republicans to prevent money dedicated to paying retirement benefits from being shifted to the disabled.

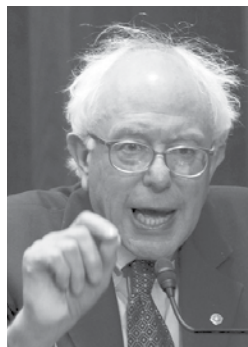
Sen. Bernie Sanders, a liberal independent from Vermont, said that a recent procedural move by House Republicans could lead to a 20 percent cut in Social Security disability benefits for 11 million people.

In the past, lawmakers have reallocated money between the disability and retirement funds, but House Republicans

orchestrated a rules change that would make it more difficult to do so unless it's part of a larger plan to shore up Social Security's finances with benefit cuts or tax hikes.

The disability program is on track to go into the red next year unless Washington steps in to prop it up.

"This is totally unacceptable. When we talk about Social Security today, what we should be talking about is expanding benefits not cutting benefits," Sanders said. "The Social Security disability program is an



Sanders

insurance policy that guarantees income to workers who become permanently disabled and can no longer work."

Republicans say shifting retirement benefits to the disabled amounts to a "raid" on the much larger pension program. They say lawmakers need to step in and fix the disability shortfall rather than shift money around.

Sanders replaced Sen. Patty Murray, D-Wash., as the Democrats' top member on

the Budget Committee, even though he technically is an independent. Sanders,

who has been making trips to early presidential primary states, organizes with the Democratic caucus.

Republicans have retaken the Senate for the first time in eight years.

The congressional budget process typically is a partisan exercise in which the majority party drives through a budget along party lines. With Democrat Obama in the White House, however, many observers assume a budget stalemate may grip the Capitol.

Sanders, who once characterized himself as a socialist, promised to use his new platform to combat income inequality and cuts to social programs. — AP

### ► Hacked

Cont. from page 18

or fraudulent applications for government benefits. Some do offer limited insurance or help from a staffer trained to work with credit issuers and reporting agencies.

#### Someone stole my identity, what do I do?

•The Federal Trade Commission recommends immediately notifying one of the credit agencies and requesting a 90-day credit alert. (Each reporting agency is supposed to notify the others, but you may want to contact all three yourself.) The alert tells businesses to contact you before opening any new accounts in your name. You can renew the alert every 90 days, or you're entitled to keep it in effect for seven years if you've filed an identity theft

report with police.

•Contact the credit issuer to dispute fraudulent charges and have the bogus account closed.

•Request your credit report and ask the reporting agencies to remove bogus accounts or any incorrect information from your record. Consider asking the reporting agencies to place a full freeze on your credit. This blocks any business from checking your credit to open a new account, so it's a stronger measure than a credit alert. But you should weigh that against the hassle of notifying credit agencies to lift the freeze — which can take a few days — every time you apply for a loan, open a new account or even sign up for utility service.

•Submit a report through the FTC website: [www.consumer.ftc.gov](http://www.consumer.ftc.gov). Click the "privacy & identity" tab, which will walk you through creating an affidavit you can show to creditors.

•Keep copies of all reports and correspondence. Use certified mail to get delivery

receipts, and keep notes on every phone call. — AP

### ► Identity

Cont. from page 19

services or other benefits.

Albert now subscribes to a credit monitoring service and has asked reporting agencies for a "freeze" to block any applications for credit in his name. However, that "freeze" required a laborious process to lift when he later applied for a mortgage and then Internet service from AT&T. He still worries someone will claim the Social Security benefits he's counting on when he retires.

"There's a rage that comes up, when you realize what happened," he said. "You feel violated. You feel attacked."

Kim just got all of the fraudulent accounts removed from his credit history. He and other victims say the experience has made them even more careful about their financial data and credit records. Kim, for example, registered for a security alert from the major credit reporting agencies, which advises lenders to contact him if someone tries to get credit in his name.

The alert expires in seven years, but Kim said he "absolutely" plans to renew it.

"I have to be watchful," he added. "I know something else could happen."

AP National Reporter Martha Mendoza contributed to this report from San Jose, California.

### ► Smoke

Cont. from page 17

provide a note saying that smoking is considered a medical necessity.

There is a downside to going smoke

free. We've had some otherwise great tenants leave and we've had applicants turn us down because they want to be able to smoke in their homes. Fortunately, we have healthy waiting lists and the loss of these customers has had a minimal impact.

While there are no easy answers to many questions in housing, going smoke free seems like one of the easiest. In the end, I believe this is the way that we show we care about our staff and residents and show pride in our buildings.

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



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# Julianne Moore goes inside Alzheimer's in 'Still Alice'

By Lindsey Bahr

LOS ANGELES —

Julianne Moore didn't know much about Alzheimer's before taking on the role of Dr. Alice Howard. Adapted from Lisa Genova's bestselling book, the tender and occasionally harrowing drama *Still Alice* tells the story of an accomplished Columbia University linguistics professor who discovers that she has early onset Alzheimer's.

"I was really starting at zero," said Moore in a recent interview at the Four Seasons Hotel in Los Angeles.

"What was so compelling about the script was that it was the first time I had seen a disease like this depicted objectively. It's usually from the point of view of the caregiver or a family member who's watching someone transform in this way. This brings you inside this character and her journey through it," she said.

The actress, who received an Oscar nomination for her much acclaimed performance in the film, told co-directors and writers Richard Glatzer and Wash Westmoreland at the start that she didn't want to represent anything on screen that she hadn't actually seen.

Whether it's using a highlighter so as not to lose your place in the middle of a speech or self-administering a daily memory test on your iPhone, everything that Alice does in the movie is based on reality.

"I felt like that was the only fair way

to do it," said Moore. She took great lengths to immerse herself into the world of Alzheimer's through books and documentaries that she and Glatzer and Westmoreland would pass around to one another, but also by talking to clinicians, neurologists and, most importantly, actual patients.

Moore started at the national level, conducting Skype calls with patients who she was put in touch with through the Alzheimer's Association. She had a doctor administer an extensive cognitive test on her at New York's Mount Sinai Hospital. She consulted with gerontologists.

During her sojourns to long-term care facilities and support groups, Moore found herself struck by the generosity of everyone she spoke to in the process and observed that people's personalities were very evident, no matter how advanced their disease.

"There was a guy who was really gregarious and would talk to everybody and welcome people as you walked through. He had owned a bar. And another woman was a model who had worked in fashion, she showed me her book. Another woman had been a designer. It was just interesting," said Moore, who also made sure to talk to visiting family members.

On set, Moore also saw an immediate example of the effects of a disease on a marriage. Glatzer, who is married



to Westmoreland, is living with ALS. By the time production started on the movie, he'd lost his speech and the use of his arms.

In an interview, Glatzer communicated by typing on an iPad with a toe on his right foot.

"I could still type with one finger on the iPad," said Glatzer of the shoot. "It's so very important if you're struggling with a disease like this to feel you still matter. It's ironic that in my deteriorated state, I'd be able to make a film that was creatively everything I'd ever wished for."

Although ALS is quite different from Alzheimer's — Glatzer has all of his cognitive faculties — both are degenerative diseases.

"I think they put a lot of their own experience into this," said Moore. "This is a movie about living with disease, not

succumbing to it."

For Glatzer and Westmoreland, the series of Alice's pre-diagnosis doctors' appointments were "eerily similar" to what they went through.

To illustrate Alice's deterioration across the story's two and a half year period, the directors used various tricks including makeup and camera filters, while Moore took pains to delicately alter her speech and physicality.

"We never wanted you to know that there was a certain change in Alice's character till the end of the movie when there's a comparison with who she used to be through

discovering a video message. Then you suddenly are slammed with how much she's changed. The changes happen subtly and incrementally, but, you know, inevitably," said Westmoreland.

As an actor, Moore was surprised that the most difficult and tiring days were those where her character was most declined. "Those were the days when I had fewer lines. But it was about the effort that people are making to go through the disease."

Moore is a favorite to win the Academy Award — her first in five nominations — come Feb. 22. She's not shy about admitting how great it would be to win.

"Ultimately, it's about your peers recognizing your work. Who doesn't want that?" she said. — AP

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## Doors that go pop: Rethinking entranceway color

By Diana Marszalek

**W**hen Tracy Proctor Williamson bought her house in Larchmont, N.Y., a year ago, it was “just a kind of dark and sad-looking building.”

**Painting the front door a color changes a house's look and helps it stand out from the rest.**

The front door and trim were a depressing “yucky cream color,” said Williamson. The town assessor categorized the architecture of the two-story brick home simply as “old style.”

Since then, Williamson has tried to bring the house back to life, most notably by boosting its mood with a sun-kissed yellow front door. “At first I was horrified because I thought the neighbors would hate me,” she said. “But I like it. It makes me feel really good.”

Painting the front door a color that packs a punch is one of the quickest and easiest ways to change a house's look and helps it stand out from the rest.

“It's the difference between choosing classic red or something that has a little bit of fuchsia in it — something more like the color you love,” said Kate Smith, a Newport, R.I., color consultant.

“Just that little bit of color can give you the lift that makes everything look better.”

Smith — whose job includes advising everyone from paint companies to the film industry on color choices — said homeowners like Williamson are making the right move by making bland front doors bold. As the entryway to your home, a front door should be an attention-getter, she said.

“You want it to be the focal point,” she said. Emphasizing the front door can “improve the look of the entire house.”

Smith tells people selling their homes that if they “can't do anything else, put some time and energy into your front door.”

The trick, however, is getting it right; it can be a fine line between bold, eye-catching color and neon that looks better on paper than on doors or walls.

Smith advises choosing a front-door color that jibes with your home's other features, starting with the style and color of the roof. The colors of fixed



features, such as window grids, as well as trim and shutters should also be considered. So should a home's architectural style.

Derek Fielding, who oversees product development for the door manufacturer Therma-Tru, sees a trend toward color-

ful front doors and spiced-up entryways.

“People don't want that cookie-cutter look that comes with having the same door that's on everybody else's house,” Fielding said.

Besides adding color, homeowners are opting for doors with different textures, more ornamental detail and decorative glass, he said.

“It's all about curb appeal and perceived value,” Fielding said. “If you look at a neighborhood and every house has a six-panel door that is black, the one that is painted red is going to pop.”

Smith said the most popular front-door colors this year among homeowners who want to make a statement are tropical blues, vibrant oranges, violet, mustards and plums. Those who want to perk things up but stay more subdued are choosing blues a notch brighter than navy, warm reds and classic grays, she said.

Williamson worried initially that painting her door bright yellow was going to make her house “look like a bumblebee,” but that in fact “the lemon yellow is really nice,” particularly on gray days.

“I just decided that if some people don't like it, I don't care,” Williamson said. “It makes me happy.” — AP

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