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# Aging and the art of New Year's resolutions

By Sondra L. Shapiro

I am ambivalent when it comes to New Year's resolutions. Why begin the new year saddled with have-tos? Isn't it easier to just spread out goals and objectives throughout the year so they don't pile up into one big stressful burden? Consider, 45 percent of us make New Year's promises — and after six months, less than half of us keep them. Since the success rate of keeping resolutions isn't very high, why do we keep setting ourselves up for failure?

Human nature.



## Just My Opinion

We are an optimistic species. Though some cynics would say we have short memories. We look at the new year as an opportunity to begin anew; wipe the slate clean. We can lose weight, get more organized, practice frugality, enjoy life, exercise, stop smoking, meet that special someone or spend more time with family — to name some of the more popular New Year's resolutions.

What would New Year's Eve be without setting goals and objectives? Like the ball falling in Times Square and noisemakers, resolution-making is part of the holiday tradition.

Perhaps, it is better to make a resolution than to not address an issue because at least recognizing the problem can lead to an attempt to solve it. A resolution after all is a commitment.

It's not the setting of goals that bothers me about the holiday tradition, it's more about how the process can be so emotionally difficult for people. Though, in this case, I think older people actually have an edge.

The older I get, the more complacent I become. I am willing to accept the status quo for the sake of comfort. I'm not as hard on myself; my needs are less complicated.

The accumulating years — a time defined by career building and the pursuit of material goods — are behind me. I, like many of my cohorts who have reached a phase of life when living in the moment and good health is more important than all the material stuff we have accumulated, don't want one more have-to cramping my style.

I reached that stage of life more than two years ago, when my husband and I decided the home we so lovingly built 20 years before was suddenly far too big for us; its upkeep eating up far too much of our time. In the beginning, we were so happy to have enough space and a big yard to fit our lifestyle. Then one day we realized there were rooms we never entered unless it was to dust and vacuum. And the yard we enjoyed cultivating became an unwanted obligation that got in the way of us having fun. After we sold the house, we felt a major burden lifted. The physical process of unburdening matched the emotional need to simplify our lives.

I believe this simplification is shared

by most entering the later stage of life. We downsize our homes, consider less stressful work or employment that has more meaning for us. We give away much of what we have accumulated. We de-clutter our expectations, putting fewer burdens on ourselves.

This discarding of clutter feels like stealing time — an exuberant state that can be addicting. Perhaps that's why older people are happier than younger folks, as many studies have found. Research done by Stony Brook University found that after age 50, life perceptions are more positive and feelings of worry or stress decline — regardless of certain life circumstances. Also, stress and anger showed declines throughout life. The pattern for worry, another negative emotion, tended to hold steady until about age 50, when it took a sharp decline.

Keeping it simple doesn't mean giving up. Rather it allows the freedom to set goals and objectives that are true to us instead of what we think others expect. After all, getting older also means caring less what others think of us. "Who are we trying to impress anyway?" is a sentiment I have so often heard from older people.

This is not to say that older age means we stop desiring or growing. One of the most important things we should not get rid of during our de-cluttering years is our desire to learn.

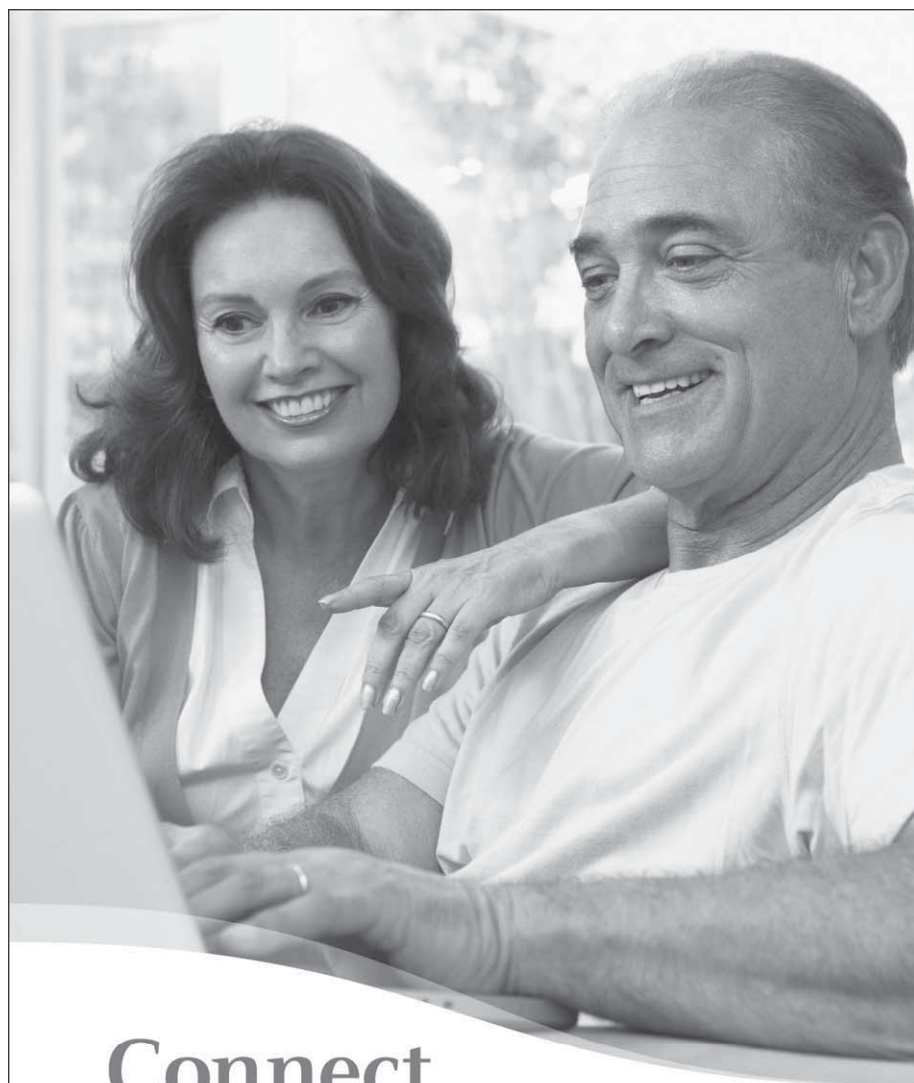
So for those of us who are still inclined to follow the New Year's resolution tradition, there are hundreds of books and blogs to use as guides. And since it is simplicity I am advocating, there is no need to clutter up your hours with research. I already did that for you.

First, keep the goal simple to enhance the probability of success, and be specific. Want to lose weight? Decide how much and stick to that. Keep track of progress through a journal or other means. No matter what your resolution, be generous with yourself. Don't expect perfection and don't be too strict or you won't succeed. Allow for backsliding along the way. Reward yourself occasionally for progress. Find and offer support among friends and family.

Be open to a change in direction. As you go through the process of achieving, you are also learning new things about yourself. Like with most things in life, we can't see into the future and plan for everything. Some things are a process. A diet may turn out to be a bad thing when our health suffers or we don't look as good as when we were carrying a few extra pounds.

Failing to achieve a resolution is also a learning experience if we ask ourselves why. So be flexible. Be accepting. But most important, be happy. To me, that is the simplest, most achievable resolution I can make. One that doesn't cramp my new style of life.

*Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at [sshapiro.fiftyplusadvocate@verizon.net](mailto:sshapiro.fiftyplusadvocate@verizon.net). And follow her online at [www.facebook.com/fiftyplusadvocate](http://www.facebook.com/fiftyplusadvocate), [www.twitter.com/shapiro-50plus](http://www.twitter.com/shapiro-50plus) or [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).*



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# Retired and childless: Prepare for aging issues

By Brian Goslow

As her days as a textile worker in New York City's Garment District were coming to a close, Zoe Louise Hansson wasn't feeling as secure as she would have liked heading into retirement. Having always lived alone and never having had children, the then-Connecticut resident knew it was time to face the next chapter of her life.

"I called my lawyer and said, 'I'm in trouble financially. What do I do?' " said Hansson, now 81. He suggested she take out a reverse mortgage on her home; she's now had four. "I just renew them when I need more money," she said. "A lot of people don't believe in it. If you own your own home, remember, it's a goldmine. To me, I feel, as long as I'm alive, I might as well enjoy life."

Hansson has since moved to the Deer Isle-Stonington area of Maine, becoming a beloved member of a tight-knit community. Only recently has she found the need to ask others for help in her everyday chores. "One woman is in charge of getting volunteer drivers for me," Hansson said. "That's the biggest help of all."

Just as many families put off the "what if" discussion on what happens if a parent suddenly gets ill and needs help, many people nearing retirement haven't fully, if at all, begun to consider how their own everyday living and health emergency needs will be taken care of as they age. This becomes more of a problem if the person or couple has never had children to step into a caretaking role if necessary.

Childless folk reaching retirement age need to secure, if possible, long-term care insurance and carefully consider whom they'll utilize as a caretaker and to carry out any health proxies if the need arises, said Kristine A. Kevorkian, who holds a doctoral degree in thanatology — the study and science of death and dying — and is an adjunct professor at Antioch University in Los Angeles.

It's important not to underestimate the value of longtime friendships and social networks when considering a possible move to a new area, whether for a warmer climate or to be near relatives, childless or not, she said. Ideally, people would have long-term friends they can comfortably rely on not only for social comfort, but to assist them in time of need, especially when it comes to health emergencies. Having that support is crucial to a

healthy state of mind, Kevorkian said.

"You should consider, 'Do you have friends who can help you, someone you've learned to trust over the years?' " Kevorkian said. "It's always good to network and find who's around (who may have faced the same challenges). Often, people will find that there's somebody else in their network that's in the same boat with whom they can perhaps team up with in contracting for nursing or caregiving services."

"The options for caregiving as we age are not good for those who can't afford it," Kevorkian said. "If you need help and you can afford a caregiver, then that's the way to go." However, she said, many people who haven't needed assistance yet are under the false impression Medicare will pay for caregiving, if needed.

If you're in this boat, you don't need to panic. What you do need to do is plan ahead and be creative in how you'll have your needs met. Some people decide to grow old living with others in the same predicament. "Living with roommates helps," Kevorkian said. "If two people require care, they can pool their resources and have a caregiver for two — or more. People can create their own form of family."

She noted some people are able to find great caregivers through their faith-based communities.

Living alone does leave older people prone to financial predators; that makes it important to do due diligence on whom you seek help from. "If you have money, your odds of proper care go up, as do your chances of being ripped off by a corrupt caregiver or family member," Kevorkian said. "The number of 'fiduciary elder abuse' cases is increasing."

Finding a trustworthy friend — and professional help — is essential in planning your financial future, whether for living expenses, housing, health care needs or a funeral. "If you don't have children, it's great to have friends to help out with this — or a lawyer," Kevorkian said. "I would definitely consider a trustworthy lawyer to help with drawing up all the papers for this, the powers of attorney for the advanced directive and making sure somebody's in charge" that you feel is reputable to act as a guardian.

Kristi Webb, 56, of Chapel Hill, N.C., and her husband, Todd Woerner, have given very little thought to their retirement days. "All of our parents are hale and hearty, so this allows us to be in denial," she said. The couple has yet to



seek professional advice for retirement planning, but Webb admitted, "I keep thinking I ought to talk to Todd about whether we should get long-term health-care insurance."

She's stuck on how to best approach the discussion. "I don't want to be a burden to anyone, but I don't want to go into 'care' if I can avoid it," Webb said. "I don't have anyone to be a burden to anyway — although I have stepchildren — so doesn't that dictate that I'd have to 'go into care'?"

When she does think about growing older, Webb said, she tells herself, "Well, just take really, really good care of yourself."

For many people, the biggest challenge to overcome is the fear they'll be burdening others by asking them for help. "In this country we really do have this mentality of 'pull your self up by the bootstraps' so people aren't as comfortable asking for help, no matter what their age," Kevorkian said. "It's very sad, the feeling of being a burden to someone."

She shared the experience she had years ago with an elderly hospice patient. The woman didn't have a family or children. "The people in her apartment complex were trying to help take care of her and she kept praying that she would die quickly so that nobody would have to be bothered to take care of her," said Kevorkian. "In this spiritual community of hers, there was this young couple that was begging her, they wanted to take care of her, take her to their home."

A chaplain interceded after learning the woman had been a teacher; he noted while she had always been the teacher, she had never been taught how to allow herself to be cared for. She finally acquiesced and agreed to move in with the

couple.

"This patient of mine was so worried about being a burden, so worried about being alone, but she wasn't," Kevorkian said. "There were people who were asking to take care of her and she was refusing. Finally it came out to be such an incredible opportunity for everybody."

The ex-teacher lived with the couple for her final two weeks, and "had an incredible epiphany, almost daily," Kevorkian said. "It was such a mutual growth progression for everybody involved." The young couple went on to be caregivers for other hospice patients.

For someone approaching retirement — or who has retired and is nearing their 70s or 80s — and is still in good health, now is the best time to face the likelihood that someday, they will face a health emergency and will, one day, pass on.

"Look around you (now) and see that there are some people who aren't doing as well as you and be prepared," Kevorkian said. "The first thing that I always tell people is complete your advance directive. Get that going; make sure if there is a medical event, that you have somebody able to speak for you if you're not able to speak for yourself. Make sure that person knows what your wishes are."

She suggests putting a copy of your advanced directives, along with a list of current medications, in a manila envelope and taping it to the refrigerator. "If there ever is a health care event, being able to find those forms right away is best," Kevorkian said.

Another "proxy" that should be included in this envelope: desired funeral arrangements, including whether to be buried or cremated. This will prove invaluable for the family members and friends you leave behind.



Webb

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# New Congress: Fewer moderates make deals harder

By Alan Fram

WASHINGTON — This new Congress is comprised of more women, many new faces and 11 fewer tea party-backed conservative House Republicans from the class of 2010, who lost their bid for a second term.

Overriding those changes, though, is a thinning of pragmatic, centrist veterans in both parties. Among those who left are some of the Senate's most pragmatic lawmakers, nearly half the House's centrist Blue Dog Democrats and several moderate House Republicans.

That could leave the parties more polarized even as President Barack Obama and congressional leaders talk up the cooperation needed to tackle complex, vexing problems such as curbing deficits, revamping tax laws and culling savings from Medicare, which provides health care coverage for the elderly, and other costly, popular programs.

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

In the Senate, moderate Scott Brown lost in Massachusetts to Democrat Elizabeth Warren, who will BE one of the most liberal members. Another Republican moderate, Richard Lugar of Indiana, fell in the primary election. Two others, Kay Bailey Hutchison of Texas and Olympia Snowe of Maine, retired.

Moderate Democratic senators such as Kent Conrad of North Dakota, Herb Kohl of Wisconsin, Ben Nelson of Nebraska and James Webb of Virginia left, as did Democratic-leaning independent Joe Lieberman of Connecticut.

While about half the new 12 Senate freshmen of both parties are moderates, new arrivals include tea party Republican Ted Cruz of Texas, conservative Deb Fischer of Nebraska, and liberals such as Tammy Baldwin of Wisconsin and Hawaii's Mazie Hirono.

There's a similar pattern in the House, where 10 of the 24 moderate Democratic Blue Dogs lost, retired or, in the case of Rep. Joe Donnelly of Indiana, moved to the Senate. That further slashes a centrist group that just a few years ago had more than 50 members, though some new freshmen might join.

Among Republicans, moderates like Reps. Judy Biggert of Illinois and New Hampshire's Charles Bass were defeated while others such as Reps. Jerry Lewis of California and Steven LaTourette of Ohio decided to retire.

"Congress seems to be going in the opposite direction of the country, just as the country is screaming for solutions to gridlock," said Democratic strategist Phil Singer.

Whether the changes are good is often in the eye of the beholder.

Seventy-one of the 83 House Republican freshmen of 2010 were re-elected on Nov. 6, but 11 lost, including one of the group's highest profile members, conservative Rep. Allen West of Florida. The conservative tea party movement, which supports lim-



ited government, deep cuts in government spending and more tax cuts, fueled the Republicans' success in 2010.

Sal Russo, strategist for the Tea Party Express, said newly elected conservatives, including the Senate's Cruz and House Republicans Ted Yoho of Florida and Mark Meadows of North Carolina, would balance such departures.

Overall, the new House has a 234-201 Republican majority, a narrowing of their once 242-193 advantage. Democrats now control the Senate 55-45, up from 53-47.

A dozen of the 100 senators and at least 81 of the 435 House members, almost one-fifth, are in their first term, slightly above historic averages.

Many newcomers who came to Washington for orientation sessions after their election, described a need to compromise. Some also made it clear there will be plenty of fuel for partisan clashes.

All together, there are 73 women in the House and 20 in the Senate. Both are records.

For the first time, more than half of House Democrats — 105, in this case — are not white males.

One white male is Rep. Joseph Kennedy III, a Massachusetts Democrat whose father was Rep. Joe Kennedy and grandfather was New York Sen. and Democratic presidential candidate Robert Kennedy.

Those who left include several who have been in the middle of recent years' policy battles.

Among them are Sen. Jon Kyl of Arizona, the No. 2 Senate Republican leader; Indiana's Lugar, a longtime Republican power on foreign policy; North Dakota's Conrad, the Senate Budget Committee chairman and one of his party's chief deficit foes; and Jeff Bingaman of New Mexico, who headed the Senate Energy and Natural Resources Committee.

Gone from the House are California Democratic Reps. Pete Stark, a major force on health issues, and Howard Berman, long influential in foreign affairs, plus liberal Massachusetts stalwart Barney Frank, whose name is on the new law overhauling the government's regulation of banks and other financial institutions.

Also gone: House Rules Committee Chairman David Dreier of California, and Texas Rep. Ron Paul, 77, who charted his own libertarian course in Congress and long-shot campaigns for the Republican presidential nomination in 2008 and 2012. — AP

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# Stay connected this winter, and year-round

By Linda F. Fitzgerald

As we embrace yet another New England winter, we don't have to limit our connection to friends and family due to the often harsh, cold, inclement weather. Yes, we can still snuggle on the couch with a comfy blanket for warmth — and with a desktop computer, laptop, tablet or Smartphone, our opportunities to engage with others are virtually limitless.

Today, for the first time, more than half of all older adults are online — with 70 percent of AARP members surfing the web at least three to five times a week. Only 20 percent of us never go online.



## AARP and You

Yes, we are making Internet use a regular part of our lives. We email, visit favorite websites for news and information, shop, play games, converse on social networks like Facebook and LinkedIn and video chat with our grandchildren using Skype, MyFace and other applications.

Take Doris of Arlington. A widow with five adult children, 13 grandchildren and a second great-grandchild on the way, she relies on the computer to keep in touch with her large family, now far and wide — from western Massachusetts and New Hampshire all the way to California and Australia. "I talk to my daughter in Australia at least once a week on Skype," she said. "Somehow I feel closer since I get to see her on-screen too. And, if I didn't have Skype, I'd miss seeing my great-granddaughter take

some of her first steps and say her first words. I love it."

Others gravitate to Facebook and LinkedIn to talk to old friends and engage with new ones. In fact, one in three seniors use these social networking sites, representing significant growth — 150 percent — over the past few years.

Jane of Melrose is active on both Facebook and LinkedIn. "I enjoy seeing everyone's pictures, connecting with friends I may not have talked to for a long time and getting involved in causes," she shares. In fact, during the last presidential debates, Jane participated in a panel of 50+ voters via Google Hangout, organized by ABC News. "Now, that was exciting," she said.

While the online world provides us with added opportunity to stay connected, it also can help seniors fight isolation.

According to the Pew Internet and American Life Project, those of us who use digital technologies regularly are more social than the average person. We are more likely to visit cafes and parks, or to volunteer with local organizations.

As we navigate online more and more, especially for those who are new users, we must be smart and savvy — just as we are offline. Like robbers and vandals, criminals prey on victims through computers in the form of hackers, spammers, virus writers, identity thieves and more.

We can protect ourselves by following a few guidelines:

- Use caution when you click links that you receive in emails or messages on social networks from your friends.
- Know what you've posted about yourself. To break into an online account, hackers search for answers to personal security questions, such as a birthday, hometown, high school class or mother's maiden name.
- Don't always trust that a message is really from the

sender. If you suspect that a message is fraudulent, use an alternative method to contact your friend to find out. Hackers can break into accounts and send messages that look like they're from friends, but are not.

• Don't allow social networking sites to scan your email address book. This helps avoid giving away email addresses of your friends and family.

• Type web addresses into the browser, such as Internet Explorer, Mozilla Firefox and Google Chrome, directly or use personal bookmarks. If you click a link to a website through email or another site, you could be directed to a fake online establishment.

• Be selective about who you accept as a friend on a social network. Sometimes identity thieves create fake profiles to get information from others.

• Assume everything you put on a social network is permanent.

As this new horizon continues to expand, we have many opportunities to connect, learn and grow. Many councils on aging and senior centers offer classes to help us become familiar with the technology and learn how to navigate the web, while community colleges may offer tutorials on how to get started with Facebook. Of course, AARP also has a variety of free resources online, from how-to guides to tips for safe social networking; visit [aarp.org/ma](http://aarp.org/ma) for more.

I look forward to seeing you online.

*Linda F. Fitzgerald is the volunteer state president of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at [www.aarp.org/ma](http://www.aarp.org/ma); Like us at [www.facebook.com/AARPMMA](http://www.facebook.com/AARPMMA) and follow us on [www.twitter.com/AARPMMA](http://www.twitter.com/AARPMMA).*

# Take Social Security off fiscal cliff

By Al Norman

In the fall of 2008, the Goldman Sachs Group, which describes itself as "a leading global investment banking, securities and investment management firm," received nearly \$13 billion in a U.S. taxpayer's bailout for securities it held in failed insurance company AIG.

The CEO of Goldman Sachs, Lloyd Blankfein, had his salary tripled in January of 2011, and received a stock

bonus of \$12.6 million — despite the fact that his company's income had plunged, and more than 1,000 GSG workers had been laid off, their jobs outsourced to Asia.



## Push Back

about the "fiscal cliff" facing Congress and the president. Here's what this wealthy banker had to say:

Blankfein: You're going to have to undoubtedly do something to lower people's expectations — the entitlements

and what people think that they're going to get, because it's not going to — they're not going to get it.

CBS: Social Security, Medicare, Medicaid?

Blankfein: You can look at history of these things, and Social Security wasn't devised to be a system that supported you for a 30-year retirement after a 25-year career ... The retirement age has to be changed, maybe some of the benefits have to be affected, maybe some of the inflation adjustments have to be revised. But in general, entitlements have to be slowed down and contained. Because we can't afford them.

A week later, White House spokesman Jay Carney told CBS News that Social Security was not part of the fiscal cliff problem. "We should address the drivers of the deficit and Social Security currently is not a driver of the deficit." Social Security is solvent for another 21 years.

That position was reflected in the comments of Sen. Richard Durbin, D-Ill, the number two Democrat in the Senate. "Social Security does not add one penny to our debt — not a penny," he told ABC News. "It's a separate funded operation, and we can do things that I believe we should now, smaller things, played out over the long term that gives it solvency."

But for some lawmakers, Social Security is just too big to ignore. "I don't think you can look at entitlement reform without adjusting the age for retirement,"

Sen. Lindsey Graham, R-S.C. said.

So what's going on here?

Social Security is not an entitlement. It is a trust fund. If a worker does not pay into it, he cannot draw out of it. The reason people like Blankfein are eager to change Social Security is because they view Social Security as a mandated tax on business. They would rather not have their companies pay into the trust fund. But if workers did not have their employers matching their payroll contributions, the benefits paid out by Social Security would be cut in half. So Big Business does not want to chip in towards their workers' retirement. Millionaires like Blankfein pay only a very small percentage of their salary into the trust fund. And he will not rely on it for his comfortable retirement. But as a mandated payroll tax, it's something Blankfein would prefer not to pay. Goldman Sachs wants to "lower expectations" by delaying retirement, or cutting the cost of living adjustment.

Seniors are not asking for a bailout, like Mr. Blankfein's company. All they want is some return on the money they contributed over many years to help other retirees. Social Security has nothing to do with the fiscal cliff. Wall Street bankers should get their house in order, and keep their hands off Social Security.

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

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## Mass. rule would allow drug sharing in crisis

BOSTON —

Hospitals in Massachusetts would be allowed to share compounded medications in the event of future drug shortages under an emergency rule approved recently by state health regulators.

The new regulation adopted by the Massachusetts Public Health Council stems from the deadly fungal meningitis outbreak that has been linked to a tainted steroid produced by the Framingham-based New England Compounding Center (NECC).

The specialty pharmacy has been shut down and Westborough-based Ameridose, a sister company with the same founders as the NECC, has voluntarily recalled its products and closed through the end of the year for inspection. Those actions have prompted concerns about potential drug shortages.

Currently, hospitals that compound drugs can only do so for use by their own patients. Under the new regulation, the medications could be shared with other hospitals if state health officials determine that a severe shortage exists. Officials stressed that no such crisis has been declared at this time.

Nationally, 490 patients have been sickened and 34 have died since the fungal meningitis outbreak started. There have been no confirmed reports of illnesses in Massachusetts.

Compounding pharmacies mix customized medications based on prescriptions.

In an unrelated action, the Public Health Council — at the direction of lawmakers — moved to modify a 2008 state law and allow pharmaceutical companies and medical device makers to treat doctors to “modest meals” at restaurants.

The gift ban had barred those companies from buying meals for health care providers, except within hospitals or other health care settings and as part of an educational or training session. Backers of the law said expensive restaurant meals and other gifts could entice doctors to prescribe more expensive name-brand drugs or make unnecessary equipment purchases.

Critics who pushed to relax the gift ban said the pharmaceutical and medical device industries should have the freedom to market products in Massachusetts. Restaurant owners also objected to the law, saying it hurt their businesses.

The Legislature approved a measure last June ordering state health regulators to ease the restrictions. In doing so, the council voted to allow modestly-priced restaurant meals but declined to give a specific dollar limit. The rule only states that a meal shouldn't cost more than what a doctor might otherwise pay if dining at his or her own expense.

Groups worried about rising health care costs expressed disappointment that the council did not provide a specific definition of a modest meal.

Drug makers and medical device makers would still be required to report all gifts, including meals, to the state. — AP

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## Even fit baby boomers won't escape heart problems

By Lindsey Tanner

CHICAGO —

Here's a reality check for health-conscious baby boomers: Even among those in good shape, at least 1 in 3 will eventually develop heart problems or have a stroke.

The upside is that that will happen about seven years later than for their less healthy peers.

The findings come in an analysis of five major studies involving nearly 50,000 adults aged 45 and older who were followed for up to 50 years.

The best odds are in the healthiest adults — those who don't smoke, have diabetes, high blood pressure or high cholesterol. Still, among 55-year-olds in that category, about a third can expect to develop heart or other cardiovascular problems as they age.

Dr. Vincent Bufalino, a Chicago area cardiologist and spokesman for the American Heart Association, said the study is "a wake-up call that this disease is very prevalent in the United States and even if you're doing a good job, you're not immune."

The researchers estimated risks older people face for developing these ailments in their lifetime, or by their 80s or 90s. They also estimated how many years they'll live free of heart disease and related problems, depending on the most common risk factors.



Pooling follow-up data from the five analyzed studies, the researchers found that the healthiest 45-year-olds lived up to 14 years longer free of heart ailments than those with at least two risk factors. The healthiest 55-year-olds lived up to about seven years longer than their less healthy peers.

The study was published in a recent *Journal of the American Medical Association* and released in connection with the recent American Heart Association conference meeting in Los Angeles. The National Heart, Lung and Blood Institute paid for the research.

The authors estimated higher lifetime risks than previous studies, but their analysis involved a broader range of ailments, including heart failure and strokes.

While prevalence of heart disease and

related deaths have declined nationwide in recent years, more than 82 million Americans — roughly one-third — have some form of cardiovascular disease, according to the American Heart Association.

Most people in the analysis had high blood pressure or at least one of the other risk factors.

The results shouldn't be discouraging, said lead author Dr. John Wilkins, an assistant professor of preventive medicine and cardiology at Northwestern University's medical school in Chicago. Maintaining an optimal lifestyle, by eat-

ing sensibly and staying active, is still the best way to live a long, healthy life, he said.

Heart disease remains the nation's leading cause of death, and the study reinforces the idea that "cardiovascular disease is part of the aging process," said Cleveland Clinic heart specialist Dr. David Frid, who was not involved in the research. Bodies wear out, "and ultimately, just exposure to living is going to cause people to develop some of these underlying problems," Frid said. — AP

Online: JAMA: [jama.ama-assn.org](http://jama.ama-assn.org), American Heart Association: [www.heart.org](http://www.heart.org).

## Study finds mammograms lead to unneeded treatment

By Marilynn Marchione

Mammograms have done surprisingly little to catch deadly breast cancers before they spread, a big U.S. study finds. At the same time, more than a million women have been treated for cancers that never would have threatened their lives, researchers estimate.

Up to one-third of breast cancers, or 50,000 to 70,000 cases a year, don't need treatment, the study suggests.

It's the most detailed look yet at overtreatment of breast cancer, and it adds fresh evidence that screening is not as helpful as many women believe. Mammograms are still worthwhile, because they do catch some deadly cancers and save lives, doctors stress. And some of them disagree with conclusions the new study reached.

But it spotlights a reality that is tough

MAMMOGRAMS page 12

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## ► Mammograms

Cont. from page 10

for many Americans to accept: Some abnormalities that doctors call “cancer” are not a health threat or truly malignant. There is no good way to tell which ones are, so many women wind up getting treatments like surgery and chemotherapy that they don’t really need.

Men have heard a similar message about PSA tests to screen for slow-growing prostate cancer, but it’s relatively new to the debate over breast cancer screening.

“We’re coming to learn that some cancers — many cancers, depending on the organ — weren’t destined to cause death,” said Dr. Barnett Kramer, a National Cancer Institute screening expert. However, “once a woman is diagnosed, it’s hard to say treatment is not necessary.”

He had no role in the study, which was led by Dr. H. Gilbert Welch of Dartmouth Medical School and Dr. Archie Bleyer of St. Charles Health System and Oregon Health & Science University.

Breast cancer is the leading type of cancer and cause of cancer deaths in women worldwide. Nearly 1.4 million new cases are diagnosed each year. Other countries screen less aggressively than the U.S. does. In Britain, for example, mammograms are usually offered only every three years and a recent review there found similar signs of overtreatment.

The dogma has been that screening finds cancer early, when it’s most curable. But screening is only worthwhile if it finds cancers destined to cause death, and if treating them early improves survival versus treating when or if they cause symptoms.

Mammograms also are an imperfect screening tool — they often give false alarms, spurring biopsies and other tests that ultimately show no cancer was present. The new study looks at a different risk: Overdiagnosis, or finding cancer that is present but does not need treatment.



Researchers used federal surveys on mammography and cancer registry statistics from 1976 through 2008 to track how many cancers were found early, while still confined to the breast, versus later, when they had spread to lymph nodes or more widely.

The scientists assumed that the actual amount of disease — how many true cases exist — did not change or grew only a little during those three decades.

Yet they found a big difference in the number and stage of cases discovered over time, as mammograms came into wide use.

Mammograms more than doubled the number of early-stage cancers detected — from 112 to 234 cases per 100,000 women. But late-stage cancers dropped just 8 percent, from 102 to 94 cases per 100,000 women.

The imbalance suggests a lot of overdiagnosis from mammograms, which now account for 60 percent of cases that are found, Bleyer said. If screening were working, there should be one less patient diagnosed with late-stage cancer for every additional patient whose cancer was found at an earlier stage, he explained.

“Instead, we’re diagnosing a lot of something else — not cancer” in that early stage, Bleyer said. “And the worst cancer is still going on, just like it always was.”

Researchers also looked at death rates for breast cancer, which declined 28 percent during that time in women 40 and older — the group targeted for screening. Mortality dropped even more — 41 percent — in women under 40, who presumably were not getting mammograms.

“We are left to conclude, as others have, that the good news in breast cancer — decreasing mortality — must largely be the result of improved treatment, not screening,” the authors write.

The study was paid for by the study authors’ universities.

“This study is important because what it really highlights is that the biology of the cancer is what we need to understand” in order to know which ones to treat and how, said Dr. Julia A. Smith, director of breast cancer screening at NYU Langone Medical Center in New York. Doctors already are debating whether DCIS, a type of early tumor confined to a milk duct, should even be called cancer, she said.

Another expert, Dr. Linda Vahdat, director of the breast cancer research program at Weill Cornell Medical College in New York, said the study’s leaders made many assumptions to reach a conclusion about overdiagnosis that “may or may not be correct.”

“I don’t think it will change how we view screening mammography,” she said.

A government-appointed task force that gives screening advice calls for mammograms every other year starting at age 50 and stopping at 75. The American Cancer Society recommends them every year starting at age 40.

Dr. Len Lichtenfeld, the cancer society’s deputy chief medical officer, said the study should not be taken as “a referendum on mammography,” and noted that other high-quality studies have affirmed its value. Still, he said overdiagnosis is a problem, and it’s not possible to tell an individual woman whether her cancer needs to be treated.

“Our technology has brought us to the place where we can find a lot of cancer. Our science has to bring us to the point where we can define what treatment people really need,” he said. — AP

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# Costa Rica, a diversity of wildlife, landscapes

By Victor Block

I knew before traveling to Costa Rica that it's famous for preserving its magnificent environment. I was aware of the diversity of landscapes and animal life. But only after visiting did I fully appreciate the fact that so much variety is compressed into an area about one-half the size of Maine.

The setting changes quickly and frequently in the compact Central American country. An uphill climb can transport you from an Amazon-like jungle to an alpine woodland. Dry stretches of forest and pockets of verdant wetlands lie in the shadow of volcanoes.

An astounding array of animal, bird and plant life is always close at hand. Because so much of the miniscule country is preserved in its natural state, you're never far from Mother Nature.

In order to experience as much as possible of what Costa Rica has to offer, my wife Fyllis and I traveled there with a tour operator. We chose Overseas Adventure Travel (OAT), and the inviting itinerary allowed us to pack as many experiences as possible into every hour of every day.

One typical day included a visit to an OAT-sponsored school, a traditional lunch with a local family and a guided horse-back ride through a dense forest. Another began with a hands-on tortilla-making lesson followed by opportunities to view giant crocodiles at close range, and ended with a visit to one of Costa Rica's most beautiful beaches.

Most time was spent animal watching and exploring vast stretches of the unspoiled environment. Those two activities are closely intertwined, for the major emphasis put upon preservation provides the diverse landscapes that sustain the even greater variety of wildlife.

About 28 percent of Costa Rica is set aside in national parks, wildlife refuges and reserves. Fyllis and I hiked in Manuel Antonio National Park, which is one of the most bio-diverse areas in the world. Its varied terrain includes a luxuriant rain forest, bird sanctuaries and four invit-

ing beaches.

Even more dramatic is the Monteverde Cloud Forest, a 26,000-acre preserve that spills down the Caribbean and Pacific slopes of the Tilaran mountain range. The setting lives up to its name. Warm air rising from the tropical coast condenses into a persistent fog and mist. Because sunlight has trouble breaking through the constant thick veil of clouds and dense tree canopy, plant life reaches upward, covering every tree trunk and branch with a proliferation of velvet-like green accented by colorful flowers. More than 3,000 kinds of plants call Monteverde their home, including over 500 types of orchids, the largest diversity of that flowering plant in the world.

We explored the dream-like setting by means of six suspension bridges, one almost 1,000 feet long, that wind their way through the high tree canopy about 425 feet above the ground. They provide both a bird's-eye outlook over the forest below, and close-up views of plant, bird and animal life that thrive in the mysterious treetop world.

A sign at the entrance to the Cloud Forest notes that 126 species of mammals and 448 types of birds live there. Mammals include jaguars, pumas, ocelots, sloths and tapir. We heard the roar-like sounds of accurately named howler monkeys screaming from treetops, but had trouble spotting those noisy but elusive critters.

The incredibly rich diversity of trees, plants and flowers is the major appeal of the Monteverde Cloud Forest. Elsewhere in Costa Rica, on the other hand, wildlife is the main attraction. More than 1,000 species of butterflies dot the landscape with



Canopy walk

a myriad of colors, and some 850 types of birds have been identified.

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# Tips to pick the best nursing home for a loved one

By Linda A. Johnson

**F**inding the right nursing home for an elderly loved one is a daunting task. And it's one most of us will face, as two-thirds of people over 65 will need nursing home care, at least temporarily, according to AARP.

It's best if you can research facilities in advance, but that's not always possible. A sudden illness or injury may force you to confront these concerns sooner than you expect.

Either way, here are several key considerations:

### Stay close

The biggest influence on the quality of care nursing home patients receive is often the frequency of visits by friends and family. Make sure you'll be allowed to visit when you want 'from early morning to late evening' to fit your schedule and enable you to monitor care at different times.

Once your loved one is in a nursing home, drop by frequently, sometimes without notice. In the afternoon, see whether residents are enjoying interesting activities together or watching TV alone. At meal times, note how much your mom or dad eats. Stay late sometimes. After your loved one has fallen asleep, remain until he or she wakes up to go to the bathroom. If no one responds quickly to a ring for assistance, that's a serious problem, said Amy Goyer, AARP's caregiving expert and blogger. Residents forced to get up and go by

themselves risk serious injury.

### Get references

There are several sources for referrals. Your local Area Agency on Aging or hospital discharge planners can provide listings of nearby nursing homes. Medicare caseworkers, at 800-MEDICARE, also can help.

Stick to facilities certified by Medicare. They're inspected every year, and any complaints are investigated. Read recent inspection reports, usually available through the state health department. One patient accident isn't a big deal, but frequent reports of patient falls, bed sores and the like are a red flag, said Edward Mortimore, director of nursing home evaluations at the Centers for Medicare and Medicaid Services (CMS).

The CMS website provides a tool to help users compare nursing homes. The site includes links to its five-star ratings system, complaints against nursing homes, links to local ombudsmen and other health advocates, a detailed guide to choosing a nursing home and much more; visit [www.medicare.gov/quality-care-finder](http://www.medicare.gov/quality-care-finder).

### Check on staffing

No matter how dedicated individual

employees are, if there aren't enough, care suffers. Check the ratio of aides to patients. CMS requires each patient have a daily minimum of 2.8 hours of nursing aide time and 1.3 hours with an RN or licensed practical nurse.

Ask specific questions about care. Can your mom keep her current doctor? Who decides whether to change your dad's medicine and will you be notified first? What's the policy on handling patients who get agitated or aggressive, as can happen with Alzheimer's patients?

Also be sure to ask about how the staff will deal with the unexpected: a power loss, natural disaster or other situation that

would require an evacuation. Some nursing homes aren't fully prepared.

### Scope it out

Visit each nursing home you're considering and take notes. Snoop around and beware of anyplace that objects. Check resident rooms for cheerfulness and safety. Use the bathroom to see if there's enough hot water. Inspect the kitchen for cleanliness.

Note the atmosphere. Are patients smiling? Is it peaceful? Does it smell pleasant and homey?

Stay for a meal with residents, usually for

a nominal cost. Is the food appetizing? Are residents enjoying the meal? Ask how kitchen staff handles dietary restrictions and whether they will cut up food for those with difficulty swallowing.

Once you've narrowed your choice down to two or three facilities, bring along your loved one if he or she is physically and mentally up to it. If not, show pictures and discuss why you favor a particular home. Allow the person to feel they have some control so they'll "buy in."

### Consider costs

For most families, cost is a key factor. For average costs by state, go to: [www.aarp.org/relationships/caregiving/info-07-2011/nursing-home-care-cost.html](http://www.aarp.org/relationships/caregiving/info-07-2011/nursing-home-care-cost.html).

To control costs, determine if it's possible to keep your loved one at home longer through a combination of family help, health aides and adult day care. If a move is years away, consider getting long-term care insurance.

Medicare will pay for a stay of up to 90 days for medical care; Medicaid covers costs for the poor. Many people must use up most of their assets to reach the point where Medicaid takes over ongoing costs. Check with your state's Medicaid program and this site about paying for care:

[www.aarp.org/relationships/caregiving/info-10-2009/women\\_planning\\_retire-](http://www.aarp.org/relationships/caregiving/info-10-2009/women_planning_retire-)

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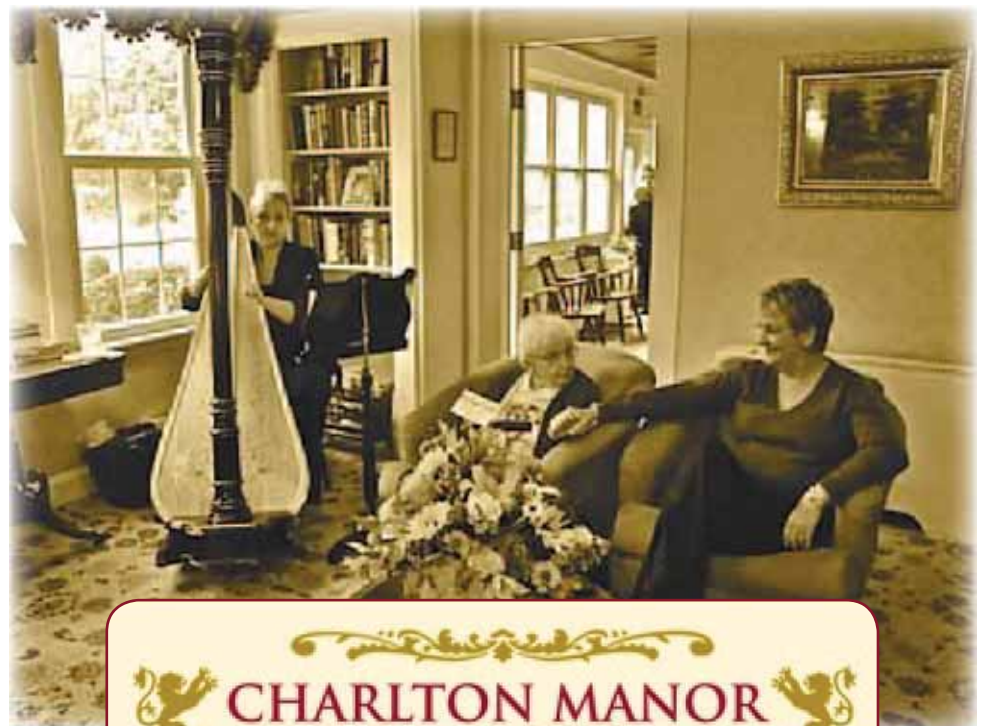
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# Couple finds love late in life at a senior complex

By Marianne Delorey

I am a closet romantic. Yet, it is not young love that makes my heart quiver. I look at young people in love and pity them for their idealism, the rollercoaster and the heartbreak that may follow. When I am feeling particularly romantic, I watch the older couples interacting.



## Housing Options

I have been fortunate enough to know many people who have been married for 60 or so years. Their love is so effortless and pure. I sometimes feel like I am watching the synchronized swimming event. Husbands know when to pass the salt without being

asked. Wives speak glowingly about their husbands in public. Love that has stood the test of time is like the Northern Lights — so beautiful but not experienced by everyone.

And then, there are the people who find love later in life. These stories have such a special place in my heart because their love is not like young love, yet it still contains some of the passion and earnestness. I love watching these couples find each other and find a place in their hearts for a new person in their lives. I am inspired by their genuineness.

I think it takes a special kind of person to find love later in life. I think people have to start with themselves. They have to be true to who they are. By the time a woman is 70, she has heard every lie in the book. She won't fall for a man's swagger. So why try to hide behind such a facade? His true charm is all he needs to show in order to attract someone new.

In a world where everyone has wrinkles and scars from a lifetime of living, love finds those that have beauty on the inside. Meet Mary and George. Mary lost her husband several years ago. George moved into the same senior apartment building as a recent widower. They grew closer over trips to the senior center and concerts out with friends. Last year, George gave Mary a diamond. There have been hospitalizations for both of them in the past year, but now they have each other to take care of. Their families have met and everyone is so happy to see them smiling again.

I asked them both what advice they had for someone else who was looking for a mature love. Here is what they said.

Mary: "Too many people have the attitude that elderly people are all waiting to die. My thinking is that every day you live your life you are doing what God wants you to do."

George: "My purpose in life is to go out

and have fun and just enjoy the rest of my life doing what I want to do."

What George and Mary symbolize to me is hope. Hope that our collective tomorrow still holds love and laughter for those who are open to it. I tell their story to pass that hope along. Perhaps others will feel this hope and find the courage to go out, engage in new activities and meet new people. If nothing else, trying new things in our golden years will make our lives full. Perhaps, such a life will give hope to someone else struggling to find meaning and happiness as they age.

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).

## Simple measures can cut infections caught in hospitals

CHICAGO —

Preventing surgery-linked infections is a major concern for hospitals and it turns out some simple measures can make a big difference.

A project at seven big hospitals reduced infections after colorectal surgeries by nearly one-third. It prevented an estimated 135 infections, saving almost \$4 million, the Joint Commission hospital regulating group and the American College of Surgeons recently announced. The two groups directed the 2 1/2-year project.

Solutions included having patients shower with special germ-fighting soap before surgery, and having surgery teams change gowns, gloves and instruments during operations to prevent spreading germs picked up during the procedures.

Some hospitals used special wound-protecting devices on surgery openings to keep germs in the intestine from reaching the skin.

The average rate of infections linked with colorectal operations at the seven hospitals dropped from about 16 percent of patients during a nine-month phase when hospitals started adopting changes to almost 11 percent once all the changes had been made.

Hospital stays for patients who got infections dropped from an average of 15 days to 13 days, which helped cut costs.

"The improvements translate

into safer patient care," said Dr.

Mark Chassin, president of the Joint Commission. "Now it's our job to spread these effective interventions to all hospitals."

Almost 2 million health care-related infections occur each year nationwide; more than 90,000 of these are fatal.

Besides wanting to keep patients healthy, hospitals have a monetary incentive to prevent these infections. Medicare cuts payments to hospitals that have lots of certain health care-related infections, and those cuts are expected to increase under the new health care law.

The project involved surgeries for cancer and other colorectal problems. Infections linked with colorectal surgery are particularly common because intestinal tract bacteria are so abundant.

To succeed at reducing infection rates requires hospitals to commit to changing habits, "to really look in the mirror and identify these things," said Dr. Clifford Ko of the American College of Surgeons.

The hospitals involved were Cedars-Sinai Medical Center in Los Angeles; Cleveland Clinic in Ohio; Mayo Clinic-Rochester Methodist Hospital in Rochester, Minn.; North Shore-Long Island Jewish Health System in Great Neck, NY; Northwestern Memorial Hospital in Chicago; OSF Saint Francis Medical Center in Peoria, Ill.; and Stanford Hospital & Clinics in Palo Alto, Calif. — AP

whether your loved one will be happy and well treated. Will special needs be accommodated? Are there organized outings or visits by young people and pets? What activities are listed on the bulletin board, and is there a full-time coordinator? Do they have a library, Internet access, exercise classes or other stimulating offerings?

"There's almost nothing in the care of your loved one that shouldn't be checked on," Goyer said. "And don't hesitate to move your loved one if they are not receiving the care they need and deserve." — AP

## Lilly plans another study for Alzheimer's drug

INDIANAPOLIS —

Eli Lilly's experimental Alzheimer's drug has flashed potential to help with mild cases of the disease, but patients and doctors will have to wait a few more years to learn whether regulators will allow the drugmaker to sell it.

Lilly said that it will launch another late-stage study of the drug, solanezumab, no later than this year's third quarter.

The Indianapolis drugmaker said in August that the intravenous treatment failed to slow memory decline in two late-stage studies of about 1,000 patients each. But scientists saw a statistically significant slowing when they combined trial data. Pooled results found 34 percent less mental decline in mild Alzheimer's patients compared with those on a fake treatment for 18 months.

Researchers also saw a statistically significant result when they examined a subgroup of patients with mild cases of Alzheimer's disease.

Lilly will attempt to confirm that benefit in the new trial before it seeks U.S. regulatory approval, something analysts widely expected the drugmaker to do after it announced the initial results.

The additional study could help Lilly build a better case with U.S. regulators. But it will likely take a few years to learn the results. Researchers will have to measure, over time, a patient's rate of cognitive decline, which involves the ability to remember things.

Citi analyst Andrew Baum said, in a research note, the study will likely be completed by the second half of 2015. He expects the drug, if approved, to launch in 2017.

Drugmakers have tried and failed for years to develop successful treatments for Alzheimer's, and patients and doctors are anxious for something that can slow its progression.

Solanezumab was one of three potential Alzheimer's drugs in late-stage testing. Bapineuzumab, being developed by Pfizer Inc. and Johnson & Johnson's Janssen



Alzheimer Immunotherapy unit, gave disappointing results in two studies last summer.

Results of a pivotal study of the third — Gammagard, by Baxter International Inc. — are expected in the first or second quarter of this year.

Solanezumab binds to beta-amyloid protein, which scientists believe is a key component to sticky plaque that basically gums up the brain of a patient with Alzheimer's disease. The drug is designed to help the body remove the protein from the brain before it can form that plaque.

Current treatments like Pfizer Inc.'s Aricept try to control symptoms of the disease. Analysts have said a treatment that does more than manage symptoms such as memory loss, confusion and agitation could be worth billions of dollars in annual sales. But drugmakers first have to spend a massive amount on testing and clinical development to produce such a drug.

In the United States, 5.4 million people have Alzheimer's, which is the country's sixth-leading cause of death. The number of Alzheimer's patients in the U.S. is expected to jump to 16 million by 2050, and costs for care are expected to skyrocket. — AP

## ► Best

Cont. from page 16

ment.html.

Visit AARP's site for caregivers, with a cost calculator for different types of care, checklist of questions and tips: [www.aarp.org/home-family/caregiving/info-05-2012/caregiving-resource-center-asking-right-questions.2.html](http://www.aarp.org/home-family/caregiving/info-05-2012/caregiving-resource-center-asking-right-questions.2.html)

### Sweat the details

Ask about anything that could affect



# Families at odds over financial planning

By Mark Jewell

**BOSTON —** When families get together for the holidays, it's always an opportune time to talk about family finances. But, if the right moment didn't happen, it is still important to plan a detailed discussion, given the strong likelihood that older parents and their adult children have conflicting expectations about issues such as elder care, retirement security and inheritance.

New survey results by Fidelity Investments found family members frequently disagree when asked privately about these hard-to-discuss topics.

Key findings from the Boston-based financial services company include:

- Twenty-four percent of the adult children surveyed expected they will have to help their parents financially at some point, yet 97 percent of the parents don't expect to need help.

- Nearly all of the older parents and their grown children — 97 percent — disagreed on whether a child will take care of the parents if they become ill. One reason for the nearly universal disagreement is the small number of families who discuss their expectations in a comprehensive way. Just 10 percent of the adult children believed the conversations they had were very detailed, and 63 percent of the children and parents disagreed on the level of detail they had covered to date.

- Adult children typically underestimate the value of their parents' estate by more than \$100,000 on average, in part because few families have a detailed discussion about how much might be passed down through inheritance. Older parents were more likely to believe a conversation



had been detailed.

- Expectations differ as to how financially well-off older parents will be in retirement. Thirty-eight percent of children thought their parents will have a very comfortable lifestyle, while just 20 percent of the parents said that about their retirements.

Kathleen Murphy, Fidelity's president of personal investing, said the need for families to discuss these issues is likely to grow as more baby boomers reach retirement age, and as life expectancies continue to increase.

"Getting more comfortable with these conversations is going to be really important," Murphy said. "The burden only gets bigger."

Avoiding the conversation means decisions are put off until there's a family crisis, often resulting in sharp disagreements.

Lack of communication was a key theme in the survey findings. Sixty-eight percent of older parents said they were more comfortable talking about these matters to a

third-party financial professional than they were with family members. That was the case for 60 percent of the adult children.

The lack of discussion contributed to differing views about how often older parents worry about their long-term financial security. Forty-six percent of adult children think their parents worry at least once a month, while just 32 percent of parents reported they worry that often.

Adult children may be more concerned about these issues than their parents because many are part of what's known as the "Sandwich Generation," middle-aged people trying to care for their elderly parents while also supporting their own children.

Such parents "may be grappling with planning for their own retirement, helping to fund a child's college education and dealing with eldercare and retirement challenges with their parents as well," Murphy said.

The survey was conducted from last July 24 to Aug. 29 by the firm GfK, with Fidelity not being identified to survey participants as the sponsor. GfK used its KnowledgePanel sample, which first chose participants for the nationwide study using randomly generated telephone numbers and home addresses. Once people were selected to participate, they were interviewed online. Participants without Internet access were provided it for free.

The total sample recruited for the study included 975 parents who were 55 years or older, had an adult child and investable assets of at least \$100,000. Out of that sample group, results were generated from 152 parents who were compared to one of their adult children. Those children had to be at least 30 years old, with at least \$10,000 saved in an investment account such as an IRA or 401(k).

— AP

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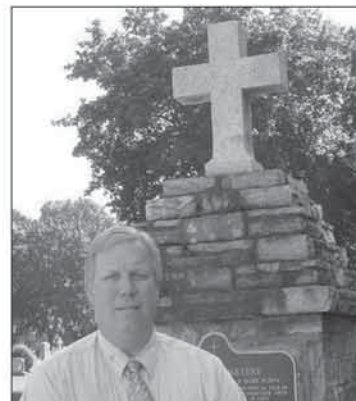


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## New Medicare fraud detection system saves \$115 million

A highly touted new technology system designed to stop fraudulent Medicare payments before they are paid has saved about \$115 million and spurred more than 500 investigations since it was launched in the summer of 2011, according to a report.

Federal health officials said the projected savings are much higher. The savings so far, however, are minuscule compared with the estimated \$60 billion lost each year to Medicare fraud. However, the Department of Health and Human Services' inspector general noted the report had some inconsistencies in its data and questioned the methodology for calculating some of the figures.

"In these cases, we could not determine the accuracy of the department's information, which impeded our ability to quantify the amount of the inaccuracies noted in this report," the inspector general's office said in a review of the report. Officials in the office said regardless of the glitches, they believe the new fraud system is a useful anti-fraud tool.

The \$77 million technology system fights fraud in much the way credit card companies scan charges and can freeze accounts. It saved \$32 million by kicking providers out of the program or refusing to pay suspicious claims. The report from the Centers for Medicare and Medicaid Services, obtained by The Associated Press, was unclear on how many actual providers were suspended or revoked from Medicare.

The rest of the money, about \$84 million, is projected savings flowing from those actions. For example, if a fraudulent provider has been billing Medicare for roughly \$100 million a year for wheelchairs that patients never receive and they are kicked out of the program, officials estimated the program would save \$100 million the next year.

The system's projected savings are only for one year, but anti-fraud administrator Peter Budetti noted the actual savings could be much more because a provider that has been banished from the program could have stayed in the system for years, racking up hundreds of millions of dollars in bad claims.

The bulk of the projected savings came in referrals to law enforcement that remains under investigation but will likely result in payment suspensions or kicking providers out of the program. Federal health officials did not say how many cases were pending but estimated about \$68 million in potential savings in that category.

Federal health officials have struggled with how to measure the success of the Fraud Prevention System. In the past, it was measured by how much money law enforcement officials recovered. Now, it's based on how much money is saved before it's paid.

Data from the new system also launched 536 investigations and provided information for 511 others already in progress, but it's unclear what actions had been taken based on those investigations. — AP

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# New LTC Insurance law protects consumers

By Linda T. Cammuso

For seniors who own or are considering long-term care insurance, the recent signing of Massachusetts Senate Bill 2359, "An Act Establishing Standards for Long-Term Care Insurance," sets new and tough standards for policies and institutes positive consumer protections that offer better quality, availability and choice with respect to these policies.



## Legal Briefs

Long-term care insurance is an insurance policy that covers certain care needs not otherwise covered by Medicare or other insurances. This most commonly includes assistance with personal activities of daily living (ADLs) such as bathing, dressing, grooming, walking and eating. Long-term care insurance can provide policyholders with choices of where and how to receive care as they age. For example, it can be the difference between receiving private care in one's home versus a nursing home.

One of the greatest advantages to long-term care insurance in Massachusetts is the ability of a policyholder to protect his or her home/primary residence. Under state regulations, if you have purchased a policy with a certain minimum amount of coverage, and subsequently exhaust the policy benefits and begin receiving

MassHealth (Medicaid), your home will never be subject to a lifetime lien or estate claim at death by MassHealth.

Prior to the new law, there was a devastating trap for the unwary: If a policyholder had the requisite amount of policy benefits, but used some of the coverage for care at home and later entered a nursing home without the minimum amount of coverage remaining on the policy, the regulatory exemption of the home no longer applied and the home could be subject to a future MassHealth lien or estate claim. The new law rectifies this by providing that policy benefits used prior to nursing home admission will not affect the protection of one's home.

The new law also gives the state insurance commissioner increased authority over rate setting, cost controls and policy

language, and stipulates additional safeguards for consumers. For instance, an individual's policy may not be cancelled on the basis of age or if their mental or physical health is deteriorating. Should you wish to convert your policy to a different one, the new policy may not contain a provision that limits coverage for a new pre-existing condition as long as you remain with the same insurance company.

The battle to enact this legislation was fought for eight long years and has led the way to protecting Massachusetts residents from being exploited in two situations: When they actually purchase long-term care insurance, and again as they reach their senior years and need to use the insurance to pay for care.

Long-term care insurance is an important step in preserving both your indepen-

dence and your financial legacy. It can be an effective way to provide coverage during the five-year look back for lifetime gifts and funding of trusts. Proper legal planning ensures that your estate is optimally protected in the event your care needs extend beyond your policy coverage.

This law makes the purchase of long-term care insurance easier and more understandable than in the past.

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

## Social Security fast tracks rare disease claims

WASHINGTON —

In an effort to ease the burden of being stricken with a debilitating condition, the Social Security Administration is expanding a program that fast-tracks disability claims by people who get serious illnesses such as cancer, early-onset Alzheimer's and Lou Gehrig's disease — claims that could take months or years to approve in the past.

While providing faster benefits, the program also is designed to ease the workload of an agency that has been swamped by disability claims since the economic recession a few years ago.

Disability claims are up by more than 20 percent from 2008. The Compassionate Allowances program approves many claims for a select group of conditions within a few days. The program has expanded to include a total of 200 diseases and conditions.

Many of the conditions are rare; all of them are so serious that people who suffer from them easily meet the government's definition of being disabled. With proper documentation, these are relatively easy cases for the agency to decide, too easy to put through the usual time-consuming process that other applicants face.

Disability claims usually increase when the economy is bad because people who managed to work even though they had a disability lose their jobs and apply for benefits. Others who have disabilities may not qualify for benefits but apply anyway because they are unemployed and have nowhere else to turn.

If your benefit claim is rejected, you can appeal to an administrative law judge but the hearing process takes an average of 354 days to get a decision.

The Compassionate Allowances program is designed to render decisions in 10 days to 15 days. — AP

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# Agency will pair 55-plus professionals with nonprofits

WHITE PLAINS, N.Y. —

As she got older, Gail McDaniel felt she should be doing more to make the world better.

She'd been laid off after a long career in retail, her career-coaching sideline was tapering off and she wanted to keep working — but only at something that would contribute to society.

"I wanted to do some good," McDaniel said. "It is not uncommon for people who are older to want to give back and do something that feels good."

Now McDaniel, who's in her 60s, is the assistant to the executive director at My Sister's Place, a women's shelter in the New York suburbs. The connection was made by a company called ReServe, which pairs professionals 55 and older, most of them retired or semiretired, with nonprofit groups or public agencies that can use their skills — at a discount.

McDaniel is making just \$10 an hour, and working just 20 hours a week, but said she's "never been happier."

"I wanted something that felt worthwhile and the mission here is very powerful," she said.

Nearly 1,500 "ReServists" have put in time over the past seven years, and more than 500 are working now at a broad variety of positions.

There are college mentors, bookkeepers, writers, teachers, paralegals, administrative assistants, doctors, nurses and even greeters at the wedding chapel in New York's City Hall.

"We could never afford these social workers, these retired accountants," said Janice Chu, who coordinates the ReServe program for 17 New York City agencies, including the departments of health, corrections and the aging. "They're such an asset with their years and years of experience."

New York City's is the original and largest ReServe operation, but the company has branches in Westchester County, N.Y.; Newark, N.J.; Baltimore; Miami; and southeast Wisconsin.

ReServists work an average of 15 hours a week at that \$10 wage — no health benefits — and the agencies get professional expertise without paying anything close to going rates.

Officials say that because nonprofits, never flush, are battling the slow economy, some of the talents most in demand are fund raising and grant writing. Experience in personnel and accounting is also highly valued, as is the ability to speak a language besides English.

"Nonprofits can't afford to purchase those skills at market prices," said Linda Breton, ReServe's director of affiliate relations.

The nonprofits pay \$15 an hour, of which \$2.60 goes to ReServe and \$2.40 to the company that manages payroll and taxes.

About 50 percent of ReServe's funding comes from private foundations and public grants, said spokesman Jesse Dean.

Breton said there's been no trouble

attracting qualified applicants.

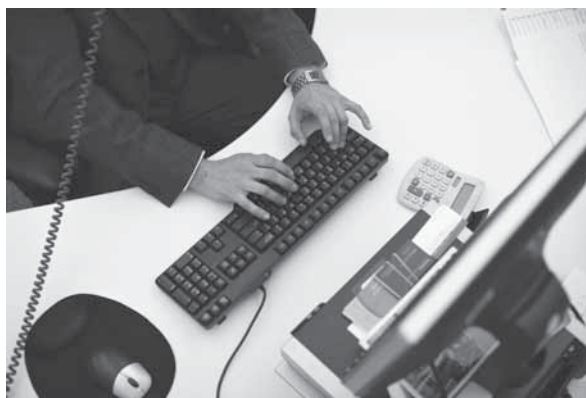
"We have more people than we can place," she said. "Recruiting retired professionals has proven to be very easy. They're passionate about something and they want to give back."

Getting the nonprofits to post positions is more difficult.

"Lots of them can't afford people even at \$10 an hour," Breton said.

Nevertheless, ReServe feels the wage is important to a professional arrangement.

"The stipend means everybody has skin in the game," Breton said. "A volunteer can say, 'It's a crummy day, I don't think I'll go in.' A professional doesn't do that."



Karen Cheeks-Lomax, the executive director at My Sister's Place, said the \$10 "helps formalize the relationship, but in an informal way. It allows the ReServist to create a life in the nonprofit but also continue her other life, or his other life, which may be golfing on Tuesday, book club, whatever."

McDaniel said the \$10 helps her save for trips abroad, but she gets more from the feeling that she's valued by her boss.

"I am told on a regular basis how valuable I am," she said. "That's sexy stuff. It beats the 10 bucks."

ReServe was founded in 2005 by three men involved with nonprofits who "knew retirees who wanted to do something with their careers' worth of skills," Dean said.

The only basic requirement for applicants, besides being at least 55 years old, is computer literacy.

At a recent gathering in Manhattan of people interested in signing up, staffer Suzanne O'Keefe mentioned a sampling of available positions — helping with an audit, getting elderly people to take their medications, working as a classroom aide for young children at a school near the Bronx Zoo.

The session attracted 19 people, including a doctor, a nurse, an architect, a TV executive, a few teachers and a real estate lawyer. Most had retired, some had been forced out and some were just looking for something different to do.

O'Keefe asked each to say what they would most like to do for 20 hours a week — a "dream job."

"Ballerina," said Marie Sevy of Englewood, N.J., to laughter. Then she said she had put off plans to teach while she raised her children, and "I want to go back to working with kids again now that I'm a grandma and my grandkids are far away." — AP

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# Tennis-like game picking up steam with seniors

By John Marshall

SURPRISE, Ariz. —

Renee Coplan played racquetball for 28 years, but had to give it up as she got older and chasing a ball around a large court became too much.

Just when she thought her days of playing court games were over, someone suggested she give pickleball a try.

Her reaction was about what you'd expect from someone who had never heard of a sport named after a garnish.

***In retirement communities, pickleball is often the first thing the grandkids ask about.***

"They said pickleball and I said, 'Excuse me, pickleball?' "Coplan said. "But then I tried it and I absolutely loved it."

Created on the whim of a U.S. Congressman, pickleball has become a big hit in senior communities around the country, and is gaining steam with younger players and at schools, too.

A hybrid of tennis, badminton and table tennis, pickleball is played on a court a quarter the size of a tennis court, with hard rackets and a variety of whiffle balls.

The smaller area and slower pace are perfect for seniors who want to stay active — much easier on the joints and lungs than tennis. It's an easy sport to pick up

for novices, and fun enough that kids and their grandparents can play on the same court.

Pickleball also can be challenging, requiring quick reactions as players trade rapid-fire shots at the net.

For those who have discovered the game, the familiar sound of the ball off the racket becomes intoxicating.

"You get up in the morning and hear that pick-pock, pick-pock and it's addictive," said Keith Darrow, who lives in the same Sun City Grand retirement community as Coplan. "You just tell the wife: 'I gotta go.'"

Here's the basics:

- There's usually four players — two on each side — playing over a net slightly lower than in tennis.

- Players swing rackets that look like a beefed-up version of a beach paddleball paddle and hit a whiffle ball that's slightly harder than the play-in-the-streets variety.

- The serve is underhanded and goes diagonally like in tennis, but the ball must bounce once on each side before players are allowed to hit a volley (out of the air).

- Inside "The Kitchen," a seven-foot zone on each side of the net, volleying is not allowed; players have to let the ball bounce once if they're in that area.

- Teams only score when they're serving, and each player gets a turn before the other side gets a shot.

There are a few more rules, but the main thing is that pickleball is a blast.

"It's really easy to learn, it's a lot of fun and it's a very social game because you're in a small area with a lot of interaction," said Bill Booth, president of the USA Pickleball Association (USAPA).

OK, so what's with the name?

That's up for debate, sort of.



The sport was hatched in 1965, in the backyard of Joel Pritchard, a Congressman for the state of Washington. Bored after a round of golf, Pritchard and a friend lowered the badminton net on the property of his Bainbridge Island home and cut two paddles out of plywood. After trying several balls that didn't work, they started hitting a neighbor's whiffle ball back and forth. They came up with rules and the sport was born.

Joan Pritchard, Joel's wife, said she told the guys that the game reminded her of the pickle boat in crew where oarsmen were

chosen from the leftovers of other boats.

Over the years, however, a story circulated that the game was named after the family's dog, Pickles, who would chase after the ball. According to Joan Pritchard, Pickles the canine came years after pickle the game, but the ball-chasing-dog legend grew over the years, blurring the truth.

"We kind of go with named-after-the-dog because it's cute and a legend, but take your pick — it doesn't really matter," Booth said. "It's like, how did squash get its name? That's a vegetable too."

Pickleball spread to Pritchard's Bainbridge Island neighbors, who started building their own courts, and gradually across the United States and Canada. About a decade ago, it started to gain steam in senior communities, with courts popping up all over.

The USAPA estimates there are now 100,000 to 150,000 pickleball players in the United States, and pickleball associations have started up in places like India and China. Arizona and Florida, with their huge retirement populations, have become hotbeds for the sport, including an estimated 10,000 players hitting the courts in The Villages near Orlando.

In retirement communities, pickleball is often the first thing the grandkids ask about.

"I talk to my grandson on Skype and the first thing he says is: 'I want to play pickleball, Pop,'" Darrow said. "He just loves it." — AP

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## The lowdown on basement decor

By Melissa Rayworth

It's easy to find advice on decorating nearly every inch of your home. But the lowly basement gets short shrift.

These subterranean spaces present a host of decorating challenges, from low ceilings and limited natural light to never-ending battles with dampness and even flooding.

Yet basements can be untapped treasures.

Kathryn Bechen, author of *Small Space Organizing* (Revell Books), said to decide exactly how you'll use your basement, and then either embrace its dark coziness or use color, texture and the right furnishings to bring the illusion of bright, open space.

Bechen said it's worth the effort, especially for people with small homes, to convert a previously ignored basement into a family gathering spot, workspace or media room.

Here she and interior designers Brian Patrick Flynn, founder of *decordemon.com*, and Kyle Schuneman, an expert on decorating small spaces, offer advice on making basements beautiful.

"Since there's usually a major lack of natural light in basements," Flynn said, "inject light by using muted color and tons of white."

White furniture may seem like a recipe

for disaster, but furniture upholstered in white can work in a basement as long as you choose durable, washable fabrics.

Using plenty of floor and table lamps will also help, and Bechen said the old advice about mirrors shouldn't be ignored: Strategically placing a mirror opposite even a tiny basement window will help maximize light.

The opposite approach also works: Decorate with sleek, low-slung furniture in dark colors to create a sophisticated lounge effect, using the cozy intimacy of the basement to your advantage, said Schuneman.

He said this sexy lounge look isn't hard to accomplish, and makes a low ceiling less of a detriment.

All three designers believe basements are perfect spots for bold decorating. Experiment with colors you don't normally use or indulge in theme decorating that might feel like overkill if you did it throughout your house.

Basements are perfect "for having a retro moment," Schuneman said, since many of them feature vintage wood paneling and decorative touches that have been in place for decades. You're not creating a stage set, he said. But if there are vintage pieces already in your basement, why not amplify that look rather than removing it?

Another option: "Go for the feel of a

little seaside cottage," Bechen said. Use shades of pale blue, sand and white in linen, light cottons and berbers. Go all out with seashells and decorative pieces with ocean or island motifs. Beach cottage style reminds you of open spaces and sunshine.

And if your basement will be used as a media room, go with a movie theme by framing vintage movie posters bringing in some Hollywood style, she said.

"Many basements have drop-down ceilings, which are definitely practical since it makes for easy access to plumbing and electrical," Flynn said. But inexpensive drop-down tiles are often unattractive and look cheap.

"I usually recommend high-end ceiling tiles with architectural detail."

Another option, he said, is installing stamped metal tiles: "They have the look of an old school Victorian ceiling."

If there is harsh overhead lighting, consider swapping out old fixtures (especially fluorescent ones) with something that radiates warmer, more flattering light. Or,

Bechen said, at least swap out bluish fluorescent lights for ones with a pink hue.

Warm up the floor. First, choose materials that can handle moisture.

Even basements that don't normally flood can still have a buildup of moisture. Schuneman recommends laminate flooring or vinyl floor tiles for durability and for style.

Bechen recommends cork flooring, which is durable, warm and soft underfoot. And Flynn recommends carpet tiles.

To keep new flooring in good shape, consider using a dehumidifier. And a freestanding fireplace can help banish both cold and moisture, assuming you have the proper ventilation to use one safely.

"Basements don't have to be all concrete and plastic," Flynn said. "I like to incorporate organic elements wherever possible, such as sisal on a stairwell."

Bechen suggests bringing in plants — real or fake. If you have a small window, she suggests decorating near it with plants that thrive in very low light. — AP



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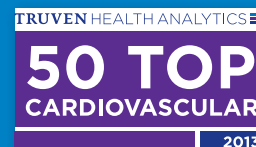
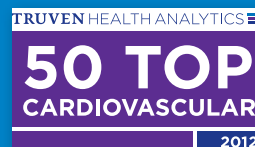


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