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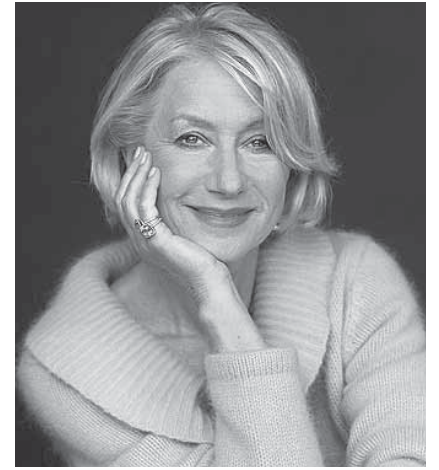
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Co-housing comes of age: Multigenerational living good for all

By Brian Goslow

CAMBRIDGE —

Jean K. Mason, who turns 88 this month, is not only one of the Cambridge Cohousing community's oldest residents, she is one of its most youthful, serving as its head librarian. That's only appropriate, since she wrote *The View from #410: When Home is Cohousing* about her and her husband's experiences at the urban residential community.

They had been living in a large house nearby, their home for over 50 years, when the complex was first being discussed; Mason's interest had been sparked by having learned about cohousing communities in Denmark. "We were thinking about the next step," Mason said.

She was attracted by the multi-generational nature of the community. "That's what I wanted all along and that's why cohousing was appealing all along," Mason said. "I didn't want to go into an age-sequestered place. Lots of people don't and lots of people do."



Foritano

The Cambridge Cohousing community (cambridgecohousing.org), located a short walk from the Porter Square MBTA Station, was officially dedicated in November 1998. At the time, 90 people had moved in.

The architectural and social organization of the community is designed to inspire and enhance the daily lives of its inhabitants with the goal of having "a mixed-income community where children, adults and elders of varying race, ethnicity, religion, sexual orientation and ability can thrive."

Mason said the kids are fine. "Our oldest children, the youngest when we came, are now in college and graduate school," she said. "It's been fascinating to watch them as they develop."

Last month, a new baby arrived in the community. "It's our first in a while," said Mason happily. "For a while, we were having a baby a year but it's been a little bit since one was born. Everybody's getting older."

The Cambridge Cohousing property layout is intended to balance privacy with a wish to be with others and to help residents live independently as well as interdepen-

dently. Its two wings, CoHo East and CoHO West, have a four-story high combination of town houses and flats. They were built around a series of pre-existing houses; that's not apparent as the architecture blends the old and new perfectly. According to the Fellowship of Intentional Communities (ic.org), there are 55 cohousing locations in Massachusetts, not all of which are multigenerational.

With some residents now in their 80s, the community has begun to discuss ways it can help them continue to live there independently. While Mason said, "We are not a place that's going to be able to take care of people who are severely withdrawn or really disabled or have serious illness," the community has been able to help some of its residents in their final days.

That includes Mason's husband, Ed, who passed away a few years ago. "My husband was here for several years (after) he was not able to participate the way he did earlier," Mason said. "Of course, I was here to take care of him. But he would have had to have round-the-clock care if I hadn't been living here or he would have had to go to a nursing home."

When she had to run errands, Mason would find residents to look after him. "Once I paid teenage girls (who lived here) just to be with him," she said. "He had a tendency to fall, like older people do, so I didn't want him to be alone."

Another resident, stricken with cancer, was no longer able to use the stairs to his top floor living space. Luckily, a small first floor apartment opened up and the community pulled together to support him in his final days.

"He had hospice here and we were all in close touch and saw him in the hours before he died," Mason said. "It was quite an experience; you had children running in and out to see him. It was a tremendous support for his family."

Mason herself learned recently how quickly her neighbors are willing to help. She wears a Lifeline communication device — even though, she points out, "I'm healthy" — because she does have to use a cane for balance. Her first responders are in her building. The system, though, is not foolproof.

"One time I came home and my apartment was full of people — my first responders were all here — and I hadn't called them," she said. "It is a wonderful place for that sort of thing and for emergencies in general. They know where things are in the kitchen; they know where the keys are." The community property has two large outdoor public spaces. The Great Lawn includes newly installed seating beneath a shade tree, a barbecue area, sun seats and umbrellas and a play set for the younger residents. The community garden fills a major portion of the second public space; herbs, squashes, Swiss chard



Cambridge Cohousing residents prepare a community meal.

and a large pea crop are currently thriving.

"We have workdays in the fall and spring," said Jim Foritano, 68, a semi-retired writer who lives at the complex with his wife, Madeleine Littman, 65, a working psychologist. They are original members of the community. "We have times when we're motivated to make beautiful the things we're near."

The central meeting point is the Community House, which houses a working kitchen, dining room, library, mailroom, rentable office space and cozy gathering area that hosts a fireside reading series, craft projects, musical performances from folk to jazz to classical and talks by people from Peruvian sages to representatives from other cohousing communities.

The center hosts three weekly community meals. Monday is a pizza potluck while on Thursday and one weekend night, residents volunteer to create home-cooked meals. Individual dietary needs and food allergies are displayed in a nearby list.

"If you're on the cooking team, you have to look at how to accommodate them," Foritano said. "Sometimes you have a meat dish and a vegetarian dish." All ingredients are stocked and kept fresh. There's a good-sized kitchen available for food preparation. Residents participating in the community meal are expected to sign up for the cooking team or the clean up team every month; the cost of the food preparation materials is split among the diners.

Ten to 20 residents usually turn up, though the numbers have been declining of late. The food committee sent out a questionnaire in the hope of finding out why. "We decided to have random seating because some people didn't feel as welcome as they could," Foritano said, adding that the acoustics of the dining area made for a loud room and some of the residents had trouble hearing others talk.

"We're looking for economical ways to damp the noise," Foritano said.

The Community House's basement contains a workout room with stair climbers and treadmills, a laundry and storage area, a place for bikes and kayaks (the Concord and Charles rivers are nearby) and a "Free City" where residents drop off their old clothing,

magazines and cookware for other residents to enjoy. There's also a large underground parking garage.

To encourage visitors, there are two adjoining guest rooms available for \$25 a night to any resident that wants to host out-of-town family or friends; two off-street visitor parking spaces are provided.

As it nears its 15th year, the community is currently discussing repainting its buildings. Easels holding three proposed color designs ask residents to vote whether they have a "strong like,"

"can live with" or "strong dislike" about the shades.

Foritano said the process would take time because it's neighborhood voting and the community only meets as a full group monthly. "Like everywhere, we have activists and sometime activists and people who show up very rarely," he said. "This place is meant to encourage activism; almost everyone shows up for the important meetings."

The discussion on the repainting has engaged residents.

"When it comes to money, we've had to discuss how much we need to raise monthly fees to protect ourselves from breaking down," Foritano said. Currently, the monthly condo fee is \$500 and up, depending on the square footage of each apartment. "We predict in five years, we'll need a new roof. We need to put money aside for a roof fund. It's wiser to raise funds now and build up resources then to analyze it then (in an emergency situation). It's an important issue to residents and those who are considering moving here."

The Cohousing Association of the United States is sponsoring a New England Cohousing Workshop targeted at existing communities and those interested in developing a cohousing community July 13-15 in Albany, New Hampshire. Full details can be found at cohousing.org/node/4342.

As for Cambridge Cohousing, all of its apartment spaces are currently taken with a waiting list of "friends" who'd like to move there. With most recent prices ranging from \$369,000 to \$730,000 (and expected to rise due to the demand for housing in Cambridge), unit sizes vary a lot, Mason said. "A person might need a two-bedroom apartment and if that's not available, they can be on the friends list a long time and not find anything. It's just a matter of timing." There are also internal sales to residents with family members looking to move in and swaps, where a downsizing family, for example, will trade their townhouse for an apartment.

Meanwhile, Mason is keeping herself busy; she's currently taking a summer writing course at the Cambridge Center for Adult Education. "I've always been active and I probably always will be," she said.

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Executive Editor / Assistant Publisher: Sondra Shapiro: ext. 136
Staff Reporter: Brian Goslow: ext. 135
Travel Writer: Victor Block
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Age happy: When life gives you lemons, make lemonade

By Sondra L. Shapiro

"Regrets I have a few, but then again, too few to mention" crooned Frank Sinatra. The words were in the context of someone at the end of life looking back.

That sentiment resonates as I happily admit to an absence of angst over unfulfilled goals and dreams. Life is less complicated and more enjoyable without lamenting some sort of past failure.

I'm not saying that I don't experience disappointments or that I no longer have dreams or goals. I just don't linger over things I believe are unchangeable —

"what ifs" don't exist in my vocabulary.



Just My Opinion

This reprieve from regret meshes with the idea of successful aging. Past studies have shown that regret can actually compromise a person's immune system. A new study concurs that people who shrug off the coulda, shoulda, wouldas are emotionally healthier. In search of a biological basis for this idea, German researchers used functional magnetic resonance imaging (fMRI) to compare the brain activity of three groups of people: 21 young adults, 20 clinically depressed older adults who developed depression over the age of 55 and 20 healthy, much older individuals.

For the young, regret might help them make better decisions in the future. But the likelihood of second chances decreases with age, and any benefit of ruminating upon those chances probably disappears, conclude the researchers who just published their results in a recent edition of *ScienceExpress*.

"Life-span theories explain successful aging with an adaptive management of emotional experiences like regret. As opportunities to undo regrettable situations decline with age, a reduced engagement into these situations represents a potentially protective strategy to maintain well-being in older age" wrote the authors.

Designed to test an individual's potential for regret, the study examined the reactions of the participants as they opened a series of eight boxes.

The opening revealed either a money value or a devil, which meant a loss of all the winnings from the other boxes. Participants could decide whether to continue on by opening another box or to stop and settle on the money al-

ready earned.

At the end, the boxes were all opened so the participant could see how far he or she would have gotten before hitting a devil. When the younger people and older, depressed individuals saw how far they could get without hitting a devil, they were more likely to take risks by continuing to select boxes in future rounds, while the knowledge didn't affect healthy, older people.

Brain scans of participants had similar results. Activity in a brain region called the ventral striatum, which is involved in feeling regret, and in the anterior cingulate cortex, which is associated with emotion regulation, was similar between the young adults and the depressed older adults. The healthy older adults showed a different brain-activity pattern, suggesting that they were experiencing less regret and regulating their emotions more effectively. Consistent with these experiments, the researchers also observed changes in "autonomic activity" — namely, skin conductance and heart rate — in depressed older adults but not in healthy older adults. The depressed adults experienced a lower heart rate, for example, when confronted with missed opportunities in a computer game.

Researchers surmise that healthy older adults likely use helpful mental strategies. For instance, they may believe things happen by chance; hence, if it's beyond their control they don't blame themselves. Unhappy people, on the other hand, blame themselves for outcomes.

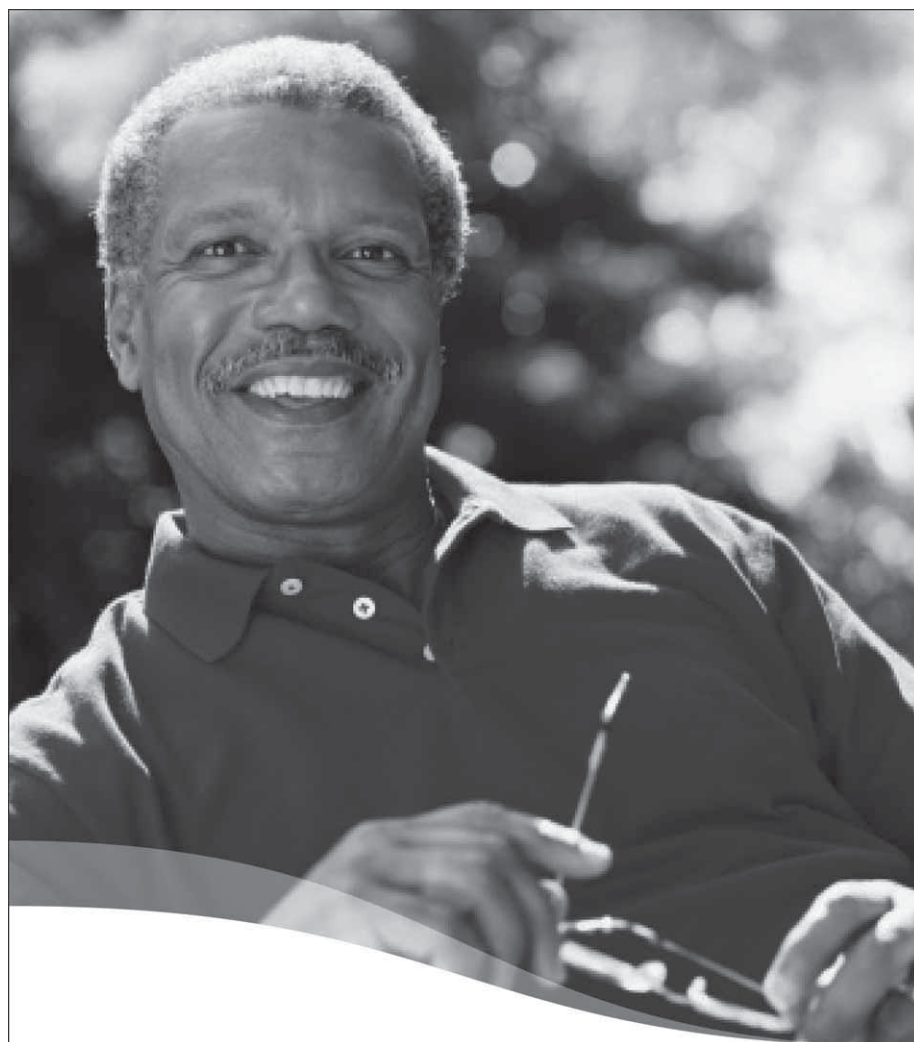
The authors speculate that training people to use these mental strategies might help preserve emotional health in old age.

"Our results suggest that disengagement from regret reflects a critical resilience factor for emotional health in older age," the authors wrote. If a person can emotionally move on from situations they know are unchangeable, they may be able to eliminate a risk of late-life depression, the authors believe.

Life is crammed with disappointments, so learning to manage emotional response could benefit the millions of older people who suffer depression. When life gives you lemons, make lemonade is an old adage packed with relevance — because sucking on pure lemon leaves a bitter taste for a long time.

It seems old sayings and song lyrics had it right all along.

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



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Priorities different for baby boomers when they marry

By Carole Feldman

Wedding bells are ringing for baby boomers, too. But brides and bridegrooms in their 50s and 60s often have different priorities than their younger counterparts.

"The weddings tend to be smaller and not as over the top," said Keija Minor, executive editor of *Brides* magazine.

"When you're in your 20s and 30s, there's a lot of family influence," she said. "The beauty of getting married in your 50s and 60s is you don't necessarily feel the pressure of family wishes. People really get to do their wedding their way."

The beauty of getting married in your 50s and 60s is you don't necessarily feel the pressure of family wishes.

For boomers Jonathan Salant and Bonnie Cole of Rockville, Md., that meant going bigger and more traditional when they got married in January. He was a widower with a teenage son. She was getting married for the first time.

"At this age, I didn't think I needed the whole kit and caboodle," Cole said, but Salant wanted to pack their synagogue for something happy, since it had been filled for his first wife's funeral.

The couple settled on a wedding with nearly 200 people from around the

country. She wore a formal gown — by Vera Wang in oyster — and they followed other wedding traditions, such as making a grand entrance as husband and wife, and having a first dance.

Many other boomer brides opt for suits or cocktail-length dresses instead of gowns.

"You can definitely wear white to your second wedding, or if you're getting married later," Minor said. But, she added, "One hard and fast etiquette rule that most adhere to is that brides should not wear a veil the second time around."

Boomer weddings tend to cost about the same as weddings for younger couples, but emphasize different things, said wedding planner Marsha Pruitt of The Event Host in Charlotte, N.C.

"It's more of a small elegant party," she said. "For my older brides they put a lot of emphasis on a nice meal and keeping it cozy enough," she said. "It's all about relationship when you get older."

Older brides and grooms have a more sophisticated style, she said.

"They don't necessarily want everything," Pruitt said. "They have a better understanding of how money works. They start off knowing what their budget is."

And there's a different kind of excitement.



ment. "Because of their maturity, they know what they're getting into," she said. "They're going into it with their eyes wide open, and that you don't see in younger brides."

Some baby boomers ask that in lieu of gifts, donations be made to their favorite charity. "It's a cool thing instead of registering for a toaster," Minor said.

Boomers often include their children in the wedding, Minor said, even "grandmothers getting remarried who have their grandchildren as flower girls."

Salant's son, Izzy, toasted his new mother at the wedding, welcoming her to the family; Cole, in turn, thanked

Salant for giving her a son.

The first question, of course, is whether to get married at all. Susan Brown, co-director of the National Center for Family and Marriage Research at Bowling Green State University, said that about two-thirds of the nation's 77 million boomers (people born between 1946 and 1964) are married, and about 30 percent of those are in remarriages. Many others, however, are just as happy to live together without getting married, and that number is growing.

"They're interested in a partner for the long haul but not interested in getting married," Brown said.

The center's research found nearly 2.7 million boomers in "cohabitating unions" in 2010, more than double the figure in 2000.

"The boomers were the first to come of age during the transformation of American families," Brown said. "These are people who lived together as young adults" before getting married, she said, and "They are partnering once again."

Boomers may not want to commingle their finances, for a variety of reasons, including children from a previous relationship. "You've already amassed your nest egg," Brown said.

Cohabiting relationships are "very stable for those who are in the second half of life," she said. — AP

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Older dads linked to grandkid health, study hints

By Malcolm Ritter

NEW YORK — Finally, some good news for older dads. A new study hints that their children and even their grandchildren may get a health benefit because of their older age. It's based on research into something called telomeres — tips on the ends of chromosomes.

Some previous studies have associated having longer telomeres (TEE-loh-meers) with better health and longer lives. Telomeres haven't been proven to cause those benefits in the general population, but a number of researchers think they may hold secrets for things like longevity and cancer.

As you age, telomeres shorten. However, previous studies have shown that the older a man is when he becomes a father, the longer the telomeres his children tend to have. The new research confirms that and finds it's extended to the grandchildren.

That's a cheerier result for older dads than some other studies in recent years that indicate their kids are at heightened risk for things like autism, schizophrenia and bipolar disorder.

A new study hints that their children and even their grandchildren may get a health benefit because of their older age.

The new work didn't look at health outcomes. That's a future step, said researcher Dan T.A. Eisenberg of Northwestern University.

Carol Greider of Johns Hopkins University, who shared a Nobel Prize in 2009 for telomere research but who didn't participate in the new study, said it's no surprise that the telomere effect would extend beyond children to grandchildren.

She cautioned that since older fathers also tend to pass more potentially harmful genetic mutations, it's "not at all clear" whether advanced paternal age gives an overall health benefit to children. In a statement, the Northwestern researchers said



their study shouldn't be taken as a recommendation that men reproduce at older ages, because there's a risk of mutations.

The researchers' work involved an analysis of telomeres in blood samples from a large, multigenerational study in the Philippines.

One analysis of about 2,000 people confirmed the idea that the older your dad was when you were born, the longer your telomeres tend to be. That held true throughout the age range of the fathers, who were 15 to 43 at the time their sons or daughters were born.

Researchers then extended that another generation: The older your father's father was when your father was born, the longer your telomeres tend to be. That analysis included 234 grandchildren. A separate analysis found no significant effect from the mother's father.

The telomere contribution from a grandfather adds to the one from the father, researchers found.

Some previous studies of the impact of older fatherhood have been less encouraging. In 2010, for example, at least two big studies confirmed a link to having children with autism, with one finding that a father's age makes the biggest difference when the mother is young. In 2008, a big Swedish study strengthened evidence linking bipolar disorder to older paternal ages, although researchers said the risk was still so low that it shouldn't discourage older men from having children. — AP

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Federal program aims to end elder hunger

By Linda F. Fitzgerald

The growing problem of elder hunger in the United States, including right here in Massachusetts, is disgraceful. And, it can be solved.

Older residents, and families, still struggle to put food on the table, due in part to the tough economy, but also because of the high cost of living in the commonwealth.

According to Project Bread — the state's leading anti-hunger organization — participation in the Supplemental Nutrition Assistance Program, SNAP (formerly known as food stamps), has increased over the past five years. However, many Bay State residents are going without the benefits they are entitled to because they do not know how

to apply — or, perhaps more significantly, they do not know that they are eligible.



AARP and You

Keep in mind: We are not talking about just a few people missing out on important assistance that can help keep them healthy. In Massachusetts, 63 percent of residents age 60 and older who are eligible for SNAP have not signed up. That's nearly 119,000 seniors who risk going hungry every day unnecessarily. This must change.

It is true: Older persons may often be more reluctant to ask for help. This leaves them with tough choices — like having to decide whether to buy food or medication. Bottom line: When seniors go hungry, they are more likely to be hospitalized and experience chronic conditions such as heart disease and diabetes.

A federal program, administered at the state level, SNAP helps families and seniors buy the nutritious food they need for good health. It is the cornerstone of the nation's nutrition safety net, and helps prevent and alleviate food insecurity and hunger. Here in the commonwealth, it works in tandem with the Elder Nutrition Program, which provides home-delivered meals to older persons as well as communal meals at senior centers and other central locations. The program came under attack by Gov. Deval Patrick in his fiscal year 2013 state budget proposal.

Laurel Rancitelli, director of the Pine Point Senior Center in Springfield, recently told the *AARP Bulletin* that her center serves lunch five days a week. A voluntary donation of \$1.75 is requested. She explained that some seniors come because of financial reasons, but others come to socialize or because physical limitations make meal preparation difficult.

Patricia Baker, an analyst for the Massachusetts Law Reform Institute added, "Meals are a huge part of someone's day."

SNAP may be used to purchase food at grocery stores, convenience stores, some farmers' markets and co-op food programs. At the checkout counter, a SNAP Electronic Benefit Transfer (EBT) card, which works like a debit card, is used to pay for food.

Today, people of all ages use SNAP. Eligibility is based on household size, income and certain expenses, such as out-of-pocket health care costs for seniors. Those with regular income from Social Security or a pension may still receive SNAP benefits, which average about \$130 a month — and can make a real difference.

Let me be clear: SNAP is a nutrition program. It is not a welfare cash assistance program. A person does not have to be receiving Welfare to get SNAP; these are two separate

programs.

Most older Massachusetts residents — those aged 60 and over — may complete a SNAP application interview by phone. If your monthly out-of-pocket medical expenses are higher than \$35 per month, you can receive a medical deduction (\$90 or higher).

For most, assets such as savings and investments will not be counted. Under no circumstances will the house you are living in or your IRA be included as an asset.

You do not have to comply with work requirements.

You can designate someone you trust to be an Authorized Representative, which enables them to use your SNAP card to purchase food for you.

If your household consists of only an older or disabled person with a stable income (Social Security, for example), you may be SNAP "certified" for two years, meaning you will not need to update your information until 24 months after you apply.

SNAP can be a vital resource for older residents, especially those who are living on a fixed income. Whether you own your own home, live in elderly housing or have moved in with family, you may qualify for benefits. I implore you to take a moment, right now, to find out if you — or a loved one — can tap into SNAP. Call the Project Bread FoodSource Hotline at 800-645-8333 or check your eligibility online at www.gettingsnap.org.

Today, let's take another step towards ending elder hunger in Massachusetts.

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, www.facebook.com/AARPMa and www.twitter.com/AARPMa.

Seniors and disabled must enroll in managed care plans

By Al Norman

Beginning next January, the state of Massachusetts will require 105,000 low-income people to enroll in a managed care plan. If they do not pick a plan, the state will pick one for them. The federal government has blessed this concept, which has been a very controversial topic on Beacon Hill for years. The old "fee-for-service" model has fallen out of favor — because policy-makers say it encouraged doctors to order more and more tests. The incentive under fee for service was to get paid for tests, instead of good health outcomes.

This mandatory enrollment is euphemis-

tically called "voluntary enrollment with an opt out" which means you will be enrolled in a plan whether you like it or not, and if you don't like your plan, you can get out. In recent years, a proposal to force people into managed care plans was called "passive enrollment," a term that is closer to the truth, but still somewhat indirect in its real meaning. But people understand what mandatory enrollment means — and that's what they were afraid of.

For the past decade, advocates for the elderly and disabled have insisted that

healthier consumers should not be forced to join managed care plans. There has been a long-standing concern that managed care means rationed care, and for the elderly and disabled who use more health care than



Push Back

younger populations, rationing is a scary word.

The managed care plan, which begins in six months, is called the Integrated Care Organization (ICO) plan, and it will be required for people age 21 to 64 who are dually eligible, meaning they are on Medicare and Medicaid. Their health care costs (based on 2008 numbers) is around \$2.5 billion a year — half paid for by Medicaid, half paid for by Medicare. But it's all public dollars.

Disability rights groups urged the Gov. Patrick administration not to force people to join ICOs. The plan itself, they argued, should attract members because its benefits would be better. But the administration — and the federal Centers for Medicare and Medicaid — decided that elders and the disabled should be enrolled in an ICO plan — and get themselves out of it if they did not like it. Most consumers, however, are not that aggressive and will stay put, not wanting to get into a fight with government officials.

The advocates said people should have choice — but the administration said their actuaries insisted that unless people were mass-enrolled into the ICO plan, it would fail, because only the sick would sign up,

creating a very costly risk pool. In the end, the actuaries won out over the advocates — and the plan was submitted to the federal government with mandatory enrollment.

There was no media interest in this story, and advocates finally realized that mandatory enrollment was a "done deal," including on Beacon Hill. This is in stark contrast to a similar managed care plan that was created about 10 years ago called the Senior Care Options (SCO) plan, which is just for people 65 and over.

The SCO plan was written into law as a voluntary enrollment plan. As of June 2012, there were roughly 20,000 elders who voluntarily joined a SCO plan. The ICO plan will be five times larger, and if a dual eligible does not pick an ICO plan, they will be assigned one.

No doubt forcing people into managed care plans they did not pick will not be popular with seniors. Ironically, many duals might want to join an ICO plan because it will offer, in theory, better coordination of health and long term supports — because the plan covers not only doctor and hospital care, but home care and nursing facility care as well.

The ICO plan probably could have worked as a voluntary plan, as long as its benefit package was attractive. But that choice is now water over the managed care dam.

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

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Coffee buzz: Study finds java drinkers live longer

By Marilyn Marchione

MILWAUKEE —

One of life's simple pleasures just got a little sweeter. After years of waffling research on coffee and health, even some fear that java might raise the risk of heart disease, a big study finds the opposite: Coffee drinkers are a little more likely to live longer. Regular or decaf doesn't matter.

The study of 400,000 people is the largest ever done on the issue, and the results should reassure any coffee lover who thinks it's a guilty pleasure that may do harm.

"Our study suggests that's really not the case," said lead researcher Neal Freedman of the National Cancer Institute. "There may actually be a modest benefit of coffee drinking."

No one knows why. Coffee contains a thousand things that can affect health, from helpful antioxidants to tiny amounts of substances linked to cancer. The most widely studied ingredient — caffeine — didn't play a role in the new study's results.

It's not that earlier studies were wrong. There is evidence that coffee can raise LDL (or bad cholesterol), and blood pressure at least short-term, and those in turn can raise the risk of heart disease.

Even in the new study, it first seemed that coffee drinkers were more likely to die at any given time. But they also tended to smoke,

drink more alcohol, eat more red meat and exercise less than non-coffee-drinkers. Once researchers took those things into account, a clear pattern emerged: Each cup of coffee per day nudged up the chances of living longer.

The study was done by the National Institutes of Health and AARP.

Careful, though — this doesn't prove that coffee makes people live longer, only that the two seem related. Like most studies on diet and health, this one was based strictly on observing people's habits and resulting health. So it can't prove cause and effect.

But with so many people, more than a decade of follow-up and enough deaths to compare, "this is probably the best evidence we have" and are likely to get, said Dr. Frank Hu of the Harvard School of Public Health. He had no role in this study but helped lead a previous one that also found coffee beneficial.

The new one began in 1995 and involved AARP members ages 50 to 71 in California, Florida, Louisiana, New Jersey, North Carolina, Pennsylvania, Atlanta and Detroit. People who already had heart disease, a stroke or cancer weren't included. Neither were folks at diet extremes — too many or too few calories per day.

The rest gave information on coffee drinking once, at the start of the study. "People are fairly consistent in their coffee drinking over their lifetime," so the single



measure shouldn't be a big limitation, Freedman said.

Of the 402,260 participants, about 42,000 drank no coffee. About 15,000 drank six cups or more a day. Most people had two or three.

By 2008, about 52,000 of them had died. Compared to those who drank no coffee, men who had two or three cups a day were 10 percent less likely to die at any age. For women, it was 13 percent.

Even a single cup a day seemed to lower risk a little: 6 percent in men and 5 percent in women. The strongest effect was in women

who had four or five cups a day — a 16 percent lower risk of death.

None of these are big numbers, though, and Freedman can't say how much extra life coffee might buy.

"I really can't calculate that," especially because smoking is a key factor that affects longevity at every age, he said.

Coffee drinkers were less likely to die from heart or respiratory disease, stroke, diabetes, injuries, accidents or infections. No effect was seen on cancer death risk, though.

Other research ties coffee drinking to lower levels of markers for inflammation and insulin resistance. Researchers also considered that people in poor health might refrain from drinking coffee and whether their abstention could bias the results. But the study excluded people with cancer and heart disease — the most common health problems — to minimize this chance. Also, the strongest benefits of coffee drinking were seen in people who were healthiest when the study began.

About two-thirds of study participants drank regular coffee, and the rest, decaf. The type of coffee made no difference in the results.

Hu had this advice for coffee lovers:

•Watch the sugar and cream. Extra calories and fat could negate any benefits

COFFEE page 14

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New approach tested for hard-to-treat hypertension

WASHINGTON —

Hypertension may be the nation's sneakiest epidemic, a time bomb that's a leading cause of heart attacks, strokes and kidney failure, and one that's growing worse as the population rapidly grows older.

Despite an arsenal of drugs, millions of people in the United States can't get their blood pressure down to safe levels. Now, in a high-stakes experiment at dozens of hospitals, scientists are testing a dramatically different approach for the toughest to treat patients by burning away some overactive nerves deep in the body that can fuel rising blood pressure.

To attempt an invasive treatment — a catheter is threaded through blood vessels in the groin up to the kidneys — reflects doctors' frustration with a disease that too often is underrated because people with it don't look or feel sick until a lot of damage has been done.

Pharmaceutical therapies have been the cornerstone of medicine for nearly a century, offering convenient, noninvasive treatment for countless diseases. But when it comes to some of the most stubborn chronic conditions, including diabetes, obesity and hypertension, medications too often aren't enough.

Researchers increasingly are trying medical devices and minimally invasive surgeries to help, like the new hypertension experiment.

If deadening kidney nerves sounds like a strange way to attack hyperten-



sion, consider that nerves in the body's "fight or flight" system play a role in signaling kidney functions, which in turn help regulate blood pressure, such as by relaxing or tightening key arteries.

Sometimes those nerves stay switched on when they shouldn't be, something today's medications can't address. The hope is that destroying a small number of the nerves could calm an overactive system, relaxing arteries and lowering blood pressure.

Some 78 million people in the country, about one in three adults, have hypertension, meaning blood pressure readings of 140 over 90 or higher. An additional 27 million people will have it by 2030, says a grim forecast from the American Heart Association. That's because the population is getting fatter and older. In fact, about half of people in their 50s have high blood pressure but by age 75, three-fourths do.

Only about half of patients have their

hypertension under control. Most need multiple drugs to treat it. Some 10 percent, more than 7 million people, have the resistant hypertension that is the initial target of the nerve-zapping procedure — people with high blood pressure despite three or more different kinds of medications.

Renal denervation, the procedure being promoted by Minneapolis-based Medtronic and other companies, has its roots in primitive nerve-severing operations performed in the 1950s, which often lowered blood pressure but at the expense of permanently injuring patients. Only in recent years have researchers revisited the technique, after companies developed easy-to-use catheters that can beam radiofrequency waves to burn away specific nerves without damaging the surrounding blood vessel.

It's aimed at only the hardest-to-treat patients. In small Medtronic studies,

those treated saw the key top number of a blood pressure reading drop an average of 33 points, although they still needed their medications. Medtronic reported in March that the improvements were lasting up to three years. The company's Symplicity catheter is approved to treat hypertension in Europe and Australia, as are some competitors' versions.

The U.S. Food and Drug Administration (FDA) required a more rigorous study, now enrolling more than 500 people, that includes an unusual step to prove if it really works. Some patients receive the real procedure and some get a fake — just the catheter, no zapping.

Although pilot studies show few side effects, potential risks include bleeding, an injured blood vessel, immediate blood pressure or heartbeat problems, or complications from medications used in the procedure. — AP

➤ Coffee

Cont. from page 12

from coffee.

• Drink filtered coffee rather than boiled — filtering removes compounds that raise LDL, the bad cholesterol.

Researchers did not look at tea, soda or other beverages but plan to in future analyses.

Lou and Mariann Maris have already compared them. Sipping a local brew

at a lakefront coffee shop, the suburban Milwaukee couple told of how they missed coffee after briefly giving it up in the 1970s as part of a health kick that included transcendental meditation and eating vegetarian.

Mariann Maris switched to tea after being treated for breast cancer in 2008, but again missed the taste of coffee. It's one of life's great pleasures, especially because her husband makes it, she said.

"Nothing is as satisfying to me as a cup of coffee in the morning," she said. — AP

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Chester and York, offer glimpses of British history

By Victor Block

ENGLAND —

In Chester, England, guests at a medieval inn often claim they see the ghost of a woman looking for her lover who was killed during a 17th-century battle.

Visitors to the Shambles, a narrow street in the town of York, learn that the homes were designed with overhanging second stories to protect pedestrians below when residents emptied chamber pots from upstairs windows.

Chester and York are English heritage cities that offer intriguing looks back in history, introductions to enticing museums and castles, and encounters with the lives of people from the past. They're worth a visit for anyone planning to attend the Summer Olympics in London July 27-Aug. 12, or visitors to England at any time.

Roman Legions arrived in Chester in 79 A.D., and the city's main thoroughfares follow the routes laid out at that time. A stroll along the two-mile ring of red sandstone Roman walls, which encircle the town center, provides views over one of the most authentic medieval cities in Europe.

According to history, in 1645, King Charles I watched from a turret as his army fought a losing battle outside. Nearby lie the ruins of an amphitheater that was used to train soldiers, and for combat among gladiators.

Within the walls, Tudor and Victorian-style buildings give the town its present character. The Blue Bell Inn is where the ghostly Henrietta bade her lover farewell as he left for battle in 1645. After learning that he had been killed, she committed suicide in an attempt to join him. Her ghost continues to haunt the second floor of the house.



The Rows, Chester



The Shambles, York

The Rows is the name of arcades built above ground floor shops, which lined the four main streets of Chester during Tudor times, about 1485 to 1600 A.D.

The covered second-story walkways pass antique and other shops and dwellings where wealthy families once lived. One of the most beautiful is the Leche House, named for doctors who during the 14th century served as "leeches" (surgeons) to King Edward III.

The magnificent Chester Cathedral was built over a 250-year span beginning about 1250 A.D. Among its notable features are soaring arches and colorful stained glass windows.

Among intriguing hidden gems is a carving near the ceiling of the devil in chains. According to legend, a monk told the Abbot of the cathedral that he spotted the devil looking in through a window. The Abbot instructed the monk to mount a carving of the chained devil so he would know what fate awaited if he returned.

Stalls in the choir feature intricate images of people and animals carved into the wood. Of special interest is an elephant obviously fashioned by a craftsman who had heard of such a beast but never seen one, and who gave it the legs and feet of a camel.

"If you liked Chester, you'll love York," a guide promised during my visit there. Indeed, who could fail to appreciate the best-preserved medieval city in Great Britain?

Sections of York's original Roman walls and fortifications still stand, along with other reminders of Rome's influence. The remains of ancient bath houses are hidden beneath a

non-descript pub named, appropriately, The Roman Bath. Peering into the *trepidation* (warm pool), *fridgarium* (cold pool) and *claderium* (hot steam room), visitors can conjure up images of toga-clad men dropping by for their daily soak.

The departure of the Romans in the fifth century A.D. was followed by an incursion of explorers from Denmark (who named the city Jorvik, from which York is derived) and then by Normans.

The most impressive structure is the York Minster. It's the second largest Gothic cathedral in Europe, after that in Cologne, Germany.

Construction began in 1220 and was not finished until 1472. The magnificent Minster stands on the site of earlier chapels and churches. A descent into the foundations provides views of those structures, going back as far as the time of the Roman garrison.

York Minster is home to countless riches. Its 128 stained glass windows include the largest in the world dating from medieval times.

Some visitors unfortunately don't take time to visit the Chapter House, located beside the cathedral vestibule. There, strange, fanciful beasts and unusual human figures hide among delicate carvings of foliage.

Also overlooked are superb scenes of the Genesis story from the Old Testament above the arched West Doorway of the Minster. They include the hand of God creating earth, Adam and Eve and Noah's Ark.

Equally intriguing in a very different way is the Jorvik Viking Center, a kind of 10th-century archeological site with a 20-minute ride through eerily lifelike dioramas. After a humorous audiovisual introduction, visitors are transported through a tunnel past realistic scenes of life in the Viking community that occupied the location in 975 A.D.

Life at a later time is encountered at Barley Hall, a restored medieval town house that is hidden down a narrow side street not far from York Minster. There, the family and servants of William Snawsell, a goldsmith who served as lord mayor of the town, spring to life by means of an audio tour.

If you go

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Living alone with Alzheimer's tough choice for all

By Lauran Neergaard

WASHINGTON —

Elaine Vlieger is making some concessions to Alzheimer's. She's cut back on her driving, frozen dinners replace once elaborate cooking, and a son monitors her finances. But she lives alone and isn't ready to give up her house or her independence.

Some 800,000 people with Alzheimer's, roughly 1 in 7 Americans with the disease, live alone in their communities, according to surprising new data from the Alzheimer's Association. It's a different picture of the mind-destroying disease than the constant caregiving that these people will eventually need.

Many cope on their own during dementia's earlier stages with support from family and friends.

"I'm still pretty healthy," said Vlieger, 79, who sought a neurology exam after realizing she was struggling to find words. "I'm just real careful."

But support or not, living alone with a disease that gradually strips people of the ability to know when they need help brings special safety concerns, and loved ones on the sideline agonize over when to step in.

"We don't want to have to force it before it's time. But how do we know?" asked Marla Vlieger, Elaine Vlieger's daughter-in-law.

There's no easy answer, and the challenge will grow as Alzheimer's surges in the coming years. Already, an estimated 5.4 million people in the United States have Alzheimer's or similar dementias. That number is expected to reach up to 16 million by 2050 because the population is aging so rapidly.

Census figures show that nearly one-third of all people 65 and older live alone, and by their 80s more than half of women do. Most older people say they want to stay in their homes as long as possible, and developing cognitive impairment doesn't automatically mean they can't, said Beth Kallmyer, a social worker who heads constituent services for the Alzheimer's Association.

The association's new analysis illustrates the balancing act between a patient's autonomy and safety. People with dementia who live alone tend to be less impaired than those who live with caregivers. But they are impaired, and studies show they have a greater risk of injuries, even accidental death, than

patients who don't live alone.

Moreover, surveys suggest that as many as half of those with dementia who live alone can't identify anyone as their caregiver, someone who at least checks in periodically to see how they're faring, the association reported. Too often, those are the people whose dementia is discovered in an emergency, such as when neighbors call police to check on a senior whom no one has seen in days, Kallmyer said.

The new National Alzheimer's Plan could help. It aims to increase screening of older adults to catch dementia earlier. It also urges doctors to help patients plan ahead for their future care needs while they still can. Kallmyer said that's absolutely critical for those who live alone.

Elaine Vlieger had been her late husband's caregiver during a long illness and knew the importance of that planning. After her Alzheimer's diagnosis 18 months ago, she designated power of attorney and who will help make her health care decisions, and added a son to her bank accounts.

For day-to-day living, Vlieger makes

reminder lists. A friend accompanies the once avid hiker on a daily neighborhood walk, and neighbors check on her. She's considering wearing a monitor to call for help if she falls.

The younger Vlieger said her mother-in-law generally copes well but is finding it harder to handle the unexpected. Family members get tearful phone calls over small crises such as a toilet overflowing. Email has become frustratingly hard because the provider updated the program so it no longer looks familiar.

Then there's the planning about housing.

"The family was split," Elaine Vlieger said.

One son is researching assisted living options, but Vlieger protests, "I'm more active than those people are. It makes me feel old when I go in there."

She likes her daughter's suggestion of in-home services that could be added over time. Daughter-in-law Marla wonders if a geriatric care manager could offer professional advice "to help us decide what we need, and when we need it."

The trickiest part, Kallmyer said, is when to overrule someone with Alzheimer's and start making decisions for them.

Elaine Vlieger has started cleaning out her home of 35 years. But she said firmly, "I am not in a hurry." — AP





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Helping families adjust to long-term care placement

By Micha Shalev

Families find placement of a loved one in a long term care facility difficult even in those cases where it is clearly in the best interest of the person and other family members.

Families often experience frustration and a sense of failure at “giving up” care for an impaired loved one. The guilt can be overwhelming. Many caregivers, particularly spouses, experience grief and bereavement over the loss.

This is especially hard when their loved one may feel abandoned, angry and confused about the placement. It may be difficult to explain the need for the move to the Alzheimer's sufferer who continually pleads with the family to be taken home. Caregivers may doubt the timing and appropriateness of their decision. They need support, especially if other fam-



ily members are criticizing them for placing their relative in a long term setting.

How well the caregiver copes depends on past relationships, their feelings about caregiving responsibilities, unresolved conflicts and the support available both before and after placement. Many caregivers overcompensate for feelings of guilt, anxiety or helplessness by spending an inordinate amount of time at the facility, continuing to help with bathing, dressing and feeding the loved one. Both resident and family will need time to adjust to the placement. Specifically, the resident will need to:

Caregiving Tips

- Learn his place in the facility, i.e., his room, his roommate, the dining room;
- Adjust to new and unfamiliar schedules;
- Cope with a very complex environment, including unfamiliar people;
- Trust that staff will not harm them and will care for them.

An established routine and a sense of

security will be important for the newly admitted resident. Expect a period of distrust and suspicion. Allow the resident time to get to know the caregivers. Tolerate behaviors that may be reactions to the new environment. Both resident and family may need to express grief, anger or sadness about changes they can do nothing about.

Let families share their knowledge and experience about their relative. Many of the behavior problems associated with Alzheimer's disease were very likely noticeable at home. The caregiver may be able to offer unique solutions to the problems, even suggesting ways to prevent problem situations from occurring.

To preserve the dignity and personality of the Alzheimer's sufferer, family members should share a bit of their relative's history.

Caregivers, especially spouses, may need help in resolving feelings about the old promise: “I will never put you in a nursing home.” Remind the individual that their needs are very different now than when that promise was made. The resident is now

a very different person with very different needs. Families may need to be reminded of the very positive aspects of the facility care.

Finally, families need the assurance that staff will view their loved one not just as debilitated and dependent, but as one who can benefit from individualized attention. Staff should help the resident complete a task no matter how long it takes or how imperfect the job. The resident's increase in self-esteem will be ample reward for him and his family.

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

Community comes out in support of Alzheimer's sufferers

By Betsy Abeles Kravitz

Every 68 seconds someone in America is diagnosed with Alzheimer's. It robs people — who should be enjoying their later lives — of the ability to remember, think, understand and communicate. It is believed to be the defining disease of the baby boomer generation.

The regional office of the Alzheimer's Association's Massachusetts/New Hampshire chapter in Central Mass. serves nearly 120,000 people afflicted with memory disorders. Headed up by Christine Brown and Julie McMurray — and housed at the Worcester Senior Center complex — the office makes it easy for anyone to access resources.

The Association is dedicated to eliminating Alzheimer's through the advancement of research, enhanced care for the afflicted and reducing the risks of dementia through the promotion of brain health.

The Worcester chapter of the Alzheimer's Association provides a myriad of services. It offers a 24-hour toll-free crisis and support Helpline, which fields more than 8,200 calls annually. It hosts 185 caregiver support groups, 300 educational programs, 1,100 care consultation family sessions and provides legal and

legislative support.

The Alzheimer's Association coordinates intricate action plans for the afflicted and their caregivers with teams of seasoned caregivers, including home care providers, social workers and elder law and medical professionals.

Though Alzheimer's is the sixth leading cause of death in the country, there is no cure or universally recognized treatment. Tragically, there is a shocking funding discrepancy for memory disorders when compared to the other five leading causes of death in the United States, despite the fact that deaths from Alzheimer's are soaring. The National Institutes of Health devotes more than 12 times as much spending on cancer research and 10 times as much on heart disease than it does on Alzheimer's funding. However, research has come a huge distance in the last 10 years. The scientific community believes we are now at a tipping point.

The largest fundraising event is the Walk to End Alzheimer's. The walk has been chaired locally for a decade. Last year's event raised a record \$253,000. More than 3,000 walkers came together to walk three miles in Worcester to raise money and awareness for the cause. This year the rallying cry is “The Time is Now.” The

2012 Worcester County Walk is being co-chaired by Kristi Mendoza of Kindred Healthcare and Dave Price, owner of BrightStar Care with offices in Milford and Worcester.

“The Walk has been extremely well supported by the regional healthcare community. This year the Alzheimer's Association is reaching out to more businesses to support the walk because the association programs benefit so many of their employees,” said Price.

“Thousands of people donate their time, money, resources and energy to make this walk a success,” said Mendoza. “The walk is a massive community undertaking.” This year the Walk to End Alzheimer's will be held Sept. 30 at 10:30 a.m. at Quinsigamond Community College. Registration begins at 8:30. “The event has a hopeful positive vibe with an eye to the future and a world without Alzheimer's disease,” said Mendoza. “The fundraising walk is truly a community-wide demonstration of caring and commitment.”

The walk's goal is to raise awareness and funds for Alzheimer's care, support and research.

To walk, volunteer, donate or sponsor a team, call the Central Regional Office at 508-799-2386 or visit: www.alz.org/manh.

Noisy hospitals need Rx for quiet as patients rest

By Lauran Neergaard

WASHINGTON —

Anyone who's had a hospital stay knows the beeping monitors, the pagers and phones, the hallway chatter, the roommate, even the squeaky laundry carts all make for a not-so-restful place to heal.

Hospitals need a prescription for quiet, and new research suggests it may not be easy to tamp down all the noise for a good night's sleep.

In fact, the wards with the sickest patients — the intensive care units — can be the loudest.

“It's just maddening,” said Dr. Jeffrey Ellenbogen, sleep medicine chief at Massachusetts General Hospital. He pointed to one study that found the decibel level in ICUs reaches that of a shout about half the time.

Patient satisfaction surveys are packed with complaints that the clamor makes it hard to sleep. Yet remarkably little is known about exactly how that affects patients' bodies — and which types of noises are the most disruptive to shut-eye. So Ellenbogen and researchers from Harvard and the Cambridge Health Alliance recorded different kinds of hubbub in a community hospital in Boston's suburbs to try to find out.

Since it wouldn't be appropriate to experiment on sick people by disrupting their sleep, 12 healthy volunteers were enlisted. They spent three nights in Mass General's sleep lab, slumbering as recorded hospital sounds blared from nearby speakers at increasing volumes.

Sure, a toilet flushing, voices in the hallway or the ice machine woke people once they were loud enough. But electronic sounds were the most likely to arouse

people from sleep — even at decibel levels not much above a whisper, the researchers reported in the journal *Annals of Internal Medicine*.

What electronic sounds? Particularly troublesome was the beep-beep-beep from IV machines that signals someone needs more fluid or medicine, one of the most common machines in a hospital. They're just one of a variety of alarms.

Those alarms are meant to alert hospital workers, of course, so the finding raises a conundrum. But some hospitals are testing ways to make at least some monitors flash signals at the nurses' stations rather than sound loudly at the bedside.

The other surprises: The sleepers' heart rates temporarily jumped as much as 10 beats a minute as they were aroused, the researchers reported. And the sleepers didn't remember most of the disruptions even though brain recordings clearly

showed their sleep was interrupted, which suggests that patients' complaints are underestimating the problem.

“My God, we delivered 100 sounds to this person and woke them up 40 times and they're reporting to us just a couple” of awakenings, Ellenbogen said with disbelief.

If healthy young adults had a pronounced change in heart rate, imagine the stress of alarms sounding all night long in an ICU full of frail, older patients with weakened hearts, he said.

Regularly getting too little sleep plays a role in a number of health troubles, from drowsy driving to high blood pressure, obesity, depression, memory problems and a weakened immune system. There's been far less research on how much sleep disruption interferes with recovery from illness. But some studies show patients in

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Gray hair's in fashion, but what about at work?

By Leanne Italie

NEW YORK —

Jeanne Thompson began going gray at 23. She colored her hair for years as she worked her way into management at a large Boston-area financial services company, then gave up the dye for good about a year ago.

The earth didn't shake, and the 44-year-old Thompson was promoted to top management the following year.

She is among a new type of gray panther, a woman who aspires to do well and get ahead on the job while happily maintaining a full head of gray.

"Women put pressure on themselves to color," the Exeter, N.H., woman said. "It's a bold statement to be gray because it's saying, 'You know what? I did let my hair go, but I'm not letting myself go.' People take me more seriously now. I never apologize for the gray hair."

But not everyone finds it so easy.

Laws, of course, exist to ward off discrimination in the workplace, yet legions of men and women have no interest in letting their gray fly. Not now, when the struggling economy has produced a stampede of hungry young job-seekers.

But gray heads have been popping up on runways and red carpets, on models and young celebrities for months. There's Lady Gaga and Kelly Osbourne — via dye — and Hollywood royalty like Helen Mirren, the Oscar-winning British actress.

Christine Lagarde, the International

Monetary Fund chief, is one of the most powerful women in the world, and she keeps her hair gray. So does Essie Weingarten, founder and now creative director of the nail polish company Essie Cosmetics.

For regular working women, it's a trickier issue.

"I don't think a woman in the workplace is going to follow that trend," David Scher, a civil rights attorney in Washington, said with a laugh. "I think women in the workplace are highly pressured to look young. If I were an older working person, the last thing I would do is go gray."

Yes, he's a dude, and at 44 he has virtually no salt in his hair, but he wasn't alone in issuing a warning against workplace gray for women.

"While the Age Discrimination in Employment Act of 1967 was created to protect employees 40 years of age and older, some men and women may still encounter ageism in the workplace," said Stephanie Martinez Kluga, a manager for Insperity, a Houston-based company that provides human resources services to small and medium-size businesses.

"The long-standing perception that men with gray hair are experienced and women with gray hair are simply old may still be an issue that affects employees in workplaces across the U.S.," she said.

Some of today's new gray panthers also offer strong words of caution about exactly how well those anti-discrimination laws work.

Anne Kreamer is gray and proud, but she

didn't unleash the color until she left her day job to become self-employed. She dedicates an entire chapter of her 2007 book, *Going Gray*, to workplace issues.

"We only fool ourselves about how young we look with our dyed hair," said the Harvard-educated Kreamer, a former Nickelodeon executive who helped launch the satirical magazine *Spy* before writing the book exploring her journey to silver.

When it comes to gray on the job, Kreamer said, context counts. The color might be easier in academia over high-tech, for instance, and in Minneapolis over Los Angeles. Job description and your rung on the ladder might also be in play: chief financial officer versus a lowlier, more creative and therefore more gray-tolerant position like assistant talent agent, for example.

Kreamer dubbed the largely unspoken phenomenon "hair-colorism."

In 1950, 7 percent of women dyed their hair, she said. Today, it's closer to 95 percent or more, depending on geographic location. In the '60s, easy, affordable hair dye in a box hit store shelves, changing the follicle landscape for good.

"When women were going to work, it was like they could reinvent themselves and say, 'I'm no house frau anymore.' Hair dye got kind of linked in there and we never looked back," said Kreamer, who went prematurely gray and colored for 25 years. "It's still very

complicated."

Sandra Rawline, 52, of Houston, knows how complicated it can be.

A trial began last month in her federal lawsuit accusing her boss at Capital Title of Texas of ordering her to dye her gray hair in 2009, when her office moved to a swankier part of town. The suit accuses him of instructing her to wear "younger, fancier suits" and lots of jewelry, according to the *Houston Chronicle*.

The reason we know about Rawline and Lagarde and Weingarten and Mirren and — let's throw in NBC Universal exec Lauren Zalaznick — is that their gray strands stand out against a sea of, well, not gray.

Weingarten, 62, began going gray at 18 and said she colored for years. She gave it up about 20 years ago.

"People would say, 'Are you crazy? You have to color your hair,'" she said. "I had my own business. I was an entrepreneur. I could do whatever I wanted, but the truth is I know a lot of women who are petrified to show gray hair because it means they're maturing."

The new "gray movement" doesn't keep tabs on membership, but blogs like Terri Holley's *Going Gray* are proliferating, along with pro-gray Facebook fan pages and Twitter feeds.



Kreamer

GRAY page 30

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Review: Tracing the concept of middle age

By Jerry Harkavy

Most Americans tend to define middle age as the period between 40 and 60, give or take a few years either way. But they may be surprised to learn that the concept of middle age only took root at the end of the Civil War.

Middle age, it turns out, is not a fundamental law of nature, according to Patricia Cohen, author of *In Our Prime: The Invention of Middle Age* (Scribner), but rather a man-made invention that was viewed in years past as a time of decline and senescence but is now equated with wealth, power and influence.

Or, as the author puts it: "Middle age is a kind of never-never land, a place that you never want to enter or never want to leave."

In Our Prime is a fascinating study of this complex stage of life, a book whose appeal is likely to extend beyond the middle-age demographic to readers approaching or looking back on that key stage of life.

Drawing from leading thinkers in fields such as biology, psychology, economics and sociology, Cohen traces the evolution of the idea of middle age over the past 150 years. Whereas Sigmund Freud believed that one's personality was shaped by age 5, Erik Erikson diverged from his former mentor and came to see middle age as a meaningful period of development.

None of the conflicting theories about middle age had been subject to rigorous scientific scrutiny until 1999, when the MacArthur Foundation released the results of a nearly \$10 million, 10-year study that debunked many myths about that stage of life. Another major study now under way is tracking the effects of aging on the brain. As part of her research, the author takes on the role of guinea pig in that study and undergoes a brain scan to record her emotional responses to various images.



Cohen

The groundbreaking MacArthur study challenged many myths, most notably that of the so-called midlife crisis. Even so, Cohen noted, "this allegedly omnipresent affliction has remained a touchstone, a powerful presence in our imaginations if not our lives."

Meanwhile, the baby boomer generation's penchant for self-help and rampant consumption has given rise to what the author characterizes as the Midlife Industrial Complex, a network of interests that pushes products and procedures to remedy the purported afflictions associated with middle age.

The advertising industry and magazine publishers helped to promote an obsession with youth in which gray hair was seen as a social stigma rather than a natural condition of aging. Before the memorable Clairol ad campaigns of the 1950s that altered women's views of hair coloring, only 7 percent of

women over 40 dyed their hair; today, that figure is closer to 95 percent. The perception of aging as a disease also gave rise to a host of other products, such as supplemental estrogen, wrinkle creams and human growth hormone.

That mindset, however, may be on the wane. Cohen notes that advertisers and TV programmers are paying more atten-

tion to those in the 55-to-64 age bracket, whose spending power and receptiveness to advertising have gone unrecognized. So, too, perhaps, has the reality of middle age as a period of opportunity for change.

"Middle age can bring undiscovered passions, profound satisfactions, and newfound creativity. It is a time of extravagant possibilities," Cohen concludes. — AP

Not your grandma's Peace Corps? Well, it can be

By Melissa Kossler Dutton

When Tamara England-Zelenski applied to the Peace Corps two years ago, at age 57, she saw the assignment as a way to give back, travel and experience a different way of life.

She thought her experiences in life and as a book editor might be an asset to the organization, which sends volunteers around the globe to promote world peace and friendship.

"I had considered Peace Corps when I was in my early 20s, but I felt that I had no specific skills to offer, other than speaking French. I figured they wanted specialists and I was a generalist, so I never applied," said England-Zelenski, of Madison, Wis. "And I am still a generalist, but one with a lifetime of experience in different areas and businesses."

As it turns out, England-Zelenski was just what the Peace Corps was looking for. The organization has begun recruiting

older volunteers, recognizing their experience, maturity and commitment to volunteering. Also their sheer numbers: Baby Boomers make up about 25 percent of the U.S. population, and volunteer more than any other age group.

In November, the Peace Corps announced a partnership with AARP.

It's "a natural fit," said Kristina Edmunson, deputy communications director for the Peace Corps. "Older Americans who serve with Peace Corps come with a wealth of life experiences, creativity and professional development that can help make an instant impact in a community overseas."

The average age of Peace Corps volunteers is still much younger: 28. Seven percent are older than 50.

Older Americans can serve a traditional two-year period or take part in the Peace Corps Response program, which offers shorter assignments. The Peace

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The right fit: *Tips for hiring a financial adviser*

By David Pitt

DES MOINES, Iowa —

Hiring financial help is hard.

Anyone looking for assistance managing their money will quickly encounter an alphabet soup of professional designations. Two of the more common are CFA, which stands for chartered financial analyst, and CFP, for certified financial planner.

Although some of these labels indicate specialized training and experience, industry regulators say fake certification claims are on the rise. One recent example surfaced in Utah where a broker listed C.H.S.G. on his business card. Upon investigation, the broker revealed it stood for "Certified High School Graduate."

Investors are increasingly looking for advice on managing their retirement savings and recent stock market volatility has only made them more nervous. So it's with eyes wide open that they need to begin their search.

The reality is that getting help can literally pay off. A recent study found that workers who received some form of help pocketed annual returns an average of 3 percent more than workers who handled their own accounts. Conducted by human resources consultant Aon Hewitt and investment adviser Financial Engines, the study examined the 401(k) returns of more than 425,000 individuals from 2006 through 2010. Workers who used target-date mutual funds, professionally man-

aged accounts or accessed online advice were all deemed to have used help for purposes of the study.

So where to start? For many 401(k) account holders, the administrator of their company's plan will likely be their first stop for assistance. However, they may want a greater level of service to help develop a more comprehensive financial plan.

"Because you just don't know exactly what you're going to need as time goes by, the planner can become kind of a quarterback," said John Diehl, a Wayne, Penn.-based certified financial planner with The Hartford Financial Services Group Inc.

Here are three key steps to find a suitable adviser.

1. Confirm any certifications.

It's easy to get hung up on titles. You'll come across financial planners, financial consultants, investment consultants, wealth managers and financial analysts. These are general labels that can be used by anyone.

But you'll also encounter a range of acronyms for certain credentials, only some of which merit your attention.

CFP, for example, means the person has completed academic study in a variety of courses including topics like risk management and estate planning. The holder of a CFP also must have a bachelor's degree or equivalent,

pass exams and have at least three years of personal financial planning experience. It also signifies a commitment to ethical standards. CFP certification can be checked at the website of the Certified Financial Planner Board of Standards Inc. at www.cfp.net.

By comparison, the CFA designation requires four years of investment work experience, completion of exams and coursework and other requirements — including adherence to a code of ethics. A search engine on the CFA Institute's website can confirm an adviser's credentials (www.tinyurl.com/cpqm8pq).

Although certifications can indicate a basic level of professional competence, you must also assess the person and your potential to have confidence in his or her decisions.

At the outset, it's also important to determine what additional resources the person has available. Can the adviser tap into a network that includes tax professionals and estate lawyers?

Yet the most important quality is whether your potential adviser listens attentively and understands your situation. If someone is pushing products or trying to impress a preset philosophy upon you without considering you as an individual, look elsewhere.

2. Check an adviser's professional history.

Most advisers must fill out a document called a Form ADV. Depending on the

amount of assets they manage, it's filed with the Securities and Exchange Commission or a state securities agency.

The SEC database of registered investment advisers can be searched at www.tinyurl.com/d8a5b7q.

To check on individuals registered with state regulators, start with the North American Securities Administrators Association website. NASAA is a voluntary association that provides information on past employment, disciplinary actions and other details. State contacts are available at www.nasaa.org.

More advisers will soon need to register at the state level. The Dodd-Frank Act, which toughened financial regulations, requires investment advisers with assets under management of between \$25 million and \$100 million to switch from SEC to state registration by mid-2012.

Another resource is the Financial Industry Regulatory Authority Inc., the securities industry's independent regulator. Its BrokerCheck searchable database is available at www.finra.org.

3. Understand how you will pay.

Financial advisers can collect their pay in several ways. This can include an hourly fee, a flat fee, a commission on a product they sell or a percentage of the assets they manage. Combinations are also possible. For example,

TIPS page 26



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► Noisy

Cont. from page 21

noisier wards require more medications and sedatives. Delirium — a dangerous state of confusion and agitation — is linked to sleep deprivation and the loss of normal sleep-wake cycles during certain hospitalizations, especially among older people, Ellenbogen noted.



Mass General Hospital

Noise isn't the only challenge. He said sometimes patients are awakened for a blood test or blood pressure check simply because the overnight nurse assigned the task goes off duty at 7 a.m.

Acoustical engineers from Johns Hopkins helped sound an alarm about hospital noise several years ago, reporting that the average level at night has risen dramatically over the past few decades.

Now a number of hospitals have begun taking steps to muffle the noise.

Existing hospital buildings, especially those without private rooms, require special techniques. For example, Mass General has posted "quiet hours" in the afternoon and at night on certain wards. The lights are dimmed, patients' room doors are closed wherever possible, overhead paging is minimized, and health workers lower their voices and try not to enter rooms unless it's

really necessary, said Rick Evans, the hospital's senior director for service.

In his office sits a gadget that looks like a traffic light, flashing yellow or red when the decibel level gets too high. Evans said the hospital is evaluating whether to start using some type of noise sensor for further help.

Until hospitals dampen more noise, Ellenbogen advises families to advocate for quiet:

- If an IV alarm repeatedly sounds, "tell the nurse this has got to stop," he said.
- Ask if it's OK to close the room door.
- Request a fan in the room to be "white noise" that muffles the electronics.
- Speak up if hallway conversations are too loud. — AP

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Medicaid/MassHealth: When is it too late to apply?

By Linda T. Cammuso

Consider the following scenarios:

- "My Medicare days are running out and I still need more rehab; what do I do now?"
- "My mother needs nursing home care, and she never planned for this event — is it too late to apply for MassHealth?"



Legal Briefs

While it is always better to plan ahead to protect your assets, it is almost never too late to protect at least some of your remaining assets — and to save your family from a great deal of stress, should you find yourself in a crisis situation.

Mistakes are made as seniors reach this stage. Some erroneously feel that it is too late to do any planning and that their only option is to spend down all their money before they can apply for Medicaid/MassHealth benefits. Even those who feel it is their responsibility to pay for their care may have a spouse or disabled child or other relative who is relying on those assets. Assets can still be saved even though a move to a facility is imminent, and often times there are special exceptions or circumstances that may apply to exempt certain assets from MassHealth countability.

In the nursing home context, families may rely on the advice of well-intentioned social workers, case managers or others to

guide them in the MassHealth application process. However, the MassHealth rules, which are based on state regulations, administrative decisions and court rulings, are complicated and often confusing. Without proper guidance, families may miss key spend down opportunities and planning options to protect their assets. A denial of the application can jeopardize a person's care options, and may result in lengthy and costly appeals. An elder law attorney who understands the MassHealth system and rules and is versed in the application process is an invaluable resource.

Contacting an elder law attorney if you

Boston's homeless seniors to get new housing

BOSTON —

A Massachusetts non-profit organization that works to end homelessness for seniors has opened a new residence in the Boston area.

Hearth, Inc., which provides affordable housing, medical and support services to elderly homeless and low-income individuals,

or a family member are in a crisis situation for help is a wise move. The support that you should expect to receive includes:

- A personalized analysis of the financial and healthcare considerations that are relevant to your situation;
- A review of qualifying your spend down options;
- Preparation of the application form and all attachments;
- Communications with MassHealth caseworkers, on your behalf, throughout the application process;
- Coordination with the assisted living facility or nursing home;

opened its seventh site at Olmstead Green in Dorchester. The residence will provide 59 units.

According to the organization, elder homelessness creates a set of issues that are different from those of other homeless populations. They say homelessness accelerates aging. — AP

► Tips

Cont. from page 24

a broker might collect a commission on particular securities but also get paid a percentage of assets or a flat fee.

You should also know whether the adviser gets paid additional sales incentives for selling certain investments. You'll want to know whether the person has a vested interest in pushing certain products or mutual funds.

With that in mind, don't just seek out the lowest cost adviser. Try to balance the cost of service with quality and the volume of work you expect the person to handle.

Meet with several candidates and use your intuition. You need to be comfortable with the person's judgment.

Once selected, you can't tune out. You should monitor your accounts regularly. FINRA offers 10 tips for keeping track of your investments at www.tinyurl.com/c2a3tss. — AP

• Appeals for denial of benefits.

You should also expect your attorney to assist with the annual eligibility verification process and to counsel you on the steps necessary to maintain eligibility.

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. Linda may be reached at www.estatepreservationlaw.com or by calling 508-751-5010. Archives of articles from previous issues may be read at www.fiftyplusadvocate.com.

Grandparent scammer sentenced

BANGOR — A Canadian man has been sentenced to two years in federal prison for a scheme in which he bilked elderly American women out of tens of thousands of dollars by telling them their grandchild or other relative was in trouble and desperately needed money.

Nour-El-Dean Mouneimneh of Quebec apologized in U.S. District Court in Bangor last month "to everyone who got harmed by my actions."

Mouneimneh said he was a low-level participant in the scheme who just collected money.

The federal judge expressed skepticism at that explanation.

Mouneimneh was also ordered to pay more than \$116,000 in restitution.

A co-defendant awaits sentencing. — AP

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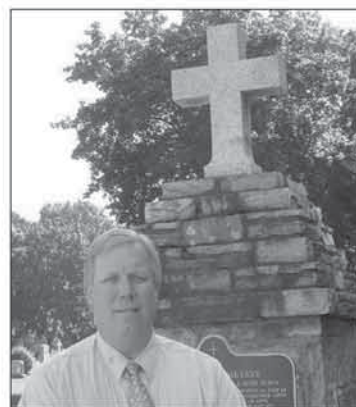


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Get your Social Security statement online

By Kristen Alberino

If you would like to get a Social Security statement, which provides estimates of your future benefits, it is now available online at www.socialsecurity.gov.

"Our new online Social Security statement is simple, easy-to-use and provides people with estimates they can use to plan for their retirement," said Michael J. Astrue, commissioner of Social Security. "The online statement also provides estimates for disability and survivors benefits, making the statement an important financial planning tool. People should get in the habit of checking their online statement each year, around their birthday, for example."



Social Security

In addition to helping with financial planning, the online statement also provides workers a convenient way to determine whether their earnings are accurately posted to their Social Security records. This feature is important because Social Security benefits are based on average earnings over a person's lifetime. If the information is incorrect, the person may not receive proper benefits.

The online statement provides you the

opportunity to save or print the document for future reference, or to have handy for discussions with family members or a financial planner.

According to the American Customer Satisfaction Index, users are giving the online service a score of 89, making it competitive with our other top-rated, best-in-government online services, such as the Retirement Estimator and online retirement application.

To get a personalized online statement, you must be age 18 or older and must be able to provide information about yourself that matches information already on file with Social Security. In addition, Social Security uses Experian, an external authentication service provider, for further verification. You must provide identifying information and answer security questions in order to pass this verification. Social Security will not share your Social Security number with Experian, but the identity check is an important part of this new, thorough verification process.

When your identity is verified, you can create a "My Social Security" account with a unique user name and password to access your online statement. In addition, the service includes links to information about other online Social Security services, such as applications for retirement, disability and Medicare. For more information visit www.socialsecurity.gov/mystatement.

It pays to appeal denied health insurance claims

By Candice Choi

Myth: If a health insurance company denies a claim and you get stuck with the bill, it's not worth contesting the decision.

Reality: It's worth challenging a denial if you think your claim is valid. Denials are sometimes based on billing errors and can be reversed. For example, your doctor's office may have written down an incorrect code when submitting a claim.

In other cases, a denial may be based on missing information or a misunderstanding about the treatment that was given.

A recent study by the Government Accountability Office (GAO) found that as many as 50 percent of appeals to some insur-



ers prompted them to reverse their decisions.

The GAO studied data from a handful of states and reports by other agencies.

Still, it's important to note that many companies have recently tightened restrictions on what their policies cover. That might mean certain prescription drugs or medical procedures that were previously covered are no longer

eligible for reimbursement.

To avoid being taken by surprise, make sure you're up-to-date on what your plan covers.

For more information or help resolving claims, visit the Patient Advocate Foundation at www.patientadvocate.org.

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Vertical lines and height, a must for decorating

By Melissa Rayworth

When we furnish a room, many of us carefully measure to be sure the couch isn't too wide or the dining room table too long. We draw a horizontal map, determined to fit everything in without crowding.

But design experts do something more: They think vertically.

Kitchen and bath designer Matthew Quinn, principal of Design Galleria Kitchen and Bath Studio in Atlanta, said that as designers learn to sketch room layouts in design school, they discover the impact of the vertical and horizontal lines that furnishings and architecture create.

For example, a homeowner might not realize that a dark countertop contrasting with lighter cabinets underneath will create a horizontal line across the room, making the ceiling feel lower and the kitchen smaller.

"One of the main reasons that clients hire designers is that grasping scale can be difficult," said interior designer Kyle Schuneman of Live Well Designs in Los Angeles.

Ready for your own crash-course in thinking vertically?

Quinn, Schuneman and decordemon.com founder Brian Patrick Flynn offer tips on how to work effectively with the heights of furniture, draperies and decorative pieces:

To make a small or low room feel bigger, draw some vertical lines, said Schuneman.

"Hang the curtains all the way to the ceiling, not to where windows stop. Your eye visually feels like the space has been lifted," he said.

Patterned wallpaper or painted stripes on a wall can also help do the trick.

For tile bathrooms and kitchen backsplashes, Quinn suggests hanging rectangular subway-style wall tiles vertically, so they appear as tall, thin pieces. People normally use subway tiles horizontally, presenting them as short, wide rectangles.

The same principles work in reverse. You can bring a large room down to a more comfortable scale by adding horizontal lines through contrasting colors or added surfaces.

A kitchen island with several levels will make a high-ceilinged kitchen feel cozier, said Quinn.

Lighting also can bring a large room down to size or add the impression of lift

to lower ceilings.

"When spaces are tall, grounding them with pendant lights or chandeliers really makes a space seem more intimate," Flynn said.



Quinn agrees: We notice hanging lights in relation to the heads of people standing in a room. Lights that hang within a few inches of the heads of your tallest guests will make even a very tall room feel warm and welcoming.

For low-ceilinged rooms, try recessed ceiling lighting instead of hanging lights. Quinn sug-

gests choosing smaller, pinpoint recessed lights rather than the wider, can lights. The larger ones can make you feel as though a spotlight is bearing down on you.

Another trick: If your ceiling lighting can be positioned, point lights toward the sides of the room rather than directly downward. This widens and opens up the space.

You can have fun with height in bedrooms, Flynn said, even if the ceiling is low. "I do this by playing with scale and

proportion in relation to tall, architectural headboards or platform beds," he said. "Similar to a giant chandelier in a grand entry, I love walking into a bedroom and being greeted by a statement bed. To keep a tall headboard from being too tall, I counterbalance it with hefty bedside chests, and either hanging pendant lamps above them, or by bringing in super-tall table lamps."

Or use art to play with dimensions: "A super wide, extra tall piece of art over a simple sofa in a living room can strike the perfect balance between the furnishings and the architecture," Flynn said.

Furniture that extends to the ceiling can "visually open up the space, but also give you all that storage you'd lose otherwise," Schuneman said.

So build custom cabinets all the way to the ceiling or choose pieces of furniture that reach as close to your ceiling as possible.

"People often use a cabinet that they already have, which doesn't reach the ceiling, and then try to add storage baskets on top," he said, "instead of buying the right piece — that taller piece — from the beginning."

"The best places to use tall, vertical furnishings are in rooms where stellar views aren't the main attraction," said Flynn.

Schuneman said, "The more furniture you put into a space, it does actually open up the space. It shows how usable it is." — AP

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► Peace

Cont. from page 23

Corps expanded the Response program in January to include volunteers with at least 10 years of work experience and certain language skills.

Older volunteers work on the same projects as younger volunteers — including HIV/AIDS education, teaching English as a second language, agriculture,

environmental awareness and more, Edmunson said.

"All Peace Corps volunteers, regardless of age, go through the same health, screening and suitability process," she said.

Beth Dailey, a senior advisor for AARP, said 60 percent of the organization's 37 million members engage in volunteer activities. Like the Peace Corps, Dailey said, "Volunteering is at the core of what we do."

► Gray

Cont. from page 22

"Society has boxed in women on what's considered to be beautiful, and this defies how we're supposed to look," Holley said. "People say, 'I'm so glad I found you. I'm so glad we're having this conversation.'"

Dana King, 53, who started going gray in her 20s, began dyeing in her 30s and went to work for San Francisco's KPIX in 1997, rising to news anchor. In January 2010, she first approached her general manager, a man whom she had known for a decade, about her giving up the dye.

"He didn't like the idea at all and he asked me not to do it," King said. Soon after, she did it anyway, with the comfort of a no-cut contract good to May 2013.

"It got down to the point where I was



Mirren

dyeing it every two to three weeks. I just decided, 'I'm not doing this anymore.' I felt like I had sold my soul and betrayed myself," she said.

After sharing her hair story on-air, King was deluged with emails from viewers, including many women who colored and some who worried she had fallen ill. "The response was overwhelmingly positive," King said. "They said it was a relief for them, that they could see someone that made it OK to be gray."

King knows her road to gray wouldn't have gone so well had she been a TV news star elsewhere.

"I work in a youth-oriented industry and I'm not an idiot," she said. "This is not Miami. This is not Los Angeles. I would have been fired had I worked in some other markets. I can't get a job anywhere else, I don't think. I have no illusions about what I've done and I'm good with that." — AP

Over the years, members have told AARP that they like donating time to worthy causes because it lets them contribute to their communities and stay busy. "They don't want to work full-time, but they still want to stay active in that community and give back," Dailey said.

Baby Boomers are the best-educated generation to retire from the nation's workforce, so they have a lot to offer in terms of talents and knowledge, said Dr. Erwin Tan, a gerontologist and the director of the Corporation for National and Community Service's Senior Corp program, a federal agency that engages seniors and others in service opportunities.

England-Zelenski has a bachelor's degree in French and worked for nearly 20 years as a children's book editor. She decided to pursue the Peace Corps after her husband died of cancer in 2009. A year ago, the Peace Corps sent her to Armenia to teach English at a branch of Yerevan State University.

Her professional career has been both a help and a hindrance in a developing country, she said.

"When one has had a successful professional life, accustomed to getting things done in a relatively efficient way, trying to do that in a developing country and in another language can be very frustrating," she said. "Moderating expectations is pretty important."

Still, the rewards outweigh the frustrations, she said. She has enjoyed sharing



Black

a home with an Armenian family, conversing with young Armenian students and learning the country's culture.

"There is a real gift in being able to step into another culture in a way that I would otherwise probably not be able to do," she said. "Gratitude is a word that has driven much of this journey. Gratitude for what I have

been given made me want to be of service. And being here, hoping that I am serving these students as they seek to improve their English, I am ever more grateful for this experience."

Bonnie Lee Black, who was 51 when she joined the Peace Corps in 1996, still savors the memory of her time in Gabon, Africa.

"I never put it far out of my mind," said Black, of Taos, N.M. "It's still very much alive."

The former caterer loved teaching nutrition classes to young mothers and hosting cooking lessons in her home. She also enjoyed the camaraderie of the Peace Corps.

"I didn't feel old and they didn't make me feel old," she said. "We were all in this together."

Black, who wrote a book about her experiences, tries to encourage others to serve.

"I hope and pray other people don't let themselves be sidelined," she said. "Don't think it's over at 50-something or 60-something. The older we are, the more we have to give back." — AP

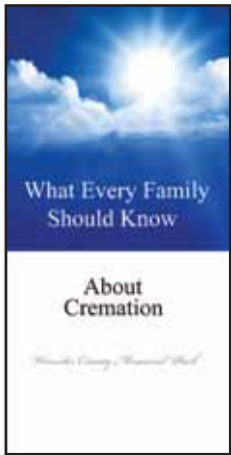
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*"When a nursing home is too much and
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Any Questions Please Call Michael At 978-314-2290 or Penny At 508-248-5136

Quality • Compassion • Empathy

no incisions. no pain. no scarring. no kidding

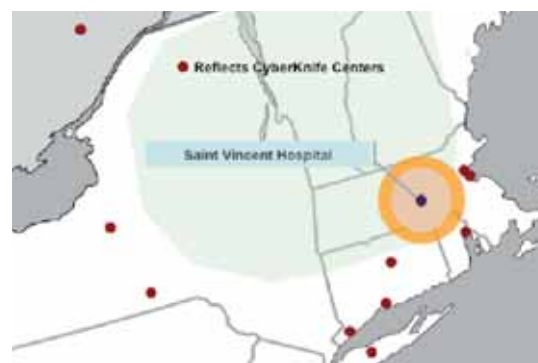


The CyberKnife® can be used to treat many conditions:

- Brain and spine tumors (*both malignant and benign*), including acoustic neuromas, meningiomas, AVMs, metastases, and trigeminal neuralgia.
- Early lung cancers in patients with poor lung function.
- Locally advanced and inoperable pancreatic cancers.
- Metastatic lesions from traditionally “radiation-resistant” cancers such as renal cell and melanoma.
- CyberKnife® is also proving to be a highly effective and exciting alternative to both surgery and traditional irradiation for early prostate cancers.

Although CyberKnife® treatment is a joint effort between surgeons and radiation oncologists, it also requires multidisciplinary support by many other medical disciplines. The primary care and specialist communities are integral to this program, and their participation will be facilitated through our CyberKnife® coordinator, who will manage referrals to the program and insurance authorizations, coordinate patient care, provide education and support, and be the liaison between patients and physicians.

As the only CyberKnife® in central Massachusetts (and in central New England), Saint Vincent Hospital Center for Cancer Services provides ready access for all patients as most insurers already cover the procedure.



To learn more about the CyberKnife® at Saint Vincent Hospital, go to stvincenthospital.com. To schedule a consultation or a visit, please contact our **CyberKnife® Coordinator, Karen Berni-Giarusso, R.N.** at 508-363-7664.

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For more information,
go to stvincenthospital.com