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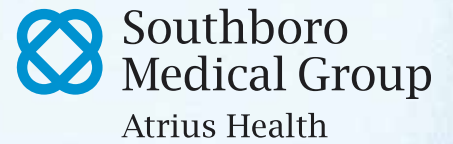
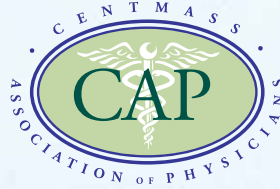
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# Mediation offers solution to gut-wrenching family disputes

By Brian Goslow

There are few things harder in life than watching a parent slowly age and fall into physical, mental and emotional decline. But the process is made even more difficult when important issues arise concerning the parent's health, whether mom or dad can safely continue to live at home or what should be done with the family estate, and the subject hasn't been addressed beforehand.

When these issues need to be addressed in an emergency situation, rational thinking



Veglia

frequently falls by the wayside to be replaced by frantic decision-making that may not be in the best interests of all involved — or even worse, the person in question may suddenly be incapacitated and no longer able to express his or her concerns and intentions.

Regardless of how many times one recognizes, "We need to have that talk" about what happens should a parent suddenly be in need of long-term care or placement in assisted living or a nursing home or what will happen to a loved one's property once he or she passes on, the talk rarely occurs for fear of creating a hostile situation.

Then that dreaded phone call arrives — mom has had a bad fall and has been hospitalized or dad has had a severe stroke and may not fully recover — and a family is forced to face not only the short-term, but the long-term challenges of covering the costs of whatever care and housing might become necessary. When there are a number of children involved, the siblings may find themselves at odds over how to proceed.

The nightmarish weeks of paperwork, bureaucracy and family in-fighting that follow a sudden crisis don't have to happen if a parent takes the big step of getting his or her desires known and contingencies in place in advance of any eventual life emergency — or, if a child feels comfortable enough in doing so, encourages and helps the parent get the process underway.

"The majority of the time, people do not want to talk about this before things start going downhill," said Eileen Millane, co-founder of The Mediation Collaborative, LLC, a group of professional mediators who bring experience in a variety of backgrounds from law and social work to education and business to the table with the goal of helping parties resolve their differences with the help of impartial mediators. The Mediation Collaborative recently opened offices in several Greater Boston and MetroWest locations.

"A lot of times it's almost too late," Millane said. "With my own mother, I had really wanted her to go to assisted living and give

up the house, but then it got to the point she was way beyond assisted living and had to go right to a nursing home. A lot of people wait too long to act on these issues."

Millane said requests for mediation on senior health issues usually happens when a major change has occurred, the older person is in a clear state of decline and there's growing concern about the parent's ability to take care of him- or herself. Calls to mediate come from an adult child trying to do the right thing for a parent's wellbeing as well as adult children in conflict about what should be done for their parent.

"You can have so many different scenarios," Millane said. Sometimes one sibling is out of state, the other has been overseeing their parent and the two can't agree on whether it's time to start looking to move their parent into assisted living.

"(For example,) One of the sisters is adamant the mother can still stay in the house and wants to get (home) care in the house," she said. "Then there are many issues around financial stuff, who's going to pay and how they're going to pay for it and that kind of thing."

When the parent is incapacitated and unable to participate in the discussion, Millane said, a major piece of what she does as a mediator is talk to the person who calls her and determines which family members are going to participate in making the decisions.

"If the older person is not part of the mediation process, as mediators, we're totally neutral," she said. "But in that case, the mediator's role is to make sure that the elder's interests are taken care of and everything is happening in the best interests of the older person. So there'll be a slight bias against anything that would not be good for the elder."



Zimmerman

According to the Mediation Collaborative, among the benefits of mediation are:

- It avoids the stress of litigation, reducing costs and time.

- It maintains confidentiality with all mediation discussions remaining private.

- It allows for self-determination with the participants controlling the outcome and therefore being more likely to adhere to the agreement.

Sometimes a judge will court order mediation in order to help battling parties reach an out-of-court agreement. When that happens, said Millane, who has overseen a wide variety of mediation sessions, an agreement is reached 70 percent of the time, with 95 percent adhering to it. "You don't see them back, because it's their agreement and they crafted it" she said.

Josephine L. Veglia, an attorney at Durbin

and Veglia in Oxford, said she doesn't often get a request for formal mediation. "It is something we can advise clients about as a possible solution to heal family divisiveness, but it is their decision as to whether they wish to participate," she said.

It is in a less formal setting, she said, and "getting everyone to meet face to face sometimes diffuses some of the emotion and creates a productive environment to find a practical solution." It allows everyone a chance to be heard. "Often the dispute is



Cammuso

because someone feels that their opinions or suggestions are being ignored," she added.

Overall, Veglia said, the mediation process will work if everyone involved truly sees it as an opportunity to find a resolution and is committed to the process. Participants also need to have the best interest

of the senior adult always as the top priority, she said.

What tends to work best is when the parents seek to have their financial, estate and health matters addressed while they're in relatively good health with a clear mind. "Many times, clients want their children to come with them to my office when we meet about their estate plans," Veglia said. "That is perfectly fine and often works well, since then, all children have an opportunity to hear their parents' intentions, and understand the different estate planning documents that are used."

When this occurs, she said, attorneys have the opportunity to explain the legal obligations associated with each subject and by talking a family through the process, can "mediate" the issues.

That doesn't occur when family members suddenly find themselves faced with a life-changing health emergency resulting in one of their parents being hospitalized. Such circumstances regularly lead to heated disputes over whether the parent can continue to live alone and if so, whether some type of home care is needed, if a family member can help with caregiving and how the cost of care would be covered.

"Hopefully, that opens up a family discussion during which everyone is involved and contributes what they can," Veglia said. "However, some families are separated by distance or relationship, and the people living locally feel that they are carrying all the weight and doing the best they can with a difficult situation and yet are being criticized by other family members, or alternatively, those at a distance really don't understand the parent's needs and don't agree with the level of care being provided."

Veglia has had instances where these discussions began too late, starting after the

parents had reached a state of diminished capacity to think and communicate their wishes and intentions clearly and their ability to remain safely in their own home had been compromised. Earlier talks had ended after the parent stated, "I don't want to go to a nursing home."

When this situation occurs, Veglia said, there is still the opportunity for the family members to mediate the issue. "After all, they are the ones, not the senior, who are having the dispute. The senior should not be placed in the middle — just as children should not be put in the middle when their parents are divorcing," she said. "I had a client tell me that she was really upset that all her children were fighting. She didn't want them to fight. They did not understand how they were hurting her. She unfortunately passed away before things were resolved."

As an attorney, Linda T. Cammuso of the Estate Preservation Law Offices in Worcester is professionally obligated to carry out the directives of her clients; in most instances, it will be the parent who makes the decisions. "They have to decide their family situation and decide how involved or not they want their kids to be," she said.

If there are several children, the parent might have one he or she is especially close with who is privy to all of the parent's financial matters while the other children are not as involved with the parent's day-to-day life or are perceived as troublemakers looking for a fight.

Some of Cammuso's clients will tell her, "I don't even want my kids to know I saw an attorney." In that instance, Cammuso isn't allowed to tell the children anything about any of her discussions with their parent.

"If the kids called us and said, 'I want to know what you're doing for my mom, I heard that she's drafting a will with you and I want to know what's going on,' we would say, 'I'm sorry, we can't even confirm to you that we represent your parent because we don't have authority to do that,'" she said.

Those calls can become hostile.

"A lot of times it comes from the kids who maybe aren't as involved in their parents' legal or financial matters and who perceive because they have not been included in meetings or things like that, it's possibly because the other kids are conspiring to try to diminish their inheritance. Or maybe they feel they need to be involved in key decisions," Cammuso said. "But it's the client's call as to who they want to involve and how they want them involved."

In the past 10 years, as the country's population has aged, Beverly Hills psy-



Lieberman

MEDIATION page 8

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# Study shows oldest boomers are original and conventional

By Sondra Shapiro

As a typical age-denying boomer I was floored to hear the oldest members of my cohort are eligible for full Social Security benefits. It just isn't possible that the generation that coined the phrase, "Don't trust anyone over 30," is now in its golden years. Let alone the fact that Jack Weinberg, the guy who coined the phrase, is 73.



## Just My Opinion

As I get used to the idea that most of my fellow high school graduates, class of '71, are turning 60, the lyrics of an old Sonny & Cher song come to mind: "The beat goes on."

Narcissistic by nature, our 78 million strong — born between 1946 and 1964 — have thought of ourselves as unique and wonderful. Perhaps our perceptions are shaped by the intense media and marketing fascination with my generation. After all, our every move has been documented, analyzed and criticized — from our self-indulgent, rabble-rousing ways to our obsession with staying "forever young."

Now, the oldest among us, who turned age 66 in 2012, are the subject of a study by MetLife Mature Market Institute aptly named, "The Oldest Boomers are Healthy, Retiring Rapidly and Collecting Social Security."

Subjects were followed from age 62 to 67 as the study collected data on their finances, housing status, family lives and their views on generational issues.

One surprise. The figures show this group is rather conventional in its retirement decisions. Out of the 86 percent collecting Social Security, 43 percent said they began tapping benefits earlier than they expected. So, what happened to the generational boast that we would work till we drop?

More than half of the boomers born in 1946 are fully retired. Of those, 38 percent said they were financially ready, while 17 percent cited health reasons and 10 percent attributed a job loss.

In 2007 and 2008, only 19 percent of the oldest boomers were retired; by 2011, that figure had made a significant leap to 45 percent who were retired.

True to our health conscious leanings, it isn't surprising to learn most of this group is feeling hale and hearty and won't view themselves as "old" until they reach the average age of 78.5. Most questioned feel mentally sharp, but 30 percent admit that they aren't as on the ball as when they were in their 40s.

Many who are retired say they have less income than when they were working, yet lower income does not always

equal a lower standard of living, as only 20 percent felt theirs had declined.

"As the oldest boomers dive into retirement, even though some have been forced to do so earlier than expected, they seem to be 'feelin' groovy,' as this group would have said during their formative years," said Sandra Timmermann, director of the MetLife Mature Market Institute. On the negative side, she said, "a good half of this group may not have achieved their retirement savings goals and are not confident about paying for the next phase of their lives."

Boomers are notoriously known as spenders not savers. And now the oldest among us are paying the price.

One of the major concerns is not being able to pay for long-term care. Only a small percentage owns a long-term care insurance policy.

Unlike our parents' generation who moved to warmer climates in old age, boomers would prefer to age in place, though 8.6 percent report being "upside down" on their mortgage, owing more than the value of their home.

Almost 80 percent of the oldest boomers don't have a living parent, but more than one in 10 is providing regular care for an older relative. Surprisingly, only 4.8 percent have grandchildren.

At our core, we boomers are a caring, nurturing group despite our self-indulgent proclivities.

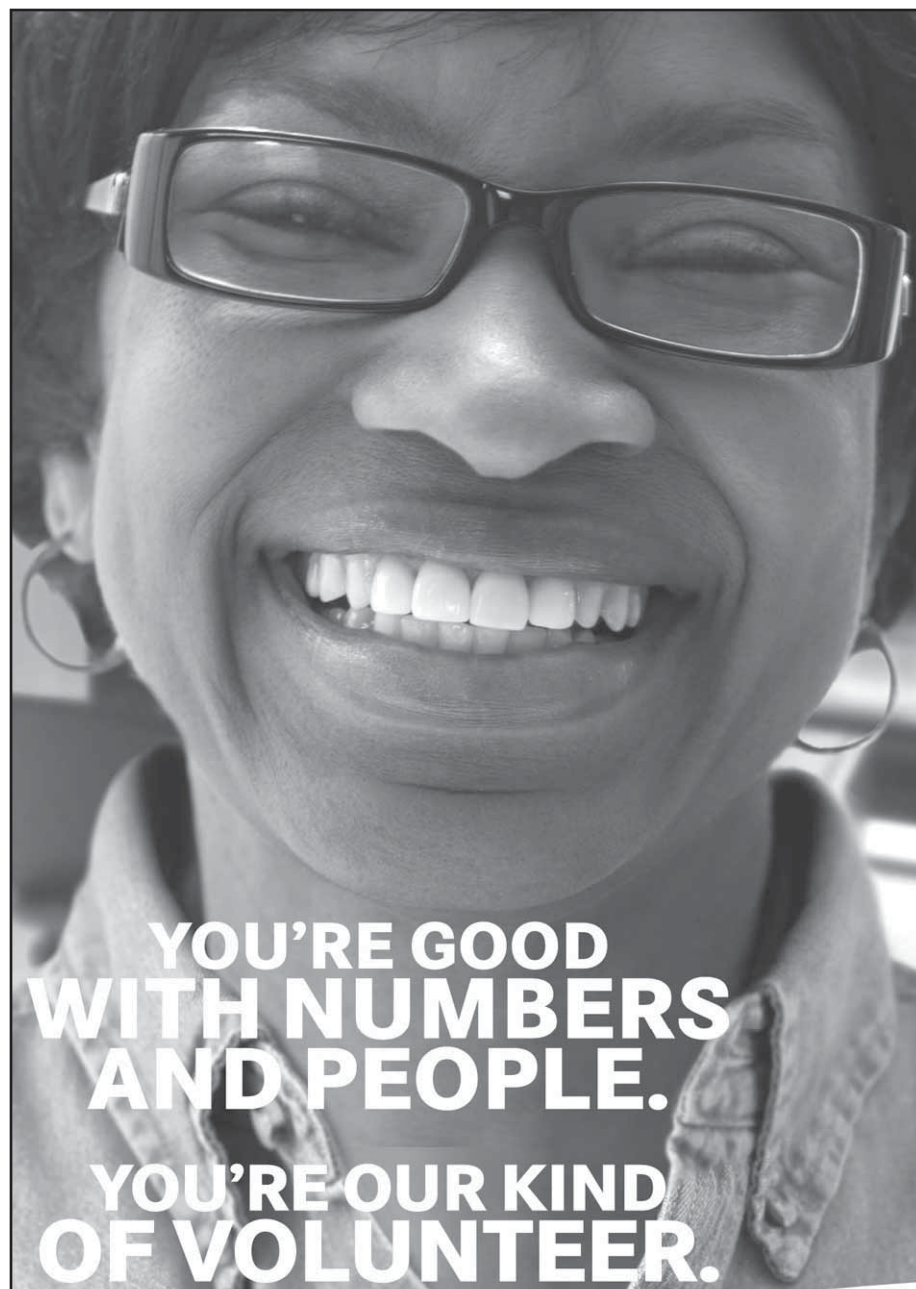
We have championed civic involvement. We joined the Peace Corp. We demonstrated against the Vietnam War and for equal rights for women and racial equality. So it is no surprise to hear that the oldest members of my generation are committed to remaining active and engaged, with more than half believing we are leaving a positive legacy for future generations.

There is no denying we have redefined every stage of life. Where our parents grew up being seen but not heard, we spent our youth shouting from rooftops. Where our parents aged gracefully, we have spawned an entire industry dedicated to making us feel and look young.

I have heard many stories of boomers re-defining themselves in later life — pursuing educational, volunteer and career opportunities.

Though I am occasionally overwhelmed by the passage of time, I remember that it has been time well spent. These generational pathfinders prove the days to come offer more opportunity to live a fulfilling life, dispelling another line from the Sonny & Cher hit: "Grandmas sit in chairs and reminisce." Nope, that's not for us. Instead, "The beat goes on."

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



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# Five summer road trip safety tips

By Michael E. Festa

Whether heading to the Cape, the Berkshires or beyond, nothing says summer in New England more than an old-fashioned road trip. But as more families plan staycations and day trips, the roads can get crowded quickly. AARP Driver Safety has five tips to ensure an enjoyable and safe journey for road trippers of all ages.



## AARP and You

1. Plan ahead. When mapping a drive to a new destination, make sure you have a thorough understanding of the route. Be aware of any potential obstacles, such as heavy traffic or construction areas, and plan your trip so that you can avoid these dangerous and stress-inducing areas if possible.

You might also want to be aware of fun roadside attractions. Remember to pack any essential road trip supplies such as snacks, water and an audio book (and chargers for smart-

phones and electronic devices), and if you are traveling with children, pack games and activities to keep them entertained.

2. Give yourself plenty of time. According to the Insurance Institute of Highway Safety, drivers who have been behind the wheel for more than eight hours have nearly twice the risk of crashing, compared with drivers who have been on the road less than two hours. To stave off drowsy driving, make plenty of stops — at least one every two hours — to stretch your legs, use the restroom and get some fresh air. If you have passengers who can drive, alternate drivers every few hours.

And don't skimp on sleep each night: People who slept less than five hours before driving increased their risk of crashing four- or five-fold compared to people who slept the recommended eight hours.

3. Be prepared. A vehicle breakdown can quickly turn a road trip from fun to nerve-racking and stressful. Take precautionary measures a few days in advance to reduce your chances of experiencing a car problem on the road. Make sure to check the air pressure in all four tires, check your tire tread wear, and make sure your vehicle's fluids are at proper levels. Also, pack an emergency roadside kit that contains, at a minimum, signaling devices, a pocketknife, a first aid kit,

water and nonperishable food items. It may also be worthwhile to invest in a roadside assistance service.

4. Sharpen your driving skills. The most important safety feature — and the key to ensuring that you reach your destination safely — is a safe driver. Refresh your defensive driving skills and knowledge of the rules of the road through a safe driving course, such as the AARP Driver Safety classroom or online courses. These classes are an excellent way to hone your skills and keep you and your family safe. Visit [aarp.org/driver](http://aarp.org/driver) to learn more.

5. Enjoy the ride. Many fantastic memories are born through road trips, so make sure that you're taking advantage of the best views, tourist attractions and roadside diners along the way. There are a variety of tools and apps available for smartphones, designed to describe all of the road trip must-sees along any given route.

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

## What has happened to the Gerontocracy in this country?

By Al Norman

I was honored to speak recently to the graduating class of the UMass Boston B.A. in Gerontology Program. Here is a summary of my remarks:

MIT economist Lester Thurow once warned that entitlement-hungry baby boomers would pose a fundamental threat to our democracy. "Will democratic governments be able to cut benefits when the elderly are approaching a voting majority?" Thurow asked. "In the years ahead, class warfare is apt to be redefined as the young against the old, rather than the poor against the rich."

Thurow was totally wrong. Class warfare still exists, and it's still rich against poor, the 99 percent vs. the 1 percent. It turns out that "greedy geezers" are not a voting bloc. Pundits talk about the Latino vote, or the Walmart Moms, or the Tea Party Vote. But politicians do not talk about the elderly vote anymore.

If you think we are heading towards a Gerontocracy, explain how it is possible that a sitting Democratic president, on his own, offered to cut the Social Security cost of living adjustment? The elderly today are an invisible constituency.

Let me show you how "elder irrelevance" affects social policy at the state level:

Although seniors have made it clear they want to avoid nursing facility care, two-thirds of our Medicaid long term care spending still goes to nursing facilities. By state law, people on Medicaid have a civil right to be cared for in the least restrictive setting — but most of our funding for long term care in this state goes to nursing facilities — a form of care that elders pray to avoid.

Second example: the University of Massachusetts bachelor's of gerontology program has been 'inactivated.' In a December 7, 2012 memo, the provost's office notified the academic community of plans to suspend the program "due to a pattern of low enrollment."

Less than a month later, I sent the provost's office a letter signed by more than 100 groups across the country, urging the provost to "strategize ways to reconfigure and strengthen the undergrad major... to secure the future of a bachelor's of gerontology program, because

we believe there is a growing demand in this field, and that eldercare employment will be expanding, not contracting." The bachelor's of gerontology program is still on a forced sabbatical today, this class of 2013 graduates notwithstanding.

These two examples — one from academia, one from human services — illustrate the low profile of senior power today. Programs like Medicare, Medicaid and Social Security have been cast as burdens on society, rather than part of an intergeneration pledge of support.

Almost one in five Massachusetts residents today is age 60 and older. There are more than 653,000 households in this state with someone over the age of 60. By the year 2032, Massachusetts will have the eighth largest cohort of people age 65 to 74 in America.

## Push Back



But there is no Gerontocracy in this state. The elderly agenda is not driving any debate.

With White House blessing, politicians of all stripes have put their hands on the Third Rail of Politics: Social Security — and have lived to tell about it. The devastation of the middle class has swallowed the greedy geezers, who are living a nose above the poverty line on their Social Security check.

Like the Gray Panthers, the "senior power" movement has tripped into obscurity. The needs of older people are really part of the grievances suffered by the once-middle class that now struggles to get back into mainstream America. Out of this huge, disaffected class comes the promise of a coalition much stronger than one built on age alone.

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

## ► Mediation

Cont. from page 6

chiatrist Carole Lieberman, who works as a mediator, said she has seen a remarkable growth in conflict between seniors and their adult children.

"This mainly focuses on money and inheritance, although issues regarding residence and health decisions also come up," she said. "Increasingly, litigation ensues when siblings feel they have been done wrong in the division of property and money, as described in their parents' will. It is not solely a matter of finances or greed, although the current recession has made this more of an issue; it is wanting to feel that a parent loves them as much or more than their siblings, as finally proven by what the parent bequeathed to them."

When children are unhappy with the provisions of a will, they often bring up the question of a parent's competency. Was the parent in his or her right mind when the will was written or was there undue influ-

ence? Mediation between seniors and their adult children can often avoid these issues by working them out beforehand and allowing children to understand what their parent was thinking.

When some adult children feel money is being unfairly kept from them, they'll threaten to take the issue to court, an act that could leave a lasting split between relatives.

Celeste Zimmerman, a professional mediator based in Colorado who works with seniors and their adult children, said the benefits to using mediation versus litigation are significant.

"The most important of these, is maintaining the relationship between the siblings while trying to hash out any differences and coming to solutions that all of them can live with," she said. "Mediation provides the vehicle to possibly retaining relationships. If lawsuits get filed, there most likely won't be any relationship when all is said and done. Besides relationship building/retaining, mediation normally is less costly, less time consuming and less emotionally devastating."

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With help, seniors getting past technophobia

By Brian Goslow

As more people of all ages become attached to their electronic gadgets, technology analyst Karl Hakkarainen, a teacher for the Assumption College-based Worcester Institute for Senior Education (WISE), has watched the evolutionary progression from computers and laptops to smartphones and tablets — and a growing number of those users are seniors.

“Just in the past year, I’ve seen a tremendous increase in the number of people in class with tablets,” said Hakkarainen, who noted that the introduction of Kindle and Nook tablet readers helped break down a fear many seniors had about using electronic devices. “The basic Kindle is sometimes referred to as the gateway for many people because it gets people used to the idea of reading something electronically.”

While many traditionalists hold onto the belief that they like the physical feel of a newspaper with their morning coffee or that they like turning the physical pages of a book, he’s found that when you talk to people about their reading habits, many don’t read as often as they used to because their vision isn’t as good as it used to be or the book is too heavy to hold over an extended period of time. “So they start using a Kindle or maybe they get a new or hand-me-down laptop or an iPad for Christmas and the more they become curious with, familiar with and finally users of this



Hakkarainen

mobile technology, it starts to open up their world,” Hakkarainen said.

Many of the technological problems new users encounter are small ones, he said, adding, “but they don’t know that they’re small because they don’t have a context. It might be something as simple as when you have a Mac laptop, you might not know you have two passwords — one for the laptop itself and one to buy applications on the Apple Store.”

Other users can get paralyzed by knowing how much these devices cost and the fear that they’re either going to break it or mess up the software or home network so badly they won’t be able to use it anymore. They also can get confused when they hear technological jargon, wondering what the differences are between a 3G, 4G or Wi-Fi network.

“Most people think that anyone born after 1990 has had a genetic transplant and automatically intuit how to use these devices,” Hakkarainen said. “They (members of the younger generation) know it because it’s part of their lives. They practice, they learn from one another and they have a purpose. Most often, the purpose is either play or being social. Seniors have the same motivation and have the same opportunities.

“They want to communicate with family; they want to write the book they’ve always wanted to write or they might want to organize

HELP page 21

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## Consumer group flags high SPF ratings on sunscreen

By Matthew Perrone

WASHINGTON — Sunbathers headed to the beach this summer will find new sunscreen labels on store shelves that are designed to make the products more effective and easier to use. But despite those long-awaited changes, many sunscreens continue to carry SPF ratings that some experts consider misleading and potentially dangerous, according to a consumer watchdog group.

A survey of 1,400 sunscreen products by the Environmental Working Group finds that most products meet new federal requirements put in place last December. The rules from the Food and Drug Administration (FDA) ban terms like "waterproof," which regulators consider misleading, and require that sunscreens filter out both ultraviolet A and B rays. Previously some products only blocked UVB rays, which cause most sunburn, while providing little protection against UVA rays that pose the greatest risk of skin cancer and



wrinkles.

Despite that broader protection, one in seven products reviewed by the watchdog group boasted sun protection factor, or SPF, ratings above 50, which have long been viewed with skepticism by experts. In part, that's because SPF numbers like 100 or 150 can give users a false sense of security, leading them to stay in the sun long after the lotion has stopped protecting their skin.

Many consumers assume that SPF 100 is twice as effective as SPF 50, but dermatologists

say the difference between the two is actually negligible. Where an SPF 50 product might protect against 97 percent of sunburn-causing rays, an SPF 100 product might block 98.5 percent of those rays.

"The high SPF numbers are just a gimmick," said Marianne Berwick, professor of epidemiology at the University of New Mexico. "Most people really don't need more than an SPF 30 and they should reapply it every couple of hours." Berwick said sunscreen should be used in combination with

hats, clothing and shade, which provide better protection against ultraviolet radiation.

Some dermatologists say there may be some rationale for using higher SPF sunscreens, since users often don't apply enough of the lotion to get its full effect.

"The challenge is that beyond 50 the increase in UV protection is relatively small," said Dr. Henry Lim, chair of dermatology at the Henry Ford Hospital in Detroit.

The SPF number indicates the amount of sun exposure needed to cause sunburn on sunscreen-protected skin compared with unprotected skin. For example, a SPF rating of 30 means it would take the person 30 times longer to burn wearing sunscreen than with exposed skin.

There is a popular misconception that

the SPF figure relates to a certain number of hours spent in the sun. However this is incorrect, since the level of exposure varies by geography, time of day and skin complexion.

The FDA itself said in 2011 that "labeling a product with a specific SPF value higher than 50 would be misleading to the consumer." At the time the agency proposed capping all SPF values at 50 because "there is not sufficient data to show that products with SPF values higher than 50 provide greater protection for users." But regulators have faced pushback from companies, including Johnson & Johnson, which argue that higher SPF products provide measur-

CONSUMER page 12

## Southern diet, fried foods, may raise stroke risk

By Marilyn Marchione

Deep-fried foods may be causing trouble in the Deep South. People whose diets are heavy on them and sugary drinks like sweet tea and soda were more likely to suffer a stroke, a new study finds.

It's the first big look at diet and strokes, and researchers say it might help explain why blacks in the Southeast — the nation's "stroke belt" — suffer more

of them.

Blacks were five times more likely than whites to have the Southern dietary pattern linked with the highest stroke risk. And blacks and whites who live in the South were more likely to eat this way than people in other parts of the country were. Diet might explain as much as two-thirds of the excess stroke risk seen in blacks versus whites, researchers con-

SOUTHERN page 12

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## ► Southern

Cont. from page 10

cluded.

"We're talking about fried foods, french fries, hamburgers, processed meats, hot dogs," bacon, ham, liver, gizzards and sugary drinks, said the study's leader, Suzanne Judd of the University of Alabama in Birmingham.

### **Fried foods tend to be eaten with lots of salt, which raises blood pressure.**

People who ate about six meals a week featuring these sorts of foods had a 41 percent higher stroke risk than people who ate that way about once a month, researchers found.

In contrast, people whose diets were high in fruits, vegetables, whole grains and fish had a 29 percent lower stroke risk.

"It's a very big difference," Judd said. "The message for people in the middle is

there's a graded risk" — the likelihood of suffering a stroke rises in proportion to each Southern meal in a week.

The federally funded study was launched in 2002 to explore regional variations in stroke risks and reasons for them. More than 20,000 people 45 or older — half of them black — from all 48 mainland states filled out food surveys and were sorted into one of five diet styles:

- Southern: Fried foods, processed meats (lunch meat, jerky), red meat, eggs, sweet drinks and whole milk.

- Convenience: Mexican and Chinese food, pizza, pasta.

- Plant-based: Fruits, vegetables, juice, cereal, fish, poultry, yogurt, nuts and whole-grain bread.

- Sweets: Added fats, breads, chocolate, desserts, sweet breakfast foods.

- Alcohol: Beer, wine, liquor, green leafy vegetables, salad dressings, nuts and seeds, coffee.

"They're not mutually exclusive" — for



example, hamburgers fall into both convenience and Southern diets, Judd said. Each person got a score for each diet, depending on how many meals leaned that way.

Over more than five years of follow-up, nearly 500 strokes occurred.

Researchers saw clear patterns with the Southern and plant-based diets; the other three didn't seem to affect stroke risk.

There were 138 strokes among the 4,977 who ate the most Southern food, compared to 109 strokes among the 5,156 people eating the least of it.

There were 122 strokes among the 5,076 who ate the most plant-based meals, compared to 135 strokes among the 5,056 people who seldom ate that way.

The trends held up after researchers took into account other factors such as age, income, smoking, education, exercise and total calories consumed.

Fried foods tend to be eaten with lots of salt, which raises blood pressure — a known stroke risk factor, Judd said. And sweet drinks can contribute to diabetes, the disease that celebrity chef Paula Deen — the queen of Southern cuisine — revealed she had a year ago. — AP

## ► Consumer

Cont. from page 10

able benefits.

As a result, the FDA says it is still reviewing studies and comments submitted by outside parties, and there is no deadline for the agency to finalize an SPF cap.

It took the agency decades to put in

place last year's sunscreen changes. FDA first announced its intent to draft sunscreen rules in 1978 and published them in 1999. The agency then delayed finalizing the regulations for years until it could address concerns from both industry and consumers.

The FDA is also reviewing the safety of effectiveness of spray-on products, which use different formulations from other sun-protection solutions. Among other con-

cerns, the agency is looking at whether the sprays can be harmful when inhaled.

The survey by the Environmental Working Group found that one in four sunscreens sold in the U.S. is a spray product.

"People like the sprays because they are quick to put on and cover a lot of area," said Dr. Darrell Rigel, a dermatologist in New York. "The downside is that you usually have to apply two coats."

More than 76,000 men and women in the U.S. will be diagnosed with melanoma this year and 9,480 are expected to die from the aggressive form of skin cancer, according to the National Cancer Institute. The disease, which is often linked to ultraviolet exposure, is usually curable when detected early.

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# Travel and Entertainment

## Vancouver, a multi-cultural odyssey

By Victor Block

I was mesmerized by the beauty and tranquility of the Ming Dynasty Chinese garden through which I was strolling. Images of intricately sculpted roofs and covered walkways are reflected in jade-green pools. Growths of willow, bamboo and other delicate plant life are set against a backdrop of graceful pavilions and gazebos.

This magnificent setting could be in China — but it isn't. It's half a world away in Vancouver, Canada, which has the largest Chinatown in that country.

The Dr. Sun Yat-Sen Classical Chinese Garden is among reasons why Vancouver earned a *Condé Nast Traveler* magazine's "Best city in the Americas" award in 2010. Another is its location, nestled between the sea and towering mountains. The proximity of ocean and parks that dot the urban landscape provides a playground teeming with a long list of inviting things to do and see.

The diversity begins with the city's multicultural population. Many residents trace their ancestry back to men from China who arrived during the Gold Rush in Canada, and another immigration wave brought in for construction of the Canadian-Pacific Railroad in the 1880s. Among more recent arrivals are people from the Philippines, Taiwan and other Southeast Asian countries.

Earlier travelers from that area also impacted the region's culture. Ancestors of present-day Indians began to arrive from Asia around 16,000 B.C. Finding abundant seafood in the bay and wildlife roaming the forests, they settled in to stay.

The influence of people of the First Nations, as those original dwellers and their descendants are known, is everywhere. Elaborately carved, brightly painted totem poles stand as proud reminders of this native heritage. Visitors may board cedar canoes to experience the songs and legends of the Coast Salish culture. Members of the Squamish First Nation demonstrate their heritage as they preserve centuries-old customs like spear fishing for salmon.

A good way to encounter reminders of First Nations

culture, along with other major sights in Vancouver, is aboard a sightseeing trolley. Passengers may remain on board for the entire two-hour tour, as drivers deliver information and unabashedly corny puns in equal doses. Or get off the trolley at any of 23 stops along the route, then reboard to continue the ride.

Stanley Park, a major trolley destination, is a Vancouver "must see." Sprawling over 1,000 acres, this popular urban retreat is large enough to encompass a variety of ecosystems.

The park is laced with 23 miles of gentle hiking paths. My hour-long stroll led through dense woods, around marshy ponds and past fields where some of the 230 species of resident and migrant birds joined together in a symphony of song.

The nosier Granville Island — a former industrial park — was built during the 1920s. Brightly painted warehouses and corrugated iron buildings today house craft shops, artists' studios, clothing stores and other retail and entertainment establishments.

Much of the action is centered at the Public Market, a sprawling covered space with row after row of produce tables, poultry stalls, seafood vendors and specialty shops. Take-out food counters are jammed with an eclectic crowd of laborers wearing work clothes, business people sporting the latest fashions and ladies out for a day of shopping.

Here, too, the First Nations culture holds court. In addition to prints, blankets and jewelry, the Wickaninnish Gallery sells small stones adorned with hand-painted crabs, lizards and other animals. Items I spotted for sale at the nearby Creekhous Gallery ranged from simple human figures carved out of caribou antler to foot-long soapstone seals priced at more than \$3,000.

After the hustle and bustle of Granville Island, the Dr. Sun Yat-Sen Classical Chinese Garden provides "refreshment for the heart." Modeled after gardens created during the



Granville Island Market Deli

Ming Dynasty (1368-1644), the Vancouver version was built of components shipped from China. Every architectural structure was perfectly fitted in the traditional manner, without use of screws, nails or glue.

Among other stops on the trolley tour route is Yaletown, once a somewhat rundown industrial neighborhood. An old railway repair shed has been transformed into a community theater. Warehouses have been restored as artists' lofts, trendy restaurants and nightclubs.

Another district, which bears the unfortunate name Gastown, is inviting for several reasons, including the fact that is Vancouver's birthplace. In 1867, a riverboat captain named John Deighton showed up near what is now Stanley Park with a keg of whiskey, threw a plank across two barrels and began selling to workers in nearby timber mills. Deighton's reputation as a talkative chap, who on occasion stretched the truth, earned him the nickname "Gassy Jack."

The little community that rose around his place of business became known as Gassy's Town, and from that modest beginning a city grew. The area retains its brick sidewalks, cobbled streets and Victorian buildings. Restaurants, bars and boutiques now attract both visitors and locals.

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## Testing brain pacemakers to zap Alzheimer's damage

By Lauran Neergaard

WASHINGTON —

It has the makings of a science fiction movie: Zap someone's brain with mild jolts of electricity to try to stave off the creeping memory loss of Alzheimer's disease.

And it's not easy. Holes are drilled into the patient's skull so tiny wires can be implanted into just the right spot.

A dramatic shift is beginning in the disappointing struggle to find something to slow the damage of this epidemic: The first U.S. experiments with "brain pacemakers" for Alzheimer's are getting under way. Scientists are looking beyond drugs to implants in the hunt for much-needed new treatments.

The research is in its infancy. Only a few dozen people with early-stage Alzheimer's will be implanted in a handful of hospitals. No one knows if it might work, and if it does, how long the effects might last.

Kathy Sanford was among the first to sign up. The Ohio woman's early-stage Alzheimer's was gradually getting worse. She still lived independently, posting reminders to herself, but no longer could work. The usual medicines weren't helping.

Then doctors at Ohio State University explained the hope — that constant electrical stimulation of brain circuits involved in memory and thinking might keep those neural networks active for longer, essentially

bypassing some of dementia's damage.

Sanford decided it was worth a shot.

"The reason I'm doing it is, it's really hard to not be able, sometimes, to remember," Sanford, 57, said from her Lancaster, Ohio, home.

Her father is blunter.

"What's our choice? To participate in a program or sit here and watch her slowly deteriorate?" asked Joe Jester, 78. He drives his daughter to follow-up testing, hoping to spot improvement.

A few months after the five-hour operation, the hair shaved for her brain surgery was growing back and Sanford said she felt good, with an occasional tingling that she attributes to the electrodes. A battery-powered generator near her collarbone powers them, sending the tiny shocks up her neck and into her brain.

It's too soon to know how she'll fare; scientists will track her for two years.

"This is an ongoing evaluation right now that we are optimistic about," is how Ohio State neurosurgeon Dr. Ali Rezai cautiously puts it.

More than 5 million Americans have Alzheimer's or similar dementias, and that number is expected to rise rapidly as the baby boomers age. Today's drugs only temporarily help some symptoms. Attempts to attack Alzheimer's presumed cause, a brain-clogging

gunk, so far haven't panned out.

"We're getting tired of not having other things work," said Ohio State neurologist Dr. Douglas Scharre.



The new approach is called deep brain stimulation, or DBS. While it won't attack Alzheimer's root cause either, "maybe we can make the brain work better," he said.

Implanting electrodes into the brain isn't new.

Between 85,000 and 100,000 people around the world have had DBS to block the tremors of Parkinson's disease and other movement disorders. The continuous jolts quiet overactive nerve cells, with few side effects. Scientists also are testing whether stimulating other parts of the brain might help lift depression or curb appetite among

the obese.

It was in one of those experiments that Canadian researchers back in 2003 stumbled onto the Alzheimer's possibility. They switched on the electrical jolts in the brain of an obese man and unlocked a flood of old memories. Continuing his DBS also improved his ability to learn. He didn't have dementia, but the researchers wondered if they could spur memory-making networks in someone who did.

But wait a minute.

Alzheimer's doesn't just steal memories. It eventually robs sufferers of the ability to do the simplest of tasks. How could stimulating a brain so damaged do any good?

A healthy brain is a connected brain. One circuit signals another to switch on and retrieve the memories needed to, say, drive a car or cook a meal.

At least early in the disease, Alzheimer's kills only certain spots. But the disease's hallmark gunky plaques act as a roadblock, stopping the "on" switch so that healthy circuits farther away are deactivated, explained Dr. Andres Lozano, a neurosurgeon at Toronto Western Hospital whose research sparked the interest.

So the plan was to put the electrodes into

BRAIN page 19

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# A cause of memory impairment rarely suspected

By Micha Shalev

When life's challenges include memory loss or dementia, your perceptions, relationships and priorities inevitably shift. Changes to our sleep patterns naturally occur with aging, but scientists are finding links between changes in sleep with senior memory impairment, cognitive decline and even dementia.

When we get older we begin to forget things. That's the common wisdom, anyway, and it's not far from the truth.

It's long been known that sleep plays a strong role in memory consolidation, but now, research is showing that age-related changes to the sleeping brain disrupt the normal pathways to memory formation, leading to that forgetfulness we associate with growing older. Some studies are even showing an increased risk of cognitive impairment and/or dementia linked with disrupted sleep patterns.

An exciting discovery scientists have made in the area of sleep and memory research is that there is a link between poor sleep and memory loss in the aging brain. Neuroscientists at the University of California, Berkeley, reported their findings in a recent study that compared memory retention in groups of younger adults and older adults. Conducted in 2012 and recently released in *Nature Neuroscience*, the study found that

in elderly people, age-related deterioration of the prefrontal cortex region of the brain was associated with a failure to achieve the kind of deep, slow-wave sleep that helps the brain consolidate memories and information.

Though it may seem there's nothing we can do about the inevitable changes that happen in our brains as we age, there is a hopeful angle to the outcome of recent researches. The researchers' findings may help future studies pinpoint new treatment angles for age-related memory loss. In fact, scientists are already designing studies to determine whether enhancing sleep in older adults can improve their overnight memory retention.

## Caregiving Tips



There is another, more serious reason to tackle the problem of poor sleep in seniors: The risk of developing cognitive impairment or dementia later in life. Not only do people get less deep sleep as they get older, according to the National Institutes of Health, they are more likely to experience disruptions to their sleep schedule, suffer from insomnia or sleep apnea, or develop movement disorders like restless legs syndrome that keep them from getting a good night's sleep. Scientists are now finding that some of these sleep disruptions are associated with impaired cognition and, in some cases, the later onset of dementia.

In the end, it's important to remember that there is not a simple cause-and-effect relationship between sleep and

dementia risk, or sleep and memory loss. The interactions between sleep, brain changes and cognitive impairment are complex, and just as there are many factors that cause changes in sleep as our loved ones get older, there are numerous causes for age-related mental decline. Getting a good night's sleep is just one piece of the puzzle.

According to the spokesman for the Alzheimer's Society, "A good night's sleep is one of the pleasures of the life but, once again, past researches suggested that the quality and duration of sleep had been also linked to people's cognitive health."

It's far too early to conclude that lack of sleep plays a causal role in dementia, but there is more evidence that getting enough quality sleep is an essential preventative health measure — which means that those at mid-life and older, who are experiencing sleep problems, should try to solve them.

Micha Shalev, MHA, CDP, CDCM, is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 Randolph Road in Worcester. He is a graduate of the National Council of Certified Dementia Practitioners program and speaks on Alzheimer's and dementia training topics. The programs at Dodge Park Rest Home specialize in providing care for individuals with dementia and Alzheimer's disease. He can be reached at 508-853-8180 or by e-mail at [m.shalev@dodgepark.com](mailto:m.shalev@dodgepark.com) or view more information online at [www.dodgepark.com](http://www.dodgepark.com). Archives of articles from previous issues can be found at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).

# The new reality show: An elder in an empty apartment

By Marianne Delorey

I've never been much for reality TV, but there is one show that hits home in my profession. The show is *Design Star*. In it, aspiring designers turn an all white room into a stylized oasis. This is not so different than the experience of a new resident moving into a typical apartment with off white walls and a neutral carpet.

Many elders find that when they move out of their home, they face restrictions on how they can decorate their new space. They may not be able to pick out the cabinets or replace fixtures, but there is so much that can be done to make a place feel more like home with just the items you bring into it. Fabrics and furniture, pictures and placement make the difference between a house and a home.

So how can the typical elder spice up

his or her new place? Here is my synopsis of the four "Fs" of design — function, feel, focal points and flair.

First, focus on the function of the room. Soft fabrics and pillows are wonderful, but not very practical in a bathroom. What functions do you need your space to fulfill? Which parts of your

## Housing Options



space could fill these functions? You may need each space to serve more than one function. Think about how you can integrate them.

Once you determine the function of each part of your space, think about how you'd like each space to feel. If blues and greens make you feel relaxed, using them in your sleeping space makes a lot of sense. If the sharp feel of a mirror makes you feel alert, plan to use some in your office area. Don't forget to draw on the natural light and supplement when needed to achieve the feel you want. Work

and kitchen areas tend to be brighter, but you may want to soften the lighting in bathrooms or bedrooms. Try reducing the wattage of the bulb or using a lamp in these areas.

Think about your focal points and/or decorations. If your grandfather clock is your prized possession, make sure it is in a part of the room that highlights it. In your color scheme, bring in tones of the wood to call attention to your centerpiece. Maybe your family pictures are your primary decoration. Use the bright orange in your granddaughter's shirt as inspiration and brighten the sofa or furniture around the picture with this shade.

Next, add your flair. Think about texture, layers and patterns to add depth and interest to your palate. There is no need to be matchy-matchy. Feel free to experiment and draw in contrasting colors. More than one texture or pattern can work. There is no reason you have to stop at one solid and one striped blanket. Throw in a checked or dotted pillow to

tease the eye.

Finally, remember that everything in your home can be changed. If you don't like how the room makes you feel, start over. Go to a flea market and find an item that sparks your creativity. Use that item to try something new. Or, start over by picking out yarns that you like and crochet yourself an afghan to use as inspiration.

While the typical apartment can seem very drab when you first move in, there is something very exciting about starting over and making a place your own. You are the one that will live with it, so it is in your best interest to make sure you love where you live.

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

## ► Brain

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hubs where brain pathways for memory, behavior, concentration and other cognitive functions converge, to see if the jolts reactivate those silenced circuits, added Ohio State's Rezai.

"It's like going through Grand Central Station and trying to affect all the trains going in and coming out," he said.

Lozano's team found the first clue that it's possible by implanting six Alzheimer's patients in Canada. After at least 12 months of continuous stimulation, brain scans showed a sign of more activity in areas targeted by Alzheimer's. Suddenly, the neurons there began using more glucose, the fuel for brain cells.

"It looked like a blackout before. We were able to turn the lights back on in those areas," Lozano said.

While most Alzheimer's patients show

clear declines in function every year, one Canadian man who has had the implants for four years hasn't deteriorated, Lozano said, although he cautioned that there's no way to know whether that's due to the DBS.

The evidence is preliminary and will take years of study to prove, but "this is an exciting novel approach," said Dr. Laurie Ryan of the National Institutes of Health's aging division, which is funding a follow-up study.

In research under way now:

- The Toronto researchers have teamed with four U.S. medical centers — Johns Hopkins University, the University of Pennsylvania, University of Florida and Arizona's Banner Health System — to try DBS in a part of the brain called the fornix, one of those memory hubs, in 40 patients. Half will have their electrodes turned on two weeks after the operation and the rest in a year, an attempt to spot any placebo effect from surgery.

- At Ohio State, Rezai is implanting the electrodes into a different spot, the frontal

lobes that his own DBS work suggests could tap into cognition and behavior pathways. That study will enroll 10 participants including Sanford.

Surgery back in October was Sanford's first step. Then it was time to fine-tune how the electrodes fire. She took problem-solving tests while neurologist Scharre

adjusted the voltage and frequency and watched her reactions.

Sanford was cheered to see her test scores climb a bit during those adjustments. She said she knows there are no guarantees, but "if we can beat some of this stuff, or at least get a leading edge on it, I'm in for the whole deal." — AP

## A respite: Medicare, Social Security no worse

By Ricardo Alonso-Zaldivar and Alan Fram

WASHINGTON —

Medicare's long-term health is starting to look a little better, the government recently reported, but both Social Security and Medicare are still wobbling toward insolvency within two decades if Congress and the president don't find a way to shore up the trust funds established to take care of older Americans.

Medicare's giant fund for inpatient care

will be exhausted in 2026, two years later than estimated last year, while Social Security's projected insolvency in 2033 remains unchanged, the government reported.

An overall slowdown in health care spending is helping Medicare. Spending cuts in President Barack Obama's health care law are also having a positive impact on the balance sheet, but they may prove politically unsustainable over the long run.

RESPIRE page 23



## Retired couples may need \$220K for health care

By Matthew Perrone

WASHINGTON —

After years of increasing health care costs, the outlook is improving for seniors worried about paying their medical bills during retirement.

For the second time in the last three years, estimated medical expenses for new retirees have fallen, according to a study released by Fidelity Investments. A 65-year-old couple retiring this year would need \$220,000 on average to cover medical expenses, an 8 percent decrease from last year's estimate of \$240,000. The study assumes a life expectancy of 85 for women and 82 for men.

Fidelity attributes this year's decrease to several factors, including a slowdown in healthcare spending that hasn't rebounded with the economy.

"When times are tough, people tend to cut back on health care expenditures," said Sunil Patel, a senior vice president for benefits consulting at Fidelity. "I think what surprised many people is that in recent years, even as the economy recovered, you've still seen a fairly significant slowdown."

Although fewer doctor's visits can help seniors save money, Patel stressed that skipping necessary care can lead to more serious health problems and higher expenses down the road.

The 2013 decrease is significant since

Fidelity's estimates had increased 6 percent per year, on average, between 2002 and 2012. The estimate decreased only once before, in 2011, due to changes in the Obama administration's health care overhaul, which have reduced seniors' out-of-pocket spending on prescription drugs.

Fidelity's projections assume that a 65-year-old couple retires this year with Medicare coverage and no additional coverage from former employers. The estimate factors in the federal program's premiums, co-payments and deductibles, as well as out-of-pocket prescription costs. The estimate doesn't factor in most dental services, or long-term care, such as the cost of living in a nursing home.

The company's projection has fallen 12 percent from its high of \$250,000 in 2010. But Americans continue to drastically underestimate how much money they're likely to spend on health care during retirement. A recent poll of people in their 50s and 60s conducted by Fidelity found that nearly half of respondents think they will need just \$50,000 to cover medical expenses.

Although many Americans underestimate the scale of medical expenses they'll need in

retirement, the financial burden remains a serious concern.

A recent survey by Merrill Lynch found that health care expenses were the number one retirement worry among people preparing to retire. Three out of five retirees surveyed said they were forced to retire earlier than expected due to a health problem.

"This is a generation that is living longer than any previous generation and because of that longevity they have a whole new set of risks they're worried about," said David Tyrie, managing director of Merrill Lynch's personal wealth and retirement business. Here are some initial steps to help prepare for medical expenses during retirement:

- **Talk to a financial planner:** Experts agree there is no universal formula to plan for retirement costs. The amount of savings needed for medical care can vary depending on whether seniors continue working during retirement or retire before they become eligible for Medicare.

The Employee Benefit Research Institute (EBRI), an independent nonprofit, conducts similar research to Fidelity, but doesn't focus on an average cost because there are so many variables that impact a retiree's circum-

stances. The group recommends working with a financial professional to develop a retirement plan that factors in medical bills.

"In general, people need to sit down and figure out what they want and talk to a financial planner to realize their goals," said Paul Fronstin, EBRI's director of health research and education.

In its most recent estimate, EBRI projected that a couple with typical drug expenses would need \$163,000 for a 50 percent chance of covering all medical expenses in retirement. They'd need \$283,000 to have a 90 percent chance.

- **Consider a health savings account:** One of the best vehicles to begin saving for medical costs in retirement are health savings accounts offered by many employers and financial institutions. Workers can begin contributing to health savings accounts while they are younger and generally healthier. The money is invested tax-free and rolls over each year, regardless of whether you change employers. Unlike retirement accounts like IRAs and 401ks, the money is not taxed when it is withdrawn as long as it is spent on health care. Currently health savings accounts are only available to people enrolled in high-deductible health plans. These plans have lower premiums but a fixed deductible that



RETIRED page 21

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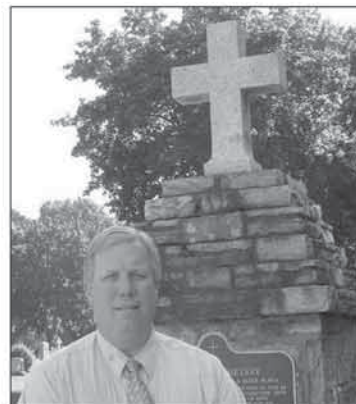


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## ► Help

Cont. from page 9

their photographs. They just need to find places where they can learn from contemporaries — and then they need to practice.”

When seniors see other seniors using electronic gadgetry, it helps them become more comfortable about trying them too because they're seeing contemporaries using it, instead of just kids. One of Hakkarainen's students, a 93-year-old woman, got an iPad last year — and she's been setting an example for other classmates ever since. “We've had a number of conversations on how you use it to find better news sources, how to get radio channels she wants to listen to and how to get her music off of her laptop and onto her iPad,” he said.

Hakkarainen's WISE courses, which begin again in the fall, run for five weeks and are held at The Willows in Worcester and at Assumption College. He also gives presentations at local senior centers and retirement

communities, where the majority of questions asked are whether someone should get a new computer or a tablet. “What kind of smartphone should I get?” and “I've got this smartphone, what do I do with it?” are also frequent questions.

When it comes to smartphones, Hakkarainen first makes sure the person knows how to make a phone call with it. “In many cases, they're so bedazzled by the apps that are on these phones that they forget how to use the basics of making a call or how to silence it when they're going into a place where the phone shouldn't be ringing,” he said.

His goal as a teacher is to get his senior audiences excited about the possibilities the new technology offers them and “getting people of like minds to join together, cultivating serendipity, allowing them to discover things that they might not otherwise discover,” Hakkarainen said. “That doesn't stop at 50, that doesn't stop at 60, that doesn't stop at 70.”

For more information on Karl Hakkarainen's WISE courses, visit [assumption.edu/WISE](http://assumption.edu/WISE).

## ► Retired

Cont. from page 20

must be paid out of pocket before coverage begins. They are generally a good idea for people in good health with few health care needs.

•Consider an annuity: For workers who don't have a health savings account an annuity can be another useful investment tool. Under a deferred annuity, a person can set aside a large amount of savings in return for a steady stream of payments in the future. The

advantage of an annuity is that it provides a guaranteed minimum monthly payment, no matter what happens to the value of the principal investment.

A couple that knows they are likely to face \$220,000 in expenses over their retirement could setup an annuity to provide about \$11,000 a year over 20 years. The downside to an annuity, versus a healthcare savings account, is that withdrawals are taxed as income. Annuities can be very complex and investors need to do their homework about the related fees. For more info, visit: [www.choosetosave.org](http://www.choosetosave.org). — AP

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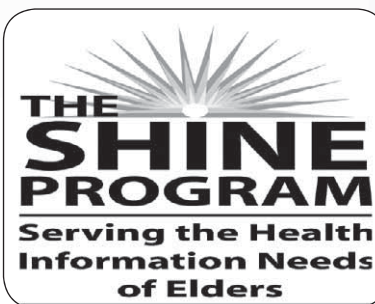
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# Does a dementia diagnosis mean it's too late for estate planning?

By Linda T. Cammuso

If you or a loved one are among the millions of individuals diagnosed with dementia or Alzheimer's disease, it is possible to create or modify an estate plan. Taking that step quickly is crucial.

A whole range of emotions and decisions follow such a life-changing diagnosis. It is natural to experience concerns about your future and that of your family and loved ones. Dealing with your new reality will not be easy and it will take time and support.



## Legal Briefs

Unfortunately, a complication of Alzheimer's disease and dementia is declining cognitive and physical health. Since these changes may affect your ability to participate meaningfully in decision-making at some point in your illness, timing is critical when it comes to estate planning.

You will need to have sufficient mental capacity to understand and approve the estate planning documents — and to sign documents that allow other people to act on your behalf. The sooner you act, the greater control you will have over legal decisions regarding your health and finances.

A diagnosis of dementia or Alzheimer's does not necessarily mean a person lacks legal capacity to make decisions and sign documents. To the contrary, medical advancements and greater public awareness

have resulted in these conditions being diagnosed earlier, when cognitive function may still be well intact.

The treatment and care of people with these types of degenerative conditions can be extremely costly because the disease can span many years. As you undertake the process of securing a team of care professionals, make sure you include legal and financial professionals who have the knowledge and resources to handle elder care matters. An attorney qualified in this area can assist you in developing legal documents that communicate your wishes regarding health care, financial decisions and the disposition of your assets upon your death. A critical component to this plan is strong lifetime documents to ensure you have the right people lined up to make decisions when you are no longer able

to do so. Additionally, your attorney can work with you to ensure your plan helps preserve your assets from nursing home spend down.

If you are the family member of a person who has reached a stage where sufficient mental capacity is questionable, it is still possible to undertake planning. A medical evaluation regarding legal capacity can help determine whether a person is able to sign documents. Additionally, an existing durable power of attorney may authorize the agent to engage in planning on the principal's behalf.

Where no planning has been done and a person has lost legal capacity, a family member or other trusted individual can petition the Probate Court for a guardianship/conservatorship to handle financial and health care decisions. The court can

even authorize the creation of an estate plan, for example, to provide long-term care/nursing home asset protection.

Don't consider it too late to contact an estate planning attorney if you, or a family member, has been diagnosed with dementia. Schedule the appointment as soon as possible: the sooner you act the greater control you will have over your legal decisions now and in the future.

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

## FDA reviewing heart risks of Glaxo diabetes pill

WASHINGTON —

Food and Drug Administration recently held a meeting to reassess the safety of GlaxoSmithKline's former blockbuster drug Avandia, which was severely restricted in 2010 due to concerns about its impact on the heart.

The FDA asked a panel of outside experts to review a new analysis of the key study examining Avandia's heart risks.

A spokeswoman for Glaxo said the drug company commissioned researchers at Duke University to reanalyze the study, called RECORD, which followed patients for five years and tracked rates of heart attack, stroke and death. The new analysis "did not show a statistically significant difference," in heart safety between Avandia and older diabetes drugs, according to company spokeswoman Mary Anne Rhyne.

The reliability of the study's results was a key topic of debate in

the FDA's previous review of Avandia.

Glaxo argued that the study showed Avandia was as safe as other diabetes drugs. But some FDA scientists said that the study was unreliable because it underreported heart attacks and other problems.

Ultimately, the agency decided to severely limit which patients could take the drug, concluding that the potential risks of heart attack and stroke outweighed the drug's benefits.

Currently U.S. patients can only receive Avandia after signing a waiver from their doctor indicating that they understand the risks and have tried other drugs to treat their disease. London-based Glaxo voluntarily stopped marketing the drug in 2010.

Presumably, the FDA could loosen restrictions on the drug if new evidence suggests it is not as dangerous as previously thought. — AP

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## ► Respite

Cont. from page 19

The relatively good news about two programs that provide a foundation of economic security for nearly every American family is a respite, not a free pass. Program trustees urged lawmakers anew to seize a current opportunity and make long-term changes to improve finances. Action now would be far less jarring than having to hit the brakes at the edge of a fiscal cliff.

Politically, however, this positive report and the absence of a crisis could make legislative action less likely, especially in light of the lack of trust between President Barack Obama and Republicans in Congress.

No end is in sight for the partisan standoff over what to do about Social Security and Medicare, two of the government's costliest programs, and the mammoth budget deficits they help fuel.

Still, fresh warnings were sounded.

"Under current law, both of these vitally important programs are on unsustainable paths," said economist Robert D. Reischauer, one of two independent public trustees overseeing the annual reports.

The window for action "is in the process of closing even as we speak," said his counterpart, Charles Blahous III, also a prominent economist.

Social Security provides monthly benefit checks to about 57 million people, including 40 million retirees and their dependents, 11 million disabled workers and dependents and 6 million survivors of deceased workers. Medicare covers nearly 51 million people, mainly retirees but also disabled workers.

If the funds ever become exhausted, the nation's two biggest benefit programs would collect only enough money to pay partial benefits.

Social Security could cover only about 75 percent of benefits, while Medicare's fund for hospital and nursing rehabilitation care could pay 87 percent of costs.

With 10,000 baby boomers turning 65 every day, America's aging population is straining both programs.

While the combined Social Security fund was projected to be depleted in 2033, the trustees warned that the threat

to one of its component trust funds that makes payments to workers on disability is much more urgent. They projected that the disability trust fund would deplete its reserves in just three years, in 2016. That date is unchanged from last year's report.

Blahous said he hoped that would prod lawmakers to act on the broad challenges facing Social Security.

The remaining trustees are senior administration officials, including Treasury Secretary Jacob Lew and Health and Human Services Secretary Kathleen Sebelius. While acknowledging the need for long-term changes to improve program finances, they used the occasion of the annual report to assert that Obama's policies are working, particularly his health care overhaul.

White House spokesman Josh Earnest saw validation in the reports, too. The Medicare numbers showed Obama's health overhaul "is having a positive effect on the deficit," he said, while the Social Security report supports the president's contention that the retirement program is "not driving our short-term deficit."

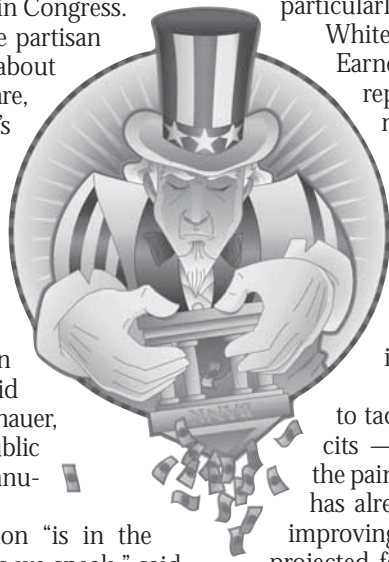
Motivation for both sides to tackle federal spending deficits — always risky because of the pain that could cause voters — has already declined because the improving economy has also pushed projected federal deficits downward.

This year's shortfall is now expected to be \$642 billion, down from \$1.1 trillion last year.

Obama has proposed significant changes to both benefit programs, in the context of budget talks. Those include a formula change that would pare cost-of-living increases for retirees, and nearly \$400 billion in Medicare savings, mainly from cuts to service providers. Congressional Republicans want to do more, particularly on Medicare, by converting the program into a private insurance system.

Social Security is financed by a 6.2 percent tax on the first \$113,700 of workers' wages, paid by both employers and workers. Congress temporarily reduced the tax on workers to 4.2 percent for 2011 and 2012, though the program's finances were being made whole through increased government borrowing.

The Medicare tax rate is 1.45 percent



RESPIRE page 24

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# 91-year-old US man sets weightlifting record

PHOENIX —

A 91-year-old U.S. weightlifter didn't just break a world record for the bench press, he powered through it by 52 pounds.

Sy Perlis set the record by benching 187.2 pounds at the National Bench Push-Pull Press and Dead Lift Championships recently.

**"The risk of leading a sedentary lifestyle is much greater than anything related to exercise."**

— Chhanda Dutta

The Arizona Republic reports that the World Association of Benchers and Deadlifters previous record in the 90-and-over age division was 135 pounds and had stood

since 2005.

Perlis took up weightlifting when he was 60 but didn't enter his first championship competition until five years ago.

"I got a lot of satisfaction out of it, and it made me feel good, and it was good for me," he said.

Association President Gus Rethwisch said Perlis is an inspiration.

"We've had a lot of lifters in their middle 80s, late 80s and occasionally we get one 90 and over, but they've never inspired people (like Perlis has)," Rethwisch said.

Chhanda Dutta, chief of the Clinical Gerontology Branch of the National Institute on Aging, said it's a common misconception that exercise is unsafe for older people.

"The risk of leading a sedentary lifestyle is much greater than anything related to exercise," Dutta said. "I think it's important for people to realize that age alone doesn't determine the intensity of your workout."

Perlis said his doctor knows he participates in the sport and has told him, "If you can do it, do it."

Perlis said his five-day-a-week training routine includes cardiovascular exercise and



Perlis

weightlifting. — AP

## In senior word games, 104-year-old is one to beat

By Joe Sakata

GREAT BARRINGTON —

"When it comes to a monthly wordsmith competition, the folks at the Claire Teague Senior Center know they're actually competing with Joe Tuzzo, who, at 104, is the man to beat.

Senior center officials in Great Barrington promote brain fitness activities, such as the monthly competition that starts with one word and from which players then form new ones using the available letters.

In May, the word was "memorial."

When Tuzzo turned in his list, he had come up with 216 words. With

words scribbled on both sides of a sheet of paper, his list included names like "Mira," historical figures like "Mao," and a range of other words from "liar" to "Lima."

Tuzzo pointed to the word "Amare" and said, "That's a basketball player," referencing New York Knicks player Amare Stoudemire.

"I've always had a fascination for words," said the former science teacher and Great Barrington resident. "Occasionally I check the dictionary to see a word."

Tuzzo also describes himself as a formidable bridge player. During a recent visit, he was deep into one of the card

games — so focused, in fact, a reporter couldn't break him away for an interview.

Tuzzo said he's a nonsmoker and he doesn't drink hard liquor. He eats healthy and attributes his health to good genes.

"I don't feel 104; I feel 70," he said.

Polly Mann, the director the Claire Teague Senior Center, said, "It's really interesting to keep your mind going that way."

For the wordsmith competitions, senior center officials review the submitted lists of words and make sure the words are familiar.

"Everybody is shocked" when Tuzzo

announces how many words he's come up with, Mann said.

"I am pretty sure I couldn't do it," she said.

"He'll get over 200, and I don't think I've ever come up with 200," said fellow competitor Joe Lockwood, of Alford. "I think I've come up with 182."

Tuzzo attributes his wordsmithing to a methodical review of each letter of a word and then pairing it with a neighboring letter to identify potential matches.

Following his win for coming up with 216 words from "memorial," Tuzzo said he received a book of word puzzles. — AP: The Berkshire Eagle

## ► Respite

Cont. from page 23

on all wages, paid by both employees and workers.

Blahous said if Social Security's shortfall were to be fixed immediately by boosting the payroll tax alone, that rate for workers and employers together would have to be increased from its current 12.4 percent to nearly 15.1 percent. If action were delayed until 2033 — the year of insolvency — the tax would have to rise to 16.5 percent.

If the savings were to come only from reducing benefits and were made immediately, the benefits would have to be cut 16.5 percent for both current and

future recipients.

Targeting future beneficiaries alone would mean benefit cuts of nearly 20 percent.

Waiting until 2033 to impose the changes would mean benefit cuts of 23 percent for current and future recipients. If policymakers wanted to limit the cuts to future beneficiaries, even wiping out all of their benefits would not close the shortfall, said Blahous.

"The window of opportunity to deal with Social Security closes well before the early 2030s," he said.

Not all the news was bleak.

The trustees projected a 2 percent Social Security cost-of-living increase for 2014. And the monthly Medicare Part B premium

for outpatient care was projected to remain the same as this year. That's generally \$104.90, although upper-income retirees pay more.

The good news for Medicare may not last. The program's future costs are difficult to estimate, subject not only to economic fluctuations and the aging society, but also to the impact of the latest blockbuster drug or technological breakthrough.

Nonetheless, the trustees said the overall slowdown in health care spending is providing relief for Medicare. It was the main reason for extending the life of the trust fund by two years. The report said there was a particularly sharp drop in spending on nursing home care. Medicare pays for limited nursing home stays while patients

recuperate from hospitalization.

Also cited were reductions in payments to popular Medicare Advantage plans, the private insurance alternative within the program. About 1 in 4 Medicare beneficiaries are in such plans, which offer lower out-of-pocket costs usually in exchange for limitations on the choice of hospitals and doctors. The plans had once been overpaid when compared to the cost of care in traditional Medicare, but Obama's health care law cut back those payments.

Public trustee Reischauer, who specializes in health care economics, said he's hopeful and cautiously optimistic that the slowdown in health care costs will continue.

AARP said it will continue to fight cuts in either program. — AP

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## Style in a small outdoor space, easy and economical

By Melissa Rayworth

**D**esign magazines and home decorating catalogs tend to feature sprawling backyards with big wooden decks and room for everything from decorative fountains to artificial ponds.

But few of us have that much outdoor space.

Still, with a few strategic choices, you can create something truly special out of even the smallest yard or porch, said Los Angeles-based designer Brian Patrick Flynn.

Here, he and two other design experts — small-space specialist Kyle Schuneman and landscape designer Chris Lambton — offer advice on the best furnishings, plants and decorating strategies for making the most of a small yard, modest deck or petite patio.

"With a small outdoor space, I really like to think double duty," said Schuneman, author of *The First Apartment Book: Cool Design for Small Spaces* (Potter Style, 2012). Look for seating that has hidden storage space inside and tall planters that add privacy.

And choose items that can easily be moved, such as lightweight flowerpots or planters on wheels, said Lambton, host of the gardening design series *Going Yard* on HGTV. "It's an easy DIY thing," he said, to buy an assortment of inexpensive plastic pots and paint them to match your outdoor décor.

If planters are lightweight or on wheels,

you can move them to get proper sunlight at different times of day, and rearrange them if you're entertaining guests and need more space. And, Lambton said, they can be moved inside to a sunny window or doorway when cold weather arrives.

"The easiest way to make small outdoor spaces appear smaller is to fill them with lots of pieces," said Flynn, founder of the design website *decordemon.com*.

"Instead, go big with sectionals, or flank perfectly square or rectangular areas with identical love seats or sofas. This not only maximizes the seating potential, but it also keeps the space from becoming too busy or even chopped up. In my outdoor living room, I used a U-shaped outdoor sectional which seats up to seven comfortably."

When arranging furniture, consider the view: If the home's exterior is more attractive than the outdoor view, Flynn said, consider positioning seats so that you'll face your home rather than looking away from it.

All three designers say your choice of plants is especially important when space is limited.

Lambton also suggests putting up a trellis as a privacy wall, and planting it with colorful wisteria or climbing hydrangea. Or choose a tall holly or cypress plant in a large planter.

If you love plants but have minimal space,

add a wall-mounted garden filled with succulent plants to one wall, said Schuneman. "It's a great way to add life and texture without actually taking any real estate up on your small balcony or patio."



He also suggests using narrow planters to create "long, narrow, raised flower beds that go the length of the space." They provide room for plants to grow, while also creating a ledge that's "great for coffee cups or a casual lunch," he said.

Flynn suggests playing up the height of your space by adding long outdoor curtains or hanging pendant lights.

"I usually paint concrete slabs (on the floor) a bold color or an accent color carried out from an adjacent room," Flynn said. "This

helps the patio feel like an extension when you look out to it through a door. On the flip side, when seated out in the patio looking inward, the consistent use of color flowing inside and outside makes the patio itself feel much more open."

Flynn also suggests using outdoor curtains for a burst of color, and to block an unattractive view or hide items like electrical boxes and storage bins. "Outdoor draperies are, hands-down, the easiest way to soften an otherwise all-concrete and stucco space, while also being able to control how much or how little neighbors can see."

And for a burst of natural color, Lambton suggests adding a small, table-top fire pit for a golden glow at night. "Some are small enough, and they don't put off a lot of heat," he said.

"Most people don't think of using art outside, but it can be done, especially in a DIY manner," Flynn said. "My favorite trick is to use tent canvas and stretch it across a DIY frame made from pressure-treated lumber, and add some gesso to the surface for texture."

Once you've created your canvas, he said, "pick up some exterior latex paint, then get as abstract as you want to play with color shape and texture. Once the art is dry, add a sealer to protect it from moisture, then hang it up to create a focal point, and/or add another layer of privacy." — AP

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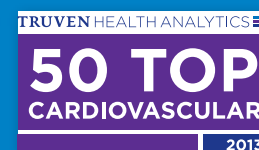
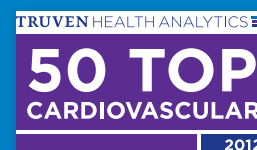


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