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Never too early to think about retirement quality of life

By Sondra L. Shapiro

To avoid committing the cliché of the cobbler and his shoeless children, I take to heart the plethora of financial and health information that crosses my desk.

One of the things I learned early in my career is it's never too soon to begin socking away money for retirement. Through the years I have interviewed far too many financially strapped retirees, yet I am still moved by individuals who are wiped out by one catastrophic illness or who have not sufficiently calculated the amount needed to live in relative comfort. With the average person spending 20 years in retirement, fewer than half of Americans have calculated how much they need to save for retirement, according to the United States Department of Labor.



Just My Opinion

The Employee Benefit Research Institute's

(EBRI) 2011 retirement survey found that the percentage of workers not confident about having enough money for a comfortable retirement grew from 22 percent in 2010 to 27 percent, the highest level measured in the 21 years of the survey. At the same time, the number of respondents who are very confident matched the low of 13 percent that was first measured in 2009.

The EBRI reported 68 percent of workers and their spouses have saved for retirement (down from 75 percent in 2009) and 59 percent say they and/or their spouse are currently saving (down from 65 percent in 2009). "A sizable percentage" of workers report they have virtually no savings or investments: 29 percent say they have less than \$1,000. "In total, more than half of workers (56 percent) report that the total value of their household savings and investments, excluding the value of their primary home and any defined benefit plans, is less than \$25,000," according to the EBRI.

Once we retire, we still need to vigilantly nurture our nest eggs. Yet, many retirees take a neglectful approach, according to a new Associated Press report (AP). "Eventually you're going to run into trouble if you don't break the pattern of financial neglect. The money simply may not hold up in the long run," said the AP.

The AP report cited seven mistakes and ways to avoid them while working and in retirement:

- Being too conservative with money. Treasury bonds, certificates of deposit and other savings instruments with scant yields can give retirees a false sense of security. They guarantee some income, however small, and can provide protection from stock market volatility. But they don't provide a fighting chance to keep up with inflation in the long term.

Most financial planners say the safer move for the long haul is to devote a healthy portion of your portfolio to stocks. A rough guideline for asset allocation is to own a percentage in stocks equal to 110 or 120 minus your age.

- Putting off planning. Failing to create a financial or estate plan can get you in trouble later in retirement when you may no longer be at the top of your game

mentally. About half the population over 80 suffers from significant cognitive impairment. Without guidance or a plan, elderly investors can harm their finances through unwise decisions.

Prepare thorough financial and estate plans and discuss future aging-related scenarios with an adviser.

- Bailing out the kids. It's possible to be too selfless and charitable in retirement if it means putting your own financial security at risk.

Some seniors contribute to down payments for their children's first homes even though they're struggling to fund their own retirements. Others stretch to pay for the college expenses of a child or grandchild. One of the oldest maxims of financial planning bears repeating: You can take out loans for college but you can't take out a loan to pay for your retirement.

- Paying too much in taxes. Retirees usually are in lower tax brackets than they were in their working years. But they often fail to make adjustments that could further lower their taxes.

Putting off taking withdrawals from an individual retirement account until they are required to at age 70 1/2 also can be costly. That's because such amounts are taxable and often bump retirees into a higher tax bracket. A plan of gradual withdrawals starting in your 60s can be a better strategy.

Retirees who do regular volunteer work tend to leave tax deductions for mileage and out-of-pocket costs on the table. And snowbirds who spend months in the Sunbelt often don't know they could save thousands of dollars by changing their legal residency to a state with a smaller or even no income tax, as is true of Florida.

Have a plan to minimize the tax impact of withdrawals, keep your receipts for volunteering costs, and don't miss out on any deductions.

- Following financial advice from friends and family. Seniors routinely act on guidance from their friends and family when it comes to stocks, bonds, budgeting, IRAs or insurance. Not only is that risky, the willingness to follow off-the-cuff advice increases a retiree's vulnerability to financial scams targeting the elderly.

Validate any advice from friends and family with objective materials. Use a credible online resource or organization, or enlist the services of a financial professional.

- Underestimating the costs of health care. The ability to pay for health care is an increasingly critical part of retirement income security. What was once referred to as the three-legged stool of retirement security — pension, savings and Social Security — now requires a fourth pillar: health care savings.

A typical 65-year-old couple retiring now needs roughly \$230,000 to cover medical expenses in retirement, not counting long-term care, according to Fidelity Investments. Remember, long-term care and many other costs associated with health care fall outside Medicare coverage.

Buy Medigap supplemental insurance that fills in benefit gaps in traditional Medicare. And strongly consider buying long-term care insurance, which pays for in-home care and nursing home care, unless your health or age make it unaffordable. It can help ensure that significant

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State advocates working to preserve quality of life

By Brian Goslow

With the country's attention focused on the 2012 presidential election, and state and federal budgets giving short shrift to the needs of retirees, Massachusetts advocacy organizations are fighting an uphill battle to make sure older people and their family members are not being left behind.

Groups such as AARP Massachusetts, Massachusetts Senior Action Council (MSAC) and Massachusetts Association of Older Americans (MAOA) are focusing attention on national issues, such as Social Security, Medicare and health care, and local concerns, such as housing, transportation, nutrition, worker training and fuel assistance programs.

These advocacy groups are working to ensure those in office — and those running for office — are aware of the effects potential cuts in programs would have on the communities they serve.

"We in the advocacy community are all concerned that there does seem to be a lack of attention right now to the needs of the senior population," said AARP Massachusetts State Director Deborah Banda, "and with the demographics we have, with that population

growing so rapidly, this is a population we do need to pay attention to."

This month, AARP will launch a nationwide initiative intended to ensure all Americans, not just older people, but their children and grandchildren as well, understand the importance of Social Security and



Jakubiak

Medicare as the country's safety net. In Massachusetts, "You've Earned a Say" kicks off on March 19 in Springfield; it will be followed by a series of listening events at councils on aging, senior centers and other locations throughout the spring and summer.

"We want to hear from seniors and their families on what they think about the programs, and what steps they think should be taken to help protect and strengthen them," Banda said. The responses will be compiled in mid-September, brought to the attention of elected officials and candidates and be part of a voter education campaign prior to the November elections.

AARP Massachusetts' 2012 state legislative agenda puts much of its focus on keeping seniors safely in their homes; it's calling for the continued support of home care, adult day health and elder nutrition programs, elder protective services, including the Money Management Program, and councils on aging and seniors centers which provide or oversee many of the programs.

Proposals to cut funding to the state's Elder Nutrition Program and either raise fares or cut MBTA transportation options particularly disturb Banda.

Gov. Deval Patrick's fiscal 2013 budget proposes cutting \$1.5 million from the state's Elder Nutrition Program. "We've been saying over and over again we can't understand why the administration would propose doing that because providing seniors with these meals gets them the proper nutrition and helps them maintain their health and independence," said Banda. "That is going to be less costly in the long run than treating elders if they suffer medical consequences from poor nutrition."

Banda said the proposed cuts to MBTA services seem to hit the state's aging population disproportionately. "We're trying to encourage people to use public transportation when driving is no longer the safe option for them and yet, here we are cutting back on public transportation services for seniors."

Carolyn Villers, executive director of MSAC, said her organization has been making its thoughts known on proposed MBTA fare hikes and route cuts.

Seniors who count on public transportation could suddenly find themselves without local bus service due to the possible elimination of 23 to 100 percent of current routes.

"Seniors, depending upon which proposal you look at, are looking at anything from an 83 to 500 percent cost increase, depending on the service," Villers said. The MBTA's RIDE paratransit service, which provides door-to-door transportation to eligible residents unable to use general public transportation due to a physical, cognitive or mental disability, could see a jump in cost from \$2 per one-way premium service ride to \$24 for a round-trip fare.

That would be on top of already difficult financial challenges that leave some seniors having to choose between food, heat or medicine. "People with disabilities have a higher poverty rate and elders have a high poverty rate," Villers said. "They are on very fixed incomes. This is not just an attack on their lifestyle, but on their ability to survive. We're making sure people are being heard on that."

MSAC members have been in attendance at public meetings held by the MBTA to discuss the proposed changes; more than 50 attended a gathering in Lynn. The organization is planning to mobilize a State House protest on March 14.

Senior advocates learned the value of working together last year when the governor and legislature moved to eliminate the Adult Day Health Service that would have ended that service for more than 11,000 frail, nursing home eligible elders. While Banda said AARP Massachusetts has been assured that the program is in the FY2013 budget, no specific allocation is currently in the governor's proposal.



AARP Members from Salem — including Peg and Jack Rogers, holding signs — participate in a 2011 rally to protect the retirement security of seniors.

Concern over cuts and proposed cuts have caused more people to get involved in the public discussion process.

MSAC, a member-run organization formed in 1981, has more than a thousand members in its seven chapters statewide. "We are growing quickly right now because of attack after attack on the senior community that is disproportionately being targeted for savings by budget cuts," Villers said.

"Our goal is to help empower seniors and help them strategize to really be able to have a voice on policies and issues that affect their health and welfare," she said. Another MSAC focus is the preservation of 80,000 state Housing and Urban Development units that have, or will soon reach, the time limit of rental unit contracts. When that happens, landlords will be free to offer the units at market rates unless previous agreements to accept housing vouchers are extended. MSAC estimates approximately 85 percent of the residents are seniors or people with disabilities.

"It's not that they're all elder housing, but many folks living there have aged-in-place and are now elderly," Villers said. "We helped to pass legislation in 2009 that gave the state another tool to help preserve some of these developments but the reality is there are many still at risk." Under the legislation, if an owner wants to sell the development, the state can designate a local community development corporation or another non-profit to purchase the property, extending its affordability as long as subsidies continue to exist.

Chet Jakubiak, executive director of MAOA, said his organization broadly focuses on economic and health security issues. "A major part of our mission is keeping elders visible in the mainstream of life and keeping elders and elder issues on the public agenda," he said.

One of those issues is the restoration of job training programs for the state's baby boomers and seniors who recently found themselves unemployed or needing to return to the job market. Many of them are finding it difficult to acquire the skills they need for many of today's jobs.

"The Title V Senior Community Service Employment Program took major cuts this year, which makes it more difficult for older people who lost their jobs to retrain and get into the labor force," Jakubiak said. "Those are important programs that support middle class folks and middle class workers."

Being able to work is crucial for seniors and middle class boomers who four or five years ago felt they were secure in their retirement, only to see their retirement investments dwindle along with their home equity.

Budget balancing was made more difficult this year by severe cuts to the federal Low Income

Home Energy Assistance Program (LIHEAP). It was the first time the program was ever cut. Jakubiak said a hard-earned \$21 million state appropriation made things a little easier for residents coping with huge increases in heating costs. "It doesn't replace all of it, but it does replace some of it," he said.

MAOA recently announced an initiative for state caregivers of older family members to assist them in strengthening their own lives outside those caregiving duties. First to get help will be caregivers in the Boston area.

"We're interested in reaching out to caregivers who are trying to make decisions on how they're going to move on with their lives," Jakubiak said. "We want them returning to thinking about themselves and what they want to do. Would they like to work? Would they like to volunteer? We want to see how these people can really get re-engaged in their own lives."

MAOA hopes to convince legislators of the need to fund programs that assist caregivers. "Over 80 percent of the care that's provided to older people in this state is done by family members and friends," Jakubiak said.

The organization hopes to identify five or six caregivers willing to share with a wider audience the challenges they've faced and the personal benefits they've received being there for their loved one. By sharing their tales in public forums and with legislators, the hope is that they will encourage legislation to benefit other caregivers.

MAOA hopes its efforts on behalf of caregivers will serve as a model for supporting other underserved populations "There's a resurgence of ageism we're seeing as part of this," Jakubiak said. "There are lots of issues that older people face that are also vital to the lives of the Commonwealth as a whole that are not on the public agenda."

For more information: AARP Massachusetts, aarp.org/ma; Massachusetts Senior Action Council, www.masssenioraction.org or 617-284-1234; Massachusetts Association of Older Americans, maoamass.org or 617-426-0804.

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U.S. wants effective Alzheimer's treatment by 2025

WASHINGTON — The government is setting what it calls an ambitious goal for Alzheimer's disease: Development of effective ways to treat and prevent the mind-destroying illness by 2025.

The Obama administration is developing the first National Alzheimer's Plan to find better treatments for the disease and offer better day-to-day care for those afflicted.

A committee of Alzheimer's experts recently held a two-day meeting to help advise the government on how the eventual plan, expected by spring, could meet those goals.



Petersen

The national plan is supposed to tackle both the medical and social aspects of dementia.

Families have been "reminding us of the enormity of our task, perhaps most important the meaningfulness of it," said Dr. Ron Petersen, an Alzheimer's specialist at the Mayo Clinic, who chairs the committee.

The national plan is supposed to tackle both the medical and social aspects of dementia, and advocacy groups had urged that it set a deadline for progress.

Among the draft's other goals:

- Improve timely diagnosis. A recent report found as many as half of today's Alzheimer's sufferers haven't been formally diagnosed, in part because of the stigma and the belief that nothing can be done. Symptomatic treatment aside, a diagnosis lets families plan, and catching the disease earlier would be crucial if scientists ever found ways to slow

the disease's progress.

To do that, the draft suggests starting with a national public awareness campaign so more people know the early warning signs of dementia — and to include memory assessment tools in the annual Medicare wellness visit.

- Improve support and training for families so they know what resources are available for patients and what to expect as dementia worsens.

A caregiver-training program in New York has shown that families taught how to handle common dementia problems, and given support, are able to keep their loved ones at home for longer.

Alzheimer's sufferers gradually lose the ability to do the simplest activities of daily life and can survive that way for a decade or more. In meetings around the country last summer and fall, families urged federal health officials to make sure the national plan addresses how to help patients live their last years at home without ruining their caregivers' own health and finances. — AP

Obama administration proposes raise for Alzheimer's research

WASHINGTON — The Obama administration is increasing spending on Alzheimer's research — planning to surpass half a billion dollars next year — as part of a quest to find effective treatments for the brain-destroying disease by 2025.

In a two-part plan, the National Institutes of Health (NIH) immediately will devote an extra \$50 million to dementia research, on top of the \$450 million a year it currently spends.

The boost opens the possibility that at least one stalled study of a possible therapy might get to start soon.

President Barack Obama asked Congress for \$80 million in new money to spend for Alzheimer's research in 2013.

Patient advocates have long said the



nation's spending on Alzheimer's research is far too little considering the disease's current and coming toll. More than 5 million people already have Alzheimer's or related dementias, a number that, barring a medical breakthrough, is expected to more than double by 2050 because of the aging population. By then, the medical and nursing home bills are projected to cost \$1 trillion annually.

At a recent meeting, some of the government's own Alzheimer's advisers said it could take a research investment of as much as \$2 billion a year to make a real impact. For comparison, the government spends nearly \$3 billion on AIDS research; about 1.1 million Americans are living with the AIDS virus. — AP

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Respite companion program keeps seniors safely at home

By Brian Goslow

If it wasn't for the Billerica Council on Aging's Respite Companion Care program, it would be difficult for Terry Amirto's parents, Louis Amirto, 89, and Doris Amirto, 83, to remain in their home.

Terry Amirto, 57, said the program, which she's used for two years, has improved her parents' quality of life and makes it possible for her to continue working two jobs.

"You need all the help you can get to make it manageable to avoid putting them (parents) in a nursing home," she said. "It gives me a break and while I'm working, I'm not worrying about little odds and ends they might need. The companions help with food shopping, taking my mother to the hairdresser, getting them to doctors' appointments or just giving them someone to hang out with."

Amirto's parents look forward to the visits. "It gets them out of the house," she said. "They really mix together well with the companions; they've become a part of our family."

Jeanne Teehan, the Billerica Council on Aging's health and community program planner, oversees the program, which began in 2001 and is one of several that can be found in communities throughout the state. "There was a need for a program like this," she said. "We had a lot of people in Billerica with elderly parents who wanted to remain in their home. By partnering with Elder Services of Merrimack Valley, we're

able to serve 'Billerica's finest' — our senior citizens."

The companion program currently serves 27 families. The client fee is \$18 per hour, with a daily minimum of two hours. Where appropriate, driving mileage past 10 miles is charged at the applicable IRS rate.

Many of the companions are young, active seniors. They are paid through the town.

Once a week, the companions bring a group of ladies from the program to Dunkin' Donuts for coffee and a muffin. "They excitedly stay at their door with their pocketbooks, waiting to be picked up," Teehan said.

On occasion, a senior suffering memory loss will forget who the companion is and why he or she is there. "They calm them down and then it's fine," Teehan said. Some have subsequently shared memories from their early days, sometimes surprising the companion with how much they remember.

Each month, the Billerica Senior Center hosts "Bandstand Day," where a DJ plays music from the big band era. "One companion brought her client who, she had learned, loved music," Teehan said. "The



Billerica Council on Aging Health and Community Program Planner Jeanne Teehan (standing) with Billerica COA secretary Carol Wood.

client was quiet and wouldn't talk much, but when the music started, she got right up and started dancing. She remembered the steps from all the dances. Different things spark different memories."

One 90-year-old Billerica senior used to wait for her daughter to come home from work so she could get out of the house. "Now we have one of our companions pick her up, go out for dinner, have a nice conversation and then get ice cream for dessert," Teehan said. "It's nice for both of them."

The companions' efforts have resulted in the formation of new friendships with both

their clients and their care-giving children. "They find it fulfilling to have relationships with these families," Teehan said. Sometimes the friendship continues even after the client has passed on. "They remain close with the family, send them Christmas cards, and call each other on a regular basis," said Teehan. "It's a labor of love."

Roy Maillet, 55, of Wilmington, has lots of respect for the companions who help look after his mother, Kathleen Maillet, 92. "They select folks who enjoy doing it," he said. "I've gotten to know and become friends with them."

The program is a major component of his being able to keep his mother safely in her home. "I feel comfortable when I'm not there because I know they're there with her," Maillet said. "We're all connected in a way that keeps her living in her home."

Kathleen Maillet has two companions. One loves taking her out for a ride. "Nothing fancy; she just wants to go out and get some fresh air," Roy Maillet said. "Sometimes they take a ride to the Senior Center or go to McDonald's for an ice cream

RESPITE page 9

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Man tries to evict 98-year-old mom from Conn. home

FAIRFIELD, Conn. —

A woman whose son served her with eviction papers on her 98th birthday is fighting his efforts to remove her from her home.

Mary Kantorowski has lived in her yellow, Cape Cod-style home in Fairfield since 1953. Her oldest son, 71-year-old Peter Kantorowski of Trumbull, said he's concerned about her well-being. When he last saw her eight months ago, she seemed disoriented and was living in poor conditions, he said.

Peter Kantorowski, who owns the house, said his mother has rejected his suggestions to live with him or in a nursing home. A trial is set to begin March 2 in Bridgeport Superior Court.

The eviction attempt has led to bad blood among family members.

"I didn't think he would do it," Mary Kantorowski said. "My husband worked

hard, difficult jobs to buy this house. He built the garage and did a lot of work on the house and he told me never to leave it."

Her husband, John, died in 1997.

"This is just a despicable situation," her lawyer, Richard Bortolot Jr., told the *Connecticut Post*. "Mary has been living here happily paying all the expenses for the house and now her son, Peter, comes along and is telling her, 'Get the hell out,' so he can sell it."

Bortolot said probate court stopped Peter Kantorowski from trying to sell the house after the eviction papers were served on his mother in December.

Peter Kantorowski said he's just looking out for his mother's best interests.

"I'm not throwing her on the street," he said. "At her age, at 98, I'm sure that she should be with people of her peers. She should have her meals on time."

— AP

► Respite

Cont. from page 8

cone on a hot day. If she needs a pair of socks, they do a little shopping."

The other companion likes to stay in. "They'll watch TV together and go through her photo albums to share old stories," Maillet said. "They like each other's company."

Maillet said his mom's been well cared

for by the Billerica companions. "They're really reliable and very confident of the work they do," he said. "They like what they do and it shows."

For more information on the Billerica program, call Jeanne Teehan at the Billerica Council on Aging at 978-671-0916 ext. 226. For information on respite companion programs at your local council on aging and elder care agencies statewide, call 800-243-4636 or visit www.800ageinfo.com.

Massachusetts Medicare subscribers save \$36.9 million

BOSTON —

Nearly 63,000 Massachusetts residents enrolled in the Medicare Part D drug program saved \$36.9 million in 2011 in lowered drug costs because of provisions in the Affordable Care Act.

The savings were attributable to the health reform law that shrinks the so-called "donut hole" in the Medicare Part D drug program. Massachusetts ranked 18th in the nation for the number of Medicare members helped by the plan, according to Mass Home Care.

When the Medicare Part D program was created, there was a gap in coverage, where most beneficiaries would pay 100 percent of their drug costs while still paying their premiums. The "donut hole" occurs after the plan pays a certain amount, but before beneficiaries hit catastrophic coverage.

The Affordable Care Act is closing the gap over time, and according to the federal government, has already saved seniors and people with disabilities over \$3 billion on prescription drugs since the law was enacted in March 2010.

In 2011, seniors and people with disabilities who reached the coverage gap in Medicare Part D coverage automatically received a 50 percent discount on covered brand-name drugs and a 7 percent discount on generic drugs. These discounts will continue to grow over time until the donut hole is closed.

The Federal Department of Health &

Human Services (HHS) estimates that nationally nearly 3.6 million people with Medicare saved \$2.1 billion on their prescription drugs in 2011 thanks to the Affordable Care Act.

In 2011, the 3.6 million Americans who hit the donut hole saved an average of \$604 on the cost of their prescription drugs. The savings average in Massachusetts was slightly lower, at \$587 per beneficiary.

National data also show that women especially benefitted from the law's provision with 2.05 million women saving \$1.2 billion on their prescription drugs. Of the total Medicare members who saved money on lowered drug costs in Massachusetts, 58 percent (36,289) were women.

By 2020, the donut hole will be closed completely. Typical Medicare beneficiaries will save an average of nearly \$4,200 from 2011 to 2021. People with high prescription drug costs could save as much as \$16,000, according to a Mass Home Care statement.

According to HHS, the savings are a product of provisions in the Affordable Care Act and other cost trends that:

- Decrease prescription drug costs for seniors;
- Make preventive services like mammograms free for everyone in Medicare;
- Reduce growth in Part B premiums (for physician services);
- Reduce growth in cost sharing under both Parts A (hospital care) and Part B.

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What about seniors? *Don't they deserve respect?*

By Deborah E. Banda

In all the hoopla surrounding the release of Gov. Deval Patrick's Fiscal Year 2013 state budget proposal, we heard about ways to increase revenue, provide level funding for several programs and services — from local aid to education — and use of the rainy day fund to make ends meet. These are all important and worthy objectives; but, what about seniors?

With five consecutive years of state budget revenue shortfalls, programs that serve seniors in this Commonwealth have been hit hard; many have been cut to the bone. At the same time, need continues to increase due in part to the tough economy — but also because of the growing number of seniors in the Bay State.



AARP and You

Today, almost one in five (19.4 percent) Massachusetts residents are age 60 or older; this is the most rapidly expanding segment of the state's entire population. Now more than ever we need leadership to meet the needs of this changing demographic.

Instead, Gov. Patrick proposes cutting the Elder Nutrition Program by \$1.5 million, which translates to 250,000 fewer meals, or subsidized lunches, for vulnerable seniors. According to the Massachusetts Budget and Policy Center, the governor's budget also does not adequately fund the Emergency Food Assistance Program, which supports food banks in Massachusetts. The Center writes, "Over time, though, the cost of food has increased, which means that the food banks will actually be able to buy less food this year than

last, even with the same number of dollars."

To propose cutting back on nutrition assistance is not even penny-wise and pound-foolish. It is an outright insult to elders — especially when, each and every day in this great Commonwealth, more than 140,000 older adults risk going hungry; when the economy drives more and more seniors to food banks; when we know good nutrition is a key to healthy aging.

Making matters worse, Project Bread's 2011 Status Report on Hunger finds more than 700,000 people in the Commonwealth are struggling to put food on the table — the highest number recorded in Massachusetts since this data was first collected by the U.S. Census Bureau in 1995.

And, then there is long-term care.

What about the nearly 1,000 older Massachusetts residents who are still waiting to receive home- and community-based services? Gov. Patrick did not propose to rebalance long-term care funding to end home care waiting lists. Instead, the state continues to place an over-reliance on institutional care, like nursing homes, as the first point-of-entry for elders requiring long-term care services, even though we know the vast majority of seniors want to remain in their homes and communities as they age.

Or, what about the more than 11,000 vulnerable seniors who count on adult day health services to maintain their independence and stay out of more expensive institutional care? There is no specific funding allocated for these services in the governor's budget — services that include preventative health care, chronic disease management, assessment and ongoing medical and therapeutic services in a community-based setting. The seniors who rely on these services are often dealing with a variety of chronic conditions, and

without adult day health services the majority would require immediate nursing home care.

The governor's budget proposal also has no specific funding noted for nursing home leaves of absence, commonly called "the bed hold." This program ensures nursing home residents can return to their own bed, should they require a short term absence, such as for hospitalization.

Sadly, it's easy to see why Massachusetts ranked in the bottom half of all states when it comes to the cost and quality of long-term services and supports, according to a recent report from the AARP Public Policy Institute, the Commonwealth Fund and the SCAN Foundation.

The Commonwealth is a known leader in reforming health care — and long-term care is an important part of the health care continuum. AARP calls on policymakers to include long-term services and supports as part of the ongoing health care payment reform discussion — and to shift more funding to home and community based services.

As the Commonwealth's leaders craft the budget for Fiscal Year 2013, which takes effect July 1, we understand that they continue to face challenges due to the still-recovering economy. But, with tax collections outpacing estimates and the state's rainy day fund up to \$1.5 billion, AARP urges Gov. Patrick, and members of the House and Senate: Let's not forget about our seniors.

Let's treat our elders with dignity and respect.

Deborah Banda 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, www.facebook.com/AARPMA and www.twitter.com/AARPMA.

Governor Patrick: Where have all the elders gone?

By Al Norman

For the sixth year in a row, in Gov. Deval Patrick's annual report to citizens he has said little or nothing about his vision of how to improve the lot of older and disabled individuals living in the Commonwealth.

Since his first inaugural address in January of 2007, the governor has barely mentioned this population group remarkable because the 60+ population in Massachusetts today is now almost one in five (19.4 percent), and is the most rapidly growing segment of the state's population.

Older people have not historically made much of an appearance in the governor's annual message to citizens.

In his January 2007 inaugural speech the governor told an anecdote about an 82 year old woman in Worcester who was recovering from cancer and a broken hip. The narration described how this elderly woman was determined to get down six flights of stairs to vote. "That frail 82-year-old did not walk down six flights of stairs for us to conduct the business of government the same old way," the governor concluded. "It is time for a change."

In his January 2008 State of the Commonwealth, there was no reference to seniors.

In his January, 2009 State of the

Commonwealth, the governor noted that home health aides, "who deliver vital services," were working "without a contract or adequate pay." He also added later in the speech: "We are going to have to learn to lean on each other, to live as members of a community. That means check in on your elderly neighbor when it's cold to make sure the heat is on."

In January 2010, the governor recalled that he met a grandmother in Lynn "who told me about moving her son and daughter

Push Back

and their kids, nine of them strong, into her home because they're out of work and strapped for cash." The governor explained that this woman had lost her job, and said: "She's not asking for much, just a chance to work to provide for her family, and a little help holding on until she can make her own way."

In January of 2011, in his second inaugural address, the governor made a passing reference to "the service and sacrifice of our parents and grandparents."

In his January, 2012 State of the Commonwealth, the governor returned to a common theme of generational responsibility and noted: "there are parents across our state who wonder tonight whether they will be able to do as well for their children as their parents did for them."

He mentioned putting an end to the "fee-for-service" health care payment model — which will affect over one million Medicare

beneficiaries, who by federal law have a right to Original Medicare fee-for-service. Finally, the governor said that "people in their 30s, 40s or 50s, don't have the proper training for those jobs," but he said nothing about people 60 and older, who still have to work to survive in this weak economy, with little or no pension income.

Over the years, the governor has given older citizens little by way of an "elder vision." Seniors are burdened by the high cost of health care, and general living expenses.

► Never

Cont. from page 5

medical expenses later in retirement don't wipe out your assets.

- Underestimating how long they'll live. With all the advances in medical technology, life expectancy is growing faster than ever before.

The downside is most seniors don't have nearly enough savings or income to stretch over a retirement that could last 30 years or more. Ideally, financial preparation for a long life starts during your work career with the creation of a financial plan that will provide income deep into retirement. Failing that, working past anticipated retirement age, even part-time, will allow existing savings additional time to grow.

Because my husband, David, and I are

They want to remain living in their homes independently, yet find waiting lists for home care. There is much that the governor could have spoken about, but in his State of the Commonwealth speech, he was silent on the needs of older residents. This is not a good state of affairs.

Al Norman is the Executive Director of Mass Home Care. He can be reached at 413-773-5555 x 2295, or at info@masshomecare.org.

in our 50s we sat down last year with a trusted insurance agent to select a long-term-care insurance policy with inflation protection. We also just compiled a financial goal analysis with our finance team — a goals and objectives exercise that offers a roadmap to a more secure retirement. The exercise took into consideration our savings, investments, desired retirement age and lifestyle goals.

It is impossible to determine what the future holds. To quote another well-known phrase, "The best laid plans ..." At least we are venturing into uncharted waters with the proper navigational aids.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro.fiftypusadvocate@verizon.net or read more at www.fiftypusadvocate.com. Associated Press material was used in this report.

Obama's budget: Govt still growing, despite cuts

WASHINGTON —

Taking a pass on reining in government growth, President Barack Obama unveiled a record \$3.8 trillion election-year budget plan last month, calling for stimulus-style spending on roads and schools and tax hikes on the wealthy to help pay the costs. The ideas landed with a thud on Capitol Hill.

Though the Pentagon and a number of Cabinet agencies would get squeezed, Obama would leave the spiraling growth of health care programs for the elderly and the poor largely unchecked. The plan claims \$4 trillion in deficit savings over the coming decade, but most of it would be through tax increases Republicans oppose, lower war costs already in motion and budget cuts enacted last year in a debt pact with GOP lawmakers.

Many of the ideas in the White House plan for the 2013 budget year will be thrashed out during this year's election campaigns as the Republicans try to oust Obama from the White House and add Senate control to their command of the House.

Republicans were unimpressed. While the measure contains some savings to Medicare and Medicaid, generally by reducing payments to health providers, both programs would double in size over the coming decade.

By the administration's reckoning, the deficit would drop to \$901 billion next year — still requiring the government to borrow 24 cents of every dollar it spends

— and would settle in the \$600 billion-plus range by 2015. The deficit for the current budget year, which ends Sept. 30, would hit \$1.3 trillion, a near record.

Obama's budget blueprint reprises a long roster of prior proposals: raising taxes on couples making more than \$250,000 a year; eliminating numerous tax breaks for oil and gas companies, and approving a series of smaller tax and fee proposals. Similar proposals failed even when the Democrats controlled Congress.

But there are spending increases, too: The Obama plan seeks \$476 billion for transportation projects including roads, bridges and a much-criticized high-speed rail initiative. Grants for better performing schools would get a big increase under Obama's "Race to the Top" initiative, and there would be an \$8 billion fund to train community college students for high-growth industries.

Republicans accused the president of yet again failing to do anything meaningful to reduce deficits.

As a political document, the Obama plan blends a handful of jobs-boosting initiatives with poll-tested tax hikes on the rich, including higher taxes on dividends and income earned by hedge fund managers.

Another contrast with Republicans will come on Medicare. Obama leaves the program mostly alone, while Republicans are on record in favor of gradually replacing the current system in which the government pays doctor and hospital bills with a

voucher-like plan that would have government subsidize purchases of health insurance.

Nor does Obama tackle Social Security's fiscal imbalance. Payroll taxes paid into the program fall well short of what's needed to cover benefits; tapping into a \$2.7 trillion trust fund that's built up since the last overhaul of the program in the early 1980s makes up the shortfall.

Obama and Congress appear headed for deadlock over big-picture questions such as Medicare cuts and tax hikes, there's still the work of filling in the details of last summer's budget and debt pact, which set tight caps on annual appropriations bills funding

the day-to-day operations of government. Those caps are putting most agencies in a pinch.

The budget for medical research at the National Institutes for Health would be frozen after years of reliable increases and the Environmental Protection Agency would bear a 4 percent cut.

The Obama budget seeks \$360 billion in savings in Medicare and Medicaid mainly through reduced payments to health care providers.

The projections in Obama's budget show that he is doing little to restrain the surge in these programs that is expected with the retirement of baby boomers. — AP



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Snow Shoveling 101: advice and gear

By Kim Cook

Although much of the country has been relatively flake-free this winter, snow removal woes are just one storm away.

So here are some strategies, and the latest tools.

First, have a plan before the flakes start falling. If you're not physically up to shoveling, arrange for a plowing service or enlist some kids to at least do your walkways; many communities mandate that sidewalks be cleared within 24 hours of a storm.

If you are taking on the snow yourself, take it easy.

Warm up, start slow and cover your mouth if the air is very cold, according to Dr. Grace Cater, a cardiologist in Cleveland. "Snow shoveling can be more strenuous than exercising full throttle on a treadmill," Cater said on MetroHealth's Heart and Vascular Center's webpage.

Bill Foster, who for 40 years has shoveled his own and neighbors' snowy sidewalks and driveways in the western Chicago suburbs, said common sense can make the job easier.

"The biggest mistake people make is

starting with the easy stuff," Foster said. "When you're freshest and strongest, start at the end of the driveway where the plow dumps all the heavy road snow."

A few more tips for keeping things manageable, from *Good Housekeeping* magazine:

1. Don't put your back into it: Use your leg and thigh muscles instead, and push more snow than you lift.

2. Layer up: no heavy down coats for this job — it's better to dress in layers you can remove as you work. Make sure caps or masks don't impede your ability to see cars, icy spots or people. You don't want to whack someone with your shovel.

3. Drink up: Water keeps you hydrated as you work.

4. Stop when you need to, and take breaks every 15 minutes or sooner. Make sure family members and friends know you're out there.

Foster recommends cutting the driveway down the middle so you are shoveling smaller passes out to the sides from the center line.

"And never wait till the snow stops fall-

ing," he said. "I'd go out two or three times during a storm to stay ahead of it all."

Popular Mechanics writer Roy Berendsohn advises clearing the car off thoroughly before starting on the driveway.

He also recommends keeping a stiff brush and some oil handy to remove buildup on snow-blower blades. Make sure paths are clear of newspapers, dog toys, rocks and electrical cords before you fire yours up.

Also, decide where the snow's going to go before you start. This seems obvious, but it's easy to forget once you're out there. Starting to shovel from the house out to the perimeter of the property is inefficient. Drop the first

load far enough away from where you start that you'll have room for piles as you work your way back to your starting position.

You should keep the snow shovel close to your body as you work; snow in an average shovelful can weigh nearly 30 pounds. And twisting to throw a load is hard on the back.

As for tools, garden-variety shovels have been doing the job for hundreds of years, but many of today's tools can make it easier.

Choose equipment that's sized for you and your abilities. Shovels have come a long way from the heavy, rigid wood-and-steel

SNOW page 14

How can I get rid of my glasses? Part 1

By Dr. Jean Keamy

As a refractive surgeon, many people come to me to find out how they can be glasses-free. Refractive surgery, a subspecialty of ophthalmology, includes procedures that correct for myopia, hyperopia, astigmatism and presbyopia.

Myopia or nearsighted means that distance vision is poor. Hyperopia or farsighted means that near and intermedi-

ate vision are poor. With advancing age, hyperopia also results in poor distance vision. Astigmatism refers to an oval

shape of the cornea. It makes all distances blurry.

There are several procedures available to reduce dependence on glasses. Candidacy depends on the type of refractive error, degree of refractive error, eye health and patient age. LASIK is

GLASSES page 14



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► Glasses

Cont. from page 12

the most well known and most common refractive procedure. It can treat myopia, hyperopia and astigmatism in healthy eyes. LASIK involves creating a flap in the cornea to expose the second layer of the cornea called the stroma. An excimer laser then reshapes the stromal layer of the cornea. The LASIK flap gets put back into place.

The rapid healing time and minimal discomfort make LASIK the number one refractive procedure in America.

The technology for LASIK has advanced

in the past few years. Intralase or iLASIK uses a laser rather than a blade to create a flap. This has decreased the incidence of flap complications. It also allows for the creation of a thinner flap. With a thinner flap, iLASIK allows me to treat patients with thinner corneas and higher corrections.

In addition to intralase, customized laser treatments have become more common.

Custom LASIK delivers an individualized laser treatment that can correct vision better than with glasses or contacts. Custom LASIK also treats a larger diameter of the cornea so it helps reduce the risk of halos and glare at night after surgery.

Reading glasses are an inevitable part of aging. With LASIK, the dependence on reading glasses is reduced with monovision corrections. With monovision, one eye is corrected for distance vision while the second eye is corrected for reading or computer vision. Before proceeding with monovision, I perform a monovision trial with loose lenses or contact lenses in my office.

Patients with macular degeneration, glaucoma, cataracts, diabetes and corneal degeneration are not good candidates for LASIK surgery. Typically, LASIK is only performed on patients with healthy eyes.

Stay tuned for next month's article. I will continue my discussion on ways to be glasses-free.

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

► Snow

Cont. from page 12

models of years past. Some are ergonomically designed, with bent handles to minimize the effort you need expend.

The Ames True Temper, for example, is a plastic shovel that weighs little and has two grips for hands or feet. Reversing it gives you a scrape option.

The term "snow thrower" might conjure up visions of an industrial-size, gas-powered apparatus, but electric snow throwers might be an easier option for homeowners on smaller properties that see frequent snow-falls.

Snow Joe makes lightweight and heavier-duty versions (the latter can remove 650 pounds of snow in one pass) that plug in, and are relatively quiet and easy to maneuver.

Toro has an electric Power Curve shovel that it said will clear 4 inches of snow off a 50-by-20-foot driveway in about 10 minutes. If you've got serious snow to move, the company also has some powerful gas-powered blowers.

Its website, Toro.com, has a page where you can put in your snow load, acreage and type of surface, and it will suggest which model would do the best job.

If you can't or don't want to use electricity or gas, there's the Sno Wovel. Winner of *Time Magazine's* 2006 Best Inventions Award, Sno Wovel is a simple-looking wheeled shovel. The wheels reduce lower back stress and overall exertion, since you shovel and tip instead of shovel and lift. Recent models fold and store flat.

Online: www.metrohealth.org, www.snowjoe.com, www.wovel.com, www.popularmechanics.com, www.goodhousekeeping.com.

By Lauran Neergaard

WASHINGTON —

Deaths from liver-destroying hepatitis C are on the rise, and new data shows baby boomers especially should take heed — they are most at risk.

Federal health officials are considering whether anyone born between 1945 and 1965 should get a one-time blood test to check if their livers harbor this ticking time bomb. The reason: Two-thirds of people with hepatitis C are in this age group, most unaware that a virus that takes a few decades to do its damage has festered since their younger days.

The issue has taken new urgency since two drugs hit the market last summer that promise to cure many more people than ever was possible. And new research found testing millions of the middle-aged to find those who need the pricey treatment would be worth the cost, saving thousands of lives.

"One of every 33 baby boomers are living with hepatitis C infection," said Dr. John Ward, hepatitis chief at the Centers for Disease Control and Prevention (CDC). "Most people will be surprised, because it's a silent epidemic."

Don't think you need to worry? Yes, sharing a needle while injecting illegal drugs is the biggest risk factor for becoming infected with this blood-borne virus. But before 1992, when widespread testing of the blood supply began, hepatitis C commonly was spread through blood transfusions. Plus, a one-time experiment with drugs way back in high school or college could have been enough.

About 3.2 million Americans are estimated to have chronic hepatitis C, but at least half of them may not know it.

A CDC study analyzed a decade of death records and found an increase in death rates from hepatitis C. In fact, in 2007 there were

HEPATITIS page 21

Caring for your memory impaired loved one!

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Boomers' aging casts light on geriatrics shortage

By Matt Sedensky

PALATKA, Fla. —

In this sleepy, riverside town in north-east Florida, 86-year-old Betty Wills sees the advertisements of obstetricians and gynecologists on the main road's billboards and has found specialists ranging from cardiologists to surgeons in the phone book.

But there's not a single geriatrician — a doctor who specializes in treating the elderly — in all of Putnam County, where a fifth of the county's 74,000 people are seniors.

"I looked," Wills said. "I didn't find one."

It's a nationwide shortage and it's going to get worse as the 70 million members of the baby-boom generation — those now 46 to 65 — reach their senior years over the next few decades.

The American Geriatrics Society says today there's roughly one geriatrician for every 2,600 people 75 and older. Without a drastic change in the number of doctors choosing the specialty, the ratio is projected to fall to one geriatrician for every 3,800 older Americans by 2030. Compare that to pediatricians: there is about 1 for every 1,300 Americans under 18.

Geriatricians, at their best, are medicine's unsung heroes. They understand how an older person's body and mind work differently. They listen more but are paid less than their peers. They have the skills to alleviate their patients' ailments

and living fuller, more satisfied lives.

Though not every senior needs a geriatrician, their training often makes them

the best equipped to respond when an older patient has multiple medical problems. Geriatricians have expertise in areas that general internists don't, including the changes in cognitive ability, mood, gait, balance and continence, as well as the effects of drugs on older individuals.

But with few doctors drawn to the field and some fleeing it, the disparity between the number of geriatricians and the population it serves is destined to grow even starker.

"We're an endangered species," said Dr. Rosanne Leipzig, a renowned geriatrician at Mount Sinai Medical Center in New York.

Geriatricians rank among the lowest-paid medical specialties, with a median salary of \$183,523 last year, according to the Medical Group Management Association, which tracks physician pay. That sounds like a lot, but many other specialties pay two or three times more, while the average doctor graduates with \$160,000 in student loan debt.

Just 56 percent of first-year fellowship slots in geriatrics were filled last academic year, according to a University of Cincinnati study, while the number of physicians on staff at U.S. medical schools' geriatric programs has generally been trending downward.

Many young doctors aren't receiving even basic training in caring for older patients. Only 56 percent of medical students had clinical rotations in geriatrics in 2008, according to the study.

Various efforts around the country have aimed to increase both those choosing the geriatrics specialty and the level of training all doctors get in treating older patients.

The federal health overhaul law also includes a number of provisions aimed at increasing geriatric care. Last year, under the law, 85 grants totaling \$29.5 million funded a range of geriatrics training programs for doctors, dentists, mental health professionals and other medical workers.

For now, though, the shortage continues.

"The shifting demographics is causing other primary care physicians to focus more on frail older adults but they do not

have the training or experience to manage complex older adults with multiple chronic diseases," said Dr. Peter DeGolia, director of the Center for Geriatric Medicine at University Hospitals Case Medical Center in Cleveland.

Karen Roberto, director of the Center for Gerontology at Virginia Tech, said doctors who aren't trained in geriatrics might have a tendency to discount an older person's problems as normal symptoms of aging, when in fact they can be treated. She receives calls from people around the state looking for geriatricians, but oftentimes can't offer a recommendation.

"Going from specialist to specialist is not the answer," she said. "Older adults need providers with comprehensive knowledge of their problems and concerns."

For Wills, she moved with speed around the Edgar Johnson Senior Center, cooking lunch and sweeping the floor before her line dancing class began.

Wills joked about having outlived a number of her doctors, and how Jack Daniels sometimes is the best medicine. She wasn't sure a geriatrician would have all the answers, but she thought they might understand a woman of her age better than other doctors. She was unsuccessful finding one in her county.

"They depend on tests, they depend on machines, they depend on pills," she said. "Sometimes listening to you is better than hooking you up to machines." — AP



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Key West is an attitude

By Victor Block

Even after spending several days luxuriating in the sun on Key West, the essence of the Florida destination eluded me. I had immersed myself in the tiny island's history, wandered narrow streets lined by gingerbread houses, and taken in its intriguing sights.

The missing ingredient was provided when I spotted several elderly men playing bocce. I asked another spectator if lawn bowling is popular because many people of Italian descent live in Key West. Chuckling, she replied, "No. It's popular because you can play bocce with one hand and hold a drink in the other."

That fun-filled outlook on life sums it up. More than the sun or setting, Key West is an attitude. Life here is laid back and people need little excuse to party. Even the sunset provides one.



Hemingway House

Each evening, a crush of people congregates at Mallory Square as the sun dips toward the horizon. Jugglers, musicians and other entertainers compete for an audience — and tips. Many hands clutch a plastic "take-out" cup containing a beverage purchased at a nearby bar. After the sun disappears to the sound of applause, the throng disperses and flows toward the watering holes and restaurants that line nearby Duval Street.

Many head for Sloppy Joe's Bar and Captain Tony's, both of which claim, with some justification, that Ernest Hemingway was a regular patron.

Another introduction to one of Key West's most famous residents awaits at the Spanish Colonial-style home where



Sightseeing train at Sloppy Joe's

(courtesy of bob krist, florida keys news bureau)

Hemingway lived with his wife Pauline — one of four — from 1931 to 1939. The tiny second-story studio where Hemingway turned out major novels remains exactly as he left it. A manual typewriter stands on the desk and stuffed heads of animals the author shot on safari adorn the walls. Today's residents are about four-dozen cats, some of them six toed, which are said to be descendants of the writer's beloved "Snowball."

Hemingway wasn't the only literary giant to be attracted by Key West's charms. Robert Frost, John Hersey and Gore Vidal are among others who dropped by for visits. Tennessee Williams owned a modest bungalow there from 1949 until his death in 1983.

Another famous part-time resident was President Harry Truman, who made 11 trips to what became known as the "Little White House." That wooden two-story building that also served as temporary home to Presidents Eisenhower, Kennedy and Carter. More interesting was a small museum at the entrance that brings Harry to life as a very real person. For example, it describes the lively poker games and "loud shirt" contests he enjoyed with staff members. Harry insisted that he drank an early morning "shot of bourbon followed by a large glass of fresh-squeezed Florida orange juice" on the advice of his doctor.

Another small but interesting museum worth a visit is in the East Martello tower, one of four red brick forts that served as a coastal defense in the mid-19th century. Its hodge-podge collection traces the role of pirates, sponging,

cigar making and treasure hunting in Key West's eclectic past.

The search for treasure is dramatically depicted in two other museums. The Mel Fisher Treasure Museum recounts the story of that intrepid fortune hunter. He spent 16 years seeking the wreck of Spanish galleons that sank in 1622 off the coast of Key West during a ferocious hurricane. The \$450 million treasure included more than 40 tons of gold and silver as well as emeralds, Chinese porcelain and other precious artifacts. The story of Mel Fisher's search for the valuable cache is as fascinating as the exhibits themselves.

The Shipwreck Treasures Museum tells the intriguing story of Key West "wreckers" with a combination of exhibits, audio-visual displays and a live presentation. Wrecking and salvage — rescuing passengers, then recovering cargoes of ships that sunk following collisions with treacherous offshore reefs — was the foundation of Key West's economy throughout the 19th century. For a time, that enterprise made the tiny island the richest city per capita in the United States.

Storytellers in period costumes relate this historical tidbit, interspersing fascinating facts with humor that's as corny as it is colorful. As part of his patter, one guide sought to convince me that I would have made a good diver, until I learned they had to hold their breath under water for up to five minutes.

A little-known gem overlooked by many visitors to Key West is Nancy Forrester's Secret Garden. Tucked away at the end of a tiny lane, it's a quiet oasis of lush tropical greenery only steps from the rushed, raucous action along Duval Street.

Quiet, that is, except for the loud squawking, and impressive talking, of over two dozen parrots. Conceding that she's "passionate about parrots," Nancy knows the likes (ham with grits, sweet potatoes, peanut butter), dislikes (people food, quality nutrition) and idiosyncrasies (baths, quiet days) of each bird. The one-acre setting is perfect for those seeking a temporary respite from the sometimes-frantic frivolity elsewhere in Key West.

If you go ...

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(courtesy of andy newman, florida keys news)

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**Young at Heart
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Specialists in late-life downsizing on the rise

By Leanne Italie

Carol Gilbert remembers well the heartache and hassle of watching her aging parents struggle to remain in their house of 45 years, desperate, last-minute calls for help and her dad's isolation as her mom's health declined.

She also remembers the frustration of going through their things once they finally agreed to relocate to a senior care facility nearby in San Mateo, Calif.

"I must have gone up to the house every Saturday for a year helping them sort through their stuff," Gilbert said. "I couldn't get my mother to make decisions or really do much each visit."

Once settled in the smaller space, surrounded by peers, her father's burden lifted. He got his wish to remain with his wife and began enjoying life again at 86.

Gilbert is now 72 herself and her folks are long dead, but their rocky transition in 1992 motivated her and her husband, David, to consider retirement housing at a much earlier stage. She was only 64 and he 67 when they moved into a full-amenity complex in Palo Alto, Calif., about 20 miles from the rural, ranch-style home where they had spent 35 years and raised their daughter.

There's a chef, a pool, a fitness center, a TV lounge with surround sound and a music room with a grand piano. There's a house-keeping service, a balcony for a small garden and entertainment at least once a month.

"I've never looked back," Gilbert said. "At that time we were the kids here. We certainly weren't candidates for God's waiting room."

As Americans live longer, many people find themselves navigating a confusing web of interconnected services for themselves or their parents when it comes time to shed possessions and relocate. Some, like the Gilberts, use hard-won lessons from their parents' experience to take control of their own late-life downsize while they still have time to enjoy it.

Others have created a new industry, becoming "senior specialists" to help make those transitions less troublesome.

Such specialists span business worlds, from real estate and financial planning to moving, home staging, personal organizing and "late-life coaching." Roughly 25,000 have sought training and education to focus on senior logistics, said Nan Hayes, a senior relocation specialist in suburban Chicago who is also a trainer.

In addition to logistics, they provide emotional breathing room between grown children and aging parents, Hayes said.

"If your parents feel comfortable with the process, if they feel they have some control over it, things will run much more smoothly," she said. "If you have to argue to make your point or force your opinions and decisions

on your parents, you will find yourself up against a roadblock. No one will feel good. Moving mom and dad doesn't have to be a nightmare."

In Cincinnati, John Buckles went through a troubling transition with his parents. Determined to enjoy their retirement and hold on to their house, they were forced by ill health into a senior care facility instead, leaving him to sort through decades of their possessions.

"I had no clue what they owned," he said. "I

remember being pissed off because there were thousands of books. I must have gotten rid of 2,000 before I realized there was stuff inside of them, like a little story my mother wrote about me, and money."

The experience prompted him to co-found Caring Transitions. With about 130 franchises around the country, the company provides "general contractors" who do what faraway relatives often can't: make sure that moving companies, real estate agents, liquidators, charities, disposal companies, appraisers, cleaners and home stagers are working together with the older person's best interest in mind.

Buckles and Hayes encourage a "sooner-rather-than-later" approach to sifting through possessions, whether the person is moving or looking to "age in place" through home modi-

fications such as handrails and stair lifts. That approach to late-life housing doesn't negate the value of a good home clean out, they said.

"If you want to remain independent longer, you must start making the decisions and acting now to preserve that independence," said Hayes, who launched a network, MoveSeniors.com, that works with organizations around the country to provide reliable specialists and advice.

"I've witnessed too many situations where adult children are forced to make tough decisions about mom's home and possessions because she kept putting it off," she said.

The emotional toll on an older person can be heavy, bringing on anxiety, depression, sleeplessness and short-term memory loss, said Hayes and Tracy Greene Mintz, a social worker in Redondo Beach, Calif., who specializes in a body of symptoms known as "relocation stress syndrome."

"It's a train, and everybody gets on the moving-mom-and-dad train, and it's easy to focus on the logistical details because they don't require you to address the emotional aspects of the move," Mintz said. "Then mom and dad get to their place and they just shut down."

There's a lot that families can do to de-stress a late-life downsize:

Slow it down: Sometimes, Buckles said, resistance to shedding that grandfather clock or box of old aprons is driven by the owner's



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Helping families adjust when a loved is institutionalized

By Micha Shalev

Alzheimer's disease, a disorder affecting the brain, is the leading cause of dementia and affects not only the patient but also his or her family. The responsibility for caring for the patient often falls on a close family member.

Family members confronting the difficult decision to place an Alzheimer's sufferer in an institution may find it helpful to have a criterion on which to base the decision, for instance, if the afflicted loved one:

- Suffers regular incontinence of bladder and bowel;
- Is unable to cooperate in his or her care;
- Not able to realize that he or she is at home with familiar caregivers. Or if there is the withdrawal of a paid caregiver.

Also, if there is risk to the mental and physical health of the primary caregiver, these are all grounds for considering insti-

tutional placement.

Options include rest homes and nursing homes with dementia-specific programs. Institution-like care can be provided at home, but this is expensive and may be inconvenient and stressful for family members. Hospice care is appropriate at the end of the sick loved one's life.

As a normal response, families confronted with Alzheimer's disease may progress

through five stages of adjustment: denial, over-involvement, anger, guilt and acceptance. These responses may occur independently of one another and not necessarily in the following order.

Denial — The initial response that nothing is wrong. Denial can also occur when there is false hope that treatment will cure the sick family member. Information about the disease can help families understand what is happening and what to expect.

Over-involvement — Attempts to compensate for the illness and its impair-

ments. By being over-involved in the loved one's care, the caregiver may refuse help and feel isolated. Sometimes the primary caregiver will try to meet every need of the loved one, even realistic requests. The caregiver needs to feel welcome at the facility and be encouraged to participate in activities, programs and meals to build the level of confidence with the facility.

Anger — Anger can occur when the family realizes that attempts at compensation have failed, and physical and emotional burdens begin to take their toll. Long-standing and interpersonal problems and unresolved issues can be troubling at this stage if the root of the anger is not addressed.

Support groups can help families work through feelings of anger and gain empathy from other families. If anger becomes severe, family members may need to be encouraged to enter counseling so that hostility does not stand in the way of patient care or sever important family ties.

Guilt — Unresolved feelings of anger or guilt can lead to depression. Guilt is often experienced when the afflicted loved one can no longer be cared for at home

and had to be placed in a rest home or nursing home. These feelings are normal responses to extreme stress. It matters most what caregivers and family members do with their feelings. This is a time when the facility where the loved one is living can lend support.

Acceptance — Resolution or acceptance of the problems. Acceptance comes from a full understanding of the disease and its effect on the family and when the loved one is adjusting well to the new setting. Support, education and other resources can help families move toward acceptance.

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



Caregiving Tips

Safe surfing for seniors or watch out for Internet scams

By Angela Rocheleau

Older Americans who grew up in the era of rotary-dial phones and black and white TVs are rapidly making their mark on social networking websites. Americans over the age of 60 are the fastest growing segment of computer and Internet users. It is true that technology and use of the Internet can improve and enhance quality of life and inform and promote independence.

But, seniors are also potential targets of cyber criminals and need to learn how to protect themselves online. Some steps, which all Internet users should take, are:

- Make sure you have an anti-virus and anti-spy software installed in your computer and make sure it is updated frequently.
- Make sure your computer firewall is

turned on. It is an effective way of blocking unauthorized access to your computer and sensitive information in files. If you are using a wireless router for your home network, make sure it has adequate security.

•Passwords — As recommended by the National Cyber Security Alliance, make sure your passwords are "long and strong" by combining capital and lowercase letters with numbers and symbols.

Separate passwords for separate accounts will make things more difficult for cyber-criminals.

If you are an active Internet user be savvy about protecting yourself on the web. Don't get hooked by phishing schemes. — A variation of "fishing," the idea is that bait is thrown out with the hopes that while most will ignore it some will be tempted into biting.

It is the act of sending an e-mail to a

user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft. The e-mail directs the user to visit a website where they are asked to update personal information, such as passwords, credit card, Social Security and bank account numbers that the legitimate organization already has. The website, however, is bogus and set up only to steal the user's information.

Here are a few other quick tips for seniors on the web:

- Beware of links in emails of sites you don't recognize. Don't ever provide personal information as a result of an email or pop-up. Reputable businesses never ask for personal information via pop-ups or email. If online offers seem too good to be true, they probably are.

•Downloading software, music or videos offered as "free" may come at a high price — they might include malware or spy ware that

can infect your computer or steal personal information. Download files only from sites you know and trust.

•Beware of people you meet for the first time on social networking sites. Don't reveal personal information about yourself, your family or friends that may compromise safety or identity. Familiarize yourself with the privacy settings on the social networking sites, such as Facebook, and choose the appropriate settings for you.

The Internet can open a wide world of information for seniors. Enjoy the adventure of web surfing, but be sure to protect yourself from cyber-thieves.

Angela Rocheleau is CEO of Home Staff LLC, an award-winning private duty home health agency serving Central, Western Mass. and Greater Boston since 1977. Find them at www.homestaff.com or call 508-755-4600. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.



Home Care Tips

► Downsizing

Cont. from page 18

desire to tell the stories behind them. "Once that's done, once somebody took the time to listen, they can give it up," he said.

Gifting possessions: Planning to pass down something once you're gone? Don't wait. "I've comforted hundreds of clients who have had to watch their possessions being donated, sold or tossed in a Dumpster," Hayes said. "Take the time to decide what you really need or love, and take steps to get rid of everything else now."

False spin: Nobody wants to be the emotional downer, and that can lead to stiff, empty attempts to stay positive when everybody's hurting, Mintz said. "Ask mom or dad, 'Does any of this make you feel anxious? Does any of this make you feel a little bit sad?' That tiny nudge goes miles toward a better outcome in the new place," she said.

Home staging: Mom has always stored

the silverware in the top drawer to the right of the fridge. Make sure that happens in her new home. Bring along her favorite beat-up ottoman that you wanted to toss, and have her new place set up with pictures on the wall and slippers bedside when she moves in.

Spouses: Jo Magnum in Raleigh, N.C., twice downsized her parents with the help of her three siblings. They made a pact: no spouses involved. "They weren't allowed in on the conversations over who took what, where our parents went, who took care of the money. They weren't even allowed in the room," she said. "We just didn't need them there."

Downsize the downsizer: Organizer Vickie Dellaquila in Pittsburgh wrote a book, *Don't Toss My Memories in the Trash: A Step-by-Step Guide to Helping Seniors Downsize, Organize and Move*. Her advice? Don't give up everything in a set if it means that much. Save six rather than all-12 place settings of the good china or silverware. The same goes for treasured books. — AP

► Hepatitis

Cont. from page 14

15,000 deaths related to hepatitis C, higher than previous estimates.

Perhaps more surprising, three-fourths of the hepatitis deaths occurred in the middle-aged, people 45 to 64, researchers reported in *Annals of Internal Medicine*.

CDC's current guidelines recommend testing people known to be at high risk, and until last summer there wasn't much enthusiasm even for that step: the reasons are the year-long, two-drug treatment promised to cure only 40 percent of people; treatment was so grueling that many patients refused to try it and treatment could cost up to \$30,000.

Two new drugs — Vertex Pharmaceuticals' telaprevir and Merck & Co.'s boceprevir — are starting to change that pessimism. Research suggests adding one of them to standard therapy can boost cure rates as high as 75 percent. While still full of side

effects, they can allow some people to finish treatment in just six months. They add to the price, however, another \$1,000 to \$4,000 a week. Drugs that promise to work even better have begun testing.

Those advances are fueling CDC deliberations of whether to change testing guidelines to recommend that anyone born between 1945 and 1965 get a one-time screening. A second CDC-funded study analyzed models of that option, and concluded it had the potential to save 82,000 lives.

A third newly published study from Stanford University looked more closely at the price tag, and concluded the new triple-therapy would be cost-effective for people with advanced disease. It's still cheaper than a transplant costing well over \$100,000. But not everyone with hepatitis C will go on to suffer serious liver damage. For those with mild disease, that analysis concluded some gene testing to predict who might really need the costlier triple therapy rather than the older drugs would be a good next step. — AP

Preventive care: It's free, except when it's not

By Carla K. Johnson

CHICAGO —

Bill Dunphy thought his colonoscopy would be free.

His insurance company told him it would be covered 100 percent, with no copayment from him and no charge against his deductible. The nation's 1-year-old health law requires most insurance plans to cover all costs for preventive care including colon cancer screening. So Dunphy had the procedure in April.

Then the bill arrived: \$1,100.

Dunphy, a 61-year-old Phoenix small business owner, angrily paid it out of his own pocket because of what some prevention advocates call a loophole. His doctor removed two noncancerous polyps during the colonoscopy. So while Dunphy was sedated, his preventive screening turned into a diagnostic procedure. That allowed his insurance company to bill him.

Like many Americans, Dunphy has a high-deductible insurance plan. He hadn't spent his deductible yet. So, on top of his \$400 monthly premium, he had to pay the bill.

"That's bait and switch," Dunphy said. "If it isn't fraud, it's immoral."

President Barack Obama's health overhaul encourages prevention by requiring most insurance plans to pay for preventive care. On the plus side, more than 22 million Medicare patients and many more Americans with private insurance have received one or more free covered preventive services this year. From cancer screenings to flu shots, many services

no longer cost patients money.

But there are confusing exceptions. As Dunphy found out, colonoscopies can go from free to pricey while the patient is under anesthesia.

Breast cancer screenings can cause confusion too. In Florida, Tampa Bay-area small business owner Dawn Thomas, 50, went for a screening mammogram. But hospital staff told her that her mammogram would be a diagnostic test — not preventive screening — because a previous mammogram had found something suspicious. (It turned out to be nothing.)

Knowing that would cost her \$700, and knowing her doctor had ordered a screening mammogram, Thomas stood her ground.

"Either I get a screening today or I'm putting my clothes back on and I'm leaving," she remembers telling the hospital staff. It worked. Her mammogram was counted as preventive and she got it for free.

"A lot of women ... are getting labeled with that diagnostic code and having to pay year after year for that," Thomas said. "It's a loophole so insurance companies don't have to pay for it."

Even when copays are inexpensive, they can blemish a patient-doctor relationship. Robin Brassner of Jersey City, N.J., expected her doctor visit to be free. All she wanted was a flu shot. But the doctor charged her a \$20 copay.

"He said no one really comes in for just a flu shot. They inevitably mention another ailment, so he charges," Brassner said. As a new patient, she didn't want to start the



Dunphy

relationship by complaining, but she left feeling irritated. "Next time, I'll be a little more assertive about it," she said.

How confused are doctors?

"Extremely," said Cheryl Gregg Fahrenholz, an Ohio consultant who works with physicians. It's common for doctors to deal with 200 different insurance plans. And some older plans are exempt.

Should insurance now pay for aspirin? Aspirin to prevent heart disease and stroke is one of the covered services for older patients. But it's unclear whether insurers are supposed to pay only for doctors to tell older patients about aspirin — or whether they're supposed to pay for the aspirin itself, said Dr. Jason Spangler, chief medical officer for the nonpartisan Partnership for Prevention.

Stop-smoking interventions are also supposed to be free. "But what does that mean?" Spangler asked. "Does it mean counseling? Nicotine replacement therapy? What about drugs (that can help smokers quit) like

Wellbutrin or Chantix? That hasn't been clearly laid out."

But the greatest source of confusion is colonoscopies, a test for the nation's second leading cancer killer. Doctors use a thin, flexible tube to scan the colon and they can remove precancerous growths called polyps at the same time. The test gets credit for lowering colorectal cancer rates. It's one of several colon cancer screening methods highly recommended for adults ages 50 to 75.

But when a doctor screens and treats at the same time, the patient could get a surprise bill.

"It erodes a trust relationship the patients may have had with their doctors," said Dr. Joel Brill of the American Gastroenterological Association. "We get blamed. And it's not our fault."

Cindy Holtzman, an insurance agent in Marietta, Ga., is telling clients to check with their insurance plans before a colonoscopy so they know what to expect.

"You could wake up with a \$2,000 bill because they find that little bitty polyp," Holtzman said.

Doctors and prevention advocates are asking Congress to revise the law to waive patient costs — including Medicare copays, which can run up to \$230 — for a screening colonoscopy where polyps are removed. The American Gastroenterological Association and the American Cancer Society are pushing Congress to fix the problem because of the confusion it's causing for patients and doctors.

At least one state is taking action. After

PREVENTIVE page 23

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How to avoid costly medical bill surprises for preventive care ➤ Preventive

Cont. from page 22

Experts offer the following tips for avoiding surprise medical bills for preventive care:

- Call your insurance plan — the 800-number on the back of your insurance card — to find out whether the plan must comply with the Affordable Care Act. If your plan is “grandfathered,” it’s exempt from the law’s requirement to pay for preventive care.
 - When scheduling an appointment or talking with your doctor, clarify that you’re coming in for a covered preventive service and you don’t expect to be charged. The doctor must be in your health plan’s network.
 - If you’re hit with an unexpected bill, call the doctor’s office and ask how the bill was submitted. Was it submitted as a preventive care service?
 - Complain to your state’s insurance department if you believe you’ve been billed in error.
- The following is a partial list of services that should be covered without copays or other cost-sharing by the patient:
- Alcohol misuse screening and counseling;
 - Aspirin use for men and women of certain ages;
 - Blood pressure screening for all adults;
 - Cholesterol screening for adults of certain ages or at higher risk;
 - Colorectal cancer screening for adults,

If you’re hit with an unexpected bill, call the doctor’s office and ask how the bill was submitted.

starting at age 50;

- Depression screening for adults;
- Type 2 diabetes screening for adults with high blood pressure;
- Diet counseling for adults at higher risk for chronic disease;
- HIV screening for all adults at higher risk;
- Flu shots and other recommended vaccines for adults and children;
- Obesity screening and counseling for adults and children;
- Tobacco use screening for all adults and cessation interventions for tobacco users;
- Breast cancer mammography screenings every 1 to 2 years for women over 40;
- Cervical cancer screening for sexually active women;
- Folic acid supplements for women who may become pregnant;
- Osteoporosis screening for women over age 60 depending on risk factors;

Sources: U.S. Department of Health and Human Services; Georgetown University Health Policy InstituteOnline; www.health-care.gov/news/factsheets/2010/07/preventive-services-list.html.

complaints piled up in Oregon, insurance regulators now are working with doctors and insurers to make sure patients aren’t getting surprise charges when polyps are removed.

Florida’s consumer services office also reports complaints about colonoscopies and other preventive care. California insurance broker Bonnie Milani said she’s lost count of the complaints she’s had about bills clients have received for preventive services.

“‘Confusion’ is not the word I’d apply to the medical offices producing the bills,” Milani said. “The word that comes to mind for me ain’t nearly so nice.”

When it’s working as intended, the new

health law encourages more patients to get preventive care. Dr. Yul Ejnes, a Rhode Island physician, said he’s personally told patients with high deductible plans about the benefit. They weren’t planning to schedule a colonoscopy until they heard it would be free, Ejnes said.

If too many patients get surprise bills, however, that advantage could be lost, said Stephen Finan of the American Cancer Society Cancer Action Network. He said it will take federal or state legislation to fix the colonoscopy loophole.

Dunphy, the Phoenix businessman, recalled how he felt when he got his colonoscopy bill, like something “underhanded” was going on.

“It’s the intent of the law to cover this stuff,” Dunphy said. “It really made me angry.” — AP



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Retirees may find their benefits targeted for cuts

By David Pitt

DES MOINES, Iowa —

It's a case of broken promises. A growing number of companies are renegeing on health insurance and other retirement benefits, leaving retirees scrambling and sometimes uninsured.

In some cases the companies have few options. They cut benefits programs because they're in bankruptcy and must reduce costs to survive. In other cases, however, retirees have to fend for themselves even as corporate profits soar.

It's happening all across the country to the men and women who built cars in Michigan, assembled washing machines in Iowa, rolled out aluminum in West Virginia and fixed faulty telephone lines in North Carolina.

Retirees from General Motors, Maytag, AT&T, Chrysler and Delta Airlines, to name a few, have seen benefits reduced or eliminated in recent years.

"It's very devastating to retirees," said Ed Beltram, spokesman for the National Retiree Legislative Network, a Washington-based retiree advocacy group. "Many of them have counted on the promises from their companies for a secure retirement and suddenly they find themselves in dire financial straits."

The advocacy group is pushing for federal legislation that protects retiree benefits. For example, it would like for retirees to be given

automatic status on bankruptcy committees — which are set up to help guide the bankruptcy court through the reorganization process. A company's largest creditors usually sit on the committee and a seat at the table would give retirees a stronger voice.

The most recent case in point is Eastman Kodak Co. The iconic company filed for bankruptcy protection recently. Now its employees and retirees can only stand by and watch as the company works its way through bankruptcy protection and hope that their benefits aren't severely cut.

Kodak's payroll, now around 19,000, was 70,000 a decade ago and exceeded 145,000 at its peak in the late 1980s.

"It's a much smaller company. It's pretty clear that retiree costs are going to be in the bull's-eye," said Bob Volpe, who retired in 1998 after 32 years.

Over the past decade Kodak tried to retool itself to keep up with changing technology that saw digital photography nearly eliminate the need for film. In the Jan. 19 bankruptcy filing the company said its efforts have been

undermined by a sluggish economy and high restructuring costs.

Many Kodak retirees have already seen dental and life insurance benefits cut in the last few years. Currently, the company pays for a portion of retiree health care insurance premiums at a cost of about \$146 million a year. In a letter to retirees that accompanied the bankruptcy filing, management made it clear that retirees should expect changes.

The company's pension, at least for now, is not at risk. It covers about 63,000 retirees, dependents and beneficiaries. The Pension Benefits Guarantee Corp. (PBGC) was named to the Kodak creditors' committee and has said it will actively participate in the bankruptcy to protect the pension plan.

Although pension plans are afforded a certain level of protection through the PBGC, health care benefits are another matter. And it's not just bankruptcy that leads to retiree benefit cuts. Since the early 1990s retiree health care benefits have been trimmed because new accounting standards began to

require companies to report retiree medical benefit obligations on their balance sheets as debt. In part so that they didn't appear overburdened by debt, some companies began cutting or reducing the benefits.

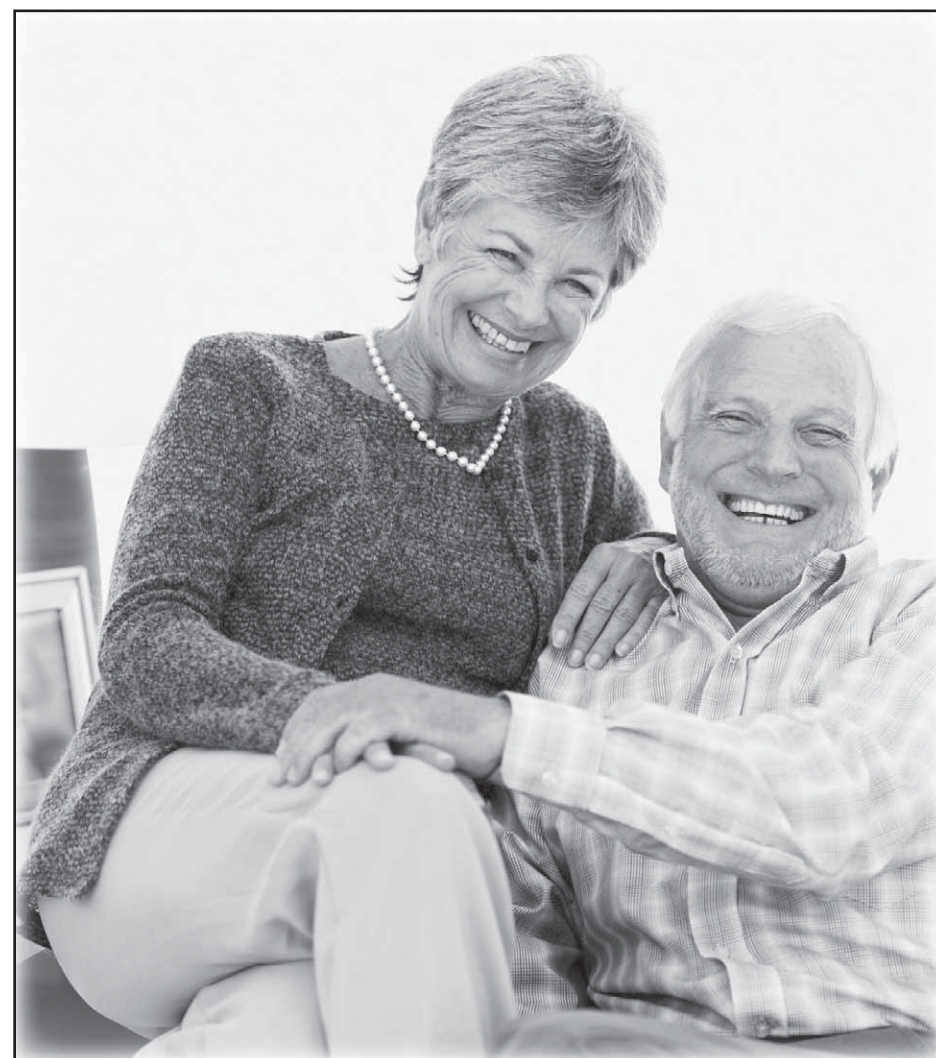
Often labor unions play a central role in fighting cutbacks. However, several federal court cases have upheld the right of companies to cut benefits. The cases frequently focus on whether the language in the union contract explicitly grants the benefits for the life of the worker. Often the language is vague and, when it is, retirees usually lose.

In rural West Virginia more than 400 retirees are fighting to get their health insurance benefits back. Century Aluminum Co. closed an aluminum plant in Ravenswood — about 50 miles north of Charleston — in 2009 citing poor economic conditions and high operating costs. That December retirees received a letter:

"We regret to inform you that your retiree health benefits program will cease on Dec. 31, 2010," it said. "Coverage for medical and prescription drugs will terminate for you and your spouse and covered dependents."

For nearly 50 years the company provided retirees health care. It had been negotiated in union contracts. Retirees say they gave up vacation time, pay increases or other provisions to keep the retirement benefits.

TARGETED page 25



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Some reject retirement, keep working even into 90s

By Jamie Stengle

DALLAS —

At 91, Maxine Bennett still works six days a week at her jewelry store: keeping the books, helping customers and occasionally going on buying trips.

Retirement's not for her. "At 65 I was just really getting started," Bennett said.

She is part of a growing number of people who continue working way past the usual retirement age. The reasons are as unique as the individuals themselves. There are those who can't afford to retire, but there also are those who made mid-life career switches and want to see their new vocation through, and others, like Bennett, who simply enjoy going into work each day.

"Mother lives because she works. If she

went home, didn't do anything, there's not enough crosswords for her to keep busy all day long," said her daughter, Beverly Bennett. "Basically, this may be working, but this is really mother's living."

The idea of a set retirement age at 65 is changing as companies drop pensions, and people are living longer and staying healthier, said Jean Setzfand, AARP's vice president of financial security. "Our belief here is we want people to work as long as they desire to do so," Setzfand said.

U.S. Department of Labor statistics show that the number of people 75 and older who work full or part-time has risen from about 487,000, or 4.2 percent, in 1990, to 1.2 million, or 6.9 percent, last year.

Beverly Bennett, herself 70, also has no

plans to retire from the family store, where she, too, works six days a week.

"When you're at work and you have your head down and you're working very, very hard, you don't know you're 70 years old," Beverly Bennett said. "If you don't have great outside interests, if you're not busy with other people, you need to be busy at work."

What's important is staying involved, whether that means working or something else, said Jay Magaziner, a gerontologist who chairs the department of epidemiology and public health at the University of Maryland School of Medicine.

"For some people, staying engaged and doing meaningful activities can be accomplished through leisure and retirement activities," Magaziner said.

For those who want to work, being self-employed or having knowledge valued by an employer can help ensure that happens, said Sara Rix, senior strategic policy adviser in the AARP's Public Policy Institute.

Like the Bennetts, 82-year-old Darrell Reneker can't imagine life without working. The distinguished professor of polymer science at The University of Akron still works full time teaching and conducting research.

"I get paid, but my lifestyle isn't so dependent on that. What else would I do that's more interesting? And the answer is I can't think of anything," said Reneker, who starts every day with an early morning run.

Raised in the small West Texas town of Rankin, Maxine Bennett left business college after getting hired as a bookkeeper. While her two children grew up, she

worked a variety of jobs, from switchboard operator to bookkeeper to butcher.

"I can't remember not working and not enjoying it," she said.

During the 1960s, her husband's job as a drilling superintendent for an oil company took them to Iraq, Kuwait, Mozambique, Tunisia, Libya and Singapore. At most stops, she found jobs as well. When he died of a heart attack in Saudi Arabia in 1973, at age 54, "life as I had known it ended," she said.

Returning to Texas after 13 years overseas, she found a purpose when her son, Scotty, came up with an idea: buy Native American jewelry and sell it overseas. That didn't exactly take off, but from that a business was born. By the mid-1970s, the Bennetts opened Castle Gap Jewelry in Dallas.

Maxine Bennett says she knows many people who retire are "as happy as they can be." But for her, "When you find something that you enjoy and you don't have to do it — I guess that it makes it all the more interesting."

John Adams, 79, who took over his father's Dallas paint store in 1977, said his work is fulfilling because he's able to help people.

"Somebody comes in with a problem, you help them with it," said Adams, who sells paint and frames pictures at Adams Paint Center.

"They're not just my customers, they're my friends," he said. Adams' previous jobs included supervisor at a baking company and running a restaurant. — AP

► Targeted

Cont. from page 24

Indeed, retirees have reason to be concerned as the economic recovery continues to languish. Hostess Brands Inc., the maker of Wonder Bread and Twinkies, is asking a bankruptcy court to amend union agreements to reduce its pension and medical benefit costs.

The company filed for bankruptcy protection in New York recently. Among the top 40 creditors listed in the bankruptcy filing, 16 are union pension and health benefit plans. Although Hostess emerged from bankruptcy reorganization in February 2009, it said that plan did not adequately

address the cost of retirement benefits.

Currently Medicare usually covers retirees 65 or older and some continue to receive benefits from their former employers to buy group insurance to fill gaps in that coverage.

Most hurt when a company cuts back are retirees younger than 65, who must pay for insurance at very high premiums and deductibles.

But, the landscape for securing retiree health care benefits is changing.

In 2014 the government's Affordable Care Act, the much discussed health care reform law, will begin to guarantee coverage for the under 65 group. It sets up exchanges that would enable retirees at that age to buy insurance at much more affordable prices than they pay now. — AP

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Estate planning for non-traditional families

By Linda T. Cammuso

The definition of the “typical family” has changed dramatically over the years. Non-traditional family scenarios are increasingly coming into existence, often later in one’s life. The types of families that we encounter today include second marriages in which one or both spouses have children from prior relationships — more commonly referred to as the “blended family,” unmarried partners and same-sex unions.



Legal Briefs

For the first time in American society, opposite-sex married couples represent less than half of all U.S. households. Estate planning is a must for any adult, but it is particularly important for couples that are in relationships other than traditional marriages to understand how their situation could play out without proper estate planning.

Non-traditional couples, particularly those in their later years, should understand the forces that impact their situations such as family dynamics and tensions, financial and legal issues and healthcare and medical issues. The following is a snapshot of what could happen in certain scenarios where people have failed to plan.

Married couples in blended families face unique challenges. Common concerns include resentment on the part of children,

particularly if a first marriage ended under hostile circumstances. Roadblocks may be created when it comes to making financial and healthcare decisions for an ailing spouse or parent if it is unclear who the designated decision-makers are.

The inheritance of assets can be a particularly volatile situation in the absence of a will or trust. And careless titling of assets (e.g. having a child’s name on a bank account or house) can have unforeseen outcomes. Even the decision of who to name as executor or trustee can create a dilemma. Spouses in second marriages are also frequently shocked to learn that their assets are exposed to each other’s long-term care/nursing home spend downs in the absence of proper

legal planning.

Unmarried partners who fail to plan could be in for some unwelcome surprises. Without a will, the surviving partner has no legal right to the other’s assets, and lacks legal standing as an “interested person” in probate court proceedings. They may also find themselves boxed out of medical and financial decision making in the event of the partner’s disability during life.

For same-sex married couples, while MassHealth recognizes the marriage and applies the same rules as for opposite-sex married couples, Federal law does not recognize these unions. So, corresponding Federal benefits and laws, such as the unlimited “marital deduction” for estate tax and lifetime

gift planning, are not applicable to them.

Each family’s situation has its own unique and critical estate planning needs. Proper planning with a qualified attorney is essential. Protection for loved ones and family harmony is key — and estate planning is worth the effort to achieve those goals.

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

Smartphone app makes home inventory chore easier

By David Pitt

Everyone should keep an up-to-date list of their belongings. It’s essential to be prepared in case of theft, loss by fire or other cause of serious damage. Yet the insurance industry estimates that only about 1 in 5 homeowners have such an inventory.

The old fashioned way of going room to room with a notepad and pencil is one way to accomplish this task, but new tools including software and an iPhone app make it much easier.

The latest is a new free offering released by the Insurance Information Institute (III), an industry trade group.

It’s available on www.knowyourstuff.org

or by using the III Inventory app, which is available on Apple’s iTunes store.

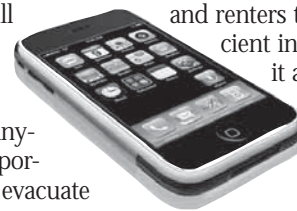
You can enter a list of your belongings through either the website or the app, and the two will be synchronized. All of the information is stored in a personal, password protected account on an Amazon secure server. It can then be accessed anywhere, anytime, which is an important benefit should you have to evacuate your home in an emergency.

The software will guide you through the process of creating and updating the home inventory. As a starting point, there are lists of rooms and item types to make things easier. Photographs, scanned receipts, and appraisal forms can be uploaded. What’s

more, the software can generate several types of insurance reports, which is helpful if a claim needs to be filed.

A home inventory enables homeowners and renters to determine if they have sufficient insurance coverage. After a loss, it also helps substantiate the amount of the loss for tax purposes or when applying for financial assistance.

While III’s software is a recent launch, other inventory programs are available. Check out the one offered by National Association of Insurance Commissioners at www.insureuonline.org. The application, called MyHome Scr.APPbook, is available for both iPhone and Android devices. — AP



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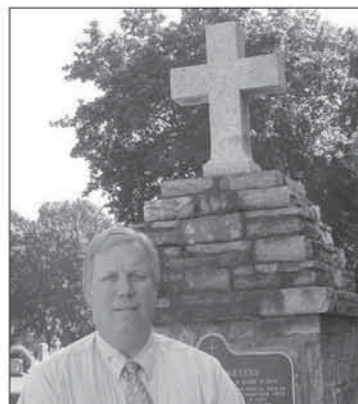
The loss of a loved one, young, old, expected, or unexpected is traumatic. Making the final arrangements with your funeral home and choosing the cemetery and the final resting place adds more trauma to a very sensitive time. At that time we are asked to make decisions very quickly. All this being said, we can be of assistance in the pre-planning portion and extend to all families an opportunity to benefit from our experience along with easy payment plans and burial options.



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Medicare Part B deadline is approaching

By Kristen Alberino

If you didn't sign up for Medicare Part B medical insurance when you first became eligible for Medicare, you now have an opportunity to apply — but time is running out. The deadline for applying during the general enrollment period is March 31. If you miss the deadline, you may have to wait until 2013 to apply.

Medicare Part B covers some medical expenses not covered by Medicare Part A (hospital insurance), such as doctors' fees, outpatient hospital visits, and other medical supplies and services.



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When you first become eligible for hospital insurance (Part A), you have a seven-month period in which to sign up for medical insurance (Part B). After that, you may have to pay a higher premium — unless you were covered through your current employer's group health plan or a group health plan based on a spouse's current employment. You are given another opportunity to enroll in Part B during the general enrollment period, from Jan. 1 to March 31 of each year. But each 12-month period that you are eligible for Medicare Part B and do not sign up, the amount of your monthly

premium increases by 10 percent.

There are special situations in which you can apply for Medicare Part B outside the general enrollment period. For example, you should contact Social Security about applying for Medicare if you:

- are a disabled widow or widower between age 50 and age 65, but have not applied for disability benefits because you are already getting another kind of Social Security benefit;
- worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program and became disabled before age 65;
- your spouse, or your dependent child has permanent kidney failure;
- had Medicare medical insurance (Part B) in the past but dropped the coverage; or
- turned down Medicare medical insurance (Part B) when you became entitled to hospital insurance (Part A).

You can learn more about Medicare by reading our electronic booklet, Medicare at www.socialsecurity.gov/pubs/10043.html. Or visit the Medicare website at www.medicare.gov. Call Medicare at 800-MEDICARE (800-633-4227); TTY 877-486-2048.

Kristen Alberino is a Social Security public affairs specialist in Quincy. She can be reached at 866-563-9617 ext 23005.

Braintree man gets a rush out of making pool cues

By Christian Schiavone

BRAINTREE —

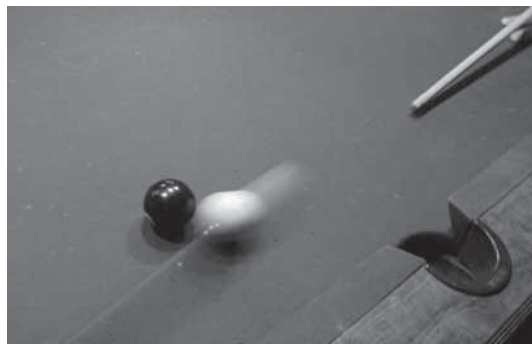
To Herb Whiffen, the key to a great pool cue is finding the perfect hit. That fluid meeting of cue and ball is the standard Whiffen sets for himself in the basement workshop of his Middle Street home where he spends his free time turning maple and purpleheart wood into cues.

"It's a labor of love," he said. "It's the pleasure and satisfaction of doing it and doing it well."

Whiffen, 75, fell in love with the game of pool looking through pool hall windows in his native Dorchester before he was old enough to get in. He began making cues about four years ago to help fill the void after his wife, Eileen, died. Since then, he's made dozens of cues, most of which he's sold to friends or auctioned off to raise money for charities at the South Shore Pool League's annual banquet each spring.

Half the money he makes from selling cues — which go for \$300 to \$600 apiece — also goes to charities like a homeless shelter in Brockton and the Quincy Animal Shelter. The other half he uses for upkeep of the lathe, routers and other power tools he uses, to buy more wood and to replace what he calls his "miscues" — projects that didn't go as planned.

"The first couple of years, it was like a full-time job ruining wood and screwing up," he said. "That's how you learn." But Whiffen, a retired photographer who also



ran his own microfilming business, honed his skills over time and is now able to finish a cue in about 20 hours of work — half of what it used to take.

The finished product is what he describes as "a solid cue, but not what you'd call terribly fancy." By layering different pieces of colored wood, Whiffen creates zigzagging pointed patterns on the butt end and middle of his cues. They also run an inch or two longer than the standard 58 inches and are several thousandths of an inch thinner around the middle.

"That's a lot when you're a player and it's all feel," he said. "That little bit makes a big difference."

While some custom cues feature jeweled inlays and cost tens of thousands of dollars, Whiffen said he's happy sticking to simple designs that feel comfortable in a player's hands. "To have someone come back to me and say, 'Man, I love the hit of that cue,' that's a rush for me," he said. "If I can do something for a worthy charity, then that's a rush, too." — AP

"What happens if I don't have a will or an estate plan?"

A lot and it's not good.

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Refacing kitchen cabinets a cost-saving option

By Carole Feldman

The kitchen in Abe Abuchowski's Califon, N.J., home needed updating, but he didn't want the expense of replacing the cabinets. So he chose a less costly option.

"The old cabinets were in really good shape," he said. "They were high-quality cabinets, solid wood. It was the doors that really needed to be replaced."

Replacing the doors and covering the cabinets' remaining exposed parts with a matching veneer can be done for about half the cost of buying new, said Kit Selzer, senior remodeling and projects editor at *Better Homes and Gardens*. The process is called refacing.

Abuchowski said there's another advantage to refacing. "There's a minimum amount of disruption," he said.

"It's a simpler and quicker installation," agreed Brett Bacho, president of Kitchen Magic, the company that did Abuchowski's kitchen. Bacho said that refacing cabinets typically can be completed in three to five days.

For refacing to be a viable option, however, the cabinets must be in good shape.

"If we had bad cabinets, just putting the new fronts on them wasn't actually where we wanted to go," said Claudia Phelps, who had the cabinets in her Washington, D.C., home refaced about 10 years ago. She said her cabinets were "very well built" and worth saving.

Refacing also might not be a good choice if you want to do major changes to your kitchen's layout.

"You do nothing to improve the function or the convenience of the kitchen," said David Alderman, owner of Dave's Cabinets in Chesapeake, Va. Nor, he noted, does refacing increase storage.

It is possible, however, to add cabinets that match the refaced ones. Both Abuchowski and Phelps did that.

Many people also choose to replace their countertops at the same time the cabinets are refaced. That, obviously, adds to the cost.

Cabinet companies say it's impossible to estimate the cost of refacing cabinets without seeing the kitchen and talking to the homeowner about the job.

"We've refaced kitchens for as little as \$4,000 to \$5,000, and for as much as \$80,000," Bacho said.

Doors can be made of a variety of woods, for example, such as cherry, oak or maple, or of an engineered material like laminate, including some that look

like wood.

Abuchowski chose a laminate. "It's very easily cleaned and it will stay looking newer longer," he said.

In refacing, the cabinet doors are removed, and the sides and exterior face of the cabinet are prepared for the veneer covering. After that covering is measured and applied, the new doors — made to fit the existing cabinets — are installed. Some companies replace the full drawers, others just the front. But the inside of the cabi-

net usually is not changed during the refacing process. "You could definitely paint the inside to go along with the outside," Selzer said.

She advises going with a professional unless you're a very skilled do-it-yourselfer.

For those who want to try it themselves, there are how-to videos on YouTube or step-by-step instructions on the web. Otherwise, many companies do refacing, from big ones like Sears to smaller ones like the one Alderman owns.

Of course, there is an even cheaper way to give the cabinets a fresh look.

"Virtually any cabinet can be painted," Selzer said. "It just takes the right product to do it."

She said there are kits on the market that provide the materials you need, from preparation to stain to glaze, along with step-by-step instructions.

"Really what you want to do is be patient with it and give yourself time," she said. That means giving each coat enough time to dry.

When people paint cabinets, Selzer said, they are likely to choose white. "For new cabinetry," she said, "people are looking for the wood look."

A good reason to paint, she said, is for the enjoyment of a fresh-looking kitchen.

Upgrading cabinets, either by replacing or refacing them, can make your house more marketable if you're considering selling it.

"Just a few years ago," Selzer said, "people were buying houses with rundown kitchens knowing they were going to replace them. Now there's a little more conservative attitude about it. People look for a kitchen and a house that has move-in qualities." — AP



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Hollywood Hits the Water: The 2011 Turner Classic Movies Film Cruise

By Nick Thomas

There could be many reasons why some 2,000 people from across the United States, Canada and Europe made their way to Miami last December to take a four-day cruise to Cozumel, Mexico. But it wasn't the golden beaches or sparkling blue waters that united this dedicated band of travelers — it was the onboard events and list of eminent guests.

While celebrity cruises are nothing new, this one was a classic: the inaugural Classic Cruise hosted by the cable channel, Turner Classic Movies, which brought together thousands of film fans with their favorite Hollywood legends on the Celebrity Millennium cruise ship. Not surprisingly, this was a vacation that appealed to older folks, and many passengers recalled attending film premieres in the 1940s and '50s.

Celebrity shipmates included Ernest Borgnine, Eva Marie Saint, Tippi Hedren and director Norman Jewison, as well as TCM hosts Robert Osborne and Ben Mankiewicz. With the average age of the four special guests being around 87, it was clear the crowd appreciated their efforts to join the cruise. Each looked relaxed, healthy — and genuinely pleased to be a part of this special event.

After boarding, there was the compulsory lifeboat drill. However, the crew demonstrating safety procedures were forced to compete for the crowd's attention when Ernest Borgnine appeared, and was mobbed by well wishers trying to shake his hand. Had

the signal to abandon ship come through, I suspect many passengers would have preferred to rap their arms fondly around Borgnine (who prefers his fans refer to him as Ernie), rather than a lifejacket for a floatation device.

"Oh my goodness, I couldn't have been treated better by the TCM folks or fans. I don't know why, because I certainly don't deserve it," said a humble 94-year-old Borgnine, when I spoke with him later during the cruise. "It's one thing to like an actor, but the kind of love people have shown me is amazing. I just want to be one of the gang on the ship."

Borgnine was typical of all the celebrities. Far from retiring to their cabins and emerging only to fulfill their obligations, they regularly roamed the decks, mingling with the passengers, eating at the buffet, chatting and posing for photographs.

The first scheduled event was the Sail Away Party by the Rivera Pool. The crowds gathered around the small stage area and burst into applause when Robert Osborne appeared. "We're delighted that you are all here and hope you have a great time," said a very relaxed looking Osborne.

Aside from snagging a much sought after celebrity snapshot, serious film enthusiasts were able to partake in a selection of scheduled events that TCM had planned: movie screenings, often preceded by introductions with the stars from the films; Q & A sessions with all the stars and panel discussions with Osborne and Mankiewicz.

Surprise guests included veteran game

show host Wink Martindale, who hosted movie trivia contests, and Chelsie Hightower and Louis Van Amstel from *Dancing With the Stars*. So, they weren't Fred and Ginger, but they did put on a dazzling dance display. And when Ernie and Saint came out on stage for a whirl around the dance floor with the youngsters, the crowd went wild.



The sail-away-party with the stars and TCM representatives (courtesy of debby thomas)

Although the ship docked at Key West and Cozumel for passengers to go ashore and partake of the standard tourist attractions, they were merely a bonus. The most anticipated events were the celebrity presentations prior to film screenings.

Saint talked about the making of *North by Northwest*, Borgnine discussed *The Poseidon Adventure* (the irony of the latter being shown on a cruise ship caused no end of chuckles among the passengers), Hedren spoke about *The Birds*, and Norman Jewison featured his film *The Thomas Crown Affair*.

While some of their stories had been

told before in autobiographies or previous interviews, it hardly mattered to the devoted throngs of admirers who hung on every word and were thrilled just to be seated a few feet from some of their favorite film personalities.

A much anticipated event was the appearance of both Saint and Hedren as "The Hitchcock Blondes" in a discussion with Osborne. Saint was in good form, as evident by her playful sense of humor. "If you look at the Hitchcock catalog," Osborne began, "Ingrid Bergman was not a blonde, Teresa Wright (*Shadow of a Doubt*) was not a blonde, Tallulah Bankhead was not a blond."

"So why are we here?" quipped Saint, to the laughter of the audience. Appreciating the humor, Osborne wondered if the general belief that Hitchcock favored blondes was just a myth. Saint wasn't sure, but Hedren suggested that blondes have both an innocence and a sense of mystery about them, which she thought might have appealed to Hitchcock.

Saint's sense of humor was also evident during a one-on-one with this reporter when she referred to Osborne as the "rock star of the classic movie world." Having just met Osborne at a recent TCM Film Festival in Los Angeles, she said she has admired him for years. "I love my husband of 60 years, then Robert Osborne."

She said fans always ask her "What was Marlon Brando really like?" or "What was

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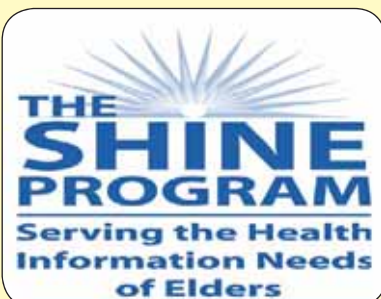
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The Celebrity Millennium docks in Key West

► Movie

Cont. from page 30

it like to kiss Gary Grant?" But now, they also ask "What's it like to be hugged by Robert Osborne?"

TCM host Osborne, as charming and knowledgeable as he appears on TV, was clearly delighted by the passengers' response to the cruise.

"I've only been on one other cruise in my life, and that was years ago to Acapulco, so I'm really enjoying this trip and being around so many film fans," said Osborne, who added that TCM is seriously looking at

another cruise for next year. Cabins (which went for around \$800-\$2,500 per person) sold out within 70 days for the inaugural cruise. Announcements for another cruise will be made on the TCM website, tcm.com.

"Fans have been coming up to me throughout the cruise, talking about their favorite movies," he added. "I love that, because it really means they love the channel and love the work that I do."

Nick Thomas is author of the recently released book, "Raised by the Stars: Interviews with 29 Children of Hollywood Actors" and can be reached through his website www.raisedbythestars.com.

Golf-cart accidents on rise in recent years

PHOENIX —

Leonard Gaabo seldom ventured onto the streets with his golf cart.

The 85-year-old Sun City West resident drove it primarily to the community Jacuzzi or to play a round of golf.

But as he drove a golf cart toward his home from a repair shop last spring, it collided with an SUV at an intersection near his neighborhood. The SUV driver sped off. Gaabo died the next day.

A couple of months later, a Sun City West woman died in a golf-cart collision with a truck.

Authorities said golf-cart accidents are increasing as people drive golf carts on public streets for errands or other personal use.

Gaabo's accident occurred when he failed to yield the right of way, but usually golf-cart drivers are not at fault in accidents, Sun City West Deputy Fire Chief Tim Van Scoter said. But their vehicle makes them vulnerable.

"People just don't see them because they're smaller," Van Scoter said.

Accidents involving injuries in Sun City West increased to seven in 2010 from four in 2009, according to the Fire Department's records. This year, there have been seven accidents that resulted in injuries.

Sgt. Bert Anzini, a police spokesman, said motorists must stop assuming golf carts are restricted to the confines of retirement communities. He said the cart's operators are allowed to drive on certain public roads, which they are doing more and more.

Golf-cart drivers must drive responsibly, he said.

Anzini said some operators take greater

risks in a golf cart than they would in a car, while others don't understand the laws that apply to them.

Anzini said he once caught a person driving a golf cart driving on a section of road where the speed limit is 45 mph. It's illegal to operate carts on roads with a speed limit over 35 mph.

Golf carts are increasingly being used across the nation as major transportation, fueled by the expanding retiree population and climbing gas prices, according to the National Golf Cart Association, an education group.

"This is a toy of the baby boomer generation," said Robert Edwards, the association's executive director. He said the golf cart's high fuel economy, which is about 30 miles per gallon, is helping spur popularity.

Unfortunately, accident rates are also spiking, he said.

Edwards cited a University of Alabama at Birmingham study that reported 48,000 golf-cart injuries nationwide from 2002 to 2005.

The study also said the highest rate of injury-causing accidents involved males from ages 10 to 19 and people older than 80.

The research linked the high accident rate to a lack of safety instructions from golf-cart manufacturers and retailers.

Edwards said he's particularly concerned about the lack of safety instructions from after-market sellers. Many are sold from golf courses as they are replaced with newer models.

He said one of the biggest mistakes purchasers make is assuming they can drive their golf cart like a car. — AP

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