



More health issues
blamed on smoking
page 10



Decorating trends
for 2014
page 26



Miami's colorful
neighborhoods
page 14

Find Index of Caregiving Services on page 5

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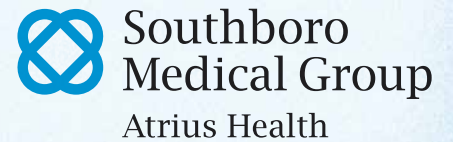
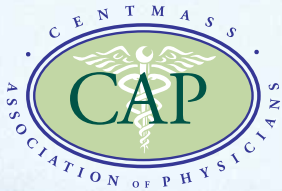
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FEATURED STORIES

Is Obama right about Medicare?	9
Latin America luring retirees	15
Tax time: Changes that affect you	19
Aging drivers not a risk after all	21
How difficult is it to find work?	21
Federal retirement savings plan	23

DEPARTMENTS

Caregiving Tips	18
Feeling Healthy	10
Healthy Lifestyle	12
Home Improvement	26
Just My Opinion	7
Legal Briefs	22
Money Matters	20
Resource for Caregivers	16
Reverse Mortgage	22
Travel	14
Viewpoint	8
Vision Quest	12



Panama
wants you 15



Employment
angst 21



Taxing
issues 19



Obama's
idea 23

ABOUT THE COVER

Start planning for retirement now. Picture: Art and Barb Roberts in Luna Ponza Italy
p. 6

■ INDEX OF SERVICES IN THIS ISSUE ■

ADULT DAY CARE

Adult Day Care at Dodge Park p. 14

ADVOCACY

AARP..... p. 7

AFFORDABLE SENIOR HOUSING

Lincoln Village p. 2

ASSISTED / INDEPENDENT LIVING

Eisenberg Assisted Living p. 12

ATTORNEYS, ELDER LAW

Durbin & Veglia Attorneys at Law .. p. 21

Estate Preservation Law Offices p. 23

Ingle Law p. 27

AUTO DETAILING

Haddad Auto Detail p. 18

CEMETERIES

St. John's Cemetery & Mausoleum .. p. 20

Worcester County Memorial p. 26

CLEANING SERVICES

Clean Team p. 24

CREMATION SERVICES

Shaw-Majercik Funeral Home p. 22

EYE CARE SERVICES

Keamy Eye & Laser Center p. 11

FITNESS PROGRAMS

Active Rx p. 4

FUNERAL PLANNING SERVICES

Senior Market Life Insurance p. 22

FUNERAL SERVICES

Miles Funeral Home..... p. 21

HEALTH CARE INFORMATION

SHINE Program p. 21

HEARING & SPEECH SERVICES

Worcester State Audiology..... p. 10

HOME CARE

BrightStar Lifecare p. 4

JHC HomeCare p. 12

HOSPICE

JHC Hospice p. 12

HOSPITALS

Saint Vincent Hospital p. 28

MEDICARE PREFERRED

TUFTS Health Plan p. 3

MORTGAGE FINANCING

Direct Finance Corp. p. 4

NURSING HOMES

Golden LivingCenters, Fitchburg .. p. 13

Golden LivingCenters, Worcester .. p. 13

Jewish Healthcare Center p. 12

Knollwood Nursing p. 15

Odd Fellows Home of MA p. 11

REAL ESTATE SERVICES

SellMomsHouse.com p. 17

REST HOMES

Dodge Park p. 11

SUBSIDIZED HOUSING

Bet Shalom Apartments p. 9

Coes Pond p. 24

Colony Retirement Homes..... p. 16

Emanuel Village p. 19

Green Hill Towers..... p. 25

Hawthorne Hill p. 10

Illyrian Gardens..... p. 19

Northbrook Village..... p. 17

Village at Ascension Heights p. 25

VOLUNTEER SERVICES

Rachel's Table p. 24

If you use any services listed above, please mention you saw their ad in the Fifty Plus Advocate.

Retirement planning 101: The time to start is now

By Brian Goslow

Barbara and Arthur Roberts of Holden have always had a sense of wanderlust. One day, after their kids had gone off to college, Barbara turned to her husband and said, "You know, they're never coming back. Let's sail around the world." She was working for Cisco Systems at the time and Arthur had retired after a three-decade career with the United States Air Force. The dream, inspired partly by her having read *The Kon-Tiki* by Thor Heyerdah in high school and having seen a documentary on a woman who sailed solo across the Atlantic — was just that: a dream. Neither Roberts had prior sailing experience.

After Barbara retired at 55, they took five one-hour lessons given by the U.S. Coast Guard in San Francisco Bay. "And that," she said, "was our training for sailing." After spending year one of their retirement driving around the United States and Canada, they ended up stopping in Annapolis, where they noticed a sailboat for sale.

They bought it, named it "Badger" and had it put in the water. One problem — they had never sailed without guidance. "For two weeks, we were scared to death to leave the dock," Barbara said. It hadn't been a blind purchase — they had read plenty of books on what boat fit their needs as well as learned what they would need to know for their journey.

Eventually they mastered the wind, the water, reading the navigational charts and their own anxiety issues — and while they've yet to achieve their ultimate goal, they now spend their summers sailing around the ports of Europe.

Not everyone is so diligent in preparing for life's next adventure.

"People don't like to think ahead to their future years because it leads to thinking ahead to mortality — and nobody likes to think about that," said Dorian Mintzer, a board certified retirement and money and relationship coach and co-author of *The Couples Retirement Puzzle: 10 Must-Have Conversations for Transitioning to the Second Half of Life* (Lincoln Street Press).

However, to best prepare for post-work and post-family-raising years together, it's "the sooner the better" to at least begin the conversation about what's important to you both as individuals and as a couple. One leading topic to discuss is where to spend the retirement years. "For some people, there's just no question, they're going to stay where they're living," Mintzer said. "And if their house is such that it can accommodate the needs of aging, that's great." She said some people who want to stay where they are will have to talk about whether they have the finances to do the renovations to make sure they can be in the house when maybe one or both of them can't climb the stairs or similar situations.

One of the stereotypes of retirement is of couples wanting to spend more time with or to move closer to their children or grand-

children. Mintzer said that's a conversation best had with all concerned parties because maybe not everyone has the same desires.

"If you've always lived close by, sometimes it doesn't have to be an important conversation," she said. "But for many people, particularly if they live further away and you're thinking of moving closer to them, it's very important to talk to your children — is this what they want and what are their expectations?"

"You may be retiring and have a lot of interests you want to do and maybe your kids have this notion that you're going to be the babysitter all the time. If you don't have that conversation, it's going to lead to some disappointments on both sides and some potentially hurt feelings."

The same kind of conversation should be had with siblings, and, if they're still alive, parents, not only in terms of where they would fit in your regular activities, but for end-of-life issues and wishes. "Talking gets you more intimate with each other — even if you don't agree with each other. It's so important and helpful if you can just appreciate what you're hearing," Mintzer said.

Then there's the question of how you're going to spend all the extra time together. If the wife has been a stay-at-home mom, she might feel the house is her domain and not want her husband hanging around all the time; similarly, women who've worked tend to be the more social of the two.

"Often when I do workshops and I ask what is your greatest concern, a woman's hand will go up and she'll say, '24/7 with my spouse.' The worry is 'I'm going to have to give up things that are important to me in order to entertain you.'"

Noting it's a stereotype, but true in many instances, Mintzer said men retire thinking they'll continue to see and share activities with the people they worked with. "Sometimes you do. There may be one or two people you do continue to see regularly, but sometimes when you're not at the workplace all the time, friendships change."

One way to potentially address filling some of that newly acquired time is to enroll in lifelong learning programs or adult education classes. "Generally, they're not very expensive," she said. "Even if you've never tried art or woodworking or cooking before, you can now."

People who've been wrapped up in their work and little else might have to re-learn what their interests are. "Try to think back to when you were a kid — what were some things that you liked to do? What did you maybe like better than some other things — books or movies or hobbies?"

And, most importantly for couples that may not have shared many experiences during the work and child-rearing years and who suddenly find themselves with lots of time together, there might be a need to relearn enjoying things as a twosome again. There are many ways to rekindle a relationship, Mintzer



David Ransom and Melanie Young

said. "It can be something as simple as taking a walk (that reminds you why you fell in love with each other in the first place)."

She also suggests:

- Date nights, perhaps a movie or decide to devote a month taking turns doing things the other is interested in — dance lessons, bowling or playing golf together.

- Have another couple, neighbors, friends or relatives over for dinner or a potluck meal.

- Explore new things together. Most communities have newspapers with listings of area activities.

- Make new friends by going to a local coffeehouse or, as Mintzer has observed, a place like Au Bon Pain, where she sees a group of retired men get together on a regular basis.

When Arthur Roberts, now 75, and Barbara Roberts, 65, are not sailing, they spend most mornings at the Bean Counter in Worcester, where an always-expanding group of people of various ages gather over coffee to talk about large and small issues of the day, or provide a sympathetic ear to someone who needs to vent.

"I think it's very, very important (to have a group like this)," Arthur Roberts said. "These people were not our friends (when we first came here); they became our friends."

"It's a lot like a British or Irish pub where the people know each other and drink coffee," Barbara added.

Psychotherapist Tina B. Tessina (AKA "Dr. Romance"), author of *Money, Sex and Kids: Stop Fighting about the Three Things That Can Ruin Your Marriage* (Adams Media), said, "Retirement sounds great at the beginning, and feels good for a few weeks or months, but after a while it creates emotional stress and changes basic patterns in life and marriage, which can be a shock."

Retirement can be frightening — especially if the lack of shared experiences due to work or other obligations causes you to wonder who that person you're committed to spending the rest of your life is — but Tessina said it's important to keep in mind that, if you've gotten this far, you're doing very well. You've survived a lot together, so you can survive this, too.

"The problem is that people who've been together a while often don't understand that

maturity will require relationship changes," Tessina said. "Handle this like all the other crises — talk about your feelings, your plans, your frustrations — and don't forget to count your blessings." And find ways to have fun doing things together.

If you miss being busy, Tessina suggests that you "evaluate your talents and skills, and see if you can 'hire yourself out' fixing friends' computers, doing household repairs or catering meals to make some extra money while enjoying your favorite hobbies."

"Perhaps, you can 'give back' some of what you know by becoming a mentor or consultant," she added. "Or, use your retirement income as the basis for starting that business you always wanted to try."

Melanie Young, 55, and David Ransom, 50, divide their time between a house in New York's Hudson Valley and a small New York City apartment. Both are self-employed professional writers learning to support themselves on a shrinking income. While both have retirement accounts, Young said they realize that retirement is a not a realistic option as neither of them has saved enough.

She had run a successful public relations and events business for 20 years when she was diagnosed with breast cancer at the age of 50 and closed her company. Young detailed her recovery in her recently published book, *Getting Things Off My Chest: A Survivor's Guide to Staying Fearless & Fabulous in the Face of Breast Cancer* (Cedar Fort Inc.).

Ransom, an expert on wine and spirits, also produces events for The Connected Table, the couple's marketing and events consultancy for wine, spirits, food and not-for-profit organizations.

They're determined to devote their lives to helping others while exploring where they'd best like to settle in the years ahead. While they might not ever be able to fully retire — or want to (both their mothers are working well into their 80s) — they're following a plan Young said other couples should find helpful as a guideline to trimming costs.

"We cook in rather than dine out," Young said. "We watch movies at home. We both are passionate travelers, but we travel less and when we do, we travel on miles and points. We don't buy a lot of things but we repurpose what we have, from clothes to equipment."

They've also been selling whatever they no longer need or use on eBay and at garage sales and are starting to look into bartering goods.

"We took advantage of joining AARP, AAA and professional organizations that offer discounts or incentives, and we are more conscientious of store clubs offering discounts and we're using coupons," Young said.

While they may always be working to some extent, Ransom said, that doesn't bother him. "I think the traditional concept of 'retirement' makes you grow old," he said.

Related story page 20

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Aging is not for sissies: Communities can help

By Sondra Shapiro

As movie legend Bette Davis said, "Old age is no place for sissies." Those of us navigating this path are all too familiar with the losses and financial and health challenges that confront us with each day.

The town or city in which we live can make it easy to age in place by providing access to health facilities and care, a council on aging and senior center, well-lit streets and maintained sidewalks. Without these conveniences, where we live can adversely affect wellbeing.

With the tsunami of 78 million graying baby boomers, communities across the nation are in crisis-management mode trying to develop and fund programs and services. According to a new study

— the Healthy Aging Data Report: Community Profiles by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts

Boston — as of 2010, the Massachusetts 65 and over population represented 14 percent of the population. That number is predicted to swell to 21 percent by 2030. The national average of those 65 and older is 13.7 percent. Today 59 percent of individuals age 65 or older in the Bay State are female, 50 percent are married and 32 percent live alone.

The state is finding itself up against the fence to meet the challenges of the aging population. A jump-off point is the recent study, which included community profiles for all 351 cities and towns in Massachusetts as well as the 16 neighborhoods of Boston. The study grouped the communities into six geographic regions — Western, Central, Northeast, Metro West, Boston and Southeast.

The results will be used to spur dialogue and hopefully action.

Key findings from the Massachusetts Healthy Aging Report include:

- Chronic disease is high among older adults with the state average for those with four or more chronic conditions at 59 percent.

- Rates of depression, hypertension and Alzheimer's disease or related dementias among older adults are higher than the national averages shown in Centers for Medicare & Medicaid Services data.

- Based on Medicare claims since 1999, 32 percent of older adults have been diagnosed with diabetes.

- At 15 percent, the prevalence of prostate cancer among men is higher than the rates for all other cancers included in the report, regardless of gender.

- Twenty-three percent of adults age 60 and older are considered obese (Body Mass Index of 30 or higher). Only a quarter of older adults eat the recommended five servings daily of fruits and vegetables.

- About two out of three adults age 60 or older are getting annual flu shots and have taken the pneumonia vaccine; 15 percent are receiving the shingles vaccine.

When it comes to people over age 85, the typical profile is likely to be female, to live alone, to be very frail and to have limited financial resources.

The report — commissioned by the Tufts Health Plan Foundation — showed that health wise, some cities and towns are great places to age, while other areas are just the opposite.

Affluent communities that tend to have good access to medical services often reported healthier elders, while some urban and rural towns had sicker people.

For example, six urban communities — New Bedford, Springfield, Fall River, Worcester, Lowell and South Boston — scored below state averages for healthful aging, while Carlisle, Wellesley, Harvard, Brookline and Stow scored the highest.

The Boston region comprises a diversity of wealthy and poorer towns and neighborhoods that include East Boston, Charlestown, Central Boston, Back Bay, South End, Fenway Kenmore, Allston Brighton, Jamaica Plain, Roxbury, North Dorchester, South Dorchester, Mattapan, Roslindale, West Roxbury, Hyde Park and Brookline. As such, the quality of healthy aging varied greatly.

For example, "Brookline has better than state average rates on 20 out of nearly 100 healthy aging indicators.

Some Boston neighborhoods like the South End and Mattapan have mixed patterns on indicators in comparison to state averages. At the other extreme, South Boston is worse than the state averages on 16 out of nearly 100 indicators," the authors wrote.

With the exception of Springfield and some smaller cities, most communities in the Western region of the state are sparsely populated, rural settings. This area has the lowest rates of chronic disease. Yet, Springfield has among the highest rates of older adults reporting "fair or poor health, physically unhealthy days and disability."

Worcester has the highest rates of disability, age-adjusted mortality, depression, chronic disease and tooth loss. It also has the highest rate in the state of falls severe enough to cause injury.

In the Metro West region, which on average is higher income, older residents are healthier. In addition to lower prevalence rates for many chronic conditions, they are doing better than the state averages in terms of emotional support, eating recommended daily servings of fruits and vegetables and not smoking. However, cases of osteoporosis, hip fracture, Alzheimer's disease and related dementias rates exceed the state average.

The Northeast region includes older industrial cities and sparsely populated coastal towns with differing population health. Coastal communities, such as Gloucester, Manchester-by-the-Sea and Rockport, have better-than-average rates on several chronic disease and health behavior indicators, while the social and financial challenges Lowell and Lawrence face contribute to poorer health. Lowell has the highest percentage in the state of older adults reporting fair or poor health and more physically unhealthy days.

The Southeast also has a mix of older industrial towns and coastal communities. And so, like its Northeast counterpart, it faces contrasting healthy aging challenges. Towns such as New Bedford and Fall River exceed state averages for multiple chronic conditions, while Cape Cod towns report "good/very good or excellent health, have relatively low rates of disability, higher rates of life satisfaction, and higher rates of physical activity."

The numbers tell the facts: The state is a patchwork of successful and unsuccessful

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AGING page 27

Massachusetts needs uniform guardianship

By Michael E. Festa

Imagine you've just moved to Massachusetts. Ten years ago, after sending your children off to college, you took on the responsibility of being the legal guardian of your ailing aunt, and moved her to a facility close to your home.

You've now relocated to Massachusetts for a job opportunity, but once settled in the Commonwealth, you realize that your rights as your aunt's legal guardian do not transfer to the Bay State. What do you do?



AARP and You

When someone is incapable of managing his or her personal decisions or property, a court may appoint a legal guardian to make decisions on his or her behalf. These decisions can be related to personal property, medical care, living arrangements and financial issues. As a judicial proceeding, legal guardianship orders can be expensive, time consuming and complex, but, if done correctly, can help prevent elder abuse and financial exploitation.

As our society becomes more mobile, however, issues with guardianship orders — jurisdictional, transfer and recognition — may cause conflicts.

The Uniform Adult Guardianship and Protective Proceedings and Jurisdiction Act (UAGPPJA) was created to ensure that only one state will have jurisdiction of guardianship at any one time. Massachusetts is currently one of 13 states without a UAGPPJA, which means that

it does not recognize guardianship orders from states where the law has been enacted and vice versa. This can be bogged down in the courts and can be expensive for family members trying to navigate the laws of other states on complex adult guardianship matters.

When it comes to adult guardianship and caring for elders, legislators must consider the facts. People are living longer and are more mobile, and when families decide to relocate to another state, the expensive and time consuming process of filing guardianship orders — for a second time — should not be burdensome.

Why Should Massachusetts adopt the UAGPPJA?

- Focus on care, not courts: Forcing guardians to spend time caught up in lengthy and expensive court proceedings undermines their ability to provide care for their loved ones.

- Big benefit, no cost: Changing the law to recognize the role of guardians across state lines will come at no cost to Massachusetts taxpayers, but will greatly ease the burden these guardians face in providing quality care to their loved ones.

- Preventing abuse: Recognizing the role of guardians across state lines will help to protect loved ones and their assets from abuse.

- Common-sense solution: Thirty-seven states, the District of Columbia and Puerto Rico have already recognized the burden that guardians face in trying to provide care across state lines and have adopted a common-sense approach to ease this burden. Guardians in our state should be able to benefit from the same, common-sense approach.

If adopted, this act will solve the jurisdictional, transfer and out of state recognition and enforcement problems. Concerning the jurisdictional issue, it would create a clear

process for determining which state has jurisdiction to appoint a guardian or conservator if there is a conflict.

The individual's "home state" would have primary jurisdiction, followed by a state in which the individual has a "significant connection." When transferring or accepting a transferred guardianship, the Act clearly outlines procedures, thereby helping families eliminate the expense and wait. Finally, the UAGPPJA helps enforce guardianship and protective orders in other states by authorizing a guardian or conservator to register the orders in other states.

AARP strongly supports the creation of the UAGPPJA in Massachusetts to provide uniformity and reduce jurisdictional conflicts with other states. The Act will help save time and money for guardians and conservators, allowing them to make important decisions for their loved ones as quickly as possible.

You can find resources for guardianship in Massachusetts on the Massachusetts Guardianship Association website. It offers information on providing legal guardianship for an adult, including elders who have problems with decision-making or physical impairment, intellectual disabilities, mental health concerns and/or medical conditions.

AARP is fighting to get this to become law. Join us by urging your legislator to approve this bill. Call your legislator at 617-722-2000 or visit www.malegislature.gov.

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

Caring for the workers who care for the elderly

By Al Norman

On March 24, elder advocates from around the Commonwealth will converge on the State House for an Elder Issues Lobby Day. The purpose is simple: To remind lawmakers that the older population of this state is expanding — and the funding needed to keep seniors at home also needs to expand.

According to a recent study from the UMass Donahue Institute, the population aged 65 and over in Massachusetts will increase by more than half a million people (548,699), expanding from 14 percent of the state's total population in 2010 to

21 percent by 2030.

The focus this Lobby Day is not only on seniors — but also on the workers who provide their care. The home care program today is a circle of poverty in which low-income younger women serve low-income older women.

Women like D.P., who is a 53-year-old home care aide from Jamaica Plain. She's a single mom with four kids. She has been working for the same company for nine years. She gets paid \$10.37 an hour as a homemaker.



Push Back

She has to travel across five different cities and towns to care for her elderly clients. D.P. survives on a rent subsidy, and has Commonwealth Care. Even working full time, she is living below the poverty line.

As she gets older, she will qualify financially for the home care program herself — like 17,000 other homemakers in Massachusetts.

In addition, there are the care managers who juggle 100 or more elderly clients. These workers are also underpaid. A similar job at the state pays 30 percent higher wages, and comes with a pension. The annual turnover rate of elder care managers today is close to 25 percent, which means that every four years, the entire care management staff turns over. These workers come out of college and are drawn to human services — but they can't afford to stay in the eldercare field for long. The Aging Services Access Points who hire these workers serve as a temporary training ground, and watch their investment walk out the door in search of a higher wage.

The dilemma we are facing in elder services today is not just how to take care of elders — it's equally about how to take care of the workers who care for the elders. From FY 2008 to FY 2014, the home care and care management line items lost 8 percent and 11 percent respectively, while Health and Human

Services appropriations generally rose by 38 percent.

Over the past seven years, home care accounts have lost \$13.18 million. Yet because of home care, nursing home patient days have plummeted 33 percent over the past decade. In 2012, the Commonwealth paid for 4.25 million fewer nursing facility days than in the year 2000. The Executive Office of Elder Affairs projects savings to the Commonwealth from avoided nursing facility use will be \$1.2 billion over the next six years. We should invest some of these savings back into our workforce.

Gov. Patrick's budget for 2015 represents the largest investment of new money into home care since he took office seven years ago. The \$17 million Patrick added to home care is a smart investment — because it begins saving money immediately by keeping elders out of institutions. The governor's commitment assures that there will not be waiting lists in the home care program this coming year.

But the budget now has to travel through the House and Senate. On March 24, we will carry into every legislative office the message that care at home is a basic right for our elders, and a decent wage is the basic right of the workers who care for them. For more information on "Back to Basics" day on the Hill, email: info@masshomecare.org.

Al Norman is the executive director of Mass HomeCare. He can be reached at 978-502-3794.

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Fact check: Obama and Medicare premiums

WASHINGTON — It seems to be something of an occupational hazard for President Barack Obama: When he talks about his health care law, he's bound to hit a fact bump sooner or later.

So, it went during his State of the Union speech, when he declared Medicare premiums have stayed flat thanks to the law, when they've gone up. A look at some of the facts and political circumstances behind his claims:

Obama: "Because of this (health care) law, no American can ever again be dropped or denied coverage for a preexisting condition like asthma, back pain or cancer. No woman can ever be charged more just because she's a woman. And we did all this while adding years to Medicare's finances, keeping Medicare premiums flat and lowering prescription costs for millions of seniors."

The facts: He's right that insurers can no longer turn people down because of medical problems, and they can't charge higher premiums to women because of their sex. The law also lowered costs for seniors with high prescription drug bills. But Medicare's monthly premium for outpatient care has gone up in recent years.

Although the basic premium remained the same this year at \$104.90, it increased by \$5 a month in 2013, up from \$99.90 in 2012. Obama's health care law also raised Medicare premiums for upper-income beneficiaries, and both

the president and Republicans have proposed to expand that.

Finally, the degree to which the health care law improved Medicare finances is hotly debated. On paper, the program's giant trust fund for inpatient care gained more than a decade of solvency because of cuts to service providers required under the health law. But in practice those savings cannot simultaneously be used to expand coverage for the uninsured and shore up Medicare.

Obama: "More than 9 million Americans have signed up for private health insurance or Medicaid coverage."

The facts: That's not to say 9 million more Americans have gained insurance under the law.

The administration says about 6 million people have been determined to be eligible for Medicaid since Oct. 1 and an additional 3 million roughly have signed up for private health insurance through the new markets created by the health care law. That's where Obama's number of 9 million comes from. But it's unclear how many in the Medicaid group were already eligible for the program or renewing existing coverage.

Likewise, it's not known how many of those who signed up for private coverage were previously insured. A recent survey suggests the numbers of uninsured gaining coverage may be smaller. The Gallup-Healthways Well-Being Index found that the uninsured rate for U.S. adults dropped by 1.2 percentage points in January, to 16.1 percent. — AP

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U.S. blames even more diseases on smoking

By Lauran Neergaard

WASHINGTON —

It's no secret that smoking causes lung cancer. But what about diabetes, rheumatoid arthritis and erectile dysfunction? Fifty years after a U.S. report that launched the anti-smoking movement, scientists still are adding diseases to the long list of cigarettes' harms.

A new report from the U.S. Surgeon General's office celebrates decades of progress against smoking but says the country is not yet ready to finish the job.

"We still have a major and tragic catastrophe going on," said Acting Surgeon General Boris Lushniak.

Far fewer Americans smoke today — about 18 percent of adults, down from more than 42 percent in 1964. But the government may not meet its goal of dropping that rate to 12 percent by 2020, the new report warns.

Nearly half a million people will die from smoking-related diseases this year. Each day, more than 3,200 youths smoke their first cigarette. New products such as e-cigarettes, with effects that aren't yet understood, complicate public health messages.

The report adds more entries to the official list of smoking-caused diseases, including Type 2 diabetes, rheumatoid arthritis, erectile dysfunction, the macular degeneration that can blind older adults, two additional cancers — liver and colorectal — and cleft palate birth defects.

"Enough is enough," said Lushniak. He urged more tobacco-control measures including price increases for cigarettes.

Here are some ways the smoking landscape has changed between the 1964 surgeon general's report and the latest one:

- 1964: The surgeon general declares that cigarette smoking increases deaths.

2014: About 20.8 million people in the U.S. have died from smoking-related diseases since then, a toll the report puts at 10 times the number of Americans who have died in all of the nation's wars combined. Most were smokers or former smokers, but nearly 2.5 million died from heart disease or lung cancer caused by secondhand smoke.

- 1964: Heavy smoking is declared the main cause of lung cancer, at least in men. "The data for women, though less extensive, point in the same direction."

2014: Today, lung cancer is the top cancer killer, and women who smoke have about the same risk of

dying from it as men. As smoking has declined, rates of new lung cancer diagnoses are declining nearly 3 percent a year among men and about 1 percent a year among women.

- 1964: Male smokers were dying of heart disease more than nonsmokers, but the surgeon general stopped short of declaring cigarettes a cause of heart disease.

2014: Today, heart disease actually claims more lives of smokers 35 and older than lung cancer does. Likewise,

secondhand smoke is riskier for your heart. Smoke-free laws have been linked to reductions in heart attacks. The newest surgeon general report also found that secondhand smoke increases the risk of a stroke.

- 1964: The more you smoke, the bigger the risk of death.

2014: Smokers are estimated to shorten their life by more than a decade. But stopping can lower that risk; sooner is better.

- 1964: That first report focused mostly on lung effects and couldn't prove whether smoking caused certain other illnesses.

2014: Doctors now know that smoking impacts nearly every organ of the body, and the new report said medical care for smoking-caused illnesses is costing the country more than \$130 billion a year. Add to that lost productivity of more than \$150 billion a year.

- 1964: Cigarettes were the major concern. "The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by pharmacological (drug) actions of nicotine."

2014: "The tobacco industry continues to introduce and market new products that establish and maintain nicotine addiction," The new report says.

- 1964: That first report called for "remedial actions" to reduce smoking. Warning labels on cigarette packaging started appearing a year later.

2014: With warnings now everywhere, the new report says, "We know that increasing the cost of cigarettes is one of the most powerful interventions we can make." In 2012, the average price of a pack of cigarettes was \$6, largely reflecting an increase in state and federal taxes. For every 10 percent increase in the price, there's a 4 percent drop in smoking. — AP



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Breakthrough treatment for evaporative dry eye disease

By Jean Keamy

Tear Science has developed a breakthrough treatment for patients who suffer from evaporative dry eye disease. This disease stems from a deficiency in the oily lipid layer of the eye's natural tear film. The oily lipids serve as a protective layer so that the aqueous (water) layer of the eye's tear film does not evaporate. A new, advanced in-office treatment, called LipiFlow® is intended to treat patients with blocked meibomian glands, called meibomian gland dysfunction, by unblocking the glands and allow-



Vision Quest

ing them to resume the secretion of oily lipids needed for a healthy tear film. Dry eye disease affects 23 million people in the United States. Of those, 65 percent suffer from Evaporative Dry Eye. Common symptoms of dry eye include dryness, grittiness, soreness, irritation, burning and eye fatigue. These symptoms can hinder people's daily activities such as reading, using the computer, wearing contact lenses and being outdoors on windy days. Many dry eye patients complain those symptoms worsen throughout the day. Dry eye disease is one of the most common topics patients

discuss when visiting eye care professionals. The new LipiFlow treatment to help those patients who are very frustrated with this chronic disease and all of the ways it negatively affects their lives. In effect, LipiFlow helps the meibomian glands resume their natural function and many patients note symptom relief.

Historically, common therapies aimed at dry eye symptom relief included using warm compresses, over-the-counter wetting drops and ointments and prescription drugs. Alternatively, the new LipiFlow treatment addresses the root cause of evaporative dry eye by unblocking the meibomian glands that secrete oily lipids. In controlled clinical studies of patients who received a single LipiFlow treatment, the average mei-

bomian gland score at four weeks increased by two to three times over the baseline condition, which reflects improvement in the number of glands secreting and secretion quality. Additionally, at four weeks after the LipiFlow treatment, 79 percent of patients reported improvement in dry eye symptoms.

Dr. Jean Keamy is a board certified ophthalmologist specializing in LASIK, PRK, refractive surgery, cataract surgery and routine eye exams. She owns Keamy Eye & Laser Centre and can be reached at 508-836-8733. Learn more at www.seemedrkeamy.com or www.facebook.com/Keamyeye. Archives of articles from previous issues can be read on fiftyplusadvocate.com/archives/category/health/eyecare.

Physical inactivity can lead to muscle problems

By Paul Reilly

Millions of older Americans potentially suffer from a condition they have probably never heard of, known as sarcopenia, which is derived from the Greek words sarx (flesh) and penia (loss or wasting). It is still a poorly defined, little understood and seldom diagnosed syndrome. It has a number of proposed causes, but the one commonly agreed upon is physical inactivity. Those afflicted by sarcopenia are characterized by progressive loss of muscle mass and strength, with a risk of adverse outcomes such



Healthy Lifestyle

as disability, frailty and poor quality of life. Sarcopenia is prevalent in people between the ages of 60 and 80. The disease is commonly associated with significant physical disability, with an estimated cost of \$18 billion a year to the U.S. health system. Paradoxically, this flesh-wasting condition is often associated with the infiltration of fat into the muscle (known as myosteatosis), resulting in sarcopenic-obesity. Outwardly, sufferers look and feel as though they have gained weight and may in fact be obese. But, sadly, their muscle mass and associated strength have atrophied substantially, resulting in the very discouraging conundrum of weight gain with

the loss of muscle mass and strength.

In a recent article published in the journal, *Family Practice — The International Journal for Research in Primary Care*, Dr. John Morley (Division of Geriatric Medicine, Saint Louis University School of Medicine) likened sarcopenia to osteoporosis. Quoting from the journal, Morley states, "Sarcopenia can be considered for muscle, what osteoporosis is to bone."

This combination of loss of muscle mass, strength, physical function and the accompanying physical disability, until recently, were considered an inevitable consequence of aging. A significant body of research, however, tells us something different.

For several decades, there has been a growing volume of evidence that unequivocally

concludes that the ravages of the aging process are not inevitable. As far back as the 1940s, research has accumulated that muscle wasting and loss of strength is possible to reverse with appropriate strengthening programs.

The safety and effectiveness of strengthening training for older adults was first reported some two decades ago by exercise scientists such as Dr. Wayne Phillips in his article, "Muscular Fitness — Easing the Burden of Disability in Elderly Adults," in the *Journal of Aging and Physical Activity*. Since then, awareness of the benefits of such training has broadened to encompass far more than simply increased strength. Research has consistently reported that strengthening training

PHYSICAL page 27



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Miami's

colorful neighborhoods beckon visitors

By Victor Block

A rooster strolls by colorful storefronts where vendors hack pieces of sugar cane, which passers-by purchase and chew to extract the sweet juice.

Not far away, other kinds of foods tempt hungry shoppers. Pigs' feet and papaya, coconuts and mud-thick coffee are among taste treats — some familiar, others less so — that stock grocery shelves and tiny carryout eateries.

Welcome to Miami and Miami Beach, Florida, whose broad swatches of white sand and glittering nightlife are among attractions that draw most visitors. But behind the glimmer of sun and glitz of entertainment lies a collection of diverse neighborhoods that offer an enticing mosaic of cultures, architecture and lifestyles.



Little Havana - Domino Park

South Beach, the two-square mile enclave on the southern tip of Miami Beach, has been likened to an American Riviera. No matter what time of day, the scene pulsates with life and surprises. During a recent visit, I



Rolling cigars

spotted a middle-aged couple holding hands, two policemen and a very large woman leading a very small white dog — all of whom were coasting by on roller blades.

Restaurants and nightclubs serve up food, fun and in some cases, ear-splitting music, until early in the morning.

The whimsical Art Deco architecture, which adorns the neighborhood, adds to the setting. Dramatic styles of building design and decoration from the 1920s to the 1940s have equally dramatic names like

Zig Zag and Depression Moderne. A confetti-like mixture of colors vies with electrifying neon lights to overwhelm the eye.

The scene is very different in Miami's Little Haiti neighborhood. During the late 1970s and early 1980s, more than 30,000 Haitians arrived in the city. Most of them settled in a 200-square-block area north of downtown, transforming the community with their culture.

Today, women in multi-colored flowing dresses still gather at markets to buy coconuts, plantains, salt pork and other favorite foods. Shops sell "kremas mapou," a tasty blend of milk, egg yolk, sugar cane and light alcohol, along with flaky dough pockets brimming with meat, fish and flavor.

Little "botanicas" offer medicinal herbs, incense and other supplies for voodoo ceremonies. Tiny dolls and pins are available for casting spells.

Tempting odors of food, both unfamiliar and delicious, waft from restaurants. A blend of English, French and Creole is the everyday language of many neighborhood residents.

Cigars and dominoes predominate in another enclave known as Little Havana. That neighborhood is home to numerous refugees who left Cuba beginning in the 1960s. They proudly cling to their traditions and dream of the day when their homeland will be free of the influence of the Castros.

Signs are both "en Espanol" and in English. Shops sell "fotos de Cuba," embroidered "guayabera" shirts and memorabilia. The aroma of high-octane "cafe Cubano" draws people into little bakeries and snack shops.

Many visitors to the streets near Calle Ocho (8th Street) stop by "tabacaleras" to watch experts roll cigars. They also may check out markets where what some consider unusual parts of pigs and other animals are sold, along with more recognizable tropical fruits and vegetables.

At Maximo Gomez Park, known locally as "Domino Park," gray-haired men puffing on cigars loudly slap tiles onto tables in good-natured competition.

Descendants of refugees from elsewhere in

the Caribbean have given color and culture to Coconut Grove. Bahamians were among the first settlers in that area during the late 19th century, and Bahamian-style wooden homes serve as reminders of those early residents.

They were followed by writers, artists and other intellectuals — and later by hippies and counter-culture types. In recent years, gentrification has changed the face of the neighborhood, but old-time "Groovites" who remain still hang out at gathering places that serve as reminders of former bohemian days.

Coral Gables is adjacent to Little Havana, but far apart in terms of atmosphere. Built during the 1920s by developer George Merrick, it was one of the first fully planned communities in the country.

Merrick envisioned a kind of American Venice, interlaced with canals lined by gracious Mediterranean-style homes, splashing fountains and ornate gateways. Broad boulevards and lush landscaping complete the picture. Adding a touch of whimsy are little pockets of "international villages" with homes in French, Norman, Dutch, Chinese and

other modes.

The feeling of fantasy evoked at Coral Gables stands in stark contrast to the earthy way of life in Little Haiti and Little Havana. This intriguing variety presents enticing alternatives beyond the sun and sand vacation opportunities that draw the majority of visitors to Miami.

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Art Deco, South Beach



Coral Gables - Chinese architecture

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Latin America a hot spot for American retirees

By Juan Zamorano

PANAMA CITY —

With its miles of beaches, lush rainforests and welcoming colonial towns, Panama — like much of Latin America — has become a hot spot for American retirees. They come for the scenery, the weather and, perhaps more importantly, the low cost of living.

“U.S. retirees come because they see Panama as a place where they can have good quality of life and low living costs, a place that has everything.”

— Ernesto Orillac

“We were looking for a simple, cheap life,” said Linda McKee, 61, of Bonita Springs, Fla., while enjoying a glass of wine with her husband, Eric Carlson, on the porch of their home in Boquete, a mountain town in western Panama where many U.S. retirees live. The couple moved to Panama six years ago after first trying Costa Rica.

International Living magazine, which for 30 years has published a ranking of the top 10 “havens” for retirees, included six Latin American countries in its most recent ranking, in December. Ecuador was No. 1, followed by Panama. Mexico was fourth, Costa Rica fifth, Uruguay sixth and Colombia seventh.

“Panama is safe, stable and friendly,” the magazine said. “It boasts the best health care and infrastructure in Central America ... Its wildlife is abundant, with most of the bird species in North America, and its pristine natural setting is an eco-tourist’s dream.”

U.S. retirees began arriving in droves to Latin America in the early 2000s, and the numbers have picked up since the U.S. economic crisis in 2008, tourism authorities said. As many as a million U.S. retirees live in Mexico, they said, and thousands in Ecuador, Costa Rica and Panama.

Panama’s government has worked to attract them, making it simpler to qualify for permanent residency. The only requirement is that foreign retirees receive a pension of at least \$1,000 a month.

“With this, I can live here for an indefinite period. The process is very easy,” said Robert Braun, 67, of Lincoln, N.H. He said he came to Panama for the fishing, the weather and safety.

The U.S. dollar has been the local currency in Panama since it became an independent country in 1903, and there are dozens of banks that let foreigners manage their home accounts from here. Foreign retirees can bring in items valued at \$10,000 or less tax free, and can bring in a car without having to pay taxes. Benefits include discounts of 25 percent on utility bills, and lower medical costs.

“U.S. retirees come because they see Panama as a place where they can have good quality of life and low living costs, a place that has everything,” said Ernesto Orillac, deputy administrator of the Panama Tourism Authority.

In Boquete, a high-end development project called Hidden Valley includes residences, a small hotel and a golf course. The town of about 20,000, in a region where a popular Panamanian coffee is grown, has a cool climate, with frequent light rain. When the skies clear, there are breathtaking views of green and blue mountains.

Town authorities estimate that about 3,000 retirees — mostly American — live in Boquete. There are other communities of American retirees elsewhere in Panama, including near beaches.

McKee and Carlson, a 57-year-old former contractor, say they have never considered going back to the United States,

although they do miss friends and family in Florida.

Between their pension and what they make working on a jungle conservation project in Rambala, about two hours from their home, they have enough to live comfortably.

“We like that people are very quiet and security is not a problem,” said McKee, whose son Daniel, 27, visits twice a year to surf on Panamanian beaches. “This is our new country, our new life.”

Renting their two-bedroom house in Boquete costs \$550 per month. Dinner in a nice restaurant, with wine, usually costs about \$30 for the two of them.

“It’s fun,” said Carlson with a wide smile.

As for medical care, there are several hospitals in David, a city about 45 minutes away by car. Panama City is less than an hour from there by plane.

Braun, who had an Internet business until he retired 14 years ago, first traveled to Nicaragua, where he lived for five years before heading to Panama. He lived for several years in the seaside resort of Pedasi, then in a village near the Panama Canal, and finally to Boquete, where he enjoys photography, hiking and bird watching.

“Here we can live with less than \$1,500 a month and go at least once a week to dinner at nice restaurants, something that cannot be done in America,” he said.

Retirees also have easy access to healthy, organic food grown by local farmers. Every Tuesday, there is a farmers market, and McKee makes and sells soaps and creams made with coconut oil and lemon grass. Retirees cannot work in Panama, but they can have their own businesses.

“Everything is possible in Panama,” she said. — AP



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Some with Alzheimer's find care in far-off nations

By Denis D. Gray

CHIANG MAI, Thailand —

Residents of this facility for people with Alzheimer's disease toss around a yellow ball and laugh under a cascade with their caregivers, in a swimming pool ringed by palm trees and wind chimes. Susanna Kuratli, once a painter of delicate oils, swims a lap and smiles.

Watching is her husband, Ulrich, who has a heart-rending decision — to leave his wife of 41 years in this facility 5,600 miles from home, or to bring her back to Switzerland.

Their homeland treats the elderly as well as any nation on Earth, but Ulrich Kuratli said the care here in northern Thailand is not only less expensive but more personal. In Switzerland, "You have a cold, old lady who gives you pills and tells you to go to bed," he said.

Kuratli and his family have given themselves six months to decide while the retired software developer lives alongside his 65-year-old wife in Baan Kamlangchay — Home for Care from the Heart. Patients live in individual houses within a Thai community, are taken to local markets, temples and restaurants, and receive personal around-the-clock care. The monthly \$3,800 cost is a third of what basic institutional care would cost in Switzerland.

Kuratli is not yet sure how he'll care for Susanna, who used to produce a popular annual calendar of her paintings. But he's leaning toward keeping her in Thailand.

"Sometimes I am jealous. My wife won't take my hand but when her Thai caregiver takes it, she is calm. She seems to be happy," he said. "When she sees me she starts to cry. Maybe she remembers how we were and understands, but can no longer find the words."

Relatives in Western nations are increasingly confronting Kuratli's dilemma as the number of Alzheimer's patients and costs rise, and the supply of qualified nurses and facilities struggles to keep up. Faraway countries are offering cheaper, and to some minds, better care for those suffering from the irreversible loss of memory.

The nascent trend is unnerving to some experts who say uprooting people with Alzheimer's will add to their sense of displacement and anxiety, though others say quality of care is more important than location. There's also some general uneasiness over the idea of sending ailing elderly people



abroad: The German press has branded it "gerontological colonialism."

Germany is already sending several thousand sufferers, as well as the aged and otherwise ill, to Eastern Europe, Spain, Greece and Ukraine. Patients are even moving from Switzerland, which was ranked No. 1 in health care for the elderly last year in an index compiled by the elderly advocacy group HelpAge International and the U.N. Population Fund.

The Philippines is offering Americans care for \$1,500 to \$3,500 a month, well below U.S. rates. About 100 Americans

are currently seeking care in the Philippines, said J.J. Reyes, who is planning a retirement community near Manila.

Facilities in Thailand also are preparing to attract more Alzheimer's sufferers. In Chiang Mai, a pleasant city ringed by mountains, Baan Kamlangchay will be followed by a \$10 million, holiday-like home scheduled to open before mid-2014. Also on the way is a small Alzheimer's unit within a retirement community set on the grounds of a former four-star resort.

The U.K.-based Alzheimer's Disease International said there are more than 44 million Alzheimer's patients globally, and the figure is projected to triple to 135 million by 2050.

A number of European countries have generous national health insurance, but these generally do not cover treatment abroad. Kuratli said the Swiss government would cover two-thirds of the bill for his wife's care if she stays in Switzerland, but since high-end private clinics there can cost

ALZHEIMER'S page 18



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Young at heart: The story of a child's positive influence

By Marianne Delorey

Little Ava came with her grammy to talk to the housing manager about her lease. "Hmm?" Ava asked, toddling over to the window and pointing at a bird, then a bush, then something only she could see. "Yes," grammy cooed, "We'll go outside, but give grammy a few minutes first." Mostly, Ava is patient, but as with all toddlers, she can be pretty insistent about what she wants and when she wants it.

Brenda, Ava's grammy, has been caring for Ava for 18 months since her parents went back to work. Of course, Brenda loves it. She said Ava keeps her busy and definitely keeps her young at heart. The family has no plans to pursue a preschool or other daycare option for Ava since grammy gives her all the time and attention



she needs.

Brenda taking care of Ava is certainly not a new story. Grandparents have been helping parents raise their children throughout the ages. What makes Ava's story unique is that Brenda lives in elderly housing where twice a day, the pair sits in the dining room for meals.

Housing Options

Ava's presence, especially in the dining room, has raised a few eyebrows. So many people love seeing her every day, watching her grow and learn. But of course, there are a few who think Ava doesn't belong. "This is elderly housing," some have said, explaining that their right to peaceful enjoyment is at issue. "We should not have to listen to her cry." Others couch their disapproval with concern, "She should be around other kids." "What if she gets sick?" and "Doesn't that increase your liability?"

As a housing provider, my response

was blessedly straight forward. We cannot decide what is in the child's best interests. That decision is best left to the family. Moreover, we cannot infringe on Brenda's right to have visitors from a protected class. And, as with any neighbor, a minor noise like a baby fussing for a few minutes is not a significant enough disruption to threaten someone's housing.

Interestingly enough, "multigenerational" is a catch phrase in elder care settings. Many elderly housing or assisted living facilities arrange for school groups to come or offer some other connection to kids for the benefit of the residents. So, why the raised eyebrows for a grandparent caring for grandchild?

Perhaps it is jealousy. Perhaps they wish they had the energy to play with a baby or have the unconditional love offered by a child.

I do know that little Ava made another resident's last days much brighter. Jim, one elderly gentleman, who sat near Brenda in

the dining room, was perhaps the very personification of crotchety. He enjoyed being difficult and was very gruff with everyone. But when Ava was in the dining room, this challenging old man cooed and giggled. He positively glowed when she looked at him. For four years, I never knew him to say a kind word about anything. When he finally passed, I knew that his soul was a touch more gentle because of Ava.

Over this past year, I think of this dining room as our own oyster. Ava started as an irritant to some, a grain of sand that disrupted how things have been. Over time, with the kindness that surrounded her, she evolved into a magical, beautiful pearl.

Marianne Delorey, Ph.D., is the executive director of Colony Retirement Homes. She can be reached at 508-755-0444 or mdelorey@colonyretirement.com and www.colonyretirement-homes.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Dodge Park Rest Home Earns award for service excellence

WORCESTER —

Dodge Park Rest Home has been selected as a Caring Star of 2014 as part of an annual nationwide program honoring service excellence based on consumer ratings and reviews posted on Caring.com, a senior care website. In reviews from families, seniors and others concerned about assisted living and Alzheimer's care, Dodge Park Rest Home captured a five-star consumer rating (the highest possible score), while also meeting other qualifying criteria for the honor.

"We appreciate that we've received such positive feedback from families about the services we offer, and we thank Caring.com for recognizing our community as a Caring Star," said Micha Shalev, co-owner and

administrator of Dodge Park Rest Home. "We strive daily to deliver high-quality care for our residents, and this award helps validate our delivery on that promise."

The Caring Stars 2014 award was determined from consumer ratings and reviews posted on Caring.com between Dec. 1, 2012 and Dec. 1, 2013. To qualify, the community had to have received all of the following:

Three or more reviews during the time-frame, at least one of which had the highest possible rating of five stars; and an average overall rating (across all reviews on their listing) equaling greater than four stars.

Shalev said he is pleased to continue

Dodge Park's tradition of service to the community that goes back to 1967.

"Our people have made us more than the sum of our collective parts — it is the spirit of the people that has made Dodge Park to come to life. We believe that nothing is more important in life than family. This principle guides us in providing care for our clients," said Shalev. "We view the older adults who live at Dodge Park Rest Home as members of our extended family."

The 60-bed facility is suitable for seniors who need help with their activities of daily living and want luxury, convenience and peace of mind that a secure setting can provide, according to Shalev.



Shalev

Dodge Park Rest Home residents receive the following services for a all-inclusive monthly fee: Three nutritious meals a day; 160 hours of activities per week; RN on staff with direct care and supervision available 24 hours a day; medical director and mental health providers available 24 hours a day; a personalized care plan that includes assistance with bathing, dressing and grooming; medication management and administration; maintenance, housekeeping and laundry; utilities except telephone and cable television; scheduled transportation to medical appointments or the option to use in-house physicians; and a daily status check by an RN and responsible staff.

For more information call 508-853-8180.

► Alzheimer's

Cont. from page 16

\$15,000 or more per month, he could still end up paying more there than he would in Thailand.

Baan Kamlangchay was established by Martin Woodtli — a Swiss who spent four years in Thailand with the aid group Doctors Without Borders — before returning home to care for his Alzheimer's-diagnosed mother.

He brought his mother to Chiang Mai, where she became the home's first "guest." Woodtli never uses the word "patient."

Over the next 10 years, the 52-year-old psychologist and social worker purchased or rented eight two-story houses where 13 Swiss and German patients now reside.

On most afternoons, the group gathers at a private, walled park to swim, snack and relax on deck chairs. Regular outside activities are organized because Woodtli believes these stimuli may help delay degeneration.

He said his guests "cannot explain it, but I think they feel part of a family, a community, and that is very important."

Sabine Jansen, head of Germany's Alzheimer Society, said that while some with Alzheimer's may adjust to an alien place, most find it difficult because they live in a world of earlier memories.

"They are better oriented in their own living places and communities," she said. "Friends, family members, neighbors can visit them. Also because of language and cultural reasons, it is best for most to stay in their home country."

Angela Lunde of the U.S.-based Mayo Clinic says that generally the afflicted do better in a familiar environment, but over time, even those with advanced stages of the disease can adjust well. "I think a positive transition has less to do with the move itself and more with the way in which the staff and new environment accommodates the person living with dementia," she said.

Woodtli said people who have traveled widely and are accustomed to change can probably adapt.

"One of our guests sometimes wakes up in the morning and says, 'Where am I?' But she would do the same if she was in a care center in Switzerland," he said. "One guest thinks she is in a schoolhouse at Lake Lucerne."

At the swimming pool, Madeleine Buchmeier snaps photos and laughs as she watches a caregiver take her smiling husband's hands to twirl around together in a dance out of childhood.

"It's a miracle, Geri used to bang his head against the walls of a care facility in Switzerland. As if he wanted to do something, get somewhere," Buchmeier said.

He would sink when entering water. In the three weeks since they arrived, he has calmed down and can swim again, all while his medicine is being sharply reduced.

Like Kuratli, Buchmeier is deciding whether her 64-year-old husband, a former Ford Motor Co. employee, should stay or go back to Switzerland.

Nearby, Manfred Schlaupitz, a former Daimler-Benz engineer in his 70s, lies back in a deck chair, cradling a stuffed toy lamb.

His caregiver, Kanokkan Tasa, sits on the grass beside him, gently massaging his legs and tickling his chin. She has been with him for six years.

"If you think of it as a job, it's very difficult," she said. "But if it comes from the heart, it is easy."

Like a number of Alzheimer's victims, Schlaupitz responds well to music. Sometimes they sing one of his favorite songs: Yesterday. — AP

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Tax time implications for retirees

WASHINGTON —

A new top tax rate, higher Medicare taxes and the phase out of deductions and exemptions could mean higher tax bills for wealthier Americans this year.

All taxpayers will have a harder time taking medical deductions.

All taxpayers will have a harder time taking medical deductions.

In other changes for the 2013 tax year, the alternative minimum tax has been patched — permanently — to prevent more middle-income people from being drawn in, and there's a simpler way to compute the home office deduction.

Tax rate tables and the standard deduction have been adjusted for inflation, as has the maximum contribution to retirement accounts, including 401(k) plans and individual retirement accounts, or IRAs.

The provisions were set by Congress last January as part of legislation to avert the so-called fiscal cliff of tax increases and spending cuts.

The tax legislation passed at the start of 2013 permanently extended the George W. Bush-era tax cuts for most people, but also added a top marginal tax rate of 39.6 percent for those at higher incomes — \$400,000 for single filers, \$450,000 for married couples filing jointly and \$425,000 for heads of household.

On top of that, higher-income taxpayers could see their itemized deductions and

personal exemptions phased out and pay higher capital gains taxes — 20 percent for some taxpayers. And there are new taxes for them to help pay for the new health care law.

There are different income thresholds for each of these new taxes.

An additional 0.9 percent Medicare tax, for example, kicks in on earnings over \$250,000 for married couples filing jointly and \$200,000 for singles and heads of household. Same for an extra 3.8 percent tax on investment income.

But the phase out of personal exemptions and deductions doesn't begin until \$300,000 for married couples filing jointly and \$250,000 for singles.

Taxpayers who didn't plan could find themselves with big tax bills come April 15 — and perhaps penalties for under-withholding.

Stock sales

One simplification: Many investors will find it easier to report stock sales if the 1099-B forms they receive contain key details of the sale and the correct basis for computing gains and losses.

Medical expenses

Taxpayers will still be able to deduct their medical expenses, but it will be more difficult for many to qualify. The threshold for deducting medical expenses now stands at 10 percent of adjusted gross income, up from 7.5 percent. There's an exception,



though, for those older than 65. For them, the old rate is grandfathered in until 2017.

Home office deduction

Among the other changes for 2013, taxpayers who work at home will now have a simplified option for taking a home office deduction.

"You can claim this deduction for the business use of a part of your home only if you use that part of your home regularly and exclusively," the IRS said.

But, if you sit at your kitchen table and check work email, it doesn't qualify. "The regular and exclusive business use must be for the convenience of your employer and not just appropriate and helpful in your job," according to the agency.

The IRS said that for tax year 2011, the most recent year for which numbers are available, more than 3.3 million people

claimed nearly \$10 billion in home office deductions using Schedule C. The number does not include the home office deduction taken by farmers, which is taken on a different form.

Most taxpayers claiming the deduction are self-employed, according to the IRS.

Until this year, you had to figure actual expenses for a home office. Starting with 2013 returns, if you're eligible for the deduction, you can take a standard deduction of \$5 per square foot, up to 300 square feet. The maximum deduction using this method is \$1,500.

The IRS said people who take the simplified option will have to fill out one line on Schedule C, as opposed to a 43-line form.

Energy efficiency

If you made energy efficiency improvements to your home, such as installing new windows or a qualifying furnace or heat pump, you might be able to take an energy credit of 10 percent of the cost up to a lifetime maximum of \$500.

However, of that total, the IRS said, "only \$200 can be for windows, \$50 for any advanced main air circulating fan, \$150 for any qualified natural gas, propane, or oil furnace or hot water boiler, and \$300 for any item of energy-efficient building property."

There are additional credits for solar. However, the credit for plug-in electric vehicles has expired. — AP

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Most couples avoid retirement investment conversations

By Brian Goslow

While a recent study reported that 92 percent of couples agree that they communicate with each other about family finances, only 43 percent said they make decisions for retirement investments jointly and only 28 percent said they would be comfortable if in an emergency one partner has to assume responsibility for their joint retirement finances.

Participants in the 2013 Fidelity Investments Couples Retirement Study were at least 25 years old, married or in a long-term committed relationship and living with their partner, and had a minimum household income of \$75,000 or at least \$100,000 in investable assets.

Other findings:

- Approximately four in 10 couples that aren't yet retired disagree as to the lifestyle they expect to live in retirement.

- One in three couples disagree as to their ideal vision for retirement.

- While men are significantly more likely to envision indulging in their favorite sports, women are more likely to envision spending time with family, enjoying hobbies and volunteering in their local community.

- Thirty-six percent of couples either don't agree, or don't know where they plan to live in retirement.

- One-third of couples approaching retirement don't agree on whether they will continue to work in retirement.

- Although many couples have joint bank accounts, 30 percent disagree on whether their investments are held jointly or individually.

- Three in 10 couples disagree as to the primary beneficiary on both their life insurance and retirement accounts.

So why aren't more couples having those important retirement investment discussions together?

Part of the problem, said Dorian Mintzer, a board certified retirement and money and relationship coach and co-author of *The Couples Retirement Puzzle: 10 Must-Have Conversations for Transitioning to the Second Half of Life* (Lincoln Street Press), is that people aren't trained to be good communicators and that tends to carry into a relationship, especially on the touchy subject of money.

That's particularly true if one person tends to be the over spender and the other avoids bringing the subject up for discussion in terms of it having serious impact on their financial wellbeing.

"Many people, and particularly if they've been in a long term relationship,

find it easy to hear the first few words and think they know what their partner is going to say," Mintzer said. "And they may be right — but they could also be wrong."

When you decide to truly sit down and talk about your finances and how they'll affect your retirement plans, you should make that important life conversation your priority. "Turn off the TV, turn off the computer, turn off the iPhone and each take a turn talking and listen," Mintzer said.

If one person has been handling the couple's finances throughout the marriage, it can be an extremely difficult discussion. Mintzer shared the story of a client of hers who she had encouraged to talk with her husband about how to handle the family's finances in case of an emergency.

"His initial response was, 'Do you want me to die or something?' and she was really trying to help him understand that she was nervous, that he was older than her, and she just wanted to understand what their finances were and what the questions would be to ask so that she could manage them if she had to manage them on her own."

Mintzer said it's a worst-case scenario if a spouse has to deal with money issues at a time of crisis and doesn't know what

the family account numbers are, what the account passwords are, which banks the money is in and who is handling the money — and if that's someone the person can trust.

It is important for couples to talk about their spending, saving, investments, how they want to leave money and what their obligations and responsibilities are to their children and other family members, she said. Some of those discussions can become heated and nothing is gained if one partner feels under attack.

"A way of avoiding fighting is to start with using 'I' statements and avoiding 'you' statements," Mintzer said. "If you say 'You always spend too much,' that's attacking that person, whether it's meant that way or not; to them, it feels that way. If you can start conversations with, 'I've been thinking about ...' or 'I'm worried about ...' and avoid the 'you' statements, which tend to blame and shame, it helps to get it started."

"It's helpful, if you don't agree with what you're being told, if you can just say, 'Tell me more and help me understand why it's so important to you' and appreciate what you're hearing — even if you don't agree," she said.

If you don't feel comfortable proceeding on your own — or even if you do — meeting with a professional financial planner might help to get the conversation started, Mintzer said.



Mintzer

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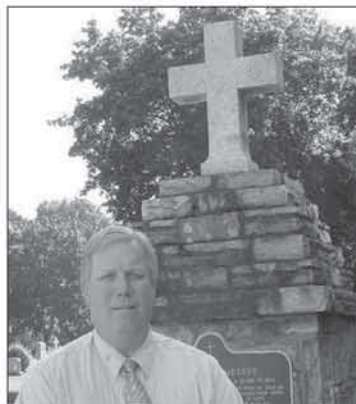


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Accident rates improving for older drivers

WASHINGTON —

Safety researchers expressed concern a decade ago that traffic accidents would increase as the nation's aging population swelled the number of older drivers. Now, they say they've been proved wrong.

Today's drivers aged 70 and older are less likely to be involved in crashes than previous generations and are less likely to be killed or seriously injured if they do crash, according to a new study by the Insurance Institute for Highway Safety.

That's because vehicles are safer and seniors are generally healthier, the institute said.

The marked shift, which began taking hold in the mid-1990s, indicates that growing ranks of aging drivers are not making US roads deadlier.

Traffic fatalities overall have declined to levels not seen since the late 1940s, and accident rates have come down for other drivers as well. But since 1997, older drivers have enjoyed bigger

declines as measured by both fatal crash rates per driver and per vehicle miles driven than middle-age drivers, defined in the study as ages 35 to 54.

From 1997 to 2012, fatal crash rates per licensed driver fell 42 percent for older drivers and 30 percent for middle-age ones, the study found.

The greatest rate of decline was among drivers age 80 and over, nearly twice that of middle-age drivers and drivers ages 70 to 74.

"This should help ease fears that aging baby boomers are a safety threat," said Anne McCartt, the institute's senior vice president for research and co-author of the study.

At the same time, older drivers are putting more miles on the odometer than they used to, although they're still driving fewer miles a year than middle-aged drivers.

This is especially true for drivers 75 and older, who lifted their average annual mileage by more than 50 percent from 1995 to 2008. — AP

Finding work difficult for aging Americans

By Matt Sedensky

ROCKFORD, Ill. —

When Charlie Worboys lost his job, he feared searching for a new one at his age might be tough. Six years later, at 65, he's still looking.

Luanne Lynch, 57, was laid off three times in the past decade and previous layoffs

brought jobs with a lower salary; this time she can't even get that.

They're not alone. A new Associated Press-NORC Center for Public Affairs Research poll finds many people over 50 reporting great difficulty finding work and feeling that their age is a factor.

AMERICANS page 24

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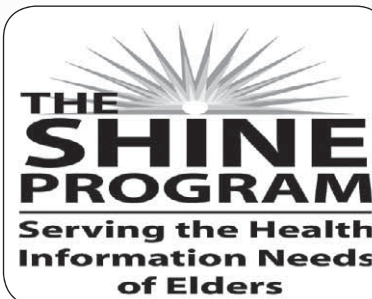
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If you have an estate plan: Did you fund It?

By Linda T. Cammuso

Trusts are used everyday in estate planning for a variety of reasons that include probate avoidance, gift tax and estate tax planning, protection of beneficiaries including minors, spendthrifts and individuals with special needs and sheltering assets from long-term care/nursing home expenses.



Legal Briefs

Today, more than ever, people understand the need to establish trusts as part of estate planning. However, many people fail to take the next step in this important process — funding the trusts with their most valuable assets.

If you wonder what “funding” is, generally speaking, it is the process of situating the ownership and beneficiary designations on your assets to pass in accordance with your estate planning goals. In the context of a trust, funding involves transferring ownership and/or death benefits of your assets into a trust — a legal agreement that holds those assets for the benefit of one or more beneficiaries.

In a typical living trust arrangement, the person (the grantor) who creates and funds the trust with his/her assets holds two roles, that of trustee (legal owner) and beneficiary (beneficial owner). Upon the grantor's death, the trust assets are passed along to whomever the grantor has designated in the trust document — be it a spouse, children,

extended family, charities, etc. Trusts can be funded during the grantor's life, or upon the grantor's death through a will or beneficiary designations.

On its own, a will or trust does not dictate how your assets will be distributed upon your death. This is why the funding process is so critical. Even if you have only a simple will, you must still go through the funding exercise to account for the disposition of all your assets.

Suppose your will provides that your estate will pay equally to your three children, but your life insurance policy names your sister as

the beneficiary and your retirement account names only one of your children. In spite of what your will says, the beneficiary designations on your life insurance and retirement account will trump the will.

Similarly, having another name on your house or bank account will result in the joint owner inheriting the asset upon your death. This is why estate planning requires a great deal of thought, and is so much more than a pile of documents.

While the funding process is not difficult, many people fail to realize the disconnect

between their legal documents and their assets, almost guaranteeing that their estate will not pass where and how they intended upon death.

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.

Reverse mortgage myth busters

By Alain Valles

Reverse mortgages are becoming a crucial component of financial planning for senior homeowners. These government-insured loans, also known as Home Equity Conversion Mortgages (HECMs), convert illiquid home equity into tax-free cash.

Reverse Mortgage

Though reverse mortgages were introduced in 1987, many people still carry old and misguided ideas about what a reverse mortgage is and how it works. Here are five common misconceptions about reverse mortgages.

•“I will lose my home.” With a reverse mortgage you retain full control and ownership of your home. As long as you continue to pay your real estate taxes, home-

owner's insurance and maintain your property, you may remain in your home for the rest of your life. You may sell your home at any time with no prepayment penalty.

•“I won't qualify because I have very little income, challenged credit or poor health.” A reverse mortgage currently has no income, credit score or health requirements. Even a bankruptcy or pending foreclosure is allowed. The only requirement is any delinquent federal debt must be satisfied.

•“I can't afford to make monthly payments on a reverse mortgage.” The unique feature of a reverse mortgage is there is no requirement to ever make a monthly mortgage payment. This is considered the magic feature of a reverse mortgage because you may receive a lump sum amount of cash, a monthly check for life or a line of credit to be used if ever needed with no monthly payment for as long as you live in

the home.

•“I won't qualify because I have a mortgage on my home.” There is no requirement for your home to be free and clear. Many seniors currently have a mortgage. A large percentage of those people are struggling to make the required monthly payment, which is influencing their quality of life. The tremendous advantage of replacing that debt with a reverse mortgage is the significant increase in monthly cash flow that hopefully will reduce any financial stress.

•“Only someone who is ‘cash poor’ needs a reverse mortgage.” Nothing could be farther from the truth. Even if you have no pressing need for cash or monthly tax-free income, a reverse mortgage is a credible estate planning tool to protect against unexpected life events such as a health challenge or a family emergency cash

REVERSE page 27

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A guide to Obama's plan for retirement savings

By Paul Wiseman

WASHINGTON —

President Barack Obama used his State of the Union speech to roll out a plan to coax low- and middle-income Americans into saving more for retirement.

New retirement accounts being set up by the Treasury Department would target workers whose employers don't offer retirement benefits or who haven't started saving yet for old age. The new "starter" savings program is called "myRA" — for "my IRA." Treasury expects to have a pilot program working by the end of the year. The White House does not need congressional approval to start the program.

"We think this fills a space that, very importantly, we can do by our own authority," Treasury Secretary Jacob Lew told reporters.

The plan is a response to a looming retirement crisis. Companies have largely abandoned traditional pensions, which provided workers with guaranteed incomes in old age. Social Security is under strain as baby boomers retire. Many Americans lost their jobs or saw their wages stagnate in recent years, leaving them less able to save for retirement.

Below, a closer look at how the new program works, why the White House says it's needed and whether experts think it will make much difference:

•How would myRA work?

Households earning up to \$191,000 a year could have money deducted from their paychecks and put into a retirement fund that pays the same variable interest rate as a retirement fund available to federal workers. Savers would contribute after-tax dollars into the accounts, starting with as little as \$25. They could opt for contributions as low as \$5 a paycheck.

•Is this a safe investment?

The accounts would be backed by the U.S. government; the principal would be protected from loss. Savers can withdraw what they've contributed tax-free at any time. The plan is voluntary. Although the money would be deducted from workers' paychecks, employers won't have to administer the program or contribute to it. Savers could take the accounts with them when they change jobs and could roll the savings

over into another private-sector retirement account at any time. "The people who would likely take advantage of this typically move from job to job often," said Lynn Dudley, senior vice president for retirement and international benefits policy at the American Benefits Council, which represents companies that provide benefit programs.

The accounts are governed by Roth IRA rules that limit annual contributions to \$5,500 — \$6,500 for those 50 and older. When the balance reaches \$15,000, the savings would be transferred to a private sector Roth IRA.

•What problem is myRA designed to solve?

Americans aren't saving enough for retirement. Boston College's Center for Retirement Research estimates that 53 percent of Americans won't have enough money to maintain their lifestyle in retirement.

The National Institute on Retirement Security puts the retirement savings shortfall at a staggering \$6.8 trillion — or higher. More than half of workers do not have retirement plans at work, the White House said. Obama's plan is designed to get workers into the habit of saving for retirement by giving them an easy-to-use option that protects their principal.

•How much will myRA help Americans prepare themselves for retirement?

Retirement experts are underwhelmed. "It's just a start. It is by no means a solution on its own," said David Madland, a retirement expert at the Center for American Progress, a liberal think tank closely associated with the Obama administration. The program is voluntary for employers too. And the Obama administration acknowledges that it doesn't yet have a commitment from any employers to offer the program.

Another problem: Most workers won't save adequately for retirement, many retirement experts say, unless they are automatically enrolled in savings programs and forced to opt out if they don't want to save. MyRA is voluntary. Others worry that savers can withdraw money freely. The possibility that savers will deplete the accounts before retirement makes MyRA a "woefully inadequate response to the retirement crisis," said Teresa Ghilarducci, a retirement specialist at the New School for Social Research in New York. — AP



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► Americans

Cont. from page 21

After Worboys was laid off and his hunt for another teaching job was fruitless, he sought counseling positions. When those leads dried up, he applied for jobs in juvenile detention centers, in sales and elsewhere. He finally settled for part-time work, all the while still scouring online listings and sending out applications each week.

"They're looking for the younger person," he said. "They look at the number 65 and they don't bother to look behind it."

The AP-NORC Center poll found 55 percent of those 50 and older who have sought a job in the past five years characterized their search as difficult, and 43 percent thought employers were concerned about their age. Further, most in the poll reported finding few available jobs (69 percent), few that paid well (63 percent) or that offered adequate benefits (53 percent). About a third were told they were overqualified.

Still, some companies are welcoming older workers; 43 percent of job seekers surveyed found a high demand for their skills and 31 percent said there was a high demand for their experience. Once on the job, older workers were far more likely to report benefits related to their age — 60 percent said colleagues had come to them for advice more often and 42 percent said they felt as if they were receiving more respect in the company.

People of all ages have been frustrated by the job market and the unemployment rate for those 55 and older was 5.3 percent in

September, lower than the 7.2 percent rate among all ages. By comparison, unemployment among those 20-24 was 12.9 percent, and among those 25-54, 6.2 percent.

But long-term unemployment has been rampant among the oldest job seekers. Unemployed people aged 45 to 54 were out of work 45 weeks on average, those 55 to 64 were jobless for 57 weeks and those 65 and older average 51 weeks.

Younger workers were unemployed for shorter periods of time.

Sixty-three percent of those who searched for a job cited financial need and 19 percent said it was because they were laid off. Far smaller numbers searched because they wanted to change careers, find a better salary or benefits, escape unhappiness at a prior job or simply get out of the house.

Lynch, of San Gabriel, Calif., hated taking a step down after the earlier layoffs, but this time only one interview has come from 70-some applications.

"It's starting at the bottom," she said. "And frankly, I'm getting too old to be starting at the bottom."

Bob Gershberg, a corporate recruiter in St. Petersburg, Fla., said unemployed people, regardless of age, have had trouble getting rehired. But he said older workers have faced an added layer of skepticism from employers.

"They'll say, 'Give me the young guy. Give me the up-and-comer. Someone with fire in the belly,'" he said. "But there's always been a bias against the unemployed. They say, 'If



she was so good, why'd she get cut?"

Sharon Hulce, who runs a recruitment firm in Appleton, Wis., said she's found some employers are concerned that applicants in their late 50s or 60s may not stick around for the long haul.

And Kerry Hannon, who authored *Great Jobs for Everyone 50-plus*, said managers may be leery of a lengthy resume from someone they can't afford, salary-wise.

"They'll look at your background and just figure you'll be insulted," she said.

About 4 in 10 who have been on the job market said they felt they lacked the right skills or felt too old for the available jobs. Many reported trying to improve their skill set (20 percent) or present themselves with a fresher resume or interview approach (15 percent) to make themselves more marketable.

Bret Lane, 53, of San Diego, was out of work for 22 months until finding a job over the summer through Platform to

Employment, a training program. He lost count of how many jobs he had applied for — it was easily in the hundreds. Once, after seeing applications would be taken for a janitorial job paying \$14 hourly, he got up at 3 a.m. to get an early start. There were already 400 others in line.

"I wasn't getting any interviews. I wasn't getting in front of any decision makers," he said. "People in our age group are very discriminated against."

One in five respondents in the AP-NORC Center poll said they personally experienced prejudice

or discrimination in the job market or at work because of their age. That doubles to 40 percent among those who have sought a job in the last five years.

Faye Smith, 69, of Dallas, Ga., said she needed to find work after losing much of her savings in the downturn, but felt the hesitance of employers when they saw the dates on her resume.

"You could tell when they found out the age," she said. "There's a change in the face and the demeanor of the person."

The AP-NORC Center survey was conducted Aug. 8 through Sept. 10 by NORC at the University of Chicago, with funding from the Alfred P. Sloan Foundation. It involved landline and cell phone interviews in English and Spanish with 1,024 people aged 50 and older nationwide. Results from the full survey have a margin of sampling error of plus or minus 4.1 percentage points. — AP

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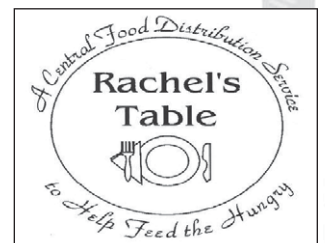
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2014 decor trends: Personal expression rules

By Melissa Rayworth

With a new year come new trends in home design and decorating. Among them: paler walls contrasted with colorful furniture and plenty of personal expression, design experts say.

Whisper-soft, ultra-pale shades of pink — described by designers as “blush tones” — are back. But the ‘80s haven’t returned, at least not entirely, said designer Brian Patrick Flynn.

What’s different about blush this time around is what it’s paired with. “In 1985, you’d find it paired with mauve and black with tons of shiny brass accents. Flash forward to today and blush is likely to be paired with preppy, masculine tones,” said Flynn, founder of Flynnside Out Productions.

His favorite blush paint is Barely Blush from Glidden, which he contrasts with navy blue: “The deep, rich personality of the navy actually washes out the blush, almost causing it to look white, and the overall effect is fresh and gorgeous,” Flynn said.

Speaking of white walls, Los Angeles-based designer Betsy Burnham sees those coming back in a big way.

“I used to think white walls looked unfinished,” she said. “But I’ve completely come around on this one, because white is the ultimate palette cleanser. It gives every space — even the most traditional — a modern edge, and sets the stage wonderfully for lay-

ers of color in upholstery, accessories, area rugs and art.”

But while wall colors are getting softer and paler, the opposite seems to be happening with furniture.

“Strong colors on upholstery are becoming more of the norm,” said Kyle Schuneman, founder of Live Well Designs, who spent a chunk of 2013 designing his first line of furniture, in collaboration with retailer Apt2B.

He opted to create sofas in bright blues and shades of orange because “a bright sofa is no longer just for a creative office waiting room,” he said. “People are bringing them into their homes.”

One bold color to approach carefully this year: red-violet. “Red-violet is the Pantone color of the year for 2014,” Flynn said. “As a designer whose specialty is using color, let me tell you something: Red-violet is about as complex as it gets.”

“My trick for using it right is pairing it with black, white and brass,” he said. “It’s not all that overwhelming, since it’s balanced by the neutrality of the black and white, and made a bit more chic and regal with the brass.”

“For accessories, the trend seems to be getting away from color and going more

into rich textures like horn, aged metallics and linens,” Schuneman said. “The absence of color is becoming chic for smaller items.”

One texture Flynn said will have a big moment in 2014: felt.

“Have you looked at Pinterest lately? It’s like every fifth photo you see involves felt. Ever since the handmade movement kicked in back in 2010, felt has been used in unexpected ways and in a modern fashion. What makes it such a favorite

for designers is how easy it is to work with. It’s amazing for door upholstery due to its stiffness,” Flynn said.

“The idea of personalization is becoming stronger and stronger,” Schuneman said. “People are wanting their homes to reflect a more unique perspective.”

So rather than assuming that everyone will be buying the same popular items, “stores are doing limited runs on items more often, like art in series or a special brand collaboration for just a season,” he said.

Burnham agreed. Homeowners are increasingly looking to “large-scale wall hangings” and other pieces of art to express themselves, she said, rather than doing it with bold wall color.



“Boy, am I sick of accent walls. I really believe that trend is out. I vote for art every time,” Burnham said. If you’re looking for something to cover big, blank areas, shop on Etsy for macramé pieces. They add such wonderful texture to your walls.

She also recommends hunting for vintage posters that speak to you. Find them through online dealers and auction houses, and then frame them in a group.

“While the vintage ones are a bit of an investment,” Burnham said, “they can be a lot more reasonably priced than large-scale paintings and photographs.”

Another way Americans are increasingly customizing their space, according to Flynn: Western-inspired décor.

“For years I’ve seen taxidermy make its way into mainstream design, yet reinvented in new ways. Lately, I’ve been looking to Ralph Lauren-like cabins of the Western United States for inspiration in my own home. I think a lot of cabin-inspired colors such as pea greens, hunter greens and camouflage-inspired prints will become super popular.”

“Tons of new-construction homes have awkward bonus rooms” that homeowners aren’t sure how to furnish, Flynn said.

One suggestion: “Why not turn that space into an extra sleeping area that can accommodate multiple guests, but in a super-stylish, architectural manner? That’s where the art of built-in bunks comes in,” Flynn said. — AP

Worcester County Memorial Park introduces The Good Grief Social Group

GOOD GRIEF is a social group for the purpose of meeting people who have experienced a loss in their lives.

Worcester County Memorial Park is proud to have developed a “new” group for those men and women who are looking to meet new people in the area for socializing.

At Worcester County Memorial Park, we have a great after care program, which tries to stay in touch with families who have lost a loved one. So many times people we visit feel lost and are left to figure out how to move forward and enjoy life. Most have friends, but a lot of friends are married making them feel like a third wheel or intruding. You may find yourself feeling



this way.

This is NOT a grief support group. It is for those who are now ready to meet new people and have fun and enjoy other’s company. Our goal is to provide

activities throughout the year.

You may want to get together once a month to be around others and enjoy fellowship. You may want weekly dinners, or you may want to get together for movies, cards, or day trips.

We started the group in May and it really has taken off! We would love you to join us. Every get-together we have new people join and everyone makes

them feel welcome! Our intention is for this not to be a dating service but rather to garner new friendships.

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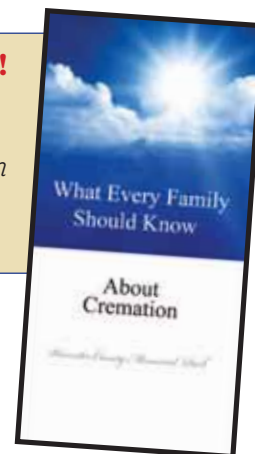
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► Aging

Cont. from page 7

aging. Good intension was certainly the motivation for the launch of this project. Moreover, good intension may be at the heart of how this information will be used.

The state has known and talked about aging-in-place supports for years. And it shouldn't be surprising to anyone that the aging baby boomers were going to further burden health-care delivery, programs and

services that help elders age in place.

The fact that we are still at the talking and planning stage is discouraging. The question is, how much money will solutions take? And are state and community governments willing and able to fund initiatives?

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro@fiftyplusadvocate.com. And follow her online at www.facebook.com/fiftyplusadvocate, www.twitter.com/shapiro50plus or www.fiftyplusadvocate.com.

► Physical

Cont. from page 12

improves physical function, cognitive ability and positively affects several chronic diseases. Although the specific clinical diagnosis of sarcopenia is uncommon, strengthening programs are shown to positively affect all of the acknowledged major consequences of the condition.

Think that you may be suffering with sarcopenia? Consult with your physician. Then take heart from the overwhelming evidence that supports that you can reverse the decline.

► Reverse

Cont. from page 22

request. Having a reverse mortgage line of credit in place can give peace of mind that one is prepared for the unknown.

A reverse mortgage is not for everyone. But for many qualified homeowners, it is an excellent way to access the equity that has built up in your home without tak-

Several programs available throughout the community can help you to restore your lost strength and improve your function. And rest assured that it doesn't require an insurmountable effort. The evidence also demonstrates that about 20 to 30 minutes of strengthening work, done two to three times per week, can rebuild years of lost strength in only a few months.

Paul Reilly is the owner and managing director of ActiveRx - Westborough. He can be reached at 508-329-1163 or PReilly@ActiveRx.com or ActiveRx.com. Archives of articles from previous issues can be found at www.fiftyplusadvocate.com.

ing on additional monthly debt payments. There are strict federal and state guidelines and protections built into reverse programs.

Alain Valles, CRMP and president of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England. He can be reached at 781-878-5626 x224, by email at av@dfcmortgage.com or visit lifestyleimprovementloan.com.



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chronic wound
keep you from
doing the things
you love!

The sore on my foot just wasn't going away. I was warned that could happen, given my diabetes. Then **my doctor recommended I see the specialists at the Wound Healing Center of Saint Vincent Hospital.**

I am so glad I did. After six weeks, my sore has completely healed and I have my life back.

If you or a loved one has a wound or sore that has not started to heal within a month, or has not healed entirely in two months, don't wait!

Call the experts at the Wound Healing Center of Saint Vincent Hospital today and let the healing begin.

stvincenthospital.com

At the Wound Healing Center of Saint Vincent Hospital, all we do is heal wounds. Our state-of-the-art, comprehensive wound care facility offers the most advanced treatments available. We are the only wound care center in Worcester to offer hyperbaric oxygen therapy — a treatment proven to accelerate wound healing. World class wound care, right in your neighborhood.



SAINT VINCENT HOSPITAL
Wound Healing Center

123 SUMMER STREET
WORCESTER, MA 01608
THIRD FLOOR, NORTH SIDE, SUITE 360
508. 363. 6006

Saint Vincent Hospital
accepts most major
insurance plans including:



***If Saint Vincent Hospital is included in your medical plan's provider network, it does not guarantee that the services rendered by Saint Vincent are covered under your specific medical plan. Check your official plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits.