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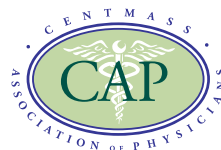


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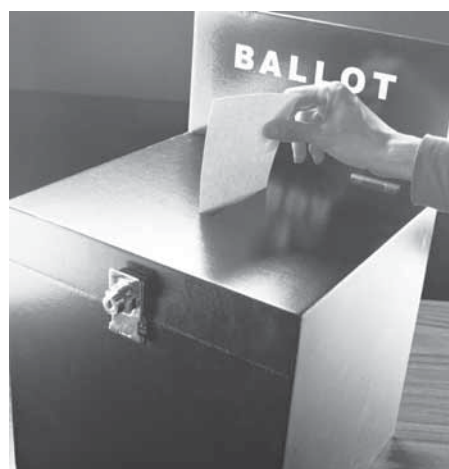
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If you use any services listed above, please mention you saw their ad in the Fifty Plus Advocate.

Companies embrace home modification demands

By Brian Goslow

One are the days when you'd need your own carpenter — or begin a not-so-always successful search for one — to install an access ramp to help someone with impaired mobility get up your steps.

Similarly, you no longer have to worry about a fall due to poor lighting during a late night trip to the bathroom. Building supply companies have finally caught up to the reality that the much-heralded influx of retired baby boomers is here — and they need help to safely stay in their homes.

"People remember when the only choice with the ramp was a fairly rigorous construction project," said industrial designer and gerontologist Patricia Moore. "It was difficult, it maybe ruined the lawn and it wasn't very affordable." That's slowly changed as new products have come on the market that take out much of the aggravation of home accessibility modification projects and no longer entail having to sacrifice the look of your property.



"There are so many choices now to make this something that complements your home and gives you curb appeal, where before the choice was something less than desirable," Moore said.

To that end, Lowe's has jumped on the bandwagon with a modular ramp that can be configured to utilize existing walkways and driveways; to make the process easier, customers can work with an in-store specialist, have a free home consultation or design their own ramp via the store's website, www.lowes.com. "You can design specifically to your home, not just in terms of size and shape, but style," Moore explained.

This process avoids the need to dig up your lawn or remove flowerbeds or trees to make a ramp fit. As a bonus, the ramps are designed to be fashionable and not decrease the value of your home.

Where ramps used to be installed for wheelchair users, they now have multiple purposes. "You're looking at taking care of little children who are learning to walk or when we're running to the airport with our roller bag or when we have a piece of furniture delivered or when mom and dad come visit us for the holidays," Moore said. "Everyone in our circle of family and friends is accommodated when we take care of the danger point that is stairs and steps."

Although their parents may not talk about it, adult children may notice it's time to make it easier for their mother and father

to get into their home. There are signs to watch for, most notably that mom and dad aren't going out as much as they used to.

"Steps and stairs become absolutely frightening for us if we're starting to lose balance or if our mobility has changed — and it's going to happen if we live long enough," Moore said. "We want to look at how to create an alternative by having accessible steps, which is a nicely designed ramp."

"That's usually the first point of home modification — to make the house more useable and safer."

Should you decide to design your own outside ramps, Lowe's website gives you the ability "to actually play just like an architect or designer," Moore said. "You can lay out your yard, put in patio features, trees, shrubs — everything that really determines where and how you're going to place the ramp. If you decide to go ahead and install it yourself, it's an easy and affordable weekend project."

Moore noted most homes have two entry points — one in the front with the other in the side or rear. In considering a ramp, you have to consider which design solution is best for you. As these kinds of items become more widely used, the old stereotype of an entranceway needing expensive major reconstruction and an ugly cement platform for the base of the ramp is slowly becoming a thing of the past.

"You're not stuck with the kinds of construction modifications and costs that you used to have because this is a modular system that doesn't require any kind of concrete pads," Moore said. "You can configure it in any direction that you need and allow yourself to put in the style, the railings, the lights, all the features you could possibly want so that it complements the style of your existing home."

But once inside the home, inside accessibility also needs to be considered. Step one should be keeping the walking areas of the home clear. "You don't want to have any kind of scatter rugs or throw rugs that could become a slip and fall hazard," Moore said. "You want to make sure you have clear pathways and if you need to, you can put in simple fixes with new flooring that is more forgiving and not as slippery."

One way to eliminate the possibility of falls is the addition of lights that create safer pathways by improving nighttime and low-light days visibility. "With energy saving devices like sensors, you don't have to go around the house and turn every light on, but rather the lighting can anticipate your presence," Moore said. "When we enter a space, the light on the end table can go on



Lowes is offering modular ramps

and safely light our way or we can have sconces on the walls to light the hallway."

Good lighting is essential in the kitchen and the bathroom. "We still have too many headlines where someone has reached for a vial of medicine and really didn't see that label very well and makes a mistake," Moore said. "That can be a life threatening moment when if we had appropriate lighting, we wouldn't make those mistakes."

While these changes are normally associated with older folk, Moore said they would have benefits for everyone in a household. "What I try to do as a designer and a gerontologist is tell people we're not just talking about what happens at late life, we're talking about all of the generations living in homes and communities simultaneously," she said.

Bathroom modifications can be helpful to the entire family. "Just adding the simple feature of a hand-held showerhead that benefits everyone, whether you're kneeling down to wash the dog or you're bathing

a grandchild or you're taking care of yourself," Moore said. "Having that adjustability in height is always a nice idea."

Toilet seats that allow for easier access for someone with lower mobility are now readily available, and adjustable grab bars for the toilet and tub area, once thought to be an ugly but necessary addition for medicinal purposes, are now designed so they become an added feature to the style of your bathroom. "You can add towels to them and they serve a multiple purpose," Moore said. "It really is that

kind of win-win thing we're looking for with our budgets today."

Moore said some communities around the country have started to enact safety mandates in housing regulations to ensure a home is safe for all ages. "Some ordinances are being put into place to help someone not just delivering a piano, but fire and safety personnel, and the police, for that emergency when someone has to leave the house by a gurney when an ambulance comes. "When we make for safety and usability for ourselves, we're actually extending that to every member of the family and community," said Moore.

"I always like to remind people that in 1900, our lifespan was 42 years of age. It's very interesting how quickly we've become an elder society and it's good business to take care of every consumer, but especially our elders," she said.

For more information: www.lowes.com/ramps.

Outdoor activities promote healthy aging

Patricia Moore, a gerontologist and industrial designer, said the quality of home life is improved through the addition of landscaping and garden features that encourage exercise and intergenerational activities. If you're caring for your grandchildren, just the fun of recognizing what they're learning about gardening and landscaping will have a variety of benefits for all involved.

"You have the joy of watching something that you put into the ground blossom and something grow that you can use in your salad later on in the year," Moore said. If you don't naturally have a green thumb, start small — if you enjoy the process, you'll want to do more.

"Even starting with a potted plant, that can make us think, 'You know, I could use some window boxes or something on the front porch or the back patio, something at the entryway, even hanging baskets,'" Moore said. "And now vegetables that are

growing by hanging are certainly things that add real quality to our lives as well as give not just your family members, but the whole neighborhood something to talk about."

The process can give you new things to look forward to, keep your mind creative and active, and body active. "Having something that can seasonally add curb appeal to our houses — being able to change that out by putting pumpkins on the porch — and recognizing that you're tying in and creating a whole design theme for your home not just for the seasons of the year, but the seasons of your life is a great benefit," said Moore, whose new book, *The Business of Aging*, is due in late 2013.

"*The Business of Aging* is about how we look at every aspect of being a consumer in this world today as an older person, because again, for the first time in our history, we are living to be much older than ever before," she said. — BY BRIAN GOSLOW

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Cooperation between voters and candidates can benefit everyone

By Sondra L. Shapiro

As the election season winds down, there are just two things left for voters to do: study up on the issues then hit the ballot box.

Sounds easy, so why do potential voters seem so frustrated or worse, ambivalent?

Probably because the candidates and incumbents are so busy trying to get into office or stay there, they haven't gotten to know whom they are representing.

To start: Medicare and Social Security are erroneously labeled third rail issues — to touch them means suffering the wrath of older voters, a group that traditionally votes in higher numbers than other age groups.



Just My Opinion

It is true that entitlements are of great importance to older Americans; it is wrong to assume as individuals they are unwilling to hear the truth about what is needed to make these programs healthy. From recent surveys, it could actually hurt the candidates to be vague or sidestep the discussion. So it was refreshing to hear Gov. Romney and Pres. Obama providing some details about where they stand on both issues during the first presidential debate. Though it was dismaying to hear the misinformation each spewed regarding the other's plans. This behavior just confuses people.

It is a fallacy that older people vote with only entitlements in mind. A recent poll by the nonpartisan Kaiser Family Foundation found that the economy is actually more important to them when voting than Medicare. Another poll by Associated Press-GfK shows seven in 10 seniors say taxes and the federal deficit are important to them. **(Related story page 9)**

AARP polls found that the economy and entitlement protection is of great importance to potential voters nearing or in retirement.

There is a sense of frustration over the increasing party polarization that has precluded action on entitlements, as well as other pressing issues.

According to the results of an AARP survey, the next president and Congress need to strengthen Social Security (91 percent) and Medicare (88 percent). Respondents also overwhelmingly (91 percent) think that these issues are too big for either party to fix alone and require Republicans and Democrats to come together.

"There is disappointment in the candidates not doing what they said they are going to do," said AARP National President Rob Romasco during a meeting at the offices of *The Fifty Plus Advocate* to discuss the results of the group's national voter education initiative. "Candidates are missing an opportunity at their risk. Here is the voting public saying they are not happy with what you are giving us, so give us more. Listen to us. Be honest."

Respondents to the survey think the

candidates have not done a good job of explaining their plans on Social Security (67 percent) and Medicare (63 percent).

Perhaps when the economy was strong there was little incentive to bite the bullet to fix entitlements. But hard times mean Medicare and Social Security are critical lifelines.

The trust funds that support Social Security will run out of money in 2034. At that point, the program will collect only enough tax revenue each year to pay about 75 percent of benefits. The program ran a 4 percent deficit last year and according to a new report by the Congressional Budget Office, is facing deeper deficits in the next 10 years.

The Medicare Trust Fund for the program's hospital insurance — Medicare Part A — will run out of money in 2024, according to the annual Medicare Trustee report, released in April. Part A covers inpatient hospital care, medical care in a nursing home, hospice care and some home health services.

The backdrop of this election season offers a golden opportunity for voters to learn where the candidates stand on solutions to these problems. Yet, too often, the airwaves are filled with meaningless sound bites that serve to confuse or scare voters.

To that end, AARP began a campaign to bring clarity to voters on the issues: The campaign included surveys to tap into the financial concerns of individuals age 50 and over, and a "national conversation" with older Americans regarding the future of Medicare and Social Security. A questionnaire was completed by nearly 14,000 Massachusetts residents regarding entitlements.

AARP also is offering online information that presents the pros and cons of the options currently being discussed for Medicare and Social Security. Experts from the Brookings Institution, Heritage Foundation and National Academy of Social Insurance present the solutions in a simple-to-understand manner.

"The takeaway here is — you have to consider the full array of consequences to any of these solutions," said Romasco. "We have to ask ourselves, 'what are we willing to pay for?'"

According to the AARP survey, 59 percent fear the negative effects of the economic downturn on their retirement savings will force them to rely more heavily on Social Security and Medicare. The survey revealed that 72 percent of non-retired boomers believe they will probably be forced to delay retirement and 50 percent have little confidence that they will ever be able to retire; 65 percent have little confidence that they will have the means to live comfortably in retirement.

From the survey results, AARP compiled an Anxiety Index of 1,852 registered voters, including 1,331 ages 50 and older, that found the top economic worries included: inflation, taxes, the opportunity to eventually retire, financial security during retirement and the affordability of health care.

Regardless of where a voter stands philosophically, Paul Ryan hit the mark when

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COOPERATION page 9

Obama Medicare ideas

By Ricardo Alonso-Zaldivar

WASHINGTON —

He'll never turn Medicare into a voucher, but if you are lucky enough to be financially comfortable in retirement, odds are you'll pay higher premiums under President Barack Obama's plan. It's not just the 1 percent who'll feel the pinch.

With the future of Medicare on the line in the presidential election, The Associated Press asked the Obama campaign questions about how his plans for seniors' health care would affect critical issues of costs and benefits.

Some Medicare questions for consumers to watch, along with answers from the Obama campaign and the views of several experts:

Q: What new costs can seniors expect under Obama's plan for Medicare?

A: You may need a CPA degree to understand the complicated details of changes proposed by the president.

Broadly speaking, Obama would raise monthly premiums for retirees making \$85,000 or more (\$170,000 for married couples). He also would hit newly joining baby boomers with a series of fees.

Currently only about 5 percent of beneficiaries pay higher, income-based monthly premiums for outpatient coverage under Medicare Part B and even fewer pay higher premiums for prescription drug coverage.

Under Obama's proposal, a growing share of seniors would pay the higher

premiums over time. He'd also bump up the premiums paid by higher-income beneficiaries by 15 percent.

After about 20 years, the top 25 percent of Medicare recipients would be paying higher, income-based premiums.

An analysis by the nonpartisan Kaiser Family Foundation estimates that in 2017, a single retiree with income of \$86,000 would pay \$447 more in premiums for Medicare's outpatient and prescription drug coverage. A married couple with income of \$175,000 would pay about \$894 more in that year.

As for the fees on newly joining baby boomers, they'd face a \$25 increase in their annual outpatient deductible (initially for a few years only), some limits on the use of Medigap insurance to fill in gaps left by Medicare, and a new home health co-payment in certain cases.

Think of these proposals as the president's opening bid in budget talks.

Q: Hasn't Obama also hinted he might be willing to increase the eligibility age



OBAMA page 22

Romney's Medicare plan

By Ricardo Alonso-Zaldivar

WASHINGTON —

Mitt Romney's Medicare plan won't try to control costs by limiting the payments that future retirees would use to buy private health insurance, aides say.

Budget experts are questioning how the Republican candidate will be able to get savings without caps.

Reining in costs is vital to keeping Medicare affordable, and in their plans both President Barack Obama and Romney's running mate, Paul Ryan, set limits on the growth of future spending. Romney's approach is different.

Romney campaign officials say Medicare savings will come through competition among health insurance plans. But independent experts say they doubt that Romney's plan can succeed without some kind of hard spending-limit.

"It sounds like Romney is trying to have it both ways," said Robert Bixby, executive director of the Concord Coalition, a nonpartisan group advocating to reduce government deficits. "It's a really important point whether there will be a cap. It will

help determine whether the health care savings he's touting are credible."

For example, a President Romney would not be able to get credit for assumed savings through competition under the procedures currently used to analyze legislation by the all-important Congressional Budget Office. The nonpartisan budget referees might rule such a plan out of bounds, forcing Romney to accept a cap.

"This is pure Romney-speak," said Rep. Chris Van Hollen, D-Md., ranking Democrat on the House Budget Committee. "Everybody knows the way they achieve savings through their voucher plan is to impose a cap. Otherwise it's laughable to claim any savings."

In the world of private business, competition hasn't solved the health care cost problem for employers, who increasingly have been shifting costs to workers and their families in the form of higher premiums and copays. "Competition alone is very speculative," Bixby said.

Bixby was a member of a Bipartisan Policy Center group that last year produced a deficit reduction plan that, like Romney's, called for shifting Medicare from an open-ended benefit to a program that gives future retirees a fixed amount of money for health insurance. It included a cap on the growth of spending.

Medicare covers nearly 50 million retirees and disabled people. Since its creation in 1965, it has been an open-ended benefit

ROMNEY page 22



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Older voters look beyond Medicare, Social Security

By Josh Lederman

WASHINGTON — **G**et in line, Medicare and Social Security. Seniors, like just about everyone else, have money on their minds.

Who wins the trust of seniors, a group that votes at a higher rate than any other, will be a deciding factor in the presidential election. That should be good news for Mitt Romney, because those 65 and older have backed the Republican candidate in both of the last two presidential elections.

But President Barack Obama has been pounding Romney and his running mate, Rep. Paul Ryan, on their plan for Medicare.

Still, Romney has the edge nationally among seniors — in no small part thanks to seniors' concerns about Obama's handling of the economy.

More seniors say the economy is more important to their vote than Medicare, says a poll released by the nonpartisan Kaiser Family Foundation. A recent Associated Press-GfK poll shows 7 in 10 seniors say taxes and the federal deficit are important to them.

Even for those well into retirement, a feeble economy affects older Americans in ways you might not realize. Many have had to bail out adult children who have lost their jobs and turned to their aging parents for help. And those who lived through the Great Depression as children relate intimately to the perils of an over-indebted nation.

Just ask Dominic Santoro, an 81-year-old retiree from Sunny Isles Beach, Fla., who said it's different for seniors than it is for younger Americans, who have years to make up what was lost during the recession.

"That's very nice, but what about the poor senior citizen that's no longer working and can't replace that money?" said Santoro, who

plans to vote for Romney.

Older voters will make up a dramatically larger part of the population in the coming decades, according to a new report by the National Academy of Sciences. Americans are living longer, working longer and waiting until later in life to have children.

In the near term, that shift may work in Republicans' favor, offsetting some of the boost that Democrats are expected to enjoy from the growing minority population.

Those who witnessed a post-Depression resurgence tend to fondly recall FDR's New Deal and may be more likely to vote Democratic, said William Frey, a demographer at the Brookings Institution, a Washington think tank. But as time marches on, they'll be replaced by their younger counterparts.

Their children, the baby boomers, are more fragmented when it comes to their financial situations and

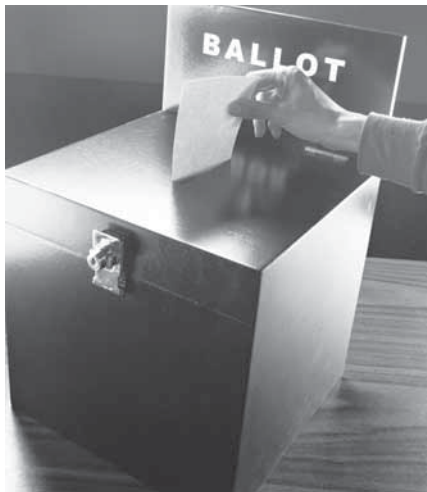
living arrangements. Many had fewer children than their parents' generation and now, facing retirement, have less support from their sons and daughters. Some have solid pensions and are in good shape. Still others are female heads of household with little savings.

And for many of those who grew up in an America marked by the turbulence of World War II, global unrest and anti-American rage may be all the more disconcerting.

"I used to be proud to be an American," said Diane Fritz, a 69-year-old Romney supporter from Port Charlotte, Fla. "We don't even look like we're a strong country anymore."

Barbara Kelleher, 66, an Obama supporter, put it another way:

"Suddenly you think, 'What's going to happen and how is this going to affect my grandchildren's future?' You want the world to be a safe place." — AP



► Cooperation

Cont. from page 7

he recently said, "You know, entitlement reform has unfortunately been made very partisan, by partisans. ... And unfortunately it's what we've come to expect because the politics of reforming entitlements has become very bitter. It's very unfortunate because if we let politics get the best of us, these problems are gonna get out of our control."

Romasco said the anxiety about the future, and about retirement, is actually three times greater than the concern about holding on to a job today. It's no wonder. Social changes are heaping on financial pressure for many who are assuming the financial responsibility of parent care, college educations or financially-strapped adult children. Economic woes mean smaller household incomes and savings for retirement.

The question is, will information from

AARP and other sources help individuals to better understand what's at stake and make them care enough to vote? There's still the frustration and ambivalence to overcome.

With the finger pointing and partisanship going on in Washington, little is getting accomplished. So Americans get frustrated and don't vote. The AARP survey reported 47 percent said they want to be heard but they don't think it's going to make a difference.

Combine this frustration with the confusion, misinformation or intimidation over an issue and folks may prefer to bury their heads in the sand rather than take the time to try to learn about something.

Romasco sees hope. When he stands at the door as the audience leaves after a "You've Earned a Say" event, people thank him and say they have learned something.

"People are so concerned about their future, they are taking the time to participate in the surveys AARP is offering."

COOPERATION page 10

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Medicare open enrollment an opportunity to review

By Linda F. Fitzgerald

For those of us with Medicare, the fall season means more than enjoying the foliage, watching our favorite football team (for me, the New England Patriots) or preparing for the Thanksgiving holiday. It is also the season for Medicare open enrollment, which officially began Oct. 15 and runs through Dec. 7.

Like our other seasonal favorites, this is the only time of the year when the nearly one million Medicare beneficiaries in Massachusetts may review and make changes to their Medicare coverage. Any changes that you make will go into effect on January 1, 2013.

During open enrollment, you may:

- Switch to a Medicare Advantage plan;
- Switch from one Medicare Advantage plan to another;
- Drop your Medicare Advantage plan and return to Original Medicare; or
- Join a Medicare prescription drug plan, change to a new one, or drop your coverage.

Even if you are content with your current coverage, it is always a good idea to review your plan to make sure you are getting the most out of your Medicare. And, evaluating your plan options may be easier than you may think. Just follow the four "C's": coverage, cost, convenience and customer satisfaction.

Coverage: Comparing Medicare plans can be simple. The official Medicare website has a tool at www.Medicare.gov/find-a-plan that helps you find and compare all of the plans available in your area. When reviewing plans, focus on the benefits, such as the coverage offered while you are in the prescription drug doughnut hole, the period during which you pay a higher share of your drug costs. Also, find out which drugs are covered.

If you need help comparing coverage options, you may work with SHINE (Serving the Health Information Needs of Elders) counselors for free assistance. Be sure to ask the counselor questions that matter to you, such as whether you will have coverage if you get sick while traveling out of state. Call your local senior center or council on aging to make an appointment with a SHINE counselor.

Cost: From year to year, your Medicare plan costs may change. During open enrollment, you should compare all of the costs, including premiums, deductibles, drug costs and out-of-pocket maximums.

Convenience: When it comes to going to doctor's appointments and filling prescriptions, we know convenience matters. When reviewing Medicare plans, find out if you will have access to your doctor, or doctors nearby. And, check that your local pharmacy accepts the plan, and that the plan provides online prescription-filling or mail-order options.

Customer service: Have you ever wondered how your Medicare plan stacks up against others? When you are comparing plans, take note of Medicare's star-rating

system. Medicare health and prescription drug plans are rated on how they perform in different categories, such as responsiveness and care, member complaints and customer service. A plan may rate between one star (poor) and five stars (excellent).

After you've gone through the four C's, it's time for the D — decide. Remember, even if you are happy with your Medicare plan, it is wise to evaluate your options since the open enrollment period is the one and only time each year when you may switch plans. Once you complete the four C's of comparing coverage, cost, convenience and customer service, you will be poised to make a well-researched decision to either change your plan or stay with the one you have.

Keep in mind: it's important to review your options carefully. In some cases, if you drop your coverage, you may not be able to get it back. Also, during this sole season of Medicare open enrollment, if you miss the December deadline, you will have to wait until next fall to switch to a different Medicare plan.

For more information about Medicare open enrollment, visit www.aarp.org/openenrollment or call 866-448-3621 and request the free Medicare open enrollment resources, *Twelve Questions You Can Ask* (D19576) and *Eight Things You Can Do* (D19575).

Linda F. Fitzgerald is the volunteer state president of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma, www.facebook.com/AARPMa and www.twitter.com/AARPMa.



AARP and You

Does Mitt Romney think elders are dependent on welfare?

By Al Norman

In mid September, the Occupy Wall Street movement celebrated its one-year anniversary. This is the movement that made popular the expression "We are the 99 percent."

But right in the middle of that celebration, a film of presidential candidate Mitt Romney created another quotable percentage: "We are the 47 percent."

Romney was secretly taped at a Boca Raton fundraiser as saying, "There are 47 percent of the people ... who are dependent upon government, who believe that they are victims, who believe the government has a responsibility to care for them, who believe that they are entitled to health care, to food, to housing, to you-name-it. That that's an entitlement. And the government should give it to them ... These are people who pay no income tax ... (My) job is not to worry about those people. I'll never convince them they should take personal responsibility and care for their lives."

It turns out that Romney was, in large part, talking about the elderly. According to the Center on Budget and Policy Priorities, 22 percent of people who did not pay federal income taxes in 2009 were people aged 65 or older who had modest incomes and did not have earnings. Many seniors won't owe income taxes because of elderly tax benefits, which include the extra standard deduction for the elderly, the exclusion of some Social Security benefits from taxable income, and the credit for the elderly.

People on Social Security don't think they are getting an entitlement. They see the program as an earned benefit. Consider the real case of a 66-year-old, who first started paying payroll tax into Social Security in 1963. Every dollar she paid into Social Security over half a century went to pay for current retirees. Now, in 2013, she retires, and begins collecting \$2,388 a month. Over

her lifetime of earnings, she paid \$124,183 into the Social Security System, and her employer roughly matched that amount at \$126,777. This worker's contribution

into the Trust Funds came to \$250,960.

This retiree will collect \$28,656 a year

in Social Security benefits. It will take her almost 9 years to get back what she and her employer put into the system. If she dies before turning age 75, she loses money on the deal. If she lives beyond 75, she will receive more than she put in. If she keeps working past age 66, she will have to pay federal income taxes on her Social Security benefits if she files a federal tax return and has total income of more than \$25,000, or \$32,000 for a joint return.

This is how Social Security works. Today's workers pay for today's retirees, and no one is entitled to get back what they put in, because it's a pool of benefits

drawn down based on how long you live and your salary history. This same worker and her employer also paid \$69,204 into the Medicare Trust Fund.

Mitt Romney may believe that seniors feel "government should give it to them," but Social Security is not welfare, and today's retirees paid into the Trust for decades. Gov. Romney should know that low- and moderate-income people pay a much larger share of their incomes in federal payroll taxes than high-income people do — and unearned income — such as profit made from the stock market — is not even taxed for Social Security purposes, and is taxed by the IRS at a lower rate than for earned income.

Romney admitted he could have stated his beliefs more "elegantly" — but he couldn't find an uglier way to describe half the country.

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



Push Back

► Cooperation

Cont. from page 9

said Vice President of Policy and Strategy Cheryl Matheis, who attended the meeting with the *Fifty Plus Advocate*. "They take the time to fill out the forms. And, we had a much larger response than we anticipated; we touched upon a nerve."

An AARP spokesperson said they normally don't do events during the summer, but this year they did and people attended, proof of how seriously this year's voters are about understanding the issues and making

themselves heard.

With information comes an understanding that the problems and solutions are more complicated than what can be conveyed on a bumper sticker or 30-second sound bite. Romasco said from audience feedback, people want the candidates to be honest, specific and show respect for voters. "The voters can handle the truth. This is not to scare people. Just present the facts," he said.

Yet candidates are still hesitant of saying what they really believe for fear of alienating someone. To them it's a numbers game and they need those votes. But, in the

process, the people they are afraid to speak frankly to end up being underserved; they end up staying home on election day.

As far as stepping up to the plate and fulfilling promises once in office, President Bill Clinton said it best during his speech at the Democratic convention.

"When times are tough and people are frustrated and angry and hurting and uncertain, the politics of constant conflict may be good, but what is good politics does not necessarily work in the real world. What works in the real world is cooperation."

Ultimately, the voters and candidates

are in a partnership. It is up to us voters to educate ourselves on the issues and to demand straight answers from the candidates. It is up to the candidates to give us credit for brains and to be forthcoming about where they stand on the issues. Then, once in office, to stick to their convictions.

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

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Study questions how much better is organic food

By Lauran Neergaard

WASHINGTON —

Patient after patient asked: Is eating organic food, which costs more, really better for me?

Unsure, Stanford University doctors dug through reams of research to find out — and concluded there's little evidence that going organic is much healthier, citing only a few differences involving pesticides and antibiotics.

Eating organic fruits and vegetables can lower exposure to pesticides — but the amount measured from conventionally grown produce was within safety limits, the researchers reported.

Nor did the organic foods prove more nutritious.

"I was absolutely surprised," said Dr. Dena Bravata, a senior research affiliate at Stanford and long-time internist who began the analysis because so many of her patients

asked if they should switch.

"There are many reasons why someone might choose organic foods over conventional foods," from environmental concerns to taste preferences, Bravata stressed. But

when it comes to individual health, "there isn't much difference."

Her team did find a notable difference with antibiotic-resistant germs, a public health concern because they are harder to treat if they cause food poisoning.

Specialists long have said that organic or not, the chances of bacterial contamination of food are the same, and the analysis agreed. But when bacteria did lurk in chicken or pork, germs in the non-organic meats had a 33 percent higher risk of being resistant to

multiple antibiotics, the researchers reported in the journal *Annals of Internal Medicine*.

That finding comes amid debate over feeding animals antibiotics, not because they're sick, but to fatten them up. Farmers

say it's necessary to meet demand for cheap meat. Public health advocates say it's one contributor to the nation's growing problem with increasingly hard-to-treat germs. Caroline Smith DeWaal, food safety director at the Center for Science in the Public Interest (CSPI), counted 24 outbreaks linked to multidrug-resistant germs in food between 2000 and 2010.

The government has begun steps to curb the nonmedical use of antibiotics on the farm.

Organic foods account for 4.2 percent of retail food sales, according to the U.S. Department of Agriculture. It certifies products as organic if they meet certain requirements including being produced without

synthetic pesticides or fertilizers, or routine use of antibiotics or growth hormones.

Consumers can pay a lot more for some organic products but demand is rising: Organic foods accounted for \$31.4 billion sales last year, according to a recent Obama administration report. That's up from \$3.6 billion in 1997.

The Stanford team combed through thousands of studies to analyze the 237 that most rigorously compared organic and conventional foods. Bravata was dismayed that just 17 compared how people fared eating either diet while the rest investigated

ORGANIC page 14



Placebo or not, acupuncture helps with pain

By Lindsey Tanner

CHICAGO —

Acupuncture gets a thumbs-up for helping relieve pain from chronic headaches, backaches and arthritis in a review of more than two dozen studies — the latest analysis of an often-studied therapy that has as many fans as critics.

Some believe its only powers are a psychological, placebo effect. But some doctors believe even if that's the explanation for acupuncture's effectiveness, there's

no reason not to offer it if it makes people feel better.

The new analysis examined 29 studies involving almost 18,000 adults. The researchers concluded that the needle remedy worked better than usual pain treatment and slightly better than fake acupuncture. That kind of analysis is not the strongest type of research, but the authors took extra steps, including examining raw data from the original studies.

The results "provide the most robust

PLACEBO page 14



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► Placebo

Cont. from page 12

evidence to date that acupuncture is a reasonable referral option," wrote the authors, who include researchers with Memorial Sloan-Kettering Cancer Center in New York and several universities in England and Germany.

Their study isn't proof, but it adds to evidence that acupuncture may benefit a range of conditions.

The federal government's National Center for Complementary and Alternative Medicine paid for most of the study, along with a small grant from the Samuelli Institute, a nonprofit group that

supports research on alternative healing.

Acupuncture's use has become more mainstream. The military has used it to help treat pain from war wounds, and California recently passed legislation that would include acupuncture among treatments recommended for coverage under provisions of the nation's new health care law. That law requires insurance plans to cover certain categories of benefits starting in 2014. Deciding specifics is being left up to the states.

Some private insurance plans already cover acupuncture; Medicare does not.

In traditional Chinese medicine, acupuncture involves inserting long, very thin needles just beneath the skin's surface at specific points on the body to

control pain or stress. Several weekly sessions are usually involved, typically costing about \$60 to \$100 per session. Fake acupuncture studied in research sometimes also uses needles, but on different areas of the body.

Scientists aren't sure what biological mechanism could explain how acupuncture might relieve pain, but the authors of the new study say the results suggest there's more involved than just a placebo effect.

Acupuncture skeptic Dr. Stephen Barrett said the study results are dubious. The retired psychiatrist runs Quackwatch, a website on medical scams, and says studies of acupuncture often involve strict research conditions that don't mirror how the procedure is used in the real world.

The new analysis combined results from studies of patients with common types of chronic pain — recurring headaches, arthritis or back, neck and shoulder. The studies had randomly assigned patients to acupuncture and either fake acupuncture or standard pain treatment including medication or physical therapy.

The authors explained their statistical findings by using a pain scale of 0 to 100: The patients' average baseline pain measured 60; it dropped to 30 on average in those who got acupuncture, 35 in those



who got fake acupuncture, and 43 in the usual treatment group.

While the difference in results for real versus fake acupuncture was small, it suggests acupuncture could have more than a psychological effect, said lead author Andrew Vickers, a cancer researcher at Memorial Sloan-Kettering. The center offers acupuncture and other alternative therapies for cancer patients with hard-to-treat pain.

The analysis was more rigorous than most research based on pooling previous studies' results, because the authors obtained original data from each study. That makes the conclusion more robust, said Dr. Andrew Avins, author of an Archives in Internal Medicine commentary and a physician and researcher with the University of California at San Francisco and Kaiser-Permanente.

Acupuncture is relatively safe and uncertainty over how it works shouldn't stop doctors from offering it as an option for patients struggling with pain, Avins said.

"Perhaps a more productive strategy at this point would be to provide whatever benefits we can for our patients, while we continue to explore more carefully all mechanisms of healing," he wrote. — AP

► Organic

Cont. from page 12

properties of the foods themselves.

Organic produce had a 30 percent lower risk of containing detectable pesticide levels. In two studies of children, urine testing showed lower pesticide levels in those on organic diets. But Bravata cautioned that both groups harbored very small amounts — and said one study suggested insecticide use in their homes may be more to blame than their food.

CSPI's DeWaal noted that difference, but added that the issue is more complicated. Some fruits and vegetables can harbor more pesticide residue than others — she listed peaches from Chile as topping a recent testing list. Overall levels have dropped in North American produce over the last decade as

farms implemented some new standards, she said.

As for antibiotics, some farms that aren't certified organic have begun selling antibiotic-free meat or hormone-free milk, to address specific consumer demands, noted Bravata. Her own preference is to buy from local farmers in hopes of getting the ripest produce with the least handling.

That kind of mixed approach was evident in a market in the nation's capital recently, where Liz Pardue of Washington said she buys organic "partially for environmental reasons." Pardue said she doesn't go out of her way to shop organic, but if she does, it's to buy mostly things that are hard to wash like berries and lettuce.

Michelle Dent of Oxon Hill, Md., said she buys most of her groceries from regular chain stores but gets her fruit from organic markets: "It's fresh; you can really taste it." — AP

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By Anne
D'innocenzio

Cruising on the romantic Rhine

AMSTERDAM —

I've been a land-based traveler for most of my life. Motor coaches and cars have helped me explore everything from Italy's Tuscany region to Ireland's Rings of Kerry. But recently I discovered a love for river cruising.

After returning from a cruise on the legendary Rhine, I'm happily considering trips to other iconic waterways. Sure, there were a few wrinkles, but they didn't take away from what I found was a charming, intimate experience — with not only the river, but the people on the ship.

Whether from the deck or the sliding glass door in my cabin, there was always something to see, from steep vineyard hills and medieval castles to industrial plants. I also got to know the eclectic group of 130 passengers on the ship, mostly baby boomers.

The small scale of river ships — which typically carry no more than a couple hundred passengers — is a large part of their appeal, in contrast to ocean-going mega-ships that carry thousands. On a river ship, you don't need a GPS device to figure out where the lobby or the dining room is. And there's a sense of intimacy, with plenty of cozy moments. On my trip, some passengers partook in movie night, with popcorn shared in paper bags while watching *Eat Pray Love* on a flat-screen TV in a lounge.

The idea for the trip started with my globe-trotting mother, who'd taken a trip on a barge on the Seine in the 1990s and had always raved about it. So for \$3,100 (per person, double occupancy, excluding airfare), my mother, my sister, a friend and I booked an eight-day trip with Avalon Waterways on the Rhine, starting in Basel, Switzerland and ending in Amsterdam, with stops that included Strasbourg, France, and Heidelberg and Cologne, Germany. Typical of most river cruises, the price covered meals, wine with dinner and most shore excursions.

While river cruises carry just a fraction of the number of passengers that go on mainstream cruises, the industry has been

exploding.

New river boats also have more amenities than in the past. The vessels must be narrow enough to fit through locks and low enough to pass under bridges that predate large cruise ships, so their cabins are traditionally smaller than on ocean-going ships, with less room for large recreational areas. But river cruise operators are finding ways to add features such as small pools, and they're upgrading in other ways, too, improving menus and decor.

Still, ahead of my trip, I worried I would get a narrow sense of the region — after all, the itinerary is limited to destinations with river ports and what you can see during a few hours on a port call. I also thought I might get bored on a vessel that lacked the comforts of a big ship. In fact, the fitness room turned out to be the size of a large closet, and there was no swimming pool, just a whirlpool. And while the three-level Avalon Felicity was comfortable, it wasn't luxurious.

Still, I was pleased with the trip and the at-your-service staff of 40 — a better than 3:1 ratio of crew to passengers. Food was top-notch, with buffets for breakfast and lunch, and more formal sit-down dinners. The only downside: We had all of our meals on board with few opportunities to interact with locals. So whenever I got the chance, I had coffee or dessert in the towns. The good news: next year, Avalon Waterways will offer onshore dining options as part of its overall plan to personalize the experience.

My cabin, which I shared with my mother, was small but comfortable, with twin beds inches apart. Luggage had to be stored under the beds but there was enough cabinet space to unload belong-



Avalon Affinity on the Rhine, Germany

(courtesy of globus family of brands/avalon Waterways)

ings. But I spent very little time in my room. Most of my waking hours onboard were on deck or in a lounge looking out.

The highlight was sitting on the deck with other passengers as we passed by the romantic middle of the Rhine: the 40 or so miles between Bingen and Koblenz, Germany that define our dreamy notion of the legendary waterway. There, our cruise director, Romanian-born Hans Beckert, offered a narrative of the string of medieval castles, quaint villages and fortresses we passed. Not to mention the towering Lorelei rock named after the siren whose beauty distracted sailors. It's where the river is the narrowest and deepest.

We visited a different port every day, sometimes even two. Sightseeing included walking tours, canal rides and tours of museums and churches. Occasionally the schedule felt stressful, with some departures just a few hours after arrivals. On the day we visited the German town of Mainz, after checking out an original printed bible in the Gutenberg Museum, we ran up the cobbled streets to look at Marc Chagall's stained glass windows in St. Stephen's Church, then sprinted back to the vessel for lunch before we set sail in the afternoon for Rudesheim, known for its wine. But that's the tradeoff with a cruise itinerary: You don't need to worry about getting

from place to place, but you have to do it on a set schedule.

Still, most of the ports were right in town, so once we landed, rarely did we have to take a bus to get to our destination. And most onshore activities were included in the cost of the cruise, though there were a few options for additional fees.

One of my favorite outings was wine-tasting in Obernai, France. And I fell in love with Rudesheim,

where we visited the enchanting Siegfried's Mechanical Music Cabinet Museum that featured self-playing instruments dating back to the 18th century. I also took a cable car to the top of the steep, grapevine-covered hills and enjoyed a magnificent view of vineyards and the Rhine River.

Activities in Amsterdam included a tour of the Van Gogh Museum and a canal boat ride. But we also took an optional, two-hour chaperoned tour of the city's famous red light district.

Amsterdam was the cruise's final port. We decided to stay a few days in the Dutch capital for more sightseeing.

If You Go ...

River cruises: Prices vary by time of year, itinerary and level of luxury with fares typically per person, double occupancy, covering meals and most shore excursions. European river cruise season generally runs until October but there are also Christmas market cruises in Austria and Germany in late November and December. Companies that offer European river cruises include Avalon Waterways, AmaWaterways, American Cruise Line, Uniworld Boutique River Cruise Collection, Vantage, Viking, Regent, Seabourn and Silversea.

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In an aging America, deadly issues arise

CLEVELAND —

John Wise watched a tear roll down his wife's face as he stood alongside her bed in the intensive care unit. She'd been unable to speak after suffering a stroke and seemed to be blinking to acknowledge him, Wise confided to a friend who had driven him to the hospital.

The couple had been married 45 years and Wise told his friend that they had agreed long ago they didn't want to live out their years bedridden and disabled. So a week after Barbara Wise's stroke, investigators said, her husband fired a single round into her head.

She died the next day, leading prosecutors to charge the 66-year-old man with aggravated murder in what police suspect was a mercy killing. The shooting leaves authorities in a dilemma some experts say will happen with greater frequency as the baby boom generation ages — what is the appropriate punishment when a relative kills a loved one to end their suffering?

More often than not, a husband who kills an ailing wife never goes to trial and lands a plea deal with a sentence that carries no more than a few years in prison, research has shown. In some instances, there are no charges. "It's a tragedy all around that the law really isn't designed to address," said Mike Benza, who teaches law at Case Western Reserve University in Cleveland.

A New York man in March was sentenced

to six months in jail after suffocating his 98-year-old disabled mother and slitting his own wrists. He told authorities he had just been told he had cancer and believed he was going to die soon, and feared no one would care for his mom.

A Washington state man accused of shooting his terminally ill wife this year told investigators she had begged him to kill her; he is free on bail while prosecutors weigh charges.

Almost always, there are deeper issues involved with the accused, including depression, their own health problems and the stress of taking care of a dying spouse, said Donna Cohen, head of the Violence and Injury Prevention Program at the University of South Florida. Seeing a dying or disabled spouse suffering can be enough to push someone over the edge, said Cohen, who is writing a book called *Caregivers Who Kill*.

"Men will hit a wall when they can't do anything else," she said. "That's usually a trigger." She worries this will happen more often with longer life expectancies and a continuing shortage of mental health services for older people. In the early 2000s, testifying before a Florida legislative committee, Cohen cited research showing that two in five homicide-suicides in the state involved people 55 and

older. The number of cases grew among older people while staying the same with those under 55.

Police say Wise took a taxi from his home in Massillon on Aug. 4, calmly walked into his 65-year-old wife's room at Akron General Medical Center without drawing any attention, and shot her.



Juries are often sympathetic to those who kill a spouse, but the message that sends is unclear, said Wesley J. Smith, a California lawyer who wrote the 2006 book, *Forced Exit: Euthanasia, Assisted Suicide and the New Duty to Die*. "Where's the stopping point?" he said. "There almost comes to become a cultural acceptance that certain people are better off dead than alive." Those who kill a loved one to end the suffering are acting out of their interests, he said. "We're really putting Grandpa out of our misery," Smith said.

Wise's lawyer has said that he was a good man who was devoted to his wife. "I am absolutely confident that everything that he's ever done for his wife has been done out of deep love, including the events that just recently transpired," said attorney Paul Adamson. The former welder also suffered from nerve damage that made his hands and feet numb, survived bladder cancer and had diabetes, said Terry Henderson, a 30-year steel plant co-worker.

Those issues could help his case if it goes to trial. "The facts surrounding her death are sympathetic and may actually foster a plea before trial," said Jeff Laybourne, a prominent Akron defense attorney. But just because his wife may have been suffering isn't a valid defense under the law, Laybourne said. Other factors that could determine whether the case goes to trial include the timing of the shooting and that it happened in such a public place. Henderson thinks Wise may have snapped under the weight of both of their health concerns.

"He never dreamed, given his history of medical problems, that this would happen to her before he'd go," Henderson said. That kind of situation can be deeply depressing for a person dependent on the care of a spouse who suddenly is disabled, said Dr. Peter DeGolia, a physician specializing in care for the aging at University Hospitals Case Medical Center in Cleveland.

"If this man was dependent on his wife for care and basic well-being, and suddenly she's gone, he's going to feel very vulnerable, highly at risk," he said. "Older white males are the highest risk group for carrying out suicide plans."

It's a scenario that DeGolia said can be defused with help from social workers and hospice care for the dying. "There are lots of options," he said, "aside from going and shooting them." — AP

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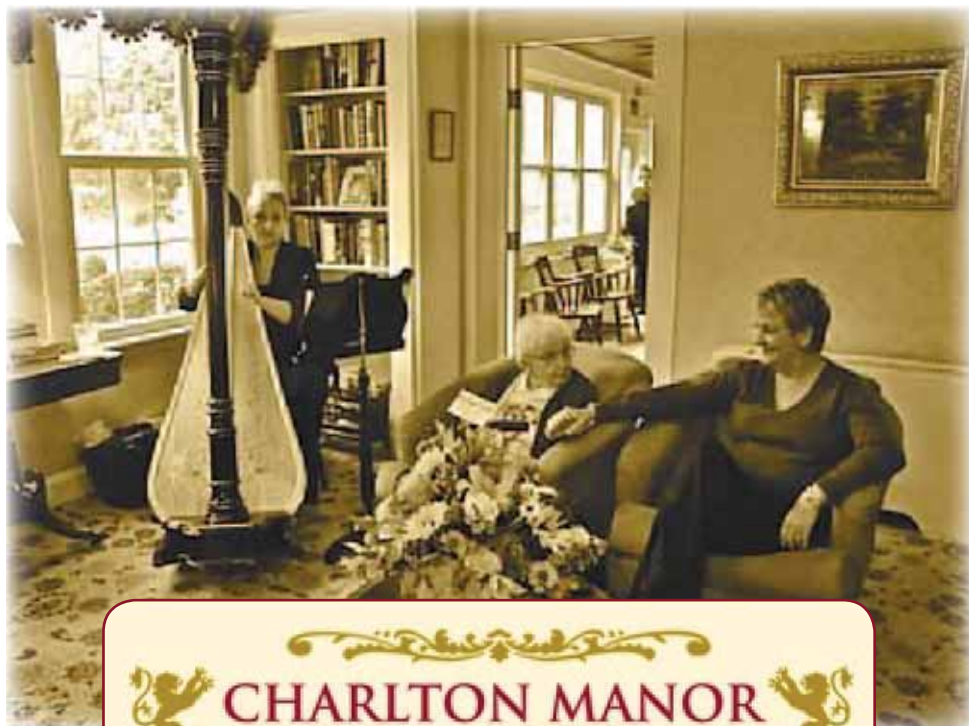
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Common myths of aging: Happiness and good memory, possible

By Micha Shalev

Society holds several myths about the elderly. Many of these myths may be easily disputed based on data from the U.S. Census and other studies.

Myth: Dementia is an inevitable part of aging.

Fact: Dementia should be seen as a modifiable health condition and, if it occurs, should be followed as a medical condition, not a normal part of aging. In other words, if you or your loved one becomes forgetful, it could be related to medication, nutrition or modifiable medical issues. Don't assume Alzheimer's.

Just consider that when doctors examined the brain of a 115-year-old woman who, when she died, was the world's oldest woman, they found essentially normal brain tissue, with no evidence of Alzheimer's or other dementia-causing conditions. Testing in the years before she died showed no loss in brain function.

Not only is dementia not inevitable with age, but you actually have some control over whether or not you develop it.

Studies find that many of the same risk factors that contribute to heart disease — high blood pressure, high cholesterol, diabetes and obesity — may also contribute

to Alzheimer's and other dementias.

For instance, studies on the brains of elderly people with and without dementia find significant blood vessel damage in those with hypertension. Such damage shrinks the amount of healthy brain tissue you have in reserve, reducing the amount available if a disease like Alzheimer's hits, said Dr. Conwell Powers, of UCLA Hospital in Los Angeles. That's important, he said, because we're starting to understand that the more brain function you have to begin with, the more you can afford to lose before your core functions are affected.

Caregiving Tips



the risk of diseases that cause Alzheimer's. It also builds up that brain reserve. One study found just six months of regular physical activity increased brain volume in 59 healthy but couch-potato individuals ages 60 to 79. Other research finds people who exercised twice a week over an average of 21 years slashed their risk of Alzheimer's in half.

Then there's intellectual exercise. It doesn't matter what kind, just that you break out of your comfort zone. Even writing letters twice a week instead of sending e-mail can have brain-strengthening benefits, Powers said. That's because such novel activities stimulate more regions of the brain, increasing blood flow and helping to not only

build brain connections, but improve the health of existing tissue.

Myth: Life satisfaction is low among the elderly.

Fact: Data from the Berkeley Older Generation Study found that many elders are quite satisfied with their life. More than one-third (36 percent) of individuals older than 59 and 15 percent of those older than 79 said they were currently experiencing the best time in their lives. A 2009 survey found that 60 percent of individuals 65 years of age and older said they were very happy. Most of the factors that predict happiness for the young, such as good health and financial stability, also apply to the elderly.

Myth: Old people feel old.

Fact: According to a 2009 telephone survey, only 21 percent of individuals 65 to 74 years of age stated they felt old, and only 35 percent of those age 75 and older reported feeling old.

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

Double-digit price hike for Medicare prescription plans

WASHINGTON —

Seniors enrolled in seven of the 10 most popular Medicare prescription drug plans will be hit with double-digit premium hikes next year if they don't shop for a better deal, according to a private firm that analyzes the highly competitive market.

The report by Avalere Health is a reality check on the Obama administration's upbeat pronouncements. Back in August, officials had announced that the average premium for basic prescription drug coverage will stay the same in 2013, at \$30 a month.

The administration's number is accurate as an overall indicator for the entire market, but not very helpful to consumers individually since it doesn't reflect price swings in the real world.

"The average senior is going to benefit by carefully scrutinizing their situation, because every year the market changes," Avalere President Dan Mendelson said. Avalere crunched the numbers based on bid documents that the plans submitted to Medicare.

The report found premium increases for all top 10 prescription drug plans, known as PDPs. However, the most popular plan — AARP MedicareRx Preferred — is only going up 57 cents per month

nationally, to \$40.42 from the current \$39.85.

The seven plans with double-digit premium increases were: the Humana Walmart-Preferred Rx Plan (23 percent); First Health Part D Premier (18 percent); First Health Part D Value Plus (17 percent); Cigna Medicare Rx Plan One (15 percent); Express Scripts Medicare-Value (13 percent); the HealthSpring Prescription Drug Plan (12 percent); and Humana Enhanced (11 percent).

Another two plans in the top 10 also had single-digit increases. They were the SilverScript Basic (8 percent) and WellCare Classic (3 percent).

On the plus side for consumers, a new low-cost plan entered the market. Premiums for the AARP MedicareRx Saver Plus Plan will average \$15 a month nationally, although it won't be available everywhere. That's \$3.50 less than the current low-cost leader, the Humana Walmart plan, whose premiums are rising to \$18.50.

The new AARP plan is run by UnitedHealth Group Inc., the nation's largest health insurance company. United pays AARP for the right to use its name on a range of Medicare insurance products, a successful business strategy that has



proven lucrative for both partners. When Humana and Walmart teamed up to offer their low-cost plan in 2011, United felt the competition.

"There is a real focus on the premium in this market," Mendelson said. "If a plan fields an offering with a low premium,

it knows it can capture a significant number of customers."

Medicare spokesman Brian Cook did not dispute the Avalere estimates. "We continue to encourage seniors to shop around and find the plan that works best for them," he said.

Medicare's open enrollment season started Oct. 15, and beneficiaries have a wide variety of choices of taxpayer-subsidized private prescription plans. Seniors and family members can use the online Medicare Plan Finder to input individual prescription lists and find plans in their area that cover them.

About 90 percent of Medicare's nearly 50 million beneficiaries have some form of drug coverage, with more than 17 million enrolled in private plans through the prescription drug program.

President Barack Obama's 2010 health care law is improving prescription drug plans by gradually closing the coverage gap known as the doughnut hole for those with high prescription drug costs.

The Avalere numbers did have one silver lining for the Obama administration. When the projections are tweaked to account for seniors switching to lower-cost coverage, premiums for 2013 are likely to remain steady.

Separately, the administration recently announced that average premiums for Medicare Advantage insurance plans will barely inch up next year on average, while enrollment in the private medical plans will continue to rise. Many Medicare Advantage plans also combine prescription drug coverage in one package deal.

But the biggest premium announcement is yet to come. Virtually all seniors pay the Part B premium for outpatient care, including those with traditional Medicare as well as those in private plans. Currently \$99.90 a month, the Part B premium it is expected to rise next year by less than \$10. — AP

Premiums inching higher for popular Medicare plan

WASHINGTON —

Monthly premiums for popular private insurance plans through Medicare are only inching up next year, trumpeting good news for skeptical older voters on a closely watched election-year issue.

Republican Mitt Romney has warned that cuts in President Barack Obama's health care law would hobble programs such as Medicare Advantage, the private insurance option that's a thriving part of Medicare. But deputy Medicare administrator Jonathan Blum said such dire predic-

tions have not proved to be true.

Average monthly premiums for Medicare Advantage plans will rise by \$1.47 in 2013 to \$32.59, said Blum. When premiums and out-of-pocket costs such as co-payments are combined, Medicare estimates that beneficiaries will actually spend less on average.

Nearly 1.5 million more seniors are expected to join the plans for next year, continuing a strong growth trend. That would bring total enrollment to 14.5 million, approaching 30 percent of all Medicare beneficiaries. Most major insur-

ance companies have a stake in the market.

But there's an important caveat: The estimates are averages, so they don't reflect individual experiences.

Some beneficiaries will see their premiums and cost sharing go up; others will see a decrease. They can shop around for a better deal during open enrollment season, which began Oct. 15.

Indeed, if past experience repeats itself and beneficiaries switch to lower-price plans, Medicare says the average increase in premiums will be held to just 57 cents a month in 2013. — AP

► Obama

Cont. from page 8

for Medicare?

A: In budget negotiations with Republicans last year, Obama indicated a willingness to consider gradually raising the eligibility age to 67, from 65 now. Romney supports the idea. But the president has since walked it back.

"President Obama has always been willing to make hard choices to confront big challenges, and sometimes that means listening to other ideas," said campaign spokesman Adam Fetcher. "But (Obama) believes we can strengthen the future of Medicare without raising the eligibility age."

Translation: The idea is not quite off the table, and Obama, if re-elected, will again face the choice in budget negotiations.

"I think it will continue to be analyzed," said Don Berwick, Obama's first Medicare chief. Berwick believes there is a downside to postponing Medicare eligibility, because a sizable number of future retirees would join the program in weaker health.

"As an administration official, I was not impressed that it would save money for the (Medicare) trust fund," said Berwick. "But I would say it will continue to be studied."

Q: Medicare's in-house economic analysts have warned that cuts in Obama's health care law could eventually drive some hospitals into the red. The health care industry is pushing for repeal of a Medicare cost-control board in the law, saying more cuts will reduce access for seniors. What will Obama do if seniors start having prob-

lems getting the care they need?

A: The administration says that's unlikely to happen. Cuts are being introduced gradually, and dozens of pilot programs are testing ways to provide better care for less money. Health care costs are in a lull, buying time to make changes. Studies indicate there is plenty of waste to be cut.

"The president will continue to make sure that seniors have access to the benefits they have earned," Fetcher said.

But if Obama's advisers are wrong and the system starts to seize up, most experts believe Congress would intervene. "Congress is always going to step in if there is a real perception that quality and access for Medicare beneficiaries would suffer broadly," said Mark McClellan, who ran Medicare for President George W. Bush.

Q: Obama's health care law already increases the Medicare payroll tax for individuals making over \$200,000. What's to rule out a broader tax increase?

A: McClellan said that's always a risk, particularly because Obama's health care law funnels the higher Medicare payroll tax into providing coverage for working-age uninsured people.

"Because those revenues are dedicated to the coverage expansion, everything else being equal, the government is going to need more revenue to cover the cost of the (Medicare) program," he said. "If that money had been used for deficit reduction, or to increase the life of the trust fund, the government would have more existing resources."

The White House says there are no plans to propose higher Medicare taxes. — AP

► Romney

Cont. from page 8

program, with taxpayers basically paying all the bills that come in.

Obama's health care law begins to change that, creating a board with the power to force payment cuts on the health care industry if Medicare costs rise above certain limits.

Ryan's budget, passed by the House this year, also would limit the growth of total Medicare spending, using a formula that links to economic growth.

Romney has charged that Obama's approach would eventually lead to rationing.

Obama has "an unelected board ... to decide what kind of treatment you ought to have," Romney said during the first presidential debate in Denver. The board is prohibited by law from rationing care.

Romney calls his own plan "premium support." Critics say it would amount to a cost shift.

Aides to the GOP candidate say the plan would rely on competition — without caps or a cost-cutting board — to control spending and avoid cost shifts to seniors.

Retirees entering the program in 2022 and later would have the choice of private insurance or a government plan modeled on traditional Medicare.

The private plans would bid to provide health care to seniors in a given part of the country. The government's payment would be pegged to the second-lowest bid, or the cost of the government plan, whichever was lower.

Seniors who chose a higher-cost plan

would pay the difference. Those who picked lower-cost coverage could keep the difference for medical expenses. Low-income retirees and people in poor health would get a more generous government payment.

The Romney campaign refused repeated requests for an on-the-record explanation of the strategy for limiting Medicare costs.

Instead, spokeswoman Andrea Saul issued a statement extolling what she called "a plan that empowers patients and families with more choices and robust competition, reforms insurance markets with strong consumer protections and proposes real entitlement reform that protects and strengthens Medicare for today's seniors and future generations."

In an earlier blog post rebutting Democratic critics of Romney's Medicare proposal, his campaign policy director, Lanhee Chen, made an indirect reference to the candidate's belief that costs can be controlled without spending limits. "Gov. Romney has proposed no cap on premium support in his own plan," Chen wrote, providing no additional detail.

Not having some kind of limit sends the wrong signal to the health care industry, said economist Joe Antos of the business-oriented American Enterprise Institute.

"For this policy to work ... you have to make it clear to the health care sector that there are financial limits to what Medicare is going to pay for," said Antos.

Former U.S. Comptroller General David Walker, a leading deficit-reduction advocate, said it's hard to understand how the Romney plan would work because so much of it remains fuzzy. — AP

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Big gaps in Romney plan on pre-existing conditions

By Ricardo Alonso-Zaldivar

WASHINGTON —

Mitt Romney's plan to help people with pre-existing medical conditions: Hang on to your health insurance if you want to be protected.

The GOP presidential candidate wants to help those who maintain continuous coverage, a fraction of a much bigger group of people at risk of getting turned down because of medical problems.

Here's the catch: If you had a significant break in coverage, an insurer still could delve into your health care record, looking for anything — from a bad back to high blood pressure — that foreshadows future claims. They'd be able to turn you down.

That's a contrast to President Barack Obama's health care law, which guarantees that people in poor health can get comprehensive coverage at the same rates everybody else pays, and provides government subsidies to help low- to middle-income households pay premiums.

Starting Jan. 1, 2014, an insurer "may not impose any pre-existing condition exclusion," the law said.

Romney is stressing his pre-existing conditions plan as he works to soften his public image in the homestretch of a campaign that has tightened.

"I do have a plan that deals with people with pre-existing conditions," he said during the first presidential debate.

The Romney campaign has not spelled

out details other than it would help those who have maintained continuous coverage. That would entail incremental changes to insurance laws and regulations, and may or may not whittle down the number of uninsured, 49 million nationally.

"It will solve some of the problems," said health economist Gail Wilensky, a longtime adviser to Republicans. "It won't solve the problem of people having gone for a long time without health insurance."

That's because many people aren't able to keep up continuous coverage. Losing health insurance is often connected to major life upheavals like job loss or divorce that drain household budgets. More than 70 percent of the uninsured have been without coverage for a year or longer, according to the Kaiser Family Foundation.

Obama's answer — it's the law of the land unless repealed — is more like hitting the reset button. About 30 million uninsured people would gain coverage as the U.S. moves closer to other economically advanced countries that provide health care for all citizens.

The differences between Obama and Romney reflect a fundamental disagreement about the role of government in dealing with the nation's health care woes: high costs, uneven quality, widespread waste and millions uninsured.

Republicans are looking to individual initiative and private-sector solutions that

government can encourage. Under Obama, government has taken the lead, framing a grand bargain in which insurance companies will have to accept all applicants in exchange for a requirement that virtually all Americans carry coverage.

Currently about 13 percent of people age 64 and younger who apply for an individual policy are turned away

for medical reasons, according to insurance industry statistics. In 2008, that amounted to more than 220,000 individuals. The denial rate rises to nearly 25 percent for people age 50 to 64.

While Republicans are united in their desire to repeal Obama's law, there is no consensus within the party on how or whether to replace it.

Romney addressed what he'd do about pre-existing conditions in a recent column for *The New England Journal of Medicine*. "Regulation must prevent insurers from discriminating against people with pre-existing conditions who maintain continuous coverage," he wrote.

But most Americans already enjoy such protection under a 1996 law signed by President Bill Clinton. It works fairly seamlessly for people who switch from one job-based plan to another.

It's harder for people switching from job-based coverage to an individual plan. They first have to exhaust a coverage option known as COBRA, which allows people with job-based insurance to keep their health

plan for up to 18 months after leaving the company, provided they pay the full premium. Many can't afford that.

And there's no federal protection against being turned down for a pre-existing condition if you are trying to switch from one individual plan to another.

Romney could plug those two gaps, making it easier for people to switch from job-based to individual coverage and among individual plans. His campaign has not specified how.

In his journal article, Romney also proposed to allow all consumers who purchase coverage individually to deduct the cost from their income taxes, and he expressed support for purchasing pools and for allowing insurers to sell across state lines.

His campaign said states will have the flexibility and resources to design programs for residents who cannot afford coverage on their own.

Individual insurance market expert Karen Pollitz, who served in the Obama administration as a consumer protection regulator, said the components of Romney's plan are unlikely to provide as comprehensive a guarantee as the president's Affordable Care Act (ACA).

"The ACA just said insurance companies can't discriminate against you, period," said Pollitz, now with the nonpartisan Kaiser Family Foundation. "If you've been uninsured, you can come into this market on Jan. 1, 2014, no questions asked." — AP



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7 things worth knowing about reward credit cards

By Dave Carpenter

CHICAGO —

This has truly been a golden era for credit card rewards programs.

Card issuers have been dangling rich offers of points, miles and cash back for the past year and a half or so in the quest to improve revenue and profit.

The targets of this fierce competition: customers with good to excellent credit records. They are the best kind to have in a stodgy economy, especially in the wake of the CARD Act that cut back on the fees that companies can pocket.

More than 60 percent of all credit-card offers include some type of reward, according to Brian Riley, a senior research director at research and consulting firm CEB TowerGroup.

But it's been the size and availability of some of the biggest incentives ever that have titillated rewards program junkies. Airlines have offered as much as 100,000 miles when customers spent a required amount on new cards. Bank cards have offered \$200 cash back for spending \$500. Another gave \$250 in gift cards when customers spent \$1,500.

Specific rewards come and go, and have been scaled back somewhat in recent months.

But it's just as likely that the card companies will step up their rewards efforts again.

"There are millions and millions of points

and miles out there for free, basically," said Brian Kelly, founder of ThePointsGuy.com, a site with information and tips about airline miles and credit card points. "You just have to figure out what you want and go after it."

Here are important points to keep in mind in sorting out reward cards and how to use them:



1. They're not rewards if you carry a balance.

If you can't pay off your card every month, steer clear of rewards cards. All you'll do is help subsidize the program with the interest you pay. Remember that these cards already carry interest rates that typically are higher than those of other credit cards — averaging 2.5 percent more lately.

Read the terms, agreements and restrictions before applying. Keep an eye on fees, too. Plenty of rewards cards come without

annual fees, so shop around for one.

Consumers should research credit card programs through a reputable company such as bankrate.com or creditcards.com and compare rewards, advises the nonprofit American Consumer Credit Counseling.

2. Sign-up bonuses are worth watching for.

Bonus points can increase your rewards quickly, although minimum spending requirements have made it difficult to bag them just for signing up for a card. Several top-tier card issuers issue large blocks of introductory points for their premier rewards cards, including Chase (70,000 points), American Express (60,000), Citi (40,000), Bank of America (35,000 points) and Discover (25,000 points).

Initial offers can still be lucrative. For about three months this year, new holders of co-branded British Airways cards got 50,000 points for their first purchase, another 25,000 points for spending \$10,000 and a final 25,000 points for spending \$20,000.

"When you see a really good deal, hop on it," said Kelly.

The best cards require top credit scores, usually 750 or above. Close to 40 percent of U.S. cardholders have attained that level. Check MyFico.com for a free estimate of your score.

3. Paying with points is getting easier.

The days of having no option but to sit on

points until you accumulate a desired amount are over. Thanks to technology advances that make it easier to convert points to cash, you can pay with points at an increasing number of retail sites. It's also possible to pay for part of a purchase with rewards points and the rest with a credit or debit card.

If you don't track your rewards closely, you may wish to seek out a rewards card that lets you pay your expenses after purchases, including the Capital One Venture card among others.

4. Transferable points can help score rewards faster.

The main types of credit card rewards are fixed-value points, transferable points and airline co-branded cards.

Kelly, a former recruiter and self-described road warrior for Morgan Stanley, accumulated more than 500,000 air miles from credit cards last year by focusing almost exclusively on transferable points.

"Giving yourself flexibility and options is the key to getting the most value out of your points," he said.

Three of the best rewards programs with transferable points are American Express Membership Rewards, Chase Ultimate Rewards and the Starwood Preferred Guest hotel program.

5. Airline cards compensate with

REWARD page 25



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Medicare fines over hospitals' readmitted patients

WASHINGTON —

If you or an elderly relative have been hospitalized recently and noticed extra attention when the time came to be discharged, there's more to it than good customer service.

As of last month, Medicare is fining hospitals that have too many patients readmitted within 30 days of discharge due to complications. The penalties are part of a broader push under President Barack Obama's health care law to improve quality while also trying to save taxpayers money.

About two-thirds of the hospitals serving Medicare patients, or some 2,200

facilities, will be hit with penalties averaging around \$125,000 per facility this coming year, according to government estimates.

Data to assess the penalties have been collected and crunched, and Medicare has shared the results with individual hospitals. Medicare is posting details, and people can look up how their community hospitals performed by using the agency's Hospital Compare website.

It adds up to a new way of doing business for hospitals, and they have scrambled to prepare for well over a year. They are working on ways to improve communication with rehabilitation centers and

doctors who follow patients after they're released, as well as connecting individually with patients.

Still, industry officials say they have misgivings about being held liable for circumstances beyond their control. They also complain that facilities serving low-income people, including many major teaching hospitals, are much more likely to be fined, raising questions of fairness.

Consumer advocates say Medicare's nudge to hospitals is long overdue and not nearly stiff enough.

For the first year, the penalty is capped at 1 percent of a hospital's Medicare payments. The overwhelming

majority of penalized facilities will pay less. Also, for now, hospitals are only being measured on three medical conditions: heart attacks, heart failure and pneumonia.

Under the health care law, the penalties gradually will rise until 3 percent of Medicare payments to hospitals are at risk. Medicare is considering holding hospitals accountable on four more measures: joint replacements, stenting, heart bypass and treatment of stroke.

Excessive rates of readmission are only part of the problem of high costs and uneven quality in the U.S. health care system. While some estimates put readmission rates as high as 20 percent, a congressional agency says the level of preventable readmissions is much lower. About 12 percent of Medicare beneficiaries who are hospitalized are later readmitted for a potentially preventable problem, according to the Medicare Payment Advisory Commission, known as MedPAC.

Medication mix-ups account for a big share of problems. Many Medicare beneficiaries are coping with multiple chronic conditions, and it's not unusual for their medication lists to be changed in the hospital. But their doctors outside sometimes don't get the word; other times, the patients themselves don't understand there's been a change.

Another issue is making sure patients go to their required follow-up appointments. — AP

► Reward

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extra perks.

The downside to airline co-branded credit cards is you are putting all your miles in one program. But what you give up in flexibility, you gain in perks.

Carriers now grant lounge access, allow priority boarding and waive checked baggage fees for their cardholders. If elite status when you fly is important, these cards can save a lot of money and time.

6. Offers from card issuers are getting more innovative.

Banks are trying to coax suddenly credit-cautious consumers into signing up for and using their rewards cards with more creative perks, such as exclusive access to concerts

and celebrities.

Other Citi cardholders can get a chance to interact with famous musicians, athletes and chefs, sometimes for free, as part of the Citi Private Pass entertainment access program.

Chase Sapphire Preferred cardholders can use their points to get exclusive behind-the-scenes access at the Sundance Film Festival, a personal clinic with pro golfers Web Simpson or Stewart Cink, even a walk-on role with the Radio City Christmas Spectacular.

7. Issuers' shopping portals offer often-overlooked deals.

Shopping through your card issuer's online shopping channel portal is a good way to get more rewards, such as up to 20 percent cash back on purchases.

Prices at these channels may not always beat the discounts available at the local mall.

But besides more bonuses, they carry the added advantage of being open 24-7 and saving you time and gas money, said John Ulzheimer, president of consumer education at Smartcredit.com.

By the way — if you're looking for a shortcut way to calculate the value of your points, good luck. They vary not only offer to offer, but sometimes month to month. A rewards program may offer you 5 percent cash back at a gas station one month and 1 percent back the next, Ulzheimer said.

Airline miles can be valued at about 2 cents per mile, according to Kelly. And with cash-back offers, you should aim for at least 2 percent back.

But if you want the best bang for your points, you may just have to figure out their value the old-fashioned way with every offer: by using a calculator. — AP

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More boomers aspire to careers with social purpose

By Dave Carpenter

CHICAGO —

Here go the baby boomers again, reinventing themselves and bucking tradition as they bear down on retirement.

This time they're leading a push into so-called encore careers — paid work that combines personal meaning with social purpose — in their 50s and 60s.

Many boomers and others are taking steps to combine making a living with making a difference.

A mixture of longer lifespans, layoffs, shifting cultural attitudes and financial realities is causing this growing urge among over-50s to seek out more purposeful work. Sometimes it's just an itch to do something more purposeful in retirements that can now last for three decades, while still pulling in needed income.

The demographics of 78 million baby boomers should ensure that this careers shift accelerates, said Encore.org vice president Marci Alboher.

"This trend has the potential to be a new social norm much the way that the dream of the golden years, of a leisure-based retirement, was an aspiration for the generation before," she said.

Alboher, whose soon-to-be-released *The Encore Career Handbook* is an invaluable resource for older workers looking for purposeful career alternatives, discussed the phenomenon in an interview. Here are edited excerpts:

Q: What steps can be taken to lay the groundwork for an encore career?

A: Start by thinking about your own interests. What would you want to do if you weren't doing what you've been doing for the last 20 or 30 years? What issues matter enough that you would want to volunteer your time or talents if you knew you could make a difference? Let yourself dream a little.

Identify people who have reinvented themselves in a way that's helping their community or the world. Make a coffee date with one of them and ask how they made the transition. You might find something that resonates with you.

The best thing you can do to actually get started is to volunteer. Check out AARP's createthegood.org, www.volunteermatch.org and, for both work and volunteer opportunities, www.idealists.org.

Q: What fields offer the most plentiful opportunities for meaningful work?

A: Health care, education, green jobs, government, nonprofits. (www.encore.org/work/top5)

Health care is really the No. 1 field to look at in terms of both needs and opportunities. With an aging population and the changes that are coming in our health care system, there are needs and opportunities for all kinds of work whether you have a

medical orientation in your background or just want to help people.

Q: How useful are career coaches and how much do they cost?

A: They can help if you're stuck and think you could benefit from working one-on-one with someone and being held accountable. But this professional help doesn't come cheap. Rates can range from \$80 to \$90 an hour to more than \$200 an hour.

There are some ways to get low-cost coaching. Some coaches offer group sessions, and many community colleges offer free or low-cost coaching or career exploration courses (www.encore.org/colleges). Local organizations focusing on encore activities have sprouted up across the country. (www.encore.org/connect/local) Or check CareerOneStop (www.careeronestop.org), a program run by the Labor Department, to see if there are any offerings in your area.

I'm also a huge advocate of peer support groups to keep people on track. Consider creating your own encore transition group with someone or a few people you know also working on their encore transitions.

Q: Do these careers usually involve a big drop in income?

A: Not necessarily.

If the work sounds altruistic in some way,

most people assume they'll be making less money. For people coming from high-level jobs in the for-profit sector, they very well may be facing a cut in pay. But for people whose primary career was focused in the social purpose arena — at a nonprofit, or in social work or education, where money is not the main motivator — many of these encore reinventions don't involve a pay cut at all.

Q: How big a barrier is age discrimination?

A: It exists. But if you feel like your age is getting in the way of what you want to do, it could be simply that you don't have the proper skills for what you're interviewing for. And that could be related to the fact you haven't brushed up your skills in the last 20 or 30 years.

I always encourage people to think about what can they do to make sure that their skills are current and that they're presenting them properly.

And take a close look at organizations you are thinking about working with. Do you see a welcoming and diverse workplace that values people of all ages? If not, consider looking someplace else where you'll be able to thrive and your experience will be valued.

Q: How feasible is it to launch your own business with a social purpose?

A: The social entrepreneurship sector — businesses that have a social mission as well as a financial bottom line — is really growing. There's a very high interest in



Alboher

PURPOSE page 27

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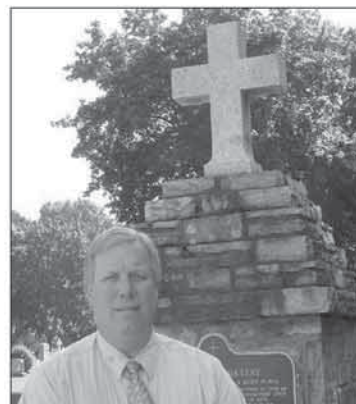


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Membership eligibility to join a credit union

By David A. L'Ecuyer

In order to be eligible to join a credit union, the potential member must fit into the Field of Membership (FOM) and charter of the credit union. Historically, credit unions were made available for a particular employer (i.e. IBM, Digital, New England Telephone, Mass Electric, etc.). While many employers have changed over the years, so have the credit unions FOM to those employees.

Most credit unions today are community based. This means if you reside or work or even are educated within a particular community, you are eligible to join. In some cases, if you are part of a group or association you may also be eligible for membership. Lastly, if your family member is a member of a credit union, you typically can join that same credit union.

Once a member, you are always a member. Even if you move or terminate your involvement with a group or association, you may remain in that credit union.

The mission statement or philosophy that drives the entire credit union industry is not for profit, not for charity, but for service.

So consider joining a credit union near you; where you are an owner, as well as member for life.

David A. L'Ecuyer is president/CEO of Central One Federal Credit Union. His marketing manager, Zachary Daniels, can be reached at 508-842-7400, weekdays from 8 a.m. to 4:30 p.m. or by email at zdaniels@centralfcu.com and at www.centralfcu.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Social Security offers help to veterans

By Kristen Alberino

Nov. 11 is more than just a national holiday: Veterans Day is a time to honor the men and women who risk their lives to protect our freedom.

For those who return home with injuries, it will be our turn to help them. If you know any wounded veterans, please let them know about Social Security's Wounded Warriors website. You can find it at www.socialsecurity.gov/wounded-warriors.

The Wounded Warriors website answers a number of commonly asked questions, and shares other useful information about disability benefits, including how veterans can receive expedited processing of disability claims. It is important to note that benefits available through Social Security are different than those from the Department of Veterans Affairs and require a separate application.

The expedited process is used for military service members who become dis-

abled while on active military service on or after Oct. 1, 2001, regardless of where the disability occurs.

Even active duty military who continue to receive pay while in a hospital or on medical leave should consider applying for disability benefits if they are unable to work due to a dis-

abling condition.

Active duty status and receipt of military pay does not necessarily prevent payment of Social Security disability benefits. Receipt of military payments should never stop someone from applying for disability benefits from Social Security.

A person cannot receive Social Security disability benefits while engaging in substantial work for pay or profit. However, the work activity is the controlling factor and not the amount of pay the person receives or military duty status.

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



Social Security Tips

Senator calls for Social Security safety measures

NEW YORK —

Sen. Charles Schumer said scammers are stealing thousands of seniors' Social Security payments, often with just one phone call.

The New York Democrat has urged the federal Social Security Administration to take safety measures to curb the fraud.

As of August, the senator says more than 19,000 seniors nationwide have reported identity thefts. That's about 50 each day.

The payments are directly deposited into private bank accounts.

Scammers divert payments by obtaining account information, then making a phone call to reroute the money to their own accounts.

Schumer wants beneficiaries to be notified immediately about any attempted changes to bank account information. The Social Security Inspector General also recommends an automatic notification system. — AP

in the world, find that they are working harder than ever. And you do have lots of bosses, even as an entrepreneur — your clients, your funders.

Before rushing to start your own thing, consider offering your skills to another encore entrepreneur and also take a look at freelancing or self-employment. Those may be ways to have more control and autonomy, while still having an impact — and keeping the risk down somewhat. — AP

► Purpose

Cont. from page 26

entrepreneurship among older workers.

There are pros and cons. Being your own boss can give you more control over your life. And it can be a good fit for people who are tired of having a manager.

But most people who start a business, especially one designed to do some good

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Country meets contemporary decor

By Kim Cook

Browse through old Country-oriented shelter magazines and you'll see a lot of what designers used to call "duck and basket" decor: calico-print-filled rooms, Colonial furnishings, walls stenciled with flowers and ducks.

It was a homey, well-loved style.

Now a new generation of home decorators and stylemakers is updating the look. *Country Living* magazine fills pages with bright colors, crisp graphic prints, tag-sale side tables and smart mid-century sofas. There are still great baskets, but nowadays the duck's more likely to be part of a hip new wallpaper.

Call it Modern Country or Farmhouse Chic — it's sparer and less cluttered than the old Country, but no less welcoming. It honors Country's homespun roots without sending us too literally back to the past.

Well-worn, often utilitarian elements from the farm house, barn and small-town store blend with contemporary furnishings and finishes, making it all look fresh and interesting.

Becky Cunningham, a home decorator near Shreveport, La., fell in love with vintage stuff during her first visit to a flea

market in Canton, Texas. That's where she found an old cowboy's bathtub that now holds extra blankets in her bedroom.

The room's transformation, which includes snowy white paint, a chandelier and luxurious white bed linens, is chronicled on her blog, *Buckets and Burlap*. An unusual focal point is a gray, weather-beaten headboard.

"We used 100-year-old lumber taken from an old shack on my husband's aunt's farm," said Cunningham.

Redoing a bathroom in Ojai, Calif., Kelley Davis-Motschenbacher used a timeworn pine table as a vanity, but dropped in a sleek modern washbowl and tap. She fronted a new closet with a scraped-up vintage door, embellishing it with a cast-iron bird knocker. Glossy white subway tiles and marble flooring blend with harvest baskets and vintage artwork to make a luxurious yet homey bathroom that was mostly sourced from garage sales, Home Depot and the Internet.

Rie Sterling of Apex, N.C., is another Modern Country blogger.

"One of the things I love about this style is how unpretentious it is," she said. She added: "There's a certain restfulness about it that appeals to so many, and it's refreshingly attainable."

Garage sales, flea markets and online sites are good sources for Country items, but you can also find newly made pieces that evoke the vibe.

Dustin Glasscoe's furniture studio, Vermont Farm Table, is filled with bar stools, benches, dining tables and bookcases made of reclaimed pine. The patina of the wood, coupled with Glasscoe's crafts-

manship, makes for furniture that's warm and approachable.

Urbanites may not have ready access to vintage goods, but the look's easy to replicate with stuff from stores — Wisteria's iron cabinet bins and World Market's woven reed baskets make great storage; IKEA's got flat-woven, striped cotton rugs; Pottery Barn has antique glass pickling jars,

wooden dough bowls and grain-sack throw pillows.

Sandy Chilewich's Faux Bois placemats have a digital image of a real wood plank printed on Plynyl.

Schoolhouse Electric recreates early 20th century light fixtures and iron bedsteads.

Repurposing is the watchword here: Put bath items in jars; magazines, towels or toys in tubs or wooden crates; and turn that great jam cupboard into a compact home office. Add modern touches like Lucite chairs, a tailored pendant fixture, a lacquered Parsons table, or an accent wall painted in a bold hue.

If you're looking for additional inspiration, check out Houzz.com. It's a kind of home-design-centric Pinterest, where homeowners and professionals post photographs, articles and advice; you'll find great examples of Modern Country style here, as well as design help.

Sourcebook:

www.bucketsofburlap.blogspot.com: Becky Cunningham blogs about her farmhouse remodel;

www.homeandharmony.blogspot.com: Rie Sterling's decorating blog;

www.vermontfarmtable.com: tables from about \$1,530 and up — AP



Becky Cunningham blogs about her farmhouse remodel.

Social Security benefits to go up by 1.7 percent

WASHINGTON —

More than 56 million Social Security recipients will see their monthly payments go up by 1.7 percent next year.

The increase, which starts in January, is tied to a measure of inflation released last month. It shows that inflation has been relatively low over the past year, despite the recent surge in gas prices, resulting in one of the smallest increases in Social Security payments since automatic adjustments were adopted in 1975.

Social Security payments for retired workers average \$1,237 a month, or about \$14,800 a year. A 1.7 percent increase will amount to about \$21 a month, or \$252 a year, on average.

Social Security recipients received a 3.6 percent increase in benefits this year after getting none the previous two years.

About 8 million people who receive Supplemental Security Income will also receive the cost-of-living adjustment, or COLA, meaning the announcement will affect about 1 in 5 U.S. residents.

Social Security also provides benefits to millions of disabled workers, spouses, widows, widowers and children.

The amount of wages subjected to Social Security taxes is going up, too. Social Security is supported by a 12.4 percent tax on wages up to \$110,100. That threshold will increase to \$113,700 next year, resulting in higher taxes for nearly 10 million workers and their employers, according to the Social Security Administration.

Workers pay half the tax and employers pay the other half. Congress and President Barack Obama reduced the share paid by workers from 6.2 percent to 4.2 percent for 2011 and 2012. The temporary cut, however, is due to expire at the end of the year.

Some of next year's COLA could be wiped out by higher Medicare premiums, which are deducted from Social Security payments. The Medicare Part B premium, which covers doctor visits, is expected to rise by about \$7 per month for 2013, according to government projections.

The premium is currently \$99.90 a month for most seniors.

By law, the increase in benefits is based on the Consumer

Price Index for Urban Wage Earners and Clerical Workers, or CPI-W, a broad measure of consumer prices generated by the Bureau of Labor Statistics. It measures price changes for food, housing, clothing, transportation, energy, medical care, recreation and education.

Over the past year, housing costs have gone up 1.4 percent but home energy costs have dropped by 3.8 percent, according to the CPI-W. Medical costs, which tend to hit seniors harder than younger adults, have increased by 4.4 percent.

Gasoline prices have gone up by 6.8 percent, but much of that increase happened in the past month, so it is not fully reflected in the COLA for Social Security.

To calculate the COLA, the Social Security Administration compares the average price index for July, August and September with the price index for the same three months in the previous year.

If consumer prices increase from year to year, Social Security recipients automatically get higher payments, starting the following January. If prices drop, the payments stay the same, as they did in 2010 and 2011. — AP

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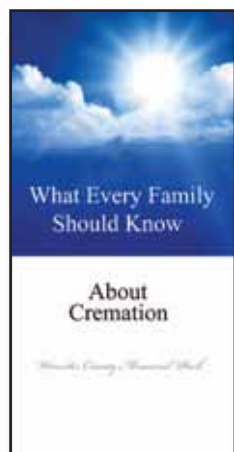
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University of Missouri medical school pairs new students with seniors

By Alan Scher Zagier

COLUMBIA, Mo. —

New medical students at the University of Missouri quickly learn the nuances of anatomical science, disease treatment and other basic requirements for aspiring doctors.

But a majority of the nearly 100 first-year students in the Class of 2016 will find some of their most valuable lessons outside the classroom, paired with senior mentors who will give an up-close look into the realities of growing old — and also shatter some well-worn stereotypes.

Now in its 12th year, the Heyssel Senior Teacher Educator Partnership (STEP) is strictly voluntary for new students at the University of Missouri School of Medicine (MU). Sixty percent of the incoming class has signed up for the program, and the participation rate has nearly doubled since the program began in 2001.

"It's a way to help medical students get to know seniors as human beings," said Dr. Steve Zweig, chairman of the school's department of family and community medicine. "Learning from the people you will be caring for is a very powerful lesson, and one we need to be reminded of."

The program's growth mirrors advances in gerontology and geriatric medicine, Zweig said. It's a far cry from his own experiences as a MU medical student nearly four decades ago, treating "desperately ill and delirious" older patients at the Veterans Administration hospital.

University of South Carolina medical school researchers studied the Missouri program and nine similar efforts in 2009 and confirmed many of the anecdotal observations already made by Zweig and his colleagues — namely, that the human touch goes a long way toward supplementing classroom and lab lessons. The participating universities included Arizona, Duke, Nebraska, Ohio State and the Medical College of Wisconsin.

Eldin Duderija, a second-year MU medical student, said he remains close to the retired couple he was paired with last year. The 23-year-old Bosnia native, who moved to St. Louis as a child, said his mentors are "essentially like the grandparents I never had in Columbia."



"It gives you another element to medicine," he said. "It's not always about the science."

For seniors, the STEP program provides a connection to a younger generation while also offering valuable lectures on topics such as exercise, death and dying and senior sexuality, said Marty Hausman, a retired nurse.

"You feel really good about the future," she said. — AP

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