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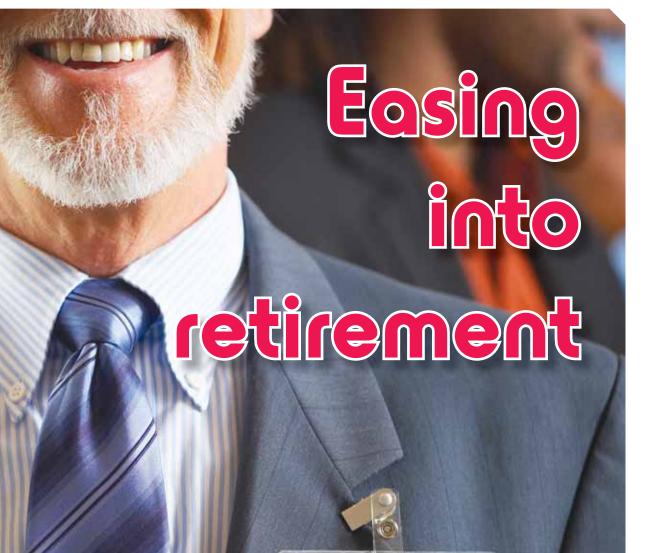
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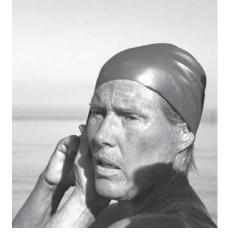
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Companies strive to attract, maintain older workers

By Brian Goslow

WATERTOWN -After serving 20 years as an administrator for the City of Boston, Katrina Clark left her position to become the full-time caregiver for both of her parents. She didn't attempt to return to the workforce for over a decade, till after her dad had passed away and her mother followed after a long struggle with Alzheimer's disease. "I had decided not to place my mother in anyone else's care as it was more important for me to take care of her," she said. "So that's what I did, in addition to caring for three grandchildren."

When Clark went to a temp agency to test for possible positions, she noticed many of the other applicants were only a third her "No matter how smart you are, it kind age. of shatters your confidence when you look at what your competition is for the relatively few jobs that are out there," she said.

As members of the 78 million baby boomer population retire, they are creating gaps in the workforce since there are not enough younger people to fill the positions.

She returned home to a phone call from the agency, assigning her to a six-month sales job at Tufts Health Plan. "I had never in my entire life, ever sold anything, not even Girl Scout cookies, so I had absolutely no idea what to expect," she said. Thanks to a rigorous eight-week hands-on training process, Clark said, "a mature woman brought into their employ as a temp" was able to work at a level she didn't expect she was capable of.

Clark. 60. has been employed as a full time member of the company's Medicare Preferred sales team for five years; the health plan's willingness to help her find her strengths focusing on her skills as an educator and a caretaker in helping her fine-tune her sales pitch — is indicative of the attention it gives to developing its older workers.

Tufts Health Plan was recently honored by AARP and the Society for Human Resources Management with its 2013 Best Employers for Workers over 50 award, an honor given every two years to 50 companies nationwide. Two other Massachusetts-based employers Massachusetts General Hospital and the Massachusetts Institute of Technology joined Tufts on the list.

As members of the 78 million baby boomer population retire, they are creating gaps in the workforce since there are not enough younger people to fill the positions. Many boomers want to keep working for economic or social reasons but prefer flexibility, so companies are finding innovative incentives to attract this age group.

As employers in the state and nationwide acknowledge the generational shift currently

taking place in the workforce, it is clearly in their best interest to recognize which practices are attracting and retaining quality workers, said AARP Massachusetts executive director Michael Festa.

"We know that older workers have a lot of value," said Festa. "By definition, they've been around the block and they have experiences and credibility from those experiences that really matter to employers as they try to diversify their workforce. In many places, that experience is irreplaceable."

Among those practices which have proven attractive

are flexible work schedules that make it easier for employees to look after their elderly parents and, for some, younger children; programs and classes that encourage professional development; and good health benefits and savings programs that assist workers in preparing for their later years.

"Our job (at AARP) is to remind those employers that are thinking, 'How can I improve the quality of my workforce?' to look to those 50-plus workers and recognize that if you employ practices which are not going to hurt your bottom line, you are going to absolutely capture this real quality workforce," said Festa. "By using flexible hours, professional development and job sharing, those kinds of things, as an employer, if you use those practices, you're going to attract those kinds of workers, you're going to retain the ones that you have and you're going to get a better performance bottom line in the day-to- day activities of the job.

To assist older workers looking for employment, the AARP website provides job searching tools, including a search feature for employers in the job seeker's immediate area that have proven to be welcoming.

"If you're a worker hungry to get a job opportunity, you're going to be directed (to those available positions in your region). You'll be looking at these kinds of employers and saying, 'Wow, they've got people like me in their sights,' "Festa said. These listings also include access to enhanced job opportunities throughout the United States, invaluable to folks looking to relocate.

Cathy Marino, 60, has worked in Tufts Health Plan's Medicare Advantage division for five and a half years. She joined the company after being laid off from her previous position. Her employment history included working for two travel agencies and before that, spending 20 years in the psychiatric care - as well as owning and running two field successful businesses of her own.

Marino has utilized a variety of programs offered by the company, including its tuition reimbursement plan that is allowing her to achieve one of her bucket list goals - to earn her bachelor's degree in business through



Tufts Health Plan employees Len Johnson, Katrina Clark and Cathy Marino, AARP Massachusetts director Michael Festa and Tufts vice president of human resources and diversity Lydia Greene (from I to r)

> UMass Amherst's "University Without Walls" online degree program, which she will do this spring. She also participates in programs offered by Tufts to learn more about the company and the health care industry in general.

She also takes advantage of Tuft's wellness program, from scheduling regular workouts at its downstairs gym to enjoying daily salads at its salad bar (with the company subsidizing 25 percent of the cost), in its cafeteria, which Tufts likes to call, "the biggest restaurant in Watertown." She hadn't thought about her diet prior to working at Tufts. "I'm a much healthier eater since I started here at Tufts than I ever was before: I've become more aware of what I eat and what it contains," she said.

The ongoing interaction between generations of workers has also kept her mind healthy. Older workers share their experiences with younger workers, Marino said, and in doing so, they've learned from their younger colleagues. "It's a two-way street," Marino said. "It's a great sharing and learning experience from both ends of the spectrum, age-wise." Related story page 20

Lydia Green, Tufts Health Plan's vice president of human resources and diversity, said honors such as the Best Employers for Workers Over 50 award are helpful to the company's brand and business and in attracting high caliber employees. "People do look at lists," she said.

Over 30 percent of Tufts' employees are 50 or older. "They're hugely important to us," Green said. "The health insurance business is a complex, sophisticated business and it requires a lot of job skills to come and work in a business like ours and those are the kinds of individuals who have tremendous experience they can bring to us.³

Not only do these new employees arrive with the energy and excitement of starting a new role in their own lives, she added. they bring many years of experience to the workplace. "In general, someone who comes to the job with 20 years of experience can typically hit the ground running and contribute quicker than someone who is fresh out of college," Green said.

While the company is headquartered in Watertown, its network health division

is in Medford and it has sales offices in Worcester and Springfield, as well as Providence.

In announcing its "Best Employers" designation, AARP heralded Tufts' Wellness Work/Life Program that offers older worker-designed benefits, including counseling those living with older parents, searching for elder care services and providing legal advice and personal finance consultations.

New employees are automatically enrolled in its 401(k) retirement plan;

the company matches contributions made by employees, who can opt out if they don't wish to participate. Tufts also adds to employee accounts at the end of a successful year invaluable to someone like Clark, 60, who was afraid her decade plus away from the workforce would leave her with an insurmountable gap in her retirement account. That's been a real blessing," she said.

The company has seen a constant uptick in employees using its wellness programs, including accessing its onsite gym and fulltime wellness coach to improve their physical health and visiting the onsite medical clinic, where many took advantage of getting flu shots.

"Half our challenge, quite frankly, is communication, communication, communication and making people aware of the benefits they do have," Green said. That's accomplished through regular e-mails, including a weekly e-mail from CEO James Roosevelt, Jr., colorful posters announcing events, TV screens in its lobby and cafeteria, mailings from vendors, town hall meetings and employees sharing information among themselves.

Such communication and the people-topeople contact make going to work each day a pleasure for Len Johnson, who turned 80 in August; a widower for 17 years, the smiling faces he sees while on the job provide invaluable warmth. "I like the people - not only the people that I work with, but the people I've met or just talked to in the hallways," he said. "I'm a guy who'll strike up a conversation with almost anybody.'

Johnson arrived at the company as a temp in 1999, with a resume that includes a degree in business administration. 20 years with the U.S. Air Force and working in computer operations at Raytheon in Andover and other locations after being laid off. "I did that for a couple of years and they (the temp agency) called me one day and asked me if I knew a certain program and I said, 'No I don't,' and I figured it was time to stop doing that."

He was alternating between temporary light warehouse and general office work when

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Who will take care of us when we are old?

By Sondra Shapiro

e have been committed caregivers for our elderly relatives. But it turns out it could be slim pickings by the time we baby boomers need looking after, if a new study is the last

word.



Just My Opinion

It has been well pub-

licized that our financial security is shakier than that of the generation before us. And now we are learning that the pool of family and friends available to take care of us in old age will be less than half as deep as it is today. Very troubling, yet not insurmountable.

When we turn 80, AARP findings predict, the ratio of potential family caregivers to elders needing care will plummet from today's seven caregivers for each person over age 80 to fewer than three caregivers.

Family caregivers — including family members, partners and close friends — are a key factor in the ability to remain in one's home and in the community when disability strikes, according to the new AARP report. That means while most people's preference is to age in a community setting, without friend or family support we will require more costly and less desirable institutional care.

Such "reliance on fewer family caregivers to provide home- and communitybased services could also add to costs borne by family members and close friends — in the form of increasing emotional and physical strain, competing demands of work and caregiving, and financial hardships," the report states.

"More than two-thirds of Americans believe they will be able to rely on their families to meet their needs when they need long term care," said Lynn Feinberg, AARP Senior Policy Analyst and one of the report's authors, "but this confidence is likely to deflate when it collides with the dramatically shrinking availability of family caregivers in the future."

The number of people turning 80 will increase in the next 20 years as the population of primary caregivers remains flat. In 2050 there will be three times as many people age 80 and older as there are today — the caregiver support ratio, which was 7.2 in 2010 when boomers were in their peak caregiving years, is projected to drop to 2.9 percent when boomers reach their 80s. In 2010 the caregiver support ratio in Massachusetts was 6.4; by 2030 it will be 4.4 and by 2050, 3.2.

The ratio is primed to shift "from a slow decline to a free fall," to quote the report.

According to AARP, "In 2009, about 42.1 million family caregivers in the United States provided care to an adult with limitations in daily activities at any given point in time, and about 61.6 million provided care at some time during the year. The estimated economic value of their unpaid contributions was approximately \$450 billion in 2009, up from an estimated \$375 billion in 2007."

The "average" family caregiver is a 49-year-old woman who works outside the home and spends about 20 hours per week

providing unpaid care to her mother for nearly five years. Nearly two-thirds of family caregivers are female (65 percent). More than 8 in 10 informal caregivers are caring for a person over 50.

The shift stems from the fact that compared to our parents' generation, our 78 million demographic has had fewer children, divorced at higher rates, remained single in larger numbers and is living longer.

The report concludes this country needs more affordable homecare options and public policies that support informal caregivers.

"Rapidly increasing numbers of people in advanced old age and shrinking families to provide support to them demands new solutions to financing and delivering long term services and supports," said Feinberg.

Over the years, Congress has organized various commissions to address the cost of long-term care. The latest, which just finished its work, heard from experts on ways in which Medicaid, Medicare and private long-term care insurance could be strengthened to more effectively finance long-term services and supports. While the exercise is noble, history suggests nothing will happen as a result.

Though these numbers seem dire, there are some promising signs.

There are several examples of how the boomer generation is finding its own way to address the looming care issue. True to this generation's inventive character — and a harkening back to its flower power roots — boomers have been proactive in terms of housing arrangements that offer built-in care for its residents. Among the options are co-housing, a type of community made up of private homes supplemented by common facilities; and roommate arrangements, where peers move into a home or apartment together.

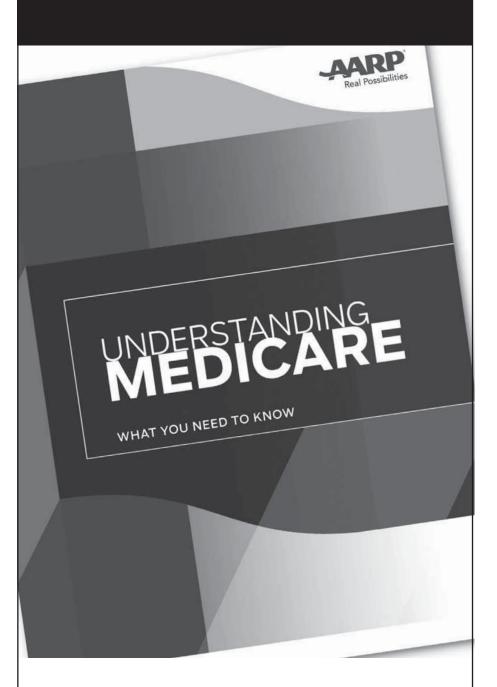
Towns are also thinking ahead. One successful solution is the Naturally Occurring Retirement Community (NORC), geographic areas where a large concentration of older people can age in place with the help of programs and services. Beacon Hill Village in Boston is one such arrangement; its "Livable Community Program," was one of the first in the country.

Assisted living facilities are also morphing into boomer-friendly environments that offer comfortable apartments along with programs and services that promote independence and provide even the most age-denying boomer a welcoming place to call home.

Though the options mentioned are a sampling, the point is AARP's study and others like it help shed a beacon of light to keep the country focused on the caregiving issue and thus allows boomers, communities and lawmakers to create ways to address the problem. At this point, as Congress muddles its way through the problem, it looks like grassroots activity is already beginning to flourish. So, if the question is: Who will take care of us? The answer should be: We are working on that. Ingenuity will ultimately win over statistics.

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

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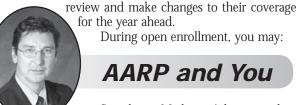


Viewpoint

Medicare open enrollment: Remember the four C's

By Michael E. Festa

For those with Medicare, autumn means more than enjoying the fall foliage. It is also time for Medicare open enrollment, which officially begins on Oct. 15 and runs through Dee. 7. This is the one chance the nearly one million Medicare beneficiaries in Massachusetts have to



•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 satisfied with your current coverage, it's always a good idea to review your plan to make sure you are getting the most out of your Medicare. Not sure how to get started? Just follow the four C's: coverage, cost, convenience and customer satisfaction.

Coverage: Comparing Medicare plans can be simple. The official Medicare website (www.Medicare.gov) has a find-a-plan tool that helps you find and compare all available plans 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, call your local senior center or council on aging to make an appointment with a SHINE (Serving the Health Information Needs of Elders) counselor.

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

Convenience: When it comes to doctor's appointments and filling prescriptions, convenience matters. When reviewing Medicare plans, find out if you will have access to your current doctor — or doctors close by. 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 from one star (poor) to five stars (excellent) in different categories, such as responsiveness and care, member complaints and customer service.

After you've gone through the four C's, it's time for the D — decide. Once you compare coverage, cost, convenience and customer service, you will be ready to make a well-researched decision to either change your plan or stay with the one you have.

Remember, 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 Dec. 7 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 one free copy of *Understanding Medicare* (D19327).

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

It's time to end Medicare's three-day hospital rule

By Al Norman

Three years ago, I wrote a letter to Congress about a woman I will call Mrs. Green, a 94-year-old resident of the Berkshires, who lived with her daughter.

In 2010, Mrs. Green suffered a fall, and was taken to the Berkshire Medical Center's emergency room where she was treated and sent home. After two more days of pain, her daughter took her to a general practitioner, who briefly examined her and then sent her to the hospital for "evaluation of weakness and frequent falls."

Mrs. Green was in the hospital for six days, after which she was sent to a nursing home, where she stayed for several weeks of rehabilitation. She was then discharged back to her daughter's home. That's the good news.

However, because Mrs. Green was never admitted as an in-patient to the hospital, but was classified as being on "observation status" for her entire six-day hospital stay, Medicare rejected coverage for the nursing home stay. And Mrs. Green received a \$10,000 bill from the nursing home that she had to pay.

"Observation" is the term Medicare uses to describe the outpatient status of a patient who is in a hospital — but not

as an inpatient. On page 31 of the *Medicare & You 2013* manual, it says clearly that Medicare will only cover skilled nursing home care and rehabilitation services "after a three day minimum medically necessary inpatient hospital stay for a related illness or injury."

Mrs. Green never heard of this rule, and even if she did, she had no idea that after six nights in a hospital she had never officially been admitted as an inpatient.

Recently, Gov. Deval Patrick asked the federal government to give Massachusetts a waiver from this three-day prior hospital stay rule. "A waiver has the potential to

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reduce costs to the federal government," the administration wrote. "If a patient has a diagnosis that requires on-going care in a skilled nursing facility, requiring that

Push

Back

patient to continue to be cared for in an inpatient acute

an inpatient acute hospital setting, it is not efficient from

a cost perspective. Care provided in a hospital is more expensive than care provided in a skilled nursing facility." It is not certain yet if the federal government will grant this waiver.

Rep. Joe Courtney, D-Conn, has filed a bill in the House called the "Improving Access to Medicare Coverage Act of 2013. This legislation, H.R. 1179, has 88 House sponsors, including Massachusetts Democrats Joe Kennedy, Jim McGovern, John Tierney, Niki Tsongas and Bill Keating.

On the U.S. Senate side, the same bill filed by Sen. Sherrod Brown, D-Ohio, attracted 17 sponsors, but no one from the Massachusetts delegation has signed on.

Rep. Courtney's bill says "an individual who is in a period of observation status in

Companies

Cont. from page 6

he got the call asking him if he'd like to go to Tufts Health Plan to help organize its filing system. "If there's one thing I hate, it's filing," Johnson said. "But they told me that if I was good and did my work, there was a good chance that I would get hired. So I came in and I did what I was asked to do."

He straightened out the files and was soon offered a full-time job working in the pre-registration department. "I've told other people who've come in as temps, if you keep your nose clean and you work hard, there's a doggone good chance that you could be a hospital that exceeds 24 hours shall be deemed to have been an inpatient during such period of observation status and the individuals leaving the hospital after such period of status shall be treated as a discharge from the hospital."

The federal government says it is working on changes to the current three- day rule. Whether the Obama administration changes the rules on its own, gives Massachusetts a waiver from the rule or Congress changes the rule — one way or another the three-day rule that trapped Mrs. Green should never happen to another senior again — anywhere.

Anyone who needs nursing home care should not have to first spend three days in a hospital. Such bureaucratic rules make no sense, and only hurt innocent people like Mrs. Green. Once this rule is overturned, we can then focus on why Medicare does not cover custodial care in a nursing home — another illogical injustice.

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.org, or 413-772-6289.

hired because that is the way that \ensuremath{I} came into the company."

After six years on the job, getting a little tired of the position and looking for something new, Johnson moved to an opening in the case management department, where he answers the phone, directs e-faxes, prepares mailings for health plan members and orders supplies.

He switched to part-time two years ago and while he doesn't have any definitive plans to retire — "As far as I know, Tufts doesn't have a plan where they throw you out after a certain age, which, if they did, I've already gone by it," he laughed — he thinks another two years of work would suit him fine.

"Maybe less than that — I might get lucky and win the lottery or something like that."

Neighbor Brigade assists those in need

By Brian Goslow

LEXINGTON — Pam Washek had a vision to help people. After being diagnosed with and battling cancer in 2002, she co-founded the Wayland Angels to help other local residents undergoing treatment as well as the families and friends who served as their support group. The idea metamorphosed into The Neighbor Brigade, which Warshek helped found in 2010, to spread her original mission to other communities in Massachusetts, New England and throughout the United States.

Washek passed away last December, but her Neighbor Brigade continues to grow, with 4,500 volunteers serving in chapters in 39 communities statewide and its first out-of-state group in Dover, N.H.

The Neighbor Brigade helps mobilize community-based networks of volunteers, enabling them to immediately assist neighbors suddenly facing a crisis situation. It aims to provide relief for those who are undergoing cancer treatment, living with severe illness, recovering from an accident or enduring family tragedy, along with their loved ones.

Among the services the organization provides are delivering meals to a person's home, transportation to medical appointments and help with home maintenance.

Stephanie Ŵolk Lawrence, who founded the Lexington chapter in March 2012, has brought a long career in the charitable, public and nonprofit sectors to her position as executive director. A 10-year plus survivor of ovarian cancer, she sees her work with The Neighbor Brigade as paying back the support she received during her own life challenges.

"I know from personal experience, when a crisis hits, you are so consumed with just putting together the services and care that you need, because when there's a crisis, it is very difficult to be able to think of those regular schedules and needs that you must maintain for yourself," Lawrence said.

She said that many of those who volunteer with the organization relate in some way to Washek's story. "I think it's a very common human occurrence to find yourself, at some point in your life, where you need help in fulfilling your own and your family's basic needs," Lawrence said. "Pam had a very inspiring story: Her family needed unexpected help when she was first diagnosed with cancer and it was the kindness of her friends and neighbors that inspired her to start this movement."

The organization doesn't have eligibility requirements for those seeking help. Assistance can be requested by phone, through its website or through the referral of others. The Neighbor Brigade also conducts "a lot of outreach" to community-based social service organizations, including councils on aging, hospitals and cancer care centers, Lawrence said. "We introduce ourselves and the organization to social workers and administrators and encourage them to pass along information to their clients and patients."

BRIGADE page 21



Bet Shalom / Apartments

Bet Shalom Apartments is an attractive subsidized complex dedicated to serving 62 years of age and older as well as mobility impaired of any age. It is located at 475 Chandler Street in Worcester, Mass. The property has 95 one-bedroom apartments. Several units are barrier free with easy access for the mobility impaired.

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Feeling Healthy

Physical by smartphone becoming real possibility

By Lauran Neergaard

WASHINGTON -

t's not a Star Trek tricorder, but by hooking a variety of gadgets onto a smartphone, you could almost get a complete

physical — without the paper gown or even a visit to the doctor's office.

Blood pressure? Just plug the arm cuff into the phone for a quick reading. Heart OK? Put your

fingers in the right spot, and AliveCor Heart Monitor dangerous irregular heartbeat in the squiggly rhythm of an EKG appears on the phone's screen.

Plug in a few more devices and you could have photos of your eardrum (Look, no infection) and the back of your eye, listen to your heartbeat, chart your lung function and even get a sonogram.

If this sounds like a little too much DIY medical care, well, the idea isn't to selfdiagnose with Dr. iPhone. But companies are rapidly developing miniature medical devices that tap the power of the ubiquitous smartphone in hopes of changing how people monitor their own health.

We wanted to make sure they have all the right tools available in their pocket" is how Joseph Flaherty of AgaMatrix describes his company's tiny glucose monitor. Diabetics can plug the iBGStar into the bottom of an iPhone and check blood sugar on the go without carrying an extra device.

> This mobile medicine also might help doctors care for patients in

new ways. In March, prominent San Diego cardiologist Eric Topol tweeted, "no cardiologist emergency landing req'd," when he used his smartphone EKG to diagnose a distressing but not immediately

a fellow airplane passenger at 30,000 feet.

And the University of California, San Francisco (UCSF), hopes to enroll a staggering 1 million people in its Health eHeart Study to see whether using mobile technology, including smartphone tracking of people's heart rate and blood pressure, could help treat and prevent cardiovascular disease.

The question: Do smartphone devices really work well enough for the average patient and primary care doctor to dive in, or are early adopters just going for the cool factor? Many of the tools cost \$100 to \$200, there's little public sales information yet, and it's not clear how insurers will handle the fledgling trend.

"Technology sometimes evolves faster than we're ready for it," cautioned Dr. Glen Stream of the American Academy of Family Physicians. "We're recognizing more and more that not all care needs to be delivered face to face," but only if people measure the right things and have a relationship with a doctor to help make good use of the findings, he stressed.

About 300 doctors, health policy wonks Addressing a recent medical technology PHYSICAL page 12

Nurses playing bigger role in medical care

By Jessica Contrera

LAFAYETTE, Ind. eading to the doctor's office sometime this year? Chances are, you

might see a nurse instead. Improved technology and a shaky economy are a few of the factors causing nurses to move out of the traditional hospital set-– and care facilities are following suit. ting -

Care is being provided in such different ways than in the past," said Kimberly Harper, director of the Indiana Center for Nursing. "People stay in the hospital for much shorter times, it's less expensive to be cared for at home than in the hospital and the elderly are much more likely to be cared for in transitional care or rehabilitation settings.

As baby boomers age and hospitals

shrink, experts predict that nurses will play a larger role in medical care, especially in outpatient clinics, home care and community health centers.

and healthcare conference — TEDMED — in Washington, Dr. Susan Desmond-Hellmann,

UCSF's chancellor, put the challenge this way: "How does mobile monitoring become

something more than a toy, or something

interesting? How does it connect to how I'm

cared for by my caregiver?"

On regular check-ups and primary care, Indiana patients can expect highereducated nurses to replace medical doctors in many instances.

The shortage of primary care doctors is a well-documented national trend. A recent study published by the American Medical Association shows that less than a quarter of medical students in their third year of residency are pursuing internal medicine, the field of general adult health care.

Meanwhile, the number of nurses with advanced degrees is soaring. In 1997, only 34.8 percent of Indiana nurses had a bach-

NURSES page 12



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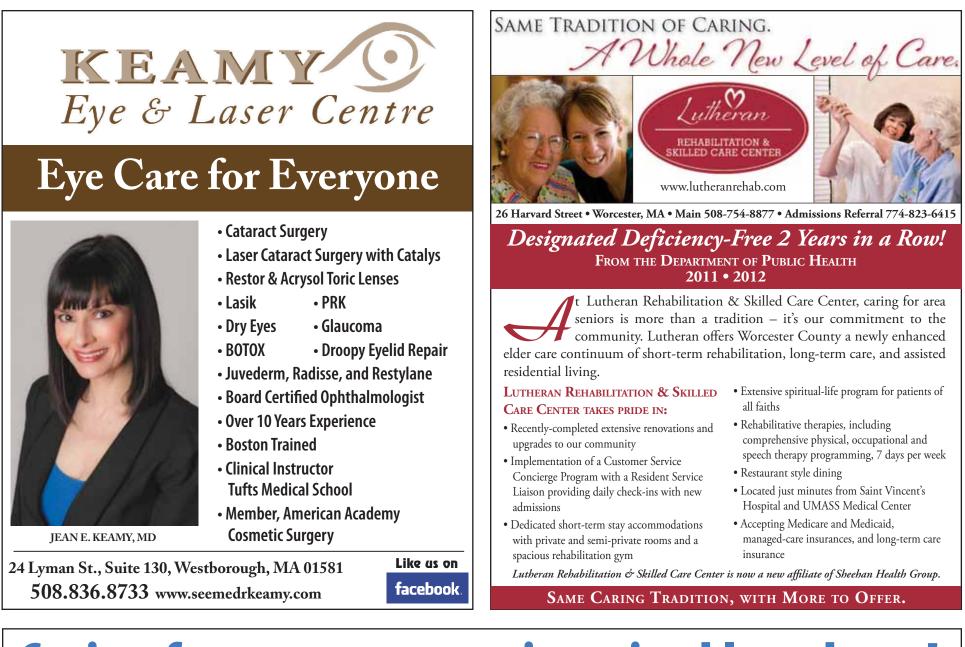
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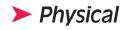
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Fifty Plus Advocate October 1, 2013



Nurses

doctors saw.

Cont. from page 10

ber jumped to 49 percent.

Cont. from page 10

and others attending that high-tech meeting received what was dubbed a "smartphone physical" from medical students using 10 of the latest devices. The Food and Drug Administration (FDA) has approved a number of the gadgets for sale; others are experimental prototypes gathered for the demonstration by Nurture by Steelcase and the doctor website Medgadget.

"It's going to be our generation that adopts most of these," noted Shiv Gaglani, a Johns Hopkins medical student who helped organize the project.

The FDA cites industry estimates that 500 million smartphone users worldwide will use some type of health app by 2015. Today's apps mostly are educational tools, digital health diaries or reminders and fitness sensors. The new trend is toward more sophisticated

elor's degree or higher. By 2011, that num-

One of the most common ranks of

higher-educated nurses is nurse practitio-

diagnose illnesses and prescribe medica-

tions. Hospitals like IU Health Arnett have

increased their use of nurse practitioners to

care for the kinds of patients that once only

ner. In collaboration with physicians, nurse practitioners can perform examinations,

medical apps, some that work with plug-in devices, that provide information a doctor might find useful.

Some of the devices sell by prescription or on drugstore shelves, while others like the diabetes monitor and blood pressure cuff have entered a new venue for medicine the Apple store.

Simplicity is part of the idea. Take the AliveCor Heart Monitor. Snap it on like a smartphone case, place fingers on the sensors -– no sticky wires on the chest — and you've got an EKG recording in 30 seconds. The FDA approved sale of the \$199 device in December for doctors to use in exams or to prescribe for patients to use on themselves.

It doesn't measure as much as a full-scale EKG, and patients must email the recording to a doctor for analysis. But heart patients frequently experience palpitations that have ended by the time they reach a cardiologist - and emailing an on-the-spot EKG reading might help the doctor figure out what

said Josh Fleming, Arnett's

The clinics Fleming is

referring to are the nearly

20 outpatient and specialty

care centers that are exten-

sions of the main hospital

on McCarty Lane. Hospitals

physicians and more nurses.

across the nation are increasing the number

of extension clinics. They are efficient for

the patients, but can be staffed with fewer

chief nursing officer.

happened, said AliveCor co-founder Dr. Dave Albert.

'This is a brand-new technology. We're trying to understand how people will use it,' said Albert, whose company also is seeking FDA permission to sell the device over the counter.

Welch Allyn's iExaminer taps the smartphone's camera to photograph deep inside the eye — the orange view of the retina filling the phone's screen.

Similarly, CellScope Inc. is developing an otoscope - that magnifier doctors use to peer into the ear — that can snap a photo of the eardrum. It's not for sale yet.

And University of Washington researchers are testing a way to measure lung function in people with asthma or emphysema as they blow onto the phone and it captures the sound. Today, those measurements require blowing into special machines.

Insurers are studying what smartphone technology to pay for. For example, health

get the care that they need when they need it," said Karie Wallace, a human resources coordinator for Arnett. "Then, if their care

needs to flow over to the hospital, we can provide that too.

Harper, the director of the Indiana Center for Nursing, predicts that the implementation of the Affordable Care Act will

expedite these changes even more. That means more clinics and more higher-educated nurses.

When more people have access to insurance, there will be an increase in

care giant Kaiser Permanente is about to begin a project in Georgia to sell the iBGStar alongside other diabetes monitors in its onsite pharmacies. The project will determine whether patients like the smartphone monitor, if it improves care — and if so, whether the readings should beam into patients' electronic health records, in Georgia and in other Kaiser regions.

But ultimately, these devices may have a bigger role in developing countries, where full-size medical equipment is in short supply but smartphones are becoming common. Even in rural parts of the U.S., it can take hours to drive to a specialist, while a primary care physician might quickly email that specialist a photo of, say, a diseased retina first to see whether the trip's really necessary.

"These tools make diagnosis at a distance much easier," said Dr. Nicholas Genes, an emergency medicine professor at New York's Mount Sinai School of Medicine, who helped with TEDMED's smartphone physical. — AP

people seeking care, especially primary care," Harper said. "More folks who need care means we will need more people and places to provide it.

Many of the job openings that are available for nurses ask for only applicants with one or two years of experience. Stephanie Tarantino, a human resources representative for Franciscan St. Elizabeth Health, said that hospitals can only hire a certain number of new graduates at a time.

We have to maintain a ratio of senior nurses to new graduates," Tarantino said. "New graduates take fewer patients and need plenty of mentorship and support to gain experience." — AP

"With these outpatient facilities, patients "Especially in a clinic setting, our nurse

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Travel and Entertainment

By Victor Block

HAWAII —

he continuous torturous twists and 180-degree turns are interspersed only sporadically

by straight stretches of the narrow road. The sight of the first of a number of waterfalls along the route, water splashing down a deep crevice, provided relief, at least temporarily, from the queasiness in my stomach.



Waterfall on the road to Hana

Such is a ride on the road to Hana — which traverses the northern coast of Maui in Hawaii - one of the most magnificent drives anywhere. The drive from the rustic village of Paia to the eastern tip of the island is only 52 miles long, but it can take up to three hours to negotiate.

Some 600 twists and turns, dips and dives, along with 56 one-lane bridges, make for slow and careful driving. Fortunately, ever-present views of lush greenery

he Road to Hana: A destination worth the trip

and ocean blues, vistas of rock and white water foaming up over the shores, and waterfalls bubbling over craggy cliffs are well worth the daylong round-trip adventure.

In places, the road narrows even further as the vegetation increases in lushness and hue. Forests of sugar cane, stands of coconut trees and fields of pineapples abound. A sign of cau-

tion, "Narrow Winding Road Next 30 Miles," must be one of the world's greatest understatements.

I took the advice of a local who drives the route often to stop now and then and enjoy a stroll. I rested beneath a banana tree enveloped by giant six-feet-long leaves. Wondered at the crinkled mountains lacerated with ridges created by 2 1/2 million years of rainfall. And watched the ocean below, in a variety of hues rivaling every shade of blue in the largest box of Crayola crayons.

If you're a flora and fauna buff, a stop at the Keanae Arboretum will be a treat. It's as close to a Hawaiian jungle as you can get, with a wealth of native trees, plants and flowers.

At Puaakaa State Park further along, a footpath reminiscent of the road winds in and out along streams and past dramatic overlooks, eventually reaching a complex of pools and waterfalls. A swing on the Tarzan-like hanging vines overhead adds a dimension to the tropical swimming hole that backyard pools lack.

At yet another double-U bend is a roadside stand offering a variety of native refreshments, including bananas, papayas, coconuts and pineapples. As I munched, the proprietor, machete in hand, walked down a nearby path and returned with bunches of bananas to meet the demands of the lunchtime crowd. Now that's fast food made to order.

Another stop, at nearby Waianapanapa State Park, temporarily transports you into an otherworldly excursion. A steep path meanders beneath extensive overhangs



Aerial view of Hana Highway

of gnarled twisted branches, so thick with growth that an eerie darkness prevails even on a sunny day. Hidden within the rainforest vegeta-

tion, cavernous rock formations envelop crisp freshwater pools connected by lava tunnels

Lightness and color return as you approach your destination, the town of Hana. Towering trees with red-blossom canopies and green-laden hillsides announce your arrival. However, considering that this is the only real civilization in a three-hour trek, you hardly know you've arrived. A few stores,

the delightful Hana-Maui Hotel, and the presence of people who clearly are not tourists signal the change.

À visit to the Hasegawa General Store — immortalized in a 1964 song of the same name by Paul Weston is a must. The cluttered and cramped shop contrasts sharply with the airy openness of the natural beauty all around. Even so, it's worth a stop and look — and perhaps a welcome opportunity to pick up some antimotion sickness Dramamine, the store's best-selling item, for the drive back.

For more information, go to www.hanamaui.com or call 800-464-2924



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October 1, 2013

Fifty Plus Advocate

15

Resource for Caregivers

Fixing up seniors' homes to help them age in place

By Lauran Neergaard

BALTIMORE lberta Hough struggles to feed herself a snack, her arms shaking badly from Parkinson's disease. Days earlier, the 84-year-old fell while eating, sliding off her kitchen chair.

The rest of Hough's day isn't much easier to navigate. She wobbles into a bathtub with no grab bar. Her feet catch on damaged floor tiles. Part of the banister she needs to steady herself on the stairs has pulled out of the wall. At the back door, a rickety wooden ramp no longer supports the scooter that helps her get around.

The environment in which you live can be as disabling as a disease, and too often, older Americans wind up in a nursing home not because they're super-sick, but because they can't get through their days safely at home.

Now, a major research project will bring handymen, occupational therapists and nurses into the homes of 800 low-income seniors in Baltimore to test if some inexpensive fix-ups and strategies for daily living can keep them independent longer, and save millions in taxpayer dollars spent on nursing home care.

'Very small changes can make a big difference," said Sarah Szanton, a Johns Hopkins University associate nursing professor who

leads the project. "We're not say ing, 'What's your blood pressure?' We're focusing on function: What do they want to do?'

Losing independence is a leading fear as people age. But a recent poll shows that too few comprehend the changes in lifestyle needed to offset the chronic illnesses and gradual slowdown that hit just about everyone in the 70s, 80s and beyond.

Asked about their choice of living situation when they're older, Americans 40 and over say their top priorities are a one-level home with no stairs, that's close to their children and medical care, according to the poll by the AP-NORC Center for Public Affairs Research.

Chances are, that won't be enough.

For Hough, No. 1 is feeding herself without everything tumbling off the fork.

"I'm shaking all the time," she quietly told Hopkins occupational therapist Allyson Evelyn-Gustave.

Hough's other priority is not falling, and stairs are only one of her home's hazards.

To Hopkins' Szanton, bridging the gap between what older adults are able to do



and what their homes allow them to do is key to maintaining independence.

The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) study aims to prove how. During 10 home visits over four months, the Hopkins team is tailoring interventions — including about

\$1,100 in home repairs or modifications provided for free — to help low-income seniors who are having trouble caring for themselves.

Drills buzzed in Hough's house as carpenters installed a new banister and added grab bars and a raised toilet seat in the bathroom. They replaced patches of flooring to prevent trips and prepared to tackle the ramp.

As for eating, Evelyn-Gustave recommended a little-known tool: utensils and cups that are specially weighted to counter Hough's tremors.

"It'll be easier for you to hold," she promised.

The set of utensils costs only about \$20, one of the affordable tips the study is generating. Hough's daughter had thought the only solution was an aide to feed her mother, which the older woman hates.

"I always said I wouldn't let my mom go to a nursing home," said Gloria J. Hawks, 66, who is determined to care for her mother in the house the two share.

The CAPABLE project is being closely

FIXING page 19

31 diet programs that didn't work 12 years of struggling alone

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Billy Crystal: from Sha Na Na to Yankee Stadium

By Hillel Italie

NEW YORK —

Baltimore, around 1975, when he opened for the '50s revival act Sha Na.

He was an unknown comic at the time, an unknown who happened to look exactly like one of Sha Na Na's lead singers, Johnny Contardo.

"I'm introduced and I have no billing. 'Please welcome another star of our show and an up-and-coming new comic.' That was the '70s. Whenever you heard 'upand-coming new comic,' it was like 'Ugh,' " Crystal said during a recent interview. "When I hit the stage they thought I was Johnny playing a guy named Billy Crystal and they booed and they hissed and so forth. And I started getting in their face, in a funny way. And I finished my set and I got a standing ovation after I walked off. And Johnny got a T-shirt that he would wear and it said, 'No, I'm not Billy Crystal.' "

It's been a long time since Billy Crystal has been mistaken for anyone else.

At 65, he has the same round face, scrappy New York accent and rubbery grin known to fans of *Analyze This*, *When Harry Met Sally* and all those Oscar telecasts. Seated in his publicist's office, sipping coffee from a paper Starbucks cup, he looks

at least a decade younger than his age and is working at the same pace — constant — that he's kept up for much of his life.

He's set to star in a film comedy directed by Frank Oz and this fall will return to Broadway with his one-man show about his childhood and his father, 700 Sundays. His whole life is on record for his current project, the memoir Still Foolin' 'Em, which set off a million-dollar bidding war among publishers last spring that was finally won by Henry Holt and Company.

Turning 65 was all the inspiration he needed.

"All of my really dear friends who are the same age are pretty much saying the same thing, which is basically, 'Wow. Jeez. This is really happening,' " he said. "You go through stages — first day of school, 'It's a bar mitzvah,' 'a wedding.' 'You know who died?' "

Crystal is both a typical baby boomer, baseball fan and political liberal who brags about his grandchildren and can't believe that he's a grandfather and a VIP who seems to have lived out every childhood fantasy — a star of movies, television and the stage, befriended by Muhammad Ali and Mickey Mantle, and adored by Sophia Loren. During one Oscar show, Jack Nicholson and Warren Beatty stopped by his dressing room to compliment him. Beatty and

BILLY page 27



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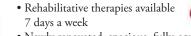
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Defining and understanding culture change

By Micha Shalev

any senior living organizations are working to transform their institutional character into a home and community-like environment. This undertaking amounts to a virtual cultural shift,

known in the industry as culture change. Culture change is receiving growing popularity in the senior living industry. However, the majority of organizations have yet to begin tackling this transformation.

A growing number of care providers and elder advocates are taking dramatic steps to

revise longstanding negative stereotypes of the long term care home industry by creating both home and community environments that appeal to elders, employees and visitors.

This new approach in treating the elderly involves redefining and recreating long-term care by altering the organizational culture, the operations and the physical setting away from traditional medical/institutional approaches and toward a humanistic approach. Culture change requires a new attitude and a sense of purpose that may conflict with old style caregiving routines. This type of transformation is complex, time-consuming and often personally challenging for those involved.

One of the reasons for the struggle surrounding culture

change may be that no single succinct operational definition exists in long-term care literature. Although discovering a definition of culture change in long-term care will not remove all of the challenges and struggles faced by those who take on this transformation, a succinct definition of culture change in long-term care may assist in setting goals, planning changes and understanding this transformative process.



I advocate for three segments of culture change, that include: •Removing the institutional medical model of long-term care; •Humanizing the facility by placing value on individuals and

their rights, freedoms and/or capabilities; and

•Becoming resident-focused by operating on a person centered care model.

Person-centered care is defined as the philosophical foundation of gerontological nursing. This policy requires health care professionals to provide care to their clients in a way that makes their charges feel honored and valued.

While some worry that a resident-centered care approach will make life harder for long term care facility staff by deemphasizing the quality of clinical care provided, the evidence so far suggests the opposite. Yet, as the movement has gained momentum, it's become clear that resident-centered care needs to be measurable. Long-term care facilities must be able to identify the steps required and to assess their progress along the way.

There are five areas within an organization that are transformed by culture change:

- decision-making;
- leadership;
- staff roles;
- the physical environment, and

organizational design.

In the culture change model, greater control is given to frontline workers - the nurse aides who handle so much of the day-to-day care of residents - as well as family members and residents. Additionally, staff is permanently assigned to a particular group of residents as members of self-directed work teams. Rather than working in a single department — such as nursing, housekeeping or food service — staff functions are blended so that all staff members can help residents with their personal care, lead activities and do cooking and light housekeeping.

Micha Shalev, MHA, CDP, CDCM, is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 Randolph Road in Worcester. He is a graduate of the National Council of Certified Dementia Practitioners program and experienced speaker on Alzheimer's and Dementia training topics. He can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com or view more information online at www.dodgepark.com

provide it.

less help because your mom was around to

•Spend time together. Nothing says,

going for a drive or even sitting outside on

a bench shows you value them. Hold his or

her hand, reminisce about the old days and

tell him or her when you are coming back.

Make all the neighbors jealous of the atten-

Nobody's perfect, and I'm sure your

here is your chance to show that despite

responsible and caring adult. Besides, you

are also modeling this behavior for your

children, so make sure they see how you

Marianne Delorey, Ph.D., is the executive

director of Colony Retirement Homes. She can

be reached at 508-755-0444 or mdelorey@col-

onyretirement.com and www.colonyretiremen-

thomes.com. Archives of articles from previous

issues can be read at www.fiftyplusadvocate.com stairs lets people rest their weight on both

The handymen, employed by the urban

service corps Civic Works, also insist

on installing carbon monoxide monitors,

which have detected leaking gas stoves in

\$4,000 per participant, including the home

modifications and specialists' salaries. The average cost for nursing home care in the

U.S. is \$6,700 a month, so even a modest

delay could add up fast. Szanton will track

participants long term and, based on results

from an earlier pilot test of 40 high-risk

seniors, hopes to delay nursing home entry

is how long the solutions will last. Evelyn-

Gustave teaches families to brainstorm

options as new challenges crop up.

the skill to carry on," she said.

For families, perhaps the bigger question

by up to a year in this frail population.

Do these solutions really save money?

The four-month intervention costs about

those mistakes, you turned out to be a

elderly family members made mistakes. But

tion they get from their children.

want to be treated.

sides.

some homes.

"I love you" more than quality time. Just

When it comes to parent, child relationship everything old is new

By Marianne Delorey

s a child, my parents always came to my aid when I was confronted with belittling educators. That support mattered the most during those times because I was powerless.

I think about those elders who feel powerless due to a health decline and how being a good child to an aging parent is not so different from being a good parent to a young child.

Countless websites, books

and experts are happy to provide instructions to parents on how to raise happy children. The list below should help educate people on how to ensure happy elders:

•Be patient. Remember how you couldn't walk as fast as your parents when you were little? Now, it is your turn to slow down.

•Listen. Your aunt may not be able

Fixing

Cont. from page 16

watched by Medicaid officials in other states as a way to coordinate care and improve the functional problems that lead to pricey, and sometimes prevent able, nursing home admissions. Today, it's difficult for Medicaid patients to get these services.

With more than \$8 million in research money from the National Institutes of Health and the Centers for Medicare and Medicaid Services, the project goes beyond home repair for health. It starts with a full-scale assessment of each participant's needs.

In one home, a Hopkins nurse discovered that an 82-year-old woman was taking all of her 26 daily medications at once, instead of staggered throughout the day, leaving her disoriented and sedentary until she became too weak to get out of bed without help.

First the nurse fixed the medication schedule. Then the occupational therapist to tell you exactly what is wrong, but sometimes just letting her talk (even if she repeats herself or it makes no sense to you) might help her feel heard.

•Show respect. When you were little, your dad respected that you did not like sports and he let you join the theater instead. Respect his decisions now, even if they aren't what you would want.

•Be involved. Your parents made a point of getting to know

your friends. Do more than just meet their neighbors, make sure you know how to reach them in an emergency.

•Help them feel safe. When you got hurt, your parents brought you to the doctor. Repay that kindness now and remind them you're happy to bring them to a medical appointment instead of them having to rely on a taxi.

•Set limits. Your parents were firm about boundaries such as bedtime, and

taught the woman leg-strengthening exercises and installed \$30 steel risers to make it easier for her to get in and out of bed. Add new banisters, and soon she was moving around on her own.

Whether it is the cost or emotional ties, many people grow old in the same home where they spent their younger, more agile years. An AARP survey in 2010 found nearly 90 percent of seniors wanted to remain in their current home for as long as possible.

Yet government figures show nearly 1 in 5 seniors living in the community have trouble with at least one activity of daily living, such as walking or bathing.

Those physical limitations become more difficult with doorways too narrow for walkers, toilets that are lower than chairs, and kitchen counters too tall to sit while cooking. Plus, nearly one-third of older adults experience a fall every year, and most who are injured fell inside the home, according to the Centers for Disease Control and Prevention.

you should be firm about your limits, too. Except for emergencies, if you are only available to see them on Tuesdays and the weekends, do not cave in and shop during your lunch hour for something that can wait.

•Be encouraging. When you were learning to dress yourself, your socks did not always match. Don't rip things from your parents' hands and offer to do it for them. Let them try and let them make mistakes. Offer praise. Independence is hard won and easily lost.

• Approach criticism with care. Be a collaborator for solutions. "How can I help you remember to pay the rent" instead of 'Can't you remember anything?'

•Don't compare. Do you remember how awful you felt when your dad commented that your brother did better in math? Try not to make them feel any worse about their need for you now. "Dad never needed so much help when he was alive" does nothing to make mom feel comfortable about asking for help. Maybe dad needed

'You don't think about that stuff," said Hattie Watties, who can't imagine leaving her Baltimore home of 36 years that's near children and grandchildren. "You just do what you have to."

For Watties, 74, that meant climbing onto kitchen counters to reach too-high cabinets. Steep, dark stairs to the basement laundry only had a partial railing, so she threw clothes down and inched her way after them.

No more: Carpenter Tyrone White lowered Watties' cabinets to a comfortable reach, installed railings and showed how an energy-saving compact fluorescent light bulb provided more light than a regular bulb in the dim stairway.

In homes where it's even darker. White sticks motion-sensing lights by each step to show where to aim your foot. They're less than \$15 for a two-pack and run on batteries, so no rewiring is needed.

The work that perhaps has the biggest impact seen so far is a double railing for

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Money Matters

Some employers see perks of hiring older workers

By Matt Sedensky

lder people searching for jobs have long fought back stereotypes that they lack the speed, technology skills and dynamism of younger applicants. But as a wave of baby boomers seeks to stay on the job later in life, some employers are finding older workers are precisely what they need.

"There's no experience like experience," said David Mintz, CEO of dairy-free products maker Tofutti, where about one-third of the workers are over 50. "I can't put an ad saying, 'Older people wanted,' but there's no comparison."

Surveys consistently show older people believe they experience age discrimination on the job market, and although unemployment is lower among older workers, long-term unemployment is far higher. As the American population and its labor force reshape, though, with a larger chunk of older workers, some employers are slowly recognizing their skill and experience.

About 200 employers, from Google to AT&T to MetLife, have signed an AARP pledge recognizing the value of experienced workers and vowing to consider applicants 50 and older.

One of them, New York-based KPMG, has found success with a high proportion of older workers, who bring experience that the company said adds credibility. The auditing, tax and advisory firm said older workers also tend to be more dedicated to staying with the company, a plus for clients who like to build a relationship with a consultant they can count on to be around for years.

Many employers find older workers help them connect with older clients. At the Vermont Country Store in Rockingham, Vt., the average customer is now in their 60s, and about half of the business' 400 workers are over 50, coming from a range of professional backgrounds, often outside retail. "Having folks internally that are in the same demographic certainly helps to create credibility and to have empathy for our customer," said Chris Vickers, the store's chief executive.

One such employee is 60-year-old Ashley Roland, who got a marketing job at the Vermont Country Store last year after the company she previously worked for shut down. She dreaded the thought of a marathon of unsuccessful interviews, but the store ended up recruiting her.

"When I was being hired, I didn't feel any kind of concern about my age," she said. "I believe in experience. I think you're crazy not to hire someone who's older."

Even when the customers themselves might not be seniors, employers find older adults bring a level of life experience that helps them in their work. About 20 percent of the roughly 26,000 customer service, sales and technical support agents working for



Miramar, Fla.-based Arise Virtual Solutions are 50 or older, and chief executive John Meyer said they often find ways to connect with the caller on the other end of the line.

"Having someone who is more senior, who has had some life scars, makes them much better at interacting with people," Meyer said. "This is a chance for them to use the skills that they have built up over their life."

The embrace of older workers by some companies comes as the country's demographics shift and a greater number of people stay on the job later in life, some because of personal choice, others out of necessity after their retirement savings took a hit during the recession.

Between 1977 and 2007, employment of workers 65 and older doubled, a trend that has stayed on track and is projected to continue as the massive baby boom generation moves toward old age. But long-term unemployment has plagued older adults: Nearly half of those 55 and older who find themselves jobless remain out of work for 27 weeks or more.

Many companies still tend to overlook older applicants. Peter Cappelli, a University of Pennsylvania professor who co-authored *Managing the Older Worker*, said because the economy has remained relatively weak and demand for jobs has been so high, many employers haven't been pressed to directly recruit older individuals.

Stereotypes have prevailed. Hiring managers often still view older applicants as having lower job performance, higher absenteeism and accident rates, and less ability to solve problems and adapt to changes. But Capelli said research has found older workers outpace younger ones in nearly every metric. And in jobs where age might be a detriment — say, a highly physical job beyond a particular older person's ability — seniors tend to exclude themselves from applying in the first place.

"The evidence is overwhelming that they're better," Cappelli said. "But the hiring managers are just going with their guts, and our guts are full of prejudice."

Older workers are just what Michelle Benjamin, CEO of TalentREADY, a New York-based consulting firm, is looking for.

EMPLOYERS page 21

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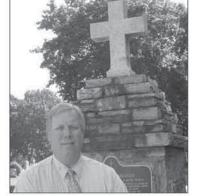
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► Brigade

Cont. from page 9

People that have been screened and notes, "

trained in recruiting and supporting volunteers lead each town's chapter. Online tools assist the leaders in letting volunteers know what help is needed and when.

"We have served families that have experienced house fires; the sudden death of a parent, spouse or partner; and during times when a senior is hospitalized and his or her partner needs transportation assistance in visiting them in the hospital or a rehabilitation center," Lawrence said.

When the person requiring assistance has children, volunteers are able to help with homework, carpooling to school or

Lawrence

Employers

Cont. from page 20

She holds open houses specifically aimed at recruiting them. About three-quarters of the company's senior employees are over 50. They often cost more to hire, Benjamin said, but they don't require much training or superviactivities as well as light yard and house work.

For those looking to start their own chapter, The Neighbor Brigade website notes, "Organization, dedication, and

commitment to your community will lead you on the right path to success with your chapter," with four to six hours needed to get things up and running. On Oct. 5, runners

On Oct. 5, runners from The Neighbor Brigade's member chapters will participate in "Pam's Run," to raise money in Washek's honor in support of the organization's continued growth throughout New England. Lawrence said "a new wave of chapters"

would be announced after the run.

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sion, and end up paying for themselves with the quality of work.

Mintz admits his own age, 82, fuels his support of older workers. But he echoes Capelli, saying he sees daily proof among the older individuals he has hired at Cranford, N.J.-based Tofutti: Fewer absences, fewer mistakes, a greater ability to solve problems and a willingness to put in more hours. — AP

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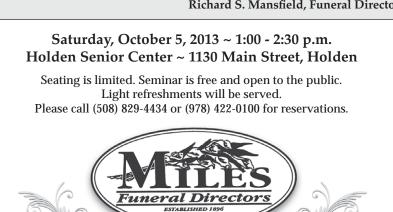
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Some flu vaccines promise a little more protection

lu vaccination is no longer merely a choice between a jab in the arm or a squirt in the nose. This fall, some brands promise a little extra protection.

For the first time, certain vaccines will guard against four strains of flu rather than the usual three. Called quadrivalent vaccines, these brands may prove more popular for children than their parents. That's because kids tend to catch the newly added strain more often.

These four-in-one vaccines are so new that they'll make up only a fraction of the nation's supply of flu vaccine, so if you want a dose, better start looking early.

But that's only one of an unprecedented number of flu vaccine options available this vear

Allergic to eggs? Egg-free shots are hitting the market, too.

Plus there's growing interest in shots brewed just for the 65-and-older crowd, and a brand that targets the needle-phobic with just a skin-deep prick.

"We're moving away from the one-sizefits-all to choosing the best possible vaccine for an individual's age and condition," said Dr. Gregory Poland, an infectious disease specialist at the Mayo Clinic.

The flip side of that," he said, is that "this will be a confusing year" as doctors and consumers alike try to choose.

Federal health officials recommend a yearly flu vaccine for nearly everyone, starting at 6 months of age. On average, about 24,000 Americans die each flu season, according to the Centers for Disease Control and Prevention (CDC).

Some questions and answers about the different vaccine varieties to choose from:

Q: What's the difference between those new four-strain vaccines and the regular kind?

A: For more than 30 years, the vaccine has offered protection against three influenza strains — two common Type A strains called H1N1 and H3N2, and one strain of Type B. Flu strains continually evolve, and the recipe for each year's vaccine includes the subtypes of those strains that experts consider most likely to cause illness that winter.

Type A flu causes more serious disease and deaths, especially the H3N2 form that made last year such a nasty flu season. But the milder Type B flu does sicken people every year as well, and can kill. Two distinct Type B families circulate the globe, making it difficult to know which to include in each year's vaccine. Adding both solves the guesswork, and a CDC model estimates it could prevent as many as 485 deaths a year depending on how much Type B flu is spreading.

Q: How can I tell if I'm getting the fourstrain vaccine?

A: All of the nasal spray version sold in the U.S. this year will be this new variety, called FluMist Quadrivalent. The catch is that the nasal vaccine is only for healthy people ages 2 to 49 who aren't pregnant.

If you prefer a flu shot, ask the doctor or pharmacist if the four-strain kind is available. Younger children, older adults, pregnant women and people with chronic health conditions all can use flu shots. Four-



strain versions are sold under the names Fluzone Quadrivalent, Fluarix Quadrivalent and FluLaval Quadrivalent.

Manufacturers anticipate producing between 135 million and 139 million doses of flu vaccine this year. Only about 30 million doses will offer the four-strain protection.

Q: Who should seek it?

A: Type B flu tends to strike children more than the middle-aged, Poland noted. And he said it's not a bad idea for seniors, who are more vulnerable to influenza in general. But the CDC doesn't recommend one vaccine variety over another, and the American Academy of Pediatrics said either kind is fine - just get vaccinated.

Q: How are these new vaccines different from the high-dose flu shot for seniors?

A: Fluzone High-Dose protects against the traditional three strains of flu, but it quadruples the standard vaccine dose in an effort to rev up age-weakened immune systems that don't respond as actively to regular flu shots.

The government calls the high-dose shot

an option for seniors, not one that's proved better. Recently, Sanofi Pasteur said initial results from a study of 30,000 seniors vaccinated over the past two flu seasons suggest the high-dose shot is about 24 percent more effective. Federal health officials will have to review the full study results to see if they agree.

Q. What if I'm allergic to eggs?

A: Traditional flu vaccine is made from viruses grown in eggs, and specialists say it's usually not a problem unless someone has a serious egg allergy. But the new FluBlok vaccine eliminates that concern because it is made with cell technology, like many other nonflu vaccines. So far, it's only for use in people ages 18 to 49.

Q: What if I'm scared of needles?

A: If you don't qualify for the ouchless nasal spray vaccine, there is one shot made with a teeny-tiny needle that pricks the skin instead of muscle. Called Fluzone Intradermal, it's available for 18- to 64-year-olds, and protects against the usual three strains.

Q: How soon should I be vaccinated?

A: Early fall is ideal, as it's impossible to predict when flu will start spreading and it takes about two weeks for protection to kick in. But later isn't too late; flu season typically peaks in January or February.

Q: How much does flu vaccine cost?

A: The vaccine is covered by insurance; and Medicare and some plans don't require a copay. Drugstore vaccination programs tend to charge about \$30; expect the quadrivalent versions to be slightly more expensive. — AP

Curious about





Nyad isn't planning to slow down after Cuba swim

By Jennifer Kay

KEY WEST, Florida – iana Nyad may have finally completed her long-held dream of swimming from Cuba to Florida, but even at an age where many people are thinking about retirement, she isn't planning to slow down.

The 64-year-old Nyad plans to swim for 48 hours straight Oct. 8 to Oct. 10, accompanied by celebrities swimming laps alongside her, in a specially designed swimming pool that will be erected in New York City to raise money for Hurricane Sandy survivors.

Although the swimmer Nyad insists she isn't trying to

- "I didn't do this because prove anything -I was in my 60s. I just happened to be in my 60s," she said — she acknowledges that her success is having an impact, "not just on people of my generation but on younger people.'

I have a godson who's 14 and he texted me yesterday and said, 'I'm never in my life again going to call someone in their 60s old. It's over. You just proved that youth doesn't have anything to do with age.

And at one point during an interview with The Associated Press, the bronzed, muscular athlete couldn't resist sharing a message of encouragement and solidarity with those of her generation:

'Baby Boomer power," she declared, with a triumphant fist pump.

On her fifth try, Nyad finished the 110mile (177-kilometer) swim from Havana to Key West last month in 53 hours, becoming the first to do it without a shark cage. She said that while she is slower than she was back in her 20s when she first gained national attention for swimming around Manhattan and from the Bahamas to Florida, she feels she is actually stronger.

"Now I'm more like a Clydesdale: I'm a little thicker and stronger — literally stronger, I can lift more weights," Nyad said.

'I feel like I could walk through a brick wall. ... I think I'm truly dead center in the prime of my life at 64.

Nyad isn't alone among aging athletes who are dominating their sports.

Earlier this year, 48-year-old Bernard Hopkins became the oldest boxer to win a major title, scoring a 12-round unanimous decision over Tavoris Cloud to claim the IBF light heavyweight championship.

Tennis player Martina Navratilova won a mixed doubles title at the U.S. Open in 2006, just before turning 50, and decades ago hockey legend Gordie Howe played professional hockey into his early 50s. Golfer Tom

Watson was nearly 60 when he fell just short of winning the British Open in 2009. Last year, baseball's Jamie Moyer was 49 when he became the oldest starting pitcher to record a majorleague win.

Older athletes tend to find more success in endurance events than in power events such as sprinting and other sports that rely on "fast-twitch" muscle fibers, which are more difficult to preserve later in life, noted

Wojtek Chodzko-Zajko, a physiologist at the University of Illinois Urbana-Champaign.

But just because Nyad was swimming rather than pounding her joints against the concrete doesn't mean she didn't achieve a remarkable feat, Chodzko-Zajko said.

This ultra, super-length swimming is brutal regardless," he said, adding that another reason athletes are able to endure is because they often train smarter and have a mental concentration that is well-honed over decades.

"She's one of any number of people who are redefining what happens with aging," said Dr. Michael J. Joyner, an anesthesiologist and exercise researcher at The Mayo Clinic.

"If you start with a high capacity, you have some reserves," Joyner said. "You can lose some absolute power, but what you lose in power you can make up for with experience and strategy and better preparation.

Nyad first attempted swimming from Cuba to Florida at age 29 with a shark cage. She didn't try again until 2011 when she was 61.

She tried twice more in the past two years before beginning this latest swim.

Nyad said her age and maturity should not be discounted when measuring her most recent success

"It's not so much the physical," she said. "To my mind all of us ... we mature emotionally ... and we get stronger mentally because we have a perspective on what this life is all about," Nyad said.

"It's more emotional. I feel calmer; I feel that the world isn't going to end if I don't make it. And I'm not so ego-involved: 'What are people going to think of me?' I'm really focused on why I want to do it." — AP

J&J launches new cap to curb Tylenol overdoses

WASHINGTON -

ottles of Tylenol sold in the U.S. will soon bear red warnings alerting users to the potentially fatal risks of taking too much of the popular pain reliever. The unusual step, disclosed by the company that makes Tylenol, comes amid a growing number of lawsuits and pressure from the federal government that could have widespread ramifications for a medicine taken by millions of people every day.

Johnson & Johnson said the warning will appear on the cap of new bottles of Extra Strength Tylenol sold in the U.S. starting this month and on most other Tylenol bottles in coming months. The warning will make it explicitly clear that

the over-the-counter drug contains acetaminophen, a pain-relieving ingredient that is the nation's leading cause of sudden liver failure.

Overdoses from acetaminophen send 55,000 to 80,000 people in the U.S. to the emergency room each year and kill at least 500, according to the Centers for Disease Control and Prevention and the Food and Drug Administration. Acetaminophen can be found in more than 600 over-the-counter and prescription products used by nearly one in four American adults every week, including household brands like Nyquil cold formula, Excedrin pain tablets and Sudafed

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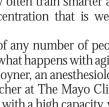
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October 1, 2013



Health overhaul confusing Medicare beneficiaries

By Kelli Kennedy

MIAMI — Dear seniors, your Medicare benefits aren't changing under the Affordable Care Act. That's the message federal health officials are trying to get out to elderly consumers confused by overlapping enrollment periods. Medicare beneficiaries don't have to do anything differently and will continue to go to Medicare.gov to sign up for plans.

But advocates say many have been confused by a massive media blitz directing consumers to new online insurance exchanges set up as part of the federal health law. Many of the same insurance companies are offering coverage for Medicare and the exchanges.

Medicare open enrollment starts Oct. 15 and closes Dec. 7, while enrollment for the new state exchanges for people 65 and under launches Oct. 1 and runs through March.

"Most seniors are not at all informed. Most seniors worry they're going to lose their health coverage because of the law," said Dr. Chris Lillis, a primary care physician in Fredericksburg, Va. "I try to speak truth from the exam room but I think sometimes fear dominates."

This month, roughly 50 million Medicare beneficiaries will get a handbook in the mail with a prominent Q&A that stresses Medicare benefits aren't changing. Federal health officials have also updated their training for Medicare counselors, and are prepping their Medicare call center and website.

"We want to reassure Medicare beneficiaries that they are already covered, their benefits aren't changing, and the marketplace doesn't require them to do anything different," said Julie Bataille, spokeswoman for the Centers for Medicare and Medicaid Services.

But she said call centers for the state exchanges are already fielding questions from Medicare recipients and rerouting them to the Medicare line.

Bob Roza attended several meetings trying to figure out exactly what the Affordable Care Act means for him and his 69-year-old wife,

Gail, who has diabetes. "At that time, I didn't know if Medicare

would be secondary to some Affordable Care Act option. It was just a myriad of concerns and not knowing," said the 72-year-old Roza, a retiree who lives in Oakdale, Calif., and is recovering from hip replacement surgery earlier this year.

He now knows that his Medicare coverage won't change, but says he's now worried about the impact on the \$614 a month he pays for Medicare supplemental insurance. Federal health officials said seniors will not be able to purchase Medicare supplemental insurance or Part D drug plans through the state exchanges.

Jodi Reid, executive director of the California Alliance for Retired Americans, worries there hasn't been enough outreach and that advocacy groups are spending the bulk of their advertising funds targeting those impacted by the exchange. Her organization is putting together a one-page fact sheet to help dispel myths.

In Illinois, it's not only seniors who are confused, but also the social workers that help them, said Erin Weir of AgeOptions, suburban Cook County's lead agency on aging. The agency coordinates a statewide training program for groups that work with older adults.

During these trainings, Weir said, she's repeatedly heard questions from social work-

► Tylenol

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sinus pills.

Tylenol is the first of these products to include such a warning label on the bottle cap. The warning is a result of research into the misuse of Tylenol by consumers. The new cap message will read: "CONTAINS ACETAMINOPHEN" and "ALWAYS READ THE LABEL."

Safety experts are most concerned about "extra-strength" versions of Tylenol and other pain relievers with acetaminophen found in drugstores. A typical twopill dose of Extra Strength Tylenol contains 1,000 milligrams of acetaminophen, ers who think seniors will be able to sign up for Medicare programs on the new marketplace websites, even though they cannot.

Advocates are also warning of scams that may pop up alongside legitimate door-to-door outreach about the Affordable Care Act as it ramps up and are advising seniors not to give out personal information.

Senior groups are also devoting resources to educating the 50- to 65-year-old group who are next in line for Medicare, a segment that could be greatly affected by the health reform. Under the new law, insurers will have to offer more benefits in some cases and are restricted in how much they can charge older, sicker people. They're also banned from turning away those with pre-existing conditions. — AP

compared with 650 milligrams for regular strength. Extra Strength Tylenol is so popular that some pharmacies don't even stock regular strength.

Most experts agree that acetaminophen is safe when used as directed, which generally means taking 4,000 milligrams, or eight pills of Extra Strength Tylenol or less, a day.

Each year, some 100 million Americans use acetaminophen, but liver damage occurs in only a fraction of 1 percent of users. Still, liver specialists say those cases are preventable. Part of the problem, they say, is that there are sometimes hundreds of pills in a bottle, making it easy for consumers to pop as many as they please. — AP





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CORNERSTON

Home Improvement

Fall decor forecast: eclectic, with personality

By Kim Cook

he era of specific decor trends is on the wane. Rooms full of traditional or modern furniture have been replaced by a more eclectic sensibility, interior decorators and designers agree.

Mid-century sofas on a Swedish-country, flat-weave rug. Vintage lighting and a concrete coffee table. An antique Indian sari coverlet on a sleek, lacquered bed frame.

Mixing and matching has become a trend in itself.

And this trend's more liberating than limiting.

"The look is about combining decorative elements and mementos from your personal history — the places you've been, where you're at and where you're going and arranging them artfully to create a stylish, beautiful, lived-in space," said New York interior designer Elaine Griffin.

If you're updating a room this fall, here's a sampler of ideas to get the creative wheels turning:

California lighting company Cerno showed Silva Giant, a 7-foot-tall floor lamp with a slanted walnut base and barrel shade. The company's Valeo model had a crane-like walnut base that extended 9 feet, with an aluminum rod suspending a large linen shade. Despite its size, the fixture seemed to frame the space rather than loom over it (www.olighting.com). Moooi's Raimond chandelier was a

sphere of LED lights that evoked a fireworks burst, while MioCulture showed whimsical, glowing LED-lit, floor-lamp cones. Tango Lighting's

Memory Floor Light has a 3-foot black, brown or white shade with a choice of dramatic interior colors. (www.mioculture. www.tangolightcom: ing.com)

Big was big, but the show also featured lighting that occupied as little space as possible. Patrick Townsend's SuperString series played with natu- A pin-tucked spread offered by rally occurring patterns West Elm

in science and astronomy. CP Lighting showed its new Growth collection of brushed aluminum branch-like fixtures. (www.patricktownsend.com; www. cplighting.com).

Retailers will also be offering slivers of table lamps with a slim profile.

For its textile collection this fall, Crate & Barrel is putting linen front and center, but not the old-fashioned kind, said Sandy Kortright, a senior buyer at the retailer.

"For the fall collection, we hung our hat on linen that's casual and soft. The



on blankets, ottomans and rugs, but luxe wool and silk blankets as well.

idea is not to iron linen but keep it lovely,

organic and casual, with a few soft wrinkles

spread throughout," she said. "The linen

feels easy, welcoming and inviting to use."

Indian-inspired soft

You'll see a range of

chunky knitted weaves

(www.crateandbarrel.com)

Designer James de Wulff is turning concrete into small tables; concrete and stone — either real or faux — are being incorporated into many pieces this fall.

Look for warm metallics, too.

"Yellow metals — gold, brass and bronze are turning up everywhere, as posts on bookcases, shelves, cutlery, edging and details of china, decorative objects, picture frames, furniture legs and feet," said Griffin.

Several retailers are combining rustic elements — such as wood slabs, industrial metals and rougher textiles - with chrome, plastics or luxe fabrics for a style tagged rustic modern." These are versatile pieces that could sit well in a lot of living spaces.

Pottery Barn has a collection of chunky, silvered-glass lamp bases with character, especially when paired with burlap.

A wide range of neutrals is strong colors for fall. Think deeper hues of graphite, chocolate and slate balanced by lighter tones of ash and stone — a mix of rock and woodland hues.

There's still a lot of punch in the palette, however. Citron and mustard work well with the neutrals. At the modern end of the spectrum, neons and deep pink provide counterpoint to muted naturals like vanilla and soft white. Saturated hues like oxblood, orange and ruby add heat and energy, and blues are big — sapphire, teal and navy play well with deeper tones as well as the whites and creams.

Accent pieces like pillows and rugs are a good way to incorporate new color; look for examples in small furnishings, tabletop items, and towels and rugs at CB2, Target and other retailers.

Jacquard, ikat, paisley, tile and handblock motifs are all over bedding and throw pillows, as well as rugs. Graphic modern patterns are also strong. — ÂP

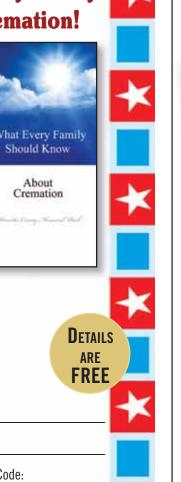
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Cont. from page 18

Bill Clinton turned up backstage after a performance of 700 Sundays.

He has not only palled around with Mantle, Yogi Berra and other New York Yankees, he even got to play for them.

"In 2007, I was in Costa Rica for Christmas vacation and could feel my birthday looming," Crystal wrote in his memoir. "I was anxious about turning 60 — it felt like a huge number. Derek Jeter happened to be at our hotel."

Jeter "happened" to be there, and also happened to be a longtime friend who asked Crystal to make a birthday wish.

On March 13, 2008. Crystal was allowed an at-bat during a Yankees exhibition game.

"Dreams have come true for me in so many different ways that's it's almost astounding," he said. "As I was writing these things, other people reacted to them — I've lived through them, but other people say, 'Do you realize how many great things have happened?' '

He has had disappointments — minor, major and profound. Joe DiMaggio once punched him in the stomach (Crystal. hosting a tribute at Yankee Stadium for Mantle, had failed to introduce DiMaggio as "the greatest living" baseball player). He was scheduled to appear on the debut



broadcast of *Saturday Night Live*, but his segment was cut. The 1992 film *Mr*. Saturday Night, which Crystal directed and starred in, was a critical and commercial letdown that kicked off a dry spell and made Crystal wonder if his movie career was over. But the real wound was sustained at age

15 when his father died of a heart attack. Jack Crystal was a jazz promoter and producer, and his son's first audience.

'That's how you start," Crystal said, "making your parents laugh. And he was a really great mentor in looking at these really great comedians on television and saying, 'Watch Laurel and Hardy and not The Three Stooges.' 'You can stay up late, even though it's a school

night.' Then 'you can watch Ernie Kovacs and stay up for Jack Paar because Jonathan Winters is on.

With the 50th anniversary of his father's death approaching, Crystal decided it was a good time for another run, likely the last, of 700 Sundays.

"I love the energy of Broadway and I thought this was the way to commemorate it (his father's death) and then put the show to rest," he said. "I see the thread (in life) as I always end up returning to the stage, to get up in front of people and make them laugh and make them look at themselves and make them nod their heads and go, 'Oh, that's me, too.' " — AP

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