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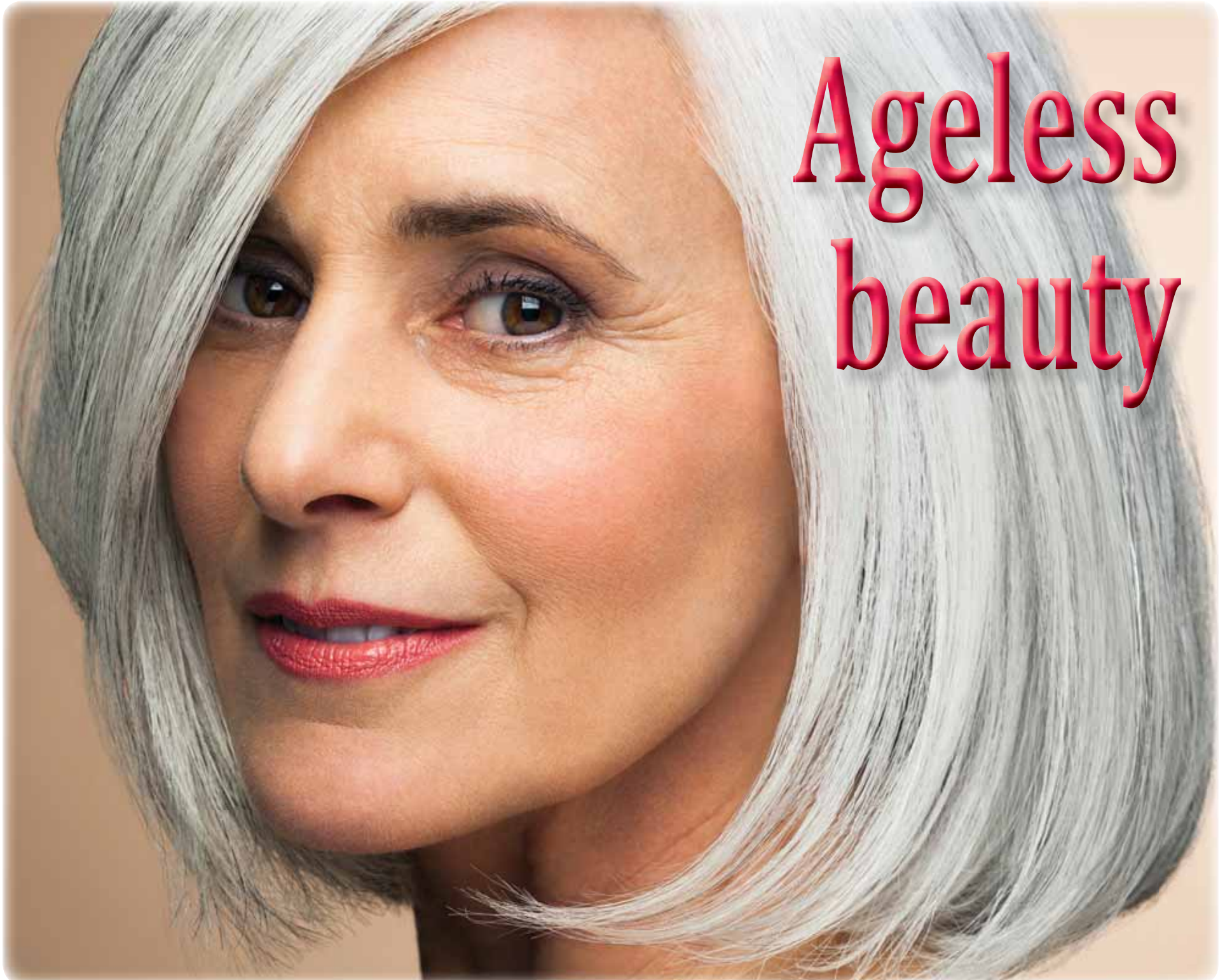
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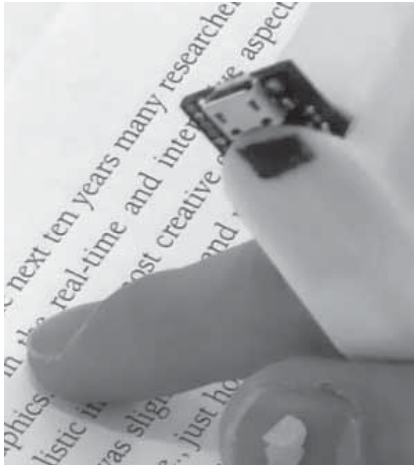
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Bay State woman chosen as *People* magazine's 'most beautiful'

By Brian Goslow

SALISBURY —

When Elissa Campbell, 56, of Salisbury joined her husband, Robert, 66, for a photo shoot at a friend's property earlier this year, she had no idea it would land her inside *People* magazine's 2014 "Most Beautiful" issue as a winner of its "Real Beauty at Every Age" contest — "a serendipitous, unexpected opportunity," she said — and have her flown to the West Coast to appear on *The Queen Latifah Show* alongside Hollywood superstars.

Her selection could be a sign that slowly, but surely, society is starting to celebrate the beauty of all its members, not just the young.

Entering the contest wasn't Campbell's idea. In January, Campbell, who works in advertising, and her husband, who is retired after a career with the Boston & Maine Railroad, served as models for a photo shoot for a friend looking to add some needed photographs to his professional portfolio. The Campbells had been doing some modeling for the last few years. They must have liked what they saw.

"Back in March, his (the photographer's) wife emailed me and said, 'Do you know that *People* is doing this contest? You might want to think about submitting a photo,' " Campbell recalled. "I said, 'Thank you for suggesting that' — and sort of forgot about it. I've never done anything like that so I didn't think about it."

Then, unbeknown to her, Campbell's husband submitted one of the photos to *People* on her behalf. "Suddenly, we were contacted by *People* saying, 'You're getting votes on your photo.' That was followed by notifications that I was a finalist and then, a few days later, 'You've won.' "

That set off a whirlwind series of events, starting with a trip to New York City to be photographed for the issue alongside other contest winners chosen from four age groups — 20s, 30s, 40s and 50s. "We're all from very different walks of life," Campbell said of the four winners. "Some of them were looking to launch a career from it in some form or fashion, perhaps in broadcasting or that type of thing, and others were just looking at it in terms of possible job opportunities or as a confidence builder."

Being flown to Los Angeles for the official announcement of the issue's "Most Beautiful" cover selection and an appearance on *The Queen Latifah Show* gave her a taste of the Hollywood lifestyle. Oscar winning movie actress Lupita Nyong'o, who starred in *12 Years a Slave*, was among the other winners.

"It was exciting being driven to the Sony Pictures lot where you have all these huge sound stages and buildings where they're shooting movies and different TV programs," Campbell said. "You go in there and there is a huge staff of people who were all very lovely and accommodating."

Stars — including William Shatner, Josh Dallas and Ginnifer Goodwin — paraded on

and off the set during the show — as well as the *People* contest winners. "You have to walk out on stage individually down this little runway to be interviewed by Queen Latifah standing up in front of the audience," Campbell said. "It's quite energizing, to be honest."



Makeup artist Helen Sheldon Beaumont (l) says makeup can be used to enhance a personal feature you want to celebrate — or invoke a spark of confidence when you need a boost (photo by joseph gonzalez-dufresne)

Because *People* had a well-honed campaign to promote the issue, Campbell couldn't tell anyone in advance about her win except her husband. "He was very pleased and excited for me, of course, because he had followed through and done something about it," she said. "He's always been my champion as far as getting me to be out there more as far as this sort of thing goes."

When the big day of the *Queen Latifah* broadcast came, Darlene Sweeney of WSM Talent and Modeling Agency of Newburyport, who represents the Campbells, arranged for a gathering of friends to join them at a local restaurant for the airing of the show; the following day, she was on the front page of her local paper.

Campbell is aware of the potential opportunities the selection might provide for her and her husband, who've already done commercial work in print and video advertising. With boomers rapidly becoming the biggest part of the country's population, friends have told the couple they should do more modeling work.

The couple initially got into modeling because people would ask them if they were models or if they had modeled in the past. "It's one of those things, like public speaking or things like that, that a lot of us fear or have trepidation about or something I would never have thought of doing myself," Campbell said.

She attributes her entrance into the field to out-of-the-box thinking — and her husband's encouragement. "It has helped me to get over that sort of fear and have more confidence in myself. You would think by the time most people hit their 50s they're in their stride and they're not really worrying about anything," but that's not always the case, she said.

Part of the reason for her "youthful" exuberance? Living on the North Shore for the

past 20 years.

"We really love it," Campbell said. "It offers a lot as far as lifestyles and outdoors and culture — music, art, great restaurants — a little bit of everything."

More importantly, she stays physically active.

"My husband and I make it a ritual to get up pretty early and just get out and walk," Campbell said. "We utilize the gym where we live and try to do a little bit of weight training. I wouldn't say we're the pictures of perfection — it's just about keeping ourselves healthy, strong and fit as we age so we can do things like spontaneously jumping on a bike for a ride or if we want to spend the day gardening or help friends out doing some landscaping, we can handle it."

And her now trademark hair color?

She was a medium brown brunette until she was in her 30s and her hair began to gray. "Then I had to color, color, color — and it didn't bother me to do that," Campbell said. "But by the time I hit 40, my hairstylist, who was a great colorist and making a ton of money on me said, 'I don't know why, but I really think you should just let your hair go. I think it's going to look great.' "

While the transition process was "painstaking," she eventually found that she was used to her natural hair color and people — especially women — started stopping her.

"They'd say, 'Wow, how did you do it? What was it like?' So I go through this conversation of my experience with it. I never realized how important that was to other women and that it sort of has given them the confidence to want to do it now," Campbell said.

Part of that talk includes women's struggles with getting older. "It engages another conversation because invariably, people will start talking about not so much their hair color, but what that badge of honor means," she said. "They wonder, 'If I let my hair color go gray, whom do I become?' or 'How do I look to the outside world?' especially if some of them have young children or teenagers. There are always different reasons behind why people do and don't do it."

Lyn Tackett, aesthetician and owner of Genesis Studio Spa in Waterloo, Iowa, specializes in makeovers for women over 50 and anti-aging skin care. "The industry has me use that term "anti-aging" because it's what the public knows. The truth is, we all age and there is no product that can stop it. However, I believe we can embrace aging with good skin care and a good attitude on life."

She encourages her customers to embrace, rather than run from, aging. "Beauty is timeless, so I help my clients learn to age gracefully and naturally. We have many examples of gorgeous white-haired, silver-haired ladies

well into their years."

Tackett said her goal, as an aesthetician and makeup artist, is to change the industry's attitude toward older women. "Most cosmetic companies feature flawless-skinned, very young models to demonstrate — of all things — anti-aging products to reduce spots, discoloration, etc. If the industry really wants to help women and increase their profits, it should use real-life women and more models over 50, like (professional makeup artist and Bobbi Brown Cosmetics CCO) Bobbi Brown."

Massachusetts-based professional makeup artist and trainer Helen Sheldon Beaumont said that many brands of makeup and fashion have chosen to showcase women over 50 this year and that today's society celebrates women not just for their outward beauty, but for their accomplishments. "Beauty is a trait that radiates from within, coming from wisdom, confidence and light," she said.

Makeup can be used to enhance a personal feature you want to celebrate — or invoke a spark of confidence when you need a boost, Beaumont said. "A red lipstick takes more than perfect lips to pull off — it takes a woman who isn't afraid to show off her best self."

She sees makeup like a wardrobe. "Some women feel beautiful and courageous in a navy suit and heels. Some feel best in jeans and a T-shirt," Beaumont said. "Some love flowered blouses and others love all black. Each look great because they feel great wearing them."

Beaumont tells women to celebrate their best feature — and to remember that a little red gloss can brighten anyone's smile. "It's ageless, timeless and always looks great on anyone," she said.

Some remain skeptical about whether marketers have really changed their direction. "Nothing much has really changed," said Dr. Richard Goedkoop, a retired professor of communication at La Salle University in Philadelphia. "Advertisers and other media-content producers would not emphasize the beauty of older populations unless it added to their ability to reach them and sell their products and services."

Goedkoop said while advertisers still prefer to reach the more youthful 18-49 target group, the older generation tends to be the higher proportion of the audience for some of the programs and films aired on television.

"Age is only a number," Campbell states on the *People* website. She hopes that others will follow her in embracing that thinking. "It's not to say I'm waking up every day embracing getting older or there aren't things that I'm critical about myself, whether it's physical or wanting to do more in my life or accomplish more," she said. "Therein lies the challenge."



Campbell

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Bookkeeping: ext. 6, Circulation: ext. 7, Sales Manager: ext. 5

Publisher: Philip Davis
Executive Editor /
Assistant Publisher: Sondra Shapiro
Staff Reporter: Brian Goslow: ext. 135
Copy Editor: Ellen L. Weingart
Travel Writer: Victor Block
Bookkeeper: Stacy Lemay: ext. 6

Art Director: Susan J. Clapham
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The sky's the limit, regardless of age

By Sondra L. Shapiro

When I was a kid, I used to say I wanted to be a fashion designer when I grew up. When I entered college, I thought about becoming a lawyer. Instead, I capitalized on a natural ability to write.

Still, I often dream about becoming a chef, a veterinarian, an archeologist or a high school history teacher.

It's not that I'm dissatisfied being a journalist. I just like knowing if I really wanted to, I could change the direction of my life.



Just My Opinion

Believing the sky is the limit when it comes to fulfilling goals and objectives makes me a typical baby boomer.

Because the women's movement coincided with my generation, it never occurred to me to put boundaries on my ambitions. And growing up during the Vietnam War helped to form my idealistic nature, my passion for justice. These qualities have helped me to be an effective journalist — and to devote money and time to those less fortunate.

Yet I never take my freedom to choose for granted. I know how difficult it was for the women before me — my mother's and grandmother's generations — whose dreams and ambitions were commonly stifled by societal constraints.

But thanks to the more relaxed climate spawned in the 1960s and 1970s — coupled with a longer life span — there's a new attitude sweeping the country: It's never too late to re-invent ourselves.

Ironically, our free-spirited youth may have given us the qualities to better adapt to a career switch in later life. Unlike our parents who tended to be debt adverse and more financially secure thanks to guaranteed pensions, we have been a generation of spendthrifts and face less financial stability with voluntary 401k retirement plans. Not to mention the recent recession has depleted net worth for many.

When it comes to seeking financial security in old age or pursuing an unfulfilled passion, we boomers have no roadmap to follow. Instead, we are once again forging a new landscape. We are eschewing traditional retirement to go back to school, volunteer, pursue a new career or join the Peace Corps.

The desire to re-invent is ingrained in the boomer psyche. Phrases and words to describe this new stage of life are showing up everywhere — second chapters, reinvent, re-imagine, second acts and encore careers — that imply a second chance, a new beginning.

The number of Americans 55 and over will grow to 112 million in 2030, according to U.S. Census figures. The social impact we have made is already unprecedented. Why stop now?

We are reevaluating our lives and many of us are dissatisfied with our accomplishments. So we are going back to the drawing board. We are leaving the city to open bed and breakfasts or we are learning to fly planes.

Because we are searching for the kind of satisfaction that goes beyond what can be found through a paycheck, I often hear friends say they prefer more vacation time to a raise. Others have nixed a job promotion to spend more time with family. Some are gambling their life savings on new business ventures.

The quest for more meaning is not a narcissistic exercise; it is part of our life's journey. Perhaps our parents had the same feelings, yet didn't have the skills or mindset to bring them to fruition.

Whether it's volunteering at our grandchild's school or taking care of our own frail parents, the era that helped to shape our values has also created a need to make a difference in the world.

Luckily, there is no shortage of life coaches, financial planners and specialty organizations readily available to help get us started on the right foot.

AARP's Life Reimagined offers goal-setting advice for careers, health and relationships. It presents six practices that guide individuals through change: Reflect, connect, explore, choose, repack and act. Life Reimagined spreads the word through its website, lifereimagined.org, and nationwide seminars, retreats and workshops.

ENCORE.org, a nonprofit group, offers programs to help boomers harness and redirect their skills and experience, to create a "vital workforce for change." ENCORE.org (formerly Civic Ventures), which was founded in 1997 by social entrepreneur and author Marc Freedman, encourages my generation to devote our second acts to socially meaningful endeavors.

One of its programs is the Purpose Prize that awards \$25,000 to \$100,000 to individuals who successfully combine their passion and experience for the social good. Reading through the list of last year's winners is inspiring. Among the seven winners are:

- Former public relations executive Vicki Thomas, 64, of Purple Heart Homes in Weston, who rallies communities around wounded soldiers, providing them with adapted, foreclosed homes that improve quality of life for veterans and whole communities; and

- International public health expert Elizabeth Huttinger, 63, of Pasadena, Calif., who founded the Projet Crevette (The Prawn Project) that aims to eradicate human schistosomiasis — a chronic disease infecting millions of the world's poorest.

To many of us, the works of these two women may seem far more significant than anything we can imagine doing. Yet even simple goals can bring much satisfaction and make a huge dif-

SKY'S page 18

AARP
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Checkered progress on disabled care despite ruling

By Matt Sedensky

Brent Kaderli has a wheelchair-accessible van waiting in the driveway, a hospital bed in a spare bedroom and an electric lift that's left unused. If the 30-year-old quadriplegic had his way, he'd be living here, in his father's house, with help from aides. Instead, he is in an institution, hoping each day for a place that feels more like a home.

Related column page 18

Fifteen years after a landmark Supreme Court ruling that the disabled should be given the choice to live outside nursing homes, mental hospitals and other institutions, its legacies are dueling. Progress has been made in every state to keep more aged and disabled people in their homes and communities, but only half of Medicaid spending goes to such care, with the services routinely denied by a system that favors institutions even though they're typically more expensive to taxpayers.

Kaderli said Medicaid approved him for only three hours of at-home daily care, but he'd need at least six to get by while his father is at work. So he lives in a nursing home in Pasadena, Texas.

"It sucks and it's sad and it's depressing," said Kaderli, who was paralyzed in a 2006 car crash and had his legs amputated after the wreck. "I wish I was somewhere else every day."

In the June 22, 1999, decision in *Olmstead v. L.C.*, the justices ruled that unnecessarily segregating people with disabilities in institutions amounts to discrimination under the Americans with Disabilities Act if they can be cared for in more home-like settings. Advocates for the mentally ill, older people and the physically disabled regularly cite the ruling, but it has limitations. It says individuals should be "reasonably accommodated," specifically noting "the resources available to the state," caveats that have made it difficult to assess compliance and that have fueled widely different outcomes around the country.

Nationally, the share of Medicaid long-term care spending that went to home and community services was 28 percent at the time of the ruling, according to a Department of Health and Human Services

report. By 2012, the latest year for which data were tallied, the figure had risen to 50 percent, according to the Centers for Medicare and Medicaid Services (CMS). Every state has increased its allocation to non-institutional services, but the allocations range from 78.3 percent of Medicaid spending in Oregon down to 27.4 percent in Mississippi and New Jersey. Ranked 12th in the nation, Massachusetts allocates 57.8 percent of its Medicaid dollars toward long-term care for home and community services.

The ruling offers no guidance on the allotment of funds. Many advocates argue that states could allow all individuals to be treated at home or in community-based settings such as group homes. The industry says there will always be some people who require or prefer institutional care.

"States determine where they are going to put their resources, and in some states and some communities they continue to make the decision to support a higher number of individuals in facilities," said Sharon Lewis, a special adviser on disabilities to Health Secretary Sylvia Mathews Burwell. "We at the federal level can encourage and incentivize and support, but ultimately, Medicaid expenditure decisions are a state decision."

Institutional care remains the default in Medicaid, and getting beyond it is cumbersome. Waivers must be obtained for alternative care, such as in-home services, and some states have lengthy waitlists. Nationally, more than half a million people were on waiting lists in 2010 for Medicaid-provided home and community care waivers, according to a report from the Kaiser Family Foundation, a nonprofit that analyzes health policy issues.

"The way people are treated in modern society, in our society, to me is still shocking," said Sue Jamieson of the Atlanta Legal Aid Society, the lead attorney on behalf of the two plaintiffs in the 1999 case, who sued then-commissioner of the Georgia Department of Human Resources Tommy Olmstead. "We still treat people in so many ways as less than human."

Medicaid is the leading payer of long-term care, spending \$140 billion on it in 2012. To make non-institutional services

a right across states rather than an option for eligible Medicaid recipients, legislators would have to approve a change in federal law.

Sylvia Waring, 45, of Philadelphia, entered a nursing home in 2011. She has multiple sclerosis and uses a wheelchair, and her care costs Medicaid \$355 daily. She is suing for services in her own apartment, where lawyer Stephen Gold believes costs would be cut by half or more.

"It doesn't make much sense to me: They're always talking about money, money, money," said Waring, a former cafeteria worker. "It feels like I'm being prosecuted because I was sick. I just need a little bit of help."

Medicaid paid an average of \$225 per person per day in 2012 for those receiving institutional care, according to CMS figures. Among those receiving waivers for home and community care, the average cost was \$125 daily. Home care is generally cheaper because most people don't require round-the-clock care, but some worry that making more non-institutional services

available will prompt a flood of people to seek them and increase costs.

"Everyone knows the state will save a fortune by providing home and community services," said Gold, who has represented individuals around the country trying to get out of nursing homes. "The problem is a political one. By and large, this is a business, and disabled people are cash cows."

After her release from a psychiatric hospital, Olmstead plaintiff Lois Curtis slowly gained back her ability to complete basic tasks — cooking, picking out clothes and shopping. Today, Jamieson said, her former client lives in her own apartment and goes to a studio each day to work on her art. She even made a trip to the Oval Office and presented one of her paintings to President Barack Obama.

The other plaintiff, Elaine Wilson, died in 2005. She said being released from a mental hospital was like being free again.

"I felt like I was in a box that I would never get out of," she said in 1999. "I feel like a real person again." — AP

Political TV ads on health law total \$445M

CHICAGO —

A new analysis finds the nation's health care overhaul deserves a place in advertising history as the focus of extraordinarily high spending on negative political TV ads that have gone largely unanswered by the law's supporters.

The report, by nonpartisan analysts Kantar Media CMA, estimates that \$445 million was spent on political TV ads mentioning the law since the enactment of the Affordable Care Act in 2010. Spending on negative ads outpaced positive ones by more than 15 to 1.

Outside of Social Security and Medicare, "no other law has come close to these amounts, much less within such a short period of time," said Elizabeth Wilner of Kantar Media. "It speaks to the intensity of the opposition among the ACA's political critics" and their belief that the health care issue will benefit their party in this year's elections, she said.

As the November midterm elections approach, the picture looks much the same, Wilner said, although a few pro-Democratic ads are countering with messages supporting the health law and a few pro-Republican ads have gone from a flat-out call for repeal to a message of replacing the law with "free-

market solutions."

In the 2014 congressional races, 85 percent of the anti-Obama ads were also anti-"Obamacare" ads, the analysis found. In some competitive races, 100 percent of the pro-Republican TV ads aimed at Democrats contained anti-health law messages.

Over the four years, an estimated \$418 million was spent on 880,000 negative TV spots focusing on the law, compared to \$27 million on 58,000 positive spots, according to the analysis. Nearly all of the spending was on local TV stations, in races ranging from state offices such as treasurer and governor to Congress and the presidential election.

The Kantar system captures and counts ads and spending in all 210 TV markets and on national broadcast and cable; then analysts code the ads for content and messages.

Wilner, who presented the report at a recent national meeting of public opinion researchers, said this will be the third consecutive election cycle in which the health care law has been a top issue in TV advertising, but it's the first one in which Americans have actual experience with the law as implemented.

POLITICAL page 19

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States face new cost concerns with Medicaid surge

By Ricardo Alonso-Zaldivar

WASHINGTON —

From California to Rhode Island, states are confronting new concerns that their Medicaid costs will rise as a result of the federal health care law.

That's likely to revive the debate about how federal decisions can saddle states with unanticipated expenses.

Before President Barack Obama's law expanded Medicaid eligibility, millions of people who already were entitled to its safety-net coverage were not enrolled. Those same people are now signing up in unexpectedly high numbers, partly because of publicity about getting insured under the law.

For states red or blue, the catch is that they must use more of their own money to cover this particular group.

In California, Democratic Gov. Jerry Brown's recent budget projected an additional \$1.2 billion spending on Medi-Cal, the state's version of Medicaid, due in part to surging numbers. State officials say about 300,000 more already-eligible Californians are expected to enroll than was estimated last fall.

"Our policy goal is to get people covered,

so in that sense it's a success," said state legislator Richard Pan, a Democrat who heads the California State Assembly's health committee. "We are going to have to deal with how to support the success."



Pan

Online exchanges that offer subsidized private insurance are just one part of the health care law's push to expand coverage. The other part is Medicaid, and it has two components.

First, the law allows states to expand Medicaid eligibility to people with incomes up to 138 percent of the federal poverty line, about \$16,100 for an individual. Washington pays the entire cost for that group through

2016, gradually phasing down to a 90 percent share. About half the states have accepted the offer to expand coverage in this way.

But whether or not a state expands Medicaid, all states are on the hook for a significantly bigger share of costs when it comes to people who were Medicaid-eligible under previous law. The federal government's share for this group averages about 60 percent nationally. In California, it's about a 50-50 split, so for each previously eligible resident who signs up, the state has to pony up half the cost.

There could be many reasons why people didn't sign up in the past.

They may have simply been unaware. Some may not have needed coverage. Others see a social stigma attached to the program for those with the lowest incomes. But now, virtually everyone in the country is required to have coverage or risk fines. That's more motivation to come forward.

"It's not a bad thing that we are opening a door that should have been open before," said Judy Solomon of the Center for Budget and Policy Priorities, which advocates for the poor. The budget consequences are real.

"Clearly we are going to need to do our best to make sure we are working within the budget we are given," said Deidre Gifford, Rhode Island's Medicaid director.

States always expected that some previously eligible people would sign up, but Gifford said her state enrolled 5,000 to 6,000 more than it had projected.

In Washington state, people who were previously eligible represent about one-third of new Medicaid enrollments, roughly 165,000 out of a total of nearly 483,000. But state officials say they are treating that as a preliminary number, and the true net increase may be lower once they factor in people who drop out of the program for a host of reasons, such as getting a job with coverage.

Governors in California, Rhode Island and

Washington state all strongly supported the health care law. Their outreach campaigns to promote sign-ups overall probably contributed to drawing out uninsured residents who already were entitled to Medicaid.

But researchers also are seeing increased Medicaid enrollment in states that have resisted the health care law.

A recent report from the market research firm Avalere Health found Georgia enrollment increased by nearly 6 percent. Montana saw a 10 percent rise and South Carolina 5 percent. A big exception is Texas, which has barely seen any increase.

"Anyone who didn't budget for this is going to be behind the eight ball," Avalere CEO Dan Mendelson said. "It's the kind of thing governors will want to discuss with the White House."

When the health care law was being debated in Congress, many states recognized they might face a problem if droves of already-eligible people joined Medicaid. States lobbied federal lawmakers — unsuccessfully — to get more money for that group, said Ray Scheppach, the former top staffer for the National Governors Association.

"States are concerned about this," he said. "It's something they had been worried about right along." — AP



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Hope Health offers compassionate hospice care

SANDWICH —

Ellen McCabe, a registered nurse who's worked in the hospice field for 23 years, doesn't see people's time in hospice care as one in which they're dying, but a time when they're living the best life they can until they die. Doing everything possible



McCabe

to make that happen is the goal of the staff of Hope Hospice at its McCarthy Care Center in Sandwich.

"If people could see that hospice is not actually about dying, but living the best life you can until you die, I think that more people would be less scared about it," said McCabe, who also serves as a Hope Hospice professional educator.

The company's website notes that the time to call about hospice care is if you or someone you love has a life-limiting illness, adding that patients and families experience the greatest benefit from hospice care when it is accessed early.

"People should seek hospice when this disease is impacting their lives in a way that they're losing touch with who they were before they were sick," McCabe said. "That's the time that people need to say, 'I need help, my family needs help.'"

Hospice can help support the patient as he is experiencing the symptoms and changes in his relationships — spiritually and physically — in response to disease, she said. Hospice will also assist family members and caregivers who are coping with how the serious illness of their loved one has impacted their own lives. "They're loving people — illness doesn't happen in a vacuum."

While "What if?" conversations are among the toughest families will have, discussion of health-related options should be approached sooner rather than later. "Get the information about what those services are and how they can help you and help you be able to approach your physician in a way that says,

'I'm ready to hear this information whether you're ready to tell me it or not,' " she said.

Physicians, in fact, may be the last ones that are ready to have this conversation, believing there are still medical treatments available to improve a person's health, McCabe said.

Statistically, 80 percent of people wait to create a health care proxy until they're in an emergency room when they decide whom they want to speak for them if they can't speak for themselves. "You can imagine that in an emergency situation you probably aren't able to share all of the things you'd like to," she said.

"It almost makes it impossible for people to die the way they wish they would die or to live the way they wished they would live till they died if we don't change the way that we plan for serious illness."

McCabe suggested two websites as resources to the hospice discussion:

"The Conversation Project (www.theconversationproject.org) gives you tools to be able to talk to your loved ones, your loved ones to talk to you and for you to talk to your physician about what you want or what you don't want."

The Five Wishes (www.agingwithdignity.org/five-wishes.php) serves as a guideline

in deciding "whom you want to make the health care decisions for you if you aren't able to, the kind of medical treatment you want or don't want, how comfortable you want to be, how you want people to treat you and what you want your loved ones to know." Your responses can be used to initiate the process of getting family members and caregivers thinking about the things they might be asked to do on your behalf.

When the time comes that a person is moved into hospice, attention is shifted from changing the course of the illness to keeping the person comfortable and doing whatever is possible to re-instill who he or she was before becoming sick.

"The beauty of what Cicely Saunders did when she founded the first modern hospice was to establish that when in the face of not being able to change what is happening medically, we should step back and do things that can still impact how somebody feels about their life," said McCabe.

The current median length of a hospice stay in Massachusetts is 18 days, meaning that half of all hospice patients will die in 18 days

or less and half will live longer than 18 days. Ten percent live longer than six months.

Hope Hospice's staff undergoes extensive training in pain and symptom management. "The entire organization really believes in the mission, which is to provide care to people experiencing the impact of serious illness and loss," McCabe said. "The people here would drop anything to help make sure families are getting everything that they need."

After a loved one's passing, bereavement assistance is available for family members in their home, Hope Hospice offices or in a group setting. "In some instances, a person will initially think they don't need the help, but call three months later and say, 'I think I do need help,' " she said. While the service officially ends after 13 months, there's a community bereavement group to provide support after that, if necessary.

Hope Hospice can be reached by calling 508-957-0200 or 800-642-2423 or by email at Info@HopeHealthco.org. This article is one of a series that appears monthly in the *Fifty Plus Advocate* outlining solutions to many problems mature adults face. If you feel your business would like to participate in this series call Reva Capellari at 508-752-2512, ext. 5. Archives of articles from previous months can be found at www.fiftyplusadvocate.com.



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Federal views diverge on proper use of painkillers

WASHINGTON —

How do you have a conversation about prescription drugs that provide critical pain relief to millions of Americans yet also cause more fatal overdoses than heroin and cocaine combined?

The answer is: It depends.

Different parts of the federal government describe the problem — and potential solutions — of abuse with Vicodin, OxyContin and other opioid drugs in different terms.

The White House has called opioid abuse an “epidemic” and a “growing national crisis” that causes more than 16,500 deaths per year. Meanwhile, the head of the Centers for Disease Control and Prevention (CDC) and a top-ranking Drug Enforcement Administration official have called on doctors to dramatically scale back their use of prescription opioids.

But while Food and Drug Administration (FDA) Commissioner Margaret Hamburg acknowledged that opioids are overprescribed in an interview with The Associated Press, she again emphasized the importance of keeping the drugs accessible to Americans with chronic pain — a group she cites as roughly 100 million, or about 40 percent of U.S. adults.

“I think we have an important balancing act of trying to assure that safe and effective drugs are available for patients who have real pain and need medical care,” Hamburg said.

The agency’s approach has won kudos

from physicians who use opioids to treat pain, including the American Pain Society, a group that receives funding from the largest pain drugmakers, including Pfizer Inc. and Teva Pharmaceuticals.

But it also exposes a rift in the government’s messaging about the appropriate role of opioids, which are among the most frequently prescribed drugs in the United States. CDC officials have called for more limited prescribing, citing figures that show a four-fold increase in opioid sales between 1999 and 2010, during which opioid overdose deaths more than tripled.

“These are dangerous medications and they should be reserved for situations like severe cancer pain where they can provide extremely important and essential palliation,” CDC Director Tom Frieden said. “In many other situations, the risks far outweigh the benefits.”

It’s a view shared by anti-addiction advocates like Physicians for Responsible Opioid Prescribing (PROP), a group that wants the FDA to severely restrict pharmaceutical marketing of opioids.

“Over the past decade, there have been more than 125,000 painkiller overdose deaths

because drug companies were permitted to falsely advertise these drugs as safe and effective for long-term use,” said the group’s president, Andrew Kolodny.

Experts agree that most overdoses occur in people abusing opioids at unsafe doses, often by grinding up tablets for snorting or injecting. But groups like PROP say that addiction often begins when doctors prescribe the drugs for common aches and pains. Opioids include both legal and illegal narcotics, such as heroin, morphine, codeine, methadone and oxycodone among others.

The appropriate medical role for opioids has been the subject of vigorous debate for over 20 years.

For most of the last century, doctors reserved opioids for acute pain following surgery or injury, or for severe, long-term pain due to deadly diseases like cancer. Using the drugs for more common ailments was considered too risky because they are highly addictive.

But in the 1990s, a new generation of specialists argued that opioids, when used carefully, could safely treat common forms of chronic pain, including back pain and arthritis. That message was amplified by pharmaceutical marketing for new, long-

acting drugs like OxyContin, which the FDA approved in 1995.

It’s a trend closely monitored by the Drug Enforcement Administration (DEA), where officials say an oversupply of painkillers is fueling the black market for both prescription opioids and heroin.

DEA Deputy Assistant Administrator Joe Rannazzisi said it is “outrageous” that the U.S. consumes 99 percent of the world’s hydrocodone — the most prescribed medicine in the country.

To be sure, any successful effort to curb drug abuse must involve a wide range of players, including state lawmakers, medical boards, pharmacy chains and medical educators.

In her interview with the AP, Dr. Hamburg emphasized this multifaceted approach while highlighting two recent steps by the FDA to reduce harm from opioids.

Last September, the FDA narrowed the prescribing label on long-acting opioids like OxyContin to specify that they should only be used for “pain severe enough to require daily, around-the-clock” therapy that cannot be managed with other approaches. Previously, the label simply stated the drugs were for “moderate to severe pain.”

In October, the FDA recommended reclassifying hydrocodone-containing combination pills like Vicodin to limit how doctors can prescribe them. — AP



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Poll: Health care law still fails to impress

WASHINGTON —

President Barack Obama celebrated when sign-ups for his health care law topped 8 million, far exceeding expectations after a slipshod launch. Most Americans, however, remain unimpressed.

A new Associated Press-GfK poll finds that public opinion continues to run deeply negative on the Affordable Care Act, Obama's signature effort to cover the uninsured. Forty-three percent oppose the law, compared with just 28 percent in support.

The poll does have a bright spot for the administration: Those who signed up for coverage aren't reeling from sticker shock. Most said they found premiums in line with what they expected, or even lower.

But another finding diminished even that: More than one-third of those who said they or someone in their household tried to enroll were ultimately unable to do so. For the White House, it's an uncomfortable reminder of the technical problems that paralyzed the HealthCare.gov website for weeks after it went live last fall.

The example of business owner Henry Kulik shows some of the crosscurrents of public opinion.

Kulik is disabled as a result of Lou Gehrig's disease, a condition that destroys the brain's ability to control muscle movement. His family runs several stores that sell ice cream and other summer refresh-

ments in the Philadelphia area.

Kulik said he doesn't believe the federal government should require people to carry health insurance, as the law does. And he can understand worries about the cost to taxpayers. On the other hand, he's been able to slash what his family pays for health insurance by purchasing coverage through the law's new insurance markets and by taking advantage of tax credits to lower the premiums.

Before the law, his family was paying \$2,400 a month. Now it's several hundred dollars. And Kulik said the insurance for

himself, his wife and three children is comparable to what they had before.

"I think there is a lot of misinformation," he said.

Obama's health care law offers subsidized private coverage to middle-class people who have no health plan on the job, and it expands Medicaid to pick up low-income uninsured adults. But last fall's launch of new health insurance markets was paralyzed by technical problems. The debacle contributed to the departure of health secretary Kathleen Sebelius.

Still, just 17 percent of poll respon-

dents said the law will be completely repealed. While that represents an increase of 5 percentage points from March, the poll found that 67 percent believe the health law will be implemented with changes, whether major or superficial.

The poll found that sign-up success translated into higher approval for the health care law. Among those who succeeded in purchasing coverage, 51 percent back the law, compared with 30 percent among those who tried to sign up and weren't successful. — AP

Laser cataract surgery is an exciting option

By Dr. Santiago Villazon

Learning that you have developed a cataract (the clouding of the eye's lens) can be stressful — but you are not alone. Over 20 million Americans over the age of 40 have cataracts, and over three million cataract surgeries are performed each year in the United States.

Vision Quest

Symptoms include blurring of the vision, increasing glare/halos while driving at night and changes in color perception. A complete eye exam is recommended to be sure your eye is screened for the cause of your vision change.

Once you and your doctor have decided that the cataract is interfering with your functioning, there are many options. One choice is deciding which style of lens implant is best for

your lifestyle and eyes. Choosing whether best distance, near or both are important for you.

Another choice is how the surgery is performed. Many patients already think that cataract surgery is performed by a laser. However, the utilization of the femtosecond laser was only recently FDA approved.

Ask your doctor if customizing your cataract surgery with the femtosecond laser is right for your eyes. Medicare and private insurances typically cover the cost of cataract surgery for a visually significant cataract, but there may be out-of-pocket expenses for utilization of the laser to correct astigmatism or imaging of the laser for better placement of advanced technology lenses.

Like fingerprints, each eye is unique. Laser-assisted cataract surgery can precisely measure and map your eye, utilizing that information so computer-guided laser surgery can be per-

formed. This allows the surgeon to customize the procedure to each patient's unique anatomy. The laser may offer you higher level of precision and predictability than manual cataract surgery. Laser-assisted cataract surgery is exciting technology to help your surgeon automate parts of the procedure with laser precision.

Be sure to learn as much as you can before and after your visit with your doctor. Having many more options can be frightening for many patients, but it can also be an exciting time to help improve your visual functioning.

Santiago Villazon, M.D., is a cataract surgeon with Eye Care and Laser Surgery of Newton-Wellesley. He can be reached at 617-796-EYES (3937), 2000 Washington St., Suite 548-White, Newton, Mass. Learn more at www.eyecareandlasersurgery.com. Articles from previous issues can be read at www.fiftyplusadvocate.com.

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Charlottesville offers art, culture, history

By Victor Block

CHARLOTTESVILLE, Va —

The gracious mansion is a perfect example of an 18th-century gentleman's country estate. Its 33 rooms are filled with elegant furniture and architectural touches imported from Europe. In its heyday, a virtual Who's Who of early American history dropped by to visit.

About 10 miles away stands a tiny, much simpler wood-frame cottage. It was built without a stove, well or bathroom facilities. A newspaper article written at the time described its "meager complement of furniture."

These houses couldn't be more different, nor could the men who once stayed in them — Thomas Jefferson and Theodore Roosevelt. This diversity, which says much about the character of the two presidents, extends throughout Charlottesville, Va. and the countryside that surrounds it.

Charlottesville adds life and color to important chapters of the nation's past. The small city is nestled in the Blue Ridge Mountains, surrounded by rugged Appalachian Range peaks and pastoral landscapes. Small farms, orchards and vineyards lie just beyond its borders.

In that rural setting, the city of about 44,000 residents is an enclave of arts, culture and history. A good way to experience and enjoy all three is to stroll along the Historic Downtown Mall. The brick-paved pedestrian walkway combines the nostalgia of historic buildings reminiscent of small-town Americana with more than 130 trendy shops and 30 restaurants — many with an outdoor cafe.

Close to the Mall is one of two places that, for many visitors, make Charlottesville synonymous with its most famous son, Thomas Jefferson. His many accomplishments included stints as governor, ambassador to France, secretary of state and the third president. Yet he placed high on his list of achievements founding the University of Virginia as an "Academical Village" available to qualified students regardless of wealth or birth.

Visitors to the sprawling campus see it much as it appeared when it opened for classes in 1825. Pavilions that skirt the expansive lawn still house rooms occupied

by scholars and faculty. The Rotunda that overlooks the setting is a scaled-down version of the Pantheon in Rome.

Jefferson's architectural genius is even more evident at Monticello, the plantation home that occupied much of his interest and activity over decades. Work began on the mansion in 1768 and continued until his death in 1826.

Features included ideas gathered while Jefferson lived in Europe. They include dumb waiters, skylights and French doors that open in tandem automatically.

In contrast with Monticello's elegance is the modest cottage where Theodore Roosevelt decompressed from the pressures of official life as president.

The rustic retreat has been described as "the most unpretentious habitation ever owned by a president." Among personal touches are a chart listing birds that Roosevelt spotted during his stays at the cabin, and letters he wrote to his children decorated with sketches of cartoon-like figures.

Introductions to two other presidential homes also support Virginia's nickname as "The Mother of Presidents." Four of the first five presidents, and eight in all, were born in the state.

Guides at Montpelier, the home of James Madison, note his place in history as a member of the House of Representatives, delegate to the Continental Congress, secretary of state and fourth president.

I found even more meaningful his instrumental role in drafting both the Constitution and its first 10 amendments, and the fact that he authored important documents in the rooms where I was standing.

The Ash Lawn-Highland plantation, which borders Monticello, was home to the fifth president. While serving as secretary of state, James Monroe negotiated the Louisiana

Purchase, and the Monroe Doctrine that he established formed the cornerstone of America's foreign policy for over a century.

Visitors are immersed in the atmosphere of a working farm, with demonstrations of spinning, weaving, open-hearth cooking and other early American pursuits.

A setting very different from plantation homes, and the hustle and bustle of Charlottesville, is tucked into a horse-shoe bend of the James River about 20 miles away. The village of Scottsville (population about 600) served as a local



Ash Lawn-Highland

ferry crossing and river port during the 18th century. Flat-bottomed boats transported tobacco, grain and other cargo to Richmond, and returned with goods imported from England and France.

A combination of events undermined the town's importance and left it a sleepy shadow of its former self. However, it retains historical touches worth experiencing.

A small museum recounts the story of the town and river.

Exhibits in the Canal Basin Square adjacent to the river include a packet boat and a list of tariffs charged for transporting cargo and passengers. Among fares were "White person, 12 and older, 1 cent per mile" and "Coloured persons, 5 and up, 1/2 cent a mile."

No trip to the Charlottesville area would be complete

without at least one stop at a winery, and even here the influence of Thomas Jefferson is felt — or, rather, tasted. He began planting vineyards close to Monticello, and dreamed of producing wines equal to those of the Old World. However, a series of mishaps and misfortunes doomed his effort, and for some 200 years Virginia's infant wine industry did not achieve distinction.

That changed recently as a new generation of winemakers began to produce improved vintages. Virginia now has at least 230 wineries.



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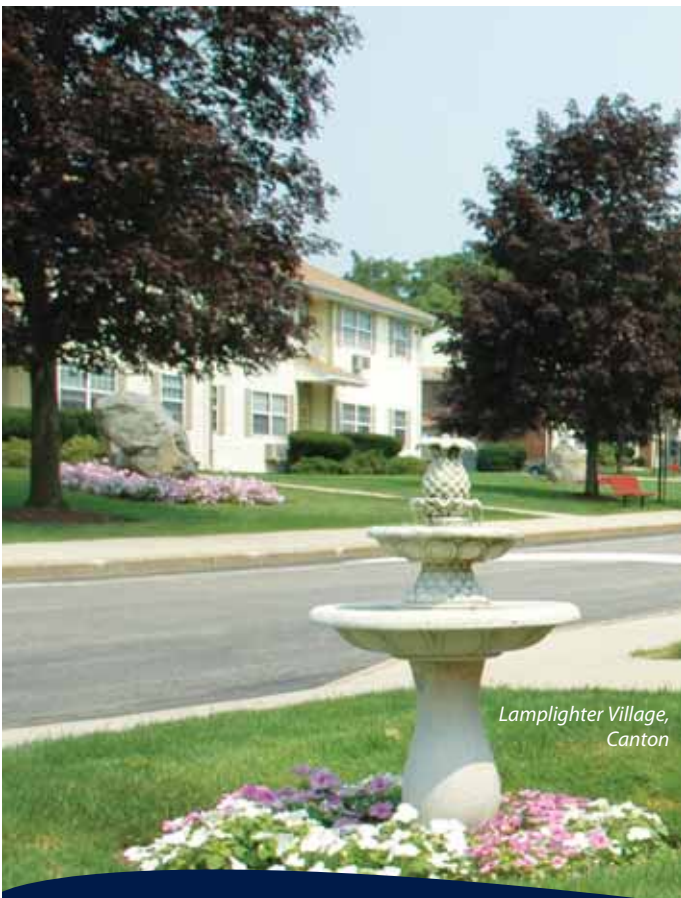
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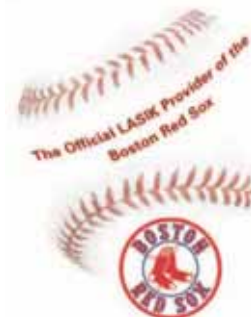
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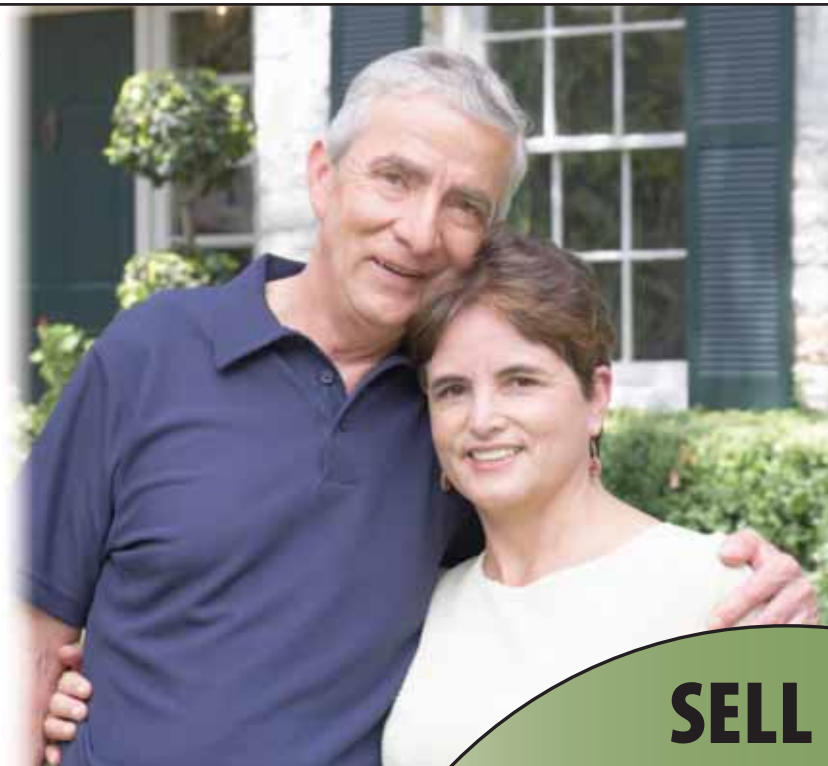
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MIT finger device reads to the blind in real time

By Rodrique Ngowi

CAMBRIDGE —

Scientists at the Massachusetts Institute of Technology are developing an audio reading device to be worn on the index finger of people whose vision is impaired, giving them affordable and immediate access to printed words.

The so-called FingerReader, a prototype produced by a 3-D printer, fits like a ring on the user's finger, and is equipped with a small camera that scans text. A synthesized voice reads words aloud, quickly translating books, restaurant menus and other needed materials for daily living, especially away from home or office.

Reading is as easy as pointing the finger at text. Special software tracks the finger movement, identifies words and processes the information. The device has vibration motors that alert readers when they stray from the script, said Roy Shilkrot, who is developing the device at the MIT Media Lab.

For Jerry Berrier, 62, who was born blind, the promise of the FingerReader is its portability and offer of real-time functionality at school, a doctor's office and restaurants.

"When I go to the doctor's office, there may be forms that I wanna read before I

sign them," Berrier said.

He said there are other optical character recognition devices on the market for those with vision impairments, but none that he knows of that will read in real time.

Berrier manages training and evaluation for a federal program that distributes technology to low-income people in Massachusetts and Rhode Island who have lost their sight and hearing. He works from the Perkins School for the Blind in Watertown, Mass.

"Everywhere we go, for folks who are sighted, there are things that inform us about the products that we are about to interact with. I wanna be able to interact with those same products, regardless of how I have to do it," Berrier said.

Pattie Maes, an MIT professor who founded and leads the Fluid Interfaces research group developing the prototype, said the FingerReader is like "reading with the tip of your finger and it's a lot more flexible, a lot more immediate than any solution that they have right now."

Developing the gadget has taken three years of software coding, experimenting with various designs and working on feedback from a test group of visually impaired people. Much work remains before it is ready for the market, Shilkrot

said, including making it work on cell-phones.



Shilkrot said developers believe they will be able to affordably market the FingerReader but he could not yet estimate a price. The potential market includes some of the 11.2 million people in the United States with vision impairment, according to U.S. Census Bureau estimates.

Current technology used in homes and offices offers cumbersome scanners that must process the desired script before it can be read aloud by character-recognition software installed on a computer or smartphone, Shilkrot said. The FingerReader would not replace Braille — the system of raised dots that form words, interpreted by touch. Instead, Shilkrot said, the new device would enable users

to access a vast number of books and other materials that are not currently available in Braille.

Developers had to overcome unusual challenges to help people with visual impairments move their reading fingers along a straight line of printed text that they could not see. Users also had to be alerted at the beginning and end of the reading material.

Their solutions? Audio cues in the software that processes information from the FingerReader and vibration motors in the ring.

The FingerReader can read papers, books, magazines, newspapers, computer screens and other devices, but it has problems with text on a touch screen, said Shilkrot.

That's because touching the screen with the tip of the finger would move text around, producing unintended results. Disabling the touch-screen function eliminates the problem, he said.

Berrier said affordable pricing could make the FingerReader a key tool to help people with vision impairment integrate into the modern information economy.

"Any tool that we can get that gives us better access to printed material helps us to live fuller, richer, more productive lives, Berrier said. — AP

Social Security closes offices as baby boomers age

By Stephen Ohlemacher

WASHINGTON —

Even as millions of baby boomers approach retirement, the Social Security Administration (SSA) has been closing dozens of field offices, forcing more and more seniors to seek help online instead of in person, according to a new congressional report.

The agency blames budget constraints.

As a result, seniors seeking information and help from the agency are facing increasingly long waits, in person and on the phone, the report said.

Social Security has closed 64 field offices since 2010, the largest number of closures in a five-year period in the agency's history, according to a report by the bipartisan staff of the Senate Special Committee on Aging. In addition, the agency has closed 533 temporary mobile offices that often serve remote areas.

Hours have been reduced in the 1,245 field offices that are still open, the report said.

The report questions the agency's criteria for choosing which offices to close, saying the impact on local communities is rarely taken into account.

"Seniors are not being served well when you arbitrarily close offices and reduce access to services," said Sen. Bill

Nelson, D-Fla., chairman of the Aging Committee. "The closure process is neither fair nor transparent and needs to change."

The closings come as applications for retirement and disability benefits are soaring, a trend that will continue as aging baby boomers approach retirement.

More than 47 million people receive Social Security retirement benefits, nearly a 20 percent increase from a decade ago. About 11 million people receive Social Security disability benefits, a 38 percent increase from a decade ago.

The Social Security Administration has been encouraging people to access services online. The agency has upgraded its website in recent years, including secure connections to access confidential information. People can apply for benefits without ever visiting Social Security offices.

In 2013, nearly half of all retirement applications were filed online, the report said.

But the committee report notes that many older Americans lack access to the Internet or might not be comfortable using it to apply for benefits.

Last year, more than 43 million people visited Social Security field offices, the report said. About 43 percent of those seeking an appointment had to wait more than three weeks, up from just 10 percent the year before, the

report said.

Wait times on the phone have increased, too — for those who get through. This year, the agency projects that 14 percent of callers to a toll-free help line will get a busy signal. Those who get through wait on hold for an average of 17 minutes, the report said.

People can get information about Social Security, Medicare and Supplemental Security Income at the field offices. They can apply for benefits and get information to help them decide when to apply. They can address more complicated issues such as fraud.

Visitors can also get documents verifying their benefits or Social Security numbers, though these services are scheduled to be eliminated at field offices later this year. People sometimes need the information quickly to apply for jobs or to verify income when applying for other government benefits, the report said.

"There are many, many instances where the case may be too complicated to be resolved simply by going online," said Sen. Susan Collins of Maine, the top Republican on the Aging Committee. "Far too many seniors throughout our nation, particularly those living in rural areas, might not have access to a computer or the Internet. It is critical that SSA take into account these issues and the effect on the community before eliminating services." — AP

Will surge of older workers take jobs from young?

By Matt Sedensky

CHICAGO —

It's an assertion that has been accepted as fact by droves of the unemployed: Older people remaining on the job later in life are stealing jobs from young people.

One problem, many economists say: It isn't supported by a wisp of fact.

"We all cannot believe that we have been fighting this theory for more than 150 years," said April Yanyuan Wu, a research economist at the Center for Retirement Research at Boston College, who co-authored a paper last year on the subject.

The theory Wu is referring to is known as "lump of labor," and it has maintained traction in the United States, particularly in a climate of high unemployment. The theory dates to 1851 and says if a group enters the labor market — or in this case, remains in it beyond their normal retirement date — others will be unable to gain employment or will have their hours cut.

It's a line of thinking that has been used in the U.S. immigration debate and in Europe to validate early retirement programs, and it relies on a simple premise: That there are a fixed number of jobs available. In fact, most economists dispute this.

When women entered the workforce, there weren't fewer jobs for men. The economy simply expanded.

The same is true with older workers, they argue.

"There's no evidence to support that increased employment by older people is going to hurt younger people in any way," said Alicia Munnell, director of the Center for Retirement Research and the co-author with Wu of *Are Aging Baby Boomers Squeezing Young Workers Out of Jobs?*



Wu

"It's not going to reduce their wages, it's not going to reduce their hours, it's not going to do anything bad to them," Munnell said.

Still, the perception has persisted, from prominent stories in *The New York Times*, *Newsweek* and other media outlets, to a pointed question to Rep. Nancy Pelosi last year by the NBC

reporter Luke Russert, who asked whether

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More stressful to care for spouse than mom

By Lauran Neergaard
and Jennifer Agiesta

WASHINGTON —

You promise “in sickness and in health,” but a new poll shows becoming a caregiver to a frail spouse causes more stress than having to care for mom, dad or even the in-laws.

Americans 40 and older say they count on their families to care for them as they age, with good reason: Half of them already have been caregivers to relatives or friends, the poll found.

But neither the graying population nor the loved ones who expect to help them are doing much planning for long-term care. In fact, people are far more likely to disclose their funeral plans to friends and family than reveal their preferences for assistance with day-to-day living as they get older, according to the poll by the Associated Press-NORC Center for Public Affairs Research.

And while 8 in 10 people who’ve been caregivers called it a positive experience, it’s also incredibly difficult.

“Your relationship changes. Life as you know it becomes different,” said Raymond Collins, 62, of Houston, who retired early in part to spend time with his wife, Karen. Diagnosed with multiple sclerosis 15 years ago, her mobility has deteriorated enough that she now uses a wheelchair.

Collins, a former business manager for an oil company, said he has felt stress, frustration and, at times, anger.

“The traditional vows are through sickness and health, for richer or poorer, for better or worse, etc.,” he said. “At the age of 25 and 32, you say those things and you’re high on love and healthy, and life is all in front of you. The meanings of those words are pretty much lost, even when you concentrate on them.”

Still, he said caregiving has strengthened his marriage commitment in ways he couldn’t foresee as a newlywed nearly 37 years ago.

While 7 in 10 who cared for a spouse said their relationship grew stronger as a result, nearly two-thirds said it caused stress in their family compared with about half among those who cared for a parent.

Caregiving may start with driving a loved one to the doctor or helping with household chores, but progress to hands-on care, such as bathing. Increasingly, family members are handling tasks once left to nurses, such as the care of open wounds or injections of medication.

With a rapidly aging population, more families will face those responsibilities: Government figures show nearly 7 in 10 Americans will need long-term care at some point after they reach age 65. Yet just 20 percent of those surveyed think it is likely they will need such care someday. Almost twice as many, 39 percent, are deeply concerned about burdening their families.

Contrary to popular belief, Medicare doesn’t pay for the most common types of long-term care — and last year, a bipartisan commission appointed by Congress couldn’t agree on how to finance those services, either. But the AP-NORC Center poll found nearly 6 in 10 Americans 40 and older support some type of government-administered long-term care insurance program, a 7-point increase from last year’s AP survey.

The poll also found broad support for a range of policy proposals:

- More than three-fourths favor tax breaks to encourage saving for long-term care or for purchasing long-term care insurance. Only a third favor a requirement to purchase such coverage.

- Some 8 in 10 want more access to community services that help the elderly live independently.

- More than 70 percent support respite care programs for family caregivers and



letting people take time off work or adjust their schedules to accommodate caregiving.

- Two-thirds want a caregiver designated on their loved one’s medical charts who must be included in all discussions about care.

Oklahoma recently became the first state to pass the AARP-pushed Caregiver Advice, Record and Enable (CARE) Act that requires hospitals to notify a family caregiver when a loved one is being discharged and to help prepare that caregiver for nursing the patient at home.

Just 30 percent in this age group who say they’ll likely care for a loved one in the next five years feel prepared to do so.

Women tend to live longer than men and consequently most family caregivers, 41 percent, assist a mother. Seventeen per-

cent have cared for a father, and 14 percent have cared for a spouse or partner, the poll found.

The tug on the sandwich generation — middle-aged people caring for both children and older parents, often while holding down a job — has been well-documented, and the new poll found half of all caregivers report the experience caused stress in the family.

But spouses were most likely to report that stress and to say caregiving weakened their relationship with their partner and burdened their finances.

Spouses are more likely to handle complex care tasks, and on duty 24-7 with less help from family and friends, said Lynn Feinberg, a caregiving specialist at AARP.

Physically, that can be harder because spouse caregivers tend to be older: In the AP-NORC poll, the average age of spouse caregivers was 67, compared with 58 for people who’ve cared for a parent.

Virginia Brumley, 79, of Richmond, Indiana, cared for her husband, Jim, for nearly five years while he suffered dementia and Parkinson’s syndrome, care that eventually required feeding, dressing and diapering him.

“I think I loved him more after I started caring for him. I saw what a wonderful person he was: his (positive) attitude, his kindness, his acceptance of things,” she said.

But he lived his last 11 months in a nursing home because “I couldn’t handle him anymore,” Brumley said. “He was too big for me. He was as helpless as a baby.”

The AP-NORC Center survey was conducted by telephone March 13 to April 23 among a random national sample of 1,419 adults age 40 or older, with funding from the SCAN Foundation. Results for the full survey have a margin of sampling error of plus or minus 3.6 percentage points. — AP

Things to consider when choosing a facility

By Kate Oosterman

Choosing a care facility for a loved one is not easy, and with all of the many options available, it may seem a bit overwhelming. However, by conducting thorough research, you will be able to help your loved one comfortably settle into the perfect facility. Here are a few tips on what to look for in a facility, and what questions to ask administrators as you make this important decision.

Caregiving Tips

What to look for in a facility:

- Public certificates — Any credible facility will clearly display public certificates. Look for inspection reports and certificates from the Department of Public Health, the Fire Department and the Department of Public Safety.

- Cleanliness — The cleanliness of the building when you visit will most likely be an indication of the cleanliness of the building all the time. Make sure the floors are swept and mopped, the beds are made, the trash is emptied and the home smells good.

- Transparency — As you tour a facility, every area should be available to you. Be wary of any facility with an area that is “off limits.”

- Current residents — Take a moment to evaluate the situation of current residents. Do they look clean, healthy and happy? Are they engaged in activities of the home? How does the staff interact with current residents?

It’s important to speak up and ask as many questions as possible. Here are some questions to ask that will help you make your decision:

- Financial questions — Find out what is included in facility costs; if Medicaid

and/or Medicare are accepted; and what other payment options are available. Ask detailed questions to find out if there are any deposits, entrance fees or potential hidden fees.

- Medications — Ask who will be responsible for supplying medications. Is this something the family will need to provide, or the facility? Also, find out how medications are distributed. Is it the resident’s responsibility or the staff’s responsibility?

- Personal Care — Details of personal care should be discussed in detail. Find out what type of personal care is included in the cost. Does the facility provide personal care items and to what extent?

- Staffing — Ask questions about the staff including the median length of employment, and what requirements must be met in order for an individual to be hired for employment. Additionally, make sure there is enough staff on hand to prop-

erly care for patients by asking about the staff to resident ratio.

- Aging in Place — As your loved one grows older, select a facility that has programs allowing residents to age in place. What options do they have for hospice for end of life, geri-psych for mental health issues and more?

As you evaluate the facility and ask a series of detailed questions, you will select the right situation for you and your loved one. Follow your instincts and ask yourself if you would make the choice to live there yourself if you were in your loved one’s position.

Kate Oosterman is an assistant administrator at Oosterman’s Rest Home Inc., with locations in Melrose and Wakefield. She can be reached at 781-665-3188. Learn more at www.oostermanresthome.com. Archives of articles from previous issues can be read on www.fiftyplusadvocate.com.

Heirlooms' value shifts from sentiment to cash

By Rosa Salter Rodriguez

HUNTINGTON, Ind. —

Jean Allen recently found herself revisiting a stately Victorian-style home in Huntington to wait while someone picked up an antique grand piano.

The piano was a Chickering, a quality name, from the early part of the last century and in relatively good shape, Allen said. A generation ago, such an item might have been jealously passed down among members of a family.

But not anymore. Folks just aren't holding on to family heirlooms the way they used to, Allen said.

"It was beautiful, and I sold it for a pittance," said Allen, owner of JS Allen Estate Sales of Monroeville, a company that helps people clean out houses and liquidate their contents.

"Children don't know what to do with all this stuff, and don't have room for it, and just get to the point that they throw their hands up and say, 'This has got to go.'"

It's a trend that dealers in used items and antiques around the region have noticed. They point to a variety of reasons folks are ditching family heirlooms.

Families are smaller, with fewer brothers and sisters among whom to divide possessions, they say. A plethora of baby boomers

are downsizing. The cost of moving or storing bulky items such as furniture is high, and rapidly changing technology makes things obsolete more quickly.

Even decorating and lifestyle trends play a role.

Got a dining room set with a giant matching hutch stacked with Grandma's fine china? Some homes don't even have dining rooms, so not everyone can use the furniture, Allen said.

And as for those old dishes, if they've got gold or silver trim, they won't go into today's microwave or dishwasher. "Nobody wants to wash dishes by hand," she said.

Besides, adds Ron Wiegmann, owner of Wiegmann Auctioneers, "With men and women working and kids playing sports, it's paper plates and plastic forks and eating out. The china and dinnerware doesn't mean as much.

"The younger generation, I think, are kind of letting the family heirlooms go," he added. "Some families are more sentimental than others, but most of them are turning them into cash."

While the trend to dispose of items might

seem to mean a boom for their businesses, auctioneers and antiques dealers say the trend cuts both ways — the stuff that people want to sell is often the same stuff people don't want to buy.

Shirley Ward, who works in sales at Stollers Antique Mall, said collectible porcelain dolls are a case in point.

The dolls were popular as decorator items in the 1980s and '90s, and some cost hundreds of dollars then, she said.

But few want them today, so they're not worth as much at resale.

"They're nice dolls, but there's thousands of them," she said.

"Even Barbies don't sell like they used to." And, as for collectible plates and figurines — well, let's just say they're going through a down market phase, too.

"Cherished Teddies, and Hummels and Pretty as a Picture, Precious Moments — we've got hundreds of them. We carry them, and people still buy them, if you get the right buyer or somebody just broke one.

"But we're not looking to buy more." With eBay and other resale websites,

people don't see such items as being as scarce as they once might have when the only place they could get them was the village gift shop, Ward said.

Allen said she often has to deliver bad pricing news to clients.

For example, she often wants to split up bedroom sets because she's found individual pieces sell better. Most new homes today have walk-in closets with built-in storage, so folks don't want those bulky matching dressers, she's found.

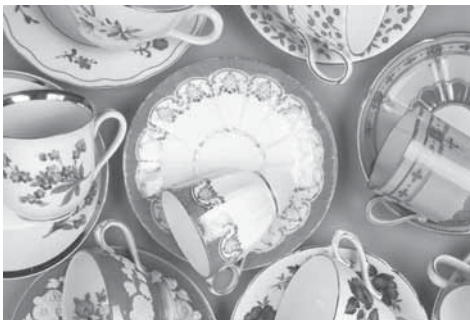
"People don't have that kind of space anymore," she said. And, she notes, a single item doesn't require as big an outlay on the part of a buyer.

"You see all these people (selling items) struggle because everybody thinks their stuff is worth 10 times more than it is."

However, some people are finding new ways to hang on to sentimental items, said Debra McClintock, in sales with Keepsake Threads.

That business takes textiles with sentimental value and repurposes them into items for display, décor or other reuse.

Among the company's products have been stuffed animals made from a deceased husband's ties, a quilt made with a grandmother's old dresses and scarves made from



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Long-term care scorecard shows progress: More needed for caregivers

By Michael E. Festa

Massachusetts ranks 18th nationwide for meeting the long-term care needs of older residents, but more must be done, at a greatly accelerated pace, to bolster support for family caregivers, balance funding and improve transitions from nursing homes to community-based care.

This is according to a new, comprehensive state-by-state Scorecard from AARP with support of the nation's leading organizations behind quality long-term care, The Commonwealth Fund and SCAN Foundation.



AARP and You

Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers ranks each state overall and within 26 performance indicators along five key dimensions: affordability and access; choice of setting and provider; quality of life and quality of care; support for family caregivers; and, effective transitions. Long-term care (also called long-term services and supports) is a diverse set of services designed to help older people and those with disabilities; services can be pro-

vided in a person's home, in a community setting such as an adult day center, or in a group residential facility like a nursing home.

The single strongest predictor of a state's long-term care system is the reach of its Medicaid long-term care safety net. While Massachusetts ranks 8th in the nation for the percentage of older and disabled residents receiving Medicaid and state-funded supports and services for care provided at home and in the community — the care setting that most Massachusetts residents prefer — the Scorecard spotlights areas that call for improvement, including choice of setting and provider; quality of life and quality of care; and effective transitions from nursing homes to the community.

The Scorecard reveals that in just 12 years, the leading edge of the baby boom generation will enter its 80s, placing new demands on a still imperfect long-term care system. Furthermore, this generation will have far fewer potential family caregivers to provide unpaid help.

Today, unpaid family caregivers provide the bulk of care for older Massachusetts residents, in part because the cost of long-term care remains unaffordable for most middle income families. In Massachusetts more than 1,260,000 caregivers help their aging parents, spouses and other loved ones stay at home.

AARP Massachusetts, in the next legislative session, will fight for the Caregiver, Advise, Record, Enable (CARE) Act that will help family caregivers when their

loved ones go into the hospital — and as they return home. Specifically, the CARE Act will require hospitals to:

- Record the name of the family caregiver when their loved one is admitted.
- Notify the family caregiver when their loved one is to be moved or discharged.
- Give instructions of the tasks the family caregiver will need to perform while caring for their loved one at home.

AARP Massachusetts is also fighting to expand the scope of practice for advance practice nurses, thereby allowing them to have more authority to help patients and their family caregivers.

AARP Massachusetts also supports the delegation of basic health maintenance tasks to home aides so that nurses will have better opportunity to help patients and their family caregivers. Currently, Massachusetts ranks 40th in the nation, with just two of 16 health maintenance tasks that can be performed by a direct care aide through delegation by a registered nurse.

The full state Scorecard, along with an interactive map of state rankings and information, is available at www.longtermscorecard.org.

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

Minimum wage is also an elder issue since many work

By Al Norman

Why should elders care about raising the minimum wage in Massachusetts?

Well, for one thing, many older people are still in the workforce, and are earning minimum wage or less. According to the Federal Bureau of Labor Statistics, as of 2009, there were roughly 13 million people age 65 and over still in the workforce making an hourly wage at or below the prevailing federal minimum wage. That's 13 million reasons to advocate a higher minimum wage.

Seeking to expand economic opportunity for working people in the Commonwealth, lawmakers on Beacon Hill have voted to increase the state's minimum wage to \$11 an hour by 2017. The new law as adopted by the General

Court would increase the minimum wage gradually, to \$9 per hour in 2015, \$10 in 2016 and \$11 in 2017. The measure would also gradually raise the minimum wage for tipped workers, such as restaurant servers, from \$2.63 per hour to \$3.75 per hour, a 31 percent increase and the first since 1999.



Push Back

The final version of the bill dropped a provision, which would have automatically linked future increases in the minimum wage to increases in the state's rate of inflation. The inflation factor was included in a Senate version of the bill, but was not part of the House version.

So, this battle will have to be fought again in a few years.

The new law will raise the wages of about 600,000 people in the Bay State. In addition to helping these families and individuals, a minimum wage increase can also have positive effects on the overall economy, as higher wages allow workers to spend more at local businesses. When fully phased in, the increase will raise annual wages for affected workers by approximately \$1.1 billion. These 600,000 workers whose wages will increase represent one-in-five wage earners in the Commonwealth. Over 85 percent are 20 years old or older, and 57 percent are women. At \$11 an hour in 2017, Massachusetts would have the highest state minimum wage in the nation — unless other states raise their wage above that level during the next three years.

But here's another reason to support a higher minimum wage: by 2017, the wages of home care aides, which now average around \$10 an hour, will have to be raised to the minimum — but this also means that the minimum wage, which is

now below the home care aide average — will catch up to the home care aide wage, in effect putting home care aides only at minimum wage.

Mass Home Care has argued that the 17,000 home care aides should be paid at least 133 percent of the current minimum wage, which would be \$14.63 per hour, in order to attract workers to the home care field and away from other retail or fast food jobs. Personal Care Attendants (PCAs), who perform job functions for disabled adults on MassHealth similar to the home care aides, are making \$13.38 per hour as of last month. The new minimum wage increase should also increase pressure to raise the wages of home care aides and PCAs to keep them above the minimum wage level.

If we want better care for our elderly loved ones, we must be prepared to pay their caregivers more than a minimum wage.

Al Norman is the executive director of Mass Home Care. He can be reached at info@mass-homecare.org.

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► Sky's

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ference. Why not volunteer at a food pantry, hospital or animal shelter one day a week?

I may not go back to school to become a chef, but I do enjoy experimenting with recipes and learning about food preparation and technique. I probably won't become a veterinarian, but I may volunteer at the local cat refuge. Though I probably won't become

an archaeologist, it is conceivable that I could participate in a local dig someday.

Today, more than ever before, we have the ability to make our dreams a reality. Or, at the very least, reshuffle our schedules to include some of the things that we find satisfying.

Sondra Shapiro is the executive editor and assistant publisher of "Fifty Plus Advocate." Read more at the "Fifty Plus Advocate" Web site: www.fiftyplusadvocate.com; or e-mail Sondra Shapiro at Marlenss@aol.com.

Couples retiring may face \$220,000 in health care costs

BOSTON — Couples retiring at age 65 are expected to incur \$220,000 in health care costs on average during their retirement years, according to the 2014 Retiree Health Care Cost Estimate by Fidelity Investments. The estimate is consistent with 2013 and doesn't include the added expenses of nursing home or long-term care and assumes traditional Medicare coverage. While unchanged over 2013, the estimate reinforces the need to incorporate health care into retirement planning conversations — including how much to save and when to retire.

The survey found that when asked, pre-retirees planned to retire at an average age of 65. However, recently retired respondents said they did so at 62 on average, often by choice but sometimes due to health issues or physical limitations. This gap points to a growing reality for many individuals and couples who are at risk of facing far greater health care costs in retirement than anticipated.

In response, Fidelity estimated the possible extra health care costs for couples who start their retirement at 62 as well as potential savings for those who can delay it to 67. Similar to the decision pre-retirees make about when to start claiming

Social Security, health care costs should be factored in to the retirement timing decision. For couples who opt to retire at age 62, they can anticipate an additional estimated cost of \$17,000 per year. The extra costs are health insurance premiums for this period prior to Medicare eligibility and estimated out-of-pocket costs. On the other hand, the potential annual cost reduction for couples who can delay retirement to 67 could be \$10,000 per year.

Fidelity's estimate underscores that while health care costs in retirement are significant, they have moderated in recent years. Factors that play a role include:

- Long-term prescription drug savings due to the gradual closure of Medicare Part D's donut hole, leaving retirees with a reduced, 25 percent co-insurance cost by 2020 where there was previously no coverage at all.
- The trend of slower Medicare spending per enrollee through 2022, as projected by the U.S. Department of Health & Human Services.
- An increasingly cautious — and selective — health care consumer as ongoing economic uncertainty is leading to reduced utilization of discretionary health care services, such as elective surgeries.

If you need cash, find it at home

By Alain Valle

News reports tell us the economy is getting better. But for many older people the recession continues to impact their quality of life. The concerns can be overwhelming for seniors. Here are 10 critical financial concerns for older Americans:



Reverse Mortgage

- Making their monthly mortgage payment;
- Having cash on hand;
- Needing to pay off credit cards;

- Wanting to complete a home repair;
- Worrying about outliving their savings;
- Having access to cash if a health event occurs;
- Wanting to retire;
- Losing social security or pension if a spouse passes;
- Wanting to keep their home;
- Simply wanting a few extra dollars each month to have a little fun.

Any of the issues above can be financially crippling. However, if you are fortunate to own a home with some equity and are 62 years old or older, there is hope.

A new strategy for senior homeowners is to learn about the recently improved govern-

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Heirlooms'

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old handkerchiefs.

"We also can incorporate text, like love letters or Grandma's recipes, and photos. If it can be scanned into a computer, we can print it on fabric," she said.

"A lot of people have things in a closet, textiles, that they got from mom and grand mom, and they don't know what to do with them. Instead of knowing things are there and thinking, 'What can I do with them?' why not do something," McClintock said.

Repurposed items can become cherished

gifts for occasions such as weddings, anniversaries, christenings and birthdays, she said.

Indeed, Wiegmann said, many of the heirloom items that sell quickly today are inexpensive items that people turn into other things.

He recalls an old farm implement, a rotary hoe that a buyer bought to turn the wheel into a wall hanging.

"A stuffed chair that you paid \$300 for — it might go for \$30," he said. But an old metal gasoline sign might fetch \$300.

"You see crazy prices on oil cans and gasoline signs," Wiegmann said. "Crazy stuff. They (buyers) want goofy stuff nowadays." — AP/ The Journal Gazette

people's insurance?"

The analysis also counted other spending last fall and winter on health law TV ads by insurance companies, states and the federal government, which increased the total to \$700 million.

"Within the span of the enrollment period, nearly as much money was spent on ads trying to sign people up for coverage as was spent over the past four years on ads trying to scare people away," Wilner said. — AP

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Political

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With eight million Americans choosing health plans on the new insurance markets, Democrats now have the opportunity to talk about the law's benefits, said Democratic pollster Celinda Lake. "It's easier to pivot to real positives about the law. You can say, 'Do you want to cancel eight million

At 100 years old, barber still at work

NANTICOCKE, Pa. —

When Zelino Vici opened his barber shop in Nanticoke, the United States president was Franklin Delano Roosevelt, baseball legend Babe Ruth was about to embark on the final year of his Hall of Fame career and canned beer was just hitting the market.

Vici charged 25 cents for haircuts and competed against dozens of other local barbers struggling to survive during the Great Depression.

All these years later, Vici is still at it.

Vici turned 100 years old recently and spent his birthday cutting hair for loyal customers who popped in to deliver well wishes and get a trim.

"What was I going to do, sit around and do nothing?" Vici said when asked about working a full day on his milestone birthday. "I work because I like to do it, not because I have to."

Born on May 28, 1914 to Italian immigrants, Vici said he grew up amid the Great Depression and hopes of going to college were bleak. In the early 1930s, he found

a job as a lather boy, preparing customers' faces for their shave.

He opened his own barbershop next to his family's Prospect Street homestead in January 1935, months before the Social Security retirement program became law and years before the country was thrust into World War II.

Vici has been cutting hair on Prospect Street in Nanticoke ever since, though he moved several doors down to his current location at 412 S. Prospect St. in 1956. At 79 years of service and counting, Vici vows

to keep working for as long as he can.

"What could I do if I retire, just sit on the couch all day?" Vici said. "You can't do much when you're 100 years old."

Vici credits "good doctors" for his longevity. He had triple bypass heart surgery when he was 78 and survived bladder cancer several years ago. He also has diabetes.

These days, Vici averages six to eight haircuts a day, opening daily 6 a.m. to noon.

"That's enough for me," Vici said. "Enough to keep me occupied for a while." — AP/The (Wilkes-Barre) *Citizens' Voice*

► Workers

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her refusal to step out of the House leadership (and the similar decisions of other older lawmakers) was denying younger politicians a chance. A chorus of lawmakers around Pelosi muttered and shouted "discrimination," until the Democratic leader chimed in herself.

"Let's for a moment honor it as a legitimate question, although it's quite offensive," she said. "But you don't realize that, I guess."

The heart of Russert's question makes sense to many: If Pelosi doesn't give up her position, a younger person doesn't have a chance to take it. That viewpoint is repeated in countless workplaces around the country, where a younger person awaits a senior employee's departure for their chance to ascend.

But economists say the larger macroeconomic view gives a clearer picture: Having

older people active and productive actually benefits all age groups, they say, and spurs the creation of more jobs. Munnell and Wu analyzed Current Population Survey data to test for any changes in employment among those under 55 when those 55 and older worked in greater numbers. They found no evidence younger workers were losing work and in fact found the opposite: Greater employment reduced unemployment and yielded higher wages.

Munnell said, outside of economists, the findings can be hard for people to understand when they think only of their own workplace.

"They just could not get in their heads this dynamism that is involved," she said. "You can't extrapolate from the experience of a single company to the economy as a whole."

Still, many remain unconvinced.

James Galbraith, a professor of government at the University of Texas at Austin,



Munnell

has advocated for a temporary lowering of the age to qualify for Social Security and Medicare to allow older workers who don't want to remain on the job a way to exit and to spur openings for younger workers.

He doesn't buy the comparison of older workers to women

entering the workforce and said others' arguments on older workers expanding the economy don't make sense when there are so many unemployed people. If there was a surplus of jobs, he said, there would be no problem with people working longer. But there isn't.

"I can't imagine how you could refute that. The older worker retires, the employer looks around and hires another worker," he said. "It's like refuting elementary arithmetic."

Melissa Quercia, 35, a controller for a small information technology company in Phoenix, said she sees signs of the generational job battle all around her: jobs

once taken by high schoolers now filled by seniors, college graduates who can't find work anywhere, the resulting dearth of experience of younger applicants. She doesn't see economists' arguments playing out. Older people staying on the job aren't spurring new jobs, because companies aren't investing in creating new positions, she said.

"It's really hard to retire right now, I understand that," she said. "But if the younger generation doesn't have a chance to get their foot in the door, then what?"

Jonathan Gruber, an economist at the Massachusetts Institute of Technology who edited a book on the subject for the National Bureau of Economic Research, said it's a frustrating reality of his profession: That those things he knows as facts are disputed by the populace.

"If you polled the average American they probably would think the opposite," he said. "There's a lot of things economists say that people don't get and this is just one of them." — AP

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Vital steps to take after you lose a loved one

By Linda T. Cammuso

Losing a loved one is devastating and stressful. From planning burial services and notifying family members and friends, to fulfilling the wishes of your loved one and managing their finances, as well as avoiding family squabbles, the experience can be overwhelming.

While the following checklist may not be all-inclusive, it charts a path to help you through the countless number of tasks ahead.



Legal Briefs

Obtain multiple copies of your loved one's death certificate: Whether you are a family member or personal representative (executor), you will need certified copies of the death certificate. Obtaining 10 to 20 is not unreasonable since financial institutions, creditors, government agencies and others will not take action without proof of death. Often the funeral director will secure some for you; if not, you can request copies from the appropriate city or town clerk.

Hopefully, the deceased had a will and other estate planning documents. If so, contact the drafting attorney to obtain the relevant documents. It may be necessary for a personal representative (executor) to be appointed by the probate court. Consulting with an attorney who specializes in estate matters can help you determine this, as well as provide guidance on how to properly settle the estate.

Contact the deceased's financial planner and CPA who can provide a history of assets. You can also assemble a financial picture by reviewing bank and investment statements, recent tax returns, safety deposit box contents and any known hiding places in the home. Debts can be ascertained by reviewing statements such as credit card and mortgage, a recent credit report, bill folders and check-

book registers.

A variety of parties may need to be notified, including:

- Social Security Administration;
- The deceased's employer;
- Life Insurance companies and financial institutions;
- Other insurance companies to address coverage such as homeowners, auto and health;
- Creditors including credit card companies and credit reporting agencies (to ensure accounts are closed and avoid credit fraud);
- Post office;
- Utility companies; and
- Registry of Motor Vehicles.

In addition, keep an eye out for the following:

• Debts of the decedent — consult with the estate attorney before paying outstanding debts, as certain creditors (such as credit card companies) may not be entitled to payment unless they go through the proper legal channels.

• Tax returns — A final tax return will be due for the year of death. If the deceased was making estimated tax payments, ensure those are continued. It may also be necessary to file an estate tax return within nine months of death if the value of the deceased's estate reaches a certain threshold. Consulting with a CPA is critical.

Throughout the process, proactive communication with beneficiaries is important to ensure that everyone is fully informed and to help avoid conflicts. While proper estate planning goes a long way to avoid issues after death, there are always unforeseen complications.

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

➤ Need

Cont. from page 19

ment guaranteed Home Equity Conversion Mortgage (HECM) program that has greatly improved the process of getting a reverse mortgage. The new HECM program was launched in October to better serve and protect seniors.

The "new and improved" reverse mortgage is similar to a regular traditional mortgage refinancing, but has much more lenient loan terms. The top advantages of a HECM mortgage are:

- No income verification is needed;
- No tax returns are reviewed;
- No minimum credit history requirements;
- It's OK to be behind on your mortgage payments or credit card bills;
- Taking money upfront is not mandatory;
- Access to cash later in life is guaranteed;
- No personal guarantee is required;
- Your property can be in a trust to shield against a nursing home taking it;
- Most importantly, you have the option of never making a monthly mortgage payment for the rest of your life.

Some seniors — and their adult children

— think this all sounds too good to be true and ask, "What's the catch?" But it is true. A HECM is a government-backed program to help seniors ease their financial burdens.

To get the straight facts about this program you should contact a reputable reverse mortgage professional. Those with the Certified Reverse Mortgage Professional (CRMP) designation have the highest industry ranking and follow a strict code of conduct.

A reverse mortgage specialist will ask some basic questions: your date of birth, your estimated home value and if you have a current mortgage. They should also ask about what you consider to be your ideal financial or home scenario. He or she can provide you with several options, and guide you without pressuring you into making a hasty decision. If you ever feel pressured, walk away and find another HECM consultant.

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

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Decorating with plants back in vogue, say designers

By Melissa Rayworth

Warm weather is upon us. Though your garden is filling in, you can also add beauty and fragrance to your home by decorating with lush plants and potted trees.

Decorating with plants “kind of fell out of vogue” for a time, said California-based interior designer Molly Luetkemeyer. “It was such a ’70s thing, or I think people associated it with the ’70s,” but it’s become popular again in recent years.

Today, “designer spaces pretty much always include some element of life,” said interior designer Brian Patrick Flynn, founder of decordemon.com. “While that can be anything from coral to tortoise shells, pressed leaves or even a tiny bowl with a goldfish, the most common way to add life is with potted plants and trees.”

We’ve asked Flynn, Luetkemeyer and Betsy Burnham of Burnham Design in Los Angeles for advice on choosing the right plants, potting them perfectly and keeping them blooming with minimal effort.

“Talking to someone at a nursery is a really good idea,” said Burnham, because employees at garden stores and plant nurseries are usually glad to answer questions about choosing and caring for plants.

You can choose plants based on the spot in your home where you’d like to

keep them (sundrenched windowsills, shady corners or in-between spaces that get a mix of sun and shade). Or you can select a plant you love and then ask for advice on where to place it.

If you have pets, ask whether a plant you’re considering is poisonous. And if you want plants that need very little attention, don’t be shy about saying so.

“While I’m a fan of making a big statement with greenery,” Flynn said, “I’m only interested in plants and trees that are low-maintenance.” All three designers like ferns, such as the maidenhair.

All three designers like ferns, such as the maidenhair. “They’re so delicate and soft,” said Luetkemeyer. “They’re fresh, and they’re that pale green that’s the beginning green of spring.”

Maidenhairs are fairly easy to care for: “They need to be watered,” she said, “but if you water them, they hang around.”

Consider grouping several together in small pots or buying just one large fern.

“They can ground a space grouped together in odd numbers in pots of varied heights on the floor,” Flynn said. Or “you can use them to add life high up in a room with hanging basket planters. And then they also look excellent potted and placed on a pedestal, coffee table or con-



sole table.”

If you want something larger and bolder than the delicate maidenhair, Flynn suggests the staghorn fern. Just remember that all ferns do best in shade rather than direct sunlight.

“I love plants that flower in the spring,” said Luetkemeyer, who recommends daffodils, narcissus and hyacinth.

She also loves gardenia plants for their heady fragrance and shiny leaves. But they do require a bit of effort.

And with all potted plants, Luetkemeyer suggests placing a dish underneath the pot to catch and maintain the water, then placing a coaster underneath the dish to protect the furniture or floor.

“A statement tree,” said Burnham, “adds height to your room, and plays with the light at a window.”

Flynn also suggests fig trees: “Fiddle

leaf fig trees are, hands down, my favorite,” he said. “They’re super architectural and almost kind of minimalist. Since these grow straight upwards, they’re perfect for corners or flanking a fireplace or focal point without growing out and over it.”

“I also use fiddle leaf fig trees in unexpected places,” he said, “just to add a big burst of life into an otherwise utilitarian space such as a bathroom or even offices. The key to using them successfully is

ensuring they don’t come into contact with direct light, and that they’re not exposed to dry heat.”

“This might be a great time to put some herbs in your kitchen,” Luetkemeyer said.

Many grocery stores and nurseries sell herb plants such as mint or basil that are already blooming in small plastic pots. You can re-pot them into more attractive containers, and then cluster them together on a countertop.

“What you plant something in makes just as much of a statement as the tree or plant itself,” said Burnham.

One simple approach is to “put the plant into a fabulous low basket and cover it with reindeer moss,” Burnham said. “You don’t see the soil, and don’t see the plastic container inside.” — AP

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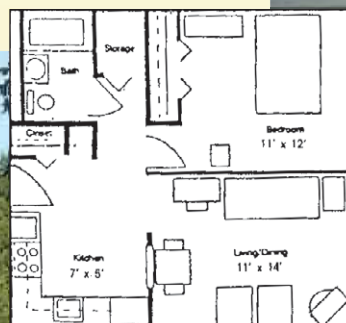
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