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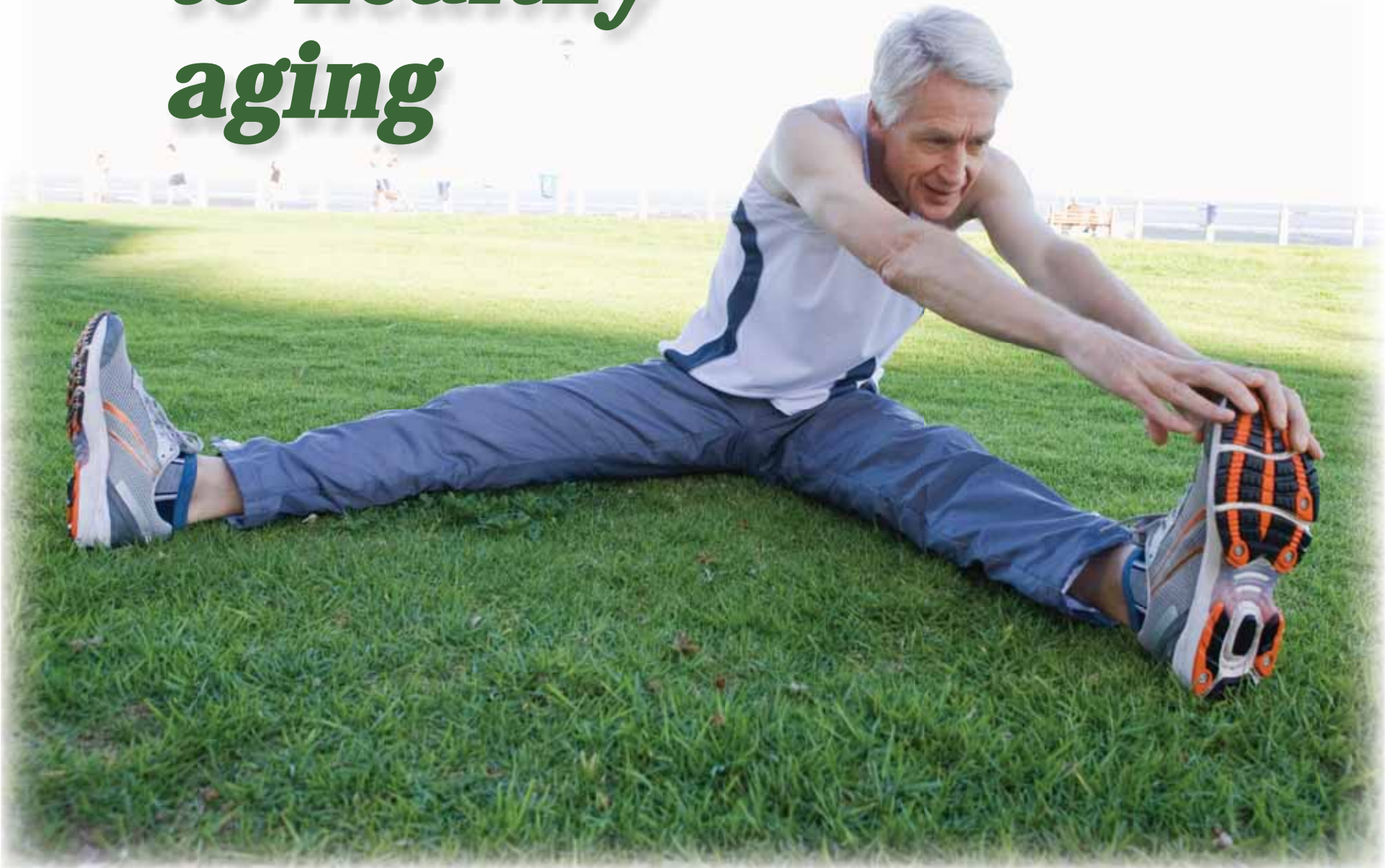
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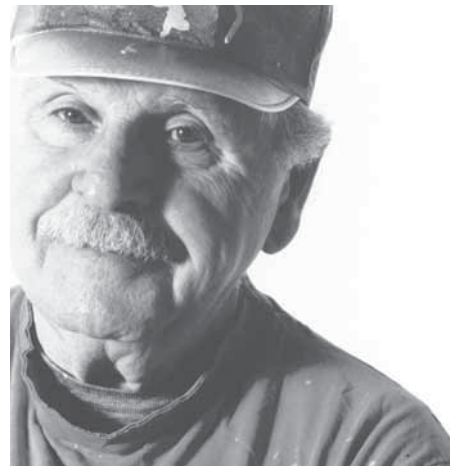
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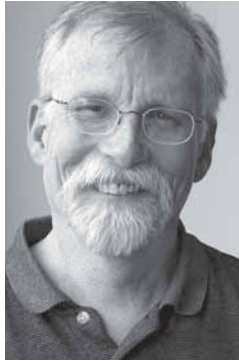
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New book aims to help men grow old gracefully, healthy

By Brian Goslow

Middle-aged men have heard it all:
Lose weight.
Adjust your diet.
Exercise three to five times a week.
Quit smoking.
Eliminate heavy drinking.
Reduce your stress levels.
But do they listen?

No. And the extent to which they have ignored the messages has the potential for dire consequences.



Thompson

According to the U.S. Department of Health and Human Services' Healthy People 2020 Project, which began in 2000, 50 percent of the country's adult men engage in no leisure time physical activity, a finding mirrored by The American Heart Association, which found half of U.S. men 65 and older were sedentary.

The health warnings have been out there for decades, so why isn't the message getting through?

"Men don't want to admit that they're vulnerable," said Edward H. Thompson, Jr., a recently retired College of the Holy Cross sociology professor who, along with Lenard W. Kaye, professor of social work at the University of Maine School of Social Work and director of the UMaine Center of Aging, co-authored *A Man's Guide to Healthy Aging: Stay Smart, Strong, and Active* (John Hopkins University Press).

"Typically, men don't focus on themselves until midlife and at that point, what they need to do is reclaim their lives and not give up years of their life and die sooner because of heart disease," Thompson said.

The idea for the book originated during a late-1990s Aging and Health seminar at the University of Massachusetts Medical School in Worcester, where a lecturer asked the audience which health symptoms differentiated men from women.

The silence that filled the room made it clear that attendees hadn't pondered how aging affects a man's body and lifestyle and that men didn't have a male version of the Boston Women's Health Book Collective's groundbreaking *Our Bodies, Ourselves*, which was released in 1971 and has been updated several times, and its 2006 follow-up, *Our Bodies, Ourselves: Menopause*. The two publications have served as essential guides for millions of women.

Enter Thompson and Kaye, who began to formulate their book after attending that aforementioned seminar, but didn't start compiling it in earnest till 2006. Its

584 pages are packed with information on dozens of subjects ranging from how to age healthily through eating better, working out, addressing stress levels and maintaining vital relationships to later-life sexual intimacy and caregiving for a loved one with faltering health to end-of-life-matters.

Yet, having that information readily available in one place doesn't mean that men are going to rush to their local bookstores or download it onto their reading tablets and iPads. Unless they've faced adversity, it's simply not the way most men are. They like to see themselves as supermen.

"When men grow up healthy, there's a sense of being invulnerable," Thompson said. "Most men, typically, well into their 40s, go through most of their life doing what is required to be a man: get a job, find a partner, buy a house, have children. They don't really pay attention to their internal lives, either their bodies or their minds, until they've gotten past all those external parts and by that point, they've done damage."

If it isn't their own personal health problems that cause men to re-evaluate their lifestyle, seeing a close friend or relative facing a health challenge sometimes will. "In our 40s and early 50s, that's when we first begin to notice that either a close friend or an uncle is going through a serious health emergency," Thompson said. "That's when we start paying attention."

Even after a man acknowledges the need to make some major lifestyle changes,

Thompson said, he can find himself avoiding following through because he can't imagine spending endless hours at a gym or walking around a track, let alone giving up his favorite foods or drinks.

But, Thompson said, there are invaluable, small steps that can be taken to begin, starting with breakfast:

- Watch what you put in your coffee. "It's Yankee New England to ask for a regular coffee and it comes with cream and sugar. It's the two sugars — and the half and half — that gets you. If you have three or four of those, that's a lot of calories."

- Learn to eat smaller food portions. "It takes the brain five minutes or so to get all the signals that say stop eating. So if you have a huge portion in front of you, you don't get that signal."

- Take the stairs instead of the elevator. "It's better for you and it takes two minutes longer."

- Build an exercise habit. Start slowly, then increase your time by five minutes. Keep it up over six months and you'll have changed your life. "Once you get on the bike, you kind of like it," said Thompson. Similarly, walking can have multiple benefits. "There's kind of a Zen thing to it. If you get out and look around you and walk and just put your ear buds in, you can really zone away from the stresses of everyday life," he said.

- If you go to a gym, don't get drawn into the competitive aspect of it. "When you go

to a gym to get a personal workout, it's OK to compete with yourself, but it's not OK to compete with others. You're there for a workout, not to see how long you can go."

For his own exercise, Thompson uses an exercise bike and treadmill, increasing the tension as time goes on, which can result in burning more calories over a shorter period of time. In warm weather, he goes out for walks.

"When I first started walking, a mile would be tricky," he said. "I certainly didn't go to a high school track and go around four laps, but I went on a walk. And the next day, I slowly picked up the pace to where it's supposed to be and extended the walking distance."

Those kinds of workouts have multiple payoffs. "It's not only adrenaline — we've got all kinds of hormones flying through our bodies, natural hormones, that are activity-based that feed the brain and they tell the brain, 'Enjoy yourself,'" Thompson said.

This results in something similar to a "runner's high," which, when you're regularly active, fills a spot in the mind where you'd have been craving food. Kaye

And if the reason behind exercising is to lose or maintain weight, you'll pay closer attention to what you're putting inside you, and in most instances, find yourself reducing your food intake.

"So when you go to make a sandwich, you don't just slam something together. You



NEW page 8

Health coach suggests ways to maintain health

As a board certified holistic health coach, Rev. Maritday Rodriguez, LMA, CHHC, AADP, owner of New York state-based Sacred Connection Health and Life Arts, is well-versed in what attitudes and kinds of conduct need to be changed to help avoid a decline in health and lifestyle, especially in men who've ignored their well being.

"Health nutrition and wellness is a priority for me, so sharing my expertise to assist my clients through their different healthy life challenges such as staying active, eating right and time for reflection is vital," she said. "I work with men to create a healthier lifestyle routine, ensuring increased longevity and vitality."

Rodriguez said it is imperative for males 50 and older to care for themselves. "As lifestyles become more 'to go' and the portions, as well as the levels of salt, fat and sugar increase at a most alarming rate, we are beginning to lose fathers, grandfathers, brothers and uncles at a younger age each generation, if not to death than to debilitating diseases such as obesity, diabetes, heart disease and cancers of all kinds."

Rodriguez suggests these positive steps toward maintain-

ing longevity:

- Get the health tests and screenings you need;
- Take any preventive medications and make sure to ask your physician about aspirin protocols;
- Stay active and make good food choices;
- Maintain a healthy weight, eat regularly — choosing mostly vegetables and small portions of proteins and starches;
- Get more information on good health;
- Sleep helps all the organs to regenerate so be in bed by a decent hour and your body will do the rest;
- Honor your body by really learning to check in and see what it needs. Cut out sugar and artificial sweeteners, smoking and over-indulging in alcohol;
- Have a reflective or spiritual practice to maintain a fresh perspective on your life and to garner focus to carry out your purpose; and
- Be social to create a support network especially when you are doing things you love. Being among friends and like-minded individuals helps you to stay connected and upbeat. — BRIAN GOSLOW

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Does favorite child make for a better caregiver?

By Sondra Shapiro

It seems there's a universal truth in the "Mom always liked you best" quip Tommy Smothers directed at his brother Dick.

Studies over the last few years show that parents do have favorites among their children.

According to the latest research — Purdue University's Within-Family Differences Study — this favoritism carries over to old age when it comes to mothers and who they want to provide them with care. Data compiled over seven years from 406 mothers, ages 65 to 75, about their relationships with 1,514 adult children found that three quarters of the mothers said they were closer emotionally to one of their children than the others.



Just My Opinion

Though fathers were also involved at the start of the study, nearly half of them passed away by the time the study concluded, so the researchers decided not to include fathers, according to one of the authors, Jill Suitor, professor of sociology. Suitor has been studying older parent relationships with adult children for nearly 30 years.

Researchers found that from the start to the finish of the study, the favorite child remained the same. "Favoritism matters because it affects adult sibling relationships and caregiving patterns and outcomes for mothers, and now we know that whom a mother favors is not likely to change," Suitor said, adding that this knowledge will be helpful to professionals when putting together a care plan.

"One of the biggest predictors of who remained the favorite was a mother's perception of similarity between herself and her child," said Megan Gilligan, an assistant professor in human development and family studies at Iowa State University and a former Purdue graduate student who was a collaborator on the project. "Mothers were likely to continue to prefer children who they perceived were similar to them in their beliefs and values, as well as to prefer children who had cared for them before," she said.

Daughters were shown as the favorite, a finding that did not surprise the researchers since the mother-daughter connection "has been shown in previous research to typically be the strongest, closest and most supportive parent-child relationship."

This preference also has negative con-

It seems there's a universal truth in the "Mom always liked you best" quip Tommy Smothers directed at his brother Dick.

sequences when an elderly mother cannot be near the favorite child during an illness or following an injury. The authors of the study have found in other studies that there is greater likelihood of depression.

"These mothers are saying that if I can't make my own decisions involving my life then who can best make these decisions for me? Who thinks like I do?" Suitor said. "Who has the same vision in life that I do, has a pretty good sense of what I would do? This is incredibly important with issues related to caregiving, and that is why understanding these family dynamics is so important."

The researchers suggest that doctors, hospital staff and family members need to take those parental preferences into account when decisions are made about caregiving issues.

Surely this favoritism should be one of the considerations, but it certainly adds to the already challenging parent-care responsibility. Logically it makes sense that the child who lives closest, has the most available time to squeeze in for parent care, is emotionally equipped and/or has a grasp of financial or health needs should be equally considered. In a perfect world, each child would be involved in care, bringing his and her individual skills. Yet emotions seem to trump everything, according to this study.

Anecdotally, this type of favoritism is not surprising. I see it in many families. Even so, it stands to reason that just because a child may be a favorite, it doesn't necessarily mean he or she is best suited to the role of caregiver. Perhaps this works emotionally, but ever the pragmatist, I still think the emotional bond should be weighed case by case.

The role of caregiver is a huge challenge. Families should meet and engage in frank discussions about care. These conversations should always be done before a crisis. Everything should be put on the table. Ideally, the burden should not be on any one person, though that is often the case.

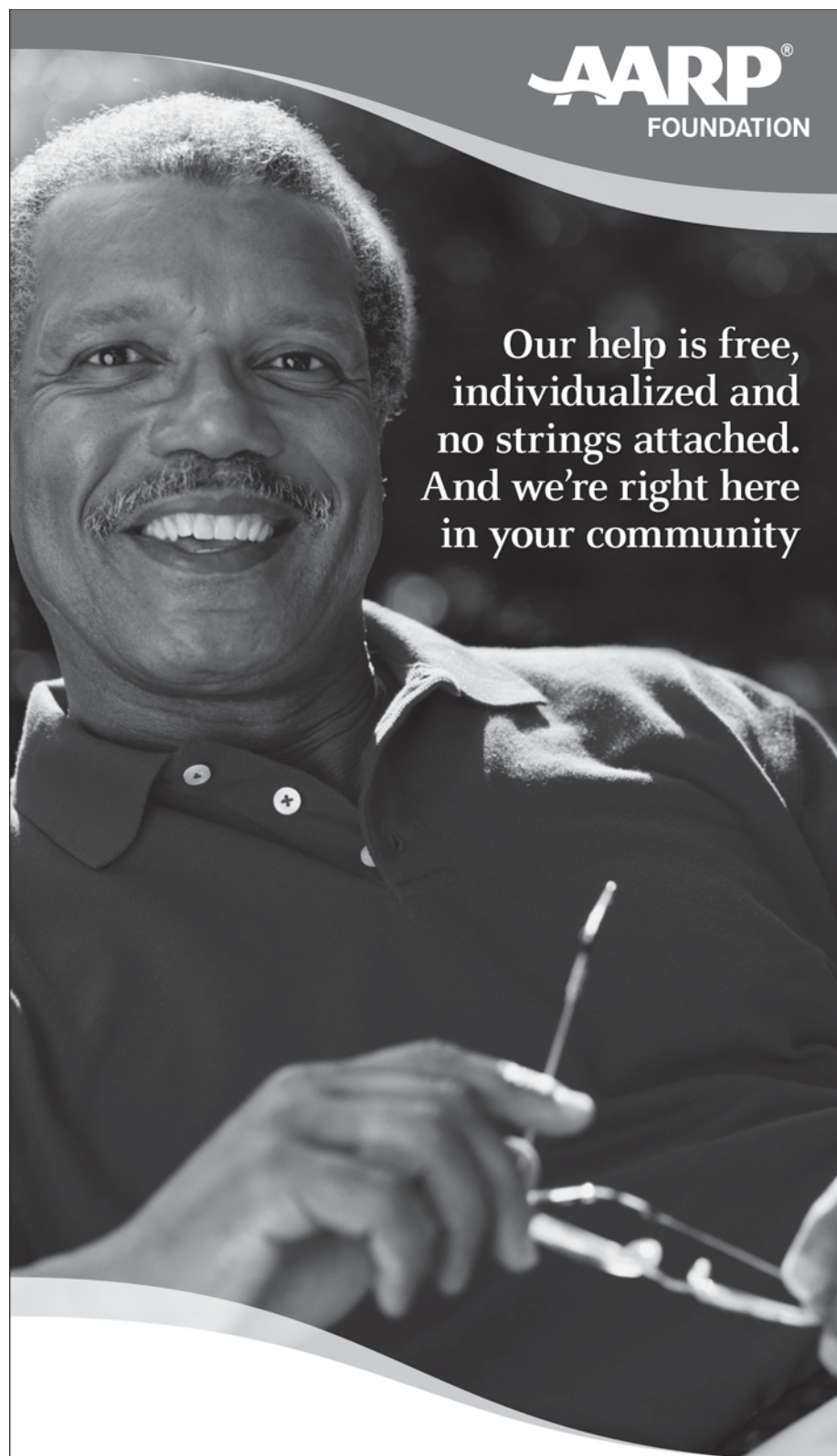
Even if mother always likes one child best, these new statistics should be used as part of a parent-care plan.

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

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Federal grant will help Bay Staters live independently

By Brian Goslow

The Massachusetts Secretary of Health and Human Services (HHS) has awarded contracts to 33 community-based organizations to provide seniors and people with disabilities with local support services that will allow them to live independently in their homes and communities.

"The Patrick Administration has a strong commitment to Community First principles of providing seniors and people with disabilities options to choose where they live and receive services," said HHS Secretary John Polanowicz in announcing the awards.

"Through this program we will be able to better provide cost-effective quality care while promoting self-sufficiency, dignity and independent living in the community."

The program, a component of the federal Affordable Care Act, is an initiative of the Money Follows the Person (MFP) Rebalancing Demonstration Grant that is intended to help states reduce reliance on institutional long-term care while expanding the locally-based

care options available to seniors and those with disabilities.

Since it began in 2011, the program has helped 400 Massachusetts residents move out of nursing and other long-term care facilities and return to their home and community. The recently announced contracts are expected to similarly assist another 1,800 state residents.

The 33 state organizations will provide assistance in assuring that people moving back home have a smooth transfer and that plans and support services are in place to allow them to live there safely. When needed, the organizations will assist in finding affordable and accessible housing as well as other services that might be required.

Finding housing can be challenging in communities where the housing market is already tight, said John O'Neill, executive director of Somerville-Cambridge Elder Care.

"Housing is one of the biggest obstacles. That's why it's going through more slowly than I think everybody would like to see because oftentimes, what happens is, somebody winds up in a nursing facility, (and by the time

they're ready to return to their community) their home may have already been disposed of by the family or their apartment has been rented," O'Neill said. "In an area like ours, where there's already a waiting list for subsidized elder housing, it can be hard to find the right setting for someone."

What the MFP grant money will be able to do once housing has been found is get seniors the special equipment they need to live safely in the community. It can also provide them with 24-hour services, seven days a week, if necessary.

"If they want to return to the community, we'll bend over backwards and do anything we can to help them reach their goal," O'Neill said.

During the contract announcement, Massachusetts Medicaid director Kristin Thorn said that each of the organizations have long histories of working with MassHealth to provide community services for its members and expansion of the partnerships will allow the state to support its goal of "Community First" while reducing overall health care costs.

Among those state residents eligible for the MFP demonstration program are Medicaid-eligible individuals currently in nursing facilities, chronic and rehabilitation hospitals,

public health hospitals, intermediate care facilities for people with intellectual disabilities and certain psychiatric hospitals who have stated a preference for receiving long-term care services and support in the community.

Mass Home Care executive director Al Norman said the participating agencies are waiting for word from the state with regard to two promised waiver programs that are needed for some of those currently in facilities to return into the community: one for people who need enhanced home care that is greater than the usual amount and a second to cover 24-7 residential services.

"Neither of those waivers has really gotten off the ground yet," said Norman. "We're just waiting for them (the state) to essentially open their doors for referrals." (A meeting to update the situation was scheduled for late January, after *The Fifty Plus Advocate* went to press).

"We're all kind of anxious to get this thing ramped up a little quicker; that's been our main concern — that we have the capacity to get people out of nursing homes," Norman said. Another challenge, he said, is finding suitable housing for the estimated 3,000 to 5,000 people who don't have to be in nursing homes. "What we don't have are the places to put them."



Polanowicz

Massachusetts updates electronic medical records system

BOSTON —

Massachusetts has launched the next phase of an electronic medical records system designed to make it easier for doctors to pull up a patient's medical history with the click of a button.

State officials said the Mass HIway Health Information Exchange will for the first time let health care providers locate,

request and retrieve medical records from other participating health care providers across the state on a secure, interconnected system.

Gov. Deval Patrick, who attended the launch of the system, said it would reduce health costs and improve patient care.

The event included a demonstration of the new technology. Emergency doctors simulated an encounter where a

patient was unresponsive. By using the new tools, they were able to electronically track down the patient's medical records at insurers and other medical centers in real time.

Massachusetts Secretary of Health and Human Services John Polanowicz said the new technology will help providers prevent medical errors such as drug-to-drug or allergic reactions. He said it also will

help phase out more costly and time-consuming fax and paper-based records.

Massachusetts was the first state in the nation to receive federal funding to develop the Health Information Exchange. The Mass HIway system first went live for use by the Massachusetts health care community Oct. 16, 2012. Fifty-five institutions have already connected and are using the system. — AP

United States marks 4 straight years of slowing health costs

WASHINGTON —

Even as his health care law divided the nation, President Barack Obama's first term produced historically low growth in health costs, government experts said in a new report.

For the second year in a row, the U.S. economy grew faster in 2012 than did national health care spending, according to nonpartisan economic experts at the Centers

for Medicare and Medicaid Services.

That's an important statistic. In most years, health care spending grows more rapidly than the economy, like bills that rise faster than your paycheck. That cost pressure steadily undermines employer insurance as well as government programs like Medicare and Medicaid. But the pattern slowed starting in 2009, and then appears to have reversed ever so slightly and tenuously.

"Have we turned the corner in a sustainable way? That's still an open question," said economist Robert Reischauer, who serves as a public trustee overseeing Medicare and Social Security financing. "But I am more optimistic than I have ever been that fundamental changes are under way." For example, even though baby boomers are joining Medicare in record numbers, that program's costs are basically stable when measured on a per-

patient basis, Reischauer noted.

Nonetheless, America still spends a whole lot. The report found that the nation's health care tab reached \$2.8 trillion in 2012, the latest year available. Health care accounted for 17.2 percent of the economy, down from 17.3 percent in 2011.

Total spending averaged \$8,915 for every

COSTS page 20

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Food companies cut trillions of calories

WASHINGTON —

Some of the nation's largest food companies have cut calories in their products by more than 6.4 trillion, according to a new study.

The study, sponsored by the Robert Wood Johnson Foundation, found that between 2007 and 2012, the companies reduced their products' calories by the equivalent of around 78 calories per person per day. The total is more than four times the amount those companies had pledged to cut by next year.

Seventy-eight calories would be about the same as an average cookie or a medium apple, and the federal government estimates an average daily diet at around 2,000 calories. The study said the calories cut averaged out to 78 calories per day for the entire U.S. population.

The 2010 pledge taken by 16 companies — including General Mills Inc., Campbell Soup Co., ConAgra Foods Inc., Kraft Foods Inc., Kellogg Co., Coca-Cola Co., PepsiCo Inc. and Hershey Co. — was to cut 1 trillion calories by 2012 and 1.5 trillion calories by 2015.

The Robert Wood Johnson Foundation signed on to hold the companies account-

able, and that group hired researchers at the University of North Carolina at Chapel Hill (UNC) to painstakingly count the calories in almost every single packaged item in the grocery store. To do that, the UNC researchers used the store-based scanner data of hundreds of thousands of foods, commercial databases and nutrition facts panels to calculate exactly how many calories the companies were selling.

The researchers aren't yet releasing the entire study, but they said that the companies have exceeded their own goals by a wide margin.

Dr. James Marks, director of the Health Group at the Robert Wood Johnson Foundation, said the group is pleased with the results but the companies "must sustain that reduction, as they've pledged to do, and other food companies should follow their lead."

The Robert Wood Johnson Foundation is a nonpartisan philanthropic and research organization that works to improve the nation's health.

Even though the companies that made the commitment represent most of the nation's most well-known food companies,



they sold only around a third of all packaged foods and beverages at the beginning of the study. Missing are many off-label brands sold under the names of retailers, and it's unknown whether those products have changed.

It is also unclear how the reduction in calories translates into consumers' diets. When the companies made the pledge in 2010, they said one way they would try and reduce calories would be to change portion sizes in an attempt to persuade consumers to eat less. The companies also said that

they would develop new lower-calorie options and change existing products so they have fewer calories.

Evidence of those efforts is visible on any grocery store shelf. Many products now come in lower calorie versions, are baked instead of fried, or sold in miniature as well as larger versions.

Marks said he believes that companies' efforts to package smaller servings — 100 calorie packs of popular snacks, for example — and smaller cans of sugary drinks may have contributed to the reduction in calories. He said the main contributors most likely were the public's increasing willingness to buy healthier foods and companies responding to those consumers.

The companies involved are all part of an industry coalition of food businesses called the Healthy Weight Commitment Foundation that has organized to help reduce obesity.

The foundation pledged to reduce the calories as part of an agreement with a group of nonprofit organizations and made the 2010 announcement as part of first lady Michelle Obama's Let's Move campaign to combat childhood obesity. — AP



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Now available: Free help with your taxes

By Mike Festa

It's that time of year again. Yes, it's tax time. More than 600 volunteers are ready and waiting to help older Massachusetts residents with basic federal and state tax returns, for free. Each year, AARP Foundation Tax-Aide, the largest, volunteer-run, free tax preparation program in the country, operates right here in the commonwealth, with 239 locations across the state.



AARP and You

"Last year, AARP Foundation Tax-Aide volunteers helped more than 40,000 Massachusetts residents with tax returns and questions," said Linda Fitzgerald, state president of AARP Massachusetts, which serves 800,000 members age 50 and older in the commonwealth. "Over and over, the exceptional quality of service provided by these dedicated volunteers earns the program high marks in customer satisfaction."

For those with low to moderate incomes, our volunteers can help identify all the tax credits and deductions for which you may qualify. Tom Ligon, the volunteer state coordinator for AARP Foundation Tax-Aide, told me, "Nobody is more

grateful than a senior with low-income who just found us, was expecting to get no money back on his or her return, but gets a refund thanks to the 'Circuit Breaker' tax credit."

Often overlooked, the Circuit Breaker tax credit is available to Massachusetts property owners and renters who are age 65 and older and meet certain criteria. According to Ligon, the credit may even amount to a few thousand dollars, if the taxpayer is eligible but has not taken advantage of it for the past few years. "Property tax is a real burden on seniors," he said, "so the Circuit Breaker is a big help. We can file an amended return for a taxpayer up to three years." Taxpayers can get a Circuit Breaker credit of up to \$1,030 on their 2013 returns.

Trained in conjunction with the Internal Revenue Service and the Massachusetts Department of Revenue, our volunteers are well versed in tax rules. In fact, they can also help you with these programs:

- Energy Efficiency Credits, which may be available to qualifying Bay State residential property owners.
- Schedule HC, which is proof of health insurance coverage, must be completed by all Massachusetts residents when filing taxes.

With a team of knowledgeable, skilled, friendly and helpful volunteers, you can't go wrong. Because of this, AARP Foundation Tax-Aide consistently achieves a significant rate of repeat customers. In fact, surveys have found that 95 percent of our clients are very satisfied with the service,

and 96 percent would be highly likely to recommend it to others needing assistance.

And, yes, it really is free.

Before meeting with an AARP Foundation Tax-Aide volunteer, all you need to do is gather together some basic information. Then, bring the following documents with you to the AARP Foundation Tax-Aide site:

- Copy of last year's income tax returns;
- W-2 forms from each employer;
- Unemployment compensation statements;
- SSA-1099 form if you were paid Social Security benefits;
- 1099-HC form if you have private health insurance;
- All 1099 forms (1099-INT, 1099-DIV, 1099-misc.) showing interest and/or dividends as well as documentation showing the original purchase price of your sold assets;
- 1099R forms if you received a pension or annuity;
- All receipts or canceled checks if itemizing deductions.

To find a Tax-Aide location in your community, call 888-AARP-NOW (888-227-7669) or visit www.aarp.org/ma.

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 on Facebook at www.facebook.com/AARPMMA and follow us on Twitter at www.twitter.com/AARPMMA.

So many older Bay Staters, and so little funding

By Al Norman

According to a new study from the UMass Donahue Institute, the population aged 65 plus in Massachusetts will increase by over half a million (548,699), expanding from 14 percent of the state's total population in 2010 to 21 percent, by 2030.

Under state law, elders and individuals with disabilities who are on MassHealth have the right to care in "the least restrictive setting appropriate to their needs." This is a civil rights law, not just a human services law.

Despite the fact that one of the few things growing in the Commonwealth today is the older population, there has not been a focused effort by the Patrick administration to make sure that we invest our dollars in community care. One look at the budget numbers since the governor

submitted his first budget for fiscal year 2008 proves the point:

- State appropriations from 2008 to 2014 grew 27 percent;
- Human Services (EOHHS) grew 38 percent;
- Elder Affairs accounts fell — 14 percent;
- Home Care Services fell — 8.3 percent; and
- Elder Care Management fell — 11.3 percent.

Gov. Patrick's budget requests over the past seven years have added \$4.9 billion to the Human Services accounts, versus a \$13.18 million loss to the home care and care management accounts. Yet these home care programs are part of the reason why MassHealth patient days in skilled nursing facilities have fallen by 33 percent over the



last 12 years.

According to an analysis by the

Push Back

Executive Office of Elder Affairs, consumers who were discharged from home care

programs in FY13 averaged 34 months in the home care program — 10 months of which they were eligible for nursing facility care. The savings to the Commonwealth from these avoided nursing facility months is predicted to be \$1.2 billion over the next six years. We call that "the home care dividend."

When he was running for governor in 2006, Deval Patrick said: "Currently the long-term care system in Massachusetts favors institutional care over care in the community and at home. This neither respects the wishes of most older adults, nor follows the law of requiring care in the least restrictive environment, nor spends public dollars prudently ... My administra-

tion will expand opportunities for older adults and the disabled to stay in and connected to their communities as their care needs increase."

Yet in 2014, Gov. Patrick asked for \$13.3 million less for home care than he did in 2008. With the baby boomer numbers beginning to hit Massachusetts, we need the governor to step up to the home care challenge, and "expand opportunities" for seniors to stay at home.

Home care is one of the few investments we make as taxpayers that returns an immediate dividend. Every day an elder avoids nursing facility care is a savings back to the Commonwealth. I urge readers to call the governor at 617-725-4005. Tell him he has very little time left in office to address the needs of older citizens in this state.

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

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► New

Cont. from page 4

think and actually put a sandwich together you enjoy," Thompson said. "You don't eat it as fast anymore, with chips and all that other junk you used to eat."

While changing one's lifestyle ultimately is a personal decision, one shouldn't make those changes alone. Thompson and Kaye make it clear at the start of their book that it "isn't intended to substitute for medical care, and treatment should not be based solely on its contents"; rather, "treatment must be developed in a dialogue between the individual and the physician," and that they wrote the book to help with that dialogue.

Thompson said people should have positive thoughts about what they can do and what medicine can do for them. "The best way that's going to happen is by maintaining a relationship with your primary physician," he said. "If you're pre-diabetic, they're going to start telling you to diet earlier and the end result is your quality of life is better and you won't have to face the horrors of what people experience with that (diabetes)."

The good news is that even a man who has ignored his health for most, if not all of his life, can, by making major changes in his daily routine and reversing destructive habits, can generally earn back years he might have otherwise lost. And, Thompson pointed out, "It's not just the amount of time, it's the quality of the time."

Medical test surprises: What should you know?

By Lauran Neergaard

WASHINGTON —

It is a growing side effect of modern medicine: A test for one condition turns up something completely unrelated. It might be a real danger, or an anxiety-provoking false alarm.

Doctors dub this the dreaded “incidentaloma” — so-called incidental findings that tell people more than they bargained for, things they might not need or want to know.

A U.S. presidential advisory council said recently it's time to be more up-front about that risk with patients before their next X-ray or gene test turns up a disturbing surprise.

“Incidental findings can be life-saving, but they also can lead to uncertainty and distress,” cautioned Amy Gutmann of the University of Pennsylvania, who chairs the Presidential Commission for the Study of Bioethical Issues.

It is an issue that “will likely touch all of us who seek medical care, participate in research or send a cheek swab to a company for a peek at our own genetic makeup,” she said.

It may seem obvious that if the family doctor orders X-rays for a broken rib that

also spot signs of cancer, the patient will be told. But the new report notes that not every medical condition that can be found should be — and there's conflicting advice about how to disclose and manage incidental findings.

Consider: Ten percent of brain scans spot something unrelated that may require more testing, said bioethics panel member Dr. Stephen Hauser, neurology chairman at the University of California, San Francisco.

Anywhere from 30 percent to 43 percent of abdominal CT scans turn up incidental findings,

according to studies cited by the commission. In fact, the bioethics report said that at trauma centers, these high-powered scans that aim to find subtle injuries instead are more likely to make an incidental finding.

And say a doctor maps a child's genes to help diagnose some puzzling muscle symptoms — but also discovers genes that may trigger breast cancer after she has grown. That incidental finding has implications for other relatives, too.

Sometimes, surprise findings can be life-saving, for example, in the case of an athlete whose brain is scanned after a concussion and radiologists spot a tumor, Hauser said.



Other times, nothing can be done. That same brain scan might show early signs of an incurable condition, Hauser said, and “this young person now needs to live with the knowledge that she may someday develop this neurologic disease.”

Follow-up testing may do harm. The panel's worst-case example: Doctors see a suspicious spot on a lung while testing an elderly patient's risk of a stroke. A biopsy determines the spot is nothing, a benign scar — but that biopsy makes the lung collapse, triggering cardiac arrest.

Nor do patients necessarily want to know everything the doctor learns. A cancer survivor may agree to be X-rayed for broken

bones after a fall. But if she doesn't want to know about any signs of returning tumors, it's ethical for the doctor to respect that decision, Gutmann said.

The bioethics panel is urging better anticipation of and communication about how they handle these surprises. Among the recommendations:

- Doctors, researchers and direct-to-consumer companies alike should inform potential patients about the possibility of incidental findings before they undergo a medical test. They should clearly explain what will and won't be disclosed, so patients can make an

MEDICAL page 10

Study ties higher blood sugar to dementia risk

By Marilyn Marchione

Higher blood sugar levels, even those well short of diabetes, seem to raise the risk of developing dementia, a major new study finds. Researchers say it suggests a novel way to try to prevent Alzheimer's disease — by keeping glucose at a healthy level.

Alzheimer's is by far the most common form of dementia and it's long been known that diabetes makes it more likely. The new study tracked blood sugar over time in all sorts of people — with and

without diabetes — to see how it affects risk for the mind-robbing disease.

The results challenge current thinking by showing that it's not just the high glucose levels of diabetes that are a concern, said the study's leader, Dr. Paul Crane of the University of Washington in Seattle.

“It's a nice, clean pattern” — risk rises as blood sugar does, said Dallas Anderson, a scientist at the National Institute on Aging, the federal agency that paid for the study.

STUDY page 10

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► Study

Cont. from page 9

"This is part of a larger picture" and adds evidence that exercising and controlling blood pressure, blood sugar and cholesterol are a viable way to delay or prevent dementia, he said.

Because so many attempts to develop effective drugs have failed, "It looks like, at the moment, sort of our best bet," Anderson said. "We have to do something. If we just do nothing and wait around till there's some kind of cocktail of pills, we could be waiting a long time."

About 35 million people worldwide have dementia; in the United States, about 5 million have Alzheimer's disease. What causes it isn't known. Current treatments just temporarily ease symptoms. People who have diabetes don't make enough insulin, or their bodies don't use insulin well, to turn food into energy. That causes sugar in the blood to rise, which can damage the kidneys and other organs — and possibly the brain,

researchers say.

The new study just tracked people and did not test whether lowering someone's blood sugar would help treat or prevent dementia. That would have to be tested in a new study, and people should not seek blood sugar tests they wouldn't normally get otherwise, Crane said.

"We don't know from a study like this whether bringing down the glucose level will prevent or somehow modify dementia," but it's always a good idea to avoid developing diabetes, he said.

Eating well, exercising and controlling weight all help to keep blood sugar in line.

The study involved 2,067 people 65 and older in the Group Health Cooperative, a Seattle-area health care system. At the start, 232 participants had diabetes; the rest did not. They each had at least five blood-sugar tests within a few years of starting the study and more after it was underway. Researchers averaged these levels over time to even out spikes



and dips from testing at various times of day or before or after a meal.

Participants were given standard tests for thinking skills every two years and asked about smoking, exercise and other things that affect dementia risk.

After nearly seven years of follow-up, 524, or one quarter of them, had devel-

oped dementia — mostly Alzheimer's disease. Among participants who started out without diabetes, those with higher glucose levels over the previous five years had an 18 percent greater risk of developing dementia than those with lower glucose levels.

Among participants with diabetes at the outset, those with higher blood sugar were 40 percent more likely to develop dementia than diabetics at the lower end of the glucose spectrum.

The effect of blood sugar on dementia risk was seen even when researchers took into account whether participants had the apoE4 gene, which raises the risk for Alzheimer's.

At least for diabetics, the results suggest that good blood sugar control is important for cognition, Crane said.

For those without diabetes, "it may be that with the brain, every additional bit of blood sugar that you have is associated with higher risk," he said. "It changes how we think about thresholds, how we think about what is normal, what is abnormal." — AP

► Medical

Cont. from page 9

informed decision about whether and how to proceed.

•Professional groups should develop guidelines about incidental findings common to different tests, and how to handle them.

•The government should fund more research into the costs, benefits and harms of identifying, disclosing and managing dif-

ferent incidental findings.

•Health workers should explore the pros and cons of test results with patients ahead of time, in what's called shared decision-making, to learn what they don't want to be told.

The opt-out provision differs from guidelines issued earlier this year by the American College of Medical Genetics (ACMG). That group says laboratories should automatically notify doctors if genetic tests turn up any of about 50 genes linked to two dozen diseases

that might be treatable or preventable if discovered early.

"When people go into these kinds of tests, you never think it's you, that you're the one that's going to have something found," explained ACMG executive director Michael Watson. "We didn't think they should opt out of hearing about those results prior to the test."

People should be educated about incidental findings in time to consider how they'd want to handle one, said Dr. Sarah

Hilgenberg of Stanford University, who told the bioethics panel about her own experience. As a medical student, Hilgenberg enrolled in a study of memory that scanned her brain. Researchers weren't obligated to reveal the suspicious spot they found but did — letting her get treatment for an abnormality that otherwise might have triggered dangerous bleeding.

"I would imagine it doesn't ordinarily cross people's minds," said Hilgenberg, who praised the new recommendations. — AP

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Cruising exotic Southeast Asia

By Ellen L. Weingart

Brunei was never on my husband's and my travel radar. But the oil-rich nation, which occupies a very small part of the island of Borneo, was the first port of call aboard the Diamond Princess on our cruise through the South China Sea in Southeast Asia.

Say "cruise" and many people think of a relaxing, sun-drenched vacation in the Caribbean. But a cruise can also be the ideal way to visit exotic ports. Vacationers enjoy the luxury of a first-class hotel along with top-notch meals and entertainment while getting to sample places they might not feel at ease visiting on their own. Such cruises can also provide enough of a taste to lure a visitor back for a longer stay. And shipmates are geographically diverse, adding yet another dimension to the cruise experience.

When we first began cruising, we stuck to the Caribbean. Recently retired and less time-restricted, we've turned to more exotic destinations. As seasoned cruisers, we enjoy the quality and broad age demographics aboard Princess.



A boat brings supplies to Kampong Ayer, Brunei's water village.

So it was hard to resist a cruise that offered the opportunity to sample a part of the world we might never attempt on our own. Our other ports of call were in Vietnam, Cambodia and Thailand.

Baby boomers like us who spent our young adult years in the turmoil of the Vietnam War (called the American War in this area of the world) might have mixed emotions about stops in Vietnam and Cambodia, but everyone we met in these countries was warm and welcoming.

This day, however, was devoted to a taste of Brunei, which came in the form of a Princess tour of the capital city of Bandar Seri Begawan.

Bandar is about a 45-minute drive by modern air-conditioned bus from the port. We passed suburban style houses that are home to government workers — about 80 percent of the people work for the government — and modern high rises that house foreign workers as our guide, "July" (an easily pronounced and remembered version of his



Jame'Asr Hassanil Bolkiah Mosque

(courtesy of steven weingart)

actual name), told us about his primarily Muslim country. We learned there are no taxes, medical care is free, housing is subsidized and university students receive a \$2,000 a month stipend.

Our first stop was Jame'Asr Hassanil Bolkiah Mosque for photos. The richly decorated, sea-blue edifice was built in 1992 for the silver jubilee of the 29th and current sultan, Hassanal Bolkiah, and features 29 domes.

Then we were on to the Royal Regalia Museum.

Although the sultan's wealth is estimated at \$20 billion, it is common practice for heads of state to present him with ornate gifts made of precious metals and gems. These are kept on display in the Royal Regalia Museum, along with a replica of the throne room and photos of the royal family and of the sultan in a variety of always-successful athletic pursuits. Except for a few designated areas, no photos are allowed.

A short drive brought us to the royal palace, Istana Nurul Iman. Because the palace is only open to the public once a year, we got just a distant glimpse.

At 2 million square feet, it is the biggest single-family residence in existence. The 1,788-room home includes 300 bathrooms.

Geographically close by, but otherwise light years away, lies Kampong Ayer. With more than 30,000 residents, it is the world's largest water village: Homes, mosques, shops, municipal buildings and a hospital are built on stilts; wooden walkways

replace sidewalks. A boat ride through a waterway congested with speeding water taxis brought our tour group for a look around and a stop at a school for tea and sweet cakes.

The water village looks impoverished, but there is plumbing, electricity, satellite TV and Internet. We were told that despite appearances, people here are not poor and remain in the area by choice.

As unforgettable as our day in Brunei was, we'd never have gone on our own. And as enjoyable as our visit was, a day in Brunei via cruise ship seemed just right.

In contrast, our day in Bangkok left us wanting more. With more than a two-hour drive from the dock to the Thai capital, we had elected to take a Princess tour to see some of Bangkok's highlights. Our guide, nicknamed Noina, filled the travel time with a lively discourse on Thai royalty, history and culture, and amusing anecdotes as the scenery changed from rice paddies to modern city.

It was extremely hot, but the air-conditioned bus, combined with frequently distributed bottles of water and cooling towelettes, made the day manageable.

Our first stop was a scenic cruise along the Chao Phraya River. Then a short walk brought us to the Grand Palace. A complex of buildings surrounded by four walls and occupying 2.3 million square feet, the Grand Palace was begun in 1782 by King Rama I; additional buildings were constructed during succeeding reigns. Since 1925, the Thai monarch, including the current king, Rama IX, has lived elsewhere, but some buildings are still used for royal ceremonies and state functions. The structures' beautiful ceramic tiles and gem- and precious metal-details fill the visitor with awe. Friendly Noina explained what we were seeing and kept us from getting lost among the hordes of visitors.

Within the complex is the Temple of the Emerald Buddha; the Thai word for emerald means dark green color, not the specific stone. Only the king is allowed to touch this important symbol; photos are not allowed.

After an excellent lunch, we visited the Temple of the Golden Buddha, located near Bangkok's Chinatown. Almost 10 feet tall and weighing 6 tons, the Golden Buddha may be the world's largest statue made of gold.



Iconic figures at the Grand Palace in Bangkok

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As America ages, senior care options flourish

By Matthew Perrone

WASHINGTON —

Millions of families are beginning to grapple with the one major health expense for which most Americans are not insured: long-term care.

About 10 million seniors currently rely on others for daily care, such as help getting dressed, preparing meals or taking medication. That number will only increase as more of the nation's 78 million baby boomers enter old age. Nearly 7 in 10 people will need some form of long-term care after turning 65, according to the Georgetown University Public Policy Institute.

"Nobody wants to go to a nursing home; it's the last resort," said James Firman, president of the National Council on Aging. "People want to stay in their own home, and if they can't, they want to go to a place where they can get assistance but that still feels homelike."

Nursing homes are the most intensive form of long-term care, including round-the-clock medical supervision. That level of care comes with a steep price tag: the average cost of a semi-private room last

year was \$81,000, according to a survey by insurance provider MetLife. A private room ran more than \$90,500.

Fortunately, most seniors won't require extended nursing home care. Only 5 percent will need five years or more in a nursing home.

Less intensive alternatives include home-care services that offer help with meals and household chores, and boarding houses where a small number of seniors live with on-site caretakers. But like nursing homes, Medicare, the government's health care plan for seniors, or private health insurance, doesn't cover these services.

"The issue is that these are long-term costs and almost all of it comes out of pocket," said John Migliaccio, director of research for MetLife's Mature Market

Institute. "It's important to have some idea about what it will cost dad, mom or your husband to get the care they need."

Insurance policies for long-term care are available, but only about 5 percent of U.S. adults have them. Most families don't plan for long-term care because often the need comes unexpectedly: an elder takes a bad fall or suffers a stroke. Cost is another issue, because policies can run \$1,000 to \$8,000 a year, depending on the seniors' age, health and other factors.

"The people who can really afford long-term care insurance often have enough fixed income that they don't really need it," said Bradley Frigon, vice president of the National Academy of Elder Law Attorneys.

Groups like the National Association

for Professional Geriatric Care Managers recommend that families discuss various options for long-term care and how to pay for them — before they become necessary.

"Once you're already sick, that's not the time to start changing doctors, moving to a new place and depending on your kids," said Bunni Dybins, a senior care adviser with LivHome in Los Angeles.

Here's a quick look at some senior care services to consider:

- Medical alert systems: Perhaps the cheapest and least intrusive option, seniors can use medical alert systems to get assistance in the event of an emergency. Services like Philips Lifeline and Life Alert consist of a necklace or wristband with an emergency button. When pressed, a dispatcher who has access to the senior's profile and medical history is called. Depending on the situation, he or she will call a neighbor, family member or medical center. Services generally cost between \$30 and \$50 a month. Some companies also offer extra motion-sensor technology that automatically contacts a dispatcher if it detects the user has fallen. For more, visit: www.agespage16.com

AGES page 16

Chronic care overhaul proposed for Medicare

By Ricardo Alonso-Zaldivar

WASHINGTON —

It's a familiar problem for families with an elder trying to cope with chronic health conditions:

Doctors don't talk to each other, and sometimes they prescribe drugs that work at cross purposes. Nobody seems to look out for the overall health of the patient.

With chronic illnesses like heart problems, diabetes and cancer taking a toll on seniors as well as Medicare's budget, a bipartisan group of lawmakers recently proposed a new approach aimed at keeping patients healthier and avoiding hospitalizations.

They're calling it the Better Care Program. Teams of doctors, nurses and social workers would get a flat fee per Medicare patient, with fewer strings attached. The goal is to improve care coordination, benefiting the patient while moving Medicare away from paying piecemeal for tests and treatments.

The legislation is being sponsored by Sen. Ron Wyden, D-Ore., expected to take over leadership of the Finance Committee, which oversees Medicare. Joining Wyden are Sen. Johnny Isakson, R-Ga., and Reps. Erik Paulsen, R-Minn., and Peter Welch, D-Vt.

Wyden is calling it "chronic disease reform."

More than two-thirds of Medicare beneficiaries are dealing with two or more chronic conditions. And spending on chronic care patients accounts for more than 90 percent of the program's budget.

Finding savings through coordinated care that keeps seniors healthier has long been a holy grail for policymakers. President Barack Obama's health care law created "accountable care organizations" for

Medicare, which aim to improve coordination. Lawmakers are currently overhauling the way the program pays doctors, with the goal of rewarding high-quality care.

Many doctors and hospital administrators believe that care coordination can save money and improve health. But they have struggled to prove that proposition to the Congressional Budget Office, whose experts are responsible for estimating the costs of proposed legislation. While some demonstration programs saved money, others spent more, and others ended up as a wash.

Part of the challenge is that providing better coordination itself costs money. The services of nurses and social workers are needed to keep patients from falling through the cracks. Another issue is that patients in fragile health can and do wind

up in the hospital despite the best efforts of caregivers to keep them at home.

The new proposal would build on the accountable care framework in the health care law. The new "better care" organizations would be paid a flat fee per patient. They would have more leeway on how to spend that money than is currently allowed under Medicare rules, for example, by charging lower copayments for certain kinds of high-value services. They would also be able to specialize in dealing with particular conditions.

Each senior who signs up with one of the groups would receive an individual care plan that would reflect their particular situation.

The plan has yet to be analyzed by the budget office, so its potential impact on Medicare's balance sheet is unclear. — AP



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Retirement unlikely for some blue-collar Americans

By Emily Wagster Pettus

Tom Edwards grew up in a family that's been cutting trees and hauling timber in the Pacific Northwest for more than a century. The Spanaway, Wash., resident said he has worked as a logger since he was a kid — it's just what an able-bodied youngster was expected to do.

Now, at 53, with business in a slump and little money in savings, he's pessimistic about his chances of retiring.

"It's never going to happen. By the time I reach retirement age, there won't be Social Security. There's not going to be any money," Edwards said. "I'll do like my father did: I'll work 'til I die."

For homeowners, about 50 percent of wealth is typically tied up in the house and other investments.

Across the U.S., such concerns are common among blue-collar baby boomers — the 78 million Americans born between 1946 and 1964. Many have jobs that provide paltry pensions or none at all, as many companies have been moving toward less generous retirement packages in the past decade.

Many boomers expect to work the rest of their lives because they have little cash put away for their old age and they worry Social Security won't cover their bills. Some hope to move to jobs that are less physically demanding.

The share of U.S. workers who are 55 and older is expected to continue growing, according to *The Oxford Handbook of Retirement 2013*. The group comprised 12.4 percent of the workforce in 1998. The share jumped to 18.1 percent in 2008 and is expected to be almost 25 percent by 2018.

The book is edited by Mo Wang, co-director of the Human Resource Research Center at the University of Florida's Warrington College of Business Administration. In an interview, Wang said it's a misconception that lower-wage workers are slackers in preparing for retirement.

"People don't have adequate earnings," Wang told The Associated Press. "It's not because they don't want to save. It's because they just can't."

Many people don't save enough for their own retirement because they lack financial literacy skills, Wang said. Also, he said it can be incorrect to assume that people with lower incomes have more financial concerns than people with higher incomes. Psychologically, the important thing is the

ratio of life earnings to wealth — how much money a person earns in a life span, compared to how much of it she gets to keep.

"Whether they have the 401(k) is not the decisive factor in influencing how well they live," Wang said. "Whether they have their own house is a big factor."

For homeowners, about 50 percent of wealth is typically tied up in the house and other investments, while a pension accounts for about 25 percent and Social Security accounts for about 25 percent, Wang said. For people who don't own their homes, particularly those who've worked low-income jobs, "Social Security is super important," he said. "Social Security is one way to pull them out of poverty."

People can receive full retirement benefits from Social Security between 65 and 67, depending on when they were born, and Medicare coverage at 65.

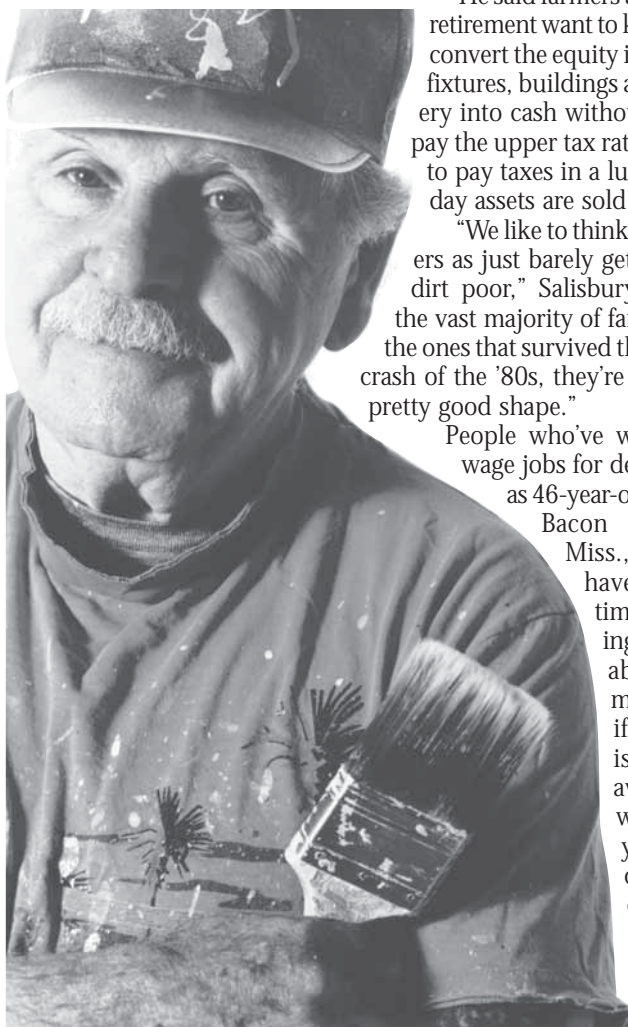
Farmers, loggers and other agriculture workers often have their wealth tied up in their homes or work property. Business consultant Mike Salisbury of American Falls, Idaho, has spent more than three decades helping farmers plan their financial futures. He said the biggest concern for most is succession — whether any children want the farm once a farmer retires.

"Now, statistics pretty well show that about two-thirds of farm families do not have successors interested in coming back into the business," Salisbury said.

Without someone to take over the family business, farmers look for an exit strategy, he said. "There are some really complex tax ramifications for when a farmer decides to stop farming."

insured loans also known as Home Equity Conversion Mortgages (HECMs), and are administered by the Department of Housing and Urban Development (HUD). You must be at least 62 years of age with a certain percentage of home equity. Of the estimated 15 million eligible seniors, less than 1 percent have a HECM.

This is a critical statistic to understand for two reasons. First, very few seniors



He said farmers approaching retirement want to know how to convert the equity in their land, fixtures, buildings and machinery into cash without having to pay the upper tax rates or having to pay taxes in a lump sum the day assets are sold.

"We like to think of our farmers as just barely getting by and dirt poor," Salisbury said. "For the vast majority of farmers today, the ones that survived the economic crash of the '80s, they're probably in pretty good shape."

People who've worked low-wage jobs for decades, such as 46-year-old Catherine Bacon of Durant, Miss., say they have a tough time envisioning an affordable retirement, even if that goal is decades away. Bacon worked 21 years in a catfish processing plant, cutting filets and hoisting bags of fish to

make sure they weighed 15 pounds, never earning more than \$16,000 a year. To supplement her income for nine of those years, she also worked weekends as a convenience store cashier. The seven-days-a-week routine meant she rarely saw her two oldest daughters when they were young.

The kind of retirement many Americans envision — travel, hobbies, leisure time without financial stress — is just a wistful fantasy for her.

Bacon is a single mother with two grown children and two younger children still living at home. Sitting at the kitchen counter

of the doublewide trailer she rents from one of her sisters, she sighed.

"I haven't given up on living," Bacon said. "It's just, certain things I want to do, I know I won't do them. Traditional retirement — I won't have that."

Some blue-collar workers have employers who chip in toward retirement.

In Atlanta, 41-year-old Jason Baumgartner works as a master carpenter, helping build luxury homes. He said his employer contributes to a Roth IRA for him, and he puts in some money each week, as well. He and his wife have a son who's about to turn 2, and they've consulted a financial planner. He said he wants to save enough money to start his own business and work for himself rather than for somebody else.

"I think the hours and, you know, the labor intensive stuff won't be as bad," Baumgartner said. "But, still, I plan on working until I'm 60, 75. Well, 70."

In the southern Louisiana fishing village of Lafitte, Robert Boudreaux's cut and callused hands worked quickly, spinning, looping and threading twine that would, when finished, be a fishing net used by fishermen to trawl for shrimp in the Gulf of Mexico. It's a trade Boudreaux, 52, has practiced for decades in the small net shop he owns — and something he may end up doing longer than he had anticipated.

"To plan for retirement in today's economy is very, very hard because people who started planning for retirement years ago put money on the side in IRAs and stuff like that, and the way the economy is and the interest rate is, they don't get anything anymore," Boudreaux said.

Boudreaux said he opened his net shop in 1980 and has also been a part of a family boat-making business since 1981. He said he invested thousands into IRAs that today are worth very little. It's disappointing, he said, but the good news is that he loves what he does and probably wouldn't retire even if he had the means.

"Most of the people that's in the community — that's fishermen, that's small business owners — they don't retire," he said. "They work until they pass on." — AP

► Ages

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lifelinesys.com/content/home.

•Adult day care: Much like day care for children, adult day care generally operates during business hours Monday through Friday, providing activities and meals for seniors. Perhaps most importantly, these facilities enable caregivers to go to work, run errands or simply take a break.

"Three-fourths of the care people receive in this country comes from spouses, kids and other relatives," said Firman. "The challenge there is to make sure those caregivers don't burn out, and adult day care becomes an important respite during the day."

The average rate for adult day care last year was \$70 a day, or about \$18,000 annually. Licensing and certification requirements vary by state and county. More than 5,000 centers run programs across the country and can be found through groups like the National Adult Day Services Association. The group

recommends visiting potential centers and going through a checklist of options and amenities, including door-to-door transportation and accessibility. For more information, visit: www.nadsa.org/consumers/sitevisit-checklist/.

•Home visiting services: For seniors who want to stay in their homes, visiting services can provide assistance with everything from preparing meals to physical therapy. The typical cost of a homecare service last year was \$20,800, at a rate of 20 hours per week. Most companies offer both homemaking services and medical assistance, which is usually billed at a higher rate.

National companies generally cost more, but provide prescreening and background checks for all employees. Hiring a private caregiver can be less expensive, though you may have to do more work in terms of performing background checks and tax requirements, since you are hiring them as an employee. The government offers a website for locating eldercare services in your area: www.eldercare.gov/Eldercare.NET/Public/Index.aspx. — AP

The ins and outs of reverse mortgages

By Alain Valles

"I heard reverse mortgages are bad" is the response I often receive when I tell people what I do. Fortunately, I don't take it personally, but view those exchanges as an opportunity to share the pros, cons and myths about reverse mortgages. The conversation usually ends with the person saying, "Wow, I didn't know you could use one that way," which is the goal of this article.

Reverse mortgages are government-

REVERSE page 19

Poll: Americans have little faith in government

By Charles Babington
and Jennifer Agiesta

WASHINGTON —

Americans enter 2014 with a profoundly negative view of their government, expressing little hope that elected officials can or will solve the nation's biggest problems, a new poll finds.

Half say America's system of democracy needs either "a lot of changes" or a complete overhaul, according to the poll conducted by the AP-NORC Center for Public Affairs Research. Just 1 in 20 says it works well and needs no changes.

Americans, who have a reputation for optimism, have a sharply pessimistic take on their government after years of disappointment in Washington.

The percentage of Americans saying the nation is heading in the right direction hasn't topped 50 in about a decade. In the new poll, 70 percent lack confidence in the government's ability "to make progress on the important problems and issues facing the country in 2014."

The poll comes about two months after partisan gridlock prompted the first government shutdown in 17 years.

People feel somewhat better about their personal lives. Most have at least some confidence that they'll be able to handle their own problems in the coming year. A narrow majority said they'd do a better job running the country than today's leaders in Washington.

Local and state governments inspire more faith than the federal government, according to the poll, with 45 percent at least moderately confident in their state government and 54 percent expressing that much confidence in their local government.

When asked to name up to 10 world or national problems they would "like the government to be working on" this year, Americans chiefly cite issues that have dominated — and often flummoxed — the White House and Congress for five years. Health care reform topped the list. It is likely, however, that those naming the issue include both opponents and supporters of President Barack Obama's sweeping health care overhaul.

Jobs and the economy were next, followed by the nation's debt and deficit spending.

Some issues that draw ample media and campaign attention rank lower in the public's priorities. No more than 3 percent of Americans listed gay rights, abortion or domestic spying as prime topics for government action.

Regardless of the issue, however,

Americans express remarkably little confidence that the federal government can make real progress.

For instance, 86 percent of those who called health care reform a top priority said they want the government to put "a lot" or "a great deal" of effort into it. But about half of them (49 percent) are "not at all confident" there will be real progress, and 20 percent are only "slightly confident."

This yawning gap between public desires and expectations is one of the poll's most striking findings. Even on an issue completely within the federal government's control, the budget and national debt, 65 percent of those who called it a priority say they have no confidence in the government's ability to fix it. Another 20 percent are only "slightly confident."

When it comes to the issues people cited as most important to them, 80 percent want the government to spend significant effort working on them. Yet 76 percent say they have little or no confidence the government will make real progress.

But asked generally about the role of government in society, the AP-NORC Center poll finds Americans divided on

how active they want government to be. Half say "the less government the better." However, almost as many (48 percent) said, "there are more things that government should be doing."

On the economy, an area historically driven by the private sector, the poll finds a clear public desire for active government. Fifty-seven percent of Americans say, "we need a strong government to handle today's complex economic problems."

Even among those who say "the less government the better," 31 percent feel the nation needs a strong government to handle those complex problems.

Americans don't feel terribly optimistic about their own economic opportunities. Although 49 percent say their standard of living surpasses their parents', most are broadly pessimistic about the opportunity to achieve the American Dream. And they are mixed on whether people like them have a good chance to improve their standard of living.

Few are hopeful that the pieces are in place for the government to improve. About half are pessimistic about the country's ability to produce strong leaders generally. And 61 percent are pessimistic about the system of government overall and the way leaders are chosen.

The AP-NORC Center poll was conducted online Dec. 12-16 among a random national sample of 1,141 adults. The survey has a margin of sampling error of plus or minus 3.7 percentage points for all respondents. — AP



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Financial Literacy Quiz: Test your financial IQ

By David Pitt

Even the most financially savvy individuals encounter and sometimes let personal finance myths influence how they manage their money. Some of these misconceptions are rooted in faulty information right from the start. Still others might have been valid at one point, but have only since become outdated. Try this short quiz to test your knowledge of some essential facts about sound money management; the answers are at the end of the quiz:

1. After my payment history, the largest single factor that determines my credit score is:

(a) The length of my credit history; (b) Amount of debt I owe; (c) The number of credit cards I have; (d) The number of credit applications I've made within the last year.

2. If I own a target-date mutual fund in my 401(k), which minimizes my risk of stock market losses as I approach retirement, I shouldn't invest in other mutual funds. That's because a target-date fund is designed to be an all-in-one investment.

(a) Truth; (b) Myth.

3. Recent changes to credit card regulations mean that the interest rate on an existing credit card balance can't be raised unless payments are 60-days past due.

(a) Truth; (b) Myth.

4. What's the biggest difference between an Individual Retirement Account (IRA) and a Roth IRA?

(a) The investments you can choose from — stocks, bonds or CDs; (b) When you will pay taxes; (c) Where you can open an IRA — a bank or brokerage house.

5. When applying for a loan, what does the acronym APR stand for?

(a) Average Principal Return; (b) Average Percentage Rate; (c) Annual Percentage Rate.

6. What's the difference between a money-market account and a money-market fund?

(a) There is no difference; (b) One pays interest, the other does not; (c) One is offered by a bank and is insured by the FDIC, the other is not.

7. If I've been automatically enrolled in my 401(k) at work I should be on track with my retirement savings.

(a) Truth; (b) Myth.

8. Of the three credit reporting agencies, I really need to look at just one report a year to make sure everything's OK.

(a) Truth; (b) Myth.

9. A tax credit is deducted from a person's taxable income.

(a) Truth; (b) Myth.

10. The broadest indicator of how U.S. stocks are performing is:

(a) Dow Jones industrial average; (b) Standard & Poor's 500 index; (c) Nasdaq composite; (d) Russell 2000; (e) Wilshire 5000.

11. Comprehensive auto insurance coverage means that you can be reimbursed for the cost of any damage to your car caused by a collision.

(a) Truth; (b) Myth.

Answers

1. (b) After your payment history (35 percent), the second largest factor used to determine your credit score is the amount you

owe. According to FICO, it counts for 30 percent. This isn't simply the total amount you owe, but weighs several related issues; among them: what's owed on specific types of accounts; the number of accounts with balances; and the proportion of your total available credit that's used. Check here for more details: www.myfico.com/

CreditEducation/ WhatsInYourScore.aspx.

2. (b) This is a myth. That said, there is nothing wrong with using a target-date mutual fund as the only investment if an investor decides, based on risk tolerance and time frame until retirement, that one fund fits his or her needs, said John Ameriks, head of Vanguard Investment Counseling & Research. In some cases, however, investors may choose to own shares in a target-date fund in addition to stock in the company for which they work. He added company stock should be limited to a modest percentage of the overall portfolio. Secondly, using a target-date fund as a core holding and adding additional stocks for a more aggressive portfolio, or bonds to be more conservative, can provide adequate diversification, Ameriks said.

3. (a) Truth. Credit card reforms enacted in 2010 added various consumer protections. Rates on existing balances can't be raised unless the account is at least 60 days past due. If payments are made on time for six consecutive months, the original rate must be restored.

4. (b) The biggest difference is when you pay taxes. All or part of traditional IRA contributions are tax deductible depending on your circumstances, and you pay taxes when you make withdrawals from the account. Roth IRA contributions are not tax



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Medicaid: No time to be penny-wise, pound-foolish

By Linda T. Cammuso

We all love to save money, but when it comes to applying for MassHealth (Medicaid) benefits in a nursing home, the wise approach is to use an attorney to help you through the process. Applying for Medicaid is extremely complex — a fact that may not be obvious from a cursory glance at a blank application form or from others' anecdotal experiences. The reality is simple mistakes or oversights could needlessly cost you hundreds of thousands of dollars.



Legal Briefs

An elder care lawyer can advise you not only on the tricks and pitfalls of an application, but on possible ways to accelerate availability and preserve assets. For example, few people know or fully understand that federal and state laws provide numerous protections for a Medicaid applicant's spouse who still resides in the community. As a result, many couples needlessly spend hundreds of thousands of dollars of their own assets before securing Medicaid eligibility. Some simple and effective legal and financial planning, even at the last minute, can completely avoid private spend downs for couples.

The law entitles the community spouse to receive a community spouse resource allowance (CSRA), which is an amount of so-called "countable assets" the community spouse can keep. However, the rules governing what is considered a "countable asset" can be murky and extremely fact-specific.

Spouses are also entitled to a monthly maintenance needs allowance (MMNA), which entails a range of income that the community spouse may retain on a monthly

basis. Here again, the rules regarding countability of income are not always clear, causing many spouses needless anxiety prior to applying. With diligent help from qualified legal and financial professionals, it might be possible to purchase an annuity using countable (non-exempt) assets to shelter those assets while providing the community spouse an additional income stream.

Couples who fail to obtain legal guidance in the Medicaid realm may also lose out on additional post-Medicaid eligibility planning opportunities.

The most common scenario that is overlooked is the community spouse predeceasing the nursing home spouse. Since most couples have so-called "reciprocal wills" that leave assets to each other, a nursing home spouse could end up with all the assets back in his/her name and lose the Medicaid benefits the couple worked so hard to secure. Single individuals also have planning opportunities, ahead of time and at the last minute, that are too often overlooked.

As part of legal Medicaid planning, an elder law attorney will help identify planning concerns and opportunities that you may not even be aware of and develop solutions that protect assets for the spouse, children and beneficiaries. When long-term care services are needed, it is not the time to be penny-wise and pound-foolish. In the long run, working with an experienced attorney will ensure your assets are protected and that you get the proper assistance throughout the application process.

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

► Reverse

Cont. from page 16

truly understand the pros and cons of a reverse mortgage except for what they hear from TV infomercials. Second, only a small percentage of trusted advisors have a working knowledge of reverses. So, many advisors are often skeptical or negative when discussing the merits of a HECM.

The primary areas of financial stress for many senior homeowners are:

Reverse Mortgages

- Being able to afford their homes;
- Increasing their monthly cash flow;
- Paying off an existing mortgage, credit cards, car loans or other debts;
- Needing cash for deferred home maintenance or paying real estate taxes;
- Having available cash reserves for unexpected life events.

The common denominator for these issues is that the majority of seniors want to remain independent and not be a financial burden on their loved ones.

Reverse mortgage borrowers can be divided into two groups. The first is needs-based seniors. Typically, the senior has been in financial balance but has had an unexpected life event such as a health issue, major house repair or other bills

that have lingering balances.

The needs-based borrower has been the majority of the reverse market, but a growing number of seniors who are financially well-off with no or a low mortgage are also obtaining "line of credit" reverse mortgages to improve their lifestyles. Their primary motivation is to ensure additional funds are available to cover unexpected expenses, children/grandchildren needs, uncertain investment returns decades from now, for the purchase of a second home, travel or even the big RV they always dreamed of.

What Are The Benefits Of A Reverse Mortgage?

The key benefits of a reverse mortgage are the lenient lending qualifications, tax free cash flow, a government guaranteed line of credit and the most important feature — you have the option to never make a monthly mortgage payment for as long as you live in your home.

Warning: There is not a one-fit-all reverse mortgage product or presentation. What is important to understand is that each senior has unique needs or wants.

Alain Valles, CRMP, is president of Direct Finance Corp. and a Certified Reverse Mortgage Professional (Loan Officer License NMLS# 7946). He can be reached at 781-878-5626 extension 224 or by email at av@dfcmortgage.com. Visit his website at life-styleimprovementloan.com.

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Seniors, disabled get help feeding furry friends

By Sue Manning

LOS ANGELES —

If Meals on Wheels didn't deliver donated dog food, Sherry Scott of San Diego said her golden retriever Tootie would be eating the pasta, riblets and veggie wraps meant for her. But thanks to partnerships between the program for low-income seniors and pet groups across the country, fewer people and pets are going hungry.

After Meals on Wheels volunteers noticed a growing number of clients giving their food away to their furry friends, they started working with shelters and other pet groups to add free pet food to their meal deliveries. Those programs, relying on

donations and volunteers, have continued to grow in popularity as seniors began eating better, staying healthier and worrying less about feeding their pets, one group said.

Meals on Wheels is just one organization serving people who are poor, disabled or elderly, but it has a vast reach. It has teamed up with independently run pet partners in several states, but how many isn't known, said Jenny Bertollette, spokeswoman for Meals on Wheels Association of America in Alexandria, Va.

Partner pet groups will solicit, pick up, pack and get the animal chow to Meals on Wheels or another agency that donates food, volunteers said. Agencies also take

pet food to nursing homes, senior centers or community centers.

Those who qualify for Meals on Wheels or similar programs are almost always eligible for a free pet food program.

"Pets are so important to our seniors. They are social workers, depression counselors, a lifeline for a lot of them," said Charles Gehring, CEO of Columbus, Ohio-based LifeCare Alliance, a non-profit providing meals and other services to low-income seniors.

It is common for low-income seniors or people with disabilities to feed their dogs or cats instead of themselves, Gehring said. The nonprofit started a pet food giveaway program five years ago that serves more than 1,000 animals a month.

LifeCare Alliance launched the program after taking a survey and learning many of the Columbus area's seniors had pets. Most were low income, didn't drive and were isolated. Gehring said 70 percent reported not seeing anyone besides their Meals on Wheels driver each week.

"The pets are so important to them. But people need to eat what we give them. Pets don't need Salisbury steak," Gehring said.

"Animals provide companionship and love," said Luanne Hinkle, director of development for the San Diego Meals on Wheels. So when Woodward suggested the partnership, "we jumped right in."

AniMeals started with 10 pets, and

today there are 250, Woodward Animal Center spokeswoman Jessica Gercke said.

The partnership formed after "a (Meals on Wheels) volunteer discovered one of her clients was sharing her delivered food with her cats, sacrificing her own health," she explained.

It takes 40 volunteers to collect 3,000 pounds of donated dry food and about 3,200 cans of wet food for dogs and cats each month.

The biggest challenge is getting donations, Gercke said. Despite bins in pet stores and markets where people can donate she said, "There is never a time we don't need more food."

Some groups and shelters offering pet food programs nationwide have gotten a boost from Banfield Charitable Trust grants, offered since 2007. It's given funding to a social services department in North Carolina and LifeSpan Resources in New Albany, Ind., a nonprofit providing information and assistance to seniors and the disabled, as it tries to get its program up and running.

Scott, a former tennis teacher who lives on less than \$800 a month, has been receiving Meals on Wheels deliveries for four years and pet food from AniMeals for about one. She has to save up for three or four months just to take Tootie to the groomer.

"The pet food program is a lifesaver," she said. — AP



► Costs

Cont. from page 6

man, woman and child, well above the level in other advanced economies. But more spending doesn't equate to better health. By many health measures, other countries are ahead.

Also, the per-capita dollar amount doesn't tell the full story. In any given year, most of the spending goes for the sickest patients, a small fraction of the population.

Below the topline figures, spending grew faster in some areas and more slowly in others, making it more difficult to piece the puzzle together.

Spending for hospital care and doctors' services grew more rapidly.

So did out-of-pocket spending by indi-

viduals. That reflects the trend of employers increasing annual deductibles and copayments to shift a greater share of medical costs directly on to employees and their families.

Spending on prescription drugs barely increased, reflecting an unusual circumstance in which patent protection expired for major drugs like Lipitor, Plavix and Singulair. Generic drugs accounted for an ever-increasing share of prescriptions.

Medicare spending grew more slowly, reflecting a one-time cut in payments to nursing homes and some of the spending reductions in Obama's health care law. Spending per Medicare recipient grew by 0.7 percent in 2012, down from 2.5 percent in 2011.

Spending for private insurance also grew more slowly, reflecting the shift to high-deductible plans that offer lower premiums.

— AP



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Proposed Medicare drug change stirs access worries

WASHINGTON —

In a move that some fear could compromise care for Medicare recipients, the Obama administration is proposing to remove special protections that guarantee seniors access to a wide selection of three types of drugs.

Advocates for patients are saying it could potentially limit access to critically needed medications for millions of people.

The three classes of drugs — widely used antidepressants, antipsychotics and drugs that suppress the immune system to prevent the rejection of a transplanted organ — have enjoyed special “protected” status since the launch of the Medicare prescription benefit in 2006.

That has meant that the private insurance plans that deliver prescription benefits to seniors and disabled beneficiaries must cover “all or substantially all” medications in the class, allowing the broadest possible access. The plans can charge more for costlier drugs, but they can’t just close their lists of approved drugs, or formular-

ies, to protected medications.

In a proposal published in the Federal Register, the administration called for removing protected status from antidepressants, antipsychotics and immunosuppressant drugs. The proposal said that status it is no longer needed to guarantee access, would save millions of dollars for taxpayers and beneficiaries alike, and could help deal with the problem of improperly prescribed antipsychotics drugs in nursing homes.

But advocates for patients are strongly criticizing the idea, saying it could potentially limit access to critically needed medications for millions of people.

In the proposal, the administration said the new policy was developed after careful consultation with a broad range of experts. The three other types of drugs that have protected status — for cancer, HIV/AIDS and preventing seizures — would remain protected. If adopted in the coming months, the new policy could take effect as early as 2015.

The administration estimates it could save the taxpayers a total of \$720 million by 2019. Beneficiaries may also be able to save. That’s because the drug plans can drive a harder bargain for manufacturer discounts when a drug is not protected. — AP

► Financial

Cont. from page 18

deductible, but upon withdrawal the earnings and principal are tax free if you’ve followed all the rules. The mix of investments you may choose are generally the same for both accounts.

5. (c) Annual Percentage Rate. It is the cost of a loan over a year’s time, typically including interest, insurance and origination fees (also called points). It’s used for home and car loans, and credit cards.

6. (c) A money-market account is an interest-bearing savings account offered through a bank and is insured by the FDIC. A money-market fund is short for money-market mutual fund, which invests in short-term debt such as Treasury bills or short term corporate bonds. Although their yields are now at historical lows, money-market funds generally offer a slightly higher return than money-market accounts. That’s in part because money funds don’t face the same overhead costs that banks do from operating branches.

7. (b) Myth. You need to take an active role in managing your account. An automatic enrollment plan likely starts you at a low level of contributions, often 3 percent of your income. That may not even be enough to capture your company’s match, which means you’re leaving free money on the table. In addition, the investments your money is placed in may not correspond to your personal retirement goals.

8. (b) Myth. There are three credit reporting agencies. They are Equifax, Experian and TransUnion. Federal law requires that they allow you to see your report at least once a year for free. The reports aren’t identical so you should look at all three. It’s best to look at one every four months to monitor your credit throughout the year. Get the free reports at

www.annualcreditreport.com or call 877-322-8228.

9. (b) Myth. There’s a difference between a tax credit and a tax deduction. A tax deduction reduces the amount of your income that is taxable, such as the deductions parents take for dependent children. A tax credit is different in that the amount is deducted directly from the taxes you owe. So the first-time home buyer tax credit that was enacted to stimulate the economy directly reduced the tax bill of those purchasers by up to a maximum of \$8,000.

10. (e) The Wilshire 5000 with more than 5,000 companies is considered the broadest measure of the U.S. stock market, tracking nearly all actively traded U.S. stocks. Although the Dow may be the most cited index and the most watched by Main Street investors, it includes just 30 companies. The S&P 500 is mostly large companies and is used frequently by fund managers and other institutional investors. The Nasdaq composite index tracks stocks on that exchange. The Russell 2000 tracks 2,000 small companies.

11. (b) Myth. Despite its name, comprehensive coverage refers only to a portion of an auto insurance policy that covers damage to the policyholder’s car not caused by a collision, such as weather, theft or vandalism.

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— AP

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Mother Nature meets modern decor

By Kim Cook

Moth-wing light fixtures? Thunderhead wallpaper? If you're an armchair naturalist, you'll love one of this year's big home decor trends.

Artists and artisans have captured flora, fauna and even meteorology in media such as photography, illustration, metal and clay. The designs, translated into wall decor and furnishings, range from startling to serene.

Clinton Friedman's garden in Durban, South Africa, is home to more than 250 trees and 150 succulent species. Desiccated leaves, freshly pulled roots and labyrinthine flower heads all serve as material for his close-up photographs. West Elm has previously collaborated with Friedman on a pillow collection; this season they've got his 28-inch (71-centimeter), square, white-framed prints of aloe plants. The oversize spiky succulents

look like flora — or perhaps even fauna — from another planet. (www.westelm.com)

Brooklyn, New York-based Christine Facella has used her experience as an illustrator and model maker at New York's Museum of Natural History to inform her collection of porcelain animal skulls. The accuracy and intricacy of her work results from sculpting up to 20 molds for each piece.

Facella portrays many denizens of the North American wilderness, including coyotes, bobcats and beavers. The skulls are a compelling meld of antiquarian curiosity and contemporary objet d'art. The teeth on some gleam with 14-karat-gold lus-

ter. (www.beetleandflor.com)

Lighting sculptor David D'Imperio finds his inspiration in nature's structures: The organic geometry of moth wings, honeycombs and crystals gets turned into elegant and unusual lighting in the old post office in

Stony Run, Pennsylvania, that D'Imperio has turned into a studio.

Pendants and chandeliers, as well as suspended linear fixtures, are crafted out of materials such as stainless steel and aluminum. D'Imperio's Ozone light is a 5-foot (1.5-meter) length of shimmering circles, like fizzy bubbles lit from within. Silver powder-coated steel and frosted Pyrex glass are transformed into the Neuron fixture for wall or ceiling. You can choose the color of the nucleus. Hydra is an otherworldly chandelier done in a metallic blue-green; the microscopic denizens of the deep sea inspired the designer. (www.daviddimperio.com)

At last spring's International Contemporary Furniture Fair in New York City, local designer Barbara Barran's showed her Ice rug, inspired by the surface of frozen water. The piece's striations and cool, watery tones gave the slightly unsettling but wholly intriguing sense of standing on actual ice. That she's rendered this illusion in hand-tufted wool is even more remarkable. (www.classicrug.com)

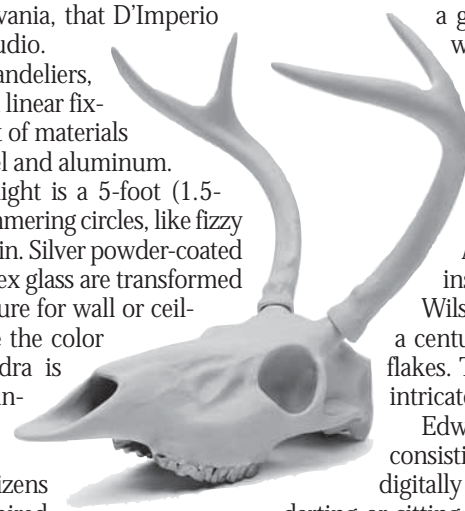
British designer Abigail Edwards showed her nature-inspired wallpaper at the fair. She's launched a new design called Storm Clouds — ominous thunderheads printed on

a gray or blue background, with white or copper metallic lightning bolts. Her Brambleweb paper depicts an Art Nouveau-meets-Gothic swirl of brambles tipped with tiny metallic thorns. And Wilson's Crystals are inspired by the work of Wilson Bentley, who spent half a century photographing snowflakes. The wallpaper features an intricate print of 30 snowflakes. Edwards also does a mural consisting of 18 ceramic tiles digitally printed with dragonflies darting or sitting on lithe, curling branches. (www.abigaileedwards.com)

Parisian designer Gilles Caffier uses ceramics as the medium for pieces like the Turtle Lamp, whose earthen-hued base evokes the plump, ridged profile of a turtle shell. He makes textured stools and vases in matte ivory or graphite that resemble coral reefs, or perhaps barnacle-laden pier posts, or maybe octopi tentacles. That's the wonderful thing about nature: so much scope for imagination. (www.gillescaffier.com) — AP



Dragonfly tile mural by Abigail Edwards



White Tailed Deer by Christine Facella

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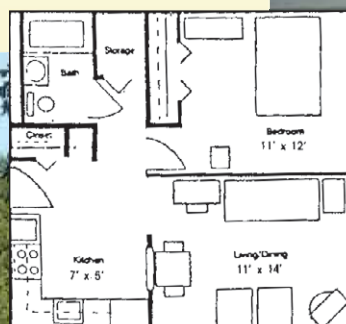
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