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Retired professionals discover volunteering fills personal, community need

By Brian Goslow

BOSTON —

Jan Suratt, 67, of Wellesley, left the corporate world in 2005 after a career in specialty large-asset financial products. He sold equipment for manufacturing plants. After living in Connecticut for many years — as well as London and Tokyo for work-related reasons — he moved to the Boston area to be closer to family in 2006. **(Related story page 6)**

He joined SOAR 55 about a year after moving here. “In the corporate world, it was about profits; now it’s time to do good,” Suratt said. “I had a need for intellectual challenges and stimulation and a need for social interaction, community and challenges with other people — and in doing the projects SOAR 55 gives me, I get all that.”

The goal of SOAR 55 (Service Opportunities After Reaching 55) is “to mobilize adults ... to contribute their skills and experience in meaningful service activities to help strengthen and expand the capacity of local community service organizations.” It is part of the RSVP Volunteer Network of the Corporation for National and Community Service. The 41-year-old organization is based at Family Access of Newton and serves the towns of Ashland, Framingham, Natick, Newton, Wayland, Wellesley and Weston.

Suratt volunteers as a pro-bono consultant with SOAR 55’s Nonprofit Management Consulting Group Program, using his decades of learned knowledge to help non-profit organizations with their marketing plans and strategic planning. “I find this is part of the attraction for me, that I can use the skills I’ve got,” said Suratt, adding he’s proud to be able to offer his abilities — that include knowing how to work with and read people — to a team of individuals who are working towards the desired result.

SOAR 55’s senior director, Jan Latorre-Stiller, has worked with the organization for 22 years. During that time, she’s overseen a huge shift in the volunteer opportunities it offers. “There were many people coming in with high-level, professional management skills that wanted to use them (in a volunteer capacity),” she said. Since 2006, SOAR 55 has trained over 100 people to serve as pro-bono consultants; they’ve done projects for more than 50 organizations since that time.

SOAR 55 — which mainly works with non-profits — conducts data gathering, assesses the needs of the agency, then develops a strategic marketing plan, said Latorre-Stiller. “I’m not saying all non-

profits — but a good number of them are run by people that are very passionate and vision-oriented and had a great idea, but some of them lacked the skills to run an organization on the same business level that is needed to run an organization,” Latorre-Stiller said. “You don’t want to be flailing when you have limited resources. You want to use these resources the most effective way you can.”

Latorre-Stiller estimated that 40 percent of SOAR 55’s current volunteers are in the process of transitioning from full-time positions while remaining in the workplace at some level. “Part of that is financial and part of it is that people are just feeling better physically and feel like 65 is too young to retire,” she said. “They bring these amazing skills and a higher level of education and talents, and as a result, we began to shift the types of volunteer opportunities that would be available to this type of volunteer.”

Suratt’s first assignment was to work with two other SOAR 55 volunteers on a needs assessment study for a burgeoning Village Community (a client confidentiality agreement forbids him for sharing its name) on how it could best serve its senior residents. “The organization was set up to help people as they get older and help them stay in their own homes and cope,” Suratt said.

“We contacted all of the Villages around the country for data gathering purposes,” he said. The volunteers looked at such things as recreation, physical fitness activities, cultural event planning and ways a Village could help individuals of advanced age find proper housing. The three volunteers then utilized all that information to compile statistical data and make suggestions on what kind of programs should be offered.

Most of the SOAR-assigned programs that Suratt has worked on have lasted six months. “Working with these people is enormously rewarding because you’re working with a group to solve a problem,” he said. A key benefit is the team framework. They’re educated, reasonable people with long careers that came to a decision that this is what they wanted to do.



Fay with Alex, one of her students

Not only has his SOAR 55 efforts allowed him to continue to use his professional skills, it’s also led to lasting friendships with some of the other volunteers. “Every few months, with one of the groups I worked with, we have dinner parties or we go out for lunch,” Suratt said. He also learned that another member of a group was, like him, interested in long-distance road biking. “We regularly go for 20-to-40 mile bike rides.”

After earning her master’s degree in education from the University of Michigan, Barbara Fay, 74, spent 10 years as a teacher in the Framingham school system. When her children were old enough to begin looking towards college themselves, she moved onto the business world for two decades, working at Prime Computers, Computer Vision and Tufts Health Plan before taking time off to help raise her grandchildren.

“I then went back into education and worked in the Sudbury School System, probably for eight years and then retired, and I’ve been retired ever since,” Fay said.

That doesn’t mean her days as an educator ended on that day. One day, after working out at her local gym, she noticed a poster on its bulletin board about volunteering for SOAR 55. She called the director and soon was taking informational classes — then went back into its classroom as a tutor on behalf of its Learning Partners Program.

“My first love has always been education,” Fay said. “Now that I have the time, I’m at a point in my life where I can do what I enjoy doing and SOAR gave me the opportunity to put that to practice.” She’s currently tutoring in reading two days a week at Framingham’s Potter Road School.

“Nothing gives me greater joy than to work with the children and the teachers there and to feel that they are benefiting from it — but I think I benefit from it more than they do,” she said.

During the seven years she’s tutored on behalf of SOAR 55, Fay has learned new reading techniques in the various school systems she’s been placed in. “I combine them according to the teacher and the style of learning they’re teaching,” she said, noting, it’s the end

result that pleases her most. “When I see the smiles on their faces, there’s nothing that I can think of that’s more rewarding than to have a child look at you and say, ‘I can really do it.’”

While most teachers have classrooms of 20 or more children to work with, Fay works with smaller groups. “They enjoy the one-on-one aspect of it,” she said. “I can give them reinforcement quickly and they seem to enjoy that.” The students have also become her friends. “When I walk in, they’re, ‘Hi Mrs. Fay. Why weren’t you in on Tuesday?’ It’s nice.”

Fay said that volunteering for SOAR 55 keeps her young. “It really does,” she said. “If I don’t do it, a big part of my life is missing. I had health issues this summer and had surgery; I couldn’t wait to get back to the classroom.”

SOAR 55’s newest offering is a Caregiver Coach Program where volunteers who’ve had personal experience with caregiving will be trained to give support to those who are going through it now. “That is a need that’s going to be increasing as the population ages and there are less kids to take care of their parents,” Latorre-Stiller said.

The first caregiver coach group will be trained in January and early February, at which point SOAR 55 will begin looking for people that need its services.

“As we, baby boomers, get older, our kids are going to be faced with a lot of responsibilities, so anything that we can do to assist them in that area will be helpful,” she said.

For more information on SOAR 55, call 617-969-5906 x120 or visit <http://www.soar55.org>.



Latorre-Stiller



Suratt

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Happy 60th anniversary to an inspirational couple

By Sondra Shapiro

"It was supposed to be platonic but I didn't know how to spell it," my father-in-law, Ed "Bud" Budnik, joked when he was asked about the day he met my mother-in-law, Marilyn. Bud is normally a man of few words, but when it comes to his bride of 60 years, he can be downright garrulous.

This was the case as the couple celebrated their milestone anniversary at our home, surrounded by their grandkids, both sons, their wives and two of their dearest friends. The simple luncheon was inspired by my mother-in-law, who was given the choice between a large party at a restaurant, similar to what we did for their 50th anniversary, or a more intimate gathering. Marilyn chose the latter. So many of their friends and family are no longer with us, after all. And, nothing gives these two people more pleasure than seeing their family together.



The Budniks

Bud dating the Jewish Marilyn. There was much hardship to overcome in those early years.

The fact that the families on both sides eventually embraced the couple is a testament to the determination and love between Bud and Marilyn. The challenges would have doomed most couples. Instead, the couple became more devoted to each other. They are rarely apart except when Marilyn calls Bingo on Thursdays, or when Bud joins a group for

morning coffee at the local McDonald's.

They still hold hands. They think of the other one first in every situation. She butters his toast and makes up his plate before her own. If he notices that she is struggling with something, he is quick to run to her aid — whether she wants him to or not.

He speaks for her; she speaks for him. It's always, "Mum wants," or "Your dad prefers."

"Yes," we will answer, "but what do you want"? They are usually stumped by that question since neither is conditioned to think about him- or herself first.

They do bicker, get frustrated with each other and sometimes even complain to us about the other. I didn't say they were saints. I will say, they have their priorities straight — they don't allow the small annoyances that go along with any two people who reside together get the better of them.

The New York Times just published an article that debunks the 50 percent divorce rate among Americans. Yet the rate of breakups is still very high, and for the most ridiculous of reasons.

In an age where materialism rules, the ordinary is extraordinary when it comes to Bud and Marilyn. "We don't have much, we are simple," my mother-in-law always says.

We should all be so simple. If couples took a page from my in-laws' book, there would be happier families and less divorce. Rather than chasing careers, shopping for the next best thing or looking for outside stimulation, Bud and Marilyn found contentment and happiness inside the walls of their small cape.

They live for their children and grandchildren. The family is their reason for being. We are their wealth — we are their legacy.

My in-laws are an inspiration to those blessed to know them. A 60-year love that transcends hardships, loss and joy. When Bud and Marilyn got married, they knew it would be for keeps. For them, the vows, "for better or worse in sickness and health" represent an unbreakable bond, a phrase to literally live by.

Happy 60th Mom and Dad. We all love you.

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

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Just My Opinion

As my husband, David, recited a heartwarming toast to his parents, saying that none of us would be here if it hadn't been for the couple, his dad interrupted with, "It was an accident, an automobile accident, and I took her home in the pouring rain."

Prone to unrepentant curiosity, I called a few days later to get more details about that fateful meeting. As is typical with the two of them (she plays the straight woman to his comedy routine), Marilyn recounted the details as Bud could be heard in the background adding humorous commentary. It was at Howe Park in Spencer. Marilyn, who could barely walk after being involved in a car accident, was enjoying an afternoon with two friends when it began to rain hard. Bud was working at the park and came to the rescue of the rain-soaked group by driving them home.

Sixty-years later, Bud, 86, and Marilyn, 84, have created volumes of memories, many of which were recounted during their luncheon as guests perused a well-worn scrapbook crammed with photos and mementoes documenting a life's worth of daily activities and milestone celebrations.

The memories pale when compared to their legacy of devotion, unconditional love, mutual respect and the strong moral compass they have passed onto their sons. David and his brother, Rob, are amazing husbands; Rob is a terrific dad. Both are loyal and giving to friends and family — it's the Budnik way. Both men, like their father, know how to treat their women right.

What this unassuming couple achieved is monumental by most standards. And, it is even more extraordinary to consider that it wasn't easy in the beginning since their parents initially objected to the Catholic

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Tax write off programs helps retirees financially, socially

By Brian Goslow

SUDBURY —

For the past 10 summers, Niel Maurer has participated in the town's Senior Property Tax Work-Off Program by working at the transfer station alongside other residents in overseeing its 'Put and Take' program that encourages the recycling of usable items.

"I did it on a lark, initially," Maurer said. "You had people coming into the landfill and they could be nasty. We decided to make it into a happy place."

They did that by encouraging parents to bring their children — who could select from an array of toys that had been brought to the site. "Some of the big plastic toys have come back five or six times," Maurer said. "We had a drum set that went out and came back three or four times because the parents weren't too happy with the noise it made and we finally threw it away."

"We get all kinds of furniture — including an awful lot of antiques that nobody knows what it is but people take them home and fix them up," Maurer said. The end result is the people get to do something that helps them stay active and happy and that something old becomes new again. "It works out well."

Maurer said the more people participated

in the program, the more they kept coming back. "They are jovial and happy and they talk to each other," he said. While estimating only 15 to 20 percent of the town's residents participate in the program, he hopes that number will increase when it reopens again in May.

The first few years, Maurer enjoyed working there so much he put in extra 50 hours.



Dorothy Oldroyd works in the Town Clerk's office

"He found himself enjoying that he was doing a good thing," said Marianne Buttner, who coordinates the Sudbury Tax Write-Off Program with Josephine King. "He does it from the goodness of his heart."

Sudbury has 50 slots available to its residents. "The senior commits to 100 hours. In return, they get a \$800 tax abatement," Buttner said.

It's a win-win situation for both sides.

"The town gets qualified, competent people and the seniors get the benefit of contributing something positive to the town and getting a tax abatement and get to be with others in the process," Buttner said.

Joe Bausk, 82, had a long career as an engineer for nearly a dozen phone companies. He joined the Sudbury tax program three or four years ago, working at the Goodnow Public Library in its technical department. He worked on computers, cleaned and packaged CDs and DVDs and performed other chores. "I love it," Bausk said. "It's a good deal for the



Niel Maurer (l) and Don Haras (r) at the Put and Take section at Sudbury's transfer station

town. If they didn't have it, they wouldn't be able to provide as many services, which is great for the townspeople, too."

The town recently implemented a Veterans Tax-Write Off component to the program. Bausk, who served in Korea, will now earn his tax-write off that way, continuing to work at the library. "I'm doing the same thing, doing the same job, only a different classification under the veteran's program," he said.

From her standpoint, as a coordinator, Buttner said it's wonderful to be able to match

the skills and backgrounds of town seniors with the needs of its various town departments, who themselves sound as if they're happy to have the extra help. "At the end of each year, I ask them if they're pleased, if they want them back, or they want more of them," Buttner said. "So far, they've all said, 'yes,' and 'please find more.' This year, I've had requests for seven more people than I have funding for so I need to find the money."

Many, but not all, Massachusetts communities offer a Senior Property Tax Work-Off Program. To be eligible for the program an individual must be 60 or older; own a home and pay property taxes in the particular city or town; meet local program requirements; and offer a skill the city or town can use.

Participants volunteer at an assigned public service job and are paid no less than the state minimum wage in the form of a voucher or credit and receive a property tax abatement for that work — the maximum ranges from \$500-\$1,000 depending on location. State taxes don't have to be paid on the abatement, but participants may need to pay federal tax on it.

To apply for a tax work-off program, contact the local senior center or council on aging or call 800-AGE-INFO for contact information for a particular city or town. For more information on the Sudbury program, call the Sudbury Senior Center at 978-443-3055 or email them at senior@sudbury.ma.us.

Norfolk County RSVP introduces programs to assist veterans

By Brian Goslow

The Norfolk County RSVP Program is focusing attention on area veterans. Its new initiatives include a veteran-hospice partnership, rides to appointments, Friendly Visiting, Mealmates, Bingo and a Military Veteran Support Group.

The agency serves 28 communities, most of which are located to the south and west of Boston.

Robert Pierson, who became the Norfolk County RSVP Program's recruitment coordinator last fall, said the programs and the recruitment of volunteers to help them operate are a key priority of the organization.

"We recruit volunteers that are 55 years and older; some of the ones we currently have are veterans, some are not," Pierson said. Along with its veteran programs, RSVP assists food pantries, Meals on Wheels and elementary school children tutoring.

For the Veteran-Hospice Program, it tries to recruit veterans whose military experience is similar to the ailing vet; the recipient receives a certificate of service and a handmade afghan.

"In the veterans service office, people are saying it's about time there were programs like this," Pierson said. "After Vietnam, there were all these negative attitudes toward veterans —

they were made to feel as outcast and their service not valued. Clearly, we can make a big difference towards changing this attitude."

Pierson said the Norfolk County RSVP Veterans Program could use another 20 to 25 volunteers, with drivers who can assist with transport for doctor appointments, food shopping and social activities especially needed in Weymouth, Braintree, Plainville

and Wrentham. "This is a chance to show them the non-veterans care about them," he said. "We want them to know that we as civilians are very grateful for their service and we want to give back to them."

For more information, or to volunteer, call Robert Pierson at 781-234-3445 or visit www.norfolkcounty.org/index.cfm?pid=10683.

Researchers discover 'pre-cancers' in blood

Many older people silently harbor a blood "pre-cancer" — a gene mutation acquired during their lifetime that could start them on the path to leukemia, lymphoma or other blood disease, scientists have discovered. It opens a new frontier on early detection and possibly someday preventing these cancers, which become more common with age.

Two international research teams working independently, decoding the DNA of about 30,000 people made the discovery.

The gene mutations were rare in people under 40, but found in about 10 percent of those over 65 and in nearly 20 percent of folks over 90.

Having one of the mutations does not destine someone to develop a blood cancer, but it raises the risk of that more

than tenfold. It also increases the chance of a heart attack or stroke, and of dying from any cause over the next four to eight years.

"We are hopeful that someday we would be able to use this as a screening test and identify individuals who are at risk," said one study leader, Dr. Benjamin

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Weymouth writer strikes pirate gold with book deal

By Natalie Ornell

WEYMOUTH — After getting five rejection letters from publishers, Weymouth resident Michael Lewis was about to self-publish his children's picture book, *The Great Pirate Christmas Battle*.

Then his luck changed. Lewis, 53, received an offer from Pelican Publishing Co. a year after he had submitted his book for consideration.

"I was over the moon. Now I can finally say I'm a published author. It takes me a while to get used to it," Lewis said.

Lewis wrote the entire book behind the closed doors of his home office, hoping to surprise his wife, Elaine, and his four sons, who suspected he was up to something.

"I wanted my kids to have something with their dad's name on it that they can read to their kids. I wasn't going to tell my kids and Elaine that I was self-publishing. I was going to put it on the table."

All of his son's names appear in the book along with a love note, "Lewie loves Lily," for his wife, which is carved into the pirate ship's mast.

He said Pelican Publishing asked him for eight more stanzas, which he banged out so quickly that he hesitated a few days before sending them back. He knew he had a winner when his wife approved of his rhymes.

The 32-page full-color rhyming book, illustrated by Salem-based artist Stan Jaskiel, stars pirate Cap'n McNasty, who steals toys that are "better than treasures" from children in an attempt to ruin Christmas. Santa and his fruitcake-stealing elves come back with a vengeance to reclaim what's theirs, draping Cap'n

McNasty in Christmas lights. Hooks and candy canes are the weapons of choice and an elf is kidnapped on the cliff-hanging final page.

The stanzas from *The Great Pirate Christmas Battle* originate in part from Christmas jingles Lewis wrote for the "Funny Face" juice drink characters.

"I don't know too many books where kids are scratching their heads (at the end) saying, 'What now?'" Lewis said.

He said parents can't help but sound like a pirate when they read the verses written in

Cap'n McNasty's pirate brogue.

Lewis said he loved reading books to his sons when they were younger and he did animated voices late into the night.

"It's painful to read some books to your child and there's some books you can read 100 times and still enjoy. I just don't understand it. There are some stories I would just skip pages to make it go away," he said.

He loved reading *How Do Dinosaurs Say Goodnight?* but hated *Goodnight Moon*, which he didn't understand.

Lewis spent a decade in Los Angeles as a playwright and actor when he was younger. He acted in minor roles on the show *Growing Pains* and *Just the Ten of Us* and wrote screenplays, including one that was made into an independent film called *Getting Personal* in 1998, which was shown nationwide.

Lewis said being a writer is a blessing and a curse. He can never get away from it and is constantly noting funny scenarios in notebooks that are scattered around his house.

"It's like a mental illness," he said. He said a sequel to *The Great Pirate Christmas Battle* is already in the works. — AP / The Patriot Ledger



➤ Blood

Cont. from page 6

Ebert of Brigham and Women's Hospital in Boston.

However, "nobody should go out tomorrow and look for these mutations," because there's no treatment for having one or way to prevent cancer from developing, he said.

The studies were led by the Broad Institute of MIT and Harvard-affiliated groups, and mostly funded by the National Institutes of Health.

Each year in the United States alone, about 140,000 people are diagnosed with a blood cancer. Bad genes cause all cancers, but most of them are not inherited — they pick up flaws during someone's lifetime for a variety of reasons. It usually takes several mutations for a cell to become so abnormal that cancer results.

Researchers wanted to see if they could find the first step in that process, the initial mutation, and detect a pre-malignant state long before cancer develops and symptoms appear.

One group looked at more than

17,000 people in a study of diabetes and heart disease risks. The other looked at more than 12,000 people in a study of mental disorders. All of their genes had been sequenced, which takes about a week and now costs less than \$1,000. That produced a trove of "big data" that can be mined to study new things, Ebert said.

The teams independently found three genes whose mutations accounted for most of the blood cancer risk they saw. About 1 percent of people with one of the mutations went on to develop a blood cancer within a year, or 10 percent within a decade.

The studies also found that people with one of the blood gene mutations had more than twice the normal risk of heart and strokes.

Dr. Wyndham Wilson, a senior scientist at the National Cancer Institute, said it is way too soon to consider screening certain age groups because there is no evidence it would do any good or prolong survival.

"The number of people being harmed by all the tests, the anxiety, would far outweigh the benefits," he said. — AP

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Average Affordable Care premiums going up in 2015

By Ricardo Alonso-Zaldivar

WASHINGTON —

Many people covered under President Barack Obama's health care law will face higher premiums this year, the administration acknowledged. While the average increases are modest, it's more fodder for the nation's political battles over health care.

Officials stressed that millions of current HealthCare.gov customers can mitigate the financial hit if they're willing to shop around for another plan in a more competitive online marketplace. Subsidies will also help cushion the impact.

Commentary

It's currently taking an average of 30 minutes for returning customers to update their coverage.

Premiums for the most popular type of plan are going up an average of 5 percent in 35 states where Washington is running the health insurance exchanges this year and will do so again in 2015, said a report from the Department of Health and Human Services (HHS).

Monthly premiums are one of the most important and politically sensitive yardsticks for Obama's health care law, which offers subsidized private insurance to people who don't have access to coverage through their jobs. Sharper premium hikes were common before it passed.

The modest average increases reported for 2015 mask bigger swings from state to state, and even within regions of a state. According to data released by the administration, some communities will still see double-digit hikes while others are seeing decreases. Most are somewhere in the

middle.

"Prior to the Affordable Care Act taking place, we saw double-digit increases in health care costs in this country," said White House spokesman Josh Earnest. "Those were routine."

Many people who go back to the website "will now find that their costs are limited to only 5 percent on average," he said, "a much lower cost increase than was in place before the Affordable Care Act."

Even after the release of the report, the bottom line remains blurry.

Last year, the administration released its analysis of premiums before the start of open enrollment season. This year's snapshot came more than two weeks after sign-ups had started and covered 13 fewer states. Among the missing states were two of the largest, California and New York.

Last year's report provided average premiums for three types of plans across 48 states — close to a national number. This year's report has no comparable statistic.

With both chambers of Congress under Republican control this year, the health care law will face even closer scrutiny from opponents still pursuing its repeal.

Nonetheless, industry experts said the picture appears positive for consumers and the administration.

Administration officials said that on the whole, the market for individual insurance has gotten better for consumers.

"In today's marketplace, issuers are competing for business," HHS Secretary Sylvia M. Burwell said in a statement. "Returning customers may find an even better deal if they shop and save."

The administration says about two-thirds of current customers can still find coverage comparable to what they

have now for \$100 a month or less if they shop. That estimate takes into account the tax credits that most consumers receive, which cover about three-fourths of their premiums on average.

Also, 91 percent of customers will have a choice of three or more insurers this year, with each company usually offering a range of plans. That's a notable improvement from last year, when 74 percent of customers had similar options.

The most popular coverage, known as the lowest cost silver plan, will go up 5 percent this year across the 35 states included in the administration's analysis. The second-lowest cost silver plan — the benchmark the government uses to set subsidy levels — will go up an average of 2 percent.

Tax credits are based on a person's income and the premium for the second-lowest cost silver plan in their community. The slow premium growth for the second-lowest cost silver plans is also good news for taxpayers who are subsidizing the program.

Open enrollment season for 2015 runs through Feb. 15.

Current customers who do nothing will be automatically renewed in the plan they have now on Jan. 1. But with all the changes in premiums for 2015, administration officials and consumer advocates are urging people to come back and shop.

"For the vast majority of people, if they stay in the same plan, I think they'll see rate increases in the single digits to high single digits," said Andy Slavitt, a top HHS official overseeing technology and management issues.

Ricardo Alonso-Zaldivar writes for the Associate Press

Gov. Baker has an opportunity to give state's aging clout

By Al Norman

One of the biggest opportunities waiting for Gov. Charlie Baker is to more efficiently deliver long term care services for older residents — while at the same time better coordinating those services with the health care system.

MassHealth covers 1.7 million people in Massachusetts, almost one in four people in the state. Roughly 37 percent of the state budget, or \$14.7 billion is spent on MassHealth. Of that total, \$7.4 billion is spent on MassHealth long-term services and supports (LTSS).

In 2009, the Commonwealth was spending around 55 percent of MassHealth LTSS money on nursing homes. By 2014, the tables were reversed, and 55 percent

was being spent on home and community-based care. Because of home care services, the number of nursing home patient days paid for by MassHealth fell by 33 percent between 2000 and 2013.

The state avoided \$865 million in nursing home costs by shifting care to cheaper home care settings. We have roughly 25,000 people in nursing facility beds, versus 9,000 seniors in the personal care attendant program, 15,200 elders in MassHealth waivers, and 29,300 older people in the Senior Care Options (SCO) program. There are another 15,000 non-MassHealth elders in the state-funded home care programs.



Push Back

The fact that nursing facility care is falling is even more remarkable when you consider that the population of people aged 65 and over in Massachusetts, as a percentage of total state population, will jump 50 percent between 2010 and 2030, from 14 percent of the population, to 21 percent of the population.

Yet our LTSS system is far from efficient. Massachusetts has a 46 percent higher nursing facility residency rate than the U.S. average, and hospitals in Massachusetts discharge patients into nursing facilities at a rate 8 percent higher than the U.S. average. Even with our shift away from nursing facility care, we are still placing people in institutions who don't need to be there, and keeping them there longer than they need to be.

As the state and federal governments turn increasingly to large, managed care companies to cover not only health, but LTSS as well, the major challenge is to make sure that health and LTSS are seen as equally important services, and that LTSS dollars do not get shifted over to pay for health care services. One Senior Care Organization in 2014 received 59 percent of its revenue from Medicaid, yet spent only 5.9 percent of its services on Medicaid home and community based care.

That same plan spent 29 percent of its services on nursing facilities. The Patrick administration has kept these financial analyses under wraps, with no transparency into how billions of dollars in state and federal dollars are being spent.

Part of the problem is that state over-

sight of LTSS is fragmented. The state agency that has the statutory power to oversee LTSS for older people, the Executive Office of Elder Affairs (EOEA) was informally demoted during the Patrick administration to a Department. The EOEA Secretary lost a seat on the governor's cabinet, and was stripped of control over institutional services. The Secretary of Elder Affairs now reports to the Secretary of the Executive Office of Health and Human Services (HHS). Yet Chapter 19A, section 1 clearly states that the Secretary of EOEA "shall be responsible for administering and coordinating a comprehensive system of long-term care benefits and services for elderly persons, including institutional, home-based and community-based care and services." EOEA's powers were hijacked.

Gov. Baker has the opportunity to create a coordinated system of care that gives seniors the care they want, where they want it: at home. He can also make sure that LTSS does not remain a stepchild of the health care system.

Gov. Patrick leaves office cutting home care funding — just as the state is receiving \$110 million in new federal monies to help the state "rebalance" its spending into home and community-based care. If Gov. Baker sees the potential for saving money by giving seniors a better coordinated, transparent system, that protects their civil right to live in "the least restrictive setting" possible, taxpayers and consumers will both be winners under the new administration.

Al Norman is the Executive Director of Mass Home Care. He can be reached at info@masshomecare.org

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3-D printing creates custom knee replacements

By Jean Tarbett Hardiman

HUNTINGTON, W.Va. —

For some patients who have had knee replacement surgery and undergone the subsequent physical therapy, getting the second knee replaced is not an idea they relish. But with a new technology available, the prospect may not be as intimidating.

Dr. Vivek Neginhal of Scott Orthopedic Center, who also serves as director of St. Mary's Regional Joint Replacement Center, has begun offering this year a new knee replacement option. It involves the patient getting an exact custom implant created through advanced digital imaging technology to create a complete "map" of the knee, and then 3D printing technology used to develop a precise wax mold that helps form the metal component of the total knee.

It's intended to create an exact fit, so that the surgeon does not have to cut away or alter any tissue to place the implant, which has been done with traditional "off the shelf" implants to get them to fit. Less alteration of the person's regular tissue means quicker recovery and less post-surgery pain.

Just like every face is different, every knee is different, Neginhal said. It's accurate to less than a millimeter, and getting that exact fit means the joint won't be sent reeling, so to speak, trying to adapt to a

foreign shape, he said.

"I believe ConforMIS can present a number of significant advantages to patients, providers and payers without increasing hospital costs and while reducing the need for costly inpatient rehabilitation care," said Neginhal, who is part of a gradually growing trend across the country among orthopedists.

In Huntington, the custom knees are also offered by Dr. Felix Cheung, one of the partners practicing in Cabell Huntington Hospital's and Marshall's Department of Orthopaedics.

"That's a great knee. I've been doing it six months now. It's worked well," said Cheung, chief of orthopedic oncology, vice chairman of operations for Marshall Orthopaedics and Cabell, and an associate professor at Marshall. "It's attractive in the sense that early data has shown people have faster recovery and their knee feels more normal. ... They do seem to recover faster and they seem to be happier than the people who have had traditional knees I've done, but not everyone is a good candidate. The idea is to give you back the knee God gave you. If you have so much arthritis that the knee is already misshapen, we don't want to give you a misshapen knee.

The notion that custom-fit implants



produce faster recoveries has been spot on in the case of 60-year-old Debbie Hicks of St. Albans, who has had two knees replaced by Neginhal, the left replaced through the traditional method in 2012 and the right knee replaced this year with a new designer implant. With the first knee, she intended to go back to work after two weeks, but it took three to feel up to it, she said. With the second knee, replaced in May, she was back to work two weeks later, no problems.

"After two weeks, I would go to therapy and then go on to work. ... It was a whole lot different," she said. Two months later, she's back to her usual activities, including walking and working in the yard. And that's especially good news considering it's still very early in the recovery process,

Neginhal said. Usually, it takes six months for any knee replacement to fully recover.

Larry Workman of Louisa, Kentucky, started noticing trouble with his knees from osteoarthritis a few years before the surgery. He started having trouble doing the things he loved — gardening and working in his vineyard.

"I love to hunt. I went out to Kansas to go hunting and (was in terrible pain). I thought, 'I'm going to have to do something,'" the 70-year-old said.

He started with cortisone injections, but those weren't having the desired results. In May, he became one of Neginhal's pioneers in getting a customized total knee implant from a 3D model.

3D printing is an increasingly used type of manufacturing in which components are built not by cutting away material to create a certain shape, but adding successive layers of a substance until the layers create the shape. The exact design for the component, in this case a knee implant, is entered into the computerized 3D printing machine before it's produced.

Creating an exact match for each patient had been cost prohibitive before 3D printing, Neginhal said. While it does have a

3-D page 18



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MYRTLE BEACH is more than just golf

By Victor Block

SOUTH CAROLINA —

When I told a friend I was going to Myrtle Beach, he asked if I was taking golf clubs. He forgot that I don't play golf. "So you're going to relax on the beach, right?" Wrong.

Most people visit the Myrtle Beach area to golf and soak up the sun. After all, it has over 100 outstanding golf courses and is bordered by a 60-mile stretch of inviting beaches. As I discovered, it also has history-rich towns, reminders of southern plantation life and intriguing cultural tidbits.

Myrtle Beach sits near the middle of the "Grand Strand," the name given to the dozen towns strung out along South Carolina's Atlantic coastline.

Each community has its own appeals and unique story to tell. Together they offer a something-for-everyone combination of things to do and see.

Myrtle Beach is the heart of the Strand, with the greatest concentration of hotels, restaurants, shopping and nightlife. The action is centered along the oceanfront boardwalk, which is lined by shops, fast food eateries and arcades. Overlooking the scene is the SkyWheel, a giant-sized ferris wheel that soars 187 into the air and provides a bird's-eye view over the surroundings.

Georgetown, at the southern end of the Strand, already was a colonial seaport when it was officially founded in 1729. Behind today's commercial façade rests a residential area of oak tree-canopied streets and gracious homes — some pre-Revolutionary.

Pawley's Island, several miles further north, became a pre-Civil War summer retreat for those wealthy planters. The setting retains vestiges of the laid-back atmosphere to which today's residents cling, and refer to as "arrogantly shabby."

In sharp contrast is Murrell's Inlet, which earns its reputation as the "Seafood Capital of South Carolina." Fresh fish, crabs, oysters and clams are pulled from the surrounding waters, and fishing boats keep the 1,400-foot-long boardwalk bustling. Aptly called the Marsh Walk, it overlooks salt water wetlands where an outdoor aviary of pelicans, egrets and other



Freewoods Farm

migratory and resident birds meet and mingle.

Perched near the northern end of the Strand, Atlantic Beach has close ties to one of the more intriguing historical stories of the region. Many residents of that community, like those in other parts of the Grand Strand, are descendants of the Gullah-Geechee people who retain their unique and fascinating culture.

When early plantation owners realized that the area's climate and tidal rivers were perfect for growing rice, they instigated an influx of slaves from west African countries where the crop had been grown for centuries. The Africans' knowledge of rice cultivation was largely responsible for the success of planters in coastal regions of the southeast states. Some slaves developed a unique language and clung to their African cultural traditions, rituals, religious beliefs

Many descendants of those slaves live near where their ancestors did, in a narrow band stretching from the coastline of North Carolina to Florida. For reasons unknown, people in the northern section of this area are named Gullah, while those further south are called Geechee.

Reminders of this fascinating story, some of which are encountered in surprising

places, surround visitors to the Grand Strand.

For example, one golf course was laid out on the site of a former plantation that included an early slave cemetery. That prompted the Gullah woman who pointed it out to me to remark, "My grandfather is buried under the 10th hole."

Sprawling Brookgreen Gardens also has a close connection with Gullah history, occupying the land of four former rice-growing estates. Today, the expansive lawns serve as a showcase of gardens and art, including one of the best collections of American figurative sculpture in the world.

While not as grand as Brookgreen Gardens, the Hopsewee (pronounced HOP-suh-wee) rice plantation has other appeals. The graceful pre-Revolutionary home has never been added to or restored, only maintained. In the shadow of the house stand two original cabins that were home to slaves who worked in the rice fields.

Another chapter in the history of slavery is recounted at Freewoods Farm, which was the center of a community established by freed slaves at the end of the Civil War. The 40-acre spread is the only living history museum in the country that recreates life on farms owned by African-Americans during their first decades of freedom.

Observing farm workers busy at their chores, it's easy to imagine yourself transported back in time. The land is tilled using mules pulling plows, crops are harvested by hand and syrup and soap are made

the time-consuming way they were over a century ago.

The sight of subsistence farmers toiling in fields is very different from stately plantation homes surrounded by lovely lawns and Spanish moss-draped oak trees. Occasional touches of honky-tonk tourist attractions contrast sharply with the casual, laid-back island lifestyle to which traditionalists cling with stubborn pride. Throw in a dose of history and you have an idea of what awaits visitors to Myrtle Beach and the Grand Strand.

For more information about Myrtle Beach and the Grand Strand, log onto www.visitmyrtlebeach.com or call 800-356-3016.



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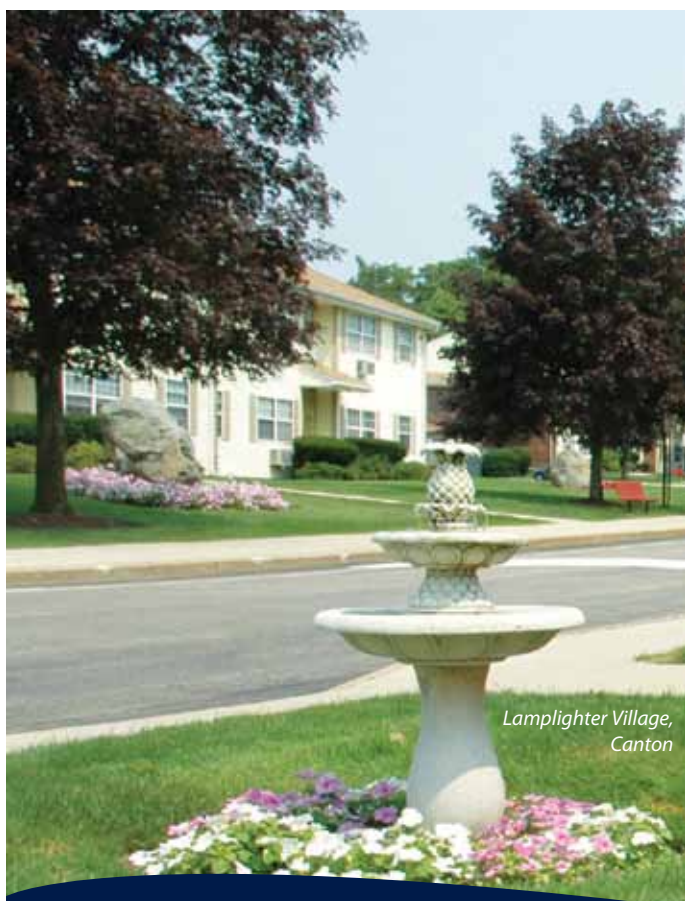
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Flu vaccine may be less effective this winter

NEW YORK —

The flu vaccine may not be very effective this winter, according to U.S. health officials who worry this may lead to more serious illnesses and deaths.

Flu season has begun to ramp up, and officials say the vaccine does not protect well against the dominant strain seen most commonly so far this year. That strain tends to cause more deaths and hospitalizations, especially in the elderly.

"Though we cannot predict what will happen the rest of this flu season, it's possible we may have a season that's more severe than most," said Dr. Tom Frieden, director of the Centers for Disease Control and Prevention (CDC).

CDC officials think the vaccine should provide some protection and still

are urging people to get vaccinated. But it probably won't be as good as if the vaccine strain was a match.

Flu vaccine effectiveness tends to vary from year to year. Last winter, flu vaccine was 50 to 55 percent effective overall, which experts consider relatively good.

CDC officials said doctors should be on the look-out for patients who may be at higher risk for flu complications, including children younger than 2, adults 65 and older, and people with asthma, heart disease, weakened immune systems or certain other chronic conditions.

Such patients should be seen promptly, and perhaps treated immediately



with antiviral medications, the CDC advised. If a patient is very sick or at high risk, a doctor shouldn't wait for a positive flu test result to prescribe the drugs — especially this year, CDC officials said.

The medicines are most effective if taken within two days of the onset of symptoms. They won't immediately cure the illness, but can lessen its severity and shorten suffering by about a day, Frieden said.

Current flu vaccines are built to protect against three or four different kinds of flu virus, depending on the product. The ingredients are selected very early in the year, based on predictions of what strains will circulate the following winter.

In March, after the H3N2 vaccine strain was vaccine production was underway, health officials noted the appearance new and different strain of H3N2. "This is not something that's been around before," Frieden said.

But health officials weren't sure if the new strain would become a significant problem in the United States this winter until recently, they said. Lab specimens from patients have shown that the most commonly seen flu bug so far is the new strain of H3N2. Specifically, about 48 percent of the H3N2 samples seen so far were well matched to what's in the vaccine, but 52 percent were not, the CDC said. — AP

Online: CDC flu web page: www.cdc.gov/flu/index.htm

COPD: Preventable and treatable lung disease

By Sarah Toadvine

Chronic obstructive pulmonary disease (COP) is a preventable and treatable lung disease that affects more than 5 percent of the population. People who smoke, or have smoked in their lifetime, are at the highest risk for developing COPD and the amount and duration of smoking contributes to disease severity. Subtypes of COPD include chronic bronchitis and emphysema; however, most people have a combination of the two conditions.

A small percentage of people who lack a protein called Alpha-1 Antitrypsin will

develop emphysema. COPD increases the risk of developing lung infections, lung cancers and heart problems.

Healthy Lifestyle

Hallmark symptoms of COPD are dyspnea (the feeling of breathlessness), chronic cough and sputum production. The lungs often sound normal in early cases of COPD so a test called spirometry is used to make the diagnosis. With spirometric testing, the patient blows as hard as possible into a machine that tests lung capacity. COPD is diagnosed when the results show irreversible airflow obstruction.

Early diagnosis and treatment are the keys to keeping COPD under control. Quitting smoking is the most important step one can take towards treating COPD. Inflammation and smooth muscle contraction cause narrowing of the airways making it harder to breathe. Inhalers contain medication that relaxes the smooth muscle and reduces inflammation to improve airflow into the lungs. In more severe COPD, patients may need regular use of aerosolized medications through a nebulizer machine.

In advanced cases of COPD, patients often require chronic oxygen. People with COPD are at increased risk of respiratory

infections so it is important for the patient to get vaccinated against both influenza and pneumonia.

There is evidence that exercise, diet and weight loss can improve exercise tolerance and health status in people with COPD.

With proper management, including smoking cessation, individuals can continue to enjoy a good quality of life.

Sarah Toadvine is a nurse practitioner for PACE at Element Care's Buffum Street location in Lynn. For more information call 877-803-5564 or visit www.elementcare.org. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.



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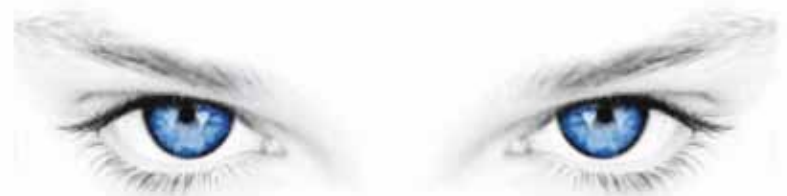
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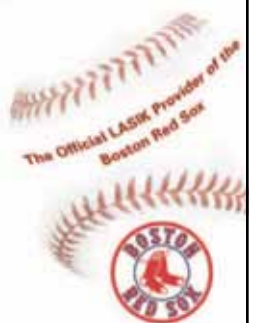
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Radio frequency technology helps locate missing elderly

By Brian Goslow

It was the scenario that many older couples fear.

Marshfield resident Vinny DiNatale, 82, and suffering from Alzheimer's disease, had wandered away from his home and was nowhere to be found.

His wife called the Marshfield Police, told them of the disappearance and notified them that he was enrolled in the SafetyNet by LoJack radio tracking device program. Thirty minutes later, the SafetyNet by LoJack signal was picked up a half mile from the DiNatale house.

Police found the elderly man tangled up in a hard-to-see marsh area. With high tide imminent, the fast action may have saved his life.

The rescue is one of many similar stories shared by the company, already well known for tracking stolen vehicles, construction equipment and more recently, computer laptops. LoJack purchased Locator Systems, a British Columbia, Canada-based company that manufactured radio frequency tracking equipment for wildlife and people-at-risk, in 2008.

"The theory was, if this technology works so well finding bears and elk out in the wilderness where there's really no electricity or technology, why can't we use this same technology to look for missing people with cognitive impairment conditions who are equally hard to find," said Scott Martin, director of SafetyNet by LoJack, who joined the company after 24 years with the Connecticut State Police.

The service is currently available in parts of 18 states; it has 100 percent coverage in Massachusetts and Rhode Island. Federal

law requires area law enforcement to be the primary immediate response agency in situations where people with cognitive issues are reported missing. "These are true emergencies where if these people are not found immediately, something bad is going to happen," Martin said.

As it does with its stolen vehicle program, the company concentrates the bulk of its training on police, fire and sheriff's departments. Along with its digital radio frequency tracking equipment, LoJack provides an eight-hour search-and-rescue class at the public safety agency's location. While learning how to use the equipment is "pretty basic stuff," the officials who'll carry out the search and rescue also are educated on how to approach and communicate with people with cognitive conditions.

That's crucial because people with Alzheimer's and other forms of dementia usually have lost their short-term memory, while their long-term memory can be surprisingly sharp and in their minds, they might be living 50, 60 or 70 years ago. "You encounter them on the street and they're convinced that World War II is still going on," Martin said. "The natural reaction of an untrained police officer would be to say, 'Hey, you must be doing drugs or you're drinking, you're crazy, we're going to lock you up.'"

"We teach the police to understand that this is an illness of the brain and that they are not going to convince this person that it's 2014, so don't argue with the person. You

have to let them live in the reality they are in."

Other behaviors unique to those with cognitive impairments:

- Skin sensitivity issues that cause them to not want to be touched.

- Some are deathly afraid of dogs. "And

what do we do typically in search-and-rescue situations? We call out the K-9 unit," Martin said. "The sound of a barking dog may cause the person to retreat further into a hiding situation."

- Something in the mechanism of these wandering people's brains may cause them to aggressively try to get to water, and in many cases, cut holes in or climb over fences or go through locked gates to get

to it. It's a leading cause of death for children with autism and a significant factor when people with Alzheimer's and dementia stray.

The current customer cost of SafetyNet is \$30 per month with a \$99 enrollment fee. A confidential database is established that contains critical search-and-rescue information about that person: physical description — height, weight, eyes, hair color — along with a photograph and wandering history.

"People with dementia, Alzheimer's, autism or any other cognitive condition, history has shown that if they wander once, they are more than likely to wander again and many times, they wander to the same place," Martin said.

"It is tremendously helpful in an emergency search-and-rescue situation, which all of these are, that the police can just pull



Miller

Doctors face steep Medicaid cuts as fee boost ends

By Ricardo Alonso-Zaldivar

WASHINGTON —

Primary care doctors caring for low-income patients will face steep fee cuts this year as a temporary program in President Barack Obama's health care law expires. That could squeeze access just when millions of new patients are gaining Medicaid coverage.

A new study from the nonpartisan Urban Institute estimated fee reductions will average about 40 percent nationwide. But they could reach 50 percent or more for primary care doctors in California, New York, New Jersey, and Illinois — big states that have all expanded Medicaid under the health law.

Meager pay for doctors has been a persistent problem for Medicaid, the safety-net health insurance program. Low-income people unable to find a family doctor instead flock to hospital emergency rooms, where treatment is more expensive and not usually focused on prevention.

To improve access for the poor, the health law increased Medicaid fees for frontline primary care doctors for two years, 2013 and 2014, with Washington paying the full cost. The goal was to bring rates up to what Medicare pays

for similar services. But that boost expired Jan. 1, and efforts to secure even a temporary extension from Congress appear thwarted by the politically toxic debate over "Obamacare."

Doctors probably won't dump their current Medicaid patients, but they'll take a hard look at accepting new ones, said Dr. Robert Wergin, a practitioner in rural Milford, Neb., and president of the American Academy of Family Physicians.

"You are going to be paid less, so you are going to have to look at your practice and find ways to eke it out," Wergin said.

Medicaid covers more than 60 million people, making the federal-state program even larger than Medicare. The health care law has added about 9 million people to the Medicaid rolls, as 27 states have taken advantage of an option that extends coverage to many low-income adults.

Health and Human Services Secretary Sylvia M. Burwell says expanding



Burwell

Medicaid in the remaining 23 states is one of her top priorities. But the fee cut could make that an even harder sell, since it may reinforce a perception that the federal government creates expensive new benefits only to pass the bill to states. In Pennsylvania, where the Medicaid expansion took effect Jan. 1, doctors are facing a 52 percent fee reduction, according to the Urban Institute

study.

The fee boost has cost federal taxpayers at least \$5.6 billion so far, but Stephen Zuckerman, one of the study's authors, said it's not clear whether access actually improved.

Many doctors did not begin to see the higher payments until the second half of 2013 because of rollout problems. And about three-fourths of Medicaid beneficiaries are in managed-care plans, which may already pay doctors more for routine care and prevention.

Still, Zuckerman said the fee increase

up our database at their police department and say, 'Aha. This person was missing three weeks ago, we found him at the Dunkin' Donuts on Brookline Avenue. We should send a cruiser right down there.'"

While the SafetyNet bracelet is extremely light, weighing about a half-ounce, and is made of specialized skin-sensitive material, most people with dementia and Alzheimer's don't want things on their wrist and prefer to wear the bracelet on their ankles. If someone is persistent in trying to get it off, there is a leather version that needs a third person to screw it in place — and to take it off.

Regionally, the Massachusetts and Connecticut State Police have SafetyNet tracking capabilities in their helicopters, an invaluable tool as many people with Alzheimer's and dementia are in very good physical condition; the average person in good physical condition can walk about four to five miles an hour. "If they wander and they're gone for two or three hours, they can easily be many miles away from where they started because in most cases it's not a physical limitation, it's a brain limitation," Martin said.

This means it's essential to report as quickly as possible that a person with a cognitive impairment is missing. "Most of our rescue times are under an hour and that's pretty amazing because statistically, nationwide, the average search-and-rescue time without using technology for an individual with cognitive conditions that goes missing is about nine hours," Martin said.

"The dramatic difference there, particularly on a hot summer day or a cold winter night, the difference between 30 minutes to an hour and nine hours is clearly the difference between life and death, there's no doubt about it."

was also passed through to doctors seeing patients through managed-care plans, and now they will feel the cuts. "The magnitude of the reduction will be somewhat smaller ... but there is no way to believe there won't be a decrease," he said.

Despite such questions, some states have recognized the importance of the fee increase. Fifteen are planning to use their own money to continue paying higher Medicaid fees through 2015, Zuckerman said. Among them are several Republican-led states that have resisted Obama's broader Medicaid expansion, including Mississippi and South Carolina.

Another dozen or so states are undecided.

"If you are cutting primary care fees, patients could end up in the emergency room for something that could be dealt with in a doctor's office," said Zuckerman. "That is not a good outcome."

Doctors groups say they will try to revive the Medicaid fee boost next year, when lawmakers must act to prevent a big cut in Medicare physician payments. The health program for seniors has much stronger political support. — AP

Online: Urban Institute study, www.urban.org/publications/2000025.html

Ways to prepare for possible long-term care costs

By Alex Veiga

Many of us hold on to an idyllic vision of our golden years, imagining we'll be in good health and living self-sufficiently in our own home.

But that scenario is likely to get dashed. On average, nearly 70 percent of 65 year-olds will eventually need some form of long-term care, according to the U.S. Department of Health & Human Services (HHS). And HHS estimates that 20 percent will need it for more than five years.

Whether that means round-the-clock supervision or a caregiver dropping by your home to help you with personal care and other tasks, it pays to prepare financially well before you retire.

"Not enough people have some plan in place," said Jamie Hopkins, associate director of the retirement income program at The American College. "It's a lot of self-funding and relying on family members and Medicaid."

Here are some things to consider when preparing for the possible financial burden of long-term care:

1. Know the options — What constitutes long-term care can vary widely.

It's generally defined as the services someone may need to handle their basic, daily activities, or rehabilitation that extends beyond 90 days.

Such services are typically provided in

one of three settings: at an assisted-living facility, at home with the aid of a caregiver, or in a nursing home.

Assisted-living facilities generally don't accept Medicare and Medicaid, said Chris Orestis, CEO of Life Care Funding, which converts life insurance policies into protected long-term benefit funds.

Nursing homes generally have the broadest range of services, including 24-hour supervision. Medicare primarily pays for them, but Medicaid can also pay for those who meet annual income limits.

2. Consider costs — Long-term care costs hinge on the type of services provided and where.

A private room in a nursing home cost an average \$6,965 per month in 2010, according to HHS. A semiprivate room ran about \$6,235 per month.

By comparison, a month of care in a one-bedroom apartment at an assisted-living facility cost an average \$3,293 per month.

Keep in mind that women need long-term care about 3.7 years, on average, while men need about 2.2 years.

This interactive map from Genworth Financial lets users compare cost of long-term care across the nation: www.genworth.com/corporate/about-genworth/industry-

[expertise/cost-of-care.html](http://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html).

3. Understand Medicare & Medicaid — Once you're 65, you may be able to get some of your long-term care costs paid for by Medicare and possibly Medicaid. But there are key differences.

Medicare will pay for long-term care if your doctor prescribes rehabilitation or other skilled services — whether they're administered in your home or in a nursing home. Medicaid, which is administered by each state somewhat differently, covers a wider scope of long-term care services, but one must meet income and asset requirements.

In most states, the asset limit is about \$2,000 for an individual and \$3,000 for a couple that's living together. That has long-inspired retirees in need of long-term care to spend down, or give away their assets so they can qualify for Medicaid. But the government will look at applicants' finances going back five years and factor in assets that they no longer have to gauge whether they meet the requirements.

Still, in some states, it's possible to buy long-term care insurance and the government will let you reduce your assets as you try to qualify for Medicaid by the amount of insurance you purchased.

So, if you bought \$200,000 of insurance, you can effectively retain \$200,000 in assets and still qualify for Medicaid, Hopkins said.

For more details see: longtermcare.gov/medicare-medicaid-more.

4. Decide how to pay — Generally, there are three options: Tapping retirement savings, seeking insurance coverage or relying on Medicaid and Medicare.

Experts suggest using a combination that best suits your needs.

It might be worth looking into long-term care insurance, which reimburses policyholders a set amount to cover costs.

Another option is to convert a life insurance policy into a long-term care benefit plan. This basically means selling your policy to a company that will pay out between 30 percent and 60 percent of the full benefit when you need long-term care. Any funds you don't end up using go to a beneficiary of your choice.

5. Don't put it off — The best time to start preparing for possible long-term care costs as you age is while you're in your late 40s-to-mid 50s.

"Mid 50s is probably the sweet spot for people, because there are a lot of people still eligible for long-term care insurance," Hopkins said. "What happens in your 60s and 70s is people start worrying about this and they become uninsurable." — AP



Reverse mortgage rules have changed

By Alain Valles

The rules covering reverse mortgages changed Nov. 10, 2014. But there is still time to be grandfathered and get a reverse mortgage under the old, more favorable rules.

For the past 25 years, reverse mortgages have allowed hundreds of thousands of homeowners 62 years old or older to convert the equity they have in their home into tax-free cash. Since 1988, borrowers have been able to obtain a reverse mortgage with no:

- income verification or documentation;
- requirement to give tax returns or bank statements;
- minimum credit score qualification;
- mandatory hold back for real estate taxes or homeowners insurance;
- restriction on how much cash can be borrowed at closing.

But this ability to access needed tax-free cash will soon become a more complex process. The Department of Housing and Urban Development (HUD) has issued Financial Assessment Requirements that will be implemented on March 2.

What will this mean to senior homeowners?

Once the Financial Assessment guidelines go into effect all reverse mortgage applicants will be required to provide copies of income documentation, bank account information and have their credit history reviewed.

Some seniors will no longer qualify and risk being unable to receive needed cash to pay off their mortgage and other bills.

For others, obtaining cash for home

repairs, healthcare, credit card debt and other needs will no longer be possible. Their only options may be selling their home or asking family members for financial help. The goal of remaining financially independent will become a greater challenge.

What should you do?

There is no worse feeling than finding out you acted "too late" to take advantage of a favorable situation. While a reverse mortgage is not for everyone, it is in the best

Reverse Mortgage

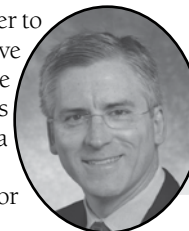
interest of senior homeowners to seek information from a trustworthy and experienced

mortgage professional to learn if the pending changes will limit the ability to access tax-free cash.

What not to worry about?

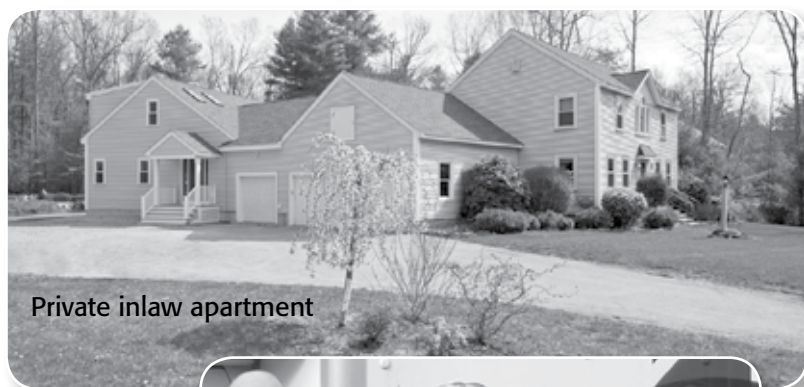
The good news is there are no pending changes to the many benefits of a reverse mortgage. These advantages include no requirement to make a monthly mortgage payment, ability to receive a monthly check for life, or obtaining a line of credit guaranteed to grow for as long as one lives in the home. The other good news is the changes will not impact everyone and should make the reverse mortgage program even stronger.

The best move is to take immediate action and learn the facts, before the options for getting equity out of your home through a reverse mortgage are limited by the new rules. Alain Valles, CRMP and president of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England. He can be reached at 781-724-6221 or by email at av@dfcmortgage.com. Read additional articles archived on www.fiftyplusadvocate.com



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Baby boomers begin celebrating 50th class reunions

By Frances Borsodi Zajac

UNIONTOWN, Pa. —

Days before their recent 50th anniversary reunion, planning committee members of Uniontown Area High School's Class of 1964 gathered to iron out final details.

"You hope you get more this year. We're still getting names," said Richard Rennie of classmates responding to the invitation.

"I think it's the idea that is the 50th," said Cynthia Mohar Campbell. "It's the golden anniversary of our graduation."

While 50th-anniversary class reunions are always a milestone, there is something significant about those taking place this year.

"We're the first of the baby boomers to have our 50th reunion," said Karen Rich Douglas.

Born from 1946 to 1964, the youngest members of the generation are turning 50 in the same year the oldest are celebrating these 50-year reunions. The post-World War II generation became one of the largest ever born in the United States, according to the U.S. Census.

They've changed life every step of the way from the increased manufacture of baby products to the need to build more schools to adult influences on music, fashion, technology, marriage and work.

"I think they're a generation that's experienced a huge amount of change," said Anne Madarasz of the Heinz History Center in Pittsburgh. "They've seen the world

change dramatically in their lifetime."

In their youngest years, they were the focus of Dr. Benjamin Spock's influential 1946 book called *The Common Sense Book of Baby and Child Care*. They were children during the Korean War. Cultural influences of this time included the growth of television, school desegregation and Elvis Presley.

Dr. Joseph Heim, professor of history at California University, noted, "This was the first generation to have the fear of nuclear war."

In their senior year of high school, the Class of 1964 experienced the assassination of President John F. Kennedy and the coming of the Beatles to America while enactment of the landmark Civil Rights Act would come that July.

Heim noted major events in their adult lives included Vietnam, the assassinations of the Rev. Dr. Martin Luther King and Robert Kennedy and technological changes such as air conditioning and color

television.

There was also the space age, Watergate, women's rights, personal computers, war on terrorism and the smart phone.

This generation influenced lifestyle choices that ranged from when to marry to when to stop working.

"Our understanding of what it means to be old is changing," noted Madarasz. "We don't think of Paul McCartney as old or Mick Jagger. And how long do you continue to work?"

And speaking of work, Douglas noted there were

limited expectations for women in 1964.

"With our class, we were either teachers, nurses, secretaries or homemakers," said Douglas, although mentioning one female classmate who escaped the mold — Anne Feigus attended college at Radcliffe and became an attorney.

"We have retired from teaching and become the granny nannies."

— Cynthia Mohar

"We had no female sports," Douglas continued, noting the days before the landmark Title IX, the 1972 federal civil rights law that prohibits discrimination in education. "The only way you could letter was if you were a majorette, cheerleader or in the band."

Douglas noted her mother was a nurse who wanted to be a doctor. She was proud her mother was able to attend a ceremony with the family when Douglas' daughter went to medical school."

And 50 years after it was tradition for women to stay home to raise children, Lois Shinsky Sabol referred to economic changes when she remarked, "Both parents have to work today."

That means another change for baby boomers as they move into retirement and help care for their grandchildren.

Cynthia Mohar Campbell commented, "We have retired from teaching and become the granny nannies." "The glam-mas," was the way Douglas put it.

The committee noted 67 percent of their class went on to college, including such prestigious schools as MIT, Cornell and Bucknell. Portia Franklin attended Georgetown University with future president of the

CLASS page 17



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At 91, Donora native is still a riveting Rosie

By Stacy Wolford

PITTSBURGH —

Mary (Schevchik) Torres was a shy, bright-eyed 18-year-old when she ran away from home to help her country win the war.

It was June 1942 and Torres had just graduated from Donora High School. She saved up all of her money from her job at J.C. Penney to buy a one-way ticket to the West Coast.

"I saw an ad in the newspaper that they needed workers in California," said Torres, from her home in San Leandro, Calif. "My brothers had already left for the war and I knew I wanted to do my part, too."

Torres left a note for her parents, Michael and Julia Schevchik, while they were at church one Sunday, and took off with just a small suitcase and her dreams in tow.

She didn't know it then, but Torres would become one of the original "Rosie the Riveter" women who stepped up to work on assembly lines around the country after the men went overseas to fight in World War II.

While decades have passed since she made the five-day bus trip to California, the spry 91-year-old remembers the experience like it was yesterday.

"I was never so scared in my life," she said. "I didn't know a soul and I had never been that far from home before."

"I left on a wing and a prayer."

The bus was filled with other young women and older men still looking for work as effects of the Great Depression wore on.

Torres remembers the bus driver pulling over to the side of the road for bathroom breaks.

"The driver would tell the girls to go behind the bushes on one side of the road and the men to go on the other side," she said.

Torres finally made it to California and found a job as a clerk at McClellan Air Field.

"I only had \$5 in my wallet when I got the job, but then I found out I would have to wait a whole month before I would get my first paycheck," she said.

Torres said she lived on oranges she found on the side of the road and a box of saltine crackers. By the end of the month, she was on the verge of starvation, she said. She remembers getting sick after eating her first full meal at a restaurant.

Torres said the clerk job wasn't challenging enough, so she got a job at Moore's Shipyard in Oakland where Liberty ships were built. The ships were used to carry cargo overseas during the war. Torres said the company built whole ships from the ground up at the shipyard.

"My dad always taught me that any job a man could do, I could do, too," she said.

Torres finally sent a letter home to her parents, proudly telling them she was building ships to help the soldiers overseas.

"My parents took my letter to St. Michael's Church that Sunday and told everyone how proud of me they were," she said.

Within six months, she took the journeyman welder's test and began welding large



steel plates for the ship's hull.

"After six months, I was the top welder," she proudly noted.

Her skill and beauty didn't go unnoticed as she caught the eye of her boss, Frank Torres. A Portugal native, he moved to San Leandro at age 3 with his family.

After they started dating, they decorated Mary's welding helmet so it would be easier to spot her among the more than 4,000 women working on the shipyard floor.

She worked at the shipyard until 1945 when Moore's began laying off all the women workers to provide jobs for men returning from the war.

Her husband continued working at a larger shipyard, retiring as a foreman after 48 years of service.

The couple were married for 62 years when he died in 2004.

They raised two sons, Jeffrey and Douglas. Torres has four grandchildren and 14 great-grandchildren.

Torres grew up "dirt poor" on Castner Avenue in Donora with her brothers, George, Mike, John and Edward; and sister, Agnes. Her father was laid off from his job at the steel mill. She is the last survivor of her immediate family.

Over the years, Torres and her husband invested in the stock market, and purchased a bowling alley in Fremont. After 10 years, they sold it and Torres became a beautician, opening a salon in a nearby shopping district.

And, she's still working today.

Torres says she continues to "do hair," a few days a week at The Meridian salon, and she takes her supplies to the homes of her older clients unable to travel.

"I have about seven ladies who have turned 100 on me," she said. "I don't charge them a penny. I want to help people."

Torres says she feels "blessed" to be healthy and still mentally sharp at her age. She also credits her humble beginnings for her keen sense of money and her dad for instilling the importance of hard work.

Torres also spends every Saturday volunteering at the national Rosie the Riveter/World War II Home Front Park in Richmond, Calif. — AP/Pittsburgh Tribune-Review

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Real vs perceived age: A matter of life and death

By Lindsey Tanner

CHICAGO —

How old do you feel? Think carefully — the answer might help predict how much longer you'll live. That's according to British research posing that question to about 6,500 adults. Those who felt younger than their real age lived the longest over the following eight years.

Here are five key findings from the study, by researchers Isla Rippon and Andrew Steptoe at University College London. Results were published online in JAMA Internal Medicine:

Real vs. perceived age — The average real age of those questioned was about 66 years. Most adults felt at least three years younger than their real age. Those who felt younger had the least chances of dying over about eight years after the age question was asked. Adults who felt older than their actual age had the greatest chances of dying in that period.

The nitty gritty — The researchers

analyzed data from a study in England on aging that included information on deaths during a follow-up period that ended in February 2013; deaths totaled 1,030. About 14 percent of the young-feeling adults died during the follow-up, versus 19 percent of those who felt their actual age and 25 percent of those who felt older.

Most adults felt at least three years younger than their real age.

Feeling older was a predictor of death even when the researchers accounted for things that could affect death rates, including illnesses, wealth, education, smoking, alcohol intake and physical activity. Older-feeling adults were about 40 percent

more likely to die than younger-feeling adults.

What they ruled out — The researchers did a separate test, excluding deaths within a year of when the age question was asked. The idea was to see if answers from people already dying might have explained the link between feeling old and death. The link persisted even without those first-year deaths.

Why the link? — It's possible that health conditions and lifestyle choices that the researchers didn't study explain why feeling old may help predict death. Or it may be that those who feel younger than



their real age have "greater resilience, sense of mastery, and will to live," the researchers said. They said more study is needed to be certain.

Silver lining? — Perceived age may change over the years, and there might be ways to reduce chances of death in people who feel older than their actual age. The researchers said that might include health messages that promote healthy behaviors and attitudes about aging.

Online: Journal: www.jamainternalmedicine.com; Aging Study: www.elsa-project.ac.uk.

► Class

Cont. from page 15

United States Bill Clinton, who also graduated high school in Arkansas in 1964.

The reunion committee recalled many classmates who served in the military, including Rennie for 42 years. Many classmates were in Vietnam, such as class president John Miller.

Douglas said Uniontown's Class of 1964 won state championships in football and basketball. Some of their classmates went on to make a name for themselves in sports after graduation. They included Bennett "Pope" Gregory, who played football at the University of Nebraska and with the Buffalo Bills. Stuart Lantz played basketball with the University of Nebraska and with the San Diego Rockets, Detroit Pistons, New Orleans Jazz and Los Angeles

Lakers before becoming a television color commentator for the Lakers.

For this reunion, which took place in October, classmates came from West Virginia, Maryland, Ohio, New York, North Carolina, Florida, Texas, California and Alaska.

Myrna Barron Giannopoulos reported, "We have 110 coming out of a class of 394. Forty-six have passed away."

Douglas noted, "We've gone through

stages together: getting a job, getting married, having children, our parents dying. This reunion, it's classmates dying."

While the committee is toying with the idea this may be the last reunion for the class, Douglas noted reunions are therapeutic.

"You're happy for people," she said. "You're glad to see they're doing well." — AP/ The (Uniontown) Herald-Standard

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Home Improvement

No color's too bold for decor

By Melissa Rayworth

It might be practical, of course, to decorate your home with neutral colors and muted earth tones. No need to worry about colors clashing if most everything is white, beige and light brown.

But what if you're a fan of vivid orange, lime green or a luscious shade of lavender?

These colors can be tricky to use successfully in decor. But you don't need to avoid them, said interior designer Brian Patrick Flynn, creator of the Flynnside Out design blog. Just use them carefully.

"It's a game of balance," Flynn said. "Once you get that right, just about any color can be spectacular."

Here, Flynn and two other designers — Kyle Schuneman of Live Well Designs and Betsy Burnham of Burnham Design — share advice on decorating successfully with even the most complicated colors.

Pick one wild shade — For a client who

loved lime green, Schuneman covered one dining room wall with wallpaper that combined bright lime green with a muted sage green. He painted the other three walls in the neutral sage. That way, the client could enjoy a favorite color but the room didn't feel overwhelming.

"There can only be one star in a room," Schuneman said. "If you want a bold color, then you already have your star."

Burnham agrees: "Orange next to screaming lime green next to fuchsia," she said, "doesn't belong in a grown-up space." But fuchsia paired with olive green can look chic.

The same approach works for

paler colors. Pastel pink used with pastel yellow and pastel blue creates an overload of sweetness. But Flynn has found that a light pastel pink can be gorgeous paired with a dark, calming navy blue.

Adjust your shade — When clients are considering a very bright color, Flynn often advises them to choose one "two shades

lighter or less saturated than the one they're iffy about."

"Nine times out of 10," he said, "they end up still getting the effect, but without the color becoming too saturated to live with."

No matter what the color, all three designers recommend picking a shade that's got some gray mixed in. For a living room done in shades of purple and lavender, Burnham chose a sofa fabric that was a mix of gray and purple, and used a white paint infused with a bit of gray on the walls.

"Gray has a way of calming a color down," Schuneman said, making it "feel velvety and more soothing."

Accents instead of walls — "There are lots of ways to incorporate color without having to commit to a wall color," Schuneman said. "Paint an old media cabinet in a bold purple to make it a hot conversation piece."

Taxicab yellow walls would be awful, said Burnham, but one bright yellow throw or ceramic lamp could satisfy your desire for that shade without overpower-

ing a room.

If your heart is set on a tough color and you're not content with adding just a single accessory, Burnham suggests consulting an expert. Many interior designers will do a color consultation, walking through your home to discuss how favorite colors might work there.

Embrace the blues — Rather than layering a room with creams and beiges, Schuneman suggests blues.

"I actually think of blue as a neutral," he said.

"I love it and always have it in my house, and have used shades from sky to royal to navy."

Even vivid blues can have a calming effect. "Everyone gravitates to oceans and lakes, and it makes people feel good," Schuneman said.

Flynn said the payoff can be fabulous. "To make a splash with blue in a bold way, I suggest using Klein Blue, also referred to as electric blue," he said. "It's got a ton of purple mixed in, so it feels rather royal. And when you mix it with red, it's magical." — AP



Schuneman



Burnham

► 3-D

Cont. from page 9

slightly higher sticker price, that likely won't affect patients with insurance and Medicare, and it can save money in post-surgery therapies, Neginhal said.

Workman had surgery early May and was up and walking at the hospital the day of the surgery. Ten days after surgery, he was riding a stationary bike as part of physical therapy and he was able to fully rotate the pedals. Three weeks after surgery, Workman was walking around without any assistance and working in his vineyard and garden picking strawberries.

He said his arthritis pain is gone, and he is glad to be able to ride his ATV, tractor

and lawnmower again.

"I've already reached mobility levels a normal knee would reach," he said, and he expects it to get even better as the six-month recovering period continues and swelling and stiffness disappear.

According to the American Academy of Orthopedic Surgeons, more than 600,000 people have knee replacement surgery each year, and the traditional surgery with an "off-the-shelf" implant is still a good option, said Neginhal, who still performs both types of surgery. Even "off the shelf" components come in different sizes for both men and women and are quite close to the way a person's anatomy should be.

But for those who fit the criteria, the new method could turn out even better, he said. — AP/The Herald-Dispatch



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