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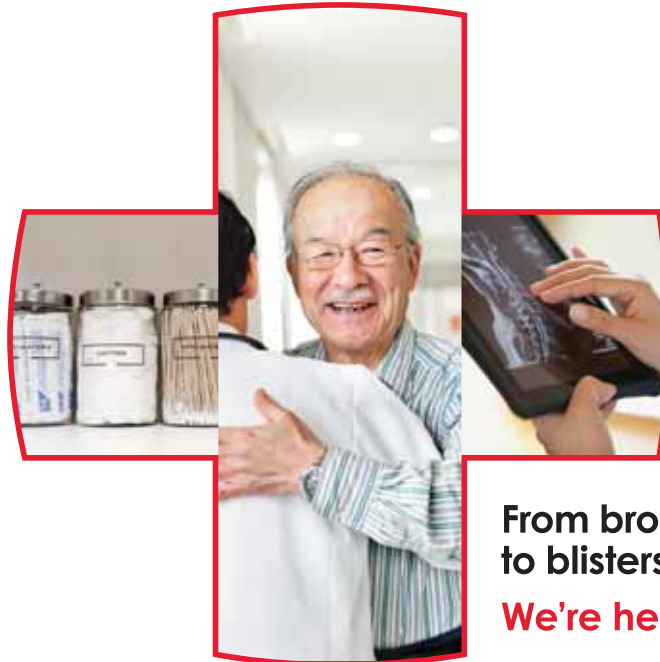
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# Self-publishing authors get the word out

By Brian Goslow

For over 50 years, even before they married in 1961, Gloria Daniels' husband, Arthur, had been telling her that she should write books. "I didn't pay any attention at all," she said. "Then I hit 70 — and I'm writing books."

A year and a half ago, Daniels, now 71, of Hiram, Maine, self-published her first book, *Favorite Fish and Seafood Recipes from the Coast of Maine*. Thirteen others — and possibly more by the time you read this — on container gardening and home decorating have quickly followed. She has built up a pre-publication fan base for her books through her website, home-decorating-room-by-room.com, which includes over 300 pages of her writing.

"I actually started because I had time on my hands and had 50 years of recipes all over the place — so I thought, 'I'm going to put some order to these because I can't find anything,'" Daniels said. "As I was putting this whole thing together, I thought, 'Gee, everybody's talking about Kindle, how easy it is to publish on Amazon through CreateSpace,' so I looked online, got some information and just started doing this."

Self-publishing veteran Laura Shabott, 57, of Provincetown, said 600,000 to 1,000,000 books — depending on which source you believe — are published annually in the United States alone. With the advent of digital publishing, where a customer can order a book online and within seconds, have it ready to read on a Kindle, Nook, iPad or reading tablet, she said, if a person takes the time and invests the money to produce a quality end product, "any single individual can be on the same playing field as a professional publishing house if they play the game like a professional."

What's important to realize in considering putting out your own book, is that "writing and publishing are two very distinct skills," Shabott said. "To be in self-publishing now, we have to learn all things and include all aspects about the book business. The single mistake every single author makes, including myself, is rushing the process."

Shabott learned that the hard way with her first eBook, *Letters to My Cat*, a thinly veiled memoir. Because she released it under a pen name, she lost out on the value of name recognition she earned as a writer and columnist for provincetown.org, which hosted her weekly column, "Notes from Land's End" for five years.

Looking back on the experience, she said she wished she waited another six months

before releasing the book, spending that extra time getting reviews from qualified established bloggers and building up a fan base for her pseudonym. But she did learn how to self-publish.

She's taken that experience and turned it into her new book, *Confessions of an eBook Virgin: What Everyone Should Know Before They Publish on the Internet* (Long Point Press, laurashabott.com). The book's goal, "in a single afternoon," Shabott said, "is to demystify the process" of self-publishing.

"The Web has democratized our ability



Daniels

to create words and books and articles, but that doesn't mean they're good," she said. "That's what the message of my book is — if you're going to do it, do it right — or really, don't do it."

To ensure the best possible end product, Shabott believes authors should utilize the services of professionals in areas where they don't have the necessary expertise themselves — even if the cost seems prohibitive.

"I used professionals to edit, for cover design and for my website. I learned everything I know about being on the Internet through this process. The second thing I did was trades. When I couldn't pay for something, I would do something in trade that I was good at, such as PR. So when people scream they have no money — which, some people don't — there are other ways (to pay for what they need), which is bartering or doing a crowd-funding project through Kickstarter or Indie Go Go."

Shabott said three subjects top the list of books new authors want to bring to the world: "Most everyone over 50 wants to do a memoir," she said. "It's at that point, when we reach the beginning of that decade, there's an excitement to share the knowledge we've learned. People like to write about overcoming something hard, such as multiple sclerosis. And in my area of the country, people love to write about

Cape Cod and Provincetown, so there's also a lot of historic fiction."

Lauren B. Grossman's first book, *Once in a Generation*, began as a dream. "I literally woke up with an idea — a beginning, a middle and an end — and I ran to write it down and type it," she said. "Within four months, the story was written."

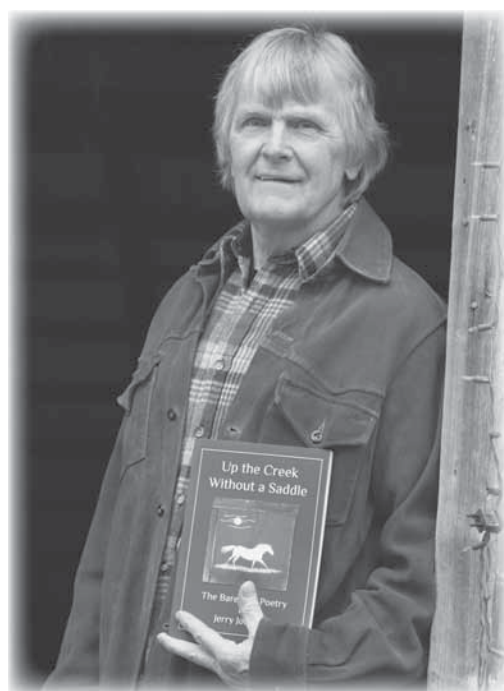
It would be another six years — during which time she balanced raising her children and doing several re-edits and reworkings of her book — until her book, whose main character was diagnosed with MS (as was Grossman, who channeled her personal experiences and challenges into the book) was published in 2011.

Prior to its publication, Grossman, 59, of Tucson, Ariz., had attended a Society of Southwest Authors workshop that included a panel of five literary agents. "We were listening intently to what these literary agents were saying. They said it was very important that you get a literary agent — and that you'd never get a publisher without one. All five had good ideas, but they agreed on one thing — 'No one in this room is going to get a literary agent to look at their manuscript unless they've had a successful book published.'"

Since most in attendance hadn't accomplished that yet, a collective groan filled the room. After the event, Grossman sent 260 electronic inquiries to agents; half responded that they were no longer in business due to the downturn in the publishing industry. A dozen asked to see her book, but turned down the opportunity to represent her.

Undeterred, she visited the offices of Wheatmark Publishing Company in Tucson, who had sent a representative to the workshop. "It seemed legitimate — and there are a lot of non-legitimate publishing houses out there," Grossman said. "I liked the fact that they were here in town, because I could walk in anytime I wanted."

She paid for a package deal in which Wheatmark got her book copyrighted, formatted from her electronic story file, professionally edited, and ISBN and Library of Congress numbers.



Johnson

"Everything looked the way I wanted it to look and went the way I wanted it to go — and then boom — I had the book in my hands," she said. "Now it was up to me to promote it."

She publicized her book on "every social networking site that is available," with Facebook having been "amazing" in helping her get the word out, reaching people all over the world — including readers with MS in England who invited her to visit them there.

As part of her package with Wheatmark, the book was placed with Amazon and Barnes & Noble, where it can be instantly downloaded onto a Kindle or Nook, respectively. Grossman also has paid Wheatmark for two print runs for the book, one for 100

copies, the other for 250. "If you go to a book signing, you've got to have it (print copies) — people want the author's autograph," said Grossman, who has also promoted her book at luncheons, backyard gatherings, with a Midwest book group on Skype and through her website, laurenbgrossman.com.

She encourages anyone considering self-publishing a book to hold onto their rights to it. While her publishing company gets a percentage from book sales, the larger amount stays with an author when his or her book is sold digitally. "Don't go with a company that



Shabott

SELF-PUBLISHING page 7

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# Medicaid should not shoulder the burden of care

By Sondra Shapiro

It's an age-old problem — how to pay for long-term care. Just consider these national averages from a 2010 government report: \$205 per day or \$6,235 per month for a semi-private room in a nursing home; \$229 per day or \$6,965 per month for a private room in a nursing home; \$3,293 per month for care in an assisted living facility (for a one-bedroom unit); \$21 per hour for a home health aide; \$19 per hour for homemaker services; \$67 per day for services in an adult day health care center.

The high cost forces most low and middle class families to turn to Medicaid to pay for care.



## Just My Opinion

Keep in mind that Medicaid funds the care of nearly 70 percent of nursing home residents and 34 percent of home health clients, according to the Massachusetts Senior Care Association (MSCA), which represents the state's nursing homes.

Since long-term care insurance is too costly for most, not to mention the market is rather unstable, Medicaid is the primary payer. Yet, the state/federal program that funds medical and health-related services for low-income individuals was never meant to shoulder the burden of care. The extent to which families rely on Medicaid to pay for long-term care means the program's money is being stretched way too thin.

MassHealth payment rates to nursing facilities have been frozen for six years, according to Scott Plumb, senior vice president of MSCA. As a result, each facility is being under-funded at an average rate of \$900,000 per year.

"We estimate that those rates now average \$37 a day below the cost of care," Plumb said. "This chronic underfunding cannot be shifted to other payer sources. The results have been sad but predictable; an inability to give wage increases to our dedicated and hard-working employees and an increase in the number of nursing home closures and sales."

So far this year, four nursing homes in the Bay State have shut their doors. In human terms, that means 318 vulnerable elderly were displaced and 639 workers lost their jobs. MSCA warns that these closings are just the beginning.

Inadequate operating dollars also means less money to attract qualified workers, fairly compensate current employees — 70 cents out of every dollar goes toward wages and benefits — or make technological upgrades or structural improvements.

While nursing homes care for the sick — those needing short-term acute care and dementia sufferers who will never return home — home care provides a sense of independence by offering elderly programs and services that allow them to live in the community. "We view home

care as something that everyone is eligible for, with some people getting subsidies," said Al Norman, the executive director of Mass Home Care. "The reality is someone making a few dollars over the state's cut off limit may get no care at all. That punishes the middle class."

Norman explained that income eligibility for the basic home care program in Massachusetts is based on family size and annual gross income (AGI). Very low-income individuals, including those on MassHealth, receive home care services without a co-pay fee. A one-person family with an AGI of \$11,509 or less pays a \$9 per month co-pay — but it is not mandatory.

In the course of a year, an average caseload of roughly 30,900 individuals is enrolled in the home care program.

The 2013 federal poverty guideline for a one-person family is \$11,490. So people below that poverty level are not required to make a co-payment for home care. Individuals with an AGI from \$11,510 to \$26,168 are charged a mandatory co-payment for their home care services. This co-payment is a flat dollar rate based on income, irrespective of the amount of home care services the individual receives.

State-awarded dollars are not meeting the demand for care. The home care benefit package has been frozen at \$8.76 a day since 2009. The home care network has had to wait-list sick elderly — even items such as meals on wheels are chronically underfunded.

Year after year, nursing facilities and home care agencies have fought for a fair share of government support to care for the frail elderly population. In Massachusetts the shortfall of money allotted to providers has compromised care to our loved ones.

Locally and nationally, nursing homes and home care agencies that depend on government funding have been forced to play catch up, all the while falling further and further behind in their ability to provide a full array of services necessary to care for the elderly. Families who don't qualify for Medicaid, but do not have the money to pay for care, fall through the cracks.

It shouldn't be this way.

The majority of us will likely require some type of long-term care during our lifetime. We and our parents, grandparents or spouse should be entitled to receive quality care in a safe and nurturing setting. The reliance on Medicaid and the unavailability of other financing options limit a family's ability to make choices regarding care settings and services.

The dependence on the current Medicaid program is not the answer. Rather federal lawmakers must work toward a solution. Time after time, there have been missed opportunities. Two recent ones come to mind:

A voluntary public long-term care insurance program proposal, the Class Act, was included in early drafts of the Affordable Care Act, but fell victim to polit-



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MEDICAID page 18



# Mass. woman relishes scout leadership for 55 years

By Diane Broncaccio

GREENFIELD —

As a young girl, Molly Robinson was not a Girl Scout — but she's more than made up for that as an adult, with a lifetime of leading Girl Scouts.

This is Robinson's 55th year as a Girl Scout leader, and she still projects a vitality and sense of leadership that is not diminished by her use of a walker or wheelchair.

Although Robinson, 77, is a mother of four and a grandmother of seven, she has been a "second mother" to at least another 130 girls — and even to the daughters or those girls — during her later years of scout-leading.

Robinson was a junior at Pomona College in Claremont, California, when she saw an ad for a Girl Scout assistant leader.

"I was looking for a volunteer activity, and a Girl Scout troop was advertising for an assistant leader," said Robinson. "I applied. I got hooked. I was in California at the time," she said. "There was a wonderful woman who was my mentor for several years, and I took over her troop."

Robinson's first Girl Scout troop was in California, and she remembers taking them on a trip to a Girl Scout facility called "Our Cabana," in Mexico. "I didn't speak any Spanish, but I'd heard you should always bargain the price of everything," she said. And so, in sketchy Spanish, she accidentally bargained with a taxi driver to raise — not lower — his fare. She laughs, as she remembers his puzzled expression and his ready agreement to accept her bargained-for price.

Robinson taught statistics at Smith College for 31 years before retiring. She is also the author of a fictionalized memoir, *Rachel's War*, about growing up during World War II. It was published by Xlibris in 2007.

Robinson and her family moved to Ashfield in 1983 — the same year that Nell Todd became part of her Girl Scout troop.

Today, Todd is the interim head of school for the Academy at Charlemont, from which she graduated in 1993. As a Girl Scout, Todd earned The Gold Award, which is the equivalent honor for Girl Scouts that an Eagle Scout award is for Boy Scouts.

Like a proud mother, Robinson has a few scouting scrapbooks that include newspaper clippings and photographs of her troop trips and the special achievements of her Scouts throughout the years. An announcement of Todd's award is there, as is an essay called "What can I do for My Country," by Cassie Nylan Gray, which was published in a national magazine. There are photographs for simple camping trips and the more exotic trips in which Robinson took her troop to the Grand Canyon and St. John's in the Caribbean. And mostly, there are

tons of children's drawings. Another of Robinson's former scouts, Lisa Blackmer, is currently city council president in North Adams.

"I was in (Robinson's) Girl Scout Troop from the third grade until the 12th grade," Todd said. "The summer before my senior year in high school, we took a train from Massachusetts to Montana. We rented a van and went to the Glacier National Park, the Teton and to Yellowstone (National Parks). It was a small but wonderful trip," she recalled. "The summer after eighth grade, we went to St. John Island in the Caribbean, with the whole troop."

"One of the things (Robinson) was able to do was to keep a really large group of girls together all those years," said Todd. "A lot of girls leave Girl Scouting in the 6th- and 7th grades, but she was able to keep us together through high school. We went to three or

four different schools, but we still had that connection." "She had an amazing influence," said Todd. "For me, specifically, she gave me two things: the confidence to lead and an appreciation of the importance of leadership. She really made me feel confident as a female and as a female leader."

"Another thing she did was teach the importance of community, to understand the importance of our town and of our place in it. Also, the importance of friendship: She helped us nurture not only our friendship with her, but our friendships with others."

"When I was getting ready to graduate from high school, Mrs. Robinson was really helpful in getting me an internship in Washington, D.C. I owe that experience to her — it got me into Washington, D.C."

Todd became an intern to the late Sen. Edward Kennedy. She went on to serve in the Peace Corps, and spent several years afterward doing international development work in Eastern Europe and Africa. Todd also works as a consultant for Deloitte Management Consulting.

"She's a remarkable mentor and a remarkable role model," said Todd. "She has shaped so many girls."

"We're all connected to her," Todd added. "She's been such a constant in our lives, 20 years on."

The website Scoutingweb.com says: "Girl Scouting has always been in the forefront of encouraging girls to explore the world beyond their doorstep." For instance, in the 1920s, Girl Scouts could get a Telegrapher Badge if they were able to send 22 words per minute, using a sounder and American Morse code. In that decade, they could also earn a Cyclist Badge if they owned their own bicycle and "pledge yourself to offer it to the government in case of need. Know how to fix a flat tire and read a map," the requirements read. Now, there are badges for "computer smarts," adventure sports, money-managing and fair play.

"I think Girl Scouts is really good at keeping up with the needs of girls over time," said Robinson. "It has increasingly looked at career potential for girls. It does more and more with getting girls to think about what their values are and about how to live their values."

"There's recently been a big emphasis on thinking about bullying and on how to stop it before it starts," she said. "There have been changes in the Girl Scout laws. A new part of it is to be 'courageous and strong.' The uniforms have changed over the years," she said.

Robinson said she thinks that fewer girls and young women are in Girl Scouts now than there were in 1959, when she started. "I think it's less than it used to be, in part because more mothers work. It's harder to get leaders and to get assistants because parents either have young kids at home or are working."

Also, Robinson said, there is less emphasis on earning badges and more emphasis on critical thinking. She said a new series of publications, called *Journeys*, invite discussion on such topics as leadership, physical fitness, sisterhood, changing the world and honoring the environment.

Among Robinson's Girl Scouts were her own daughter and granddaughter. "My daughter and granddaughter were part of my reason for doing this," she said.

One of the current Brownies that Robinson leads is the daughter of another of Robinson's Scouts.

"Over the last six years, I've been less able to walk, so I camped with them until about the last six years," she said. "I was going to retire after last year — but I missed them."

Robinson said she was talking to Stacy Adams of Ashfield about her Scout work and learned that Adams was interested in helping. Now Adams is her co-leader.

"Since I'm not mobile, I do the planning and lots of loving," said Robinson. "She does the active stuff — taking them on hikes and sitting on the floor with the second- and third-grade Brownies."

For Robinson, the reward has been "just knowing these people over the years. Some of them are my best friends. For me, that's been a pleasure. Some of them are in their 30s and 40s now."

Dana Carnegie, a spokeswoman for Girl Scouts of Central and Western Massachusetts, said participation in Girl Scouting has a proven track record for future success as well. The Girl Scout Research Institute's study, "Girl Scouting Works: The Alumnae Impact Study," reports women who were Girl Scouts have higher self-esteem, volunteerism, civic engagement and even income levels.

"Flexible volunteer models are one way Girl Scouts hopes to increase community involvement," she said. Other creative ways for parents and others to volunteer with Girl Scouts include: offseason troops, when sports teams are not active for daughters or teammates, shared troop leadership, or specialty troops for older girls that focus on a specific topic, such as health and wellness, high adventure or STEM (science, technology, engineering or math). — AP/The Recorder



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## ► Self-publishing

Cont. from page 4

says it has to own the rights to your book, because then you lose out on everything; they take a huge cut," she said.

The prospect of turning 50 this coming November was the catalyst Gayle Suzanne of Charlton, needed last year to write *It's in the Little Things*, a collection of her personal stories on growing up being abused — and bullied and having low self-esteem — and how she overcame those obstacles to now live what she called "a beautiful life."

"These are beautiful steps along the way, little stories that tell how I basically went from a negative outlook to a positive outlook," said Suzanne, who spent three years fine-tuning her story. "I looked back and was thinking, 'What have I really contributed' and that's when I said, 'I have got to write this book,' because I had learned so much in my life and I wanted to pass those experiences on to others."

Like Daniels, she self-published her book through CreateSpace on Amazon; the book is available as a paperback and as an eBook. "It was pretty easy," she said. "I had my niece help me — basically, she told me the font to put it in and she set up the margins, but she told me it was relatively easy. They (CreateSpace) take you through

step-by-step."

Suzanne has sold 800 copies since the book was released last November. "I have done a lot to promote it," she said, including book signings at libraries and bookstores, attending book expos, giving self-help workshops and lectures and promoting the book online.



Grossman

She utilized a \$30 Amazon package that promotes an author's book all weekend as being available for 99 cents for instant Kindle downloading. That drives up the book's ranking, moving it up on the list of books on a specific subject or of a particular genre and putting it in front of more potential book buyers. Suzanne then puts the word out about the sale

on her mailing list and to her followers on Facebook, Twitter and LinkedIn and on her personal blog at [gaylesuzanne.com](http://gaylesuzanne.com).

She enjoys the two-way process social media gives authors with their readers and like-minded writers. "I like to interact with people that have the same message that I do and read and comment on their blogs and Facebook pages, so that if someone is working with people or someone is dealing with abuse or low self-esteem, my name gets out there so they're familiar with me as well."

Jerry Johnson, 69, of Albany, Vt., also known as "The Creek Road Poet," has written since grade school, but the inspiration that led to his first book didn't happen

until the 1990s when, one day, he found himself playing doubles in a recreational tennis match that included Pulitzer Prize winning poet Galway Kinnell.

"After we had played, I asked him, 'What would you rather do, write poetry or play tennis?' He said, 'I'd like to get my first serve in.' I said to myself, I'm going to spoof one of his poems and I called it, 'Ode to a First Serve Going In.' I called him and read the poem to him, and when I finished, he started laughing — and said, 'Jerry, you should write a book of poetry.'"

Johnson's first book, *A Bed of Leaves*, was self-published in 2004 and featured his poetic musings on his life in rural New England, especially in Vermont's Northeast Kingdom region. Its follow-up is 2013's *Up the Creek Without a Saddle: The Bareback Poetry of Jerry Johnson* (Creek Road Press, [vtpoet.com](http://vtpoet.com)). A CD of the poems set to music is also available.

While the book and CD are available through major online publishers, Johnson said, "A lot of people like getting the paperback version directly from me on my website ([vtpoet.com](http://vtpoet.com)) because I include the CD for free. Otherwise, they have to order the book and the CD separately. Most people like getting the package. I autograph each book that goes out."

He published the book through a Florida-based company, while its digital release was handled through Virgo eBooks Publishing of Vergennes, Vt., which con-

verted his story file into all available digital book platforms.

"The industry has changed so much in the last five years," Johnson said. "As an author, you can make more money if you're self-published. My book costs \$20 in a bookstore; with a traditional publisher, I might make a couple of bucks from a sale. If you sell an eBook for \$2.99 or \$4.99, you're still going to make \$2."

While Johnson took his time with his first two books, his latest, *Noah's Song*, an illustrated children's book built around one of his poems, became a rush job when his illustrator, Adrien "Yellow" Patenaude, was diagnosed with esophageal cancer.

Despite the best efforts of all involved, Patenaude passed away in May before he could see the finished product, which will be printed as a 500-book limited edition with all the profit donated in Patenaude's memory toward art scholarships in Northern Vermont. "People have already been sending me orders directly through my website," Johnson said.

Like many long time readers, Johnson prefers to hold a physical book in his hands; however, the availability of his titles as eBooks has garnered him a worldwide audience. "I've heard from readers as far away as Thailand," he said. "They heard about it on Amazon or someone told them about my website. It's about getting the word out and letting people know. You've got to put yourself out there."



Suzanne

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# Focus on Senior Services

## Low interest rates, rule changes, make now best time for reverse mortgage

By Brian Goslow

NORWELL —

When it comes to discussing reverse mortgages, Alain Valles, president of Direct Finance Corp. (DFC), said it's all about helping senior customers reach their goal of being able to remain independent and financially stable in their home for the long term.



Valles

"For people over 62 who want to retain their homes, a reverse mortgage is an excellent option whereby they may have access to funds without being required to make a monthly mortgage payment," Valles said.

The Home Equity Conversion Mortgage (HECM) is the Federal Housing Administration's (FHA) reverse mortgage insurance program that allows borrowers, who are at least 62 years of age, to convert the equity in their homes into a monthly stream of income or a line of credit.

FHA guidelines state that the borrower retains ownership of the property and may sell the home and move at any time, keeping the sales proceeds in excess of the mortgage balance. The borrower cannot be forced to sell the home to pay off the mortgage, even if the mortgage balance grows to exceed the value of the property.

Among the top considerations Valles

said someone should make in considering a reverse mortgage:

- Is it a long-term solution?
- Does the person want to remain in the home long term, for example, over four years?
- Will he or she run out of money? If yes, then perhaps a reverse mortgage will help the person remain in the house.

In today's low interest rate environment, he said it does not make sense for someone who's considering a reverse mortgage to wait because:

- If and when interest rates increase, the loan proceeds will be less.
- The reverse loan program will likely continue to change, becoming more restrictive.
- Having an "unused line of credit that grows over time" is a huge financial security blanket.

To assist its customers 62 and older, DFC Mortgage always meets them in person, quite often multiple times that can add up to 15 hours of exploring their different options. "We always invite the senior's family and any of their trusted advisors to make sure a wise decision is made," Valles said.

"Most people in their 70s and up have never been asked 'What do you see your next chapters of life looking like?'" said Valles, who said his role is to educate his client about reverse mortgages while it's his, and his company's, job to figure out the financing maze.

"The process of learning about reverse mortgages should never involve any high pressure sales tactics," he said. "I find reverse



mortgage presentations more of a social visit where we discuss life plans and share information. It is very different than a traditional mortgage application where we focus on income, assets, credit, and in under an hour, complete an application."

Other options to help customers stay in their homes, besides getting a reverse mortgage, include a traditional mortgage, using other liquid assets or perhaps family assistance. "The reverse program continues to be an excellent option for senior homeowners with equity," Valles noted. However, recent changes have reduced the maximum loan amount a senior may receive. "This has had a tremendous negative impact on seniors that currently have large outstanding mortgage balances because they are unable to obtain a reverse mortgage."

Upcoming changes to the reverse mortgage program will continue to tighten the guidelines. They include:

- Income will become a factor for eligibility.

- Credit history will be reviewed.
- Some people will be required to have something similar to a real estate tax and insurance escrow account.

"These will, unfortunately, cause some seniors to not qualify, leaving them with very few other viable alternatives," Valles said. "It will also make the process more cumbersome for the senior and lengthen processing time."

For homeowners considering taking the reverse mortgage route, Valles said the key is to find a reputable experienced reverse mortgage specialist. He was the first person in New England to earn the designation of Certified Reverse Mortgage Professional (CMRP), the industry's highest designation.

DFC has five CMRPs, "more than any other company in the country," he said. To earn this designation, Valles said, a person must pass an arduous exam, have closed at least 50 reverse mortgages, complete annual continued education courses and follow strict ethical standards.

Alain Valles can be reached at Direct Finance Corp. by calling 781-878-5626 ext 1, or by email at [av@dfcmortgage.com](mailto:av@dfcmortgage.com). This article is one of a series that appears monthly in the *Fifty Plus Advocate* outlining solutions to many problems mature adults face. If you feel your business would like to participate in this series call Reva Capellari at 508-752-2512, ext. 5. Archives of articles from previous months can be found at [www.fifty-plusadvocate.com](http://www.fifty-plusadvocate.com).

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## Studies find new drugs greatly lower cholesterol

By Marilyn Marchione

WASHINGTON —

A new class of experimental medicines can dramatically lower cholesterol, raising hopes of a fresh option for people who can't tolerate or don't get enough help from Lipitor and other statin drugs that have been used for decades.

Several companies are developing these drugs, which are aimed at 70 million Americans and millions more worldwide who have high LDL or "bad" cholesterol, a major risk for heart disease.

Three studies of Amgen Inc.'s version of these drugs, called evolocumab (ev-oh-LOKE-you-mab), found it lowered LDL or "bad" cholesterol by 55 to 66 percent from baseline levels compared to others who took a fake drug, and by nearly that much when compared to Merck's Zetia, another cholesterol medication.

As impressive as that is, it's still just part of the picture. Doctors want evidence that the way these drugs lower cholesterol also will lead to fewer heart attacks and deaths, because that proof already exists for statins. New studies are underway, but Amgen said it will seek approval for its drug this year based on cholesterol-lowering alone.

That was enough to win approval for statins and Zetia, but use of Zetia has declined since 2008, when research showed it failed to help prevent heart attacks even though it cut cholesterol. Hopes are high that the new Amgen drug and others like it will do better.

"I would be happy to see it approved" on the cholesterol results alone, said Dr. Hadley Wilson, a cardiologist at Carolinas HealthCare System. "We need additional agents other than statins" to help patients, he said.

Nearly all current cholesterol medicines — fibrates, niacin and the top-selling statins — are decades old. Statins such as Lipitor, Zocor and Crestor curb cholesterol production. Zetia, which came out about a decade ago, helps block the absorption of cholesterol from the intestine.

The new drugs block PCSK9, a substance that interferes with the liver's ability to remove cholesterol from the blood.

They have big drawbacks, though. Statins are pills sold as generics for as little as a dime a day. The new drugs are proteins rather than chemicals, and tend to be very expensive to make. They also must be given as shots every two weeks or once a month. People can give the shots to themselves with a pen-like device. The companies developing the new medicines have not said what they might cost.

"We were very, very pleased" about how well patients accepted the shots, and if they offer better results, especially for those with inherited conditions, "people will accept it," said Dr. Michael Koren of Jacksonville Center for Clinical Research in Florida, who helped lead two of the studies.

The three Amgen studies involved about 2,000 patients in all. Doctors tested the drug in people with high cholesterol not taking other medicines, as a long-term (one-year) treatment in people already taking various medications and in combination with statins and other drugs in people with an inherited cholesterol disorder.

In general, side-effect rates were about the same for evolocumab vs. placebo or Zetia. In some studies, muscle aches, nausea and a few other problems were a little higher with the experimental drug.

Their overall safety "is very, very encouraging," said Dr. Scott Wasserman, Amgen's executive medical director. Researchers also said:

- Alirocumab, a similar drug being developed by Sanofi SA and Regeneron Pharmaceuticals Inc., lowered LDL cholesterol by 47 percent vs. 16 percent for Zetia in a study of about 100 people not taking any other drugs for high cholesterol.

- Bococizumab, from Pfizer Inc., lowered LDL 45 percent to 67 percent, depending on dose, compared to placebo in 354 people with high cholesterol also taking a statin.

"There's great interest" in all of these drugs, but doctors will wait for evidence that they lower heart risks, said Dr. Neil Stone, a Northwestern University cardiologist and spokesman for the American Heart Association.

It may be easier to justify their use in patients with genes that cause high cholesterol at an early age, he said.

A spokeswoman for the federal Food and Drug Administration, Sandy Walsh, suggested that might be the case.

"Although we cannot comment on the likelihood of approval based solely on specific indications or populations," two drugs recently were approved based on cholesterol-lowering for people with inherited conditions, she noted.

A decision on approval will also be influenced by how much the drug lowers cholesterol, its effects on other fats in the blood and other heart signs such as inflammation and blood pressure, and its safety, she said. — AP



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# Married folks have fewer heart problems

Love can sometimes break a heart but marriage seems to do it a lot of good. A study of more than 3.5 million Americans finds that married people are less likely than singles, divorced or widowed folks to suffer any type of heart or blood vessel problem.

This was true at any age, for women as well as for men, and regardless of other heart disease risk factors they had such as high cholesterol or diabetes, researchers found.

"It might be that if someone is married, they have a spouse who encourages them to take better care of themselves," said Dr. Jeffrey Berger, a preventive cardiologist at NYU Langone Medical Center in New York.

But "we can't prove by any means of cause and effect," he said.

This is the largest look at marriage and heart health, said Dr. Carlos Alviar, a cardiology fellow who led the study with Berger. Previous studies mostly compared married to single people and lacked information on divorced and widowed ones or just looked at heart attacks, while this one included a full range of health issues from clogged arteries and abdominal aneurysms to stroke risks and circulation problems in the legs.

Researchers used health questionnaires from an Ohio company, Life Line Screening Inc., which people filled out

when they sought various types of tests in community settings around the country. Some of these screening tests, for various types of cancer and other diseases or conditions, are not recommended by leading medical groups, but people can still get them and pay for them themselves.

The study's authors have no financial ties to the company and are not endorsing this type of screening, Berger said. Life Line gave its data to the Society of Vascular Surgery and New York University to help promote research.

The results are from people who sought screening from 2003 through 2008. Their average age was 64; nearly two-thirds were female and 80 percent were white. They gave information on smoking, diabetes, family history, obesity, exercise and other factors, and researchers had blood pressure and other health measure details for consideration.

The study found:

- Married people had a 5 percent lower risk of any cardiovascular disease compared to single people. Widowed people had a 3 percent greater risk of it and divorced people, a 5 percent greater risk, compared to married folks.

- Marriage seemed to do the most good for those under age 50; they had a 12 percent lower risk of heart-related disease

than single people their age.

- Smoking, a major heart risk, was highest among divorced people and lowest in widowed ones. Obesity was most common in those single and divorced. Widowed people had the highest rates of high blood pressure, diabetes and inadequate exercise.

Researchers didn't know how long any study participants were married or how recently they were divorced or became widowed. But the results drive home the message that a person's heart risks can't

be judged by physical measures alone — social factors and stress also matter, said Dr. Vera Bittner, a cardiologist at the University of Alabama at Birmingham.

She heads the heart disease prevention committee of the American College of Cardiology. "We don't really have a clear explanation" for why marriage may be protective, Bittner said.

"You may be more willing to follow up with medical appointments," take recommended drugs, diet and exercise if you have a spouse, she said. — AP



## Protecting mobility as you age

By Dr. David Rideout

What is mobility and why does it decline with age?

Mobility is simply the physical ability to move. Mobility allows us to participate in all kinds of activities inside and outside of our homes and promotes healthy aging.



### Healthy Lifestyle

All humans, regardless of age, are wired for physical movement. At the most basic level, the ability to walk is primary for remaining mobile. In our youth, walking is something that we do not even think about. But with advancing age, certain physiological

changes take place that can affect mobility. Some of these include the loss of lower extremity strength and postural balance.

Another factor that can impact mobility is impaired sensory functioning such as sight and hearing. This sensory feedback plays an important role in safe walking. Due to impaired mobility, about one-third of all seniors fall each year. Sometimes, the fall only results in a bruised ego, but often the consequences are serious such as broken bones or concussions. If you have fallen, don't be embarrassed, but be pro-active and visit a walk-in medical clinic to check for a possible injury.

How your physician can help?

If you are concerned about balance and falling, speak with your primary care physician. He or she can examine you and

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# Tuscany combines beauty, history, food, art

By Victor Block

Vineyards and groves of olive trees blanket rolling hillsides and spill down into deep valleys. An ancient stone villa, its entrance road lined by parallel rows of tall, straight cypress trees, tops many hills.

Sprawling fields provide a patchwork of colors ranging from the green of crops to golden wheat to the reddish-brown of freshly turned earth.

This is the painting-like scenery that greets visitors to Tuscany, the region running along the northwestern coast of Italy that long has been a popular magnet for vacationers from around the globe.

Fascinating history, magnificent art, outstanding food and some of the best wines in the world are among attractions that draw people to the area. It doesn't take long to learn why typical Tuscan communities are described as "hilltop towns." Many are perched on the peak of a steep rise that overlooks the surrounding countryside.

Most were laid out centuries ago in a maze of narrow twisting, turning, climbing and dipping cobblestone streets that were not intended to accommodate automobiles. Every town has one or more churches, some dating from the 14<sup>th</sup> century and even earlier. Many also boast an ancient fortress, and a museum — or two or three — that recounts local history and displays priceless artistic creations.

While most of the museums have outstanding collections, I found myself drawn even more strongly to the magnificent art and architecture outside. Statues and ornate fountains line the streets of cities and towns. Ornately designed wooden doors set off by fanciful brass knockers add to the feeling that entire towns are outdoor art shows.

Visitors could spend weeks enjoying a different town each day and still not exhaust the supply. Along with similarities, each also has its own unique attributes.

My exploration began in Montalcino, in many ways a typical hill town that was settled around 1,000 A.D.



San Gimignano towers

Vineyards that have been producing outstanding wine since the 15<sup>th</sup> century surround the community. That accounts for the large number of *enotecas* (wine bars) where it can be sampled. At the weekly Friday market, vendors sell goods ranging from fresh produce and delicious pastries to pigs, chickens and cheese.

Buonconvento, a short drive away, was a personal favorite. Its medieval center looks much like it did when it was established during the 1500s, with one exception. In more recent centuries, apartments were built just behind and against the city walls, whose exterior now is peppered with windows.

San Gimignano, known as early as the 1300s as "citta delle belle torri" (city of the beautiful towers), has its own claim to fame. At one time, at least 70 towers loomed over the setting.

They were built during the 12<sup>th</sup> and 13<sup>th</sup> centuries by wealthy families, serving both as defensive strongholds and as a demonstration of each owner's prosperity. The 14

structures that remain still provide a spectacular sight for people approaching the village.

Two other towns also stand out in my memory. Pienza has been described as the first example of Renaissance city planning.

In the mid-15<sup>th</sup> century, a noted architect was assigned to upgrade the community into an ideal town. The result is

a charming setting featuring a piazza, splashing fountain and lanes lined by stone houses adorned with an explosion of colorful flowers.

The tiny village of Murlo is as picture-perfect as Pienza in its own way. It resembles a movie set of a typical medieval village, with immaculate stone houses that form what once acted as a defensive wall. Given its tiny size, I was not surprised to learn that only 17 people live within the walls, while several thousand more reside in the surrounding countryside.

What makes Murlo unique is the close association of its present-day residents with the civilization of the Etruscans. They arrived in the area in the 8<sup>th</sup> century B.C., flourished as seafarers and merchants for more than 400 years, and then were absorbed into the Roman Empire. A recent study of the DNA of residents in and around Murlo today indicates a direct link with their ancestors.

The village of Murlo at one time was under the control of Siena, but the two could not be more different. Siena is a bustling city of palaces and towers — many built of bricks with the distinctive brownish-yellow hue known as "sienna."

Any of several must-see sites in Siena alone would make a visit there worthwhile. Begin with the Piazza del Campo, which since at least 1283 has been the site of an exciting horse race around its outer edge.

The elegant, 14<sup>th</sup> century Palazzo Pubblico on one side of the Campo has served as the town hall since it was completed in the 14<sup>th</sup> century.

A graceful bell tower looks out over the square and the entire city.

## If you go ...

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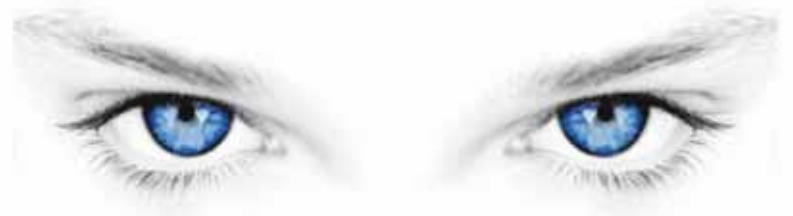
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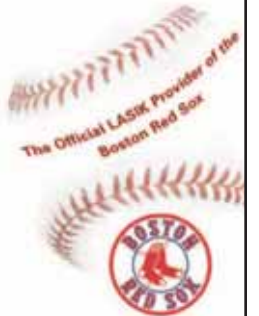
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# RV couple samples campgrounds by acting as hosts

By Rich Landers

SPOKANE, Wash. —

In the field of RV camping, Susan and Larry Dach are pros.

Since retiring in 2008, the Dachs have made a fifth wheel their full-time home in campgrounds across the USA.

"This winter we were in California, on a beach with 70 acres of campground in a beautiful neighborhood we'd never be able to afford to live in," Larry said.

To make ends meet, they arrange for free campsites and utilities for six to eight months a year by volunteering as campground hosts.

They're camping this summer just north of Spokane, where they both were raised.

The Dachs, both in their 50s, are hosts at Dragoon Creek Campground managed by the state Department of Natural Resources. Duties include locking the gate at night and opening it in the morning, checking for Discover Passes on vehicles and reporting violations.

"We're observers, not enforcers," Susan said, noting that the main thing agencies want is their presence at the camp. "We help educate campers and explain the rules, but we call enforcement if needed."

"This has been our lifestyle, and a way to stay retired," Larry said as he relaxed on a lawn chair with the barbecue nearby and their bicycles next to the covered picnic table on their one-acre host site.

They had just finished the required first-aid training. The Washington State Patrol did a background check before they were assigned.

The Dachs are accustomed to the requirements that vary from state to state and park to park. It's part of their routine for settling into one delicious campsite for a few months before traveling a month or two and settling down again.

In January, they start applying for host slots with state and national parks and line up their year in carefully researched locations.

"Arizona campground host jobs in particular are in high demand during winter," Larry said. "We like Zion National Park (Utah) in the fall, but you have to pay attention. Nearby Bryce Canyon looks just as inviting, but it's at 8,000 feet elevation, where it can snow in October while it's nice down in Zion at 4,000 feet."

Being campground hosts didn't occur to the couple when they first hit the road.

"Right after we retired, we traveled the United States coast to coast," Susan said. "That was our plan and we sort of got that out of our system."

"When you're traveling, you see areas superficially. When you stay put, you have time to explore the area more thoroughly, meet people, get tips from locals, discover trails — and restaurants."

They were hunkered for the fall in Zion that first year and, while moving from campground to campground to avoid the 14-day time camping limit, they got to know several campground hosts and park staff.

"They asked if we'd fill in for a host who had to leave suddenly," Susan said. "We tried it and liked it."

Next they were asked to fill a short-term opening at Organ Pipe Cactus National Monument in Arizona, where their greeting party included Border Patrol commandos who burst from the brush with assault weapons.

"We were taking a little walk and they mistook us for undocumented aliens," Larry said.

Nevertheless, the Dachs realized that campground hosting was their ticket to



The Dachs

full-time camping.

"With fuel more expensive and campsites fees going up — \$40-45 a night with hookups in California state parks and \$28 in Oregon — the costs add up fast," Larry said.

After their substitute term at Organ Pipe, the Dachs were in the loop.

"We had good references and it was easier to apply and get a host spot," Larry said.

Campground host duties vary.

"At sites managed by concessionaires, the hosts are paid but they have more responsibilities and duties, like cleaning restrooms," Larry said.

Agencies that manage their own campgrounds have maintenance crews.

The Dachs have enjoyed host sites where their duties were minimal, such as the season at Big Lake on Oregon's Santiam Pass.

"Our schedule: Check in campers in the morning, hike all day, check in campers at night and sell firewood, go to bed. Repeat," Susan said.

They enjoy big campgrounds that have two or more campground hosts.

"You can work things out to have one host cover so you can take a week off to do something special," Larry said.

As their campgrounds become temporary homes, they always find volunteer projects.

At one California park, Larry used his gardening skills to prune trees that hadn't been tended to in years.

Back in California the next winter, he took on clearing a 2.5-mile bike trail that hadn't been maintained in eight years.

"I worked on it a little here and there all season," he said. "It's a good feeling to leave a place better than you found it."

Even though they're on the go every few months, they make lasting friends among park staffs and other campground hosts.

"Since campground hosts have similar lifestyles, we meet up all over the country," Susan said.

Overall, the campground hosting experience "has been 99 percent positive," she said before looking at Larry and chuckling. "Well, maybe 97 percent positive."

One of the quirky things they've noticed is that campers are reluctant to knock on their door when they need something.

"They tend to stand by the window and yell to get our attention," Susan said. "I made a sign that says, 'Campground host on duty. Please knock on door.'"

Pets can be a problem at many campgrounds, but they're not allowed at Dragoon Creek.

So far, they've rolled smoothly over every pothole campground hosting has presented.

"We made a clean break when we retired," Larry said. "Our dog had just died and our son had a job in Pullman and moved into our house with the two cats."

"We told our son we'd see him in four years," Susan said. "Six years later, he's still in Pullman and we're still on the road." — AP

## New health cost controls get go-ahead from feds

WASHINGTON —

The Obama administration has given the go-ahead for insurers and employers to use a new cost-control strategy that puts a hard dollar limit on what health plans pay for some expensive procedures, such as knee and hip replacements.

Some experts worry that such a move would surprise patients who pick more expensive hospitals. The cost difference would leave them with big medical bills that they'd have to pay themselves.

That could undercut key financial protections in President Barack Obama's health care law that apply not just to the new health insurance exchanges, but to most job-based coverage as well.

Others say it's a valuable tool to reduce costs and help check premiums.

Some federal regulators appear to be concerned. A recent administration policy ruling went to unusual lengths, acknowledging that the cost-control strategy "may be a subterfuge" for "otherwise prohibited limitations on coverage."

Nonetheless, the departments of Labor and Health and Human Services (HHS) said the practice — known as reference pricing — could continue. Plans must

use a "reasonable method" to ensure "adequate access to quality providers." Regulators asked for public comment, saying they may publish additional guidance in the future.

HHS spokeswoman Erin Shields Britt said in a statement that the administration is monitoring the effects of reference pricing on access to quality services and will work to ensure that financial protections for consumers are not undermined.

One way the new approach is different is that it sets a dollar limit on what the health plan will pay for a given procedure. Most insurance now pays a percentage of costs, and those costs themselves can vary from hospital to hospital. Now if you pick a more expensive hospital, the insurance still pays the same percentage.

The new strategy works like this:

Your health insurance plan slaps a hard limit on what it will pay for certain procedures, for example, hospital charges associated with knee and hip replacement operations. That's called the reference price.

Say the limit is \$30,000. The plan offers you a choice of hospitals within its provider network. If you pick one that charges \$40,000, you would owe \$10,000

to the hospital plus your regular cost-sharing for the \$30,000 that your plan covers.

The extra \$10,000 is treated like an out-of-network expense, and it doesn't count toward your plan's annual limit on out-of-pocket costs.

That's crucial because under the health care law, most plans have to pick up the entire cost of care after a patient hits the annual out-of-pocket limit, currently \$6,350 for single coverage and \$12,700 for a family plan. Before the May 2 administration ruling, it was unclear whether reference pricing violated this key financial protection for consumers.

Some experts are concerned.

"The problem ... from the patient's perspective is that at the end of the day, that is who gets left holding the bag," said Karen Pollitz of the nonpartisan Kaiser Family Foundation. Previously she was a top consumer protection regulator in the Obama administration.

The new pricing approach is not yet on consumers' radar, but it's gaining ground. The Mercer benefits consulting firm said 12 percent of the largest employers were using reference pricing last year, nearly double the 7 percent in

2012.

The approach has been pioneered in California by CalPERS, a giant agency that manages health and retirement benefits for public employees, and is the nation's second-largest purchaser of health benefits after the federal government.

CalPERS started with knee and hip replacements in 2011, steering patients to hospitals that had been vetted for quality and charged \$30,000 or less.

Ann Boynton, CalPERS' health benefits director, said the program has been a success, with patients able to choose from about 50 hospitals.

"People do not feel like we went to bargain-basement hospitals where the quality is not good," she said. "The quality is the same, and in some instances, better."

Economist James C. Robinson of the University of California at Berkeley studied the CalPERS experiment and found not only that many patients shifted to lower-cost hospitals, saving money, but that expensive hospitals responded by cutting their prices.

Although insurers don't appear to be

COST page 17



# The doctor's in: Through webcam, smartphone

WASHINGTON —

Mark Matulaitis holds out his arms so the Parkinson's specialist can check his tremors. But this is no doctor's office: Matulaitis sits in his rural U.S. home as a neurologist a few hundred miles away examines him via the camera in his laptop.

Welcome to the virtual house call, the latest twist on telemedicine. It's increasingly getting attention in the United States as a way to conveniently diagnose simple maladies, such as whether that runny nose and cough is a cold or the flu. One company even offers a smartphone app that lets tech-savvy consumers connect to a doctor for \$49 a visit.

Now patient groups and technology advocates are pushing to expand the digital care to people with complex chronic diseases that make a doctor's trip more than just an inconvenience.

"Why can't we provide care to people wherever they are?" asks Dr. Ray Dorsey, a neurologist at the University of Rochester Medical Center, who is leading a national study of video visits for Parkinson's patients and sees broader appeal.

"Think of taking your mom with Alzheimer's to a big urban medical center. Just getting through the parking lot, they're disoriented," he adds. "That's the standard of care but is it what we should be doing?"

There are hurdles: while Medicare, the U.S. government health program for the elderly, covers some forms of telehealth, it doesn't typically pay for in-home video exams. Plus, doctors who practice by video-chat must be licensed in whatever states their long-distance patients live. Some states restrict the kind of care and prescribing available via telemedicine.

About 40 percent of Parkinson's patients in the U.S. don't see a specialist, in part because they live too far away, even though research suggests those who do fare better, according to the Parkinson's Action Network.

When Matulaitis, of Maryland state, first was diagnosed in 2011, his wife had to take a day off work to drive him more than two hours to a Parkinson's clinic.



Once he was stabilized on medication, Dorsey enrolled him in a pilot study of video house calls. The set-up was simple: The doctor emailed a link to video software designed for patient privacy.

He's thrilled with the care.

"It's just the same as if you've ever done Facetime on an iPhone," explained Matulaitis, 59, who continues his virtual checkups with Dorsey a few times a year. "It allows the doctor to see the patient at a point where they are at their best."

Telemedicine is broader than a Skype-like doctor visit. For years, doctors have delivered different forms of care remotely, from the old-fashioned phone call to at-home monitors that measure someone's blood pressure and beam the information to a clinic. Hospitals routinely set up on-site video consultations with specialists.

But the virtual house call is gaining interest. Some insurers offer versions, such as Wellpoint Inc.'s LiveHealth Online service. Telemedicine provider American Well is making headlines with its direct-to-consumer service, offered in 44 states. Psychiatrists are exploring mental health follow-up counseling from the privacy of a patient's home computer.

New guidelines from the Federation of State Medical Boards say telemedicine can be OK without a prior in-person visit, a change expected to influence licensing regulations in a number of states, said federation president Dr. Humayun Chaudhry.

The guidelines hold virtual visits to the same standards as an office visit, including a full medical history and informed consent, and say patients should be able to choose among participating doctors. The group also is finalizing a plan to make it easier for doctors to practice across state lines.

But does a virtual exam translate into better outcomes for the chronically ill?

"There's an evidence gap that needs to be filled," said Romana Hasnain-Wynia of the Patient-Centered Outcomes Research Institute (PCORI), an agency created under the new health care law to study, which medical treatments and procedures work best.

With a \$1.7 million grant from PCORI, Dorsey's study is randomly assigning about 200 Parkinson's patients from around the country to receive either their usual care or added virtual checkups from a specialist. His pilot studies have suggested telemedicine allows needed care such as medication

adjustments while saving patients time.

As for people seeking even a seemingly simple diagnosis, there are other questions such as how to avoid overprescribing antibiotics. Yes, a smartphone camera may spot signs of strep throat. But national guidelines urge a strep test before giving antibiotics, to be sure a virus isn't to blame.

"You have to be a touch more thoughtful when you're talking about new patient relationships," said Dr. Joseph Kvedar of the Center for Connected Health, a division of Boston's Partners Healthcare. But he predicts at-home infection tests one day could supplement telehealth.

Then there's cost. The key is whether telehealth replaces doctor visits or adds to them, said Dr. Ateev Mehrotra of Harvard and the RAND Corp. in recent testimony for a House Energy and Commerce subcommittee that is studying how to enhance telemedicine.

"Telehealth may be too convenient," said Mehrotra, urging that it be implemented in a cost-effective way that provides high-quality care. — AP

## ► Protecting

Cont. from page 10

run certain qualitative tests to assess your mobility. Factors to be looked at can include an assessment of your gait and gait speed to determine if there is any impairment, and to what extent it affects your mobility. Another important test would be a simple balance test. Muscle strength can also be assessed. Since good eyesight and hearing play a role in preventing falls, it is important to make sure that you have yearly exams and that your corrections are up to date.

How you can protect your mobility.

The old saying "use it or lose it" really rings true for maintaining mobility. Because our balance starts to decline in our 50s as a natural part of aging, exercises that focus on balance can help keep this natural decline at bay. Exercises such as yoga and tai chi are excellent ways to improve balance. There are many exercise classes that are specifically designed for beginners or seniors. Some of these classes focus on building and main-

taining core and lower body strength, again important for walking. These classes are readily available at local community centers, YMCAs and private health clubs. It is also important to just keep moving. Walking and recreational hiking are excellent low impact activities. Another great option for seniors — especially if you have joint issues such as osteoarthritis — is swimming.

It offers cardiovascular benefits and strengthens all the major muscle groups, including the core. Exercising at a moderate pace, with a goal of three-to-five times per week, will go a long way to ensuring ease of movement and the ability to maintain mobility. Clear it with your doctor before starting a regular program.

*Dr. David Rideout is the lead physician at Doctors Express in the Saugus Center, one of 10 eastern Massachusetts offices, offering seven-day walk-in urgent medical care. Visit the Doctors Express website at [www.DoctorsExpressBoston.com](http://www.DoctorsExpressBoston.com). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com).*



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# Healthy seniors tested in bid to block Alzheimer's

WASHINGTON —

In one of the most ambitious attempts yet to thwart Alzheimer's disease, a major study is underway to see if an experimental drug can protect healthy seniors whose brains harbor silent signs that they're at risk.

Scientists plan to eventually scan the brains of thousands of older volunteers in the U.S., Canada and Australia to find those with a sticky build-up believed to play a key role in development of Alzheimer's — the first time so many people without memory problems get the chance to learn the potentially troubling news.

Having lots of that gunky protein called beta-amyloid doesn't guarantee someone will get sick. But the big question: Could intervening so early make a difference for those who do?

"We have to get them at the stage when we can save their brains," said Dr. Reisa Sperling of Boston's Brigham and Women's Hospital and Harvard Medical School, who is leading the huge effort to find out.

Researchers are just beginning to recruit

volunteers, and, a Rhode Island man was recently hooked up for an IV infusion at Butler Hospital in Providence, the first treated.

Peter Bristol, 70, of Wakefield, Rhode Island, figured he was at risk because his mother died of Alzheimer's and his brother has it.

"I felt I needed to be proactive in seeking whatever therapies might be available for myself in the coming years," said Bristol, who said he was prepared when a PET scan of his brain showed he harbored

enough amyloid to qualify for the research.

"Just because I have it doesn't mean I'm going to get Alzheimer's," he stressed. But Bristol and his wife are "going into the situation with our eyes wide open."

He won't know until the end of the so-called A4 Study — it stands for Anti-Amyloid Treatment in Asymptomatic Alzheimer's — whether he received monthly infusions of the experimental medicine, Eli Lilly & Co.'s solanezumab, or a dummy drug.

Solanezumab is designed to help catch amyloid before it builds into the brain

plaques that are a hallmark of Alzheimer's. It failed in earlier studies to treat full-blown Alzheimer's — but it did appear to help slow mental decline in patients with mild disease, raising interest in testing it even earlier.

Scientists now think Alzheimer's begins ravaging the brain at least a decade before memory problems appear, much like heart disease is triggered by quiet cholesterol build-up. Many believe the best chance of preventing or at least slowing the disease requires intervening, somehow, when people still appear healthy.

The \$140 million study, funded by the National Institutes of Health, Lilly and others, will track if participants' memory and amyloid levels change over three years.

Whether this particular drug works or not, the Alzheimer's study is being watched

closely as a chance to learn more about how amyloid works and how people handle the uncertainty of knowing it's there.

"Amyloid we know is a huge risk factor, but someone can have a head full of amyloid and not decline" mentally, Sperling said. "We need to understand more about why some brains are resilient and some are not."

Before any brain scans, interested 65- to 85-year-olds will undergo cognitive tests to make sure their memory is normal. Volunteers also must be willing to learn their amyloid levels, and researchers can turn away those whose psychological assessments suggest they may not cope well with the news. Sperling expects to screen more than 5,000 healthy seniors to find the needed 1,000 participants, who will be monitored for anxiety or distress. — AP



## ► Cost

Cont. from page 15

using reference pricing on the new health exchanges, Robinson said he thinks it's only a matter of time.

"The vast majority of people buying on the exchanges are price sensitive," he said. "People, when they are spending their own money, tend to go for thinner benefits."

However, the strategy appears to be suitable only for a subset of medical care: procedures and tests that are frequently performed, where the prices charged vary

widely, but the quality of results generally does not. In addition to knee and hip replacements, that could include such procedures as MRIs and other imaging tests, cataract surgery and colonoscopies.

Robert Berenson, a physician and health policy expert at the Urban Institute think tank, said he worries that advocates of reference pricing may be overlooking quality differences.

"There are differences in MRIs and in how a hip replacement is done," he said. "If you are going to say 'Our judgment is better than your doctor's,' then you've got to meet tests that you are actually assuring quality and safety." — AP

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# Help support funding for home, community based services

By Michael E. Festa

We know that the most vulnerable among us must be protected. The aging population of Massachusetts will continue to grow along with the unique issues related to health, long-term care and financial security. People over age 65 represent the fastest growing age group in the state and nearly 1.5 million will reach 65 years of age or older by 2030, according to the University of Massachusetts Donahue Institute.



## AARP and You

AARP believes that as Americans live longer they should choose, with their families, the living environment that best meets their needs — whether that is home or community-based services or a residential facility.

AARP envisions that all Americans with needs for long-term assistance or those with disabilities will have the necessary services and supports. Those receiving such assistance will live in homes and communities of their choosing and will control decisions about services to enable them to live as independently as possible.

AARP Massachusetts is working to give individuals, their families and their caregivers control over their care by prioritizing services that are home and community based — such as

assistance with meal preparation, bathing and dressing — as well as assistive technologies and modifications that may be made to home and community environments.

Further, to meet Americans' long-term care needs, we must do the following:

- increase the number of nursing aides and other direct care staff;
- raise caregiver wages and improve benefits;
- show caregivers more respect for the work they do;
- allow caregivers to give more input about caregiving.

Families and friends, who currently provide the vast majority of needed long-term services and supports to persons with disabilities and those aged 65 and over, should receive assistance when and where they need it.

According to a recent study by the AARP Public Policy Institute, the overwhelming majority of those in need of long-term services and supports wish to live in their own homes and communities as they age.

AARP Massachusetts supports fully funding home and community based services to help people stay in their own home and their community as a first option. This includes strengthening and rebalancing long term services and supports — from high quality, affordable skilled nursing facilities to home care — for today's seniors and those who will need these services in the coming decades. Family caregivers also need assistance, including education and training.

Further, AARP Massachusetts supports funding for programs that help individuals pay relatives and friends who

provide care.

Most people have relationships that make up their life — from family and friends and the community, to work and institutions and organizations that value their contributions and energy. Those relationships define who they are and why they matter. Community services, supports and social opportunities for older adults through councils on aging and senior centers are integral to a high quality of life, and can reduce the damaging impact of social isolation for older adults by creating new connections to one's community.

Also, ensuring safe, affordable and reliable public transportation alternatives through the Massachusetts Bay Transit Authority and Regional Transit Authorities can help those with long-term care needs and and/or those with disabilities live independently in their communities.

AARP looks forward to continuing its work to improve the quality of life of 50-plus residents of the Commonwealth. Join us and take action by calling the AARP Massachusetts advocacy hotline at 888-259-9789. Listen to the message, then enter your zip code to be connected to your legislator and urge him or her to fully fund home and community-based services.

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](http://www.aarp.org/ma); Like us at [www.facebook.com/AARPMMA](http://www.facebook.com/AARPMMA) and follow us on [www.twitter.com/AARPMMA](http://www.twitter.com/AARPMMA).

## Home care aides get a raise, but it only makes a dent

By Al Norman

During debate on the state budget that begins July 1, the state Senate voted unanimously to add \$6.1 million to give home care aides a small salary increase. The Senate tapped into some federal funds to raise the pay — but this was the first time since 2008 that these 17,000 workers got a wage hike.

The raise will amount to less than 75 cents per hour, because some benefit costs have to come out first — but any upward movement is important.

Consider the case of Toinsanita. She has been providing care to elders as a personal care homemaker for five years. She has worked for her current employer for two

months. She is a 25 year old, single mother who lives in Springfield with one child.

Toinsanita earns \$12 an hour. Last year, her gross salary — including benefits and additional compensation — was \$16,000.

To help make ends meet, Toinsanita has worked several jobs with different agencies at the same time. She is currently looking for a second job. Toinsanita



## Push Back

provides home care services to as many as three different elderly clients each day. She owns a car, but it often breaks down and she uses public transportation to travel to each of her clients' homes when need be. Toinsanita and her child receive health insurance benefits through Mass Health. She would not have to work two jobs if she received adequate pay and benefits to support her family as a homemaker.

Or consider Diane. She is 59 years old, and works as a certified home health aide. She cared for both her mom and dad before they died — at home. Now she cares for older people as her daily job. She makes \$11.50 an hour, and usually works 35 hours a week. Her total pay last year was \$16,828. Her two kids are grown now, but if she was a mom raising two kids, what she makes would be 15 percent below the federal poverty level for a family of three.

Diane has health insurance through her employer. But she gets no vacation time, and she gets no sick time. If she wakes up and is not feeling well enough to visit her clients, she earns nothing that day.

She is almost old enough now to be a client of the home care program. She has been caring for her clients for three years now. Diane visits with four elders a day, traveling back and forth between Burlington, Woburn and Wilmington. She

gets mileage, but it doesn't cover the wear and tear on her car.

Diane has never had a raise. But like everyone else, she has to pay for rising gas prices at the pump, higher heating costs at home and groceries and utility bills. She says she loves the work she does with seniors — but when she looks at her paycheck, she worries about her future.

The home care program in Massachusetts is a circle of poverty; low-income younger women care for low-income older women. The legislature's action to lift these women out of poverty is an important journey. But we have miles to go before we can say woman like Diane and Toinsanita are not being exploited. And all of us, as taxpayers, are complicit in this exploitation.

Al Norman is the executive director of Mass Home Care. He can be reached at [info@mass-homecare.org](mailto:info@mass-homecare.org), or at 413-772-6289.

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## ► Medicaid

Cont. from page 5

ical wrangling. Though far from perfect, the idea should have provided a launch pad for further discussion and action.

Then, last year, a 15-member, non-partisan Federal Commission on Long-Term Care was tasked with developing comprehensive funding and implementation proposals that would lead to legislative action. Out of the group's 28 recommendations, nothing sufficiently addressed the financing of care. This was not surprising since Washington-based commissions are traditionally a waste of time.

Yet this issue demands immediate attention since the national age

demographic is ticking up. Here in Massachusetts, the population of those aged 65 and over will increase by over a half a million — expanding from 14 percent of the state's total population in 2010 to 21 percent by 2030.

Inaction will result in an intolerable long-term care climate for families and the long-term care institutions that serve them. Bottom line: We, as caregivers, and our loved-ones, will ultimately pay the price.

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



# Discounts for seniors capture boomer attention

By Karen Schwartz

FORT COLLINS, Colo. —

The last of the baby boomers turn 50 this year, and if they want to cry into their beer about getting older, at least they can now buy it at a discount.

That's because the first of the so-called senior discounts kick in at age 50, generally along with an AARP card.

Sure, there are savings at some chain restaurants and movie theaters, but like everything else with this generation, the boomers have put their own mark on senior savings.

"Some of our discounts would not have existed 10 years ago," said Lynn Mento, a spokeswoman for the Washington, D.C.-based AARP.

Today's cardholders qualify for 33 percent off membership at Zipcar, an auto-sharing site; can buy three concert tickets at Live Nation and get a fourth for free; get 45 percent off a new membership at Angie's List, a website that lets people review local businesses; and qualify for 15 percent off on HP computers.

Plenty of discounts are available for those who aren't among the AARP's 37 million members, though those often don't kick in until closer to retirement age.

For instance, Fred Meyer Senior Discount Days are for those 55 and older, the National Park Service charges just \$10 for a lifetime pass for Americans age 62 or older, and Southwest Airlines is one of the few carriers still offering a reduced fare for those 65 and older.

To find discounts, the simplest thing to do is ask, said Jim Miller, of Norman, Okla., who has spent the past 13 years writing the syndicated Savvy Senior column.

He also recommends the website SeniorDiscounts.com, which lists thousands of memberships and is searchable by location.

Don't stop there, however, as senior discounts aren't always the cheapest option. Sometimes, other discounts or promotions will offer greater savings. It pays to search the Internet and shop around.

"The best advice is for consumers to compare the different available rates based on what they qualify for, and book the one that works best for them," said Jennifer de la Cruz of Miami, a spokeswoman for Carnival Cruise Lines, which

offers senior discounts on some trips.

While many of the senior perks are marketing moves by businesses, it's a win-win as more than half of seniors really need to stretch their dollars.

There are about 76 million baby boomers in the United States — those born between 1946 and 1964. Of them, about 41 million, or 14 percent, are over 65.

Financially, a lot of them are in rough shape. More than 23 million Americans over age 60 are financially "insecure," according to the National Council on Aging (NCOA), based in Washington. That's the term the private nonprofit uses to describe a single senior who make \$28,725 or less per year, said Jean Van Ryzin, NCOA spokeswoman.

"A lot of times all it takes is one life event to push them down into poverty," she said. "They fall and break their hip. They lose their job. They have to take in a family member."

The agency offers a free tool on its website, Benefitscheckup.org, that helps those 55 and older find programs for which they might qualify. So far, the group has helped nearly 4 million people find more than \$14 billion in benefits, including assistance with food, health care and medications, said Van Ryzin.

"This is beyond discounts of just getting 10 percent off your meal," she said.

Mento offers another piece of advice: The cheapest deal isn't always the best deal.

"The AARP is very interested in offering the best value — sometimes that can mean the lowest prices, sometimes it means that there are safeguards," she said. For example, "Our auto insurance may not be the lowest rate, but you will never be canceled."

Mento, 53, said she uses senior discounts all the time. She recently used them for her hotel and rental car in Boston, where she was attending AARP's semi-annual Life@50+ National Event & Expo.

Miller, the columnist, turned 50 this year. He hasn't taken advantage of any senior discounts yet.

"Personally, I'm not too crazy about getting older," he said.

Online: AARP — [www.aarp.org](http://www.aarp.org); National Council on Aging — [www.ncoa.org](http://www.ncoa.org); [www.benefitscheckup.org](http://www.benefitscheckup.org); Savvy Senior — [www.savvysenior.org](http://www.savvysenior.org); Senior Discounts — [www.seniordiscounts.com](http://www.seniordiscounts.com).

## Cheap drug greatly boosts prostate cancer survival

A study shows that a cheap, decades-old chemotherapy drug extended life by more than a year when added to standard hormone therapy for men with prostate cancer that has spread.

It's one of the biggest improvements in survival ever seen in an advanced cancer in adults.

Men who received the drug docetaxel

lived nearly 58 months versus 44 months for those not given the drug in the study, which was sponsored by the federal government.

Doctors say it shows the importance of testing older medicines now available in generic form. This one costs about \$1,500 per treatment, far less than many newer drugs. — AP



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## High fees eroding many 401(k) retirement accounts

By Josh Boak and Paul Wiseman

WASHINGTON —

It's the silent enemy in our retirement accounts: High fees.

And now a new study finds that the typical 401(k) fees — adding up to a modest-sounding 1 percent a year — would erase \$70,000 from an average worker's account over a four-decade career compared with lower-cost options. To compensate for the higher fees, someone would have to work an extra three years before retiring.

The study comes from the Center for American Progress, a liberal think tank. Its analysis, backed by industry and government data, suggests that U.S. workers, already struggling to save enough for retirement, are being further held back by fund costs.

"The corrosive effect of high fees in many of these retirement accounts forces many Americans to work years longer than necessary or than planned," the new report concludes.

Most savers have only a vague idea how much they're paying in 401(k) fees or what alternatives exist, though the information is provided in often dense and complex fund statements. High fees seldom lead to high returns. And critics say they hurt ordinary investors — much more so than, say, Wall

Street's high-speed trading systems, which benefit pros and have increasingly drawn the eye of regulators.



Consider what would happen to a 25-year-old worker, earning the U.S. median income of \$30,500, who puts 5 percent of his or her pay in a 401(k) account and whose employer chips in another 5 percent:

- If the plan charged 0.25 percent in annual fees, a widely available low-cost option, and the investment return averaged 6.8 percent a year, the account would equal \$476,745 when the worker turned 67 (the age he or she could retire with full Social Security benefits).

- If the plan charged the typical 1 percent, the account would reach only \$405,454 — a \$71,000 shortfall.

- If the plan charged 1.3 percent — common for 401(k) plans at small compa-

nies — the account would reach \$380,649, a \$96,000 shortfall. The worker would have to work four more years to make up the gap. (The analysis assumes the worker's pay rises 3.6 percent a year.)

The higher fees often accompany funds that try to beat market indexes by actively buying and selling securities. Index funds, which track benchmarks such as the Standard & Poor's 500, don't require active management and typically charge lower fees.

With the stock market's ups and downs, experts say timing the market is nearly impossible. By contrast, investors can increase their returns by limiting their funds' fees.

Most stock funds will match the performance of the entire market over time, so those with the lowest management costs will generate better returns, said Russel Kinnel, director of research for Morningstar.

"Fees are a crucial determinant of how well you do," Kinnel said.

The difference in costs can be dramatic. Each fund discloses its "expense ratio." This is the cost of operating the fund as a percentage of its assets. It includes things like record-keeping and legal expenses.

For one of its stock index funds, Vanguard lists an expense ratio of 0.05 percent. State Farm lists it at 0.76 percent for a similar fund. The ratio jumps to 1.73

percent for a Nasdaq-based investment managed by ProFunds.

"ProFunds are not typical index mutual funds, but are designed for tactical investors who frequently purchase and redeem shares," said ProFunds spokesman Tucker Hewes. "The higher-than-normal expense ratios of these non-typical funds reflect the additional cost and efforts necessary to manage and operate them."

Average fees also tend to vary based on the size of an employer's 401(k) plan. The total management costs for individual companies with plans with more than \$1 billion in assets has averaged 0.35 percent a year, according to BrightScope, a firm that rates retirement plans. By contrast, corporate plans with less than \$50 million in assets have total fees approaching 1 percent.

Higher management costs do far more to erode a typical American's long-term savings than does the high-speed trading highlighted in Michael Lewis' new book, *Flash Boys*. Kinnel said computerized trades operating in milliseconds might cost a mutual fund 0.01 percent during the course of a year, a microscopic difference compared with yearly fees.

"Any effort to shine more light (on fees) and illustrating that impact is huge," Kinnel said. "Where we've fallen down most is not

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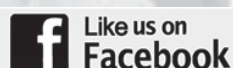
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# Do you need an elder law attorney?

By Linda T. Cammuso

With people living longer and the healthcare and financial worlds growing more complicated, it is likely that you or a loved one will someday find yourself in need of an elder law attorney. Like many labels, the term “elder law” is often times used without a proper grasp of its meaning. If you’re not sure what an elder law attorney does, chances are you can’t say whether you need one.



## Legal Briefs

Traditionally, legal planning for the older population consisted of people going to see their local attorney to draw up a will, and perhaps a health care proxy and durable power of attorney. These documents would then sit in a drawer until they were needed — i.e., until disability or death. Over time, estate planning evolved to incorporate probate avoidance, estate tax and income tax planning and asset protection for heirs and beneficiaries.

While traditional estate planning is critically important, today’s complex society demands a more specialized set of tools for the challenges seniors and their families face in managing their healthcare, finances and legal planning. Elder law takes the estate planning discipline to the next level by incorporating healthcare and quality of life concerns into the planning arena.

While the practice of elder law encompasses a broad spectrum of issues, most elder law attorneys assist clients and their families in the following situations:

- Preparing legal documents for estate planning including wills, trusts, durable powers of attorney, health care proxies, HIPAA releases and living wills.
- Navigating the various federal, state

and local programs and options available to fund the cost of care at home, in assisted living or in a nursing home.

- Applying for benefits such as Medicaid (called “MassHealth” in Massachusetts) at the community or nursing home level.

- Obtaining a guardianship or conservatorship over a loved one who can no longer make his or her own financial or medical decisions.

- Making recommendations to other advisors and advocates for related needs including healthcare advocacy and financial and tax planning.

Consider the common scenario of John and Jane. They updated their wills when their first grandchild was born. They also set up a living trust for probate avoidance and estate tax planning.

Twenty years later, Jane has dementia and John is finding it difficult to keep up with her care needs. John would like to keep Jane at home longer with community services but is not sure which program is best, or whether their finances or insurance would position them to qualify for any benefits.

The kids want to help, but they live out of state and don’t know where to begin in looking for information.

We all know someone going through a difficult transition as they age — whether it’s your in-laws, parents, neighbors or yourself. The good news is you do not need to go it alone. There are wonderful resources available, and starting with an experienced elder law attorney can be a great first step.

*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](http://www.estatepreservationlaw.com) or by calling 508-751-5010. Archives of articles from previous issues may be read at [www.fifty-plusadvocate.com](http://www.fifty-plusadvocate.com).*

## ► High

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providing greater guidance for investors in selecting funds.” “Information that helps people make decisions is useful,” said Sean Collins, the Investment Company Institute’s senior director of industry and financial analysis. “Generally, people pay attention to cost. That shows up as investors tend to choose — including in 401k funds — investments that are in lower than average cost funds.”

But many savers ignore fees.

In a 2009 experiment, researchers at Yale and Harvard found that even well-educated savers “overwhelmingly fail to minimize fees. Instead, they placed heavy weight on irrelevant attributes such as funds’ (historical) annualized returns.”

The Labor Department announced plans to update a 2012 rule for companies to disclose the fees charged to their 401(k) plans. Fee disclosures resulting from the 2012 rule proved tedious and confusing, said Phyllis Borzi, assistant secretary for the Labor Department’s Employee Benefits Security Administration.

“Some are filled with legalese, some have information that’s split between mul-

tiples documents,” Borzi said.

For years, companies have been dropping traditional pension plans, which paid a guaranteed income for life. Instead, most offer 401(k)-style plans, which require workers to choose specific funds and decide how much to contribute from their pay. Workers also bear the risk that their investments will earn too little to provide a comfortable retirement.

The shift from traditional pensions threatens the retirement security of millions of Americans. Many don’t contribute enough or at all. Some drain their accounts by taking out loans and hardship withdrawals to meet costs. Sometimes their investments sour. And many pay far higher fees than they need to.

Of all those problems, fixing the fees is the easiest, Center for American Progress researchers Jennifer Erickson and David Madland say.

They are calling for a prominent label to identify how a plan’s fees compare with low-cost options. That information, now found deep inside documents, shows the annual fees on investing \$1,000 in a plan. Yet that figure, usually only a few dollars, doesn’t reflect how the fees rise into tens of thousands of dollars as the account grows over decades. — AP

## “What happens if I don’t have a will or an estate plan?”

A lot and it’s not good.

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## 'Going faux' can transform a home's style

By Diana Marszalek

**P**hoebe Taylor's 20-year-old suburban Atlanta ranch house began plain and "builder grade."

A professional decorator, she transformed it with faux wood beams, decorative molding and a gold-spun paint job that looked like "soft marble." Her vision: "what our dream house would have been if we had gone out and bought it."

It's called "Going Faux" — turning homes into something they basically are not through prefab architectural embellishments and eye-tricking wall finishes. Enthusiasts say there's no reason for even the most budget-conscious among us to live a cookie-cutter existence.

"My house was not an expensive house. But even the million dollar houses don't have this kind of detail," said Taylor, adding that she recently sold the house in just one day.

Other "faux" features to consider include ceiling decals that look like parts of elaborate chandeliers, cabinetry embellishments and painted wainscoting.

"I have seen some trailer homes that have more personality to them thanks to paint, sweat equity, buying some lumber and their owners using their creativity," said Lee Gamble, a Steamboat Springs, Colo.-



Interior millwork from Fypon

based designer and painter who specializes in faux finishes.

Gamble said a homeowner can change anything with desire and patience — even ambitious projects like making the interior of a standard subdivision home look like a cozy Tudor or classic Colonial, or like something out of the rustic West.

The Internet is a DIY decorator's best friend, she said, offering inspiration and sources for adding architectural and decorative elements to a home.

Next is paint, which Gamble calls "the cheapest way to improve your house" — and it's about more than just giving the walls new color. Paint can be used to create

illusions of architectural elements: For example, you can use blocks of color on walls to create the look of molding, or three variations of one color for a three-dimensional look — an old technique called trompe l'oeil that can make your home look just a little more like the Palace of Versailles.

Paint can make high ceilings look lower — extend the ceiling's color to a lower point on the wall — or give them more height by going dark. Using different colors on the top and bottom halves of a wall can create the look of wainscot, Gamble said.

Ornamental appliques that adhere to anything from cabinetry, walls, mantels and molding to furniture and picture frames add ready-made detail without breaking the bank, she said.

The decorative appliques, which can be painted, stained or glazed, are particularly helpful in transforming the look of kitchen cabinets. "If they are in good shape and the flow works for you, then there is no reason to change them out," Gamble said, adding that the appliques, paint and new cabinetry hardware can transform a "builder-grade kitchen" to any style from classic to contemporary.

"Suddenly you have a new kitchen," she said.

The products that make such projects

possible are becoming easier to use, home designers said.

The manufacturer Fypon makes synthetic ceiling beams and medallions and decorative millwork that are lighter and more manageable than real wood, Gamble said.

**"Faux" features to consider include ceiling decals that look like parts of elaborate chandeliers, cabinetry embellishments and painted wainscoting.**

Decorative millwork like a sunburst pediment over a door, is an easy improvement to a room, said Kathleen Ziprik, a Fypon spokeswoman.

Taylor said she used tricks like that in her renovation. In redoing her master bath, she started with "just a straight shot bathroom." She added molding and wood panels to the walls, and framed the bathtub, using new material with decorative embellishments.

"It looked very dramatic," Taylor said, adding that buying a new home with those real architectural features would not have been affordable.

"It really looked real," she said. — AP

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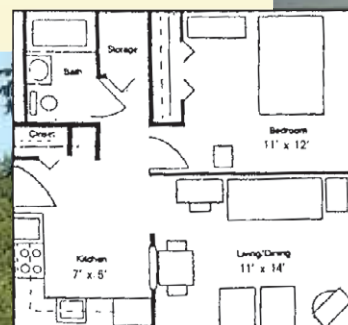
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