



**Savannah: Ghosts,
stories, history**
page 12



**Dieting: Forget
the calories**
page 9



**Brightening up
outdoor spaces**
page 22

Find Index of Caregiving Services on page 3

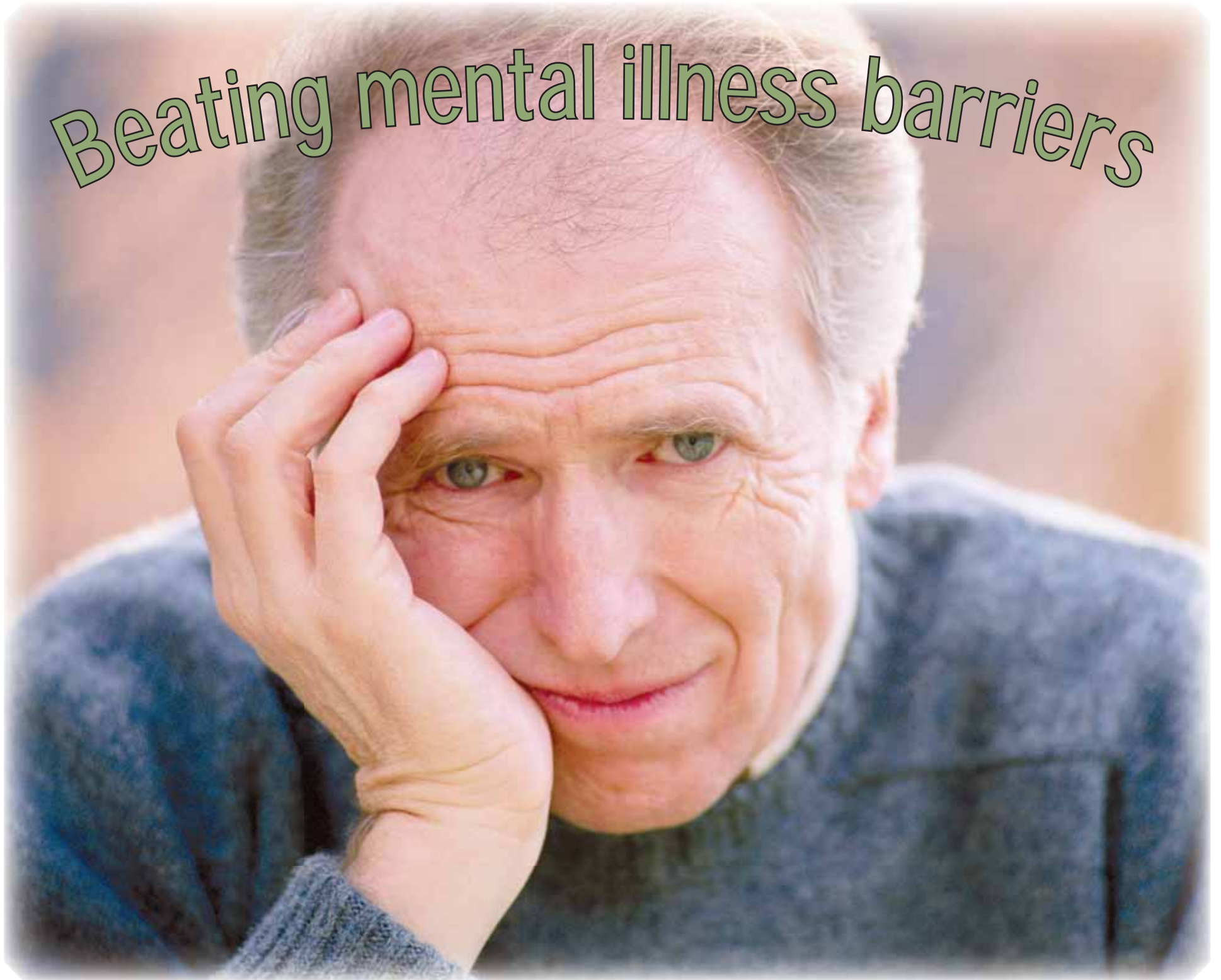
fifty plus advocate

40th
year

Published Monthly / FREE / June 2014 / Vol. 40 / No. 6 / 24 pp.

EASTERN MA EDITION

Beating mental illness barriers



PRE-SORT STANDARD
U.S. POSTAGE PAID
PERMIT NO. 697
WORCESTER, MASS.

CURRENT RESIDENT OR

Fifty Plus Advocate • 131 Lincoln Street • Worcester, MA 01605

THE
RESIDENCES
at WINGATE

*The Residences at Wingate
are Now Open! See page 11*

*A View of the Life
You Want to Live!*

- INDEPENDENT LIVING •
- ASSISTED LIVING •
- MEMORY CARE •

CREMATION WHY PAY MORE?

\$1,395.00

“Simplicity” Cremation.

Complete.

No Extra Charges

A+ Rated by the

Better Business Bureau

Family Owned

State Assistance Accepted

www.CasperCremation.com

Casper

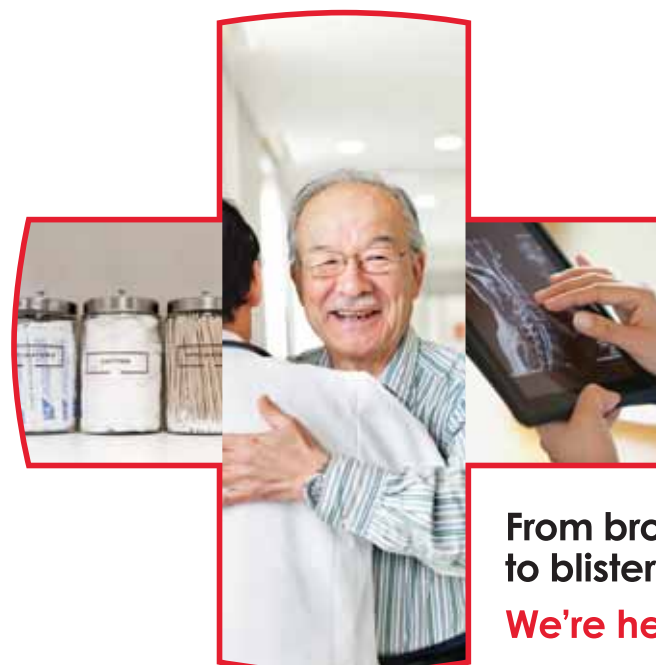
CREMATION SERVICES

617-269-1930

and 800-314-1890

(Toll-Free)

MA Licensed Funeral Providers



No Appointment
Needed

X-Ray & Lab
Services On Site

Vaccinations
& Physicals

Travel
Medications

Most Insurance
Plans Accepted

**From broken bones
to blisters.**

We're here for you.

It doesn't matter if you are coming down with the flu or coming in with a broken finger. Our certified medical providers treat you quickly as soon as you walk in. You see, some doctors are specialists. So are we. We specialize in making you well, regardless of what is making you sick.

Braintree 781.848.2273

Dedham 781.461.0200

Malden 781.322.7300

N. Andover 978.470.0800

Natick 508.650.6208

Saugus 781.233.1000

Waltham 781.894.6900

Watertown 617.923.2273

Open 7 days a week:

M-F 8-8, S-S 8-5

DoctorsExpressBoston.com

An American Family Care Company

**Doctors
Express®**
URGENT CARE

Serving the Greater Boston Area for over 55 years is a pretty good track record!

Let us work to find YOUR best hearing solution. We've been successfully fitting patients since 1959 and today's technology makes it easier and more natural to hear again!



CALL us to schedule a free hearing test, consultation and free demo to try at home!

Steve

617 770-3395

**You can trust the Tobias family to
treat YOU like family!**



Stephen P. Tobias B.C. HIS
MA Lic #59
B.S. Science UMass 1978

Tobias Hearing Aids, Inc. 382 Quincy Ave, Quincy
near Roche Bros and Walmart. Where Eddies Diner was!

FEATURED STORIES

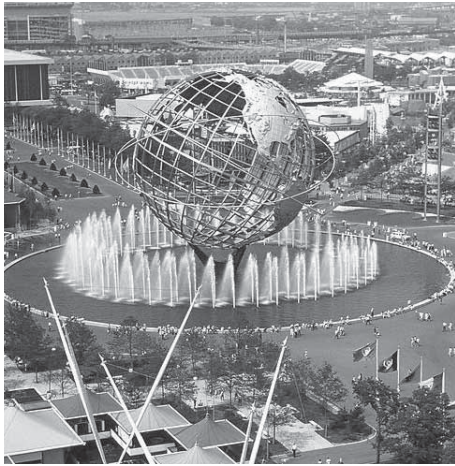
Narrowest budget gap since 2008	6
Obamacare: Hefty fees for drugs	6
New procedure detects sleep apnea	8
Revisiting 1964 World's Fair	15
Treat introduced at World's Fair	15
Medicare fraud arrests	17
Medicare overtreatment billions	17
Boomers living communally again	19

DEPARTMENTS

Feeling Healthy	9
Focus on Senior Services	8
Healthy Lifestyle	10
Home Improvement	22
Just My Opinion	5
Money Matters	20
Resource for Caregivers	16
Reverse Mortgage	21
Travel	12
Viewpoint	18



Hefty cost 6



Remembering 1964 15



Sleep detection 8



Living together 19

ABOUT THE COVER

Local group helps aging with mental health problems p. 4

■ INDEX OF SERVICES IN THIS ISSUE ■

ADVOCACY

AARP..... p. 5

AFFORDABLE SENIOR HOUSING

Sherwood Village, Natick p. 23

ASSISTED LIVING

The Residences at Wingate, Needham p. 11

ATTORNEY, ELDER LAW

Estate Preservation Law, Worcester.... p. 21

Ingle Law, Southborough..... p. 23

CREMATION SERVICES

Casper Cremations, Massachusetts p. 2

DEBT SERVICES

Debt Counsel for Seniors/Disabled ... p. 20

EYE CARE SERVICES

Nielsen Eye Care, Quincy p. 11

FUNERAL SERVICES

Peck Funeral Home, Braintree, Weymouth p. 9

SCS Memorials, Everett, Framingham . p. 6

HEALTH PLANS FOR SENIORS

TUFTS Health Plan p. 14

HEARING SERVICES

Tobias Hearing Aids, Quincy p. 2

HOME CARE SERVICES

ABC Home Healthcare, Wakefield p. 12

Distinguished Care Options, Natick . p. 16

Old Colony Elder Services, Brockton .. p. 9

HOME IMPROVEMENTS

Creative Shelf, Weymouth p. 6

HOSPICE

HopeHealth, Cape Cod p. 22

MORTGAGE FINANCING

Direct Finance Corp. p. 14

NURSING HOMES

Golden LivingCenters p. 24

Attleboro, Chestnut Hill, Cohasset,

Dedham, Gloucester, Lexington, Malden, Melrose, Middleboro, Norwood, Plymouth, Taunton, West Newton

Wingate Healthcare, Brighton, Haverhill, Kingston, Lowell, Needham, North Andover, Reading, Sudbury..... p. 13

REAL ESTATE SERVICES

Sell Mom's House.com — Prudential Realtors..... p. 10, 23

REST HOME

Oosterman, Melrose p. 20

Oosterman, Wakefield p. 20

SLEEP APNEA RELIEF

Dr. S. Rinaldi, Andover p. 17

SUBSIDIZED HOUSING

Bixby Brockton, Brockton p. 13

Congregational Retirement, Melrose p. 13

Lamplighter Village, Canton p. 13

URGENT WALK-IN MEDICAL SERVICES

Doctors Express, Andover p. 2

Doctors Express, Natick p. 2

If you use any services listed above, please mention you saw their ad in the Fifty Plus Advocate.

State mental health advocates help older adults beat illness

By Brian Goslow

WORCESTER —

For some battling mental health issues, it's all about taking those tiny steps that have been avoided over an extended period of time — and having programs available to help them break old patterns. For older individuals suffering emotional issues, the challenges can be greater. The Massachusetts Aging and Mental Health Coalition (MAMHC) is there to help.

At its recent annual conference at the College of the Holy Cross, there were plenty of examples given of how properly presented self-management programs can help reverse the debilitating patterns of depression for older adults.

Robert Schreiber, medical director of the Massachusetts Healthy Living Center of Excellence, shared the story of Mary, a 60-year-old woman with agoraphobia who hadn't regularly left her apartment for years because she was paralyzed with anxiety and an ongoing fear of the people that were around her; she wanted to travel to see her out-of-town daughter and grandchildren.

Thanks to Mary's participation in the My Life My Health: Chronic Disease Self-Management Program (CDSMP), an action plan was developed that took Mary from short walks in her hallway to walks outside her apartment and then walks down her street, literally taking the small steps that culminated in her being comfortable enough to book a flight for an extended stay with her family.

Based on a model developed at the Stanford University Patient Education Research Center in the early 1990s, the CDSMP program is overseen in the state by the Massachusetts Healthy Living Center of Excellence and Elder Services of the Merrimack Valley, Inc. in conjunction with Hebrew SeniorLife.

The six-week, two-and-a-half-hour-per meeting CDSMP workshops are offered to adults living with the challenges of one or more persistent health conditions and are intended to encourage discussion, action planning, brainstorming, problem solving and decision making; participants receive "The Living and Healthy Living Book" and a CD with relaxation exercises on it.

Offered statewide since 2007, over 4,000 older adults have gone through the program at over 200 sites, including senior centers, healthcare organizations, adult day health programs, assisted living facilities, nutrition programs, hospitals, clinics, senior housing and family caregiver support programs.

"Some of the people are overweight, some have high blood pressure and some have medical conditions that affect their everyday life," said Susan Poludniak, Healthy Living

Program Manager for Elder Services of the Merrimack Valley, Inc.

The topics covered include dealing with difficult emotions, physical activity and exercise, communication skills, medication usage and making informed treatment decisions that lead to a feeling of achievement that can greatly improve not only a person's mind, but also health.



Callahan

"We want them to succeed," Poludniak said. "When they succeed with a goal in their activity plan, we see incremental behavioral changes. Positive change is happening."

Poludniak said the findings from a 2013 national study of CDSMP effectiveness, which surveyed 1170 participants, are significant. They included:

- a 10 to 16 percent decrease in fatigue, pain, shortage of breath and sleep problems;

- a 12 percent increase in the number of participants who are "moderately active" at the end of the program vs. at the beginning;

- a 21 percent improvement in depression;
- a 6 percent improvement in quality of life; and

- odds of an emergency room visit were reduced 32 percent over a 12-month period.

In a separate presentation, Schreiber noted that CDSMP participation led to better health and healthcare value and lower cost; the post-program estimated savings is \$713.80 per participant.

During her presentation at Holy Cross, Poludniak shared a letter from one of the program's participants, Helen Lamoureaux, who participated at the Chicopee Senior Center.



Susan Poludniak, manager of the Healthy Living Program for Elder Services of the Merrimack Valley, Inc.; Melissa Donovan, assistant director of the Healthy Living Program; and Robert Schreiber, medical director of the Massachusetts Healthy Living Center of Excellence

"This program has made me aware that setting simple goals and carrying them out, turning negative thoughts into positive ones, following a healthy diet and exercise program and taking prescribe medicines can lead to a productive life, even while living with chronic arthritis," Lamoureaux wrote. "I hope more seniors can avail themselves of this educational program."

A second, unnamed person, a caretaker for one of the program's participants, wrote that the workshop had helped her husband

deal with problems with many aspects of the depression he suffered related to having Parkinson's disease. "He learned how to make weekly action plans and solve problems related to his condition," she wrote. "These weekly workshops helped him to get out and meet other people, share his stories, and build lasting friendships."

Those unable to physically attend the workshops or who live in areas where they aren't offered can participate online.

Melissa Donovan, assistant director of the Healthy Living Program, said program leaders first try to identify what factors may be causing depression, then they identify healthy activities that might help the participant. "Depression isn't a normal process of aging," Donovan said, adding that there are many people who aren't willing to talk about their depression or what's causing it.

Untreated depression is the number one risk factor for people 65 and older committing suicide. "A large percentage of them saw their doctor the day or week before the suicide," Donovan said, observing that depression is often ignored.

Depression is also a huge barrier to healing — especially with diabetes," she said. "We're trying to lower health care costs and by not diagnosing depression, we're not going to get there."

Stress can also have a major impact on health. Meditation, said keynote speaker Ann Webster, can be a significant factor in reducing stress. Webster is staff psychologist and instructor in medicine at Harvard Medical School and the director of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. "Being quiet for an hour is one of the most refreshing things you can do," she said during her presentation, "Aging Without an Expiration Date: Mind Body Medicine for Successful Aging."

Mass General's Mind/Body Program for Successful Aging is a nine-week program that teaches relaxation exercises that combine daily periods of silent meditation and diary keeping, which has the dual purpose of getting participants to review their daily conduct and how each act affects them and to slow down their day.

"People walk around with pain and store it away," Webster noted. "It's a matter of calming down and getting in touch with what's inside of you. This can be done by writing it down — and down again. I want my patients

to know what happens to their bodies when they have stress — it affects their central nervous system, somatic nervous system and automatic nervous system." She said physical stress holds warning signals that when ignored, can lead to major health problems.

People who are steadfast in following through on the program tend to have certain characteristics she calls, "The Five Cs": commitment, control, challenge, community and closeness, which they passionately engage in as a result of successfully following through on the program's goals and in many instances, reinventing their lives.

"A lot of the people who are in my groups are retired or they're widows or widowers; they're isolated and don't have face-to-face contact, so I want them to vitally engage their life," Webster said.

To do this, she asks them to close their eyes and think about and identify what they want in terms of their career, educating their mind, relationships, creative things, play, health, spirituality, as a volunteer and self-transformation. Upon opening their eyes, they share their findings, some of which were clear goals for things they wanted to achieve in the weeks, months and years ahead.

The program's success stories include a man who was once housebound but now regularly serves tea and coffee to visitors at a local hospital and a woman who achieved her longtime dream of becoming a beekeeper. "Now she's passing out little jars of honey to everybody," Webster said. "So it's an extremely important exercise and it reverberates the rest of people's lives."

Getting the necessary help for mental health problems can be doubly difficult for those with disabilities — especially when dealing with people who think their situation leaves them unworthy of the time, effort and money needed to assist them in living a better life.

Denise Karuth of Florence faces health challenges that include being legally blind, multiple sclerosis, hypochondria and a pain syndrome that can leave her unable to talk for one to two weeks at a time. She has also suffered from shingles. Some medications tend to make things more confusing for her. She gets around with an electric wheelchair and the assistance of a beloved guide dog, Fendi.

In addressing "Reframing Aging with Disability: From Impairment to Possibility" and how she has survived her doubters, Karuth, the former director of the Boston Self Help Center, said a key component of



Karuth with Fendi

STATE page 7

fifty plus
advocate

Eastern Massachusetts Edition
131 Lincoln Street, Worcester, MA 01605
Serving the Fifty Plus Community since 1975
(508) 752-2512 • FAX: (508) 752-9057

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

Publisher: Philip Davis
Executive Editor / Assistant Publisher: Sondra Shapiro
Staff Reporter: Brian Goslow: ext. 135
Travel Writer: Victor Block
Art Director: Susan J. Clapham
Bookkeeper: Stacy Lemay: ext. 6

Research Study Advertising:
Donna Davis: ext. 130
Boston Metro / Boston South Sales Manager:
Reva Capellari: ext. 5
Sales:
Donna Davis: ext. 130
Cara Kassab: ext. 126

Members of the Associated Press.

- Fifty Plus Advocate is published monthly, 12 times annually by Mar-Len Publications, Inc. 131 Lincoln St., Worcester, MA 01605.
- Fifty Plus Advocate accepts no responsibility for unsolicited manuscripts or materials and does not return them to sender. Retractions for any inaccuracies will be printed when necessary. Unsolicited letters to the editor become the property of this newspaper and can be reprinted in part or in whole unless otherwise stated. Fifty Plus Advocate columnists writing under a byline are expressing their personal opinions and not necessarily those of the newspaper.

Read more at www.fiftyplusadvocate.com

Generation gap will have serious implications if we ignore the signs

By Sondra Shapiro

The “generation gap” was a term popularized in the '60s to describe the divide between Baby Boomers and their parents. We Boomers were rebels, politically and socially, much to the chagrin of our parents' generation.

The rabble-rouser moniker has stuck with us throughout the decades. As we enter old age, we 76 million are still redefining the status quo. We are also becoming our parents, in many ways. And, like our parents before us, we are finding ourselves on one side of a new generation gap with the younger generation of Millennials (those born between 1982 and 1997), an 80 million-member powerhouse that is reshaping the political and social landscape.



Just My Opinion

This gap was brought to my attention while getting my daily dose of Jon Stewart's *Daily Show*. I was half asleep when Stewart's guest, Paul Taylor, who oversees demographic, social and generational research at Pew Research Center, said, “(We) Boomers made a lot of noise in our 20s and now we have gotten more conservative.” That my liberal, devil-may-care generation is becoming conservative was enough to capture my interest. Now that I was fully awake, things got more interesting.

Taylor was promoting his new book, *The Next America*, which examines the different generations and the country's changing demographics. As Stewart introduced Taylor, he used the word “showdown,” to describe the relationship between Boomers and Millennials. But since comedy is the *Daily Show*'s bailiwick, Taylor jokingly followed by saying, “It's hard to wage a generation war from their childhood bedroom.” They like mom and dad and “have gone from being kids to roommates,” Taylor said. So, what about this showdown?

My head was spinning after the interview. I just kept thinking about that word “showdown.” So, after a long sleepless night, I ran out and bought a copy of Taylor's book, which I found delves into where our nation is headed as the influence of the boomer generation begins to take a back seat to the next generation. Taylor contends the future holds a dramatic social, racial and economic shift.

Filled with meticulous research, the message should serve as a warning to current and future political leaders. The status quo will doom us.

The book describes and contrasts the differences among the four main generational groups: The Silents, Boomers, GenXers and Millennials. But the takeaway was the relationship between Millennials and Boomers.

There are many differences between my cohort and this younger group. While we couldn't wait to flee the nest, Millennials are staying put, mostly because they can't find jobs. They are delaying marriage and

children because they don't have the means to provide for a family. Promos for Taylor's book warn that 20-somethings are at risk of becoming the first generation in American history to have a lower standard of living than their parents do.

Because Millennials are experiencing a stunted adulthood, the rumblings among them are low. They are not yet thinking about the future and their retirement security. According to Taylor, the Great Recession has also banded the generations together.

“What's so fascinating is there isn't any tension at the moment,” he said during the NPR interview. “You have a generation coming in that isn't wagging its finger with blame at mom or grandma; in fact, they're living with mom and grandma. ... There's a lot of generational interdependence ...”

Now the word “showdown” began to make sense. Though it has been delayed, it could happen.

Consider:

- Social Security, a pay-as-you-go system, has today's workers paying for current retirees. When Social Security began, there were 42 workers per retiree. By the time my entire cohort is dipping into the program, around 2035, there will be two workers per retiree.

- Medicare's trust fund insolvency is slated for 2033 if nothing is done to fix it.

“The math of those programs does not work,” Taylor said during a National Public Radio (NPR) interview. “Everybody who looks at the demographics knows that those systems are going broke within 15 or 20 years and the longer you wait, the more the burden of the solution is going to fall on the Millennials.”

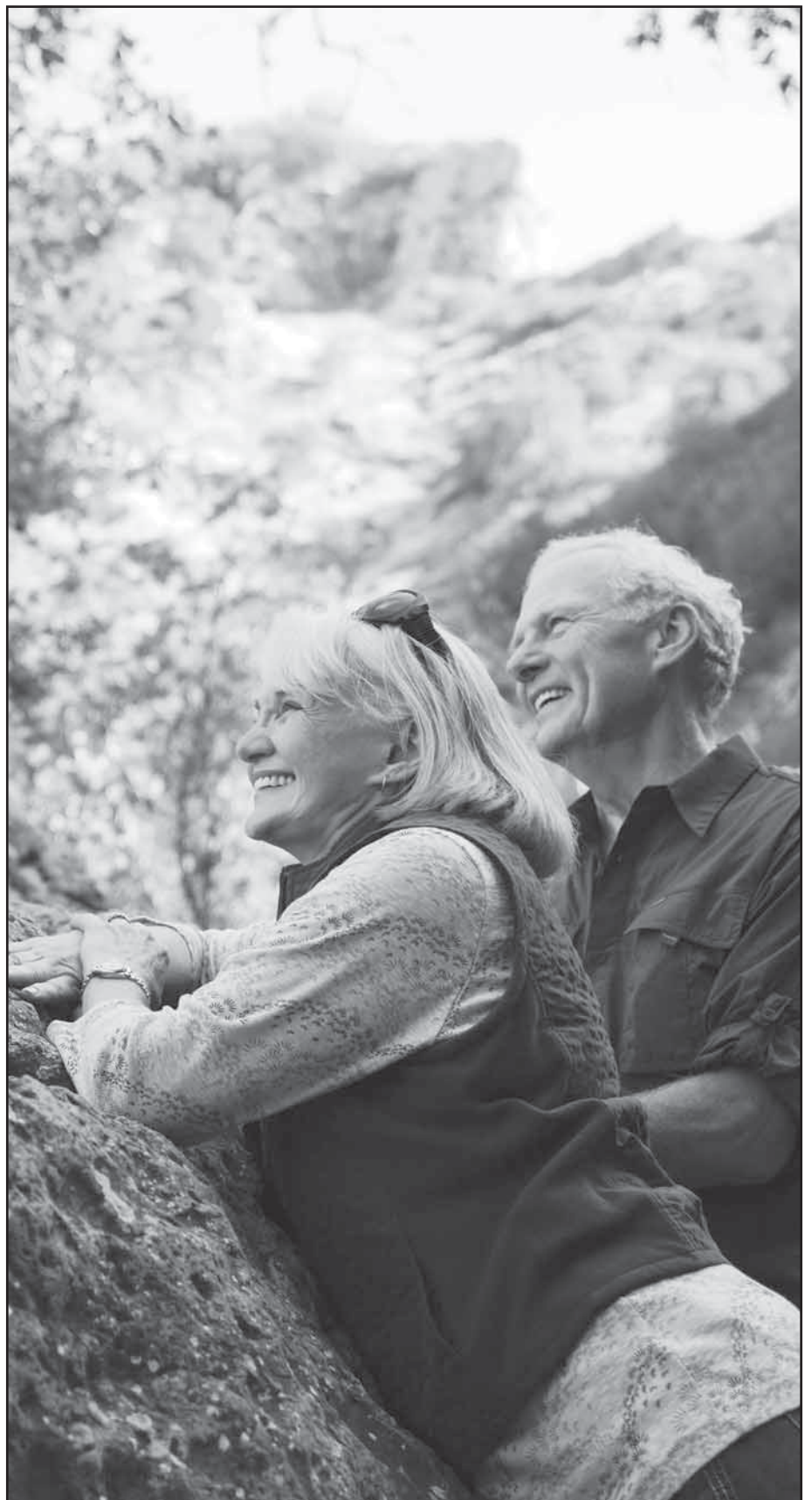
This burden will likely create animosity toward the Boomer generation, only to be exacerbated by my generation's proclivity to spend and not save, thereby placing more responsibility on taxpayers to help support us.

The national debt continues to rise largely because of the behavior of our generation and the leaders we have spawned who aren't smart or courageous enough to find workable solutions. Social Security and Medicare together accounted for 38 percent of federal expenditures in fiscal year 2012, according to federal government statistics.

I recall a comment made to me years ago by a Concord Coalition head: “The only way things would get done is if both parties held hands and jumped off the cliff together. No one wants to be the first to put forth the details. It's self-preservation.”

Millennials tend to be very liberal. Taylor credits them for delivering the election and re-election of President Obama. Yet, that support has eroded lately. “They are now about a 15 or 16 percent of the electorate. By 2030, they will be about 30 percent of the electorate. So the simple demographic churn assures that they will become very important. Woe be it to the politician who doesn't understand who they are and doesn't understand their dreams and aspirations and fears. At the moment, it's hard to find it in Washington.”

Taylor, the astute statistician, said during



WAKE UP AND START DREAMING.

If you're ready to explore something new, move on or change direction, AARP can help. With our guidance, you'll join a community of people who, like you, are reimagining what's next. We'll help you realize your goals and dreams. If you don't think Real Possibilities when you think AARP, then you don't know “aarp.” Find the right tools for your inspiration today at aarp.org/possibilities



Real Possibilities in

Massachusetts

GENERATION page 18

Fifty Plus Advocate

June 2014

www.fiftyplusadvocate.com

Obamacare plans bring hefty fees for certain drugs

By Kelli Kennedy

MIAMI —

Breast cancer survivor Ginny Mason was thrilled to get health coverage under the Affordable Care Act despite her pre-existing condition. But when she realized her arthritis medication fell under a particularly costly tier of her plan, she was forced to switch to another brand.

Under the plan, her Celebrex would have cost \$648 a month until she met her \$1,500 prescription deductible, followed by an \$85 monthly co-pay.

Mason is one of the many Americans with serious illnesses — including cancer, multiple sclerosis and rheumatoid arthritis — who are indeed finding relatively low monthly premiums under President Barack Obama's law. But some have been shocked at how much their prescriptions are costing as insurers are sorting drug prices into a complex tier system and in some cases charging co-insurance rates as high as 50 percent. That can leave patients on the hook for thousands of dollars.

"I was grateful for the Affordable Care Act because it didn't turn me down but ... it's like, where's the affordable on this one?" said Mason, a 61-year-old from West Lafayette, Indiana who currently pays an \$800 monthly premium.

Before the federal health law took effect, Mason paid slightly more for her monthly premium on a plan that didn't cover her arthritis or pain medications and some routine doctor's visits.

Avalere Health, a market research and consulting firm, estimates some consumers will pay half the cost of their specialty drugs under health overhaul-related plans, while customers in the private market typically pay no more than a third. Patient advocates worry that insurers may be trying to discourage chronically ill patients from enrolling by putting high cost drugs onto specialty tiers.

Brian Rosen, senior vice president for public policy for The Leukemia & Lymphoma Society, said the group studied premiums and benefits for patients with blood cancer in seven states, including Florida, California,

Texas and New York. They found 50 percent co-insurance rates for specialty drugs on several plans in Florida and Texas, while the highest co-insurance rates on California plans were 30 percent, and in New York, co-pays were typically \$70.

Under the law, insurers can't charge an individual more than \$6,350 in out-of-pocket costs a year and no more than \$12,700 for a

family policy. But patients advocates warn those with serious illnesses could pay their entire out-of-pocket cap before their insurance kicks in any money.

"The challenge is for the sickest patients, the ones that need access to these specialty drugs, the costs are going to come in most cases from that out of pocket cap ... they are likely to hit that \$6,350 ceiling and in some cases quickly," said Rosen.

Insurers say prescription drugs are one of the main reasons health care costs are rising.

"Spending on specialty drugs is growing rapidly. It's unsustainable," said Clare Krusing, spokeswoman for America's Health Insurance Plans, a trade group that represents the private insurance industry.

Only 1 percent of prescriptions written in 2012 were for specialty drugs, but they accounted for 25 percent of the total cost of prescription drugs, according to a study by America's Health Insurance Plans.

Insurers can generally choose to put whichever drugs they want into the specialty tier of a plan. Generic drugs for blood pressure or cholesterol typically fall into categories that require patients to pay less than \$20 out-of-pocket. But patients can end up spending significantly more when they pay for a percentage of a specialty drug's cost. Two of the most frequently prescribed specialty drugs in recent years include the cancer drug Avastin, with an \$11,000 average annual price per patient, or a hypertension drug like Letairis, which costs \$32,000 per year, according to health insurers.

Even before the Affordable Care Act took effect, insurers had increasingly begun requiring patients to pay a percentage of the drug costs instead of a flat co-pay, but experts say patients often spend more for their prescrip-

tions in plans offered under the health law because of the co-insurance.

"There's a significant percentage of plans that are using co-insurance of 50 percent or higher," said Caroline Pearson, who tracks the health care overhaul for Avalere Health, which studied plans in 19 states. "It is generally a lot higher than what we see in private insurance."

Once they pay more than several hundred dollars, Pearson says patients start to abandon their medications.

William Hurd signed up for a Cigna plan with a \$616 monthly premium that covered him and his wife in December. The government kicks in about \$900 a month in tax credits. Hurd, a 61-year-old diabetic who works a construction job in Orlando, was eager to fill his insulin prescription along with two other medications. But he was shocked when the pharmacy said he would have to pay \$1,400 out of pocket for a 90-day supply. He was under the impression that prescriptions were part of the plan and thought he only had a \$10 co-pay for prescriptions.

"I already had the plan. I was in and I was ready to cancel it. If I've got to pay \$1,000 more dollars for drugs ... then it's not worth it," he said.

Fortunately, Hurd called his doctor and was able to switch to a cheaper brand of insulin and ended up paying only \$112.

U.S. on track for narrowest budget gap since 2008

WASHINGTON —

The U.S. government ran a big surplus in April, thanks to a flood of tax payments that helped keep the budget on track for the lowest annual deficit in six years.

The Treasury Department said that April's surplus totaled \$106.9 billion, down slightly from last April's \$112.9 billion surplus. The government typically runs a surplus during April, when individual tax returns are due and corporations make quarterly tax payments.

Through the first seven months of the 2014 budget year, which began Oct. 1, the deficit totals \$306.4 billion. That's down 37 percent from the same period last year.

The Congressional Budget Office (CBO) is forecasting a deficit of \$492 billion for the full budget year. That would be the narrowest gap since 2008.

In 2008, the government recorded a deficit of \$458.6 billion, which was the deficit up to that time. But that record

"This was an extremely expensive misunderstanding," said his insurance broker, Leslie Glogau.

She ran into her own problems with she switched from a private insurance plan to one on the exchange and learned one of her prescriptions was cancelled under the new plan, prompting numerous appeals.

Patient stories in the media have been seized by both political parties, who have put a sometimes misleading spin on successes and failures under the law. Advocacy groups asked about prescription costs repeatedly stressed how beneficial the law is for people with pre-existing conditions, but they still worry about affordability.

Insurers and health navigators say patients are finding it complicated to figure out which drugs fall into which price categories.

For example, advocates say there's inconsistency on the Multiple Sclerosis drugs and treatments covered by the insurers and whether they can be altered on a per-patient basis.

"This is very much a work in progress," said Bari Talente, executive vice president advocacy at the National Multiple Sclerosis Society. The organization recently addressed the issue at a conference in Washington with more than 300 other MS advocates. — AP



SCS Memorials

Since 1910

Did you now you can pre need your memorial
just like you can pre need your funeral?

Guaranteed Prices
All pre need purchases are backed by Insurance

Servicing All of Greater Boston
With Two Convenient Offices

Everett ~ Framingham
(617) 387-3980 ~ (508) 872-1400



CREATIVE SHELF SOLUTIONS



MA HIC #172954 Remaining In Your Home Just Got Easier Made in the USA

Install Pull-Out Shelves® in Your Existing Cabinets

Dramatically Increase Your Storage Space
Everything in Your Cabinets is Now Easily Accessible
9-Ply Baltic Birch • Full Extension Slides

LIFETIME FACTORY WARRANTY

Contact us for a **FREE, NO OBLIGATION** Estimate

781-803-6409 www.creativeshelfsolutions.com

► State

Cont. from page 4

achieving your best possible level of wellness is knowing your limits — and dealing with them.

"Who has something they don't do well — perhaps using computers or taking criticism?" Karuth asked those in attendance, noting that people don't wear T-shirts advertising their shortcomings. "You don't want to show you're vulnerable," but in not doing so, she said, "it doesn't show your full self."

For her, living with a visual disability has been like wearing that T-shirt. "It labels you before you have an identity," she said.

Despite her long list of health issues, Karuth has the power to make a room smile. She shared historical research on how people with disabilities have been judged over the years.

Karuth faced challenges getting an education. "I was mistreated for my clumsiness (due to her blindness) by other students and teachers until I graduated at 17," Karuth said, adding that those closest to her didn't offer her the support she needed. "My family didn't understand what I was going through because

there were no common experiences."

Living in Brighton while attending Boston College, she spent dozens of hours waiting in freezing cold weather for a commuter train into Boston because either no one would take the time to help her board or there wasn't what was needed for her to get onboard herself. "Drivers regularly didn't have the key for the handicapped ramp," she said. "Finally, one day, a driver took his key off his key ring and told me he was giving me my own key."

Ableism — discrimination or prejudice against individuals with disabilities — can be carried out through avoidance behaviors that include turning away, staring, avoiding physical contact and emotionally distancing.

"People with disabilities are seen as weak and needing help," she said. They aren't "deserving of charity or having little to look forward to in life and shouldn't expect to marry and have children," Karuth said, adding there is a belief that "one should not raise the hopes of people with disabilities and we should not have expectations of them."

When faced with these kinds of attitudes, she said, people with disabilities feel they shouldn't attempt to pass themselves off as or act normal; they should remain in the closet or they should deny the impact of the dis-

ability, which causes some whose life would be vastly improved by use of a wheelchair to not use it, having been convinced by others that it would be a prison. They also avoid asking for help when they need it.

"They tend to overcompensate and underestimate their self worth, skills and ability and as a result, isolate themselves and lower their expectations," Karuth said in her talk. "In many instances this leads to engaging in substance abuse and feeling despair and isolation."

The fact she's made it despite all the obstacles life has thrown at her — and finding a way to smile, Karuth stood as proof that those with handicaps have just as much to contribute to society as anyone else, if not more. "As you can see, the problem isn't the disability, it's the oppression," she said.

Older residents with disabilities — be they physical or mental — face a double whammy when it comes to having the services they need funded.

"It's a very subtle thing to provide services for people as they age," said MAMHC chair Jim Callahan. "Being marginalized as you age is worse if you have a disability. It's a challenge to have people feel that they're important, that they have choices, that they're

part of their community and have meaningful relationships. It's important for them to have services provided in the right way."

Frank Baskin, LICSW, noted that the proposed 2015 state budget has no funds budgeted for senior mental health services. "We asked for \$350,000," he said, noting that MAMHC has requested the restoration of Geriatric Mental Health line item 9110-1640 under the Executive Office of Elder Affairs.

"From 2007-2009, the legislature appropriated money to fund geriatric mental health services through the Executive Office of Elder Affairs," said an MAMHC letter to state legislators. "This funding was discontinued in 2010, even though the problem continues to grow."

Noting that one in four people age 55 and older will experience behavioral health disorders that are not part of the normal aging process, the letter said restored funding would allow once again for services to elders in crisis that would include in-home mental health counseling as well as training on elder mental health issues for first responders, care managers, nurses, social workers and other providers and would ultimately save the state money by avoiding more expensive institutional placements.

► Budget

Cont. from page 6

billion less than it projected in February. The biggest factor in the improvement is \$165 billion less in projected spending on health insurance subsidies for policies sold through exchanges created by the Affordable Care Act. Those policies are

proving less costly than CBO originally thought, mainly because of tighter management of treatment options.

The CBO is forecasting that the deficit will fall to \$469 billion in 2015, before rising again and topping \$1 trillion annually starting in 2023. Spending on the government's major benefit programs, including Social Security and Medicare, as baby boomers retire, will drive the increases.

Republicans have accused Obama of failing to propose significant cost-cutting measures to reduce soaring entitlement costs. Democrats counter that Republicans would rather impose sharp cuts on necessary government programs than impose higher taxes on the wealthy.

Neither side is expected to make major concessions in this congressional election year. But the budget wars of the past three

years are likely to subside this year after an agreement was reached in December on the broad outlines for spending over the next two years.

The cease-fire in the budget wars also includes legislation that will suspend the government's borrowing limit through March 15 of next year. The puts off another battle over raising the debt ceiling until a new Congress takes office in January. — AP

Promote your services in New England's most award winning print & online media!



Recently, in Buffalo, NY, there was an annual competition for excellence among senior newspapers and web sites from all the corners of the United States.

Independently judged by the University of Missouri School of Journalism, the Fifty Plus Advocate Newspaper and www.fiftyplusadvocate.com were the big winners.

In twelve categories we were awarded eleven first place and one second place certificates of excellence.

With over 100,000 readers and web site visitors every month, this is where you should promote your services.

fifty plus
advocate

Contact Donna at 508-561-8438
or e-mail ddavis@fiftyplusadvocate.com to receive
no obligation information on our affordable rates.

fiftyplus
advocate.com

New sleep aid procedure now available locally

By Brian Goslow

NORTH ANDOVER —

Dr. Steven J. Rinaldi, owner of Andover Smiles and a practicing dentist for almost 30 years, has used different devices in assisting patients suffering from sleep apnea, the not-so-silent health problem that affects 20 million people nationwide, most of whom have no idea that it's not only keeping them — and sometimes their partner — from getting a good night's rest, but could also threaten their lives.

Thanks to a new computer program, Rinaldi can now provide a truer diagnosis of those potentially suffering from sleep apnea.

"Apnea, by definition, is lack of oxygen, so when you're sleeping and breathing, there's no air getting in and getting to vital organs," Rinaldi said. "People who have apnea, it's not only that the chances of heart attacks and strokes and diabetes are increased because of the apnea, (they're affected) on a daily basis — they're tired, suffer memory loss and irritability and they're moody."

Thanks to a new computer program, Rinaldi can now provide a truer diagnosis of those potentially suffering from sleep apnea, a common disorder in which there are pauses in breathing or shallow breaths during sleep. The episodes can last from a few seconds to minutes and may occur 30 times or more an hour, according to the United States Department of Health & Human Services. Typically, normal breathing then starts again, sometimes with a loud snort or choking sound.

Disruptive loud snoring and sleep apnea are frequently confused, but they're not

the same thing — and it's crucial to know the difference. "Seventy percent of the people who snore have sleep apnea; so 30 percent, they just snore and there's no apnea," Rinaldi said. "If it's just snoring, no big deal. You can deal with the social things."

While sleep apnea is a medical condition, typically, dentists are the professionals who treat it. As part of the intake process at Rinaldi's practice, patients fill out a screening form that asks whether they suffer from a sleep disorder. If they have difficulty sleeping and the symptoms suggest they're possibly suffering from sleep apnea, Rinaldi suggests they return for a free consultation on available options to treat it.

Patients' breathing patterns are measured by an Eccovision computer program through sound waves sent into the windpipe to determine the size of the person's air way and whether that air way, during the breathing and exhale process, collapses, getting smaller and allowing less air to get through, which causes apnea.

In the past, sleep studies had to be conducted at a study facility. Now, Rinaldi is able to provide patients with the Apnea Risk Evaluation System (ARES), which they take home and wear overnight. They're instructed to remove anything that could disrupt their sleep patterns during the night, such as TV or loud noises.

"It has different attachments that measure your heart rate, your breathing rate, how many times you stop breathing — so how many episodes there are per night, where basically, oxygen's not getting through and how long that occurs," Rinaldi said. "Each time it occurs, there's that lack of oxygen going to the heart and into the brain."

The patient returns to his office the

watermarkmedical + Innovative Technology

ARES™
UNICORDER

Convenient
Accurate
Cost - Effective
Patient Friendly



following day and Rinaldi downloads the recorded information onto his computer, where it's then forwarded to sleep physicians who make the diagnosis.

If the person does in fact have apnea and chooses to treat the problem, Rinaldi will test and fit him or her for an FDA- and American-Academy-of-Sleep-Medicine-approved appliance intended to reposition the jaw in a way that allows the most air to enter the windpipe and reduce the apnea, resulting in a better night of sleep.

"We're doing it with all these different sizes and when you find the location where most of the air is getting in, that's where you take the impressions and the bite to make these actual appliances," he said.

It can take up to three weeks to get used to wearing the new appliance, Rinaldi said, "because it's opening the jaw, the jaw's being moved forward, so the facial muscles have to get used to it."

Being able to offer the service is professionally satisfying, Rinaldi said, because he's changing and improving lives doing it. "If they're sleeping better because of an apnea appliance, their life is better, which from my end, is rewarding and satisfying."

Dr. Steven J. Rinaldi can be reached at Andover Smiles by calling 978-475-9141 or

by email at steve@andoversmiles.com; for more details on a free snoring or sleep apnea consultation, please visit sleepapneasnoringma.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.fiftyplusadvocate.com.



Rinaldi



**Read previous issues
of the**

fifty plus
advocate

On-line at www.fiftyplusadvocate.com

Now all four editions of the *Fifty Plus Advocate* newspaper are on-line for an entire year.

Miss an issue? No problem! Download it to your computer and read it at your leisure. Save important information for future reference.

Currently serving the mature market of Massachusetts with four monthly editions in Boston, Boston South, Boston Metro-West and Central Massachusetts.

For advertising information call Donna Davis at 508-752-2512, ext. 130.

Dieters move past calories, food makers follow

By Candice Choi

NEW YORK —

Obsessing over calories alone is becoming passé.

The calorie counting that defined dieting for so long is giving way to other considerations, like the promise of more fiber or natural ingredients. That is chipping away at the popularity of products like Diet Coke, Lean Cuisine and Special K, which became weight-watching staples primarily by stripping calories from people's favorite foods.

Part of the problem: "Low-calorie" foods make people feel deprived. People now want to lose weight while still feeling satisfied. And they want to do it without foods they consider processed.

Kelly Pill has been dieting since her son was born more than 30 years ago. But the 54-year-old resident of Covina, Calif., made changes to her approach in recent years. She doesn't eat Lean Cuisine microwavable meals as often because she doesn't find them that filling. She also switched to Greek yogurt last year to get more protein.

"Regular yogurt is really thin," Pill said. "It was low in calories, but it wasn't filling."

It's not that people don't care about calories anymore. Nutrition experts still say weight loss comes down to burning more calories than you eat.

But dieters are sick of foods that provide only fleeting satisfaction and seem to make them hungrier. The new thinking is that eating foods with more protein or fat will make dieters less likely to binge later, even if they're higher in calories.

"People are recognizing that it's not enough to just go on a diet and lose weight. Nutrition comes more into play," said Margo Wootan, director of nutrition policy at the Center for Science in the Public Interest, a health advocacy group.

Many top brands are trying to keep up with the trend:

- Special K cereal's sales are down 7 percent in the past two years, according to IRI, a market research firm based in Chicago. Kellogg last year rolled out "Special K Nourish" hot cereals that tout a blend of grains such as quinoa and barley. A Kellogg executive noted at the time that people are looking for nutritional benefits rather than just reduced calories.

- Nestle's Lean Cuisine saw a 27 percent drop in sales in the past four years, according to IRI. So, the company introduced an "Honestly Good" line that boasts of natural ingredients and offers more gener-

ous servings at about 390 calories per box, rather than the 300 calories for regular Lean Cuisine meals.

- Both Diet Coke and Diet Pepsi saw sales volume fall by nearly 7 percent last year, according to the industry tracker Beverage Digest. That was steeper than declines for their full-calorie counterparts.



Executives at Coca-Cola Co. and PepsiCo Inc. blame customers' move away from artificial sweeteners and

say they're working on sodas using natural low-calorie sweeteners. The drinks are likely to have more calories than traditional diet sodas, but the thinking is that people will accept the tradeoff to avoid artificial ingredients.

- Weight Watchers updated its famous "Points" system in 2010 to consider the protein content of food. It also introduced a "Simply Filling" option that lets people eat from a list of "power foods" without counting points.

"We know that while calories are calories, how satisfied you are with eating those calories makes a difference," said Karen Miller-Kovach, chief scientific officer at Weight Watchers.

Perhaps most emblematic of calorie counts as a marketing gimmick are the 100-calorie snacks that flooded the market a decade ago. Some food companies are retreating from the strategy.

In the past four years, sales of 100-calorie snack packs of Oreos have plummeted 72 percent, according to IRI. Parent company Mondelez International Inc. also has pruned varieties from its 100-calorie lineup and now offers only four.

Mondelez spokesman Richard Buino said the company is focusing on healthy snacks that are about "more than an arbitrary calorie amount."

Frito-Lay also made its last shipment of 100-calorie pack Cheetos and Doritos this past summer. The chipmaker's new "ready-to-go" packs still have about 100 calories, but the trait is no longer advertised on the bag's front.

The sales declines for diet brands are a reminder that what's in vogue today may also eventually be seen as marketing gimmicks.

In fact, Miller-Kovach of Weight Watchers points to a pitfall: The belief that a food is wholesome is sometimes used to justify eating too much, she said — in other words, consuming too many calories.

"Just because something is simple doesn't mean it's going to give you your desired weight loss," she said. — AP

Are you an older adult or person over 16 living with a disability?
Are you not able to live on your own?
Are you a caregiver who would like to provide daily care for someone?
Or are you a caregiver who is providing care for someone now?

Our Adult Family Care Program could be for you!
Find out how Old Colony Elder Services can help!

144 Main Street - Brockton, MA 02301
508-584-1561
TTY: 508-587-0280 • Fax: 508-897-0031
info@oldcolonyelderservices.org
www.oldcolonyelderservices.org

Old Colony Elder Services
Providing services to the community since 1974

Proudly serving greater Plymouth County and surrounding communities.

Family Funeral Homes

Serving the South Shore

Since 1930 with Complete Services

Office Hours:
10 am to 8 pm EST
Monday through Saturday

PECK
FUNERAL HOMES

Peck Funeral Homes:
Braintree Chapel
516 Washington Street
Braintree, MA 02184
Phone: (781)843-0890

Peck Funeral Homes:
Weymouth Chapel
870 Broad Street
E. Weymouth, MA 02189
Phone: (781)337-0093

See our website for more information www.peckservices.com

Support our ADVERTISERS

Please let them know you saw their ad in the **fifty plus** advocate

Thank you in advance for your help!

There are four types of exercises for older adults

By Judith Boyko

A recent *New York Times* article reported on the benefits of group exercise for caregivers. It alleviates feelings of loneliness and isolation and can improve the health of the caregiver at the same time.

But exercise delivers myriad benefits for older adults, too — regardless of whether or not they are caregivers. Studies have shown that older adults who exercise can improve and maintain physical and mental health; improve mood and manage stress; and prevent or delay disease. Other health benefits include controlled blood pressure; lower cholesterol; osteoporosis prevention; improved balance and more.

In its report, Physical Activity and Health, the Centers for Disease Control

and Prevention (CDC) indicates that to achieve health benefits, exercise does not have to be strenuous. Even a moderate amount of daily exercise will improve one's overall health.

There are enough low-impact exercises that older adults can incorporate into their daily routine, including walking, running, stretching, cycling, swimming and even weight training.

Of course, if exercise is not already a part of your routine, talk with your doctor to make sure that none of your existing medical conditions would prohibit you from embarking on a more active lifestyle. Once you're cleared to move, start slowly.

The National Institute of Health recommends four types of exercise for adults over the age of 65: endurance, strength, balance and flexibility. All of these can be

done in a group setting, which can help to motivate you as well as provide a sense of community:

- Endurance — Exercises that improve endurance include tennis, biking, jogging, aerobics and yard work, to name a few. Lifting weights and Pilates are some other ways for older adults to improve their strength.

- Balance — According to the CDC, 33 percent of those over the age of 65 fall and sustain injury each year. Some of the falls even increase the risk of early death.

Balance exercises, which are important because improved balance reduces the risk of falls, can include sitting knee extensions, seated marching and Tai Chi.

To test your own balance, visit www.moveforwardpt.com and search "test your balance."

- Flexibility — As we age, the flexibility of our joints declines, our muscles lose elasticity, and the range of movement throughout our bodies decreases.

Stretching can serve as a relaxation technique; it can strengthen muscles so that everyday tasks are not increasingly difficult to conduct; and it can help to maintain proper posture. Stretching can help with coordination and balance, thereby preventing injuries that may lead to mobility loss.

Start with a conversation. Discuss with your interest in exercising and the benefits you want to achieve with your personal physician. Your doctor can recommend an appropriate schedule for you based on your age, health and medical status.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Distinguished Care Options and Natick Visiting Nurse Association. She can be reached at info@natickvna.org. For additional information, visit www.centuryhealth.org, www.dco-ma.com or www.natickvna.org or call (508) 651-1786. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Travel health Part 2: The unexpected can happen

By Dr. David Rideout

After a very long and cold winter, Donna and Mark, a retired couple from Framingham, had been looking forward to their annual trip to the beaches of Sanibel, Florida. Elaborate plans were made months in advance. The day before the trip, Mark woke up with a fever of 102, and severe facial pain. He made a visit to his doctor, who diagnosed a severe sinus

infection and advised that flying for the next week was out of the question. Fortunately, Donna and Mark had purchased trip cancellation insurance. With this specific insurance, all of the prepaid trip costs were reimbursed.

Depending on your health history, and particularly if you have chronic health issues, it is a smart

idea to look into trip cancellation insurance to cover you financially in the event you should have to cancel a trip unexpectedly.

Travel health insurance — When traveling outside of the U.S., you most likely will be asked to pay out of pocket for any medical treatment. This can be extremely expensive.

Before you travel, find out what your existing health insurance will cover if you become ill or injured overseas. Some policies cover only specific procedures and will have exclusions. Consider purchasing a supplemental policy for traveling overseas. Make sure the supplemental policy will make payments directly to the hospital or clinic, so that you are not expected to pay these costs at out of

UNEXPECTED page 16

Trust Us to Sell Your House or We Will Buy It!

No matter what your situation

- Downsizing
- Inherited Property
- Mom or Dad going into Assisted Living

No realty commission applies when we buy your home.

We handle all repairs and clean-out!

Contact David Dowd and our experienced team at Prudential Stephan Realtors now for:

Free Home Pricing Analysis and Moving Strategy

Rely on us to help define your options, determine the **best price** and **get results fast!**

Free Services to Help Organize, Downsize, Pack & Move!

Take what you want. We handle the rest!



David J. Dowd
Founder of Sell Mom's House

Call David Today
774-696-6124

david@sellmomshouse.com



SELL
using the power of
Prudential Real
Estate Network, or...
We will BUY your property
"as is" — all cash,
no realty commission,
no-clean out required!

**"We're finally
able to take care
of each other,
instead of
things."**

*When the chores of everyday
life became too difficult for
Irving & Natalie (Nat) Kizner to
manage on their own as they aged...*



THE RESIDENCES

at WINGATE

INDEPENDENT LIVING • ASSISTED LIVING • MEMORY CARE
235 GOULD STREET, NEEDHAM, MA 02494 781 455 9080

It meant a lot of changes for the entire family. Thanks to **The Residences at Wingate's Memory Care neighborhood**, being separated after 59 years of marriage wasn't one of them. "They help dress Nat everyday and are always available to talk. We also have our own spacious apartment where we can sleep together every night like we have for 59 years." *—Irving Kizner*

www.residencesatwingate.com

The Nielsen Eye Center Advantage:

**The Doctor,
The Technology
And The Service
You Deserve**

CHOOSE THE VERY
BEST IN **Eye
Care**



Steven A. Nielsen, M.D.
Cataract, Refractive
and Lasik Specialist

*THE NIELSEN EYE CENTER IS A
FULL SERVICE VISION CENTER OFFERING:*

- ◆ Cataract Surgery
- ◆ Blade-free LASIK
- ◆ Macular Degeneration
and Glaucoma Treatment
- ◆ Diabetic Retinopathy
- ◆ Dry Eye Treatment
- ◆ Hearing evaluations
and Hearing aids
- ◆ Cosmetic Procedures
- ◆ Routine Eye Exams

**Is your loss of clear vision
slowing you down?**

*Come to the Nielsen Eye Center, the premier vision
correction destination for mature adults.*

**Call today and make an appointment.
1-877-373-2020.**



300 Congress Street, Suite 201, Quincy, MA 02169
99 Derby Street, Hingham, MA 02043
www.golasik.net

Savannah lives through stories, history

By Sondra Shapiro

Savannah may conjure thoughts of John Berendt's 1994 book and subsequent movie, *Midnight in the Garden of Good and Evil*, about a murder that took place in the Mercer House.

While the book captured the atmosphere — eccentric characters, breathtaking architecture, oozing with drama, history and charm — a visit provided context and substance.

"The dead are very much with us in Savannah. Everywhere you look there is a reminder of things that were, people who lived. We are keenly aware of our past," uttered a character in Berendt's book.

Indeed, the spirit of James Oglethorpe, who founded what is America's first planned city, was ever present as we navigated architecturally rich streets, anchored by pastoral squares. If the book represents anything, it shows how Savannah inspires storytelling. To that end, my husband and I joined a few walking tours.

Savannah Dan provided a colorful, easy to digest version of Savannah history. Architectural Savannah, led by Jonathan Stalcup, a graduate with a master's degree from Savannah College of Art and Design, conveyed a deep knowledge of architecture and history bringing the city to life. Finally, since Savannah is purported to be the most haunted city in the country, we enlisted spirit guide, Andee Higgins, of Blue Orb, who enlightened us with the stories behind some of Savannah's famous haunts.

A theme began to emerge among our guides that all Oglethorpe accomplished would have been lost had it not been for a group of concerned women in the 1950s, who single-handedly saved historic structures from the wrecking ball, and a restoration movement in the 1970s. The efforts of conservationists helped save more than 1,200 of Savannah's stately homes that had fallen on hard times.

We learned about how the invention of the Cotton Gin in 1793 helped revive an economically struggling community. We heard many tales surrounding the three-day visit to the city in 1825 by Marquis de Lafayette, who had fought at George Washington's side. And we were privy to divergent opinions of the life-long friendship between Civil War General William Sherman and Savannah businessman Charles Green, who lent his Gothic Revival mansion to the general to use as his headquarters, believing the goodwill gesture would save the city from



Savannah Dan

(photos by david budnik)

moss, serene squares rich with greenery and monuments that were true works of art.

We started our first day with Savannah Dan, a self-proclaimed "Southern gentleman" wearing a seersucker suit and wide-brim hat, who greets his group in Johnson Square. It is here that we first heard the name Oglethorpe and learned of his utopian ideals that helped create the city in 1733. King George II granted a charter for the colony to primarily act as a buffer zone protecting South Carolina from the advances of Spanish-owned Florida.

Oglethorpe allowed citizens to worship as they pleased — though no Catholics were allowed — and rum, lawyers and slavery were forbidden (for a time).

As our affable guide walked us through seven squares, we heard colorful renditions of historical milestones, folklore and some pop culture references.

Stalcup's architecture tour, which covered the city's founding to the present, included many easily overlooked but important details. Our guide walked us through all the architectural periods in chronological order.

With his gift of making history and architecture easily digestible, the two hours flew by. Stalcup spoke of Oglethorpe's idealistic vision for the colony and its original four squares, Johnson, Percival (now Wright), Ellis and St.

destruction. Sherman spared the city and bestowed it upon President Lincoln for Christmas.

Though the city offers many hop-on, hop-off trolley tours, the 2.5 square mile area, comprised of 22 squares, was easily walkable, allowing us to bask in the lushness of massive live oak trees dripping with Spanish

James (now Telfair). As the city grew, it added more squares. At its peak, there were 24.

We learned how war, commerce, worldwide archeological expeditions, transportation methods and active burial grounds influenced architecture.

Lost among stately brick and stucco mansions, the unassuming 1760 Christian Camphor house is the oldest surviving home in Savannah. Only the upper wooden portion of the home is original.

The earliest structures had a raised basement and two full floors — bedrooms on the top floor and public areas such as dining and parlors on the first floor. Service areas — kitchen and laundry — were in the basement. Because streets were mostly made of sand, raised basements were the norm and helped protect the home from swirling dust and stench.

Stalcup's admiration for the city's first architect, British transplant William Jay, was evident as he spoke of the construction of the English Regency, Owens-Thomas House, circa 1819. The mansion — which features one of the earliest, urban slave quarters in the South, indoor plumbing and striking architectural elements — was Jay's first major commission in Savannah.

Haunted tours seem de rigueur after dark, as a profusion of hearses crammed with exuberant ghost hunters hit the streets. Our method of investigation began by foot at 10 p.m. as Higgins led our group of 15 through neighborhoods seemingly filled with ghosts. Even the local CVS is purported to be haunted. Needless to say, we fought the urge to check under the bed before retiring for the night.

We saved our visit to the Mercer-Williams House for last. As typical of our visit, the presence of the dead seemed to linger. We expected that Jim Williams, the only person in Georgia ever to be tried four times for the same crime — the murder of his assistant, Danny Hansford, on May 2, 1981 — would appear as we meandered from room to room to gaze upon priceless furniture, paintings and accessories.

If you go ...

Visit Savannah, www.visit-savannah.com; Savannah Dan, 912.398.3777, www.savannahdan.com; Architectural Savannah, 912-604-6354, www.architecturalsavannah.com; Blue Orb Tours, 912-665-4258, www.blueorbtours.com.



Stalcup talks about the Owens-Thomas House.

"The best service I have ever had"

- ABC Home Healthcare client



Experience the difference. We're owned and operated by a Nurse Practitioner and Certified Case Managers.

When it comes to home care, trust the professionals...



Home Healthcare®
Professionals

781-245-1880

www.abchhp.com

Home Health Aides • Homemakers • Companions • Live-In Caregivers
Private Duty Nursing • Hospice and Respite Care • and more
All services available 1 to 24 hours a day, 7 days a week include nurse supervision.

Unparalleled Care, Service, & Lifestyle for Your Well-Being



"Coming to Wingate was one of the best decisions I've ever made. I truly feel at home here."

Wingate Healthcare provides the finest care for our residents and superior healthcare services in our state of the art facilities. One look will tell you that you're in the right place!

SHORT TERM REHABILITATION
SKILLED NURSING
ASSISTED LIVING • HOSPICE
LONG TERM CARE
WOUND CARE



Call for a tour Brenda Diaz, Director of Community Relations
(781) 707-9500
www.wingatehealthcare.com



BRIGHTON • NEEDHAM • SUDBURY • KINGSTON • HAVERHILL • NORTH ANDOVER • LOWELL • READING

*Welcome springtime and
new beginnings. Start with us...*



Lamplighter Village, Canton



Bixby II/Brockton Center, Brockton



Congregational Retirement Homes, Melrose

Lamplighter Village

1 Stagecoach Road, Canton, MA
781-828-7834 (TTY 711)

- **Now Accepting Applications!**
- 1 & 2 Bedrooms
- Community Room
- Parking
- Pet Friendly

Bixby/Brockton Centre

103-106 Main Street, Brockton, MA
508-588-5556 (TTY 711)

- **Now Accepting Applications!**
- Heat & HW Included
- Community Room w/Kitchen
- and Resident Library
- Community Social Events
- Live In Superintendent

Congregational Retirement Homes

101 Cottage Street, Melrose, MA
781-665-6334 (TTY 711)

- Efficiencies, Studios & 1BRs
- Community Room with Library, TV & Kitchen; Beauty Salon
- Mystic Valley Elder Services on premises
- Council of Aging Van Available for Appts.
- Pet Friendly



Our communities feature 24 hour emergency maintenance, professional management on-site, laundry care center, emergency call system, planned resident events & activities, and close to bus routes, shopping, restaurants, medical & major roads/highways.

Communities are for those 62 years+, HP/disabled person 18 years+. For additional info on these & our many other communities, visit peabodyproperties.com or call 781-794-1000. *Income limits apply. Rents and income limits based on HUD schedule and subject to change. Please inquire in advance for reasonable accommodations. Information contained herein subject to change without notice.



**A \$0 plan premium,
help to stay
independent and someone
new to count on.**



Introducing a plan that can give you more than you would expect, Tufts Health Plan Senior Care Options (HMO-SNP) is a plan for seniors with \$0 out-of-pocket costs. It combines Medicare and MassHealth Standard benefits including dental care, transportation and extras like a care manager.

Call to learn if the Tufts Health Plan SCO is right for you.

Call us toll-free at
1-855-670-5938 (TTY 1-855-670-5940).
Or visit www.thpmp.org/sco.

Representatives are available Monday - Friday 8:00 a.m. - 8:00 p.m.
(From Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.)

TUFTS  **Health Plan**
Senior Care Options

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, copayments/coinsurance may change on January 1 of each year.

Tufts Health Plan is an HMO plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS. You must continue to pay your Medicare Part B premium.

H2256_S_2014_37 Accepted

SENIORS! Get the Cash You Need



400 Trade Center • Suite 5900, Woburn, MA 01801
www.LifeStyleImprovementLoan.com

If bills are piling up and you are short of cash,
another loan payment is the last thing you want!
Get cash from your home with a Home Equity
Conversion Mortgage and stop worrying!

- Pay off your mortgage and other debt
- Get tax-free cash from your home
- Stay in your own home
- Homeowners age 62+
- Start enjoying life again

Call Steve Becker, Senior Loan Specialist (NMLS #9975)
for a personal consultation:

Office (781) 569-5044 • Cell (781) 249-0083

***Weekend or Evening Appointments
Available in the Comfort of Your Home!***

Revisiting NYC's 1964 World's Fair, 50 years later

By Beth J. Harpaz

NEW YORK —

You can just barely see them through the window of the No. 7 subway as it rattles into the elevated station in Corona, Queens: a gigantic steel sphere, two rocket ships and towers that appear to be capped by flying saucers.

These unusual landmarks are among a number of attractions still standing from the 1964 World's Fair, which opened in Flushing Meadows Corona Park 50 years ago, with marvels ranging from microwave ovens to Disney's "It's a Small World" ride to Belgian waffles with strawberries and whipped cream.

But visiting the area today is as much about 21st century Queens as it is a walk down memory lane. Many of Queens' contemporary cultural institutions — like the Queens Museum and the New York Hall of Science — grew out of fair attractions and incorporate original fair exhibits.

Other relics are stupendous in their own right, like the Unisphere, a 12-story steel globe so glorious to behold, you almost feel like you're seeing Earth from outer space. There's also a modern zoo, an antique carousel and outdoor sculptures.

Here's a guide to celebrating the 50th anniversary of the 1964 World's Fair on a visit to Queens.

The neighborhood — On weekends, Flushing Meadows Corona Park is packed with people from the dozens of ethnic groups that populate Queens, speaking many languages, eating food from around the world and playing soccer with a seriousness of purpose often found among those who grew up with the sport. That makes for "a wonderful unique experience," said Janice Melnick, Flushing Meadows Corona Park administrator.

And yet, as you walk out of the 111th Street train station, there's something about Corona that also brings to mind an older,

simpler New York. No hipsters here; no luxury condo skyscrapers. Instead, you'll find modest brick apartment buildings and single-family homes, pizzerias and diners, barber shops and variety stores. That throwback sensibility adds a layer of nostalgia to the experience of revisiting fair sites, especially for boomers who attended the event as kids.

"I think for many people, the fair represents this last moment of true optimism," said Melnick. "We were looking into the future, and the future was going to be bright. That really struck a chord with a lot of people."

The Unisphere — The fair's best-known symbol, an elegant steel globe, has appeared in movies like *Men in Black* and *Iron Man 2*. Visitors enjoy setting up photos so that they appear to be holding the world in their hands. Located in the park, outside the Queens Museum.

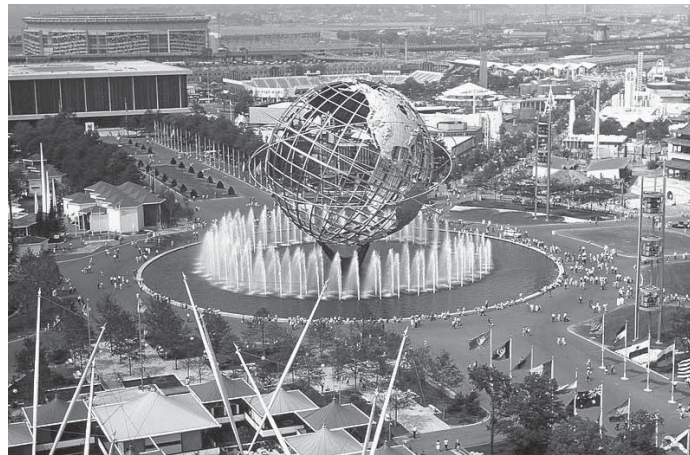
New York State Pavilion — You can't miss the towers topped by flying saucers, surrounded by 100-foot-high (30-meter-high) concrete pillars. This was the New York State Pavilion, where visitors rode elevators to an observation deck above an enormous suspended roof of translucent colored tiles. Today the structure is padlocked, rusted and cracked, with preservationists and critics fighting over its future.

Queens Museum — The museum is housed in a building that dates to the 1939 World's Fair, which marks its 75th anniversary this year. It also briefly housed the United Nations General Assembly after World War II. Exhibits include posters from both fairs and a replica of Michelangelo's "Pieta," which was shown in the Vatican Pavilion during the '64 fair.

The museum's most famous display, the "Panorama of the City of New York," is a

scale model of the city that debuted at the '64 fair. The panorama includes models of each of the city's 895,000 buildings built before 1992, along with every street, park and bridge, on a scale of 1 to 1,200. The island of Manhattan is 70 feet long, the Empire State building 15 inches tall.

Located in the park, near the Willets Point stop on the No. 7 train. Wednesday-Sunday, noon to 6 p.m.; adults, \$8, children under 12, free.



The Unisphere, a 12-story steel globe

Rockets and New York Hall of Science — Two NASA rockets stand 100 feet high (30 meters) outside the New York Hall of Science, a museum that opened a few years after the '64 fair, replacing a temporary pavilion. The rockets were part of a space park at the fair that captured the excitement of the era's quest to get a man on the moon.

Towering over the Hall of Science is an undulating concrete building called the Great Hall, an architectural marvel that was an original fair site. Undergoing renovation now, it's due to reopen in October, when visitors will be able to experience the other-worldly interior covered in blue stained glass.

The Hall of Science has undergone a series of renovations over the years and

today houses exhibits exploring everything from microbes to the science of basketball. It also has a small but worthwhile display in a second-floor hallway of brochures, tickets and other memorabilia from the fair, along with a first-floor display of photos of World's Fairs going back to the 19th century.

Located at 47-1 111th St. Monday-Friday, 9:30 a.m.-5 p.m., weekends 10 a.m.-6 p.m.; adults, \$11, children 2-17, \$8.

Queens Zoo — A geodesic dome from the '64 fair serves as the zoo's walk-through aviary. The zoo specializes in North and South American animals, ranging from bears to pumas.

Located at 53-51 111th St. Daily 10 a.m.-5 p.m. (5:30 p.m. on weekends); adults, \$8, children 3-12, \$5.

Carousel — The carousel dates to the early 1900s and was brought to Queens for the '64 fair from Coney Island, Brooklyn. Located outside the zoo, near 111th Street and 55th Avenue. Open weekends and school holidays, 11 a.m.-7 p.m., \$3.

Outdoor sculptures — Flushing Meadows Corona Park is home to several sculptures commissioned for the fair, including "Rocket Thrower," "Freedom of the Human Spirit," "Form" and "Forms in Transit."

Getting there: No. 7 train to 111th Street in Queens; walk down Roosevelt Avenue toward the Hall of Science at 47th Avenue. You'll see the rocket ships come into view over an auto parts store. The zoo, Unisphere and art museum are nearby, though it's a lot of walking. The next stop on the train, Mets-Willets Point, is closer to the Unisphere, art museum and a bike rental station. By car, take the Grand Central Parkway to the Tennis Center. — AP

She sold Belgian waffles at the 1964 World's Fair

By Ula Illytzyk

NEW YORK —

The notion of introducing a new food to the American public is almost inconceivable in an era of TV chefs, global cuisine and foodie websites.

But that's what happened 50 years ago at the 1964 New York World's Fair in Queens, N.Y., when a family from Belgium introduced Belgian waffles, topped with fresh whipped cream, powdered sugar and sliced strawberries.

Once Maurice and Rose Vermersch and their daughter MariePaule began serving the delicacy, there was no turning back the crowds.

"From the moment we opened there was a line. We couldn't see the end," recalled MariePaule Vermersch, 66, who helped her parents serve an average of 2,500 waffles a day during the fair, which opened 50 years ago on April 22, 1964. "It was wild."

They were supposed to be called



Enjoying Belgian waffles at the 1964 World's Fair (ap photo/bill cotter)

Brussels waffles — named for the Belgian capital, where they were a specialty — but her mother soon realized many Americans didn't know where Brussels was.

The Vermersch family first served the treat two years earlier at the 1962 World's Fair in Seattle, and for years after they made the waffles at the annual New York State

Fair in Syracuse. But it was at the 1964 event in New York City that the waffles became a sensation.

Compared to American waffles, the Belgian treat was light, crispy and fluffy. To this day, baby boomers fondly recall the memory of enjoying them at the fair.

Vermersch said that for years she ran a coffee shop, MariePaule's Authentic Belgian Waffles, in her current home of Albuquerque, New Mexico, that featured a picture of the 1964 World's Fair.

"People would look at the name and see the picture and say, 'I ate those waffles at the World's Fair,' and they'd pick up the phone and call their parents," said Vermersch, who returned to New York to attend the fair's 50th anniversary celebration, and also to care for her 95-year-old mother, who lives in Queens. "I couldn't believe how often that would happen."

What made the waffles so good? Vermersch cited a special cast-iron pan that heats up to 500 degrees. "As soon as the batter touches the grill, it gets crispy

on the outside and soft on the inside," she said. "You don't want to put anything syrupy on it or it will turn it into a sponge."

They served the waffles with whipped cream, adding hand-sliced strawberries for color.

Waffles in the United States date back to the Pilgrims, who were familiar with them from time spent in the Netherlands, which has a similar waffle culture. And during the latter part of the 18th century, "waffle parties" were all the rage.

Vermersch said she vowed never to create an instant mix because the recipe requires fresh, carefully prepped ingredients: pure vanilla, fresh yeast or self-rising flour, melted but cooled sweet butter and eggs at room temperature, with egg whites added at the end.

But that's as much information as she'll divulge. About 12 years ago, she sold the Maurice Authentic Belgian Waffle recipe to a Syracuse family on the condition that it be served only at the New York State Fair. The exact recipe, she says, is a secret. — AP

Retirees help caregivers cope with hospital stays

By Lauran Neergaard

WASHINGTON —

Edwin Pacheco was in and out of the hospital for months. He'd survived one organ transplant and desperately needed another. But he wasn't the only one suffering. Few people asked how his wife was holding up as she kept vigil, cornered hard-to-understand doctors and held job and family together.

"Everybody was like, 'Oh, you're a good caregiver.' But inside, I'm dying," Minerva Pacheco of New York recalled of those tumultuous days.

Then one day in the intensive care waiting room at Montefiore Medical Center, a pair of strangers introduced themselves as volunteer coaches for caregivers and offered a shoulder. It's part of an unusual program that recruits retirees and specially trains them to help overwhelmed family members cope with a scary hospital stay — for their own health, and so they can better care for their loved one.

"The caregiver needs to be taken care of, too," said Montefiore coach Dave Wolfe, a retired high school guidance counselor who spotted Pacheco's distress. "If they're sick, or they break down, feel helpless or hopeless, they're not going to be too helpful to the patient."

The coaches offer more than emotional support and a sympathetic ear. They're trained to help people navigate a complex hospital system and to help them locate community resources that may ease the strain, too.

They can track down a doctor to answer a caregiver's questions. Or find someone to translate all the medical jargon. Or alert a professional to signs of depression. Or gently probe about just how prepared the family really is for continuing care at home: Are



they comfortable giving injections, or cleaning a wound — or might they need some more planning with the discharge team?

Today's caregivers "are being asked to do a lot of things they're really not equipped to do," said social worker Randi Kaplan, who directs the Montefiore Caregiver Support Center. The program evolved as the hospital realized, "we're ignoring a very, very overstressed population."

Millions of Americans regularly care for older or impaired adult relatives or friends, and a hospitalization only adds to the stress. Yet research shows that patients who have supportive care from family or friends during a hospitalization fare better.

"You don't eat right, you don't sleep right," said Pacheco, who hadn't known she could seek help for herself as her husband

worsened between his first transplant in December 2012 and the one that finally restored his health last summer. "You're scared to ask what's next."

Families need an advocate, said Dr. Paul Levin, Montefiore's vice chairman of orthopedic surgery, who tells the volunteer coaches, and medical students, how caregivers can get lost in the shuffle.

Years ago, Levin's oldest daughter had a roller-blading accident and was run over by a bus, suffering life-threatening injuries while at college hundreds of miles from home. In a hospital where he knew no one, even Levin had a hard time cornering doctors, got conflicting reports and once watched his daughter wheeled off to deal with a dangerous complication without any explanation.

"I'm a trauma specialist who knows the system, knew the questions to ask, but I couldn't get a straight answer," Levin said.

Many hospitals offer support groups for caregivers, or services from a social worker or other professional.

The volunteer coaches are different: Retirees with no background in health care undergo training to support caregivers in hopes that families will let their guard down with a peer. They make daily rounds through Montefiore's waiting rooms and nursing stations to offer the services of the support center, where families can talk with a coach or a social worker, research caregiver resources online or just relax in a quiet room.

There are no statistics on similar volunteer initiatives, but Montefiore and a handful of community hospitals have modeled

programs on one at Northern Westchester Hospital in New York.

"This caregiver coach idea is very innovative," said Lynn Feinberg of AARP, who tracks efforts to help caregivers — and says too often what's missing is someone to call at a moment's notice, rather than awaiting a monthly support group meeting. "Utilizing retirees is really a win-win, to provide that basic emotional, practical support and advice."

It takes strong supervision to know the boundaries, cautioned Carol Levine of the nonprofit United Hospital Fund, which provided a startup grant to Montefiore and has created online caregiver guides.

"They are not there to be nurses or social workers," she said. Instead, the program "really treats people with respect and dignity and understanding that they're in a difficult situation."

Montefiore put its 21 volunteers through a training course that stresses those boundaries, teaches nonjudgmental listening and lets them role-play difficult situations. The support services don't expire when the patient goes home, Kaplan said. Caregivers still can call or come in indefinitely, but there are no home visits.

Does the program make a clinical difference? The hospital has begun a pilot study comparing whether cancer patients stick with a grueling chemotherapy-and-radiation treatment better when their caregivers are coached in providing support.

Like many of the coaches, Wolfe, 69, had been a caregiver. He sought out Montefiore's support center while his wife, Janet Lipson, was undergoing complex cancer treatment. When she recovered, the couple became volunteer coaches to

► Unexpected

Cont. from page 10

pocket. If you have chronic health issues, it is important to research this through your insurance carrier in advance of your travel.

Medical evacuation insurance — Depending on where you are traveling, you may want to consider purchasing medical evacuation insurance. This is sometimes bundled within a supplemental travel health

insurance policy. If you are traveling to a remote corner of the world, or where you are unlikely to find good healthcare, consider adding this. This insurance will cover the cost of transporting you from a remote area to an area that has high quality healthcare and hospitals. Medical evacuations can be extremely expensive. An air ambulance evacuation from a remote region can cost up to \$100,000. Check with your current health insurance provider to see what is or is not covered by your plan.

Finding a doctor while traveling — Fortunately, when in the U.S., you may visit an urgent care center, and be seen by a board certified physician while away from home. They can be found in all regions of the country, and have extended hours and accept most commercial insurance.

When traveling abroad, the best resource for finding a doctor or clinic would be the U.S. embassy. The embassy will help locate medical services near you and will help notify your family in the event of an

emergency. Finally, a very good resource for all your travel health questions is the CDC website: www.nc.cdc.gov/travel.

Dr. David Rideout is the lead physician at Doctors Express, Saugus office, one of 10 Eastern Mass offices, offering seven-day walk-in urgent medical care. He can be reached at 781-233-1000. Visit their website, www.DoctorsExpressBoston.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.



Distinguished Care Options

Home is where we help you

Help you care for an elder loved one
Help you live safely
Help you live independently
Help you live with dignity

Distinguished
Care Options

209 West Central St., Suite 315
Natick, MA 01760
508-653-8512
www.dco-ma.com

**Formerly New Century Homecare Services*

Overtreating Medicare patients may cost billions

CHICAGO —

A new study suggests that in a single year, up to 42 percent of Medicare patients got at least one medical procedure they didn't need — overtreatment that cost as much as \$8 billion.

The treatments included prostate cancer screening for men beyond the age most experts recommend, and imaging tests in older women for osteoporosis at too frequent intervals. The treatments also included invasive heart and kidney procedures that research has shown are no better than medicine, and potentially more risky.

What's new: The findings are in an analysis of Medicare claims data for 1.3 million patients in 2009. The researchers devised a list of 26 "low-value" procedures they determined reflect likely overuse. The list was compiled from research evidence and recommendations from several medical groups.

Lead author Aaron Schwartz of Harvard Medical School's health care policy department and colleagues acknowledged that Medicare claims may lack details about patients that might justify some procedures. But using more conservative

Doctors get paid more for ordering more procedures.

And fear of malpractice lawsuits is also often cited as contributing to overtreatment.

criteria, they still found that 25 percent of patients received at least one wasteful service, totaling almost \$2 billion.

The results are only a snapshot and the researchers said there are likely many other procedures that are sometimes performed with little benefit for Medicare patients.

The context: A 2012 Institute of Medicine report on overall U.S. health spending concluded that about 30 percent, or \$750 billion, reflects overtreatment, excessive costs and other problems.

The new study also follows the government's release recently of Medicare billing records for 880,000 physicians and other health care providers, data that consumer advocates and others said might indicate whether some doctors are providing quality cost-effective care or ordering needless services. That data revealed vast differences in Medicare payments, and an agency administrator said Medicare would look into doctors and others who received huge reimbursements, which could suggest overtreatment.

Reasons and reactions: The authors said it's not clear why doctors may be ordering needless services, but that sometimes patients may demand procedures they mistakenly think will benefit them.

Doctors also get paid more for ordering more procedures. And fear of malpractice lawsuits is also often cited as contributing to overtreatment.

Policymakers, doctors and patients themselves should pay attention to the results, the researchers said.

Patients should know they can question their doctors about which procedures are really necessary and whether less invasive and less costly options are available. — AP

Medicare fraud sweep nets 90 arrests across United States

MIAMI —

The latest Medicare fraud sweep has netted 90 arrests in six cities involving false billings to the health care program of an estimated \$260 million.

Miami U.S. Attorney Wifredo Ferrer said more than half of the arrests were in South Florida, long the nation's leader in health care fraud. Arrests were also made in Houston, Detroit, Los Angeles, Brooklyn and Tampa, Florida.

Among those arrested were 27 health professionals, including 16 doctors, as well as some Medicare beneficiaries who authorities say sell their entitlement to the highest bidders. Another emerging fraud trend is misuse of Medicare's prescription drug benefit through shady pharmacies.

"They each tried to use the Medicare program as their own personal ATM," Ferrer told reporters. "This is unacceptable."

Since 2007, Medicare Fraud Strike Force teams in nine cities have brought charges against about 1,900 people who falsely billed the taxpayer-funded program more than \$6 billion.

The Department of Health and Human Services (HHS), meanwhile, has temporarily halted enrollment of providers considered high-risk in five locations and removed 17,000 providers from the Medicare program since 2011, HHS officials said.

David O'Neil, acting chief of the U.S. Justice Department's criminal division, said authorities are using HHS billing data to identify patterns that lead to Medicare fraudsters, as well as traditional law enforcement techniques such as telephone wiretaps, undercover officers and hidden cameras.

"We will bring to justice those who loot our nation's health care funds, and we will recover what has been stolen," O'Neil said. — AP

SNORING? SLEEP APNEA? CPAP INTOLERANT?



**Do you experience any
of the following?**

- Poor Memory
- Irritability or Moodiness
- Restless Sleep
- Difficulty Concentrating
- Loud Snoring
- Excessive Daytime Sleepiness

**Oral Appliance Therapy
Can Change Your Life!**

Covered by most MEDICAL insurance!
CALL FOR A FREE CONSULTATION

Dr. Steven J. Rinaldi

Chestnut Green:

565 Turnpike Street #73, North Andover, MA 01845

978-475-9141

www.SleepApneaSnoringMA.com

Technology can help reduce social isolation among seniors

By Michael E. Festa

Isolation — due to the death of a spouse, loss of friends and companions, and distance away from loved ones — puts millions of older Americans at risk of poor health and prolonged loneliness.

The AARP Foundation reports that as many as 17 percent of older Americans are impacted by social isolation. There are many reasons why someone age 50 and older becomes isolated from family and community: injury or illness, loss of independence or mobility, financial stress or a job change. As such, it's easy to become homebound, disconnected and isolated.

Most people value connections to family and friends, community, work and to organizations that appreciate their efforts and contributions. Those connections define who they are and what matters most to them. By helping them become more connected to their community, Internet activity can help ease feelings of depression and isolation among those 50 and older.

The 2013 AARP Attitude, Trend & Opinion Monitor (ATOM) survey of the U.S. population age 50 and older



found that:

- Mobile device usage among the 50+ population is 85 percent.
- Email, surfing websites, reading news and getting travel directions are the most common activities of age 50+ smartphone users.
- Three quarters (74 percent) of adults age 50+ own

AARP and You

e-reader or tablet).

- Social-networking usage is reported by 52 percent of older adults.
- Privacy is a concern for many older adults. Only 17 percent of those age 50+ is very confident that their data

are kept private online.

Though the incidence of technology use is increasing in those 50 and older, millions of Americans who aren't familiar with computer and online technology are still at risk of social isolation. If you would like to learn how to use a computer to stay better connected with your friends and family; use the Internet to obtain news and information; learn how to email; and help close the technology

gap between you and your grandchildren, AARP has the program for you.

AARP TEK (Technology Education and Knowledge) is a comprehensive technology education program geared towards the 50+ audience. Though millions of older adults already use personal technology in their everyday lives, there are still many more who want to learn the ins and outs of using smartphones and tablets (i.e. iPad, etc.) to enhance their lives and discover a world of new possibilities. AARP TEK provides understandable training on how to use personal technology to live a better life.

Learn more about what AARP TEK can offer you by visiting www.aarptek.org to find out more about using tablets, social media, online safety, digital entertainment and staying connected.

For more information, please contact AARP Massachusetts at 866-448-3621 or email at ma@aarp.org. You may also visit our website at www.aarp.org/ma.

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

Paul Ryan: 'Path To Prosperity' or road to nowhere?

By Al Norman

In April, U.S. Congressman Paul Ryan, R-WI, introduced a federal budget resolution for 2014 that was equally controversial with past budgets from Mitt Romney's running mate. Ryan dubbed his budget, the "Path to Prosperity." But the National Council on Aging listed a number of ways in which the Ryan budget, for seniors, looked more like a road to nowhere:

1. It repeals the Affordable Care Act (ACA). The proposal eliminates Obamacare provisions that reduce the "donut hole" prescription drug costs; keep frail seniors in their homes; improve access to Medicare prevention services (such as falls prevention, and a free annual wellness visit), improve chronic care education, reduce Medicare fraud, improve nursing home quality and reduce hospital readmissions. It would, however, maintain Medicare cuts found in Obamacare.

2. It significantly cuts non-military programs. Funding for Older Americans Act programs like Meals on Wheels, family

caregiver support, job training, senior centers and disease prevention programs — all would suffer significant cuts.

3. It cuts Medicare in four ways. The proposal would increase the Medicare eligibility age, raise the deductible amount for doctor visits, penalize or prohibit people from buying first-dollar private Medigap coverage and increase monthly premiums for middle-class seniors with incomes over \$46,000 per year.

4. It cuts and block grants Medicaid. Medicaid covers almost two-thirds of long-term care costs for older Americans. The proposal cuts this safety net by \$732 billion, hurting frail, vulnerable seniors who depend on it. Block granting Medicaid means states would get a limited pot of money for Medicaid health care that could run out.

5. It completely restructures Medicare. It provides a "premium subsidy" that could significantly increase Medicare beneficiaries' out-of-pocket costs because the contribution amount would not keep pace over time with the cost of care. Those who remain in the traditional program also could be forced

to pay higher premiums.

6. It cuts food stamps. The proposal would cut an additional \$137 billion — on top of the \$8 billion already cut recently from the Supplemental Nutrition Assistance Program (SNAP) — which helps hungry older adults afford healthy food.

7. It cuts the Supplemental Security Income (SSI) program. SSI affects more than 2 million low-income seniors. Cuts to SSI would drive the nation's most vulnerable seniors into extreme poverty.

Critics of Ryan's budget charged that it was politically motivated, because Ryan knew that the Democratically-controlled Senate would never pass it, making it just a symbolic vote to be used in next fall's mid-term elections.



Push Back

The worst provisions in this budget bill are the ones that radically change Medicare and Medicaid — two health care programs that seniors rely on. These programs would be more efficient if they were combined, and if all Americans had access to a Medicare plan. For now, we have Obamacare, which is built on a private insurance model with all the administration, overhead, advertising and profiteering that comes with it.

A single Medicare plan, with one large risk pool, no stockholders and low administrative costs, would be the path to prosperity. By contrast, the Ryan budget looks more like the road to nowhere.

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.org, or 978-502-3794.

► Generation

Cont. from page 5

the NPR interview, "We've got to rebalance the social safety net so it's fair to all generations; the numbers just don't work going forward. That cries out for political leadership."

During my early years as a reporter, I covered issues pertaining to the parents and grandparents of Boomers. A re-occurring message was that they wanted to leave the world a better place for their children and grandchildren. The programs that came from that generation and its leaders mirrored that sentiment.

If I could talk to those people today, I know their first concern would be to protect the youth of this country.

Yes, we have allowed our children to move back home during tough times. Perhaps we have coddled them a bit too much, contributing to their stunted matu-

ration. It seems, though, that there is a disconnect with the love we feel for our children and grandchildren and the bad behavior we and our political leaders are engaging in that could financially help to bankrupt them.

The impending showdown can be nipped in the bud. If the generations could work together to preserve the benefits that previous generations have, Millennials would have a chance to enjoy the same career, family and government benefits that we have enjoyed.

Then, the only "generation gap" we would need to concern ourselves with is our children's choices in music, clothes and other cultural and social behaviors.

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

Enjoy Home Delivery of fifty plus advocate

You can enjoy the convenience of having your **Fifty Plus Advocate** delivered to you at home, insuring you that you will never miss an issue. Just fill out this coupon and enclose payment.

☐ 1 year - \$18 ☐ 2 years - \$34 ☐ 3 years - \$48

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If change of address or renewal, place mailing label here and your new address.

MAIL TO:

fifty plus
advocate

131 Lincoln St., Worcester, MA 01605

Baby boomers may opt for communal living again

By Craig Smith

PITTSBURGH —

A generation of Americans who embraced communal living in the 1960s is again considering that concept and other ways to coexist as they near retirement.

This time, they've traded peace signs for dollar signs.

"By force of sheer volume, the (baby boomers) who in 1968 thought they would change the world, by 2028 actually will," said Andrew Carle, founding director of the Program in Senior Housing Administration at George Mason University in Fairfax, Va.

Over the next three decades, one in five U.S. citizens will turn 65 or older, Carle said. They'll control more than half of the discretionary income, influencing entertainment, travel, food, retail, technology and housing.

Even now, seniors are redefining their living arrangements through cohousing communities, cooperative households and niche communities, experts said.

Baby boomers, those born between 1946 and 1964, might be more open to such ideas, having tried similar arrangements when they were younger, said Robert Schulz, director of the University of Pittsburgh's Center for Social and Urban Research.

And there's a practical side. "As baby boomers age, getting appropriate support will be a challenge," Schulz said. "Traditionally, children supply that support for their parents, but baby boomers had few children, so group housing has the potential for people to provide for and support each other."

The nation's aging population is a major public health challenge of this century, according to the National Centers for Disease Control and Prevention (CDC) in Atlanta.

Researchers for some time have warned about "the 2030 problem" — the year when America's 78 million baby boomers will be ages 66 to 84. Their numbers could create far-reaching implications for the public health system and place unprecedented demands on services, the CDC said.

Some experts believe the crunch is here. "You don't have to project out that far. The problem is here now," said Stephen M. Golant, a gerontologist and geographer at the University of Florida who predicts that by the end of the decade, more than 98 million Americans will be 65 or older.

With health care professionals in short supply and high demand, retirement communities providing access to them will have appeal, experts said.

Not all boomers will move from homes in which they've lived for years.

Margie Castello, 49, and her husband, Louis, 51, of Renfrew in Butler County, plan to age in place. They ride Harley-Davidsons and recently bought a motor home. They want to continue an active lifestyle.

"We've done things to make it easier on us so we can get up and go," she said.

Boomers who do move won't go quietly



to retirement homes like those that housed their parents. They've built more than 100 cohousing communities across the country and are exploring options such as university-based retirement communities.

Cohousing can be multi-generational and emphasizes privacy but with social contact among members, advocates say. Residents live in private homes but share facilities such as a common house, courtyards, playgrounds or gardens. People typically gather at least once a week for a meal.

"What's the best thing about cohousing? We know our neighbors really, really well,"

said Joani Blank, 75, of Oakland, Calif., a former board member of the Cohousing Association of the United States. "What's the worst thing? We know our neighbors really, really well."

Three such communities are forming in Pittsburgh — one in East Liberty, another in Sewickley and a third in Larimer, said Stefani Danes, an architect and Carnegie Mellon University professor who is helping plan the Sewickley project.

"This is the right time, now that our kids are gone, to downsize into something that makes sense for aging," said Danes, 59, of Franklin.

Scilla Wahrhaftig, 70, gave up a big house near Frick Park for one of the renovated row houses that make up the Borland Gardens Intentional Community in East Liberty.

"I loved the idea of sharing, but I wanted my privacy," Wahrhaftig said.

East Liberty Development Inc. acquired the row houses, which were in foreclosure, said Kendall Pelling, project manager, who believes the idea could grow.

"It gives people a sense of community," he said. "One of the amenities with cohousing is the people."

Developers of Hundredfold Farm, a cohousing community near Gettysburg, have completed 10 of 14 single-family homes planned for 75 acres that include a working Christmas tree farm, community vegetable and flower gardens, and a common house.

"We're more family than neighbors," said Bill Hartzell, 53, a founding member of the community and cohousing association board member.

The project encountered some opposition when the group started talking about it in 1997, but members plodded along.

"Other efforts have come and gone over the past two decades, but Hundredfold Farm is nearing the finish line," Hartzell said.

For three Mt. Lebanon women, helping one another started with a cat.

Louise Machinist, Jean McQuillin and Karen Bush began their experiment in cooperative householding eight years ago when Bush, 64, a consultant, needed someone to watch her cat during a West Coast trip.

Machinist, 66, a psychologist, volunteered to watch Beardsley. A one-month trip stretched into a year, and Bush began

Do You Want FREE Housing INFORMATION mailed to you?

Please check off all the facilities that you would like to receive free, no obligation information from. You can check off as many locations as you like. Your name will not be used for any other purpose. Fill out the coupon, cut out and mail back to us at the address below.

55+ RETIREMENT COMMUNITY

☐ **Fairing Way-**
South Weymouth



☐ **The Residences at Wingate - Needham**



ASSISTED LIVING FACILITIES

☐ **Oosterman's -**
Methuen, Wakefield



☐ **The Residences at Wingate - Needham**



SUBSIDIZED APARTMENTS

☐ **Congregational Retire.**
Home - Melrose



☐ **Cushing Residence -**
Apts., Hanover



☐ **Lamplighter Village -**
Canton



☐ **Sherwood Village -**
Apts., Natick



fifty plus advocate

FREE HOUSING INFORMATION (PLEASE PRINT CLEARLY)

Name			
Address			
City	State	Zip	
Phone*			

Attn: Free Fifty Plus Housing Information
Fifty Plus Advocate, 131 Lincoln St., Worcester, MA 01605

*We cannot process without your phone number. It will be used only in regard to the properties that you have marked.

z-3
9.13

5 signs U.S. job market may finally be accelerating

By Josh Boak

WASHINGTON —

Few people responded to the March U.S. jobs report with cheers. But there may be reasons to applaud in the months ahead.

Hiring in March was close to the economic recovery's steady but hardly explosive monthly average of the past two years: 192,000 added jobs. The unemployment rate remained 6.7 percent for the second straight month.

That wasn't the blockbuster figure predicted by some economists, who figured hiring would take off in March after a winter when factory orders, home sales and auto buying were slowed by severe weather.

Yet tucked into the March jobs report and other recent indicators were hints of stronger job growth ahead:

Hiring over the past 12 months has outpaced population growth. More workers in the prime 25- to 54-year-old age group are finding jobs. The winter freeze was less destructive to hiring than had been assumed. Layoffs have declined since February. And an increase in hours worked suggest that incomes will rise.

Here are five signs that the U.S. job market may finally be picking up:

•Job growth vs. population growth —

For much of the recovery, the economy suffered from a fundamental problem: The U.S. was adding more people than jobs.

Employers hired 2.4 million people in 2012. That sounds decent. But it's less impressive when you consider this: The working-age population swelled by 3.8 million that year, according to the employment report's survey of households. A similar gap existed in 2013.

The share of the population with jobs — the so-called employment-population ratio — ended both 2012 and 2013 at 58.6 percent. That was down sharply from 63 percent before the recession started in late 2007.

But encouragingly, the trend reversed itself in March: About 2.35 million people were hired over the preceding 12 months. That was slightly more than the rise in population over the same period. The employment-population ratio ticked up to 58.9 percent, its highest level since August 2009.

When an economy adds fewer jobs than people, it loses some ability to accelerate. The economy is carrying more weight and less muscle.

Some of this reflects an aging population: More baby boomers are retiring. But

another factor is that some people who hunkered down at colleges during the recession have emerged with new degrees and brighter career prospects. And they've started to look for jobs.

Can the gains continue? Tough to say. But the U.S. is faring better than it should considering that the vast baby boom generation has begun to retire.

•Prime-age workers are returning — After the Great Recession ended in mid-2009, a declining share of 25- to 54-year-olds were working.

Roughly 80 percent of this age bracket had been employed before the downturn. The figure sank as low as

74.8 percent toward the end of 2010.

But it recovered in March to 76.7 percent, the best reading since February 2009.

"People have gone back to get training and educated and will be more aggressive" and "possibly getting better-paying jobs," said Scott Anderson, chief economist at Bank of the West.

•Escaping winter — Winter saw snow trapping cars on highways in southern states; chronic school closings in the northeast and widespread flight cancellations that disrupted businesses.

Experts are still figuring out how badly the snowstorms disrupted the economy. But hiring never succumbed to the freezing temperatures as much as economists had feared. Revised figures show that 197,000 jobs were added in February and 144,000 in January — a combined 37,000 more than initially estimated.

Other corners of the economy are emerging from hibernation. Auto sales, for example, rose 6 percent to 1.5 million vehicles in March after dismal figures the previous two months.

•Fewer layoffs — The jobs report provides a "net" figure. The 192,000 jobs that employers added in March results from a simple equation: Jobs filled minus jobs cut. The government calculates the total number of jobs compared with the previous month, while accounting for seasonal variations.

So when companies lay off fewer workers, the net jobs figure should rise. And layoffs have indeed declined. The government reports weekly on applications for unemployment benefits. These applications are proxies for layoffs. During March, 71,000 people fewer people sought benefits than in February.

•Longer hours — The average work-week rose to 34.5 hours from 34.3 hours

FIVE page 21

LOOKING FOR A LOW COST, LEGAL ALTERNATIVE TO BANKRUPTCY?

Are you a Senior, Veteran or Disabled Person Living on Social Security, Disability, Pensions or Veteran's Benefits?

Federal law protects your income from creditor garnishment. Debt Counsel for Seniors, Veterans and the Disabled (DCSD) can protect you from creditor harassment. If you can't pay your creditcard or medical bills or your student loans or payday loans, you can stop paying them without filing for bankruptcy.

*We are celebrating 15 years of helping seniors with their debt without filing for bankruptcy and protecting them from letters and calls from collection agents. You too can **live worry-free** as thousands of our clients do.*

Call **Debt Counsel** for Seniors and the Disabled
For a **Free Consultation**
at **1-800-992-3275 EXT. 1304**



Founded in 1998 Jerome S. Lamet
Founder & Supervising Attorney
Former Bankruptcy Trustee
www.debtcounsel.net
info@lawyers-united.com

Like us on
Facebook

Come See Your Best Option Over Nursing Home and Assisted Living

- Oosterman's Rest Homes of Melrose and Wakefield provide personalized care in the comfort of a home-like environment.
- Our loving care is 7 days a week, twenty four hours a day, 365 days a year.
- Home-cooked meals, a secure and safe environment and a comfortable setting are some of our amenities.

Visit us on the web!
www.oostermanresthome.com



93 Laurel Street, Melrose



706 Main Street, Wakefield

Call for a tour of our homes:
93 Laurel Street, Melrose 781.665.3188
706 Main Street, Wakefield 781.245.4778

Know the true cost when making a decision

By Alain Valles

With recent improvements made by the federal government to the reverse mortgage program, the cost of most reverse mortgages have dropped by more than 30 percent. But cost should be viewed in terms of your goal to be financially independent, stay in your home and have peace of mind about your financial future. Below are the most important cost issues to consider.

Reverse Mortgage

Cost compared to a traditional mortgage — Obtaining a conventional loan is less expensive than most reverse mortgage loans. The exact calculation is based on many factors, but a rough rule of thumb is for a \$300,000 home the cost of a reverse mortgage will be about \$9,000, compared to about \$4,000 for a traditional mortgage.

But the out of pocket costs are about the same for both types of loans, and the \$5,000 difference is added to the loan amount, not required up front.

The extra cost pays for the federally guaranteed advantages of never making a mortgage payment for the rest of your life, a guaranteed equity line that grows, a monthly check for life, or the ability to receive tax free cash, to name just a few benefits. Another advantage: Many homeowners would not qualify for a traditional bank loan, while a reverse mortgage has more lenient qualification guidelines.

Cost to move — Many people don't factor in the cost of moving: the Realtor commis-

sion of up to 6 percent, home improvements, the moving company and hiring someone to get rid of personal belongings. There is also the emotional cost of downsizing.

Selling a \$300,000 house can cost over \$30,000. And where will you live? Can you afford to pay rent? Even moving in with relatives is seldom free. A reverse mortgage gives you the option to afford to stay in your own home and remain financially independent.

Cost of indecision — This can be the biggest challenge for seniors contemplating a reverse mortgage. Putting off a decision only makes it more expensive. New guidelines are scheduled to be issued that will reduce the number of people who will qualify for a reverse mortgage. Just as important, the interest rates on reverse mortgages are at an all time low. When they increase you will get less money. There is nothing more frustrating than saying, "I should have gotten a reverse mortgage when I had the chance."

Costs of misinformation — Our loved ones and trusted advisors have our best interests at heart. But when it comes to reverse mortgages, more often than not the advice being given is based on what they overheard — not the facts. Not everyone should get a reverse mortgage. But everyone should understand the pros and cons in order to make your own decision.

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

► Five

Cont. from page 20

in February. That doesn't seem like much — just 12 minutes more. But those extra minutes help boost incomes, Deutsche Bank economist Joseph LaVorgna said in a research note. Hourly workers are taking home more pay over the course of a week — about \$17 more than they did at this time last year.

Judging from tax receipts, that's hav-

ing "a significant impact on household income creation," LaVorgna said. And consumer spending is the lifeblood of growth, accounting for about 70 percent of the economy.

Higher incomes should fuel spending. Economists are already citing the increase in auto sales as a sign of more robust spending to come. Based on March's "strong auto sales, this seems to be providing plenty of firepower for discretionary consumer spending," said Jay Feldman, an economist at Credit Suisse. — AP

► Living

Cont. from page 19

repaying her friend by taking her on trips. Before long, the three divorced, professional women — McQuillin, 67, is a nurse — established their "Old Biddies Commune."

They bought a house together and share the costs of maintenance, utilities and other bills. They hope their unique "intentional community" becomes a model.

"We want people to learn from this," said Bush, 64.

The women wrote a book, *My House, Our House: Living Far Better for Far Less in a Cooperative Household*.

University-based retirement communities offer people a chance to return to their alma maters or another campus where they can participate in school programs — from classes to concerts and sporting events.

Fifty to 75 such communities might exist across the country, said Carle, who is trying to confirm the number. The potential for their growth is large, since there are about 4,400 colleges and universities.

The Village at Penn State, an apartment and cottage complex within walking distance of the State College campus, caters to people in their 70s.

"This is an active, vibrant community. The residents are so busy," said Lucille DeFronzo, vice president of sales and marketing for owner Liberty Lutheran. "There's a great camaraderie here."

Niche communities are another emerging concept for which experts see potential.

Grateful Dead fans? Someone could build a retirement community just for you.

"These are not goofy ideas," Carle said. "When you have 78 million people, you have critical mass to do whatever you want." — AP

"What happens if I don't have a will or an estate plan?"

A lot and it's not good.

If you don't have a will or an estate plan:

- A court could appoint a third party to make medical and financial decisions for you...instead of someone you love and trust
- You could lose your home and life savings to pay for long-term or nursing home care
- The government could take a huge chunk of the inheritance that you planned to leave behind for loved ones — is that what you really want to happen?

No matter what your net worth is... you need a will and an estate plan!

Don't wait! Let Estate Preservation Law Offices help protect you and your loved ones. Our consultations are free; and, if you cannot come to us — we'll come to you.

Contact Attorney Linda T. Cammuso or Attorney Brendan J. King at Estate Preservation Law Offices today.



Estate Preservation Law Offices

Protecting assets during your lifetime.
Preserving them for future generations.

www.estatepreservationlaw.com
508.751.5010

Main office in Worcester MA, with satellite offices in Leominster, Braintree and Cape Cod.

For our FREE brochures, *Long-Term Care Planning, The Medicaid/MassHealth Application Process, and Estate Plan: Without one you are living on the edge*, please call 508.751.5010.

Bright ideas for outdoor furniture

By Kim Cook

Earthy hues that blend into the landscape tend to dominate the outdoor furniture market. Understated woods, metals and cushions are easy-to-incorporate neutral elements.

But outdoor spaces also offer the chance to be more adventurous than we are inclined to be indoors.

Maybe bolder balconies and peppier patios on your redecorating radar?

"Vibrant color has dominated the home furnishings arena since last fall, and after an unusually cold winter, the time's ripe for bright color to become a focus for our outdoor spaces. Color is a great energizer," said Jackie Hirschhault, marketing vice president for the American Home Furnishings Alliance, based in High Point, N.C.

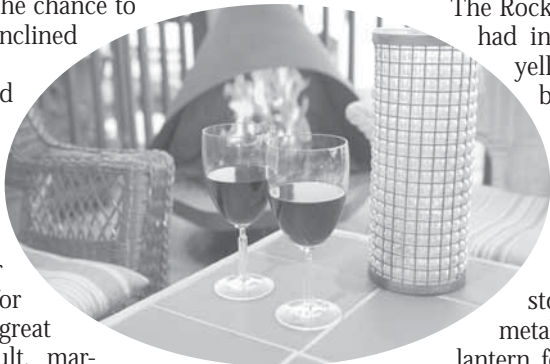
Aimee Beatty, in-house stylist at Pier 1, said lively outdoor pieces give people a way to make a statement: "Incorporating pops of color with furniture and accessories adds personality and flare."

She suggests adding a colorful bench to the patio to coordinate with a more traditional or neutral dining set. "One new piece is a simple, budget-friendly way to make a big impact," she said.

"Brightly colored furniture is also a quick way to punch up a small space," she added. A bistro table and chairs in playful hues sets the stage, and you don't need much more than a few additional pieces to create an inviting space,

even if it's a tiny terrace.

Pier 1's Paris-inspired Neely Bistro Set comes in red or peacock blue rust-resistant cast aluminum. Frontgate's powder-coated aluminum side and bar chairs in fresh colors like aqua and melon come in whimsical designs like curlicues and floral motifs.



The Rock Point acacia wood bench can be had in red, marine blue or dandelion yellow, and has the added benefit of being foldable for off-season storage. Synthetic rattan chairs are weather resistant and come in an array of clean, crisp brights like ocean, purple, orange and yellow. (www.pier1.com)

Z Gallerie's Madison garden stool comes in gold for a touch of metallic flair. You'll also find the Mimosa lantern, featuring a filigreed Moroccan motif in mandarin, white, lemon and aquamarine. (www.zgallerie.com)

A patio umbrella is a quick and inexpensive style changer. Start the party by setting up Hayneedle's shaggy acrylic Palapa umbrella, a 6-foot-wide hula skirt on a pole with thatched strips of acrylic in lime, whiskey, raspberry pink or lemon yellow. (www.hayneedle.com)

Walmart has a well-priced basic market umbrella that can be had in a fresh sunny orange, deep green or canary yellow. (www.walmart.com)

Grandin Road's op-art Lulu planter in a loopy black-and-white graphic would be an exclamation point to colorful outdoor furniture. Their Sea Life collection of outdoor pillows includes stylized starfish and sand dollars

in brilliant hues. (www.grandinroad.com)

Usable as either planters or beverage receptacles, LED-embedded resin GardenGlo containers provide glowing illumination in a range of colors. (www.gardenica.com)

Consider adding a few glowing orbs to the garden, pool, pathway or anywhere you'd fancy ambient light. A remote control lets you run through a variety of soft colors or switch to just white. They'll last eight hours on one battery charge. (www.frontgate.com)

Seattle-based designer Nicole Ketchum creates light-weight acrylic chandeliers in 11 colors that can be hung from trees, deck roofs or anywhere you'd like. Choose a faux ornate pattern or an octopus. (www.chandelierbynk.com)

Outdoor polypropylene rugs add color and give outdoor spaces a more finished, room-like look. Horchow's Geometric Twist collection puts a crisp white graphic on a tangerine, lime or navy background for preppy punch, while Dash & Albert's indoor/outdoor rugs feature East Asian graphic motifs, chevrons and sailing stripes. (www.horchow.com)

Dash and Albert's new outdoor pillow collection includes exuberant retro-Hawaiian prints, sea horses, crewel florals and bubble patterns, all in a riot of fun-loving colors. (www.dashandalbert.com)

Designer Elaine Smith has come up with a collection of outdoor pillows that reflects a childhood surrounded by global art, and a love of both fashion and nature. "I like using and reimagining traditional motifs, and creating designs with a timeless feel," she said.

Smith's done an Asian toile pattern in a pretty aqua/white combination, a zebra print in chocolate or blue and a hula skirt motif in a kaleidoscope of tropical hues. (www.authenteak.com) — AP

Read previous issues of the

fifty plus

advocates.com

On-line at www.fiftyplusadvocate.com



Now both editions of the *Fifty Plus Advocate* newspaper are on-line for an entire year.

Miss an issue? No problem!

Download it to your computer and read it at your leisure. Save important information for future reference.

Currently serving the mature

market of Massachusetts with two monthly editions in Eastern and Central Massachusetts.

**For advertising information call
Donna Davis at 508-752-2512, ext. 130.**



Hope.

Where would we be without it?

For those facing serious illness or loss, hope is here. We're focused on meeting the needs of the seriously ill and their families — dedicated to touching lives in so many ways.


HopeHealthSM
Touching Lives

(508) 957-0200 • HopeHealthCo.org

HOSPICE | PALLIATIVE CARE | HOUSECALLS
DEMENTIA & ALZHEIMER'S SERVICES | COMMUNITY CARE | CARE FOR KIDS

Formerly Hospice & Palliative Care of Cape Cod

Trust Us to Sell Your House or We Will Buy It!

No matter what your situation

- Downsizing
- Inherited Property
- Mom or Dad going into Assisted Living

No realty commission applies when we buy your home. We handle all repairs and clean-out!

Rely on us to help define your options, determine the best price and get results fast!

Contact David Dowd and our experienced team at Prudential Stephan Realtors now for:

Free Home Pricing Analysis and Moving Strategy

SELL
using the power of Prudential Real Estate Network, or...

We will BUY your property "as is" — all cash, no realty commission, no-clean out required!

Free Services to Help Organize, Downsize, Pack & Move
Take what you want. We handle the rest!



David J. Dowd
Founder of Sell Mom's House

Call David Today
774-696-6124
david@sellmomshouse.com

SELL MOMS HOUSE.COM
Helping Families Transition



YOU DON'T KNOW THE WHOLE STORY ABOUT MASSACHUSETTS MEDICAID!

There is Medicaid money to help you get the care you need at home, an assisted living residence or nursing home. You don't need to be poor. Your spouse will not be left at risk. You paid taxes for years, it's time the government helped you. Follow the rules and let your hard-earned dollars pay you back for the care you or your loved one needs. Our **FREE** report outlines the benefits and what it takes to qualify.

Call now for your free special report.

Call anytime 1-508-281-7900

Ingle Law

ESTATE PLANNING AND ELDER LAW
PUZZLES WORTH SOLVING

56 CENTRAL STREET, SOUTHBOROUGH, MA 01745
www.IngleLaw.com



TRACEY A. L. INGLE, ESQ.

Affordable Living at its Best

Now Accepting Applications for 62 Years or Older

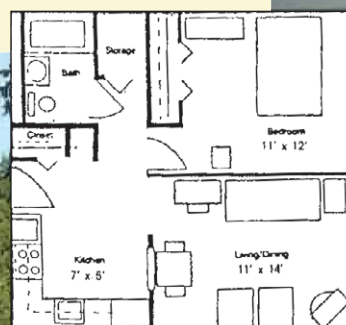
Income Guidelines: \$32,950 single / \$37,650 couple

Applications for the under 62 permanently disabled is now closed.

- Heat and hot water included
- Qualified Applicants pay 30% of adjusted income
- 24 hour emergency maintenance
- Seasonal trips
- Monthly activities include: exercising classes, birthday parties, book mobile, blood pressure screens and podiatrist
- Manicured walking paths with garden plots
- Ideally located in Natick residential bus route
- Pets okay under 20 lbs.



Relax in Park-like setting



Comfortable floor plan

Sherwood Village Apartments

143~145 Mill Street, Natick, MA 01760

Call at 508-651-1811 for details





Enhancing lives through innovative healthcare™

That's our mission at Golden LivingCenters. We strive to help you return to your active life after surgery or illness. Combining 24-hour nursing with our exclusive Golden Rehab therapy, clinical expertise and professionally-trained staff, we provide a well-rounded recovery plan to meet your specific needs. Our goal is to help you regain mobility and independence so you can enjoy an enhanced quality of life.

Golden LivingCenter – Attleboro

27 George Street
Attleboro, MA 02703

Golden LivingCenter - Chetwynde

1650 Washington Street
West Newton, MA 02465

Golden LivingCenter – Cohasset

1 Chief Justice Cushing Hwy
Cohasset, MA 02025

Golden LivingCenter – Dedham

1007 East Street
Dedham, MA 02026

Golden LivingCenter - Dexter House

120 Main Street
Malden, MA 02148

Golden LivingCenter - Elmhurst

743 Main Street
Melrose, MA 02176

Golden LivingCenter – Garden Place

193 Pleasant Street
Attleboro, MA 02703

Golden LivingCenter - Heathwood

188 Florence Street
Chestnut Hill, MA 02467

Golden LivingCenter - Lexington

840 Emerson Garden Road
Lexington, MA 02420

Golden LivingCenter – Oak Hill

76 North Street
Middleboro, MA 02346

Golden LivingCenter - Melrose

40 Martin Street
Melrose, MA 02176

Golden LivingCenter – Norwood

460 Washington Street
Norwood, MA 02062

Golden LivingCenter – Plymouth

19 Obery Street
Plymouth, MA 02360

Golden LivingCenter – Wedgemere

146 Dean Street
Taunton, MA 02780

Golden LivingCenter - West Newton

25 Amory Street
West Newton, MA 02465



We are here for you seven days per week.

DIRECTCONNECT
POWERED BY GOLDEN LIVINGCENTERS

Call Golden LivingCenters' for more information.

Toll free: 888-243-4646

Fax: 479-478-2588

directconnect-boston@goldenliving.com



This facility welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, sexual orientation or source of payment.
GLS-09894-12 D033

