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Study finds U.S. unable to fill housing needs of aging American

By Brian Goslow

BOSTON —

The United States is unprepared to meet the housing needs of its aging population, according to a new study. Adding to the problem, a third of Americans 50 and older — almost 20 million households — spend 30 percent or more of their income on housing that may or may not fit their needs as they age.

Related story page 15

The study, "Housing America's Older Adults: Meeting the Needs of an Older Population," released by the Joint Center for Housing Studies of Harvard University and AARP Foundation, found that "Millions of older adults who develop disabilities live in homes that lack accessibility features such as a no-step entry, single-floor living, extra-wide doorways and halls, accessible electrical controls and switches, and lever-style door and faucet handles."

The need to adapt homes for the older years comes at a time high housing costs are already causing many Americans to cut back on necessary food or medications. "As the single largest item in most household budgets, housing costs directly affect day-to-day financial security as well as the ability to accrue wealth to draw upon later in life," the study noted.

"That means that as your housing costs rise, the more likely you're facing decisions such as do I pay for medication or do I pay for my heating bill?" said Vivian Vasallo, director of AARP Foundation's Housing Impact Area. "Do I have to cut back on certain things, like food, for example, and then have food insecurity because I have to pay rent or mortgage this month? Because of this housing cost burden, it's having an impact on other parts of people's lives as far as health care and food insecurity and nutritional needs," said Vasallo.

Unlike the majority of reports on older adults that usually utilize a retirement age starting point, the new study started at age 50, providing a longer-term view of the housing situation. "I'm so glad we didn't just start at the typical retirement age because with the 50 to 64 generation we found so many interesting things," said Jennifer Molinsky, a research associate for the Joint Center for Housing Studies at Harvard University who worked on the study.

"We found that they're going into retirement with more mortgage debt, with higher debt," Molinsky said. The home ownership rate among the 50 to 64 age group was down 5 percentage points because of the recession, which will leave less of that population with that financial resource to

fall back on. "That's going to be tough to make up before retirement," Molinsky said. "That generation also has fewer children who might serve as caregivers in the future."

Molinsky said her biggest concern, in terms of housing, is its affordability — and accessibility to it in future years. "Just the sheer numbers of low income, older adults will grow and yet we don't have housing," she said. "Right now, two-thirds of the people that are eligible for federal assistance can't get it because we don't have that now. What's going to happen when we have so many more low-income renters who are older and we have expiring (federal subsidy) contracts on some of these places? So we're not only looking at constraints on the supply of housing, but we're also looking at much greater demand."

Similarly, the study found that the existing housing stock is unprepared to meet the escalating need for affordability, accessibility, social connectivity and supportive services.

Massachusetts 50 plus population breakdown

The rate in which the percentage of older residents 50 and older has grown throughout Massachusetts is cause for concern, with the numbers expected to increase in the years ahead. As an example, from 1990 (percentage in parentheses) to 2010, the 50 plus population has

increased in:

- Franklin County — 40.8 (26.4)
- Middlesex County — 32.5 (25.9)
- Norfolk County — 35.1 (28.4),
- Plymouth County — 35.3 (23.8)
- Suffolk County — 25.5 (23.3)
- Worcester County — 32.8 (25.9)

In Massachusetts, and throughout the northeast, pre-1940 housing stock is much less likely to be accessible with only a quarter of residences having a no-step entry; 64 percent are one floor living quarters. In those homes built in 2000 onwards, more than half the living quarters have no-step entry and 74 percent are single floor living. "Definitely, age (of the housing stock) is a concern," Molinsky said, when it comes to housing in Massachusetts.

"Our housing tends to be less accessible than other areas of the country because we have an older housing stock, with a lot of multi-storied homes with a lot of stairs, and in many places, a hilly geography," Molinsky said. These older homes also have narrow doors and halls.

In its 2010 "Housing Policy Solutions to Support Aging in Place" study, the AARP Public Policy Institute reported that 89 percent of people 50 and older want to age-in-place. In many instances, they'll have to be creative to make that occur.

"If they really have a strong desire, for example, to stay in that home but maybe it's too big and they really don't need all this space or they're income constrained, there's a model called house-sharing," Vasallo said.

Often referred to as "The Golden Girls Model," a person with a home or apartment takes in roommates — which offers a way to supplement income and to be less socially isolated. "After living alone, now you have people living with you," Vasallo said. "There

can be a sharing of tasks — for example, if you can no longer drive but you want to stay in your home and that's a big barrier, you can have a roommate that has a car that can help take you places."

Another option is for a person to live on the first floor of his or her house and convert the second floor into a rental unit. Accessory dwelling units, often referred to as "granny flats" or "mother-in-law" suites, are also becoming a working option, Vasallo said.

"Depending on the local jurisdiction and zoning issues, people are putting these smaller units on their land and either they're moving into them or they're having caregivers or other family members move into them," Vasallo said. "We're seeing some different uses of land and properties and I think we're going to see that evolve more and more."

The AARP Foundation is expanding its Housing Solutions Center Program, which offers assistance and advice for individu-

als who want to learn more about housing options "That's the first step that we're taking at the foundation to help address this need but also for people to assess what it is they need versus what they have and also the community that they live in," Vasallo said.

She suggested that people talk with trusted partners in their communities — realtors and lenders, architects and designers and their office on aging — to map out the plan that's best for them.

"It's important to get people recognizing that in their 50s and 60s, they need to be asking themselves questions around what their housing will look like in 10 or 20 years from now and beginning to plan for those changes today and not wait until later," Vasallo said.

"It's wise to plan ahead, for sure, to think about needs before they become acute," Molinsky said. "Think about what your accessibility needs might be where your house is right now." She noted that there are private consultants who will come to your home and help you figure out how to make it aging-in-place friendly. "There is a business in that that is growing, for sure, about people advising you and even doing the changes for you."

Similarly, as does happen with the older population, steps have to be taken to watch for contractor fraud, which could become an issue as more people seek to re-fit their homes. "That's not to cast aversions on any

of these business that are doing this work, because it's really important and really good," Molinsky said.

On a community scale, Molinsky noted The Villages, based on the original Beacon Hill model, and the Jewish Federations of North America's NORC Aging in Place Initiative program in New York City, help their residents and members — telling them "who is a good recommended contractor, that kind of thing," she said.

The report offered one example of proactive action called Rebuilding Together, a national non-profit organization that uses volunteers to retrofit the homes of older adults and people with disabilities. It estimates it serves from 4,000 to 10,000 households annually. "Yet, the need is really in the millions," Vasallo noted, adding that there is a critical need more programs and services that would allow individuals to age in place. "So that's something we're looking at, is what are some models that can be scaled that will help people retrofit their homes so they can stay in them."

The Massachusetts Home Modification Loan Program is an example of a successful model that provides up to \$30,000 to help with accessibility modifications for households that have people with disabilities or households with older members.

While the "Housing America's Older Adults" study shows the numbers, and predictions for housing shortcomings in the years ahead, Molinsky said there isn't a widespread push for new housing. She said there is a need to get the information out there. "A lot of these

Molinsky

policies have to start at the state, federal and local levels — there's just a lot to be done and getting folks involved is always a big thing," she said.

Vasallo said that communities — each which will have its own unique needs — should be working in partnership with residents to figure out solutions to the housing issue. "The demographics are clear that as a country and as individuals we need to ask ourselves, 'what do we do now in order to prevent this oncoming crisis in the future,'" she said. "For all of the people who are turning 65 now, in 10 years, they're going to be 75-80, so it's a window of time that we have to act."

For more information: The AARP Housing Solutions Center Program, www.aarp.org/aarp-foundation/our-work/housing/; The Massachusetts Home Modification Loan Program, www.mass.gov/eohhs/consumer/disability-services/housing-disability/home-mod-loan/; Housing America's Older Adults: Meeting the Needs of an Older Population study, www.jchs.harvard.edu/research/housing_americas_older_adults.



Vasallo



Molinsky

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Traditional retirement afterlife creates opportunity

By Sondra Shapiro

If I had a dollar for every time friends proclaim they can't wait until they retire, I would be on my way to retirement financial security.

When they wistfully utter those words, I get the impression they really mean they can't wait until they can alleviate the stress in their lives. They think retirement is the only answer. Sure, work does have its challenges and many days the stress level can reach into the stratosphere — believe me, I know that firsthand. But rather than making any rash decisions, thoughtful planning and soul searching should take place.



Just My Opinion

Recently, I had dinner with a friend who was vacillating over a decision to take early retirement from a job she has had for 35 years. She wisely said she didn't want to jump into anything until she had an exit strategy and an idea of what she wanted to do after she left her high-powered, stress-laden job.

The idea of traditional retirement — leaving the workforce — did not appeal to her. She mentioned that she was going to speak with a life coach to help her work things out. I offered my two cents telling her that whatever exit plan she decided on, that when she finally left her job she should take some time to not think about anything, to flow with her days for a while. This gift of time would allow her to search her heart's desire without the stress of her day-to-day job getting in the way.

I also warned that the sedentary lifestyle could be addicting. I have seen it happen more often than not, although it is my recently-retired fellow boomers who most frequently ask, "What's next?"

Study upon study confirms that Americans are working well into what is considered traditional retirement years. I say if a person likes what he or she is doing for work they should continue doing it. If not, it's never too late to change a career — begin a second chapter.

Lin Weeks Wilder, who had a long, distinguished career in the health care industry, and is now a prolific writer, concurs. "Although there are some baby boomers over 60 or 'over 65ers' who would be content with a life of leisure, sleeping as late as they please with all the time in the world, most of us are happiest when we are working, studying, learning, risking, making a difference and using our gifts, regardless of our age."

Wilder believes a love of learning is an instinctive human condition. "We are placed here some believe purposely, others believe randomly, but each of knows that we are here to learn."

I asked Wilder what five pieces of advice she could offer to those considering retirement or who have recently left a career:

- Think, pray and/or mediate about what you really care about, even love. The thing that you've always said, "If I only had the time, I would..." Each of us has a vocation, a gift that if we don't do it, write it or draw it, it will not be done, written or drawn.

- Decide to become a student again and learn to love the learning you will need to do in order to become the very best at what you love. If you must make money right away, don't quit your day job; this will take time and most likely money.

- Expect opposition. There will be resistance from others but the most dangerous is from within yourself. Anytime we create something new, there will be resistance.

- Find friends who feel as you do — who have decided to use their gifts fully and completely — who have decided to launch a new career at 50 or at 60. There are plenty of us online if you look.

- Take care of yourself. If you have not developed healthy eating, exercise and sleeping habits do so now or you will not have the energy you need to do this new work well.

In the quest for peace and calm in our lives, many of us sacrifice too much when we take retirement literally. We give up the excitement and adventure of life. We can never replace that time.

Wilder, who holds a doctorate in Public Health, and has 30 years of administrative experience in academic health centers ranging from critical care nurse to a hospital director at University of Massachusetts Medical Center, poses the question: Is retirement cancer of the soul? "I recall many laughter-filled conversations with my 30- or 40-something-year-old colleagues as I attempted to explain that I believed retirement to be dangerous — the consequential boredom, the reality of having too much time on one's hands that can result."

She proclaimed all those years ago that boredom was indeed a cancer of the soul and that retirement as her colleagues defined it "sounded ghastly." The author of a murder mystery novel, *The Fragrance Shed* by a Violet, Wilder said, "Thirty years later, my predictions of the inimical consequences of boredom are reflected back to me from too many friends and neighbors whose interests seem bounded by their dwindling investment portfolios and the increasing number of maladies that are applied with each visit to their doctor."

"They are consumed by what they watch each evening on the nightly news and feel depressed, anxious and sad about the country, the government, the economy and their lives — tragic, unnecessary and such a waste of skills and gifts."

Hmm, this sounds a lot like people I know, though I am not naming names.

I'm sure most of you will say that you deserve to live the good life, and so you should. But you could get so much more out of things if you grabbed for the gusto rather than settling on a Prozac-like existence.

Instead of heading off to play cards all afternoon, take a course at your local college. Skip a trip to the mall and volunteer your time at a school, animal shelter or senior center. Join the Peace Corps or consider a second career. Consult. Stay engaged.

Life is very precious; we need to make every minute count, at any age. Traditional retirement afterlife offers the perfect opportunity.

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



Here's to Our Unsung Heroes

Every day, thousands of Bay State residents perform a great labor of love: caring for aging parents, spouses, and other loved ones so they can live independently at home. These family caregivers are often on duty 24/7 and sometimes they can't even take a break. But, they wouldn't have it any other way.

Help us recognize these unsung heroes during National Caregivers Month.

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New program encourages lawyers to fight elder financial abuse

By Brian Goslow and Sondra Shapiro

BOSTON —

Josephine L. Veglia, an elder law attorney with Durbin & Veglia in Oxford, has had experience with clients who have been targeted for fraud. "Sometimes they have received communications in the mail or phone calls that promise a great return on investment, or receive a check in the mail or are offered business opportunities that are too good to be true ... and indeed they are," Veglia said she has also found that clients sometimes are under pressure to "help" with friend or family finances.

Financial abuse is experienced by 20 percent of older Americans, according to a recent survey done by the Investor Protection Trust (IPT).

To combat the crime, IPT has teamed up with The American Bar Association (ABA) Commission on Law and Aging, Investor Protection Institute (IPI), state securities



Veglia

regulators' offices and state bar associations to create a pilot program in up to five states. The collaboration is aimed at educating lawyers on how to recognize when an elder client — especially those with mild cognitive impairment — is being financially exploited. The states involved in the pilot should be announced shortly, according to a spokesperson for the program, called the Elder Investment Fraud and Financial Exploitation Prevention Program Legal (EIFFE).

EIFFE will develop, test and implement a national model to teach lawyers to recognize clients' possible vulnerability to or identify probable exploitation of fraud and financial abuse and report suspected instances of exploitation to appropriate authorities.

In 2009, the Met Life Mature Market Institute estimated that annual losses suffered by older victims totaled \$2.6 billion dollars. A 2011 update found an increase in losses to \$2.9 billion. "This problem is

expected to get a lot worse as the U.S. population ages," said Investor Protection Trust president and CEO Don Blandin.

A 2008 Duke University study found that some form of cognitive impairment affects one-third of U.S. residents over age 71. "Cognitive impairment makes people more likely to make financial errors and less able to evaluate risk," Blandin said. "As a result, they become easier targets for exploitation by family members, caregivers, friends, acquaintances or strangers. And that's why we need to get more lawyers involved in spotting and reporting such cases."



Sabatino

Attorney Tracey Ingle, who practices elder law in Southborough, said those in her field tend to have a broad knowledge with regard to the senior population. They are able to see the signs of cognitive impairment and financial exploitation. "If we do have a client who is being

exploited, there are approaches to take, such as being in contact with the named attorney-in-fact (the person with power of attorney), or in more serious situations the Elder Protective Services Program through the Executive Office of Elder Affairs."

Ingle warned that the biggest challenge is that an elder who has the capacity to make informed decisions can refuse assistance from Protective Services. "Determining a lack of capacity is extraordinarily difficult to do without the elder's cooperation," she said.

Dr. Robert Roush, director of the Texas Consortium Geriatric Education Center of the Huffington Center on Aging at Baylor College of Medicine in Houston, said research has shown that normal age-related changes in financial-decision making can be exasperated by neuro-degenerative conditions ranging from mild cognitive impairment to some forms of Parkinson's disease.

"This is why all professions with fiduciary

PROGRAM page 20

Ground breaking ceremony held at The Oasis at Dodge Park

WORCESTER, Oct. 15 —

A groundbreaking ceremony was held for The Oasis at Dodge Park, an Alzheimer's and Dementia Residential Care Facility, at the site of the old Odd Fellows Home at 102 Randolph Rd.

The new facility will be built in two phases with 82 total units.

Oasis aims to combine the "feel of a luxurious hotel with all the comforts and amenities of home," according to owners, Micha Shalev and Ben Herlinger.

The secure 60,000 square foot facility will include a central courtyard and many



Chandler

gardens to engage the senses of its residents. Two dining rooms will be built around the central courtyard and the common activity area will have a two-story high ceiling and multiple glass windows to bring natural light.

The facility was designed by Levi + Wong Associates of Concord, with Whipple Construction of Worcester serving as the general contractor.

Featured at the ground breaking was: keynote speaker, Sen. Harriette Chandler, D-Worcester, Sen. Michael Moore, D-Millbury, Dr. Catherine DuBeau, chief



Pictured (from l to r) O'Day, Economou, Chandler, Palmieri, Shalev, Sara Shalev, Maia Shalev, Moore, Moak, Dorit Herlinger, Herlinger and DeuBeau

of geriatrics at UMass Memorial, Dr. Gary Moak, medical director of the Moak Center for Healthy Aging, Rep. Jim O'Day, D-West Boylston, Worcester City Councilors, Philip P. Palmieri and Tony Economou and Hank

Stolz of Charter TV3 and WCRN 830 AM, who served as master of ceremonies.

Phase one is scheduled to open November 2015. For more information please visit www.dodgepark.com.



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Another year, another small Social Security bump

WASHINGTON—

For the third straight year, millions of Social Security recipients, disabled veterans and federal retirees can expect historically small increases in their benefits come January.

The annual cost-of-living adjustment, or COLA, will be 1.7 percent. That translates to a raise of about \$20 a month for the typical Social Security beneficiary.

By law, the COLA is based on inflation, which is well below historical averages so far this year.

For example, gas prices are down from a year ago, and so is the cost of clothing. Prices for meat, fish and eggs are up nearly 9 percent, but overall food costs are up less than 3 percent, according to the government's inflation report for August.

Medical costs, which disproportionately affect older people, are only 1.8 percent higher.

But good news at the pump means bad

news for benefit increases. Many older people who rely on Social Security are feeling the pinch of tiny benefit increases year after year.

"You lose that increase, not only in the short-term, you lose the compounding over time," said Mary Johnson of The Senior Citizens League. "For the middle class, for people that don't qualify for low-income programs, they are dipping into savings or they are borrowing against their homes."

Congress enacted automatic increases for Social Security beneficiaries in 1975, when inflation was high and there was a lot of pressure to regularly raise benefits.

For the first 35 years, the COLA was less than 2 percent only three times. This year's increase was 1.5 percent, the year before it was 1.7 percent.

By law, the cost-of-living adjustment is based on the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W, a broad measure of consumer prices generated by the Bureau of Labor Statistics.

It measures price changes for food, housing, clothing, transportation, energy, medical care, recreation and education.

The COLA is calculated by comparing consumer prices in July, August and September each year with prices in the same three months from the previous year. If prices

go up over the course of the year, benefits go up, starting with payments delivered in January.

This year, average prices for July and August were 1.7 percent higher than they were a year ago, according to the CPI-W. — AP

Medicare to improve nursing home ratings

WASHINGTON —

The Obama administration said it's launching a makeover for Nursing Home Compare, the government website consumers can turn to when a loved one needs long-term care. Officials said a key improvement will involve a new electronic reporting system to gather details on nurse and aide staffing directly from payroll records.

Staff-to-patient ratios are one of the most important predictors of quality, and currently the government relies on

data reported by the facilities themselves.

Required by legislation, the payroll reporting system will take at least a year to implement. Meantime, more focused inspections and new quality measures will be incorporated into the nursing home ratings.

Separately, the administration proposed an update to regulations for home health agencies, the first major rules change since 1989. Improved quality is the goal. — AP

Medicare's 'Part B' basic monthly premium unchanged in 2015

WASHINGTON —

The Medicare "Part B" premium that most older people pay for outpatient care will stay the same in 2015 — \$104.90 a month.

The government says it's the third

consecutive year that the basic monthly premium has held steady.

Higher premiums paid by upper-income beneficiaries also are unchanged. These are for people with an income greater than \$85,000 a year, or \$170,000

for married couples.

Medicare enrollment is growing as baby boomers enter retirement. But costs-per-beneficiary have barely risen the past four years. That's due to spending cuts by President Barack Obama and

Congress, as well as low inflation in health care.

Medicare's hospital deductible will rise by \$44 next year, to \$1,260. But many people carry additional insurance to cover such costs. — AP



RESEARCH STUDY Opportunities

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AN EXERCISE STUDY FOR SENIORS WITH PAIN

Are you interested in participating in an exercise study for older people who live with chronic pain? This study is being conducted by researchers at the College of Nursing and Health Sciences, University of Massachusetts Boston. Free exercise program will be held at Newton Center, MA.

If interested, please call the HELP Study (Helping Elders Living with Pain Study) at 617-287-7394 or email: thehelpstudyumb@gmail.com to participate.

SAVE TIME

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He had a hunch there was a market for monacles

By Diane Mastrull

WEST CHESTER, Pa. —

Dennis Berry said to his three kids a few years ago: "Which one of you wants this?"

By "this," the longtime West Chester resident meant a home-based business that was more like a hobby — one that his children and friends had regularly razzed him about.

In his spare time for more than 10 years, the chemical industry career man had been selling monacles.

Yes, monacles. Eyewear that fell out of fashion in the 1930s, only to be revived by the likes of Colonel Klink in *Hogan's Heroes* and an advertising mascot, Mr. Peanut.

Yet in 2000, with scores of baby boomers squinting at menus, pill bottles, and virtually anything in small print, Berry believed monacles had a shot at a serious comeback.

"It was practical, and it solves a problem for a lot of people looking for a solution," he said.

When he launched Nearsights Monacles, Berry was about 53 and experiencing his own blurry vision. At the same time, he was very active — jogging, bicycling, skiing, and sailing, all pastimes inconsistent with lugging around a pair of reading glasses.

He went to a local optician and had a monacle made for himself. He loved it, but not the price, and set off to find a cheaper supplier.

He found one. And, as luck would have it, the Internet was just starting to show

promise as a cost-effective retail alternative to a bricks-and-mortar business.

"I thought I'd set up a little Yahoo store," Berry said, "and see if anybody wanted to buy any of these things."

They did.

Nearsights — a one-man operation — was profitable from the start with steady sales, though nothing like the doubling and tripling of revenue since son Jim answered his father's plea for a successor. (He would not disclose the company's financials.)

Mind you, it was not an overly enthusiastic rush to help. After all, Jim Berry had his own career: working for a technology start-up in San Francisco. So son essentially did nothing with dad's business for about nine months.

Then he got laid off and had time on his hands. Jim Berry figured he would spend about six weeks tinkering with Nearsights.

"That was more than 18 months ago," he said recently at his childhood home. "Now, it's absolutely my full-time job."

He's no longer mocking his father's perspective.

"This is a convenient, comfortable, and really fashionable alternative to reading glasses," said Jim Berry, who, at 35, has not reached the middle-age milestone of needing vision assistance. But he's busy ensuring that people who do also have eye-catching options.

His father now splits his time between West Chester, Vermont, Florida, and wherever sailing takes him and his wife.

The Nearsights transition appears to have been easier than most involving leadership changes at family businesses, said Michael McGrann, director of the Initiative for Family Business and Entrepreneurship at St. Joseph's University.

"Oftentimes, it's hard for a senior generation to let go of a business," McGrann said. "In this case, he kind of wanted to."

With an aerospace engineering degree from Pennsylvania State

University, Jim Berry first addressed the problem that the Nearsights website "didn't look legitimate." It had just five products for sale and no customer testimonials or toll-free number, he said.

He added more lens sizes and diopter, or lens power, choices.

The company now has three product lines available at www.Nearsights.com and an increasing number of retail outlets: the classic monacle; a handheld "sport magnifier," which Jim Berry touted as perfect for menu reading, and a highly durable "ruggedized tactical monacle."

Prices range from \$40 to \$125. Lenses come clear, mirrored, and tinted (popular



Berry

around Halloween).

All frames and most lenses are made in China. U.S. manufacturing options were few and cost-prohibitive, Jim Berry said. Orders are handled at a warehouse in Indiana.

Jack MacMaster, 60, said his first purchase six months ago was prompted by constantly dropping reading glasses. And their ugliness.

Of monacles, the 60-year-old security consultant with

homes outside Las Vegas and Santa Fe, N.M., said: "It's one elegant lens that can be easily stowed."

Not that that has stopped some people from "laughing and pointing" when they spy him donning his. "I'm really quite odd to begin with," MacMaster said, laughing. "This has set me one further step apart."

For Dennis Berry, it's a proud time for a father impressed with his son's entrepreneurial initiative.

Said Jim Berry: "I'm not going to say this is a \$10 billion company, but I can see us get to the point where I can live comfortably."

See being the key word. — AP/The Philadelphia Inquirer

Americans living longer as most death rates fall

NEW YORK —

Americans are living longer than ever before, according to a new government report filled mostly with good news. U.S. life expectancy inched up again and death rates fell.

Rates also dropped or held steady for nearly all the leading causes of death. The one exception: The suicide rate reached its highest point in 25 years. That figure has been increasing since 2000 and "it's really hard to say why," said Robert Anderson, who oversees the Centers for Disease Control and Prevention (CDC) branch that issued the report.

The yearly report looked at deaths in 2012. It found:

- U.S. life expectancy for a child born in 2012 was 78 years and 9 1/2 months, up about six weeks from life expectancy in 2010 and 2011. That's a record.

- For someone 65, the CDC estimates that men have about 18 years of life left and women about 20 1/2



years. The gaps between men and women grew slightly, compared to 2011.

- There were 2.5 million deaths in 2012, or about 28,000 more than the year before. The increase was expected, reflecting the nation's growing and aging population, Anderson said.

- The 10 leading causes of death remained the same, with heart disease and cancer topping the list. Suicide is the 10th.

The suicide rate rose more than 2 percent, to 12.6 per suicide deaths per 100,000 American. That's the highest it's been since 1987, when the rate was 12.8.

Some research suggests suicides increase during hard economic times, but this trend has persisted before, during, and after the recession of 2007-2009. Some experts have said the sale and abuse of prescription painkillers in the last decade have been a contributing factor.

The CDC report compiles information from all U.S. death certificates from 2012. Researchers use the death rates to project how long people will live. — AP



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Making the indoors safer for allergy sufferers

By Katherine Roth

Although the thought of sleeping with millions of dust mites — microscopic arachnids that feast on flakes of skin — is just plain gross, it's something most people can handle without worry. After all, our bodies are inhabited by multitudes of bacteria, to which we seldom give a thought.

For the many people who suffer from allergies, though, the allergens in dust-mite feces and body parts can lead to chronic sinus problems and coughing, among other symptoms. If gone untreated, the problem can escalate to eczema and asthma, according to James Sublett, president-elect of the American College of Allergy, Asthma and Immunology. "The sooner you intervene, the less likely the problems are to escalate," he said.

Luckily, homes can be made more livable for allergy-sufferers — and less amenable to dust mites — in just a few steps.

About a quarter of Americans suffer from some sort of allergy and of those one-half to two-thirds are sensitive to dust-mite allergens, according to Sublett, making it one of the most common causes of allergies.

"Around the world, dust mites are the most common indoor allergen," said Robert Wood, director of the pediatric allergy and immunology division of Johns Hopkins University.

If dust-mite allergies are suspected, the first step is to get tested by an allergist.

While periodically replacing all your

bedding might seem to make sense, experts say it's unnecessary for those without allergies and insufficient for allergy sufferers.

Instead, these tips from allergists can help make any home friendlier to those with indoor allergies, dust mites included:

1. Keep It Dry. "One of the biggest and most common mistakes people make is to install vaporizers and humidifiers," Sublett said. "Moisture can and does cause all kinds of problems." Dust mites can't survive in less than 50 percent humidity, so buy a humidity meter and, if needed, a dehumidifier to keep humidity to between 35 percent and 50 percent. "Just three hours above that level of humidity, though, is enough to keep the dust mites alive," he said.

2. Rip out the rugs and ditch the drapes. Carpet and heavy drapes are a reservoir for allergens like dust mites and should be removed, particularly in bedrooms. If removing them isn't an option, the American College of Allergy, Asthma and Immunology recommends frequent vacuuming using a HEPA (high-efficiency particulate air) filter. Those with allergies should stay away or wear an N95 particulate mask during and immediately after vacuuming, since particles



can remain airborne for up to two hours.

3. Just Encase. All mattresses, box springs, pillows and comforters should be encased in well-sealed, tightly woven, microfiber "mite-proof" covers from a reputable company, such as Mission: Allergy or National Allergy Supply, and linens and stuffed animals should be washed weekly, allergists say. "The temperatures and detergents used are much less important than the regu-

larity of washing," Sublett said. "Washing in any temperature dramatically reduces the level of allergens."

4. Opt for smooth. Smooth surfaces that can be wiped clean are generally better for allergy-sufferers than more porous upholstered surfaces on couches, chairs and even car seats, Sublett said.

Screening may benefit heavy-smoking older adults

WASHINGTON —

Some current or former heavy smokers may benefit from a new lung cancer test even if they're 65 or older —

although they experience more false alarms, suggests an analysis that comes as Medicare is debating whether to pay for the scans.

Lung cancer kills thousands a year, in

part because tumors aren't usually detected early enough for treatment to stand a good chance. A major study released in 2011 showed that low-dose CT scans of the lungs of people at especially high risk because of heavy

6. Check the units. Allergists suggest that to minimize indoor allergens, heating and air conditioning units be cleaned and serviced every six months, and that gas appliances and fireplaces be vented to the outside and regularly maintained.

Online: www.missionallergy.com, www.natallergy.com, www.acaai.org.

SCREENING page 10



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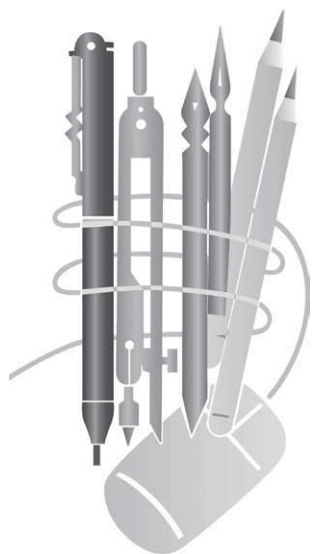
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Varied approaches to chronic pain may help sufferers

By Savitha Tudi

Chronic pain, defined as pain that lasts for more than three months, can manifest itself in many ways. And its cause can be as diverse as the population itself. There are a number of common approaches to treating chronic pain and helping those suffering from it to overcome a constant presence.

I work with patients to identify specific

Healthy Lifestyle

therapies to manage pain in order for them to live with fewer restrictions and limitations.

It is important to understand everyone has a different pain threshold. It's well documented that people experience pain differently. There are patients with essentially the same injury as captured on an MRI, and yet one person

may feel little or no pain. Another person, though, may find the pain debilitating. Once this reality is understood, one can begin to understand the underlying causes of pain and how to manage pain on a case-by-case basis.

Stress, anxiety and depression can intensify some forms of pain and create a cycle of discomfort that requires an individualized treatment plan that treats the whole person — not just a point of pain.

Often the first line of treatment for chronic pain is to prescribe pain medication, which for some people can be very effective. For many others, however, medication simply does not provide enough relief.

If you treat chronic pain with medications only, eventually the medications stop being effective. And the threat of dependency can become an additional problem that needs to be addressed.

Medications are very useful, but they should only be one element of a treatment plan designed for the entire person. Understanding other stressors in a person's life — family life, diet and exercise abilities or other limitations — is important too.

A physician must take a multi-pronged approach to treating chronic pain. This includes counseling, alternative therapies like yoga and acupuncture, socialization and physical therapy, in addition to medication. Though, sometimes surgery is the most appropriate solution for pain.

Obviously, the best way to treat chronic pain is to prevent it in the first place — often-times this is accomplished through diet and exercise. There are a number of exercises vital to preventing many common types of chronic pain. Core exercises help reduce stress and strain on the back muscles. Strengthening the

core muscles can eventually prevent back pain.

Strengthening the legs and the muscles around the knee can alleviate arthritis and assist in mobility. People who are fit experience overall wellbeing and less stress, which in turn reduces pain.

The final piece of the chronic pain puzzle can be diet. Many foods are very effective in fighting inflammation. These include fruits and vegetables, omega-3 fatty acids (fish, fish oil and walnuts), whole grains such as brown rice and bulgur wheat, lean protein (chicken), and spices such as ginger, turmeric and curry.

Dr. Savitha Tudi is an M.D. at Element Care's Cumming's Center in Beverly, MA. She can be reached at 978.712.3360 or visit www.elementcare.org for more information. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

► Screening

Cont. from page 9

smoking can cut their chances of dying from lung cancer by 20 percent.

Based on that study, the U.S. Preventive Services Task Forces recently recommended the yearly test for people ages 55 to 80 who smoked a pack of cigarettes a day for 30 years, or the equivalent, such as two packs a day for 15 years.

Some analysts have questioned if the test really will benefit seniors. Only a quarter of participants in that original study were 65 or older, and no one over 76 got screened.

What if the scans were offered to older

adults who, because of other health problems common with increasing age, couldn't withstand cancer treatment if an early tumor were found? On the other hand, 70 percent of all lung cancer cases in the U.S. are diagnosed in people 65 or older.

So the National Cancer Institute's Paul Pinsky and colleagues reanalyzed what happened to the older participants in that original study.

To prevent one lung cancer death required screening 245 seniors compared to 364 middle-aged people, those ages 55 to 64, the researchers reported.



But screening tests come with trade-offs, such as false alarms that require invasive follow-up tests to rule out cancer. The older participants had a somewhat higher rate of false-positive scans over three years of tests, 28 percent compared to 22 percent, the researchers reported.

As for those who really did have cancer, seniors were as likely to undergo surgery as the younger participants. The five-year survival from lung cancer: 67.5 percent for the under-65 crowd compared with 66.7 percent for 65- to 69-year-olds and 56.5 percent for

those older than 70.

Because lung cancer isn't the only health threat, researchers also tracked overall survival: Some 64 percent of the middle-aged group lived five years, compared with 60 percent of the 65- to 69-year-olds and 50 percent of those 70 and older.

The findings are reassuring that screening seems to involve similar trade-offs for older and middle-aged groups, said Dr. Michael Gould of Kaiser Permanente Southern California, who wasn't involved in the reanalysis.

"Until there is new and direct evidence to the contrary, it does not seem reasonable to exclude persons aged 65 to 74 years from access to screening," he wrote in an editorial in the journal. — AP

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Cancun, Mayan culture meets resort Mecca

By Victor Block

The narrow path leads through jungle growth, beneath long vines hanging from overhead branches that would prompt Tarzan to howl with delight. Iguanas laze in sunlight that filters through the trees, resembling prehistoric monsters frozen in stillness.

The shadowy setting suddenly gives way to a clearing. Along its edge stand the remains of a small pyramid-shaped temple.

Here, during the 13th to 15th centuries AD, Mayans gathered to worship their gods. They were part of the rich civilization that lasted from 2000 BC until the arrival of Spanish explorers in the 16th century AD.

The legacy left by the Mayans included written language, magnificent architectural treasures, and sophisticated systems of astronomy and mathematics. Today, visitors to Cancun, Mexico and the surrounding Yucatan peninsula may combine explorations of the Mayan culture with the attractions of a world-class resort destination.

The small site that serves as home to iguanas is the ruin of El Rey. Its ancient structures are only a short walk from modern civilization — high-rise hotels and the gleaming beaches of Cancun.

That city of towering hotels and upscale shopping malls stretches along 14 miles of beaches overlooking the multi-hued water of the Caribbean Sea. It offers the full range of recreational activities found at many sun-and-sand vacation destinations. At the same time, Cancun is a gateway to more



Cancun Underwater Museum

than 30 major Mayan sites ranging in size from miniscule to massive.

The Mayan Museum in town is the perfect place to begin the exploration. Its exhibits showcase the great architectural achievements of the Mayan civilization, along with interesting artifacts from the daily lives of the people.

Adjacent to the museum, a narrow path winds through the San Miguelito archeological site, which was a Mayan settlement more than 800 years ago.



Mayan site on Isla Mujeres

Of greatest interest among more than three dozen structures are a 26-foot-tall pyramid, the ruins of what once were residences and a small temple where remnants of ancient mural paintings of animals still are visible.

Other introductions to life as it's led today await those who travel short distances outside of Cancun. Puerto Morales (population about 9,000) combines the laid-back atmosphere of a fishing village with touches of tourism.

Tiny cafes that cater to a mostly Mexican clientele line side streets.

Another excursion begins with a 45-minute boat ride to the Isla Mujeres (eesla mu-hair-us). Its dock area encompasses an inviting beach, restaurant and snorkel operation — while the compact “downtown” neighborhood is jammed with modest restaurants, jewelry stores and tourist shops selling much the same merchandise.

On a plateau overlooking the sea at the southern tip of the island are the remains of a small Mayan temple that was dedicated to Ixchel, the goddess of love and fertility. According to legend, when Spanish explorers arrived in the 16th century and found many stone statues of the goddess, they gave the island its name, which means “island of women.”

Today, the island fills an additional role, as the starting point for exploring the Cancun Underwater Museum, said to be the most extensive underwater sculpture park in the world. More than 400 life-size figures — submerged 9 to 20 feet below the surface — are becoming artificial reefs that attract a growing variety of marine life. The extraordinary display is



Sense Adventure

visible to divers, snorkelers and passengers in boats passing overhead. Most of the sculptures depict people in everyday activities like watching television, riding a bike and lying asleep.

When it comes to sleeping, a group of Mexican-owned, family-operated resorts can enhance the Cancun experience. The Sunset World Resorts' claim to provide “Vacation Experiences” is an understatement. Each establishment offers attractions that provide reason enough to stay there.

My favorite, the Hacienda Tres Rios, was built to protect the surrounding environment. The 340-acre setting consists of five major ecosystems, and serves as home to 120 species of plants and more than 90 species of animal life. The hotel conducts a unique Sense Adventure in which participants' are blindfolded, then introduced to a series of touch and sound experiences as they seek to decipher what's taking place. When the adventure ended, I was left with an enhanced way of interpreting the world around me.

The focus at the Sunset Marina Resort & Yacht Club is on a long list of water sports. The Sunset Fisherman resort, south of Cancun, is located near several Mayan sites as well as a small town known for its bustling night life scene.

If you go ...

Rates at the Sunset World Resorts change frequently. For more information, visit www.sunsetworld.net or call 800-494-9173. For information about visiting Cancun, log onto www.cancun.travel.

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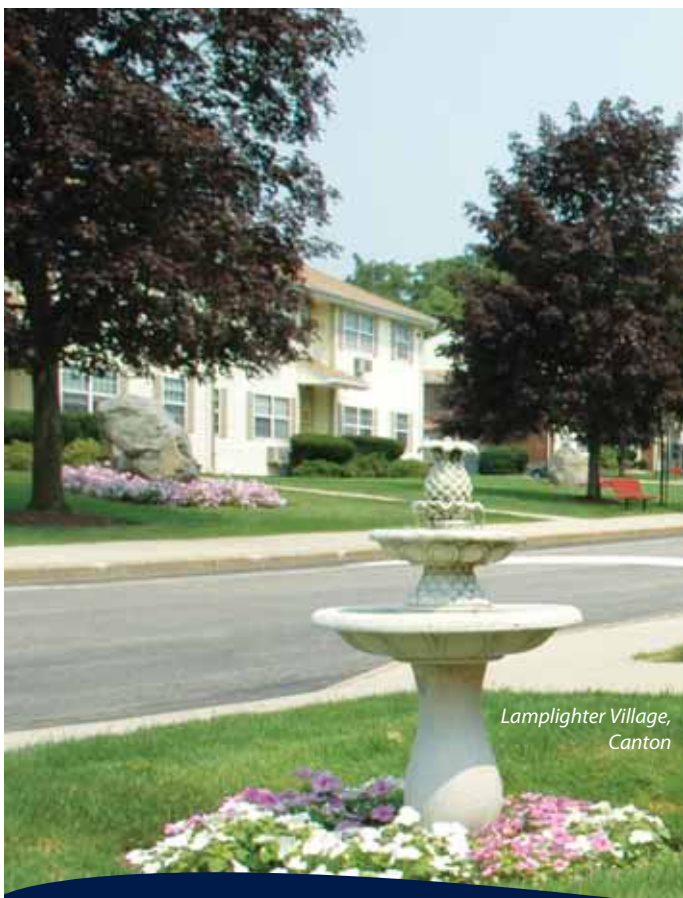


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When best-laid retirement plans meet grandbaby

By Dave Tomlin

PUERTO VALLARTA, Mexico —

I was amazed one recent afternoon when I called out to my little granddaughter Elizabeth in another room and she answered, “Mande.”

That’s colloquial Spanish for “What can I do for you?” or simply “Yes?” But Elizabeth isn’t a native Spanish speaker. Neither am I, nor is her grandmother Pam. Spanish is colonizing our household speech because we all live together most of the year in Mexico.

If we had known Elizabeth was to be part of the plan, we’d almost certainly have planned differently

— Dave Tomlin

Pam and I began planning our retirement here more than a decade ago while we were both still working. We were going to spend winters in Puerto Vallarta and summers in a small cabin we own in the mountains of southern New Mexico.

And that’s just what we’re doing. But like most plans, ours had to be adjusted. We never pictured ourselves raising another child as we migrated back and forth. If we had known Elizabeth was to be part of the plan, we’d almost certainly have planned differently.

But when our daughter, her mother, gave birth four years ago and then almost immediately re-entered the hospital for a long-term disability that disqualified her for parenting, we had already bought the two homes. We had to make a fast decision,

and now Elizabeth is ours by adoption.

We’re far from alone. According to 2010 census data, about 5.8 million children — nearly 8 percent of U.S. children — live with grandparents identified as the head of household. Many of those children have a parent in the household, too. But an estimated 2.7 million are being raised in the absence of parents by grandparents or other close adults, an increase of 18 percent between 2000 and 2010, says a 2012 report by the Annie E. Casey Foundation.

That means many people are remaking their retirement plans to include kids on short notice as we did, and some are bound to be doing it across borders.

While it’s not the leisurely retirement we thought we wanted, in many ways it’s better, starting with the pleasure of watching a beloved child grow up and, through her, participating more deeply in another culture and language.

Much of that is happening because we enrolled Elizabeth in a private Mexican preschool, La Casa Azul. The teachers and the program are terrific, the fees are affordable at about \$275 monthly, the parents are mostly delightful middle-class nationals, and Elizabeth’s “amigos” are adorable.

Through school events, birthday parties and day-to-day contact during drop-offs and pickups, we have friendships and a social life that seem much closer to real life than the more insular and predictable expat lifestyle we imagined.

Of course there are trade-offs. We can’t



Dave and Pam Tomlin with their granddaughter, Elizabeth Gibbs (courtesy of dave tomlin)

travel as freely as we’d hoped. And as Elizabeth enters her academic grade levels, we’ll be committed to Mexico from late August to late June. That means we’ll swelter through big chunks of the hot, humid months that we’d have spent farther north if we were on our own.

Aside from school tuition, we’re repeatedly reminded how expensive children are. Prices for Elizabeth’s food, clothing, health care, babysitting, recreation and entertainment have all risen shockingly from what we remember from our first time around as parents. Fortunately, the shock is reduced in a country where consumer prices are lower than in the U.S. by more than 35 percent.

Health insurance is a problem we’re still wrestling with. But the quality and availability of both pediatric and geriatric medical care in a city like Puerto Vallarta with its big expat community are excellent. There are also rich and varied cultural opportunities, though transplants from cosmopolitan Mexico City complain otherwise.

We aren’t sure how long we will have the stamina or appetite for sticking to the migrant path we’ve chosen. One thing we underestimated is the physical and emotional effort it takes to uproot ourselves twice a year for the trip north or south to our other home.

And of course our ability to live in Mexico is subject always to the hospitality of a foreign government and the peace and security of local conditions. So far they’ve all been fine in our neck of the woods, but who knows?

Finally, there’s the language barrier. We’ve lowered it considerably with Spanish lessons and daily practice. Also, in this tourist and expat Mecca a majority of the Mexicans we meet speak at least some English. But it’s still mentally exhausting and often humbling to get through a parent-teacher meeting or a cocktail party acting as your own real-time translator.

And speaking of humbling, there’s hardly a day that goes by when we don’t find ourselves relying on our 4-year-old to fill in a vocabulary gap or correct a verb tense.

On the other hand, it’s hard to match the pleasure of hearing Elizabeth’s sweet, familiar voice suddenly switch to another idiom when a friend comes over and merge into the perfectly accented babble that surrounds us so much of the time.

“Papa,” she calls when she wants me to look at what she and her amigo are doing. “Mira!”

“Mande,” I manage, and this time I feel proud. — AP

Seniors share homes for cost savings, companionship

NEW YORK —

It’s not exactly *The Golden Girls*, but for Marcia Rosenfeld, it’ll do.

Rosenfeld is among thousands of aging Americans taking part in home-sharing programs around the country that allow seniors to stay in their homes and save money while getting some much-needed companionship.

“It’s a wonderful arrangement,” said the white-haired Rosenfeld, who when asked her age will only say she’s a senior citizen. “The way the rents are these days, I couldn’t stay here without it.”

She shares her two-bedroom, \$1,000-a-month Brooklyn apartment with Carolyn Allen, a 69-year-old widow who has suffered two strokes and no longer wants to live alone.

Agencies that put such seniors together say the need appears to be growing as baby boomers age and struggle to deal with foreclosures, property taxes and rising rents. The typical situation involves an elderly woman, widowed or divorced, who has a house or an apartment with extra room and needs help with the upkeep.

“Our seniors want to remain part of the community they were raised in, where

they worked and went to church,” said Jackie Grossman, director of the home-sharing program at Open Communities in the Chicago suburbs. “They don’t want to be just with other seniors. Maybe they love their garden, their tool shed, and

they would have to give that up if they move into senior housing.”

At the New York Foundation for Senior Citizens, where applicants have tripled since 2008, the average boarder pays about \$700 a month. The same average holds at the HIP Housing program in San Mateo, California, but it is about \$500 at the St. Ambrose Housing Aid Center in Baltimore.

Agencies handle the background checks and other screening and consider various lifestyle criteria — smoking, pets, disposable income — in making matches. When a match is made, the new roommates sign an agreement covering chores, overnight visitors, telephone use, etc.

Not all agencies limit applicants to seniors. In the New York program, only one of the two people has to be 60 or older.

The agencies’ services mean people who want a roommate don’t have to post

Craigslist can be very scary, especially for women.

— Connie Skillingstad

notices in neighborhood weeklies or online and worry about who will respond.

“Craigslist can be very scary, especially for women,” said Connie Skillingstad, president of Golden Girl Homes Inc. in Robbinsdale, Minnesota, which refers women to housing resources including home-sharing. “They’d rather go through a respectable organization.”

In the past, program directors say, many of the people offering space were willing to take household help — grocery shopping, housecleaning, repair work — in lieu of some or all of the rent.

Recently, though, more people have insisted on dollars rather than services.

“In the last five years, we’ve really seen more people looking for financial aid rather than barter,” said Kirby Dunn, executive director of Homeshare Vermont in Burlington.

Companionship is an important side benefit.

“Independence is great but isolation as we age is a growing concern, so compan-

ionship can be almost life-altering,” Dunn said. “People are telling us they’re happier, sleeping better, eating better. ... If I could sell you a drug that did that, you’d pay a lot of money.”

Grossman said many long-lasting friendships develop, “and for others there’s just mutual respect and that’s fine, too.”

Rosenfeld and Allen, who have been roommates for three years, both said they feel more like business associates than

longtime friends like TV’s *Golden Girls*, but they gabbed like sisters and giggled about the apparent highlight of their time together: “the bathtub incident.”

Allen, who gets around with the help of a walker, had slipped in the bathtub and gotten stuck, with one leg wedged awkwardly behind her. She tried and tried but couldn’t get up.

“If I was living alone I might have been there for days,” she said. But Rosenfeld

was home, and although she’s too petite to extract Allen from the tub, she was able to call 911 — and provide a towel for Allen to cover herself when rescuers arrived.

“Thank God Marcia was there,” Allen said. — AP



Dunn



Skillingstad

Tripping seniors on purpose to stop future falls

By Lindsey Tanner

CHICAGO —

Researchers are tripping seniors on purpose, and it's not some kind of warped practical joke.

The experiment is among techniques being studied to prevent falls, the leading cause of injury in older adults. Falls in the elderly cost \$30 billion yearly to treat and can send them spiraling into poor health and disability.

Conventional efforts to prevent falls include exercises to boost strength and balance, but researchers at the University of Illinois in Chicago are trying a completely different approach. It's based on promising, preliminary results with a lab-built walkway that causes people to unexpectedly trip, as if stepping on a banana peel.

Now the same scientists are testing a similar approach with computerized treadmills. If it works, they envision specially designed treadmills in doctors' offices, clinics and physical therapy centers for training people how to avoid falling.

Clive Pai ('Pye'), a physical therapy professor leading the research, calls the method a potential "vaccine against falls."

Standard fall prevention techniques aim to improve physical condition by strengthening certain muscles and improving range of motion. And they may require dozens of sessions to be effective, Pai said. His research is focusing on building subconscious learning, and evidence so far shows it can happen surprisingly fast.

"This is all implicit learning. We don't give any instruction. They don't have

to be motivated — they're naturally motivated because they don't want to be on the floor," he said.

Pai has a \$1 million, five-year grant from the National Institute on Aging to study and develop the treadmill system, and plans to enroll 300 participants within the next five years.

The scientists demonstrated the technique recently in Pai's lab with 81-year-old Mary Kaye, who had participated in the preliminary walkway research. Graduate students taped little sensors to Kaye's

arms and legs to allow her movements to be tracked and analyzed. Then she was hooked up to a harness attached to an overhead cable to help her remain upright if needed.

First, she used the walkway, striding several paces before a student clicked the computer mouse to make a sliding walkway section move suddenly under Kaye's feet. Kaye stumbled slightly, but kept her balance.

Pai's preliminary research, published in June, found that 24 similar "trips" in just one walkway session taught older adults to learn to catch themselves and reduced their chances of falling outside the lab, during everyday living, by 50 percent up to a year later.



Back in the lab, Kaye next tried the treadmill, set at a steady walking pace that was occasionally interrupted by sudden brief skips. Kaye stumbled at each jolt but managed to stay afoot. Pai thinks Kaye's training in the previous study may have helped keep her steady.

Retired from the travel industry and public relations, Kaye is fit and healthy and looks a decade younger, but said she still occasionally falls — even after the training.

"I land on my face and it's usually quite disastrous — for my face. But I recover and I try to get through another season," she said.

Kaye tends to trip on Chicago's uneven sidewalks. The last time was earlier this year, when she landed on her face, splitting her lip and injuring her elbow — not bad enough to be hospitalized, but enough to scare her. Kaye threw out all her ill-fitting shoes and said she hasn't fallen since.

Older people are at risk for falls for many reasons, including age-related muscle weakness, vision problems and medication issues including side effects and improper doses.

The National Institute of Health announced in June that it is helping

sponsor a \$30 million study to test mostly conventional prevention techniques that can be tailored to older adults' individual risks and used in community settings. The government aims to enroll 6,000 adults aged 75 and up at 10 centers nationwide.

Pai's treadmill technique will likely need several years of study to prove whether it works. But Dr. Basil Eldadah of the National Institute on Aging said Pai's research is potentially very promising and the training technique might someday be incorporated into standard clinical care.

"We don't want older adults to learn the hard way," Eldadah said.

Meantime, there are steps older adults can take to reduce their risks for falling. Some from the National Institute on Aging and the federal Centers for Disease Control and Prevention:

- Exercise, including walking and stretching to improve muscle strength and balance.
- Have the doctor review all medications to check for side effects, doses or drug interactions that could cause dizziness or drowsiness.
- Get yearly vision exams to make sure eyes are healthy and glasses are the proper strength.
- Reduce risks at home including clutter and poor lighting; and install handrails in tubs and showers.
- Limit intake of alcohol, which can affect balance.
- Stand up slowly: Rising too quickly can sometimes result in a sudden drop in blood pressure, causing dizziness.
- Use a cane or walker if needed for steadiness. — AP

Despite rules, nursing homes still lack adequate sprinklers

By Matt Sedensky

Tens of thousands of the country's most vulnerable people are living in nursing homes without adequate sprinklers or that are missing them altogether, according to government data.

Despite a history of deadly nursing home fires and a five-year lead-up to an August 2013

deadline to install sprinklers, 385 facilities in 39 states fail to meet requirements set by the Centers for Medicare and Medicaid Services (CMS), the federal agency whose duties include regulating nursing homes. Together, those facilities are licensed to house more than 52,000 people, according to data from the agency known as CMS.

Forty-four of the homes have no sprin-

klers at all.

"That is intolerable in this day and age," said Brian Lee, executive director of Families for Better Care, which advocates for nursing home residents. "It's not like they don't have money to put these systems in. They have the money. They just choose not to do so."

CMS, which had warned last year it would not grant extensions to the sprinkler rules,

said 97 percent of facilities meet requirements, which are basic fire-safety tools in many structures, but especially important in nursing homes where residents may be unable to quickly evacuate.

"CMS and states are actively engaging with the rest of the facilities to verify their

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88-year-old woman receives high school diploma

NORTH PLATTE, Neb. —

Eighty-eight-year-old Gladys Laune thought she was going to her friend's birthday party recently, but discovered the celebration was actually a surprise graduation ceremony to award her a long-awaited high school diploma.

The southeastern Nebraska woman donned her North Platte High School blue cap and gown, nearly 70 years after her father made her quit school during her final semester. Times were tough in the early 1940s in the midst of World War II

for Laune's family of nine children, so she had to drop out to help.

Over the years, Laune expressed sadness about not receiving her diploma, the *North Platte Telegraph* reported. Her sister, Ruth Radke, wrote a letter to the district's interim Superintendent Larry Ramaekers asking him to consider awarding her an honorary diploma.

During the occasion, Laune's nieces brought out a graduation cap and robe for her at a Hampton Inn meeting room, which she thought was strange but went along

Times were tough in the early 1940s in the midst of World War II for Laune's family of nine children.

with it anyway as they helped her put on the gown. When Laune heard the music to *Pomp and Circumstance* while walking down an aisle in the room, she began to figure it out.

Ramaekers and the school district's board president handed her a blue folder containing her diploma, dated 1945. Laune began

to shed a few tears. She knew what the blue folder contained, but couldn't read it because of her deteriorating vision.

"I'd rather read if I could, but thank you so much," she said. Speaking to her family, she said, "You guys are kind of sneaky."

Throughout the years, Laune raised five children mostly as a single mother. She worked as a waitress for many years, sold insurance for a brief period and then worked in a nursing home until retiring in her 70s. She currently lives with her husband at Thomas Lakes that's near Ashland. — AP

► Sprinklers

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compliance with this regulation and will take appropriate actions for noncompliance to ensure the safety of residents," the agency said in a statement to The Associated Press.

There have been numerous deadly nursing homes fires over the past century, but it wasn't until 2003 that CMS has required sprinklers in newly constructed facilities. That year, two blazes — at Greenwood Health Center in Hartford, Connecticut, where 16 people were killed, and NHC Healthcare Center in Nashville, Tennessee, where 15 were killed — refocused attention on fire safety in nursing homes. Neither of those buildings had automatic sprinkler systems, raising the issue of whether federal rules should require that older facilities be retrofitted.

Five years later, in 2008, CMS did issue that requirement, giving homes another five years to comply.

States have sometimes strengthened their own fire-safety laws, particularly if they experienced a nursing home tragedy, as Tennessee did after the Nashville fire. No Tennessee homes show up on the CMS list of offenders.

David Randolph Smith, an attorney who represented the families of numerous victims in the NHC blaze, said he took for granted that facilities around the country were also in compliance.

"That's really quite shocking," he said. "Lots of things catch on fire in these buildings. Some of them are so old that they have polyurethane insulation. They're tinder boxes in many cases."

However, there has been progress since December, when CMS said 714 homes were not in compliance. An analysis of ownership data shows there are currently 204 for-profit facilities failing to meet sprinkler rules; 145



The fire at the Greenwood Health Center in Hartford, Connecticut nonprofits; and 36 run by local and state governments.

Sprinkler costs in nursing homes vary widely. After the 2003 Greenwood fire, officials in Connecticut estimated the average cost of upgrading facilities that were partially

equipped with sprinklers at \$270,000. The average for nursing homes with no system in place was \$363,000.

In older buildings it can be a more complicated job, which could include cutting through walls, dealing with asbestos-encased pipes and managing original layouts not designed for such modifications. Tom Burke, a spokesman for the American Health Care Association, which represents nursing homes, said though some facilities may have encountered physical barriers to installing sprinklers, across the larger industry fire-safety measures have been "steadfastly supported" and adequate sprinklers have been installed.

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AARP Massachusetts Voters' Guide for Office of the Governor

Editor's Note: The following is a reprint of the "AARP Massachusetts Voters' Guide for Office of the Governor."

Since AARP is non-partisan – it does not support or oppose any political candidates or contribute money to campaigns or political action committees. Its priority is ensuring you know where the candidates stand before you cast your vote.

AARP asked the major candidates in this race for their solutions about issues important to AARP members, Americans age 50-plus, and their families. Each candidate was allowed up to 625 characters to answer the questions. Their responses were not edited nor modified. AARP has provided a summary of our position for each of the issues in this guide.

Financial security

With fewer jobs offering pensions, some public pension systems facing underfunding and more than 70 million workers without access to a retirement account at work, what will you do to help Massachusetts residents save so they can have a secure financial future?

AARP — AARP advocates for a Massachusetts solution that would enable more workers to save for retirement. AARP supports the enactment of a Work and Save plan, which would provide a convenient way for people to save on the job, and to



McCormick

continue to save if they change jobs. AARP fights to protect retirees from cuts to the pension benefits and cost of living adjustments they were promised, and to preserve defined benefit plans. This includes advocating that states make their pension payments on time and in full.

Charles D. Baker, Jr. (R) — First, the state needs to keep its commitment to fund public pension systems, and work with cities and towns on ensuring their pension systems will be viable for the future. Second, we need to grow and improve our economy in Massachusetts so that everyone can find a good-paying job, and bring down taxes and the high cost of living so that people's dollars go further. Third, we need to ensure that programs, which assist low-income workers help and encourage recipients to save for the future at the same time as helping them to get back on their feet.

Martha Coakley (D) — As Attorney General, I helped recover money for those who lost everything as a result of the Wall Street crash, including seniors already facing financial hardship. As Governor I'll be committed to ensuring that everyone has access to a good job and a stable retirement. We need to build an economy on our terms, reduce income inequality and work towards a living wage, one that gives people the ability to pay their bills and save for the future. And as more cities and towns are faced with unfunded liabilities, we must increase state

support, so that they are able to meet their obligations to retirees.

Evan Falchuk (UIP) — We must reduce healthcare and housing costs. First, stop monopolistic hospital mergers, which lead to higher prices. An all-payer fee schedule eliminates billions in waste. We must address the cost of prescriptions, through a similar approach. Our current lack of housing drives a growing wealth gap. The solution is in our Thriving Communities Action Plan, which funds local aid and kick-starts housing production. Far too many seniors face the financial hardship of long-term care services. We have proposed a Long-Term Care Insurance Pool, paid for by a modest premiums by residents, and a government match.

Jeffrey S. McCormick (I) — The first step is an education campaign focused on financial literacy. This must begin with our public schools so kids at an early age learn the importance of savings, investing and retirement planning. With one of three seniors over 65 relying on Social Security for their only income, we see right now that it is already too late for many people to have a secure retirement. In addition, we need to work with the private sector to encourage them to offer competitive savings plans and retirement planning for younger workers.

Home and Community Based Services

The majority of Massachusetts residents want to stay in their homes and communities as they age. How will you help expand the Commonwealth's seniors' access to quality services provided at home and in the community (HCBS)?

AARP — AARP believes that no one should be forced out of their homes to receive the care they need. AARP calls on state lawmakers to redirect spending, away from costly nursing home care and into supports and services in the community. AARP supports states use of new and existing federal financial incentives and strategies to improve access to HCBS, including through consumer-directed care, home health and personal care, help people



Baker

better navigate the system and understand their care options, address racial disparities in access and quality of care, and expand and improve the quality of the direct care workforce.

Charles D. Baker, Jr. (R) — I was proud to work in the Weld and Cellucci administrations when we did a lot of work to help seniors access services at home and in their communities. As governor, I would work with the federal government (as I did when I was Secretary of Health and Human Services) to make sure Massachusetts has as much control and flexibility as it needs to provide

for our seniors and vulnerable residents in the way that is best for them. I would also increase investment into "Dual Eligible" CMS (Medicare and Medicaid) demonstrations to



Falchuk

improve care for the most vulnerable and highest-cost patients, many of whom are seniors.

Martha Coakley (D) — We should all be able to access quality home and community based services as we age, without incurring untenable financial costs, and the burden of care should not fall disproportionately on family members due to an underfunded service network. As Governor I will be committed to exploring ways to make these essential services available to everyone, based on functional need rather than income, to encourage policies that incentivize community-based care, and to find ways to invest in the HCBS workforce so caregivers earn a liveable wage to exploring ways to make these essential services available to everyone, based on functional need rather than income, to encourage policies that incentivize community-based care, and to find ways to invest in the HCBS workforce so caregivers earn a liveable wage

Evan Falchuk (UIP)

— We must kick-start housing production so real options are available to seniors. Those who wish to live independently while receiving HCBS need more options, and a policy of smart growth — one that develops more housing in mixed-use area and more universally designed homes — is a critical responsibility of the next Administration. This is one of the core tenets of my campaign's detailed Thriving Communities Action Plan. In addition, we must properly pay for quality HCBS workers and delivery, and much more actively incentivize others to enter this increasingly important field.

Jeffrey S. McCormick (I) — People want to age in their homes and not be moved into a nursing home or assisted living facility. As our population ages, we are going to need more workers to take care of our seniors. This will require an expansion of home health care workers and aides that will not only save on health care costs but let people age with dignity. I support increased funding for home health care because I believe in the end it will save money on overall health care costs.

Caregiving/CARE Act

Family caregivers help seniors live independently, at home, by providing assistance with activities like bathing and dressing as well as complex medical/nursing tasks such as administering medication and wound care. Knowing that family caregivers are providing these services with little or no training, and that this care helps keep their loved ones out of costly nursing homes, what will you do to provide more resources and training for caregivers in Massachusetts? Would you support laws that call for hospitals to recognize and train family caregivers when their loved ones

are hospitalized?

AARP — Family caregivers serve a critical role in helping seniors live independently, at home. Yet, when their loved ones go into the hospital, these caregivers are often invisible — not notified of transfers or instructed about the medical/nursing tasks they must perform when their loved ones return home. To address this, AARP urges policymakers to adopt the Caregiver Advise, Record and Enable (CARE) Act so caregivers can get the support and training they need. AARP also supports respite services, workplace flexibility and protections, and other supports to help family caregivers safely help their loved ones at home.

Charles D. Baker, Jr. — I believe in the important role of family caregivers in providing for seniors and would work to support these caregivers as governor. As a former Secretary of Health and Human Services and former CEO of Harvard Pilgrim Health Care, I believe I am uniquely qualified to work with state government, hospitals, insurers and caregivers to provide the best outcome for our seniors.

Martha Coakley (D)

— I understand the critical role family members play in caring for seniors. In helping to care for my aging parents, I experienced how challenging dealing with our health care system can be. Increasing support for family caregivers who help loved ones remain independent is not only the right position but the fiscally prudent one, because it can help decrease use of more expensive care overall. I pledge to ensure health care funding is realigned to increase support and training for caregivers, and to work



Coakley

with hospitals to ensure family caregivers are fully integrated into the care planning for their family members.

Evan Falchuk (UIP) — In our current system, hospitals make money by delivering care to patients — not by training others to keep patients out of hospitals. We must reverse these incentives. An all-payer fee schedule based on global budgets would provide financial incentives for hospitals to do this kind of training and provide these needed resources. While a law requiring such work is certainly something I would support, it must be part of a larger overhaul of the way we pay for healthcare.

Jeffrey S. McCormick (I) — Family caregivers play a critical role in keeping seniors out of nursing homes. I support the Federal "Social Security Caregiver Credit Act of 2014." The caregiver credit takes into account that temporary interruptions, caused by an individual stepping out of the workforce to take care of a loved one, can lead to reduced Social Security benefits. This is especially true for women who are called on more than men to provide caregiver services. Addressing this inequality can help make the decision easier for families. I would also support efforts to have hospitals and social services agencies train family caregivers.

For more information, visit www.aarp.org/yourvote.

Gov't website for doc payments not up to snuff

WASHINGTON — Although it's called "Open Payments," the government's new website doesn't make it easy to find out whether your doctor is getting freebies, travel or other financial benefits from drug companies and medical device manufacturers.

Many industry payments to physicians are hidden from public view.

This should be a clue: The website lacks a "Find Your Doctor" button.

The Obama administration said they have started making improvements, particularly when it comes to navigation.

However, an Associated Press analysis found significant problems, including large chunks of missing information and disputed data. And those are not likely to be cleared up soon.

Disclosure of financial relationships between clinicians and industry has long been a priority for consumer advocates, who worry about unseen incentives that may influence prescribing decisions, the use of high-tech tests and even surgical procedures.

The Open Payments program was required by President Barack Obama's health care law, but for now it's not easy to pry loose the data.

It is still possible to launch a search on particular doctor's name, after a number of steps. But after that a consumer has to combine several data categories to get a complete picture, including gifts, research grants and ownership stakes.

Basic instructions: On the home page (www.cms.gov/openpayments), hover over "Explore the Data." Click on "Data Explorer." Click on "Access the Data Explorer Tool." Look for the file called "General Payment Data," and click on that. When the file opens, look for a filter screen to appear and enter the doctor's name and other identifying information. Another six steps are needed to get the total value of industry benefits for that doctor.

Got it?

Even tech nerds who downloaded the underlying trove of detailed records have run into challenges.

Many industry payments to physicians

are hidden from public view, according to AP's analysis of the data, which includes more than 4 million transactions from August through December 2013.

The same is true for payments to teaching hospitals, also captured by the database.

For example:

- Nearly 40 percent of the \$74 million in industry-paid travel for clinicians did not document the name of the individual provider receiving the benefit. The travel records — revealing choice destinations like New York, Paris and Amsterdam — instead show "XXs" where the doctor's name is supposed to be listed. Officials say that's because of unresolved questions about the accuracy of some of the data.
- Almost all of the \$1.43 billion in research grants to teaching hospitals did not list the name of the institution receiving the money. Only \$108 million in research grants listed the names of hospitals, including Boston's Dana-Farber Cancer Institute and Houston's MD Anderson Cancer Center. Again, that's because of disputes over the data that industry reported to the government. Doctors and hospitals were allowed to review the information before its release.

Consumer groups and lawmakers who support the program are urging patience.

"Yes, this is confusing right now, but it is a lot better than ignorance," said John Santa, medical director for health projects with *Consumer Reports*. "Out of confusion comes knowledge. I am confident that will happen here."

Others are not so sure. The American Medical Association is worried that doctors' reputations will be tarnished if their names turn up on a list next to drug company dollars. Some worry it will deter physicians from participating in clinical trials, which can provide valuable knowledge to society as a whole.

Open Payments is administered by the federal Centers for Medicare and Medicaid Services, which runs those giant benefit programs as well as HealthCare.gov, the online portal to the government's newest insurance plan.

An agency official said the Open Payments improvements that began coming last month allow consumers to easily search for their doctor, doctors in a community, doctors by specialty and types of payments received. — AP

➤ Sprinklers

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"Its value as a safety and patient safety feature is undisputed," he said.

Some facilities on the list of noncompliant homes say they have met the requirements and weren't sure why they were cited. CMS said the list was accurate as of July, but some facilities may not have been surveyed since meeting compliance. Surveys generally happen annually, so facilities that have added sprinklers could still be on the list if the modifications weren't completed before their last inspection.

For those who remain out of compliance, CMS said it could take a variety of enforcement actions, including denying payment and terminating a facility's provider agreement. A small number of the noncompliant facilities may be granted extensions for extenuating

circumstances, such as if they are building a replacement to their current structure or undergoing major renovations.

A 2004 Government Accountability Office report noted no facility fully equipped with sprinklers had ever had a multiple-casualty fire. Still, focused on medical care and other daily concerns, many incoming residents and their families never give it any thought.

June Liccione, of New Rochelle, New York, oversaw her mother's care before her death several years ago. She went in and out of nursing homes as her health declined due to diabetes. At least two of the homes she resided in are among those not meeting sprinkler rules, but Liccione said she was so worried about her mother being fed, properly medicated and getting the care of good nurses, she didn't even think about it.

"There were so many other things to worry about," she said, "I didn't worry about a fire." — AP

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► Program

Cont. from page 6

responsibilities to older people need to know that these conditions and many others can place their patients or clients at greater risk of financial exploitation than might otherwise be the case," he said.

According to Ingle, whether the elder has any degree of cognitive impairment, requires, at least in Massachusetts, a medical doctor to certify there is impairment in order take away the elder's decision-making authority. "Just because the elder's decision seems bad, doesn't make it (the financial proposal) wrong or exploitative. I do work with many families where the parent wants to do A, which makes no sense to some of the children — usually because it's not the most financially feasible or costs more — but is supported by others. Rather than recognize a difference of opinion (costly as it may be), the children rush to judgment that the others are exploiting the parent," Ingle said.

The extent of elder financial exploitation — and the variety of people carrying out the act — gained greater attention thanks to three celebrity-based cases that involved actor Mickey Rooney (exploited by his step-children), New York City multi-millionaire and recluse Huguette Clark (exploited by her attorney and accountant) and Brooke Aster (whose son was convicted of financially exploiting her after she was diagnosed as having diminished capacity).

Lori Stiegel, senior attorney for the ABA's Commission on Law and Aging and the EIFFE Prevention Program Legal project director, said these examples illustrate the various roles lawyers may play in these cases.

"Those roles include preventing, detecting or remedying the exploitation, and remedying may include protecting the victim, recovering assets, seeking damages or even prosecuting the perpetrator," she said.

"Other roles may be failing to prevent, to detect, to remedy the problem or facilitating and actually committing financial exploitation," Stiegel warned.

She said it is not uncommon for a person's attorney to be doing the exploiting. "It can



Blandin

really be difficult if that situation is occurring, and unfortunately, I've seen more cases recently of lawyers who are committing financial exploitation," said Stiegel.

EIFFE Legal is intended to educate civil lawyers about those roles and the possibility that they may be held accountable through professional discipline, civil liability or criminal penalties if they do not act ethically or lawfully.

Charles Sabatino, director of the ABA's Commission on Law and Aging, said his office has been working on law-related issues on aging for some 35 years. The commission is comprised of 15 experts in aging from multiple disciplines, including

law, medicine, social sciences, academia and ABA legal staff, which has decades of experience in this field.

"Our mission is to strengthen and secure the legal rights, dignity, autonomy and quality of life of elders and we carry out this mission through research, policy development, technical assistance, advocacy education and training," Sabatino said.

EIFFE Program Legal was officially launched at the American Bar Association's annual meeting last August in Boston. Results of a poll released prior to the event found that nine out of 10 practicing attorneys were willing to take part in the campaign.

Other findings of the IPT/IPI/ABA survey are:

- More than nine out of 10 attorneys (91.4 percent) said that elder investment fraud and financial exploitation is a "very serious" or "somewhat serious" problem.

- More than one out of three attorneys (34.4 percent) said they are aware that they "are or may be dealing with the victims of elder investment fraud and financial exploitation."

- Nearly all attorneys (96 percent) said that "diminished decision-making capacity makes seniors" very often or somewhat often "more vulnerable to investment fraud and financial exploitation."

- More than a quarter of attorneys (27.3 percent) said that they deal on a weekly or



Ingle

monthly basis "with the children of older victims of investment fraud and financial exploitation who are either concerned parties seeking legal help for their parents or who are individuals accused of financial exploitation of their elders."

- More than nine out of 10 attorneys (92.4 percent) said they were "very willing" or "somewhat willing" to get involved when asked: "Assuming it was ethically permissible to do so, how willing would you be to contact a law enforcement agency or securities regulator for help when working with an older client with diminished capacity who is or may be the victim of investment fraud and financial exploitation?"

EIFFE Program Legal is modeled on a similar program for medical professionals that was launched in 2012 by Investor Protection Trust and the National Adult Protective Services Association (NAPSA), in cooperation with the American Academy of Family Physicians, the National Area Health Education Center Organization and the National Association of Geriatric Education Centers. That program has already trained more than 7,800 doctors and other health care professionals in 32 states and the District of Columbia.

"The more information that is out there and the more we know about the scientific and medical causes of how we process information and make decisions, the better we can adjust and adapt our explanations to clients as to what decisions they are making, and assist them through that process," Veglia, the Oxford elder law attorney, said.

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Holidays are occasions to check parents' wellbeing

By Nancy J Coulter

The holidays are quickly approaching — a time of year when most of us choose to visit with family and friends. If you are visiting with mom and dad for the first time in months, you may be in for a surprise. In addition to enjoying family time, it's wise for adult children to use the holidays to assess firsthand the reality of what life is like for their parents.

Housing Options

During phone conversations seniors often tell their long distance loved ones that they are "fine" when in fact that is less than truthful. Seniors have remarkable abilities to compensate for circumstances that are less than

pleasant. Unless the caller knows the questions to ask, they wouldn't otherwise know about specific needs and concerns.

The frequent habit of "furniture walking" comes to mind. This is when someone isn't safe standing on their own so they utilize the various pieces of furniture to steady themselves as they maneuver around the home. This is generally because the clutter and oversized furnishings don't allow space for the walker the physician recommended. So was the doctor ignored, or not heard? Or was the simple decision to purchase a walker too big of a challenge?

If walking is an issue, generally driving is as well. Mom might say that she still gets to the grocery store without trouble, but she may hesitate to go further for fear of getting lost. There may even be some minor traffic

violations that mom hasn't discussed with you. Perhaps you note that dad seems to have lost quite a bit of weight, but he says the frozen meals and the cold cuts in the fridge are "just fine."

These, and other, unpleasant surprises can come to light during the annual holiday visit. In fact, SeniorHomes.com reports that their inquiry calls for senior living options are generally up 58 percent in the weeks following Christmas.

While most adult children wish to help maintain mom and dad's independence, a decision to move to another environment is often best. Selling the house brings a list of other challenges that the long distance adult child must deal with. There are services to assist with the challenges of coordinating transitional services and getting the best price

for the home. If all the clutter just needs to be disposed of, mom can take what she wants/needs and walk away while the adult child is free to return to his/her normal routine at home.

Aging in place is good for some but not if safety and isolation are concerns. Use the holidays for an in person assessment of what is truly best. Do not let the hassle of selling and transitioning be in the way of safety and quality of life.

Nancy Coulter is Business Development Manager, Senior Services, for Sell Moms House.com. For more information, call Nancy at 508-691-0080 or email nancy@sellMomshouse.com, www.sellMomshouse.com. Archives of articles from previous issues can be read at www.fifty-plusadvocate.com.

Reverse mortgage program may help Americans unprepared to retire

By Alain Valles

Two recent nationwide studies have concluded that that a large percentage of Americans are not financially prepared for retirement, and will not be able to retire comfortably. However, for senior homeowners 62 years or older with sufficient home equity, a reverse mortgage may be a practical solution to the retirement dilemma.

The Federal Reserve Board published in the September 2014 *Report on the Economic Well-Being of U.S. Households in 2013*, that 31 percent of non-retired respondents



Reverse Mortgage

have no retirement savings or pension. For people age 60 or older, 15 percent have no retirement savings or pension, and 67 percent are relying on Social Security to

fund retirement. The report also found that the Great Recession has had a significant impact when people plan on retiring, with 40 percent delaying their planned retirement date.

A second study released in September 2014 by the Harvard Joint Center for Housing Studies & AARP Foundation reported similar findings. The study, *Housing America's Older Adults — Meeting the Needs of An Aging Population*,

found that the country is unprepared to meet the housing needs of its aging population, which is expected to grow to 132 million 50+ year olds by 2030.

In addition, the study highlights that seniors will have difficulty affording their homes and may be forced to cut back on food and health care. Home repair costs and in-home care will also have a substantial financial impact.

While these two studies present a bleak outlook for seniors, reverse mortgages may solve the financial challenge of maintaining quality of life in retirement. The Harvard/AARP study states that, "Reverse mortgages can be particularly helpful to lower-income households holding most of their wealth in home equity. For example,

reverse mortgages can be used to convert a portion of housing wealth into an income stream to help cover property taxes and insurance payments, the costs of supportive care and other living expenses. The ability to choose either a lump sum or a line of credit can assist homeowners in paying for one-time, big-ticket expenses, such as home modifications or improvements."

Alain Valles, CRMP and President of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England. He can be reached at 781-724-6221 or by email at av@dfcmortgage.com or visit lifestyleimprovementloan.com. Additional articles can be read at www.fiftyplusadvocate.com.

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Decorating touches help spruce up vacation homes

By Jamie Stengle

DALLAS —

From airy beach houses filled with light to rustic retreats tucked into the mountains, vacation homes can lead to inspired decorating.

"You love that place, that's why you're there. That's the place you want to go to relax," said Dallas interior designer Jan Showers, author most recently of *Glamorous Retreats* (Harry N. Abrams). "You want it very user-friendly."

Homes detailed in her book include a seaside cottage in Nantucket with decorating touches in cool blues and greens; shells that the family collected are placed throughout the house.

An artist's getaway in Marin County, California, features the owner's photorealist work, and a studio that is a riot of color, with shelves filled with books and antique toys. The master bedroom of a Texas lake house takes inspiration from the colors of the water, with walls painted in what Showers describes in her book as a "pond green."

Showers, whose signature style is add-

ing glamour to interiors, talked to The Associated Press about decorating vacation homes. (The interview has been condensed and edited for clarity.)



(courtesy of jan showers interior design)

AP: How do you add glamorous touches to a retreat that is more casual than a year-round home?

Showers: My glamour is a very relaxed glamour. It's not about satin, furs and all that stuff. My idea of glamour is Katharine Hepburn in a black turtleneck and black

pants and a red cardigan sweater.

I think most of my clients love the fact that I use really fun glass, and maybe it's glass that's not as expensive or as important as they'd use in their primary residence. But we do use groups of glass because it brings such an interesting element to a room.

I'm a big believer in everything looking comfortable. And to me, if it's comfortable and inviting, that's glamorous. Another way is good lighting. There's nothing worse than overhead lighting. Lamps add to the glamour of a room because everybody looks better.

AP: How would you suggest sprucing up a retreat that looks tired?

Showers: An easy, fast way to change things up — one of the easiest — is pillows. There are so many different fabulous pillows, and they're not expensive. It's nice to do seasonally. If you go to your retreat in the summer, you may want linen pillows that are lighter colors, more summery, and if it's winter, you might want some plaid pillows.

Another thing that's easy to change is throws. I love throws — they just sort of say, "take a nap." And now there are all kinds of wonderful rugs at all kinds of prices, and washable. It can change your

whole look in a room to do a new rug.

AP: What about outdoor spaces?

Showers: People now want their outdoor spaces to be like their indoor spaces. There are even outside air conditioners — you can find anything to be outdoors. You've got to have outdoor fabrics. There are even outdoor lamps now.

I like a drinks cart of some kind that you can put lemonade on, cocktails — something cold in the summertime.

AP: If you can't afford a retreat, how can you make your home feel like one?

Showers: What is it that people really want to do when they go away? Most of us think about a good beach read or fun books, so I would say

just buy some. Disconnect, take your cell phone and put it in a drawer. Go to the grocery store and buy some different food that you don't normally cook. If it's not too hot, you could get a big umbrella and sit outside with your book. Go out to dinner someplace that you don't usually go.

Naps are great on vacations — add throws to your sofas and settle in for a nice one after a lunch al fresco and maybe with wine.

I think fresh flowers really make you feel like you're in a special place.

Give yourself a facial. — AP



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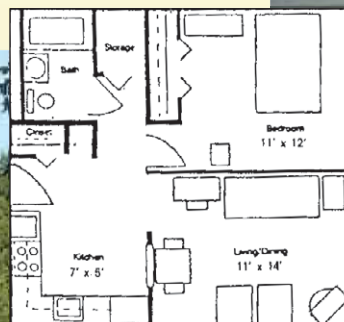
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